Original Article

Medical vandalism: Awareness and opinions; beyond the clinician's window

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ABSTRACT

Background and Aims: Medical vandalism has become a major matter of concern in today's world. The number of violent mob attacks on doctors and other medical personnel is on the rise. This trend is having a negative impact on the proper functioning of healthcare system thus affecting the quality of care and treatment. The aim of this study is to assess the awareness and opinions of the stakeholders in healthcare facilities about vandalism in today's medical practice. **Methods:** A cross-sectional survey study was conducted in Acharya Vinoba Bhave Rural Hospital among 360 participants, comprising of nurses, patient's relatives, security personnel and non-medical staff in the Emergency Care Units and wards. A detailed questionnaire was prepared and used to assess the opinion of the subjects covering various aspects of medical vandalism such as prevalence of vandalism, experiences of vandalism at work, various factors causing medical vandalism, initiatives taken by the respondents to curb vandalism and awareness about various laws implemented by the government that help prevent vandalism. **Results:** Majority of the participants were of the opinion that medical vandalism was prevalent in India. Overcrowding of patients, inadequate skilled healthcare providers and occurrence of sudden death in casualty are among the major factors that trigger vandalism. This issue has been on the rise in both government and private setups, and nurses seem to be the major victims of such cruelness. 80% of the subjects admitted that verbal abuse was more common than physical abuse. **Conclusion:** Although violence against all healthcare professionals has been recorded since historical times, the current scenario of the country is disturbing. Immediate measures need to be taken to curb vandalism. Various laws need to be implemented to strictly punish those who create violence. Likewise, institutions must ensure the availability of adequate staff and facilities to reduce events that make the bystanders aggressive.

Keywords: Emergency care, stakeholders, sudden death, vandalism

Introduction

Vandalism has become a major matter of contention among all generations. According to The World Health Organization, violence is defined as "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.".[1] It has greatly affected the smooth functioning of the healthcare system. Frequent attacks against the doctors, nurses and other healthcare providers have affected the quality of care and treatment of the patient.

Historical scenario and worldwide occurrence

Violence against the doctors, nurses and paramedical staff have been reported since the ancient times.[2] Medical vandalism is not restricted to a particular country. It has been reported all over the globe. Incidents were reported in the USA where over 100

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healthcare workers died as a result of vandalism during the period between 1980 and 1990.[3] It was reported from the Shandong province in June 2010 that a nurse and a doctor were stabbed to death by the son of a patient who died of liver cancer after 13 years. Another incident was reported from the Fujian province where a pediatrician was badly injured as he jumped out from the 5th floor window to escape from the violent relative of a newborn who had died under his care.[4]

The Indian perspective

Indian doctors and nurses are under immense pressure and fear in their workplaces. The number of cases of violence reported against healthcare professionals have increased dramatically in India. Verbal abuse is the most common form of violence experienced by the healthcare staff. The attack intensifies by a mob of random bystanders supporting the relatives even without knowing the cause. A study conducted by the Indian Medical Association (IMA) shows that more than 75% of the doctors face violence at work.[5] An incident was reported in Mansa district of Punjab in 2014 where a doctor's clinic was burnt down as a result of the death of a boy who died even after being referred to a tertiary hospital.[6] Nurses equally face such cruelty due to their close contact with patients and their relatives. Various studies have concluded that violence against nurses has an incidence rate of 25 per 10,000.[7]

This study was conducted to assess the psychology and opinions of the subjects about vandalism in practice of medicine and the various factors triggering the issue, actions taken by the nurses and other healthcare workers after the incident and suggestions or advices to prevent similar events. This study did not include treating clinicians *per se* to have an unbiased idea from others but clinicians.

Aim

To assess the opinions of the stakeholders in healthcare facilities about vandalism in today's medical practice.

Methods

A cross-sectional survey study was conducted in Acharya Vinoba Bhave Rural Hospital, a 1200-bedded tertiary care hospital situated in Sawangi (Meghe), Wardha, Maharashtra, India from March 2019 to August 2019. The present study was conducted after obtaining ethical committee clearance on 10/03/2019.

