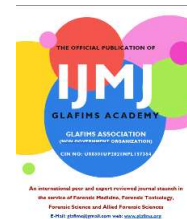




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Original Research

White is fading to crimson: Put an end to the bloodshed

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Abstract: **Introduction:** The frequency of violence against medical practitioners is on an upward trajectory globally. Healthcare workers must grapple with the major problem of physical and verbal abuse from patients, their family members, and friends. This article will investigate how violence impacts doctors' patient care, pleasure at work, and mental health.

Aim and objectives: To determine the factors that contribute to violence against doctors including cultural and social norms, communication breakdowns, and the lack of security measures.

To provide recommendations for healthcare organizations, policymakers, and stakeholders to address violence against doctors and create a safe, supportive work environment.

Methods: The present cross-sectional study was conducted in doctors, working in private and/or public set-up, with clinical experience, interns, medical students were included. A pre-tested study tool- Google form-was sent to study participants via social med

Results: There were 277 responses from doctors in all of them. The subgroup analysis revealed a significant relationship between

age, marital status, highest degree, years of experience, and field of practice and the distribution of violence against doctors according to their location of employment (government/private).

Conclusion: The in-depth study of the measures that can be used to stop and handle violence against doctors will be the paper's conclusion. Better patient outcomes may be achieved by addressing the underlying causes of violence and putting into practice effective preventative methods. This can be done by ensuring that doctors and other healthcare professionals work in a secure and encouraging atmosphere.

Key words: Violence; Ethics; Doctors; Confidentiality; Security measures.

Introduction: The WHO framework Guidelines from 2002 state that, "Workplace violence is defined as the situations where staffs are ill-treated, intimidated or attacked in conditions linked to their workplace, including commuting to and from the workplace, involving an explicit or implicit challenge to their safety, well-being or health".[1] Violence is defined by the Health and Safety Executive as 'any incident in which an employee is

threatened or assaulted by a member of the public in circumstances arising out of the course of his/her employment' [2] Violence against healthcare professionals that results in Grievous hurt or even death appears to be on the emergence in recent years. The data from throughout the world shows that, at some point during their careers, between 8% and 38% of health workers experience some kind of physical violence, and many more are intimidated or subjected to verbal abuse.[3] Studies on workplace violence against doctors and its impact in India are only a few. The goal of the current study was to evaluate workplace violence experienced by doctors, how it affected the treating doctor's psycho-social welfare, and how it ultimately affected patient care. Over the last decades, violence against healthcare professionals in India has been an increasing concern. In a study conducted at a tertiary care hospital in Delhi nearly half of the doctors reported having experienced workplace violence during work hours in past 12 months (47.02%; 44.56% of males and 50.84% of female).[4] Any organization is susceptible to workplace violence against anyone at any moment. Healthcare professionals, such as

doctors, nurses, and other providers (both community-based and hospital-based), are particularly vulnerable at work due to direct contact with people; in particular, they must provide care to patients in distress who reflect great hope and expectation from the treating physician. Compared to all other professions (2 per 10,000 full-time employees), healthcare professionals had a four-fold higher yearly incidence of Workplace Violence (8 severe cases per 10,000 full-time employees).[5] Stress caused by the coronavirus is causing unidentified worries, anxiety, dejection, boredom, insomnia, wrath, obsessive thoughts, etc., which may be a forerunner to engaging in violent behavior. Everyone, including the health care sector, is at risk from the COVID-19 pandemic. Health systems face enormous pressures because of the pandemic, which makes it difficult for them to keep up with the rise in demand and leads to widespread interruptions in the provision of healthcare services. The fact that India has become one of the most hazardous nations for healthcare professionals is evidenced by the data showing a substantial increase in the number of assaults against healthcare

workers there, from 49 in 2017 to 155 in 2020.[6] In this study, a survey was done to determine the kind and frequency of Violence experienced by doctors in various settings (private and public healthcare institutions), as well as the effect of this on patient treatment in India.

