

Original Article

A Study on Violence against Doctors in Selected Cities of Gujarat

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ABSTRACT

Introduction: Various media are reporting that violence against doctors in country is increasing. Due to this, doctors are stressed out in their profession. The present study was conducted with objectives to find out the prevalence of verbal and physical violence against doctors and to identify the perceived aggravating factors associated with workplace violence. **Materials and Methods:** It was a cross-sectional study. A total of 117 doctors participated in the study from different cities of Gujarat. The study was conducted in the year 2017. **Results:** The mean age of the study participants was 44.11 ± 11.77 years. Ninety-eight (83.8%) participants were male and 19 (16.2%) were female. One hundred and ten (94.02%) study participants believed that violence against health-care staff is a serious issue in the current scenario. More than two-third (89.74%) of the participants perceived increases in violence in the past few decades. Sixty-five (55.56%) study participants had experienced verbal violence. Five (4.27%) study participants had experienced physical violence. One hundred and eleven (94.87%) study participants believed that hospital securities are given less importance. Almost all the (93.16%) study participants assumed that violence occurs due to absence of law. **Conclusion:** The study concludes that violence on doctors' has increased in the last few years in India. Verbal violence was experienced by more than 50% of the participants. The common determinants of violence against doctor were poor hospital security, absence of proper law, unrealistic expectation from patients and relatives, overburdened hospital, low literacy, and poor communication skills among doctors.

KEYWORDS: *Communication skills, lack of security, overburden, physical violence, verbal violence*

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INTRODUCTION

Considering to avoid a profession where the risk of violence is high, you might want to stay away from police work, the military, and nowadays from health care also. In the year 2017, the Indian Medical Association has conducted the largest online survey to find out the stress among doctors. It has reported that 80% of doctors in the country are stressed out in their profession, and one of the important causes of stress is violence against doctors. The study reported the prevalence of fear of violence to be 46.3% among doctors.^[1] Unfortunately, it is not limited up to the fear of violence as many incidents had occurred in the last few years which hurt or killed the doctors. News of violence either in the form of physical or verbal is not infrequent in the newspaper and

other communication media. A total of 53 doctors were attacked by people in the last 2 years in Mumbai, but not a single convicted in favor of doctors.^[2] One of the studies reported that 75% of doctors across the country have faced some form of violence in their lifetime.^[3] A lady anesthesiologist, aged about 55 years, having a D.A. degree and working as a senior civil surgeon in ESI Hospital, Tuticorin (Thoothukudi), Tamil Nadu, owned a nursing home, was murdered by an autorickshaw driver

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after the death of his pregnant wife who was already declared as having “serious condition.”^[4] Dr. James Phillips of Harvard Medical School wrote “Health care workplace violence is an underreported, ubiquitous and persistent problem that has been tolerated and largely ignored.”^[5]

Increasing commercialization in health-care setup also increases out-of-pocket expenditure for patients and that hampers doctor–patient relationship. As per the National Health Policy 2015, almost 18% of all household expenditures occurred due to health cost in 2011–2012.^[6] Hence, in developing countries like India where individuals pay for their health, sometimes abnormally high cost, the issue of verbal and physical violence is becoming a significant problem for private service providers. Sometimes, inappropriate expectation of patients from government setup also results in violent behavior of patients in government settings.

A worldwide movement for the prevention of violence toward health-care staff has also been initiated by the World Health Organization (WHO).^[7] Now, it is also recognized that health-care staff are at topmost of having risk of violence at workplace.^[8]

There are many such incidences occurring all over India. As a result, doctors lose their morality toward their profession which also in turn hampers doctor–patient relationship. Hence, a scarcity of literature regarding the risk factors associated with violence between doctors and patients compelled us to do research on this ignored particular aspect. Doctors’ view on violence helps the appropriate authority to formulate essential rules and regulations to prevent such kind of occurrences in the near future. With this background, the current study was planned with objectives to find out the prevalence of verbal and physical violence against doctors and to identify perceived aggravating factors associated with workplace violence.

MATERIALS AND METHODS

A cross-sectional study was conducted among urban locality of Gujarat. The selected cities or towns were Vadodara, Ahmedabad, Junagadh, Deesa, Kalol, and Modasa. Sample size was calculated on the basis of reported 78.05% prevalence of workplace violence in a study conducted by Pund *et al.*^[9] and fixing 10% allowable error as the relative precision using formula $4PQ/L^2$ (where P is prevalence, $Q = 1 - P$, and L is the allowable error). Sample size was calculated to be 112 doctors. With an addition of 5% nonresponse of doctors, the final samples collected were 117 doctors.

The inclusion criteria for study participants were Doctor qualified with MBBS and higher degree, practicing doctors, and those who were willing to sign informed consent. Doctors from medical colleges and having started recent practice, i.e., <6 months, were excluded from the study. Due to constraint of resources, purposively selected urban area of Gujarat, the study was conducted during the month of March 2017.

