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RESEARCH ARTICLE

Narrative Research on Understanding Workplace Violence in Healthcare: Insights from Healthcare Professionals

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ABSTRACT

Background: Narrative research provides a unique and insightful approach to understanding personal experiences and narratives. This interviewing method allows participants ample time and scope to reflect upon their stories, enabling a deeper examination of the transformative elements within their narratives. We conducted narrative interviews in the form of a survey among healthcare professionals, focusing on the pressing issue of workplace violence (WPV). Our primary aim was to emphasize the significance and effectiveness of narrative interviews, especially when dealing with sensitive topics.

Methodology: A multicentric, cross-sectional study was conducted across India, using narrative interviews with healthcare professionals for a period of three months of duration (July 2022 to September 2022). An interview guide was designed and validated, and narrative interviews were conducted in a hybrid mode. The transcribed interviews were subjected to narrative analysis.

Results: Thirty-one healthcare professionals participated in the study, all of whom had either witnessed or experienced WPV. The participants identified inadequate communication, high patient-doctor ratio, and inadequate security measures as the primary factors contributing to WPV. These incidents result in adverse psychological effects and a decrease in work performance in healthcare providers. The participants expressed the importance of increasing awareness about the prevalence and detrimental effects of WPV, as well as the need to implement effective strategies to prevent and address it through narrative research.

Conclusion: Narrative research is a powerful tool to understand the in-depth feelings and perceptions of people on sensitive topics. In this study, healthcare professionals perceived WPV as an important area of concern in clinical practice. Poor communication skills and, a high patient-doctor ratio were the key causes.

Keywords: Workplace violence, healthcare professionals, narrative research.

Introduction

In the ever-changing world of qualitative research, narrative research stands out as a captivating method to understand the complexity of human experiences. By giving participants the freedom to share their stories through interviews, written narratives, or audiovisuals, this approach empowers them to have a say in the research process. This connection between researcher and respondent enhances the authenticity of the narratives.^{1,2}

Episodic narrative interviews provide a unique and insightful approach to understanding personal experiences and narratives. This interviewing method allows participants ample time to reflect upon their stories, enabling a deeper examination of the transformative elements within their narratives.^{3,4,5} By focusing on a single phenomenon of interest, these interviews delve into the specific aspects that shape individuals' experiences, leading to a more comprehensive understanding of their journey.^{6,7} The narrative interviews are conducted by following specific steps depicted in Fig 1.



Fig 1: The steps for the conduct of narrative interviews.

We conducted narrative interviews in the form of a survey among healthcare professionals, focusing on the pressing issue of workplace violence (WPV). Our primary aim was to emphasize the significance and effectiveness of narrative interviews, especially when dealing with sensitive topics. Through this approach, we intended to bring attention to the power of storytelling in shedding light on sensitive issues such as workplace violence. By using narrative interviews, we sought to explore the data in a more comprehensive and empathetic manner, delving into the personal experiences and emotions of participants.

Workplace violence is a significant issue globally, affecting workers in a range of industries and countries. The World Health Organization (WHO) defines workplace violence as "incidents where staff are abused, threatened, or assaulted in circumstances related to their work, including commuting to and from work, and which involves an explicit or implicit challenge to their safety, well-being, or health"⁸ Compared to all other workers, workplace violence seen in healthcare workers is four times higher and hence requires a longer time away from work.^{9,10,11} In spite of WPV being a prevalent issue in healthcare settings, it often goes underreported and ignored.¹¹

This type of violence can range from verbal abuse and threats to physical assaults, and it can have serious consequences for the health and well-being of healthcare workers and their motivation to provide high quality patient care.^{12,13,14}

Through this survey we aimed to capture the perspectives of healthcare professionals, to reveal the fundamental underlying factors, psychological ramifications, and coping mechanisms associated with workplace violence.

Materials and Methods

This qualitative study using narrative interviews was conducted for three months of duration (July 2022 to September 2022). It was a multicenter study, conducted at 31 sites across India. Sampling was done among health care professionals (Medical and Dental) with work experience of more than 10 years across India. Participants were selected through purposive sampling and informed consent was taken from all the participants.

