

Workplace Violence Awareness among Dental Professionals: A Questionnaire-based Survey

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ABSTRACT

Introduction: Workplace violence against health care professionals has been a global problem with an increasing incidence. Violence against health workers is found in all areas of practice and constitutes a serious hazard. Violence at the workplace is a serious safety and health issue as it increases anxiety and undermines the health worker's ability to focus on the delivery of safe, effective, and competent care.

Aims and objectives: To determine the prevalence and awareness of workplace violence among dental professionals in Ahmedabad. The purpose of this survey was to evaluate workplace violence in dental health care and to look into factors that may contribute to violence and the strategies to prevent it.

Materials and methods: A questionnaire-based cross-sectional survey of 500 randomly selected dental professionals working in Gujarat was conducted. Data analysis was done using Statistical Package for the Social Sciences.

Results: Based on chi-square test, the prevalence of violence in dental professionals was 28.75% where p-value <0.001 was statistically significant. Out of 500 dentists, only 47.80% person heard about workplace violence. Violence was frequently associated with long waiting time 43.24%. Most of the dentist experienced violence in form of verbal abuse.

Conclusion: Dental health care professionals should have basic knowledge about workplace violence and methods to control it. Policies, procedures, and intervention strategies should be made to manage this alarming issue.

Keywords: Dentist, Occupational violence, Oral health care.

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INTRODUCTION

Violence has become an issue of increasing concern in the workplace over the past 15 years.¹ It is a multifaceted, multicausal, public health, social, and legal problem facing all occupations worldwide in which a person is abused, threatened, or assaulted in circumstances relating to their work.^{2,3} In recent years, there has been an increasing prevalence of verbal and physical violence in the work place against doctors.⁴ Among different works settings, health care professionals are known to be particularly at risk of exposure to workplace violence.⁵ Doctors are facing the terrifying possibility of being victims of aggressive and violent incidents while caring for patients. Incidences of patient's party assaulting the treating doctor are a common scenario nowadays in health care.⁶

The impact of violence at work has widespread consequence, increases anxiety, and undermines the health worker's ability to focus on the delivery of safe, effective, and competent care. It exhibits a dramatic impact on the health, safety, and welfare of workers.³

Although the government has attempted to address the problems in India, but doctors are still experiencing assault in ever increasing numbers.⁶ To ensure that dentist should stop being the victims of these events, a sound research and awareness is important. Therefore, the study was carried out in an attempt to identify the magnitude of these problems and to assess the attitudes of the dentist regarding this problem. Thus, a study was planned with an objective to determine the prevalence and awareness of workplace violence among dental professionals. The purpose of this study was to evaluate workplace violence in dental health care and to look into factors that may contribute to violence and the strategies to prevent it.

MATERIALS AND METHODS

A questionnaire-based cross-sectional survey of 500 randomly selected dental professionals working in Gujarat was conducted in 2016. A self-administered questionnaire was used and it gave the elicited information about the workplace violence. A pilot study was carried out by 248 randomly selected dentists for 4 months prior to the final study.

The sampling technique employed was systematic sampling. Informed consent was obtained prior to the onset of the survey, the survey was anonymous, and

participation was voluntary. Data analysis was done using Statistical Package for the Social Sciences (version 15.0). The test for significance was done using chi-square statistics and a $p < 0.05$ was considered significant.

RESULTS

Total 500 dental professionals participated. The respondents were intern (36.40%), BDS (36.40%), dental post-graduate students (17.60%), and MDS (9.60%) as shown in Graph 1.

Most of the participants had minimum 2 years work experience in dental profession. Out of 500 dentists, only 47.80% persons heard about workplace violence as shown in Graph 2.

The prevalence of violence in dental professionals was 28.75%, where p -value was < 0.001 statistically significant as shown in Graph 3. Both males and females were equally affected. The main perpetrators of the violence were patients (81.63%) and patient's relatives/friends (16.33%).

Nonphysical violence in the form of verbal abuse (89.26%) was most frequently associated with responders. Where physical (2.0%) and bullying (6.70%) type was least experienced by participant as shown in Graph 4.

