ORIGINAL ARTICLE

Are Health Caregivers safe from workplace violence? A cross sectional study on workplace safety from Tertiary Care Hospital of Uttarakhand

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Abstract

Background: The prevalence of workplace violence in the healthcare sector is a problem that is frequently ignored and underreported. The performance of healthcare workers who have been the target of violence may suffer, which may have a negative effect on patient satisfaction and health. **Aims & Objectives**: The purpose of the current study was to determine the prevalence of workplace violence (WPV), risk factors for violence against healthcare workers, and their experiences regarding the same. **Methodology**: It was a cross-sectional study conducted on 157 hospital staff at Tertiary Care Medical College of Uttarakhand. Data was gathered using a semi-structured, self-administered questionnaire that was modified from the ILO, ICN, WHO, and PSI. Data were analyzed using SPSS software (version 20). **Results**: Factors like age, gender, job profile, lesser work experience, night shifts, and fewer staff on duty were found to have a positive association with workplace violence. It was observed that the majority of incidents took place in the ward, and the patient's relatives were the attacker in most of the cases. It was also seen that the majority of Hospital staff did not get bothered by the incident except by staying super alert while dealing with other patients or their relatives. **Conclusion**: The study concludes that while caring for patients, Hospital staff are at risk of being victims of aggressive and violent situations. To reduce this problem, strategies like training staff in order to handle such incidents in the future should be brought into practice. Laws should be made stricter & assaulting staff on duty should be made a cognizable offense with serious consequences & heavy penalties. Also, the young budding MBBS students should be trained by incorporating these strategies, laws & policies in the CBME curriculum

Keywords

Health Personnel; Healthcare Workers; Medical Staff; Curriculum; Workplace Violence

Introduction

According to the WHO, instances of workplace violence include "incidents where staff members are mistreated, intimidated, or assaulted in circumstances relevant to their jobs, especially on the way to and from work, involving explicit or implicit challenges to their safety, well-being, or health." (1) Aggression and workplace violence (WPV) is considered to be serious occupational dangers in healthcare settings all over the world, and they have recently attracted attention in both industrialised and developing nations. (2,3) The most notable type of occupational violence in the healthcare sector is "Patient and Visitor Violence (PVV)".(4,5) It encompasses physical actions that could endanger life or cause property damage in addition to verbal and nonverbal abuse. (6) Violence

against healthcare employees has a detrimental influence on not only their psychological and physical well-being but also on their motivation level at the workplace. (7) WPV should not be neglected as it may affect the standard of care and the healthcare system as a whole. (8)As there is a paucity of studies on the healthcare organization's safety culture or its function in shielding employees from potential violence-related injury. Hence in present circumstances, the present study is the need of the hour. (9)

Aims & Objectives

1. To assess the prevalence and experiences of Hospital Personnel working in the tertiary care hospital regarding workplace violence.
2. To identify the risk factors contributing to workplace violence.

Material & Methods

The present study was conducted on 157 Hospital Staff working in the tertiary care hospital of Dehradun, Uttarakhand after obtaining written informed consent from the participants

Study Settings- Tertiary Care Hospital of North India

Study Design- Hospital-based cross-sectional study

Type of Study- Observational Study

Study Population- Hospital staff (Doctors, Nurses, Attendants, Security Guards) working in the Tertiary Care Hospital

Study Tool –Data was obtained using a semi-structured self-administered questionnaire derived from the ILO/ICN/WHO/PSI (10) and pretested on hospital workers who were not involved in the study.

The questionnaire was divided into the following sections:

Section A- The first section had questions regarding study participants' personal and professional traits

Section B-The second section included details on physical violence at the workplace in the last 12 months

Section C- Contained information on psychological violence (Emotional abuse) and had subsections:

a) C I -First part is related to Verbal abuse & its details
b) CII- Second part is related to Bullying/Mobbing
c) C III- Third part has details on Racial Harassment

The primary question of interest in Section B and Section C was whether in the last 12 months the respondent had faced violence in the workplace.

