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RESEARCH PAPER

Awareness among registered medical practitioners on legal aspects of workplace violence: a questionnaire-based study

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Background and aims: In recent years, violence against medical practitioners at workplaces has increased in India. Good knowledge and awareness on preventing and handling workplace violence at hospitals can help us mitigate such incidents. The study aimed to gauge the level of understanding and knowledge among medical practitioners on the legal aspects of violence against the medical profession. **Method:** This cross-sectional study was conducted among 451 randomly selected medical practitioners. The data was collected using a pretested Google form questionnaire after obtaining consent. The collected data was analysed by using Microsoft and SPSS software Version 24.0. **Results:** Out of 451 medical practitioners, 429(95%) were concerned about the prevailing violence against medical practitioners, 112(25%) were aware of the Medicare Service persons & Medicare services institutions Act, 198(44%) were aware of the various Indian Penal Codes (IPC) related to Hurt, Injury, and Assault, and 133(30%) were aware of the IPCs related to Defamation and Outraging the Modesty of a Woman. 75% of the participants showed hesitance in taking legal action due to inadequate knowledge of our Legal system. **Conclusion:** Most medical practitioners did not know the legal perspectives in handling violent outbreaks. A good medico-legal education needs to be included in the curriculum, which will help break the inhibitions to approach the Police and the Court of Law. A solid representation to implement or amend the existing legal system to protect the medical fraternity is required.

Keywords: Violence against medical professionals; Legal awareness; Acts; Indian Penal Codes.

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INTRODUCTION

New emotions like anarchy, aggression, and mob mentality are creeping in as violence against medical professionals in recent years. Such violence has existed from the pre-biblical era since the dawn of medicine.¹ History says doctors were

penalised for not being effective in Egypt, Greece, and Ancient India.²

Violence is an act of aggression that may range from a stare, verbal abuse, threats, intimidation, harassment, physical attacks, or damage to body, mind, reputation, or property.

The World health organisation (WHO) says that healthcare providers face the highest risk of violence at the workplace in their Global campaign for violence prevention.³ In India, doctors are being subjected to an unchecked rise in violent outbreaks during work.^{4,5} As per the Indian Medical Association (IMA) reports, about 75% of medical practitioners experience violence at the workplace.⁶ Literature also suggests that innumerable cases go unreported or called off after compromise. Very few go to the court of law, and the offenders are hardly penalised.⁷ The principal causes of such violent outbreaks at hospitals are poor communication, dissatisfaction of the patients, cost of health care, the intentional mob mentality of the people, vulnerable work environment and lack of judicial support.^{7,8}

In Tamil Nadu, the Legislative assembly has published The Act 48 - The Tamil Nadu Medical care service persons and Medicare services institutions (Prevention of Violence and Damage or loss to property) Act 2008. This act declares that any violence at the hospital shall be considered cognisable and non-bailable. Many other legal provisions in our legislation offer legal protection to the victims of violence. We can attribute several causes to violence at healthcare establishments. This study aims to unveil the knowledge and understanding of the various medico-legal aspects concerning workplace violence among doctors.

MATERIALS AND METHODS

This cross-sectional study was conducted among randomly selected 451 registered medical practitioners across all specialities in Tamil Nadu. Institutional Human Ethics Committee clearance was obtained before the commencement of the study. A questionnaire with a disclaimer on confidentiality was sent to the participants across Tamil Nadu as a Google form. An informed consent form was attached, along with the pretested questionnaire. The data obtained from Google forms were uploaded to Microsoft excel sheets and analysed using the SPSS version-24. The sample size required was estimated as 451 after adjusting 20% non-responders using the formula $n = 4 pq/d^2$ where prevalence $p = 38$, $q = 62$ and considering absolute precision d as 5% (Calculated from the prevalence of violence among doctors as 38% reported by Kesavan R et al.⁹).

RESULTS

A total of 451 practitioners participated in our study. Most of the participants (64%) were men, and 78% specialised. Almost 68.5% of the participants worked in the private sector or operated their clinical establishments. Concerning the work experience, our study group had nearly an equal distribution of participants having a work experience of fewer than ten years and more than ten years (**Table 1**).

Table 1 Demographic pattern of the study Population (n=451)

Subject	Characteristics	Frequency (%)
Gender	Males	290 (64%)
	Females	161 (36%)
Qualification	Only MBBS	99 (22%)
	Specialisation	352(78%)
Subspecialty	Medical and allied fields	173 (38%)
	Surgical and allied fields	206 (46%)
	Obstetrics and Gynecology	33 (7%)
	Diagnostics	25 (5.5%)
	Administrators	14 (3%)
Nature of the workplace	Government	142 (31.5%)
	Non Government	309 (68.5%)
Locality	Urban	317 (70%)
	Rural	134 (30%)
Work experience	Less than 10 Years	201 (45%)
	More than 10 Years	250 (55%)

As seen from **Table 2**, most study participants knew what constitutes violence against a medical practitioner and what an act of violence means.

