

Original Article



Timings, Reporting Procedures About Violence Incident and Encouragement to Report WPV Among Health Care Workers

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Author's Contribution

^{1,2,7}Substantial contributions to the conception or design of the work; or the acquisition, ^{3,6}Active participation in active methodology, ^{4,5}analysis, or interpretation of data for the work, ⁵Drafting the work or revising it critically for important intellectual content

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ABSTRACT

Objective: To evaluate and gain insight about timings, reporting procedures and encouragement to report workplace violence events among HCW's of Multan

Methodology: Using a World Health Organization (WHO) tool, a cross-sectional study was carried out at emergency department of hospital in Multan from June to August 2019. Quantitative data on various aspects of the workplace violence (WPV) amongst 164-universally-sampled healthcare workers was collected.

Results: There were 167 healthcare workers; 97 of them were men and 67 were women. 98 (60%) reported violence at some point in their employment. Almost half of the participants (44.5%) most frequently worked with children < 10 years, whereas 13.4% treat elder patients. Talking about worriedness about violence in current workplace, 22.6% subjects were very worried in comparison to 56% little bit worried. One third subjects in this study reported that physical violence incident happened during the morning shift and 1st day of week. All HCW's said that there are procedures for reporting of violence at their workplace, they know how to use them & there is an encouragement to report WPV as well. 92.7% & 2.4% partakers said that encouragement was from colleague & management / employer respectively

Conclusion: Mostly, violence was reported at 1st working day of the week and there were reporting procedures and an encouragement to report those events as well. Local, state, and federal initiatives are required to modify policies in future to address workplace violence in the healthcare sector.

Keywords: Encouragement, Healthcare workers, physical violence, reporting, work-place violence.

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Introduction

Violence is the major public health issue/concern at workplace.¹ Violence at work is defined as “threats or acts of violence directed against the employees, either outside or inside the workplace, from bullying, harassment, verbal abuse, and physical assaults to a homicide”.² Of all the workplace violence (WPV), around 25% occurs in health industry.³ Industries with the highest incidence of

workplace violence injuries include healthcare and social services, where employees are five times more likely to sustain an injury than other industries.⁴ Approximately 8–38% of healthcare workers experience verbal or physical abuse in their profession.⁵ WPV can also be defined as “violence directed at the employees by clients, students, patients, customers, inmates, or anyone else for whom organization offers services”.⁶ Etiology of WPV may be rather complicated, and there are several risk factors

associated with both the attackers and the assaulted healthcare professionals.^{1,7}

Negative ramifications of such violence events in health care regions have a noteworthy influence on delivery of the healthcare services, including the decline in quality of the care delivered, augmented absenteeism, as well as health workers' decision to leave field.^{3,8-9}

Health care personnel who work directly with patients specially in emergency services are often vulnerable to fronting violence in almost every country.⁹ According to a meta-analysis, prevalence of WPV among HCP's was 62.4%.¹⁰ Another study reported the upsurge in prevalence of WPV within a year.¹¹ A survey found that 40% HCW's experienced at-least 01 incident of WPV within previous two years.¹² Senior level management must be dedicated to leading the way; those targets, victims, and bystander be protected, and confidentiality be always maintained. Staff should be trained & taught to recognize WPV, when to intervene & how to get help; and guarantee that victims are dealt with support and care.¹³

Rationale of this study was to gain insight about timings, reporting procedures and encouragement to report those WPV events among HCW's of Multan, so that policies on this vital issue could be formulated.

Methodology

Using a World Health Organization (WHO) tool, a cross-sectional study was carried out at emergency department of hospital in Multan from June to August 2019. Quantitative data on various aspects of the workplace violence (WPV) amongst 164-universally-sampled healthcare workers was collected. This study included all present health care professionals who have been employed there since at least last 6 months, such as nurses, doctors, and paramedics, while those HCW's who were employed within last six months were excluded. Ethics Review Committee of Health Services Academy Islamabad gave ethical approval and prior to the data collection, informed permission was booked from participants as well.

