

Hospital Violence – The Causes, the Response and the Way Forward

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Any behaviour that is responsible for physical or emotional harm to the healthcare persons is violence.

Violence against doctors is seriously threatening. It is an effect of unwell, pathetically backed healthcare system. The hospitals cannot be allowed to become war zones as sick people need a peaceful environment and the Doctors also need a stable and peaceful ambience for delivering 100% selfless quality care. Because of violence doctors have started practising defensive medicine. Finally, the stressful hospital environment is making doctors as well as patients suffer the brunt.

Healthcare violence is an act of aggression, erratic quarrelling behaviour, abusive threats to vandalise the hospitals, physical assault or any sort of threatening behaviour that occurs in hospitals.

The exposed cases of healthcare violence reach at various levels in the doors of law-keepers. The system with the pressures & presence of illiterate but politically powerful people around suppress the tame, intellectual medicos. The sufferers from healthcare fraternity get lost in the in the doors of law-keepers.

Violence against Doctors, Healthcare Professionals, and Hospitals has become a routine. The anger & anguish seen in many such incidences is actually misdirected towards doctors.

Lack of knowledge, literacy about healthcare, disease process, management, unreasonable expectations for compulsory positive outcomes, unaffordable healthcare expenses etc. Many such reasons play role in the violent episodes in hospitals. Besides these main reasons, negligence, lack of communication do have place as provocative factors.

The percentage of actual negligence or actual unethicity in the healthcare is very low. But the unwarrant-

ed spread of anguish over to the rest of the fraternity is making the violence as a big challenge to the entire healthcare of the country.

A Framework for Making Hospitals A Safer Workplace Free From Workplace Violence

Health care workers have the right to do their jobs in a safe environment free of violence. Hospitals that are safer workplaces benefit everyone because a safe environment enables health care workers to better meet the evolving needs of all patients.

*“...healthy and safe work environments for workers are associated with patient safety and service quality”.*¹

Workplace violence in hospitals can originate from a number of sources, including from patients and their families and friends, other people external to the hospital and with people who are or have been employed with the hospital. Hospitals are an environment where people feel vulnerable and anxious. This can include, for example, aging patients and their caregivers, individuals experiencing a physical or mental health crisis, those seeking addiction support, and patients who are experiencing pain and anxiety.

The Occupational Health and Safety Act (OHSA) establishes legal requirements that provide a foundation for the internal responsibility system (IRS). The IRS is a system within an organization in which everyone has a responsibility for workplace health and safety that is appropriate to one's role and function within the organization. Employers have the greatest responsibility with respect to health and safety in the workplace. The employer, typically represented by senior management, is responsible to take every precaution reasonable in the circumstances for the protection of a worker and for developing and implementing the

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workplace occupational health and safety program and ensuring that the IRS is established, promoted, and that it functions successfully to continually audit, evaluate, and improve the program. Strong leadership by senior executives, managers and supervisors is essential to setting the tone and establishing a corporate culture that nurtures the IRS and safety.

International Scenario

Crime in the United States is increasing at an alarming rate. Women, children, and the elderly are most often the victims of violence. In the workplace, however, any employee can be the victim. Most acts of violence in the healthcare setting go unreported. Critical care and emergency department personnel must be prepared to deal with these tragedies. This article presents vital information on how to recognize and prevent violence in the critical care and emergency departments. Any patient or visitor within the hospital setting can become violent when under extreme mental and physical stress. Physical confrontations and verbal abuse involving families and staff in the emergency department (ED) are well documented, and violence against doctors and nurses in critical care settings is a matter of particular concern.²

Recognizing Potential for a Violent Situation³

There are two forms of violence that commonly occur in hospital settings.

1. The first form is an act of physical violence that is intentional and directed at causing injury to another person. It can also include purposeful damage to hospital property.
2. The second form of violence is an act of aggression, including verbal or physical actions directed toward creating fear. Apprehension in employees can be created through inappropriate and rude behaviour specifically intended to disrupt routine organizational operation.

