

Workplace Violence in Health Care Settings: A Narrative Review

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Abstract: *“The best way to find yourself is to lose yourself in the service of others” ---- Mahatma Gandhi . Above quotation is really applicable at health care settings where care providers are witness of opening eyes of a new born and gently closes the eyes of a dying man. But present scenario is quite different. Any health care personal however conscientious or careful, every hour of a day they are object of some unfair attack, hateful accusation, black mail or suit for harms. Now, violence in healthcare is a serious and rising issue worldwide. Patients are not only losing trust on doctors or nurses, they are also malhandling and charging them in case of any bad outcomes. [1] Sadly, with the advancement of new technology, therapeutic touch and understanding is missing day by day. The hopes and expectations of patients and their relatives has reachedat unrealistic levels asbenefits of medical technology had been oversold by the media. 4,500 resident doctors in Maharashtra proceeded on mass casual leave on 21st-24th March, 2017 after assault of a junior doctor (Dr Rohit Kumar at Mumbai's LokmanyaTilak Municipal Hospital) by relatives of a patient under his care. [2] Service hit in West Bengal state run medical colleges and hospital as doctors have gone on strike after attack of Dr. Paribaha Mukherjee by relative of an 85year old died patient on 11th June, 2019. [3] Health care violence doesn't only happen between patient and healthcare professional, it can be inter or intra-personal like between doctors, nurses, technicians, attendants, and human resource staff or other personal too at health care. That can be physical threat, defamation, refusal to pay overtime or any verbal, nonverbal, or physical form of sexual offences that injures a person's prestige. ArunaRamchandraShanbaug, an Indian Nurse, is an example of sexual assault by a ward boy, was atcentre of attention in court as a case of Euthanasia. [4] World Health Organization claims that 8-38% of health care members become victims of physical violence throughout their whole career. [5] Actual occurrence of verbal violence is difficult to quantify as these issues often go unreported. [6] Workplace violence is emerging as a bane to the health care profession and has to be dealt with urgently. Good communication with patients, strong legislation and standard operating procedure, restricted public access, security, CCTVsurveillance along with other factors should be dealt with to mitigate this burning issue. [7]*

Keywords: workplace, violence, healthcare

1. Introduction

Now-a-days workplace violence is an accelerative issue in both developed and developing country. [8,9] Health care settings are four times more prone than any other sector. [10] It may be in hospital, medical colleges, nursing homes and residential care services. World Health Organization states workplace violence as “incidents where staff are abused, threatened, or assaulted in circumstances related to their work . . . involving an explicit or implicit challenge to their safety, well-being or health”. [11]But how one can accept that people come to treat or provide care for ill suffer, their own physical or emotional health and safety will be at risk because of some intentional attack by patients, relatives or other colleagues at same place. During reviewing literature and scenario, most of the studies show health care settings has high morbidity, specially nurses, doctors, security guards are more prone. Annual incidence rate of violence is 8 serious cases per 10,000 among full time employees whereas others professions rate is 2 per 10,000. [12]

Casualty – injured patient in emergency, delay in response; critically ill patient, delay in admission; death in intensive care units, restriction in entry passes; repeated delay or postponed of surgery, surgical errors or any near miss; overwhelmed emergency intake capacity and high workloadwith lack of emergency resources, blood, laboratory service, relevant drugs, dysfunctional equipment to lack of staff are systemic problems of government

hospitals which makes frustrationamong public. [13-15] Absence of post graduate trainee in emergency medicine, poor communicating pattern with patients and relatives, political interference, absence of legislation and law against violence to healthcare providers, unrestricted public access to all areas, Lack of security and surveillance are also major concern.

That unresolved violencecreates loss of productivity, passive aggressive behaviour, distractions among employees, increase in errors, decreased job satisfaction, below standard performance in working area. [16]Victimsmay suffer from negative consequences like different forms of psychological issues, anger, hurt, frustration, embarrassment, humiliation, unwillingness to resume scheduled work, changes in cordial relation with colleagues and family, missed days, absenteeism and turnover. [17, 18] Violent episode can make poor collaboration in team work of patient's care too. [19] Doctors, nurses may intentionally avoid patients to avoid a recurrent violent act. Employee disengagement had a negative impact on health care, becauseof poorly satisfied health workers and patients.

