

Verbal and Physical violence towards junior doctors in a medical college in Manipur: A cross sectional study

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Abstract: Workplace violence has been documented in all sectors and healthcare workers are at increased risk than the other sectors. It affects not only the emotional or mental well being of the victims but also negatively affect quality of healthcare. The aim of this study is to determine the frequency, consequences and causes of workplace violence in a medical college in Manipur. A cross sectional survey was conducted among all the junior doctors. Data were collected using a self-administered questionnaire assessing the type and frequency, causes and impact of workplace violence. A total of 310 junior doctors participated. The prevalence of verbal violence and physical violence in the last twelve months were 47.4% and 2.9% respectively. There was no association between age and gender with workplace violence but among the junior doctors postgraduate students were more likely to had faced violence ($p=0.016$). While 55.5% of those who faced physical violence were very dissatisfied by the way the incident was handled a small proportion (10.9%) of those who were verbally abused were dissatisfied. The most common reason for violence as perceived by the doctors was aggressive nature of the patient party (26.3%) and the most common suggestion fro prevention of violence was to strengthening security system (21.6%).

Keywords: Aggression, Assault, Healthcare workers, Workplace violence.

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I. INTRODUCTION

Workplace violence (WPV) is defined as “Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health.” Workplace violence can occur in any organization, against any person and at anytime. However, some workers are at greater risk [1]. Compared with other occupational groups, healthcare professionals are at a higher risk of violence or aggression [2]. Several independent studies all over the world have reported the prevalence of workplace violence among physicians to be 56%–75% [1]. Such violence usually occurs because a doctor often deals with a person when he/she is in a stressful and emotionally taxing situation [3].

This subject of violence is of concern because it has a negative impact on psychological and physical well-being of health professionals, the quality of health care and health organization as a whole [3]. As such, violence against healthcare workers is a major problem affecting health and productivity [4]. Those physicians who were exposed to it had depression, insomnia, post-traumatic stress disorder, agoraphobia and even a level of fear and/or anxiety that can cause work absenteeism [5]. Besides its negative effects on the mental status of healthcare workers and their level of job satisfaction, patient aggression affects healthcare quality and may, in extreme situations, be the cause of medical malpractice [6]. These increasingly frequent violent incidents have aroused the attention of researchers all over the world. Researchers working in developed countries have measured WPV among healthcare workers, and prevention and control strategies have been recommended and implemented to control WPV [4].

Violence against doctors in India is not new, and a 2015 survey by the Indian Medical Association suggests that as many as 75% of doctors in India have faced some form of violence at work [The Lancet]. In spite of all measures taken and all suggestions made in connection with workplace violence, aggression towards health care providers are gradually increasing more and more since years, and the health care providers are working under risk in terms of aggression [8]. There has been an increasing outrage with the ever occurring of workplace violence against junior doctors in a medical college in Manipur despite measures taken to minimize

and prevent such incidences. Hence the current study was undertaken with the following aims: i) to determine the prevalence of workplace violence among junior doctors; ii) to find out the reasons of workplace violence amongst doctors from the doctor's perspective and iii) to evaluate out the consequences of workplace violence among those affected.

II. METHODS

A cross sectional study was conducted in Regional Institute of Medical Sciences (RIMS), Imphal, Manipur during May and June 2017. The study population was all the junior doctors in RIMS, which included postgraduate students, junior residents and internees. As per records maintained by the academic section of the institute there were 275 postgraduate students, 88 internees and 28 junior residents during the study period. The exclusion criteria for this study were junior doctors who are undertaking Para clinical departments, who didn't consent and who could not be contacted after three visits. The sample size was calculated using the prevalence of workplace violence against Indian doctors according to a survey conducted by the Indian Medical Association, which was 75%. Taking 95% confidence interval and an absolute margin of error at 5% the sample calculated was 300.

For data collection, a pre designed questionnaire was used which was modified and adopted from a questionnaire that had been developed in 2003 by an International Labor Office (ILO), International Council of Nurses (ICN), WHO, and Public Services International (PSI) joint program to measure workplace violence. The questionnaire was divided into four parts. Part A consisted of socio-demographic characteristics of participants, part B consisted of questions related physical workplace violence, part C consisted of questions related to Verbal workplace violence and part D consisted of questions related to opinion about workplace violence. The questionnaires were administered to the participants in their respective departments and the filled questionnaires were checked for completeness and consistency. Participation in the study was voluntary. To ensure anonymity, no names or other identifiers were used. Prior to the administration of questionnaires informed verbal consent was obtained from the participants and the institutional Research Ethics Board approved the study.

Data collected was compiled, analyzed and tabulated using IBM SPSS version 21 for Windows. Results expressed in frequencies and proportions for categorical variables and in means and standard deviations for continuous variable. Chi-square test was used to find out association between categorical variables. P value was considered significant if the value was less than 0.05.