The study subjects included nursing staff, patient's relatives, security personnel and non-medical staff in the Emergency Care Units and wards. The present study did not include any of the treating physicians.

A detailed questionnaire was prepared and translated to the local language (Marathi).[8] It was distributed to all the subjects for duration of 10 minutes after which the questionnaires were collected back. The aim and the method of conducting the study were elaborated to the participants. A written informed consent

was obtained from every participant. Any queries regarding the survey were answered by the research team. The current study was validated by the Department of Community Medicine, Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences (Deemed University); by the School for Health Professions Education and Research (SHPER) and by the Research and Development Cell, JNMC, DMIMS (DU). Institutional ethical clearance was obtained before the commencement of this study.

Separate questionnaires were made for each stakeholder. Information included basic demographic details, prevalence of vandalism, experiences of vandalism at work, various factors causing medical vandalism, initiatives taken by the respondents to curb vandalism and awareness about various laws implemented by the government that help prevent vandalism. The relatives of patients in casualty and those admitted in the critical care units (CCU) and wards were questioned based on 3 dimensions:
a. Dimension of informing
b. Dimension of empathy
c. Dimension of trust

Compilation of the entire data collected was done in a MS Excel Spreadsheet. Analysis was done by using SPSS 24.0 version statistical package using descriptive statistics only.

Results

The survey comprised of 360 participants that included 100 nurses, 200 patient's relatives, 30 security personnel and 30 non-medical staff. Almost equal number of males and females were interviewed among the relatives while the group of nurses comprised of mainly females and the last group mainly involved men.

Nurses

Amongst the nurses who took part in the survey, 92% agreed to the existence of medical vandalism. Almost half of them (49%) were of the opinion that vandalism is prevalent in private hospitals, up against 29% of them who found it more in government hospitals and 22% of them who find it relevant in both places. 86% of the nurses agreed to the problem increasing nowadays and only 64% of the participants felt safe in their workplaces. Among the factors triggering vandalism, overcrowding seemed to be the major problem (76%), followed by lack of skilled healthcare providers in Emergency Care Units (53%), poor patient relative's background (47%), medical negligence (32%), non-availability of drugs (28%), sudden death in casualty (27%) and lack of resources in a hospital setup (8%). *(Values represented in brackets denote the percentage of nurses who agreed to that particular factor being a trigger for vandalism)* 45% of the nurses reported to have experienced vandalism earlier while 35% fear to be at the risk of being a victim of medical vandalism. When asked about their response in case of an incidence of vandalism, 72% preferred to inform higher hospital authorities, while 17% of the subjects preferred police intimation and the rest preferred to

be silent. The knowledge about laws (imprisonment and fines) with respect to medical vandalism seemed to be poor among the nursing staff interviewed, as only 49% of them were aware of the existence of such laws. Majority of the subjects (94%) believed that nurses were at more risk to vandalism as compared to doctors in a hospital setting.

Patient's relatives

200 individuals who were relatives of patients admitted in AVBRH were interviewed and 188 (94%) of them agreed to medical vandalism being existent in our country. The term 'Medical Vandalism' had encompassed a variety of deeds in the minds of the subjects as described graphically in Figure 1. Lack of patience among the relatives of patients was reportedly the greatest factor agreed to by the subjects among the other factors that trigger medical vandalism. Figure 2 depicts the graphical representation of the same.

When questioned about the attitude of the doctors and other hospital staff towards the patients and their relatives, 98% of the patient relatives admitted that generally they were being treated well, while the rest pointed out that they were treated rightly only after requesting the staff to do so. The subjects were asked various questions with respect to the following dimensions.
1. Dimension of informing as shown in Figure 3
2. Dimension of empathy as shown in Figure 4
3. Dimension of trust as shown in Figure 5

Security personnel and non-medical staff

All 60 subjects who were interviewed agreed to the existence of medical vandalism. Half (50%) of the individuals were of the opinion that vandalism was prominent in government institutions, while 13% thought they were more in private hospitals and the rest (28.3%) felt it was present in both setups. 93.33% individuals believed that the problem is increasing these days while the rest were of the opinion that the incidence rates have remained more or less constant. The workers were of a mixed opinion when asked about the factors that triggered vandalism. Figure 6 depicts their opinion.