Material And Methods: To investigate the prevalence and knowledge of workplace violence among doctors, along with its effects and exposures, we employed a cross-sectional study design conducted from January 2023 to April 2023. The study involved participants ranging from medical students to specialists and super-specialists, including those with experience in private or public healthcare settings. Ethical considerations were paramount, and the Institutional Ethics and Research Committee granted prior approval. We adhered to the Helsinki Biomedical Ethics Guidelines, ensuring ethical standards throughout the study. Participant data and consent were incorporated at the beginning of the Google form. The study utilized a questionnaire covering socio-demographic information, educational background, practice settings, details of experienced violence, psychosocial effects, and impacts on patient

management. This questionnaire featured a mix of open-ended and closed-ended questions, tailored to suit the survey's specific requirements. Additionally, qualitative insights were gathered through focus group discussions. Data analysis was conducted using the Statistical Package for Social Science software (SPSS) version 23.0. Qualitative variables were expressed using frequencies and percentages, providing a comprehensive overview of the study's findings.

Results: The study explored factors contributing to violence against doctors, revealing that poor communication skills (56.1%) were the predominant factor, followed by cultural and social norms (23.4%). Communication breakdowns, leading to misunderstandings, frustration, and stress, were identified as significant contributors to violence (83.8%). Doctors were found to be the most vulnerable healthcare personnel (84.5%). Violence's impact on mental health was substantial, with anxiety, depression, burnout, and PTSD reported by 88.1%. The most common types of violence included mental stress, physical and verbal abuse, and property damage (33.8%). Cultural and social norms, such as acceptance of

violence and lack of empathy, played a major role (75.5%). Public hospitals emerged as the highest-risk settings for violence (56.8%). Violence overwhelmingly decreased job satisfaction (95.7%) and quality of patient care (78.4%). Security measures, education campaigns, and penalties were suggested to address violence (24.9%). The legal status varied, with 34.9% reporting no specific laws. Effective prevention methods included improving communication, increasing security, and severe punishment, as indicated by 47.5%. Establishing clear boundaries and reporting incidents were emphasized to reduce doctors' risk (61.5%). Respondents expressed uncertainty about the effectiveness of a centralized act (46.4%). [Table - 1] Overall, the study underscores the critical need for targeted interventions to address communication gaps, cultural norms, and security concerns to mitigate violence against doctors in India.

Refer here Table 1: Participant responses received for the study.

Discussion: According to this research of hospital doctors, violence is a big problem for them and has a big effect on their personal lives. Every participant admitted that dealing

with violence at work had become a necessary aspect of their profession, although they tended to concentrate on coping techniques. Less emphasis is placed on avoiding violence and more on controlling it.

A study by Verma et al. showed that Female physicians experience greater violence, and young doctors are particularly vulnerable. The department of Obstetrics and Gynecology reported the greatest rates of violence, followed by the departments of Internal Medicine and Surgery. The same survey also noted that lengthier wait times, holding off on treating the patient, and admittance denial are the three most frequent reasons for violence.[7]

The government hospitals were the source of the bulk of the reported violence, which also happened in the community , private hospitals , quarantine facilities , and burial sites . The bulk of targets were doctors, who were then followed by other hospital workers (security and support), nurses, ANM's, and ASHA. Additionally, incidents of violence against doctors working in remote areas, primary health Centers, and rural hospitals typically go unreported due to doctors' fear of naming the perpetrators. Physical violence

accounted for the bulk of reported instances, followed by verbal and physical violence combined, sexual harassment, and verbal violence. Family members, the community, police officers, politician and patients were the violence's precursors. Another factor is a low penetration of insurance. Unexpected healthcare costs can trap families in a cycle of debt and insecurity. Verbal abuse here can quickly become violent due to the simmering concern of financial implications in the background. A significant portion of the events take place in psychiatric and paediatrics and critical care units throughout the night. Patients who are under the influence of drugs, alcohol, or psychiatric patients, or their immediate family members, are the primary perpetrators.

