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Violence in the workplace. The occurrence of the phenomenon in relation to health care workers

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Summary

Excessive workload of medical workers resulting from insufficient staffing and prolonged stress lead, among others, to burnout, which is a serious problem in the medical community. Research shows that the incidence of anxiety and stress disorders is increasing. For years, the social climate around medical staff in Poland has also been deteriorating. The media write more often about errors and omissions, and less about the daily work of medics. This leads to a decline in public confidence, as well as hate and acts of aggression. The occurrence of the phenomenon of violence against medical staff may be a factor in the development of many diseases associated with high levels of stress and should be of interest to occupational medicine services. The aim of the work is to describe the phenomenon of violence against health care workers and its impact on the working conditions and health of workers.

The literature from 2010–2022 was reviewed in PubMed and Web of Science databases by entering the following entries: “violence”, “aggression”, “healthcare”, “stress”, “nurses”, “doctors”, “workplace”. Eighty-three works on the occurrence of the phenomenon of violence against health care workers were qualified for the study.

The results of the analysis indicate a shortage of studies on Polish medical entities. The phenomenon of violence against health care workers is a serious problem of public health in the world. The most common forms of workplace violence were verbal violence, physical assault, bullying, sexual harassment and racial harassment. Most often, the violence was committed by patients and their relatives, colleagues and superiors.

Aggression towards medical staff is not a new phenomenon, and Poland as a country is not alone in dealing with this problem. Aggression and violence are most often observed in hospital departments, especially psychiatric departments, hospital emergency departments and emergency rooms. Patients and their families are most often regarded as the source of rude behavior. Crisis situations, such as the COVID-19 pandemic, have intensified the scale of the phenomenon. Managing a pandemic also requires establishing preventive procedures for aggression and violence. Additional factors hindering the work of medical personnel may lead to leaving the profession or developing mental health disorders (depression, addictions, anxiety).

The shortage of studies on Polish medical entities indicates the need to conduct work aimed at determining the scale of the phenomenon and its causes, taking into account the division into organizational units as well as groups of patients and their relatives. Accurate determination of the scale of the phenomenon and predisposing factors will allow to take appropriate innovative preventive actions, which will contribute to limiting the negative consequences. Managers of medical entities should take steps to increase the number of reports. Violence has a negative impact on the mental health of medical staff and may cause irreversible physical and mental harm to those who experience it; therefore, it is very important to involve occupational health services in actions to solve the problem.

Key words: violence, aggression, nurses, doctors, workplace, stress

Introduction

A shortage of medical staff has been observed in Poland for many years – there are 5.1 nurses for every 1,000 inhabitants, which is one of the lowest rates in the European Union [1]. If current trends are maintained, this rate could decrease to 3.65 by the year 2035. The number of practicing doctors in Poland is 2.4 per 1,000 inhabitants (data from 2017), while in Germany it is 4.3. Emigration exacerbates the shortage of medical staff in Poland. Since 2004, when Poland joined the European Union, at least 10,500 doctors, 2,000 dentists, and 17,000 nurses have left the country. The reasons for staff shortages in the health care system are multiple. Low remuneration and the related need to work on several jobs are of great importance. An important reason for emigration is also very difficult working conditions and excessive workload. Health care workers very often work in difficult, physically and mentally demanding conditions. Exceeding the norms of working time, multi-employment, as well as fixed-term work contracts are just some of the many pathologies in the area of employing health care workers. Excessive workload resulting from insufficient staffing and prolonged stress lead, among others, to burnout, which is a serious problem in the medical community. Research shows that the incidence of anxiety and stress disorders is increasing in this group. For years, the social climate around medical staff in Poland has also been deteriorating. Politicians blame doctors and other health care professionals for the poor organization of the system and deepening staff shortages. The media write more often about errors and omissions, and less about the daily hard work of medics. This leads to a decline in public confidence as well as hate and acts of aggression directed against them. The results of a survey collected by the Supreme Council of Nurses and Midwives are shocking. Out of 817 nurses and midwives, only 49 did not experience aggressive behavior, and 768 experienced aggression while practicing [2]. The employees of hospital departments (especially psychiatric departments), hospital emergency departments (HED) and admission rooms (AR) are the most exposed to violence [3].