Two-thirds (66.6%) of the subjects interviewed confessed to have experienced vandalism earlier in their workplaces and surprisingly none of them reported the event to higher officials. Lack of knowledge may be attributed as a reason for this as 20% of the

subjects were not aware of the necessity to report or document such an event. The security personnel and non-medical staff had equally agreed that proper security system and CCTV facilities were the main actions taken by the institution to prevent any incidents of vandalism. The graphical representations for the above results are depicted below in Figure 7. Overall, 80% of the study subjects interviewed were of the opinion that verbal abuse was more common than physical abuse. Figure 8 shows the above results:

Discussion

The rising occurrence of medical vandalism is becoming a huge burden for our country. This is the reason that intrigued us to conduct a study on this topic and similar studies enable us in spreading awareness that in turn helps in preventing such incidents in future. Our study provided an opportunity to assess the prevalence of medical vandalism, various factors leading to vandalism and the initiatives taken by the institution to combat vandalism. While the nurses were of the opinion that medical vandalism was predominantly more in the private sector, the non-medical staff felt it to be more common in the governmental institutions. Nevertheless, other studies have reported that violence against healthcare professionals occurs at an immense rate in the private healthcare establishments mainly. Majority of our respondents believe that the problem is increasing in the current century which is also evident from other studies conducted elsewhere.[9] Our current study reported that almost half of the nurses along with two-thirds of the security personnel and the staff involved in the emergency care units, paramedics faced vandalism. Our study concluded that verbal abuse was more commonly experienced as compared to physical assaults. This is similar to the results obtained from the *Medscape Medical News* poll which involved nurses, physicians and pharmacists.[10] Another cross-sectional study conducted among the Jordanian nurses in 2010 reported that verbal abuse was prevalent from which shouting and swearing by the patient relatives were the frequent types.[11] The results of our study were consistent with other studies, which also reported that nurses were highly exposed to violence at workplace in comparison to physicians.[12-19] According
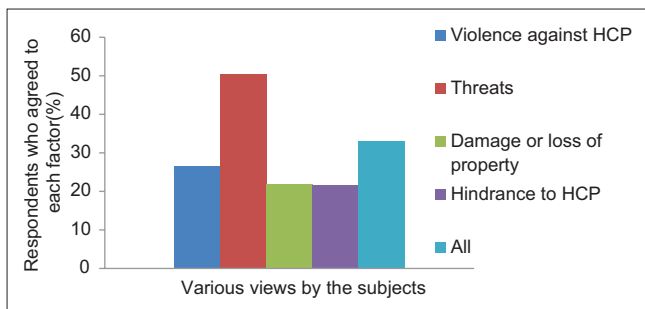

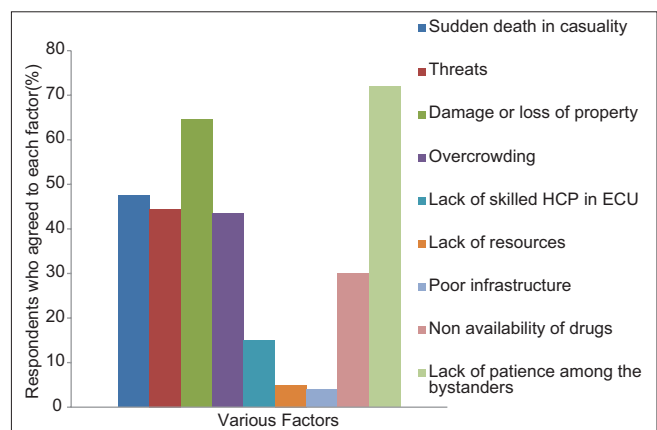**Figure 1:** Interpretation of vandalism by patient relatives

