SHORT ARTICLE

Mental Health among Health Care Providers due to Workplace Violence

[1]Sunita Patel, [2]Ashish Mishra, [3]Arindam Maiti, [4]Arvind Sharma, [5]Ankur Nayan, [6]Jagmohan Singh Dhakar

[1,2,3,4,6]Department of Community Medicine, Netaji Subhash Chandra Bose Medical College, Jabalpur, Madhya Pradesh
[5]Department of Psychiatry, Netaji Subhash Chandra Bose Medical College, Jabalpur, Madhya Pradesh

CORRESPONDING AUTHOR
Dr Arvind Sharma, Professor, Department of Community Medicine, Netaji Subhash Chandra Bose Medical College, Nagpur Road, Jabalpur, Madhya Pradesh – 482003
Email: drarvindsharmajbp@yahoo.co.in

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ABSTRACT

Background: Workplace Violence (WPV) is experienced among healthcare providers (HCP) in all types of healthcare setting leading to worsening of mental health as an aftermath. **Aim & Objective:** To assess the effect on mental health due to the type of violence experienced and their responses to overcome such among healthcare providers. **Study setting and Design:** A cross-sectional study was conducted in a Tertiary care hospital of Jabalpur, Madhya Pradesh. **Material and Method:** The study was conducted by a pre-tested and self-structured questionnaire via face-to-face interview method for 6 months period among 285 health care providers. **Statistical analysis:** Data entered in MS-Excel and analysed using IBM-SPSS v23.0 software. **Results:** It was observed that 125(43.85%) of the HCP developed fear of work, 116(40.7%) experienced nightmares and 32(11.2%) difficult to sleep post WPV. HCP with job experience of ≤ 5 years majority had to undergo counselling session along with Psychiatric consultation. **Conclusions:** Junior Residents those experienced verbal violence majority developed fear of work, post-traumatic stress symptoms and trouble in sleep may be due to less experience and poor coping skills.

KEYWORDS

Workplace Violence; Mental Health; Fear; Post-Traumatic Stress Symptoms; Difficult to Sleep.

INTRODUCTION

Workplace violence (WPV) is experienced among healthcare providers (HCP) in all types of healthcare setting leading to worsening of mental health as an aftermath.(1) WPV is now considered as a major occupational hazard.(2) As per Indian Medical Association (IMA) violence against doctors is on increasing trend with around 75% already experienced such, making safety among doctors a serious concern with younger and less experienced ones are more vulnerable. (3,4)

The aftermath of WPV leads to worsening of mental health among HCV such as feeling of fear, depression, anxiety, sense of insecurity, suicidal thoughts, helplessness, sleep disturbances, stress symptoms and poor quality of life. (5,6)

The rising burden of WPV among HCP is a matter of concern nowadays as it leads to reduction in work efficiency among them affecting the harmony of the working environment of a health care facility. Though strict legislations and acts have been passed for the protection of HCP with strict punishment against those who commit such in India recently, still these incidents are common. There are very limited studies on effect of mental health along with their prevailing responses adopted among healthcare providers due to workplace violence with no such studies in Madhya Pradesh.

Aim & Objectives: To find out the effect on mental health due to various type of violence experienced with their prevailing responses adopted by the HCP working in Tertiary care Hospital, Jabalpur.

MATERIAL & METHODS

Study design: Cross-sectional.

Study setting: Tertiary care hospital of Jabalpur.

Study population: Senior residents, Junior residents and Nursing staffs.

Sample size and sampling technique: Among total 963 registered HCP in the hospital, 285 participated in the study which was the sample size. The participants were selected convenient sampling technique as per availability and feasibility of them.

Inclusion criteria: HCP who had job experience of ≥ 1 year.

Exclusion criteria: HCP with job experience < 1 year, unwillingness to participate, those on extended leave, unavailable during the time of interview and those who gave incomplete information were excluded from the present study.

Study duration: The present study was conducted for a period of 6 months.

Data collection procedure: Data collection was done by a pre-tested and self- structured questionnaire, which consisted of information such as Socio-demographic profile of the healthcare providers, work-experience, information regarding the violence faced, mental health effect post violence and the prevailing responses adopted by them face-to-face interview method among HCP after explaining the rationale behind the study to them. Prior to the data collection, a pilot study was conducted among 30 HCP for validation of the questionnaire. Data confidentiality was maintained and was used only for research purpose

Ethical issues and Informed consent: The present study was approved by the Institutional Ethical Committee (IEC) (No. IEC/2022/8883, Jabalpur dated on September 12, 2022). A written informed consent was obtained from the study participants prior to interview which was both in English and vernacular language (Hindi), taken as per convenience.

Statistical analysis: Data was entered in MS-excel and statistical analysis was done by using IBM-SPSS version 23.0 software (IBM Corp. Released 2015. IBM SPSS Statistics for windows, Version 23.0 Armonk NY: IBM Corp.) Results were obtained by applying tests of significance (chi-square test and Fischer Exact test) and were interpreted by means of frequencies, percentages, odds ratio (at 95% confidence interval) and p- value (at $p<0.05$ for significant).

