

# Workplace Violence in Health Care Settings of Nepal

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## ABSTRACT

Workplace violence is a common and important but under-reported problem of health professionals. Anyone at any time can be the victim of it. Those incidents of violence that come into notice are just the tip of iceberg. It may take physical or non-physical forms. The psychological trauma affects more severely than physical trauma. These days over-expectation from health workers and unmet needs of better health care are major issues causing problem of workplace violence. Sound knowledge and skills along with good communication skills of health workers help to built good health worker-patient relationship ultimately decreasing workplace violence. There should be good working environment for safety of both patients and health workers so that any tasks can be completed efficiently and properly.

**Keywords:** Emergency service, Hospitals, Nurses, Physicians, Workplace violence.

## INTRODUCTION

Workplace violence is an occupational hazard characterized by either verbal, physical, sexual or mental harassment/threats to any worker inside or outside the organization for work related contexts.<sup>1,2</sup> Workplace violence against health care workers is common in Nepal but the exact prevalence of it is not known because it is under-researched and under-reported. It is so common that health workers have tolerated this and have largely ignored it considering it to be a normal phenomenon.<sup>3,4</sup> Almost every health care provider is its victim, though the severity may vary. Emergency room is the most vulnerable site for work place violence as it is the service site of hospitals where aggressive individuals first land upon.<sup>1,2,4</sup> Many times confrontation occurs with patients/visitors at workplace usually due to miscommunication or over-expectations from health workers. Doctors and nurses are the common victims of it.<sup>1-4</sup> Physicians may be victimized

from patient, patient party, colleagues, academic staffs, head of department, hospital directors or policy makers whereas nurses may be victimized from patient, visitors, co-workers, supervisors, physicians, matron, hospital director or policy makers.<sup>3,4</sup>

Safety at work place is the right of every health personnel so that they can work efficiently. Any work done with fear increases medical errors. Health workers in Nepal are also slowly being aware of it and are raising voice for implementation of “Jail without Bail” policy which implies that violent activities performed against health institution and health workers to be kept under non-bailable offence and perpetrator be jailed instantly and then lawsuit is initiated.<sup>5</sup> Policy makers should think this issue seriously. Now time has come to take necessary steps to decrease this and take action against this inhuman act. Appropriate policies and strategies to prevent it should be implemented along with management plans if occurred.<sup>3</sup> “Zero Tolerance

Policy” should be adopted to decrease professional work-place violence.

Workplace violence may grossly be divided into two types: Internal, where violence is mediated by personnel within an institution e.g. hospital director to his staff and External, where violence is perpetrated by outside personnel e.g. patient’s relative to a health worker.<sup>6</sup> These day social media have become the platform to express the frustration of workplace violence.

## DISCUSSION

It is the right of any health workforce to work in violence free environment but is not always possible. Workplace violence is noted in different forms and experts have classified the workplace violence into different types on the basis of relationship between the perpetrator and workplace itself.

### TYPES OF WORKPLACE VIOLENCE

**Type 1:** Perpetrator has no relation to workplace or employees. E.g. Violent acts by criminal who enter a hospital with intention of robbery.

**Type 2:** Perpetrator is a client/patient of the workplace or employees. E.g. Violence directed at a doctor of a hospital.

**Type 3:** Perpetrator is a present or former employee. E.g. Recently fired employee assaulting previous supervisor.

**Type 4:** Perpetrator has a personal relationship with an employee but not with workplace. E.g. Husband of a staff of a hospital (not working there) abusing his wife at her work place.<sup>4,7</sup>

### FORMS OF WORKPLACE VIOLENCE

**Physical:** Physical assault i.e. man-handling in either forms of slapping, kicking, biting, punching, pushing, pulling, pinching, grabbing, scratching, hitting with any object or throwing any object; use of weapons (blunt or sharp); gunshot and/or sexual.

**Non-physical:** Verbal abuse i.e. shouting or screaming; verbal threat i.e. attempted physical assault without touching; emotional abuse and psychological i.e. continuous, repetitive bullying, victimizing or offending treatment.<sup>2-4,6,8</sup>

### RISK FACTORS

There are many risk factors for workplace violence at level of health worker, patients, visitors and environment.

**Health worker factors:** Female gender, young age,

unmarried, less experience, over-work, under-pay and job stress.<sup>3,6</sup>

**Patient/Visitor factors:** Male, young age, mental health disorders, drug abuse, acute drunkenness, gang members and possession of weapons.

**Environmental factors:** Night hours, unmet patient/visitors expectations, over-crowding, understaffing, hostile working environment, delay in approaching patients for consultation or care due to work load and lack of communication regarding patient’s condition.<sup>2-4</sup>

### CONSEQUENCES

The consequences of workplace violence vary from minor to grave ones like increased job stress, fear, anger, irritability, anxiety, apprehension, nervousness, headache, fatigue, difficulty in sleeping, feeling disturbed, depression, suicidal ideation, frustration, low working morale, decreased performance, decreased job satisfaction, absenteeism from work, change of job, leaving of job, minor or grievous physical injuries, temporary or permanent disability and/or even death.<sup>1-4,6,8</sup>

### REMEDIES

There is no any field in the world which is devoid of problems.<sup>6</sup> Problems do occur but need to be addressed tactfully. Though sometimes simple methods help to solve bigger problems but at times we need to proceed for legal actions. Some common ways to prevent, decrease or solve the workplace violence are respect to others autonomy and job, high job control, adequate health worker-patient ratio, adequate medical supplies, good communication, good health worker-patient relationship, qualified health professional with sound knowledge on subject matter, development of adequate skills and competency, timely approaching patients, good working environment, reducing crowd at workplace, good team work, proper way of handling difficult situations and difficult patients /visitors, ability to deal with situational crisis, opting safety measures, training on stress management, training in aggression de-escalation techniques, training in self-defense, training or coaching against workplace violence and implementing security measures like provision of active and armed security personnel, system of security alarms and video monitoring, provision of emergency cell phones, placement of metal detectors at sensitive areas, co-operative management team, awareness programs for publics and implementing law strictly against workplace violence.<sup>1,3,4,8</sup>

## CONCLUSION

Workplace safety has become demand of present time with the rise of workplace violence incidences. Emergency department has become the key site for workplace violence and health workers working there are at constant physical pressure and psychological stress. This needs to be addressed so that the care given will be of good quality. “Policy of Zero Tolerance” to workplace violence and implementation of provision of “Jail without Bail” may decrease the prevalence in addition to ever-needing good communication skills. Reporting system on workplace violence should be initiated for documentation of such events so that formal ways to reduce it can be implemented based on evidence.

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