According to the World Health Organization (WHO), violence equates to aggression and it means the deliberate use of physical force, threatened or actual, against oneself, another person or against a group of people. These actions cause (or increase the probability that it will happen) physical or mental injury, and even death [4]. The phenomenon of violence is still topical and one of the most important social problems.

In its classic definitions (e.g., I. Pospiszyl or J. Mellibrudy), factors such as violation of human rights, doing harm, and restriction of freedom are exposed, but regardless of the phrases used by individual authors, the main definition of violence is always centered around causing harm and suffering to another individual by taking advantage [5, 6].

The physician-patient relationship is never an easy one. It is often hampered by communication problems, anxiety, suffering and discouragement of the patient, and difficulties in mutual understanding; the physician's fatigue may also play a role. All these factors lead to the discharge of one's dissatisfaction and the emergence of aggressive behavior. Aggression can manifest itself in various fields of human activity. The WHO defines violence in the workplace as "incidents where workers are abused, threatened or attacked in a work-related setting with an explicit or implicit challenge to their safety, well-being or health" [5]. The research conducted by Szwamel and Sochocka [8] shows that aggressive behavior towards health care workers is a frequent phenomenon. Among the respondents asked about how often they encounter aggressive behavior on the part of patients in their profession, less than half (48%) indicated that this happens several times a week, 34% said that several times a month, and 14% of the respondents have to deal with this problem during every shift. There was no person in the study group who would not experience such behavior. Aggressive behavior is more often displayed by male patients (82% of respondents). The group most frequently presenting aggressive behaviors included patients under the influence of alcohol (86%), followed by those who should be treated in primary care and demand treatment in a hospital emergency department – HED (50%); slightly less frequently these behaviors were manifested by patients under the influence of psychoactive substances (48%). A total of 80% of the respondents saw a direct relationship between the number of aggressive patients hospitalized in HED and the lack of a sobering center in the city.

When asked about the type of aggressive behavior presented by patients, the respondents replied that they most often dealt with a raised voice (80%), verbal skirmishes and discussion (70%), and the least frequently with physical aggression (6%). In the opinion of the respondents, patients exhibit aggressive behavior most often due to prolonged waiting time for medical advice (74%) and refusal to start their treatment in HEDs (38%). Patients' complaints may be the cause of aggression in only 4% of cases, and 14% of respondents indicated other causes (including psychoactive substances) [8].

The aim of the study is to define the phenomenon of violence against health care workers and to draw attention to the problem, which may contribute to taking measures to improve the work environment of medical workers.

Review methods

In order to answer the question whether the phenomenon of violence against health care workers is a frequent phenomenon, the authors reviewed the literature from 2010-2022 in PubMed and Web of Science databases, entering the following key words: "violence", "aggression", "healthcare", "stress", "nurses", "doctors", "workplace". Eighty-three works on the occurrence of the phenomenon of violence against health care workers were qualified for the study.

Review results

The results of the analysis indicate a shortage of studies on Polish medical entities. Cross-sectional studies conducted in 2017 in Germany on a group of 1,984 health care workers employed in 81 different workplaces (hospitals, inpatient and outpatient geriatric care, facilities for the disabled) showed that 84.1% of employees experienced verbal violence, and 69.8% experienced physical aggression. The acts of aggression most often occurred in hospitals and care facilities for people with disabilities. In the studied group, as many as 1/3 of employees experienced a high level of stress as a result of incidents related to violence [9].

The 2018 meta-analysis of 253 studies (331,544 participants in total) indicated that 61.9% of respondents reported exposure to any form of violence in the workplace, 42.5% reported exposure to non-physical violence, and 24.4% reported experiencing physical violence in the past year. The most common form of non-physical violence was verbal violence – 63.4%. The percentage of exposure to violence varied significantly depending on the country, place of study and profession [10]. A study conducted in China on a group of doctors (107 doctors – 14.9%) and nurses (613 nurses – 85.1%) showed that 57.2% of the respondents had experienced violence [11].

