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Prevalence of Violence Against HCWs in T&T

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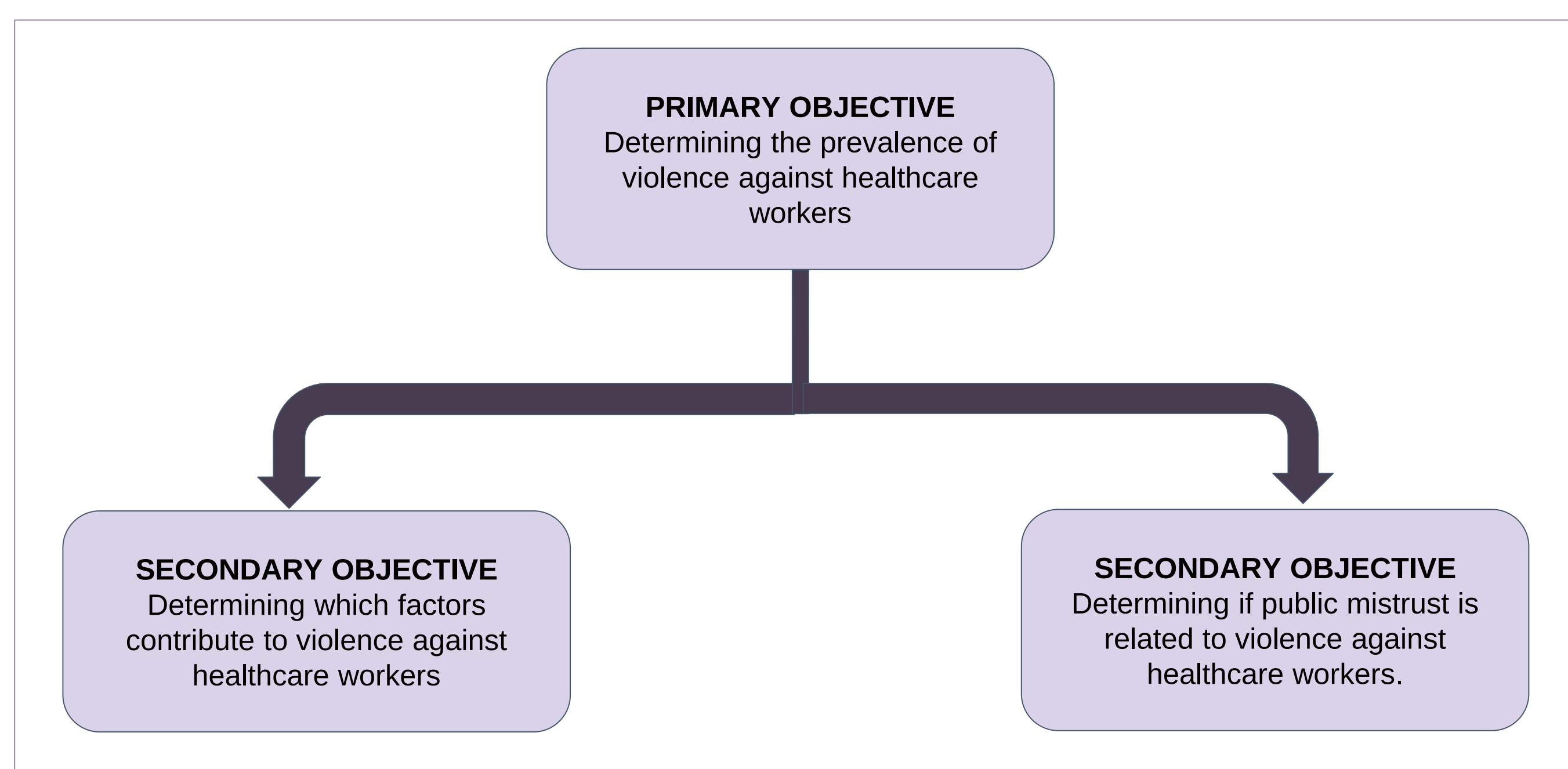
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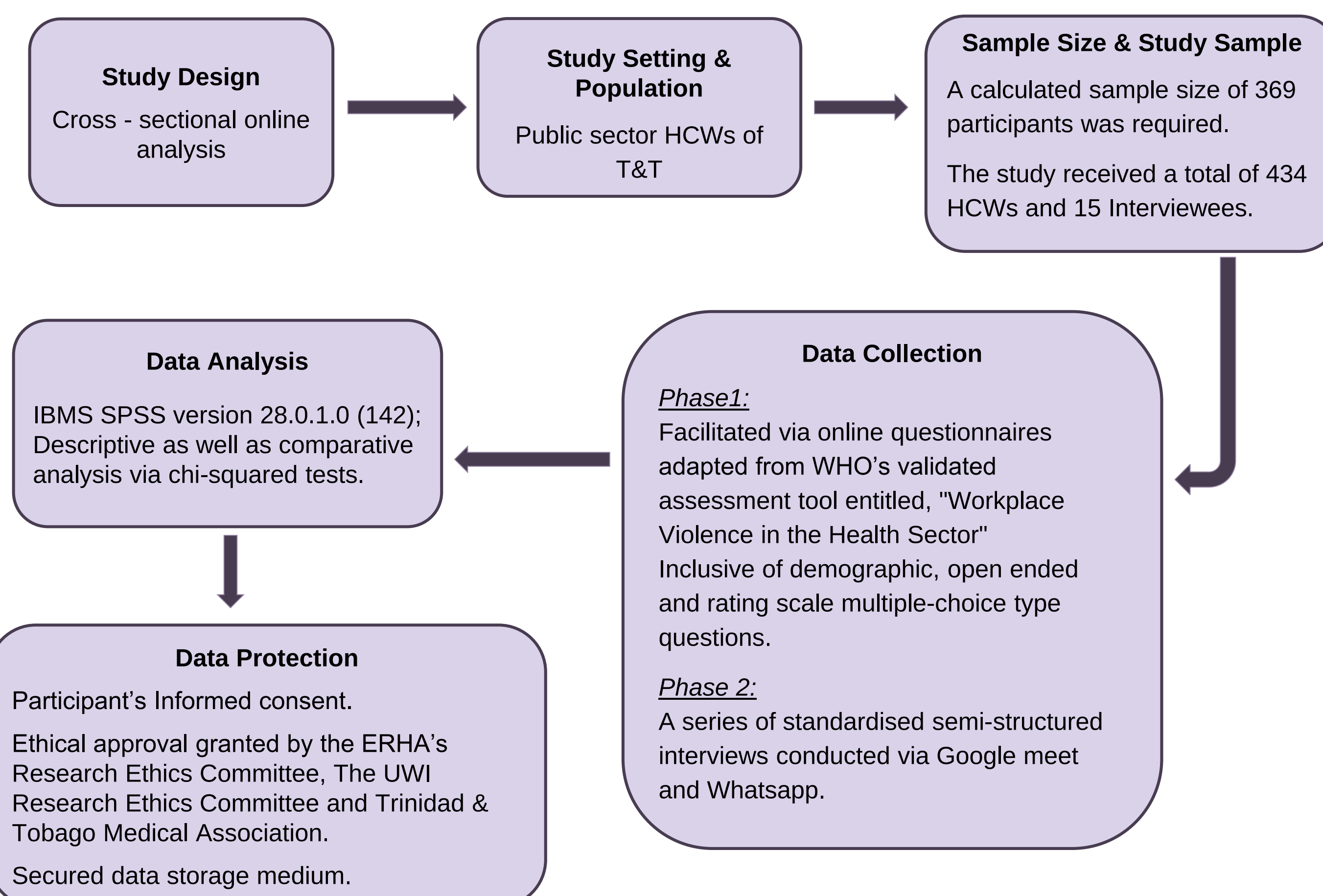
Introduction

