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EXPLORING PUBLIC PERSPECTIVES ON VIOLENCE AGAINST HEALTHCARE WORKERS: A QUALITATIVE STUDY IN A TERTIARY CARE CENTER IN KANCHEEPURAM DISTRICT

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Abstract
Violence against healthcare workers emerged as a critical global issue, posing significant threats to the physical and psychological well-being of those committed to providing care. Despite increased awareness and ongoing efforts to combat this problem, incidents of violence in healthcare settings continued to rise, adversely affecting patient and healthcare professionals' safety, quality of care, and the overall functioning of healthcare systems.
This qualitative study aimed to explore public perceptions of violence against healthcare workers, specifically focusing on patients and attendants in a tertiary care centre. Through in-depth interviews and open-ended discussions, the research addressed a notable gap in the existing literature, which primarily concentrated on the perspectives of healthcare workers, often overlooking the viewpoints of patients and their families. Participants expressed concerns about the stress and frustration they faced in healthcare settings, often exacerbated by long wait times and perceived inadequacies in care. Patients highlighted that the emotional turmoil associated with health crises could lead to aggressive interactions, sometimes directed at staff. Attendants echoed these sentiments, noting that the lack of effective communication and support could escalate tensions, leading to confrontations
Insights gained from this study were intended to inform the development of targeted interventions to foster a safer environment for healthcare professionals. Ultimately, such measures would enhance the safety and well-being of healthcare workers and improve overall patient care outcomes. By prioritising the safety of those who provide care, healthcare systems can create a more supportive and effective environment for patients and providers.

Keywords: Violence, Health care workers, public, emotions, safety

INTRODUCTION

Violence against healthcare workers has become a pressing issue globally, significantly affecting the well-being of both healthcare providers and the quality of patient care. Defined as any act of aggression, intimidation, or abuse directed towards healthcare personnel, this phenomenon poses serious challenges to the healthcare system's functioning and the safety of those who dedicate their lives to patient care[1]
In tertiary care centres, where patients often require specialised and intensive medical attention, the potential for violence against healthcare workers is heightened due to factors such as high patient acuity, long waiting times, and emotionally charged situations. Despite increasing recognition of this issue, there remains a gap in understanding the perspectives of patients and attenders—the individuals who directly interact with healthcare providers in these settings[2].
This qualitative study aims to explore the attitudes, perceptions, and experiences of patients and attenders regarding violence against healthcare workers within a tertiary care centre. By eliciting their viewpoints, this research seeks to uncover underlying reasons, triggers, and potential mitigating factors associated with such incidents. Furthermore, understanding the public's perspectives on this issue is crucial for developing effective

strategies and policies to prevent violence, ensure the safety of healthcare workers, and ultimately enhance the quality of patient care[3].
Through in-depth interviews and thematic analysis, this study endeavours to provide valuable insights that can inform evidence-based interventions aimed at fostering a safer and more respectful healthcare environment for all stakeholders involved. By addressing these complex dynamics from the perspective of those directly affected, this research endeavours to contribute meaningfully to the ongoing discourse on violence prevention in healthcare settings.

MATERIALS AND METHODS

Study Design
This short study was designed to explore the perspectives of patients and their attendants on violence against health care workers in a tertiary care centre. A qualitative approach was chosen to gain in-depth insights into the attitudes, beliefs, and experiences of participants.
Setting
The study was conducted at a major tertiary care centre located in Kancheepuram district, known for handling complex and severe medical cases. This setting was selected due to its high patient volume and the critical nature of the medical services provided, which can contribute to heightened stress and potential for violent incidents.
Participants
Participants included patients receiving treatment at the tertiary care centre and their attendants in the Kancheepuram district. A purposive sampling strategy was used to ensure a diverse representation of views. Inclusion criteria were:

- Patients aged 18 years or older.
- Attendants (family members or friends) of patients.
- Willingness to participate in the study.

Exclusion criteria

- Critically ill or mentally unstablepatients (as diagnosed by psychiatrists) were excluded.