The response to some of the questions that were asked in each subsection was based on a 5-point Likert scale having responses as Not at all, a little bit, moderately, quite a bit, and extremely, whereas some were based on a score weightage of 1 2 3 4 5 for a scale of very dissatisfied to highly satisfied

Section D- Information on Health policies related to workplace violence

Section E- Open-ended questions on opinions regarding workplace violence

Study Period- 6 months

Sample Size – Taking into consideration the feasibility issues without compromising on the validity, it was decided to have a minimum of 150 participants in the study.

Sampling Technique - Non-probability sampling technique was used. A list of all doctors, nurses, attendants & security guards working in the Tertiary Care Hospital of North India for at least 12 months was obtained from the HR Department of the hospital. Study participants were enrolled in the study through e-mails and other social platforms The study participants were requested to forward the link of the google form survey to their colleagues to obtain more participants in the study. They were given the duty of completing the questionnaire throughout their working hours with consideration for their convenience

Inclusion Criteria-

1. Respondent who was working in the Hospital for the last 12 months
2. Respondent who had smartphones and was a social media user
3. Respondent who gave consent to participate in the study

Exclusion Criteria- If >10% of the data was missing in the form.

Pre-testing and validation- Before starting the data collection, a pilot study was conducted on 10 hospital personnel for clarity and comprehension using google forms. Based on the responses from the pilot study, necessary changes were done before commencing the study. The main study did not incorporate the pilot study's data. With, all the necessary instructions, google forms were forwarded via WhatsApp, Facebook, and e-mails.

Ethical Consideration- Before beginning the study, authorization was sought from the Institutional Ethical Committee. Permission from the Medical Superintendent, Head of the Department was obtained. As the data was collected through Google Forms, study participants were requested to give confirmation through a consent form before filling up the form. Study participants were directed through a brief description regarding the study at the beginning of the google form. Privacy and confidentiality of the collected information were ensured. To keep a check on the validity of the data collected, 10% of it was cross-checked by the supervisors from time to time. The whole process of data collection was monitored by the supervisors. Ref No: SRHU/HIMS/RC/2022/198 dated 02/07/2022)

Statistical analysis. All of the survey questionnaires were personally reviewed, coded, and entered into an excel file before being exported to SPSS version 20 for analysis of possible explanatory variables. Percentages, graphs, and tables were used in descriptive analyses to describe frequency. The degree of association was determined using the chi-square test with a p-value of 0.05 in the 95 percent confidence range.

Results

Figure 1 shows that Doctors have faced maximum violence (76.5%) followed by Nurses (48.4), Attendants (42.8%) & Security Guards (30.6%) respectively. Verbal violence was found to be the maximum among all types of violence. Figure 2 depicts that violence was more amongst female study participants (62.8%) as compared to male participants (32. 9%). All forms of violence were higher among female participants i.e., verbal violence (46.9%), Physical violence (3.6%) Bullying (6%) & Racial harassment (2.4%). Table 1 shows that almost half of the violence was found in the 25-29 years age group (46.7%), among females (65.3%) & those who were Hindus by religion (84%). Also, it was higher among married participants (62.7%) & those staying in a nuclear family (72%). The spouses of the majority of study subjects were working in the same hospital (31.9%). Table 2 depicts that workplace violence was greater among those participants who had working experience of less than 5yrs, had night duties (89.3%), & when the no. of staff posted at the time of duty was less (62.7%). Table 3 shows that most of the study participants were victims of violence only sometimes in the last 12 months (61.3%). In the majority of the cases, the patient's relatives were the perpetrators (53%), followed by the patient themselves (25%), ward was the commonplace of violence in the majority of the incidents (53.3%). Table 4 shows that the majority (40.7%) of the study participants reported the violence incidence to their seniors and those who didn't report felt it useless (52.5%). Figure 3 depicts that majority of the study participants were not bothered in any way regarding the incident, while 48% were super alert or watchful after the incident. Almost 40.7% of the study participants reported the incident to their senior & 3.4% to their union/association. 28.8% asked the attacker to stop or tried to defend themselves, and 16.1% told the incident to their family/friends or colleagues. Also, the reason for not reporting the incident, was that majority found it to be useless or not important (52.5%) Table 5 depicts that 72% of study participants felt that the incident could have been prevented, in 69.3% of cases of the incident, the action was taken to investigate the incident, of which in 67.3% of the action of the case was taken by management. In the majority of the cases, a verbal warning was issued (53.3%) followed by discontinuation of care (28.3%) Figure 4 depicts that 53.8% of the study participants were satisfied with the way in which the incident was handled.

