

Violent Behaviors Against Healthcare Professionals In India- Systematic Review

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Abstract

Introduction - Violence against healthcare professionals is increasing day by day. The objective of the study is to determine the violent behaviors against healthcare professionals in India via a systematic review. The findings have helped shed more light on incidents of violence against medical professionals.

Method - Search platforms like pubmed, Google scholar, Biomed Central, ScienceDirect were used to collect multiple articles using keywords 'Healthcare professionals; Violence; and India. Cross sectional studies have been used to get the information about the data for our systematic review. The reporting items that have been preferred are (PRISMA)2020 guidelines for literature search and based on the JBI checklist for analytics cross-sectional research, assess the quality of articles.

Result - A total of 12 articles were reviewed. Most of the studies reported that there were significant incidents of violence among each setting. Men were more likely to experience physical violence while women were more likely to encounter sexual harassment according to the data that have been collected. The two main types of violence reported were non-physical (verbal abuse and threats) and physical (direct physical attacks). The violence is initiated by a patient's relative due to not getting satisfactory treatment, sudden death of patient and non-communicative staff. In Spite of high prevalence the reporting rate is significantly low.

Conclusion - Reducing violence against healthcare workers is crucial for proper healthcare delivery. Reporting incidents to authorities, appointing better communicators, and researching strategies for policy and law making are important steps to address this issue. By taking these measures, we can ensure that healthcare workers are safe and able to provide quality care to those in need.

Keywords - Healthcare professionals; Violence; India

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I. Introduction

Violence against healthcare professionals is increasingly recognized as a critical issue for healthcare providers. Most of the studies conducted have been done in developed countries with established laws and repercussions for violence against healthcare providers. The focus is to learn about the incidence of violence among healthcare professionals and strategies that could be employed to prevent escalation using a systematic review.

The incidence of workplace violence among healthcare providers in emergency departments in India is increasing day by day. To collect the data of the incidents and what type of violence healthcare workers are facing, semi-structured interviews were conducted with physicians, nurses, and paramedics. Most of the events described were about verbal abuse, although a significant percentage described physical abuse as mentioned by (DAVEY et al., 2020). These unique challenges faced by the Indian ED could be attributed to lesser-developed settings, financial stressors, and inadequate enforcement of rules governing behavior in a hospital. However, there have yet to be many investigations into preventive strategies. Seven themes were identified through thematic analysis, which was Types of violence, Causes of violence, Description of violent events, consequences, the responsibility of violence, and prevention strategies. The frequency of violence by the patient's family and attendant outnumbered the violence by patients. Various studies showed that incidents of violence against doctors in the Government hospitals, which frequently don't have the proper security standards, are where the issue is worse as explained by (AMBESH., et al 2017). Some causes identified are low social image of doctors, quality of healthcare, health literacy ,huge cost,lack of faith in judicial process triggers the problem according to (NAGPAL., et al 2017).

The study on violence against healthcare workers in India holds significant importance as it addresses an urgent issue that requires immediate attention. By incorporating multiple aspects such as prevalence, types, and sources of violence, the study provides a comprehensive outlook that helps the public and the government

better understand the situation and develop effective policies and awareness campaigns. It promotes collaboration among stakeholders and empowers healthcare professionals by educating them about their rights and protections. The research not only highlights the challenges faced by healthcare workers but also encourages empathy and raises public awareness about the issue. A comprehensive review contributes to a safer working environment for healthcare professionals, enabling them to provide patient care without the constant threat of being attacked. Moreover, conducting further wide-ranging research will uncover additional aspects, offering a clearer view of why and how this violence occurs. This broader perspective allows for consideration of multiple factors and facilitates the implementation of comprehensive measures to address the problem. By tackling the increasing data of violence against healthcare professionals, the study directs to create a safer and more supportive healthcare environment, benefiting both healthcare workers and patients. The research article carries significant implications, driving positive change and establishing a safer healthcare environment. The objective of the study is to determine the violent behaviors against healthcare professionals in India.

II. Methodology

Study Design - The research was carried out in a manner consistent with the process of a general systematic review of literature.

Inclusion Criteria - The target population considered for the study was healthcare professionals (doctors, nurses, and health workers) who faced violence in India at the time the study was completed, of either sex and any gender identity, of any ethnic background, working in any hospital or community health service setting. We included only cross-sectional studies.

