

Review Article

Prevention Strategies to De-escalate Workplace Violence against Doctors...

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Workplace violence is something we can discuss it, tolerating it but we can't prevent it even we can't accept it that it belongs to us, we are initiating it against people like us only. Nothing can solve violence, neither two wrong can make anything right. Though every sector is afflicted by it but healthcare sector is majorly affected by it because patients family is in great trauma of facing their people's death and no one have been able to do anything to stop it. Accepting loved ones especially death has always been painful to everyone. But blaming some sector and taking revenge is big NO NO. As we all know prevention is better than cure so via this paper I am trying to address some prevention Strategies that may be helpful to de-escalate this issue on ground level.

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Workplace violence has always been serious problem for doctors and healthcare workers as they have always been dealing with emotional breakdowns and loss of life on patients' family. However violence at workplace exists almost in everywhere and in every sector. This even exists in both developed and developing countries (Liu J, *et al*, 2019) and can be declared as top most occupational hazards.. there can't be universal formally accepted definition of workplace violence as this is subjective concept and everyone carries different opinions and beliefs (N Imran, *et al*, 2013).

The Occupation Health and Safety Act, 2019 defines workplace violence as "the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker; a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker (OSHA, 2019)".

This has always been serious issue to a sector who is engaging themselves in keeping nation healthy but failed to same themselves. According to report of IMA 75% of Doctors faced workplace violence atleast once in their career. Thousands of cases had been reported but no serious action has been taken till now. From Worldwide protest to hunger strike everything went in vein.

Now with this paper we as a author tried to point

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Editor's Comment :

- To de-escalate workplace violence, different strategies need to be taken such as standalone coaching, structured programme, multicomponent interventions, recordkeeping and program analysis. Apart from these, government should also take necessary steps like non-bailable offense with strict penalty.

some basic strategies that can be adopted to prevent workplace violence before it goes extremely dangerous for doctors.

These strategies are based on multiple studies includes Government role to de-escalate it.

Standalone Coaching :

The studies deals with the aggressive work place violence that tend to done by nurse and hospital workers. Two studies were included in the research which assess the effectiveness of three to four hours of coaching on violence. Study also added the financial impact of workplace violence on the hospital. Other studies based on impact of shorter coaching session that targeted violence management and team work were also included. These studies concluded that interaction of nurses with their colleagues improved by the coaching and their level of comfort also increased during handling important conversations. Also, nurse replacement rate were also reduced due to standalone coaching. Study by Al Alietal, reported nurses were confidence enough to handle workplace violence once they have successful completed eight-hours of coaching session. There is no alteration of the basic safety issues in the coaching. It can be concluded the standalone coaching is definitely helpful however, it is effective at distinct parts of workplace violence. It fails

to provide substantive impact on the violence faced by the nurses¹.

Structured Programme :

Structured teaching programs take issue from standalone coaching primarily in duration. These structured programs typically span weeks, permitting participants to absorb information info. The commonly seen perpetrators of this particular type of workplace violence are often seen as coworkers of victim, nurse managers or supervisors, and sometimes physicians. In two of the considered studies, how to deal with verbal aggression and psychological/emotional abuse were the primarily focus of the structured education program. In this, the common perpetrators were observed as patients and their relatives. Apart from having different prime focus points, the eleven studies adopt additionally used dissimilar sorts of structured teaching programs in their interventions. for example, five of the included studies used or adopted a Cognitive Rehearsal Program (CRP).

CRP could be a technique whereby specific situations are role-played in an exceedingly structured method, expedited by trained professionals. Using CRP, nurses got the chance to firstly analyse and then apply what could be the most effective response to common violent behaviors. In keeping view the findings of the four major studies that had applied CRP as their intervention to workplace violence, it was shown as CRP enables nurses to build up their cope ability and hindrance skills against workplace adverse situations. It will facilitate improve participants' social bondings with each other and boost awareness regarding violence between nurses. So it can be concluded as CRP might play a handsome role in reducing nurse turnover¹.

Train-the-trainer programs are designed to coach bound 'champions' on the workplace supervisor, who learn and later on go onto their colleagues and train them. In simple words this system is meant to facilitate the unfold of specialist data in an economical, efficient manner. No of studies it was commonly observed train-the-trainer workshops pointed on controlling or solving lateral violence by giving strength to nurses' communication skills. Over the years of three, 203 workshops were conducted with 4,000 participants. The study showed that verbal abuse towards nurses attenuated from nineteenth to seventy six, and nurses' awareness of verbal abuse influencing their patient care accumulated from forty second to sixty three, following the implementation of workshops by trained facilitators¹.