A narrative interview guide was developed through several discussions among core committee members, and it was then validated by the external and internal subject experts.

The narrative research interviews included detailed planning of the interview, introduction of the topic, rapport building with interviewee then initiating the interview as per interview guide followed by active listening and probing when needed and concluding with an appropriate closure where the interviewee was encouraged to ask queries and share any additional information. Total of 31 narrative interviews were conducted by investigators

regarding experience and perception of "Workplace violence" among study subjects.

The interviews were conducted using hybrid mode i.e., via online platform or onsite after making the interviewee comfortable, and complete anonymity was maintained. There was no time limit set as the investigators wanted to hear and understand the narratives of the interviewee in detail. Data was collected till the saturation was achieved in responses of respondents.

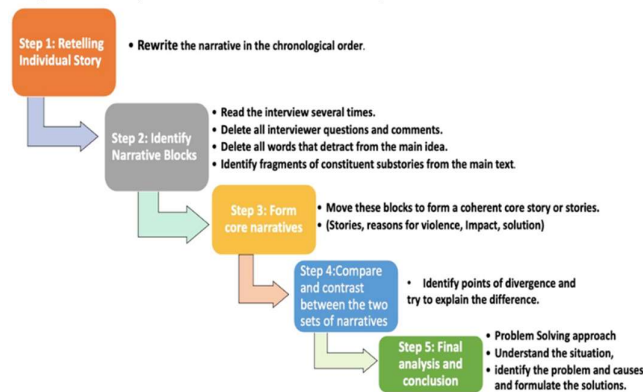
ETHICAL CONSIDERATION:

The study was conducted after the clearance from the Institutional Ethics Committee of the institute (GU/AHREC/EC/2022/2165). The informed consent of participants was obtained and the consent to record the interview was taken.

STATISTICAL ANALYSIS:

The interviews were by transcribed by an independent team of volunteer members in order to avoid bias. Narrative analysis (Qualitative) was carried out on the transcribed data. The steps involved in narrative analysis were as shown in the Fig2.

Fig -2: Steps of Narrative analysis



Results

In this study, we examined the narratives of thirty-one healthcare workers who have experienced or witnessed the WPV in their workplaces. The narrative interview was conducted as per validated narrative guide. The questions were classified in four phases of the interview namely the initiation phase, main narration, questioning phase and the concluding talk as depicted in Fig 3

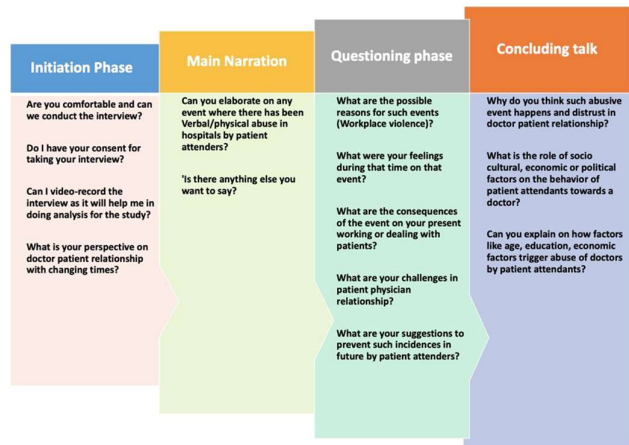


Fig 3: The narrative guide with the questions for the narrative interview on WPV.

The narrative interviews lasted 30-45 minutes.

Five narrative blocks were identified based on the themes that emerged from the narratives of the participants. These narrative blocks are as follows:

Table 1 Narrative blocks created from the transcribed data

SN.	NARRATIVE BLOCKS
1.	Perception of the doctor-patient relationship
2.	Experiences of WPV
3.	Impact of WPV
4.	Causes for WPV
5.	Way to prevent WPV

Core narratives are summarized in the supplementary document. Some of the interviewees may have discussed their personal experiences of being a victim of WPV or witnessing WPV in their workplace.

