Work Place Violence on Nurses and Doctors in India: Review Paper

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1. Introduction

India has the second largest population in the world, where healthcare is one of the growing fields. Instances of patient's relatives assaulting the treating doctor are a common scenario all over India. Violence against nurses is a complex and persistent occupational hazard facing the nursing profession. Paradoxically, the job sector with the mission to care for people appears to be at the highest risk of workplace violence. Nurses are among the most assaulted workers in the any workforce. Too frequently, nurses are exposed to violence – primarily from patients, patients' families, and visitors. This violence can take the form of intimidation, harassment, stalking, beatings, stabbings, shootings, and other forms of assault.

According to the data of the Bureau of Labour Statistics (BLS), USA, workplace assaults and violent acts occur in the health sector more often than in any other industry. Several independent studies all over the world have reported the prevalence of workplace violence among physicians and health workers to be 56%-75%. Patients and their relatives are the most common perpetrators of non-fatal workplace violence. However, violence and abuse is also committed by hospital co-workers, particularly emotional abuse and sexual harassment. **(OSHA 2018)**

Psychological consequences resulting from violence may include fear, frustration, lack of trust in hospital administration, and decreased job satisfaction. Incidences of violence early in nurses' careers are particularly problematic as nurses can become disillusioned with their profession. Violence not only affects nurses' perspectives of the profession, but it also undermines recruitment and retention efforts which, in a time of a pervasive nursing shortage, threatens patient care.

Aruna Shanbaug lay in a near vegetative state for 42 years in a cubicle in Mumbai's King Edward Memorial (KEM) Hospital, where she had worked as a nurse and where she was sexually assaulted in 1973. Columnist Bachi Karkaria pieces together her story. Unaware of her unwanted fame, the 67-year-old became India's metaphor for the right to life. In one more of the ironies that mocked Aruna Shanbaug over the decades, the judgment allowed for euthanasia in rare cases - it had been illegal in India - but denied it to the woman who had been at the centre of it all. On 16 May, she was hooked up to a ventilator in KEM's acute care unit following severe pneumonia. Mercifully, her body seized its own release two days later. **(BBC News 2015)**

In January 2018 at Maulana Azad Medical College in New Delhi, doctors who had treated a pregnant woman who died from respiratory failure were attacked by a mob of about 50 of her relatives, who threw chairs, saline bottles and equipment at them, doctors said. Terrified staffers avoided the melee by locking themselves into a nearby room until help arrived. **(The Hindu 2018)**

Senior AIIMS doctor accused of slapping colleague submits apology; healthcare services still hit as strike continues: A senior doctor of AIIMS New Delhi whose alleged assault on a resident doctor triggered a strike at the premier hospital today tendered a written apology and proceeded on leave on the directions of an internal probe panel. The doctor, who is heading a department at AIIMS, appeared before the inquiry committee which was constituted after the protesting resident doctors demanded his immediate suspension. The resident doctors, who have been on strike since last evening, paid no heed to the AIIMS Director's appeal to call off their protest and return to work. In a letter to AIIMS Director, the Resident Doctor has alleged that the senior doctor slapped him in front of attendees, nursing staff and colleagues and that he was depressed now. **(The New Indian Express 28th Feb 2018)**

In Bhadrak an angry over the death of a minor girl patient at Bhadrak District Headquarters Hospital on Tuesday, relatives of the deceased ransacked the ward and assaulted a doctor and two other staffers. A nurse and a male attendant sustained injuries in the attack. The protestors alleged that the girl had died due to negligence of the doctor. The relatives also sat on dharna with the girl's body. Hospital authorities claimed that the girl was treated with medicines immediately and kept under observation. The deceased's father narrated a different story, though. Her father, Avimanyu Malik, said she was admitted to the hospital at 9.45 pm. "There was no doctor in the ward for her treatment. The nurse in the ward injected pain-killers into her body. Despite our repeated requests, none of the doctors came to examine my daughter. She died at 4 am," he said. Malik alleged that the DHH authorities didn't provide any opportunity to the family to shift the girl to SCB Medical College and Hospital in Cuttack. Meanwhile, Malik lodged an FIR against the DHH authorities with Bhadrak Town Police. Additional District Medical Officer (ADMO) of Bhadrak DHH, Dr. Pradeep Kumar Khuntia, said the injured staffer of the hospital had lodged a complaint with the police against the attackers. "Chief District Medical Officer (CDMO) has ordered a probe into the incident," Dr Khuntia added. **(The New Indian Express 4th July 2018)**

4 arrested in Mumbai for assaulting 2 JJ Hospital doctors. Angry over the death of a 45-year-old woman during treatment at JJ Hospital, members of her family flew into a rage and allegedly assaulted hospital staff, injuring four persons, including a civilian, on Saturday. The JJ Marg police have arrested four persons, including the woman's two sons and a daughter, in connection with the incident. The deceased woman, Zahidabibi Shah, was admitted to the hospital over a bladder complication on Thursday. However, her condition worsened on Saturday morning and she passed away during treatment, the police said. After the doctors declared Shah dead, her family got furious and reacted in a violent manner. Two doctors, one nurse and a civilian sustained injuries in the assault, officials said. The deceased patient's family members beat up three hospital staff, including a woman doctor and a nurse. **(Shaikh Farhan 2018 Hindustan Times)**

Incidents of violence are an everyday story in hospitals, especially if the hospital is a public one. On June 16, a 23-year-old duty doctor at Government Stanley Medical College Hospital, Chennai was assaulted when his 80-year-old patient screamed upon needle prick.

