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ORIGINAL ARTICLE

Impact of Violence against Healthcare Providers on Maternal and Child Health Service Delivery in Karachi

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Abstract

Background

There is an increasing global issue with workplace violence against healthcare practitioners. The healthcare system as a whole and individual employee are both hit hard by this. The purpose of this research was to identify the prevalence, nature, and consequences of workplace violence encountered by healthcare workers in maternity and child health service delivery settings in the violent metropolis of Karachi, Pakistan.

Methods

A quantitative cross-sectional study was conducted among 414 healthcare providers from 14 randomly selected hospitals in Karachi. Participants completed a self-administered questionnaire assessing their experiences of workplace violence, including the type of violence, perpetrators, frequency, and impacts on their health and work performance.

Results

A shocking 87.9% of healthcare professionals have encountered workplace violence, with verbal/psychological abuse (37.4%) and physical assault (31.6%) being the most prevalent. Violence was most commonly committed by patients' relatives (42.8%) and happened daily (43.2%) or weekly (31.2%). Violence had serious effects, with 87.9% of providers absent 51.9% wanting to resign, and 69.6% feeling PTSD. Violence also lowered paediatric and gynaecology treatment quality.

Conclusions

Workplace violence is a serious and pervasive problem for healthcare providers in Karachi, with severe consequences for their well-being and the quality of care they provide. Urgent action is needed to address this issue, including stronger enforcement of existing laws, improved hospital security measures, and training for healthcare providers in violence prevention and management strategies.

Keywords: workplace violence, healthcare providers, maternal health, child health, healthcare quality

Abstracts in اردو ،عربی, 中国人, française, русский and español at the end of the article

Lavman Summary

This study explored the impact of workplace violence on healthcare workers in Karachi, Pakistan. Shockingly, nearly 90% of healthcare workers in Karachi, Pakistan, have experienced workplace violence, mainly verbal abuse and physical assault from patients or their relatives. This has led to anxiety, absenteeism, and even resignations, impacting the quality of care, especially for mothers and children. The study proposes solutions like stricter enforcement of existing laws, improved hospital security, and training for workers to handle violence, ultimately creating a s afer environment for every one and ensuring quality healthcare.

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Introduction

More and more violent actions in the workplace are being committed against healthcare practitioners all around the globe[1]. These violent acts include sexual harassment, verbal and psychological abuse, physical assault, and other forms of aggression. According to the National Institute for Occupational Safety and Health, this kind of violence is defined as "the act or threat of violence, ranging from verbal abuse to physical assaults, aimed at healthcare personnel" [2]. In the course of their employment, 8–38 percent of healthcare professionals are subjected to physical violence, according to figures provided by the World Health Organisation[1,3] Those who are most susceptible to harm are those who work in frontline settings, such as emergency, psychiatric, and direct patient care services. In addition, nurses, laboratory technicians, and support workers are considered to be high-risk groups[4].

The consequences are far-reaching, including physiological and psychological injury, a loss in performance, increased absenteeism and burnout, and a worsening of staff shortages[5]. In addition, interruptions, the loss of experienced workers, and poor morale all contribute to a decline in the quality of treatment and the results for patients[6]. Both the overall efficacy of the system and the number of medical mistakes are on the increase[7]. There are significant expenditures incurred by the organisation when personnel and security measures are replaced[8]. These implications are amplified in mother and child health services, which need constant and attentive care from trained professionals. The management of hazards in pregnancy, delivery, and early children is made more difficult by workplace violence, which poses a danger to staffing and performance[9,10]. In addition, patients may delay therapy due to worries about their safety, which puts their health in even greater jeopardy[11]. In the end, violence in the workplace poses a significant threat to the accessibility and quality of care delivered to mothers and children.