Chippis and McRury two authors have evaluated

the effectiveness of a three to four months of education program where they majorly focus on communication and conflict management skills to handle workplace bullying. This study discovered accumulated job satisfaction in participants.

Multicomponent Interventions :

This involves an action set up wherever multiple ways were enforced across 3 categories:

- (1) Environmental that includes panic buttons, security locks.
- (2) Administrative policies to deal with workplace violence hindrance, safety procedures.
- (3) behavioural (staff coaching for workplace violence management).

Study by Arnetz, *et al* If this successfully implemented in a unit that will surely results in reduction in workplace violence rates. Another study by Arnetz, *et al*. Where he used a three-staged intervention model, additionally that includes the involvement of relevant stakeholders too. It includes :

- (1) Development of a formal and standardized reporting system for workplace violence
- (2) application of a hazard risk matrix to spot most accumulated risk spots work units of workplace violence.
- (3) Worksite walkthrough strategy.

This study shown a significant reduction in the rate of workplace violence within the intervention units as compared to manage units (IRR: 0.48, 95% CI 0.29e0.80) at six months and at twenty four months (IRR 0.37, 95% CI 0.17e0.83).

Similarly, in a new study a 3 pronged intervention model featuring:

- (1) conferences with all shareholders and directors to revise and formulated workplace violence policies time to time.
- (2) Walkthrough conferences with health care professionals for environmental changes if required.
- (3) Education and coaching sessions for employees.

On the application of these steps, there might be a big cut in the rate of assaults and violent threats fully fledged by nurses collaborating within the study.

Two alternative studies additionally took a multicomponent approach, though they didn't feature the broad involvement of relevant stakeholders. Of these, study used a two-phase intervention:

- (1) Implementation of alert system to spot risky patients upon admission
- (2) Nursing employees coaching for hindrance of geographic point violence⁶.

Record Keeping and Program Analysis :

Recordkeeping and analysis of the violence hindrance program must be done properly to see its overall effectiveness and to check any deficiencies or changes that ought to be created².

Proper recording system should be implemented of patients history where everything should be clearly written what kind of injury or illness patient was suffering from, what line of treatment was given, how about the progress, severity of problem and etc. that will surely help employers about the severity of problem and establish any developing trends or patterns above all locations, jobs or departments; measure ways of hazard control; establish coaching needs and develops solutions for an efficient program. And Records will be helpful to organizations and for members of a trade association that “pools” information².

As a part of their overall program, owners/ shareholders ought to measure their safety and security measures. prime management ought to analyse the program often and, with each and every situation so arise to evaluate its success and whom to accountable (including managers, supervisors and employees) ought to revise and reformulate policies and how to solve on a continuous basis to point problems and then how can it be corrected.

Management should share workplace violence prevention analysis reports regularly with whole of staff. Any changes within the program ought to be mentioned at regular conferences of the protection committee, union representatives or alternative worker teams.

What Government can Do :

The Government officials and the political leaders are the general public appearance up to for steering and solutions. they must set the example and shouldn't intend to do by force. they must condemn such acts instead of carry on them. there's a high time to implement formalized law to safeguard rights of doctors throughout the country. It needs to be included in Indian penal code with declaration of non bailable offense with strict penalization. An appeal against doctors by patients' family has to be deemed infructuous if proof of violence is provided by hospital and even penalize for false complaint filling. The Government should pay attention towards filling of vacant post, additional security system to safeguard as well as Doctors. Some mishappening occurs due to shortage of sufficient infrastructure, medicines at Government hospitals that need to be solve by Government at their own level. thereby departure the doctors within the tertiary care centers to give more

time and attention to cases that need masterful intervention from them.

a significant drawback is delay in reaching the hospital is too a major cause of death that can be solved by Government by opening primary and secondary hospitals, with better connectivity of roads, with transportation and ambulance facility. Paramedical coaching ought to run a lot of importance so cases of trauma may be may be and through transportation³.

Conclusion :

From as a society to Government everyone needs to be involved in this process of saving Doctors. But what major role is to play by Government by implementing strict actions and laws against culprit. Passing law on central level, declaring it non bailable offense to include in rare of rarest case, everything has to be done immediately. Apart from it we as a human being has to accept this fact they can treat us neither of them can assure life. Life and death is in jands of destiny, no one has incharge of it so it is useless to harm some sector which is atleast trying to make people healthy always. Without them no one would ever be able to calculate death rate. So it's better to accept out responsibility towards them.

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