A Cross-sectional Study on Workplace Violence against Doctors in Goa, a Growing Threat?

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Abstract:

Introduction: Workplace violence (WPV) against healthcare professionals is a global concern, encompassing threats, verbal abuse, physical assaults, and even homicide. **Objectives:** This study aimed to determine the prevalence and types of WPV experienced by doctors in Goa from January 2023 to December 2023, assess its psychosocial impact, and evaluate its influence on the quality of patient care. **Method:** A cross-sectional study was conducted in December 2023 involving 270 Doctors of Modern Medicine practicing in Goa for at least one year. Participants were randomly selected and had a minimum qualification of a Bachelor of Medicine and Bachelor of Surgery. Data was collected through a semi-structured anonymous questionnaire administered via Google Forms. Statistical significance was determined using Chi-square and Fisher's Exact tests. **Results:** The prevalence of WPV among doctors was 38.5%, with the highest occurrence in the 20–30 years age group (63.4%). Verbal abuse (36.2%) and threats (7.03%) were the most frequent forms of violence. Government-sector doctors (68.2%) faced higher incidences of WPV compared to their private-sector counterparts. Half of the participants who experienced WPV reported negative impacts on their personal and mental well-being. However, nearly all respondents stated that WPV did not compromise the quality of care they provided to patients. **Conclusion:** WPV is a significant issue for doctors in Goa, particularly among younger and government-sector practitioners. While WPV affects personal well-being, it does not seem to impact patient care, highlighting the urgent need for targeted preventive strategies.

Keywords: Workplace violence, Doctors, Goa, Impact

Introduction:

Workplace violence has been defined as "incidents where staff is abused, threatened, or assaulted in the circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being, or health".[1-3]

Workplace violence can range from threats and verbal abuse to physical assaults and even homicide.[4] These acts of violence can occur either at the hospital, clinic or even during home visits. Workplace violence is twice as likely to occur in the health care setting as compared to any other sector.[5] Multiple factors like poor infrastructure, high cost of

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treatment, long waiting time, and miscommunication to name a few were found to be associated with workplace violence in the healthcare setting.[6,7]

Violence against healthcare professionals is not an isolated incident, healthcare professionals are at risk of workplace violence all over the world.[8] The prevalence of workplace violence against healthcare professionals was found to be higher in Asia than in Western countries.[9] The Indian Medical Association (IMA) reported that 75% of doctors face workplace violence at least once in their lifetimes.[7]

Violence against doctors not only hurts the psycho-social and physical health of the doctor but also compromises the quality of care put into patient management.[8] These incidents can cause stress, anxiety and fear among doctors. Concerns about their personal safety can compromise a doctor's decision-making ability and ultimately can affect patient care.

This study aims to determine the prevalence and type of workplace violence against doctors in Goa from January 2023 to December 2023; to study its psycho-social impact on the doctors and additionally, the study aims to evaluate how workplace violence influences the quality of care provided to patients by the affected doctors.

Method:

Study Design and Participants

This cross-sectional study was conducted in Goa over the month of December 2023. It gathered data on workplace violence experienced by doctors in the state throughout the year 2023. The study participants were doctors practising modern medicine in both private and government sectors and having a minimum work experience of at least one year. The study included MBBS (Bachelor of Medicine and Bachelor of Surgery) graduates, specialists and super specialists who gave informed consent to participate in the study. Doctors who were not practising in the state of Goa during the year 2023 were excluded from the study.

Sample size

The sample size was calculated to be 270 with a 95% confidence interval (CI), 5% absolute precision (d) and a prevalence (p) of 77.3% as found in a study done by Kaur et al.[7]

The formula used for sample size calculation was $n = [Z_{(1-\alpha/2)}]^2 * P(1-P)/d^2$ where, n = sample size, $Z_{(1-\alpha/2)}$=Z-score corresponding to the desired confidence level, i.e.1.96 based on a 95% coincidence interval, p = estimated prevalence based on the results of a previous study, d = absolute precision

Sampling and Data collection

A list of 614 phone numbers was created based on details of doctors registered with Indian Medical Association- Goa and from among the resident doctors currently practicing in the state. Participants were randomly selected from the list using simple random sampling and a message describing the purpose of the study along with the google form was sent to each participant.

