



SRCOM

SECÇÃO REGIONAL DO CENTRO
DA ORDEM DOS MÉDICOS

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

Workplace violence

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"

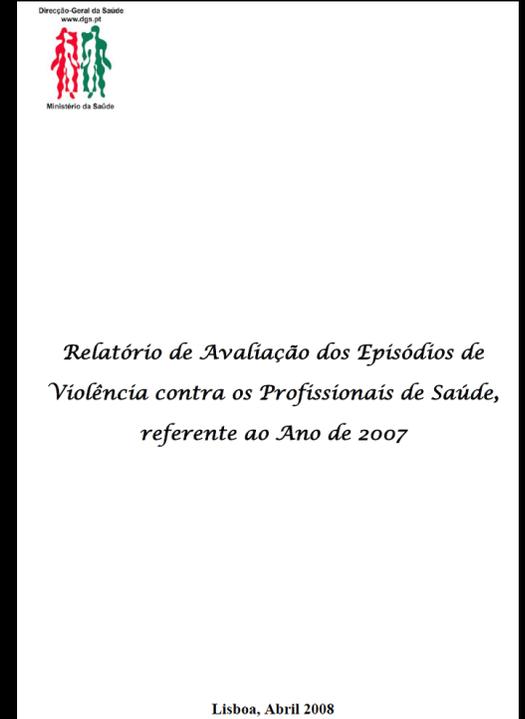
- European Commission DG V 1997

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

*Relatório de Avaliação dos Episódios de
Violência contra os Profissionais de Saúde,
referente ao Ano de 2007*

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)

Direcção-Geral da Saúde
www.dgs.pt



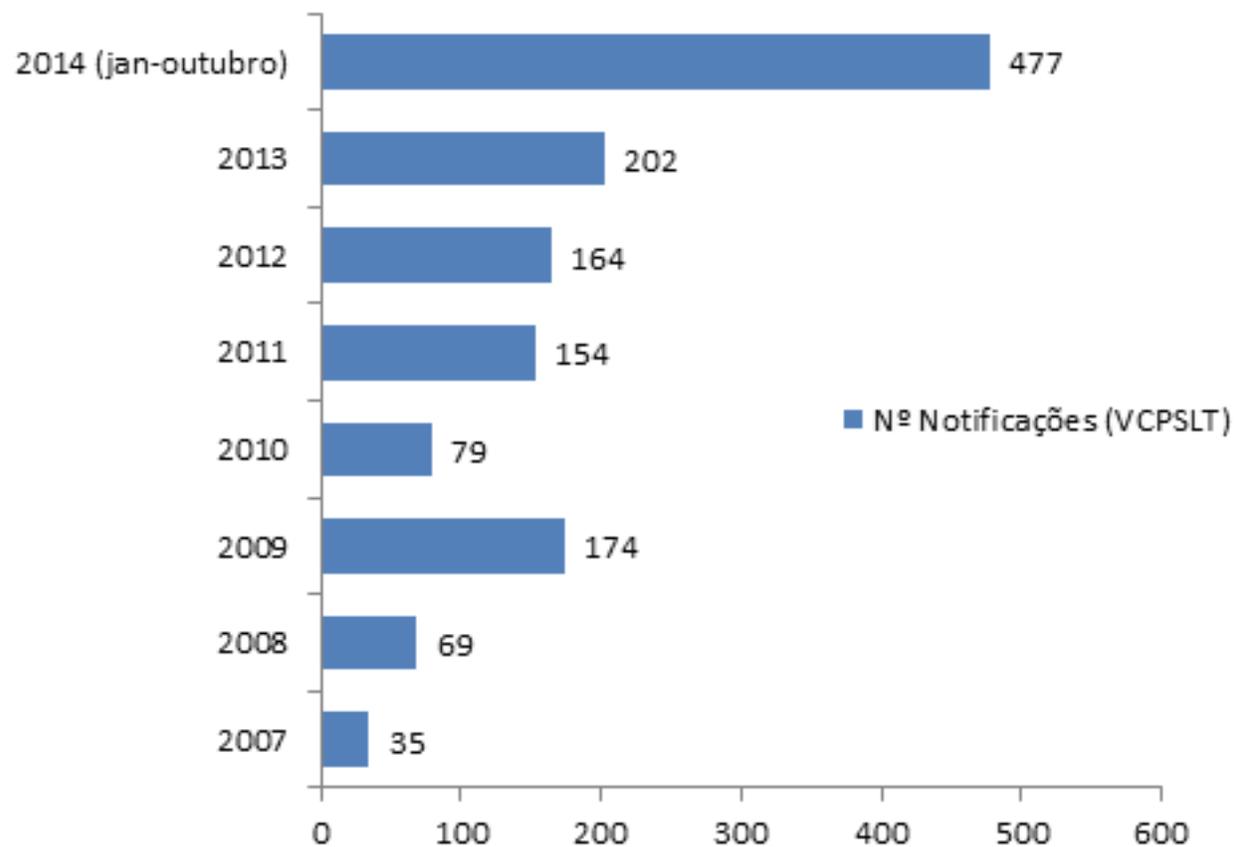
Ministério da Saúde

*Relatório de Avaliação dos Episódios de
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Lisboa, Abril 2008

