Work Place Violence – Health Care

Sareen R*
Santokba Durlabhji Memorial Hospital cum research institute, Rajasthan, India

*Corresponding author: Rateesh Sareen, Santokba Durlabhji Memorial Hospital cum research institute, Rajasthan, India, Tel: 9414216471; Email: drrateeshsareen@yahoo.co.in

Opinion

Gloves are off in the health care sector – hospitals, nursing homes between patients, visitors, attendants, doctors, nursing staff and other support staff all committed to patient care. Isn't it ironical? Workplace violence is a serious problem and its incidence is on increase. Doctor-patient relationship received various dimensions philosophical, sociological and literary since Hippocrates and the subject of chapters, books and monographs in medical literature. Communication is the major medium. Discussion between doctor and patient or relative or next to kin is salubrious & sagacious [1]. It helps in gathering information, developing & maintaining therapeutic relationship and communicating information. These when used effectively gives patient a sense that they have been heard, allowed to express their major concerns as well as respect, caring, empathy, self disclosure, congruence and understanding thereby allowing patients to express their feelings.

The actual time spent together by doctor and patient is less critical than the perception by the patient that they are the focus of the time and that they are heard. The ease of accessibility of administrative and clinical personnel, their level of courtesy makes patient feel respected and cared enabling patients to do reasonable waiting. The availability of nursing and doctor care contributes to sense of security and an atmosphere of serene care and concern. Medical profession is not untouched by market driven strategies characterized by neck to neck competition for high patient enrollment by exaggerated promises and ordinary efforts ultimately delivering less and minimal.

The reliance of patient on physician’s goodwill, competency and efforts of cure is more for vulnerable patients. At times such relationships lead to autocratic doctor and vulnerable patient. But providing health care and being a doctor is a moral enterprise. The services provided cannot be equated to the output by any manufacturing industry [2]. Targets of industrial units cannot be leveled by the number of patient seen in any health care setting. Trust in such cases is highly fragile, a deception even a minor betrayal are given weight disproportionately to their occurrence probably due to vulnerability of trusting parties. The inveterate financial incentives for doctors lack calculus or define the fine details of how much conflicts affect our ability to justify trusting relationships [3]. Patients wonder if doctors are caring for them, the plan or their own jobs or incomes and this ambiguity erodes trust inhibiting patient centric care and candor of profession.

At this point it is aptly prudent for patient’s to understand that doctors unfortunately do not have a magic stick or a magic hug as empowered by almighty. Primary care doctors, emergency care units, point of first contact doctors thus become the bearer of the bad news – an omen and are seen as closing gates to the patient’s wishes and needs culminating into an enduring barrier to a trust based patient-doctor relationship. Patients and doctors both come from the same society. None of them is supernatural or super hero of a Hollywood epic. They are both sides of the balance sheet. Their existence shall never be omitted. Getting an army of security personnel’s deployed in hospitals outnumbering all health care professionals will make all hospitals, nursing homes and diagnostic services look like army base camps. Do we really need them? Have we grown as immature as nation so as to resort to such measures? Neither are they full
proof nor viable to any nations, no matter of their development status.

The only way to clear this dark cloud hovering for an acid rain is creation of trust worthy atmosphere. For doctors its care with alacrity, amiable and appeasing to fractious patient. For patients its being patient not resorting to violence or being truculent and taking law in their own hands. A doctor at the zenith of their career can’t repudiate the maxim 'doctor a healer'. The attendants should refrain from vociferous wanton actions as it creates a bilious atmosphere [4]. It is need of the hour that both the medical professional and consumers stand together and insist on protection of doctor patient relationship realizing each other’s limitations – I would say. It is then only those incendiary incidents can be prevented and prevention is better than cure.

References