The Google form was modified such that each participant could only respond once, and all questions were mandatory in-order to prevent incomplete entries. Names and email addresses of the participants were not collected in order to maintain confidentiality. Frequent reminders were sent to prompt responses from the participants. The link was sent to a total of 292 participants, out of which 22 (7.5%) did not respond. In case of non-response even after 3 reminders, another participant was randomly selected from the list. Once the sample size of 270 was achieved, the link for the google form was deactivated.

Study tool

The study tool used was a semi-structured, pre-tested anonymous questionnaire which was administered as a Google form. The questionnaire consisted of four sections and took 10-15 minutes to be filled out.

A participant information sheet and a question on consent were included at the beginning of the questionnaire.

- Section one: Included sociodemographic characteristics and professional details.
- Section two: Details about workplace violence were included in this section. The questions were formulated after a careful review of literature and also included questions from a pre-validated questionnaire.[10]
- Section three: This section included questions on the psycho-social impact of workplace violence on doctors. The questions in this section were taken from a pre-validated freely available questionnaire and included questions on how WPV affected the personal well-being, mental well-being, family life and social life of the doctors. These variables were scored as "mildly affected," "moderately affected," and "severely affected,[10] where,

  Mildly affected: Minor disruption with minimal long-term effects.[10]

  Moderately affected: Noticeable disruption, but manageable.[10]

  Severely affected: Significant and debilitating disruption with major consequences.[10]

- Section four: Questions regarding the effects of workplace violence on patient care were included in this section. The questions in this section were formulated after a thorough review of literature.

Sections one and two were mandatory for all participants while sections three and four were modified to be filled only by those doctors who had faced workplace violence.

Ethical clearance

The ethical clearance for this study was obtained from the Institutional Ethics Committee (IEC) of Goa Medical College.

Statistical analysis

The data was filled in MS Excel and was analysed using SPSS version 26. Categorical data was given as percentages. Chi-square and Fishers Exact test were used for determining statistical significance as appropriate. $p < 0.05$ was taken as the level of significance.

Operational definitions

Verbal Threats : Verbal abuse included the use of offensive language, derogatory remarks or obscene comments. Verbal abuse was defined as a persons perception of being professionally and personally attacked, devalued or humiliated via the spoken word.[7,11]

Threats (VT): This is defined as a persons perception of an intent to inflict personal pain, harm, damage, disadvantage or psychological harm.[11]

Physical violence (PV): It includes kicking, beating, slapping, stabbing, pushing, biting and pinching to name a few. Physical violence is the use of physical force against a person.[12]

Sexual abuse (SV): It is defined as an unwelcome or uninvited action that involves sexual propositioning, sexual gestures and physical contact of a sexual nature.[7,11]

Damage to property (DP): Damage to property typically involves physical damage to tangible property.[13]

Personal well-being: Encompasses aspects of daily life such as sleep patterns, eating habits, fitness routines, personal grooming, and dressing. These activities contribute to an individual's overall physical and emotional health.[10]

Family life: Refers to interactions and shared activities among family members who live together, such as parents, spouses, or children. It assesses how familial relationships and dynamics are affected by external factors, like workplace violence.[10]

Social life: Involves time spent engaging in enjoyable activities with friends, colleagues, or other community members outside the immediate family.[10]

Mental well-being: Reflects an individuals capacity to manage stress, maintain resilience, and achieve emotional stability. It includes elements like irritability, aggressiveness, and self-esteem challenges.[10]

Results:

Out of the 270 doctors who participated in the study, 104 (38.5%) had faced some form of workplace violence (WPV) in their practice over the past year.

Sociodemographic profile

Around half of the participants were females 138 (51.1%), while 132 (48.9%) were males. More female (n=57, 54.8%) doctors were found to face WPV than male doctors (n=47, 45.1%). Maximum percentage of WPV cases occurred in the age group of 20-30 years (n=66, 63.4%), followed by the >60 years age group (n= 14, 13.4%). Doctors working in the Government sector (n= 71, 68.2%) were more likely to face WPV than doctors working in the private sector (n= 33, 31.7%). Doctors holding an MBBS degree (n=67, 64.4%) were more susceptible to WPV than those holding higher degrees.