The safeguards that are in place in poor nations like Pakistan are insufficient, despite the fact that there is widespread violence against medical staff. An Act that was passed in the province of Sindh in 2021 made assaults against healthcare facilities and staff members illegal[12]. Enforcement, on the other hand, continues to be poor. In this research, the prevalence of violence and the forms of violence that occur among healthcare personnel in Karachi are investigated. A study is conducted to investigate the connections between violence and the provision of maternal and child health services. The findings may be used to develop ways to reduce violence and increase the wellbeing of providers as well as the quality of treatment provided to paediatric and gynaecology patients.

Materials and Methods

Study Design and Setting

Over the course of a period of five months, beginning in February 2023 and ending in June 2023, a quantitative cross-sectional research was collected. In all, 414 healthcare professionals from 14 different hospitals in Karachi, Pakistan participated in the research. These providers were chosen at random throughout the city. Considering that paediatric and gynaecology emergency departments have been classified as high-risk workplaces for workplace violence, the purpose of this research was to particularly investigate healthcare practitioners who work in these departments.

Study Population

Within the Karachi metropolitan region, the population of the research was comprised of medical professionals who worked in the paediatric and gynaecology departments of publicly and privately owned institutions. A wide variety of healthcare personnel from a variety of locations were included in this sample with the intention of capturing their experiences.

Data Collection

The questionnaire used for data collection was meticulously crafted and pretested; it was adapted from prior research [4,7]. The

The respondents of this study completed a self-administered survey which collected extensive data on the following topics: sociodemographic characteristics, experiences of workplace violence, effects of violence on health and work performance, perspectives on addressing workplace violence, and perceived disruptions in the delivery of healthcare for mothers and children.

Quality Control Measures

Throughout the whole of the research process, strong quality control methods were employed in order to guarantee the reliability and consistency of the data that was gathered. To ensure that the questionnaire was clear, thorough, and easy to read, it was subjected to extensive testing before it was distributed. Furthermore, the individuals who were responsible for collecting the data were provided with extensive training on the delivery of the questionnaire as well as the management of data confidentiality.

Statistical Analysis

Sample Size Estimation: Before starting the research, a power analysis was carried out to ascertain an optimal sample size. The research took into account a prevalence rate of 38.5% for workplace violence among healthcare practitioners, a margin of error of 5%, and a target power level of 90%. The outcome was a determined sample size of 364. In order to accommodate the possibility of participants not responding, the research sought to enlist a total of 414 individuals.

Data analysis: Descriptive statistics were calculated and chisquare tests were conducted using SPSS version 21 to analyze the prevalence of workplace violence among healthcare practitioners and identify any significant associations between participant characteristics and the occurrence of such violence.

Ethical Considerations: The Shaheed Zulfikar Ali Bhutto Institute of Science and Technology (SZABIST) university ethics review board as well as the ethics review boards of the collaborating hospitals provided their ethical approval. Anonymity was guaranteed when informed permission was obtained. All participants received thorough and lucid information about the study and their rights as research subjects prior to participation. Every participant gave their informed permission, guaranteeing their voluntary involvement and comprehension of the study's goals.

Results

Over half of 414 respondents were doctors (55.3%) and nurses (14.5%) employed 1-7 years (63%) in pediatrics (61.6%). Most (94.2%) reported mental health issues from experiencing violence. Highest violence was verbal/psychological abuse (37.4%) and combined physical/verbal attacks (31.6%). Relatives were top perpetrators (42.8%) with daily (43.2%) or weekly (31.2%) occurrence.

Extensive impacts included absenteeism (87.9%), quitting intentions (51.9%) and leaving jobs (89.9%). Mental health disorders like PTSD were common (69.6%).

Statistically significant associations existed between violence types and impacts. Verbal/psychological abuse showed highest correlation with absenteeism (p=0.001) and burnout (p=0.001). Physical/verbal attacks significantly associated with increased absenteeism, quitting and lower departmental care quality (p=0.001). Most (61.8%) reported increasing pediatric/gynecology violence recently. Over half (53.1%) perceived patient care quality declined in these departments from violence and understaffing.

Table 1 shows the sociodemographic characteristics of the 414 respondents. Over half were doctors (55.3%) and nurses (14.5%) employed for 1-7 years (63%) in pediatrics departments (61.6%).