After approval of the Institutional Ethics Committee, the study was initiated. Doctors’ list was obtained from registered medical practitioner association in each of the study area and purposively 14 doctors were selected as study participants with the use of simple random sampling from Deesa, Kalol, and Modasa constituents of the sampling area, whereas 25 doctors were interviewed from Vadodara, Junagadh, and Ahmedabad because of being large areas. The selected practicing doctors were explained about the study objectives, necessity, and process of study. Participants were asserted about the confidentiality of the data to be provided by them. After taking informed consent, predesigned questionnaire was given to the study participants. The proforma contained various questions, aimed at bringing out the perceptions of the medical fraternity about the incidences of violence as well as the general social structure surrounding it.

Statistical analysis

Data were entered in MS Excel and were analysed using Proportion and Chi-square test by Statistical Package for Social Sciences (SPSS) Software Version 12 developed.

Standard definitions adopted from the WHO were as follows^[10] – physical violence: the use of physical force against another person or group that results in physical, sexual, or psychological harm. This includes beating, kicking, slapping, stabbing, shooting, pushing, biting, and pinching. Verbal violence: it was defined as a negative defining statement told to the victim or about the victim.

RESULTS

Sociodemographic information of the study participants

The mean age of the study participants was 44.11 ± 11.77 years. Ninety-eight (83.8%) participants were male and 19 (16.2%) were female. Forty-four (37.6%) participants had a work experience of more than 20 years, whereas 37 (31.6%) had a work experience of 10 years to 20 years. Ninety-seven (82.9%) study participants were had qualification of MD/MS, whereas 5 (4.3%) study participants were had MBBS. Fifteen study participants (12.8%) had superspecialization degree. Ninety-eight (83.8%) study participants were

doing private practice, whereas 15 (12.8%) were working in trust hospital [Table 1].

Perception of doctors

One hundred and ten (94.0%) study participants believed that violence against health-care staff is a serious issue nowadays and due concern toward the issue is the need of time. More than two-third (89.7%) of the participants supposed increases in violence in the past few decades. Seventy-seven (65.8%) participants thought that reports of violence are exaggerated. A total of 95 (81.2%) participants believed that lack of awareness in public is responsible for violence. Incident of violence is more prevalent in India as perceived by 113 (96.6%) participants. Ninety-eight (83.8%) study participants assumed that violence is more prevalent in the medical field than any other profession [Table 2].

Table 1: Sociodemographic information of the study participants (n=117)

Particulars	n (%)
Age (years)	
<35	31 (26.5)
30-50	47 (40.2)
>50	39 (33.3)
Gender	
Male	98 (83.8)
Female	19 (16.2)
Years of experience	
6 months to 9 years	36 (30.8)
10-20 years	37 (31.6)
>20 years	44 (37.6)
Educational qualification	
MBBS	5 (4.3)
MD/MS	97 (82.9)
DM/superspecialty	15 (12.8)
Practice background	
Private practice	98 (83.8)
Government	4 (3.4)
Trust hospital or other	15 (12.8)

Table 2: Perception of doctors about violence against doctors (n=117)

Perception on violence	Yes, n (%)	No, n (%)
Is it a serious problem?	110 (94.0)	7 (6.0)
Has the violence increase in the past few decades?	105 (89.7)	12 (10.3)
Whether the reports are exaggerated?	77 (65.8)	40 (34.2)
Lack of awareness about these events in public?	95 (81.2)	22 (18.8)
Whether the incidents are more prevalent in India?	113 (96.6)	4 (3.4)
Whether the incidences are more in the medical field than other field?	98 (83.8)	19 (16.2)

Experience of violence by doctors

Sixty-five (55.6%) study participants had been experienced verbal violence. Five (4.3%) study participants had experienced physical violence [Figure 1].

There was no statistical association between experience of doctors and verbal violence [$P > 0.05$, Table 3].

Reasons of violence

One hundred and eleven (94.9%) study participants believed that hospital securities are given less importance. Almost all the (93.2%) study participants assumed that violence occurs due to the absence of law. Above all, unrealistic expectation from patients is responsible for violence as supposed by 115 (98.3%) study participants. Ninety-nine (84.6%) and 103 (88%) study participants thought that overburdened hospital and low literacy among patients are among the few reasons that increase the incidence of violence, respectively. Eighty-four (71.8%) study participants supposed to escalate communication skills among themselves as it is also one of the main reasons for violence [Table 4].

DISCUSSION

This study strained to explain the various aspects related to episodes of violence faced by the doctors. The current study was performed in different urban areas of Gujarat and included doctors from government, private, and trust hospitals. The response rate of our study was 100% as none of the study participants rejected researcher for the study, indicating that due concern is needed against violence on doctors.