According to the Indian Medical Association (IMA), 82.7% of physicians reported feeling under stress, and 75% of physicians had workplace violence (WPV). [8] Unrealistic expectations from patients and loved ones, including expecting a miracle cure for every illness condition, are a significant contributing element. Despite the best efforts of the treating physicians, factors like a lack of human resources, ineffective government

policy, political pressure, poor infrastructure, commercialization of health care, and exorbitant costs of tests and medications frequently compromise the provision of the best care. This is true even though advanced medical care technology has revolutionized disease outcomes. [9,10] Patients and their families frequently experience anxiety and frustration as a result of the discrepancy between their high expectations and the actual situation, which leads to hostility and violence against medical professionals. Additionally, recent developments in information technology have transformed how people may get information on healthcare, which has both advantages and disadvantages. Untrained patients frequently form opinions based on questionable online information, which is harmful for effective communication between doctors and patients and impedes the development of a positive doctor-patient relationship. [11] More effort has to be done in order to adequately reporting, document, and prevent/control workplace violence against doctors. Identification of the risk variables is essential for both preventing and forecasting catastrophic events as well as

restoring public faith in the medical profession. In this study, we aimed to identify the risk factors for Workplace Violence (WPV) against doctors in the context of India and their complex interactions with patient treatment.

Cai et al. looked at the prevalence of patient initiated WPV based on the profession of healthcare workers. Their findings showed that nurses (14.3%) and doctors (72.6%) accounted for the bulk of WPV cases. [12]

Abodunrin et al. carried out a WPV descriptive survey. 53.5% of WPV cases are reported by nurses, compared to 21.5% by doctors, according to research.[13]

In Polat et al study at a tertiary hospital, 345 violent incidents were investigated using white code reports. The study found that the highest density emergency department had 42.05% of the unit-based distribution of White Code alerts, followed by surgical clinics (26.66%) and outpatient clinics (23.47%).[14]

Keser et al. conducted a systematic review of WPV against healthcare workers and found that, in five of the ten studies that looked at the causes of WPV, waiting times were a clear cause. Other contributing variables were poor education levels, non-

compliance with rules, and unreasonable demands from patients and their families.[15]

Nonetheless, the Health care works could have underreported WPV incidences due to the drawn-out legal processes and the impression that they were not protected by any laws.

Why Doctors are Victimized by Violence?

- 1) The potential of violence is increased by unrestricted public access to all parts of government hospitals as well as a lack of security, monitoring, and mob-preventing drills,
- 2) Inadequate mechanisms for grievance redressal,
- 3) Delayed results of legal procedures, a weak emergency network among hospitals,
- 4) Public lack of commitment to civic responsibilities,
- 5) Political meddling in medical matters.
- 6) A robust law banning violence against healthcare professionals does not exist, and its application is resisted.
- 7) High patient mortality rates & Government hospitals, which are typically overwhelmed by a huge number of patients
- 8) Long and complex working weeks for doctors - up to 120 hours,
- 9) Media and film portrayals of doctors as villains,

10) Emergency medicine post-graduate education is lacking in India.

11) Inadequate communication skills of healthcare workers,

12) Resource-poor emergency settings (fewer drugs, fewer facilities for investigations),

13) Overflowing the emergency intake capacity

14) Nursing homes manage emergency services without the necessary training

15) Public misconception that hospitals should provide their services for free or almost gratis

Violent indicators of aggression

In order to inform the doctor, the STAMP (Staring, Tone, Anxiety, Mumbling, Pacing) strategy looks for early indicators of violence.[16]

1. Staring- A potential warning indicator of violence is staring. Staring was intended to frighten people into acting more quickly.

2. Tone- Voice volume and tone are linked to aggressive outbursts. The majority of incidents also include sarcasm and sharp responses in addition to shouting and loud voices.

