

## PERCEPTION, ATTITUDE AND AWARENESS ABOUT VIOLENCE AGAINST DOCTORS IN INDIA AMONG GENERAL POPULATION OF EITHER GENDER

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### ABSTRACT

This cross-sectional study was conducted among 110 adult respondents. Their age group was 18yrs to above 60yrs of either gender. This study was conducted in the state of Maharashtra, India. Among the respondents 55.5% were Male and 44.5% were female. The age group 18-30yrs consisted of 54.5% of the participants, 31-45yrs had 10.9%, 46-60yrs has 30% and above 60yrs comprised of 4.5% of the participants. 93.6% were urban population and 6.4% was rural population. 46.4% of participants were students and 53.6% were in service. 93.4% of the participants were aware about the violence against doctors. 3.6% of the participants have 'been a part of/ observed/ wanted to/ promoted any sort of assault, verbal/ physical, against a doctor'. 5.5% of them felt the government has done enough to control/ prevent/ handle these situations. According to the participants, the reasons for increasing violence against doctors in 'doctor related issues' were- 10% lack of communication, 30% weakness of the law, 30.9% poor hospital security, 15.5% reduced time per patient, 4.5% poor training of doctors, 3.6% misbehaviour of the doctors, 30.2% poor knowledge of health-related issues. The most alarming problem is lack of inculcation of empathy.

**KEYWORDS:** Violence against Doctors, Perception, Attitude, General population.

### INTRODUCTION

Medical practice is currently at crossroads due to several ills that have crept into the profession. Workplace violence is an act of aggression, physical assault and threatening behaviour that occurs in a work setting and causes physical and emotional harm to an employee.<sup>[1]</sup> The situation in India is practically shocking with health care workers stigmatized, ostracized, discriminated against and physically attacked.<sup>[2]</sup> Workplace violence is a widely recognized problem in emergency departments. Workplace violence targeting healthcare workers has been a widely recognized problem for over a decade.<sup>[3]</sup> Patient physician relationships is fissured. This is going to impact the healthcare delivery in form of defensive medicine and high cost.<sup>[4]</sup> Improper, unprofessional, misleading media reports about violence against medical care providers may provoke copycat incidents.<sup>[5]</sup>

### MATERIALS AND METHODS

This cross-sectional interview-based study was conducted with a pre-tested and pre-validated questionnaire administered via Google forms to the adult population in Maharashtra, India. Informed consent was taken on the forms. The data was adapted to Microsoft Excel Spreadsheet. (Microsoft Corporation, Redmond, WA, USA).

### RESULTS AND DISCUSSION

**Table 1: Age distribution.**

Age	No. of Responses	Percent
18-30	60	54.5%
31-45	12	10.9%
46-60	33	30%
>60	5	4.5%

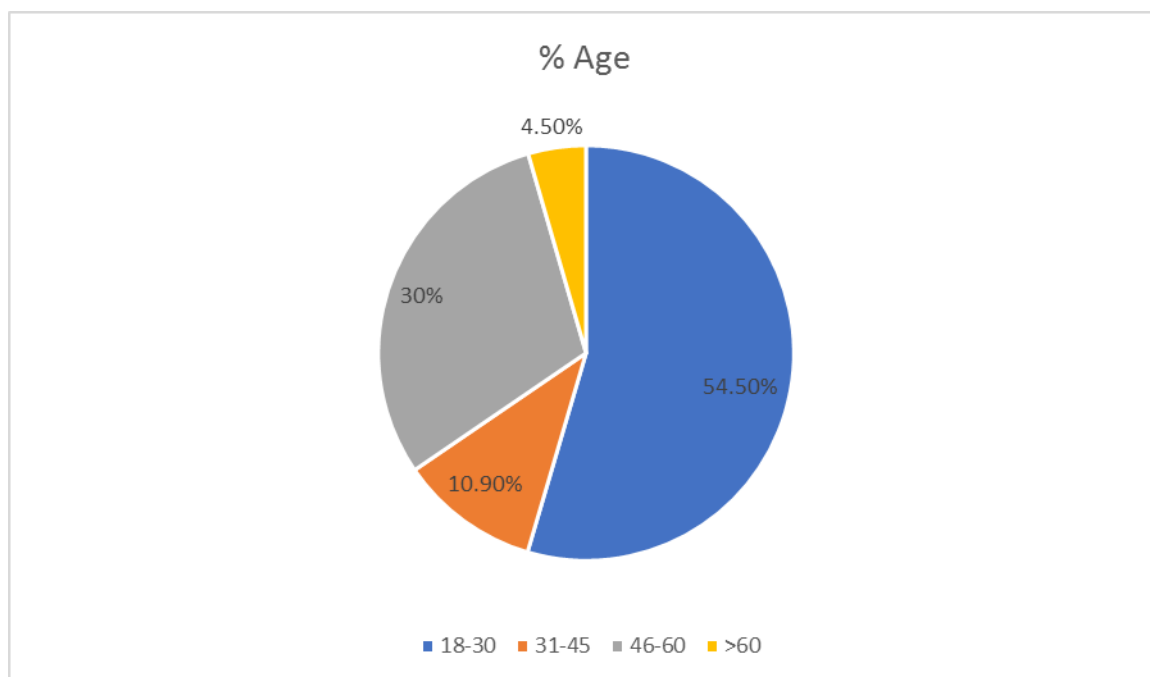


Fig 1: Age distribution.

