

Original Article



Interaction, Management and Response of Healthcare Workers Towards Workplace Violence Events

Ejaz Rahim¹, Israr Ahmad², Shahid Pervez Shaikh³, Maham Sattar⁴, Sharyar Taj⁵,

Muhammad Jamil⁶, Hassan Hameed⁷, Ghazanfar Gul⁸

¹Assistant Professor, ENT, CMH Multan Institute of Medical Sciences, CIMS Multan

²Assistant Professor Orthopaedic Surgery, Multan Medical College Multan

³Associate Professor, Department of Anatomy, Baqai Medical University, Karachi

⁴PhD Scholar, Universiti Utara Malaysia, ⁵MBBS Student, Rawal Institute of Health Sciences, Islamabad

⁶Professor, Department of Operative Dentistry, CIMS Dental College, CMH Multan

⁷Ex-House Officer, Nishtar Medical College, Multan

⁸Demonstrator, Department of Periodontology, School of Dentistry/SZABMU Islamabad

Author's Contribution

^{1,2,3}Substantial contributions to the conception or design of the work; or the acquisition, ⁴Drafting the work or revising it critically for important intellectual content
⁶Final approval of the study to be published, ^{5,7,8}Active participation in active methodology

Funding Source: None

Conflict of Interest: None

Received: Mar 09, 2024

Accepted: July 03, 2024

Address of Correspondent

Dr Hassan Hameed
 Ex-House Officer, Nishtar Medical College, Multan
 Risingrock_star2006@hotmail.com

ABSTRACT

Objective: To evaluate the interaction, management and response towards WPV events by HCW's of emergency department

Methodology: We conducted this cross-sectional study using World Health Organization's tool to collect quantitative data on workplace violence (WPV) amongst universally sampled 164 health professionals working in an emergency department at Nishtar hospital Multan from June-August 2019 after taking an informed consent. All physically present health professionals who have been working there including paramedics, doctors, & nurses, were part of research.

Results: Out of 164 healthcare employees, males were ninety-seven while females were sixty-seven. All the subjects said that they work in shifts, anytime between 18h00 (6 PM) and 07h00 (7 AM), and interact with patients/clients during work as well. Only 11% reported that they have routinely direct physical contact (washing, turning, lifting) with patients/clients. When talking about response to the incident, approximately one-third of the participants sought help from association, almost half of the HCW's reported to their senior staff, 13.5% subject sought help from union, merely 3.5% HCW told the person to stop whereas, 4.5% told family/friends

Conclusion: Health professionals working in shifts, and also interacting with patients/clients faced violence and mostly reported to their senior staff, or sought help from their association.

Key words: Healthcare workers, management, response, shifts, work-place violence.

Cite this article as: Rahim E, Ahmad I, Shaikh SP, Sattar M, Taj S, Jamil M, Hameed H, Gul G. Interaction, Management and Response of Healthcare Workers Towards Workplace Violence Events. *Ann Pak Inst Med Sci. SUPPL-1 (2024): 500-503. doi: 10.48036/apims.v20iSUPPL-1.1187*

Introduction

Health workers are most vulnerable and at risk of workplace violence (WPV) than other professions.¹ World Medical Association gave the latest definition of the violence against health workers as "an international emergency that undermines the foundations of health systems & critically effects patient's health".²

WPV is a global public-health concern of mounting magnitude, and is being continuously studied because of

its immediate & long-term impact on worker's health.³ WPV Incidents can be classified as either psychological or physical violence.⁴ Psychological violence can be further divided into bullying, sexual harassment, verbal abuse, and racial discrimination. While physical violence includes beatings, spitting, assaults, or kicking.⁵

One study revealed that over half of the HCW's who experienced violence considered leaving their work, and reported a reduction in their work-related quality of life.⁶

Health sectors where staffs are thought to be most at danger of exposure to violence include psychiatric, emergency departments, and geriatric.⁷ WPV is prevalent especially in health sector because of occupational characteristics including, but not limited to, long working-hours, frequent exposure to demise, shift work, and shortage of human resources, equipment's and material.⁴

