

To Study Prevalence of Workplace Violence against Healthcare Workers in the Emergency Department of a Tertiary Care Hospital

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ABSTRACT

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INTRODUCTION

Workplace violence is a phenomenon that affects every country and every work setting. The conditions of the environment where care is being provided make health care professionals especially vulnerable to assaults. Workplace violence is a serious phenomenon involving the health care settings, and presents challenges to management. Violence against medical personnel is unexpected in hospitals which are devoted to healing, and yet, it is frequent and of concern in the health system.¹

In 2009, 10% of workplace assaults victims were health care professionals in the United States. The World Health Organization (WHO) defined workplace violence as the incidents where staff were abused, threatened, or assaulted in the circumstances related to their work.²

Health care professionals suffer from the social tolerance of violence and from the perception that the practice of their profession implies the acceptance of violence and aggression. In health care areas in particular, all employees are faced with the risk of being a victim of violence. According to international statistic data, nearly 4% of the total employee population has reported that they have suffered physical violence from people outside their workplace. More specifically, in health care areas,

violence affects one in two healthcare professionals worldwide, with nurses having three times higher possibility of being exposed to violence than any other professional group.¹

The WHO had classified workplace violence into physical violence and psychological violence. Physical violence was defined as physical force (e.g., beating, kicking, slapping, stabbing, shooting, pushing, biting, and pinching) against a person or groups that results in physical, sexual, or psychological harm. Physical violence was the most serious type of violence against health care professionals in their workplace². Health care professionals accounted for 1.2% of workplace homicide victims of the United States and about 4.9–65% of health care professionals were physically injured in their workplace during an incident of workplace physical violence. Work stress, patient expectations, and deteriorative patient–staff relationships were associated with workplace physical violence against health care professionals.³ The consequences can be devastating, since it affects morale, decreases job satisfaction and altered job performance. Workplace violence can have a negative impact for both the employee and the

hospital. The negative consequences of violence include loss of professional self esteem⁴.

When someone experiences workplace violence it can impair their job performance, decrease productivity, and cause them to make more errors. When the worker is subjected to violence for a prolonged period of time, it can cause them to experience anger, fear, depression, anxiety, sleep disruption, increase sick leave, symptoms of post-traumatic stress disorder, and job dissatisfaction. While not all violent incidents result in devastating consequences, many cause injury and damage worker morale and their sense of safety⁵

Additionally, workplace violence was associated with the intention to quit job, burnout and decreased job satisfaction among health care professionals. Those consequences of workplace violence can lead to decreased productivity and even affect the quality of care. Moreover, staff absence and investment of defensive tactics (e.g., security guard and metal detector) caused by workplace violence may virtually increase health costs. Therefore, workplace violence in health sectors affected not only the health care professionals themselves, but also the entire health care environment.

The most precipitating factors are violating privacy, inadequacy of available nurses, equipment supplies, and treatments, as well as visits from outside the hospital.⁴

The other factors that account for the increased incidence of violence in health care settings include increased stress levels in patients and relatives, long waiting hours, availability of money and drugs on a

