

Violence against Healthcare Workers in Nigeria: The Way Forward

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Abstract: Violence against health workers is any act of verbal or physical attack, threat of violence, or obstruction of curative or preventive health service delivery. Workers anywhere are exposed to violence at the workplace but the health industry is where it occurs most frequently. This article is aimed at examining the forms of violence against health workers, the causes of violence, the legal and ethical consequences, as well as the way forward in curtailing the menace. Violence can be either physical or non-physical and includes various forms of aggression, intimidation, and threats directed at health workers while they carry out their duties. The situations that lead to such incidents are factors related to the attacker, the victim, and the health facility. A bad attitude and a communication gap are two specific health worker-related factors while alcoholism, drug addiction, and a history of violent conduct are factors associated with the attacker. There exist legal and ethics-related options for victims, and they are based on the severity of the incident as well as local laws. The patients' safety and care are compromised by violence against health workers; hence all hands must be on deck to create urgent awareness and prevent this complex public health issue.

Keywords: Health workers, Violence, Workplace.

INTRODUCTION

The World Health Organization defines violence on healthcare workers as, any act of verbal or physical violence, threat of violence or other psychological violence, or obstruction that interferes with the availability, access, and delivery of curative or preventive health services. (1,2)

The International Labour Organization, ILO, has revealed that more than one in five people in employment have experienced violence and harassment globally. (2,3). In a report the ILO said over 743 million people suffer workplace violence and harassment, representing 22.8 percent of the world's population. (2,3). In Nigeria, a survey says, violence and harassment, in the workplace are common, with 29.5 percent of workers haven encountered it in their working lifetime. According to the

report, 69.1 percent of Nigerians who have encountered workplace violence and harassment claim it has happened three or more times. (4)

Globally, the health industry is where workplace violence occurs most frequently as greater than one-third of workplace violence is directed at health workers. (4,5)

A report by, Safeguarding Health in Conflict Coalition (SHCC), identified 43 incidents of violence against or obstruction of health care in Nigeria in 2020, compared to 19 such incidents in 2019. Health workers were kidnapped and health supplies were looted. Some doctors and nurses have reportedly left their clinical positions and others have gone on strike in response to the targeted violence and kidnapping of physicians. The loss of these health workers has had a profound effect on the country's health services. (6,7,8)

Personnel of the Nigerian Armed Forces, the police as well as local vigilante groups are also involved in violence against health workers. (6,7)

Workplace violence can lead to physical injuries, job dissatisfaction, and even death. It also hurts the health facility through reduced output, absenteeism, payment of compensation, and loss of experts. (9)

FORMS OF VIOLENCE AGAINST HEALTH WORKERS

Workplace violence against doctors and other health workers is a distressing issue that affects the well-being of medical professionals and the smooth running of the hospital. It encompasses various forms of aggression, intimidation, and threats directed at physicians and health workers while they carry out their duties. (1)

They usually happen in the following forms:

- 1. Non-physical violence (Verbal Abuse and Threats):** Health workers often face verbal abuse (91.2%) and threats (60.8%) in the workplace. This is unfortunately the most common all over the world. (1,10,11)
- 2. Physical Violence:** The World Health Organization (WHO) estimates that up to 38% of medical professionals experience physical violence at some point in their careers. In the United States, injuries resulting from violent attacks against medical professionals increased by 67% from 2011 to 2018. (1,10,11)

Violence against health workers can be either of the following:

- 1. Emergencies/Pandemic/Epidemic Impact Violence:** Health emergencies and disease outbreaks are usually associated with exacerbated workplace violence against health workers. This is due to anxiety and denial by the patients and their relatives, fear of the unknown, lack of bed space, delay of emergency response, rejection of patients, and mortality. (1,10,11)
- 2. Racially/Ethnically Motivated Violence:** Distressingly, racially and ethnically motivated violence is also rampant. For example, attacks by white supremacists targeting healthcare professionals from historically marginalized groups represent a deeper layer of racism. (1,10,11)