3. Anxiety- Patients become worried out when they visit the emergency room. Ideally, the doctor intervene in before it worsens, but occasionally,

patient anxiety causes it to escalate to violence.

4. Mumbling- Violence is predicted by mumbling because it expresses annoyance.

5. Pacing- Family members' pacing is interpreted as a sign of anxiousness.

Present criminal justice system's legal procedures: general regulations:

- Section 307 IPC : Attempt to murder: Death/life imprisonment/10 years imprisonment + Fine (non-bailable)
- IPC Section 323 IPC : Voluntary hurt caused to the victim: Imprisonment up to 1 year or fine (bailable & non cognizable)
- IPC Section 325 IPC : voluntarily causing grievous hurt: imprisonment up to 7 years or fine (bailable, cognizable) IPC
- Section 352 IPC : Assault or criminal force otherwise than on grave provocation: Imprisonment up to 3 months and fine up to Rs 500/- (bailable, non-cognizable, non-compoundable)
- Section 425 IPC : Mischief/intent of voluntary destruction of property. imprisonment up to 5 years + Fine (non-cognizable, bailable, compoundable)

- Section 506 IPC : Criminal Intimidation: Imprisonment up to 2 years + Fine (cognizable and non-bailable for 6 months)

Hospital Protection Ordinance under the Epidemic Disease Act, 1897 as of April 22, 2020

29.09.2020: A cognizable, non-bailable offence that extends beyond assaults on healthcare workers to those committed against their places of residence and places of employment.

Damage to property or documents, injury, harassment, or grievous hurt-An officer of no less than Inspector level must finish the preliminary police investigation within 30 days. Enquiry must conclude within a year

Until proven innocent, the accused is presumed guilty.

It is assumed that the accused is in a mentally culpable state.

Any act of violence against physicians that is committed or abetted is punishable

- Prison sentence ranging from three months to five years, Fine of 50,000 to 2 lakh.

If the assailants inflict grievous hurt, they suffer a

- Fine of between 1 lakh and 5 lakh rupees and a sentence of between 6 months and 7 years in imprisonment.

The criminal will additionally be responsible for damage to property corresponding to twice

its fair market value as well as compensation to the health care worker.

The Health Services Personnel and Clinical Establishment (Prohibition of Violence and Damage to Property) Bill, 2019

Sought to impose a imprisonment term up to 10 years for assaulting on-duty doctors and other healthcare professionals. A proposed law is intended to safeguard healthcare facilities and employees of the health sector in India against harm and property damage. The bill, which aims to establish legislative mechanisms to prevent occurrences of violence against healthcare personnel and institutions, was proposed in the Indian Parliament in 2019.

The measure calls for a quick investigation and trial process in situations involving violence against medical professionals and clinical facilities.

Such matters must be resolved within a year of the complaint's filing date, according to the legislation.

In order to report violent occurrences and seek redressal, the law provides a grievance redressal procedure for health care employees and clinical facilities. It also calls for the formation of a State-level

commission to supervise the bill's execution.

"The Healthcare Services Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019" was prepared by the Ministry of Health and Family Welfare and circulated for consultations. Thereafter it was decided not to enact a separate Legislation for prohibiting violence against doctors and other health care professionals. This matter was further discussed with relevant Ministries and Departments of Government as well as all Stakeholders, and an ordinance namely "The Epidemic Diseases (Amendment) Ordinance, 2020" was promulgated on April 22nd, 2020. Later on, the Union Government of India passed Epidemic Diseases (Amendment) Act, 2020 on 28th September, 2020.

According to the findings of this research and focus group discussions, the following actions should be taken to lessen violence against doctors:

What a Medical College Should Do!