Table 2: Sex distribution.

Sex	No. of Responses	% Responses
Male	61	55.5
Female	49	44.5

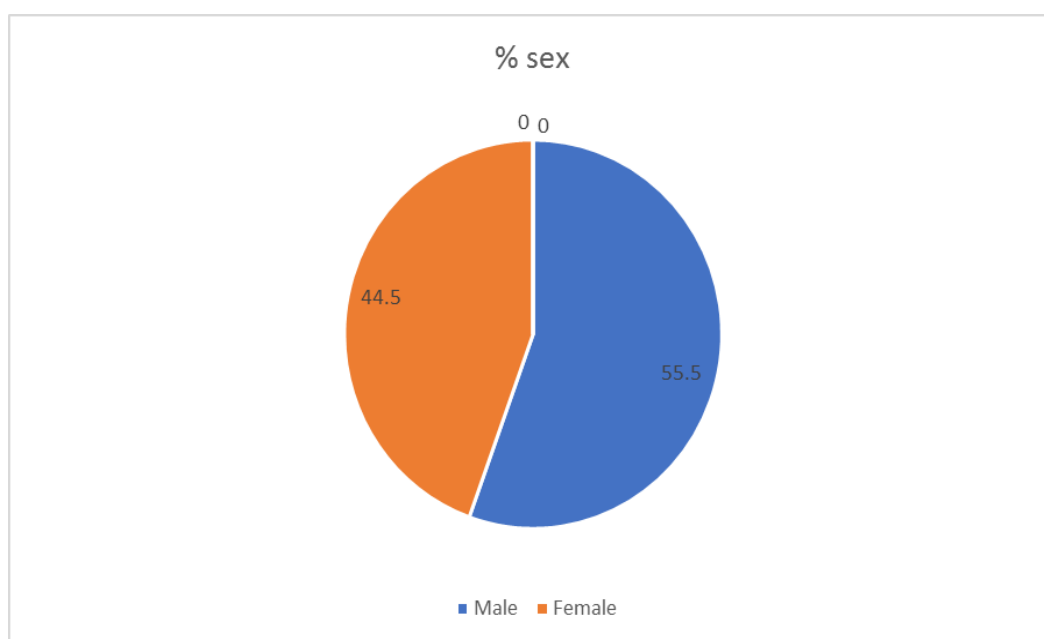


Fig 2: Sex distribution.

Table 3: Residence

Residence	No of Responses	% Responses
Urban	103	93.6
Rural	7	6.4

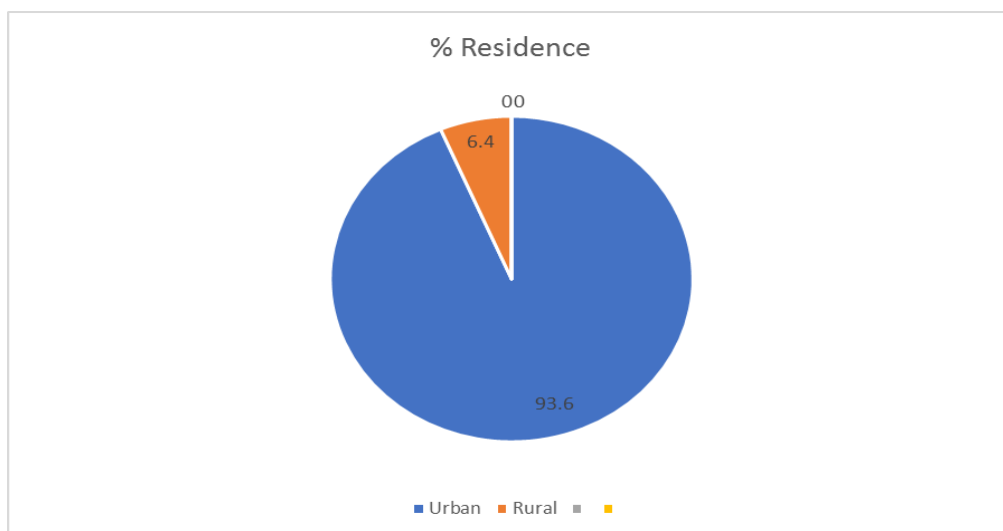


Fig 3: Residence distribution.