III. RESULTS

A total of 373 participated out of which 310 completed the questionnaires giving a response rate of 83.1%. The mean age of the participants was 27.68 ± 3.42 years and majority 56.0% are males. In the last twelve months, the prevalence of Verbal violence was 47.4% and that of Physical violence was 2.9%. (Fig.1).

Among those who were verbally abused, 66% of them thought that it was atypical incident and 76.2% believed that it could have been prevented. It was found that majority of the affected participants (31.3%) responded verbally to the verbal abuse (Table 1) and 8.8% reported that they faced verbal abuse all the time (Fig.2). Verbal abuse bothered the affected participants a little bit in majority of them by repeated memories of the attack (48.3%), avoided thinking or talking about the attack 44.9% and being watchful and on guard (46.9%). Verbal abuse was not investigated in 59.2% cases, while 32.7% of the victims didn't know whether it was investigated (Fig.3). Support was provided by faculty or supervisor in 25.9% in the form of counseling and 25.2% in the form of reporting the violence. Majority of those who faced verbal abuse (65.3%) were satisfied on the way the violence was handled. Age and gender has no association with verbal abuse. Post graduate students were significantly more abused verbally than other junior doctors ($p=0.16$) (Table 2).

Prevalence of physical abuse was very low in this study. Nine participants have face physical attack in the last twelve months and seven of them (77.8%) thought it to be typical incidence and all of them believed that it was preventable. Four of the affected participants responded to the physical abuse by telling the person to stop and one of them had to take time off from work after the attack (Table 1). None of the physical attacks were investigated and majority (55.6%) of them were very dissatisfied on how the attack was handled (Table 2).

Aggressive patient party was the commonest reason for workplace violence as opined by 26.4%, followed by gap in communication, which is opined by 18% and thirdly, improper infrastructure as opined by 13.1% of the participants (Table 3). The most common measure for prevention of workplace violence as suggested by the participants was strengthening of the security system (21.72%) followed by improving the infrastructure and/or facility (19.89%) and giving proper counseling to the patients (17.52) (Table 4).

IV. DISCUSSIONS

Workplace violence has become a big issue in healthcare professionals. This study aimed to find out the prevalence of violence against the junior doctors of Regional Institute of Medical Sciences. In the last twelve months the prevalence of workplace violence was 50.3%. This finding is similar to a study from New Delhi [3]

where the prevalence of workplace violence was 47.02% and lower compared to a study in Maharashtra, in which the prevalence was 63.41%. In regards to type of violence, verbal abuse (47.4%) was more common than physical form of violence (2.9%). Pund SB et al [5] observed that the prevalence of verbal abuse to be 62.20%, and that of physical violence to be 3.66% which was higher than our study. Schlabon et al [2] in their study reported that 56% of respondents had experienced physical violence and 78% verbal aggression.

Among those who reported of having faced verbal abuse, 8.8% reported that they faced it all the time, and 64.6% reported of facing verbal abuse some times. The affected participants mainly responded verbally to verbal abuse telling the person to stop (31%). Schlabon et al [2] reported a similar finding where the respondents who were verbally abused responded by telling the person to change his behavior. In this study only 25.2% of the incidents were reported, which is lower compared to a study in Germany where 41% of the episodes of violence were reported.

In this study there was no association between gender and the risk of being affected by violence. This finding is similar to Pund SB et al [5] and Eker HH [8] but contrast to a study by Sun P et al [4] where males (73%) are significantly affected more than females (67%) ($p=0.022$). Schlabon et al [2] observed that younger workers under 30 years run a higher risk of being affected by verbal aggression (OR 1.9, 95% CI 1.3 to 2.9) than older colleagues. But in this study there was no association between age of the participants and the risk of being affected by violence. It was found that postgraduate students were more commonly affected by violence compare to other junior doctors like internees and junior residents ($p=0.016$). The possible explanation for this is that PGTs are constantly in contact with the patients, hence being exposed to different types of behaviors from the patient and party, they are at higher risk of being abused.

Several studies have demonstrated the negative influence of violence and aggression on the psychological and physical well-being of the affected person [10,11], as well as on job motivation and quality of care [2]. In this study it was found that 48.3% of the victims were bothered by repeated memories of the attack, while 44.9% avoided thinking or talking about the attack and 46.9% were being watchful and on guard. A victim of physical attack had to take time off from work. Schlabon et al [2] also observed that many victims in their study felt emotions such as anger, disappointment, self-doubt, helplessness and anxiety after such incidents and also reported that as a consequence, they reacted more tensely and more carefully. In the study conducted in Kuwait 86% of the physicians who experienced violence reported that it caused insomnia, depressions and other effects [12].