Discussion

A total of 47.8% of hospital staff has faced at least one form of violence in the last 12 months, of which the majority had encountered Verbal violence (40.1%), followed by physical violence (3.2%) & bullying (3.2%) & racial harassment (1.2%) respectively. Our study findings corroborate well with a study at South Delhi by Kumar M. (11) About 71% of doctors (47.02%) said they had been victims of violence in the last 12 months, whereas it was lower as compared to a study by Pund S (12) where the overall prevalence of WPV in the last 12 months was found to be 63.41%. Further, the proportion of "verbal abuse" was found to be 62.20%, while that of physical assault" was found to be 3.66% respectively, which is quite similar to our study findings where verbal abuse was highest among all the violence but it was lower than Pund S study (12), whereas the prevalence of Physical violence is similar to our study. As discovered in another study by J Farooq et al (13) and another Bangladesh study by Hasan et al (14), Verbal abuse has a higher prevalence than other forms of violence, however, this is not a universal phenomenon. Physical assault accounted for 96 % of the incidents, while verbal abuse accounted for 43.5 % and 4%, respectively. The lack of safety safeguards on hospital grounds, where patients or their families feel more powerful than the experts on duty, can explain how verbal abuse escalates into a physical assault. This is especially typical during evening and night shifts.

It was found that females (62.8%) have faced all types of violence more than males, (32.9%) highest being the verbal violence. Similar findings were recorded by Kumar M in Delhi, where female doctors suffered at a higher rate (51%) than male doctors. (11.) Also, an Ethiopian study by Yenealem, found that Females were most exposed to all forms of workplace violence (15). In contrast to our findings, male nurses were more exposed to violence according to an Egyptian study (16) & a Chinese study by Tian. (17)

It was observed that overall workplace violence was faced by the majority of doctors (59%) followed by Nurses (48%), Attendants (42%) & Security Guards (38%). Whereas, Verbal violence was more among Nurses & physical violence was almost equal among doctors. Corroborative findings were found by Zafar W et al at Karachi (18) where 72.5% of physicians and nurses reported having been verbally abused in the last 12 months. A most possible explanation could be nurses are the front-line personnel at hospitals, where patients and their families spend the majority of their time with them, hence they are most at risk of facing such violence.

Regarding the type of violence, maximum staff has faced verbal violence which, nurses followed by security guards have faced to the maximum. The prevalence of Physical violence & Bullying was found to be the same, with Physical violence being equal among both doctors & nurses & bullying being more among doctors. Similar findings were noted by Sinha AA in Saudi Arabia (19) who also found verbal abuse to be the most common type of violence encountered in the hospital & nurses to be more predisposed to the acts of violence as compared to doctors. According to a study conducted in Ethiopia, working as a nurse or midwife raised the risk of being a victim of workplace violence by nearly four times when compared to working as a physician, whereas few recent

studies have found the risk to be almost equal amongst doctors & nurses, contrary findings were found in another study by Talas MS at Turkey (20) whereas verbal abuse was highest among housekeepers (90.9%) and security officers (90.6%)

It was observed that the majority of the violence was seen amongst the 25-29 years of age group & a decreasing trend was found with increasing age. Our study findings are well supported by Kumar M in Delhi (11) & Mehta R in Nepal (21). The pattern was similar for other types of violence as well whereas in a study in Turkey (20) younger Staff members were more exposed to verbal threats and older staff members were exposed to physical assaults more often. Similarly, with increasing years of experience, the rate of violence decreases, which corroborates with the findings of Zafar W et al in Karachi (18) & in Ethiopia (15) the most probable reason for our findings may be that younger staff members may lack sufficient maturity to handle these issues quite well, resulting in violence. Also, patients give more respect to people of a particular age rather than youngsters whom they consider immature.

