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## **Violence: Recognition, Management and Prevention**

### **WORKPLACE VIOLENCE AND SELF-REPORTED PSYCHOLOGICAL HEALTH: COPING WITH POST-TRAUMATIC STRESS, MENTAL DISTRESS, AND BURNOUT AMONG PHYSICIANS WORKING IN THE EMERGENCY DEPARTMENTS COMPARED TO OTHER SPECIALTIES IN PAKISTAN**

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**Abstract—Background:** Little is known about the mental health impact of workplace violence (WPV) among emergency physicians (EPs) working in emergency departments (EDs) in Pakistan and whether this impact varies across specialties. **Objectives:** Our aim was to measure the prevalence of WPV among EPs in 4 of the largest hospitals in Karachi, Pakistan; to measure the association between the experience of WPV and self-report of post-traumatic stress disorder (PTSD), depression, anxiety, and burnout; to compare the same factors across medical specialties; and to explore the coping strategies used by physicians in dealing with job-related stressors. **Methods:** A cross-sectional survey was conducted among 179 physicians from 5 specialties (response rate, 92.2%) using standard questionnaires for WPV, PTSD, burnout, current mental distress, and methods of coping. **Results:** One in 6 physicians reported experiencing a physical attack and 3 in 5 verbal abuse on the job in the previous 12 months. Pathologists were less likely to report any form of WPV compared to all other specialties. There was, however, no difference in experience of WPV between EPs and internists, surgeons, or pediatricians. One in 6 physicians screened positive for PTSD, and 2 in 5 for current anxiety and depression. There was significant comorbidity of mental distress with PTSD. Those who reported experiencing physical attack were 6.7 times more likely to report PTSD symptoms. We also found

high rates of burnout (42.4% emotional exhaustion; 72.9% depersonalization) among physicians. **Conclusion:** Experience of WPV was not uniform across specialties but was generally high among Pakistani physicians. Prevention of WPV should be a high priority for health care policy makers. © 2015 Elsevier Inc.

**Keywords—**anxiety; burnout; coping; depression; emergency department; emergency physician; Karachi; mental health; Pakistan; post-traumatic stress disorder; workplace violence

#### **INTRODUCTION**

Workplace violence (WPV), verbal abuse and threatened or actual physical violence in the workplace, is a significant challenge faced by physicians worldwide (1–4). Some studies suggest that emergency physicians (EPs), because of the front line nature of their jobs, are at an increased risk of experiencing WPV compared to other clinical specialties (2,4). However, few studies have compared experience of WPV across specialties using uniform methods. Experiencing WPV has been associated with a higher rate of burnout - defined as “a psychological syndrome in response to chronic interpersonal stressors on the job” that is characterized

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by “an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment” - among physicians (5,6). WPV, especially in the form of a direct threat to life, also can result in the development of post-traumatic stress disorder (PTSD), depression, and anxiety (7). Physicians’ poor mental health and burnout have in turn been associated with higher rates of medical errors and suboptimal patient care (8–11). However, while considerable attention has been paid to measuring the experience of WPV among EPs and nurses, there has been comparatively little work done on measuring the mental health impact on physicians of experiencing WPV and whether this impact is uniform across various clinical specialties.

One factor that is likely to play an important role in modifying the mental health impact of WPV on physicians is the coping strategies they use. Coping refers to “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (12). There is scant information on how physicians, especially in resource-constrained settings in low- and middle-income countries, cope with stressors like WPV, what coping strategies they use, and what, if any, association exists between coping strategies and the mental health impact of experiencing stressors like WPV.

The aims of this study were threefold: first, to update findings of a study reported earlier regarding prevalence of WPV among EPs in 4 of the largest hospitals in Karachi, Pakistan, and to compare their experience of WPV with the experience of physicians in other medical specialties; second, to measure the association between experience of WPV and symptoms of PTSD, psychological morbidity, and burnout among physicians and to compare these experiences across specialties; and third, to explore the coping strategies used by physicians in dealing with job-related stressors (1).

## METHODS

### *Study Design and Setting*

This study was a cross-sectional survey conducted in 4 of the largest tertiary care hospitals in Karachi, Pakistan. Selected characteristics of these hospitals are presented in Table 1. We planned to approach all physicians working in the emergency departments (EDs) of the 4 participating hospitals and, for comparison, all physicians working in selected departments in 4 other specialties within specific hospitals. The specialties (internal medicine, surgery, pediatrics, and pathology-hematology) were chosen to offer a range in physicians’ interaction with patients and their caregivers. The study was approved by the ethics review committee of Aga Khan University Hospital (2447-EM-ERC-13) and the review boards or departmental chairs of all the participating hospitals.

### *Selection of Participants*

We obtained a complete duty roster of physicians working in the EDs of all 4 participating hospitals and in the departments of internal medicine in Civil Karachi, of surgery in Abbasi Shaheed, of pediatrics in Jinnah postgraduate, and of pathology-hematology in Aga Khan University at the beginning of February 2013. Trained research assistants then approached all personnel on the roster in person to explain the objectives of the study and to invite them to participate. Participants were enrolled after they provided written consent and were requested to fill out the paper questionnaire without providing identifying information and to return the questionnaires to the research assistants. Participants were blinded to any specific hypotheses of the study and no compensation was offered for participation. Data collection lasted until November 2013.

**Table 1. Selected Characteristics of the Hospitals Participating in the Study**

Hospital*	Authority to Register Medicolegal Complaints	Status	No. of Physicians and Nurses in ED per day (All Shifts Included)	No. of Patients seen per day in the ED	Approximate Total No. of Beds in the Hospital
Aga Khan University	No	Private nonprofit hospital	35–45 physicians and 45–55 nurses	200–250	600
Abbasi Shaheed	Yes	Public hospital	25–35 physicians and 50–60 nurses	900–1200	850
Jinnah Postgraduate Medical Center	Yes	Public hospital	25–30 physicians and 20–35 nurses	900–1200	1300
Civil Karachi	Yes	Public hospital	15–25 physicians and 20–30 nurses	900–1200	1900

ED = Emergency department.

\* All are full-service tertiary care hospitals with 24-hour emergency departments that work in 3 shifts and are teaching hospitals for affiliated medical schools and for postgraduate training. Treatment in the public hospitals is free to patients; in private hospitals, it is mostly out of pocket.

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