



## STUDY OF WORKPLACE VIOLENCE AND ITS EFFECT ON WORK EFFICIENCY IN GOVERNMENT TEACHING HOSPITALS OF FAISALABAD.

Jasia Raham Din<sup>1</sup>, Shahid Maqbool<sup>2</sup>, Ahmad Farooq<sup>3</sup>, Mohi Ud Din<sup>4</sup>

1. MBBS, FCPS  
Senior Registrar Cardiology  
FIC Faisalabad.
2. MBBS, FCPS  
Senior Registrar Medicine  
Faisalabad Medical University,  
Faisalabad.
3. MBBS, FCPS  
Assistant Professor Medicine  
Independent Medical College,  
Faisalabad.
4. MBBS, M.Phil (Community  
Medicine)  
Lecturer Community Medicine  
Army Medical College, Rawalpindi.

### Correspondence Address:

Dr. Ahmad Farooq  
Department of Medicine  
Independent Medical College,  
Faisalabad.  
ahmadmbbs@hotmail.com

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**ABSTRACT... Objectives:** Of all work settings, hospitals carry the greatest risk of workplace violence, with 73% of doctors suffering the abuse. The scenario in Pakistan is also not so bright. This increase in incidences of workplace violence is affecting significantly on work efficiency of doctors. Thus this study was undertaken to know the exact prevalence of such incidences in teaching hospitals of Faisalabad city. **Study Design:** Community based cross-sectional study. **Setting:** Three government teaching hospitals of Faisalabad. **Period:** January 2019 to February 2019. **Material & Methods:** All the doctors who were willing to be included in the study were interviewed to know their experiences about episodes of workplace violence (WPV) during last 12 months and about the post-violence effect on work efficiency. **Results:** The prevalence of workplace violence in the last 12 months was found to be 73%, whereas 97% of participants who experienced violence said that it had an impact on their work efficiency significantly. Workplace violence and post-violence effect on work efficiency were seen to be significantly more associated with younger doctors. **Conclusion:** Workplace violence is emerging as a bane to the medical profession and has to be dealt with urgently.

**Key words:** Postgraduate Residents(PGR), Workplace Violence(WPV), Teaching Hospital.

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## INTRODUCTION

Workplace violence (WPV) and aggression is considered to be an important occupational hazard in healthcare settings worldwide and is a subject of increasing interest lately, both in the developed and developing countries.<sup>1,2</sup> Although WPV is just a symptom of overall health system dysfunction, it cannot be ignored. Peaceful environment at hospitals is very essential for proper treatment of the patients as well as for the doctors to work without any fear or stress.<sup>3</sup> It has been proved that the doctors who face such type of violence may land up into health disorders like depression, anxiety and it also decreases their work efficiency significantly.<sup>4</sup> Studies from abroad shows high percentages of such cases.<sup>3-6</sup>

Aggression and violence is reportedly high in Pakistan yet very limited studies have been conducted on this topic in Pakistan. This explains that this subject has hardly been given its due attention in medical education and continuing

medical education (CME) in Pakistan. Thus this study was performed to know the prevalence of WPV among doctors and its effect on work efficiency in government teaching hospitals of Faisalabad.

## OBJECTIVES

1. To study the prevalence of workplace violence (WPV) against doctors in Government teaching hospitals of Faisalabad.
2. To study prevalence of post-violence effect on work efficiency of those who had history of work place violence.

## METHODS

A cross-sectional study was conducted in the three teaching hospitals of Faisalabad from January 2019 to February 2019. All the doctors who were willing to be included in study were interviewed. The sample size 185 with margin of error 7%, calculated by taking figures (63.41%) from a recent study with similar objective. An

informed verbal consent to participate in the study was taken from the doctors which was adequate as no intervention was done. Taking verbal consent also facilitate the investigators to explain the purpose of study and explanation of objective of study freely on direct conversation. Moreover, it also helped to minimize the time for filling up the questionnaire. Pre-designed and pre-tested questionnaire was used for the interview. Professional information of the doctor’s post (like consultant, post graduate residents and house officers) age, sex, was collected. Doctors were divided into three categories.

**Consultant**

All FCPS pass doctors of any specialty.

**Postgraduate Resident (PGR)**

All doctors who were enrolled for FCPS training of any specialty.

**House Officer**

Those doctors who were doing their house job to fulfill the criteria of PMDC in any specialty. Information regarding their experiences about frequency of episodes of WPV during last 12 months as well as post-violence effect on work efficiency was noted. For this following definitions were used.

The definition of workplace violence used in our study was that given by the International Labor Organization which defines.

Workplace violence (WPV) as “Incidents where staff are abused, threatened or assaulted in circumstances related to their work”.

**Verbal Abuse**

Behavior that departs from reasonable conduct and involves the misuse of physical and psychological strength. It includes harassment, bullying and mobbing.

**Threat to Assault**

Encompass the menace of death, or the announcement of intention to harm a person or to damage their property.

**Physical Assault/Attack**

Any attempt at physical injury or attack on a person including actual physical harm.

The frequencies of violence were categorized as “NO”, (less than 2 times in month), “YES” (more than 2 times per month).

**POST-VIOLENCE EFFECT ON WORK EFFICIENCY**

Any impairment in concentration to work properly for at least five minutes after the incidence of any type of violence.