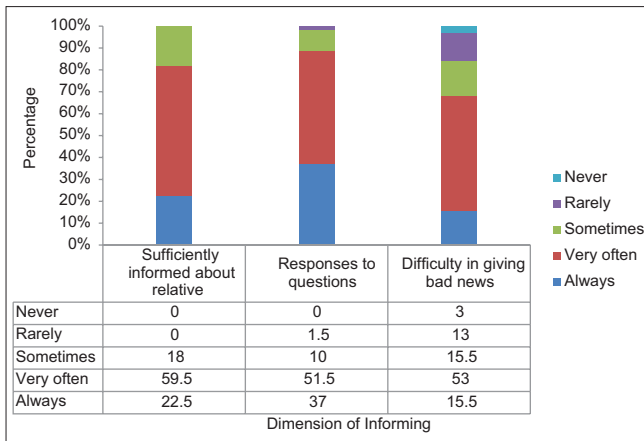**Figure 2:** Factors triggering medical vandalism
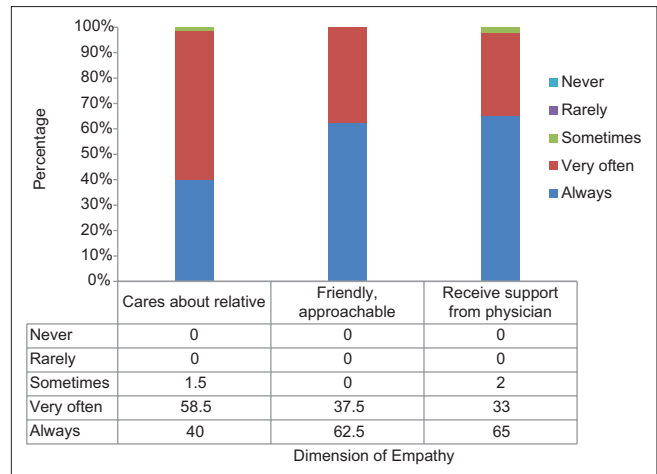
Figure 3: Dmension of informing

	Sufficiently informed about relative	Responses to questions	Difficulty in giving bad news
Never	0	0	3
Rarely	0	1.5	13
Sometimes	18	10	15.5
Very often	59.5	51.5	53
Always	22.5	37	15.5

Dimension of Informing

Figure 4: Dimension of empathy

	Cares about relative	Friendly, approachable	Receive support from physician
Never	0	0	0
Rarely	0	0	0
Sometimes	1.5	0	2
Very often	58.5	37.5	33
Always	40	62.5	65

Dimension of Empathy

Figure 5: Dimension of trust

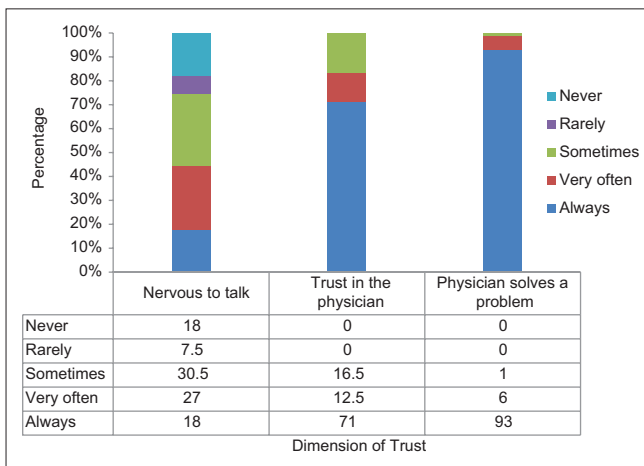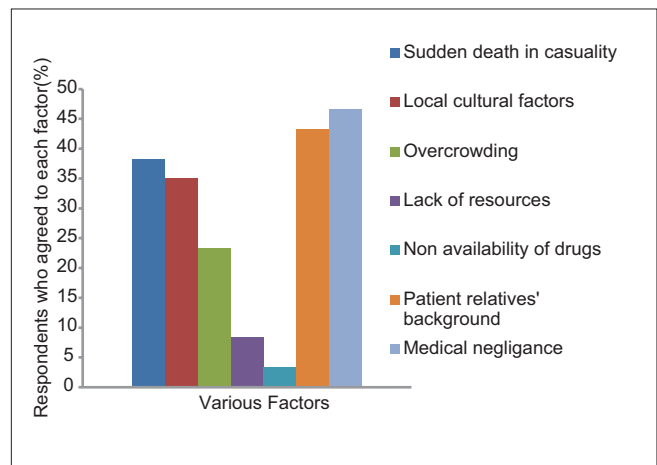|	Nervous to talk	Trust in the physician	Physician solves a problem
Never	18	0	0
Rarely	7.5	0	0
Sometimes	30.5	16.5	1
Very often	27	12.5	6
Always	18	71	93

