

## Original Research Article

# Perspectives of junior doctors on violence against medical professionals: a cross-sectional study in a tertiary care centre in Thrissur District

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## ABSTRACT

**Background:** Violence is defined by the World Health Organization in the World Report on Violence and Health as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation”. The Indian Medical Association (IMA) has reported that 75% of doctors have faced physical or verbal violence during their lifetime, so it is important to study the perspective of junior doctors. This study aims to study the perspectives of junior doctors on violence against medical professionals and to find the proportion of doctors who had faced violence during their practice in a Tertiary Care Centre in the Thrissur district.

**Methods:** Cross-sectional study was conducted among 95 junior doctors at Government Medical College, Thrissur. Institute Ethical Committee clearance and written informed consent were obtained from all the study participants. A semi-structured questionnaire containing questions on socio-demographic variables and 19 questions related to violence against doctors was used.

**Results:** Mean age of the study participants was  $27.06 \pm 4.04$  years, of which, 70.5% were females. 98.9% were concerned with the rising incidence of violence against doctors. 41.1% (95%CI- 31.1, 51.6) have faced some type of abuse during their practice. 56.8% believed that both the patient and doctors are to blame for such incidents. 41.1% have not received training on how to communicate with patients.

**Conclusions:** The majority of the doctors were concerned about the rising incidence of violence and have faced some type of violence. It is of concern that almost half of the doctors have not received any training on how to communicate with the patients.

**Keywords:** Violence, Doctors, Perspective, Medical professionals

## INTRODUCTION

Violence is defined as the intentional use of physical power or force, actual or threatened, against a person, group, or community, which can result in or has a high chance of resulting in injury, psychological harm, death, mal-development, or deprivation.<sup>1,2</sup> Incidents of violence in circumstances related to work are known as workplace

violence.<sup>3</sup> This can be considered a threat to the occupational health of the employees. Workplace violence can occur in any industry or organization. Healthcare workers face a four times higher incidence of serious workplace violence than any other profession.<sup>4</sup> It may be because they have direct contact with patients and relatives with unrealistic expectations such as miraculous cures for all diseases or deformities.

Violence against doctors has increased in other parts of Asia, such as China, Pakistan, Nepal, and Sri Lanka.<sup>5</sup> A survey of 600 doctors in 2008 by the British Medical Association revealed that one-third of respondents had been a victim of verbal or physical attacks in the past year, over half of them (52%) did not report the incident.<sup>6</sup> Violence against doctors can be of various forms. These comprise telephonic or social media threats, intimidation, oral or verbal abuse, physical assault but non-injurious, physical assault causing injury (simple or grievous), murder, vandalism, and arson. Social media platform portrays atleast one incidence of violence against treating doctors every couple of days, which goes viral almost instantly. The Indian Medical Association has reported that 75% of doctors face verbal or physical abuse on hospital premises. The incidence of reported violence against doctors in India has been increasing in the past decade, with the highest violence rate occurring in Delhi, Maharashtra, and Uttar Pradesh. In the midst of SARS CoV-2 pandemic, doctors and other healthcare workers are still facing violence in their work despite working and risking themselves to the disease. Hence violence against doctors is an emerging global public health problem. Doctors facing violence have been known to go into depression, develop insomnia, post-traumatic stress, and even fear and anxiety causing sickness absenteeism in the UK.<sup>7</sup> A similar situation is likely to prevails in India, a country where the medical profession was considered one of the most admired jobs.

Even though many incidents were not reported, innumerable incidents of violence against doctors are reported nearly on a daily basis across India, some resulting in grievous injuries, which can have a huge impact on the attitude of doctors towards their patients. Thus, the purpose of this study is to assess the perspectives of junior doctors on violence against medical professionals in a tertiary care centre in the Thrissur district. This study also aims to find the proportion of doctors who had faced violence during their practice.

## METHODS

A hospital-based cross-sectional study was done at Government Medical College, Thrissur among junior doctors which included interns, junior residents, and senior residents. Institute Ethical Committee clearance and written informed consent were obtained from all the study participants. The study period was from September 2019 to September 2020. The study participants were junior doctors who had been working in this hospital for at least six months. They included interns, junior residents, and senior residents who were working at Government Medical College, Thrissur. Government Medical College Thrissur is an apex tertiary care hospital that serves a population from three districts. Those who were not willing to give consent were excluded from the study.

