

# Prospective Study of Attitude of MBBS Doctors toward Violence against Doctors

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## Abstract

**Introduction:** It is perceived that about 75% of doctors have faced some kind of violence at work, which is similar to the rates from other countries in the continent. A substantial proportion of doctors are in peril as they are victims of violence by their patients or relatives, which often is unreported.

**Methodology:** A structured study questionnaire was designed and prepared in the form of “Google Forms.”

**Results:** Student doctors tackling such abuse are known to develop psychological stress at most times; and come about with high functioning depression, fear, and post-traumatic stress disorders at such a preliminary stage of their practice. From this study, we explored that how doctors from being genuinely praised for their altruistic work to having faced social stigma and abuse.

**Conclusion:** We intent to fortify doctors to tackle this emerging issue for the safety of physicians. Drawing inference from the literature and graphical analysis, a sustainable way to alleviate duress on doctors would be ameliorating public health-care services and thus the quality of life. To fathom this issue and to tackle interludes of violence against doctors, it is of paramount importance that as a society, we concede this as a public health and safety challenge.

Keywords: Doctors, psychological stress, violence.

## Introduction

Workplace violence against doctors is an unfortunate reality of medical practice across the globe. According to the World Health Organization (WHO), workplace violence is defined as “incidents where staff is 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.” [1,2].

Violence against doctors is not only localized to the Indian subcontinent, but also rather prevalent throughout the world. Earliest studies of violence against doctors from the USA date back to the

1980s, where 57% of emergency care workers have been threatened with a weapon, [3], whereas in the UK, 52% of doctors reported some kind of violence [4]. In Asia, violence against medical professionals has been reported from China, Israel, Pakistan, and Bangladesh and prevalence rates have been higher when compared to those of Western countries. [5]

Amidst the injunctions and summons, medical practitioners or their colleagues have lost their lives and tarnished professional reputation due to floating and unreal expectations of patients is a major contributing factor. Systematic addressal and apprehension of this issue

can drastically eliminate violence in the medical fraternity. Hospitals in our nation have a huge cosmic paucity of medical amenities such as ambulatory surgical centers, admission beds, and ventilators. This can be confirmed by our health-care budget, which was just 1.29% of our GDP in 2019–2020 [6].

High time, Indian healthcare benchmarks the need to stop neglecting sociocultural predictors of health for people need to understand that these unjustified perpetrations of gender, caste, ethnicity, and religion in our health-care system are a menace to doctors in terms of providing equitable and ethical health-care service.

These sociocultural perpetrations stand out to be the reason why doctors on duty are mutilated emotionally and psychologically [7]. From this study, we could appreciate various trends about how doctors decorously riposte to acts of

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intolerable violence and came down to better organizational strategies for protecting student doctors who are at risk although further studies are needed to evaluate the efficacy of these measures to concord with workplace violence.

The violence and abuse against doctors, both verbal and physical, are illogical, and the malady is fast becoming pandemic. It is not easy being a doctor, it never has been. Today, the Indian doctor is isolated, defensive, and vulnerable. Like William Osler said, "The good physician treats the disease; the great physician treats the patient who has the disease." Similarly, we need to treat system rather than the issues. [2,8]. With scenarios, it is important to know the attitude of the budding doctors towards the current situation.

### **A brief review of literature**

No physician, however conscientious or careful, can tell what day or hour he may not be the object of some undeserved attack, malicious accusation, blackmail, or suit for damages....' Journal of the American Medical Association, 1892.[9] The violence against doctors is not a new phenomenon, its prevailing more than 10 decades. There was a time doctors who were respected and shown deference by the community of humankind as a whole. However, this is now seen seldom with time and the situation in India is getting unfortunate and distressing. Neoteric rise in violence enables us to root about further to make reforms in the psychology of the Indian population. Patients are often seen threatening doctors, browbeating them, and using means of violence such as punching, bullying, and hitting which when reflected on medical sociology is both, exceptional and exceptionable. Such behavior does not accord with Parsons's (1951) characterization of patients' obligations in doctor-patient relationships; nor with the prevailing ceremonial order of "gentility" in medical consultations (Strong, 1979a);

nor with the norm of doctors dominating consultations reported in many studies of doctor-patient communication (e.g., Waitzkin, 1991).

