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Workplace Violence in Healthcare Professionals: Identifying Types and Risk Factors through Qualitative Analysis

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Abstract

Objective: This article aims to explore the types and contributory factors leading to violence against healthcare professionals in their workplace.

Methodology: This was a qualitative exploratory study, conducted after ethical approval. Data included semi-structured individual interviews of nine healthcare professionals (doctors). The interviews continued until data saturation. All interviews were audio-recorded and transcribed, with codes assigned to maintain anonymity. Data was organized using Atlas-ti software and analyzed through thematic analysis.

Results: According to our study, workplace violence mostly occurred in emergency and psychiatric wards due to long waiting times, miscommunication, and lack of moral values among patients and their attendants. Negative factors such as insufficient personnel and equipment, communication breakdowns, reluctance to report, and improper management increased the risk of violent behavior in healthcare settings.

Conclusion: The findings from this study shed light on the critical issue of workplace violence against healthcare professionals at the Rural Healthcare Centre, Khurianwala. By addressing the root causes and implementing comprehensive preventive strategies, it is possible to create a safer and more respectful working environment for healthcare workers. This, in turn, will not only improve the well-being of medical staff but also enhance the quality of care provided to patients.

Keywords: Workplace violence, harassment, healthcare workers.

1. INTRODUCTION

Violence against doctors in their workplace is not a new phenomenon. It is a major occupational issue affecting healthcare workers, with significant impacts on their physical and psychological well-being. Incidents of doctors being assaulted by patients and their relatives frequently make headlines worldwide and are widely shared on social media. According to the World Health Organization, about 17% of healthcare workers experience physical violence at some point in their careers. Workplace violence is defined as "incidents where staff are abused, threatened, or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being, or health" [1].

There is a need to prevent further distrust between doctors and patients/relatives, as this will compromise medical advancements and adversely affect doctors' ability to heal. Rude and aggressive behavior from patients or their families, coupled with an arrogant or lackadaisical attitude from doctors, can damage the doctor-patient relationship and the outcome of care. Patient-led episodes of verbal violence are more prevalent in Asian countries, particularly in emergency departments, psychiatric wards, and intensive care units, and are mostly experienced by junior doctors and residents. Several studies have been conducted worldwide to understand the risk factors and predictors of such incidents and to assess strategies for reducing them [2]. Common causes of violence against doctors include patient dissatisfaction, low impulse control, poor administration, miscommunication, infrastructural issues—especially disparities between private and public hospitals—and negative media portrayals of doctors [3]. More than 70% of victims reported that patients' relatives were the main perpetrators.

Workplace violence is classified into four types. Type 1 violence, involving criminal intent, is uncommon in healthcare but can occur in areas with high crime rates, such as during robberies or trespassing. Healthcare providers who offer services in patients' homes may be at risk of Type 1 violence. The most common type of workplace violence in

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healthcare is Type 2, which involves customer/client interactions. This can happen anywhere in a hospital but is most common in psychiatric wards, emergency rooms, and waiting areas. The World Health Organization (WHO) further categorizes Type 2 violence into four subtypes: physical, verbal, emotional/psychological, and violence related to personal ties. Type 3 violence, or worker-to-worker violence, is also prevalent in healthcare. It includes emotional abuse, bullying, and humiliation, which can escalate to more severe consequences, including disruption of hospital operations. Finally, Type 4 violence, caused by personal relationships, is less frequently reported among healthcare workers.

This article aims to explore the types and contributory factors of workplace violence against healthcare professionals.

2. METHODS

This qualitative exploratory study was conducted from June 2023 to December 2023. Nine health professionals (doctors) from Rural Health Centre Khurrianwala were included in the study.

2.1. Data Collection

Participants underwent individual, semi-structured, audio-recorded telephonic interviews. The interview protocol consisted of five questions. After peer review and testing, participants were approached and informed of the study's aim and rationale. Participation was voluntary and anonymous, and informed consent was obtained. Interviews were conducted in audio form, transcribed in English, and sent back to participants for member checking before data analysis. Data saturation started occurring at seventh interview, however two more interviews were taken to countercheck the recurrence of codes in data.All interviews were coded to maintain anonymity.

