

Violence towards Healthcare Staff

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In the 7 year period 2015-2021, there have been 733 assaults on doctors and 33,342 on nurses in Ireland. Neale Richmond TD described the figures as shocking. He further added that threats, danger, and intimidation of those who keep us healthy is unacceptable beyond words. He called for an urgent audit of hospital security¹.

Its not a new problem. Previously this Journal has reported on assaults on medical, nursing, and paramedical staff². Jenkins et al³ had studied violence and verbal abuse against staff in 310 EDs in the UK and Ireland. Among the reported injuries were 10 fractures, 42 lacerations, and 505 soft tissue injuries. The commonest perpetrators were the patients themselves followed by family members. The arrest rate was 1:50 and the conviction rate was 1:200.

The impression is that things have not got better. We already know that violence against healthcare staff is four times more likely than among those working in private businesses. Since 2018 there have been 253 studies. The overall patterns are verbal abuse 57%, threats 33%, and physical injury 10%. In the UK, a group of 181 trusts reported 56,435 assaults on staff during 2016-2017.

Rudeness is increasing⁴. When the guardrails of civility and respect are removed things can deteriorate rapidly through the sequence of verbal abuse, threats, and physical injury. Anger is a contagious energy that jumps quickly from one person to another, particularly in a crowded ED. Anxiety and fatigue can be precipitating factors among some patients. At any rate it is a frequently quoted excuse. However attempts to understand dangerous behaviour is quite different from permitting it. Most people in everyday life respond to incivility by trying to ignore the aggressive individual, and by removing themselves from the situation.

Healthcare workers can't do this because they have a professional obligation to the patient's medical care. In many situations the staff feel that have 'to stay there and take it'. They feel that it is part of the job, which clearly should not be the case.

The impact of hostile behaviour on health care workers is immense. It results in increased resignations, loss of morale, and depression. It is difficult to work in environments where there is background risk of physical and psychological harm from members of the public. The high risk areas are ED, Psychiatry, and General Practice but any specialty can be affected. A survey conducted by Pulse⁵ in the UK found that 34% of GPs reported episodes of assault, while 59% had been threatened. There is a general impression that things have deteriorated since the advent of the Covid pandemic. In general practice, the secretary is frequently the person who takes the brunt of the verbal abuse. Another consideration is that an abusive individual may pay only a visit to the ED, while they are likely to visit the general practice on many occasions.

Some GP practices have considered taking a specific line of action. When a patient is repeatedly abusive and aggressive in the surgery, a letter is sent from the practice about their poor conduct. They are requested to reflect on their inappropriate actions. If they fail to comply they may be advised to consider finding another GP, particularly if there has been more than one episode.

Nurses are the group most likely to suffer assault and abuse. The nature of their daily work brings them into close contact with patients and their families over long periods of time during a working shift. When dissatisfaction arises, they are perceived as an easy target for the frustrations of the patient and their families.

One of the existing problems is that data on assaults on healthcare workers is not routinely collected. Most commentators agree that many incidences go unreported. Some sources suggest that fewer than 30% of aggressive incidences are reported by nursing staff.

The HSE has adopted the EU definition of aggression and violence as; any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing or health⁶. When one reads this description, one can readily remember or recognise events where this has happened.

Verbal abuse can be equally as distressing as a physical assault, particularly if it is accompanied by a threat. They should be reported. If there is a physical assault, it should be reported immediately.

The HSE document states that lone working is a risk factor. This is where one is working without another colleague nearby. Other situations are work after normal hours, and work and travel in the community. New, inexperienced healthcare workers who have not received the necessary training are also at increased risk.

The IMO at its AGM, May 2019, called for a national officer to be appointed for the delivery of a protocol on staff assaults, and the maintenance of a national register of such incidents. This is an important step in the collection of accurate data. We need a complete national picture if we are going to tackle the problem constructively. Another suggestion is to arrange special clinics for patients with a known history of aggressive behaviour.

The health services in our hospitals, in general practice and in the community need to be aware of any form of aggressive behaviour and aggressive actions towards healthcare staff. The episodes need to be recorded and monitored. Accurate data is required in determining whether the phenomenon is becoming more common. Strategies to protect staff need to be in place in all healthcare facilities. All commentators stress the importance of training staff on how to recognise and cope with difficult patients and threatening circumstances. On a broader level we need further sociological investigation into why there are so many episodes of abuse against healthcare staff during the course of their daily duties.

References:

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