

Violence in health sectors of Nepal

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Couple of weeks back the Newspaper was flooded with unthinkable News of closures of health institutions in Chitwan, a district in southern Nepal. It was called by the doctors as there were consecutive cases of manhandling of doctors by the patient party and vandalism causing loss of property of hospital and nursing homes. Similar cases of manhandling happened in Dharan followed by Kathmandu. Nepalese health institutions have been facing unimaginable situations in last couple of years. The morale of the health professionals who deal with the well-being of the patients has been degraded because of the growing attacks in the name of mistreatment from the health professionals all over the country. The impact of violence is widespread. It not only affects health professionals who are directly involved in violent incidents, but also inevitably compromises the doctor-patient relationship and quality of the patient care.

Violence is commonplace in many health care settings, and health care workers are at high risk for experiencing violence in the workplace.¹ The healthcare work setting experiences greater violence because healthcare providers see individuals at times of illness or injury, which can evoke severe stress among the service seeker and there may be loss of control when they don't get the care they expect. No healthcare setting is free from risk. Violence in all forms has been a major threat to health security.² Rates of workplace assault are higher among health care workers than any other industry.³ Assaults on medical personnel and facilities are a feature of armed conflict despite of their prohibition by the laws of war. We had acquainted such situation during armed insurgency very frequently. However, it is being continued in our country. Credit goes to the fluid political situation and poor economic growth. The concerned authorities are still dumb fold when it comes to the security of health professionals and health institutions.

In a retrospective study carried out recently (unpublished data provided by Nepal Medical Association), number of incidents recorded in Nepal medical association over 2007 January to 2012 January was 61. Among these incidents on health set-up, misbehave to health personals was highest 27 (44.26 %) followed by physical assault to health personals 11 (18.03%). Similarly infrastructure damage of hospitals were seen as third most common incident, which was 8 (13.12%). Likewise, damage to vehicles, kidnapping of health personnel and others incidents were recorded 3(4.92%), 3(4.92%) and 9 (14.75%) respectively. Most of the incidents were seen in emergency department 21(65.63%) and predominantly male health professionals were victimized. Perpetrators are mostly relative of patients and none of them were penalized.

In same study it was found that physical assaults, misbehave and infrastructure damage were seen more in public sector 22 (64.71 %), than private 12 (35.29%). High expectations from public institute and lack of government protection may be plausible reason for this type of finding. Similarly, these incidents happened more in emergency department than the others. It's very natural to have more serious cases in emergency department. In a study carried out in Australia, it was found that situational (long waiting time), environmental (busyness of the nurses) and human (nurse, patient/relative) were found to be factors

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contributing to the violence over nurses of the emergency department.⁴ But, failure in part of patient party to understand the disease and disease process, attending health care facilities after appearance of complications rather than the negligence is causing more violence in our context.

It's not only the case in Nepal, health care professionals are facing more harsh behavior than even ever before, all over the world.⁵ In an US study carried out on nurses working in emergency department, it was reported that 25% of respondents experienced the physical violence more than 20 times in the past 3 years, and almost 20% reported experiencing verbal abuse more than 200 times during the same period. Respondents who experienced frequent physical violence and/or frequent verbal abuse indicated fear of retaliation and lack of support from hospital administration.⁶ Nepal is passing through a very difficult phase of instability and uncertainty over few years of the insurgency. To perform our respective duties efficiently, honestly and sincerely in such an atmosphere of aggression, insecurity and rampant political situation becoming difficult day by day.

Secure working environment is a prerequisite for the delivery of effective healthcare. So, insecurity of healthcare personnel and institution is one of the biggest, yet unrecognized humanitarian problems in Nepal. Violence in health facilities and professionals, which should have decreased is rather increasing and this should be protected by the special law. Though there is paucity of study that suggests the strategy to prevent the work place violence, formulation and implementation of health professional protection act is an immediate need of present time.

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