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Original Article

Assessing the needs of healthcare providers to comply with the Sindh Health Service Providers and Facilities Act (2021) on violence prevention in Karachi, Pakistan.

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Abstract

Background: Workplace violence against healthcare providers is a serious issue in Pakistan. In 2021, the Government of Sindh enacted legislation titled "The Sindh Health Service Providers and Facilities (Prevention of Violence and Damage to Property) Act" to address this problem. This study aimed to assess the needs of healthcare providers in complying with this Act.

Methodology: A cross-sectional quantitative survey was conducted among 384 healthcare providers in emergency departments of selected public and private hospitals in Karachi. Data was collected using a structured questionnaire and analyzed using descriptive and inferential statistics.

Results: Significant gaps were identified in implementing security measures, incident reporting systems, staff training, and collaboration with law agencies, indicating the need for improvement. Key challenges reported were lack of resources, ethical issues in reporting, and inadequate response by authorities.

Conclusion: Targeted strategies are required to enhance healthcare providers' capacity in compliance with the Violence Prevention Act. Priorities include policy dissemination, infrastructure upgrades, streamlined reporting and referral pathways, and training healthcare staff on legal rights and response protocols. Effective implementation of the Act can promote healthcare staff safety and delivery of quality care.

Keywords

Workplace Violence, Healthcare Providers, Legislation, Compliance, Pakistan

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Introduction

Healthcare staff face a substantially high risk of workplace violence globally, posing threats to their health, job performance, and quality of care[1–3]. Studies from developing countries like Pakistan indicate that up to three-quarters of doctors and nurses experience verbal abuse or physical assault at work[4]. The emergency department is a particularly high-risk setting due to its 24/7 operations, uncontrolled access, and management of acutely ill, frustrated patients[5]. The impacts of violence range from minor injuries to severe psychological trauma like PTSD, increased stress, absenteeism, and intentions to leave the profession[6,7].

To tackle this issue, the Government of Sindh province in Pakistan enacted legislation titled "The Sindh Health Service Providers and Facilities (Prevention of Violence and Damage to Property) Act" in 2021. This criminalizes violence against on-duty healthcare staff and damage to healthcare property, mandating fines and imprisonment for offenders[8]. It also places certain responsibilities on healthcare institutions, such as forming committees for compliance, providing staff training, maintaining incident records, and ensuring facility security[8]. However, the awareness and capacity of healthcare workers in implementing this Act remains unknown.

This study aimed to bridge this knowledge gap by assessing the needs of emergency department staff in public and private hospitals of Karachi in complying with the requirements of the Sindh Health Service Providers and Facilities Act (2021). The findings will identify priority areas for capacity building of healthcare providers to promote staff safety through effectively implementing the violence prevention legislation.

Conceptual Framework

This study is based on the conceptual premise that optimal compliance with the legal provisions of the Sindh Health Service Providers and Facilities Act (2021) is contingent on healthcare providers' awareness, willingness, and ability to fulfill their roles and responsibilities mandated within the Act[9].

'Awareness' encompasses knowledge of the existence of the Act, familiarity with the rights and protections it provides, and understanding of the duties it entails upon healthcare staff and administration.

'Willingness' denotes healthcare workers' intention, motivation, and commitment towards complying with the Act's provisions, driven by perceptions of its importance and benefits.

Finally, 'ability' signifies the presence of facilitators and capacity like infrastructure, resources, training, functional systems, and procedures that enable healthcare facilities and staff to comply with the stipulated provisions regarding facility security, incident monitoring, reporting and redressal, and cooperation with authorities.

Gaps in these three determinants – awareness, willingness, or ability – can undermine compliance. Hence, this study assessed respondents across these domains to identify specific needs and targeted interventions required. The conceptual framework guided the study design, questionnaire development, and data analysis.

Methodology

Study Design and Setting

This quantitative, cross-sectional study was conducted in Karachi, Pakistan's largest metropolitan city and capital of Sindh province.

Sample Selection

The study was conducted in the emergency departments of 7 major public and private hospitals, one from each of Karachi's districts. This purposive selection ensured the representation of healthcare providers from across the city at hospitals likely to experience a high incidence of violence. All available emergency department doctors, nurses, and paramedics present during the 2-week data collection period were approached to participate within each hospital.

Data Collection

Data was collected via a pre-tested, interviewer-administered questionnaire translated into Urdu. It

comprised four sections: (i) sociodemographic characteristics, (ii) experiences of workplace violence, (iii) awareness and willingness towards the Sindh Act 2021, and (iv) provisions and capacity for compliance across three domains – security, monitoring/reporting, and redressal.

Data Analysis

Using EpiData, data was double-entered and validated. Statistical analysis was performed with SPSS v22. Descriptive analysis determined frequencies and percentages for categorical variables. Pearson's chi-square test identified associations between variables. Statistical significance was defined as $p<0.05$.

Ethical Considerations

The Institutional Review Board of Shaheed Zulfikar Ali Bhutto Institute of Science and Technology (SZABIST), Karachi approved the study protocol. Written informed consent was obtained from all participants after the study was explained to them, and confidentiality was ensured. No personal identifiers were recorded.

Results

Among 384 healthcare providers interviewed, 58% were males. The mean age was 30.2±5.3 years. By profession, 43% were nurses, 32% paramedics and 25% doctors. Most (62%) had >5 years of work experience (Table 1).

Table 1: Sociodemographic characteristics of study participants (n=384).

