Original Article

Community Members' View about Violence against Health Workers: A Qualitative Study

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Abstract

Background: Violence toward health-care workers is a global health problem, usually associated with decreased job satisfaction, and poor patient care outcomes, with serious consequences for the patients. Its extent is difficult to measure due to under-reporting. **Objective:** The objective of this study was to explore the opinion of some influential community members about violence against health workers with respect to its types, reasons, mechanisms in place, and suggestions to de-escalate it. **Methods:** A qualitative in-depth study was conducted with 10 key informants (including people working in judicial premises, police and military services, teachers, municipality members, and religious leaders). The discussion was conducted through a direct face-to-face interview, using a semi-structured interview guide that included open-ended questions. **Results:** Almost all the interviewees agreed that the main reasons for violence were the general security instability in the whole country, the poor quality of health services, weakness of laws and regulations for the punishment of the perpetrators, irresponsible behaviors of some doctors, in addition to the unexplained negative role of media toward doctors. **Conclusion:** workplace violence is a common, frequently happening practice in most health-care facilities in Iraq, probably attributed to the long-suffering of wars and conflicts. Shortage of staff and equipment is the base for this malpractice.

Keywords: Community members, de-escalation, health workers, violence

Introduction

The global prevalence of workplace violence (WPV) against health-care workers (HCWs) is high, mostly in psychiatric and emergency room settings, and among male physicians. Less experienced HCWs, being single/unmarried, and those working longer hours are more likely to face physical violence.[1-4] Violence by patients toward HCWs is a significant occupational hazard in hospitals worldwide. Studies to date have failed to investigate its root causes due to a lack of empirical research based on documented episodes of patient violence. The patient–doctor relationship is an important but poorly defined topic, and to comprehensively assess its significance for patient care, a clearer understanding of the concept is required, as communication is critical for providing efficient care to patients.[5-7]

The difficulty in measuring the extent of violence toward health-care staff is attributed to underreporting and normalization of the violence by HCWs because they perceived it as part of their job. Violence against HCWs is usually associated with decreased job satisfaction, and poor patient care outcomes, with serious consequences for the patients.[8,9]

HCWs are on the frontline of a different kind of war in fighting epidemics, serious diseases, trauma, and death in medical emergencies. Violence, harassment, or intimidation against HCWs are often exacerbated by emergencies, and in times of disasters, like what happened in relation to the COVID-19 pandemic.[10,11]

The objective of this study is to explore the opinion of some influential community members (through a qualitative approach) about the exacerbation of violence against HCWs

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with respect to its types, reasons, mechanisms in place, and suggestions to de-escalate it.

Methods

This qualitative in-depth study was conducted in Baghdad city, January 2023, with ten key informants (including people working in judicial premises, police and military services, teachers, religious leaders, and a municipality member) that were chosen through a judgmental (purposive) nonrandom sampling technique. A face to face interview was conducted using a semi-structured interview guide that included open-ended questions such as: definition of violence from the interviewee's point of view, reasons for violence against HCWs, to what extent are female and male HCWs differently affected by violence (frequency, perpetrators, type, and severity of violence), what underlying problems could influence such violence, has the population ever spoken out against attacks on health care workers, have there been any adverse reactions to these episodes of violence in terms of retaliation from the health care workers, what mechanisms are in place to prevent violence against healthcare workers, and their suggestions in relation to actions/strategies. We used some of the criteria mentioned by Tong et al (COREQ) in developing the checklist.[12]

The interview was conducted in Arabic language. The interview took between 40 and 50 min for each case, the respondents were given the complete unconditioned choice to participate in the study after explaining to them the objectives, and assuring them that all the information they give would be kept completely confidential, and would not be used for any purpose other than research work.

Results

The 10 interviewed community members included two lawyers, two religious leaders, a judge, a secondary school teacher and one university teacher, a police officer, a military officer, and a municipality council member.

The judge who faced many cases of violence against HCWs, especially doctors, attributed this problem to the noticeable ignorance of the community about the proper relationship with health workers, "*there is weakness on the side of laws and regulations for* the *punishment of the perpetrators.*" He blamed the Ministry of Health for the shortage in health services and the provision of adequate security personnel to protect HCWs. While the first lawyer expressed a different opinion with a frank criticism to the doctors "*the source of violence is related to the bad irresponsible behaviors of few HCWs, especially some of the doctors in their private clinics who make a sort of (deal) with a certain pharmacy or laboratory with a financial share (commission) in sales, this behavior had resulted in a general community perception that HCWs are greedy and do not want to help people, and when visitors of health facilities are preoccupied with this idea; they readily get aroused by simple annoyance which provoke the violent action against HCWs.*" His colleague, the second lawyer, said that violence is related to three main reasons: "*bullying attitude of some persons, inactivation of the law that deals with health workers protection, and the low educational level of the community in general.*"

