

VIOLENCE AGAINST HEALTH CARE WORKERS

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SUMMARY: The purpose of this study is to draw attention of the public to the violence against health care workers.

Violence in health care institutions is a common problem in the world. The common point of studies on violence against health care workers is that violence in the health field is more than other work places and it is less taken into account. In each study it is found out that verbal violence is more than physical violence. In the researches it is found out that the groups who are most subject to violence are emergency workers or nurses. The acts of violence are more in the emergency services during evening and in the first hour of application to the health care facilities. People who use violence are mostly patients or relatives of patients. In many countries of the world, policies have been developed to prevent violence in health care institutions and in some countries the ones who use violence to health workers are sentenced to prison.

Violence in health care institutions is a common problem. An urgent study is needed to examine the dimensions of the violence against health care workers and represent the country covering all health care workers. Also such study needs to be repeated in certain periods to determine the frequency of violence. With the help of such study, the reasons for violence need to be identified and measures need to be discussed with health care workers and professional organizations and should be put into practice.

Key words: Violence, Health Care Workers.

INTRODUCTION

According to the World Health Organization, violence is the intentional use of physical force or power, threatened or actual, against a person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (1). Violence in health institutions is from patients, their relatives, or from another individual. It can be a verbal or behavioral threat

that poses a risk to health care workers, a physical assault, or a sexual assault (2).

Violence that health care workers are exposed to in a workplace can be classified as follows: physical, psychological (emotional), harassment, and threats (3). Another classification divides violence into four groups: by intent crime (type one), violence from consumer to worker (type two), violence to worker from another worker (type three), and interpersonal relations (type four) (4). However, the most common form of violence is the second type of violence.

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A lot of studies conducted in the country and abroad are available about the violence that the health care workers are exposed to. The common point of these studies on violence against health care workers is that violence in the health field is more than in other work places and it is less taken into account (3,5). In a study, working in a health institution is 16 times more risky than working in another business in terms of being exposed to violence (6). In another study conducted in Finland, it has been found out that psychiatric nurses are the third group of professionals most exposed to violence after prison guards and police officers (7). Similarly, the emergency service employees are the most exposed to violence among health care workers (8).

The purpose of this study is to draw attention of the public to the violence against health care workers and to reveal the dimensions of such violence, and to contribute to the measures that will be taken on this issue.

Violence against health care workers in the World

Violence against health care workers is both a national and a global problem. In a study conducted in Canada, the frequency of emergency service employees being exposed to violence at any time is 60%; 76% of employees are exposed to verbal violence and 86% to physical threat or attack. In the same study, 73% of the participants fear of patients because they are exposed to violence, 49% participants are recognized by patients, and 74% of them have less job satisfaction. In addition, 67% of violence victims have reported violence; some of them had a job change (8).

According to a survey conducted by the British Medical Association in 2008, in the last 1 year one-third of physicians were attacked physically or verbally; however, more than half of the physicians did not report this (9).

According to a study conducted on emergency service workers in Iran, 71% of employees were exposed to verbal violence and 38% were exposed to physical violence over the last year. In addition, 4% of violent incidents resulted in serious injuries (10). However, according to another study conducted on emergency nurses in Iran, 91.6% of the participants exposed to verbal violence and 19.7% were exposed to physical violence last year (11).

A study conducted in Jamaica in 2005 in which 832 health care workers participated, 38.6% were

exposed to verbal violence in the past year and 7.7% were exposed to physical violence (12).

In a cross-sectional study held in the US in 2011 on the physicians working in the emergency service, 78% of physicians were subjected to one or other act of violence in the past year, 21% were subjected to one or two types of violence, 75% reported verbal violence, and 21% reported violence (13).

In a study conducted in university hospitals in Switzerland, more than half of the staff were subjected to one or the other violence in the past one year, and 11% of these violent incidents took place in the last week (14).

In a study conducted in psychiatric clinics in Australia, violence was sorted out into eight levels depending on the nature of damage, and the most frequently observed violence was the low level of physical violence. In the same study, nurses were exposed to more violence; most of the the patients who used violence were the alcohol and drug addicts (15).

In a cross-sectional study held in Japan in 2011 on 8711 people working in 19 hospitals, 36.4% respondents were subjected to one or the other kinds of violence in the workplace, 29.8% were subjected to verbal violence, 15.9% were subjected to physical violence, and 9.9% were subjected to sexual violence. In addition, workers exposed to violence were significantly higher in the psychiatric clinic and the intensive care unit (16).

