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Workplace Violence among the Doctors in India: Risk Factors and Public Health Implications

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ABSTRACT

Background -Patients and their relatives are physically and verbally abusing, sexually assaulting, harassing, and threatening healthcare professionals in India. This is a particular issue in waiting areas, emergency rooms, and private clinics.

Purpose-The objective of this research is to explore WPV risk factors, prevalence, effects, and influence on healthcare using the stress-coping model.

Research Question- What are the risk factors for workplace violence for healthcare professionals in India, and how does WPV affect public health?"

Methods- The PRISMA methodology was employed in the literature review to search, it included articles from 2012 to 2023. Electronic databases like PubMed, Google Scholar, CINAHL Plus with full text, Medline with full text, Health Source, and Althealth were utilized to compile published research. *Keywords* aggression, attack, workplace, danger, doctor, stress, mental health, medical emergency, workplace violence or abuse, or workplace threat, AND India AND healthcare, hospitals, health services, or facilities. There were 16 articles reviewed for this literature study.

Result -The most frequent type of violence was verbal abuse, which 74% to 80% of the people who claimed that had experienced violence. In approximately 86.5% of the instances, patients committed physical assaults.

Conclusion: There have been some positive results from violence prevention programs, but they must be tailored to the particular requirements of each institution. Before fulfilling the moral need for fairness, we must move toward a zero-tolerance policy. To raise the standard of care, compassionate and empathetic service must be offered.

Workplace Violence Among the Doctors in India: Risk Factors and Public Health Implications

For healthcare providers, workplace violence (WPV) is a serious occupational concern. This phenomenon is substantially under-reported and inadequately prevented in India, although multiple studies have shown that it has detrimental impacts on the victims' physical and mental health, interferes with their capacity to work, and ultimately lowers the quality of care they provide (Sen et al., 2019; Reddy et al., 2019; Anand et al., 2016; Krishnan et al., 2021; Kaur et al., 2020; Das A, et al., 2022; Vaishali et al., 2018). It is a profound irony that medicine, the profession that represents healing, has experienced brutality. The doctor-patient connection is now being threatened by healthcare WPV on a global scale (Vento et al., 2020). Since WPV continues to be neglected and under-reported, the actual scope of the issue is thought to be far worse (Das et al., 2022). There is still much to be done in terms of accurate reporting, documentation, and the prevention and control of WPV against physicians. Identification of risk variables is crucial for preventing and forecasting such tragedies and regaining public confidence in the medical community to ensure safe public health. (Reddy et al., 2019). The objective of this critical review is to identify the reasons for workplace violence and its impact on the health of doctors in India, which in turn will help to mitigate the issue. Globalization and liberalism have been associated with an increase in health inequality and workplace violence as the burden of disease and unemployment increases(Forster et al., 2020). It is essential to know the magnitude of the problem and its underlying causes in order to prevent incidents at work.

Background

Workplace violence is any act or threat of violence, including verbal or physical abuse, of those who are working or on duty (Centers for Disease Control, 2022). Workplace violence's effects might encompass everything from psychological problems to bodily harm or even death (Centers for Disease Control, 2022). Violence can be either physical or emotional, or it may involve a combination of both. It can take any shape, including physical attack; emotional abuse; bullying; mobbing; “sexual, racial, or psychological harassment”; threats, etc. (World Health Organization, 2020). Doctors have

encountered workplace violence on a global scale (Vento et al., 2020). It lacks both a region and a religion (Vento et al., 2020). It is widespread not only in Bangladesh, Pakistan, and India but even in affluent nations like the United States, the United Kingdom, and China (Sen et al., 2019). According to an ongoing study by the Indian Medical Association (IMA), 75% of medical professionals in India have experienced abuse at some time or another in their lives, most frequently in the form of verbal abuse (Kaur et al., 2020). The ICU and the emergency room are the most violent areas while visiting hours are the most violent period (Tian et al., 2017).

The yearly economic cost of workplace violence in the United States is estimated by the National Institute for Occupational Safety and Health to be over $121 billion (National Institute for Occupational Safety and Health, 2022). This sum accounts for lost productivity, lawyers' fees, damages to property and reputation, as well as increased security expenditures (National Institute for Occupational Safety and Health, 2022). In comparison to Australia's 6.5%, Canada's 7.4%, the United Kingdom's 7.7%, the United States' 8.5%, and Germany's 9.5%, the Indian government is on track to spend less than 2.5% of its GDP on public health by 2025 (Sen et al., 2019). Healthcare professionals regularly encounter threats, assaults, and injuries from unpredictable and unavoidable workplace violence at rates that make it necessary to increase funding for public health safety to strengthen protections for these crucial workers. The healthcare sector's ability to enhance welfare and guarantee security depends on investment. Because of this, the purpose of this research is to better understand the extent of workplace violence against the doctor so that necessary precautions can be taken to prevent it.

