Strengthening primary care to address workplace violence against doctors in India

Dear Editor,

In the journal’s earlier issue, the editorial “Death of a doctor - Ek Doctor Ki Maut—Time to boost the ailing and failing public health system in India”,[1] rightfully presses upon the need to strengthen India’s ailing primary healthcare system to prevent workplace violence (WPV) against doctors in India. The severity mentioned in this editorial coincides with the findings of a recent meta-analysis,[2] which found that the pooled prevalence of WPV among 2849 healthcare providers in India was 63% (95% confidence interval [CI], 54–72%). Moreover, the prevalence of verbal violence (52%; 95% CI, 45–60%) was higher than physical violence (8%; 95% CI, 5–11%),[3] which highlights the death of a doctor or similar news reporting physical injuries are the tip of the iceberg, where the actual magnitude of WPV is much higher in reality. A robust primary care system can decongest the over-burdened tertiary care hospitals, preventing their overcrowding—a major precipitating factor for WPV against doctors and other healthcare professionals.[1] Within this context, though revitalizing the primary care system is required across the country, ensuring safer workplaces for healthcare professionals serving under such a system would be equally essential and requires attention towards some critical dimensions.

First, ensuring optimum structural and functional capacities and improving the security management of primary healthcare facilities are essential.[2,3] Preventing discomfort and impatience among patients and healthcare professionals, which may arise due to poor and unsafe infrastructure is critical for avoiding violent scenarios, especially in resource-constrained settings. Additionally, advanced security and surveillance systems can provide security oversight over primary care facilities and help make decisions to avoid potential conflicts. Including real-time video-surveillance and maintaining digital records of the individuals entering the primary care facility’s premises can be considered within such security systems.

Second, strengthening emergency management and referral services at primary care centers is indispensable.[1,2] Several strategies can be adopted for this purpose, such as institutionalizing trauma management protocols to promptly refer patients to pre-specified healthcare facilities depending upon the type of injuries sustained, ensuring around the clock ambulance services, setting up hotlines for communication during rapid response emergency cases, and establishing a centralized information system between patients and health services organizations for better coordination of emergency and referral care.

Third, building capacities of those involved in delivering primary care would be necessary to avoid any sort of conflict.[2] It is essential to ensure the availability of optimal human resources who are adequately trained to deliver services upholding professional dignity and autonomy. Also, ensuring efficient patient-provider communication is critical; therefore, psychosocial and educational interventions may help by enabling healthcare providers to better communicate with their patients and help them with empathy and devotion, which are the soon-to-be-lost arts of medicine globally.

Lastly, strengthening primary care will need policy prioritization and perhaps actualizing the reality, the gaps within the healthcare system in India. Stronger initiatives engaging policymakers, practitioners, and people are required in this regard.

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Conflicts of interest
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