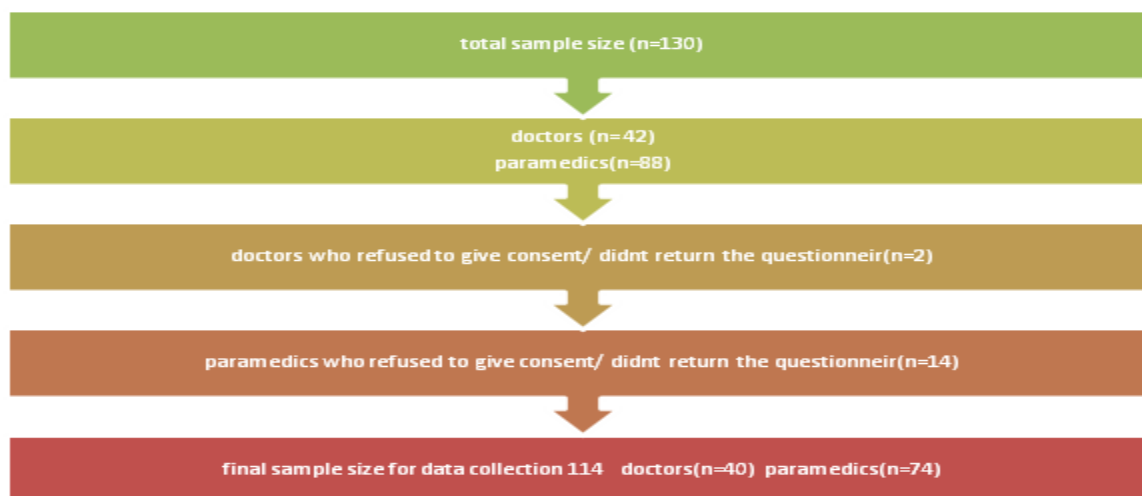
24hour basis, unrestricted visitor access, overcrowding.¹

Violence has no place in any workplace, and especially not in one that is dedicated to providing care and attention to the health and well-being of patients. The path to a safer workplace starts with the development of a workplace violence prevention policy. Not many studies have been done on this topic in this part of the world. So it was decided to know the scenario of workplace violence in the emergency department of SKIMS a tertiary care hospital

Method:

A cross sectional study was conducted in the accident emergency department of a tertiary care hospital of north India from 1st march 2019 to 31st may 2019. A validated questionnaire was distributed among the staff (including doctors and paramedics) working in emergency medicine department . The response time was fixed 2 weeks. Those who did not return the proforma were excluded from the study. A total of 130 healthcare workers were identified and given the questionnaire. This included 42 doctors, 67 nurses, 12 technician and 9 nursing aids

Among 130 healthcare workers 114 returned the Proforma and were included in the study. The questionnaire in addition to the demographic details of the staff contained information about the educational qualification, experience of working in the said hospital, type of violence, number of times the violence was experienced by each staff, work shift in which violence occurred, and impact of violence on health care workers (HCW).



Result:

Workplace violence against health care professionals has been a persistent problem of health care environment worldwide. Health care professionals include physicians, nurses, technicians, and other medical staff who are in direct contact with patients and visitors.

Total of 130 no of healthcare workers of Accident and emergency were included in the study, of which

16 did not return the proforma and were excluded from the study. This included 2 doctors and 14 paramedics.

Observation revealed that majority i.e. 57% (n=65) were in the age group of 30-50years followed by < 30 years group which constituted 21.1%(n=24) of the study population. 21.9% (n=25) of staff were in the age group of > 50years.

Table 1: Variation of Patient in Different Age Category

Age Category	Number
<30 years	21.1%(N=24)
30-50years	57% (N=65)
>50years	21.9% (N=25)

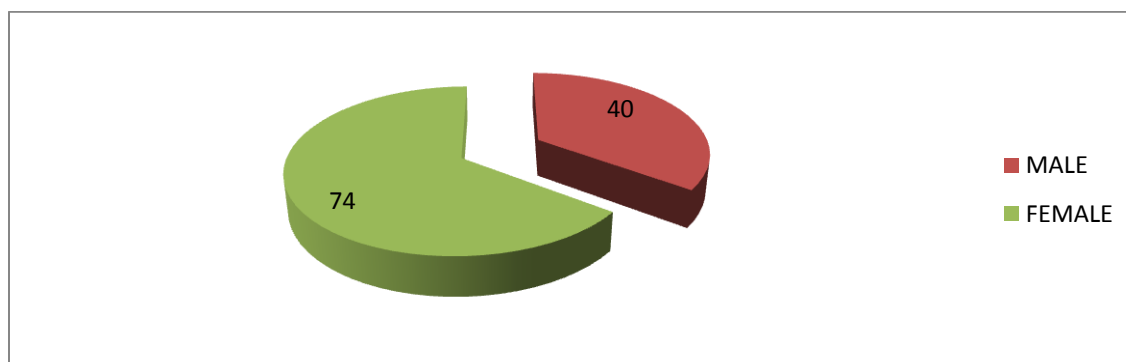
Out of 114 health workers in study population the majority i.e 59.7% (n=68) were from rural area while 40.3% (n=46) were from urban areas (Table 3).