According to a study conducted in Israel, at least 56% of physicians throughout their career were exposed to verbal violence and 16% were exposed to physical violence. Doctors, psychiatrists, and nurses working in the emergency service were found to be the risk group exposed to violence (17).

Some research results are summarized on violence against health care workers in the world (Table 1).

Violence against health care workers in Turkey

One of the most comprehensive studies in Turkey was conducted in Eski ehir, Ankara, and Kütahya in health care institutions in 2002 (27). In this study, health care workers were asked if they had been exposed to verbal, physical, or sexual assault in the last year and 49.5% (39.5% for males and 60.4% for females) stated that they had been exposed to violence. In the same study it was reported that the ones who exposed to violence were most frequently primary care physicians

Table 1: The results of some research studies on violence against health care workers in the World.

Researcher	Country	Inspected period	Total violence		Exposed violence type			
					Physical		Verbal	
			N	%	N	%	N	%
Miedema <i>et al.</i> 2010 ¹⁸	Canada	Career	759	98.0	302	39.0	580	75
Mayhew <i>et al.</i> 2003 ¹⁹	Australia	Last 1 year	400	100.0	131	32.7	400	100.0
Palácios <i>et al.</i> 2003 ²⁰	Brazil	Last 1 year	732	46.7	100	6.4	619	39.5
Tomev <i>et al.</i> 2003 ²¹	Bulgaria	Last 1 year	341	67.2	38	7.5	164	32.2
Steinman 2003 ²²	S. Africa	Last 1 year	619	61.0	172	17.0	609	60.1
Ferrinho <i>et al.</i> 2003 ²³	Portugal	Last 1 year	209	60.0	12	3.0	177	51.0
Sripichyakan <i>et al.</i> 2003 ²⁴	Thailand	Last 1 year	589	54.0	110	10.5	520	47.7
Franz <i>et al.</i> 2010 ²⁵	Germany	Last 1 year	-	-	87	70.7	110	89.4
Drabek <i>et al.</i> 2007 ²⁶	Poland	Last 1 year	-	-	203	17.0	1046	90.0

and nurses—at least the teaching staff. The study demonstrated that the ones who mostly exposed to violence were the emergency service workers. A total of 48.3% of the respondents were exposed to violence between one and five times. In addition, prevalence of physical violence was 72.4%, verbal violence was 11.7%, and sexual violence was 0.025%. Gun, knife, or stabs were used in violence at the frequency of 0.3%. The study also pointed out that usually during the act of violence, workers could not get help. More than half of workers who were exposed to violence felt anxiety and restlessness after the event (27).

In a study conducted in Samsun on 522 general practitioners in 2006, 82.8% of physicians reported that they had been exposed to violence at least once in their professional life. The most common type of violence was verbal violence. Women were exposed to verbal and sexual violence more than men, and men were exposed to physical violence more than women. In addition, 91.1% of the violence was used by the patients and their relatives. Physicians mentioned that they exposed to violence while gathering information or doing physical examination; the reason for the violence was that they rejected the demands that could not be accepted (28).

In a study conducted on staff working in the emergency service in Denizli in 2003, 88.6% of participants were exposed to or witnessed one or the other kinds of violence in the past year, and 49.4% were exposed to or witnessed physical violence in the past year. According to the participants, the most common reason of violence was the use of alcohol and substance of abuse by patients, while the second

reason was long waiting periods (29). In addition, 36.1% of the participants reported that they experienced psychological problems after the incident.

In a study conducted in Ankara in 2007 on 622 nurses working in 8 hospitals, 91.1% respondents mentioned that they had been exposed to verbal violence at least once in their working life, while 33.0% reported to have been exposed to physical violence. In this study, the most frequent verbal violence was from colleagues and most frequent physical violence was from the patients and their relatives. In addition, the most common problems after the violence were as follows: mental health problems, reduced job performance, and headache (30).

In a study in which 186 psychiatrists participated in Istanbul, 71% psychiatrists were at least once exposed to verbal or physical violence during their professional life, 48.4% were exposed to both types of violence, 19.9% were exposed to just verbal violence, and 2.7% were exposed to physical violence only. In addition, approximately half of the participants stated that violence was a normal part of their profession, while only 5% of them reported this (31). The results of some research studies investigating violence against health care workers in Turkey are summarized in Table 2.

