Review Article Pol J Public Health, Vol. 132 (2022): 64-66

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The patient as an aggressor

Abstract

Despite the development of medicine, acts of violence against health care professionals, are a current, frequent and widespread phenomenon. In Poland, many health care staff are entitled by law to legal protection provided for public officials. Therefore, criminal offenses against them are more severely punished. In the years 2018-2019, research was carried out on acts of aggression that had been experienced by a group of 249 health care staff in health care facilities in the Świętokrzyskie Voivodeship. Just slightly more than 7.5% of the respondents indicated that they had not experienced aggression, which only confirms the scale of the problem. Therefore, managers of health care facilities should use all possible means to limit the extent of attacks and prevent their possible consequences..

Keywords: aggressive patient, the phenomenon of aggression in a health care facility, the rights of health care staff, knowledge of the rights of health care staff.

DOI: 10.2478/pjph-2022-0013

INTRODUCTION

In the health care system, from the patient's perspective, aggression can take a form directed against oneself, health care staff, other patients, as well as objects. Aggression towards health care professionals is a common and widespread phenomenon, and is a problem in many health care systems [1-7]. In Poland, many health care staff are entitled by law to the legal protection that is due to public officials. As a result, crimes committed against them are prosecuted under public prosecution, i.e. ex officio, and an active attack is punished more severely. This solution is not only the result of the granting of criminal law protection to public officials who, when taking pro-social activities, face various unjustified attacks, but also an attempt to deter potential aggressors from acts of aggression due to increased liability [8].

In spite of the development of medicine, the phenomenon of aggression is still present [9-11], negatively affecting both the quality of health care services and the comfort of work of health care staff [12]. Both personal experiences of aggression or violence, as well as those related to aggression transferred from an inaccessible resource to an accessible one, e.g. a patient's aggression towards a nurse after not receiving satisfactory treatment from a doctor, negatively affect health care staff, and therefore, the quality of the services provided. Aggression takes the form of not only that between a patient and staff, but also may come from relatives or friends of a patient who are not satisfied with the progress, or lack of treatment of the patient.

AIM

The aim of the study is to assess the level of knowledge among health care staff of their statutory rights aimed at counteracting acts of aggression, and the degree to which they exercise them. The conducted research aimed to analyse the scale and nature of aggressive attacks experienced by health care professionals and obtain data on how to counteract them or mitigate their negative effects, using the available legal instruments.

MATERIAL AND METHODS

In the years 2018-2019, a survey was conducted on a group of 249 health care professionals in health care facilities in the Świętokrzyskie Voivodeship. The study was conducted using a self-authored questionnaire. Of those providing information, more than half (54.5%) are employees of a facility that provides health care services such as hospital treatment. Among the respondents, there was a significant majority of people in the category: nurse/midwife (almost ¾ of the respondents). Doctors accounted for 16% of the respondents, while the category "other" (medical secretary, paramedic, medical dispatcher) comprised approximately 11% of the people. In terms of work experience, there was a predominance of two categories of employees among the respondents, namely short (less than 5 years) and very long – more than 20 years (approx. 1/3 of the surveyed sample each).

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The analysis was performed using the poLCA program (in the R program), using selected methods related to finite mixture models with particular emphasis on latent class analysis (LCA), which is one of the examples of such models. After the population was divided into a number of homogeneous subpopulations, a hidden variable was extracted from the observable data, defining the allocation to individual clusters characterised by separate distributions.

RESEARCH RESULTS, DISCUSSION

Of those surveyed, only 7.6% had not experienced aggression, while 40.6% reported that the number of such cases of aggression by a patient or their relatives in their professional experience so far exceeded 20 episodes. The incidents of aggression were divided into categories: physical attack, verbal attack, coercion, threat, insult and others. The most common form of this type of attack was verbal attack – only 12% of the respondents had not experienced it. Physical attack, which is the most severe form of aggression due to the threat to health and life, had occurred in the case of almost 40% of the respondents. Also, almost half of the respondents, as much as 46.6% of the sample, had encountered coercion. Insults, as an attack on honour and human dignity, are forms of unacceptable negative behaviour which more than half of the surveyed employees had experienced. Threats accounted for 37% of cases of aggression experienced. In the 'other' category, the staff mentioned: making threatening faces, crossing the border of personal space, gesturing and attempts at hitting.