It is also seen that doctors in the Indian community have always been accorded with exceptionally high moral status both professionally and culturally. Historically, this profession was always regarded for hard work, dedication, and skill fullness. Overtime, unsupervised acts of medical negligence and misconduct tarnished this status of doctors in the medical fraternity by mistrust and medical lawsuits.

On the one hand, the nation's population is torpedoed with unregulated solitary advertisements, insinuating easy, one-shot cures, and oversimplified medical practices. On the flip side, there are round-the-clock news reports specifying negligence in medical practices, that incessantly makes people's faith in doctors hesitant and questionable.

One major reason observed was the he socio-cultural and occupational standards of medical practice in India cease to prioritize the reporting of workplace violence for doctors, second reason being, student doctors were found to be emboldened and encouraged to subdue most of the emotional stress caused due to perpetually long hours of studying during academic years and hospital shifts simultaneously.

Our nation's health-care framework seems to be at crossroads, upcoming enforcements in different sectors of health care but simultaneously being a victim of ineffective implementations of health services suffering from grave shortcomings such as polarity in terms of quality and affordability due to colossal economic burden. The MBBS pedagogy and curriculum involves innumerable episodes of abuse, bully culture, religion, and gender-based mortification of the subordinate doctors, which stands to lay down a tone for violence in medicine.

### **Aim**

1. This study aims to analyze the impact of work place violence on MBBS students.

### **Secondary objectives**

- The objective of the study was to study the attitude of MBBS doctors towards violence and opting for post graduate medical education.

### **Materials and Methods**

A structured study questionnaire was prepared in the form of "Google Forms" which included demographic details, academic qualification, practice setting, details of violence faced, its psychosocial impact, and effect on the management of patients. The survey questionnaire took approximately 10–15 minutes to fill. Data were collected using a questionnaire containing items for the assessment of workplace violence against doctors, its consequences among those who were assaulted, reporting mechanisms, and discerning risk factors. Google Forms are internet-based applications that allow collection of data from the end user through personalized and customized surveys. which hold nuances of question types such as open and closed-ended questions. The end-user responses are collected and stores in the cloud-based system, GOOGLE DRIVE. The participant details were recorded before beginning the survey and professional privacy was maintained, willing submission and filling of the form were considered to be an implied consent from the respondent.