To deal it nicely, every employee should get value, focus on input and feedback system, communicate politely, treat people as they are, deal conflict or grievances in a firmly manner but disrespectful behaviour or harassment should not be missed out. Health care team should focus on patient'ssatisfaction, adaptation to their sufferings, in case of poor prognosis, seniors must talk to relatives, always allow for second opinion, complication should be treated free of

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cost and be empathetic while dealing with finance after death.

2. Purpose

The main aim of present review of literature is to objectively analyze, assess and synthesize evidences and consequences of workplace violence in healthcare and to draw attention on its prevention and handling by utilizing most relevant previously conducted original research work or survey.

Global scenario of workplace violence in health care settings

The National Crime Victimization Survey reports that health care workers are 20% more prone to workplace violence than the other settings. From 2011 to 2013 reported workplace violence case was 23,540 and 25,630 respectively, within that 74 to 75% was at health care sector. [20] According to Bureau of Labor Statistics (BLS) report in US shows approximately 11,370 assaults among healthcare and social assistance workers in the year of 2010, which identified 8.3 rate/ 10,000 workers.

The occupational safety and health administration (OSHA) reports that from 2011 to 2013 in U.S. every year 15 to 20 thousands serious workplace-violence-related injuries in healthcare. Health risk appraisal survey among 3,765 registered nurses and nursing students by American nurse's association's (2014) found 21% physically assaulted case and more than 50% verbal abuse (12-month period time). Even Jesus's land has not spared the healers. Israel's scenario showed that 72% health care professional and 90% paramedical staffs were victims of abuse. [21] Bureau of Labor Statistics (BLS), US, UK, Ireland, Australia, New Zealand, US and Canada have more reported case of workplace violence whereas Middle east has the highest rate of bullying case. [22]

Studies in neighboring country Pakistan reports (74-76) % doctors suffers from workplace violence in their own workplace. [23,24] Other all neighboring countries like Bangladesh, China, Nepal and Sri Lanka are very much afraid of seeing the incidence rate of workplace violence. [25] Indian Medical Association (IMA) reports 75% doctors are victims of workplace violence. [26] The reported case of vandalism is more in north and west part of India. Majority found in Delhi and Maharashtra in last 11 years. [27] Public sectors had more reported case than the Government Sector. [27]

Most familiar type of violence

In health care settings common workplace violence is verbal abuse than physical assaults and sexual offence. Data analysis from global sample showed that two third were non-physical assault and only one third were physical assault. But physical violence and any form of sexual harassment caught more media and authority attention. In Turkish study 38.5% reported verbal abuse, 30.2% bullying, physical assaults and sexual assault are 7.7% and 1.5% respectively. [11] Study of a tertiary care centre at south Delhi reported 87.3% verbal abuse whereas only 8.6% were physical assaults. [9] The survey report of Slovenia among nurses exposed about 60.1% psychological violence but only

6.5% got reported and near about 17.9% case sexual violence was unreported. [6] Studies among Paithan Doctors revealed about confrontation and stalking in the emergency unit. [28] A review article in NEJM on workplace violence against doctors in USA, supports the previous findings. [29]

Common victims

It has been observed that males are more prone to physical abuse while females faced verbal and sexual abuse. [11] Among health care team doctors, nurses [30, 31, 32] and security persons [33] are common scapegoat. Younger nurses and junior residents are most vulnerable due to less experience. [6] Study on Turkish workers mentioned about 73% attacks which happened on male resident doctors. [12] European Working Conditions Survey shorted that 6% bullying was faced by females and 4% by males. [34] A research study in Slovenia exposed negative feelings of older nurses towards juniors which feels them humiliated too. [6]

Common alleged assailant

In 84.5% of cases both patient and their relatives are common attackers of verbal and physical abuse. [9] Survey for 3 years' period by American Nurses Association proposed that 25% of registered nurse and student nurse experienced assaults and bullying by patients and their relatives. [10] It is also very common of getting abusive words and bullying from senior colleagues. [10] Chances of getting sexual abuse is more from interdepartmental staff.