Table 4: Occupation.

Occupation	No. of Responses	% Responses
Student	51	46.4
Service	109	53.6

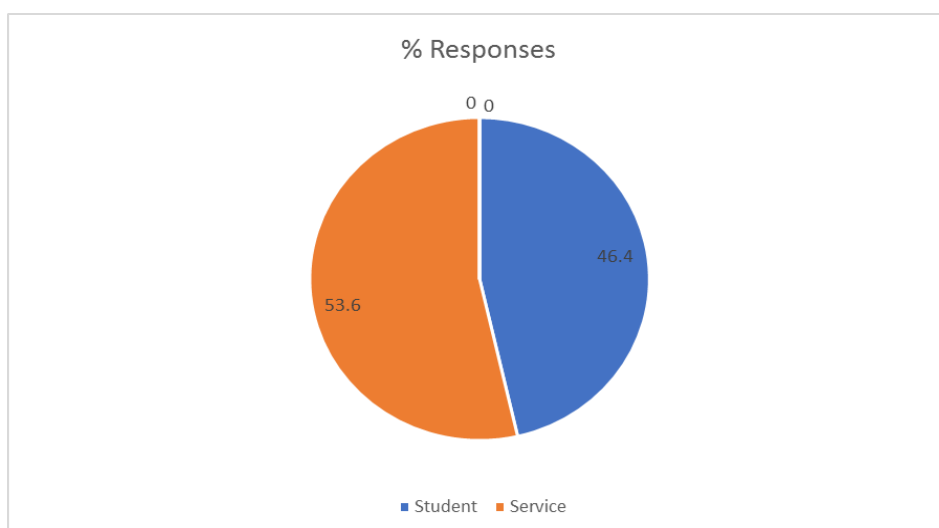


Fig 4: Occupation.

Table 5: Branch of study.

Total responses=47

Branch	No of Responses	% Responses
Animation	1	2.1%
Architecture	2	4.2%
B. Arts	3	6.3%
B. Pharmacy	2	4.2%
B. Sc	5	10.6%
B. Tech	9	34%
B. Com	7	14.9%
Business	1	2.1%
Dentistry	1	2.1%
Paramedical	7	14.9%
Law	1	2.1%
Education	1	2.1%
Engineering	7	14.9%

BRANCH OF STUDY

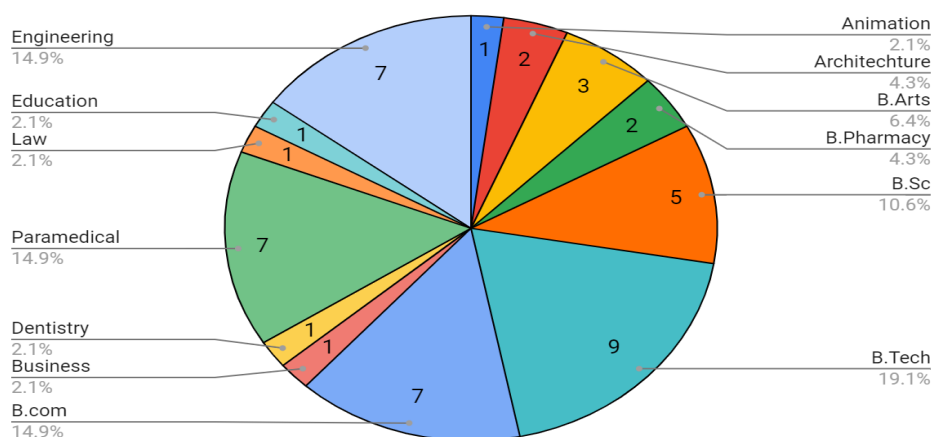


Fig 5: Branch of study.

Table 6: Awareness about violence against doctors.

Are you aware of the increase in violence against doctors in the past decade?	No of responses	% Responses
Yes	103	93.6
No	7	6.4

Table 7: Experience with assault against doctors.

Have you been a part of/ observed/ wanted to/ promoted any sort of assault(verbal/physical) against a doctor?	No of Responses	% Responses
Yes	4	3.6%
No	99	90%
Not comfortable sharing	7	6.4%

Table 8: Urgency of matter.

Do you perceive the increasing assaults as an urgent matter?	No of Responses	% Responses
Yes	105	95.5%
No	5	4.5%

Table 9: Government's role in handling assaults.

Do you think the government has done enough to control/prevent/handle these assaults?	No of Responses	% Responses
Yes	6	5.5%
No	62	56.4%
Cannot Say	42	38.2%

Reasons for increasing violence against doctors

Table 10(a): DOCTOR related issues.