2.2. Data Analysis

All the transcribed data was organized in Atlas-ti Software and analyzed through thematicanalysis. Thematic analysis aimed to unearth the contributory factors towards the quoted violentincident(s) and also identify which of the 4 types of violence each factor belonged to.

3. RESULTS

3.1. Demographic Characteristics of Study Participants

A total of nine interviews were conducted. A substantial part (77.7%) of the participants had 25-34 years of age. However, 11.1% belong to 35-44 years of age, and the remaining 11.1% had 55-64 years of age. In light of the study outcome, 55.5% of participants were males, and 44.4% were females. A considerable part (55.5%) of the participants had less than 5 years of working experience, while around one-fourth (22.2%) had 6-10 years of working experience. Additionally, 11.1% had 10-15 years of experience, and the remaining 11.1% had more than 15 years of working experience (Table **1**).

Table 1: Demographic profile and working record of interviewees in the study (n=9).

Variable	Category	No. of Participants	Percentages (%)
Age groups	25-34	7	77.7
	35-44	1	11.1
	45-54	0	0
	55-64	1	11.1
Gender	Male	5	55.5
	Female	4	44.4
Working experience	Less than 5 years	5	55.5
	6-10 Years	2	22.2
	10-15 years	1	11.1
	More than 15 Years	1	11.1

3.2. Thematic Analysis Results

This study aimed to identify the prevalence of exposure to violence among health professionals, the type of violence they experienced, and to determine their opinion about the causes and contributing factors for violence.

All the incidents quoted by the interviewees belonged to type 2 violence, the WHO types of which are presented in Fig. (**1**) with quoted frequencies of Occurrence of different types of violence.

Emotional and physical abuse is frequently quoted by the participants. The physical violence among healthcare professionals has a quoted frequency of 3 (33.3%). Emotional violence also shares the same frequency of 3 (33.3%), while violence due to personal ties has a frequency of 2 (22.3%). Verbal violence among healthcare workers is occurring at a frequency of 1 (11.1%).

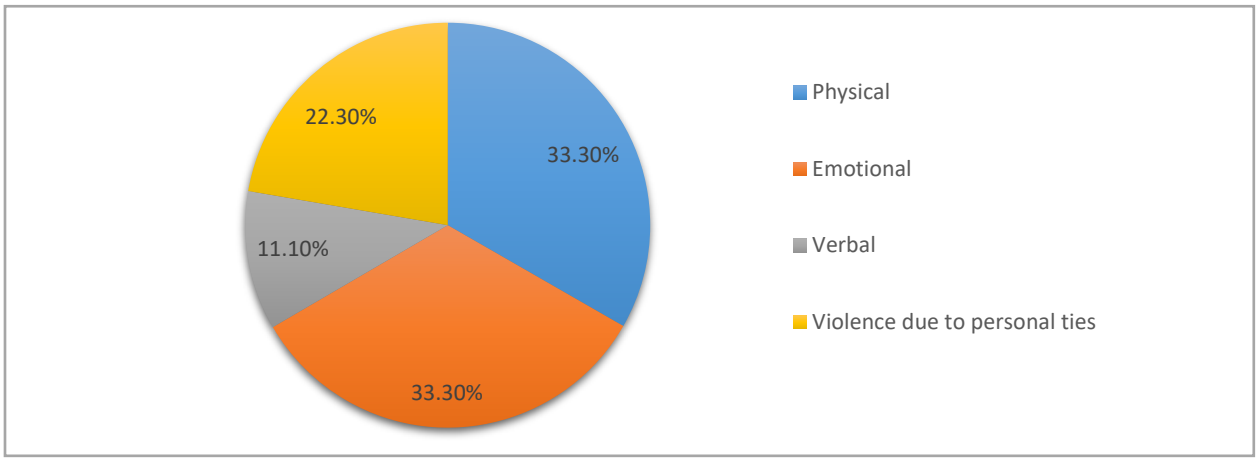

Figure 1: Quoted frequencies of occurrence of different types of violence.

