Violence in healthcare – and steps to prevent it from occurring
By Anna Kelsey-Sugg

For those who work in healthcare, exposure to workplace violence is among the highest of any industry in the nation; up there with taxi-driving and juvenile justice. The September 2006 issue of the Journal of Advanced Nursing reported that in 2002 almost 64 per cent of 2400 Tasmanian nurses had suffered either verbal or physical abuse in the four weeks prior to the survey.

Every year an Australian healthcare worker is murdered at work. An overwhelming proportion of these were nurses working in the mental health field, where – along with emergency – the greatest risk of patient violence presents itself. However, according to occupational physician and president of the Australasian Faculty of Occupational and Environmental Medicine, Ross Mills, the impact and cost of workplace murders are outweighed by the prevalence of near misses, physical assaults, abusive behaviour and threats of violence.

Mills, author of ‘Violence in the consulting room’ (Australian Family Physician, October 2008), says being assaulted is a significant and traumatic event. At one end of the spectrum assault can lead to effects such as posttraumatic stress disorder or, at the other end, more subtle effects such as impairments to professional judgment, and greater difficulty controlling thoughts and listening to patients.

One step towards the eradication of violence in healthcare is an understanding of what can influence a patient to become violent. “Violent behaviour is a choice. This is a choice made by people who tend to locate the cause of their problems outside of themselves,” Mills says. “People at increased risk of behaving violently include those whose government payments have been cut off, those who have been kept waiting for a prolonged period, those who are apprehensive, those who have experienced inconsistencies in service, and those who perceive that they have been inappropriately treated by staff.”

Fear, pain and mental illness are other influences. More often violence is perpetrated by men, and it is mostly by more powerful people. If a patient appears emotionally charged, they pose a greater risk of displaying violent behaviour. Similarly, says Mills, patients who are both emotionally charged and have returned for an unscheduled repeat visit to address their concerns pose an increased risk.

Such indicators are not always visible and it isn't possible to read or control behaviour in every patient, but there are actions that can be taken to lower the risk of violence in healthcare.

A comprehensive workplace policy is a good place to start. The responsibility for developing the policy falls with the employer, who has an obligation to provide a safe working environment. “Prevention is better than cure. It is essential that all workplaces have addressed the issue before it happens. Workplace violence should be approached in the same manner as any other occupational health and safety issue,” Mills says.
“The hazards need to be identified, the risk quantified and appropriate steps to minimize the risk taken. This then needs to be converted to policy, with staff being appropriately trained, including regular refresher training.

“This training may include conflict resolution and de-escalation training, violence management plans, and self-confidence and self-esteem building.”

He recommends reducing the environmental risks and opportunity for assault or violence by ensuring you have a witness, avoiding turning your back on an angry patient, maintaining a barrier between you and the patient (for example a counter or desk), keeping far enough away from the patient that they are forced to step toward you in order to reach you, activating a duress alarm and having a physical escape route available.

“Your objective is to not provide an environment or excuse for the patient to make the decision that he or she will use violence,” advises Mills.

Violence in the workplace – in any workplace – is unacceptable. It is not part of a healthcare worker’s job and it should not be tolerated. To eliminate violent behaviour social control is necessary, says Mills.

“Trying to reduce the extent of violence in society is about taking a stand, making a judgment about what needs to happen, and trying to change things.”

Avoiding violent situations

- Be courteous and professional (particularly after provocation)
- Create a physical and emotional environment which is calming and relaxing
- Don’t allow patients free access to offices or consulting rooms
- Maintain an attitude of authority and power, not being intimidated by threats of violence
- Make it clear what the boundaries of acceptable behaviour are, and that threats of violence will not be tolerated
- Have clear reasons why a difficult patient’s demands cannot be met
- Make use of witnesses to conversations
- Document everything during, or as soon as possible after, any event.

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