Table 2: Categorization of participants according to their residence

Residence	Frequency Percent
Rural	59.7% (n=68)
Urban	40.3%(n=46)

Among 114 health workers in study population the majority i.e 69.3% (n=79) were married while 30.7% (n=35) were unmarried.

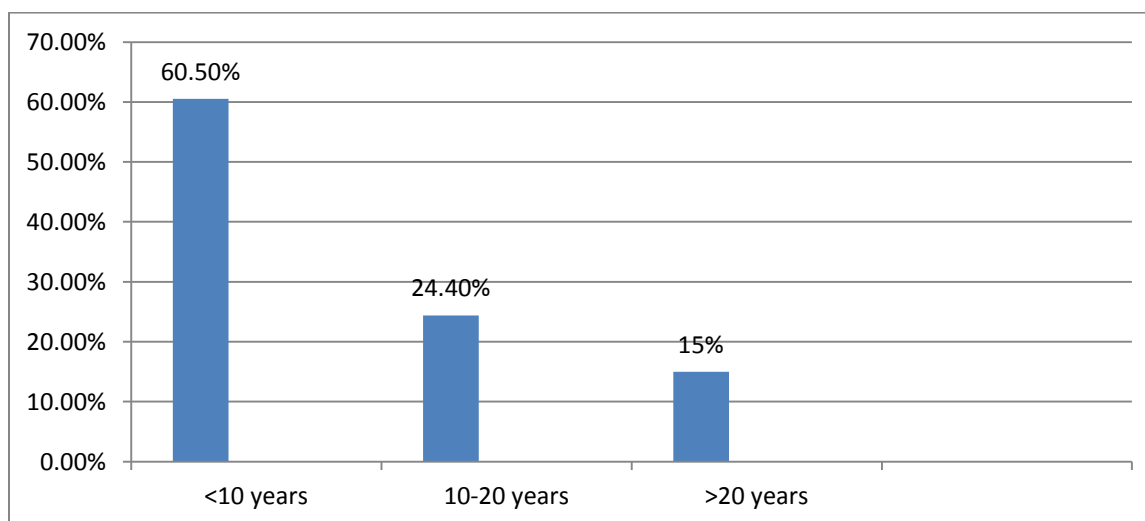
Gender wise distribution of study population who participated in the study showed 64.9% (n=74) were males while 35.1% (n=40) were females.

Figure1: Gender distribution of healthcare workers

A total of 86 HCW among total of 114 reported some sort of WPV. Thus about 75.4% of HCW workers had faced violence of any form. Majority of the HCW experienced one episode of WPV viz a viz 79.1%(n=68) and 20.9% (n=17) experienced more than one episode of WPV

With regard to experience of HCW it was seen that WPV was seen higher with the healthcare workers

having experience of less than 10 years 60.5%(n=52), while 24.4% HCW (n=21) with experience of 10-20 years faced WPV and only 15% (n=13) with experience of more than 20 years faced an episode of WPV. Experience was significantly associated with WPV. Those with more years of experience had faced lesser episodes of violence.($p<0.001$).

Figure2: WPV w.r.t to experience of healthcare workers

Irrespective of qualification Workplace violence was seen more with the frontline workers among which 48.8% (N=42) were post graduate staff, 38.3 % (N=33) were graduate staff and 12.7 % (N=11) were undergraduate staff.

