Original Research Article

Factors Influencing Workplace Violence against Health Care Personnel in a Tertiary Health Care Institute of West Bengal,India, India

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Abstract

Background: Violence in health sector although being a global issue as well as an alarming burden in India, has received limited attention till now. The present study aimed at estimation of perceived causes of workplace violence (WPV) in health sector and exploration of the possible measures to prevent it. **Methods:** A qualitative study was undertaken in Burdwan Medical College and Hospital a tertiary health care facility of West Bengal,India, during September – December 2018 among different types of health care personnel. Six from each stratum of doctors, nurses and support staffs i.e. 18 health personnel were included as the study subjects in Focussed Group Discussions (FGD) to explore the perceived causes of workplace violence. In-depth interview were (IDI) done with 25 individual. 3 Key Informant Interviews (KII) were done among senior faculties associated with hospital administration. 3 Focussed Group Discussions (FGD) were undertaken with the 18 health care personnel comprising 6 participants in each session with the help of a predetermined FGD guide composed of some guiding questions.**Results:** Doctor patient miscommunication, lack of manpower, political influence was few of the salient reasons of violence in health sector.**Conclusion:** The study highlights several issues like behavioural aspects, communication gaps between service provider and beneficiaries, resource crisis and political as well as social factors to be causative for violence in health sector.

Keywords: Violence, Workplace violence, Survey questionnaire, Doctor patient miscommunication.

Introduction

Violence in workplace has become a burning issue now a days and health sector are the mentionable sufferer in this aspect. Violence may be defined as behaviour involving physical force intended to hurt, damage or kill someone or something, and when that violence happens in the place of health seeking that ruins the care, care providers as well as the health benefits supposed to come out of it. Doctors, nurses and other support staffs are the care-providers in the health sector. World Health Organisation (WHO), International Council of Nurses (ICN), International Labour Office (ILO) and Public Service International (PSI) have launched a joint programme to reduce workplace violence and to minimize the negative impact on the victims and services. They have defined Workplace violence (WPV) as "Incidents where staff are abused, threatened or assaulted in circumstances related to their work including commuting to and from work involving an explicit or implicit challenge to their safety, well-being or health". [1] The survey is to be done using a survey questionnaire. The violence in health sector is now a global issue, [2-7]and also being alarming in India. [8] To prevent this WPV [4] or before taking any minimisation efforts one must have the idea of the magnitude of this burden. But till now this workplace violence has received limited attention. [9] WPV may be verbal, physical, psychological as well as sexual. In a study of south Delhi verbal abuse was proved to be more prevalent than physical violence. [10] Tertiary health care institutes being the uppermost tier of health care delivery system and comprising of so many health facilities are more prone to WPV as the loads of expectations from the beneficiaries also poses a challenge which very often results in untoward happenings due to un-fulfilment.Purba Bardhaman is one of the 23 districts in West Bengal,India. There are 94 Primary Health Centres, 31 Block Primary Health Centres, 6 Rural Hospitals, 4 Sub-divisional Hospitals and a District Hospital. No study is available in West Bengal,India regarding workplace violence at best and there is lack of information about this burden at worst. In this context the present study was planned with the objective of exploration of the perceived causes and the possible measures for prevention of workplace violence against health care personnel in Burdwan Medical College and Hospital (BMCH), the tertiary health care institute of Purba Bardhaman district.

Objective: To explore the perceived causes of workplace violence against health care personnel in Burdwan Medical College and Hospital (BMCH) and the possible measures to prevent it.

Methods

Study type and design: This was a qualitative study.

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Study area: The study was conducted in some of the work stations of Burdwan Medical College and hospital which provide health care services.

Study duration: The study was done during September– December 2018.

Study subjects: The study was done among different types of health care personnel i.e. Doctors (House-staffs, Junior and Senior Residents as well as Visiting Doctors) Nurses (Staff Nurses as well as on duty Nursing Students) and other support staffs (Laboratory Technicians, Word Boys etc.) who were engaged in providing health care.

Inclusion criteria: All the health personnel who were working in BMCH, giving consent and were serving in this hospital for at least 12 months were included as study subjects.

Exclusion criteria: Health personnel who were seriously ill or absent on the day of visit were excluded.

Sample size and Sampling technique: The lists of health personnel (doctors, nurses and other support staffs) were collected from all the work stations. Six from each stratum of doctors, nurses and support staffs i.e. 18 health personnel were included as the study subjects in Focussed Group Discussions (FGD) to explore the perceived causes of workplace violence. In-depth interview were (IDI) done with 25 individual. 3 Key Informant Interviews (KII) were done among senior faculties associated with hospital administration. Purposive sampling was used.

Tools and technique: The questionnaire developed by the joint programme of International Labour Office (ILO), World Health Organisation (WHO), International Council of Nurses (ICN) and Public Service International (PSI) regarding workplace violence was used. The tool contained 3 questions regarding exploration of the perceived causes of workplace violence and the possible measures to prevent it.3 Focussed Group Discussions (FGD) were conducted using an FGD guide; each interview comprising 6 health personnel.

