

## Education-Family Physician Corner

# Workplace Violence in Healthcare - An Emerging Occupational Hazard

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**Workplace violence is an underreported occupational hazard which has various impacts on many healthcare workers (HCWs). The reasons behind violence in the workplace vary. However, investigations into violent incidents could provide information regarding the causes of the event and planning future preventive measures. Healthcare workers are exposed to various types of violence in their environment; the majority of these cases are threats, verbal abuse and assault. A policy to protect all healthcare workers from future violent incidents needs to be established and implemented.**

*Bahrain Med Bull 2018; 40(1): 43 - 45*

Violence and aggression are interrelated concepts, which have been used interchangeably within the healthcare services. WHO defines violence as the use of threat or aggression against HCWs, which often results in staff injuries and/or psychological harm, deprivation and even premature death<sup>1,2</sup>.

The rate of the violence in healthcare represents an occupational hazard and has not been sufficiently described and reported<sup>1,2</sup>. There is no prevalence estimation of violence in the Kingdom of Bahrain. However, most HCWs have either witnessed violence or were personally involved. These risks need to be assessed and addressed<sup>1,2</sup>.

The patient, along with his friends, attacked the physician during working hours and which resulted in a fracture to the physician's forearm. However, the HCWs principle is to provide their expertise and best care to the patient and "Do no patient harm". Physicians also have an obligation to make sure the patient feels safe in an unsafe environment. HCWs had begun to believe that violence is an endemic public health dilemma. Currently, the HCWs have developed a "culture of acceptance" of whatever patients do, even accepting their violent action.

The aim of this study is to review violence in healthcare and develop guidelines for future prevention.

### THE CASE

A thirty-five-year-old male attended a local health center to schedule an appointment for his son. He started arguing and shouting at the clerk about the timing of the appointment and then attacked the clerk physically causing a scene and making a mess in the reception area. The security deescalated the violent situation and escorted the attacker to a safe and quiet area. The police were called and a police report was written<sup>3</sup>. Verbal violence and threats are common in the health sector. Sexual harassment and rape are not rare occurrences. Physical

assault in the healthcare sector is rare, but does still occur (hitting, slapping, kicking, pushing, grabbing)<sup>4,5</sup>. Frequently, the aggressive and violent behavior against HCWs is initiated by either the patients, their families or visitors<sup>6,7</sup>.

The physical and emotional consequences are variable<sup>8,9</sup>. The professional impact could manifest as either a decrease in HCWs productivity and job satisfaction or increase in stress behaviors<sup>8,9</sup>. HCWs are exposed to violence 16 times more compared to other occupational groups<sup>9,10</sup>. In Kuwait, the highest prevalence of violence was against nurses (48% verbal violence, 7% physical harm); the average assault rate on Bahraini nurses was only 4.4%<sup>11</sup>. The psychiatric profession had the highest incidence of workplace violence<sup>9</sup>. Only 20% of violent incidents are reported by HCWs<sup>12</sup>.

Risk of violence might be higher at certain times such as during late hours of the night or early hours of the morning, during the holidays, paydays and visitor interviews<sup>11,12</sup>.

Nurses are more prone to workplace violence<sup>24</sup>. Older males with alcohol dependence and paranoid schizophrenia as well as younger females with severe anxiety and personality disorders (antisocial personality disorder) are high-risk attackers<sup>13-17</sup>. Low socioeconomic class and substance abuse are among the leading characteristics associated with violence in the workplace<sup>17</sup>.

Minority ethnic groups seem to have a higher chance of being involved in violence<sup>18</sup>. In addition, younger individuals with learning disabilities and history of bipolar parents, and adolescents with conduct disorders have a higher incidence of violence<sup>18-20</sup>.

Violence is common among patients in substance abuse wards, psychiatric wards, ICUs and emergency departments<sup>18-20</sup>.

Provoking factors of violence could be inadequate staffing

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level, poor patient compliance, diagnostic uncertainty, the lack of job security and stability, the absence of social support and the absence of comfortable waiting rooms<sup>18-20</sup>. Risk assessment is a process that highlights a variety of questions: “what, when, where, and to whom” to appraise future workplace violence<sup>21</sup>.

The fundamental risk assessment tool is a new technique which has an inherent limitation when used alone. In addition, functional assessment is usually sought to clarify the factors of violence developments, expression and define the causative problematic behaviors<sup>22-25</sup>.

Some strategies should be considered by health organizations to prevent future violence. HCWs should be encouraged to practice the new “Violence Incident Reporting System”. A new “Violence Prevention Public Meeting” (VPPM) that provides new protocol and encourages violence preventing measures should be created. Avoid evaluating violent patients without the presence of witnesses and never treat a violent patient in an isolated office. Avoid verbal or physical disagreements with violent patients (patients experiencing feelings of helplessness, passivity, and very sensitive to humiliation). Use non-intimidating methods of “de-escalation” to prevent future escalation of patients’ aggression. Increase the number of trained security officers and HCWs on duty. Increase training in de-escalating aggressive behavior and install personal attack alarms<sup>26,27</sup>.

Encouraging staff to report all incidents and maintaining excellent communication among HCWs team and clients is vital to violence management. Anger management programs were effective to promote anger expression and management. Finally, include programs related to workplace-violence management in undergraduate and postgraduate curriculum<sup>28,29</sup>.

#### RECOMMENDATION:

1. Workplace-violence studies should be conducted in Bahrain to determine the prevalence and to investigate the causes of the violence.
2. Study the predisposing factors and potential predictors of workplace violence.
3. HCWs must be aware of the escalating trend of violent behaviors in their clinical settings.
4. Healthcare institutions should train its HCWs on de-escalation techniques.
5. Healthcare institutions should develop policies and train security staff to ensure the optimum safety of the workplace environment.
6. Teach safety measure recommendations and preventive strategies for HCWs.
7. HCWs should use the least restraining method when dealing with violent patients.

#### CONCLUSION

**Violence against healthcare staff is an underestimated and overlooked phenomenon in the healthcare services. Lack of strategies and assertive legislation on workplace violence has placed healthcare staff at various risks of workplace violence. We need to highlight the problem and build a reporting system of violent incidents to be able to address and solve this growing issue.**

**Potential Conflicts of Interest:** None.

**Competing Interest:** None.

**Sponsorship:** None.

**Acceptance Date:** 4 February 2018.

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