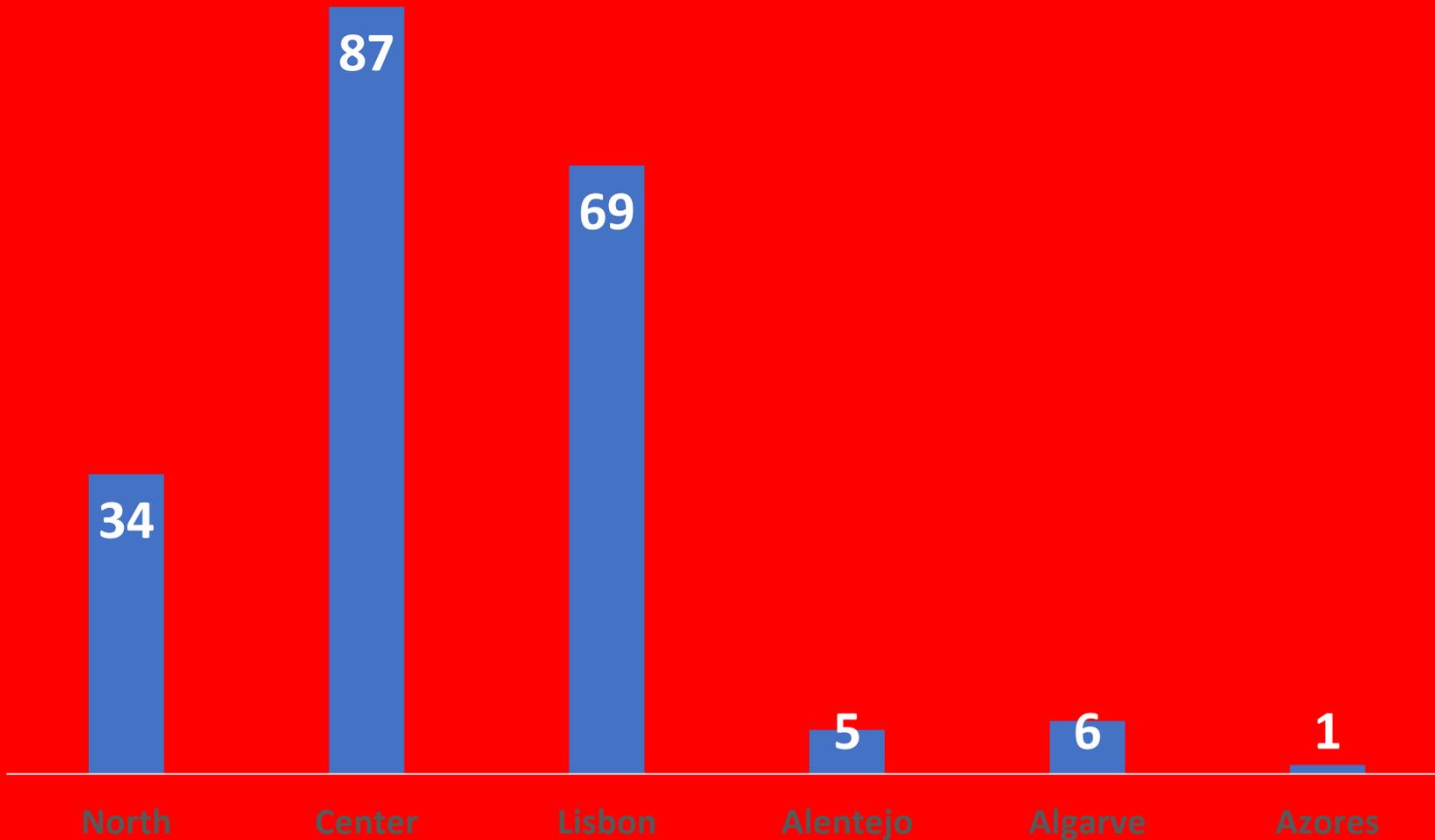
National Observatory of Violence Against Health Workers at the Workplace (DGS)