Public health is seriously at risk due to the growing workplace health concern of aggression in a healthcare setting. The industries with the highest incidence of WPV injuries were healthcare and social services, where workers are five times more likely to sustain an injury than other workers (United States Bureau of Labor Statistics, 2018). Healthcare professionals who experience violence report confronting mental health issues such as depression and insomnia as a result of violence disorders, post-traumatic stress disorder, fear, and anxiety, which can result in absenteeism (Sen et al., 2019). Health professionals' increased absenteeism as a result of their suffering, reduced productivity, lack of motivation, and an increase in demands for transfers from emergency rooms are all components that indirectly cause more violence (Sen et al., 2019).

Violence against doctors and nurses occurs in an entirely different atmosphere in the West than in the subcontinent (Reddy et al., 2019). In the United States and Europe, patients who are under the influence of drugs or alcohol, people with mental illnesses, or people with close family members of the patients in emergency departments are most likely to be responsible (Reddy et al., 2019). On the contrary in India, chronic criminals, political figures, and even families or anonymous persons commit violence (Reddy et al., 2019).

It is estimated that only about 33% of the cost of healthcare in India is covered by the government; the remaining is covered by the patients (Reddy et al., 2019). The overall acceptance of insurance is similarly low. Financially stable families may become trapped in a debt cycle as a result of unanticipated medical expenses (Kumari et al., 2020). As a result of spiraling instability and ongoing verbal abuse, the victim may eventually face physical violence against them with a background of simmering worry over possible financial ramifications (Kumari et al., 2020). The expense of healthcare has increased due to the development of modern medicine worldwide, but due to poor literacy rates in India, people have the erroneous belief that spending more money should save their lives, i.e., better results are expected even for riskier operations (Erdmann, 2021). There were a few instances where a doctor had either been negligent or demanded a hefty charge in exchange for providing care (Shastri, 2019). The family members of these patients have developed a resentful stance against the medical field, and at each subsequent doctor's appointment, they displayed a similar level of skepticism (Shastri, 2019). If the same situation arises again in the future, it will manifest itself in violent acts related to the initial incident (Shastri, 2019).

Significance

According to the Indian Medical Association, approximately 56% of doctors lack an adequate amount of sleep and more than 80% of doctors are stressed out by their jobs (Dora et al., 2020). In the same study, 46% of those surveyed believed that violence is the primary source of stress. Most acts of violence against doctors are spontaneous and motivated by unfavorable conditions and there are a few observable elements that are known to spark these violent outbursts which can be roughly categorized as societal, organizational, professional, and patient-related (Kumari et al., 2020). Patients frustrated by ineffective service systems, such as long waiting times, crowding, a lack of staff and resources, and disagreements with treatment plans, may engage in violent behavior (Shastri, 2019). Doctors in these circumstances are largely exposed to a patient's outburst (Shastri, 2019). Due to these incidents, many have lost their clinics, injured themselves, lost their livelihoods, and also damaged their professional reputations (Kumari A, et al., 2020). This has a detrimental influence on their psychological and physical health, which in turn affects their ability to function at their jobs and their level of job satisfaction(Kumari A, et al., 2020). This has a long-term impact on the efficiency and effectiveness of the entire healthcare system. India, with the second largest population of 1.406 billion in 2021, is now the largest population in the world with

1.471 billion people (Pew Research Centre 2023). Among the facets of WPV against doctors discussed in this critical review are its traits, prevalence, risk factors, and mitigation strategies. Healthcare worker WPV is a growing epidemic that must be stopped by understanding the comprehensive nature of the issue. Therefore, the objective of this research is to explore WPV risk factors, prevalence, effects, and influence on healthcare using the stress-coping model.

The benefits of establishing a program in place to avoid violence surpass the costs in terms of both human and financial resources. It initiated the research question: "What are the causes of WPV in India and how does it affect public health?"