Fig 4: Excerpts from the narrative interview on experiences of Workplace Violence by the interviewees

● "A Patient had come to the OPD for a toothache, but was incidentally found to have a white patch in his mouth. Then he was taken to 3-4 different departments in order to address this patch rather than his chief

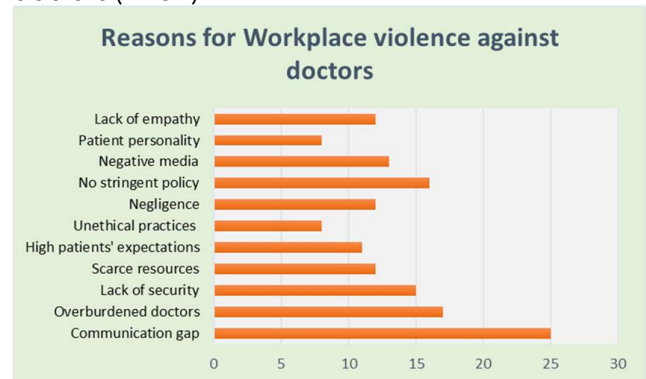
complaint, much to his growing frustration. At which point he reached his tipping point and threw his file on the floor and started shouting at everyone.”

- “The patient had to wait long hours just to get the date. He was very angry and started to yell at us saying that people in government hospitals don't work.
- “On a busy day, stretchers came racing, and the patient following a road traffic accident, was rushed to the casualty ward. Dr. X walked towards the relatives, before he could say a word some relative of the deceased smashed his head into the glass window and he fell on the hospital floor, and everything blurred in front of his eyes, and he blackouts.”
- “The Doctor attended to an intoxicated patient with a head injury in the emergency department, where he provided first aid and advised transfer to a tertiary centre, so that the patient could obtain proper imaging and further treatment. However, the patient's friends, also intoxicated, demanded he provide treatment immediately and threatened him as well as the facility.”
- “The hospital had a lift that was non-functional and so both patients and their relatives were put into a lot of trouble, the doctor was blamed and verbally abused for the same”
- “Senior citizen patient was forcing a doctor to write a medication that was not indicated (perhaps for someone else's benefit) and when he refused to do so his younger son verbally abused him and threatened to lodge an FIR against him”.

THE ANALYSIS OF THESE CODES REVEALED SEVERAL KEY FINDINGS:

- Healthcare workers experience a range of violent behaviors in the workplace, the most common being physical assault verbal aggression, and bullying.
- WPV has significant consequences for the physical and mental health of healthcare workers, as well as their job satisfaction and performance.
- The major role is played by lacunae in the communication skills of doctors. The other causes leading to WPV were found to be a lack of security for the medical professionals, excessive workload by doctors, overcrowding in the hospitals, political interference, and unexpected patient death. (Fig 4)
- Participants identified several strategies for preventing WPV, including training programs, workplace policies, and increased security measures.
- Participants emphasized the need for a cultural shift in the workplace to address WPV, including changes in attitudes, policies, and practices.
- Need for collaboration and coordination among all stakeholders in order to effectively prevent and respond to WPV incidents in healthcare settings.

Fig 4: Reasons for workplace violence against doctors (n=31)



Discussion

Narrative research helps to illuminate and focus on the intricacy of specific phenomena and provides opportunity to shape participants' experiences based on how they identify and perceive the issues. Health care and educational issues can be articulated better through the narrative process. Narrative interviews are not interested mainly in the facts or truth of these accounts, but rather in the meanings and the personal experiences portrayed in story form. The narrative interviews have more depth, more thought and personal experiences rather than

just facts. They help the researchers to understand inner feelings, perspectives and can be much more useful than routine interviews. The purpose of narrative enquiry is to reveal the meanings of the individuals' experiences as opposed to objective facts and figures.^{2,3}

In this study, we have conducted narrative interviews of 31 health care professionals regarding the sensitive issue of WPV. The narratives of the participants provided valuable insights into the causes of WPV in healthcare settings and its impact on healthcare workers. The findings of this analysis suggested that WPV is a complex issue that requires a multifaceted approach to prevention and intervention.¹⁵

WPV is a significant occupational hazard in the healthcare industry, with healthcare workers being at a high risk of experiencing physical, verbal, or psychological aggression from patients, their family members, or visitors. We conducted this study on perception of doctors on WPV.