Questionnaire contained four sections. 1st part included questions of sociodemographic. One section encompassed questions about encouragement to report WPV and reporting procedures, other section incorporated worriedness about violence, type, timings, & place, of violence incident, while last section had data related to prevailing measures, response of HCP's and policies to treat WPV events.¹⁴

Results

There were 167 healthcare workers; 97 of them were men and 67 were women. Ninety eight participants reported violence at some point in their employment. Merely 1.2% subjects since last 12 months moved from another country to the place where they are currently working. Almost half of the participants (44.5%) most frequently worked with children < 10 years, 14% subjects worked with adolescents (10-18 years), 28% deal with adults whereas 13.4% treat elder patients. Third fourth of the HCW's said that 1-5 staff members were present in the same work setting with them during most (more than 50%) of their work time. Talking about worriedness about violence in current workplace, 22.6% subjects were very worried in comparison to 56% little bit worried. Table 1

Table I: Timings, day of violence incident, worriedness and mostly dealt patients.

Variable name with category	N (%)	
Did you move from another country to the place where you are currently working?	yes	2 (1.2)
	No	162 (98.8)
If YES, when did you move?	Less than a year	2 (1.2)
	More than a year	00 (00)
	Children < 10 years	73 (44.5)
The patients/clients you most frequently work with	Adolescents (10-18 years of age)	23 (14.02)
	Adults	46(28.04)
	Elderly	22 (13.4)
The number of staff present in the same work setting with you during most (more than 50%) of your work time is	1-5	124 (75.6)
	6 or more	40 (24.4)
How worried are you about violence in your current workplace?	Little bit worried	92 (56.0)
	Neutral	35 (21.4)
	Very worried	37 (22.6)
At which time did physical violence incident happened?	07.00h.- 13.00 h.	53 (32.3)
	13.00h.- 18.00 h	4 (2.4)
Which day of the week did physical violence incident happened?	Monday	18 (11.0)
	Tuesday	16 (9.8)
	Wednesday	9 (5.5)
	Thursday	9 (5.5)
	Friday	5 (3.0)

Overall mean of systolic blood pressure was 117.2 mmHg in dexmedetomidine group and 111.4 mmHg in Propofol group (p>0.001). Figure 1

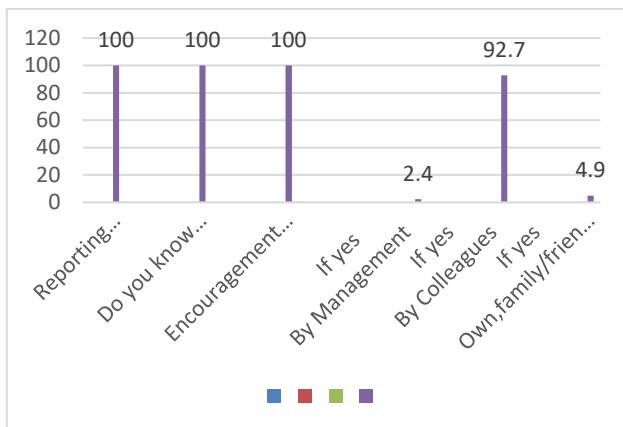


Figure 1. Reporting procedures and encouragement to report WPV.

Discussion

Standard security protocols have to be developed and implemented by all hospitals. The WPV preventive program prioritizes staff wellbeing in addition to patient care, and it depends on the dedication of its interdisciplinary team members.¹⁵

One third subjects in this study reported that physical violence incident happened during the morning shift. This is in harmony with other surveys where 33.8% & 29.8% participants reported violence in morning shift. Just 2.4% HCW's reported violence during evening shift, which is less than 15.6% & 19.1% subjects of other studies.^{16,14}

This is contrary to another study, which explored enhanced risk of violence for nurses working in night or evening shifts.¹⁷

The practical implications clearly showed critical need for emphatic leadership as the basis for lessening all forms of WPV.¹³