Exclusion Criteria - The study excluded research conducted with residents and/or students, review methodologies, letters, personal opinions, book chapters, institutional manuals, reports, and case series.

Data Collection - In this research project, data collection was conducted using a systematic approach guided by a prima flowchart, as shown in Figure 1. PRISMA FLOWCHART. This provides a visual representation of the data collection in this study. It illustrates the systematic process employed to identify, select, and include articles in the final dataset and was developed based on established databases and search engines relevant to the field of study, including PubMed, Science Direct, Google Scholar, Biomed Central, and the National Center for Biotechnology Information. Semantic searching techniques were employed using keywords such as "Healthcare professionals," "Violence," and "India" to retrieve articles that aligned with the research objective. The data collection process involved several steps. Firstly, duplicate articles were removed to ensure the inclusion of unique studies. Secondly, articles not written in English were excluded from consideration. Thirdly, only articles published within the past ten years were included to ensure the inclusion of recent research. Finally, the remaining articles underwent a thorough screening process based on the predefined inclusion criteria. Seventy articles were initially screened based on relevance to the research objective. Through a rigorous evaluation, 12 articles were ultimately selected for inclusion in the review study. These articles met the predetermined inclusion criteria and provided valuable insights into the topic of interest.

Data Synthesis - The findings of the studies were synthesized into a narrative review. Data collected by three junior researchers were analyzed initially by four junior researchers. A table (Table 1) was created including the author's name, year of publication, study type, population, sample size, demographic information of the sample population. The articles selected were sorted chronologically based on the publication year. The "results" and "conclusions" columns of the collection contained a summary of the key findings. Major themes were identified and presented in table 2 to display the observation of those articles. These themes and the major findings of the articles based on these themes were elaborated further under separate headings.

Risk Of Bias Assessment - The quality of the selected articles was evaluated using the JBI checklist for cross-sectional studies. It was found that most studies utilized convenience samples, which may lead to biased results as the participants may not be representative of the entire population of healthcare workers who experience violence. Additionally, some studies experienced a high attrition rate, potentially introducing further bias as the participants who dropped out may have had different experiences of violence. Measures used to assess violence varied, with some studies using self-report measures that may be subject to bias. Moreover, the definition of violence differed across the studies, making it challenging to compare results. Some studies did not report all relevant outcomes, which could make it difficult to gauge the full extent of violence's impact on healthcare workers. While the studies were conducted in diverse settings and used various methods, their overall risk of bias was moderate. The criteria for inclusion in the studies need to be clearly defined in all of the studies. Some studies included all healthcare workers who had experienced violence, while others included only those who had

experienced physical violence. This lack of clarity could make it difficult to compare the results of the studies. Some studies identified confounding factors like age, gender, and job title. Confounding factors can affect the relationship between exposure and outcome. Identifying and controlling for confounding factors is essential to get an accurate estimate of the association between the exposure and the outcome. Some of the studies stated the strategies that were used to deal with confounding factors. These strategies included using multivariate statistical methods and adjusting for confounding factors in the analysis. The study subjects and the setting were described in detail in most of the studies. Despite many of these limitations, the studies provide crucial evidence on the prevalence, types, and causes of violence against healthcare workers, underscoring the need for better prevention and intervention strategies to protect them.

Figure-1 PRISMA Diagram

III. Result

This study emphasizes the findings from different studies conducted in India, focusing on various aspects of violence experienced by healthcare professionals in different settings and specialties. These studies provide insights into the prevalence, types, causes, and consequences of violence against healthcare workers in India. The major findings across the studies reveal that violence against healthcare workers is a significant issue in India, affecting a substantial proportion of professionals. Verbal abuse is the most common form of violence (Kumar, 2016), followed by physical assault. Patients and their relatives are often identified as the main perpetrators. The studies also highlight factors contributing to violence, such as patient dissatisfaction (Kar, 2017), long waiting times (Thapar et al., 2022), poor communication (Sharma et al., 2019), and unrealistic expectations. The articles emphasize the need for policies and regulations to prevent and address workplace violence. They suggest interventions like improving hospital security, implementing effective reporting mechanisms (Pandit et al., 2019), enhancing communication and counseling skills of healthcare workers (Shafran-Tikva et al., 2017), and raising awareness among staff and the public. It is also suggested that addressing the issue of violence against healthcare workers should be incorporated into medical education and training programs (Bassi et al., 2022). 12 articles are cross-sectional studies. The majority of the participants were healthcare workers, with 9 studies conducted with physicians and nurses, 2 with nurses only, and 1 with physicians only. The prevalence of violence in healthcare settings was a common finding across all studies, with most respondents reporting exposure to at least one type of violence in the previous 12 months. The two main types of violence reported were non-physical (verbal abuse and threats) and physical (direct physical attacks), with men more likely to experience physical violence and women more likely to experience sexual harassment (Krishnan et al., 2021). However, all studies showed that there were fewer reports of violence than the actual prevalence.