Reasons of violence against health workers

The reasons of violence against health care workers are as follows (37):

Lack of communication between health care workers and patients: Health care workers should provide accurate information to patients and their relatives about the patient's condition and the

Table 2: The results of some research studies on violence against health care workers in Turkey.

Researcher	Inspected period	Total violence		Exposed violence type			
				Physical		Verbal	
		N	%	N	%	N	%
Ergün <i>et al.</i> 2005 ³²	Career	-	-	13	9.7	65	98.5
Erkol <i>et al.</i> 2007 ³³	Last 5 Years	-	87.1	-	19.4	-	46.9
Ada <i>et al.</i> 2008 ³⁴	Career	160	74.5	-	-	-	-
Aydın 2008 ³⁵	Last 1 year	142	45.0	-	-	-	-
Gülalp <i>et al.</i> 2009 ³⁶	Last 1 month	109	100.0	42	8.5	109	100,0

approximate waiting period. Careless answers are perceived as avoiding taking responsibility.

High stress level: Health care workers are in direct contact with people who are under stress due to illness or pain. The uncontrolled movement of visitors and relatives of patients due to stress may engender violence.

Judicial system gaps: Health care workers believe that security staff cannot interfere so much to the acts of violence, and trials continue for a long time.

Lack of security measures: The inadequate number of security guards and police, especially, in the public hospitals needs to be solved. Security should be provided to health care workers during working hours. Lack of staff training on the prevention and management of violence needs to be solved.

Deficiencies in the implementation of legislation regarding the protection of health care workers: Using violence on the public employees who are working in their official dress is a crime, and in such a situation a criminal case should be initiated for the sake of public employees. However, this provision has not been implemented. The perpetrators are confident that they will "get away scot-free" as sanctions are not deterrent, and hence the act of violence is not reduced (37).

Some of the features of the environments in which health care workers are exposed to violence most:

Studies have shown that generally women have suffered more from violence. When analyzed in terms of occupational groups, nurses are more often suffered from violence, followed by primary care physicians and then specialist physicians and other personnel (2). In addition, under-reporting of violence is an important problem. According to a report published by the United Kingdom Medical Association in January 2008 (9), 52% of physicians subjected to violence did not report after

the event, 60% of physicians reported the event, and 33% called the police.

It is shown that the most common act of violence in health care is in emergency services, and the second most common in psychiatric clinics. In addition, services and polyclinics are shown to be places at high risk for violence. Researches have shown that at violence is the most frequent at 16:00 to 20:00 hours. Violence is usually within the first hour of application of patients (2).

Determination of the tendency of violence

The examination of the characteristics of individuals prone to violence revealed that they were usually under the age of thirty, were males, had a low socioeconomic status, who could carry a gun, had issues with authority, and had legal issues before (arrested, etc.). The majority of these people had stories of alcohol or substance abuse (38).

Some of the measures to be taken against violence

With the implementation of effective violence prevention programs, a healthy and safe working can be achieved in the workplaces, and with the alternative behavioral models and new information, learned behaviors such as aggression and violence can be changed and can be prevented (41). Measures taken to prevent the violence against health care workers can be examined under three headings: personal measures, engineering measures, and administrative measures (2,39).

Personal measures: Closely monitor individuals with the potential to use violence, learn the ways of coping with stress while contacting to the patient, and get training in current approaches of effective verbal and non-verbal skills—individual measures that may be effective in reducing the violence in health care facilities.

Infrastructure measures: When constructing new buildings, plan to minimize damages that may occur due to security reasons. Where appropriate, there should be 24-hour security cameras and security gates with panic alarms (39-40). In addition, metal detectors capable of detecting guns, knives, and other cutting-piercing instruments must be installed at appropriate spots. Patient waiting rooms should be comfortable; a system that gives regular information to patients must be installed in these rooms. The patient examination room and the staff room transitions must be limited to the staff room. Examination rooms must have two exits, and in the examination room there must not be vases, furniture materials, framed pictures, etc., which can be used as instruments of attack in the unusual circumstances. Moreover, all the places should be adequately illuminated (39).

Administrative measures: Preventing the violence in health care facilities is the most important task for the administrative-level people. First of all, acts of violence occurring in health care institutions, in any way should not be tolerated and this should be announced to each individual. A decent infrastructure needs to be established for reporting acts of violence, and all violence incidents should be reported to the police thereafter. Moreover, the administration should provide adequate support to the staff vulnerable to violence. To prevent violence in the health care institutions a trained team should be organized, comprising individuals who are in constant contact with patients (39).