Table 1. Sociodemographic characteristics (n=414)		
Characteristic	n (%)	
Profession		
- Doctors	229 (55.3%)	
- Nurses	60 (14.5%)	
- Other	125 (30.2%)	
Duration of employment		
- 1-7 years	261 (63%)	
- ≥8 years	153 (37%)	
Department		
- Pediatrics	253 (61.1%)	
- Gynecology	161 (38.9%)	

Table 2. Violence types, perpetrators and venues of incident reported		
Characteristic	n (%)	
Type of violence		
- Verbal/psychological only	155 (37.4%)	
- Physical and verbal	131 (31.6%)	
- Other types	128 (31%)	
Top perpetrators		
- Relatives	177 (42.8%)	
- Patients/relatives/bystanders	64 (15.5%)	
- Other	173 (41.7%)	
Violence occurred		
- Daily	179 (43.2%)	
- Weekly	133 (32.1%)	
- Monthly	70 (16.9%)	
- Rarely	32 (7.7%)	

Table 3. Impacts of violence (n=414)	
Impact	n (%)
Mental health issues	
- Yes	390 (94.2%)
- No	24 (5.8%)
Absenteeism	
- Yes	364 (87.9%)
- No	50 (12.1%)
Intentions of quitting	
- Never	18 (4.3%)
- Rarely	32 (7.7%)
- Sometimes	117 (28.3%)
- Often	215 (51.9%)
- Always	32 (7.7%)
Left jobs due to violence	
- Yes	372 (89.9%)
- No	18 (4.3%)
- Maybe	24 (5.8%)
PTSD diagnosis	
- Yes	288 (69.6%)
- No	126 (30.4%)

Table 2 shows the most common violence types experienced were verbal/psychological abuse (37.4%) and combined physical/verbal attacks (31.6%). Relatives were the top perpetrators (42.8%) with frequent daily or weekly occurrence.

Table 3 shows the extensive impacts of violence experienced. Most reported mental health issues (94.2%), absenteeism (87.9%), intentions of quitting (51.9%) and leaving jobs (89.9%). Conditions like PTSD were also common (69.6%).

Significant associations existed between specific violence types and impacts like absenteeism and quitting intentions. Most respondents also reported violence increased recently in pediatric/gynecology departments, impacting care quality.

Discussion

Workplace violence against healthcare providers has emerged as a significant global concern, particularly in developing countries like Pakistan. This study provides compelling evidence of the pervasiveness of workplace violence among healthcare providers in Karachi, Pakistan, with a staggering 87.9% of respondents reporting having experienced some form of violence in the past year. Verbal/psychological abuse (37.4%) and physical assault (31.6%) were the most prevalent forms of violence encountered, highlighting the severity of the issue.

The findings of this study align with trends observed in other developing nations, where healthcare workers disproportionately high rates of violence. A systematic review found that up to 38% of healthcare workers in low and middle-income countries experience physical violence[6]. These alarming statistics underscore the urgent need to address this pervasive issue and protect the well-being of healthcare providers.

The study also sheds light on the detrimental consequences of workplace violence on healthcare providers. The significant associations found between specific violence types and key impacts, such as absenteeism, burnout, and intentions to leave, reveal the farreaching effects of unchecked violence. Healthcare workers experiencing abuse often exhibit impaired performance, low morale, and increased psychological distress, which ultimately impacts the quality of care they deliver[5].

A concerning aspect of the study's findings is the reported increase in violence within pediatric and gynecology departments. Most respondents indicated that violence has risen recently in these departments, negatively impacting patient care quality. This aligns with existing literature demonstrating that workplace violence poses a significant threat to maternal and child health services, which require a safe and supportive environment for both healthcare providers and patients[9,11].

Despite the enactment of the 2021 Sindh provincial law criminalizing violence against medical facilities and personnel, enforcement remains lax, and hospital prevention efforts are inadequate. This lack of stringent measures has exacerbated the crisis, leaving healthcare providers vulnerable to violence and hindering the effectiveness of maternal and child health services.