Qualification of HCW	Episodes of WPV
Post graduates	48.8% (N=42)
Graduates	38.3% (N=33)
Under graduates	12.7 % (N=11)

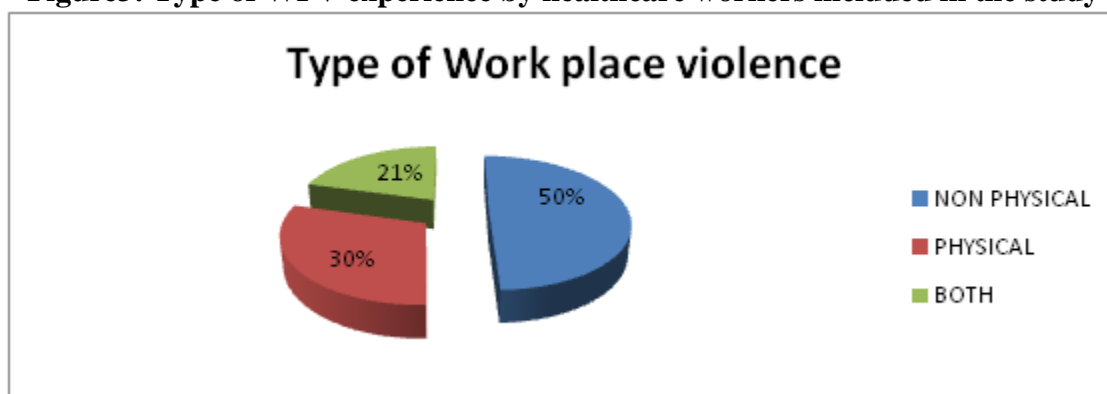
When respondents were asked about the timing of work place violence it was noted that WPV was seen more during evening hours followed by night and early morning hours. Time was a significant factor in WPV ($P < 0.001$)

WORK SHIFTS	% WPV
EVENING	64.9% (n=56)
NIGHT	21% (n=18)
MORNING	13.9% (n=12)

With respect to the specialty WPV was seen to be at higher from medical side than surgical with 55.8% (n=48) and 44.2% (n=38) respectively.

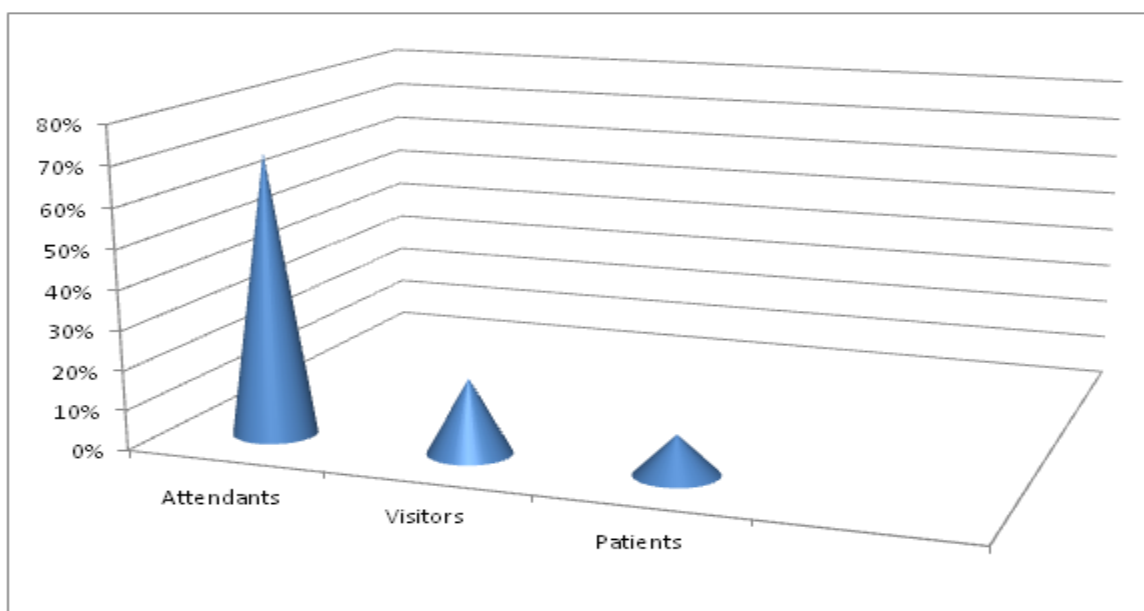
Among the participants, the prevalence of non physical violence was 50% (n=43) and physical violence was 30.2% (n=26) while both were seen in 19.8% (n=17) cases. (**Figure 3**)