Various causes that are responsible for instigating violent episodes have been revealed in different studies. In the west (Turkey, Israel, China) the main cause for violent episodes was long waiting period [4,8,13]. Others included lack of adequate physical conditions or spaces or health care personnel, patients' dissatisfaction with the treatment etc. in this study, aggressive nature of patient party (26.4%) was identified as the commonest reason for violent episode by the respondents. The other reasons included gap in communication (18%), improper infrastructure (13.1%), alcohol influence (12.3%) etc. This finding is similar to another study in Maharashtra [5] but contrast to a study in Delhi [3] where the commonest cause for violent episode was long waiting time.

In most instances, these violent episodes were not properly investigated or handled which caused dissatisfaction among the participants. Some studies have highlighted that there are institutions that offered training measures for the prevention and management of workplace violence, the effectiveness of which are still under research. Some of the suggestions given by the participants to prevent workplace violence include strengthening of the security system (21.72%), improving the infrastructure and/or facility (19.89%), giving proper counseling to the patients (17.52), minimizing the communication gap (10.32%) and limiting number of attendants for patients (9.46%).

V. FIGURES AND TABLES

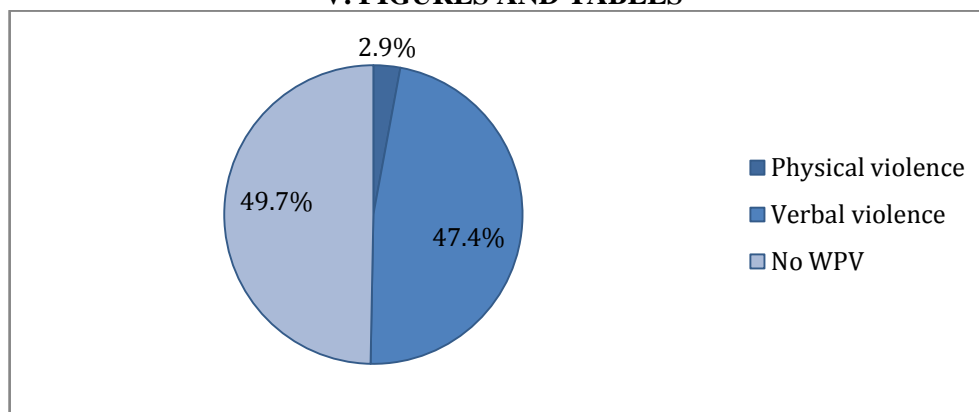


Figure 1: Distribution of participants according to type of workplace violence (n=310).

Table 1: Participants perception and reaction to different types of workplace violence.

Characteristics	Verbal violence (n=147)	Physical violence (n=9)
Typical incident		
Yes	97 (66.0)	7 (77.8)
No	50 (34.0)	2 (22.2)
Preventable		
Yes	112 (76.2)	9 (100)
No	35 (23.8)	0
Reaction to the violence		
Told the person to stop	46 (31.1)	4 (44.4)
Tried to defend self physically	2 (1.4)	2 (22.2)
Told colleagues	21 (14.3)	1 (11.1)
Sought counseling	6 (4.1)	1 (11.1)
Told senior staff member	29 (19.6)	1 (11.1)
Pretend it never happened	15 (10.2)	0
Took no action	16 (10.9)	0
Told friends/family	12 (8.2)	0

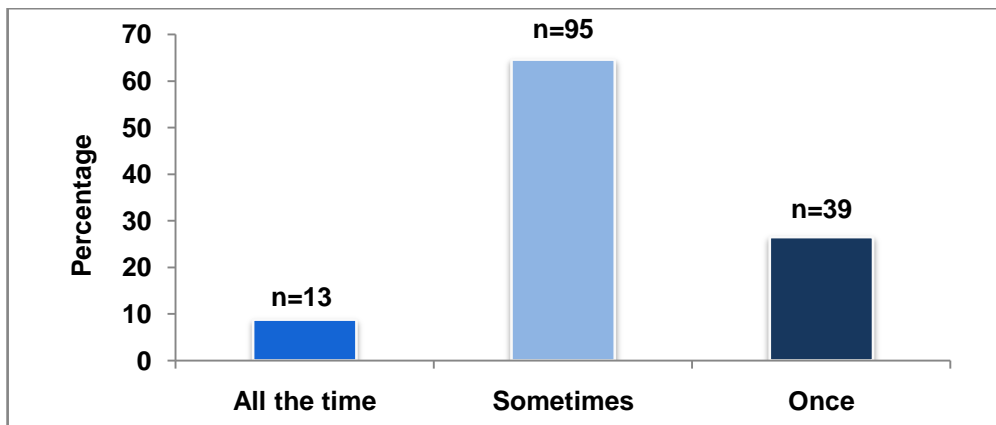


Figure 2: Frequencies of verbal violence (n=147).

