Violence and its associated factors among healthcare professionals of hospitals in Balochistan: a cross-sectional study

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Abstract

Background: Violence is one of the growing problems that healthcare workers are facing. Healthcare workers are the most vulnerable segment of society and are at high risk in terms of facing violence.

Objectives: The current study aims to find out the frequency of violence among healthcare professionals and the factors that lead to violence.

Methods: A cross-sectional study was carried out in various Balochistan hospitals. Participants included healthcare professionals from the public and private sectors who work at the primary and tertiary levels of care. A standardized questionnaire that had previously been used in Pakistan was utilized to measure violence, which was defined as any type of violence experienced or witnessed over the previous 12 months. Using SPSS version 25, data input and analysis were carried out.

Results: 70% of respondents said they have witnessed violence and 16% of respondents experienced violence. The majority of healthcare workers who had witnessed or experienced violence were the paramedical staff. The most frequent form of violence was verbal was 89% followed by physical violence at 8%. Major reasons for violence were human error, communication failure, unreasonable expectations and faculty fault. And 70% of violence cases happened in the emergency department.

Conclusions: Violence against medical staff is a severe public health concern, it is very common and increasing alarmingly. All parties involved, including the healthcare community, the administration, parliamentarians, law enforcement, civil society, and international organizations, must make a concerted effort to tackle this growing problem.

Keywords: Violence, Healthcare, Healthcare professionals, Staff, Workers

INTRODUCTION

Violence is one of the greatest physical and psychological threats that can also impact productivity. Workplace violence can impair the activities of the institution as well as the individual. Workplace violence, particularly in hospitals, should be taken seriously and managed effectively, otherwise, it would be hard to provide health services to the people[1].

The World Health Organization (WHO) describes workplace violence, as "Incidents where staff is 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." WHO recognizes physical and psychological harm, incorporating, verbal abuse, attacks, bullying, and both racial and sexual harassment to be workplace violence[2].

Violence is one of the leading hurdles in the way of health care delivery. According to media sources and studies, healthcare providers regularly embark on hunger strikes as a result of the violence they endure. Many factors for hospital violence have been identified in the literature, including a lack of effective management, a weak security system, a high patient flow, the size of

the hospital, a lack of knowledge among the general public, inadequate communication, and more. Violence is one of the most significant barriers to healthcare delivery and one of the most pressing concerns today. Much effort and rigorous research are necessary to combat hospital violence and ensure the seamless delivery of health care in the healthcare system. The size of the hospital, communication, workflow, and individual client evaluation are all risk factors that contribute to violence, according to OSHA. OSHA defines workplace violence as any act that poses a threat to an individual or group. It is not just physical, but it can also be verbal, mental, and even homicidal. In a hospital context, the percentage of violence is substantially greater than in other industries, and the vast majority of incidences of violence go unreported. Healthcare professionals are at a high risk of workplace violence, approximately 20% of workplace injuries occur to them, yet they suffer 50% of all adult injuries. According to the above-mentioned data, workplace violence in hospitals is significantly greater than in other workplaces. Working or dealing directly with people who have had violent experiences in the past, a patient coming from afar, a workplace with poor design and environment, a lack of communication skills, and a high frequency of violence in the area where the facility is located are all risk factors that contribute to violence. Staff lack of training, excessive turnover, unlimited public access, and the perception of violent tolerance are all risk factors[3].

Workplace violence is classified into four types: types 1, 2, 3, and 4. Type 1 violence involves criminal intent, which is uncommon in healthcare but can occur in places with a high crime rate for robbery and trespassing. Most healthcare providers who provide services to clients at their homes may risk type 1 violence. The most common type of workplace violence in health care workers is type 2 which is customer/client that can happen in any part of the hospital but the most common sites are the psychiatric ward, emergency and waiting rooms. Type 3 violence, or worker-to-worker violence, is also prevalent in the healthcare professions. It encompasses emotional abuse, bullying, and humiliation, and it can even escalate to killing. Type 3 violence has the potential to disrupt hospital operations and spark conflict. Type 4 violence, which is caused by personal ties, has been recorded less frequently among healthcare employees[4].