Table 1 gives an overview of the data of 12 papers related to the themes of the articles (Types and prevalence of violence, Vulnerable groups, Violence initiation source, Causes of violence, Violence reporting). 8 papers are grounded on 'types and frequency of violence', 6 papers are grounded on 'vulnerable groups' and 5 papers each are grounded on 'violence inauguration source', 'causes of violence' and 'violence reporting'. This qualitative review is salutary to fete the underpinning philosophical and classic station of the mentioned papers.

Table 1 Concepts and Themes of the Articles

S.no	Themes Studies (author names)	Types and prevalence of violence	Vulnerable groups	Violence initiation source	Causes of violence	Violence reporting
1.	(Kumar, 2016)	(87.3%) of the reported cases were of verbal violence while 8.6% of the cases were of physical violence	A large number of doctors had experienced some form of violence in the past 12 months	In a majority of incidents it was observed that patient's relatives were perpetrators of violence	-	-
2.	(Kar, 2017)	-	A large number of doctors had experienced some form of violence in the past 12 months	This study states that agitated friends and family members who are accompanying patients are the regular abusers	The most common reason for the violence is patient unhappiness	-

3.	(Pandit et al., 2019)	55.56% participants had experienced verbal violence while 4.27% participants had experienced physical violence	-	-	It is said that Poor hospital security, a lack of effective laws, unreasonable expectations from patients and family members, overcrowded hospitals, low literacy rates, and poor doctor-patient communication were all prominent causes of violence against physicians	-
4.	(Garg et al., 2019)	-	-	-	-	The reporting rate of violence is significantly low (23.5%), in spite of high prevalence (34.5%). study states that only 24.6% are aware of reporting mechanisms and regulations to protect healthcare workers from workplace violence
5.	(Jamshed et al., 2019)	-	-	A study states that agitated friends and family members who are accompanying patients are the regular abusers	-	Verbal abuse was reported by approximately 67% of the participants, while 17% reported experiencing physical assault, and 11% mentioned encountering confrontations.
6.	(Lindquist et al., 2019)	The prevalence of physical assault was 58% and verbal assault was 59.8%.Of physical assault victims, 21.7% were injured and 30.2% sought medical attention after the incident.	-	-	-	In a study 57.3% of respondents reported they were 'somewhat worried' and 28.4% reported they were 'very worried' about their safety at work.
7.	(Singh et al., 2019)	As a result of the survey, out of 295 HCWs, 11 (3.7%) experienced physical violence and 147 (50%) experienced verbal violence. Incidents of physical violence (91%) and verbal abuse (64%) occurred more frequently among health workers aged 20–30 years.	Another study concluded that nurses, junior residents, senior residents and consultants are likely to be exposed to violence.	-	The article also found that violence against healthcare workers is more likely to occur in certain settings, such as the emergency department and intensive care unit. This is likely because these settings are often chaotic and stressful, which can make patients	-