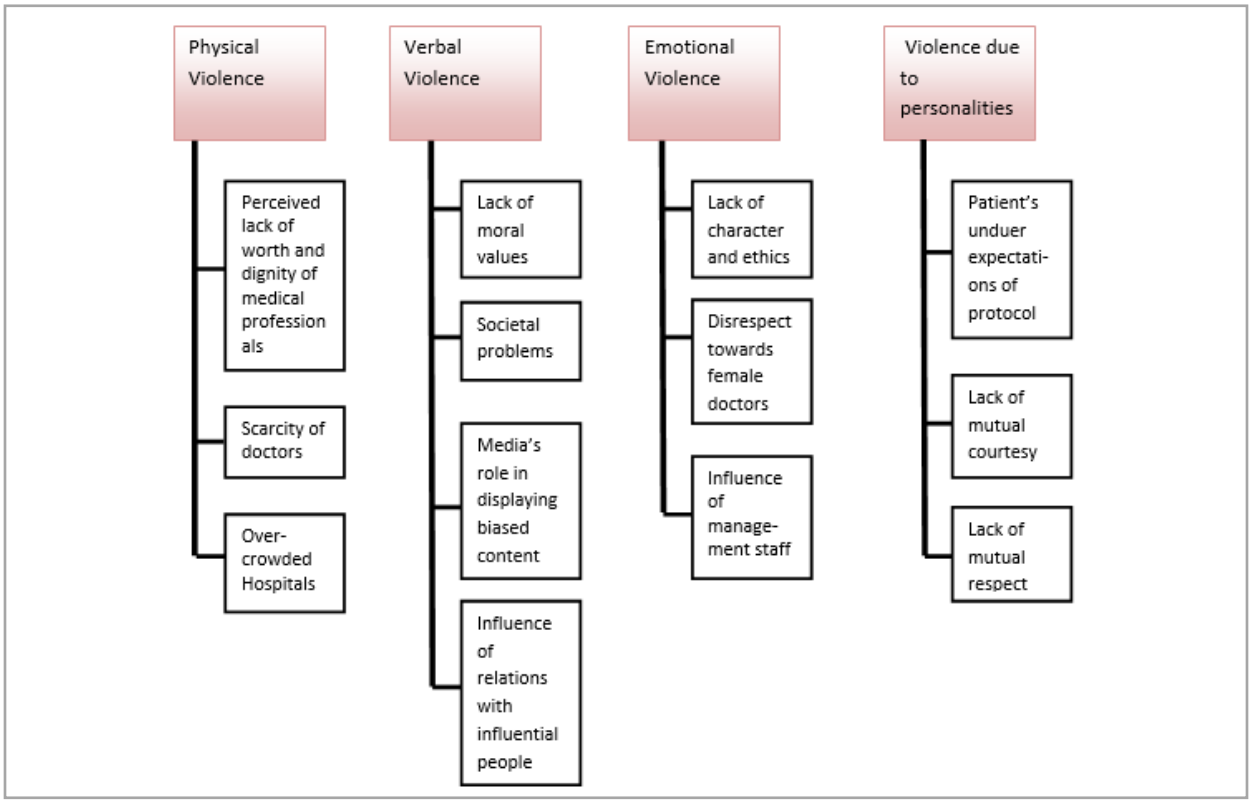

Figure 2: Different types of violence in each of the four categories.

Regarding subcategories, the following Fig. (**2**) Presents different types of violence in each of the subsets.

3.2.1. Physical Violence

Three out of nine participants had experienced physical violence. They reported that the aggressive behavior of attendants is a usual occurrence in hospitals. Many doctors had been physically threatened, assaulted, seriously wounded, and even murdered in our country.

Participant 5 quoted: "People don't realize the worth and dignity of a medical professional."

Healthcare assistants are at high risk of serious injury and attack by patients and their attendants. Attendants often exhibit very rude behavior toward doctors and other staff members. Participant 7 emphasized: "How can I work properly when attendants have very rude behavior with me? They used to threaten me in front of others."

Male healthcare workers were exposed to statistically significantly more physical violence. There was a significant correlation between the number of patients healthcare professionals dealt with in a day and the rate of exposure to violence. Participant 4 quoted: "The scarcity of doctors, coupled with overcrowded hospitals, places an overwhelming burden on healthcare providers that affects the willpower of doctors to work properly."

The high rate of violent behavior against healthcare workers is at a worrying level, which is a critical problem.

3.2.2. Verbal Violence

Doctors had experienced incidents of verbal insults, verbal abuse, and aggressive behavior from patients and their attendants. Illiteracy, lack of moral values, and ignorance of ethics were cited as major problems in society. The media in our country also plays a major role in fueling violence by showing biased content.