For the sake of providing the best healthcare possible, we must collaborate to avoid workplace violence, which can have a negative impact on the working environment[5]. A large-scale investigation should be conducted to determine what factors contribute to hospital violence. All

parties should work together to reduce violence in hospitals. It would be ideal if patients and their loved ones were included in the research on violence in the hospital since it would be more result-oriented[6].

In a study by Jafree, 73.1% of nurses have experienced some form of violence, with 53.4% experiencing physical violence, 57.3% experiencing verbal violence, and 26.9% experiencing sexual violence, which is a serious concern, and the ratio can be much higher in rural areas where health facilities are scarce. In a hospital, there is no set process for dealing with violent occurrences. Special law revisions based on a zero-tolerance approach to violence should be introduced. Healthcare personnel must be adequately trained and informed in order to report an assault. There should be effective surveillance, drug use should be outlawed on hospital grounds, and overcrowding in wards and other areas of hospitals should be discouraged. Enhanced security systems should be installed in hospitals[7].

Verbal violence is far more common than physical violence, and most healthcare personnel suffer verbal violence in the emergency room, which cannot be ignored. The primary factors are considered to be the patient's and their relatives expectations[8]. Violence in hospitals has a long-lasting unfavorable effect on the victim, causing both physical and mental harm. This will eventually lead to a deterioration in hospital treatment quality. As a result, actions to address these emerging problems are critical[9]. Brophy et al. point outs that healthcare workers are quite susceptible to violence. They are most frequently exposed to violent risks that can be physical, sexual or verbal. These violent assaults are mostly from patients. Incidents of violence can be tackled by increasing staff, a well-developed security system, personal alarms, building design, and a zero-tolerance policy towards violence in hospitals. And there should be psychological and financial support for the victim who has been exposed to violence[10]. Violence against healthcare may be burdensome for public health, especially in a resource-limited and undeveloped healthcare context. It has the potential to cause uncertainty, which will have a significant impact on service delivery. It may also have an impact on the hospital's usual operation. In the hospital context, there should be a zero-tolerance policy for violence[11].

According to Abate et al. 2018, there is little information on workplace violence available since there is minimal motivation to report an assault. Workplace violence is on the rise, which might lead to a wide range of problems in the future. Hospitals have higher rates of workplace

violence than other industries, and all medical professionals, regardless of job title, are subject to violent assaults.[12].

Violence in health care accounts for 10-11% of total workplace violence, which is highly concerning. The vast majority of incidents go unreported. Furthermore, the true prevalence of violence in hospital settings may be significantly higher[13]. The majority of occurrences of violence are recorded in emergency and pediatrics departments, and the main suspects are patients' relatives who assault the health care practitioner without hesitation. Furthermore, healthcare personnel that has direct contact with patients are more vulnerable to assault[14]. The issue of violence in hospitals no longer can be overlooked from the occupational health and safety perspective. A deep study is required to find the deep reason behind such incidents this issue needs immediate tackling[15].

The current study aims to find out the frequency of violence among healthcare professionals and the factors that lead to violence.

METHODS

Study design: It was a cross-sectional study.

Study setting: Data was collected from healthcare workers from different hospitals in Balochistan (Figure-1).

Data collection and analysis: An instrument from the Joint Programme on Workplace Violence in the Health Sector of the World Health Organization, the International Council of Nurses, and Public Services International was modified to measure workplace violence. Data were analyzed using SPSS version 25.

Ethical Approval: Ethical approval was obtained from the ethical board of the University of Health Sciences, Lahore, Pakistan (Ref No. UHS/EAPC-22/ERC/10).

Figure-1: Pakistan map highlighting the area of study: Different hospitals in Balochistan

RESULTS

The study had 387 participants. There were 201 male and 186 female responses, representing 51.9% and 48.1% of the total. The gender, religion and designations of the respondents are tabulated in Table-1 and Figure-2. The religion of the respondents was mainly Islam, which represented 92.0%, followed by Christianity, Sikhism, Hinduism and others.