According to a Caribbean study of primary care workers, workplace violence is also increasing, but is largely undocumented. The study used a modified version of the standard World Health Organization Workplace Violence Questionnaire designed to assess the prevalence, types and characteristics of workplace violence. All the nurses and doctors on duty in eight primary care clinics on the island of Barbados were invited to participate. Of the 102 respondents (72% response rate), 63% of the nursing and medical staff at polyclinics in Barbados reported at least one episode of violence in the past year. Most admitted that they had been exposed to verbal abuse (60%), and 19% reported exposure to bullying. Seven percent of staff reported incidents of sexual harassment, 3% of physical abuse, and another 3% reported racist harassment. Patients turned out to be the main perpetrators of violence (64%). The study found statistically significant relationships between gender and workplace violence. Women and nurses were more predisposed to experience violence than men and doctors [12].

The most common forms of workplace violence were verbal violence, physical assault, bullying, sexual harassment and racial harassment. Most often, violence was committed by patients and their relatives, colleagues and superiors [10-17]. Men experienced a significantly higher exposure to physical violence compared to women [18]. In most cases, the aggressors are men, while the aggressive professionals are mainly women [19]. Violence was reported on organizational units (52% to 96%), with the highest exposure to emergency room workers, hospital emergency departments, psychiatric units and outpatient care. Emergency room nurses were 5.5 times more likely to experience violence than nurses in the internal medicine ward. Nurses were exposed to violence almost twice as often as doctors. Nursing injuries included lacerations, head injuries, sprains and contusions. There was also psychological damage, including fairly serious mental health issues such as post-traumatic stress disorder. Protection strategies to combat the negative effects of violence in the workplace include self-

defense, social support and a supportive and consultative work culture with access to counseling and assistance in all aspects, including financial.

There is a relationship between the degree of medical practitioner and his/her exposure to violence. The age of the staff correlates with the risk of exposure to violence, both for doctors and nurses: the longer the length of service, the lower the exposure to violence [20, 21]. Although patients and their families are most often regarded as the source of rude behavior, attention should also be paid to aggressive and rude behavior among health care professionals themselves. These seemingly irrelevant behaviors that show a disrespect for colleagues also have far-reaching negative consequences. Examples of such consequences are deliberately reducing workload, spending time worrying, and venting out frustration on patients. Moreover, rudeness creates a spiral effect, where one kind of rudeness gives birth to other forms of it. Health care workers who witness rude behavior, even if it is not directed specifically at them, are at risk of causing iatrogenic injuries. Sometimes in health care facilities, rudeness is fueled and maintained by implicit beliefs such as "because we work in a high-pressure environment, subtleties can be overlooked." Fighting these beliefs is the key to curbing rudeness in the workplace [22].

Anxiety related to the occurrence of the phenomenon of violence and shift work with a high stress load turned out to be significant factors influencing the staff's sense of job satisfaction [23, 24]. Exposure to the phenomenon of violence significantly affects the mental state, sleep quality and health condition of the staff [25-28]. Study participants who experienced physical and non-physical abuse were more likely to suffer from symptoms of depression and anxiety disorders than employees who did not. The age of the participants, the level of education and the type of profession performed have an influence on the occurrence of disorders. Studies have also shown that nurses suffer from anxiety and depression symptoms more often than doctors [29, 30]. Employees with high levels of anxiety selected the following preventive strategies as the most effective: improving doctor-patient communication skills; installing cameras in wards; maintaining properly lit workplaces; improvements in reporting, statistics and interventions regarding violence; security patrols in key departments; staff strengthening; and correcting inaccurate media messages and reports. All respondents expected organizational and social support [31].

Violence in the workplace plays a significant role in deciding to leave the nursing profession [32, 33]. Violence against health care workers may affect the quality of work and the degree of workload [34, 35]. The program developed by the International Council of Nurses established a close relationship between nursing and patient safety (in particular, the issue of administering drugs to patients, e.g., giving a drug to the wrong person, in the wrong dose or administering the wrong drug) [36].