Data Collection
Data were collected using semi-structured interviews after obtaining ethical approval from the institutional review board for conducting the study.Face-to-face interviews were conducted with individual patients and attendants to gather personal experiences, observations they had during their stay and perspectives.18 Participants were interviewed and were stopped as there was data saturation. No members of the participant group were personally known to the authors. Each interview lasted approximately 20-30 minutes. The interview guide was developed based on the research questions and previous literature.
Confidentiality of information and anonymity of the participants were strictly maintained.All interviews were audio-recorded with the participant's consent and transcribed verbatim for analysis.
To find semantic themes and investigate relationships between them, an inductive thematic analysis was carried out.Transcripts were compared within and between each other using constant comparison.Through reflexivity and discussion among all authors, efforts were made to ensure that the themes reflected data rather than preexisting assumptions

RESULT

Sociodemographic Profile Of the Participants

A total of 18 participants were interviewed,ofwhom 11 were males and 7 were females, with a mean age of 36 years (minimum 19 years and maximum 67 years)(Table 1). One of the participants was a patient, the other 17 were attendees/Caretakers of the patient

Table 1: Sociodemographic profile of the study participants

Sno	Variables	Categories	Frequency(n)	Percentage
1	Gender	Male	11	61.1%
		Female	7	38.9%
2	Age	<20 years	1	5.6%
		21-40 years	11	61.1%
		41-60 years	5	27.8%
		>60 years	1	5.6%
3	Education	Illitrate	2	11.1%
		Middle school	3	16.7%

		High school/Diploma	4	22.2%
		Graduate	7	38.9%
		Post graduate	2	11.1%

Thematic Representation-Table 2

Sno	Themes	Subthemes
1	Type of violence	Verbal, Physical
2	Cause of violence	Ignorance,poorresponse,lowpatience,Financial situation
3	Response	Public

Theme 1 : Type of violence
Sub Theme 1 : verbal violence
Response 1: Verbal, almost daily, especially when it gets busy. Recently an attendee,because the delay in discharge procedures was very frustrating. He started scolding the doctor using rude words “How long will you take for discharge procedure, what do you think of us’
Response 2: The elderlypatient began to shout at lab technicians due to multiple pricks during blood withdrawal, “Don’t you have a brain why are you pricking this many time, are you experienced or not” because lab technicians had difficult-to-access veins as the patient was severely dehydrated
Response 3: Verbal violence,especially when it gets busy. Recently an attendee, because we didn't have beds, was very frustrated. He started calling us words like 'idiots, fools, irresponsible people."
Sub Theme 2 :Physical violence
Response 1 physical violence, The ICU patient died, hospital management asked to pay the balance amount but the attendee refused to pay “I won’t pay the balance amount, you can do whatever, you won’t bother about a patient, you bother only about money” then he scolded using bad words and started to fight with the ICU staffs-as noted by the participant who was an attender of an another patient
Theme 2 : Cause of violence
Sub Theme 1:Ignorance of hospital protocols
Response 1 The ICU patient's attender was shouting at the nurse and started to fight ‘‘allow me to see the patient, why are you not allowing me to see the patient, was very frustrated and started to fight” but it was not a visitor time
Response 2: The patient was dissatisfied with the doctor's treatment as the disease was not curing when questioned about that doctors were not that responsive
Sub Theme 2: poor response of healthcare workers
Response 1: "The patient became increasingly agitated and began shouting at the lab technician, expressing frustration over the delay in receiving their lab reports. This escalation eventually led to verbal confrontation and potential violence.
Sub Theme 3: low patience level of attenders
Response 1: Age factors. Participants stated that violence was more likely to occur with paediatric patients.As one interview participant described, "If the patient is a child, then the parent tends to get angry fast”.
Response 2: The patient's attendant, due to a lack of patience, began to shout at the doctor to start the treatment without admission(basic registration) because his son had an small cut injury in his hand,“ are you blind, his hand is bleeding, I won’t put admission, you first start the treatment”.
Sub Theme 4: Financial
Response 1: The Patient wasn't able to afford the medicines prescribed by the doctor, so he started shouting at the pharmacy to give him one extra tablet and not to create a scene
Response 2: Some treatments will not be covered by insurance, but the patients /attenders feel that the hospital management cheats them
Theme 3: Response
Sub Theme 1: Public response
Response 1: Some of the members of the public often show support and solidarity with healthcare workers who have experienced violence, some of them were indeed uncomfortable with or opposedto violence,so they choose to avoid engaging with it in various forms.
Response 2: Some participants feel that unless rude actions are taken by patients or attenders, the hospital management will be negligent toward patient care, and that the reason they engage in such actions

DISCUSSION

Workplace violence in the healthcare industry is an underreported, widespread, and ongoing issue that has been allowed and mostly disregarded.