It was also seen that hospital staff working night shifts were more prone to become victims of violence. synonymous findings were reported by studies done in China (22) & Ethiopia (15) where Night shift workers are more likely to be victims of workplace violence than their day shift counterparts. Also, violence was found to be directly proportional to no of staff posted at the time of the incident i.e., less than 5. This could be due to a variety of factors. Working night shifts entail a reduced level of security because fewer people are assigned to the hospital, and lower work performance among employees creates an environment conducive to violence. More violence during night responsibilities can be related to the presence of hospital management, which is sometimes restricted or marginal. Also, it is seen that the number of health care workers to patient ratio is disproportionate at the time of night duties as it is seen that one or two nurses with one doctor on night shift, are supposed to take care of more than 30-40 patients in the ward. Also, work exhaustion, and sleepiness may be other contributing factors related to workplace violence at night.

It was seen that majority of the time patients' relatives were found to be perpetrators of violence (53%). Synonymous findings were quoted by Gohil RK at Delhi (23) and Singh G et al at Agra (24). According to Dan Wau et al in China (25), patient escorts are frequently the source of violence as a reaction to what may be viewed, properly or erroneously, as medical staff failings or blunders. Afflicted patients and families have been known to hire criminal groups that are willing to go to extreme lengths to force the hospital to compensate them. On the contrary, in a study by Kaur R (26) almost equal number of subjects (49% and 51%) experienced violence by patients and their family/relatives respectively

In our study, most of the hospital staff experience violence in the ward, similarly In a study by Kaur R, (26) 91% of the subjects experienced violence in the wards. The reason may be that patients are admitted for a long in the ward, hence there is exposure for a long period of time with the hospital staff. In our study, 9% of the violence was experienced in the emergency department whereas in a study in Ethiopia (15) working in emergency rooms is associated with a lower risk of workplace violence. Those who work in an emergency room are four times more likely to be subjected to workplace violence than those who work in an outpatient department.

Only 40% reported the incident to their senior or supervisor, & 3.5% reported to their Union/Association,29% asked the perpetrator to stop, and 16% shared the incident with family, friends & colleagues. It was surprising to see that more than half of the study subjects (52%) found it useless or gave less importance to report the incident to seniors, while others were afraid of the negative consequences (35%). Contrary to our findings, a larger no (81.7%) of the respondents were encouraged (mostly by their colleagues), to report any incidence of violence to the competent authority by Kumar M et al in South Delhi. (11) In another study by Gerberich et al. in Bangladesh, just 15% of the violent incidents in the health sector were reported. (27) In another study in Turkey by Talas MS (20) more than half of the staff who had experienced any form of violence "did nothing" and/or "kept silent". Similar to our study, the most common reasons for not reporting workplace violence as per an Indonesian study (28) were that the nurses felt that it was not important or useless, did not know whom to report to, and feared negative consequences. The reason that most of the cases go unreported was that it was considered useless and was given less importance, the reason being some of the health workers especially nurses & attendants consider these violent events as part of their Job. Other reasons may be long legal procedures, fear of losing the job, and fear of getting highlighted.

In the present study, 72% of the staff felt that the incident could have been prevented. Almost in 70% of the cases action was being taken, and in the majority of the cases it was taken by management (67.3), as in the maximum no of cases, a verbal warning was being given, in the majority of the cases, the way it was handled was satisfactory, on the contrary, In an Indonesian study by Zahra et al (28) majority of the participants regarded workplace violent incidents as preventable. Also, maximum Nurses felt dissatisfied with the manner in which the violent incidents were handled. In another study by Zafar W et al at Karachi (18) a smaller proportion said that the last incident of verbal abuse could have been prevented (72.5% compared to 86.4%) in another study at South Delhi by Kumar M (11)79% felt it could be prevented

Conclusion

According to the findings of our study, workplace violence against nurses and doctors is on the rise. The majority of cases are ignored, hence the statistics in this area are far from being reliable in protecting the legal rights of the tirelessly dedicated workers at our hospital. In addition to enabling and promoting health services and health policy research, the government should adopt workplace safety laws in the healthcare industry. Every hospital needs to create an emergency protocol for the staff's safety so that there is a proper workplace authority to report any such violent incidents. Every visitor to the hospital should be able to see the written policy, which should be posted on the walls. Laws should be tougher, and abusing employees while they're on the clock should be considered a crime with major repercussions & harsh punishments. To handle such incidents, good security measures with CCTV cameras and an effective reporting system must be implemented.