One study demonstrated that colleagues & supervisors were most frequent perpetrators of WPV, followed by the patients & their relatives.⁸ In disaster conditions, health workforce might also become targets of the collective & political violence.⁹ WPV against health workers consists in abuses, in circumstances related to work, intimidations & aggressions.^{10,11}

Aggressive incidents against HCW's are common, documented violence cases form the tip of ice-berg, whereas un-reported cases remain as sub-merged part.¹²⁻¹³

Three staged omega program was created in Canada with the goal of managing and preventing patient violence against HCW's. Behavioral management strategies & interpersonal skills are taught in the training, so that employees may step in whenever there is a situation of aggressiveness.¹⁴

The purpose of this study was to evaluate the interaction, management and response towards WPV events by HCW's of emergency department

Methodology

This cross-sectional survey was conducted from June-August 2019 at emergency department of Nishtar hospital Multan, using World Health Organization's tool. Universal-sampling technique was used to gather quantitative data on numerous aspects of workplace violence (WPV) among 164-healthcare workers.

Questionnaire has several sections. One section had questions of socio-demographic variables. Other section covered questions about encouragement to report WPV's & reporting procedures. Another section inquired about timings, prevalence & type of violence incidents, fearfulness about violence amongst HCW's.

All physically present health professionals who have been working there including paramedics, doctors, & nurses, were part of research. Ethical review board of Health services academy, Islamabad passed the approval, & informed permission was booked from participants as well, prior to data-collection. Descriptive statistics i.e

frequencies & percentages were demonstrated in form of tables, figures.

Results

Out of 164 healthcare employees, males were ninety-seven while females were sixty-seven. Mostly (63.4%) partakers were physicians, 23.2% were nurses, 11.0% was professional staff, whereas merely few (2.4%) were technical staff. As shown in table I.

While talking about the prevalence of WPV amongst HCW's, out of 164 partakers, 60 percent (98) reported any sort of violence throughout their careers.

Table I: Socio-demographic characteristics.

Variables	Percentage
Gender	Female 40.9 % (67)
	Male 59.1 % (97)
Occupation	Physician 63.4% (104)
	Nurse 23.2% (38)
	Professional staff 11.0 % (18)
Technical staff	2.4% (4)

All the subjects said that they work in shifts, anytime between 18h00 (6 PM) and 07h00 (7 AM), and interact with patients/clients during work as well. Only 11% reported that they have routinely direct physical contact (washing, turning, lifting) with patients/clients. 97.6% HCW's told that most frequently they work with both genders.

When talking about response to the incident, approximately one-third of the participants sought help from association, almost half of the HCW's reported to their senior staff, 13.5% subject sought help from union, merely 3.5% HCW told the person to stop whereas, 4.5% told family/friends. As shown in figure 1

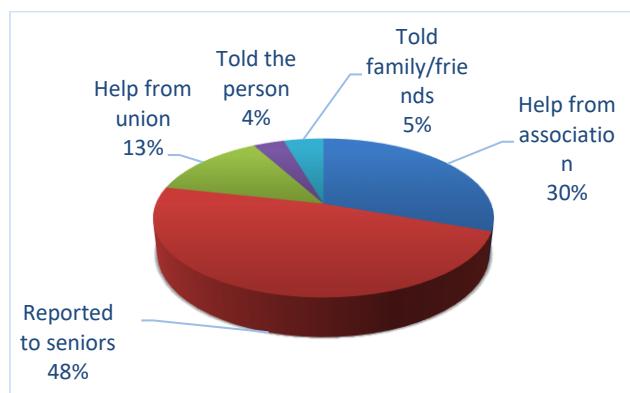


Figure 1. Management and response of the participants towards incident.