In this research, twelve percent and ten percent partakers said that physical violence incident happened on Monday and Tuesday respectively. This is comparable to that of other researches.^{16,14} In our study, physical attacks occurred usually on 1st day of week and in morning shift, this differed from other research.¹⁸ Twenty-one (2nd highest) percent participants in other survey reported violent event on Friday, this is contrary to our findings where merely 3% HCW's reported violence on Friday.¹⁶

One possible reason why attacks seem to occur on 1st day of week is because populace is seeking treatment after the weekends, which would have resulted in longer wait times, overcrowding, and higher workloads for healthcare workers.¹⁴ Preventive measures are also necessary to avoid

violent events in the high-stress environment of the emergency department.¹⁹ In affluent nations like the US and Canada, coping mechanisms for WPV have been implemented.²⁰

All HCW's of our research said that there are procedures for reporting of violence at their workplace, they know how to use them & there is an encouragement to report WPV as well. This is better than findings of other survey where about two third of the subjects reported that there are procedures for reporting of violence at their workplace, 85% know how to use them and 65% were of the view that there is an encouragement to report WPV.¹⁴ This is dissimilar to another study where 71% subjects said that they were not encouraged to report WPV.²¹

In this research, 2.4% & 92.7% partakers said that encouragement was from management / employer & colleagues respectively, which is not in line with other study where more than half of the subjects said that encouragement was from management / employer while less than one fourth of the partakers said that their colleagues were the source of encouragement. Own family / friends were the source of encouragement for 4.9% HCW's, which is similar to another investigation.¹⁴

Additionally, there has been an emphasis on providing HCW's with self-defense training so they can defend themselves in these kinds of situations as depicted in another study.²²

Conclusion

Mostly, violence was reported at 1st working day of the week in the morning shift, and there were reporting procedures and an encouragement to report those events as well. Local, state, and federal initiatives are required to modify policies in future to address workplace violence in the healthcare sector. Further studies aiming to find reasons behind the workplace violence could be done.

References

1. Lim MC, Jeffree MS, Saupin SS, Giloi N, Lukman KA. Workplace violence in healthcare settings: The risk factors, implications and collaborative preventive measures. Ann Med Surg (Lond). 2022 May 13; 78:1-5
<https://doi.org/10.1016/j.amsu.2022.103727>
2. Occupational Safety and Health Administration (OSHA) 2015. Preventing Workplace Violence: A Road Map for Healthcare Facilities.<https://osha.washington.edu/sites/default>

