Workplace Violence in Health Care: Deciphering an Emerging Crisis

Nepal O

Aggressive assaults against health professionals are increasingly reported across the globe.[1] As per the Indian Medical Association, 75% of doctors have faced violence with verbal abuse being the commonest form of workplace violence (WPV). The cause of violence has been conjectured to be frustration, anxiety, and distrust due to the feeling of financial gain by doctors.[2] The need for a longitudinal study to understand the prevalence, nature, and regional differences in violence perpetrated against doctors has been suggested.[3] Violence is underreported and there is a lack of specific redressal mechanisms to address WPV, thus healthcare facilities need to prepare for the flaringly emerging issue without delay.[4-7] Moreover, newspaper and electronic media sensationalize negative reports portraying doctors as rogue.[6] Nevertheless, a study by Yang et al. found that the government's administrative interventions can temporarily, shape and alter, public opinion, with a reduction in hostility towards doctors.[8]

Among healthcare workers in a tertiary care hospital in Kathmandu, the prevalence of verbal violence was highest with 34.3% for doctors and 52.8% for nurses. Furthermore, 35.8% of doctors and 46.8% of nurses had experienced it in the past twelve months.[9] Though patients and relatives of patients were major perpetrators of physical and verbal violence, management and staff members were major perpetrators of bullying/mobbing. Undoubtedly, there is a crucial need to establish evidence-based actions to prevent violence in the workplace and promote a healthy workplace setting in Nepal. In Pakistan, 85% of the physicians faced aggression made by the perpetrators in which verbal abuse was the commonest followed by moderate and severe events.[10] Physical violence is highly prevalent among doctors working in emergency departments and public hospitals in Bangladesh.[11] After the incident at Civil Aviation General Hospital in China, 58.6% of the medical staff regretted joining the medical profession as expressed through the social media platform.[12]

As per the National Institute of Occupational Safety and Health (NIOSH), workplace violence is defined as 'violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.'[13] Based on the perpetrator of the crime, classified are the four types, of workplace violence where type II, ''the perpetrator is the customer'' is identified as the most prevalent form in healthcare over other sectors.[14] However, several other factors ranging from the type of workforce gender with the rise in female employees,[15] lack of staff training, agitated family members, and lack of civic responsibility in public, high workload among staff, lack of mob preventing drills, surveillance, and security at the workplace also carry significant risk for the violence in the health sector.[2]

Till the booklet of Evidence-Based Healthcare Security Research Series of 2019 was published, awaited was the deconfliction between OSHA (Occupational Safety and Health Act of 1970) and CMS (Centers for Medicare and Medicaid (CMS)/The Joint Commission) regulations or a stronger stance taken to develop a workplace violence standard for the healthcare industry in the United States. Until then, the advice prescribed for organizations was to take it upon themselves to identify and implement viable, evidence-based solutions to manage this trend.[14] The absence of legislation was identified globally to address the healthcare sector and, in June 2019, a new convention adopted by the International Labour Organization acknowledged that violence and harassment at work constitute human rights violations and threaten equal opportunities. Taking it into international consideration, governments that ratify the treaty must develop the national laws prohibiting workplace violence implement preventive measures, such as educational campaigns, and require companies to have workplace policies addressing violence.

Though the Government of Nepal has enacted The Sexual Harassment at Workplace Prevention Act, effective from February 20, 2015, that affords protection to employees and workers employed by the entities (including contract workers), as also to customers (and persons accompanying such customers) who may visit the workplace to avail of any services, it alone is not enough.[16] The rapid shift, in the sociocultural behavior, in our geography, necessitates separate jurisdictions highlighting the nature of work and protecting the workers in the health sector alone.

Unequivocally, the risk of violence is akin to a hanging sword over the head but, actions to reduce the frequency and severity of violence are only the crucial stride against it. Great Britain tried a zero-tolerance initiative for violence in healthcare in 1999 which had to be changed by 2003 and replaced by a different program.[17] Indeed, solutions to the emerging crisis of workplace violence require the meticulous mitigating approach of 'threat assessment' which is the least utilized strategy in the health and education sectors.[14] However, risks to the integrity of mental health services while considering the prosecution of patients for type II violence as a strategy to reduce violence in hospitals must be brought to light for extensive discussion within any organization of healthcare services.[18] The commitment from all levels, from the top leadership to the structure, culture, politics, and training within any organization is vital for success in program implementation against workplace violence. No doubt, this complex and multifactorial problem requires multipronged strategies not only supported through regulations and education within the structure and culture of healthcare organizations but also by multilayered statutory enforcement to the healthcare organizations and, for health service seekers.

In this regard, to guide the top leaders of any healthcare organization, to mitigate workplace violence framed as 'action steps' is deduced into five uncomplicated steps through a collaborative approach between the American Hospital Association (AHA) and the International Association for Healthcare Security and Safety (IAHSS).[19] The action steps are; 1. Collaborate with local violence intervention advocacy programs. 2. Partner with patient safety advocacy groups. 3. Develop a threat management team to address interventions. 4. Set patient guidelines on zero-tolerance policies. 5. Define safe areas and processes for patient and survivor engagement. Also recommended in the guide, based on data, accountability, and education for the leaders of healthcare organizations while preparing violence reduction programs are four-legged strategies; trauma support, violence intervention, culture of safety, and risk mitigation.