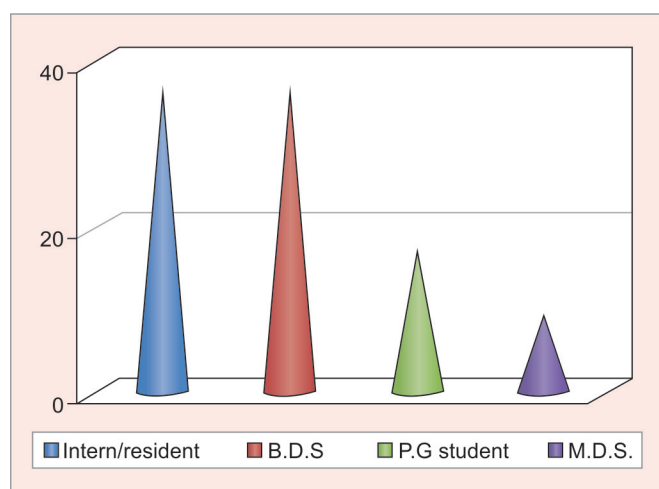
Violence was often frequently associated with long waiting time (43.24%), multiple appointment (25.68%), and long treatment times (12.84%) as shown in Graph 5.

The expressed impact of violence among the respondents included angry (35.27%), disappointment (23.81%), sadness (19.05%), low self-esteem (19.5%), guilty (10.20%), and anxiety (3.40%) as shown in Graph 6.

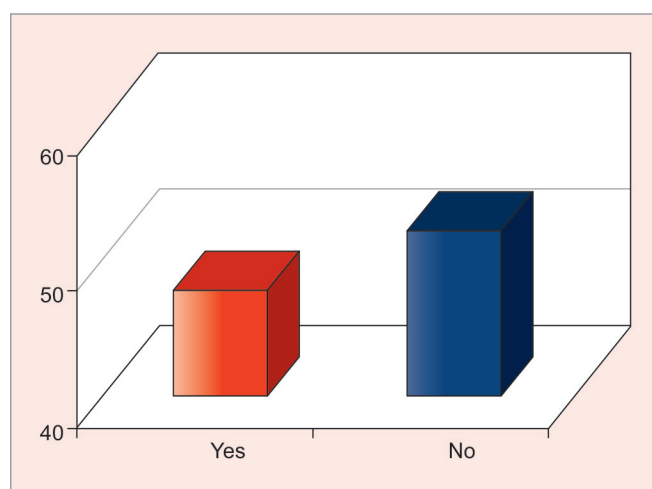
A total of 98% doctors felt that the requirement of policies and guidelines for this professional hazard as shown in Graph 7.

DISCUSSION

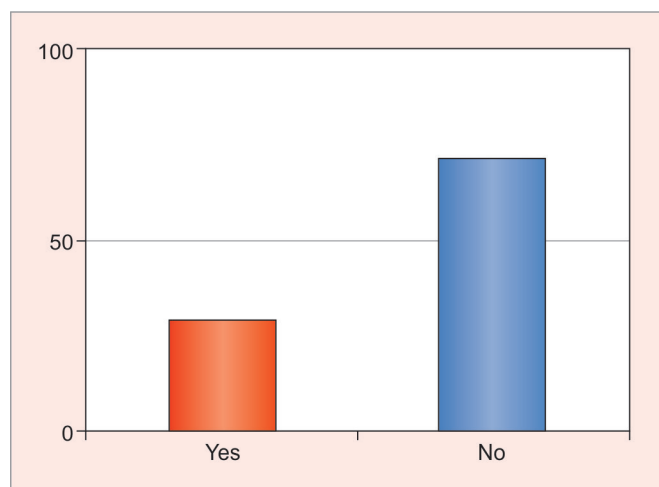
Violence is an everyday reality for many professionals, substantiating the prevalence as an epidemic in all continents of the world.³ Today hospital violence against health care providers is a major worry, but the actual