					more likely to become frustrated and angry.	
8.	(Naveen Kumar et al., 2020)	One study states that patient attendants yelling at healthcare personnel, verbal threats of violence and using offensive language against staff	-	-	Non-satisfactory treatment lead to aggressive behavior as opined by patient families.	-
9.	(Krishnan et al., 2021)	while in another study along with physical and verbal, sexual violence also included that the nature of the violence was physical in 0.9%, verbal in 39.3%, and sexual in 0.9% among the participants who faced violence	-	-	-	In another study, 92.9% of participants said they needed workplace violence policies and guidelines
10.	(Vyas et al., 2022)	A study describes assaulting staff members who are on duty	Studies show that Hospital staff are at risk	In a majority of incidents it was observed that patient's relatives were perpetrators of violence	-	-
11.	(Bassi, 2022)	The incidents of physical violence ,verbal violence, sexual violence, and verbal and physical combined were included	In a study it states that health care workers including physicians, hospital staff, nurses , ambulance staff , ASHA ,ANM , and support staff had experienced violence	-	-	Within India, Delhi and Maharashtra reported the violence more than other states, 19 states of India with Delhi (n=7), and Maharashtra (n=7) reporting the maximum violence incidents
12.	(Kumar et al., 2022)	-	A majority (n = 49, 69%) of doctors and more than half of the doctors who faced violence were postgraduates (n = 29, 59.2%)	the study also concluded that the media played a major role in increasing violence against doctors by portraying them negatively	Unexpected complications, extended hospital stay, staff shortage and unexpected bills were some of the factors perceived to be responsible for WPV. According to doctors and nurses, a major cause of aggression/violence was long waiting times in hospitals	-

IV. Discussion

This study contributes by highlighting that, violence is a significant phenomenon and that all health workers are at risk of suffering aggressive assaults. Most of the research analyzed is focused on the effects of the exposure to workplace violence. It was found that Verbal violence was more prevalent and usually committed by

family members, caregivers, and visitors. Here, violence could symbolize the high level of anxiety and stress suffered by both patients and their relatives or caregivers in situations of long waits, all factors which can favor the development of violence.

Types And Prevalence Of Violence

Studies have shown that the most common type of abuse recorded was verbal abuse, based on prevalence. Other types of Violence were verbal threats, physical assaults, sexual violence, yelling at healthcare personnel's, using offensive language. Most of the article states that the participants experienced some sort of violence in the last 12 months of each study. A study describes assaulting staff members who are on duty (Vyas et al., 2022), According to a study, maximum (87.3%) of the reported cases were of verbal violence while 8.6% of the cases were of physical violence (Kumar, 2016), while in another study along with physical and verbal, sexual violence also included that the nature of the violence was physical in 0.9%, verbal in 39.3%, and sexual in 0.9% among the participants who faced violence (Krishnan et al., 2021), The prevalence of physical assault was 58% and verbal assault was 59.8%. Of physical assault victims, 21.7% were injured and 30.2% sought medical attention after the incident (Lindquist et al., 2019), One study states that patient attendants yelling at healthcare personnel, verbal threats of violence and using offensive language against staff (Naveen Kumar et al., 2020), 55.56% participants had experienced verbal violence while 4.27% participants had experienced physical violence (Pandit et al., 2019). As a result of the survey, out of 295 HCWs, 11 (3.7%) experienced physical violence and 147 (50%) experienced verbal violence. Incidents of physical violence (91%) and verbal abuse (64%) occurred more frequently among health workers aged 20–30 years (Singh et al., 2019), The incidents of physical violence, verbal violence, sexual violence, and verbal and physical combined were included (Bassi et al., 2022), Regarding violence, only 18 (5.5%) participants reported experiencing it once a month, while most of the remaining 53 (16.5%) participants reported experiencing it once every six months or even very less (Debnath et al., 2023)

Vulnerable Group

Studies show that Hospital staff are at risk (Vyas et al., 2022), A large number of doctors had experienced some form of violence in the past 12 months (Kumar., 2016; Kar., 2017), Another study concluded that nurses, junior residents, senior residents and consultants are likely to be exposed to violence (Singh et al., 2019), In a study it states that health care workers including physicians, hospital staff, nurses, ambulance staff, ASHA, ANM, and support staff had experienced violence (Bassi et al., 2022), A majority (n = 49, 69%) of doctors and more than half of the doctors who faced violence were postgraduates (n = 29, 59.2%) (Kumar et al., 2022), Regarding experiences, some articles say that healthcare personnel with more significant work experience were more likely to report violence (Zafar et al., 2013) while some other articles say younger and less experienced groups were more exposed to violence than seniors (Kitaneh & Hamdan, 2012).