PERCEPTION OF DOCTOR PATIENT RELATIONSHIP

Doctor-patient relationship is unique and requires a high level of trust, respect, and empathy. When asked about the present status of doctor-patient relationships, almost all participants stated that over time, the relationship between doctors and patients has witnessed a decline. In earlier times doctors were revered as God, respected, and trusted. However, now patients seek medical services and expect to receive a certain level of quality and satisfaction from their healthcare providers, just as they would from any other service provider. According to them, the patients are not just consumers, and healthcare is not just another service industry. Rather, it is a complex and dynamic relationship between healthcare providers and those seeking care.

They felt that this decrease in trust and empathy lead to a decrease in doctor-patient bonding which has negative consequences for both patients and doctors. This is in sync with other studies where trust and empathy are considered cornerstone of effective doctor patient relationship.^{16,17}

EXPERIENCES OF WPV

The narratives shared by the participants regarding their experiences of WPV revealed that it can happen to almost anyone, and the nature and cause of such incidents can vary. Regardless of the cause or nature of the WPV, however, the common thread that emerges from the narratives of those who have experienced or witnessed WPV is the negative psychological impact it can have on everyone involved.

The participants recognized that WPV is unfortunately a common occurrence in the healthcare industry, and there has been a spike in the reported incidents in recent years.¹⁸ It was emphasized that these incidents are not isolated cases, and healthcare workers face WPV on a regular basis.

One of the participants had noted that a crowded outpatient department, long queues, and understaffed, overworked conditions have frequently exposed him to the risk of WPV. He became emotional while recounting one such incident from his undergraduate days of a physical assault on a doctor on duty by patients and attendants at no fault of his. He expressed that he is disturbed by every such episode occurs maybe in any part of the country.

CAUSES FOR WORKPLACE VIOLENCE

This theme describes the various factors that can be attributed to WPV in health care settings. Almost all the participants cited ineffective communication as a primary cause of workplace violence (WPV) in healthcare settings.

Poor communication skills were the most common cause which led to WPV.¹⁸ The study participants identified various reasons why communication can be ineffective in healthcare settings. They mentioned that Healthcare workers may be rushed or overworked, making it challenging to listen and communicate effectively with patients. This holds true especially in Emergency Room, Intensive care units, and crowded Outpatient departments where there are a disproportionately higher number of such conflicting situations.

Many studies have shown that WPV is more likely due to shortages of human resources for health, excessive workloads, overcrowded hospitals, lack of facilities, and high healthcare costs.^{14,18,19}

One of the participants said that sometimes the patients have unrealistic expectations or demands of their healthcare providers, and if those expectations are not met, it can lead to disappointment, anger, and even violence. He said, "by bringing a patient to the hospital they believe the doctor will be able to provide a cure, when it doesn't occur, they take it out on doctors in the form of violence or verbal abuse."

Moreover, the participants believed a lack of knowledge on how to handle potentially violent situations or recognize warning signs of aggression, can result in the worsening of the situation. Healthcare workers may not know how to respond appropriately when faced with such a situation.

Baig et al mentioned in their study that most healthcare professionals lacked adequate training on communication to counsel and de-escalation of violence.²⁰

Further they felt that the healthcare professional is most vulnerable to WPV when breaking of bad news. The stress of patients and their families are dealing with difficult and stressful situations, such as illness, injury, and death can lead to emotional outbursts, which can be directed towards healthcare workers. However, the participants with the introduction of Attitude Ethics and Communication (AETCOM) they believe that situation will improve in coming few years. Another reason suggested by the study participants was lack of proper security measures in place, such as surveillance cameras, security personnel, or locked doors at workplace.