Recommendation

As part of their on-the-job training, medical employees should receive instruction on compassion and empathy as well as how to cope with the abuse. Training should include proper and effective communication with the patient and his attendants. During these training sessions, staff members should also be taught to recognize the warning indications of violence. Every hospital needs to create an emergency protocol for the staff's safety so that there is a proper authority at work to report any such violent incidents. Limiting the number of visitors and posting a written guideline on the hospital's walls would allow each visitor to see what is expected of them. Laws should be stricter and attacking employees while they're on the job should be declared a cognizable offense with serious repercussions & harsh penalties. To handle such incidents good security measures with CCTV cameras and an effective reporting system must be implemented. Duty rosters and timetables should be set in such a manner that the staff members experience the least amount of physical and mental exhaustion.

Limitation of the study

Though in the present study, efforts had been made to maintain the quality of the data, the study findings need to be interpreted while keeping the following limitations in mind. As the present study was conducted on a small sample size and in one tertiary care institution, thus the findings impose limits on the generalization. Thus, to get more insight, the findings require further exploration, of a larger sample of healthcare professionals and if possible, then a multi-centric study should be conducted. Since the self-reporting questionnaire was used in the study thus, misinformation bias and acquiescence bias could not be ruled out. Because physical violence, bullying/mobbing, and racial and sexual harassment were not recorded or under-reported in our survey, qualitative investigations to assess the extent of the problem may be done. More research should be done to assess and examine the effects of violence on the victim's mental health, the reasons for violence from the patient's perspective, and existing violence prevention and safety measures from the perspective of healthcare staff.

Relevance of the study

Violence against doctors and nurses is on the rise in the workplace. The majority of cases are ignored, hence the statistics in this area are far from being reliable. To protect the rights of our hospital workers, who toil diligently around the clock, an empathic response to this issue is urgently required. The health sector's financial losses, the problem of subpar medical care, and negative psychological effects can all be lessened if the hospital personnel have a safe and brave workplace. Investigations into violence against nurses, doctors, and other supporting medical personnel are still needed, in order to discover creative and affordable solutions to this problem. The government should enact workplace safety policies in the health sector and facilitate, promote, and support health services and health policy research. The recommended administrative approach is staff training, but finding the right training and instructors are challenging as well. This study aids in recognizing risk factors for upcoming acts of violence by patients or their relatives. The findings also help in the development of a deeper comprehension of organizational attitudes and practices for the avoidance of violence, which will aid in the development of future interventions to minimize workplace violence.

Authors Contribution

SV, RSS, JS, and NS designed the study and reviewed the literature. SV and NS wrote the manuscript, conducted the data analysis, and revised the manuscript. RSS, JS, MC, and MWFA supported the design and provided critical inputs for manuscript revision. All authors approved the final version of the manuscript.

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Tables

TABLE 1 ASSOCIATION OF WORK-PLACE VIOLENCE WITH SOCIODEMOGRAPHIC FACTORS

	Variables	Types of Violence				Total Violence (N=75)	
		Verbal Violence (n1=63)	Physical Violence (n2=5)	Bullying (n3=5)	Racial harassment (n4=2)		
Age Group	25-29	26(41.3)	4(80)	4(80)	1(50)	35(46.7)	χ^2= 8.20, P=0.04
	30-34	11(17.5)	0(0.0)	1(20)	1(50)	13(17.3)	
	35-39	10(15.9)	1(20)	0 (0.0)	0(0.0)	11(14.7)	
	40-44	11(17.5)	0(0.0)	0 (0.0)	0(0.0)	11(14.7)	
	>45	5(7.9)	0(0.0)	0(0.0)	0(0.0)	5(6.7)	
Gender	Male	24(38.1)	2(40)	0(0.0)	0(0.0)	26(34.7)	χ^2= 14.07, P=0.0001
	Female	39(61.9)	3(60)	5(100)	2(100)	49(65.3)	
Religion	Hindu	53(84.1)	4(80)	4(80)	2(100)	63(84)	χ^2=1.37, P=0.24
	Muslim	1(1.6)	0(0.0)	0(0.0)	0(0.0)	1(1.3)	
	Sikh	4(6.3)	1(20)	1(20)	0(0.0)	6(8)	
	Christian	5(7.9)	0(0.0)	0(0.0)	0(0.0)	5(6.7)	
Marital status	Married living together	39(61.9)	3(60.0)	0(0.0)	0(0.0)	42(56.0)	χ^2= 0.820, P=0.36
	Married not living together	3(4.8)	0(0.0)	1(20.0)	1(50.0)	5(6.7)	
	Single/Divorced/ separated	21(33.3)	2(40.0)	4(80.0)	1(50.0)	28(37.3)	
Type of Family	Joint	6(9.5)	0(0.0)	0(0.0)	0(0.0)	6(8)	