Doctors often think they are immune from violent situations. Given the crisis-oriented nature of critical care and emergency medical services, however, doctors who work in these settings are at a higher risk for encountering violence. This included verbal abuse, witnessing physical threats or assaults, and personal physical assault.

Many situations can lead to violence in the workplace (see figure 1). Anyone who is confronted with stress can become violent. These individuals include

co-workers, visitors, volunteers, and patients. Stressful life events such as divorce, death, and domestic abuse evoke a range of reactions, often leaving individuals overwhelmed, distressed, and out of control. Too often in today’s environment, violent acts may be seen as normal and appropriate in some situations.⁴ In some countries, violence against women is tolerated. Violence may be seen as a legitimate means to resolve conflict.

Figure 1. Situations leading to violence in the Workplace

Age < 40 years
Single
Residence in urban areas
Substance misusers
Homeless
Little or no social contact
Paranoia

People bring who they are into a healthcare setting. We often know little at the beginning about their personality, behaviour, and tolerance for frustration. This demands increased communication among healthcare providers to help assess and resolve stressful situations before they become violent. Aggression can be fuelled by inaccurate perceptions, intolerance, misunderstandings, and lack of control. Early stress behaviors such as use of profanity, rapid speech, or increased speaking volume, boasting of prior violence, pacing, or frequent alteration of body position can be clues that the individual is very agitated.

Situational factors can also contribute to increased risk of violence in critical care areas. Violence in healthcare settings is frequently precipitated by drug and/or alcohol use, homelessness, domestic disputes, frustration from crowding and lengthy waits, as well as worries about medical expenses.⁷ Societal changes in the mental health system, increased gang activity, and changes in family and community support systems also contribute to workplace violence in hospitals. Understanding these risks can help nurses recognize situations that can lead to violence, so they can take appropriate action before a violence act occurs.

The volume of patients and family members within many critical care areas, the acuity of illness, and the perceived lack of efficient healthcare delivery can create environmental stress. The media and other factors have contributed to an expectation of service delivery in the hospital setting that may or may not be realistic.

Several recent publications have cited nine primary expectations of health care consumers:

1. provision of information, including keeping the family informed

2. accessibility to a wide variety of services
3. good discharge planning
4. a caring and compassionate approach
5. provision of adequate time to be heard
6. quality and timely care
7. involvement in decision making
8. respect for privacy; and
9. adequate pain management

In a very volatile environment where demands from patients, families, physicians, and co-workers can be conflicting, it can be difficult to meet expectations. When patients' needs or perceived wants are not met, verbal abuse and violent outbursts can occur. These actions are directed toward those individuals in the immediate area.⁵

Aggression and violence is a culmination of a process. Episodes of violence progress through stages. The violence begins with a change in activity, such as pacing or restlessness, and then proceeds to verbal outbursts. If no intervention is done or if the attempt fails, the individual may progress to aggressive behaviour such as throwing things or pushing furniture. When this type of behavior is exhibited, the individual may be losing control.

Prevention of Workplace Violence

Workplace violence will continue. However, when critical care and emergency nurses learn prevention strategies, they can detect potential violent situations and intervene in a therapeutic manner.

1. Provide Education for All Employees

The major prevention strategy for any organization is the education of all employees. Every employee should be able to recognize the signs of workplace violence and know the proper steps to report potential problems. This demands that hospitals have clear policies and procedures for employees to follow. Hospital administrators must make a deliberate commitment to the safety and security of all employees. Annual training must be mandatory.

Workplace violence should also be discussed in medical schools. They should be taught to recognize situations that could put them at risk.^{2,3,4,5} It should be possible to identify and assess violence in victims. If doctors are to function effectively in preventing violence through assessment and interventional strategies, the educational system must provide the opportunity for students to learn these skills.

