
THE INCIDENCE AND MANAGEMENT OF OCCUPATIONAL VIOLENCE AGAINST U.S. MEDICAL PROFESSIONALS

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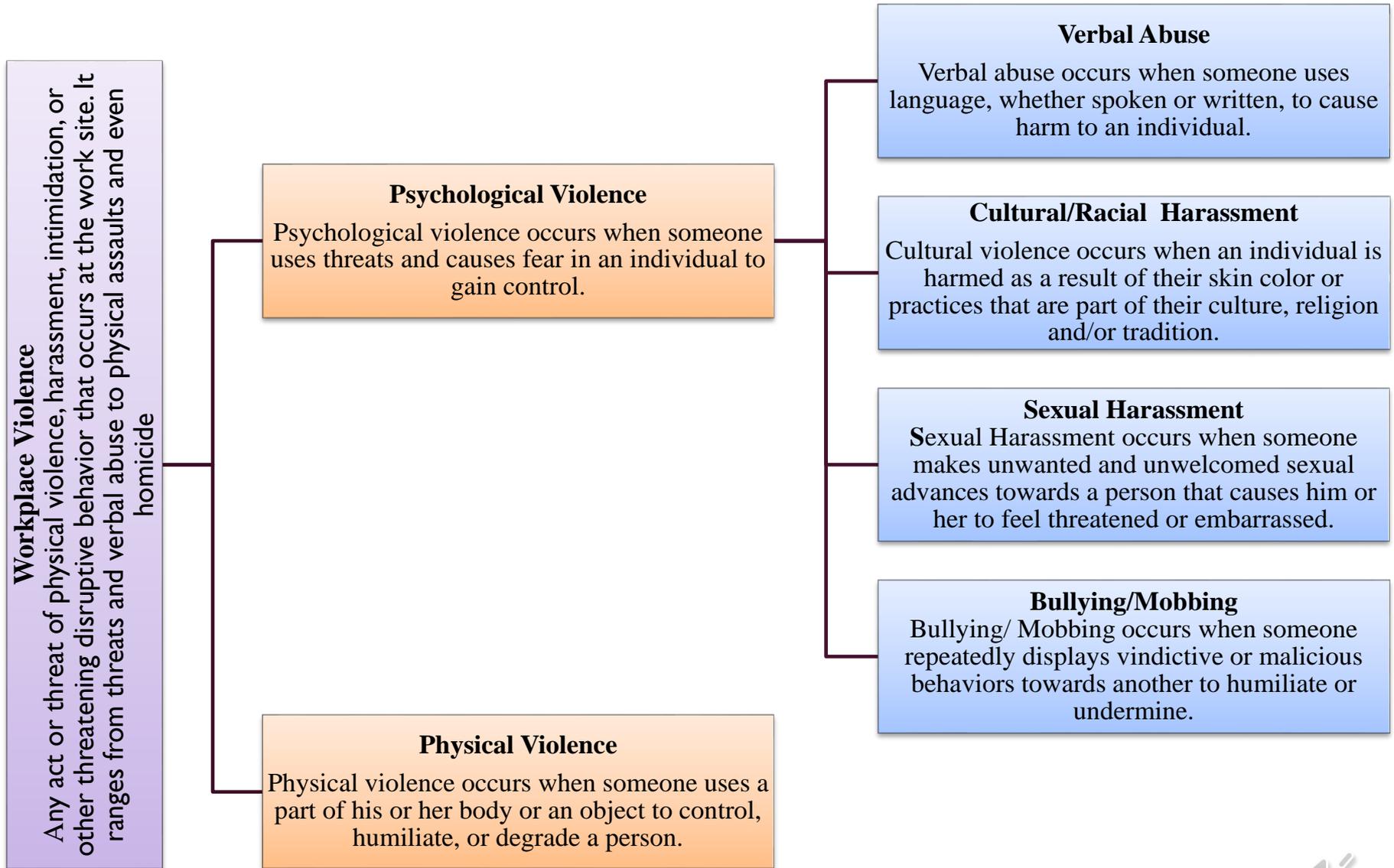
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Workplace Violence (WPV) is “any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site”



