Discussion On Who and What Is Responsible for Workplace Violence Against Doctors and What It Does to The Medical Fraternity

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Abstract: since last few decades has been crucial in discussing workplace violence against doctors, as a society we are discussing it but unable to solve it and ofcourse we failed as a human being to safeguard a fraternity from our anger. This discussion in best possible way concluding the how much prevelant it is in society, who are initiating it, which are the probable causes behind and how it can be solved.

Keywords: Workplace violence, Doctors, society, patients, stress, menace, reduced Job satisfaction, stress, anxiety.

Prevalence of Workplace Violence

Liu et al. conducted an in-depth review and meta-analysis, revealing that a substantial 61.9% of respondents experienced some form of WPV. In the preceding 12 months, 42.5% reported encounters with non-physical violence, and 24.4% with physical violence. The most common non-physical forms were threats and sexual harassment, followed by

verbal abuse. Research into the effects of Type II violence is ongoing but still in nascent stages.

WPV is prevalent across diverse healthcare settings. Psychiatric and emergency departments are notably prone to aggression. Nearly half of the violent incidents reported occurred in critical care units, where healthcare professionals frequently confront such challenges. Government hospitals, particularly those with limited staffing and inadequate infrastructure, noted higher incidences of WPV. A noticeable gender disparity exists, with male physicians more susceptible to physical and psychological abuse, whereas female doctors face an increased risk of sexual harassment [1].

In the age group of 25–29 years, male individuals reported higher incidents of both physical and psychological abuse. Surprisingly, only 63% were aware of the reporting

International Journal of Commerce and Management Studies (IJCAMS)
Peer Reviewed, Indexed Journal, ISSN 2456-3684
Vol.9, No.2, 2024, www.ijcams.com

procedures in their medical facilities [2].

Causes & Perpetrators of Workplace Violence

Kaur A et al.'s study illuminates key factors inciting WPV in the healthcare domain [53]. Notably, patient mortality accounted for 34.4% of these incidents, incorrect treatment for 37.3%, and the real or perceived worsening of patient health for 40.0%. Less prominent, yet significant, causes included unrealistic expectations (9.2%), financial concerns (5%), disputes over fees, and emotional turmoil among patients' relatives [3].

Further exploration into WPV causality revealed procedural non-compliance (49.6%), communication breakdowns (27.4%), and general dissatisfaction (23.1%) as principal elements [4]. Physicians, especially those in public hospitals' emergency departments, were more susceptible to physical violence, with over 70% of incidents attributed to patients' relatives [10].

From the patients' viewpoint, the roots of WPV were perceived distinctively. Some patients pointed to the healthcare staff or system, citing neglect, inexperience, or substandard services. Conversely, doctors contended that issues such as low educational background, carelessness, dissatisfaction, and poor etiquette among individuals were fundamental triggers [5]. In various instances, patients' families were pinpointed as the primary instigators. Contributing factors included unfulfilled patient needs, substance abuse, and prolonged wait times [6].

Another research identified additional WPV catalysts: remote healthcare location, understaffing, emotional and mental strain on patients and visitors, inadequate security, and the absence of preventative measures [7].

Effects of Workplace Violence Against Doctors

Workplace violence against doctors leads to multifaceted outcomes, encompassing physical, psychological, emotional, work-related, patient care, social, and financial impacts. Predominantly, it's associated with significant psychological repercussions, including symptoms of posttraumatic stress disorder and melancholy, as well as overall poor mental health outcomes. Such experiences can shake the belief in a safe working environment [8].

Verbal and physical aggression against doctors correlate strongly with adverse psychological effects, notably depression and stress. These experiences also negatively impact sleep quality and overall health, leading to a diminished quality of life [9].

The consequences of such bullying are profound, often leading to a loss of focus and an inclination to leave the job, thereby affecting the entire organizational structure [10]. Employees facing bullying endure psychological stress, impacting their well-being [11].

International Journal of Commerce and Management Studies (IJCAMS)
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Vol.9, No.2, 2024, www.ijcams.com

Workplace Violence Corrective Methods

Collaborative efforts in implementing control measures and preventive strategies are indispensable [16].

Promoting awareness, enhancing education, and ensuring access to treatment and support services can play a significant role in destigmatizing the issue [17].

Regular, detailed audits and the establishment of a robust reporting system are crucial in bolstering staff morale and developing preventative strategies [18].

Hospital administrators must be adept at identifying risk factors for violent behavior to devise and implement efficient preventive measures [19].

Usage of social media by governmental agencies to address and understand the nuances of workplace violence, from both patient and medical staff perspectives, is advisable [21].

It is imperative for healthcare administrators to confront and address the root causes of violence to ensure the provision of high-quality, secure healthcare services [20].

A collaborative approach involving government bodies, health authorities, media outlets, and community organizations is crucial in diminishing the incidence of violence and safeguarding healthcare workers [13].

Implementing policies to bar the entry of armed individuals into healthcare facilities and enhancing security measures is of paramount importance [14].

Stakeholders in occupational and public health must proactively and urgently address issues of violence in medical environments [15].

It is essential to enact laws that categorize specific violent acts as serious offenses, warranting non-bailable charges [12].

A study in China investigated various corrective methods for WPV, categorized as individual, collective/organizational, and societal, supplemented by legal and security measures. This study highlights the impact of insufficient professional training on vulnerability to violence, especially for less experienced professionals [21].

Conclusion

This investigation, in line with our research objectives, has focused on identifying the fundamental triggers, consequences, and their impact on Quality of Life (QoL).

we have identified key factors contributing to workplace violence, including emotional distress from losing loved ones, eroding trust, inadequate infrastructure, and diminished confidence in medical professionals [13]. A significant proportion of such incidents involve patients' families [8], leading to a spectrum of physical and psychological effects, such as anxiety, insomnia, stress, Post-Traumatic Stress Disorder (PTSD), and a marked decline in satisfaction levels [10,11].

To address workplace violence effectively, strategic interventions are necessary.

Incorporating conflict management into medical education, coupled with ongoing Continuing Medical Education (CME) activities, can significantly improve doctor-to-doctor communication. This is particularly vital in hospitals with inpatient departments, where security needs intensification.

Addressing WPV requires the implementation of strong governmental laws and policies, a pressing need that demands immediate action.

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