Theoretical Framework

The framework of this literature review is the theory of the stress coping model which focuses on the idea that people who are experiencing stress (in the form of workplace violence) have two tasks to accomplish: they must address the issue at hand and control their emotions. These two duties are illustrated by two combining parameters, the problem-solving dimension and the emotion-coping dimension (Stanisławski K, 2019). The effects of WPV differ from person to person even though they are exposed to the same violent conditions. Lazarus and Folkman's stress-coping theory states that a person's adaptational results depend on their cognitive assessment of their stressors and coping mechanisms (Stanisławski K, 2019). In light of that, individuals can defend themselves against stress challenges in an evolved state by favorably interpreting the stress events, proactively employing coping mechanisms, and utilizing available resources (Choi et al., 2022).

This critical review discusses how the stress and coping theory can potentially solve some of these issues by (a)knowing the potential cause of the problem (process, strategy, and style); (b) laying the foundation for the integration of multiple managing and evaluating the problem; (c) enabling the interpretation of results from different peer-reviewed articles to evaluate the magnitude of the problem, which helps to consolidate knowledge; and (d) illuminating the connections between coping and adjustment after violence or stressful condition. In this literature review, I will also establish connections between coping strategy effectiveness and circumstance controllability due to workplace acts of violence suffered by healthcare professionals. This theory will help us to analyze the depth of workplace violence and its associated reason and effect on doctors' health in India.

Method

The literature review used the PRISMA methodology to search. For inclusion in this review, studies examining the impact or effectiveness of workplace violence among Indian doctors are required. Interventions are the part of research that took place between 2012 and 2023 and are published in English. To gather published research, electronic resources like PubMed, Google Scholar, CINAHL Plus with full text, Medline with full text, Health Source, and Althealth were used. The keywords aggressiveness, attack, workplace, danger, doctor, stress, mental health, medical emergency, workplace violence or abuse, or workplace threat, AND India AND healthcare, hospitals, health services, or facilities were used to perform a thorough search for appropriate articles. All activities made by Indian doctors working in private or public healthcare facilities have been considered in the paper's critical examination.

PRISMA

The articles for this literature review are obtained through a search with the assistance of a knowledgeable librarian (see Appendix 1 for the Prisma diagram).

Only doctors and nurses who work in the healthcare industry are included in the search, which is restricted to articles published in English and released between 2012 and 2023.

Utilizing electronic databases, such as PubMed, Google Scholar, Health Source, Althealth, Medline with full text, and CINAHL Plus with full text, the following keywords are used during searches: Violence, workplace risk, doctor, stress, mental health, medical emergency, workplace abuse, or workplace threat AND the nation of India AND healthcare, hospitals, health services, or health facilities

In this research, 209 articles are found. Four articles were eliminated because they are from different countries other than India and 96 articles are removed due to duplicate records, ineligible documents, or records removed for other reasons. After reviewing the titles and abstracts of 109 articles, 42 were found to meet all inclusion criteria. The remaining 67 articles are deleted as articles that didn't match at least one of the inclusion criteria or had dubious justifications. 16 of the 42 articles were eliminated because full texts could not be obtained. There were 26 items in total, but eight were eliminated as they are summaries of the seminar and manual, and two more are removed for the reason they are systemic evaluations. Consequently, this critical review includes a total of 16 articles.

Results
The literature review included details on the author, publication year, place, country, demographics, type of violence, the prevalence of various forms of workplace violence in the medical field, the people involved in violence and the violence's instigators, attempts to report the violence and its effects, and suggested strategies. (Refer to the table of evidence, Appendix 2)

Study Designs
The majority of studies are cross-sectional and observational studies, which are frequently inexpensive, easy to carry out, and valuable for establishing fundamental data in designing a future advanced study. This is because public health research is relatively underfunded in India. Prestigious universities with the resources to carry out qualitative research emphasize a deeper comprehension and experience of the phenomenon and its wider context. The descriptive studies helped to explain, validate, and describe the research's findings.

In this literature review out of a total of 16 articles, there are nine cross-sectional studies (Ahamed et al., 2021; Anand et al., 2016; Das, et al.,2022; Kaur et al.,2020; Krishnan et al., 2021; Magnavita et al., 2022; Sajja et al., 2019; Singh et al., 2019; Vaishali et al., 2018), two descriptive studies (Chirico et al.,2019; Ranjan et al., 2017), one observational study (Das et al., 2020), and four qualitative studies (Joshi et al., 2018; Davey et al., 2020; Koschorke et al. 2021; Singh et al., 2022).

Through these articles, the study's primary objective is to increase participants' awareness of the possibility of workplace violence, their ability to recognize warning signs of potential violence and their comprehension of how to respond to the actual incidents has been demonstrated.