Violence Initiation Source

In a majority of incidents it was observed that patient's relatives were perpetrators of violence (Vyas et al., 2022; Kumar, 2016), A study states that agitated friends and family members who are accompanying patients are the regular abusers (Kar., 2017; Jamshed et al., 2019) and the study also concluded that the media played a major role in increasing violence against doctors by portraying them negatively (Kumar et al., 2022), Physicians are also identified as a source of violence among other healthcare providers (Honarvar et al., 2019), Also staff behaviors contributed as a source of violence due to their personal grudges (Shafran-Tikva et al., 2017).

Causes Of Violence

Many studies report that the most common reason for the violence is patient unhappiness (Kar, 2017). In addition to that non-communicative staff, sudden death of patients (Sharma et al., 2019) and non-satisfactory treatment lead to aggressive behavior as opined by patient families (Kumar P et al., 2020). It is said that Poor hospital security, a lack of effective laws, unreasonable expectations from patients and family members, overcrowded hospitals, low literacy rates, and poor doctor-patient communication were all prominent causes of violence against physicians (Pandit et al., 2019). Unexpected complications, extended hospital stay, staff shortage and unexpected bills were some of the factors perceived to be responsible for WPV. According to doctors and nurses, a major cause of aggression/violence was long waiting times in hospitals (Thapar et al., 2022), Patients often perceive more educated physicians as having better medical competencies and skills that leads to limited verbal violence (Cao et al., 2023)

Violence Reporting

According to one study, the reporting rate of violence is significantly low (23.5%), in spite of high prevalence (34.5%) (Ruchi Garg et al., 2019). A study states that only 24.6% are aware of reporting mechanisms and regulations to protect healthcare workers from workplace violence (Garg et al., 2019). In another study, 92.9%

of participants said they needed workplace violence policies and guidelines (Krishnan et al., 2021). In a study 57.3% of respondents reported they were 'somewhat worried' and 28.4% reported they were 'very worried' about their safety at work (Lindquist et al., 2019). Place of reporting differs with each department and groups of workers, one study found that violent incidents were mostly reported to ED security and ED faculty. Nurses and younger residents reported more violence than older residents (Sachdeva et al., 2019). Within India, Delhi and Maharashtra reported the violence more than other states, 19 states of India with Delhi (n=7), and Maharashtra (n=7) reporting the maximum violence incidents (Bassi et al., 2022). Many did not even report, considered reporting unimportant (Dixit et al., 2019), 82% of incidents was not even reported due to differential reporting patterns among local and national wide (Vinayagamoorthy et al., 2017)

V. Limitations

We collected many articles based on our topic but many were rejected because it was not restricted to physicians and nurses. Many spoke about medical students violence. Therefore many studies should be done exploring that vulnerable group as well. There were many articles related to our topic in other sources, but as we restricted our study to only sources like pubmed, google scholar, science direct the study is not widespread. Our inclusion criteria is too narrow and specific thus restricting our wide exploration in this field. The study only used articles that are cross sectional limiting the number of articles chosen. It was difficult to find these articles since it's restricted to cross sectional studies only. Therefore more studies should be established with less limitations and should explore more groups and specialities including expanding themes to consequences and location of violence.

VI. Implications

The purpose of the study work was to identify the violent actions taken towards medical personnel. The findings from the data indicated that, despite the country's development and the establishment of laws and penalties, violence against healthcare personnel is becoming more widely acknowledged as a serious problem. The danger of violent assault, which is typically committed by family members, exists for all healthcare personnel. It is essential that the victims of healthcare events communicate better and report such instances. In order to direct the formulation of policies and laws, more techniques and insights should be put into practice.

VII. Conclusion

Violence against healthcare workers should be reduced in order to get a proper delivery of healthcare to all in need. Healthcare workers should be encouraged to report such incidents to the concerned authorities. Better communicating staff should be appointed to avoid the violence initiation due to that flaw in the system. More research should be done to guide the policy and law making process against these violent incidents by providing more insight and strategies to do so.

VIII. Recommendation

According to the review, sexual, physical, and verbal assault take place most frequently in hospitals, thus we need to encourage the general population to respect the healthcare professionals. To prevent situations like this, we may set up some guidelines in hospitals, and hospital security needs to be increased. To prevent lengthy wait times, hospitals should accept appropriate appointments in a day. In order to ensure that everyone is given the appropriate attention, staff members should speak politely and be not ignorant. Healthcare professionals should report these incidents because the public is under police threat or threat of being charged with criminal offense and will be advised not to behave violently in the future.

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