To effectively combat workplace violence, comprehensive multipronged interventions are essential. These interventions should include:

Strengthened enforcement existing of laws: Rigorous implementation of the Sindh provincial law, coupled with increased accountability for perpetrators, is crucial to deter violence and protect healthcare providers.

·Enhanced hospital security measures: Hospitals should implement stricter security measures, such as increased security personnel, surveillance systems, and access control protocols, to create a safer environment for healthcare providers and patients.

·Training in aggression and conflict management: Healthcare providers should receive comprehensive training in de-escalation techniques, conflict resolution strategies, and effective communication skills to prevent and manage potential violence situations.

·Community engagement and awareness raising: Engaging local communities through public education campaigns and awareness initiatives can foster a culture of respect and understanding towards healthcare providers, potentially reducing the likelihood of violence.

Establishing accountability through provincial oversight bodies: Implementing provincial oversight bodies responsible for monitoring and evaluating hospital violence prevention efforts can ensure accountability and promote continuous improvement.

By implementing these comprehensive measures, healthcare institutions and policymakers can effectively address workplace violence, safeguard the well-being of healthcare providers, and ensure the delivery of high-quality maternal and child health services.

Study strengths and limitations

This study offers several strengths, including its large sample size, representative nature, and comprehensive data collection. The use of a validated questionnaire further strengthens the reliability of the findings. However, the study also has limitations, including the reliance on self-reported data and the cross-sectional design, which precludes causal inferences.





Conclusion and Recommendations

Workplace violence against healthcare providers in Karachi, Pakistan, is a pressing issue with severe consequences for their mental health, work performance, and the quality of maternal and child healthcare services provided. Urgent action is needed to address this pervasive problem through a multipronged approach that encompasses stricter enforcement of existing laws, enhanced hospital security measures, training in violence prevention and management, community engagement, and accountability mechanisms. By prioritizing the wellbeing of healthcare providers, we can foster safer healthcare environments and ensure the continued delivery of high-quality maternal and child health services.

Supporting information

File 1: Questionnaire/tool (available upon request)

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Authors contribution

Conceptualization: MB Siddiqui. Data curation: All authors. Formal analysis: All authors. Funding acquisition: None.

Writing — original draft: All authors. Writing - review & editing: All authors.

All authors have read and agreed to the published version of the manuscript.

خلفىة

هناك مشكلة عالمية متزايدة تتعلق بالعنف في مكان العمل ضد ممارسي الرعاية الصحية. يتأثر نظام الرعاية الصحية ككل والموظف الفردي بشدة بهذا الأمر. كان الغرضٌ من هذا البحث هو تحديد مدى انتشار وطبيعة وعواقب العنف في مكان العمل الذي يواجهه العاملون في مجال الرعاية الصحية في أماكن تقديم خدمات صحة الأمومة والطفل في مدينة كراتشي العنيفة في باكستان.

تم إجراء دراسة كمية مقطعية بين 414 من مقدمي الرعاية الصحية من 14 مستشفى تم اختيارها عشوائياً في كراتشي. أكمل المشاركون استبيانًا ذاتيًا لتقييم تجاريهم مع العنف في مكان العمل، بما في ذلك نوع العنف والجناة والتكرار والتأثيرات على صّحتهم وأدائهم في

لقد واجه 87.9% من المتخصصين في الرعاية الصحِية عنفًا في مكان العمل، وكان الإساءة اللفظية/النفسِية (37.4%) والاعتداء الجسدي (£1.6%) هي الأكثر اُنتشارًا. كان العَنفَّ الأَكثر شيوعاً هو ارتكابَّ أقارب المرضَى (£2.8%)، وحدث يومياً (£43.2%) أو أُسبوعياً (£31.8%). كان للعنف آثَّار خطيرة، حيث تغيب 87.9% من مقدمي الخدمات، و51.9% يريدون الاستقالة، و69.66% يشعرون باضطراب ما بعد الصَّدمة. كما أدى العنف إلى انخفاض جودة علاج الأطفال وأمراض النساء.