Method and Sampling
Anonymous surveys have a high success rate in obtaining truthful responses because they don't ask respondents for any identifying information. They make sure that participants provide honest feedback so they may access reliable data. Anonymous Google forms were utilized to collect responses from the participants,(Ahamed et al., 2021; Das et al., 2020; Das et al., 2022; Kaur et al., 2020; Krishnan et al., 2021; Ranjan et al., 2017; Sajja et al., 2019; Singh et al. 2019).

The participants have the option and flexibility to react in as much detail as they choose when asking open-ended questions. Extra information helps to qualify and clarify their answers, giving more precise information and useful insight. Predesigned survey questionnaires (open-ended) are used (Magnavita et al., 2022; Vaishali et al., 2018).

In-depth interviews assist the researcher in elucidating, comprehending, and exploring the viewpoints, actions, experiences, phenomena, etc. of the participants. Simple to execute and fast to get trustworthy results. Focus group discussions and interviews are conducted in person as part of an in-depth interview, and they were recorded for use in the future while keeping the ethical standards. (Joshi, et al., 2018; Kevin et al., 2020; Sajja et al., 2019; Anand et al., 2016).

The authors of the various studies in this review collected data from physicians (Ahamed et al., 2021; Das et al., 2020; Das et al., 2022; Vaishali et al., 2018; Singh et al. 2019; Joshi, et al., 2018; Kevin et al., 2020; Sajja et al., 2019; Koschorke et al., 2021; Ranjan et al., 2017; Anand et al., 2016), postgraduates (Das et al., 2022; Kaur et al., 2020) Intern and medical students (Singh et al., 2019; Vaishali et al. 2018), dentists (Krishnan et al., 2021) and nurses (Magnavita et al., 2022; Kevin et al., 2020).

Demography
The review of the literature has examined all the most prestigious medical schools in major metropolitan areas in the states and India, including, Thiruvananthapuram, Kerala; North: New Delhi; West: Nagpur, Maharashtra; and South: Kolkata, West Bengal (Das et al., 2020), AIIMS Kalyani (Ahamed et al., 2021), Delhi AIIMS (Singh et al.,2022), Delhi and Maharashtra (Ranjan et al., 2017) Uttar Pradesh three Government medical colleges (Singh et al. 2019) Haryana Tertiary care facilities (Vaishali et al. 2018), R.D. Gardi Medical College in Ujjain (Joshi et al., 2018) government medical college in Karnataka (Sajja et al., 2019). The majority of Indian doctors who use Facebook, Instagram, and WhatsApp to conduct general searches engage in this study anonymously (Kaur et al., 2020; Kevin et al., 2020; Anand et al., 2016).

The WPV intensity in developed continents (Europe, North America, and Oceania) and developing continents (Asia, Africa, Central America, and South America) are compared in the study as part of the literature review as incorporating their strategies and action in preventing WPV (Chirico et al., 2019). Three High-Income Countries (HIC) in Europe with Low-Income Countries in South Asia, the Middle East, and North Africa (India, Nepal, Lebanon, and Tunisia), are compared to evaluate the dimension of WPV(Koschorke et al., 2021).

Types of the Outbreaks of Violence

There are a variety of kinds of workplace assaults, and there are various risk factors that both the victims and the assaulted healthcare professionals share. Findings from all 16 sources agreed that WPV most frequently took the form of verbal abuse. 74–80% of WPV cases in several studies were attributable to it (Anand et al., 2016; Krishnan et al., 2021; Kaur et al., 2020; Das et al., 2022; Vaishali et al., 2018). The most frequent kind of violence experienced by the doctors was verbal abuse followed by verbal threats at 60.8% (Kaur et al., 2020).

According to Magnavita et al. (2018), out of 550 nurses, 41 nurses (7.5%) have experienced at least one physical assault. Nurses have been the victims of physical assaults, which were mostly perpetrated by patients (86.5%) but also by coworkers (13.5%). The most common method of physical abuse included holding, jerking, pushing, or pulling hair; less usually, there had been scratching, pinching, or spitting; and even less frequently, there had been slapping, hitting, punching, kicking, or biting (Magnavita et al., 2022).

Of the 477 doctors in the Kaur et al. (2020) study, 177 (37.1%) provided excuses for not reporting WPV incidents. Sexual violence was the least commonly reported WPV. The most commonly reported reasons for not reporting WPV incidents were: believing that "no action will be taken" against the perpetrators (21.5%), the incidents were resolved locally (20.9%), and believing that reporting violent crimes involved more time and effort and was unfavorable in the eyes of the public (20.3%). In addition, 11.3% of doctors elected to ignore the incidents because they were not alarming, and 19.8% of doctors chose to ignore the incident because they viewed WPV as an expected and unavoidable aspect of their jobs (Kaur et al., 2020).