Participant 6 quoted: "Media in our country is showing incredibly biased content against medical professionals, and I also felt that due to relations with influential people."

3.2.3. Emotional / Psychological Violence

Three out of nine participants had experienced emotional or psychological violence. A lack of character and ethics in people was identified as the major cause of verbal abuse. All the female interviewees reported being verbally threatened and quoted that some people do not respect female doctors. Participant 1 quoted: "The attendants were so non-serious, they were not following ethics, and they were just staring at female doctors."

Long waiting lists, anxiety about the disease, doctors being unable to extend sick leave, or not fulfilling the desires of the patient or attendants were major causes of verbal abuse. Participant 2 emphasized: "It's disheartening when some attendants show a lack of respect or seriousness toward female doctors, and I don't feel comfortable in that environment."

The behavior of management staff significantly influences the work environment. Participant 8 narrated: "Sometimes management staff doesn't adopt a supportive nature. I felt they should help the doctors regarding any incident and not prioritize one party."

3.2.4. Violence Due to Personal Ties

This type of violence was experienced by two doctors. Some financially strong people or those with strong connections believe they have the right to prioritize themselves over others and try to overpower healthcare professionals. Participant 6 quoted: "Some people think they have the right to be violent."

It's reasonable to expect mutual courtesy and professionalism in any interaction, regardless of hierarchical positions. Constructive communication and mutual respect create a more positive and productive environment for everyone involved. However, there was also a lack of professionalism by some senior doctors.

Participant 9 quoted: "I know I should respect my seniors, but seniors should also be polite with us and not exploit us in front of others."

4. DISCUSSION

The exploration of violence against health professionals within their workplace, specifically in the context of Rural Health Centre, Khurainwala, uncovers a multifaceted issue that demands immediate attention. Violence against doctors within the workplace remains a pervasive and distressing issue, with far-reaching consequences for the physical and psychological well-being of healthcare professionals globally [4]. In the Italian context, Ferri et al. showed that 45% of healthcare professionals reported WPV [5]; Magnavita et al. reported an annual rate of WPV of 36.4%. Our study also reported a higher prevalence of aggression and revealed alarming statistics, echoing the World Health Organization's assertion that healthcare workers encounter physical violence at some point in their careers.

The study's findings reveal a concerning prevalence of Type 2 violence, encompassing physical, verbal, emotional/psychological, and violence due to personal ties. These findings echo the broader global challenge of

safeguarding healthcare workers, a concern highlighted by numerous studies and reports worldwide.

4.1. Physical Violence

The occurrence of physical violence, as experienced by a portion of the participants, underscores the urgent need for enhanced security measures within healthcare facilities. The correlation between the number of patients a healthcare worker sees and the likelihood of experiencing violence suggests that systemic pressures, such as understaffing and overcrowded facilities, contribute significantly to the problem [6]. A qualitative study identified unique challenges to Indian emergency department providers that differ from those in more developed settings, including financial stressors, inadequate enforcement of rules governing behavior in the hospital, and an overwhelming frequency of violence emanating from patient family members and attendants rather than the patients themselves. This insight aligns with the World Health Organization's emphasis on the importance of adequate healthcare infrastructure and staffing levels as preventive measures against workplace violence. Under-reporting of workplace violence is problematic for myriad reasons. For example [7, 8], accurate, detailed, and timely reporting of incidents can inform the establishment of tailored preventive programs.

4.2. Verbal Violence

The prevalence of verbal violence highlights the societal underpinnings of disrespect towards healthcare professionals. The role of media in shaping public perceptions of medical staff is particularly noteworthy. Media portrayal, if biased or sensationalized, can exacerbate tensions between healthcare workers and the community. This finding suggests a need for responsible media reporting and public education campaigns to foster a more respectful and understanding attitude towards the medical profession [9]. In Australia, a study showed that verbal abuse (71%) was more common than physical violence (29%). Some aggressors threatened to kill the victim, and (2%) involved a sexual assault. Female staff were particularly verbally abused and harassed in our study. Acquadro Maran et al. [10] reported that female healthcare professionals were more often exposed to WPV perpetrated by patients' relatives than their male counterparts, while Li *et al*. [11] found no significant gender differences.

