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Short Communication

Hands that heal should not bleed

Mitesh Karn *, Anusha Phuyal

School of Medicine, Gandaki Medical College Teaching Hospital and Research Center, Pokhara, 33700, Nepal

A R T I C L E I N F O

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"Suddenly a few angry people rushed in, held us by our apron collar and cursed us. Few of them also tried to throttle us. When we locked up ourselves in the staff cabin, they started banging on the door to break it. All of us had to jump from the staff toilet in the cabin area to save our lives." These are the exact words used by doctors and nurses to describe an incident that happened to them one night while working at a COVID ICU at a tertiary care center in Nepal. One can only imagine how desperate the situation might have been that they had to jump from second floor of the hospital building. This was not the first time we were learning about such events happening around us as medical students. But this time, we were bound to think "Is this what we signed up for?" (see Fig. 1)

The European Commission has defined workplace violence as "Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health" [1]. This includes both physical and psychological violence. Type II workplace violence-where the perpetrator is a customer/patient of the workplace/employee is highly prevalent in healthcare. Workplace violence in healthcare is ubiquitous. It is a largely persistent problem which is often tolerated and hence underreported. A recent study indicates that about 62% of healthcare workers across the globe reported exposure to any form of workplace violence, a quarter of whom experienced physical violence [2]. The prevalence of violence is higher among healthcare workers who are exposed to shift work, are younger or work longer hours each week. While the rates vary across geographic location and socio-economic settings, this problem is well appreciated everywhere [3].

The cause of workplace violence is multifactorial and we believe there are shortcomings in various aspects of modern medicine. Patients usually visit hospital for cure, remedy and reassurance of their condition and many a times-miracle! The expectations from physicians is so high that people expect us to wake up the dead. What exaggerates this condition even more is the increasing cost of healthcare. Commercialization of medicine has transformed it from a service to a commodity. Once considered sacred, the doctor-patient relationship has now become consumer-provider relationship. Maybe violence is the consequence of not practicing medicine how it was supposed to be. We do not mean to imply not compensating physicians well but we believe health should be respected as a fundamental human right and should be state-owned. The financial toxicity of modern medicine is easily appreciable in low-income countries where people literally have to sell everything they own to avail healthcare. What's the point in paying for a surgery which will leave them homeless?

Healthcare workers are often blamed that they give less time to their patients resulting in inefficient communication between them. Long waiting times, lack of trust in healthcare and extended hospital stays are all associated with resultant violence. But these are all policy implications. When the doctor-patient ratio is disproportionately high, waiting time is bound to increase and quality is sacrificed for equity. The real genuine error on part of healthcare workers is that of medical negligence. And most of the times, it happens because of excessive workload. No medical professional will shy away from the fact that errors are a part of medicine. Each patient is different and many decisions are solely based on clinical judgement and experience rather than expertise. While this doesn't mean negligence is intentional or medical professionals are incompetent, it simply means extending matters and turning it into violence is never an option.

The media also has a significant part to play in healthcare violence. Modern medicine is often portrayed by media outlets to have found the

* Corresponding author.
E-mail address: rikkymikky@gmail.com (M. Karn).

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cure for everything. While it may be true for a particular treatment to have been made for some particular disease, it may not necessarily be available across the world. Further, doctors are portrayed as money makers and there is a growing perception that doctors gain financially by ordering unnecessary tests and imposing extra charges. Only severe cases of physical violence are reported by the media. Majority of cases go by unnoticed, raising concerns about widespread media bias. This falsely leads to public perception that healthcare violence is low. Cases of medical negligence and errors are portrayed as frequent occurrences. Relevant facts are manipulated, leading to negative public perception and fueling violence.

Violence affects physical, emotional, psychological and professional wellbeing. Violence against healthcare workers may have serious consequences such as deaths or life-threatening injuries. It is shown that violence leads to increased leave days, decreased productivity, burnout and job dissatisfaction among healthcare workers [4]. Severe episodes of violence may also lead to depression, post-traumatic stress disorder as well as other psychiatric abnormalities. One major consequence violence has in low-income countries is that it leads to migration of healthcare professionals to countries with better opportunities and professional security [5]. This may further reduce the available manpower in these countries, creating a vicious cycle: manpower shortage-ineffective communication and medical error-violence-manpower shortage.

There are hardly any evidence-based measures effective at reducing workplace violence. A multidisciplinary approach to violence prevention is recommended [6]. These include security measures such as using metal detectors, installation of security cameras, hiring abundant security personnel, restricting visitors' access to hospital departments, etc. [7] Medical staff shortage should be addressed to break the vicious cycle of violence. Healthcare funding should be increased. Whatever we may argue, the social dimension of medicine is as effective as the scientific one. Medical professionals should be taught effective communication skills and rapport building techniques to win their patient's trust. This will not only decrease violence but increase patient compliance to treatment. It is also seen that easy access to the accompanying visitors also increases the incidence of violence. Though relatives have every right to know about their patient, we should develop of a system that would restrict their access in critical hospital departments and only a few close relatives should be allowed to interact with the medical team. This problem of workplace violence is usually tolerated and under-reported by healthcare workers. Victims fear consequences of such reporting or have previous experience of reporting but have not been served justice [8]. It is shown that tolerating low level of violence invites more serious forms of violence. A proper system of recording and reporting such events should be put in place. Medical professionals should learn to identify early signs of violence and self-defense techniques. The media should verify complete information before publishing and cease to increase distrust towards medical practice among the public. Strict laws should be put up and implemented. Further research should be carried out to find effective measures of reducing violence.

Medicine is grueling, yet gratifying; challenging yet fulfilling. Even during these tough times, healthcare workers are involved in the care of sick at the cost of their own life and happiness. Still, the incidence of violence against healthcare workers is on a rise. Is a healthy and fearless working environment too much to ask for? If the activities of violence against medical practitioners are not addressed urgently, the global healthcare system and whole of mankind is sure to suffer. This problem should be addressed timely before medical students and junior doctors like us begin to question our career in medicine. Efforts should be made

at various levels to restrict such violence. It is the duty of government, general public and senior medical practitioners to create a favorable environment for young doctors, trainees and students. This problem calls for global, multisectorial co-ordination.

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Consent

N/A.

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1. Name of the registry: N/A
2. Unique Identifying number or registration ID:
3. Hyperlink to your specific registration (must be publicly accessible and will be checked):

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Declaration of competing interest

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