Baig et al. mentioned in their study that poor law and order conditions, lack of safety protocols, and easy access to weapons by the public can make healthcare settings more prone to workplace violence. (20) In our study, the doctors revealed that it is not uncommon that patients use of their political influence or connections to intimidate healthcare professionals or organizations. This is consistent with a study by Ghosh, which identified various perpetrators of violence in healthcare settings, including criminal offenders, politicians, unknown sympathizers, besides patient relatives.¹¹

According to Lim et al., a range of individual, organizational, and societal factors contribute to

the risk of workplace violence in healthcare settings.¹²

The present impression of profit-making of few in the profession has crippled the image of the doctors.¹⁵ It's unfortunate that the actions of a few individuals have led to a negative perception of the medical profession as a whole. During the discussion, some doctors expressed concern over the biased portrayal of healthcare professionals in social media and news reporting related to WPV. One interviewee mentioned that healthcare professionals are often portrayed as negligent and irresponsible while ignoring the possibility that patients and attendants can also be at fault.

IMPACTS OF WPV

The narratives of the participants in this study revealed that WPV had significant negative implications for the mental and professional well-being. Many participants reported experiencing stress, anxiety, and loss of confidence as a result of WPV incidents, which in turn affected their work performance and job satisfaction. The fear of future violence can also create a constant sense of tension and anxiety, leading to increased levels of stress and burnout.

Healthcare workers who experience violence may also feel a sense of betrayal, particularly if the violence is perpetrated by a patient or their family member, with whom they have built a relationship of trust.^{21,22}

According to one of the participants "This can lead to a loss of faith in their ability to provide care and feelings of guilt, shame, and self-doubt."

Some participants even reported dropping out of professional courses or taking extended leaves of absence from work due to the impact of WPV on their mental health.

WAYS TO PREVENT WPV

The participants were of the view addressing violence against healthcare personnel requires a multifaceted approach that involves collaboration between healthcare organizations, government agencies, law enforcement, and the media.

Several steps can be taken in this direction. Prevention of Violence against Doctors and

Hospitals and various acts and relevant sections of the Indian Penal Code (IPC) have been framed and are implemented in a stricter sense.¹⁸

Relevant sections of the IPC can be invoked to prosecute those who commit acts of violence against healthcare personnel, and there have been instances where individuals have been charged and convicted for such offenses.

However, it is important to note that laws and regulations alone may not be sufficient to prevent WPV. The interviewee believed that healthcare organizations must also take proactive steps to address the underlying causes of WPV, such as infrastructure, long wait times, staffing shortages, and job conditions. This may involve implementing measures such as staff training on de-escalation techniques, improved communication with patients and families, and the use of appropriate security measures.

Further, the participants suggested establishing clear protocols for reporting and responding to incidents of violence, including providing support and counseling to healthcare workers who have experienced such incidents.

The community has a critical role to play in the prevention of workplace violence (WPV) against healthcare personnel.^{23,24,25} Healthcare facilities exist within communities, and the attitudes and behaviors of community members can greatly impact the safety and well-being of healthcare workers.

The participants advocated the need of creating public awareness about the consequences of violence against healthcare personnel, and encouraging patients and their families to respect the work of healthcare workers and treat them with dignity and respect.

The strengths of this study include its multicentric approach, involving medical and dental practitioners from across India. Additionally, the study utilized narrative interviews, which allowed participants to share their stories in their own words, providing a deeper understanding of this sensitive issue. Qualitative approach by narrative interview for exploring such sensitive issue which yield an in-depth understanding of problems.²⁶

Limitations to the study were a limited number of participants, which is a limitation in terms of

generalization of its findings and recommendations. In addition to narrator and Interpretation bias, the study is limited as Inter and intra-coder reliability was not conducted.

Conclusion

Narrative research is a powerful tool for understanding the in-depth feelings and perceptions of people on sensitive topics. The narrative approach allows for a rich description of the experiences and a detailed inference and meaning impact derived from their experiences. Narrative inquiry amplifies voices that may have otherwise remained silent. The study concluded that in the healthcare sector, workplace violence (WPV) is the most under-reported global occupational hazard. It can happen in many forms (verbal, physical, etc.). Violence against healthcare workers is a common occurrence, especially verbal abuse. Exploring the reasons behind violence against workers is helpful in order to frame and implement policies to prevent workplace violence. Several steps must be taken to promote an organizational culture where there are measures to protect and promote the well-being of healthcare workers.

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