## Sample size and sampling method

The sample size was calculated using the formula  $Z\alpha p(1-p)/d^2$  with a 95% confidence interval with a design effect of 1.5 and an absolute error of 5%. It was found to be 93.<sup>8</sup> Stratified random sampling method was done. A list of junior doctors was obtained and they were stratified into three strata interns, junior residents, and senior residents. 95 junior doctors who willingly participated in the study were given the questionnaire.

## Data collection tools

After taking written informed consent, data were collected using a self-administered semi-structured questionnaire containing questions on sociodemographic variables and 19 questions related to violence against doctors. The sociodemographic variable includes age, gender, residence, marital status, department, designation, daily working hours, and medical family background. The second part of the questionnaire had questions regarding awareness and perspectives on the violence of doctors, the proportion of doctors who had faced violence, patient-related factors for violence, and doctor-related factors for violence. Participants were asked not to disclose their identities. After informing the participants regarding the objectives of the study, the questionnaire was administered. The filled questionnaires were collected the next working day.

## Operational definition

Violence was defined as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either resulted in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. Verbal abuse is the perception of being personally or professionally devalued, attacked, or humiliated through spoken words. It includes offensive language or remarks and profane comments.

## Statistical analysis

Data was compiled and entered in Microsoft excel. Statistical analysis was done using SPSS software version 25. Qualitative variables were expressed in percentages and proportions. The prevalence of violence against junior doctors was expressed in percentage with a 95% confidence interval.

## RESULTS

A total of 95 junior doctors participated in the study where 40% were interns, 52.6% junior residents, and 7.4% senior residents. The mean age of study participants was  $27.06 \pm 4.013$  years (range - 22 to 42 years). 70.5% were females and the rest 29.5% were males. Among the resident doctors, 24% belonged to a non-clinical

department. Further demographic details are given in Table 1.

**Table 1: Demographic details of study participants.**

Demographic details	Categories	Frequency (%)
<b>Age group (in years)</b>	20-25	33 (34.7)
	25-30	46 (48.4)
	30-35	9 (9.5)
	≥35	7 (7.4)
<b>Gender</b>	Male	28 (29.5)
	Female	67 (70.5)
<b>Residence</b>	Rural area	42 (44.2)
	Urban area	53 (55.8)
<b>Designation</b>	Interns	30 (40)
	Junior residents	50 (52.6)
	Senior residents	7 (7.4)
<b>Marital status</b>	Unmarried	57 (60)
	Married	38 (40)
<b>Family background</b>	Medical	15 (15.8)
	Non-medical	80 (84.2)
<b>Reason for choosing the profession (multiple response)</b>	Self interest	56
	Serving humanity	30
	Parents/family suggestion	21
	Lucrative profession	3

Only 16.8% of junior doctors had heard of the attitude ethics and communication module (AETCOM). Among them, 57% believed that AETCOM will help in reducing attacks on doctors in the future while 29% were uncertain and the rest (14%) had no hope. Almost all (99%) were concerned about the situation and its impact on doctors and the community. 48.7% believed that the Emergency Department is more prone to violence in comparison to other departments while 35.9% believed that more than one department is more prone to violence and the rest opted for other departments. 58.9% of doctors felt that both doctors and patients/relatives were to be blamed for violence against doctors. Details regarding awareness and perspective of violence on doctors are given in Table 2.

32.6% of doctors felt that patients or relatives were responsible, 6.3% informed that media (including social media) or government were responsible and only 1.1% felt that doctor was responsible for violence against doctors. Details regarding patient and doctor-related factors responsible for violence against doctors are given in Table 3.

41.1% (95%CI-31.1, 51.6) of the junior doctors have encountered violence or abuse where 97% of the abuse was verbal abuse. 94.7% of all the incidents took place while in practice. 71.8% of female junior doctors have faced some type of abuse/violence during their practice. 83% of the perpetrators are males. 36 (38%) of junior

doctors believed that Government must take measures to prevent further instances from occurring, 26 (27%) believed that doctors must take measures, 2 (2%) believed that patients must take necessary measures to prevent the future instance of violence from occurring and the rest did not have an opinion regarding it.

