

Violence Against Health Care Workers: Problem and the Panacea

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Abstract

Healthcare workers face significant risks of job-related violence. Sustainable solutions for preventing violence against health care providers remain tough to find and difficult to implement. Violence causes immediate and often long-term disruption to interpersonal relationships, the organization of work and the overall working environment. The negative consequences of such widespread violence impact heavily on the delivery of healthcare services, which could include deterioration in the quality of care provided. In developing countries particularly, equal access to primary health care will be threatened if health workers, already a scarce resource, abandon their profession because of the threat of violence. This in turn can result in a reduction in health services available to the general population, and an increase in health costs.

Keywords: Violence against health care workers, Medical protection act, Communication skills.

Introduction

Violence against doctors is on the rise. Many reports concern medical professionals being roughed up, even killed, by patients' disgruntled relatives. According to the US Bureau of Labor Statistics, the health care workers are five times more likely to be victims of nonfatal assaults or violent acts than the average worker in all other occupations.¹

The Centers for Disease Control and Prevention (CDC) and National Institutes for Occupational Safety and Health (NIOSH) define workplace violence as violent acts (including physical assault and threat of assault) directed toward persons at work or on duty. The examples of physical assault include slapping, beating, rape, homicide and use of weapons. Threats include verbal and written threats to cause harm, as well as threatening body language.² As per the initial findings of an ongoing study by the Indian Medical Association (IMA), more than 75% of doctors in India have faced some form of violence during discharge of their duty.³ The reported cases make for only the tip of the iceberg. In past there was no question to query the noble profession, but dissatisfaction with the medical services in recent times has brought forth the need to introspect the reasons behind the same.⁴

Causes/Triggers of violence in india

Various studies have been conducted to ascertain the causes for increasing incidence of violence against

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healthcare workers. The reasons for these assaults are varied, ranging from misperception to unreasonable expectations among patients and relatives regarding healthcare and adverse events. The reasons for misperception involve many systemic issues, including inadequate state health budgets leading to crumbling health infrastructure in public hospitals already overburdened with unmanageable patient load, poor doctor patient ratio, and the rising cost of healthcare in private sector.⁶

To compound the lack of communication skills in health professionals, there is a growing mistrust towards the intent of doctors, that patients are being admitted and treated unnecessarily for economic reasons. Mounting health bills, along with misperceptions like these have become triggers for violence against doctors.

Deficiency of Family Doctors: Fast diminishing numbers of general practitioners (GPs) in the society is a cause of grave concern. This arrangement suited the doctor and the patient alike, as they shared mutual understanding and trust.⁵ The faith of the people on doctors was immense at those times. This mutual connect vanished after the emergence of specialty and super specialty hospitals.

Age of Information: Armed with information easily available on the internet, the patients want to actively participate in the therapeutic decisions. On the other hand, medical fraternity generally perceives people coming armed with medical information available on the web as 'difficult' patients.

Disposable Income: The Indian population spent 7% of its disposable income on healthcare in 2005, which increased to 26% by 2014–2015. The people are willing to pay higher amount for saving lives of their beloved. At the same time, they expect best possible services; and are less amenable to adverse outcome (something which no-one can guarantee).

Inexperienced Doctors in Emergencies: The government hospitals, are run mainly by resident doctors who toil tirelessly without adequate sleep and rest, in the absence of assured assistance from senior doctors; dealing with the endless influx of sick patients, poor nurse/patient ratios, lack of beds, inadequate/poor laboratory and radiology services, delays in treatment, lack of hospital supplies, and lack of security arrangements.⁶

Lack of Communication Skills: The requirement of the hour is to develop our clinical responsiveness in critical situations. There is a need to teach and train the medical staff on ways and means to break

bad news to the relatives.⁷ The doctors consider death as a routine matter, but for the laymen who assault them, it is usually their first experience in mortality. Judicious use of words and actions in such circumstances can make all the difference in the immediate reaction of the next of kin.

Media: Media too has played an important role in maligning the image of the medical profession. There has been a slew of biased stories of over-prescription, abuse of laboratory investigations, cut-backs, foreign trips, acceptance of gifts and cash appearing in the media in recent times.⁶

Medical Protection Act

The protection of medicare service persons and medicare service institutions (Prevention of violence and damage to property) act, also known as the medical protection act (MPA), has been passed by 19 states. As per this act, any damage or act of violence against medical professionals or their property is an act punishable by imprisonment to for a minimum period of 03 years and fine amounting to ₹50,000.

The stringent provisions of the act not with standing; it has failed to protect doctors in reality, because it features neither in the Indian Penal Code (IPC) nor in the code of criminal procedure (CrPC). This makes it difficult for victims to approach the police for help or for the latter to file a complaint against suspects.