CAUSES OF VIOLENCE AGAINST HEALTH WORKERS

Violence at medical facilities in Nigeria happens for several causes. Patients and others who visit them in the

hospital may behave in an aggressive, violent, or hostile manner. This may be the result of several things, such as a medical condition they or the person with them are experiencing, side effects from prescription drugs, or discontent with the treatment they are receiving. Additionally, a history of violent behavior or feelings of frustration and anger due to the patient's circumstances may be present in patients and their relatives. (12,13)

Patients and their companions may become frustrated due to poor working conditions in Nigerian healthcare institutions and a shortage of necessary medical supplies. A few of the variables are connected to either the attacker, the victim, or both. A bad attitude and a communication gap are two specific health worker-related factors. Alcoholism, drug addiction, and a history of violent conduct are factors associated with the attacker. (12,13,14,15)

Common causes of violence against health workers in Nigeria are as follows (12,14,15):

1. Poor communication
2. Negative attitude by health workers
3. Long waiting time
4. Nonavailability of a vacant bed to admit patients for emergency care
5. Doctor on-call not available
6. Patient demise
7. Patient not improving or not responding to treatment
8. Manpower shortage (this has been worsened by brain drain)
9. Rescheduling of surgical and dental appointments
10. Lack of cooperation and teamwork among medical personnel
11. Enforcement of hospital policies on visiting time
12. Exorbitant Hospital bills

LEGAL AND ETHICAL IMPLICATIONS

The legal consequences of violence against doctors and other health workers can differ based on the severity of the incident, local laws, and the specific conditions. Legal options and ethical considerations include the following:

- 1. Criminal Liability (16,17):** penalties for criminal charges can range from fines to imprisonment and even death sentences, depending on the jurisdiction and the severity of the offense.
 - i. Assault:** Perpetrators of workplace violence may face criminal charges for assault, battery, or other related offenses, under relevant sections of the law.

- ii. **Homicide:** In extreme cases, if the attack results in someone's death, the offender could be charged with culpable homicide.

2. **Civil Liability** (16,17):

- i. **Personal Injury Lawsuits:** Victims of workplace violence may file civil charges seeking compensation for physical injuries sustained and damaged properties.

- ii. **Negligence Claims:** Employers can be held liable if they fail to take reasonable precautions to prevent workplace violence. This includes claims related to negligent hiring, retention, supervision, and training.

3. **Third-Party Liability** (16,17): Employers may be liable for violence caused by third parties (clients and visitors) if they knew of an impending attack and failed to take appropriate security measures.

4. **National Health Act** (18): Section 21 subsection 2 of the National Health Act states that "subject to any applicable law, every health establishment shall implement measures to minimize: (a) injury or damage to the person or property of health care personnel working at that establishment; (b) disease transmission. While subsection 3 states that, "without prejudice to section 19 subsection 1 of this Act, and except for psychiatric patients, a health care provider may refuse to treat a user who is physically or verbally abusive or who sexually harasses him or her, and in such case shall report the incident to the appropriate authority". (18).

WHAT IS THE WAY FORWARD?

Stricter rules, crisis management, staff education, and improved healthcare facilities are all necessary to lessen violence against doctors and other health workers. Comprehending violent individuals, and teaching patients and family members are among the recommendations. Collaboration among all parties involved is necessary to stop this threat to public health. (10)

Role of the Health Worker

Physicians and other health workers ought to be aware of their limitations and when to recommend a patient to a more experienced colleague. (10). They need to know how to deliver

bad news while remaining controlled and calm. Physicians ought to make an effort to shorten patient waiting time. Enhancing communication between physicians and patients can help close the information gaps. (10). Patients and their families should be informed about the condition, available treatments, adverse effects, alternatives to the recommended management plan, anticipated length of therapy, likely untreated outcome, overall prognosis, and financial implications. Misunderstandings can be minimized by communicating clearly and with empathy. Improved and timely contact with patients' families can lessen the incidence of violence against health workers. (10).

In potentially violent situations, health workers should watch out for signs of aggression in a patient or their relative. One of the preventive strategies includes looking for the following red flags: (10,12,19).