The police officer reported that violence originates in *"defects in communication between patients and health-care workers (doctors or paramedics), however, some clients are preoccupied by negative thoughts or attitudes against health-care workers.*" The teacher confirmed that as he thought that "*the main reason behind violence against HCWs is* the *absence of law that punishes the perpetrators, as this encourages others to commit such bad behaviors, also ignorance and neglect from some HCWs help ignition of such violent acts.*" Similar reasons were raised by the university lecturer who summarized it in: "*general security instability in the whole country, miss-understanding from the people's side regarding the medical outcome compared to their expectations, in addition to the fact that some physicians are part of the problem due to their carelessness, greed, and mistakes.*"

The perception of the religious leaders was based on moral issues, the first one stated that "*violence is not accepted both from* the *legal and religious point of view, besides, our religion encourages to forgive people even those who commit sins against us, HCWs provide the community with fundamental services (as was clear in the last epidemic), so any violent act against them is forbidden,*" while his colleague said: "*respecting health workers is an important concept as they provide vital services to the people. We work together with international humanitarian organizations to relieve* the *pain and suffering of the people.*"

The answer of the municipality council member was brief and precise "*I think that violence is multi-factorial: Weakness in the application of deterrent laws and legislations, lack of public awareness about the important role of the health workers and the services they afford to the community, deficient training of the HCWs about how to overcome emergency health crises.*"

We based this qualitative study on six pillars:

Pillar 1: Types of workplace violence

Most of the interviewees explained the types of WPV as physical, verbal, threats, assaults, and tribal penalties (a financial forfeit imposed by the family/tribe against the doctor when complications/death of the patient). The municipality member defined WPV as "*any action that offends or causes harm to a person on his body, or touches his dignity*." While the teacher and the university lecturer defined it as "*any risk that may, directly or indirectly, cause* a *threat to the lives of others, such as attacks, screaming, physical violence, insults, disrespect, assault, shouting, cursing, and calling bad names.*" The religious leader added to that "*the use of social media to disrepute some doctors through magnifying small mistakes or fabricating videos.*" The second religious' leader told this story: "*in 2016, I visited a certain hospital, and there were screaming*

and loud voices. I discovered that some of the patients' family (the sons) had broken the door and the glass of the room, in which their mother (who was 88-year-old and was suffering from hemorrhage in the brain, with loss of consciousness) was lying after she died, then they had beaten the doctor and destroyed the ventilator." The first religious leader described an event where "*bad behaviors by some doctors who make deals with specific pharmacies, laboratories, or radiology clinics for financial benefit on the expense of the patient. However, these sporadic cases should not be generalized and should never be advertised on social media.*"

The judge explained "*I faced many cases of violence against health-care providers including physical, verbal, and threats, and its consequences. A lot of tribal violence was also reported by doctor victims, especially doctors mostly in obstetric hospitals.*"

The military and police officers stated that "*the worse is the physical violence like kicking, hitting, and causing injuries,*" the police officer added: "*in an incident that I witnessed, many relatives of a patient attacked a health worker, I asked them to come to the police center and asked the victim to present a claim to proceed with the case, but he refused to do so and the case was ended by reconciliation, furthermore, when the victim is a female, she refuses (for* social/cultural *reasons} even to come to the police station.*" The military officer described "*I heard about many cases of assault on health personnel, for example, in a public hospital, close to my residential area, some family members (after the death of their patient) insulted, attacked, and beat the HCWs and destroyed the hospital furniture.*"

The teacher described a violent incident he witnessed where the perpetrator assaults the medical and health staff, and destroyed the facility (hospital) by breaking the doors and windows. The university teacher added "*I did witness many violent attacks against HCWs, some of which were physical and ended with injuries and hospitalization.*" The municipality member described many violent attacks: "*one of the violence stories happened 4 years ago, a junior doctor faced physical violence when he was hit by the shoe of a patient, the event pushed him to leave the work and the whole country. On another occasion, the director of a hospital was attacked by a gunshot, which led to the strike of the staff for a few hours in the emergency wards where most cases of violence occur, this can lead to dangerous situations for the other patients who need health care. In addition, violence against health personnel, especially doctors, leads to the emigration of many doctors outside Iraq, causing significant brain loss."*

The judge described a catastrophic event where "*the wife of a surgeon (she was a doctor too) was shot to death at her home because of complications after an operation that was done by her husband. Although such complications of surgical operations are common and legally accepted, they can be followed by tribal penalty, and the doctors are obliged to pay large sums of money as compensation for these complications.*"

The first lawyer also described an accident "*once, I visited my relative in a hospital, I heard a loud voice cursing the HCWs, the aggressor was the grandfather of a child patient, he started to say bad words to the female doctor (who was responsible for the follow up of this child) and tried to hit her, in spite of the presence of the doctors and nurses all the time near the child doing their work."*