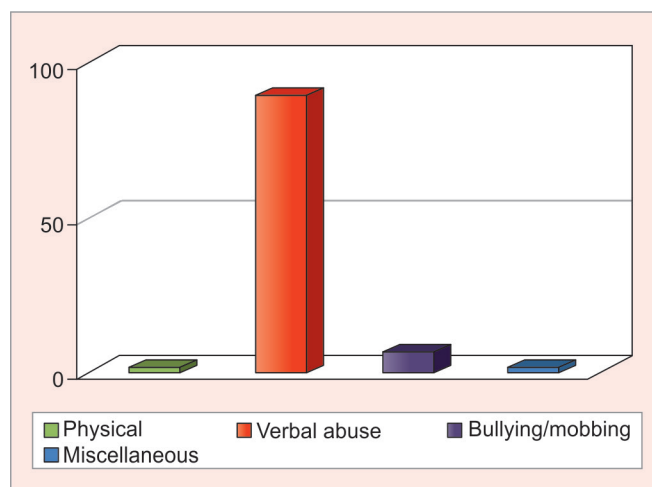
Graph 1: Respondents' professional status



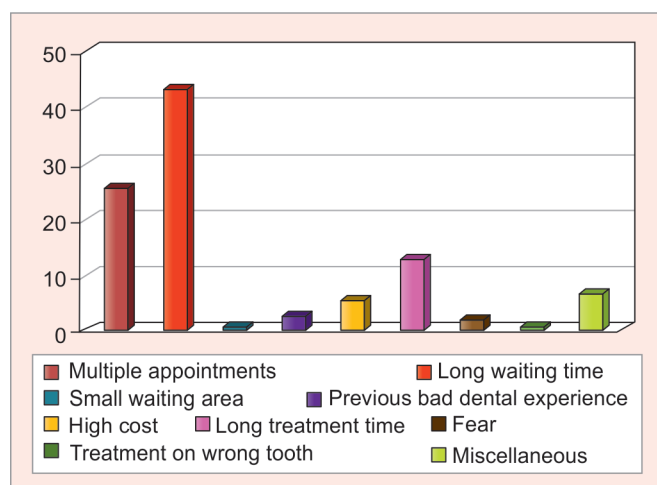
Graph 2: Heard about workplace violence



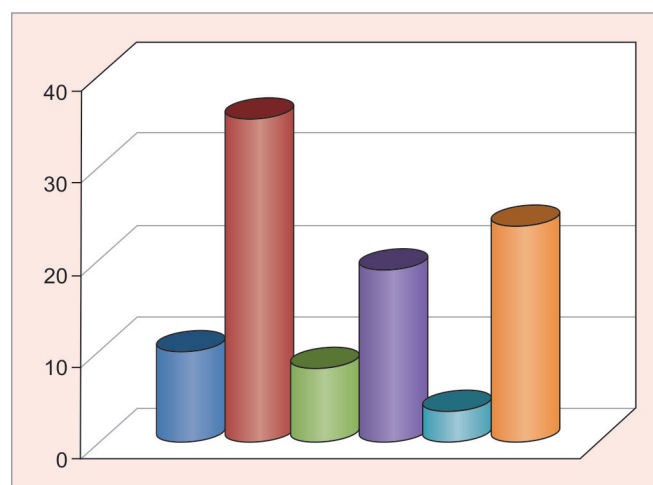
Graph 3: Doctors' violence experience



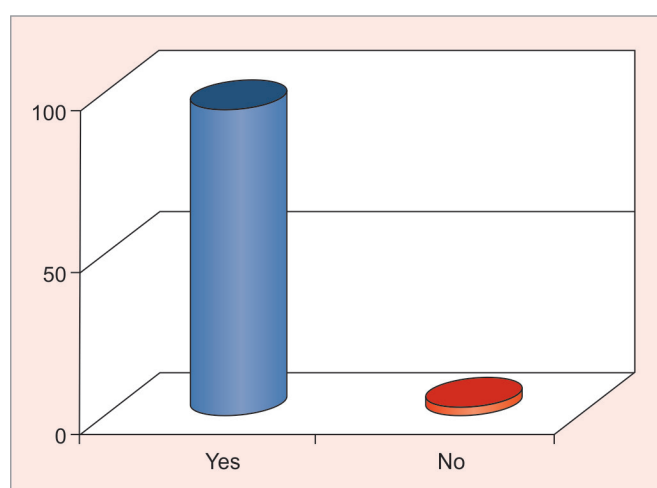
Graph 4: Nature of violence experienced by the doctors



Graph 5: Reasons for the violence against the doctors



Graph 6: Expressed impacts of violence among the respondents



Graph 7: Guidelines and policy requirement by doctors for workplace violence

magnitude of the problem is still unknown. Awareness of this professional hazard is important for all dental professionals.