1. Staring to intimidate, keeping continuous eye contact;
2. Tone and volume of voice, yelling, sarcastic and caustic replies;
3. Anxiety approaching vicious levels;
4. Mumbling suggests increasing frustration and anger;
5. Pacing around the room in agitation.

Maintaining a good doctor-patient relationship is essential, hence the importance of trust, effective communication, and mutual respect in nurturing a strong bond between doctors and patients, cannot be overemphasized. (10,12).

Role of the Hospital Management

Effective security personnel training and prompt communication with the nearest police station are essential for the hospital's security. Unless they are needed to secure a criminal, security agents should not enter hospital emergency points with their weapons. Creating a hospital security system with closed-circuit cameras in public areas, alarm bells at key locations, and adherence to security standard operating procedures (SOPs) are a few examples. (10,20)

The hospital needs an efficient procedure for handling complaints from staff members and patients. It is important to encourage staff members to report any instances of abuse. Organizations should also make sure that workers who report events receive the necessary assistance and that effective steps are taken to address the underlying causes of workplace violence. Planning preventive and interventional strategies can be of benefit when relevant information is provided by an accurate report of a violent incident. (10,20)

Having a complaint department and an open billing system are necessary for raising patient satisfaction. Hospitals should post information about patients' rights and responsibilities as well as the legal implications of any verbal or physical violence against medical staff. It would be a good idea to post banners and

signboards in key locations warning patients and their visitors about the act and the anti-violence legislation. Informed consent, emergency triage, and the distinction between negligence and error should all be discussed with patients. (10,20)

It is also imperative that every hospital set up a medicolegal unit or a department of legal medicine. (21).

Role of Association/Unions

Health workers associations should organize programs to teach their members about medical laws and the doctor-patient relationship, as well as anxiety-reduction strategies in addition to manners, decorum, and ethics. (10)

Role of Government

Governments, both federal and state, should in the form of legislation enforce strict rules and punishment on violence against doctors and other health workers. It is important to sponsor workshops, seminars, and other activities to acquaint doctors with reliable laws and regulations. To protect doctors' rights, the legal system must be strengthened and sound national policies must be implemented. (10,22)

The government must also improve hospital facilities and address the issue of brain drain as well as an improved welfare package for doctors and other health workers. (10,22)

Role of the Media

Media outlets need to report responsibly, increase public awareness, and encourage positive discourse to stop violence against health workers. Reports from print and electronic media should be objective, and free from bias, injustice, and deception. (10,23). To address the underlying reasons for violence, doctors, patients, and policymakers can have productive conversations about social media in addition to traditional media. This may exert pressure on the relevant authorities to enact stringent legislation and act quickly. It is

possible to make a safer and more encouraging environment for physicians to deliver critical healthcare services through responsible reporting on healthcare. (10,23)

Role of the Society

Preventing violence against health workers should be a shared obligation between patients, their families, and society at large. Hospital-based vandalism and violence are criminal offenses and there should be no place for violence in a civilized society. (10,24)

Social leaders need to condemn violence directed toward health workers, and people need to be informed that as technology advances, so too may the cost of healthcare. It's critical to comprehend the intricacies of medical care, including diagnosis and uncertainty. Instead of using violence, patients and their families should channel their grievances to servicom, senior physicians, grievance departments, or the judicial system. (10,24).

CONCLUSION

Health workers like every employee sometimes encounter violence at their workplace. These acts of violence against health workers may be physical or non-physical. The perpetrators are patients, patients' relatives, and at times security agents and hospital staff. The situations that lead to such incidents are factors related to the attacker, the victim, and the health facility.

Patient safety and care are compromised by violence against doctors and other health workers. The Nigerian healthcare system has to undergo drastic adjustments, in terms of policies, training, and education all working together to lessen the number and seriousness of workplace violence. Understanding the critical role that health workers play and taking proactive measures to safeguard them will help to ensure that everyone receives high-quality healthcare.

The increasing frequency of such incidents highlights the urgent need for awareness, prevention, and response measures to address this complex public health issue.

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