In-depth interviews (IDI) were done with 25 individual. 3 Key Informant Interviews (KII) were done among senior faculties associated with hospital administration.

Ethical considerations: Ethical clearance was sought from Institutional Ethics Committee of Burdwan Medical College, Purba Bardhaman. Informed consent was obtained from each and every respondent and they were also assured regarding confidentiality of the information.

Data collection:A total of 25 IDI were conducted to elicit the perceptions of the victimised health personnel. One participant and one interviewer were engaged in each interview lasting not more than 20 minutes. Participants were posed with neutral questions but no leading questions. Their responses were heard with attention and follow up questions were only asked if it was necessary. They were not shown any approval or disapproval of what they said.

3 Focussed Group Discussions (FGD) were undertaken with the 18 health care personnel comprising 6 participants in each session with the help of a predetermined FGD guide composed of some guiding questions. There was a moderator for conducting the discussion and a recorder to note down the proceedings. The discussions were conducted at a place and time according to the convenience of the participants. They were asked to sit in a semi-circular manner so that each one of them is in the view of the other. The moderator started the discussion after addressing the participants and briefly described the topic of interest. Then the predetermined logically sequenced open-ended questions were asked to understand the perception of the participants regarding the reasons of workplace violence. Complete proceedings of the discussion including sociogram were noted and electronic recording of the session was done. Each session lasted for not more than 30 minutes. Participants were assured regarding anonymity of their responses. The recordings were kept in a locked facility safely and after transcribing word for word on the same day they were destroyed.

Data analysis: Data collection and analysis were done simultaneously. After each interview and each FGD, data including all field notes and recorded audio were transcribed and translated from local language to English; close to verbatim on the day of data collection. Then all the interview transcripts were coded separately and any discrepancies in the coding were sorted out. Coded notes were thematically analysed and emerging themes were identified using illustrative quotations. Finally, a free-listing was done using Smith's Salience Value and pile sorting was conducted by key informants. In the pile sorting exercise, the key informants were asked to group those selected reasons which they opine to be gathered with a justification and also to suggest possible solutions for prevention. Data were analysed using Anthropac4.983 software. Two-Dimensional Scaling and Hierarchical Cluster Analysis of pile sorted data were undertaken. Debriefing of findings of free-listing, pile sorting and focussed group discussions to the participants were done to increase the credibility of results.

Results

IDI of 25 health care personnel as well as 3 FGDs identified several causative factors of workplace violence. Themes that emerged out of these discussions and interviews were listed in Table 1.

Table 1: **Pile sorting of causes of workplace violence into themes with reasons and suggested measures for prevention by key informants (Senior administrators)**

Pile number	Theme	Causes of workplace violence	Reasons for grouping	Suggested measures for prevention
1	Behaviour related factors	1. Egoistic problem 2. Own profession misconduct 3. Intolerance of patient party	Directly related to behaviour of the health personnel and patients	1. Behaviour change communication among service providers 2. Counselling site creation for patients at every work station
2	Resource related factors	1. Lack of manpower, 2. Workload of providers 3. Decreased security 4. Delay in tests and reports	Directly related to resources – man, money, material and time	1. Increasing manpower 2. Improving facilities 3. Enhancing securities at every work station 4.Developing policies
3	Communication related factors	1. Doctor-patient miscommunication, 2. Lack of communication skills	Directly related to the communication between people (health-personnel and patients)	1. Regular training of service providers on communication 2. Regular meeting of different departments discussing issues and identifying problems
4	Management related factors	1. Punishing attitude of authority 2. Reluctance of senior faculties	Directly related to managerial skill	1. Training of authorities regarding management regularly
5	Social factors	1. Social media 2. Political influence	Directly related to society	1. Making people aware about health personnel 2. Strengthening legislation

Few important causes perceived by them were:

1. Doctor patient miscommunication

Doctor – patient miscommunication was heard too many times during the interviews and discussions. In most of the case doctors do their duties knowing the things better than anyone but at the same time the lack of communication with the patients become the major issue creating lots of questions in the minds of the patient's relatives. One nurse told about this communication gap:

"maybe physical, may be verbal, may be even non-verbal waving you know…but you should let him know that yes I have heard that you searched me…don't worry …you are fine…this is communication…this is missing…the patient tells his relatives in visiting hours and a mob is now ready to ask you "why didn't you listen?" this is miscommunication… no one cares that you were serving another patient…so I think we should increase effort on this…doctor patient miscommunication"[Nurse 6, 35 years]

2. Lack of manpower

Another thing which was voiced so many times almost in every interview was the lack of manpower enhancing huge workload for the providers which is responsible for lesser time and care per patient. One doctor told that:

"lack of manpower…see…perhaps at night suppose a group D staff and a support staff are there who is at O.T. somehow at a particular point of time one of them is not present there and when we tell the staff who is present there to do the job of his partner he is not ready to do that…this is not my duty…let him come…now we come to verbal abuse…we abuse the staffs…like useless unprofessional needs to be replaced…they get irritated… but can't tell us as we are doctors…same with the sisters…suppose they bear with us since 4a.m. in the morning…had not enough time for even dinner… assisting us…assisting us…perhaps she has no one to rotate with her…suddenly she left the place and we start abusing them… how can she go leaving everything amidst an operation…in simple word lack of manpower…" [Doctor 2, 29 years, female]