Mentality of perpetrators

Common perpetrators (patients and their relatives) used to face acute anxiety, stress and financial issues which reached them in an aggressive phase but sometimes it can be associated with organic disorder, substance abuse or impaired mental status also. [35] Long waits for treatment, overcrowded and uncomfortable area, negative image of doctors and nurses portrayed in media, increasing intolerance, fearlessness against law, restlessness amongst youths and preoccupied beliefs that victims will not take any legal action or help of any social media, are also related factors which can alter perpetrators mentality.

Prone area

The most prone area in the health care settings for physical assaults are over populated urban emergency unit [10], almost 45% violence reported due to uncontrolled acute stress and anxiety of patients and family members.²⁷ 40% of Psychiatrists face violence during their duty hours and 100% prevalence of violence had reported at forensic department also. [1]

Women's healthcare, be it an antenatal, labour or postnatal unit always carries a risk due to chance of mishappening or any other sensitive issues. Intensive care unit also a victimize place due to loaded with critically ill patient and their most worried relatives who seek quick response. In neonatal or pediatric ICU it has been observed that parents shows denial attitude for fetal diseases of their offspring and outbursts towards health team. Nurses working in private ward or home care settings are vulnerable for violence due to lack of security.

In a study of south Delhi, Mukesh Kumar et al. mentioned that among the cases of violence majority 39.4% found in Obstetrics ward but comparatively less in Surgery and Medicine 29.6%, 26.8% respectively. Other prominent areas are inpatient department, long care settings of geriatric people, residential and day social services, dementia unit etc. [20] Poor environmental design of the workplace does not permit employees to escape in needed situation.

Prime time

Half of the violence incidence took place during night shifts or working when understaffed [27] in general and especially during lunchtime, visiting hours etc. 35.1% cases during afternoon and 30.1% at night time had been reported in a study. [9] Probably patients and family members found them over powered [9] because of less staff ratio at a unit.

Roots which triggers violence

Individual factors which induce violence are gender (males are more prone), age (younger nurses, junior doctors are more prone), cultural background, less experience and poor communication. [11] Most identified environmental factors are lack of security, overcrowding due to less restriction of visitors, poor lighting, night time duty hours, working climate and poor infrastructure. [8, 11, 20] Common organizational factors are lack of standard protocol, policies, workload, long working hours, inappropriate staff patient ratio, staff turnover, lack of inter-communication or code alert system, scarcity of proper training for employees on how to prevent and fight against violence. [10, 20]

Humiliating jokes and comments, unfair criticism, threats, rude gesture, disrespectful facial expression, unfair workload, withhold resource and information, changes in working patterns without prior notice, no access to right or promotion, social segregation, portraying discourteous behaviour are reason of interdepartmental violence.

Study on workplace violence among the Doctors of Pathian, MP mentioned that 32.93% violence happened due to communication gap. Studies done by T Ciluz et al in Israel mentioned that 46.2% cases of violence due to long waiting time, 15.4% due to dissatisfaction with the treatment and 10.3% violence took place due to disagreement with the physician. [36, 37] Sometimes employees who were working on tenure post become the victim of workplace violence. [38] According to the "broken window" principle if you are taking the aura of violence lightly later on it will create major problem. [10] Modern technology [9] and easily availability of the information regarding disease process creates the environment of confrontation. Patients getting admitted in private hospital with much more expectation as they predict according to the cost but service's is not up to the mark it would be followed by violence. Most of the time health care personnel should be careful in dealing with the stressful situation or giving any bad news as it automatically promotes violence incidents. [1]

Aftermath of workplace violence victims

Workplace violence effects psychological health four times more than any other cause. [10] The victims became so negative about their own profession even they want to quit

their job. [8] In a study in China mentioned that 87% don't want even their children to join the same profession. [39] They used to suffer like a post traumatic patient and sometimes showed depression, anxiety, stress and sleep disturbance. [40,41] So many emotional reactions can be seen like anger or fearful outburst, 6.8% claims that they always worried about same mishappening. [11] Workplace violence also plays with person's wellbeing, self-esteem and general happiness too. [9]

Impediments which delays proper action on time

Almost 70-80% workplace violence case remains unreported. [12] Most of the health care team members accept it as unavoidable occupational hazard and as part of their job. [43] Otherwise they think no appropriate action will be taken even they report. Sometimes they do report it to different database instead of single one which makes it more difficult. [10] Study in tertiary care hospital in South Delhi reported that no remedies taken for 82.6% cases. [9] Even only 10-25% cases filed written reports. [44, 45]