Factors Contributing to WPV

Young male doctors are more likely to experience physical and psychological harassment than older male doctors (Vaishali et al., 2018). Furthermore, one of the descriptive research studies found that the majority of attacks were against men (73.0%), resident doctors (72.0%), and public hospitals 51.0% (Ranjan R, et al., 2017).

The majority of doctors who experienced workplace violence (41.7%) were in the age range of 31 to 40 years and the likelihood of experiencing violence was discovered to be negatively correlated with a doctor's age (Kaur et al., 2020). Although 78.3% of male doctors and 74.5% of female doctors reported experiencing WPV, this difference was not statistically significant. (Kaur et al., 2020).

One of the studies says 45.0% of the occurrences were reported in the emergency room and more than half (51.0%) occurred during the night shift (Ranjan et al., 2017). The night shift was more responsible for a higher percentage of severe injuries—nearly 52.9% (Ranjan et al., 2017). Violence against emergency department staff is most often perpetrated by family members or attendants (Kevin et al., 2020). The cause of outbreaks of violence in ED was described as emotional factors such as unanticipated patient outcomes (10.6%), and communication difficulties (Kevin et al., 2020; Singh et al., 2022). Healthcare providers (59.5%) were deemed to suffer the most negative consequences of ED violence, followed by patients and patient care (30%) and society at large at nearly 10% (Kevin et al.,2020).

The factors are divided into hospital-related, doctor-related, patient-related, and attendant-related categories, according to Singh et al.'s study from 2022. Among these subcategories in the hospital-related aspects, an enormous variety of themes were established including excessive pedestrian traffic, scarcity of beds for admission, a lack of law enforcement, and time restraints. Violence is sparked by a number of patient-related issues, including the traits of the patient and criticizing doctors for their incompetence. Additionally, the part played by social media in fostering and depicting attention to violent episodes was emphasized (Singh et al., 2022).

The majority of violent incidents involving doctors are attendant-led, rather than patient-led. According to the Department of Health & Human Services, an attendant is someone who oversees ward housekeeping, ward clerks, porters, who deal with patient lifting and transportation, and helpers who provide food and beverages to patients. Attendant-related factors involved in it, particularly their requirements, rejection, rage violent behavior, accelerated care, impatience, difficulties with language, insufficient education, optimistic mindset, a large team assigned to one patient, such as a well-known politician, and the patient's youth (Singh et al., 2022). These attendant-related factors also make these individuals more likely to engage in violence against doctors (Singh et al., 2022). Uneducated patients have doubtful internet-based material, making it difficult for doctors and patients to communicate effectively and obstructing the development of a positive doctor-patient relationship (Chirico et al., 2019). In India, the impact of violence on doctors' psycho-social health and how it affects their ability to make critical decisions regarding patient care are seriously understudied and underreported. Addressing these problems may result in improved doctor-patient interactions and, ultimately, better patient care (Kaur et al., 2020).

Sajja et al., (2019) stated that while physical abuse or verbal abuse is frequently mentioned when discussing the types of violence experienced by health workers, there are other unfriendly criticisms that happen. Many people hold the opinion that resentful criticisms, which can come from patients and their attendants as well as employers or other senior staff members, are the most common kind of violence that health workers deal with every day. The majority of the participants thought that violence should not only be characterized as being physical or verbal, but also as anything that makes someone feel uneasy, has an emotional or psychological impact on him, or lowers his level of productivity at work (Sajja et al., 2019).

One of the descriptive studies combined data from 132 nations. According to Chirico et al. (2019), there is a difference between developed and developing countries on this issue, with developed countries having a higher frequency of legislative measures. This unquestionably demonstrates a shift in certain industrialized countries' governments' and civic communities' attention to concerns related to work-related stress and WPV. However, the authors also stated that there are variations among wealthy nations, demonstrating that some of these nations do not implement policies requiring companies to prevent psychological risks. Furthermore, WPV was typically only illegal in nations where it attacked traditional moral or religious practices (Chirico et al., 2019).