On the same day, a woman doctor in Kerala was assaulted and subjected to abuse and threats on social media after the death of a patient following childbirth after which the Indian Medical Association (IMA) observed June 18 as Solidarity Day.

In April, a man threw ink at a doctor working at Guru Nanak Hospital & Research Centre, Ranchi after his request for his mother to be treated under a different doctor was denied. On May 29, resident doctors of Nizam Institute of Medical Sciences (NIMS), Hyderabad went on a flash strike after one of them was thrashed by relatives of a patient who died during treatment.

Rohan Mhamunkar, a 35-year-old orthopaedic doctor, was on duty at Maharashtra state's Dhule Civil Hospital late on a Sunday night in March when two men who had been badly injured in a motorbike accident were brought to the facility by their families. One had suffered a severe head injury and was bleeding from his nose, mouth and ears. Dr Mhamunkar advised that the patient be taken to a hospital with a scanning machine and neurosurgeon available. The family duly took the patient and left. But when the man died several hours later, his furious relatives returned to the Dhule hospital and attacked Dr Mhamunkar, accusing him of fatally delaying treatment. He was punched and kicked so badly that he suffered several fractures including damage to his eye socket that threatened his vision. The attack at Dhule was the latest in a growing series of violent assaults on doctors by patients and their families, infuriated by the poor state of India's public hospitals. Increasingly, when patients fail to obtain timely treatment — or do not survive critical illnesses and injuries — families take out their frustration on the doctors who are on the front lines of the collapsing system. To combat the violence, one group of doctors working in small private hospitals in Maharashtra has hired a security team, and after the April attack, an association of medical residents asked the state for licenses to carry firearms in government hospitals.**(Amy Kazmin, 2017)**

Khushal Sharnagat, 25, a -second-year pediatric resident at King Edward Memorial Hospital in Mumbai, was treating a gravely ill 3-year-old boy suffering from dengue last September when four relatives of the boy stormed past guards and attacked him and two colleagues with wooden sticks and a metal stool. The men were eventually arrested, but the episode left Sharnagat shaken. "Is it because of frustration they were beating us? Is it because they were losing hope?" he wondered. "At that time, they became angry and they were blaming us." To explore catalysts to, and circumstances surrounding, patient-to-worker violent incidents recorded by employees in a hospital system database. The majority of incidents were reported by nurses (39·8%), security staff (15·9%) and nurse assistants (14·4%). **(Annie Gowen, 2016).**

A study was conducted to assess the perceived incidence of workplace violence and its implications on sleep, missed days of work, fear in the workplace, and overall job satisfaction in US and INDIA. A cohort of physicians in the US was matched to a cohort of physicians in India. Results revealed that Overall, 286 physicians were eligible to participate, 177 responded (98 people from the US and 79 from Indian, for a 62% total response rate). In the US 100% of respondents witnessed verbal violence, whereas only 23% of verbal abuse cases were reported. In India, 89% of respondents witnessed verbal abuse, 46% of cases were reported. Respondents in the US both witnessed and experienced significantly more verbal and physical abuse ($P < 0.001$). Despite the differences in perceived rates of violence, there were no significant differences between country cohorts regarding the consequences of these incidents. This includes self-reported sleep, missed days of work, and fear of going to the workplace. US respondents were less satisfied with their jobs due to workplace violence as compared to their Indian colleagues ($P = 0.041$). This study concludes that workplace violence is common internationally, underreported, and results in poor job satisfaction, workplace fear, and loss of sleep. (**Grundmann N et al, 2017**)

2. Conclusion

There are many incidences of Workplace violence's against Nurses and Doctors happening every day. In that we can see only 5-10% were reported and remaining were hidden by Hospital Authorities. Some cases were settled in Police stations and bribed media for not reporting in the newspaper. Reason behind this, is the great negligence of Medical Sector. In case of Nursing, There is no strong association to raise the issue in society. Some associations were busy in conducting workshops, conferences and other events. Young Nurses Associations were finding difficulty for the survival and not getting enough support from the Government/Politicians. So there should be a need of strong associations and policies for such incidences. Workplace violence should not be tolerated any more.

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