Table 2 Knowledge among medical practitioners on what constitutes violence against them

Sl. No	Type of violence	Frequency (%)
1	Intimidating Gestures	348 (77.2%)
2	Verbal threats	408 (90.5%)
3	Physical threats	423 (94%)
4	Damage to Mind, Body, and Property	437 (97%)

Most participants of this study knew the possible reasons behind the outbreaks of violence against medical professionals. The majority (87%) claimed that misguided conclusions from the internet and other sources influence such incidents. An unforeseen outcome of the treatment (84%) was the second most agreed reason behind the violent outbreaks. Other reasons were financial issues, lack of proper care, and lack of knowledge on the liabilities of the offenders (**Table 3**).

Table 3 Knowledge among medical practitioners on reasons for violent outbreaks

Sl. No	Violent outbreaks in a clinical establishment - Primary reasons:	Frequency (%)
1	Misguided conclusions from the internet and other sources.	393 (87%)
2	An unforeseen outcome of the treatment.	377 (84%)
3	Financial issues.	329 (73%)
4	Lack of proper care and other services	302 (67%)
5	Lack of knowledge and liabilities of the patients and their relatives.	280 (62%)

Regarding the prevention strategies to handle violent outbreaks, more than 80% of the participants in our study opined that maintaining good rapport, displaying legal liabilities, installing CCTV cameras, and efficient coordination with other staff were the best ways to prevent violent outbreaks (**Table 4**).

Table 4 Knowledge among medical practitioners on prevention and practice in handling violent outbreaks

Sl. No	Prevention of violence in a clinical establishment- Strategies.	Frequency (%)
1	Maintaining good rapport with the patients and their relatives.	396 (88%)
2	Display legal liabilities to the offenders.	388 (86%)
3	Install CCTV cameras and security.	379 (84%)
4	Restrict the number of visitors in the treatment areas.	356 (79%)
5	Efficient coordination with other staff.	397 (88%)

Only 25% of the participants knew The Tamil Nadu Medicare service persons and Medicare services institutions (Prevention of Violence and Damage or Loss to Property Act, 2008). More than half of the participants were unaware of the various sections of The Indian Penal code that can legally protect them during violent acts committed against them (**Table 5**).

Table 5 Knowledge on the prevailing acts and laws in Indian legislation that legally protects them

Sl. No	Question: Which of the following acts are you aware of?	Frequency (%)
1	The Tamil Nadu Medicare services persons and Medicare services institutions (Prevention of Violence and Damage or Loss to Property Act, 2008).	112 (25%)
2	Indian Penal Codes related to Hurt, Injury and Assault.	198 (44%)
3	Indian Penal Codes related to Defamation	133 (30%)
4	Indian Penal Code related to causing loss to the owner of the property.	188 (42%)
5	Indian Penal Codes related to Outraging the Modesty of a Woman.	165 (37%)

In our study, 95% of the participants were concerned about the prevalence of violence against medical practitioners. About 64% of the medical practitioners knew the medical indemnity insurance policies available. Among the 451 participants, only 25% were prepared to take legal action against the offenders in the event of any violent outbreaks. The participants who hesitated to take any legal action agreed that they had poor knowledge of the legal procedure and lost hope in the judicial proceedings.

DISCUSSION

Today violence against a doctor is four times more than any other profession. The Indian Medical Association claims that 82.7% of medical practitioners are stressed out. Among them, 46.3% attribute their stress to the fear of violence.¹⁰ Surprisingly, few studies are available about violence against medical practitioners in India. This study includes a blend of medical practitioners across all specialities, working in both private and public sectors with a wide range of experience in their clinical practice. Almost all medical practitioners were worried about the rising trend of workplace violence in India.

Among the 451 medical practitioners across Tamil Nadu, most of the medical practitioners in our study group had a good knowledge of what constitutes a violent act. Almost all of them had good knowledge about preventive strategies of violent outbreaks at their clinical establishments. Only 25% of the participants preferred to inform the police and take legal action against the offenders. 68% of the participants opted to remain calm, convince the troublemakers and solve the issues then and there. Neeraj Nagpal et al in their observation also highlight the above finding.⁷