3. Political influence

Among some external issues the political influence plays a big role in creating workplace violence. Few external people with some recommendation from political leaders demands special facility in the hospital which if not dealt with proper care is an inevitable reason behind violence. One staff told:

"this is much more in Burdwan… I don't know how it is anywhere else…but people out here are very driven by power…you know…like from where with whose recommendations one is coming…so, they are concerned about their influences…It is difficult to say you know…but yes, it is… the political influence…if you are not handling with care… chaos is for sure…" [Staff 3,40 years, male]

4. Social media

FGD and IDI both reported social media to be a major negative influence creator in people's mind. One doctor told that:

"look, this has become a trend now a days that you go to hospital…if anything goes wrong call media first…oh you know…some goes Facebook live…basic misunderstandings were in the past also…but today…anything goes wrong…anything you say…repeated attempts of channel…social media however does it in arteries…(laugh) they will make a news…they need bytes…they have a responsibility in creating the public awareness…what they are telling the people?

Sticks instead of stethoscope in doctor's hand…you do polio campaigning…so don't you think even one percentage of effort if given by social media to make people aware that doctor is not your enemy the problem may be solved? Think before you do…" [Doctor 3, 42 years, Male]

5. Decreased security

According to many health personnel decreased security is a major problem as perceived by them. One doctor told:

"…yes, you can prevent a lot of mis happening by your every effort; be it communication, be it behaviour, be it patience but lastly we need more security as you go for the curative aspects of this violence…that's it." [Doctor 5, 35 years, Male]

Free listed items with Smith's Salience value responsible for workplace violence were presented in Table 2.

Table 2: Relative ranking of causes of workplace violence

Codes	Smith's S Value
Doctor patient miscommunication	0.48
Lack of manpower	0.46
Political influence	0.42
Workload of providers	0.38
Social media	0.28
Punishing attitude of authority	0.22
Decreased security	0.19
Reluctance of senior faculties	0.113
Own profession misconduct	0.111
Lack of communication skill	0.09
Egoistic problem	0.09
Delay in tests, long waiting in the line	0.084
Patient party's intolerance	0.076

Two-dimensional scaling and hierarchical clustering of pile sort data gave five subgroups. Then these subgroups were again clubbed due to the reasons of relation between them. Ultimately three subgroups were obtained according to key informants.

Subgroup 1–Item no.6,8,11,13,9,1,10–Behaviour and communication issues

Subgroup 2 – Item no. 2,4,7,12 – Resource crisis

Subgroup 3 – Item no. 3,5 – Social factors

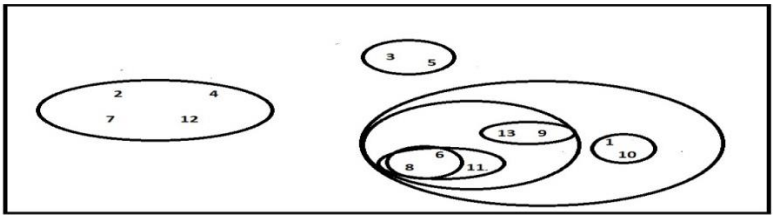

Fig 1: Cognitive map showing relationship between perceived causes of workplace violence

Discussion

In the present study the perceived causes of workplace violence were doctor patient miscommunication, lack of manpower, political influences, workload of providers, social media, decreased security, punishing attitude of authority, decreased security, delay in test procedures, patient party's intolerance etc. The present study finding was in line with the findings of a study done by Ori et al.[11] in Manipur in 2014 where solutions to prevent the workplace violence was suggested to consider workplace violence against doctors as a non-bailable offence. Here also the solution like strengthening of legislation was obtained. In the present study it was seen that verbal abuse was the most common type of violence among health care personnel which was similar to the finding of Anand T et al.[8]Arimatsu M et al.,[12] Kowalenko T et al.[13] and Reem A Abbas et al.[14]Other suggested solutions to prevent the workplace violence were enhancing security, development of policies by authority, creating counselling cites for patients at every work station, increasing manpower, improving facilities, strengthening legislation, regular training of providers on communication skill, increasing public awareness about the role of health personnel etc. This finding had a similarity with that of a study done by Imran N et al.[6] in a public health care facility in Lahore, Pakistan where the suggested measures to prevent the workplace violence were adequate security, policy making by hospital management and educating the patients and their families etc.

Conclusion

The present study reveals workplace violence in public health facility is a topic of high concern which is to be dealt with an immediate effect. The study highlights several issues like behavioural aspects, communication gaps between service provider and beneficiaries, resource crisis and political as well as social factors to be causative for violence in health sector. Measures are to be taken in various platforms i.e. increasing resources, policy development, strengthening legislation, patient's counselling, provider's communication training and even using the mass media enhancing public awareness are to be ensured. Further studies in this regard would be more helpful to dream an health sector free from nosocomial disharmony.

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