Figure3: Type of WPV experience by healthcare workers included in the study



With respect to the perpetrator, Workplace violence was more of with the patient attendants 71 % followed by visitors 19% and the patients 10 %.(**Figure 4**)

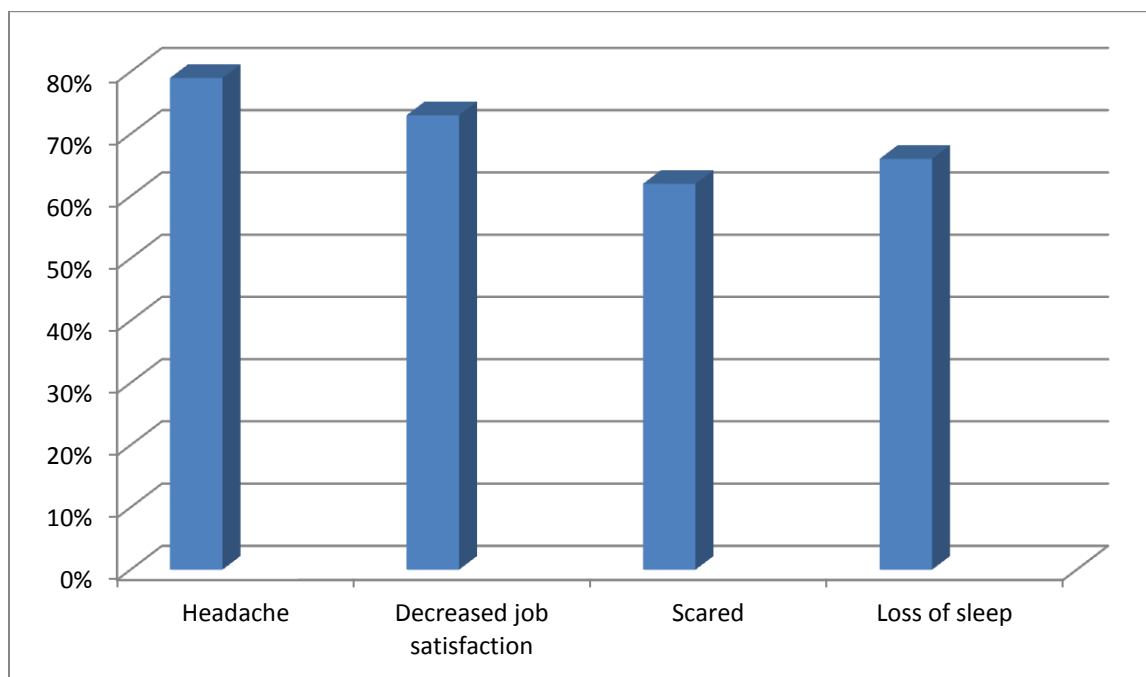
Figure 4: Perpetrator Workplace Violence



CONSEQUENCES OF WORK PLACE VIOLENCE

It was seen that majority of the Health care Workers experienced headache 79% followed by decreased job satisfaction 73%, 66% complained loss of sleep and 62% were scared after experiencing WPV(**Figure 5**)

Figure 5: Consequences of Workplace Violence



Although there was no incident reporting system but the event of WPV is neutralized by the help of hospital administration and security personnel. Of the total 67 HCW who experienced WPV 90% claimed that it was a persistent problem in accident and emergency and only 35% were reported by the healthcare workers to higher authorities

Discussion:

The prevalence of violence in the health care industry, and particularly in the ED, continues to be a pervasive problem encountered by all levels of workers from the frontline emergency medical services team to aides and technicians to nurses and physicians⁶⁻⁹.