Figure I. Classification of Workplace Violence



BACKGROUND

➤ Healthcare expenditure

- In 2015, US residents spent \$9,990 per capita on healthcare expenditures
- By 2026, national healthcare spending is expected to reach \$5.7 trillion

➤ Prevalence of workplace violence in healthcare sector

- 2014 United States Bureau of Labor Statistics
 - 9.3 per 10,000 for hospital workers
- 2017 International Association for Healthcare Security and Safety
 - 1 per 100 beds for healthcare system



CAUSES AND IMPACTS OF WPV

➤ Causes of WPV

- Changes in the healthcare delivery system
- Deteriorating doctor-patient relationship
- Societal plagues of violence

➤ Impacts

- Destabilizes workplace security
- Affects aspects of life inside and outside of the hospital setting
 - ❖ Quality of life
 - ❖ Family life



RISK FACTORS

➤ Who is at risk

- Occupation
 - ❖ Nurses versus other healthcare professionals
- Department
 - ❖ Emergency
 - ❖ Geriatrics
 - ❖ Psychiatric
- Inconclusive data regarding factors such as gender, age, race and other demographical data



PROBLEM AND OBJECTIVES

➤ Problem

- Challenges protecting healthcare personnel while serving the healthcare needs of the community
- Trust, sense of community and safety damaged by workplace violence in hospitals

➤ Objective

- To evaluate the frequency and characteristics of patient initiated violence experienced by healthcare personnel in the United States as well as managerial actions following violent incidents.



METHODS AND MATERIALS

➤ Cross-sectional design

- Measured quantitative and qualitative data

➤ Population/sample

- Healthcare professionals in the United States
 - Nurses (nurses and nurses aids)
 - Physicians (physicians, physicians assistants, nurse practitioners)
 - Others (those who worked at the hospital and had contact with patients)

➤ Research Instrument

- Modified version of ILO/ICN/WHO/PSI “Workplace Violence in the Health Sector: Country Case Studies Questionnaire”



METHODS AND MATERIALS (CON'T)

➤ Procedures

- After modification and validation of survey, researchers created an online version of the questionnaire
- Recruitment scripts were posted to social media platforms that targeted English speaking healthcare professionals located in the United States
 - Respondents were asked to fill out anonymous questionnaires at SurveyMonkey.com
- Before beginning the questionnaire, respondents were informed that the survey was voluntary and free
 - Respondents were free to decline to answer questions
- The questionnaire was estimated to take 10 to 15 minutes to complete
 - Open from January 2017 until April 2017

➤ Data Analysis

- Descriptive statistics
- Chi-squared analysis



RESULTS

- Response rate
 - 226/269 valid questionnaires used in data analysis (84%)
- Frequency of violence
 - 48.5% of respondents experienced an incident of physical violence in a 12 month period.
 - 76.1% of respondents experienced an incident of psychological violence in a 12 month period.



Table I. Respondents' demographic characteristics

Demographics	No	%
Gender		
Female	178/221	80.5
Male	43/221	19.5
Ethnicity		
White	178/226	78.8
Black/African Americans	21/226	9.3
Asian/ Pacific islander	11/226	4.9
Other	16/226	7.1
Age		
20-34	105/226	46.5
35-49	71/226	31.4
50+	50/226	22.1
Marital Status		
Single	87/224	38.8
Married	117/224	52.2
Divorced	20/224	9
Educational Level		
Less than Bachelor's degree	56/224	25
Bachelor's degree	120/224	53.6
Graduate degree	48/224	21.4

Demographics	No	%
Occupation		
Nurse/Nurse's aide	189/226	83.6
Physicians/NP/PA	20/226	8.8
Other	17/226	7.6
Working experience		
Less than 1 year	50/223	22.4
1-5 years	104/223	46.6
6+ years	69/223	30.9
Years practicing Medicine		
Less than 1 year	29/226	12.8
1-5 years	79/226	35
6-15 years	65/226	28.8
16+ years	53/226	23.5
Anxiety Level		
Not worried at all	73/205	35.6
Slightly Worried	63/205	30.7
Moderately Worried	56/205	27.3
Very Worried	13/205	6.3