**Table 2: Awareness and perspective of junior doctors regarding violence on doctors.**

Awareness of junior doctors	N (%)
<b>Increasing incidence of violence against doctors</b>	94 (98.9)
<b>Certain specialities more prone to violence</b>	84 (88.4)
<b>Heard of AETCOM</b>	16 (16.8)
<b>Aware of bill for protection of doctors in relation to attack on doctors</b>	39 (41.1)
<b>Perspective of junior doctors</b>	
<b>Concerned about violence related to workplace and its impact on doctors and community.</b>	94 (98.9)
<b>Emergency department is more prone to violence than other departments</b>	46 (48.4)
<b>Doctors at higher risk of victims of violence compared to other professions</b>	82 (86.3)
<b>Doctors need special training in martial arts</b>	54 (56.8)
<b>Received training on how to communicate with patients</b>	57 (58.9)
<b>Afraid of telling caretakers of alternative treatment/intervention due to fear on attack if alternative fails/patient dies</b>	39 (41.1)
<b>Afraid of breaking bad news to patient party</b>	52 (54.7)
<b>Pressured to do more investigations to avoid any kind of dispute</b>	64 (67.4)

**Table 3: Patient and doctor related factors for violence (multiple responses) (n=95).**

	N	%
<b>Patient related factors for violence</b>		
Poor knowledge of health-related issues	59	62.1
Poor knowledge of facilities available	38	40
General illiteracy	36	37.9
Delay in seeking treatment	18	18.9
Others	8	8.4
<b>Doctor related factors for violence</b>		
Improper counseling	48	50.5
Lack of infrastructure	45	47.4
Doctor's behavior	41	43.2
Medical negligence	25	26.3
Blaming other colleagues	24	25.3
Lack of knowledge	11	11.6
Others	3	3.2

## DISCUSSION

The present study was done to assess the perspectives of junior doctors on violence against medical professionals. More than half of the study participants were junior residents, followed by interns and senior residents. Joshi et al had done a similar study in Madhya Pradesh among young doctors of whom 68% were interns, rest were residents and young faculties. They found that almost all were aware and concerned about the increasing incidence of violence against doctors in the workplace.<sup>9</sup> This was similar to the present study results. In the present study, nearly half of the study participants informed that the emergency department was more prone to violence against doctors. Irman et al had done a study in Lahore where 76.8% of violence and aggression against doctors occurred in the emergency department.<sup>8</sup>

In the present study, only 41.1% of the junior doctors had encountered violence or verbal abuse. This was lower compared to the previous studies. Sachdeva et al had done a study in tertiary care hospital, in Delhi in 2017. They found that 67% of participants reported verbal abuse and 17% physical assault. They found that nurses and junior residents reported more abuse than senior residents.<sup>10</sup> Demirci et al reported that 96.2% of physicians had verbal violence at least once in their professional life.<sup>11</sup> In the present study majority of the perpetrators were males. This finding is similar to a study done by Ogbonnaya et al.<sup>12</sup>

The cause for the rise in violence against doctors is multifactorial. In the present study more than half believed that patients, relatives, and doctors together were responsible for this problem. The common doctor-related factors were improper counseling, lack of infrastructure or equipment, and doctor's behavior or attitude. The common patient-related factors for violence were poor knowledge of health-related issues, poor knowledge of facilities available, and general illiteracy.

In the present study, more than half of the participants who had heard of the attitude, ethics, and communication module (AETCOM) believed it will decrease the violence against doctors. Ish et al and Chaudhuri et al reported similar views, soft skill training in AETCOM of medical students and doctors will ensure good communication skills. This can help to reduce violence against doctors in the future.<sup>13,14</sup>

The government of India drafted a legislation named, 'The Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill' in 2019. Only less than half were aware of this in the present study. This bill provides legal protection for doctors working in a wide range of settings; from co-operate hospitals and single-doctor clinics. The bill proposed stringent punishments depending on the gravity of the offense committed. These

include imprisonment, ranging from months to even ten years, and/or huge monetary fines.<sup>15</sup>

This study explored the perception of doctors and the causes of violence against doctors in a public tertiary hospital in a developing country. There were a few limitations in this study. We did not include violence against nurses and other paramedical healthcare workers. In addition, this study addresses the patient and his relatives as sources of violence and does not include non-clients or co-workers as sources of violence.

## CONCLUSION

The majority of the doctors were concerned about the rising incidence of violence and had faced some type of violence. It is of concern that almost half of the doctors have not received any training on how to communicate with the patients. Such doctor-related factors should be solved first. Creating a better working environment can lead to much better healthcare delivery. Emergency departments that are more prone to violent attacks should intervene first. Government and hospitals should strengthen the existing strategies and policies that will reduce workplace violence against doctors.

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