Dating back to the inception of modern medicine in 1804, Healthcare workers (HCW) have and continue to experience various injustices of both verbal and non-verbal violent nature. Reasons include understaffing, inadequate security, long wait times, lack of privacy and anger from patients and families. In light of the COVID-19 pandemic, frontline workers are increasingly under threat from both patients and the virus alike. However, there still exists a disparity between the high prevalence of workplace violence (WPV) and the gross underreporting of incidents.

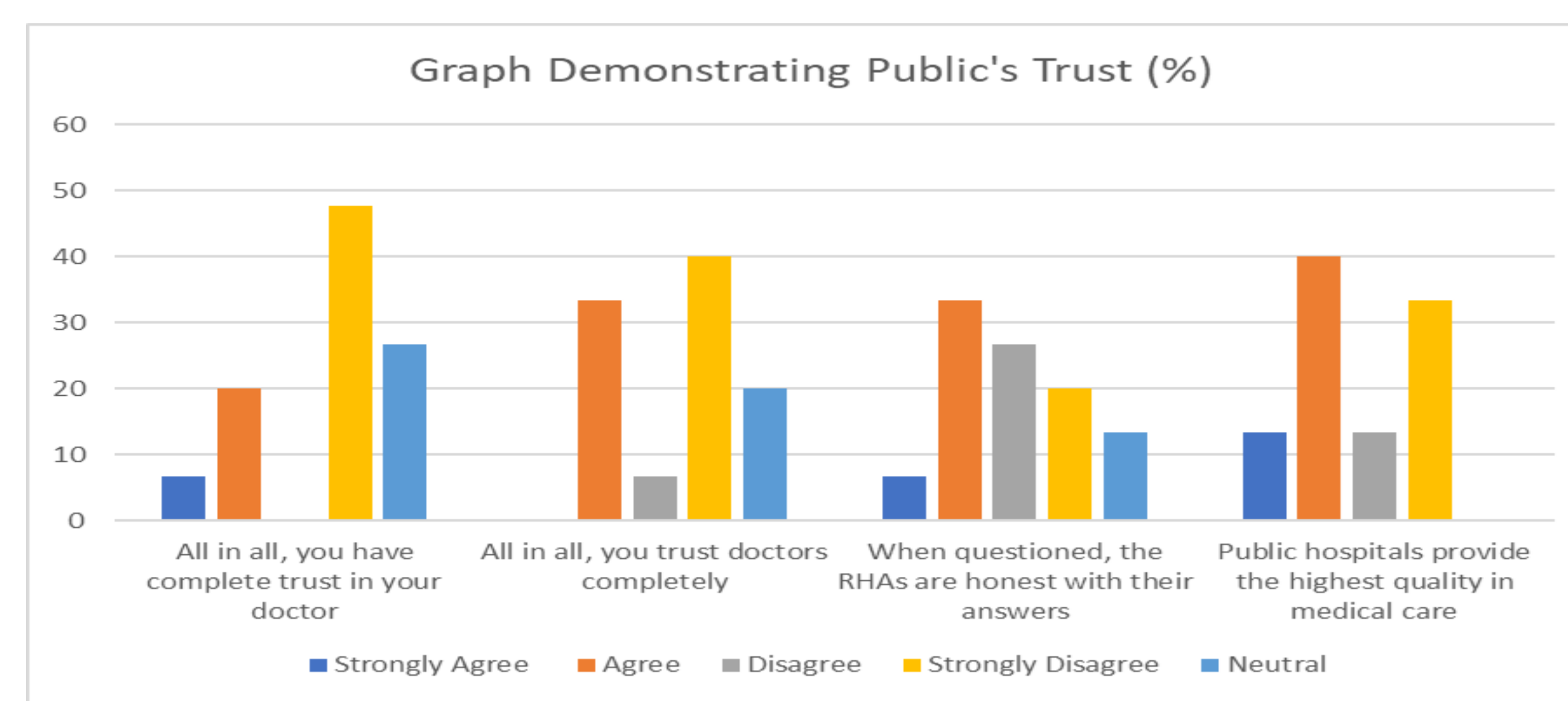
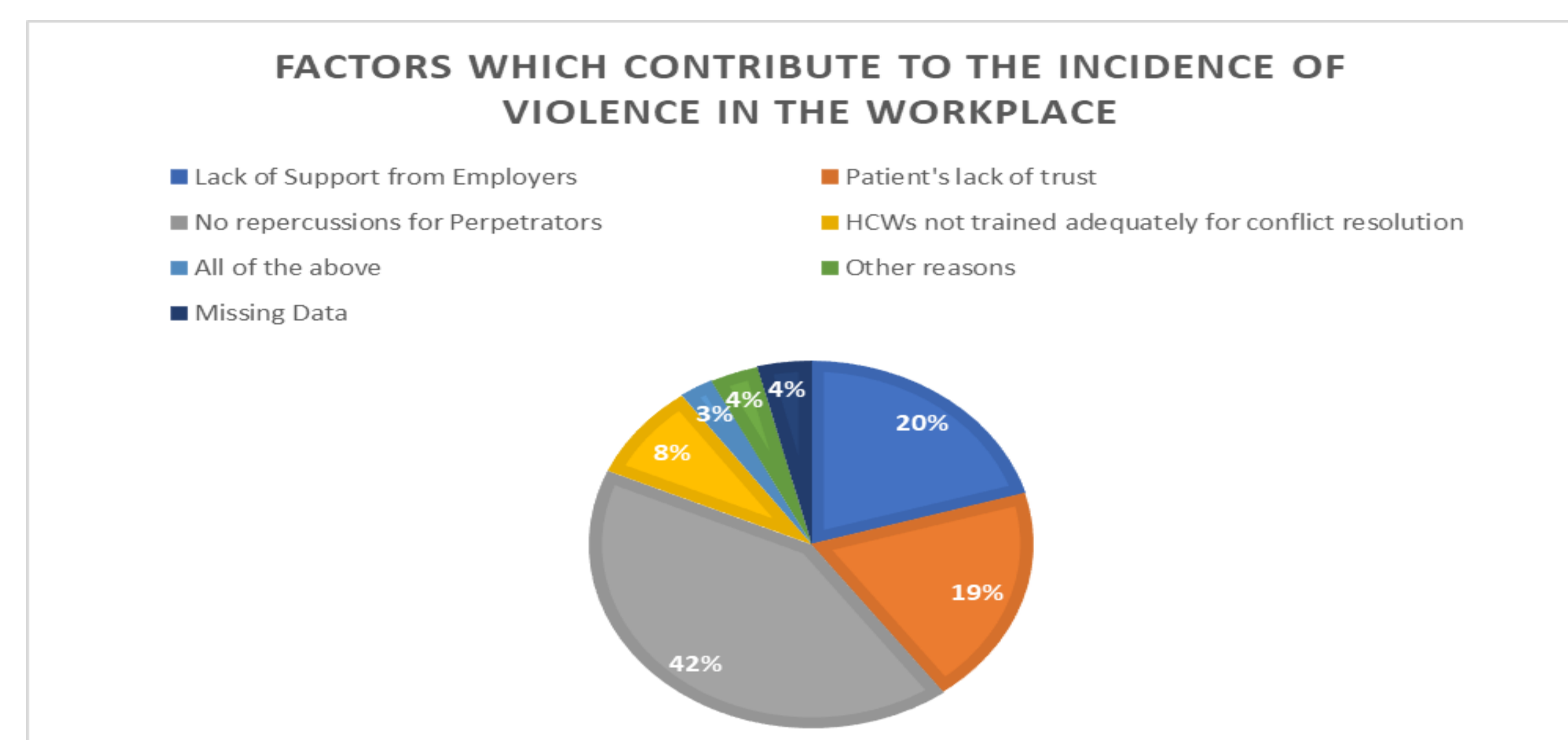
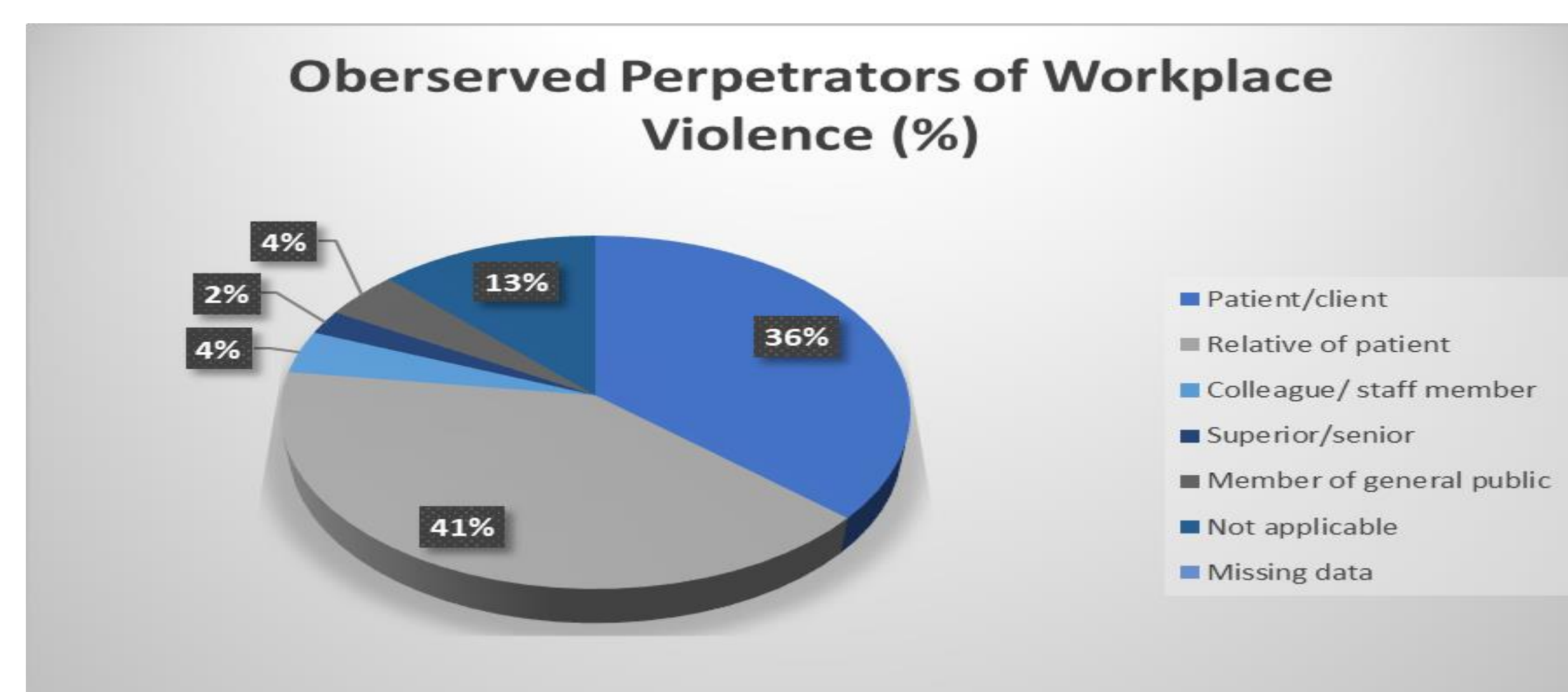
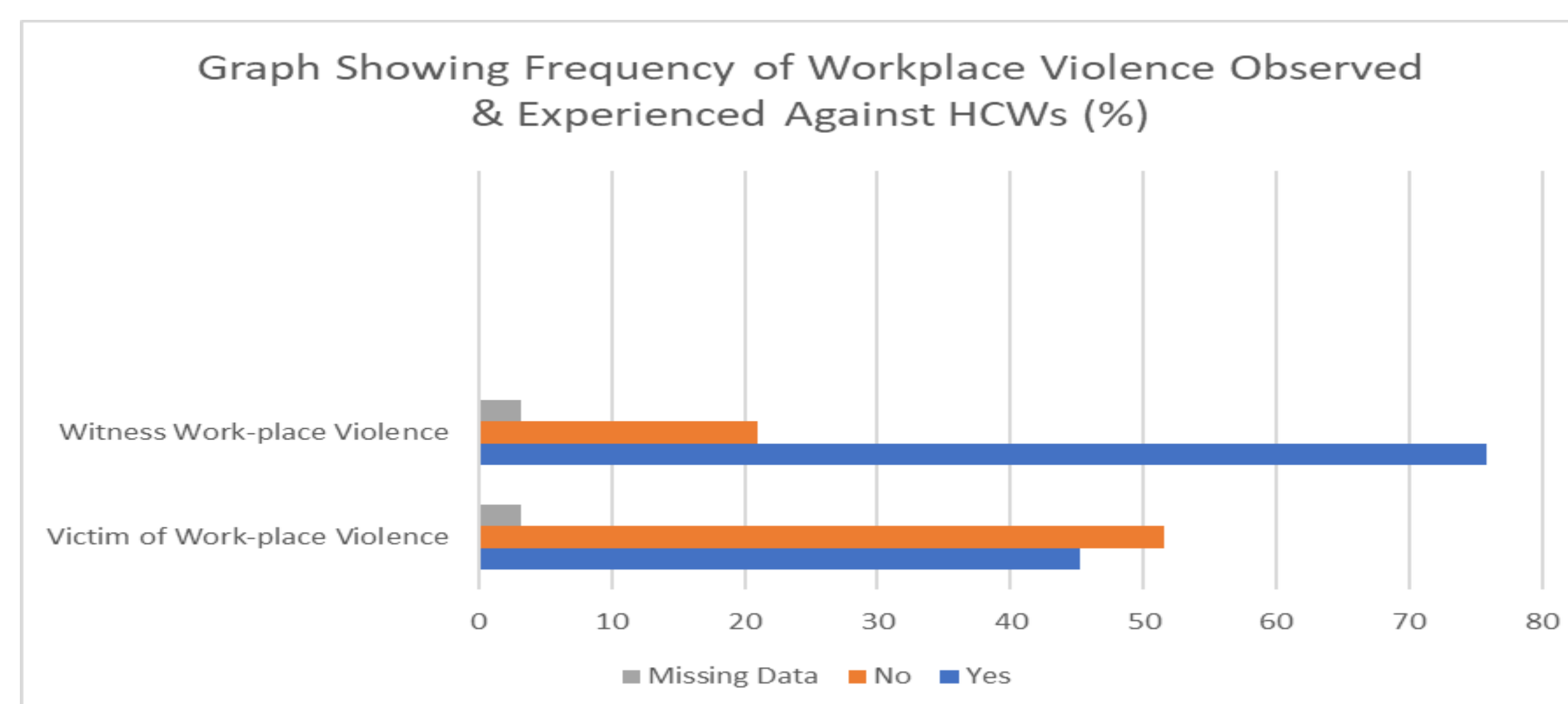
Objective



Methodology



Results



Discussion

- There is an urgent need to address WPV as it poses a significant threat to the efficiency of the medical system with 45.2% of participants experiencing and 75.8% witnessing WPV in the last two years.
- The main perpetrators of WPV - patients and their relatives - are the very persons HCW must interact with and care for on a daily basis.
- Junior HCWs and medical professionals working in emergency/internal medicine or caring for psychiatric/physically debilitated patients are most at risk of WPV.
- There is a crisis of mistrust in the patient-physician relationship which has the potential to reduce quality of healthcare in Trinidad and Tobago.

Conclusion

The extent of violence against healthcare professionals was highlighted:

- HCWs were subject to various forms of WPV due to: Insufficient support from management, insufficient security and a lack of awareness of policies.
- A HCW's age, specialty, work experience and type of patient they care for can all increase their risk of facing WPV.
- Many patients do not trust healthcare professionals.
- Measures should therefore be implemented to regain trust in HCWs and protect workers from WPV in order to improve healthcare.

References

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Acknowledgments

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