VIOLENCE AGAINST HEALTHCARE PROFESSIONALS:

*From reading and understanding to intervention*

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1. About the concept of violence
   - Violence against health professionals in the workplace

2. Prevalence
   - The Portuguese reality

3. Impact
   - Health and Quality of Life
   - Costs

4. From reading and understanding to intervention
   - Violence: A Public Health Problem
   - From the ecological model to the intervention
VIOLENCE

DIFFERENCE and ASSIMETRY converted into

INEQUALITY RELATIONSHIP for DOMINATION and OPPRESSION
VIOLENCE
Definition, Nature and Typology

The intentional use of physical force or power, threatened or actual, against oneself, another 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.
Violence - "any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well being or health"

- European Commission DG V 1997

Source HSC 1999/2297
The concept of workplace violence ...

(...) means incidents in which a person is a victim of threat, abuse or aggression in circumstances related to his or her work, including work trips, which explicitly or implicitly compromise his or her safety, well-being or health.

Informative Circular no. 15 / DSPCS, 07/04/2006
(Directorate General of Health)
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Approximately 50% of healthcare professionals are expected to experience at least one episode of physical or psychological violence each year.

A Swedish research revealed that 24% of workplace violence occurred in the health sector.

In the United Kingdom,
68% in Primary Healthcare Centers
54% in Emergency Services
1 in each 20 workers (5%) were exposed to psychological harassment or psychological violence in the last 12 months (...

In Portugal, there is a level of incidence of approximately 4%

(IV European Working Conditions Survey, 2005)
National Observatory of Violence Against Health Workers at the Workplace (DGS)
PORTUGAL in 2013 ...

TOTAL NUMBER OF NOTIFICATIONS OF VIOLENCE EPISODES (202)
ORIGIN OF NOTIFICATIONS OF EPISODES OF VIOLENCE

Primary Healthcare Centers (88)

Hospitals (82)

DISTRIBUTION / PHYSICAL SPACES

Medical appointments (59)
Other Medical Services (adults) (27)
Administrative Services (19)
Emergency Departments (13)
CHARACTERIZATION OF VIOLENCE

- injury (103)
- discrimination (105)
- threat (104)
- defamation (77)
- slander (39)
- physical violence (46)
- damage against property (5)
- sexual harassment (1)
(...)

PORTUGAL (2013)
At **PSYCHIATRY AND EMERGENCY** departments patients are the predominant aggressors. In the **MEDICAL APPOINTMENTS** healthcare professionals are predominant aggressors, followed by patients.
SATISFACTION OF HEALTHCARE PROFESSIONALS REGARDING THE MANAGEMENT OF THE EPISODE OF VIOLENCE BY THE INSTITUTION:

- Very unsatisfied: 81
- Unsatisfied: 42
- Neither satisfied nor unsatisfied: 23
- Satisfied: 23
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VIOLENCE - a "(potentially) TRAUMATIC EVENT"

Perceived or lived events as a threat (direct or indirect) to the physical, intellectual, psychological, emotional and spiritual existence.

Physical, emotional or psychological harm or suffering may result from their impact.
VIOLENCE - a "TRAUMATIC EVENT"

Although the outside world presents itself "clean" from the "threat", the inner world remains insecure and the future "is threatening"

The area of the FRONTAL CORTEX, associated with cognitive functioning, is not activated when traumatic memories are repeated in experimental contexts.

These fragmented memories are “stowed" in the emotions domain but not in words, because the brain did not process it’s meaning.
The diagnosis we often "lose" is the main diagnosis

Sir William Osler
Workplace violence - COSTS

**Direct costs - side effects:**
- accidents;
- illnesses;
- disability and death;
- absenteeism;
- employee turnover.

**Indirect costs**
- lower performance at work;
- lower quality of products or service, and slower production
  - less competitiveness.

**More intangible costs**
- damage to the organization's image;
- lower motivation and lower morale;
- less loyalty to the organization;
- lower levels of creativity;
- less motivating environment for work.
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In 1996, the 49th World Health Assembly adopted WHA49.25 Resolution, declaring **violence a major and growing public health problem** across the world.

**The Public Health Approach**

1. **Define the Problem**
2. **Identify Risk and Protective Factors**
3. **Develop and Test Prevention Strategies**
4. **Ensure Widespread Adoption**
Workplace violence is not an individual problem, which happens from time to time.

(...) it is a structural problem with socio-economic, cultural and organizational causes.
• It requires a comprehensive approach capable of promoting and integrating the workers health, safety and well-being into the organization's development.

• Fortify these links strengthens the means for immediate and sustainable action to eliminate violence in the workplace.
A comprehensive intervention, including 3 levels:

MACRO
- social
- politics
- legal measures

MESO, guidelines for
- leaders,
- healthcare professionals
- patient
(highlighting working conditions and access to health services)

MICRO
- security procedures,
- Incident notification mechanisms
- communication and conflict resolution training
Each episode of violence should be

- approached as an episode of high relevance,
- analyzed according to a predetermined methodology,

**Aiming**

- dynamism of the consequences of violence and
- Prevention
CRI OF PSYCHIATRY AND MENTAL HEALTH
CENTER FOR THE PREVENTION AND TREATMENT OF PSYCHOGENIC TRAUMA

Coordination

AGENCY FOR THE PREVENTION OF TRAUMA AND THE VIOLATION OF HUMAN RIGHTS

SERVICE NETWORK

COMMUNITY

RESEARCH / TRAINING

PRIMARY PREVENTION

SECONDARY PREVENTION

TERTIARY PREVENTION

FAMILY VIOLENCE UNIT

Office for the Support of Victims of Trafficking in Human Beings

Office of Prevention of Moral / Sexual Harassment

Office of Support to Victims of Sit. Traumatic War and Other Sit. Intentional Traumatic

Office of Support to Victims of Unintentional Traumatic Situations

Advanced Psychological Trauma Research and Image Unit (ICNAS-CPTTP Protocol, to be developed)
I WANT TO CARE FOR PATIENTS
LET ME DO MY JOB
PLEASE DON'T MAKE IT HARDER
All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

ARTICLE 1, UNIVERSAL DECLARATION OF HUMAN RIGHTS