The data was compiled, analyzed and tabulated using the Microsoft Excel 2010 software. Chi-square test was applied using SPSS software version 16.

**RESULTS**

Total sample size of study is 185. Mean age of the participants is 30.92 + 7.94 years. Most of the sample population included house officers which accounted for 43.8% (81) of sample size while post graduate residents accounted for 38.9% (72) while 17.3% (32) included consultants. Mostly males are included in sample population which accounted for 68.6% (127) while females constituted 31.4% (58) of sample size. History of violence was reported by 135 (73%) participants. 97% (131) of participants who experienced violence said that it had an impact on their work, as shown in Table-I.

		Frequency	Percent
Post	Consultant	32	17.3
	Post graduate resident	72	38.9
	House officer	81	43.8
Gender	Male	127	68.6
	Female	58	31.4
History of Violence	Yes	135	73
	No	50	27
Effect on Work Efficiency	Yes	131	97
	No	4	3

**Table-I. Frequency**

In terms of type of violence, mostly who had history of violence suffered from verbal violence i.e. 103 participants (76%) while 24 (18%) had threat to assault and 8 participants (6%) suffered physical violence as shown in Figure-1.

Age group, post of the participant and effect on work efficiency is significantly associated with history of violence ( $p < 0.05$ ) as shown in Table-II.

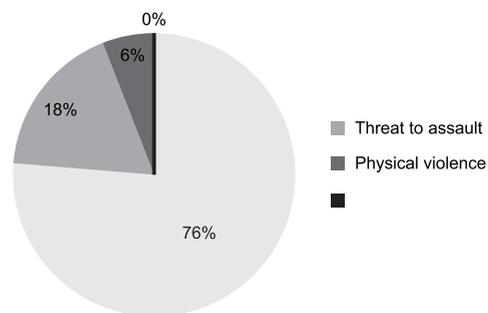


Figure-1. Pie chart showing types of violence

Variables	History of Violence		Total	Chi – Square Test P-Value
	Yes	No		
<b>Age Group</b>				
24 – 34	116 (85.9%)	36 (72%)	152 (82.2%)	0.002*
35 - 44	11 (8.1%)	02 (4%)	13 (7%)	
45 and above	8 (5.9%)	12 (24%)	20 (10.8%)	
<b>Post</b>				
Consultant	18 (13.3%)	14 (28%)	32 (17.3%)	0.006*
Post graduate Resident	49 (36.3%)	23 (46%)	72 (38.9%)	
House Officer	68 (50.4%)	13 (26%)	81 (43.8%)	
<b>Gender</b>				
Male	94 (69.6%)	33 (66%)	127 (68.6%)	0.64
Female	41 (30.4%)	17 (34%)	58 (31.4%)	
<b>Effect on work efficiency</b>				
Yes	131(97%)	0 (0%)	131 (70.8%)	0.00*
No	4 (3%)	50 (100%)	54 (29.2%)	

Table-II. Effect of history of violence on different variables

**DISCUSSION**

Thus this study reflects the results for the GOVT teaching hospitals only. We found the overall prevalence of WPV in the last 12 months to be 73%. This finding was exactly the same with the finding of PUND SB et al.<sup>7</sup> This finding was slightly higher with the findings of Hobbs F.D.R.<sup>4</sup> who found the prevalence to be 63%. The prevalence of “verbal abuse” was found to be 76.29%, while that of “threat to assault” and “physical assault” was found to be 17.77% and 5.92% respectively. Iluz et al observed the prevalence of verbal abuse to be 56%, which were lower than our study, while Koukia et al found it to be comparable (76.8%) to our study.<sup>8-10</sup> Thus, even though the prevalence of physical assault was found to be low, the verbal abuses and threats were seen to be fairly common. Even the frequency of verbal abuse was

on higher side with of the doctors experienced one or more of such episodes in a month. Similar to our study findings, Ness et al, Koukia et al and Iluz et al also found verbal violence to be the most common form of WPV.<sup>9-11</sup>

When asked about the post-violence effect on work efficiency, 97 % of those having history of violence said that it had an effect on their work with impairment in concentration for at least 5 minutes. This finding is comparable to international study of HOBBER FDR<sup>4</sup>, M. de –san-Segundo et al<sup>12</sup> and K. Saeki, N<sup>13</sup> et al. Most of the doctors were aware about the above mentioned workplace hazards as evident from the fact that felt it necessary to have some measures to stop it.

## CONCLUSION

Workplace violence against doctors was highly prevalent and a frequent problem with our study showing 73% prevalence in the last year. 97% having significant effect on their concentration to work properly which is very high percentage. Our study showed that workplace violence and post violence effect on work efficiency is more prevalent in younger doctors.

## RECOMMENDATIONS

1. In view of higher prevalence of WPV, the professional bodies of doctors should take measures towards educating doctors to anticipate and diffuse such incidences. These bodies should also take efforts to make doctors aware about the law against such violence.
2. Younger doctors and those with lesser experience should be targeted for such educational activities as they were seen to be more prone to WPV.

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**AUTHORSHIP AND CONTRIBUTION DECLARATION**

Sr. #	Author(s) Full Name	Contribution to the paper	Author(s) Signature
1	Jasia Raham Din	1st Author	
2	Shahid Maqbool	2nd Author	
3	Ahmad Farooq	3rd Author	
4	Mohi Ud Din	4th Author	