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Review Article

Challenges vis-a-vis Management of Health Care Domain Violence

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Abstract

Globally the violence in the health care sector is a challenging phenomenon. Despite the promotion of health care and prevention of illness and sufferings and various management and training, such challenges are ever-increasing. It becomes an alarming situation when on the one hand, Doctors and Nurses put efforts to fight the disease by making their lives at risk due to the chances of various types of infections while on the other hand, they come across sudden life risk threats that arises by the aggression and violence from their patients' relatives and friends. This article attempts to analyze some common causes and their possible ways to find out the management to change the overall attitude, by applying various tricks and inducting different skill-oriented training for the Doctors and their associates.

Keywords: Violence, Challenges, Management, Health-care

Introduction

Health care organizations observe violence as a "national epidemic" cited by Fletcher, Brake and Cavanaugh in 2000 in the U.S. [1]. The UK Royal College of Nursing (RCN) asserted in 1998 that the complexity could not be handled by any single technique. As often the manifestation of any violence is unpredictable and nature is very complex to manage it amicably. Like any other violence, health care violence also contains physical assault and/or verbal threats includes bullying, sabotage, both mental and sexual harassment due to sheer anger and foolishness leads to total frustration. Mayhew & Chappel, (2002) reported that a willingness to accept low-level aggression as a part of duties was evaluated as a professional concern [2]. Dickson, Cox, Leather, Beale, & Farnsworth, (1993) observed that an actual number of incidents are much more than the reported incidents of violence [3]. A 'total organization response' has been suggested by Bernard Beech and Phil Leather (2006) for the fulfilment of duties and responsibilities of all the personnel of the organization [4]. The Indian Medical Association has reported that 75% of doctors as similar to the rest of the world face violence and threat at the workplace comprises verbal abuses, grievous injury, vandalism, arson and murder. More than 2000 junior doctors from 17 government-run hospitals in Mumbai, India went on strike in protest to assure better protection against the spate of violence in March 2017. The study reported that the prevalent factors besides such violence are to belong waiting time, lack of proper medical attention and

denial of admission even after long waiting among many more. The Editorial of Birdem medical journal (2020) also reveals that doctors do not treat patients beyond the scope of training and facilities and suggests that efforts should be taken by the doctors to explain the condition of the patients to their relatives to mitigate any violence due to dissatisfaction and apprehensions [5]. In India, most government hospitals do not have adequate security personnel especially during night hours which is vulnerable to violence and often doctors and others personnel poses threats reported by Paurush Ambesh (2016) [6]. It also mentions that struggles in China, Pakistan, and Nepal are as common as in India. Even similar violence is found in Palestine and Turkey as well it adds. The paper blames the politics and corrupt judiciary who are responsible for such rampant inhuman acts prevalent in India. Feldman, T. B., Holt, J., & Hellard, s. (1997) reviewed 40 separate incidences of violence at the workplace and indicated that it differs from other workplaces posing high-risk factors[7]. Workplace violence is a global phenomenon despite severe safety features and suggested by M M Aarif Syed [8] that stringent punishment should be imposed by the government on those who violate the law. The ever increasing workload on doctors is the primary cause to be a burden on all medical personnel including doctors which needs to be attended to by the government immediately. India's health care is spending only 2% of the total budget which is dismal as compared to other countries, reported by Indla Ramasubba Reddy, Jateen Ukrani, Vishal India and Var-

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sha Ukrani (2019) [9]. This equates to long working hours and a poor work environment which leads to violence often. Their study has revealed that 100% of doctors reported some kind of violence during their tenure and the Department of obstetrics and gynaecology faced the highest violence followed by the department of medicine and surgery. From dysfunctional equipment to shortage of staff with poor budgetary provisions of funds, only 106415 doctors are employed by the government in India to support a population of over 120 crore how can control the crises has been reported by N. Nagpal (2017) [10]. Primary care physicians are the most vulnerable to encounter patients and their relations who are having tremendous mental anxiety caused due to long waiting time, huge cost of treatment and other barriers which result in panic and violence [11]. Corporate social responsibilities (CSR) has been implemented in Menteng Mitra Afia Hospital, Jakarta to educate the people in health education and training for the prevention and control of infection [12].

Challenges

Doctors and health care personnel are subjected to violence on various occasions by the attendants of the patients who sometimes often lead to severe fights causing even loss of their lives besides sabotaging the public properties and trauma.

Management

The subjective unwanted threats towards the noble services of saving the lives of the patients are to be dealt with the objective strategies of the management. The present study will be an effort to analyze the various domains as to how better handling of the objective may reduce the occurrences.

What all doctors should do to avoid violence:

A doctor should understand the patient and patient's relative characteristics from the beginning of the contact. The onset of the background of psychologically disturbing family history and patients' party attitude to be observed from the beginning. The doctor should follow what the patient and patients' relatives exactly want from the doctors.