Table 1: Association of Sociodemographic Variables with WPV (N= 270)

Variables	Workplace violence faced		Total n (%)	P value	Test of Significance
	Yes n (%)	No n (%)			
Gender					
Female	57 (54.8%)	81 (48.7%)	138 (51.1%)	0.33	0.925*
Male	47 (45.2%)	85 (51.3%)	132 (48.9%)		
Age (in years)					
20-30	66 (63.4%)	90 (54.2%)	156 (57.7%)	0.45	3.67*
31-40	11 (10.5%)	16 (9.6%)	27 (10%)		
41-50	5 (4.8%)	16 (9.6%)	21 (7.7%)		
51-60	8 (7.69%)	16 (9.6%)	24 (8.8%)		
>60	14 (13.4%)	28 (40.3%)	42 (15.5%)		
Marital status					
Married	37 (35.6%)	67 (40.3%)	104 (38.5%)	0.164	3.23$
Single	67 (64.4%)	95 (57.2%)	162 (60%)		
Widower/widow	0	4 (2.4%)	4 (1.4%)		
Highest qualification					
MBBS	67 (64.4%)	100 (60.2%)	167 (61.8%)	0.29	2.12$
Specialists (MD/MS/DNB/Diploma)	36 (34.6%)	66 (39.7%)	102 (37.7%)		
Super specialists (DM/MCH/FNB)	1 (0.9%)	0	1 (0.3%)		
Work sector					
Government	71 (68.2%)	106 (63.8%)	177 (65.5%)	0.45	0.552*
Private	33 (31.7%)	60 (36.1%)	93 (34.4%)		
Area of practice					
Rural	37 (35.6%)	43 (25.9%)	80 (29.6%)	0.9	2.87*
Urban	67 (64.4%)	123 (74.1%)	190 (70.3%)		

Note: In this table, * denotes the use of Chi-square test and $denotes the use of Fishers exact test as the test of significance

The doctors practising in urban areas (n=67, 64.4%) were more likely to face WPV than those who practised in rural areas (n=37,35.6%). The sociodemographic profile of the participants has been mentioned in Table 1.

Workplace violence

Verbal abuse was the most frequently reported form of workplace violence (WPV), affecting 98 doctors (36.29%), followed by verbal threats (n=19, 7.03%). Sexual abuse and physical violence, as well as property damage, were each reported by 6 participants (2.2%), with sexual abuse predominantly affecting female doctors. Approximately 31 doctors (29.8%) experienced multiple forms of WPV.

Most cases of WPV took place during the day (n=50, 48.1%), while 22 (21.1%) took place at night. Many doctors reported having experienced WPV during both daytime and night hours (n=32, 30.7%).

With regard to setting at which the WPV occurred, most doctors reported having faced WPV at their clinics/OPDs (n=55, 48.07%), followed by casualty (n=42, 40.3%) and wards (n=41, 39.4%), respectively. A few doctors also reported having faced WPV in the ICU setting (n=6, 5.7%) and on the street outside their workplace (n=5, 4.8%). One doctor (0.9%) also faced acts of violence at their own home by patients.

The primary perpetrators of workplace violence (WPV) against doctors were patients relatives (n=89, 85.5%), followed by patients themselves (n=36, 34.6%). Violence from bystanders unrelated to the patient was reported by 26 doctors (25%), while 7 cases (6.7%) involved political leaders or organizations. Additionally, 8 doctors (7.69%) faced WPV from co-workers, predominantly verbal abuse, with 2 reporting sexual abuse and 1 experiencing both verbal and physical abuse. Verbal abuse and threats were the most common forms of WPV perpetrated by political leaders and organizations.

Reporting of cases of Workplace violence

More than half the doctors who faced WPV had reported the incident to higher authorities (n=62, 59.6%). Action was taken against only a quarter (n=26, 25%) of the cases of WPV. Cases of verbal abuse were the least likely to have action taken against the perpetrator. (Table 2)

The most commonly cited reason for not reporting workplace violence (WPV) among all the participants was a belief that "no action will be taken" (n=234, 86.7%). Additionally, 224 participants (83%) attributed non-reporting to a "lack of organizational support," and 222 participants (82.2%) cited a "lack of provision to report." Time-consuming reporting procedures were also a significant barrier, as reported by 219 participants (81.1%).

