

VIOLENCE AGAINST HEALTH CARE WORKERS

Pradip Kumar Dutta^{1*}

The problem of aggression towards Health care Workers (HWs) is global. It negatively influences their psychological and physical well-being, and ultimately their performance¹.

Health care workers are exposed to different types of violence including insult, assaults, intentional injury or threatening at the workplace. Sometimes even they are displaced and being arrested. Different studies showed that about one third of HWs suffer physical violence at some point in their career¹. A large percentage is threatened or exposed to verbal aggression, mostly by patients and their visitors. In some countries verbal violence is more than physical (In Iraq it is 70%). Besides affecting physical and psychological well-being of the health staff, it also impairs their job motivation. It compromises the quality of care to patients and their performance regarding delivery of the health-care services². Due to under-reporting of violent incidents its actual incidence is not known. Social roles or cultural factors also underscore its expression. In one study from the United States, even workers in USA often expected violence to be part of their job³. Annual rates of physical aggression against health-care workers is low (3.1 %) in Thailand, but it is quite high (11–25%) in Europe as stated in three European studies. In Germany it is even higher (35–71%)⁴⁻⁸. Another survey in the United States revealed that 78% of emergency-department physicians reported being targets of workplace violence, 75% reported verbal threats, and 21% reported physical assaults⁹. In disaster and conflict situations (as in Iraq, Lebanon and Morocco), health workers may become the targets of collective or political violence with bigger consequences¹⁰.

Doctors (Especially resident doctors) are affected most (Around 80% in different studies). Dentists,

Pharmacists, nurses and technicians are least exposed. Among the doctors medicine specialists are most affected in countries other than Bangladesh. While all these professionals are in the frontline facing the patients' (or their relatives') unpredictable temper, this could be attributed to the fact that doctors are seen as the decision makers. Doctors of medical specialties were more exposed to violence than those in other branches of medicine; this could be attributed to the fact that the cases they deal with in their daily practice are frequently more critical. But in Bangladesh doctors at upazilla, surgeons and gynaecologists at urban areas are more affected (No exact data. Only Different social media report).

Source of Violence

- Patients' relatives
- Patient
- More than one source.

Reason of Violence

- Poor medical services and lack of hospital supplies
- Low education and aggressive attitude of patients
- Patient's death
- Dissatisfaction of care provided
- Agitation and misunderstanding
- Overcrowded workplace
- Illiterate and Yellow journalism (eg."Media report : A diarrheal pt dies due to wrong treatment with cholera saline")
- Absence of protection
- No reason (Local goons supported by puissant)
- Sometimes violences are not reported.

Reason for Not Reporting

- Being afraid (Fear of further attacks)
- Feeling ashamed
- No immediate response (Either from hospital security/law regulatory agency)
- No penalty to the offender
- No improvement of safety measures by hospital authority
- No effective national polices against violence.

1. Editor-In-Chief
JCMCTA & Head, Department of Nephrology
Chattogram Medical College, Chattogram.

***Correspondence: Professor (Dr.) Pradip Kumar Dutta**
E-mail: duttaprd@gmail.com
Cell: 01819 31 46 23

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More than 80% of those exposed to physical violence confirmed that the experience negatively reflected on their performance regarding medical care for their patients, 84.8% said that they didn't feel safe in their workplace and 64.4% were not sure that the situation was going to get any better in the near future¹. Ultimate result is loss of sympathy and empathy towards patients and only professional responsibility remains.

Most of violence occurs in conflict countries. In Iraq it is 85%, whereas in Lebanon it is 80.8% and in Morocco it is 70%. Here is no data for Bangladesh. A survey of violence against general practitioners in Birmingham, England concluded that 63% had suffered abuse or violence, with 0.5% suffering serious injuries¹¹. Patients' relatives were reported as the main source of violence (60.9%) followed by the patients themselves. Similar findings were seen in Pakistan where in 64% of the cases the assaulter was a patient's relative and in Egypt, where patients' relatives were responsible for 89.7% of verbal and 90.5% of physical assaults^{12,13}. This could be attributed to the fact that the (anxious) relatives usually stay with the patient in the ward and are in constant contact with the HWs. A German survey concluded that almost 50% of General Practitioners were confronted with aggressive behaviour, with 10% of them experiencing critical violent attacks¹⁴⁻¹⁷.

Sometimes threatening to the doctors in workplace occurs. Even in a study from one hospital in the United Kingdom showed that 38.5% of doctors experienced threatening behaviour in their workplace from patients or visitors¹⁸.

Poor medical services and a lack of hospital supplies appeared to be the most prevalent reason for violence (As in Bangladesh). The low education level, aggressive attitude of the patients or their companions and overcrowding of the health facility also played a role. Patients are becoming more demanding and are much more likely to resort to aggression if not satisfied with health care. It is the fault of administration but the doctors are victims as administration is behind the scene. A study in Jordan showed that the contributing factors to workplace violence against emergency department staff included overcrowding, staff shortages, lack of resources and the absence of effective anti-violence policies. In some cases long waiting times have been shown to make the patients or their relatives feel angry and irritable¹⁹.

In some of hospitals in Bangladesh more than 200 pts have to be attended in 6 hours by a single physician at outdoor services.

In some countries besides suffering mental and physical consequences or even disabilities, others either took a long period of leave or were thinking of fleeing from the country. Many studies have shown that after an episode of workplace violence, there are increased rates of missed workdays, burnout, and job dissatisfaction as well as decreased productivity among staff members^{20,21}.

A significant association was found between respondent's young age or short experience in the health sector and exposure to violence. This could be attributed to the fact that older HWs and those with longer careers have better communication skills and are more professional in dealing with nervous and agitated clients.

The respondents in different countries made some suggestions. Approximately half of them suggested using more security forces and/or cameras to protect health-care personnel, others advised upgrading the quality of medical services in general and enhancing the doctor/patient ratio, passing and applying laws and regulations to protect HWs and limiting the presence of relatives/companions with the patient as they are the main source of violence. Some of the desperate respondents said that there was no solution but to leave the country¹.

Some Suggestions

- i) Primary medical tips should be included in primary and secondary education
- ii) Responsibilities of doctors and administration should be clearly exposed to people
- iii) More hospitals with more beds than nongovernment medical colleges (Doubt is there whether these medicals are producing skillful doctors) should be established
- iv) Emergency services (Upazila level) and Intensive care services (District Hospitals) should be enhanced
- v) Less doctors, more technicians and other health care workers should be posted in Upazila levels
- vi) Attendances should be restricted in all levels of healthcare services
- vii) Doctors should be provided adequate residential facilities in Upazila levels
- viii) There should be good referral system (Between different tiers of physicians)

ix) More consultants should be deployed in district hospitals with almost all laboratory facilities like tertiary hospitals (Post graduate students can be placed under these consultants).

x) Easy transport system between Upazila and district hospital (no need of placing consultants in Upazilla)

xi) All pharmacies should be under strict control so that they could not sell medicines (Other Than Over the counter medicines) without registered physicians

xii) Yellow journalism should be punished (Academic training of journalists so that literate public with sense come into this profession)

xiii) Doctors should sit for exam for their registration renewal every 3 yrs (For updating changing trends in health care delivery).

In conclusion Violence against health workers is unacceptable. It breaks down the whole health system and make Sustainable Development Goal (SDG goals) foreseeable. It also leads to immense financial loss in the health sector. So passing legislation that protects HWs against violence through strict laws and their efficient enforcement is an urgent need at this time of unrest²².

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