



To Study the Violence Experienced by Postgraduate Resident Doctors and Interns in a Tertiary Care Centre in Aurangabad

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Authors' contributions

This work was carried out in collaboration among all authors. Author JK designed the study, wrote the protocol and wrote the first draft of the manuscript. Authors RJ and AP managed the analyses of the study with the statistical analysis. All authors read and approved the final manuscript.

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ABSTRACT

Aim & Objectives: The aim & objectives of the study are to 1) determine the percentage of postgraduate medical students experiencing violence in a tertiary care centre in Aurangabad 2) assess the type of violence experienced by postgraduate resident doctors in a tertiary care centre in Aurangabad 3) evaluate the factors contributing towards this violence against postgraduate medical resident doctors and 4) assess the consequences of this violence on postgraduate medical resident doctors.

Study Design: Cross-sectional descriptive hospital based study.

Place and Duration of Study: The study was conducted among the postgraduate resident doctors and interns of Mahatma Gandhi Mission Medical College & Hospital, Aurangabad. The study was conducted from July 2021 to December 2021.

Methods: A population of 100 respondents were considered for the study. Data was collected using a self-administered pre – tested questionnaire. The questionnaire included personalized questions analysing the violent experiences faced by them, the reasons behind patient's violent behaviour and the consequences on doctors' state of mind in the working environment. The collected data was studied and analysed.

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Results: Of 100 respondents included in the study, 64.3% were males, 35.7% were females. Most of the respondents were from the age group of 25-40 years (45.6%). 74% of all assaults took place in the Emergency Room, 15% in the Intensive Care Units, 6% in the Outpatient Department and none in the Operation Theatre Complex, probably due to security and strict compliance to bystanders entry prohibition.

Conclusion: It is beyond doubt that the government should start curbing this violence by taking certain steps such as change in government policies like increased government spending on healthcare and improving the infrastructure of the hospitals. Such initiatives can help create a better working environment.

Keywords: Violence; doctors; abuse; postgraduate; law.

1. INTRODUCTION

About 800 thousand doctors from different parts of India went on strike at the dawn of 19th June 2019, following the brutal assault on two junior residents in Kolkata. Indian Medical Association (IMA) surveys reveal that 75% of doctors have complained of verbal abuse and 12% of physical violence [1]. At India's top hospital, the All India Institute of Medical Sciences (AIIMS) in New Delhi, doctors became so fearful that the Resident Doctors' Association began providing self-defence classes in 2017 [1].

In a country with paucity of doctors [1], violence against doctors would exponentially increase the magnitude of the health crisis.

It is extremely crucial to understand the ultimate cause behind the multiple attacks on doctors. Not a month passes by without an attack on the medical workforce across various parts of the Indian subcontinent.

This study was designed to assess the violence experienced by postgraduate resident doctors in a tertiary care centre in Aurangabad.

2. AIM & OBJECTIVES

The aim & objectives of the study are to 1) determine the percentage of postgraduate medical students experiencing violence in a tertiary care centre in Aurangabad 2) assess the type of violence experienced by postgraduate resident doctors in a tertiary care centre in Aurangabad 3) evaluate the factors contributing towards this violence against postgraduate medical resident doctors and 4) assess the consequences of this violence on postgraduate medical resident doctors.

3. METHODS

The study was a cross-sectional descriptive hospital based study conducted among the postgraduate resident doctors of Mahatma Gandhi Mission Medical College & Hospital, Aurangabad. A population of 100 respondents were considered for the study. The study was initiated after obtaining permission from the Institutional Ethics Committee.

The study was conducted from August 2019 to April 2020. Data was collected using a self-administered pre – tested questionnaire. The questionnaire included personalized questions analysing the violent experiences faced by them, the reasons behind patient's violent behaviour and the consequences on doctors' state of mind in the working environment.

The collected data was studied and analysed.

4. RESULTS

Of 100 Respondents included in the study, 64.3% were males, 35.7% were females. Most of the respondents were from the age group of 25-40 years (45.6%) (Table 1).

It was impressive to note that 93.5% respondents facing violence frequently were the junior resident doctors, specifically the second year residents, in comparison to the others. 42.7% of the victims belonged to the First and third year junior residents, collectively. Another 6.5% victims belong to the MBBS Interns (Table 2).

On Departmental stratification, it was observed that 21.9% residents facing violence belonged to the Department of Medicine and 18.7% residents belonged to the Department of Surgery. 14.2% Obstetrics & Gynaecology residents also faced violence from bystanders in the Labour room. It

was surprising to note the 7.2% residents from Dermatology, Psychiatry, Orthopaedics and Otorhinolaryngology faced violence in their three year tenure (Table 3).

To understand the reasons behind the violence, it was necessary to know the location where doctors were brutally assaulted frequently. It was observed that 74% of all assaults took place in the Emergency Room, 15% in the Intensive Care Units, 6% in the Outpatient Department and none in the Operation Theatre Complex, probably due to security and strict compliance to bystanders' entry prohibition (Table 4).

Another important attribute was the type of violence that doctors had to face while on duty.

71.2% doctors were victims of verbal abuse, 64% doctors were victims of verbal threat / intimidation, 12% doctors were victims of physical violence (Pushing, hassling), 4% doctors were victims of severe violence (biting, hitting, suffocation, strangulation). 8% doctors also faced reputational damage by the bystanders giving false statement on social media (Table 5).