The study tried to elucidate various aspects of violence encountered by dental professionals during their clinical hours. This study is different as this study focuses on dental professionals.

Studies have shown over 63% of family physicians had some experience of violence, while 18% experienced some sort of abuse at least once a month in a city in UK.⁷ The study done by Azodo et al² in Nigerian oral health care center showed 31.9% prevalence of workplace violence among dental professionals in which more than half of the dentists and dental auxiliaries experienced some sort of violence while treating patients. The present study showed 28.75% violence among dental professionals in Gujarat. Studies have shown that doctors in emergency department have more chances for such type of incidence by patients in the hospitals.⁶ Abodunrin et al⁷ observed 69.4% workplace violence prevalence among health

care professionals. The results revealed that the highest prevalence was among the nurses (53.5%) followed by the doctors/dentists (21.5%). The commonest forms of assault were verbal (64.6%) and physical abuse (35.4%).

Type of violence has always been an important factor of interest. Verbal threats were the most common form of violence with the escorts of the patients committing the maximum number of violence.^{6,9-12} There was higher rate of 89.26% of prevalence of nonphysical form of verbal abuse in the present study with no statistical difference among genders. Verbal abuse significantly decreases morale, increases job dissatisfaction, and creates hostile work environment.¹³

Ori et al⁵ did a study on prevalence and attitude of workplace violence among the postgraduate students in a tertiary hospital in Manipur and found that verbal abuse (56.11%) was the most common type of violence experienced by doctors. Another study done by Koukia et al¹⁴ on the violence against health care staff in general hospital in Greece and observed that the most frequently reported incident was verbal violence followed by physical violence.

Workplace violence prevalence in Singapore was 48% observed in which most of the incidents reported were verbal in nature.¹⁵ In cross-sectional study done by Zafar et al,¹⁶ at a largest tertiary care hospital in Karachi, they found that 16.5% of respondents reported being physically attacked and 72.5% reported being verbally abused.

Involvement of either patients or their relatives as perpetrators of violence is considered in health care settings. In the present study, the main perpetrators of the violence were patients (81.63%) and patient's relatives/friends (16.33%). Health care workers also recognize that many injuries caused by patients are unintentional, and are therefore, likely to accept them as routine or unavoidable.

A variety of reasons have been found to be responsible for instigating a violent episode. In the present study, long

waiting time was responsible for 43.24% of the observed violence and second reason being multiple appointments (25.68%). Long waiting time is usually associated with distress and may be manifested as violence.

Violence has negative effect on mental health and well-being of the workers and is manifested by disappointment, fear, and feelings of guilt.¹⁷ Work-related violence also hampers work performance and causes employee attrition. It causes low morale and decreased worker productivity. The present study showed that after the incidence of workplace violence, participants were angry and disappointed. These reactions could lead to more serious psychological disorders like depression and posttraumatic stress resulting in low esteem and low confidence level.

Most of the times, these incidents are overlooked, but in the long run, it increases the level of dissatisfaction among the health care professionals. Caregivers feel a professional and ethical duty to “do no harm” to patients. Another consideration is unwillingness among health care workers to stigmatize the perpetrators due to their illness or impairment.¹⁸ This makes the doctor not to report such incidents and could be the reason for higher rate of underreporting of violent incidents. The most important step in providing professional safety is to ensure that violence against doctors should be made a nonbailable offence. In the present study, 96.27% dentists supported for the need of the policies and guidelines regarding this professional hazard in India.

CONCLUSION

All health care professionals should have some basic knowledge about work-related hazards and methods to control hazards and improve health. The prevalence of workplace violence among dental professionals in Gujarat was significant and had a substantial effect on dental professionals' well-being thus necessitating urgent attention. It is important that dentists are protected from the risks and incidence of work place violence. Policies, procedures, and intervention strategies should be undertaken to manage this alarming issue.

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