/files/documents/Caring%20for%20Caregivers%20Report.pdf

3. Di Martino V. Workplace violence in the health sector, Country case studies Brazil, Bulgaria, Lebanon, Portugal, South Africa, Thailand, and an additional Australian study. Ginebra: Org. Int. Trabajo. 2002;3-42.
4. U.S. Bureau of Labour Statistics (USBLS) 2018. Workplace Violence In Healthcare.<https://www.bls.gov/iif/oshwc/cfoi/wkplace-violence-healthcare-2018.htm>
5. World Health Organization (WHO) 2022. Preventing Violence Against Health Workers.<https://www.who.int/activities/preventing-violence-against-health-workers>
6. Rock A. 2019. Statistics You Should Know Workplace Violence In Healthcare.<https://www.campussafetymagazine.com/hospital/workplace-violence-in-healthcare-statistics/>
7. Ferri P., Silvestri M., Artoni C., di Lorenzo R. Workplace violence in different settings and among various health professionals in an Italian general hospital: a cross-sectional study. *Psychol. Res. Behav. Manag.* 2016;9: 263-275. <https://doi.org/10.2147/PRBM.S114870>
8. Stathopoulou HG. Violence and aggression towards health care professionals. *Health Sci J.* 2007 Apr 1(2).
9. Berlanda S, Pedrazza M, Fraizzoli M, de Cordova F. Addressing risks of violence against healthcare staff in emergency departments: the effects of job satisfaction and attachment style. *BioMed Res Int.* 2019 May 28; 2019: 1-12 <https://doi.org/10.1155/2019/5430870>
10. Lu L., Dong M., bin Wang S., Zhang L., Ng C.H., Ungvari G.S Et al. Prevalence of workplace violence against health-care professionals in China: a comprehensive meta-analysis of observational surveys. *Trauma Violence Abuse.* 2020;21: 498-509. <https://doi.org/10.1177/1524838018774429>
11. Hadi A.A. 2019. Bully And Harassment In Healthcare Industry: What Are Our Roles In Prevention, Powerpoint Slides.<https://www.aoemm.org.my/wp-content/uploads/2019/07/Bully-Harassment-in-Healthcare-Industry-What-are-Our-Roles-in-Prevention-.pdf>
12. Lagasse J. Dated JUN 07, 2023. Available from: <https://www.healthcarefinancenews.com/news/40-healthcare-workers-experienced-workplace-violence-last-two-years>. Accessed on May 20, 2024
13. Lassiter BJ, Bostain NS, Lentz C. Best practices for early bystander intervention training on workplace intimate partner violence and workplace bullying. *Journal of Interpersonal Violence.* 2021 Jun;36(11-12): 5813-37. <https://doi.org/10.1177/0886260518807907>
14. Alhassan AK, Alsaqat RT, Al Sweleh FS. Physical workplace violence in the health sector in Saudi Arabia. *Medicine (Baltimore).* 2023 Jul 21;102(29): 1-10. doi: 10.1097/MD.00000000000034094 <https://doi.org/10.1097/MD.00000000000034094>
15. Malone JE, Campbell TP, Curtis AM. A health system's journey to preventing workplace violence: Use of multidisciplinary teamwork to unify efforts across a health system. *Journal of healthcare risk management.* 2023 Sep 27. <https://doi.org/10.1002/jhrm.21557>
16. Sadeghi S, Shadman A, Mardi A, Hackett D. Reactions and perspectives of medical students on workplace violence during clinical training in Ardabil, Iran, 2020. *BMC medical education.* 2023 Dec;23(1):1-6. <https://doi.org/10.1186/s12909-023-04426-7>
17. Sun S, Gerberich SG, Ryan AD. The Relationship Between Shiftwork and Violence Against Nurses: A Case Control Study. *Workplace Health Saf.* 2017 Dec;65(12):603-611. <https://doi.org/10.1177/2165079917703409>
18. Kitaneh M, Hamdan M. Workplace violence against physicians and nurses in Palestinian public hospitals: a cross-sectional study. *BMC Health Serv Res.* 2012;12 (1): 1-9. <https://doi.org/10.1186/1472-6963-12-469>
19. Arnetz JE. The joint commission's New and revised workplace violence prevention standards for hospitals: a major step forward toward improved quality and safety. *Jt Comm J Qual Patient Saf.* 2022. Apr;48:241-45. <https://doi.org/10.1016/j.jcjq.2022.02.001>
20. Herrmann A, Seubert C, Glaser J. Consequences of exposure to violence, aggression, and sexual harassment in private security work: a mediation model. *J Interpers Violence.* 2022. Jun;37 (11-12):NP9684-NP9711. <https://doi.org/10.1177/0886260520984432>
21. Rony MK, Sharmi PD, Parvin MR, Kayesh I, Alamgir HM. Prevalence and risk factors of workplace violence against healthcare workers in Bangladesh and its consequences: a nationwide cross-sectional study. *Informatics in medicine unlocked.* 2023 Aug;41(3):1-15. <https://doi.org/10.1016/j.imu.2023.101335>
22. Rehan ST, Shan M, Shuja SH, Khan Z, Hussain HU, Ochani RK et al. Workplace violence against healthcare workers in Pakistan; call for action, if not now, then when? A systematic review. *Glob Health Action.* 2023 Dec 31;16(1):1-11. <https://doi.org/10.1080/16549716.2023.2273623>