	Nuclear	45(71.4)	4(80.0)	3(60.0)	2(100)	54(72)	χ^2= 15.98,P=0.0003
	Living alone	12(19.01)	1(20.0)	2(40.0)	0(0.0)	15(20)	
Profession of spouse	Hospital staff	13(20.6)	2(80)	0(0.0)	0(0.0)	15(31.9)	χ^2= 3.61,P=0.030
	Business	4(6.3)	0(0.0)	0(0.0)	0(0.0)	4(8.5)	
	Service	6(9.5)	0(0.0)	1(100)	1(100)	8(17.0)	
	Self employed	5(7.9)	0(0.0)	0(0.0)	0(0.0)	5(10.6)	
	Housewife	12(19.0)	1(20)	0(0.0)	0(0.0)	13(27.6)	
	Unemployed	2(3.2)	0(0.0)	0(0.0)	0(0.0)	2(4.2)	

TABLE 2: ASSOCIATION OF WORK-PLACE VIOLENCE WITH WORK PLACE

	Variables	Types of Violence				Total Violence (N=75)	
		Verbal Violence (n1=63)	Physical Violence (n2=5)	Bullying (n3=5)	Racial harassment(n4=2)		
Work Experience	≤ 5yrs	33(20.2)	3(60.0)	3(60.0)	1(50.0)	40(53.3)	$\chi^2$2.35, **P=0.50**
	6-10yrs	18(28.6)	2(40.0)	2(40.0)	1(50.0)	23(30.7)	
	11-15 yrs	6(9.5)	0 (0.0)	0 (0.0)	0 (0.0)	6(8.0)	
	>15 yrs	6(9.5)	0 (0.0)	0 (0.0)	0 (0.0)	6(8.0)	
Night Duties (6pm-7am)	Yes	56(88.9)	4(80.0)	5(100)	2(100)	67(89.3)	χ^2=2.96, **P=0.085**
	No	7(11.1)	1(20.0)	0 (0.0)	0 (0.0)	8(10.7)	
No. of staff posted at the time of Duty	≤5	40(63.5)	3(60.0)	2(40.0)	2(100)	47(62.7)	χ^2=18.19, P=0.004
	06-Oct	10(15.9)	1(20.0)	2(40.0)	0 (0.0)	13(17.3)	
	>10	4(6.3)	0 (0.0)	1(20.0)	0 (0.0)	5(6.7)	
	None	9(14.3)	1(20.0)	0 (0.0)	0 (0.0)	10(13.3)	

TABLE 3 CHARACTERISTICS OF THE WORKPLACE VIOLENCE AMONG THE HEALTH PERSONNEL

	Variables	Types of Violence				Total Violence (N=75)	
		Verbal Violence (n1=63)	Physical Violence (n2=5)	Bullying (n3=5)	Racial harassment (n4=2)		
Frequency of Abuse	Once	8(12.7)	5(100)	3(60)	1(50)	17(22.7)	P=0.19
	Sometimes	43(68.3)	0 (0.0)	2(40)	1(50)	46(61.3)	
	All the time	12(19.0)	0 (0.0)	0 (0.0)	0 (0.0)	12(16)	
Attacker/ perpetrator * (n=100)	Patient	20(24.1)	4(80)	1(10)	0 (0.0)	25(25)	P=0.003
	Relatives	49(59.0)	1(20)	3(30)	0 (0.0)	53(53)	
	Supervisor	5(6.0)	0 (0.0)	2(20)	1(50)	8(8)	
	Colleague /Staff	7(8.4)	0 (0.0)	4(40)	1(50)	12(12)	
	Public/Mob	2(3.2)	0 (0.0)	0 (0.0)	0 (0.0)	2(2)	
Place of violence	Ward	34(53.9)	3(60)	3(60)	0 (0.0)	40(53.3)	P=0.800
	OPD	6(9.5)	1(40)	1(40)	1(50)	9(12)	
	OT	2(3.2)	0 (0.0)	0 (0.0)	0 (0.0)	2(2.7)	
	Laboratory/Blood bank	6(9.5)	0 (0.0)	1(40)	1(50)	8(10.7)	
	Emergency	6(9.5)	1(40)	0 (0.0)	0 (0.0)	7(9.3)	
	Intensive Care Units	4(6.3)	0 (0.0)	0 (0.0)	0 (0.0)	4(5.3)	
	Outside the Hospital	5(7.9)	0 (0.0)	0 (0.0)	0 (0.0)	5(6.7)	
**Multiple responses were obtained*							