Joshi et al. (2018) explained that WPV in healthcare is a part of increasing materialism, greed, corruption, and violence in society as well as also explained the lack of proper attitude, misdeeds, and malpractices by some healthcare providers which lead to violence. Common causes of WPV are related to patients' and attendants' concerns about not receiving proper care. For example, the patient's condition turning worse is the most prevalent cause of WPV, followed by delays in treatment, fatal outcomes for patients, and the belief that the wrong treatment was administered (Kaur et al., 2020). Other causes of WPV are the variables that included exorbitant demands from patients and their families' expectations, like some sort of miraculous cure for any disease, expense, and fee-related problems, reasons related to administrative failure and inadequate infrastructure, long waiting times, the lack of beds, drugs, and delayed laboratory reports (Vaishali et al., 2018).

Effects of WPV

Das et al. (2020), observed that among 499 doctors in their study's sample, 153 (36.5%) experienced 153 (36.5%) suffered from mild depression, 76 (26%), from moderately severe 30 (14.2%), and severe 8 (3.8%) from severe depression (Das et al., 2020) due to WPV. In addition to stress, despair, anxiety, mistreatment-related emotions, loss of self-esteem, and an overpowering sense of humiliation, individuals who put their all into the job also felt lost (Ahamed et al., 2021). According to Kaur et al.'s (2020) survey, 12.4% of doctors said their circumstances forced them to migrate and change occupations.

According to Ahamed et al. (2021), 262 (42.5%) of the total survey participants claimed to be satisfied with their jobs at the time of the study. A substantial positive correlation between job happiness and age, years of professional experience, highest degree held, and perceived safety was also discovered. Male doctors reported being over 50% less satisfied with their jobs than female doctors, according to statistics, there is a negative correlation between sex and job happiness (Ahamed et al., 2021).

Within this same study, one-fourth (23.2%) of the participants said they planned to quit their jobs. The intention of terminating jobs was shown to be 63% lower in doctors with higher job satisfaction and 55% lower in doctors with lower perceptions of WPV. Additionally, doctors working in private settings reported a two twice higher intention to leave their jobs when there was no security plan in place. (Ahamed et al., 2021).

DISCUSSION

Workers in social services and healthcare are subject to a sharp rise in WPV (Kevin et al., 2020). The prevalence of WPV among medical professionals has increased significantly over the world, despite regional variations in its causes and responses to it (Ramzi et al., 2019). Due to the nature of their employment, healthcare workers are especially vulnerable to this imminent danger of violence (Sajja et al., 2019). There are numerous contributing factors, many of which are specific to the healthcare industry (Singh et al., 2022). Some of the primary causes include working with individuals who are in distress, working in environments where one is more vulnerable, and working with inadequate staff and infrastructure (Anand et al., 2016).

Various factors, including a lack of communication skills, negligence, poorly trained staff, and administrative problems, were identified as triggers for outbreaks of violence in the health sector, where illiteracy, a lack of trust in doctors as healers, and emotional factors from patients acted as antagonists (Sajja et al., 2019). Although there are many different ways that abuse can manifest, the majority of cases that are discussed involve verbal abuse, threats to the doctors that could manifest as physical abuse, intimidation, threatening phone calls, a physical attack that causes injury, and a physical attack

that does not, as well as homicide, burning down, and vandalism (Honavar 2019; Anand et al., 2016; Krishnan et al., 2021; Kaur et al., 2020; Das A, et al., 2022; Vaishali et al., 2018; Koschorke et al,2021).

Strengths

The researchers' use of standardized evaluation tools to measure the validity and reliability testing of their studies. A variety of participants' included in the articles were: physician nurses postgraduateundergraduate student as well as intern, which give a deeper understanding of the issues at different level. Most of the states and major college were included which improved the generalizability of the results.Both public and private teaching and non-teaching hospitals were included in this study

Interviews were captured on tape and written down for future references under all ethical consideration. The articles, illuminating unwanted data, randomization, and various study designs to prevent bias in a study, This has expanded the potential application of the study's findings. This literature review's strength lies in its ability to assess the quality of the evidence, pinpoint knowledge gaps, combine data from multiple research types, and create theoretical frameworks.

Weaknesses

Most of the studies included in this review used self-reporting measures to gather data, which can be biased by selection bias or social desirability bias (Ahamed et al., 2021; Das et al., 2020; Das et al., 2022; Kaur et al., 2020; Krishnan et al., 2021; Ranjan et al., 2017; Sajja et al., 2019; Singh et al. 2019). Anonymity can lessen these prejudicial views. The suppressed acquire a voice because of anonymity. It permits individuals to express their opinions on WPV and share their personal thoughts without worrying about discrimination or retaliation.