To address workplace violence in healthcare services, the healthcare staff of any organization must be appropriately trained in threat assessment strategies and, should be educated for general strategies identifying the components of threat assessment. Leaders on the other hand should work on policies for the organization and with the government bodies to shape public opinions to reduce the hostility towards healthcare workers.

Ojashwi Nepal
Department of Physiology,
School of Medical Sciences,
Kathmandu University (KUSMS)
Email: ojashwi@kusms.edu.np

REFERENCES

1. Caruso R, Toffanin T, Folesani F, Biancosino B, Romagnolo F, Riba MB, et al. Violence against physicians in the workplace: Trends, causes, consequences, and strategies for intervention. *Curr Psychiatry Rep.* 2022 Dec;24(12):911-924. doi: 10.1007/s11920-022-01398-1.
2. Ghosh K. Violence against doctors: A wake-up call. *Indian J Med Res.* 2018 Aug;148(2):130-133. doi: 10.4103/ijmr.IJMR_1299_17.
3. Raveel A, Schoenmakers B. Interventions to prevent aggression against doctors: a systematic review. *BMJ Open.* 2019;9:e028465. doi:10.1136/bmjopen-2018-028465.
4. Anand T, Grover S, Kumar R, Kumar M, Ingle GK. Workplace violence against resident doctors in a tertiary care hospital in Delhi. *Natl Med J India.* 2016;29(6):344-8.
5. Grover S, Dalton N, Avasthi A. Workplace violence against doctors in a tertiary care hospital. *Ind Psychiatry J*. 2020 Jan-Jun;29(1):38-46. doi: 10.4103/ipj.ipj_79_20.
6. Mittal S, Garg S. Violence against doctors-an overview. *J Evolution Med Dent Sci*. 2017;6(33): 2748-2751. DOI: 10.14260/Jemds/2017/592.
7. Kumari A, Sarkar S, Ranjan P, Chopra S, Kaur T, Baitha U, et al. Interventions for workplace violence against health-care professionals: A systematic review. *Work*. 2022;73(2):415-427. doi: 10.3233/WOR-210046. PMID: 35431213.
8. Yang Q, Tai-Seale M, Liu S, Shen Y, Zhang X, Xiao X, et al. Measuring Public Reaction to Violence Against Doctors in China: Interrupted Time Series Analysis of Media Reports. *J Med Internet Res*. 2021 Feb 16;23(2):e19651. doi: 10.2196/19651.
9. Bhusal A, Adhikari A, Singh Pradhan PM. Workplace violence and its associated factors among health care workers of a tertiary hospital in Kathmandu, Nepal. *PLoS ONE* 2023;18(7): e0288680. https://doi.org/10.1371/journal.pone.0288680.
10. Ahmed F, Khizar Memon M, Memon S. Violence against doctors, a serious concern for healthcare organizations to ponder about. *Ann Med Surg (Lond)*. 2017 Nov 15;25:3-5. doi: 10.1016/j.amsu.2017.11.003.
11. Shahjalal M, Alam MM, Khan MN, Sultana A, Zaman S, Hossain A, et al. Prevalence and determinants of physical violence against doctors in Bangladeshi tertiary care hospitals. *Hum Resour Health*. 2023 Mar 28;21(1):26.
12. Xiao Y, Du N, Chen J, Li Yl, Qiu QM, Zhu SY. Workplace violence against doctors in China: A case analysis of the Civil Aviation General Hospital incident. Front. *Front Public Health*. 2022. 10:978322. doi: 10.3389/fpubh.2022.978322.
13. Violence Occupational Hazards in Hospitals | NIOSH | CDC. 2002 Apr; 2002-101. www.cdc.gov/niosh; Available from: https://www.cdc.gov/niosh/docs/2002-101/default.html
14. Henkel SJ. Threat assessment strategies to mitigate violence in healthcare. IAHSS-F RS-19-02, 2019; Nov. Available from: https://iahssf.org/assets/IAHSS-Foundation-Threat-Assessment-Strategies-to-Mitigate-Violence-in-Healthcare.pdf
15. Boniol M, McIsaac M, Xu L, Wuliji T, Diallo K, Campbell J. Gender equity in the health workforce: analysis of 104 countries. World Health Organization; 2019.
16. The-Sexual-Harassment-at-Workplace-Prevention-Act-2014-2071.pdf. Available from: The-Sexual-Harassment-at-Workplace-Prevention-Act-2014-2071.pdf (lawcommission.gov.np)
17. Gabe J, Ann Elston M. 'We don't have to take this': Zero tolerance of violence against health care workers in a time of insecurity. *Social Policy & Administration.* 2008 Dec;42(6):691-709.
18. Coyne A. Should patients who assault staff be prosecuted? *J Psychiatr Ment Health Nurs*. 2002;9: 139-145. https://doi.org/10.1046/j.1365-2850.2002.00433.x
19. Creating Safer Workplaces. A guide to mitigating violence in health care settings. IAHSS; American Hospital Association. 2021; Oct. www.aha.org; Available from: creating-safer-workplaces-guide-to-mitigating-violence-in-health-care-settings-f.pdf(aha.org)