About the causes of violent outbreaks in healthcare establishments, most participants agreed that misguided conclusions, the unforeseen outcome of treatment, lack of knowledge of legal consequences from a patient's perspective were the leading causes of violence against medical professionals. Literature also highlights similar findings.^{11,12} 88% of the medical practitioners agreed that having a good rapport with their patients can prevent violent outbreaks at their workplace. This was comparable to the study conducted by Kesavan R et al.⁹ More than 80% of our study population believed that installing Closed Circuit Television (CCTV), restricting visitors and displaying the legal consequences for the offenders and efficiently coordinating with other healthcare workers in handling such situations may prevent further violent outbreaks in hospitals. Gosh K et al. also propose similar ideas to curb violence against medical professionals in their study.¹²

Surprisingly only 25% of the participants were aware of The Tamil Nadu Medicare service persons and Medicare

service institutions (Prevention of Violence and Damage or Loss to Property Act, 2008). Neeraj Nagpal, in their study, also highlights similar findings.⁷

Only 37 to 44% of the medical practitioners who participated in our study knew the legal provisions to protect them. Only 37% of the participants were aware of the Indian Penal Codes regarding Outraging the Modesty of the Women and its punishments. 75% of participants in our study did not prefer to report violent acts committed against them to the police or to take legal action against the offenders. Similar outcomes were observed in other literature also.^{11,12}

Workplace violence against health care professionals is offensive, and it affects their psychological and physical well-being and motivation. Such instances may put the quality of care and healthcare provision at risk.¹³ Violence against healthcare workers is an underreported, pervasive, and chronic problem that has been primarily tolerated and disregarded, especially when the act is non-physical.¹⁴ Fueled by media, politics, and bureaucracy, people shall never change their attitude and perception towards medical professionals. When it comes to violence against doctors, it's, unfortunately, every man for himself. Hence, apart from helping humanity by healing, the medical fraternities need to update their knowledge on the existing legal statutes about violence against medical professionals.

CONCLUSION

Most of the medical practitioners in this study were unaware of the Acts and Indian Penal Codes about violence against them. Most of them did not prefer to report any violent outbreaks at their clinical establishment to the police. This attitude of being humble and ignorant need to be changed. They have to remain united and overcome their inhibitions to approach the Police and Court of law in such circumstances.

A good medico-legal education needs to be included in the current competency-based Medical Education system apart from other attitude, ethics, and soft communication skills modules. Good expertise on the laws and legal procedures among Doctors in our country is the need of the hour, which will help break their inhibitions to take a legal path to curb violent outbreaks.

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REFERENCES

1. Oppenheim AL. A caesarian section in the second millennium BC. *Journal of the history of medicine and allied sciences*. 1960 Jul 1:292-4.
2. Ali A, Johna SD. Crime and punishment in ancient surgery: An examination of Assyrian and Egyptian physicians. *Journal of Ancient Diseases & Preventive Remedies*. 2015 Feb 17.
3. Haylock L, Cornelius R, Malunga A, Mbandazayo K. Shifting negative social norms rooted in unequal gender and power relationships to prevent violence against women and girls. *Gender & Development*. 2016 May 3; 24(2):231-44.
4. Nagral S. Doctors and violence. *Indian J Med Ethics*. 2001; 9(4):107.
5. Pai SA. Violence against doctors on the increase in India. *The National medical journal of India*. 2015;28(4):214-5.
6. Dey S. Over 75% of doctors have faced violence at work, study finds. *Times of India*. 2015 May 4;4.
7. Nagpal N. Incidents of violence against doctors in India: Can these be prevented?. *The National medical journal of India*. 2017 Mar 1; 30(2):97.
8. Kumar M, Verma M, Das T, Pardeshi G, Kishore J, Padmanandan A. A study of workplace violence experienced by doctors and associated risk factors in a tertiary care hospital of South Delhi, India. *Journal of clinical and diagnostic research: JCDR*. 2016 Nov; 10(11):LC06.
9. Kesavan R, Abraham V M, Reddy V, Khan T, Sankar V, Swathi R. Workplace violence against healthcare professionals– a cross-sectional study to assess the current scenario in Chennai city, India. *J Evolution Med Dent Sci* 2020; 9(35): 2515-2520.
10. Dora SS, Batool H, Nishu RI, Hamid P. Workplace violence against doctors in India: a traditional review. *Cureus*. 2020 Jun; 12(6).
11. Reddy IR, Ukrani J, Indla V, Ukrani V. Violence against doctors: A viral epidemic?. *Indian journal of psychiatry*. 2019 Apr; 61(Suppl 4):S782.
12. Ghosh K. Violence against doctors: a wake-up call. *The Indian journal of medical research*. 2018 Aug; 148(2):130.
13. Waterworth S, Grace AM. Resilience and Burnout in Pediatric Nurses in a Tertiary Children's Hospital. *MCN: The American Journal of Maternal/Child Nursing*. 2021 May 1; 46(3):168-73.
14. Phillips JP. Workplace violence against health care workers in the United States. *New England journal of medicine*. 2016 Apr 28;374(17):1661-9.