

## Client aggression towards health service providers in Nepal

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Many cases of agitation and attacks to health service providers are reported every year in Nepal (1). These have negative effects on patients' health outcomes, and also increase feeling of insecurity among health care providers. Though it is a crucial research question, details of factors contributing to verbal abuse and physical assault against health workers are yet to be investigated (2). This issue can be discussed in two broad domains: service providers' and service recipients' perspectives.

From health workers point of view, they either communicate poorly or are unable to provide sufficient time for listening the patients' or their visitors' concerns (1). One particular issue is the widespread public perception that health workers frequently refer serious cases to private hospitals. In most private health institutions, patients get admitted until they can afford the service fees. When patient parties are unable to pay hospital charge, they are sent to public hospitals where fees are lower compared to private hospitals (1). In addition, some people argue that a strong profit-driven network is playing a vital role in the referral system (3). It is reported that taxi drivers, ambulance drivers, private hospital management teams, private practitioners and even health workers of private and public hospital are being blamed for increasing financial burden to the poor patients (4, 5).

Due to various constraints, clinicians working in government health institutions also either prefer to work in private hospitals or refer patients to the private institutions. Moreover, the senior doctors of the public hospitals who also work at private hospitals allocate very less time for the patients. On the other hand, in public hospitals, health services are provided by medical doctors and paramedics (6).

Health workers, who work at periphery level public health facilities of the country, either are less updated with adequate skills to address the critical medical conditions or the health facilities may not have favorable working environments and adequate equipments (7). In such circumstances, health workers are reluctant to take care of the serious cases, obliged to refer the patients to higher center for their better health care. Furthermore, health workers may not feel competent enough to treat patients. Again, they have fear of poor treatment outcome which can result in client aggression as well as vandalism of health facilities from patient parties.

Poor communication between health service providers and patients has contributed to inappropriate referrals between public and private hospitals. This is often due to lower priorities given by senior consultants to public hospitals, financial constraints, poor services at peripheral health facilities and possibility of unprecedented treatment outcome at public and private hospitals which usually agitate clients against health institutions and contribute to threats towards health workers.

From the service recipients' perspective, the issue can be argued in terms of quality of care, services and community expectations towards treatment outcome. When people attend health facilities to visit doctors they expect their health problems to be solved (5). At health facilities, many clients are frustrated due to lengthy waiting times and poorly managed queue system, resulting in aggression towards service providers (8). In many cases, they need to ask service providers whether the case can be managed at the local health facilities or not (9). People usually demand the assurance of good treatment outcome which may not be possible at all the times. Sometimes patient parties demand for guarantee of successful management of problems before the treatment has been initiated, which if not possible, could make them take the patients to higher health institutions. Poor trust on the services offered by peripheral public health facilities frequently compounds to the reasons for violence and client aggression (10).

Other reasons of patient parties abusing health service providers could be the consequences of patients' health conditions and referral system, which is hampered by difficult terrain and transportation system. Along with poor quality of services and medical negligence, threats and expectations increase the chance of verbal and physical violence. In addition to this, media is playing catalytic role to exaggerate the matter negatively by only picking the rare failure cases (2). There are several instances of newspapers covering the news of unusual outcomes of medical failure, which have misinformed the public against health services and health workers (5). To avoid any media attention of bad treatment outcome and to keep the reputation of their work, health workers may not even try to manage the common health problems, and simply refer cases to the higher level health facilities. Sometimes in big hospitals, visitors do not know exact way of finding different units eg. Lab, Radiography, Pharmacy unit. Usually, they seem to be roaming from place to place and at most times, are very irritating. High community expectations, poor trust in the quality of care

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of available health services, negative role of media and its impact on public perception, and long waiting time at health facilities are few patients' perspectives of aggression and violence in health sectors in Nepal.

Owing to the poor outcomes of health services provided at periphery level health facilities and also due to the community's perception, unnecessary referral is being practiced everywhere which has not only created financial burden to the people but also the tertiary hospitals are crowded by referred cases that could have been managed at the peripheral level (5). This may hinder the capacity of the specialized hospitals to provide quality of care as they have to utilize their scarce resources to manage the uncomplicated cases instead of providing specialized health care for those who are really in need. Such referral sometimes might be intentional or in some case is result of the situation. The important measure to reduce unnecessary referral could be awareness among people on available service in different level of health institutions. This helps to balance the clients' expectations, also to reduce the financial burden and frustration among patient parties.

Feeling of security among health workers also could encourage providing health services even at the remote and resource scarce settings. Unnecessary referrals can also be reduced by implementing the standard quality of care which is possible where there is availability of good physical infrastructure, skilled health workers, favorable working conditions of equipment, diagnostic facilities in place and appropriate infection prevention measures. Such conditions would help to improve the quality of care of health services and increase trust towards health workers and quality of available services. Furthermore, cases can be managed at the local level health facilities which could help to reduce the high referral rates.

To conclude, very limited scientific evidences are generated so far on prevalence of aggression and attacks to health service providers and its contributing factors. Both health system and dynamics of our society are compounding to the problems (2). Though government of Nepal has endorsed the health institutions and health workers protection act, this could not be the panacea of emerging issue of health workers-patients relationship. All in all, robust sociological exploration is needed to identify the status and underlying cause of the problems, set preventive strategies and develop regulatory mechanisms of verbal and physical violence and aggression towards health service providers.

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