Dimension of Trust

Figure 6: Factors triggering vandalism from the perspective of security personnel and non-medical staff
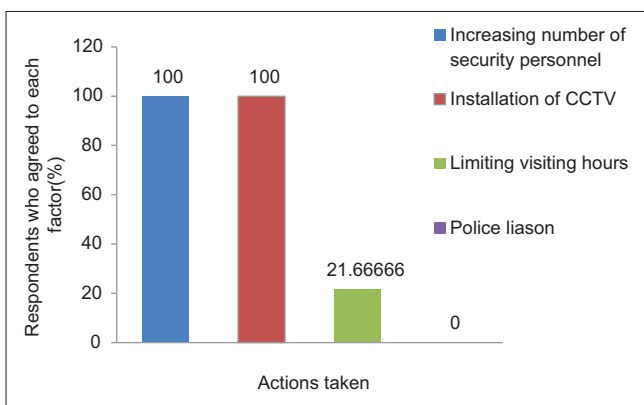

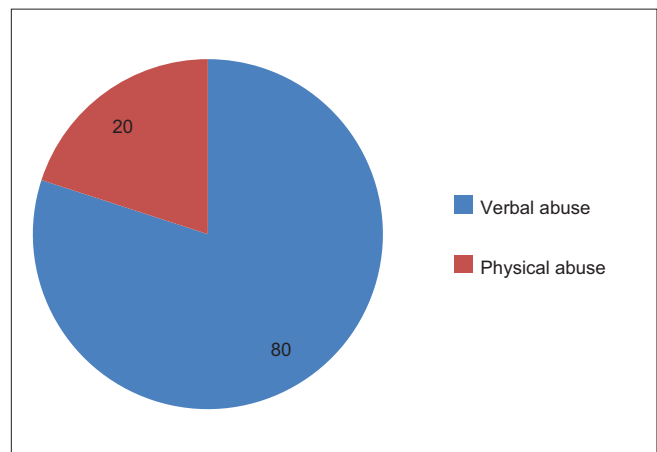**Figure 7:** Initiatives taken by the institution to curb vandalism

Figure 8: Form of abuse faced by the study subjects

to a survey done in Baghdad that covered 700 healthcare workers from 6 major hospitals and 20 primary healthcare centers, it was concluded that more than 85% of the workers were exposed to severe violence in their career. The major cause of violence was the unsatisfactory quality of medical services and lack of various hospital supplies. The global threat of violence negatively affects their physical and mental well-being therefore leading to poor work performances.[20]

Violence against the healthcare providers signifies lack of trust and an unhealthy doctor-patient relationship.[21] Through our study we were able to gather distinct opinions about various triggers of vandalism from the perspective of nurses, patient's relatives and other hospital staff. According to the responses