TABLE 4 RESPONSE OF HEALTH PERSONNEL TO WORKPLACE VIOLENCE

	Variables	Types of Violence				Total Violence (N=75)	
		Verbal Violence (n1=63)	Physical Violence (n2=5)	Bullying (n3=5)	Racial harassment (n4=2)		
Response for Violence*	Didn't do anything	4(4)	0 (0.0)	0 (0.0)	1(50)	5(4.2)	**P=0.240**
	Asked to stop/ Try to defend	27(27.0)	3(37.5)	3(37.5)	1(50)	34(28.8)	
	Pretended it never happened	3(3.0)	0 (0.0)	0 (0.0)	0 (0.0)	3(2.5)	
	Reported to Senior	44(44.)	3(37.5)	1(12.5)	0 (0.0)	48(40.7)	
	Told Family/Friends/colleagues	16(16.)	1(12.5)	2(25.0)	0 (0.0)	19(16.1)	
	Sought help from Union/Association	3(3)	0 (0.0)	1(12.5)	0 (0.0)	4(3.4)	
	Sought counseling	2(2.0)	0 (0.0)	1(12.5)	0 (0.0)	3(2.5)	
	Transferred to another place	1(1.0)	1(12.5)	0 (0.0)	0 (0.0)	2(1.7)	
Reason for not Reporting (N=31)	Afraid of the negative consequences	8(25.8)	0 (0.0)	4(80)	2(66.7)	14(35)	P=0.004
	Did not know whom to report	2(6.5)	1(100)	0 (0.0)	0 (0.0)	3(7.5)	
	Felt Ashamed	1(3.2)	0 (0.0)	0 (0.0)	1(33.3)	2(5)	
	Found it useless/not important	20(64.5)	0 (0.0)	1(20)	0 (0.0)	21(52.5)	
**Multiple responses were obtained*							

TABLE 5 HANDLING OF THE INCIDENT AFTER THE WORK PLACE VIOLENCE

Variables		Types of Violence				Total violence (N=75)	
		Verbal Violence (n_1=63)	Physical Violence (n_2=5)	Bullying (n_3=5)	Racial harassment (n_4=2)		
Do you think the incident could have been prevented?	Yes	49(77.8)	4(80)	1(20)	0 (0.0)	54(72)	**P=0.010**
	No	14(22.2)	1(20)	4(80)	2(100)	21(28)	
Was any action taken to investigate the cause?	Yes	47(74.6)	4(80)	1(20)	0	52(69.3)	P=0.003
	No	4(6.3)	1(20)	4(80)	2(100)	11(14.7)	
Action to investigate the case was taken by	Employer/Management	32(69.6)	2(50)	1(100)	0 (0.0)	35(67.3)	**P=0.579**
	Union/Association	4(8.7)	0 (0.0)	0 (0.0)	0 (0.0)	4(7.7)	
	Others#	11(23.4)	2(50)	0 (0.0)	0 (0.0)	13(25)	
Consequences to the Attacker	Verbal warning	29(56.9)	2(40)	1(100)	0 (0.0)	32(53.3)	**P=0.163**
	Reported to the police	1(1.9)	0 (0.0)	0 (0.0)	0 (0.0)	1(1.7)	
	Care discontinued	14(27.5)	2(40)	0 (0.0)	0 (0.0)	17(28.3)	
	Nothing	7(13.7)	1(20)	0 (0.0)	2(100)	10(16.7)	
*Multiple responses							

