



Original Article

Patient-Physician Violence in The Hospitals of Pakistan: A Multi-Center Qualitative Study

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ABSTRACT

Violence against physicians has been considered a significant issue in Pakistan. **Objective:** This study was conducted to explore the need for specific policy-related responses to patient-physician violence in the hospitals of Pakistan. **Methods:** A qualitative study was conducted in the hospitals of Pakistan, by using in-depth interviews. A total of 40 participants were selected out of which ten were in-depth interviews with patients, ten in-depth interviews with their families, ten in-depth interviews with physicians, and ten in-depth interviews with the administrative staff. In-depth interviews were recorded and then transcribed. The responses of the participants were coded with the help of thematic analysis. **Results:** The results of the study revealed that three main themes were derived through thematic analysis. The cause is multifactorial. The employees of the health sector were asked to build revenue without taking care of patients' needs. In the east, no training is provided to physicians regarding how to prevent violence. Patient-physician violence leads to various disputes as a result of which verbal and physical abuse is observed towards physicians. **Conclusion:** The financial stress at hospitals to increase revenue has ruined the patient-physician relationship leading to violence. Certain policies should be developed for the security of physicians. The low literacy rate among patients is also one of the major contributing factors. Communicating strategies should be developed to prevent patient-physician violence.

INTRODUCTION

The terminology violence is vast while discussing the concept of patient-physician violence most health care providers agreed that there is no definite definition of violence. With time the concept of physician-patient violence has become very common, and the incidence of violence against physicians in Pakistan is at its peak. Physicians working as front liners are more susceptible to violence because of their work and they are more exposed to various medical and socially associated situations in the

health care set-up [1]. International studies have revealed that along with the interaction between physicians and patients, environmental factors, are important leading to violence [2]. Various studies have focused on four main types of violence such as neglect; verbal violence, physical violence, and emotional violence [3]. Approximately 75% of physician's experience violence during their working hours. Physicians of today's world have reported that they are being ill-treated, tortured, and in extreme conditions, they

are even murdered. The devastating situation is not only experienced by Pakistani physicians but in fact, it is happening all around the world [4]. The World Health Organization has extracted a strategic plan to prevent patient-physician violence [5]. Earlier, the noblest profession was medicine. But the situation is quite different now the medical profession has become a business in which the patient is a consumer [1]. Among all health care providers, physicians are the most vulnerable professionals to violence [6]. A survey conducted in Birmingham regarding violence revealed that approximately 63% of physicians experienced violence last year and almost 5% experienced a severe injury. Similarly, another survey was conducted in which 60% of violence experienced by Physicians was done by patients and at times by their relatives [8]. In the UK, to overcome this upcoming issue NHS has introduced guidelines known as "Zero Tolerance" [6]. A study conducted in India also reported that around 87% of violence experienced by physicians is verbal [9]. International studies have shown that violence experienced by physicians is on the rise due to lack of availability of proper medical services, lack of communication between physician and patient, prolonged waiting hours, and poor infrastructure [7]. According to the perception of physicians, patients visit hospitals when their condition of the patient has completely deteriorated and they become intolerant when physicians are not willing to listen or admit the patient to the hospital due to a lack of availability of beds. This situation creates violence in hospitals [8]. Globally, in recent years' physician-patient violence has become a part of every news headline [9]. Increased reporting regarding violence might be due to an actual rise in the number of violent incidents or due to more awareness among the masses. Patient physicians Violence is more common in China as compared to other countries of the world [10]. According to a study conducted in Pakistan by Ali et al, physicians were more vulnerable to violence. Almost 77% of physicians experienced violence such as verbal or physical [11]. Nazish et al, also reported that approximately 74% of the physicians experienced verbal abuse leading to stress in their lives [12]. Patients have become more aggressive in terms of their demands specifically if they are not satisfied with appropriate health care. Many Quantitative studies, have been conducted in Pakistan [11]. More studies need to be conducted to explore the need for specific policy-related responses to patient-physician violence. Hence, this was the most accurate approach for exploring the need for specific policy-related responses to patient-physician violence in various hospitals in Pakistan because of the complexity of the topic.

METHODS

A qualitative study was conducted in the hospitals of Pakistan from January to April 2022. The participants were selected through the purposive sampling technique. It included young and old physicians, patients; administrative staff, and patients' families who were willing to participate and those who were not willing to participate were excluded from the study. This study included a total of 40 in-depth interviews, out of which 10 in-depth interviews were taken from patients, 10 in-depth interviews were taken from families, 10 in-depth interviews were taken from physicians, and 10 in-depth interviews were taken from administrative staff. In-depth interviews consisted of a semi-structured interview in which the health status of patients was elaborated in detail along with their relation to the health care system which lasted 30–45 minutes. The participant's interview was conducted in the meeting room. Each interview of a participant was recorded through a digital voice recorder. All participants were ensured regarding the confidentiality of their interviews. The perceptions of patients were recorded. The administrative staff of the hospital included various employees which were directly associated with policymaking. Data collection was discontinued as soon as thematic saturation was reached at a certain point. After a thorough reading of transcripts, themes and subthemes were developed. While performing data analysis and interpretation of data all discrepancies were discussed in detail. The study was approved by the ethical committee of the Hospitals of Pakistan and consent forms were filled out by all the participants. After recording the interviews, they were transcribed and analyzed using NVIVO 12.