Members of the medical community who were not accustomed to using current technology, in particular older doctors, may not have been able to answer because most of the studies included Google Forms to acquire data. There may have been some understanding bias because several of the questions required replies from experienced doctors with more than a year of experience but a few of the studies also included medical students and interns.

For the current investigation, I was also unable to establish the number of WPV occurrences that each physician had to handle.

Limitations

Utilizing existing information was seen to be the greatest strategy to increase knowledge in the field as this critical literature review, attempted to broaden and improve its findings. This literature had some limitations, which need to be mentioned. Even though WPV limited the ability to study the real-world circumstances of other members of the healthcare system which includes the administrative and management department. The administrative and management play an integral part in causing WPV who were not considered as participants in the study, it is still able to give us insights into physician persistence and elements that hinder from delivering quality care or contributing to the services in the intrinsically stressful healthcare environment.

The literature review includes nine cross-sectional research studies, which are unable to establish cause and effect. Incidents of violence were recorded in the study periods, but neither the frequency nor the severity of the incidents, nor the knowledge of whether the employees had gotten therapy, could be measured so causal implications cannot be drawn (Ahamed et al., 2021; Anand et al., 2016; Das et al., 2022; Kaur et al., 2020; Krishnan et al., 2021; Magnavita et al., 2022; Sajja et al., 2019; Singh et al., 2019; Vaishali et al.,2018).

This critical review fails to address the doctors' personal factors that contributed to the WPV and poor doctor-patient relationship. It avoids discussing doctors' self-criticism, the use of unhealthy coping mechanisms, sleep deprivation, excessive dedication, idealism, an unbalanced work-life schedule, and a lack of adequate support networks outside of the workplace (such as not having a spouse, partner, or children) as personal characteristics that contribute to WPV.

This review also does not talk about burnout in healthcare professionals. Burnout was traditionally thought to be a syndrome that mainly impacted professionals later in their careers, but recent studies show that it may begin as early as residency training and that younger doctors are nearly twice as likely to experience stress as their more experienced colleagues (Hacer et al., 2020). Women are more prone than males to experience burnout because of the enormous effect that emotional exhaustion has on depersonalization, which can further lead to lower personal accomplishment (Hacer et al., 2020).

Future research carried out at numerous hospitals could confirm the existing findings. Due to underreporting, it was challenging to evaluate violent incidents objectively. In one study, only 63% of the 215 doctors were aware of the reporting processes and their implementation at the hospital (Vaishali et al., 2018).

Although doctors are among the healthcare workers who most frequently face WPV, the emergency room is one of the most demanding medical settings in a hospital, and WPV there puts the safety and security of medical staff in danger. In India, private hospitals may charge more for emergency room visits than public hospitals, which could exacerbate the role that financial reasons play in driving WPV in the ED (Ahamed et al., 2021).

Implementation to Reduce WPV

The findings of this analysis allows for the implementation of a variety of interventions, such as training and awareness-raising workshops, to reduce WPV in India. Incivility, lateral aggression, verbal and physical abuse, and workplace bullying must be prevented or minimized at both private and public hospitals.

Avoiding uncomfortable and crowded waiting areas, lowering stress, communicating about the cost, and the number of appointments, and canceling the appointment earlier can all help to decrease violence (Bhatti et al., 2021). To increase the safety and security of the clinic, discussions and evaluations to enhance the rules and processes, including complaint and suggestion programs, should be designed (Bhatti et al., 2021).

While modern medicine is advancing to new heights, more lawsuits are being filed due to the public's mistrust of physicians. To avoid violence and lawsuits against oneself, every doctor should adhere to the guiding principle of "do not overreach," which is to not treat patients over the bounds of their skills and resources (Kumar et al., 2019).

In order to reduce violence against healthcare professionals, the Health Ministry of the Government of India drafted the "Prohibition of Violence and Damage to Property Bill" in 2019 (Amrit et al., 2021). The Epidemic Diseases Amendment Bill (2020) has given healthcare workers new hope, which aims to ensure that violent crimes committed by COVID-19 management against healthcare personnel are recognized as nonbailable offenses (Amrit et al., 2021). The member countries of the World Health Organization must make investments in their healthcare personnel to make sure that they are qualified, trained, equipped, supported, and competent to carry out their intended duties, according to a resolution adopted on May 28, 2021 (Amrit et al., 2021).

If violence still takes place despite all safeguards, the institution must safeguard the involved doctors while also choosing not to respond angrily to the violence. For circumstances like Code Purple (security), a standard operating procedure may be created (Dora et al., 2020). Everyone, including patients, clients, visitors, and staff, is aware that violence is unacceptable and won't be tolerated when there are zero-tolerance policies in place. Such a guideline informs employees that assaults are neither acceptable nor seen as an essential component of the job (Tartaglia, 2019).