Figures

FIGURE 1: DISTRIBUTION OF WORKPLACE VIOLENCE ACCORDING TO THEIR WORK PROFILE

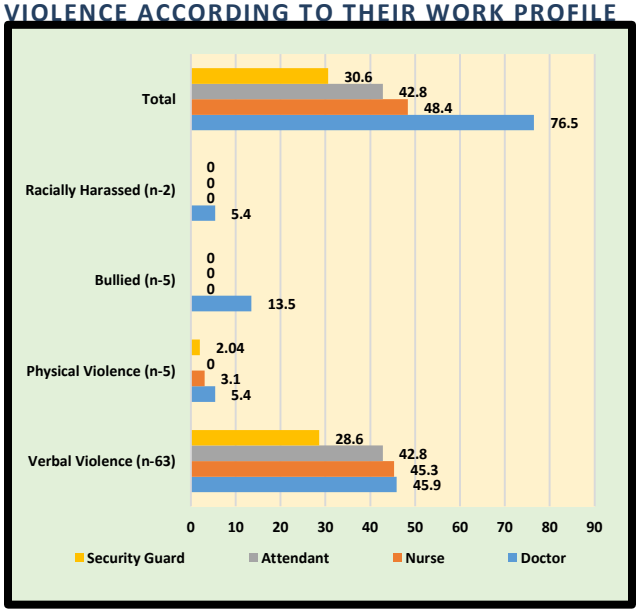

FIGURE 2: DISTRIBUTION OF WORKPLACE VIOLENCE ACCORDING TO THE GENDER

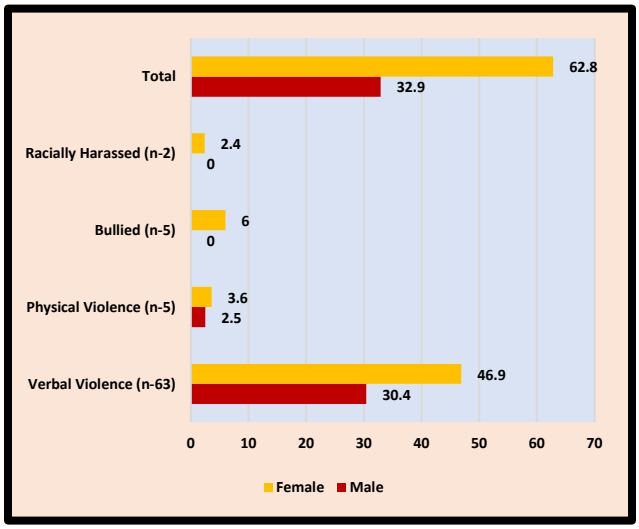

FIGURE 3 DISTRIBUTION OF HEALTH PERSONNEL ACCORDING TO THEIR FEELINGS AFTER THE INCIDENT

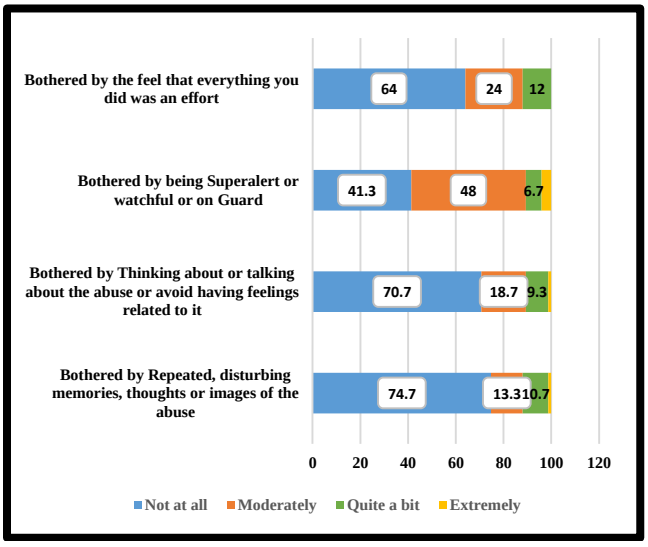

FIGURE 4: LEVEL OF SATISFACTION AMONG THE HEALTH PERSONNEL IN THE MANNER WORKPLACE VIOLENCE EXPERIENCED BY THEM WAS HANDLED