RESULTS

Types of participants	Number of participants to be interviewed
Physicians	10
Patients	10
Patients families	10
Administrative staff	10
Total	40

Table 1: Number of participants to be interviewed

Causes of Violence	Perceptions of patients regarding unfair dealing in terms of cost of treatment, lack of trained physicians to deal with disputes, Increased security forces
Outcome of violence	Threats, killing, and ultimately murders
Policy responses	Restructure hospital policies, train the doctors on how to treat patients humbly, Reduce security forces

Table 2: Main causes, the outcome of violence, and various policy responses

Reasons for unfair dealing in terms of cost of treatment which leads to patient physicians' violence	1- "Nowadays there is no value of Human Life. This occupation has become more business orientated" (Patients IDI) 2- "Whenever a patient visits a hospital, they have so much distrust towards physicians. They believe that doctors are not sincere to patients. (Physicians IDI). 3- "Whoever has money gets good treatment and those who are poor get bad treatment (Patient's IDI). 4- "Medical treatment has become so expensive nowadays that it has become impossible for the poor to get treated in a well-facilitated hospital (Patient IDI). 5- "Patients are not willing to cooperate with the physician at any cost (Physicians IDI).
Lack of trained physicians to deal with disputes	1- "Physicians might be taught how to deal with patients in medical schools but in practical life, they lack communication skills with patients due to which patients get aggressive leading to various form of violence" (Patients IDI). 2- "Physicians are not humble at all and at the same time they are not willing to listen to their patient's issue" (Administrative staff IDI) 3- "Treating a patient's sickness is the job of physicians but if the patient is treated with emotional care it would enhance the treatment of the patient. I have seen many physicians who are perfect at work but when it comes to communication skills they need to improve their skills" (Patients IDI) 4- "Physicians behavior is so rude to patients and their families, although we are paying them we are not getting free treatment from them" (Patients families IDI) 5- "There should be training for physicians on how to deal with patients in such devastating situations when their beloved one is sick" (Patients IDI)
Reduce the Security Forces	1- "The security of hospital is annoying. When our inspection is done while visiting the patients it annoys us a lot as we are already mentally disturbed due to sickness of our beloved ones" (Patients families IDI) 2- "When we enter the hospital it seems we have entered a jail. We have a feeling of being a prisoner" (Patients IDI) 3- "Security guards treat us so badly that we feel like killing the guards at the moment" (Patients Families IDI) 4- "The management of Hospitals should reduce the security forces" (Administrative staff IDI)

Table 3: The main themes derived from the study

DISCUSSION

This qualitative study would help in exploring the need for specific policy-related responses to patient-physician violence. With the help of this qualitative research, patient-physician perceptions could be explored in detail regarding the violence they experienced from patients and their families. The results of the study revealed that unfairness with the patients related to the expense of treatment in the hospital, lack of trained physicians, and various other health system factors are associated with patient-physician violence. This sort of violence was commonly seen in various countries of the world such as the USA [13] and China along with underdeveloped countries [14]. The results of the study are similar to studies conducted in India as well [15]. The results of the study revealed that most hospitals refuse to take unaffordable patients due to which most of the families get devastated as they are already facing the prolonged illness of their families. The profession of medicine has become business orientated. Hence, many studies have revealed that for the poor there are very few options for treatment all around the world [9]. The results of the study also revealed that physicians are not kind to their patients. They are not willing to hear the symptoms of patients. They treat patients as if they are butchers. Hence it seems that physicians are trained in such a way that they lack humanistic characteristics. The medical students should be trained in a such way that in their curriculum professionalism and humbleness should be taught along with patient-physician relationship should be emphasized [16]. Various studies have shown that government does not provide any financial support to the health sector and even the salaries of physicians are less

compared to other professions [17]. During the course work, young physicians should be taught how to deal with patients, and how to negotiate their conflicts of interest by applying ethics [18]. Further the results of the study revealed that increased security in hospitals leads to various disputes as it makes the patient and their family rebellious when they are not allowed to meet their patient which is similar to a study conducted in China [19]. Patient-physician violence can be improved if health policies are restructured along with the provision of incentives. It can help the system to be progressive. These results of the study are consistent with other studies conducted in China [20]. With the help of this study, the masses will have a better understanding of the challenges that a patient and physician experiences. It will also help to develop a specific intervention that has become a necessity for every hospital in Pakistan. The main limitation of this study is that it is a multi-center study of an urban area due to which the perceptions of physicians regarding violence in rural areas cannot be reflected. Most of the physicians were reluctant to discuss this sensitive issue publically.

CONCLUSION

This study revealed that patient-physician violence is a major issue in today's world. Hence these incidents should be reported regularly. It is essential to implement certain policies and strategies for the security of physicians.

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