The present study found doctors' perception on issues of patient-doctor mistrust. The study data support the statement that violence on doctors' has increased in the last few decades, and it is more prevalent in India. The

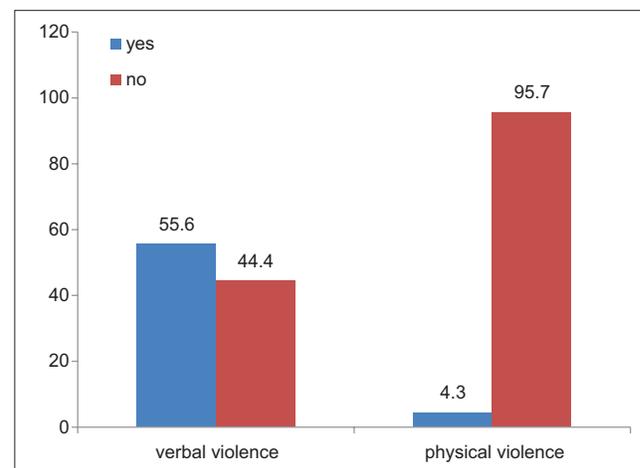


Figure 1: Experience of violence by doctors

Table 3: Association between verbal violence and working experience of doctors

Working experience	Verbal violence			Chi-square test
	Yes, n (%)	No, n (%)	Total, n (%)	
6 months to 9 years	23 (19.7)	15 (12.8)	38 (32.5)	$\chi^2=0.572$, df=2, $P>0.05^*$
10-20 years	20 (17.1)	18 (15.4)	38 (32.5)	
>20 years	22 (18.8)	19 (16.2)	41 (35.0)	
Total	65 (55.5)	52 (44.4)	117 (100.0)	

* $P>0.05$: Not significant**Table 4: Reasons given by doctors for increases in violence against health-care staff (n=117)**

Reasons of increases in violence	Yes, n (%)	No, n (%)
Security of hospitals should be given less importance	111 (94.9)	6 (5.1)
Weakness or absence of law	109 (93.2)	8 (6.8)
Lack of communicating skills among doctors	84 (71.8)	33 (28.2)
Overburdened hospitals in India	99 (84.6)	18 (15.4)
Unrealistic expectations of patients from doctors	115 (98.3)	2 (1.7)
Low literacy of patients and their relatives play any part in these incidences	103 (88)	14 (12)

medical profession has more such incidents compared to other professions. The same kind of perceptions were also noted in the existing literature.^[3,11] The study participants also perceived that general public are less aware about the origins and outcome of violence. Result of our study reflects that doctors get demotivated regarding their noble profession which also hampers the patient–doctor trust. Renowned Indian Heart Journal also stated that in his editorial letter; “Medicine had become a “dangerous” profession and doctors should be provided “Security.”^[12]

Half of the study participants had experienced verbal violence in the present study and nearly 5% experienced physical violence. In the recent past, doctors were bestowed upon a divine status. However, in the last few decades, things had changed, and the alarming situation of violence on doctors replaces the entire status of the medical fraternity. The present study findings were consistent with the findings of Iluz *et al.* who found the prevalence of verbal violence to be 56% in their study.^[13] Various reports show that medical professionals are roughed up and even killed by patients’ disgruntled relatives.^[12] Pund *et al.* observed the prevalence of verbal abuse to be 62.2%, while that of physical assault was found to be 3.7%.^[9] From the present study, any kind of workplace violence is strongly condemned. Doctors putting their own lives in risk during the course of duty to treat patients. At the same time they are facing attack

from the same people whom actually they are trying to help. Nobody comes to their rescue during such inhuman experiences. Interesting finding in the present study was that there is no statistical association between years of work experience and facing violence, which means that it can happen to any doctors at some point in their lifetime if the current situation gets worst.

In the present study, it was tried to get the perceived cause of violence from doctors. Unrealistic expectations of patients from doctors, absence of law, and less importance given to hospital securities were some important causes of violence perceived by 98.3%, 93.2%, and 94.9% of the total doctor participants, respectively. The present study findings were consistent with the findings of Pund *et al.*,^[9] who stated that inadequate law for violence against doctors was the cause perceived by 89% of the study participants. Other perceived causes were overburdened hospitals (84.6%), lack of awareness among patients (88%), and lack of communication skills among doctors (71.8%).

In demand to reduce the problem of violence against doctors, steps have to be taken to address the causes listed above. Most of the doctors were aware about workplace hazards as evident from the study, even though few of them practices properly, partially due to lack of administrative commitment or gap in policymaking. At the same time, hospital and clinical security should be increased and enforced; the strict rules for treating violent people should be designed and implemented. The results of this study add to our current knowledge of workplace violence.

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Conflicts of interest

There are no conflicts of interest.

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