### **Study site-**

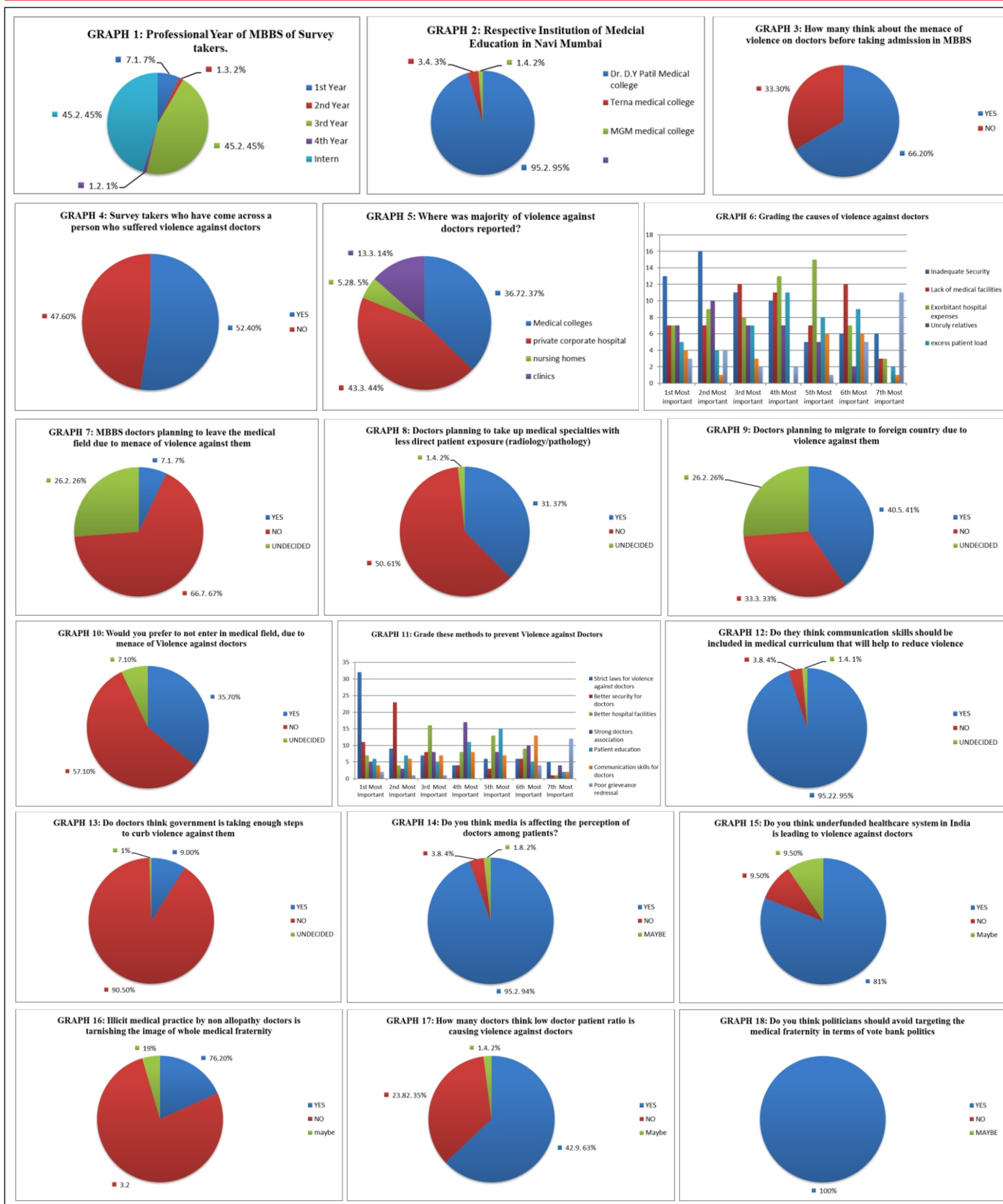
This study will be conducted in multiple medical colleges.

### **Study design -**

This was a Prospective observational cohort study.

### **Study duration -**

The study duration was February 2021-April 2021.



1000.

**Study population -**  
MBBS students.

**Sample size -**

## Results

### Interpretation and Graphical Analysis

Professional year of MBBS of survey takers

Majority of the survey takers belong to the internship year of MBBS. Medical interns are more vulnerable to abuse and

maltreatment and are often subjected to disrespectful interactions. Plausible cause can be long duty hours and multiple shifts through on a daily basis. Final prof. students were found to be the least on the survey, reason being exclusive study hours due to more number of academic subjects and respective practical.

### **Which medical college are you studying in**

Most doctors belonged to Dr. DY Patil Medical College, Nerul.

### **Did you think of menace of violence against doctors before taking admission in MBBS?**

Majority said yes, probably due to anarchy of central law that protects doctors against violence and no punishment guidelines for those found guilty. On the flip side, some voted No, since some doctors, often un-altered by the behavior and response of kin and patients came out to be ardent proponents of medical practice and service to humanity.