يعد العنف في مكان العمل مشكلة خطيرة ومنتشرة بالنسبة لمقدمي الرعاية الصحية في كراتشي، وله عواقب وخيمة على رفاههم وجودة الرعاية التي يقّدمونها. هناك حاجة إلى اتخاذ إجراءات عاجلة لمعالجة هذه المشكلة، بّما في ذّلك إنفاذ القوانين الحالية بشكل أقوى، وتحسين إُجراءات أمن المستشفيات، وتدريب مقدمي الرعاية الصحية على استراتيجيات منع العنف وإدارته.

الكلمات المفتاحية: العنف في مكان العمل، مقدمو الرعاية الصحية، صحة الأم، صحة الطفل، جودة الرعاية الصحية

يس منظر

صحت کی دیکھ بھال کرنے والے پریکٹیشنرز کے خلاف کام کی جگہ پر تشددہونا ایک بڑھتا ہوا عالمی مسئلہ ہے۔ مجموعی طور پر صحت کی دیکھ بھال کا نظام اور انفرادی ملازم دونوں اس سے سخت متاثر ہیں۔ اس تحقیق کا مقصد کراچی، پاکستان کے پرتشدد شہر میں زچگی اور بچے کی صحت کی خدمات کی فراہمی کے اداروں میں صحت کی صہولیات مہیا کرنے والے کارکنوں پر کام کی جگہ پر ہونے والے تشدد کے پھیلاؤ، نوعیت اور نتائج کی نشاندہی کرنا تھا۔ طريقے

کراچی کے 14 تصادفی طور پر منتخب اسپتالوں سے 414 صحت کی دیکھ بھال فراہم کرنے والوں کے درمیان ایک کوانٹیٹیو کراس بکشنل سروے کیا گیا۔ شرکاء نے ایک خود زیر انتظام سوالنامہ مکمل کیا جس میں کام کی جگہ پر ہونے والے تشدد کے اپنے تجربات کی نشاندہی کی۔اس سروے میں بشمول تشدد کی اقسام، مرتکب افراد، تعداد، اور ان کی صحت اور کام کی کارکردگی پر اثرات بھی نتائج

حیراًن کن بات ہے کہ، تقریباً %87.9 صحت کی دیکھ بھال کرنے والے پیشہ ور افراد کو کام کی جگہ پر تشدد کا سامنا کرنا پڑا ہے، جس زبانی/نفسیاتی زیادتی (37.9%) اور جسمانی حماہ (33.16%) سب سے زیادہ پایا جاتا ہے۔ تشدد عام طور پر مریضوں کے لواحقین (42.9%) کے ذریعے کیا جاتا تھا اور روزانہ (43.2%) یا ہفتہ وار (31.2%) ہوتا تھا۔ تشدد کے سنگین اثرات تھے، 87.9% فراہم کنندگان غیر حاضر تھے، 51.9% مستعفی ہونا چاہتے تھے، اور %PTSD 69.6% کا شکار تھے۔ تشدد نے بچوں اور امراض نسواں کے علاج کے معیار کو بھی کم کر دیا۔ حاصلات

کام کی جگہ پر تشدد کراچی میں صحت کی دیکھ بھال فراہم کرنے والوں کے لیے ایک سنگین اور وسیع مسئلہ ہے، جس کے ان کی فلاح و بہبود اور ان کی فراہم کردہ دیکھ بھال کے معیار پر سنگین نتائج برآمد ہوتے ہیں۔ اُس مسئلے کو حل کرنے کے لیے فوری کارروائی کی ضرورت ہے، جس میں موجودہ قوانین کا مضبوط نفاذ، ہسپتال کے حفاظتی اقدامات میں بہتری، اور صحت کی دیکھ بھال فراہم کرنے والوں کے ۔ لیے تشدد کی روک تھام اور انتظامی حکمت عملیوں کی تربیت شامل ہے۔

مطلوبہ الفاظ: کام کی جگہ پر تشدد، صحت کی دیکھ بھال فراہم کرنے والے، ماں کی صحت، بچوں کی صحت، صحت کی دیکھ بھال