Several studies (27,41) have reported that mostly patients and their relatives are involved in violence to health care workers. Violence often occurs at the first hour of application. Limited number of people should be allowed to enter the examination room with the patient, the patient visiting hours should be planned, and the health care worker should not be left alone with the patient or the patient's family. Health care workers should not be left alone in a deserted parking area, at least, in times of violence.

Persons with a history of violence should be identified, and security officers must accompany them during their hospital visits and examination. Health care workers should have the right not to treat them, except in an emergency case. A criminal case should be initiated against individuals using violence, and these individuals should be punished and the penalties

should be announced with banners, advertisements, and similar other methods. In psychiatric departments where the acts of violence are more common in patients, in-house movements should be controlled.

One of the most important issues in the prevention of violence in health care institutions is the security officers' employment. Physically strong and literate individuals should be hired as security officers.

Some measures to prevent violence in the world health institutions

Within the framework of a zero-tolerance policy in the UK, the patients threatening the health care workers instead of hospitals should be treated at the police station. For this purpose, health units are being constructed in police stations of particular cities. Such units aim to protect the health care workers who visit patients in homes (42).

A law has been adopted in Israel in 2010 to prevent violence against health care, according to which patients or their relatives using violence against doctors, nurses, or other health care workers will be sentenced to five-year prison. The purpose of this Act is to establish the principle of zero tolerance toward such type of violence, unless otherwise stated. Not just physical violence but also verbal violence and threats are considered as crime within the scope of the criminal law, (17).

In the City of New Jersey, US, "Health Care Institutions Violence Prevention Act" entered into force in 2007. It has been emphasized that health service provider institutions need to establish a board of violence prevention and employ an executive representative for this board; at least half of the board members should be elected from workers and these workers should be in one-to-one contact with patients. In addition, the committee members must have deep knowledge on the prevention of violence (43).

To prevent violence against health care workers in India in 2008, a person alone or with a group or organization of persons engaged in violence is liable to be imprisoned for 3–10 years under Legislation "Hospital Protection Act". Moreover, this sentence cannot be minimized under any circumstances (44).

In 2010 "2nd Violence in the Health Sector and the International Conference on Sustainable Awareness Actions" in the Netherlands in Amsterdam, the final

declaration listed various suggestions (45). Security staff should be at the sensitive points in the hospital. Measures should be taken to develop the relationship between health care workers and the patients. This should begin with briefing the relatives of patients about the process by the health care worker. Training should be given to health care workers to be patient to the patients and their relatives. In addition, to reduce violence against health care workers, cultural norms need to be replaced. There should be deterrent legislation for anti-violence against health care workers. Working conditions need to be improved.

Health care legislation issued to prevent violence in Turkey

Legislation on violence prevention activities in Turkey for health care workers can be summarized briefly as follows:

(a) Inpatient Health Care Facilities—Principles and Procedures for the Implementation of the Services of Emergency Department, 10th Article of Communiqué (46): For the safety of patients, their relatives, and workers, necessary measures need to be taken by the health care facilities management in the emergency services. (b) Regulation on the Provision of Security of the Patient and the Workers (47): health care institutions are liable to practice, in accordance with the provisions of this regulation, to carry out the activities necessary to ensure the safety of patients and workers, and to make their internal arrangements and take the measures. (c) In the 7th Article of the Regulation, health institutions

need to establish a program for worker safety, make arrangements for the prevention of physical attacks, and take necessary measures.

CONCLUSIONS AND RECOMMENDATIONS

Violence against health care workers is always a common problem. Violence in health care institutions is more than other public institutions, and it is scientifically proved. Therefore, penalties for these crimes in health care institutions need to be more deterrent. In recent days, a lot of news reported about violence against health care workers. However, in the absence of scientific study representing the size of the issue it is not possible to say scientifically that there is an increase of violence against health care workers. No data is available both in the professional organization and in the ministry related to violence against health care workers. The Turkish Medical Association and medical associations for physicians are trying to attract the attention of the public to the acts of violence; however, they have not made any comprehensive research on the subject. There is an urgent need for a research to examine the dimensions of violence against health care workers and to represent the country and cover all health care workers. Moreover, there is a need to repeat such research with certain intervals and to identify the trend in incidence of violence. However, after this research the reasons for the violence need to be identified, and the measures should be discussed with health care workers and professional organizations and should be put into practice.

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