

Prevalence and determinants of physical violence against doctors in Bangladeshi tertiary care hospitals

Personal information		
P1	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
P2	Age (year)	
P3	Marital status	<input type="checkbox"/> never married <input type="checkbox"/> married
P4	Employment	<input type="checkbox"/> public <input type="checkbox"/> private
P5	Job types	<input type="checkbox"/> permanent <input type="checkbox"/> contractual
P6	Working department	<input type="checkbox"/> general medicine <input type="checkbox"/> general surgery <input type="checkbox"/> emergency <input type="checkbox"/> intensive care <input type="checkbox"/> management <input type="checkbox"/> pediatrics <input type="checkbox"/> gynae & obs <input type="checkbox"/> orthopedics <input type="checkbox"/> dermatology <input type="checkbox"/> others, please specify_____
Physical violence related information		
<i>Note: Physical violence refers to pinching, pushing, shoving, kicking, raped attempted.</i>		
PV1	In the last 12 months , have you been a victim of physical violence in your workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No; <i>if No, stop here please.</i>
PV2	Who was aggressive towards you?	<input type="checkbox"/> patient <input type="checkbox"/> relatives of patient <input type="checkbox"/> staff member <input type="checkbox"/> visitors/unknown <input type="checkbox"/> other.....
PV3	Were you injured as a result of the violent incident?	<input type="checkbox"/> yes <input type="checkbox"/> no
PV4	Did you have to take time off from work after being attacked?	<input type="checkbox"/> yes <input type="checkbox"/> no
PV5	Do you think the incident could have been prevented?	<input type="checkbox"/> yes <input type="checkbox"/> no
PV6	What were the consequences for the attacker?	<input type="checkbox"/> None <input type="checkbox"/> verbal warning issued <input type="checkbox"/> care discontinued <input type="checkbox"/> reported to police <input type="checkbox"/> other:_____ <input type="checkbox"/> don't know
PV7	Did your employer or supervisor offer to provide you any support?	<input type="checkbox"/> yes <input type="checkbox"/> no
PV8	How worried are you about violence in your current workplace?	<input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> worried <input type="checkbox"/> very worried
Suggestion for tackling physical violence		
S1	To what extent do you think these measures would be helpful in your work setting?	<input type="checkbox"/> Increase doctors <input type="checkbox"/> Patient protocols <input type="checkbox"/> Reduced periods of working alone <input type="checkbox"/> Training for tackling violence <input type="checkbox"/> Others, specify please:

Thank you for your contribution