Nº Notificações (VCPSLT)



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)



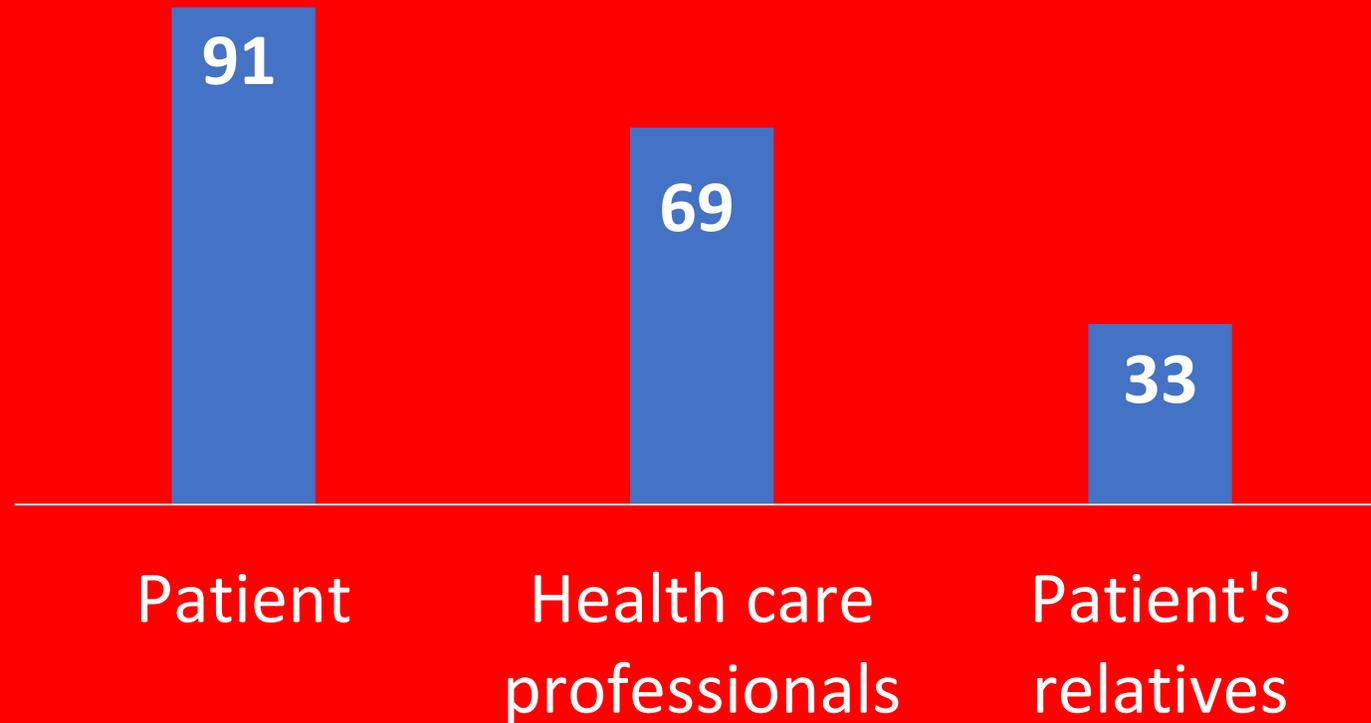
PORTUGAL (2013)

