

Workplace Violence Experienced by Doctors Working in Government Hospitals of Karachi

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ABSTRACT

Workplace violence against Doctors is a serious health and safety concern of the medical community in Karachi. This cross-sectional study has explored the frequency of workplace aggression directed towards doctors in a year. Using convenience sampling, data was collected from 354 doctors working in Civil Hospital, Karachi, Jinnah Postgraduate Medical and Dental College, Abassi Shaheed Hospital and Lyari General Hospital, from 1st to 30th December 2012. Two hundred and sixty five (74.9%) doctors had experienced violence in 2012. Verbal violence was experienced by 247 (93.2%) doctors and physical violence by 40 (15.1%) doctors. One hundred and twenty two out of 265 doctors encountering violence reported property damage. Eight (3%) doctors reported sexual harassment. Attendants were identified as the main perpetrators of aggression. Patients / attendants dissatisfaction with the service provided was identified as the major source of violence. Hospital security and training of doctors in counselling techniques can lead to a reduction in violence.

Key Words: Workplace violence. Doctors. Karachi. Government hospitals.

In recent decades, all types of violence have increased internationally. A conference held in Geneva in 1996, by WHO, declared violence to be a public health concern of epidemic proportions with extensive healthcare ramifications.¹ Violence against Doctors is one form of this epidemic. This study attempted to quantify the violence experienced by doctors in Karachi working in public sector hospitals only. For the purpose of this study, violence was defined as "any incident where staff was abused, threatened or assaulted in circumstances relating to their work involving an explicit or implicit challenge on their safety, well-being and health."²

After gaining approval from the Ethical Review Committee of Dow University of Health Sciences, a cross-sectional study, using convenience sampling, was conducted in the four major government hospitals of Karachi: Civil Hospital, Karachi, Jinnah Postgraduate Medical and Dental College, Abassi Shaheed Hospital and Lyari General Hospital from the 1st to 30th December 2012.

The inclusion criterion in the study was that the subjects had to be at least MBBS graduates working in a government hospital in recent past years. The exclusion criteria were General Practitioners and Doctors working in Basic Faculties or in private hospitals.

The questionnaire was adopted from a Swedish study conducted by Judith *et al.*⁵ and modified to suit local needs. The sample was calculated to be 354 consisted of 176 (49.7%) male doctors and 177 (50%) female doctors with 1 (0.28%) doctor refusing to identify the gender. Out of 354, 109 (30.8%) doctors were trainees, 146 (41.2%) were residents and 62 (17.5%) were consultants. Twenty nine doctors (8.19%) identified themselves as "Others" while 8 doctors (2.26%) preferred not to disclose their designation. Trainees were defined as House-officers or postgraduates working in various medical or surgical departments of Government hospitals as a part of their education. Residents were defined as Government officers (R.M.Os) working in medical or surgical wards. Consultants were doctors who had completed their FCPS (Fellow of College of Physicians and Surgeons) Part II examination and were working on a Teaching/ Non-teaching posts in their fields. Others were defined as doctors who had done their MBBS but did not fit into any of the above category.

Data entry and statistical analysis were done on Statistical Package for Social Sciences (SPSS) version 20. Chi-square's / Fisher's exact test was applied for comparison of categorical variables and $p \leq 0.05$ was considered as significant.

In 2012, 265 out of 354 (74.9%) doctors had encountered violence in hospital settings. One hundred and thirty nine (79.0%) out of 176 male doctors and 126 (71.2%) out of 177 female doctors suffered from workplace violence in 2012. Table I shows that in 2012, out of the 265 doctors who encountered violence, 247 (93.2%) underwent verbal violence (69.8% of all doctors) while 40 (15.1%) of the 265 doctors

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Table I: Characteristics of violence and its resultant effects.

	Frequency*	Once or twice	Several times
Types of violence experienced (n = 265)			
Verbal	247 (93.2%)	167 (67.6%)	80 (32.4%)
Physical	40 (15.1%)	37 (92.5%)	3 (7.5%)
Property damage	122 (46.0%)	----	----
Sexual harassment	8 (3.0%)	8 (100%)	0 (0%)
Aggressor			
Attendant		163	61.5%
Patient		39	14.7%
Mob		39	14.7%
Others		22	8.3%
Not given		2	0.75%
Department in which violence was experienced			
	Frequency		
Emergency	105 (39.6%)		
General medicine	77 (29.1%)		
Surgery	50 (18.9%)		
Gynecology	46 (17.4%)		
Pediatrics	35 (13.2%)		
Operation theater	15 (5.7%)		
Psychiatry	9 (3.4%)		
Anesthesia	8 (3.0%)		
Radiology	4 (1.5%)		
Others	32 (12.1%)		
Negative impact of violence			
	Frequency		
Yes	188 (70.9%)		
No	69 (26.0%)		
Not given	8 (3.0%)		
Reporting of violence			
	Frequency		
Yes	170 (64.2%)		
No	86 (32.5%)		
Not given	9 (3.4%)		

experienced physical violence (11.3% of all doctors). One hundred and twenty two doctors reported property damage during the violent episodes. Sexual harassment was extremely low and occurred in only 8 (3.0%) cases.

Table I further displays that a majority of doctors named the attendant as the perpetrator of the violence, followed jointly by patients and the mob. Many doctors stated that they were not overly concerned over a patient's aggression which they attributed to his/her's underlying disease. The most at risk departments for violence were Emergency, followed by General Medicine and Surgery. This finding is consistent with the results of other international studies.²

The major causes of violence as perceived by the doctors were dissatisfaction at the service provided by the doctor for the patient (162, 61.1%), long waiting times (126, 47.5%) and politically motivated violence (120, 45.3%). Female doctors encountered significantly more violence by keeping the patient/attendant waiting for a long periods of time ($p = 0.028$), as compared to males. Men reported experiencing significantly greater violence that was politically ($p < 0.001$) and ethically ($p = 0.036$) motivated, in contrast to women.

Out of the doctors who experienced violence, 188 said violence had a negative impact on their lives and on the lives of their family. However, only 170 doctors reported the violent incidents. Lack of a proper support system was cited as the most common reason for this lack of reporting. Those who did report the incident were severely disappointed by the reaction. In most cases, verbal assurances were given or security was enhanced temporarily but the outcome was not meaningful.

As compared to other studies, these results are astounding with regard to violence rates markedly surpassing those of UK (where violence rates were documented to be 39.3%),² Israel (56% of physicians exposed to verbal and 9% to physical violence)³ and Palestine (23.2% physicians exposed to physical and 62.2% were exposed to non-physical violence).⁴

The triggers of violence were quite similar to other studies,^{2,3} but special attention must be paid to politically motivated aggression. Whereas, other studies did not even identify this as a source of brutality, the present study attributed a staggering large percentage of violence primarily because of the politically charged atmosphere of Karachi itself.

The results of this study demonstrated that violence in hospitals is a common concern among doctors in Karachi. Every hospital needs to establish an effective reporting procedure against violence and initiate violence feedback discussion programs that have proven to reduce violence against healthcare workers.⁷ Training doctors to handle aggressive situations, shortening waiting times, increasing security arrangements and providing more counselling to patients and families could reduce the rate of violence, but a cultural change is also required. Media should educate the masses and spread a positive image of the doctors.

This topic is relatively unexplored and requires further study. Additional studies should include General Practitioners and Doctors working in private hospitals and should preferably be carried at out the national scale.

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