

An Observational Study of Conflict between the Hospital Staff and Relatives of Patients in a Tertiary Care Hospital Blood Bank: Reasons and Recommendations

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Abstract

Original Research Article

Background: Healthcare system is primarily based on human interactions as the chief mode of exchange of information. As the health and recovery of near and dear ones is an emotional affair. The possibility of altercations between hospital staff and attendants of the patient, though an abominable event, is present when emotions run high. The knowledge of common reasons for this avoidable event is crucial to draft measures to improve quality and avoid recurrences. **Study:** A retrospective data was analyzed between Sep 2017 and June 2018 regarding incidents of all consecutive altercations and heated arguments between patients' attendants and hospital staff at blood bank that included lab technicians, attendants, clerks or doctors posted in the blood bank of a tertiary care centre in Uttarakhand. **Results:** The male staff and attendants, the night time request, more than two attendants and more than two number of requirement of blood and its products, request from outside private centers were the common associated variables. The reasons for the altercations commonly were several and mostly related to misinformation on the part of healthcare personnel and the attendants alike. Lack of basic information about time required for procurement of blood and its products, inappropriate form and samples, non-availability of blood or donors and financial issues dominate the reasons of heated arguments. The suggested recommendations like written information outside blood bank regarding practical problems and education programs for general public and clinicians and allied healthcare staff regarding proper procedure and requisition, programs for donor encouragement, presence of guard or closed circuit monitoring are key to ensure healthy environment and working condition in the blood bank. **Conclusions:** Most of the reasons for altercations between healthcare staff and attendants are avoidable and require better knowledge of important procedures and educative efforts for increased awareness to general public and healthcare personnel. **Keywords:** Blood bank, Blood, Patient, Fight, Arguments, Altercation, Dispute, Doctor-patient conflict, Blood donation.

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INTRODUCTION

The Blood bank serves as public platform to scientifically store the blood and its components and suitably dispatch its contents to the needful observing strict guidelines. The timely, efficient and foolproof delivery of service is expected of it for the benefit of the public at large. The attendant of the patient requiring blood or its products rush to the blood bank and expect fruitful results at the earliest for the benefit of the patient. There is ground for conflicts in this stressful settings [1]. Many factors determine the success of their requisition like availability of blood, time of requirement, number of hospital staff, the kind of blood bank etc. In an emotionally charged scenario many

hooligans also accompany and create a ruckus at the blood bank thus interfering with the functioning of the blood bank. Minor altercation is routinely observed in hospital and is not exclusive to blood banks alone. Poor image of doctors, mob mentality, vulnerability of small and medium healthcare establishment, health illiteracy, poor communication and lack of securities have been cited as some of the common causes of conflicts at hospitals [2]. An attempt to know the common causes should be done periodically to outline strategies to counter or avoid it.

MATERIALS AND METHODS

All the cases of altercation between staff and attendants were regularly noted in sheet of paper for in the period of Sep 2016 to June 2017. The altercations were categorized as minor if they included verbal arguments that transiently affected functioning of blood bank and later peacefully resolved. The major altercations were categorized as those with hooliganism, high handedness and resolved after further action from higher authorities or interference with respected persons of the society. The time of incident, sex of attendants and staff, number of attendants, the requirement of patient and other relevant details were noted. After the incident assessment of reasons for the altercation were noted for each incident.

A total of 27 incidents were noted during the tenure and 25 of it were minor and 2 major altercations. The male attendant and male staff were found in the altercation in all cases. The more than two attendants were found in 20 (74.07%) cases. The incidents were commonest in night time (23 cases, 85.18%) and usually more than 2 units of requirement were found in the requisition. The most number of requests for blood or its products came from patient admitted in other private hospitals. All relevant details are tabulated in (Table.1). The reasons for the altercations are tabulated (Table.2). Non availability of blood was commonest cause of heated arguments followed by urgent requirement and request to give blood without donor. The recommendations drawn from us to avoid these instances are given in (Table.3).

RESULTS

Table-1: The relevant findings of the study

| Variables | Findings (in number) |
|--|----------------------|
| Altercations (Major: Minor) | 25:02 |
| Attendant (Male: Female) | 27:00 |
| Hospital staff (Male: Female) | 27:00 |
| Time of request (Day: Night) | 04: 23 |
| Same hospital: Outside hospital | 08:19 |
| Requirement of number of blood or products | |
| 1-2 | 05 |
| 2-4 | 16 |
| >5 | 06 |

Table-2: Reasons of altercation between the attendants and blood bank staff

| Sl no | Description of reasons for altercation between blood bank staff and attendants | Number of cases |
|-------|--|-----------------|
| 1. | Non-availability of blood or blood products | 08 |
| 2. | Improper requisition form | 03 |
| 3. | Wrong sample or form or no sample | 01 |
| 4. | No donor available (excluding lifesaving cases) | 06 |
| 5. | Wishing free of charge, Billing counter far from blood bank requiring increased time | 01 |
| 6. | Urgent requirement | 06 |
| 7. | Depositing blood or products back to blood bank | 02 |

Table-2: The recommendations drawn to avoid recurrences of altercation between blood bank staff and attendants

| Sl no | Recommendation drawn from the study by us |
|-------|--|
| 1. | Instruction about procedure and standard time required for each written outside blood bank |
| 2. | Information about charges and real-time availability of blood and products displayed outside blood bank or over online portals. |
| 3. | Blood donation awareness initiatives for general public and healthcare personnels. Demonstration of appropriate requisition forms and sample methods. |
| 4. | Awareness by treating doctors to attendants about time required and importance of donation. Avoidance of false claims like free of charge and quick procurement. |
| 5. | Practical demands. Avoiding too many products only to be stored in refrigerator in the ward |
| 6. | Availability of security staff and closed circuit monitoring. |

DISCUSSION

The altercations and disputes in the hospital are becoming more common in current scenario. The attacks on doctors, destruction of properties and use of violence are extreme forms of these abominable

occurrences. Most of these are avoidable as seen here with only 2 cases of major altercations suggesting avoidable nature. The objective of the current study was to ascertain common reasons for the needless altercation in the blood bank in our hospital. Better

communication is well described component of healthier workplace environment [2, 3]. The top reasons for the altercations in our study are non-availability of blood and that is a frustrating scenario for the attendants and is the reason for impulsive outburst. Lack of knowledge about non-availability of blood and not knowing blood type were noted as important reasons in one study [4]. The reluctance to donation compounds the deficit problem [5]. Lack of information among general public about donation as the primary requirement for ample availability of blood is cause and even after many of patients are given blood without donation, no return of favor by attendants is seen. The youths should be targeted to be made aware of this social endeavor to donate and persuade the peers to follow suit [6]. Fear of donation and ignorance of procedure is major issue in non-remunerative donation in Indian setting [7]. The urgent requirement of blood also emanates from improper knowledge as attendants cannot wait for the blood and they do not know that giving blood also requires certain standard procedures requiring standard time. Knowledge about these can be greatly enhanced by displays and education by staff or treating clinician [8]. Healthcare staff should also undergo regular teachings about proper form and sample filling. Availability of guard or closed circuit television (CCTV) technology may act as deterrent for these events and should be utilized. A healthier workplace requires efforts on part of both the stakeholders – staff and client. Careful policy targeting improvement of rapport, smooth functioning and conflict management shall be critical to efficient delivery services.

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