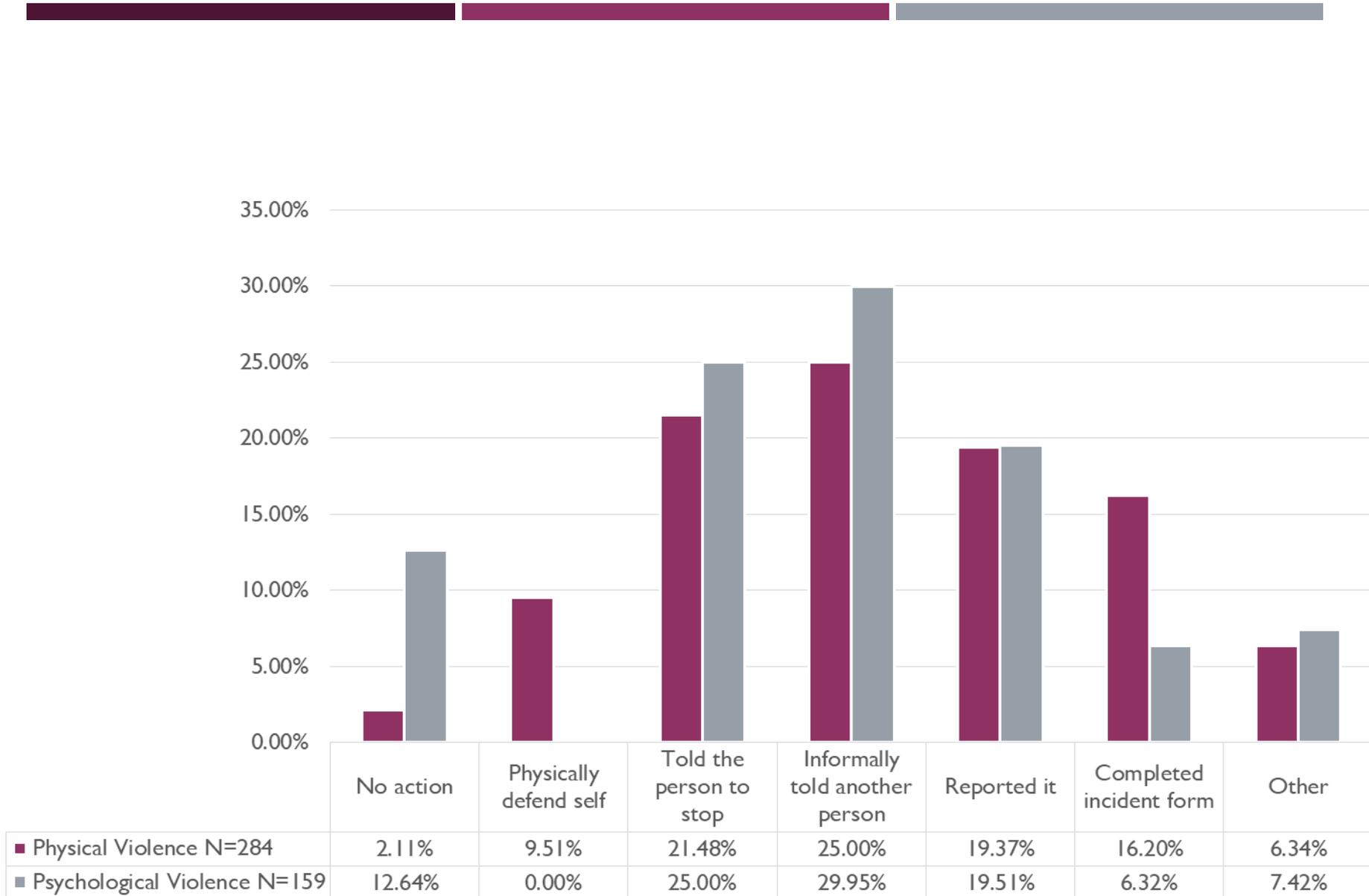


ANALYSIS OF VIOLENT INCIDENTS

- Chi-squared analysis was conducted at $p < .05$:
 - Results showed there was a significant statistical difference across occupation, number of years practicing medicine, and anxiety level for experienced physical violence.
 - Results showed there was a significant statistical difference across occupation, length of employment at their hospital, and anxiety level for experienced psychological violence.