Variable		n (%)
Gender	Male	223(58)
	Female	161(42)
Age (years)	20-30	152(40)
	31-40	134(35)
	41-50	81(21)
	51-60	17(4)
Profession	Doctor	96(25)
	Nurse	165(43)
	Paramedic	123(32)
Work experience	<5 years	146(38)
	>5 years	238(62)

Exposure to Workplace Violence

Verbal abuse was reported as the most common form of violence faced by 201 respondents (52%), followed by physical assault (14%) and property damage (7%). Perpetrators were most often patients' attendants (62%), followed by patients (26%) and coworkers (12%).

Awareness & Willingness towards Sindh Act 2021

Only 18% of respondents were aware of the Sindh Act 2021 and its provisions. Of those aware, 92% strongly agreed that compliance was important for staff safety. However, 65% felt the Act alone could not eliminate violence without improving healthcare infrastructure, resources, and sociocultural aspects.

Table 2: Awareness, willingness, and capacity for compliance with Sindh Act 2022.

Variable		n(%)
Awareness of Act	Yes	69(18)
	No	315(82)
Willingness	Act is important for staff safety*	64(92)

	Punitive policy alone insufficient*	45(65)
Installed security measures	CCTV cameras	84(22)
	Access control systems	24(6)
	Risk assessments	66(17)
Formal violence monitoring/reporting system		72(19)
Received training on addressing workplace violence		39(10)

*Percentages calculated out of the 69 respondents aware of the Act

Provisions & Capacity for Compliance

a. Security Infrastructure and Systems

Only 22% reported the installation of CCTV cameras for surveillance, while just 6% had access control systems at their healthcare facility. Risk assessments for violence were never conducted in 83% of facilities. The majority were dissatisfied with existing security arrangements. Key suggestions for improvement included more security guards (62%), CCTV systems (49%), and restricted entries (45%).

b. Incident Monitoring and Reporting

A formal violence monitoring/reporting system existed in 19% of facilities. Regarding incident reporting responsibility, 48% felt it lies with security staff, 37% with healthcare administration, and 15% with police. Most (68%) preferred direct online/app-based reporting to authorities for rapid redressal. Key barriers perceived were lack of time, anonymity concerns, and inaction by authorities.

c. Training and Redressal Systems

Only 39 respondents (10%) had received some training on addressing workplace violence, with none aware of violence response protocols or redressal mechanisms stipulated under the Sindh Act 2021. If assaulted, 42% were unsure how to report it, and 37% feared negative consequences. Most (79%) were willing to report violence if assured legal protection and administrative support.

Factors Associated with Act Awareness

Awareness of the Sindh Act 2021 was significantly higher among doctors versus nurses and paramedics (p=0.002), permanent staff rather than contractual employees (p=0.018), and men compared to women (p=0.035). No significant difference was observed by age, district, or public/private sector.

Discussion

This study provides valuable insights into the challenges faced by healthcare providers in Karachi regarding compliance with legislation enacted to curb workplace violence. Significant gaps and needs were identified across all three domains of awareness, willingness, and ability framed within the study's conceptual model.

Despite the Sindh Act 2021 enactment over a year ago, awareness among frontline emergency department staff was strikingly low at just 18%, with contractual, female, and paramedical staff lagging further behind. Lack of awareness of legal rights and redressal provisions severely undermines the preventive impact of such legislation. This mandates urgent dissemination drives both during induction and through regular in-service training.

Willingness to comply was high, with most providers acknowledging the Act's importance for staff safety if properly implemented. But punitive legislation alone was perceived as insufficient to address the complex sociocultural and health systems issues contributing to violence. This underscores the need for multifaceted strategies combining legal provisions with ground-level security enhancements, infrastructure upgrades, community engagement, capacity building, and social reforms.

The greatest gaps emerged in healthcare providers' ability to comply with the Act regarding facility infrastructure, surveillance systems, protocols, and capacity. Security risk assessments, surveillance infrastructure, and access control measures were starkly lacking in most facilities. Formal monitoring and reporting mechanisms were almost non-existent. Training on response

protocols and the medico-legal redressal processes was urgently needed.

Frontline healthcare workers also highlighted practical hurdles in compliance, like lack of time, anonymity concerns, and administrative support. Pessimism stemming from the perceived unresponsiveness of authorities further inhibited reporting. Urgent interventions are required to establish institutional frameworks mandated under the Act, streamline incident reporting through accessible online/mobile applications, strengthen medico-legal systems, and foster partnerships between healthcare facilities and law enforcement agencies.

Our findings align with previous studies from Pakistan, China, and Sri Lanka, reporting suboptimal compliance with policies, poor workplace violence reports, infrastructure deficits, and lack of training as major challenges[10–12]. Regional collaborations can be vital in developing context-specific solutions and best practices[13]. Our study makes an important contribution by generating evidence focused specifically on assessing provider capacity for compliance with the Sindh Act 2021 provisions, which has not been examined earlier.

Limitations of this study include its cross-sectional design relying on respondent self-reports. The purposive hospital-based sample also limits the generalizability of findings to all healthcare settings. Further research can adopt multicenter designs with longitudinal measurement and mixed methods for deeper insights.

Conclusion

This study provides valuable insights and evidence regarding the priority capacity-building needs of frontline healthcare providers in complying with the Sindh Health Service Providers and Facilities Act (2021) on violence prevention. A three-pronged strategy is imperative, focusing on (i) policy dissemination and training on provisions, (ii) infrastructural upgrades and streamlined reporting systems, and (iii) strengthened medico-legal frameworks. Targeted interventions to enhance healthcare providers' awareness, willingness, and ability related to workplace violence prevention legislation can significantly improve compliance and staff safety. The benefits will extend to patient care, organizational culture, and the overall healthcare system.

Conflicts of Interest

None.

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