The college of medicine can have a significant impact on raising awareness of doctor workplace violence. Along with medical topics, they should also include patient-doctor relationships, effective patient communication,

and empathy for patients and their families. Additionally, the school should instruct students on how to respond diplomatically when patients or their loved ones exhibit aggressive behavior, and the situation degenerates into violence and disarray. They ought to instruct them on how to handle these situations responsibly and calmly without jeopardizing their safety or the standard of patient care.

Most of the time, a cool, collected doctor with effective communication skills can diffuse the situation. The hospital security team must also take action to disperse the mob and stop violence against medical professionals and these facilities. If there is even the slightest indication of impending mob violence, police should be alerted and kept on guard.

The government should enact strict legislation against workplace violence against physicians and punish the offenders. The government has to invest at least 5% of its GDP in healthcare and upgrade the hospital infrastructure. Instead of sensationalizing the news, the media should present objective reporting.

The right kind of communication may diffuse a crisis or calm the situation. The health of the

patient and the severity of the illness or injury should be able to be explained to the family or attendees by a senior doctor or management member (ideally one with more experience).

The finally, element in reducing workplace violence against doctors is patient education and raising awareness.

What an Institution Should Do!

Strict adherence to the standard operating procedure should be established. In the event of violence, Code Purple should be issued and every precaution should be taken. security personnel to react immediately and offer assistance right away. All employees should maintain composure and use restraint. CCTV surveillance in critical places is essential, and the police should be notified right away.

Depending on the institution or organization, "Code Purple" may or may not signify the same thing in healthcare settings. It might be used to denote a certain approach or strategy for handling acts of violence or aggression towards healthcare practitioners, including physicians, if we were to apply it in the context of violence against doctors.

Please refer figure 1 here: CODE PURPLE

What a Doctor Should Do!

While obtaining valid and informed consent, the doctors should take a few safety steps. Consent for audiovisual use is desired. Documentation needs to be done correctly.

Instead of trying to overdo or overreact, they should maintain their composure.

The next crucial step is communication, which is best carried out in the patient's native tongue. Another component of it is enhancing communication abilities.

What a Patient Should Do!

Be mindful of the state of your health. Doctors practice medicine: they cannot perform miracles, and not everyone can be brought back to life. On the grounds of negligence, doctors cannot be held liable for every death that occurs in a hospital. The type of treatment and its progress both raise the cost. If a doctor is unsatisfied, they can speak to the proper authorities and decide whether to continue the treatment.

What the Government Should Do Through Policies and Responsibilities!

The government should oversee healthcare professionals' safety. Changes in government policies should include more money spent on healthcare, better hospital infrastructure, more rigorous

enforcement of the Prevention of Violence Against Doctors and Hospitals Act and related Acts and sections of the Indian Penal Code (IPC) and making violence against hospitals and health-care workers a non-bailable offence with damages recoverable from the offender.

What a Media Should Do!

Must present the truthful news. It shouldn't make the news more sensitive. It ought to draw attention to the situation facing the doctor and the reasons why violence against them has increased.

Conclusion: Authors are of the opinion that it is essential that we enact a unique, centralized law that protects healthcare professionals from workplace abuse.

We suggest adding "Health" to the list of India's significant concerns in the central Constitution's provisions instant of state subject.

To effectively punish any criminals and therefore foster trust in the legal system. Communication and documentation skills may be progressively encompassed into the medical curriculum as an essential component.

In order to promote understanding between the general public and

the medical profession, media sensitization is crucial.