Table 2: Reporting Status of WPV Against Doctors (N=104)

Reporting status	Type of WPV			Total n (%)
	Verbal abuse n (%)	Verbal abuse + Verbal threats n (%)	Verbal abuse ± Verbal threats ±Physical Violence ± Sexual Violence ± Damage to Property n (%)	
Reported	40 (57.14%)	11 (73.3%)	11 (57.8%)	62 (59.6%)
Not reported	30 (42.8%)	4 (26.6%)	8 (42.1%)	42 (40.3%)
Action was taken against the perpetrator	13 (18.5%)	6 (40%)	7 (36.8%)	26 (25%)

Conversely, only a small number of participants indicated concerns about potential repercussions, such as "fear of affecting appraisal or promotion opportunities" (n=10, 3.7%), or feelings of "shame" associated with reporting incidents (n=3, 1.1%).

Perceived cause of WPV

Doctors who experienced workplace violence (WPV) identified several perceived causes for these incidents. The most frequently reported reasons were "lack of knowledge among patients and their relatives about the disease and its treatment" and "long waiting hours," each cited by 32 participants (30.7%). Other significant factors included "intoxication" (n=26, 25%) and "death of the patient" (n=23, 22.1%).

Less common causes included "deterioration of the patients' condition" (n=12, 11.5%), "unavailability of medicines" (n=4, 3.8%), and "unrealistic demands by patients and relatives" (n= 5, 4.8%).

Psycho-Social Impact of WPV on doctors

Among doctors who faced workplace violence (WPV), 19 (18.2%) reported considering an alternate career, and 18 (17.3%) noted a reduction in their work efficiency. Additionally, 15 doctors (14.4%) expressed a desire to change their workplace, while 11 (10.5%) indicated they no longer wanted to work due to their experiences. Disturbingly, 2 doctors (1.9%) reported thoughts of self-harm or suicide.

Table 3: Psycho-Social Impact of WPV on Doctors (N=104)

Psycho-social variables	Type of WPV			Total n (%)
	Verbal abuse n (%)	Verbal abuse + Verbal threats n (%)	Verbal abuse ± Verbal threats ±Physical Violence ± Sexual Violence ± Damage to Property n (%)	
Personal well-being				
Mildly affected	23 (32.8%)	8 (53.3%)	11 (57.8%)	42 (40.3%)
Moderately affected	3 (4.2%)	2 (13.3%)	1 (5.2%)	6 (5.7%)
Severely affected	1 (1.4%)	1 (6.6%)	2 (10.5%)	4 (3.8%)
Not affected	43 (61.4%)	4 (26.6%)	5 (26.3%)	52 (50%)
Mental well-being				
Mildly affected	21 (30%)	7 (46.6%)	6 (31.5%)	34 (32.7%)
Moderately affected	7 (10%)	2 (13.3%)	4 (21.05%)	13 (12.5%)
Severely affected	1 (1.4%)	1 (6.6%)	3 (15.7%)	5 (4.8%)
Not affected	41 (58.5%)	5 (33.3%)	6 (31.5%)	52 (50%)
Family life				
Mildly affected	9 (12.8%)	5 (33.3%)	12 (63.1%)	26 (25%)
Moderately affected	3 (4.3%)	2 (13.3%)	0	5 (4.8%)
Severely affected	0	1 (6.6%)	0	1 (0.9%)
Not affected	58 (82.8%)	7 (46.6%)	7 (36.8%)	72 (69.2%)
Social life				
Mildly affected	11 (15.7%)	6 (40%)	3 (15.7%)	20 (19.2%)
Moderately affected	1 (1.4%)	1 (6.6%)	0	2 (1.9%)
Severely affected	0	1 (6.6%)	2 (10.5%)	3 (2.8%)
Not affected	58 (82.8%)	7 (46.6%)	14 (73.6%)	79 (75.9%)

Half of the participants who experienced WPV reported a negative impact on their personal well-being and mental well-being. Family and social lives were also affected in 32 (30.8%) and 25 (24.1%) of the cases, respectively. Verbal abuse was found to have the least impact, while more severe forms of violence significantly disrupted the psycho-social well-being of the affected doctors. (Table 3)

Effects of workplace violence on patient care

In this study, most of the doctors said that having faced WPV did not affect their patient management. Around 60% of the doctors who had faced more severe forms of WPV other than verbal abuse and threats said that the acts had not affected their patient care. (Table 4)

Discussion:

In this study, 38.5% of the participants had faced some form of WPV over the past year. These findings are similar to those found by Anand et al.[14] Similar studies done by Kunnath R et al.[15] and Debnath A et al.[12] showed a higher prevalence of WPV. The difference in the prevalence of WPV could be a result of different definitions of WPV used in each study along with different study tools. Geographic variation