from the nurses, it was concluded that the major factor causing vandalism is overcrowding in the hospitals. Nurses find it difficult to manage a large group of patients and their relatives at a particular time in a small confined area. Almost half of the respondents also believe that the lack of skilled healthcare providers and poor cultural background of the relatives also trigger vandalism in a hospital setting. Majority of patient's relatives agreed to have lost patience while listening to the doctor's and nurse's briefing about the patient and about various medical procedures. Other studies reported that incidents occur as a result of patient dissatisfaction with the quality of health facilities.[22] A study conducted in Palestine in 2012 showed that the most of the violence eruption occurs due to lack of a proper policy or a procedure for reporting an incident and lack of actions taken against the perpetrators of violence.[23] Another study done among the healthcare workers in the Abha City, Saudi Arabia, reported that uneducated patients or relatives and the prolonged waiting time were the major causes of initiating such violence which was followed by personality of relatives, less number of hospital staff, overcrowding and lack of security personnel.[23] Some of the other factors were low health literacy rate, expensive healthcare services and lack of doctor-patient communication.[9] The current study conducted among the security personnel and other workers showed a mixed opinion about the various factors of vandalism, out of which medical negligence seemed to be the most important one. The patients, especially those visiting government hospitals, are often attended by the trainees. The duration of communication with the patient is usually less and this disrupts a healthy relationship between physicians and patients eventually resulting in violence.[24] The results of a cross-sectional study conducted among the health personnel in Iran showed that the majority of violence occurs due to lack of people's knowledge about the task of each staff in the hospital.[25]

In the present study, a large number of participants believed that the number of cases of medical vandalism being reported is increasing at higher rates which is in agreement with other studies too.[26] Our study focused on the satisfaction of patients and relatives with various healthcare facilities provided to them. More than half of the respondents reported that they were treated remarkably well in the hospital. The overall attitude of the respondents was evaluated in terms of three dimensions (informing, empathy and trust). The relatives were happy with the personality and approach of the physicians, nurses and other staff.

Safety of the patient in hospitals is the foundation of an efficient healthcare system. This can only be achieved when doctors and other medical personnel are ensured a safe working environment so that they can work with at most dedication and devotion. Various steps can be taken to curb medical vandalism. Strict laws must be implemented by the government to punish violators in order to protect the rights of healthcare professionals.[27] On the other hand, doctors and nurses should also initiate steps to avoid errors during management of a patient. Improving communication skills and training themselves for anxiety, alleviation techniques would serve as an effective tool in preventing vandalism in the long run.[28] Proper documentation of a patient's course of stay in hospital might not prevent violence but it may seem helpful later during when medico legal cases arise. It is necessary to be vigilant all the time to avoid any mishap and to make sure that every patient is given the highest quality care. We hope this study becomes an eye-opener and would help in initiating steps to curb medical vandalism in the near future. We also hope that no more lives of healthcare personnel are lost to violence. Medical vandalism is on the rise at an alarming rate. If this current scenario continues, then it would be a catastrophic blow to the morale of practicing clinicians and would shake the dignity of the whole medical fraternity. It should be dealt with utmost seriousness by all the stakeholders from citizens to governments of the community or else the health care system will collapse. This ugly truth is of prime concern and importance in today's medical practice.

Conclusion

Although violence against all healthcare professionals has been recorded since historical times, the current scenario of the country is disturbing. The lives of nurses and other healthcare staff are at jeopardy at work. Only a few cases are reported to the higher authorities and brought to public attention by the media.

As overcrowding was the major problem that initiated vandalism, an improved hospital security system need to be adopted providing 24 hour surveillance cameras and trained security personnel. Alarm system in the hospital should be improved and a strong connection with the nearby police station should be maintained in case of emergency. Adequate number of staff in every department would ease the problem caused due to overcrowding of patients. A centralized medical record maintenance system improves the quality of administration. The legislation has a central power to curb vandalism. Proper laws should be implemented by every state government to control such attacks. This should include imprisonment with compensation for the damage caused.

Above all, communication between the healthcare professionals and patients is the key element that needs to be refined at the earliest. A proper understanding about the health condition of the patient and the treatment outcomes should be maintained by the relative. Disputes between the patients and hospital staff should be solved through a grievance redressal system. Each stakeholder in the medical industry is responsible to prevent vandalism in their work environments. A healthy interaction with the relatives, hospital authorities, media and government helps to understand and improve the violence perpetrated against the healthcare system of the country.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other

clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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