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Questions	Responses Received
1. What are some of the factors that contribute to violence against doctors?	<ul style="list-style-type: none"> • Lack of empathy - 18% • Poor communication skills -56.1% • Cultural and social norms -23.4% • All of the above - 2.5%
2. How can communication breakdowns contribute to violence against doctors?	<ul style="list-style-type: none"> • By causing misunderstandings -10.1% • By leading to frustration and anger - 4.3% • By causing anxiety and stress-1.8% • All of the above - 83.8%
3. Which department of healthcare service personnel is most vulnerable to violence in India?	<ul style="list-style-type: none"> • Nurses - 9.4% • Doctors - 84.5% • Technicians - 1.8% • Administrative staff- 4.3%
4. How does violence against doctors impact their mental health?	<ul style="list-style-type: none"> • It can cause anxiety and depression - 5.8% • It can lead to burnout - 1.8% • It can cause post-traumatic stress disorder - 4.3% • All of the above - 88.1%
5. What is the most common type of violence faced by doctors in India?	<ul style="list-style-type: none"> • Physical assault - 23% • Verbal abuse - 20.1% • Property damage - 3.2% • Mental stress & depression - 5.8% • Verbal as well as physical violence - 14% • Mental stress, Physical and verbal abuse, Property Damage - 33.8%
6. What are some cultural and social norms that may contribute to violence against doctors?	<ul style="list-style-type: none"> • Acceptance of violence as a means of expressing frustration or anger-7.6% • Lack of empathy towards doctors - 4% • Belief that doctors are not providing adequate care - 12.6% • All of the above - 75.5%
7. In which setting do doctors face the highest risk of violence in India?	<ul style="list-style-type: none"> • Public hospitals - 56.8% • Private hospitals - 18% • Primary health centers - 7.2% • Rural health clinics - 18%
8. What is the impact of violence on doctors' job satisfaction?	<ul style="list-style-type: none"> • It can lead to increased job satisfaction - 2.2% • It can lead to decreased job satisfaction - 95.7% • It has no impact on job satisfaction - 2.2%
9. What is the impact of violence on doctors' quality of patient care?	<ul style="list-style-type: none"> • It can lead to increased quality of care - 2.2% • It can lead to decreased quality of care - 78.4% • It has no impact on quality of care - 19.4%
10. What are some security measures that can be implemented to address violence against doctors?	<ul style="list-style-type: none"> • Hiring more security, stringent laws enacted specifically for doctors as well as panic buttons, especially while interacting with relatives. Interaction with relatives must be in the presence of security - 35.6% • Hiring more security personnel - 8.3% • Providing panic buttons and security cameras - 9.7% • Restricting patient access to doctors - 3.6% • Public Education - 18%

	<ul style="list-style-type: none"> • All of the Above - 24.9%
11. How can healthcare organizations address cultural and social norms that contribute to violence against doctors?	<ul style="list-style-type: none"> • By providing education and awareness campaigns - 23% • By imposing penalties for violent behavior - 27% • By encouraging doctors to develop better communication and empathy skills - 10.8% • All of the Above - 39.2%
12. What is the current legal status of violence against doctors in India?	<ul style="list-style-type: none"> • There are no laws specifically addressing violence against doctors - 34.9% • Violence against doctors is considered a minor offense - 32.4% • Violence against doctors is a non-bailable offense - 21.5% • Violence against doctors is a capital offense - 7.6% • Not aware - 3.6%
13. What is the most effective way to prevent violence against doctors?	<ul style="list-style-type: none"> • Providing self-defense classes for doctors - 3.2% • Increasing security measures in hospitals and clinics - 24.5% • Improving communication and patient education - 47.5% • Increasing the number of doctors on staff - 2.9% • Severe punishment - 22%
14. What can doctors do to reduce their risk of experiencing violence in the workplace?	<ul style="list-style-type: none"> • Avoiding difficult patients or those with a history of violence - 1.1% • Establishing clear boundaries and expectations with patients - 23.4% • Reporting incidents of violence to hospital administration or law enforcement - 14% • All of the above - 61.5%
15. Does the implementation of a separate centralised act like The health care service personnel and clinical establishments (prohibition of violence and damage to property) bill, 2019 for violence against doctors in India significantly reduce the incidence of violence against healthcare professionals, as compared to relying on existing laws and regulations?	<ul style="list-style-type: none"> • Yes - 42.4% • No - 11.2% • Maybe - 46.4%

Figure 1: CODE PURPLE