Table 4: Impact of Workplace Violence on Patient Care (N= 104)

Variables	Type of WPV			Total (N=104) n (%)
	Verbal abuse (N=70) n (%)	Verbal abuse + Verbal threats (N=15) n (%)	Verbal abuse ± Verbal threats ±Physical Violence ± Sexual Violence ± Damage to Property (N=19) n (%)	
Prescribing drugs				
Decreased	5 (7.1%)	1 (6.6%)	2 (10.5%)	8 (7.6%)
Increased	5 (7.1%)	1 (6.6%)	4 (21.05%)	10 (9.6%)
Remained same	60 (85.7%)	13 (86.6%)	13 (68.4%)	86 (82.6%)
Surgical or Medical interventions				
Decreased	5 (7.1%)	1 (6.6%)	3 (15.7%)	9 (8.6%)
Increased	3 (4.2%)	1 (6.6%)	3 (15.7%)	7 (6.7%)
Remained same	62 (88.5%)	13 (86.6%)	13 (68.4%)	88 (84.6%)
Suggesting investigations				
Decreased	4 (5.7%)	1 (6.6%)	3 (15.7%)	8 (7.6%)
Increased	7 (10%)	1 (6.6%)	4 (21.05%)	12 (11.5%)
Remained same	59 (84.28%)	13 (86.6%)	12 (63.1%)	84 (80.7%)
Handling emergencies				
Decreased	4 (5.7%)	0	5 (26.3%)	9 (8.6%)
Increased	6 (8.5%)	1 (6.6%)	1 (5.26%)	8 (7.6%)
Remained same	60 (85.7%)	14 (93.3%)	13 (68.4%)	87 (83.6%)
Consultation time				
Decreased	9 (12.8%)	1 (6.6%)	2 (10.5%)	12 (11.5%)
Increased	8 (11.4%)	1 (6.6%)	3 (15.7%)	12 (11.5%)
Remained same	53 (75.7%)	13 (86.6%)	14 (73.6%)	80 (76.9%)
Referrals				
Decreased	1 (1.4%)	0	0	1 (0.9%)
Increased	10 (14.2%)	2 (13.3%)	7 (36.8%)	19 (18.2%)
Remained same	59 (84.2%)	13 (86.6%)	12 (63.15%)	84 (80.7%)

in locations and different periods of exposure could also be other reasons for variation in prevalence. The findings of our study are in line with a pan-India study done by Kaur A et al.[7]

In current study female doctors (54.8%) were found to have faced WPV slightly more than male (45.1%) doctors which is similar to a study done by Anand et al.[14] Our study also found that doctors working in the government sector more likely to face WPV than those working in the private sectors. These findings may be due to higher patient load and limited infrastructure in government sectors.

Unmarried doctors less than 30 years of age were found to be at higher risk of WPV. These findings were consistent with those of Kaur A et al.[7] and Debnath A et al.[12] Doctors who held an MBBS degree were found to be more prone to WPV than their counterparts who held higher educational degrees. These findings are similar to those of Debnath A. et al.[12] Some of the reasons for these findings may be due to less experience by younger doctors and MBBS graduates handling all forms of patients, unlike the specialists who handle only a set patient base depending on their speciality.

Reports of WPV were found to be higher in the urban setting than in rural, which is similar to the findings of the pan-India study done by Kaur A et al.[7] The most likely reason behind this finding could be due to a higher number of doctors and patients in urban areas.

Types of violence

In present study, it was found that verbal abuse was the most common form of WPV faced by doctors followed by verbal threats which is consistent with other similar studies done in India and across the globe.[7,12,14-16] The immediate reaction of patients and their relatives to express dissatisfaction is in the form of verbal abuse. Verbal abuse is also least likely to have any legal repercussions which could be the reason behind it being the most common form of WPV.

Perpetrators and settings at which WPV took place

In this study, the majority of the cases of WPV took place in the OPD/Clinics (48.07%), closely followed by the casualty (40.3%). The long waiting hours and overcrowding could be one of the reasons for the higher prevalence of WPV in OPDs. Long waiting hours can aggravate the frustration already faced by sick patients and their relatives and can act as fuel towards cases of WPV. The casualty setting is the second most common setting in which WPV occurred. Casualty and emergency departments are faced with critical cases and are found to be highly chaotic. These highly stressful conditions of the casualty can be the cause of the high prevalence of WPV in these situations. Wards were found to be the next most common setting in which cases of violence occurred. Deterioration and death of admitted patients along with a shortage of infrastructure and highly overworked and outnumbered doctors can contribute to this finding. It is necessary to know which settings are more prone to cases of WPV to set up preventive measures.