CHARACTERIZATION OF VIOLENCE

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



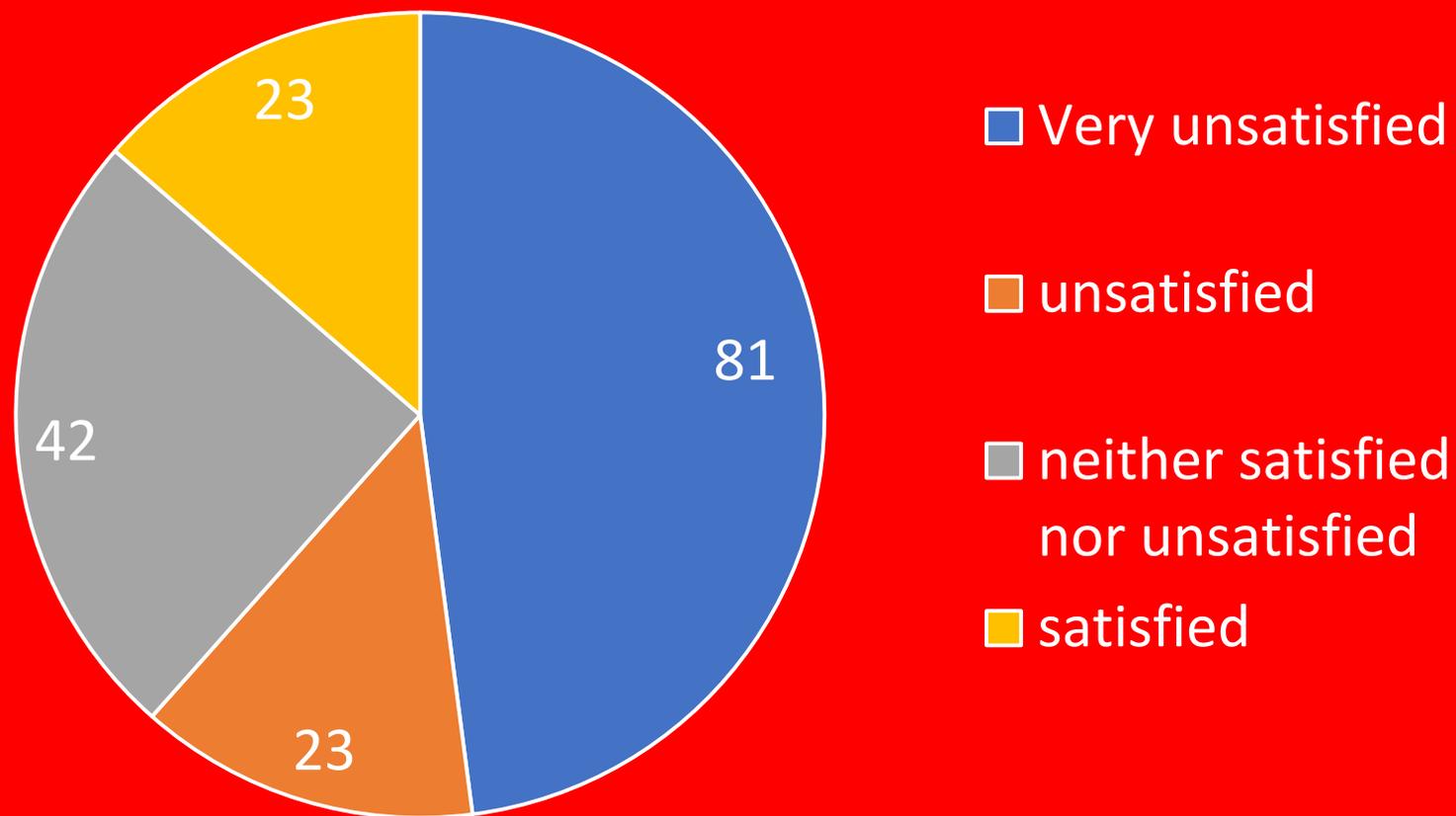
AGGRESSORS:



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:



