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VIOLENCE AND ABUSE FACED BY JUNIOR PHYSICIANS IN THE EMERGENCY DEPARTMENT FROM PATIENTS AND THEIR CARETAKERS: A NATIONWIDE STUDY FROM PAKISTAN

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Abstract—Background: Across the globe, physicians in the emergency department (ED) are subject to violence by patients and visitors. This has been shown to have negative effects on patient care and physician performance. **Study Objectives:** This study was conducted to determine the magnitude of the problem in a developing country, to examine the effects of ED violence on physician satisfaction and performance, and to identify underlying etiologies and potential solutions. **Methods and Setting:** This nationwide cross-sectional study examined physicians-in-training ($n = 675$) in the EDs of nine major tertiary care hospitals in Pakistan. **Results:** The study reveals a significant problem, with 76.9% of physicians facing verbal (65.0%) or physical (11.9%) abuse from patients or their caretakers in the previous 2 months. Male physicians were more likely than female physicians to be victims of such episodes ($p < 0.05$), as were physicians who had spent more than 60 h in the ED in the past 2 months ($p < 0.0001$). Reduced job satisfaction and a decline in the quality of job performance were reported by 40.7% and 44.3% of physicians, respectively. Junior trainee physicians were more likely to report impairment in job performance

when compared to their senior colleagues ($p = 0.014$). Patients' lack of education, overcrowding in the ED, and lack of coverage by security staff were identified as the major areas that need attention to address the problem. **Conclusion:** This study provides further evidence of the global prevalence of the problem, with the first nationwide epidemiological study performed in a developing country. © 2012 Elsevier Inc.

Keywords—violence; abuse; emergency department; physical; verbal

INTRODUCTION

Violence in the emergency department (ED) is recognized as a global concern (1). This subject has been studied in detail in the developed world, emphasizing the magnitude of the problem and its negative effects on patient health and physician performance. Pakistan is a developing nation with its own specific cultural,

socioeconomic, and ethnic characteristics. As a result, when it comes to physician-patient relationships, the perceptions and behaviors of people may be different from other countries. In this study, we tried to determine the magnitude and types of violence faced by physicians in EDs in Pakistan, and the possible etiologies of and proposed solutions to this problem. To our knowledge, this is the first study of its kind in Pakistan. We conducted a nationwide analysis encompassing EDs in nine major tertiary care hospitals across the country. We also compare our results to similar studies conducted elsewhere in the world.

MATERIALS AND METHODS

Fifteen public-sector tertiary-care teaching hospitals were identified in the nation of Pakistan. A stratified sampling was performed that selected 10 EDs in government-owned public-sector hospitals, situated in all four provinces of the country. One province, Baluchistan (containing one of the 10 selected hospitals) could not be included in the study due to unavoidable logistical and security reasons. All of the nine EDs included in the study reported over 20,000 patient visits per year, and they all serve a mixed urban and rural population.

The study tool was an anonymous, self-administered questionnaire comprising 32 items. The survey questions elicited the respondents' experiences in the EDs of their hospitals with respect to both verbal and physical abuse by patients or their caretakers that had occurred in the past 2 months. Such verbal or physical abuse, if present, was further classified into brief categories of the types of abuse experienced. Verbal abuse included the categories of shouting, foul language, rude tone, cursing and verbal threats; physical abuse categories were pushing, hair pulling, slapping, kicking, and physical threats (e.g., raising fists). Caretakers were defined as individuals accompanying a patient to the ED or arriving later, including but not limited to immediate relatives (child, parent, or sibling), near-to-distant relatives, friends, or general acquaintances. In the health care setup of Pakistan, patient-caretakers are commonly referred to as "attendants."

Questions on the survey asked physician participants about their perception of the factors responsible for incidents of violent behavior. These included patient or caretaker factors (drug abuse, psychiatric disorder, serious illness, death, lack of education, high societal status such as politicians, or other) and hospital service factors (lack of equipment needed for treatment, improper treatment, not enough staff, too many caretakers, or other). The questionnaire also elicited the effects of such abuse on their job satisfaction and job performance, for example, changing to another department to avoid victimization in the ED. Also assessed were whether or not

violent incidents were reported to the hospital administration, and the level of support from security personnel and action taken by them. Finally, the physicians' coping mechanisms and their recommendations for prevention of such violence were elicited. The majority of the questions were closed-ended, requiring single-best-type answers, with the exception of a few questions eliciting perception for which multiple answers were allowed.

Approval for the study was obtained from the ethical review committee of the Center for Health Research, Lahore, Pakistan. The study was conducted in compliance with the Helsinki Declaration of "Ethical Principles for Medical Research involving Human Subjects" (2). Respondent names were not recorded to assure confidentiality. Verbal consent was obtained from all participants and documented in the presence of a witness.

The questionnaires were distributed in person to physicians-in-training in the general medicine departments at all study sites between March and October 2007. The study sample included a total of 675 respondents (trainee physicians). The ages of physicians included in the study ranged from 23 to 38 years, and academic qualification was categorized as MBBS, FCPS Part I or FCPS Parts I and II. In the local system of medical education, MBBS (Bachelor of Medicine and Surgery) is the degree awarded at the completion of a 5-year undergraduate program at a Pakistan Medical and Dental Council (PMDC)-recognized medical school. This is followed by postgraduate training and subsequent qualification of the Fellowship of College of Physicians and Surgeons (FCPS). FCPS Part I is taken after the first postgraduate intern year, and Part II qualification is awarded just before completion of a 4–6-year training program. There is no specialty of Emergency Medicine in Pakistan and, as such, there are no dedicated Emergency Medicine residency programs. The role of emergency physician is assumed by physicians under training in the general medicine department, who are required to work considerable time in the ED and are responsible for admitting patients.

Statistical analysis was performed based on the frequency of responses. Statistical differences were computed using SPSS software (SPSS Inc., Chicago, IL) and Pearson chi-squared analysis, Fisher's exact test, and percent ratios where appropriate. Level of significance was set at 5% ($p < 0.05$).

RESULTS

A total of 723 questionnaires were distributed proportionally among the nine study sites. Complete forms were collected from 675 respondents, for a response rate of 93%. The study sample had almost equal representation of male (53.3%) and female (46.7%) physicians in

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