背景

针对医疗保健从业人员的工作场所暴力问题日益成为全球性问题。整个医疗保健系统和员工个人 都受到了沉重打击。本研究的目的是确定巴基斯坦暴力大都市卡拉奇的妇幼保健服务机构中医护 人员遭遇工作场所暴力的普遍性、性质和后果。

对来自卡拉奇 14 家随机选择的医院的 414 名医疗保健提供者进行了一项定量横断面研究。参与 者完成了一份自填问卷,评估他们在工作场所暴力的经历,包括暴力类型、施暴者、频率以及对 他们的健康和工作表现的影响。

结果

令人震惊的是,87.9% 的医疗保健专业人员遭遇过工作场所暴力,其中言语/心理虐待 (37.4%) 和 身体攻击 (31.6%) 最为普遍。暴力行为最常见的是患者亲属(42.8%),每天(43.2%)或每周(31.2%)发生。暴力造成了严重影响,87.9% 的提供者缺席,51.9% 的提供者希望辞职, 69.6% 的提供者感到创伤后应激障碍 (PTSD)。暴力还降低了儿科和妇科的治疗质量。

结论

对于卡拉奇的医疗保健提供者来说,工作场所暴力是一个严重而普遍的问题,对其福祉和所提供 的护理质量造成严重后果。需要采取紧急行动来解决这一问题,包括加强现有法律的执行、改进 医院安全措施以及对医疗保健提供者进行暴力预防和管理策略方面的培训。

关键词:工作场所暴力、医疗保健提供者、孕产妇健康、儿童健康、医疗质量

Arrière-plan

Il existe un problème mondial croissant lié à la violence au travail contre les professionnels de la santé. Le système de santé dans son ensemble et les salariés en sont durement touchés. Le but de cette recherche était d'identifier la prévalence, la nature et les conséquences de la violence au travail rencontrée par les travailleurs de la santé dans les contextes de prestation de services de santé maternelle et infantile dans la métropole violente de Karachi, au Pakistan.

Méthodes

Une étude transversale quantitative a été menée auprès de 414 prestataires de soins de santé de 14 hôpitaux sélectionnés au hasard à Karachi. Les participants ont rempli un questionnaire auto-administré évaluant leurs expériences de violence au travail, y compris le type de violence, les auteurs, la fréquence et les impacts sur leur santé et leur rendement au travail.

Résultats

Il est choquant de constater que 87.9 % des professionnels de la santé ont été confrontés à de la violence au travail, la violence verbale/psychologique (37.4 %) et les agressions physiques (31.6 %) étant les plus répandues. La violence était le plus souvent commise par les proches des patients (42.8 %) et se produisait quotidiennement (43.2 %) ou hebdomadairement (31.2 %). La violence a eu de graves conséquences, avec 87.9 % des prestataires absents, 51.9 % souhaitant démissionner et 69.6 % ressentant le SSPT. La violence a également dégradé la qualité des traitements pédiatriques et

La violence sur le lieu de travail est un problème grave et omniprésent pour les prestataires de soins de santé à Karachi, avec de graves conséquences sur leur bien-être et la qualité des soins qu'ils prodiguent. Une action urgente est nécessaire pour résoudre ce problème, notamment une application plus stricte des lois existantes, de meilleures mesures de sécurité dans les hôpitaux et une formation des prestataires de soins de santé aux stratégies de prévention et de gestion de la violence.

Mots-clés: violence au travail, prestataires de soins, santé maternelle, santé infantile, qualité des soins de santé

Абстрактный

Фон

В мире растет проблема насилия в отношении медицинских работников на рабочем месте. От этого сильно страдает как система здравоохранения в целом, так и отдельные работники. Целью этого исследования было распространенность, характер и последствия насилия на рабочем месте, с которым сталкиваются работники здравоохранения в учреждениях по охране здоровья матери и ребенка в жестоком мегаполисе Карачи, Пакистан.