Discussion

HCW's close contact with the patients surges their exposure to an aggression.¹⁵ Exposure to any occupational violence is related with health problems for instance anxiety, insomnia, and burnout symptoms, which may lead to absenteeism and even demise.^{16,17} Past research showed that violence might have a substantial impact on the standard of given care and is not just an occupational-health issue.¹⁸

Sixty per cent HCW's of this survey reported violence in any form during their careers, which is similar to 55.7% contributors of another investigation who experienced violence.¹³ Violence was also experienced by 45.6% HCW's in one more survey.¹⁹

Working in shifts also revealed high incidence of the violence in comparison to those worked in single shifts.²⁰ All subjects worked in rotating shifts while 75.3% partakers in another research also worked in rotating shifts.¹³ All the subjects of our research said that they also work anytime between 18h00 (6 PM) and 07h00 (7 AM) in shifts, whereas 6.3% HCW's of another study worked in night shifts.¹⁹ 75.8% HCW's of another research said that they served both genders, whereas in this study 97.6% said that most frequently they work with both genders.¹⁹

When talking about response to the incident, each employee is different from the other, having a distinct life experience and coping mechanism for violent events. However, employees need to understand how important it is to learn how to reduce & stop violence. Individual-level attitudes might be beneficial for workers but collective effort is needed ultimately to address this problem.¹⁷

A safe workplace must be free from all types of violence.⁸ In this survey, talking about response to the incident, approximately one-third of the participants sought help from association, this percent is far more than told in another survey. Merely 4.5% told family/friends, whereas 8.8% subjects in another survey told their family/friends. Almost half of the HCW's of this study reported to their senior staff. This is synchronized with other result where this percentage was 37.4.²¹ This is comparable to study of Bernardes et al where 30.6% subjects told another person, whereas 12.2% told their relatives/friend or supervisor.⁸

HCW's should conduct a series of sessions that result in development of institutional-level policy to support creation of healthy workplace²². Preventive measures, workplace analysis, health & safety training are some of the tools that are used in intervention and prevention

programs that provide an effective way to eliminate or decrease risk when it comes to managing WPV.^{7,8}

Hospitals should provide training and education programs.²³ Mostly, multi-component interventions are more effective than single intervention. Strong leadership that develops & reinforces a culture of inclusion, respect and support is a pre-requisite for successful WPV prevention program.²⁴

Limitations: Smaller sample size, and shorter duration were the main limitations of this study

Conclusion

Health professionals working in shifts, and also interacting with patients/clients faced violence and mostly reported to their senior staff, or sought help from their association. Violence that caregivers experience must be addressed via a variety of strategies

References

1. Adedokun M. Workplace Violence in the Healthcare Sector. A review of the Literature. Malmo University 2020: 1-28
2. World Medical Association 73rd World Health Assembly, Agenda Item 3: Covid-19 Pandemic Response. (2020). Available online at: <https://www.wma.net/wp-content/uploads/2020/05/WHA73-WMA-statement-on-Covid-19-pandemic-response-.pdf> (accessed June 7, 2020).
3. Lanthier S, Bielecky A, Smith PM. Examining risk of workplace violence in Canada: A sex/gender-based analysis. Ann Work Expo Health. 2018;62(8):1012-20. <https://doi.org/10.1093/annweh/wxy066>
4. International Labour Organization (ILO) Framework guidelines for addressing workplace violence in the health sector. The training manual. ILO: Geneva; 2005. [2019 Jan. 10]. Available from: https://www.ilo.org/safework/info/instr/WCMS_108542/lang--en/index.htm.
5. Chappell D, Di Martino V. Violence at work. 3rd ed. Geneva: ILO; 2006. [2018 Dec. 4]. Available from: https://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_PUBL_9221108406_EN/lang--en/index.htm.
6. Ahmed AS. Verbal and physical abuse against Jordanian nurses in the work environment. East Mediterr Health J. 2012;18(4):318-324. <https://doi.org/10.26719/2012.18.4.318>
7. Occupational Safety and Health Act (OSHA) Guidelines for preventing workplace violence for healthcare and social service workers. Washington, DC: OSHA; 2016. [2020 Nov. 18]. Available from: <https://www.osha.gov/Publications/osha3148.pdf>.
8. Bernardes MLG, Karino ME, Martins JT, Okubo CVC, Galdino MJQ, Moreira AAO. Workplace violence among nursing professionals. Rev Bras Med Trab. 2021 Feb

11;18(3):250-257.
<https://doi.org/10.47626/1679-4435-2020-531>

9. WHO | Violence against health workers. WHO [Internet]. 2018[cited 2019 May 7] Available from https://www.who.int/violence_injury_prevention/violence/workplace/en/