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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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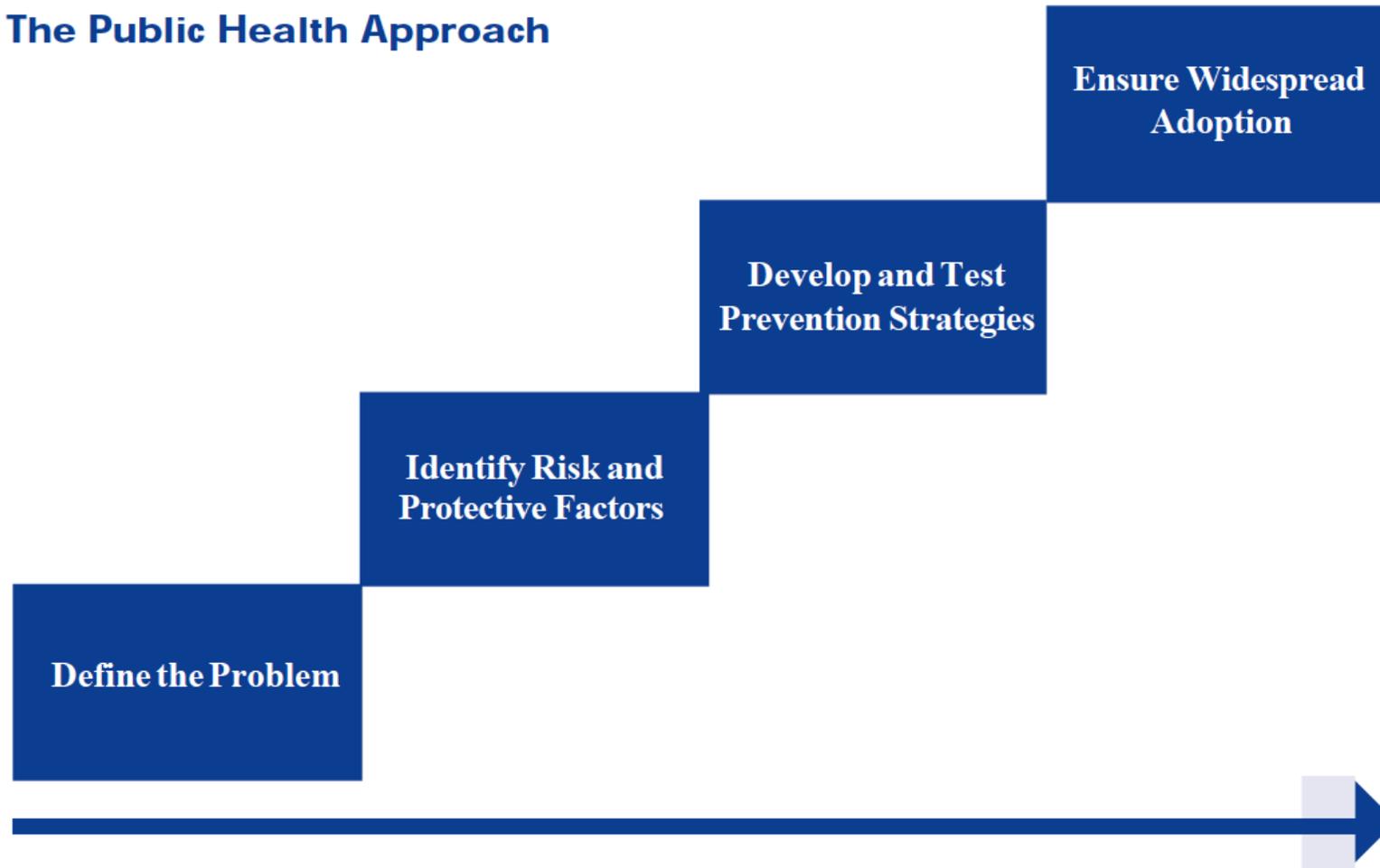
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In 1996, the 49th World Health Assembly adopted WHA49.25 Resolution, declaring **violence a major and growing public health problem** across the world.

The Public Health Approach



Workplace Violence - ANSWERS (1)

- 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**



Workplace violence - ANSWERS (2)

- 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

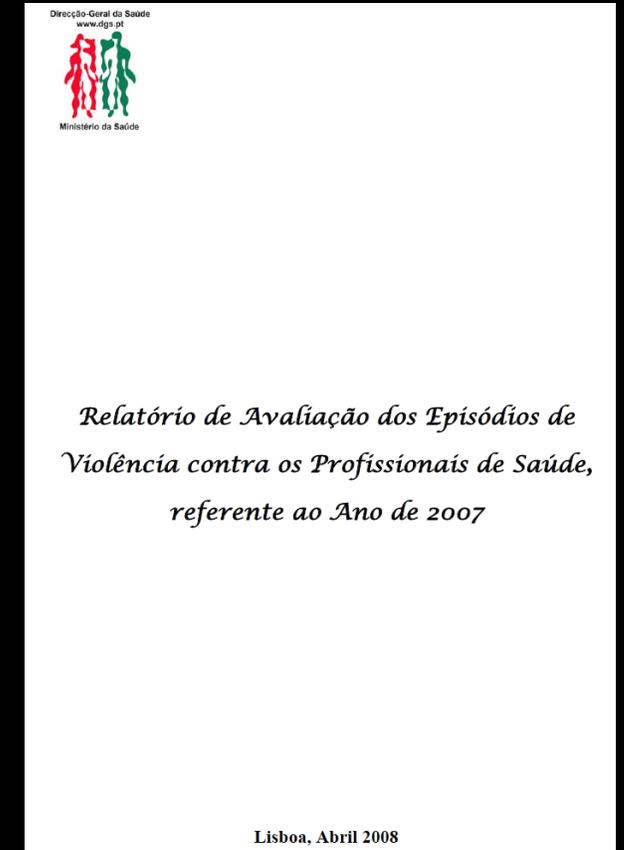
- social
- politics
- legal measures

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

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ICNAS



Service network

Community

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



SCIENTIFIC COUNCIL

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

RESEARCH / TRAINING

P R I M A R Y	S E C O N D A R Y	T E R T I A R Y
P R E V E N T I O N	P R E V E N T I O N	P R E V E N T I O N

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**

NHS
zero tolerance
zone

THE TRUE COST OF HARASSMENT

NHS

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