Table-1: Respondent's gender and religious details

Variables	**Frequency**	**Percent**
Gender		
Males	201	51.9
Females	186	48.1
Religion		
Islam	357	92.2

Christianity	13	3.4
Sikhism	8	2.1
Hinduism	6	1.6
Others	3	.8
Total	387	100.0

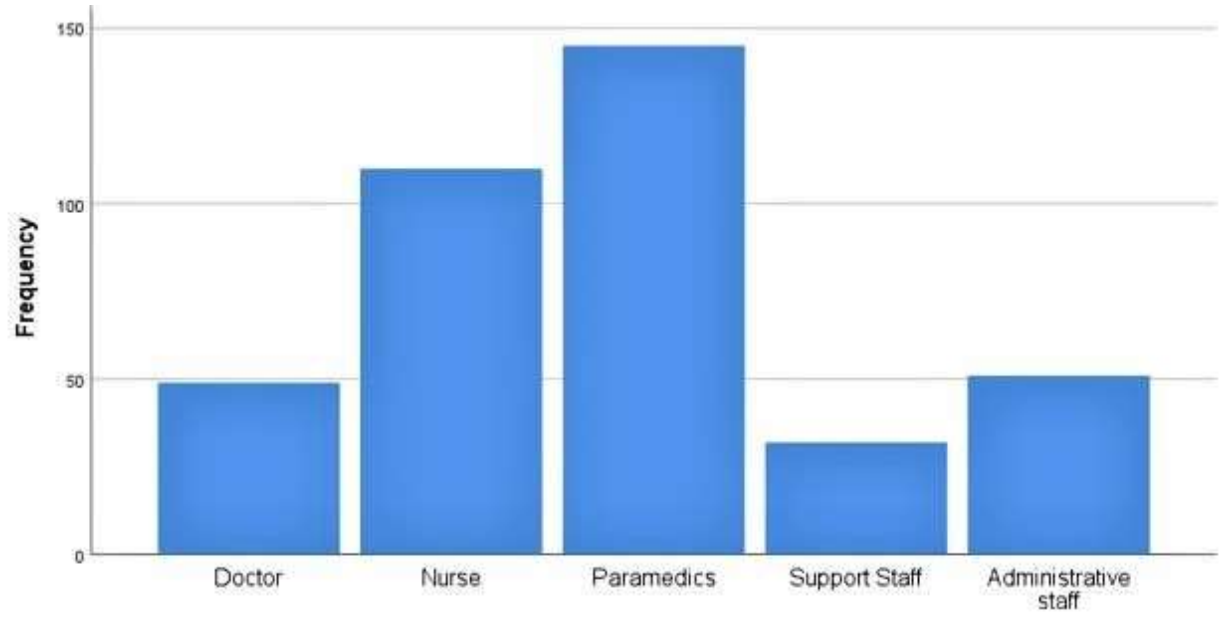

Figure-2: Category that describes respondent's present position

The vast majority of participants were paramedics, followed by nurses. The majority of individuals worked at public-sector hospitals and were unconcerned about the violence. 70% of participants indicated they had observed violence and 16% said they had experienced violence in the last 12 months (Table-2). The most common type of violence was verbal, which accounted for 89% of all incidents, followed by physical violence (8%), vehicles (1.8%) and facilities damaged (1%) (Figure-3).