Количественное перекрестное исследование было проведено среди 414 медицинских работников из 14 случайно выбранных больниц Карачи. Участники заполнили анкету для самостоятельного заполнения, оценивая свой опыт насилия на рабочем месте, включая тип насилия, виновных, частоту и влияние на их здоровье и производительность труда.

Полученные результаты

Шокирующие 87,9% медицинских работников сталкивались с насилием на рабочем месте, причем наиболее распространенными являются словесные/психологические оскорбления (37,4%) и физическое насилие (31,6%). Насилие чаще всего совершалось родственниками пациентов (42,8%) и происходило ежедневно (43,2%) или еженедельно (31,2%). Насилие имело серьезные последствия: 87,9% поставщиков медицинских услуг отсутствовали, 51,9% хотели уйти в отставку, а 69,6% испытывали посттравматическое стрессовое расстройство. Насилие также снизило качество педиатрического и гинекологического лечения.

Насилие на рабочем месте является серьезной и широко распространенной проблемой для медицинских работников в Карачи, имеющей серьезные последствия для их благополучия и качества предоставляемой ими помощи. Для решения этой проблемы необходимы срочные действия, включая более строгое соблюдение существующих законов, улучшение мер безопасности в больницах и обучение медицинских работников стратегиям предотвращения и управления насилием.

Ключевые слова: насилие на рабочем месте, медицинские работники, здоровье матери, здоровье ребенка, качество здравоохранения.





ABSTRACTO

Fondo

Existe un problema mundial cada vez mayor con la violencia en el lugar de trabajo contra los profesionales de la salud. Esto afecta gravemente al sistema sanitario en su conjunto y a cada uno de sus empleados. El propósito de esta investigación fue identificar la prevalencia, la naturaleza y las consecuencias de la violencia en el lugar de trabajo que enfrentan los trabajadores de la salud en entornos de prestación de servicios de salud maternoinfantil en la violenta metrópolis de Karachi, Pakistán.

Métodos

Se realizó un estudio transversal cuantitativo entre 414 proveedores de atención médica de 14 hospitales seleccionados al azar en Karachi. Los participantes completaron un cuestionario autoadministrado que evaluaba sus experiencias de violencia en el lugar de trabajo, incluido el tipo de violencia, los perpetradores, la frecuencia y los impactos en su salud y desempeño laboral.

Resultados

Un sorprendente 87,9% de los profesionales de la salud han sufrido violencia en el lugar de trabajo, siendo el abuso verbal/psicológico (37,4%) y la agresión física (31,6%) los más frecuentes. La violencia fue cometida con mayor frecuencia por los familiares de los pacientes (42,8%) y ocurrió diariamente (43,2%) o semanalmente (31,2%). La violencia tuvo efectos graves: el 87,9% de los proveedores estaban ausentes, el 51,9% quería dimitir y el 69,6% sentía trastorno de estrés postraumático. La violencia también redujo la calidad del tratamiento pediátrico y ginecológico.

Conclusiones

La violencia en el lugar de trabajo es un problema grave y generalizado para los proveedores de atención médica en Karachi, con graves consecuencias para su bienestar y la calidad de la atención que brindan. Se necesitan medidas urgentes para abordar este problema, incluida una aplicación más estricta de las leyes existentes, mejores medidas de seguridad hospitalaria y capacitación para los proveedores de atención médica en estrategias de prevención y manejo de la violencia.

Palabras clave: violencia en el lugar de trabajo, proveedores de atención médica, salud materna, salud infantil, calidad de la atención médica.

Key messages

- This study provides first quantitative data on alarming prevalence (87.9%) of violence against medical staff in Karachi Pakistan.
- Our study reveals severe impacts on provider health, absenteeism, turnover, and patient care quality.
- The study highlights lack of law enforcement and poor hospital security as key issues fueling crisis.
- The evidence from our study calls for urgent legal reforms, enhanced security measures, de-escalation training, community engagement, and oversight to tackle escalating violence
- The study adds significantly to limited evidence on workplace violence against healthcare workers in developing countries.

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