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Workplace Violence and how it is managed in Regional Referral Hospitals in Uganda

The World Health Organisation (WHO) and other international organisations such as International Labour Organisation, International Council of Nurses and Public Services International have acknowledged and declared Work Place Violence (WPV) as an alarming crisis that needs to be stemmed urgently. The objectives of this study, therefore, included identification of prevalent forms /nature of WPV, identification of the perpetrators/victims and the casual factors of WPV. Other objectives of this study included the consequences/coping mechanisms for victims and generally the possible remedial measures for WPV.
This was a descriptive cross-sectional study that employed both quantitative and qualitative methods of data collection and analysis. Data were collected from six regional referral hospitals of Uganda 25
from both health workers and the hospital managers. Two hundred and seventy six (276) respondents filled in the questionnaires and 22 hospital managers were interviewed. The findings to this effect revealed that the 3 leading forms of WPV in the facilities covered by this study were: verbal abuse (63.6%), physical abuse (31.6%), and tribal harassment (30.5%). However, sexual abuse in spite of being the least occurring form of WPV (8.1%), it was the most traumatising. The leading perpetrators of WPV occurrences across all forms were the patients, closely followed by co-workers/peers. On the other hand, the most victimised cadres were the nurses, this was mainly due to the extensive exposure nurses have to patients during their hospital stay. The least victimised cadres were the pharmacists, and the hospital with the highest incidence of WPV episodes across all forms was Jinja Hospital. The repercussions of WPV as per this study included: high stress levels amongst staff, loss of interest in the job, poor interpersonal relations, denied promotion opportunities, apprehensiveness while handling patients/some categories of health workers, and increasing community aggression towards health workers. The leading causes of WPV were staff shortage leading to work overload and shortage of supplies hence delayed patient treatment and consequent violent exchanges between the service providers and recipients. Demotivation and low pay, poor communication skills and poor interpersonal skills between staff also featured as causal factors. At a rudimentary level, peers, co-workers and supervisors were helping victims to cope, albeit not to satisfactory levels. In order to address the problem of WPV in hospitals in Uganda, a multistage strategy is needed. This entails, at the national level (Ministry of Health) a WPV policy that will bind all healthcare facilities in the country, and inclusion of WPV modules in the health training manuals of Uganda. At the facility levels (hospitals), operationalisation of institutional WPV policies and committees with full support and commitment of the respective management teams is recommended. This in essence entails assessment of hospitals for WPV needs, training of health workers about WPV and their rights, putting in place community mechanisms and deliberate measures to curb the occurrence of WPV. More still, at the individual level, there should be commitment to supporting anti-WPV actions. Finally, partnership with the service recipients (community) to establish a common ground on the origins of WPV and how both the community and hospitals can work towards reducing its occurrence, for purposes of better service provision.

Key Words: **Workplace, Violence, managed, Regional Referral Hospitals.**