RESULTS

In this study, among 285 HCP mean age was found to be 31.68±4.48 years (M±SD). Maximum belonged to age group of ≤ 30 years 160(56.1%), while rest belonged to ≥ 30 years 125(43.9%). It was noted that females were predominant 173(60.7%), while 112(39.3%) males. In this study majority were Junior Residents 148(52%), followed by nursing staff 105(36.8%) and 32(11.2%) as Senior Residents. It was observed that majority had job experience of ≤ 5 years 183(64.2%), 63(22.1%) of 6-10 years, while 39(13.7%) of ≥ 11 years.

It was noted that 227(79.6%) of the HCP experienced violence. Among them 48(16.8%) were from Medicine Department, 38(13.3%) from Paediatrics, 36(12.6%) from Obstetrics and Gynaecology, 30(10.5%) from Surgery, 25(8.8%) from Casualty, 18(6.3%) from Orthopaedics, 10(3.5%) from Otorhinolaryngology (Ear, Nose Throat), 8(2.8%) both from Anaesthesia and Pulmonary Medicine, 4(1.4%) from Psychiatry and 2(0.7%) from Ophthalmology.

The questionnaire that was used to find out the effect of mental health due to violence has acceptable internal consistency having Cronbach's alpha value of 0.79.

Table 1 The effect on mental health of healthcare providers who experienced violence and who did not face violence (N=285)

SN.	Effect on mental health		Violence experienced		OR (95% CI)	X^2 test	p-value
			Yes n (%)	No n (%)			
1.	Sad mood/unhappiness/not able to concentrate	Yes	28(9.8%)	5(1.8%)	1.49(0.55 – 4.05) *	0.312	0.57
		No	199(69.8%)	53(18.6%)			
2.	Fear of work	Yes	112(39.3%)	13(4.6%)	3.37(1.72 – 6.58) *	12.53	0.001 **
		No	115(40.4%)	45(15.7%)			
3.	Irritability during work	Yes	31(10.9%)	11(3.8%)	0.67(0.31– 1.44)	0.65	0.42
		No	196(68.8%)	47(16.5%)			
4.	Difficulty to sleep	Yes	23(8.1%)	9(3.1%)	0.61(0.26 – 1.41)	0.86	0.35
		No	204(71.6%)	49 (17.1%)			
5.	Headache	Yes	36 (12.6%)	12 (4.2%)	0.72(0.35 – 1.49)	0.49	0.49
		No	191 (67%)	46 (16.1%)			

6.	Fatigability	Yes No	33 (11.6%) 194 (68.1%)	10 (3.5%) 48 (16.8%)	0.82(0.37 – 1.77)	0.05	0.76
7.	Feeling of leaving the job	Yes No	19 (6.66%) 208 (73%)	7 (2.45%) 51 (17.89%)	0.66(0.26 – 1.66)	0.38	0.53
8.	Nightmares	Yes No	95 (33.3%) 132 (46.3%)	21 (7.4%) 37 (13%)	5.24(2.28 – 12.06) *	0.39	0.001**
9.	Post-traumatic stress	Yes No	58 (20.4%) 169 (59.3%)	18 (6.3%) 40 (14%)	0.76(0.40 – 1.43)	0.45	0.49

*X^2 – Chi-square test; OR- odds ratio; * OR >1- association present; **p-value significant at p < 0.05*

As per table 1, it was found that out of 285 those experienced violence, 112 (39.3%) had fear of work and 13(4.6%) had fear of work who did not face violence, 95(33.3%) experienced nightmares who faced violence and 21(7.4%) experienced nightmare who did not face violence, result was found to be associated and significant for both.

Table 2 Effect on mental health among healthcare providers with the type of violence. (N= 227)

SN	Effect on mental health		Type of violence experienced		OR (at 95% CI)	X2 test	P- value
			Physical and verbal type n (%)	Verbal type n (%)			
1.	Sad mood/unhappiness/not able to concentrate	Yes No	10(4.4%) 50(22%)	18(8%) 149(65.6%)	1.65(0.72 – 3.82) *	0.92	0.33
2.	Fear of work	Yes No	30(13.2%) 30(13.2%)	82(36.1%) 85(37.4%)	1.03(0.57 – 1.87) *	0.00	1.00
3.	Irritability during work	Yes No	10(4.4%) 50(22%)	21(9.3%) 146(64.3%)	1.39(0.61 – 3.15) *	0.32	0.56
4.	Difficulty to sleep	Yes No	10(4.4%) 50(22%)	13(5.7%) 154(67.8%)	2.37(0.97 – 5.73) *	2.91	0.08
5.	Headache	Yes No	6(2.6%) 54(23.8%)	30(13.2%) 137(60.4%)	0.51(0.19 – 1.28)	1.54	0.21
6.	Fatigability	Yes No	8(3.5%) 52(23%)	25(11%) 142(62.5%)	0.87(0.37– 2.06)	0.01	0.92
7.	Feeling of leaving the job	Yes No	2(0.9%) 58(25.5%)	17(7.5%) 150(66.1%)	0.30(0.07 – 1.36)	1.88	0.17
8.	Nightmares	Yes No	20(8.9%) 40(17.6%)	75(33%) 92(40.5%)	0.61(0.33 – 1.13)	1.97	0.16
9.	Post-traumatic stress	Yes No	12(5.3%) 48(21.1%)	46(20.3%) 121(53.3%)	0.65(0.32 – 1.35)	0.95	0.33