Among all work places, healthcare facilities are at increased risk of WPV with four times increased risk. In our study 75.4% HCW working in emergency experienced one or more episodes of work place violence. Our findings were in line with the other studies as was found by Julie et al⁽¹¹⁾ where more than half of the staff working in ED perceives WPV to be part of their job. Rasha Farouk Abdellah et al found that WPV was reported by 59.7% of HCWs⁽¹⁰⁾.

While A L Bashtawy, Mohammed et al found 72% of workers within Jordanian hospitals were exposed to violent acts (verbal violence = 60.8%), physical violence = 11.3%⁽¹²⁾.

Among the participants, it was found that the prevalence of non physical violence was 50%(n=43) and physical violence was 30.2%(n=26) while both were seen in 19.8%(n=17) cases. However Julie et al found that among the staff members, 75% were verbally assaulted and 25% acknowledged some form of physical abuse during this same time⁽¹¹⁾ while Asmaa Alyaemni et al found 74.1% for verbal abuse in three Turkish hospitals⁽¹³⁾ while Rasha Farouk Abdellah et al⁽¹⁰⁾ found that Verbal violence was the most reported (58.2%), compared to physical violence (15.7%). The study of pie et al. (2010) conducted in Australia among 1007 nurses revealed that verbal violence was the most common form of violence experienced by nurses (79.5%), followed by physical violence in 28.6%⁽¹⁴⁾

Among all the episodes of WPV only 35% were reported by the healthcare workers to higher authorities, of which majority were physical violence. While Rasha Farouk Abdellah et al⁽¹⁰⁾ found Only

29.5% of HCWs who experienced verbal violence and 23.8% of who experienced physical violence reported it to hospital authority. Asmaaalyaemni^a et al⁽¹³⁾ found that most nurses did not want to report incidents (47.2%), considering it useless or unimportant (15%), and only 6 respondents felt ashamed to report. These findings are comparable to studies reported from different regions. In an Iranian study, participants felt that reporting was of little value since nothing would be done⁽¹⁵⁾ (Esmaeilpour et al., 2011). Throughout the world, nurses and other health-care staff tend not to report aggressive behavior or take necessary action until there is an incidence of physical injury⁽¹⁶⁾

The major perpetrators of violence were by patient attendants 71 % followed by visitors 19% and the patients 10%. Most studies, especially in developing countries, had the same findings⁽¹⁵⁾ Esmaeilpour et al., 2011. In the Jordanian study⁽¹²⁾, patients and their relatives were the main source of workplace violence. According to a study by Seema Sachdev⁽¹⁹⁾ Family members were the main perpetrator for verbal abuse in (75%) and physical abuse in (35%).

The episodes of WPV were more during evening hours (64.9%) followed by night (21%) and morning hours (13.9%). This finding is consistent with many studies conducted worldwide like Adib et al., 2002⁽¹⁷⁾ who found that most occurrences of verbal and physical abuse take place between 2 PM and 10 PM. Also Lin and Liu (2005) found that most violence occurs during the evening shift.⁽¹⁸⁾

The most common impact reported by majority was headache in 79% followed by decreased job satisfaction in 73% of participants followed by feeling scared in 62% of participants and loss of sleep in 66% these findings are in line with Seema Sachdeva et al⁽¹⁹⁾ Majority of the participants, i.e., 129 out of 235 had reported decreased job satisfaction with significant $P = 0.01$ followed by feeling scared, 67 participants had loss of sleep, and 15 had to miss the work mainly because of VA followed by physical abuse and confrontation but with no significant association at $P = 0.05$.

In our study it was found that majority of health care workers experienced one episode of WPV (79%) while 20.9% experienced more than one episodes, similar findings were found in study from Turkey where 78.1% of the emergency physicians reported

being subjected to violence out of which 65.9% had suffered on more than one occasion over the past one year.⁽²⁰⁾

Conclusion

Work place violence is a significant problem in health care institutions. Robust steps need to be taken to reduce them because of devastating impact they can have on the health of HCW.

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