Pillar 2: Reasons of workplace violence

The judge resorted violence to the low experience of some health workers in the Emergency Department (ED), he explained "*as most cases happen at the ED in the hospital, I think the reason is that young unexperienced doctors are mostly in the frontline providing health services, and as they have little experience in communication skills; the problems arise. However, people do not know the workload those young doctors carry. From judicial point of view, the law does not punish the doctors for medical errors that are expected, and in all such cases, the decision is left for expert committees to investigate and decide. On the other hand, big faults (such as neglect that leads to death) are investigated by administrative committees and are looked in front of the court for legal punishment.*"

The lawyers also related the reason to "*the overload of workplace, especially in locations with high population density, where most of the people suffer from poverty and sickness, and they are unable to visit private sectors. This can lead to poor health services delivery and nonsatisfaction of both patients and HCWs.*" While his colleague added "*the problem is with the general feeling that doctors are greedy and refuse to help others, so people are aroused for minor problems, exaggerate the problems, and behave violently, besides, shortages of health personnel, medicines, and equipment, can be reasons for these violent attacks. The bad behavior of some doctors is also an important reason for the fact that some people stand against doctors as these events are easily generalized through social media and in social gatherings.*"

The teacher said that "*there are too many reasons; mostly the absence of firm laws, which encourages perpetrators to commit actions with no fear of being punished. Some events are due to quarrels or disputes between HCWs themselves.*"

The university teacher summarized the reasons in: "*general security instability, lower quality of health services, blackmail of some tribes to get money*, and *absence of active laws and guidelines.*"

The religious leader explained the main reasons for WPV as "*shortage of staff, and workload, especially in the ED, in addition to the low quality of health services due to* the *insufficient number of hospitals and health centers and lack of drugs and equipment. Another big problem is the limited experience of some junior doctors, I attend the* ED *in a hospital and saw a paramedic trying to insert a cannula into a child hand and he tried many times and failed and the child was suffering and crying. I noticed that the specialist doctors do not attend in the ED, and leave the job for unexperienced*

doctors who face a lot of problems. I took my son to the ED *after being rolled on by a car and he was diagnosed as having intracranial hemorrhage but no specialist came, and he stayed for 4 h with no remedy, I got my son out on my responsibility just to save his life, and took him to a private hospital where the services are better as the number of staff is more and the specialist is always available.*"

Pillar 3: Gender difference in workplace violence

"*I think that males are more exposed to violent attacks than females for that the Iraqis hesitate to attack women*" the first lawyer said. A similar perception regarding the cultural norms was expressed by the judge "*in our community, attacks are more against males as they are requested to provide services for longer hours, and at risky places (such as the ED).*"

The police officer explained "*It is more against male staff due to cultural reasons as women are respected (or avoided) more than men in our community. A recent incident of a young female doctor, where the son of an old patient from a district (who died in the* ED *in a teaching hospital), the son got fainting due to psychological trauma and while being resuscitated by the doctor he punched her in the face, she got annoyed and presented a claim against him. She also called her family; and we suddenly faced a rush of large number of people (doctor's family members and relatives) who attacked the police center asking to deliver the perpetrator to take revenge (punish him) themselves, they caused injuries to a policeman. We arrested the doctor's brother and the case took few days till they resorted to tribal settlement and the case was resolved.*"

Pillar 4: People attitude toward attacks on health-care workers

Both religious leaders expressed almost similar bases for WPV; the first leader said "*people always speak about the big gap created between the community members and health workers, it is due to some erroneous practices of some health personnel, as well as the presence of dominant armed groups in the community, with the absence of strict laws.*" This perception was also mentioned by the other religious leaders.

The judge has condemned WPV, but he repeated that the route provoking violence is related to the wrong behavior of some physicians "*bad behaviors of some doctors, such as asking for unnecessary laboratory tests or obliging patients to buy drugs from a certain pharmacy for financial benefits, are sometimes mentioned by people. The Medical Association should try to end such bad behaviors through active monitoring and serious punishment of those doctors to improve the picture of the other good doctors and lessen violence against them.*" While the first lawyer said: "*I heard from some people that HCWs, especially surgeons, told them that they have to allocate part of their income for tribal penalties.*" The teacher told about an incident where HCWs were attacked when they told the patient's relatives that there is no vacant bed. The university teacher talked about bidirectional viewpoints "many people talk about violence against HCWs, most of them try to defend, but others agree with this attitude, blaming the HCWs for that."