Already established well-known legislation

According to the Turkish Criminal Law, Articles 81, 86, 96, 117, 122 and 125 and articles 24/II, 25/II and 24/II-d in Turkish Labor Law covers physical assaults and sexual assaults in work place but does not cover psychological violence (except insults). [11] In India, Occupational Safety and Health Act enacted in 1970 "to assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health". [20]

Victims can file a case against any kind of assaults by a patient or relatives. Victim should submit a detailed written report to supervisor. [46, 47] Zero tolerance approach will be there in working area, especially healthcare setting. [33] Government should ensure adequate security and health care people should utilize the security available at the facility. [10] Fight against non-reporting culture and it is also same for inter organizational cases. In minor cases it may be verbal or written notice but major crime leads from suspension to termination. Top management of grievance and sexual harassment committee is responsible to deal such cases sensitively and surveillance is much needed. [48]

Possible remedies

For prevention of workplace violence, every organization should have proper rules, regulation and leadership on "Zero tolerance" policy [12,33] against any form of violence act. They need to establish appropriate guidelines and should focus on organizational climate like lighting, environmental design along with floor plan when working in areas with high crime. Every organization need to restrict visitors, overcrowding and should boost up their internal (CCTV surveillance [12], intercom system, code alert system, metal detectors, panic buttons and mirrors) and external security [12] and special concern should be taken in violence prone area like Emergency, Psychiatry unit, ICU by redesigning floor plans with well-lighted and easy exit. [20]

There is certain need to arrange mandatory training and awareness program regarding how to prevent, fight and follow up a violence incidence and added a workshop on soft skill like communication [12] for security personnel and health workers. [11] Be careful while working with anxious individuals and addicted one. Nurses' stations have to be protected with enclosures or deep counters.

Doctor patient communication are negligent now a days. Anecdotal report reveals story of an orthopedic surgeon who is specialist in knee replacement, inspecting knee for the very first time after entering OT for procedure because pre and post-operative check-up usually done by juniors only. [1]

If any form of violence took place then early recognition, acknowledgement and proper incidence report to managing committee of violence has to be done. Encourage the podium of reporting of violence and safety events. Follow up of the cases can be done through OSHA injury tacking. [10] During audit medical records, safety records, risk assessment, workers recompense, insurance coverage should be reviewed. Every institution should have OSHA log, incident/near-miss logs, a general event or daily log and police reports. [20] Evidenced based multidisciplinary approach, critical analysis of every incidence and trustworthy recording system can prevent future endeavor. Victims should get adequate counseling. [49, 50]

In a Turkish study on workplace violence, 30.8% worker suggest need of policy for more important issue, 27.6% mentioned need of acknowledging to the public and increasing awareness, 14.0% said about better communication, 6.1% asked for organizational support and 5.4% suggest proper training on workplace violence. [11] In the parliament of Ghana (2010) [8], Health Services Workers' Union requested for enacting act against violence so that worker can work peacefully. Doctors and staffs in South Delhi [9] 20.5% and 40.4% respectively focused on security, 10% concern about restriction of visiting hours, 4% suggested about communication skill, standard operating procedures (SOP) [1], proper monitoring and infrastructure. They also suggested 1:1 patient attendant policy, monitoring by tight security, support to the victims and juniors, training for security personnel and counseling services for the patient along with their relatives. Emphasis should be given on customer satisfaction along with staff safety. Patients may also have valuable feedback in identifying triggers to violence. [20]

3. Conclusion

Healthcare professional are increasingly become target of violence in their working environment. Life threatening physical attack and sexual abuse got more propaganda and became headlines for a certain period but within few days it would be overshadowed. Inconsistently with the progresses in medical technology, relationship between patient and health care professionals has been suffered. [1] Because machines are replacing humans. Now-a-days treatment, care and compassion has turned into money making business. But violence in healthcare are preventable and should never be accepted. Care should be your target and keep an eye on

cure. "We may have our own several problems, but patients are in more trouble than us" has to be the view of every health care person, patients and their relatives should never comment adversely on their efforts.

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