Table-2: Violence witnessed by respondents in the last 12 months

Question	Frequency	Percentage
Yes	273	70.5
No	114	29.5
Total	387	100.0

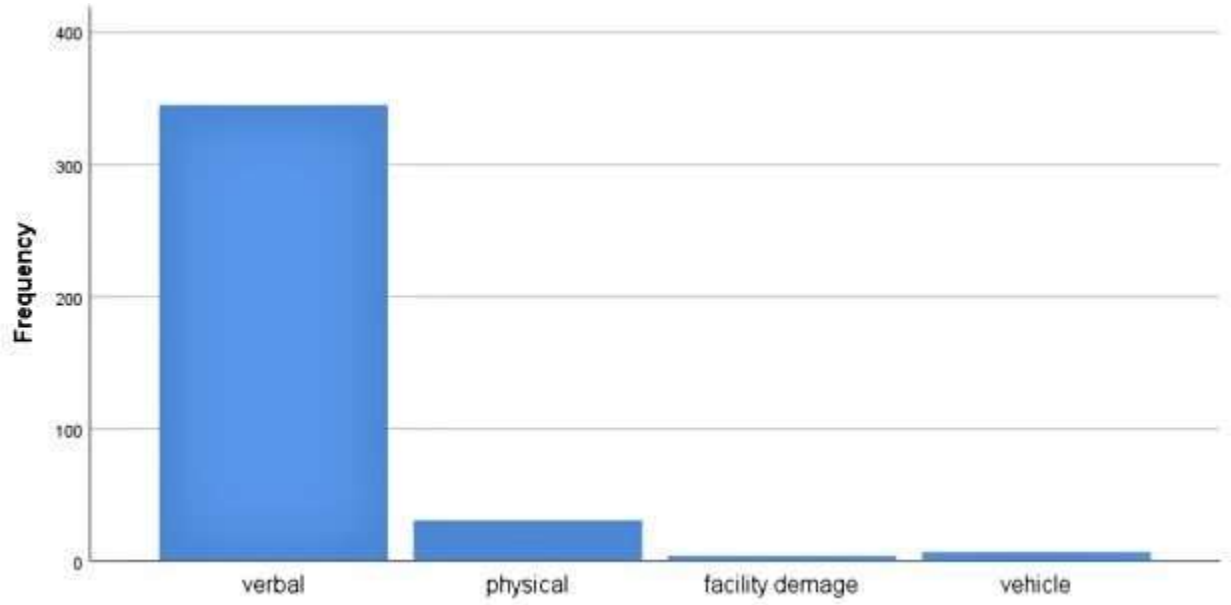

Figure-3: Type of violence involved in the incident

The majority of instances (71%) occurred in the emergency department, with the wards accounting for 15% and the ICU unit accounting for 5% (Table-3).

Table-3: Place of incidence of violence

Place of Incidence	Frequency	Percentage
Emergency room	274	70.8
Ward	59	15.2
ICU room	21	5.4
Parking area	17	4.4
Others	16	4.1
Total	387	100.0

According to the majority of participants, the cause of the violence was human error, followed by communication failure, unrealistic expectations, financial pressure, and managerial failure. The culprits included the patients' attendants and the patients themselves (Table-4).

Table-4: Factors playing role in the development of the incident

Factors	Frequency	Percentage
Human error	171	44.2
Communication failure	7	1.8
Un-reasonable expectation	5	1.3
Financial pressure	16	4.1
Management failure	90	23.3
Less no. of staff	79	20.4
Facility failure	19	4.9
Total	387	100.0

DISCUSSION

The current study used a large representative sample from both the public and commercial healthcare sectors, encompassing primary and tertiary levels of care, to evaluate the prevalence of violence against healthcare staff and the related variables in the Pakistani province of Balochistan. This study investigates how often violence occurs in a hospital context and what variables contribute to it.