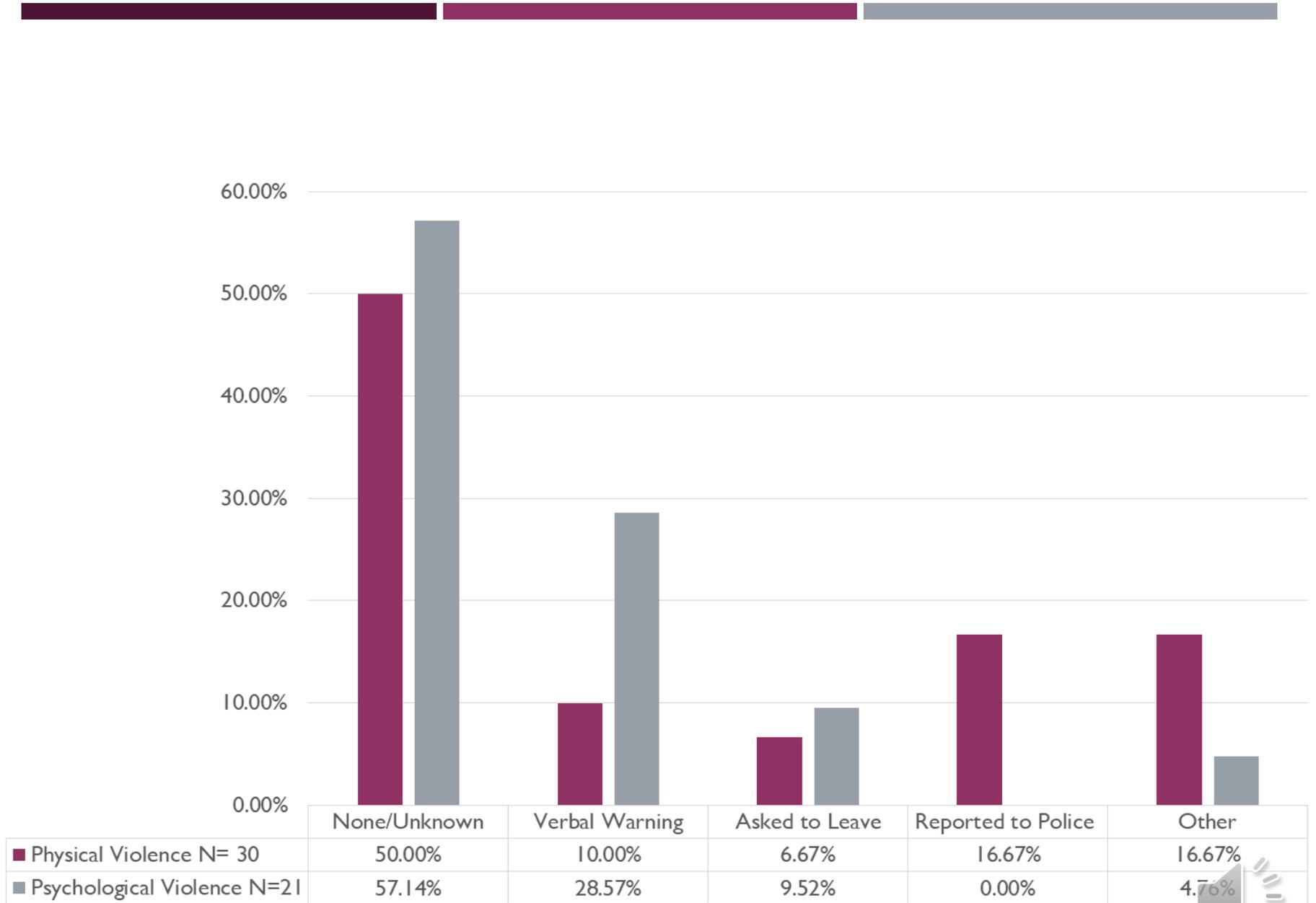
Figure 2. Staff Actions after Incident*



*Participants were able to choose more than one type of action following an episode of violence