*X^2 – Chi-square test; OR- odds ratio; * OR >1- association present; **p-value significant at p < 0.05*

As per Table 2, It was found that healthcare providers who experienced violence majority were suffering from fear of work, while least with feeling of leaving their job due to violence. It was observed that those suffering from post- traumatic stress symptoms, fatigability and leaving the job due to violence had association present but insignificant result.

It was observed that among 227, who experienced violence, 80(35.24%) had to take Psychiatric opinion as prevailing response due to effect on mental health, while rest i.e. 147(64.75%) did not. Among these 80, 60(75%) had to undergo counselling session while 20(25%) had to take medication along with counselling, 58 healthcare providers who did not experience violence they did not take any psychiatric medication and counselling It was noted that majority of the HCP with job experience of ≤ 5 years attended only counselling session along with both i.e. counselling and took medication, the result is found to be significant, for both cases. Those with experience of ≥ 11 years, did not take medication but attended counselling sessions, the result is found to be significant.

Discussion

In the present study female HCP experienced physical violence, which is similar to a study by Kitaneh M and Hamdam M. (7) But, dissimilar results were observed by Tawiah P A et. al. 8 where females experienced more violence. In this study the junior Residents with job experience of ≤ 5 years experienced more violence than that of seniors with job experience of ≥ 11 years which may be due to relatively lesser experience in skills for communication, handling of pressure, managing conflicts and lower level of trust upon them from the patients' attenders. Similar results were noted in studies done by Tawiah P A et al.(8)

In this study it was noted that majority of the HCP experienced violence from Medicine department followed by Paediatrics and then from Obstetrics and Gynaecology, which may be due to patient load in the respective departments, as majority patients visit Medicine, Paediatrics and then Obstetrics and Gynaecology in a tertiary care hospital. However dissimilar findings were noted in study done by Xiao Y et. al. (9), where majority experienced violence in Medicine Department, followed by Surgery and then in Emergency department which may be due to different study area and setting.

It was noted that in the present study, maximum of the HCP suffered fear from work, followed by post-traumatic stress symptoms, fatigability and irritability during work. The majority of them adopted prevailing responses by means of counselling who suffered from feeling of post-traumatic stress symptoms, followed by feeling of leaving job, while counselling along with medication was adopted majority suffering from disturbed sleep followed by headache after the incident. The findings are similar to Hong S et. al.(10) This may be because of not developing coping skills among healthcare providers and they had to adopt counselling session to overcome this. In this study it was noted that less percentage of healthcare providers developed the feeling of sad/unhappiness/not able to concentrate during work, difficulty in sleeping and leaving their job in comparison to other effects of mental health. However, dissimilar findings were noted in study done by Tawiah P A et al.(8) where majority suffered from stress symptoms post incident. Again, study by Zhong D et. al.(11) revealed that 46.01% and 27.88% suffered from feeling of sad mood/unhappiness and not able to concentrate during work respectively. It was observed that the healthcare providers with job experience of ≤ 5 years, maximally took medication and attended psychiatric counselling sessions to develop coping skills, rather than that of ≥ 11years due to more experience of job in handling situations.

Conclusion

Junior residents have the maximum effect on mental health post verbal form of WPV due to reasons like unhealthy relationship among colleagues, lacunae of support from family and society, less experience and inability to develop coping skills than that of seniors causing inability to overcome from such situations.

Recommendation

There must be counselling session regarding improvement on mental health by improving their coping skill among the healthcare providers who experience any form of violence. Last but not the least, there must be provision of Counsellor from Grievances wing, Student's welfare department for healthcare providers.

Limitation of the Study

The present study was conducted at a single tertiary care hospital, so the results cannot be generalised, therefore a multi-centric trial study is required in near future. Moreover, any scale with Likert type on mental health could be applied upon the healthcare providers for better assessment.

Relevance of the Study

It is essential to conduct this kind of study regarding the effect on mental health due to various type of violence experienced with their prevailing responses adopted by the healthcare providers working in Tertiary care Hospital, Jabalpur. By gaining the knowledge regarding assessment of mental health and their prevailing responses adopted by the healthcare providers will help to bridge the gap regarding mental health after violence and the various measures that can be implemented by hospital administration for improvement of mental health and development of various coping skills at an individual level

Authors Contribution

All authors have contributed equally.

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Conflict of Interest

There are no conflicts of interest.

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Declaration of Generative AI and AI Assisted Technologies in the Writing Process

The authors haven't used any generative AI/AI assisted technologies in the writing process.

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