4.3. Emotional/Psychological Violence

The reported experiences of emotional and psychological violence, particularly against female healthcare workers, point to a deeper issue of gender bias and lack of professionalism within the workplace [12]. Workplace mistreatment, in particular harassment and bullying, has a damaging impact on the mental well-being of female surgeons, particularly trainees. The impact of such violence on the mental health and job satisfaction of healthcare professionals cannot be overstated. It calls for a comprehensive approach to workplace culture, one that promotes gender equality, professional respect, and a supportive environment for all staff members [13]. A study shows that there are variations in the way employees react to workplace violence incidents, depending on the severity of the assault and the cumulative effect of multiple events.

4.4. Violence Due to Personal Ties

Finally, the violence stemming from personal ties, often influenced by socio-economic status or connections, reflects a broader societal issue of inequality and entitlement. This type of violence challenges the principles of fairness and impartiality in healthcare, suggesting a need for clear policies and protocols to manage such conflicts and ensure equitable treatment for all patients.

4.5. Study Limitations and Future Directions

The study provides valuable insights into the pressing issue of violence against health professionals. However, it is important to acknowledge several limitations that may impact the generalizability and interpretation of the findings. First, the reliance on a relatively small sample of nine health professionals from a single rural health center may not fully capture the breadth of experiences and perspectives on workplace violence across different healthcare settings. The experiences of healthcare workers in urban hospitals, private clinics, or specialized facilities could differ significantly, suggesting a need for broader research to understand the full scope of the problem. Additionally, the qualitative nature of the study, while offering depth in understanding individual experiences, limits the ability to quantify the prevalence of violence and its types or to statistically analyze the risk factors involved. The study's focus on a specific geographical and cultural context also raises questions about its applicability to other regions with different healthcare systems and societal norms.

Future research should aim to address these limitations by incorporating a larger and more diverse sample of healthcare professionals, including those from different specialties and working in varied settings. Quantitative studies could complement the qualitative findings, offering a broader perspective on the prevalence and types of violence, as well as identifying more concrete risk factors and protective measures. Cross-cultural studies could help in understanding how different societal norms and healthcare systems impact the occurrence and handling of workplace violence against health professionals. Additionally, there is a need for longitudinal studies to track changes over time, especially in response to interventions aimed at reducing violence in healthcare settings. By addressing these limitations and suggestions, future research can provide more comprehensive insights into preventing and managing violence against health professionals, ultimately improving workplace safety and the quality of patient care.

5. RECOMMENDATIONS

To address these issues, a multi-pronged strategy is necessary. This includes policy reforms aimed at improving healthcare infrastructure and staffing, enhancing security

measures, and implementing strict protocols to manage and prevent violence [14]. To combat workplace violence, we need to know that it occurs; it needs to be reported. If violence suffered by workers is properly reported, we can determine the extent and depth of the problem, choose preventive measures that can be enforced, and correctly assess whether the measures implemented are useful or not. Additionally, educational initiatives targeting both the public and healthcare workers can help to build mutual respect and understanding. Training programs in conflict resolution and communication for healthcare staff, alongside public awareness campaigns about the challenges faced by medical professionals, could also play a crucial role in mitigating violence [15]. Raising the professional quality of life among nurses requires regular analysis of emotional labor and the provision of organizational-level interventions. Counselling programs that address violence prevention education and comprehensive response strategies among nurses, and policies that foster an organizational culture of respect and cooperation in hospitals, are needed. Furthermore, the involvement of media outlets in portraying a balanced and respectful image of healthcare workers is crucial. Collaborations between healthcare institutions and media can help in correcting misconceptions and reducing the stigmatization of healthcare professionals.

6. CONCLUSION

The findings from this study shed light on the critical issue of workplace violence against healthcare professionals at Rural HealthCare Centre, Khurianwala. By addressing the root causes and implementing comprehensive preventive strategies, it is possible to create a safer and more respectful working environment for healthcare workers. This, in turn, will not only improve the well-being of medical staff but also enhance the quality of care provided to patients.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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AUTHOR'S CONTRIBUTION

MTB: Conceived, designed and did data collection, analysis and manuscript writing and final approval after review

GMT: Data collection and manuscript writing

UM: Data analysis and interpretation

FA: Draft manuscript writing and editing

BY: Data Interpretation

NKN: Idea Conception, Data Interpretation and Final Manuscript Reviewing

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