The majority of the cases of WPV took place at the hands of the patients relatives (85.5%) followed by the patients (34.6%). These findings were similar to those found by Kunnnath R et al.[15] Bystanders were involved in 25% of the cases. The perpetrators were said to have been intoxicated by 25% of the doctors.

Most of the doctors perceived "lack of knowledge about disease and treatment by patients and relatives" and "long waiting hours" to be the most common cause of WPV. Other causes of WPV were "Death of patient", "Deterioration of patients condition", "unavailability of medicines" and "unrealistic demands".

Reporting status of WPV

A little over half the cases of WPV were reported to higher authorities. Action was taken against only

25% of the cases of WPV. Action was taken against more severe forms of WPV more frequently (i.e., threats, sexual abuse, physical violence and damage to property). Only a few cases of verbal abuse had action taken against them (n=13, 18.5%). Cases of verbal abuse are less frequently reported and are not considered significant enough as no physical manifestation is visible of their effects. This could be the reason behind verbal abuse being less frequently reported and handled by higher authorities.

The most common reason given by the participants for not reporting cases of WPV was "A belief that no action will be taken" (86.7%) followed by "lack of organizational support" (83%), "lack of provisions to report" (82.2%) and the process of reporting being "time-consuming" (81.1%). Setting up proper provisions for reporting along with supportive measures and timely and prompt actions being taken would greatly improve the reporting status of WPV and could help reduce these cases.

Psycho-social impact of WPV

Half of the doctors who faced WPV reported it having a negative impact on their physical and mental well-being. The psycho-social impact of WPV varied with the severity of the act of violence. The doctors who faced only verbal abuse were less likely to be impacted by the act of violence. Doctors who had faced more severe forms of WPV were impacted more commonly.

In this study, 18.2% of the doctors said that they felt like opting for an alternate career as a result of WPV. Decrease In productivity (17.3%), wanting to change their workplace (14.4%), not wanting to work at all (10.5%) and thoughts of self-harm (1.9%) were also the impacts of WPV.

The ever-increasing workload and fear for their safety as a result of WPV can increase stress and anxiety among doctors.

Effects of WPV on patient care

Almost all the doctors who faced verbal abuse and verbal threats said that the act had not affected their patient care. Unlike doctors who had faced verbal abuse and threats, around 60% of doctors who had faced more severe forms of violence said that their patient care was not affected by the act of violence. This shows that the severity of the act influences the above. Our study findings are not in line with those of other similar studies done by Kaur A et al.[7] and Debnath A et al.[12] which showed that surgical/medical interventions and handling of emergencies was decreased while there was an increase in referrals and suggesting investigations as a result of WPV. Our results could be influenced by the fact that more than half of our participants were junior doctors belonging to the 20-30 age group who are still at the start of their careers.

Conclusion:

In conclusion, workplace violence (WPV) against doctors in Goa is a prevalent issue, with 38.5% of participants reporting incidents in 2023. Younger doctors, females, and those working in government sectors were disproportionately affected. Verbal abuse was the most common form of WPV, with incidents primarily occurring in outpatient settings and casualty. The violence significantly impacted doctors' mental well-being, family, and social lives, though patient care remained largely unaffected. Under-reporting was widespread due to lack of organizational support and belief in inaction.

Recommendations:

Provisions must be established to enable the effective reporting of workplace violence (WPV) against doctors, supported by legislation to ensure timely action against perpetrators. Given that many doctors identified a lack of patient and relative understanding about diseases and treatments as a key cause of WPV, efforts should focus on enhancing communication between doctors, patients, and their families. Regular CMEs on doctor-patient communication and WPV prevention should be

prioritized. Incorporating communication skills into medical education will equip future doctors to build trust and foster stronger doctor-patient relationships for mutual benefit.

Limitations:

The study involved the use of a Google form as the study tool, so the senior doctors who are not used to using new technology may not have been able to fill in the questionnaire. This study is also subjected to recall bias as some senior doctors may not recall minor acts of violence which they may have perceived as insignificant.

Declaration:

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Conflicts of interest: Nil

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