Various reasons stated by the relative for the motive of Violence include wish to receive priority treatment (64%), enough care not provided (52%), dissatisfaction with treatment (36%), late arrival of doctor (24%), counselling not done properly (12%) and other unknown reasons (8%) (Table 6).

Table 1. Demographic characteristics

Age	Males (per 100)	Females (per 100)
18 – 24 years	10	9
25 – 40 years	32	14
41 – 50 years	18	5
51 years and above	4	7

Table 2. Designation of doctors (%) facing violence in a tertiary care centre

Designation	No. of Doctors faced violence (per 100)
Interns	6
First Year Junior Residents	27
Second Year Junior Residents	51
Third Year Junior Residents	15
Senior Residents	3
Professors	1

Table 3. Distribution of doctors (%) facing violence in various departments

Department	No. of Doctors faced violence (per 100)
Medicine	22
Surgery	18
Obstetrics & Gynaecology	14
Dermatology	1
Psychiatry	1
Orthopaedics	3
Otorhinolaryngology	2

Table 4. Location of violence (%)

Location of Violence	Percentage
Emergency Room	74%
Intensive Care Units	15%
Outpatient Department	6%
Operation Theatre Complex	-

Table 5. Types of violence (%) faced by doctors

Type of Violence	Percentage of doctors
Verbal Abuse	71.2%
Verbal threat / intimidation	64%
Physical Violence (pushing, hassling)	12%
Severe Physical Violence (biting, hitting, suffocation, strangulation)	4%
False statement on social media	8%

Table 6. Reasons for violence (%) stated by patients and patients' bystanders

Reasons stated for the motive of Violence	Percentage
Wish to receive priority treatment	64%
Enough care not provided	52%
Dissatisfaction with treatment	36%
Late arrival of doctor	24%
Counselling not done properly	12%
Unknown Reasons	8%

Being in such a noble profession, the mental trauma which every doctor goes through is beyond imagination. 68% of doctors feel worried when they think about the safety of themselves when at work. To our amaze, 8% of the doctors were found to be afraid to carry out their duties daily due to the constant threat of bystanders and relatives verbally and physically abusing them.

5. DISCUSSION

Violence against doctors or any medical fraternity hardly made any news, or hardly there was any discussion about this in Indian medical journals about a decade back as they were probably infrequent though such violence in western countries was known [2,3].

Physicians, emergency medicine doctors and doctors working as casualty medical officers are at increased risk of facing violent behaviour from patients and their families. What leads to such incidents? Is there any way to prevent it?

A study by Verma et al. showed that young doctors are more prone and female doctors face more violence [4] whereas our study suggested that male doctors faced more violence. The highest rates of violence were reported in the Department of Obstetrics and Gynaecology, followed by the Department of Internal Medicine and Surgery in contrast to Department of Medicine facing maximum violence in our study.

A study in Israel showed that the most common causes of violence were long waiting time

(46.2%), dissatisfaction with treatment (15.4%), and disagreement with the physician (10.3%) [5] in contrast to our study which stated wish to receive priority treatment (64%) as the primary motive. This reason can be attributed to the lack of sufficient doctors and health care facilities in the most populous country worldwide.

Most commonly, workplace violence against doctors is seen in the Casualty or Emergency department probably due to the increased patient load in these areas followed by other departments. Almost all doctors had reported verbal violence in the emergency or casualty department as found similar to our study.

The post traumatic effect on the victims were astonishing. 52.4% doctors were distracted from their work while 28.6% doctors preferred to be detached from social contact and preferred living in isolation and 9.5% doctors started suffering from insomnia and depression.

Despite such deleterious effects, 41.7% victims did not complain to the higher authority probably due to the casual attitude of the hospital management regarding the safety of doctors on duty.

This study showed significant violence against doctors happening on a daily basis in a tertiary care centre. However, the study was limited to a small number of respondents and needs a large scale study to establish its findings on a broader perspective. Secondly, the study was conducted in a small semi rural district in Maharashtra. Similar studies should be conducted in other

states and districts as well to substantiate its evidence.

6. CONCLUSION

Violence against doctors has become a palpable fear. Even though the incidence of violence against doctors has started increasing exponentially, initiatives to curb this abuse has not yet taken a front foot.

Considering the reasons cited by the relatives and bystanders, none explain the brutal assault on doctors. Living in a country where Mahatma Gandhi is the father of Nation who believed in the principle of complete non-violence, it is ironical to see the government's reluctance in the prevention of such mishaps and protecting the very health care workers who form the backbone of the medical fraternity.

Medical students doing their MBBS in India have started opting for doing Post graduation abroad citing violence against doctors as one of the predominant reasons. The medical curriculum will soon start including soft skills and self-defence techniques as an important chapter for life.

It is beyond doubt that the government should start curbing this violence by taking certain steps such as Change in government policies like increased government spending on healthcare, improving the infrastructure of the hospitals, stricter implementation of rules, laws, and punishment for violence under the Prevention of Violence against Doctors and Hospitals according to appropriate Acts and relevant sections of the Indian Penal Code (IPC). Violence against health-care personnel and hospitals should be made a nonbailable offense and damages should be recovered from the persons responsible for the violence. Such initiatives can help create a better working

environment for the doctors and make our country a better place to live in.

CONSENT

As per international standard or university standard, participants' written consent has been collected and preserved by the author (s).

ETHICAL APPROVAL

All authors hereby declare that the study has been examined and approved by the Institutional Ethics committee and has been performed in accordance with the ethical standards laid down by the Institutional Ethics Committee.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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