### **Have you ever come across a person who suffered violence against doctors**

More than 50% of the doctors have come across someone who have held up against the insults of kin and patient. The doctor is perceived more as a 'service provider' rather than a dedicated professional. Hence, the medical practice has become more defensive.

### **Where do you think majority of incidents of violence against doctor happen**

Majority voted for medical college premise being most susceptible to incidents of violence. One reason being, most medical colleges in India are associated with their own teaching and charitable trusts or hospitals. Naturally, types of OPD and IPD patients are unlearned proletarians. This makes medical colleges more vulnerable to

violence. Also, long waiting hours increase rush of patients and results in Mob restlessness.

### **Grade these causes of violence against doctors**

According to the votes, causes are graded in the following order (most important to least important):

1. Inadequate security for doctors
2. Unruly relatives
3. Lack of medical facilities
4. Exorbitant hospital expenses
5. Excess patient load.

### **Are you planning of leaving medical field due to menace of violence against doctors.**

Majority voted No as an answer, presumably taking a strong stand towards humanitarian service despite the physically and psychologically intoxicating hassles. They feel it's their duty and obligation to steer people towards their best selves. The medical fraternity continues to stick together and support each other.

### **Are you planning to take medical specialties with less direct patient exposure (non- clinical like radiology or pathology), due to menace of violence against doctors**

50% said No, meaning, they would still go ahead and choose surgical branches if given a choice keeping in mind the risks and repercussions of patient treatment. Although, 30% responded Yes, maybe due to direct impact of violence on site and less stressful work conditions.

### **Are you planning to migrate to foreign countries, due to menace of violence against doctors**

About 40% said Yes, since there is no absolute that provide a cover for doctors against any form of violence. The reason could be the constant demoralizing of doctors by the society. Doctors are not being given the same compassion and respect in this nation. Another reason

could be ghastly shifts and mere moral gratification.

### **Would you prefer to not enter in medical field, due to menace of violence against doctors**

Majority said No, they will still continue working in the field of medicine. The work conditions for these highly trained young doctors in many public hospitals are quite miserable. Many public hospitals are under equipped with inadequate facilities. Majority of them are monuments of apathy and disease. In addition, the salary that they get does not cover their basic needs and is not as per the inflation. Being in this profession can be quite stressful and hard especially while announcing critical medical conditions and near-death situation. But equally rewarding part of being a doctor is watching the relief, happiness on the faces of the patients and the attendants of a cured one.

### **Grade these methods to prevent violence against doctors**

According to the votes, methods are graded in the following order (most important to least important):

1. Strict laws for violence against doctors
2. Better security for doctors
3. Better hospital facilities
4. Strong doctors' association
5. Patient education
6. Communication skills for doctors
7. Poor grievance redressal.

### **Do you think communication skills should be included in medical curriculum that will help decrease violence against doctors**

**More than 90% voted YES.**

Majority votes could be due to the fact that doctors during medical education and in hospitals need to be trained with soft skills to speak to patients and their kin. Although, most tertiary and private centers have counselors, In India, major population still seek treatment from government centers that suffer shortage



of hands and communication skills at all levels. Doctors and paramedical staff need to train for holding up critical conversations with patient families.

### **Do you think government is taking enough steps to curb violence against doctors**

About 90% voted NO likely because it is time the government hiked pay for doctors and staff in its hospitals and implemented standard protocols which would help doctors to provide safe and sound practice of medical practice.

### **Do you think media is affecting the perception of doctors among patients**

More than 90% voted YES.

### **Do you think underfunded health-care system in India leading to violence's against doctors**

Majority said YES.

Indian govt. needs to spend a larger proportion of the GDP on health-care sector. They need for robust security system against medical negligence is of utmost importance.

### **Do you think low doctor-patient ratio causing violence against doctors**

Majority voted YES.