The scale of aggression experienced by health care staff in various forms is large; however, the research conducted shows that less than one in ten employees had exercised their powers as a public official. As many as 2/3 of the respondents did not have the courage to defend themselves against attacks by patients and their families. Most often, employees relied on the management of the health care facility to defend their rights as a human being, but such a report did not always result in specific actions, such as the provision of psychological assistance to the staff or notification of law enforcement agencies. Other forms of response to aggression were rather incidental.

Episodes of aggression very rarely resulted in absenteeism of employees who experienced it. Of those surveyed, they did not take sick leave (95%) or vacation (90%) after such an attack. Despite the various forms of aggressive episodes, 97% of their victims did not receive professional help, medical supplies or treatment. Those victims who benefited from such assistance indicated that they had received supplies from an orthopaedic clinic, psychological counselling and ophthalmological consultation.

The health care staff indicated various causes of reprehensible behaviour of patients, explaining it as due to states of physical health related to the consumption of psychoactive substances, alcohol or drugs, as well as due to medications administered (36%), mental state (58%) and environmental conditions (37%). The respondents believe that acts of aggression may be associated with a lack of proper education or severe stress (23%), only 4% of the respondents said that the attitude of the staff could be a source of aggression from the patient. As sources of aggression in the 'other' category, the participants of the study identified such circumstances as, for example, lack of personal culture exposed in a situation of anxiety and insecurity, poor organisation of staff work, as well as excessive patient expectations.

The study shows that the acts of aggression experienced had not affected the attitude of the health care staff to their work (92%). However, some of the questionnaires contained responses about professional burnout. For the most part, the acts of aggression encountered had not resulted in a change of attitude towards patients (85%).

CONCLUSIONS

The coverage of doctors and other health care staff with the legal protection due to a public official resulted from the need to ensure that they were able to provide a smoothly functioning health care service, which carries with it risks. Despite the systematic increase by the legislator of the scope of legal protection due to health care professionals, it does not seem to fulfil its purpose, as health care staff rarely exercise their rights in this respect. Therefore, consideration should be given to introducing regular training on how to deal with an aggressive patient, tailored to the specifics of a particular ward or workplace. Such activities could include both elements of proper communication and a reminder of the principles for correctly conveying adverse information. On the part of a health care institution, consideration may be given to the appropriateness of creating or using a ready-made scale for patient aggression, and to the introduction of an obligation to assess the degree of aggression of a patient during his admission to the facility.

The scale should include an assessment of all potential situational, environmental, stressful, or relational factors that may contribute to the occurrence of the phenomenon of aggression. According to the literature, the strongest predictors of aggression and violence are: existence of previous episodes, the presence of impulsiveness/hostility, a longer period of hospitalisation, non-voluntary admission, and aggressor and victim of the same gender [13]. Such an approach would make it possible to introduce appropriate safeguards and limit the occurrence of dangerous situations. Staff, knowing the scores on the scale, could also be more vigilant for their own safety.

This study was based on a questionnaire completed by health care professionals relying on their own memories, therefore the results may be an underestimate relative to the actual magnitude of aggression. Based on its results, it is stated that health care professionals seem to be reconciled with patient aggression, treating it as part of their job. Episodes of patient aggression experienced do not influence decisions about cause significant changes in attitudes to the profession itself or patients. Doctors, nurses and other health care professionals do not frequently exercise their statutory rights to initiate the punishment of negative behaviour from patient – aggressors, despite the systematic increase and extension by the legislator of the scope of legal protection in this regard. Therefore, it seems that the course of action chosen by the legislator, aimed at counteracting or reducing the phenomenon of aggression towards health care staff, is not optimal and does not lead to the achievement of the intended goal of reducing the number of acts of aggression or effectively counteracting them.

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