2. Improve Employee Identification

The healthcare industry is unique in that it operates 24 hours a day, 365 days a year. Healthcare institutions typically have multiple points of entry with a free flow of traffic. Most healthcare administrators are implementing photo identification and departmental badges to better identify employees and increase security. Other facilities have added electronic access control to certain areas. This is accomplished by adding a barcode or magnetic strip to the employee's identification card or name badge.

3. Implement Strict Policies to Protect Personal Information

Training all healthcare employees to ensure that both client and employee personal information is kept confidential can help reduce the incidence of violence. Access to personal information, including work schedules and telephone numbers, opens the possibility of this information being used in a threatening manner. Security personnel must be informed if threats are made. Counselling may be conducted to help identify concerns and possible solutions.

4. Check Previous Employment

Although most companies will only verify the dates of a person's employment, some states allow previous employers to reveal whether or not a person was terminated for cause. Another option is to try to speak directly with the potential employee's previous supervisor.

5. Develop a Drug Screening Program

Most authorities agree that if a drug-screening program is implemented, all potential employees should be tested. Tests should not be done selectively, nor should they be done on current employees unless the person's job performance is affected and documentation can be provided to support the claim. Because drug screening involves major political and legal issues, it is always important to know the current state laws. Some states do not allow pre-employment testing.

6. Develop a Family Advocate Program

Critical care units can become hostile very quickly. Family advocates work with hospital security and can intervene in crisis situations when the hospital staff must focus on the care of the patient. The advocates can help provide information and direction to distraught family members who may otherwise feel abandoned. Having an individual available to provide a liaison between hospital personnel and families can signifi-

cantly reduce the feeling of alienation as well as increase the security in the critical care area. Decreasing the level of anxiety can reduce the potential for violence.

7. Work With the Security Department to Assess Access

There are many tools that can be used to help increase security. Cameras, controlled access via card readers, locked storage and medication areas, magnetic door locks, and bulletproof glass are examples of things that can improve security for the employees. But remember, clients may not welcome the increased security.

Many urban hospitals have introduced security systems that include manned security checkpoints and metal detectors. Most studies have demonstrated that use of these devices significantly increases the seizure of weapons that would otherwise enter the critical care area. Although confiscation of weapons may not dramatically reduce the number of assaults, it can reduce the severity of those assaults and increase the safety of patients, families, and staff.

Because most hospitals no longer restrict visiting hours and do not require visitors to check in, facilities are more open to potential danger. Moreover, competition between facilities has increased due to managed care, so hospitals are trying to be more open and inviting to the public. This can create a real conflict with security issues. Working in collaboration with security personnel, nurses can be influential in implementing low-key security programs that will increase safety while keeping the environment patient and family friendly.

Hospital security departments can also play a role in supporting and protecting victims of domestic violence. Involvement of security personnel can be a major step in helping develop comprehensive resources to support hospital personnel in their efforts to prevent and manage aggression.

Random acts of violence cannot be entirely prevented. However, most acts of violence within the workplace are not random, and follow a pattern of behavior that had led to a violent act. Because it is often the employee or patient who feels little or no control over the situation, the critical care nurse can often recognize these behaviors and implement a plan to protect all individuals involved and minimize the potential for violence.

CONCLUSION

Workplace violence in healthcare settings is increasing. Through education, critical care personnel can learn to identify the risks and help minimize the negative consequences through early intervention. The critical care area is particularly susceptible to acts of violence due to the natural stresses in this environment. By accepting the need to create frameworks for effective assessment and response plans, critical care personnel can begin to take the first steps in deterring workplace violence.

END NOTE

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Editor's Remarks: Violence in hospitals in India has been happening regularly and with increasing severity. The healthcare professionals are at grave risk while performing their duty. The article highlights the reasons for its occurrence and discusses ways to prevent its occurrence and steps to deal with the phenomenon. Improving communication skills, identifying persons liable to create violence and segregating them and having better understanding of Medical ethics and following them are the need of the hour.

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