Inadequate doctor-to-patient ratio leads to burnout among doctors due to prolonged working hours and attending to a large number of patients, at times with limited resources despite which doctors are not rewarded well monetarily. Statistically, the ratio of doctors to patient is low but a major limitation being, the statistics does not consider over-the-counter practice and the practice of medicine by non-allopathic sector. Due to huge patient load, sometimes doctors consult more than one patient at a time., which risks the privacy of every patient's medical and sexual history. This leads to hesitancy in disclosing crucial information from the patients end which may be needed for appropriate diagnosis. This leads to

massive breach of confidentiality.

### **Politicians should avoid targeting medical fraternity in terms of vote bank politics**

All voted YES.

India, being an ancient civilization with inhomogeneous, vibrant, pluralistic society with legacies of discrimination, has maze of laws. However, many of the present- day government decisions are based on vote bank politics. In fact, all who have actually taken the benefit once, continue to take reserved seats based on their caste, in spite of improved economic status major motives being money and political mileage. Reservation in specialty and subspecialty courses also leads to inhomogeneous clinical acumen among doctors. This positive discrimination does not stop till education in medical courses, but continues in job selection and promotion of medical teachers/consultants and faculties.

### **Discussion**

Violence against doctors, A global pandemic?

In 2010, the Doctors Protection Act was established, which proposed harsher punishment for the perpetrators of violence in hospitals, but in vain. The fear of jurisdiction is a deterrent to most felonies but this does not stand true in case of healthcare! It is well established that patients are the primary source of violence directed toward health-care providers.

In the ED, in particular, patient violence has been associated with drug or alcohol intoxication and mental health crises [5]. While these might also be factors associated with visitor violence, high stress and poor communication also contribute to violent behavior in family members and visitors [6].

Lacunae within AETCOM (Attitude, Ethics, and Communication)

1. Socio-political issues related to caste, class, religion, and language and several

of the skirmishes between patients and health-care professionals are deep rooted. These issues must be introduced and discussed in the classroom so that medical graduates may be cognizant of potential skirmishes and how to control them.

2. Modules do not address issues such as treating victims of sexual abuse or attempting to understand the unique challenges faced by members of the LGBTQIA+ community

3. Include techniques for non-violent crisis prevention.

4. Death of a relative in the hospital is among the commonest triggers for violence against health-care professionals. Grief counseling, therefore, is an essential part of medical training to avoid improper explanation about the patients' health to their kin.

5. Doctors not taking ethically and legally correct measures like contacting the local police due to self-speculations and lowering the bar of severity of violence against them.

6. No guidelines for security cover against violence which is triggered by mob mentality and vote bank politics.

To derive to a rational fit, study of all parameters in the questionnaire will help to appropriately devise legible protocols to dominate against violence. Paramedical and security staff should be rehearsed for the same as reinforcement for doctors on duty. Limitation of the study being, questions concerning about sexual assault and coercion, as one of the listings of violence was not included in the study. followed by a code purple protocol. Violence of any form and in any work place setting should be reprimanded. The only plausible solution to this is a change in the attitudes of health-care providers and the patient community towards one another. Both doctors and patients play a binary role in cases of avoidable violence. It is important to understand that this is a fight against the sickness and not against the doctors. Its time doctors put their

self-pity aside and act with moral conviction.

Over the past few years, medicine has moved away from the usual benevolent practice. It is observed that conditions of hospital waiting rooms bear the most insults of violence, a way to avoid this is incorporating a very effective workplace design like establishing (closed circuit television systems (CCTV's), deployment adequately trained security staff, using metal detectors, and placement of code-purple alarms.

Drawing inference from the literature and graphical analysis, a sustainable way to alleviate duress on doctors would be ameliorating public health-care services and thus the quality of life. To fathom this issue and to tackle interludes of violence against doctors, it' is of paramount importance that as a society we concede this as a public health and safety challenge. It is evident that medical centers must have a code purple protocol and student doctors should be trained for this maneuver for all cases suspected and spontaneous incidences of violence. Doctors needed to feel more secure and assured before they choose to enter the field of medicine or start practicing this art of healing. This supports the fact that only a stern enforcement of laws and regulations will do justice to the professionals of this profession.