Preventive measures

It is prudent to mention that a safe atmosphere at work place can be achieved by implementing certain effective strategies.^{8–11}

Personal Measures

All workers should be able to recognize signs/risk of assault (verbal and non verbal anger, frustration, threatening gestures and body language) and manage such situations. They should be trained to resolve conflicts at the beginning stage by maintaining a calm and caring attitude, and not matching threats.

The skill to evaluate situation for potential threat when entering a room as well as keeping an open path or exit, being vigilant throughout the encounter, and avoiding isolation with a potential violent person; should be inculcated in all healthcare providers at an early stage. One should never hesitate to call for help or police assistance.

Environmental/Infrastructure Measures

The plan to minimize damages that can occur due to violence should be an important concern while designing and constructing new buildings. Designing waiting areas to accommodate and assist visitors/patients who have delay in service; placing good monitoring system like CCTV, security cameras and panic alarms at all high risk places; providing double exits in staff rooms and examination rooms; and installing enclosed nursing stations as well as deep service counters and bullet proof/shatter proof glass enclosures in reception are other important aspects to be delved into.

Installing metal detectors capable of detecting guns, knives, cutting and piercing instruments; providing security escorts for parking lots specially at night; and arranging furniture and other objects to minimize their use as weapons must be done on priority by the hospital administration.

Administrative Measures

Administration should adopt a zero tolerance for violent behaviour against its health care workers. Management commitment and employee participation is the core for the success of prevention of violence at work place and improvement of working atmosphere. To prevent violence in hospitals a trained team should be organized who is in direct contact with patients. Persons with history of violence should be identified and accompanied by security officer during examination and transfer.

Limited number of people should be allowed to enter hospital with patient; and visitors for admitted patients should be allowed only during visiting hours. Security personnel should accompany healthcare worker in high risk areas, and at no time should the health care worker be left alone with patient/relatives. Carrying out regular drills for healthcare workers to train them in identifying risk factors, preventing and managing violent incidents; would go a long way in countering this menace. Last but not the least, patient inputs through informal patient surveys and interviews can be of immense benefit in improving work atmosphere and avoiding such incidents.

Training in soft skills

Regular teaching capsules of soft skills, training in identifying risks and methods to handle such situations should be carried out in hospitals. Impetus should be given to incorporation of

communication skill classes in the curriculum of all health care workers. There is a need to train and sensitise the doctors, nurses, para medical staff and other ancillary staff including the agencies involved in providing healthcare to be more sensitive and empathic.

Conclusion

Violence against healthcare workers is unacceptable. In addition to the negative impact on the psychological and physical well-being of the medical staff, it affects their morale and motivation. As a consequence, this compromises the quality of care and puts efficient health-care delivery at risk; not to mention the tremendous financial loss sustained by the health sector. The insensitivity of the society in general and indifference of the courts and governments in particular, towards this serious issue is a cause to worry. The assurances are vague and their execution amounts only to a sham lip service. It is the duty of the government as well as the social organizations and professional bodies of doctors to bring the doctors and public on the same side.

There is a need to train and sensitise the doctors, nurses, para medical staff and other ancillary staff including the agencies involved in providing healthcare to be more sensitive and communicative. The govt agencies should be made aware of the deficiencies and shortcomings in public health facilities. Awareness in general public, improving the educational standards, provision of quality healthcare affordable to all, responsible media and ensuring proper security measures with more stringent laws will go a long way in curbing this menace.

References

1. American Hospital Association. 2017 AHA Environmental Scan
2. Centers for Disease Control and Prevention's National Institutes for Occupational Safety and Health Violence: Occupational Hazards in Hospitals. April 2002
3. 'National Symposium on violence against medical professionals' held as a joint venture of Academy of Hospital Administration and IMA held on 29 Apr 2017, New Delhi
4. Paul S, Bhatia V. Doctor patient relationship: Changing scenario in India. Asian Journal of Medical Sciences 2016;7(4):1-5.

1. Dr Avinash Supe, Dean and Professor of surgical gastroenterology, KEM Hospital, Mumbai: Violence against doctors cannot be tolerated. <http://blogs.bmj.com/bmj/2017/03/29/avinash-supe-violence-against-doctors-cannot-be-tolerated/>
 2. Chauhan V, Galwankar S, Kumar R, et al. The 2017 academic college of emergency experts and academy of family physicians of India position statement on preventing violence against health-care workers and vandalization of health-care facilities in India. *Int J Crit Illn Inj Sci* 2017;7:79-83.
 3. Vande Kieft GK. Breaking bad news. *Am Fam Physician*. 2001;64(12):1975-8.
 4. Dalphond D, Gessner M, Giblin E, et al. Violence against emergency nurses. *J Emerg Nurs* 2000;26:105.
 5. World health organization. World report on violence and health. Summary. Geneva p4,2002
 6. Occupational safety and health administration. Guidelines for preventing work place violence for healthcare workers. OSHA 3148-0R p8,2004
 7. Kuhn W. Violence in the emergency department: managing aggressive patients in a high-stress environment. *Postgraduate Medicine*. 1999;105:143-48.
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