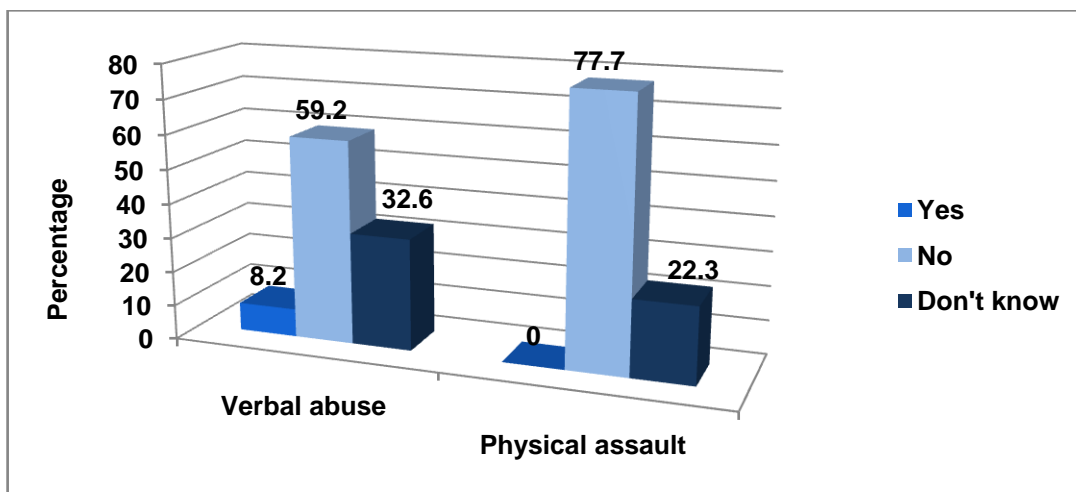


Figure 3: Distribution of type of workplace violence by investigation status.

Table 2: Support from faculty or supervisor and level of satisfaction on how the incident was handled, n(%).

Characteristics	Verbal violence (n=147)	Physical violence (n=9)
Form of support		
Counseling	38 (25.9)	6 (66.6)
Opportunity to speak about/report it	37 (25.2)	2 (22.2)
Other support	27 (18.4)	4 (44.4)
Satisfaction level on how incident was handled		
Satisfied	96 (65.3)	0
Neutral	35 (23.8)	3 (33.3)
Dissatisfied	16 (10.9)	1 (11.1)
Very dissatisfied	0	5 (55.50)

Table 3: Factors contributing to workplace violence as perceived by junior doctors (n=310)

Contributing factors to workplace violence	Frequency	Percentage (%)
Aggressive patient party	81	26.3
Communication gap	56	18.0
Improper infrastructure	43	13.8
Alcohol influence	38	12.3
Lack of security	23	7.4
Overcrowded patient party	27	8.7
Doctor's attitude	26	8.4
Heavy workload	8	2.6
Absence of senior consultant	3	0.9
Others*	5	1.6

Table 4: Measures suggested by the participants fro the prevention of Workplace violence

Suggestions for preventing Workplace violence	Frequency	Percentage (%)
Security improvement	67	21.6
Improve infrastructure/facility/administration	62	20.0
Proper counseling	54	17.5
Good communication with patient party	32	10.3
Minimize patient party	30	9.2
Decrease workload	20	6.4
Legal punishment against violence	19	6.0
Faith in doctors	10	3.9
Others	16	5.1

Table 5: Association of verbal abuse with gender, age and qualifications of the participants.

Characteristics	Verbally abused n(%)		P value
	Yes	No	
Gender			0.168
Male	89 (60.5)	86 (52.8)	
Female	58 (39.5)	77 (47.2)	

Age (in years)			0.774
≤30	124 (84.4)	142 (87.1)	
31-35	18 (12.2)	16 (9.8)	
≥36	5 (3.4)	5 (3.1)	
Qualification			0.016
Post graduates	118 (80.3)	108 (66.3)	
Junior residents	21 (14.3)	44 (27.0)	
Internees	8 (5.4)	11 (6.7)	

VI. CONCLUSION

The findings from this study have revealed that nearly half of the doctors (47.4%) reported exposure to verbal abuse and 2.9% to physical violence in the previous year. In most of the cases these incidents were not investigated and majority of the participants believed that these were preventable. The commonest cause for violence in this study was found to be aggressive nature of patient party (26.3%) followed by gap in communication (18.0%). Breaking the communication gap in which doctors had to put more effort in bearing with aggressive patients and understanding the local dialects could possibly prevent these incidents. Improving security system as suggested by the participants was the most common measure for prevention of violence. Further study is needed about the deep-seated reasons that violence occurs, in order to reduce the incidence of such violence. Finally, the issue of the strategies about preventing and intervention dealing with workplace violence in hospital should be studied and implemented.

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