The IMA reportedly said, "Health-care violence has become an alarming phenomenon across the country. The real size of the problem is largely unknown and recent information shows that the current knowledge is the tip of the iceberg (sic)." What can be gleaned from existing data, which comprises independently published testimonies and analyses by doctors of violence against health workers (defined in most data as "doctors") are broad, macro-trends. Many reports quote an IMA survey, which claims that 80% of doctors in India are stressed in their profession, while 75% of doctors have dealt with some form of violence during their practice. This includes verbal, emotional, sexual, psychological, physical and cyber intimidation, threats, abuse, and occasionally even extreme bodily harm and injury caused by patients, patient-attendants, or even mobs of "miscreants." As many as, 62.8% of doctors are unable to see their patients without any fear of violence; 13.7% fear criminal prosecution most days of the week; and 57.7% of doctors have thought of hiring security in their premises. [10].

Budding younger generations, choose to not pickup medicine as a career if given a choice. Reason for opting out or experiencing the meager thought of choosing a parallel career branch after

entering MBBS stems from rising number of medico legal cases against doctors and feeling intimidated by outrageous episodes of violence on themselves or fellow fraternity. [11].

## Conclusion

Majority of the students will still continue working in the field of medicine and choose surgical branches if given a choice keeping in mind the risks and repercussions of patient treatment. The students vouch to take a strong stand toward humanitarian service despite the physically and psychologically intoxicating hassles. They feel that it is their duty and obligation to steer people towards their best selves.

Hence, based on the above study, we recommend that increase in trained security, increase in CCTV cameras, presence of trained counselors, inculcation of communication/oratory skills in the curriculum, and a change in the perception of the general population towards doctors.

**Declaration of patient consent:** The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the Journal. The patient understands that his name and initials will not be published, and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

**Conflict of Interest:** NIL; **Source of Support:** NIL

## References

1. Kuhn W. Violence in the emergency department. Managing aggressive patients in a high-stress environment. *Postgrad Med* 1999;105:143-8, 154.
2. Pitcher G. BMA survey finds one-third of doctors attacked physically or verbally in 2007. *Ethics, Health and Safety, HR STRATEGY, Latest News, Occupational Health, Stress, Wellbeing*. 2008 Jan 10
3. Nagpal N. Incidents of violence against doctors in India: Can these be prevented? *Natl Med J India* 2017;30:97-100; 2017
4. Available at : [www.who.int/violence\\_injury\\_prevention/violence/activities/workplace/background/en/](http://www.who.int/violence_injury_prevention/violence/activities/workplace/background/en/); 2013
5. Crilly, et al.; 2004. Gacki-Smith, et al.; 2009. Gillespie, Gates, and Berry; 2013.
6. Angland, Dowling, and Casey; 2014. Gillespie, et al.; 2013.
7. Available at: <http://Pubmed.ncbi.nlm.nih.gov/16676767/2006>.
8. John M. From Osler to the cone technique. *HSR Proc Intensive Care Cardiovasc Anesth*. 2013; 5 (1): 57-58.
9. Assaults upon medical men. *JAMA*. 1892;18:399-400.

10. Nagpal N. Incidents of violence against doctors in India: Can these be prevented? Natl Med J India 2017;30:97-100; 2017
11. [https://www.mospi.gov.in/documents/213904/848928/annual\\_report\\_2020\\_21\\_eng.pdf/d448c47a-fa4e-17c5-7a34-e8fe3063b06a?t=1613993557446](https://www.mospi.gov.in/documents/213904/848928/annual_report_2020_21_eng.pdf/d448c47a-fa4e-17c5-7a34-e8fe3063b06a?t=1613993557446); 2020

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