Heightened anxiety and apprehension about the disease as well as the financial burden seem to be the most important component of initiation of violence. Being highly educated person doctors should train themselves for anxiety alleviation techniques. Experience of a doctor matters. As per the available literature and statistics, senior doctors faced less violence than junior doctors. With the passage of experience, a senior doctor understands how to handle the situation or how to tackle the political influence or getting respect from a patient's relatives. Few important situations have to be marked by doctors. Young patients under serious conditions may be the only earning member in the family and only children with serious disease may evolve emotional outbursts, which may quickly turn into violence. Long waiting hours and doctor's behaviour towards patients and relatives are, as per my view are the most important contributors to aggression. It is commonly observed from the incidences of violence that long queues in the hospital, lack of proper communication or opaque billing systems are the other most important factors for occurring the violence.

Doctors should think about this and there should have better training for tackling such situations. However, above all, doctors' most cordial approach and patient hearing with calmness

and heartfelt empathy are the order of the day, required to be practised by the doctors as much as possible.

Needless to say that use of digital technology, mobile phones etc. may be useful to achieve this end by increasing efficiency.

Hospital's responsibility

1. The hospital owes much more responsibility to reduce the violence against the doctors. In any setup, the following things are to be maintained as per the global standards:
2. Improvement of service as per international standards.
3. Employment of an adequate number of doctors and supporting staff to reduce the overload.
4. Use of digital technology e.g. computer and internet.
5. Hospital security should be strengthened and it should be properly coordinated with the nearby police station.
6. There should be transparency in the billing system, different investigations, bed rents and other expenses in the hospital.
7. There should be proper compliance redressed system in the hospital.

What patients and their families should do

The patients and their relatives along with the society at large also own the responsibility to prevent this violence. Any kind of dispute(s) between hospitals and patients or patients and doctors have never been shorted out through violence ever in history. The fact should be understood that modern medicine is neither cheap nor 100% effective in curing all diseases. There should not be over expectations on the outcome of any serious disease. People should understand vandalism and violence in a hospital or a clinic is a 'criminal offence'. A civilized society cannot have tolerance for such heinous acts thereby provisions of punishment are there, for the offenders. Social leaders are hardly seen to condemn such violence today. They also must shoulder the responsibility to reduce such odious acts.

Responsibilities of the News / Print Media

Both print and electronic media have got a lot of responsibilities on these issues. They should not sensationalize the news just for their namesake or in the name of Target Rating Point (TRP) which compares the target audience impression of a campaign to influence the business. Most of the time it is seen that social media through its news exaggerate the situation. They seldom try to understand the fact(s), before printing/projecting, by analysing the consequences.

Role of the Government and political parties

Lack of medical facilities from the Govt side is very much obvious spending one percent of the GDP by the Govt is not enough. The Govt should look at the overcrowding in the hospital(s) vis-à-vis the facilities available. Nutrition, immunization, health education pollution control, hygiene, clean water an adulterated milk food, facilities of exercise, playground etc. are basic requirements to prevent the burden of disease and last not the least, Govt should strictly implement the law to punish unlawful behaviour of anyone who harms the doctors or vandalizes the provisions.

The code of ethics and the code of practice

Medical Council of India has published a notification dt. 11th March 2002 as a gazette of India in professional conduct, eti-

quette, and ethics regulation, 2002, which is a 15 pages document.

This has 08 chapters with 04 appendix which describe the code of medical ethics, duties of physicians to their patients, details of the consultation, responsibilities toward fellow physicians and their families, duties to the public and paramedical personnel, unethical acts, misconduct, punishment and disciplinary action, declarations of leave/fitness certification of patients, format for the medical record, list of other certificates and reports etc.

Conclusion and Suggestions

Learning from home matters. It acts not only at our working place but also in our personal life. Only two places we need to compromise. One at home and the other at working place. It is fact that 95% of problems of our lives come from the tone of our voice. It is not that important 'what we say', it's important that 'how we say'. Just by changing the tone, one can see the change in life. The heart is the most important. Attitude makes the difference. Attitude is altitude. Vivekananda said, "service to man is service to God". How then violence can happen?

Violence against doctors and other health workers increasing day by day not only in India but also across the globe. There are responsibilities of doctors and other healthcare workers towards the patients; also reciprocally certain responsibilities are borne by all the stakeholder's patients and their relatives, political parties, hospital authorities, law maintaining authority, media and overall, the government to find out the appropriate solution against the violence towards the doctors.

There is an urgent need for a longitudinal study to understand the prevalence, regional differences like violence and how to prevent it. Doctors should understand the basic truth of correct practice and service. After all, this supreme noble profession is bestowed on the doctors and their associates as the most capable and fortunate ones. The nation is proud of such a noble cause. Attitude is a small word but it makes a big difference to the doctors. Talking nicely and listening empathetically, will enable us to see the miracle in this noblest professional domain. All-round emphasis should be given by people public partnership with the support of the government and through CSR activities for providing education and training as a continuous dynamic development to curb the syndrome as much as possible. A smart nation needs smart people all the time for its sustainable growth. It is the basic necessity of a good country to find every citizen absolutely responsible and fully accountable.

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