Often the cause of the outbreak of violence was the dissatisfaction of patients with the quality of services received, the degree of professionalism of the staff, or sometimes the unacceptable attention of the employee. Patients' misunderstanding of the functioning of the health care system, as well as poor communication between the patient and the health care provider as well as differences in expectations are the reasons for the outbreak of aggression [37, 38]. In turn, non-communicative staff,

sudden death of patients and unsatisfactory treatment lead to aggressive behavior in the opinion of the patients' families [39].

A significant problem is the failure to report the occurrence of violence. Only a few health care professionals choose to report acts of violence. They mention lengthy court proceedings as the most serious obstacle [40, 41]. Putting in place a strong policy against perpetrators and developing guidelines for dealing with violence is key to tackling violence in the workplace [42].

Working in emergency departments is inherently stressful, and the stress caused by events such as death, elder or child abuse, and aggression and violence can have a profound impact on staff. One strategy that can be effective in helping staff deal with such incidents is a critical incident stress debriefing immediately after a traumatic event, but as the literature suggests, this is poorly established in emergency department environments [43]. Using the debriefing process enables learning opportunities to be identified and appropriate action to be taken by health care professionals [44].

Although health care workers experienced workplace violence prior to the outbreak of the pandemic, the COVID-19 pandemic significantly exacerbated the problem [45]. Physical aggression and violence against health care workers is a serious problem that has grown over the past few years. Recent studies have clarified just how serious and common these events can be during a pandemic. In November 2020, the National Nurses United (NNU) surveyed 15,000 nurses nationwide and found that 20% of respondents reported increased workplace violence during the global pandemic. Moreover, 31% of nurses said violence in the workplace had increased even more, according to a COVID-19 study published by NNU in September 2021. Recent data published by the Human Rights Center at the University of California, Berkeley, revealed more than 1,100 threats or episodes of violence against health care workers worldwide, and 400 incidents were directly related to the COVID-19 pandemic. According to the CDC, nearly 25% of American health care workers report feeling harassed, threatened or bullied because of the nature of their work and current job responsibilities. In the context of COVID-19, referral rates to mental health facilities and psychological services have declined, but the global pandemic has drastically reduced the availability of inpatient psychiatric beds, despite increasing mental stress and violence in hospital wards. Continuous increases in workplace violence have been reported in mental health institutions and inpatient psychiatric facilities across the country. In Missouri, the tripling of physical assaults on health care workers has forced Cox Medical Center to order panic buttons for hospital staff to provide some measure to prevent workplace violence during the pandemic. In 2020, the number of episodes (including physical aggression and assault) increased from 40 to 123, while reported injuries increased from 17 to 78 cases. While official data is still unavailable, hospital officials reported that many episodes were directly related to mental illness and/or the use of psychoactive substances. Even before the pandemic, experts were increasingly concerned about the problem of violence against health care workers, including mental health workers, in hospitals in Missouri. Hostility and violence against health care professionals increased dramatically from 2018 to 2020, according to the Missouri Nurses Association. The Kansas Hospital Association also highlighted that workplace violence in the Kansas/

Missouri region was linked to an ongoing opioid crisis, substance abuse, psychiatric and behavioral problems, and a lack of staff. While their study did not focus on workplace violence in behavioral health settings, the authors explicitly identified psychiatric hospitals as "a risk factor for workplace violence." Psychiatric patients may endanger themselves or others in the ward, while contributing indirectly to staff shortages as they are unable to understand the effects of these brutal actions [45].

A Jordanian study of doctors and nurses' perceptions of workplace violence and their perceptions of communication skills during the COVID-19 health emergency shows that doctors (48%) were more likely to experience workplace violence than nurses (31.6 %). More than two-thirds of the participants did not formally report any kind of violence. Multinomial logistic regression analysis showed that marital status, gender, age, workplace, educational level, and communication skills were associated with different types of violence in both trials. The high prevalence of workplace violence is noted in health care facilities in Jordan compared to the pre-pandemic situation, underlining the importance of promoting public awareness during crises [46]. It also found that the exposure of nurses to mobbing during the pandemic has increased significantly. A statistically significant difference was noticed between the exposure of nurses to physical violence, verbal violence and mobbing, working hours, the number of patients under care and their thoughts about leaving the profession. It was found that exposure to physical violence, thinking about leaving the profession and working hours also decreased professional involvement [47].