Figure 3. Consequences for Attacker†



†Participants were able to choose more than one reason for not reporting violence



- Following incidents of violence:
- 48.3% of respondents suffered from some type of emotional distress
 - 23.2% were offered counseling, speaking opportunities or other support opportunities following an episode of any type of violence

Table 2. Reporting and Aftereffects of WPV

	Number of responses	Physical Violence	Number of responses	Psychological Violence
Incident investigated	83	22(53.6%)	160	21(13.1%)
Injured	91	28(30.8%)		-
Aftereffects of violence				
Obsessive memories or thoughts	83	31(37.4%)	158	82(51.9%)
Topic avoidance	83	26(31.3%)	158	66(41.8%)
Super-alert or on guard	82	63(76.8%)	157	93(59.2%)
Feeling like everything you did was an effort	82	33(40.2%)	157	70(44.6%)
Support after incident				
Counseling	80	10(12.5%)	156	11(7.1%)
Opportunities to speak about it	80	42(52.5%)	156	54(34.6%)
Other support	77	19(24.7%)	150	26(17.3%)



DISCUSSION

- In a 12 month period, 81.1% of healthcare professionals experienced one incident of any type of violence
 - Similar to studies conducted in America, Britain, and Germany
- Risk factors
 - Occupation
 - Employment length
 - Number of years practicing medicine
 - Anxiety Level



DISCUSSION (CON'T)

- After incidents of violence respondents' emotions/feeling were at least slightly altered
 - Respondents tend to be more alert following any type of violent incident
- Participant and managerial reaction to violence
 - Formal reporting of violent incidents was low
 - Investigation of incidents was low
 - Consequences for perpetrators was low



CONCLUSIONS/FUTURE RESEARCH

- The prevalence of violence in hospitals is a serious public health issue and affects nurses more so than other healthcare professionals
- A supportive hospital culture for staff would facilitate trust and confidence in hospital administration
- Employee training in addition to more robust prevention methods need to be implemented to curb future events.
- Further studies assessing regional differences as well as patient to worker violence from the perspective of the patient should be investigated



LIMITATIONS

- A major limitations of this study is the low number of participants and recall bias.
 - Online surveys are known to have low response rates
 - Respondents who opted to participate in this study would have been more willingly to complete the survey because they experienced violence perpetrated by patients and/or their relatives.
 - Healthcare professionals were asked to recall if they had been abused in the previous 12 months, meaning that the estimated incidence would have been subjected to recall bias.



REFERENCES

- ❑ Center for Disease Control National Center for Health Statistics. (2012) Health Expenditures. Available from <https://www.cdc.gov/nchs/fastats/health-expenditures.htm>
- ❑ Centers for Medicare and Medicaid Services. (2018) National Health Expenditure Data. Available from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html>
- ❑ Chen, W. C., Hwu, H. G., Kung, S. M., Chiu, H. J., & Wang, J. D. (2008) Prevalence and determinants of workplace violence of health care workers in a psychiatric hospital in Taiwan. *Journal of Occupational Health*, 50: 2888-293.
- ❑ International Labour Office, International Council of Nurses, World Health Organization, Public Services International. (2003) Workplace violence in the health sector country case study research instruments survey questionnaire [EB/OL]. Available from http://who.inl/violence_injury_prevention/violence/interpersonal/en/WVquestionnaire.pdf?ua=1.
- ❑ Occupational Safety & Health Administration. (2002) OSHA Publications. Available from <https://www.osha.gov/OshDoc/data4General4Facts/factsheet-workplace-violence.pdf>.
- ❑ U.S. Bureau of Labor Statistics. (2015) Census of Fatal Occupational Injuries Summary, 2014. Available from <http://www.bls.gov/news.release/cfoi.nr0.htm>.
- ❑ U.S. Bureau of Labor Statistics, (2015) Fatal occupational injuries by occupation and selected event or exposure, 2014. Available from <http://www.bls.gov/news.release/cfoi.t03.htm>.
- ❑ Vellani, K. H. (2017) The 2017 IHSSF crime survey. *International Association for Healthcare Security and Safety – Foundation*. Available from <http://www.bls.gov/news.release/cfoi.nr0.htm>.



THANK YOU

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