

# **Factors contributing to Patient-to-staff Violence and Staff Preparedness to manage aggressive patients in A Selected Tertiary Care Hospital**

NAME: DR.KRITHIKA RAI

ABSTRACT NO.: AB/15



# INTRODUCTION

- Healthcare professionals around the world experience 8% to 38% of violence. <sup>1</sup>
- Workplace violence encompasses incidents of physical violence, harassment, intimidation, or aggressive conduct that take place in a professional setting. <sup>1</sup>
- There is lack of studies describing the factors influencing aggressive behaviour of patients and their families.
- Violence in hospitals are not adequately addressed and the reason for violent incidents go unanswered.
- To provide a safe working environment for healthcare staff, it is important to address the factors causing violence and strengthen the redressal systems.

# AIM AND OBJECTIVES

## ❖ AIM

- To explore the factors for patient-to-staff violence and preparedness of the staff to control aggressive patients .

## ❖ OBJECTIVES

- To identify the factors for violent behaviour of patient/visitors towards staff in the hospital.
- To assess the level of training provided to the staff in managing aggressive patients.

# RESEARCH METHODOLOGY

## STUDY DESIGN

- Cross Sectional Study

## STUDY PARTICIPANTS

- Clinical Staff, Clerical staff, Administrative staff, Supportive staff and Security staff

## SAMPLE SIZE

- A complete enumeration of all the staff from the high-risk areas of the hospital. Total : 123 staff

## INCLUSION CRITERIA

- Staffs working in high-risk areas which includes the Psychiatry department<sup>2</sup>, Emergency department<sup>3</sup>, ICU<sup>4</sup> and LT.<sup>5</sup> Administrative staff<sup>6</sup> were included due to their leadership roles in managing workplace violence incidents.

## **STUDY TOOL**

- A self-designed questionnaire developed after reviewing the OSHA guidelines<sup>7</sup> on risk factors and prevention of workplace violence was used. It focused on three main domains- Organisational factors, patient centered and staff centered factors which were assessed using a Likert scale.

## **STATISTICAL ANALYSIS**

- The statistical software (JAMOVİ 2.3.26) was used to analyze the data.

# RESULTS

## Findings corresponding to objective 1.

Frequency of violence	Occurrence rate(%)
Verbal violence	64.5
Physical violence	1.70

Categories	Factors for violence	Occurrence rate(%)
<b>Organizational factors</b>	Overcrowding	82.2
	Long waiting periods	77.7
	Delay in diagnostic reports	75.6
	Unavailability of medicines	76.8
	Lack of redressal systems	70.4
	Inadequate security arrangements.	76.1
<b>Staff-centred factors</b>	Lack of communication	74.6
	Inadequate action from hospital authorities on receiving complaints	73.2
	Poor quality of treatment and medical errors	73.7
<b>Patient-centred factors</b>	Unrealistic expectation of medical care	75.3
	History of drugs or alcohol	82.6
	Psychological disorders and financial constraints	79.1

Findings show significantly high occurrence of violence for the above mentioned factors.

## **Findings corresponding to objective 2:**

- 69.5% of the staff disagreed that they were trained to recognize and manage hostile and assaultive behaviors.
- 70.8% of the staff opined that they were not given defensive training to protect against violence which indicates that more attention has to be given for training regarding these skills.



# DISCUSSION

- This study outlines the prevalence of workplace violence in healthcare indicating that there is discernible occurrence of violence.
- B.N. Raveesh, Peter Lepping et al made a study at medical and psychiatric wards of hospitals in Mysore. It was found that 16% of staff in psychiatric wards and 57% of staff on medical wards, experienced violence. Verbal abuse was more common than threats and physical assaults.<sup>8</sup>
- The findings of this study showed two most significant managerial issues i.e. overcrowding (82.2%) and educating the patients about their health condition (79.4%). A study done by Cara Spencer, Jamie Sitarz et al similarly identified nursing, management, and organizational factors that lead to underreporting of patient and visitor perpetrated workplace violence.<sup>9</sup>

# RECOMMENDATIONS

- Verbal abuse can be minimized by establishing a zero-tolerance policy and verbal de-escalation techniques.
- Lack of appropriate redressal system and underreporting can be overcome by creating a safe and confidential reporting system for incidents of violence.
- Gaps in communication and soft skills can be corrected by provide Training and Education.
- Self-defense training can be given to staff through collaboration with external agencies.

# REFERENCE

- [1]. Hahn S, Hantikainen V, Needham I, Kok G, Dassen T, Halfens RJ. Patient and visitor violence in the general hospital, occurrence, staff interventions and consequences: a cross-sectional survey. *Journal of advanced nursing*. 2012 Dec;68(12):2685-99.
- [2]. Caruso R, Toffanin T, Folesani F, Biancosino B, Romagnolo F, Riba MB, McFarland D, Palagini L, Belvederi Murri M, Zerbinati L, Grassi L. Violence Against Physicians in the Workplace: Trends, Causes, Consequences, and Strategies for Intervention. *Curr Psychiatry Rep*. 2022 Nov 29:1–14. doi: 10.1007/s11920-022-01398-1. Epub ahead of print. PMID: 36445636; PMCID: PMC9707179.
- [3]. Legesse H, Assefa N, Tesfaye D, Birhanu S, Tesi S, Wondimneh F, Semahegn A. Workplace violence and its associated factors among nurses working in public hospitals of eastern Ethiopia: a cross-sectional study. *BMC Nurs*. 2022 Nov 7;21(1):300. doi: 10.1186/s12912-022-01078-8. PMID: 36345000; PMCID: PMC9638229.
- [4]. Hamidi Shishavan H, Garza J, Henning R, Cherniack M, Hirabayashi L, Scott E, Kim I. Continuous physiological signal measurement over 24-hour periods to assess the impact of work-related stress and workplace violence. *Appl Ergon*. 2022 Nov 30;108:103937. doi: 10.1016/j.apergo.2022.103937. Epub ahead of print. PMID: 36462453.
- [5]. Jakobsson J, Örmon K, Berthelsen H, Axelsson M. Workplace violence from the perspective of hospital ward managers in Sweden: A qualitative study. *J Nurs Manag*. 2022 Sep;30(6):1523-1529. doi: 10.1111/jonm.13423. Epub 2021 Aug 11. PMID: 34273122.

- [6]. Arnetz JE, Hamblin L, Essenmacher L, Upfal MJ, Ager J, Luborsky M. Understanding patient-to-worker violence in hospitals: A qualitative analysis of documented incident reports. *Journal of advanced nursing*. 2015 Feb;71(2):338-48.
- [7]. Workplace violence - overview [Internet]. Osha.gov. [cited 2023 Jun 22]. Available from: <https://www.osha.gov/workplace-violence>.
- [8]. Raveesh BN, Lepping P, Lanka SV, Turner J, Krishna M. Patient and visitor violence towards staff on medical and psychiatric wards in India. *Asian journal of psychiatry*. 2015 Feb 1;13:52-5.
- [9]. Spencer C, Sitarz J, Fouse J, DeSanto K. Nurses' rationale for underreporting of patient and visitor perpetrated workplace violence: a systematic review. *BMC Nurs*. 2023 Apr 23;22(1):134. doi: 10.1186/s12912-023-01226-8. PMID: 37088834; PMCID: PMC10122798.

**Thank you**