Sr. No	Reason for violence	N=110 (n%)				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	Lack of communication among doctors towards the patient and their relatives	9(8.2%)	22(20%)	29(26.4%)	39(35.5%)	11(10%)
2	Weakness of the law that governs violence against doctors	1(0.9%)	7(6.4%)	13(11.8%)	56(50.9%)	33(30%)
3	Poor hospital Security	2(1.8%)	6(5.5%)	17(15.5%)	51(46.4%)	34(30.9%)
4	Reduced time per patient due to workload	3(2.7%)	11(10%)	25(22.7%)	54(49.1%)	17(15.5%)
5	Poor Training of Doctors	17(15.5%)	29(26.4%)	34(30.9%)	25(22.7%)	5(4.5%)

6	Poor funding of hospitals leading to lack of emergency resources	0	13(11.8%)	29(26.4%)	48(43.6%)	20(18.2%)
7	Misbehaviour of the Doctor	6(14.5%)	28(25.5%)	41(37.3%)	21(19.1%)	4(3.6%)

**Table 10(b): PATIENT related issues.**

Sr. No	Reason for violence	N=110 (n%)				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	Unrealistic expectations from doctors by their patients	0	14(12.7%)	23(20.9%)	51(46.4%)	22(20%)
2	Negative portrayal of doctors in the media	1(0.9%)	21(19.8%)	19(17.9%)	48(45.3%)	17(16%)
3	Increasing access to internet services	3(2.8%)	19(17.9%)	38(35.8%)	36(34%)	10(9.4%)
4	Poor knowledge of health-related issues	0	4(3.8%)	11(10.4%)	59(55.7%)	32(30.2%)

**Table 11: Likely cases to be met by violence.**

Which of the following cases do you think are more likely to be met by violence?	No of Responses	% Responses
Death Disclosure	75	68.2%
Payment of fees	48	43.6%
Emergency Care/ICU	39	35.5%
Long waiting times	52	47.3%
Critical condition of patient	59	53.6%
Administrative failures	65	59.1%

**Table 12: Violence justified?**

Do you think that violence, regardless of profession, situation, personal damage, or inefficiency, is justified?	No of Responses	% Responses
Yes	1	0.9%
No	84	76.4%
Can't say, it depends on the gravity of the situation	25	22.7%

**Table 13: Likelihood of assisting during an assault.**

Are you likely to help a doctor being assaulted in a hospital, even when you're not involved in the incident?	No of Responses	% Responses
Yes	92	83.6%
No	18	16.4%

**Table 14: Feeling after news of assaults.**

How did the news of the assaults make you feel?	No Of Responses	% Responses
Anger towards the doctor	0	0.0%
Sympathy for the doctor	25	22.7%
Anger towards the attackers	45	40.9%
Sense of unease and lack of security	35	31.8%
The doctor deserved it and should be more careful	0	0.0%
Nothing	5	4.5%

The total number of respondents of this study was 110. The age group was 18yrs and above, among them 55.5% were male and 44.5% female. 93.6% respondents were from urban areas and 6.4% were rural population. Regarding their occupation, 46.4% belong to Student category and 53.6% were from service category. 93.6% were aware of the increase in violence against doctors. A Kaur and other<sup>[6]</sup> revealed that workplace violence has a significant effect on doctors and on patients too. Neeraj Nagpal<sup>[7]</sup> reported that small and medium private health care establishments which provide bulk of healthcare

services are isolated, disorganized and vulnerable to violence. As per Kevin D and others<sup>[8]</sup>, violence against emergency department health care providers is an unfortunate yet common occurrence in India. Among the respondents 95.5% agreed that they realized increasing assaults is an urgent matter. Elhadi M A<sup>[9]</sup> reported that violence against healthcare workers is associated with burnout syndrome. Regarding the question, 'has government done enough to control/ prevent/ handle these assaults', 56.4% of the respondents answered 'No' while 38.2% answered 'Cannot say'. Regarding reasons

for increasing violence against doctors, the respondents strongly agreed that 10% lack of communication, 34% poor hospital security and 33% weakness of the law, contributed to it. As per Kulkarni et al<sup>[10]</sup> and Sen and Honavar<sup>[11]</sup> unrealistic expectations are also a part of low health literacy among patients and their relatives. Regarding the questions on how did the news of the assaults make you feel, 40.9% of the respondents agreed for anger towards the attackers. Attitude, Ethics, and Communication (AETCOM) training, will help reduce the violence. As a part of the medical curriculum, all doctors are taught clinical behavior, but not all are taught empathy. Violence against healthcare workers should be condemned in any form, and should be dealt with sternly.<sup>[12]</sup>

## CONCLUSION

Public awareness regarding negligence and patients' rights is growing worldwide, including in India. The Consumer Protection Act (CPA) is a reality, according to which doctors need to be trained exclusively. Necessary changes should be made urgently in the IPC and Criminal Procedure Code (CrPC) to have a deterrent effect and prevent future incidents of violence against doctors.

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