Through qualitative interviews with patients and attendees, several themes emerged, shedding light on the complex dynamics contributing to such violence.

1. **Perceptions of Violence**: Many respondents perceived violence against HCWS as a significant issue, often attributing it to high-stress levels, long waiting times, and perceived negligence or lack of communication from medical staff. These perceptions underscore a fundamental disconnect between patient expectations and the realities of healthcare delivery[4].
2. **Contributing Factors**:
    - **Long Waiting Times**: Many participants cited extended waiting periods as a primary trigger for frustration, occasionally escalating into violent outbursts. This suggests a need for better management of patient flow and expectations.
    - **Perceived Negligence**: Instances where patients felt ignored or their concerns dismissed were frequently mentioned. This indicates a critical need for improved communication skills and empathy training for HCWS.
    - **Lack of Understanding**: Many respondents admitted to having limited understanding of the constraints under which HCWS operate. Educational interventions to inform the public about the challenges in health care might mitigate some frustrations.
3. **Cultural and Social Influences**: The cultural context also plays a crucial role. In some cultures, a lack of immediate and tangible results from HCWS can be perceived as incompetence, leading to aggressive behaviours. Social influences, such as peer pressure and societal norms regarding authority and respect, further compound this issue[6].
4. **Impact of Media**: Media portrayal of health care incidents can significantly influence public perception. Sensationalised reporting can lead to exaggerated fears and unrealistic expectations, which may contribute to violent reactions in critical situations[7].
5. **Preventive Measures**:
    - **Strengthening Security**: Both patients and attendees emphasised the need for improved security measures within the hospital premises. However, they also acknowledged that this should be balanced with maintaining a welcoming environment[8].
    - **Communication Strategies**: Implementing robust communication strategies, such as regular updates about delays and transparent explanations regarding treatment plans, was suggested to alleviate tensions[9].
    - **Policy Implementation**: Respondents advocated for stringent policies and legal actions against perpetrators of violence to deter such behaviour.

The study highlights the multifaceted nature of violence against healthcare workers, driven by both systemic issues within healthcare facilities and broader societal attitudes. Key takeaways include:

- **Enhanced Communication**: There is a pressing need for healthcare facilities to prioritise effective communication strategies. Regular training for HCWs on empathy and patient handling can bridge the gap between patient expectations and service delivery. Proper reporting of healthcare violence should also mad mandatory to take proper steps, as a lot of violence goes unreported [10]
- **Public Education**: Educating the public about the realities of health care provision and the challenges faced by HCWS can foster greater understanding and patience among patients and attenders.
- **Policy and Security**: Establishing clear policies against violence and ensuring adequate security measures are crucial steps in creating a safe environment for both HCWS and patients.

Addressing the issue of violence against HCWS requires a holistic approach involving better management practices, public education, and stringent policies. By understanding the root causes and implementing targeted interventions, it is possible to reduce incidents of violence and improve the overall healthcare experience for both providers and recipients. The study has limitations;itfocused mostly on the protocols followed in one tertiary hospital and so cannot represent the general views of the patients and caretakers. Most of the participants were bystanders to the violence, and it was their perspective of the situation.

CONCLUSION

The qualitative study highlights the complex nature of violence against healthcare workers and its multifactorialaetiology. By fostering a culture of respect, improving communication, and implementing robust organisational policies, healthcare institutions can create safer environments for both patients and healthcare workers. Collaboration between stakeholders, including policymakers, healthcare professionals, and the public,

is essential in effecting meaningful change and ensuring the well-being of all involved in the healthcare ecosystem. It's essential to recognise the shared responsibility in maintaining a safe and respectful environment within healthcare settings. Patients and attenders play a crucial role in promoting calmness and non-violent interactions. Instead of resorting to aggression or confrontations, fostering open communication channels and expressing concerns constructively can lead to more effective resolutions. Healthcare professionals and patients/attendees can foster a culture of mutual respect by acknowledging and honouring each other's roles, rights, and viewpoints. This can eventually improve the standard of care and guarantee the safety and well-being of all parties involved

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