Coping with suffering from work-related stress and distress through three main coping strategies: education (learning about mental illness and its causes), self-reliance (the process of self-reflection), and treatment (medication, psychotherapy) to adapt. These variations in coping mechanisms typically correspond to different personalities (Fan et al., 2022). Lazarus and Folkman describe problem- or task-oriented coping and emotion-oriented coping as supporting the conceptualization of coping strategies. For example, workplace pressures tend to be catalysts for problem-solving techniques and fixed stressors are more likely to induce social help-seeking and emotion-focused ways, and variable stressors are more likely to induce problem-solving skills (Fan et al., 2022).

The Implication to Public Health

The rise in violence against doctors in their clinics is a contributing factor to the stress experienced by these healthcare professionals, and this has a negative impact on public health (Dopelt et al., 2022). In addition to acute stress, adverse consequences on public health may also include low morale and productivity caused by a lack of trust in management, a breakdown in social institution collaboration, and a feeling that the workplace is hostile and dangerous. Research and awareness are crucial if doctors are to stop becoming victims of these incidents (Dopelt et al., 2022).

With its severe effects, WPV (WPV) in healthcare settings has been recognized as a significant public health concern. Public health has been adversely affected by the need for education and structural adjustments. Due to budget cuts and inadequate priority management, public health officials and field staff were threatened by WPV (Dopelt et al., 2022). A decrease in WPV may result in greater employee retention and less employee fatigue. Since violence has been linked to both poor patient results and lower job satisfaction, this may also help to improve patient outcomes.

Other crucial issues to take into account include political unpredictability and a growing lack of trust among all parties involved (Kumari et al., 2020). WPV not only affected the individual but also damaged doctors' and college reputations, raising public health concerns (Kumari et al., 2020).

Future Study

For future research, it is important to conduct more studies on how the doctor-patient relationship has changed, and how it has affected patients' satisfaction with their care. In this literature review, the doctors from the Department of Psychiatry were not included, which can also be an aspect of future studies. Poor healthcare worker-patient interaction, a link between on-call work and the extra nursing hour per patient day, and a high level of staff anxiety were found to be the main drivers of violence in mental wards.

CONCLUSION

Violence most frequently takes the form of verbal abuse (Anand et al., 2016; Krishnan et al., 2021; Kaur et al., 2020; Das A, et al., 2022; Vaishali et al., 2018). Healthcare workers' improper behavior and rising materialism contribute to workplace violence in the healthcare industry (Joshi et al., 2018). One of the reasons for the violence is also the lack of available beds for admittance (Singh et al., 2022). There is a high prevalence of violence among healthcare workers, yet there is a low level of reporting and knowledge of reporting systems as well as healthcare workers' safety standards (Vaishali et al., 2018; Das et al., 2022).

The leadership of the hospital should be dedicated to making the workplace safer for patients and workers and enhancing security measures, particularly in areas where violence is more likely to occur, such as emergency rooms (Kevin et al., 2020). Essential communication abilities might be added as a core component of the medical curriculum. It is crucial to inform the media on the actual content matter since the public's mistrust of doctors has increased as a result of excessive media coverage that paints the entire medical business in an unfavorable light (Moudatsou et al., 2020). The Medical Council of India has already approved a number of WPV-related rules and regulations, which just need to be properly implemented under the correct legal and enforcement standards (Amrit et al., 2021). The Epidemic Diseases Amendment Bill from 2020 and the "Prohibition of Violence and Damage to Property Bill" from 2019 both contributed to a decrease in WPV (Amrit et al., 2021). Prior to respecting the ethical demand for justice, efforts must be made toward a zero-tolerance policy. Patient autonomy must be considerably increased by improvements in patient education (Tartaglia, 2019). Programs for preventing violence have had some encouraging outcomes, but they must be customized to each institution's unique needs.

Staff members can improve their ability to treat patients with compassion and empathy in order to reduce WPV (Moudatsou et al., 2020). It has been demonstrated that empathy plays a critical role in improving health outcomes and is one of the foundational instruments of the therapeutic connection between caregivers and their patients (Moudatsou et al., 2020). Care can be demonstrated in practice by offering individuals compassionate care and listening to their wishes, respecting their values, treating them with dignity, and acting in their best interests will reduce the incidences of WPV (Lown et al., 2018).

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