Pillar 5: Reactions against workplace violence

The first lawyer said, "*I heard about strikes of some HCWs in different parts of Iraq following some violent events."* The second lawyer admitted that many strikes were undertaken "*HCWs resorted to a strike and collective rallies, and some of them emigrated to the North (Kurdistan) region or even outside Iraq, unfortunately, most of the mosques and media have a negative response in this aspect, sometimes they put all the accountability on the HCWs without being aware about the deficiency in medicines, equipment, and budget in the health institutes for which the HCWs can do nothing.*" A similar response was heard from the military officer "*we often heard about a strike by the medical staff with the closure of the* ED *in many hospitals after doctors or health workers been attacked. We also hear a lot on the radio about calls to stop violence against HCWs,*" while the police officer holds a different idea "*just talks, no real governmental, or organizational action been taken."* The religious leader expressed "*there are complaints on the radio and television and denunciations in mosques and churches focusing on the importance of health workers but unfortunately were not very effective, and did not reach the level of strikes.*"

The teacher said, "*I try to educate and advise people to respect HCWs through my students.*" The university lecturer added, "*I always write on social media to support HCWs.*" The religious leaders spoke about educational activities "*we advise people to respect doctors, as these doctors will save them when they get health problems, we try in our weekly speech to talk to the people and educate them against violence.*" Similarly, the municipality member said, "*I always talk, and in many occasions, to some influential people in the community, for example, clan leaders, and religious symbols, to educate the community about this subject.*" The lawyers added "*we spoke many times with the community leaders like mosque imams, and are trying now to arrange for a workshop to enhance community awareness and invite some people from the jurist' association.*"

Pillar 6: Mechanisms in place to prevent aggressive behaviors against health-care workers

The role of the community police and the Facility Protection Service (FPS) is weak and limited, as clarified by the municipality member. While the judge and the university teacher said that there was no such action. The first lawyer said "*the solution is through activation of the already present laws, also the Ministry of Health and all health institutions need to hold training courses for HCWs about communication with people and how to manage these events of violence.*"

The military officer added "*the needed mechanisms are: Availability of policemen (FPS) in all hospitals, continuous health education messages in worship houses.*" The police officer said "*a big problem we face most of the times after we bring the attackers forcefully to the police center is refusal of*

the victims to present a claim, so we are obliged to release the attacker as there is no case without a claim."

Discussion

The instability across Iraq's health-care network represents the summit of a continuous decline marked by war, sanctions, and its cost and consequences over decades,[13,14] added to that the adoption of the old secondary health-care level rather than the primary health-care concept. This was reflected on the general personality and attitude of the Iraqi people expressed by increasing violence in all aspects of life, particularly against HCWs.[15] In this qualitative study, we tried to probe for the problem of violence against HCWs from the point of view of some community members who are presumably concerned with this malpractice.

The problem of violence against medical personnel in Iraq is prevalent and on the increase, more against junior doctors (mostly due to lack of experience in dealing with the patients or their relatives), and more against male doctors (attributed to cultural norms). The main reasons behind the exacerbation of this phenomenon are:

- The low community education level regarding the duties or responsibilities of health workers, in addition to the misconception by the general population about the "corruption" practices, which has been further exacerbated by the media
- Shortage in medicines and equipment in governmental hospitals. Furthermore, the shortage of health staff which results in work load that might lead to troubles
- The high cost of medicines is attributed to pharmaceutical companies and pharmacies who are "buying" doctors for marketing their products
- Inability of the population to accept bad outcomes and end of life attributed to the misconception that HCWs are saviors or can cure any diseases
- The uncontrolled holding of small arms and other weapons inside the health facilities by some armed groups represents a catastrophic side of violence
- Sporadic medical and surgical mistakes of some doctors, that are magnified through social media and generalized on all doctors, create a negative view
- Refusal of the victims to present a claim; a prerequisite by the judicial system helps perpetrators escape punishment and encourages others to do the same.

The respondents gave some suggestions to help deescalate violence, such as:

1. Intensify training courses for HCWs in terms of dealing with emergency cases, communication skills, and breaking bad news
2. Invest the "positive" side of the media in enhancing awareness regarding the vital role of the HCWs in affording health services to all strata of the community
3. Activating the role of civil society organizations to raise the awareness of the community in this regard including spreading good messages in worship houses
4. The government has to provide better security for HCWs and try sincerely to improve the deteriorated health services such as shortages in staff and medicines
5. Activate laws and regulations that protect HCWs, and follow up its application
6. The Ministry of Health should take effective action in this respect.

Conclusion

The study reached a conclusion that workplace violence is a common, frequently happening practice in most health-care facilities in Iraq, probably attributed to the long-suffering of wars and conflicts. Mistrust is the base for this problem, although the shortage of staff and equipment plays a role in some of the cases. Addressing these problems is crucial in finding solutions to reduce violence against HCWs through the collaboration of multiple stakeholders such as the Ministries of Health, Justice, and Interior. Strengthening the "limping" health system through addressing patient needs and concerns and improving the quality of health-care services and hospital standards can help de-escalate violence.

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Conflicts of interest

There are no conflicts of interest.

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