In light of these results, a multi-faceted approach to violence prevention measures is recommended. In managing the pandemic process, decisions and practices should not be left to the initiative of managers in order to prevent mobbing. Initiatives that will increase the professional involvement of health care professionals during a pandemic should be planned and implemented.

Summary

Health care workers faced significant levels of violence both before and during the pandemic. It is essential to prevent violence against health care professionals and remove barriers to reporting abuse.

Due to the high importance of the phenomenon of violence in health care for public health, the state should take decisive actions to make the society aware that by providing health services or taking rescue actions, medics are subject to legal protection provided for a public official. In practice, this means that a violation of bodily integrity, an insult or an active attack on a medical worker subject to criminal sanctions should be more resolutely prosecuted in order to provide medics with a real sense of security at work. Threats, false public accusations, damage to private property, and harassment are examples of the aggressive behavior that medical people experience. Such a situation requires decisive systemic actions. Currently, most health care entities in Poland lack procedures regulating the management of aggressive behavior. There are also no special organizational units dedicated to combating the problem of aggression directed against employees of the health care system. It is also necessary to undertake

legislative actions imposing appropriate obligations on entities employing medical staff, such as: developing a procedure enabling an attacked person to immediately notify appropriate services about the imminent danger; organization of training for staff with a psychologist, lawyer, police in the field of communication with the patient and how to react to aggressive behavior. Aggressive non-physical behaviors (raised voice, verbal skirmishes, discussion) manifested towards middle-class employees in combination with a high frequency of their occurrence (several times a week) primarily affect the mental sphere of the employee – a sphere that is overburdened by employees of this professional group: firstly, because of the professional help and dedication to other people, secondly, because of working in a complex and dynamic environment, and thirdly, because of constantly facing difficult situations related to saving human life and health [43]. To effectively manage the provision of nursing care in hospitals, it is important to understand the complexity of the nursing work environment, including the impact of violence [44].

Aggressive behavior and violence towards health care workers have been well documented in many studies. For example, Rosenthal et al. [50] showed that 34.4% of health care workers had reported physical assault in the preceding 12 months of the study. A study conducted by the Kansas Hospital Association in 2019 revealed that behavioral and substance use disorders were the most important factors contributing to violence and assault in the hospital, indirectly confirming an increased risk of violence in psychiatric units. Predictors of patient violence are schizophrenia, young age, alcohol use, drug abuse, past violence and hostile-dominant interpersonal styles [48, 49].

Assessment of the risk of violence by patients and their families turned out to be an effective way to minimize the occurrence of workplace violence, and consequently, to improve mental health care. In this work, there were insufficient data on the psychological sequelae of workplace violence. Based on these findings, we suggest the need for a better investigation of psychological consequences of workplace violence in order to determine effective interventions that help victims of violence and prevent mental illness. Health care facilities are characterized by a higher frequency of assaults and intentional injuries than police stations or correctional facilities [51-53].

Conclusions

1. Aggression towards medical staff is not a new phenomenon, and Poland as a country is not alone in dealing with this problem. Aggression and violence are most often observed in hospital departments, especially psychiatric departments, hospital emergency departments and emergency rooms. Patients and their families are most often considered to be the source of rude behavior.
2. Crisis situations, such as the COVID-19 pandemic, have intensified the scale of the phenomenon. Managing a pandemic also requires establishing preventive procedures for aggression and violence. Additional factors hindering the work of medical personnel may lead to leaving the profession or developing mental health disorders (depression, addictions, anxiety).

3. The shortage of studies on Polish medical entities indicates the need to conduct works aimed at defining the scale of the phenomenon and its causes, taking into account the division into organizational units as well as groups of patients and their relatives. Accurate determination of the scale of the phenomenon and predisposing factors will allow to take appropriate innovative preventive actions, which will contribute to limiting the negative consequences of workplace violence. Managers of medical entities should take steps to increase the number of reports.
4. Violence has a negative impact on the mental health of medical staff and may cause irreversible physical and mental harm to the people who experience it; therefore, it is very important to involve occupational health services in actions to solve the problem.

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