Shaikh et, al 2019 in a study reported that 38.4% of respondents said they had been the victim of violence of some kind in the last six months. The most frequent type of violence experienced was verbal (33.9%), followed by physical violence (6.6%). The leading causes of physical abuse were patient deaths (17.6%), patients in critical conditions (16.6%), and care delays (13.4%). Emergency vehicle drivers were substantially more likely than LHWs to face verbal aggression among the various field HCW types (adjusted OR=1.97; 95% CI 1.31 to 2.94; p=0.001). Hospital healthcare workers (HCWs) were considerably less likely to face verbal aggression (adjusted OR=0.57; 95% CI 0.48 to 0.68; p=0.001) and physical violence (adjusted OR=0.52; 95% CI 0.38 to 0.71; p=0.001) if they worked in private hospitals. There is a wide range of violence against HCWs across all cadres and care levels. It is observed that there are capacity, resource, and policy shortages. To safeguard different forms of HCWs from violence, specific solutions must be employed[16]. The current study found that the majority of respondents (16% of respondents) had experienced violence in the previous 12 months. Surprisingly, 70% of those respondents stated they had witnessed violence, which is pretty concerning. Mental health issues, substance misuse, an inability to handle stressful situations, owning firearms, and having experienced violence are all perpetrator risk factors for patients and visitors in healthcare institutions. Worker risk variables include gender, age, years of experience, hours worked, marital status, and past workplace violence training. The time of day and the availability of security cameras are two environmental risk factors for suffering workplace violence. Carrying a phone, practicing self-defense techniques, ordering violent perpetrators to stop, seeking emotional and social support, and limiting interactions with potential or known violent offenders are all preventative strategies against the negative impacts of workplace violence[17]. There is little doubt that a more comprehensive strategy for addressing workplace violence is required, one that includes shared responsibilities at all levels. These include

(i) government law, (ii) healthcare management's commitment, solid backing, assurance, and clearly defined policy, reporting processes, and training, (iii) healthcare employees' commitment to maintaining their awareness and understanding of workplace violence, and (iv) the provision of technical support and aid from professional organizations, non-governmental organizations, and the community[18].

The current study found that most forms of violence experienced or witnessed were verbal. Physical violence was reported to be just 8%, whereas verbal violence was reported to be 89%. In another study, Khan et al. 2021 performed a survey with a total of 842 healthcare professionals in Peshawar. Healthcare professionals reported experiencing or seeing 51% more violence than the overall population. The vast majority of violence remained verbal, and nearly half of all healthcare employees (45%) were exposed to it. Physical violence was reported by 24% of respondents either alone or in combination with other kinds of violence. The increased incidence of physical violence may be related to the vast number of family members and other visitors who accompany patients in this region of the world, where it is customary to see patients even in hospitals. Because not all services and treatments (laboratory testing, drugs, and nursing care) are provided by hospital workers, this is sometimes required to simplify patient management in the hospital. In the current study, 85% of violent incidents had several perpetrators. Numerous investigations in various Pakistani cities have found that patients' attendants were the primary perpetrators of violence against healthcare professionals[11]. The majority of healthcare staff who had observed or experienced violence in the current study were paramedics, and the proportion of doctors who had watched or experienced violence was lower among nurses and paramedics. These findings were similar to the study by Khan et al. 2021, which found that paramedics were the most vulnerable[11]. Human error, communication failure, excessive expectations, and a lack of facilities were the primary causes of the violence.

CONCLUSION

Violence is one of the growing problems in healthcare settings not only in Pakistan but worldwide. In this regard, research is needed to find out the factors which contribute to violence in hospitals. The prevalence of violence in healthcare is quite alarming. Healthcare delivery is disrupted as a result of violence because healthcare providers cannot offer their all when confronted with

violence. Violence not only impedes healthcare delivery but also has a psychological impact on healthcare workers. Workplace violence is never taken seriously in third-world nations like Pakistan. There is no proper procedure for reporting violence in our healthcare setting, which leads to exhaustion in the healthcare field, with healthcare staff eventually departing or performing poorly. Moreover, violence in hospitals can be avoided by implementing a proper control structure in which all stakeholders, including legislators, community members, and hospital employees, collaborate. This rising problem can be minimized or prevented if all parties work together to address it. To reduce violence in the health care system, significant public awareness, communication programs for health care professionals, and extensive research are required.

Figures and Tables

Figures and Tables are in line with the text.

Figures: 3

Tables: 4

Conflict of interest:

None.

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Authors' Contributions:

MSR & NS: Conceived and designed the study. Writing the manuscript. Collected the data and analysis.

NM & MMA: Manuscript preparation and data analysis. Reviewed and edited the manuscript. Managed resources.

AA & HH: Reviewed and edited the manuscript. Managed resources.

All authors have read and approved the final manuscript.

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