10. Kowalcuk K, Krajewska-Kułak E. Patient aggression towards different professional groups of healthcare workers. *Ann Agric Environ Med.* 2017;24(1): 113-6. <https://doi.org/10.5604/12321966.1228395>

11. Hoyle LP, Smith E, Mahoney C, Kyle RG. Media depictions of "unacceptable" workplace violence toward nurses. *Policy, Politics, & Nursing Practice.* 2018 Nov;19(3-4):57-71. <https://doi.org/10.1177/1527154418802488>

12. Mento C, Silvestri MC, Bruno A, Muscatello MR, Cedro C, Pandolfo G et al. Workplace violence against healthcare professionals: A systematic review. *Aggression and violent behavior.* 2020 Mar 1;51: 101381. <https://doi.org/10.1016/j.avb.2020.101381>

13. Niu SF, Kuo SF, Tsai HT, Kao CC, Traynor V, Chou KR. Prevalence of workplace violent episodes experienced by nurses in acute psychiatric settings. *PloS one.* 2019 Jan 24;14(1). <https://doi.org/10.1371/journal.pone.0211183>

14. Babaei N, Rahmani A, Avazeh M, Mohajjelaghdam AR, Zamanzadeh V, Dadashzadeh A. Determine and compare the viewpoints of nurses, patients and their relatives to workplace violence against nurses. *J Nurs Manag.* 2018;26(5):563-70. <https://doi.org/10.1111/jonm.12583>

15. Vieira GLC. Agressão física contra técnicos de enfermagem em hospitais psiquiátricos. *Rev Bras Saude Ocup.* 2017;42: e8. <https://doi.org/10.1590/2317-6369000004216>

16. Pai DD, Lautert L, Souza SBC, Marziale MHP, Tavares JP. Violence, burnout and minor psychiatric disorders in hospital work. *Rev Esc Enferm USP.* 2015;49(3):460-68. <https://doi.org/10.1590/S0080-623420150000300014>

17. Bordignon M, Monteiro MI. Violência no trabalho da enfermagem: um olhar às consequências. *Rev Bras Enferm.* 2016;69(5):996-99. <https://doi.org/10.1590/0034-7167-2015-0133>

18. Arnetz JE, Arnetz BB. Violence towards health care staff and possible effects on the quality of patient care. *Social science & medicine.* 2001 Feb 1;52(3):417-27. [https://doi.org/10.1016/S0277-9536\(00\)00146-5](https://doi.org/10.1016/S0277-9536(00)00146-5)

19. AlAteeq M, Al-Turki N, Afifi A. Violence against health workers in Family Medicine Centers. *J Multidiscip Healthc.* 2016;9:257-66. <https://doi.org/10.2147/JMDH.S105407>

20. Babiarczyk B, Turbiarz A, Tomagová M, Zeleníková R, Önler E, Sancho Cantus D. Reporting of workplace violence towards nurses in 5 European countries-a cross-sectional study. *International journal of occupational medicine and environmental health.* 2020;33(3):325-8. <https://doi.org/10.13075/ijomeh.1896.01475>

21. Alhassan AK, Alsaqat RT, Al Swelehy FS. Physical workplace violence in the health sector in Saudi Arabia. *Medicine (Baltimore).* 2023 Jul 21;102(29):1-10. <https://doi.org/10.1097/MD.00000000000034094>

22. Keller R, Budin WC, Allie T. A task force to address bullying. *Am J Nurs.* 2016;116(2):52-58. <https://doi.org/10.1097/01.NAJ.0000480497.63846.d0>

23. Öztaş İ, Yava A, Koyuncu A. Exposure of emergency nurses to workplace violence and their coping strategies: a cross-sectional design. *Journal of emergency nursing.* 2023 May 1;49(3):441-9. <https://doi.org/10.1016/j.jen.2022.09.002>

24. Fricke J, Siddique, S. M., Douma, C., Ladak, A., Burchill Et al Workplace Violence in Healthcare Settings: A Scoping Review of Guidelines and Systematic Reviews. *Trauma, Violence, & Abuse.* 2023; 24(5):3363-83. <https://doi.org/10.1177/15248380221126476>