Integrating a Psychosocial Model of Work Place Violence in Health Care Setting

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Background

According to the National Institute for Occupational Safety and Health, US, 2011, Violence toward healthcare workers is a violent act, including physical assaults and threats of assault, directed toward persons at work or on duty (1). The rise of violence in healthcare workplaces is a surprising phenomenon. Healthcare workers are at high risk of violence around the world. According to a percentage, between 8% and 38% of health workers experience physical violence at some point in their career (1, 2). Most healthcare workers at risk include nurses and others directly involved in patient care, emergency room staff, and paramedics. To give a rough idea of the extent of abuse, a review by the Cochrane Work Group had put patients as the primary source of violence (10–95%), followed by the patient's family and friends (20–50%), and colleagues as the lowest (3–40%) (3). According to Associate Professor Dr. Mohd Idzwan, a consultant emergency physician and medical lecturer at the University Malaya Medical Centre, their staff experiences workplace violence approximately three to five times per month.

Briefing Note Targeted Audience

The audience of this briefing note is intended for the upstream, midstream, and downstream levels within the social framework comprising the ministry of health, policymakers, hospital directors, social media and media mass, healthcare workers, patients, and public and community.

Current Issues

The prevalence of workplace violence among respondents was high and most common among healthcare workers, especially staff in the emergency department during the pandemic (2, 4). Workplace violence can be seen as a social problem, and it harms healthcare staff's psychological and physical well-being and affects their job motivation. Consequently, this violence compromises the quality of care and puts healthcare provision at risk (5). In addition, workplace violence is associated directly with a higher incidence of burnout, lower patient safety, and more adverse events. It also leads to enormous financial loss in the health sector (6) .

There are several psychosocial theories and risk factors that can explain workplace violence in the hospital setting and are briefly described in Figure 1 below, including high job strain, low social support, and low organizational justice. These theories will help formulate an integrated psychosocial model to deal with this issue at the social and community level (5).

Core believes that the gap in the provision of medical care and the media's projection on medical care will result in a negative cognitive pattern. Furthermore, previous experiences of violence among health professionals affect the relationship and interaction between them and the patient as well as their family members (5).

Proximal risk factors can automatically trigger negative thoughts about health care in a hostile and emotionally charged environment, leading to a

cascade of events and ultimately violent acts. For example, with or without delay in response to treatment, a patient's condition in the emergency room often leads to violence. Impaired social cognition, poor coping skills, and a lack of adequate security can be modifying factors in an aggressive act that one of the few people engages in. Other related individuals often identify as a group with a standard cognition, made up of negative beliefs against health care that the cognitive model of collective behavior can explain (5).

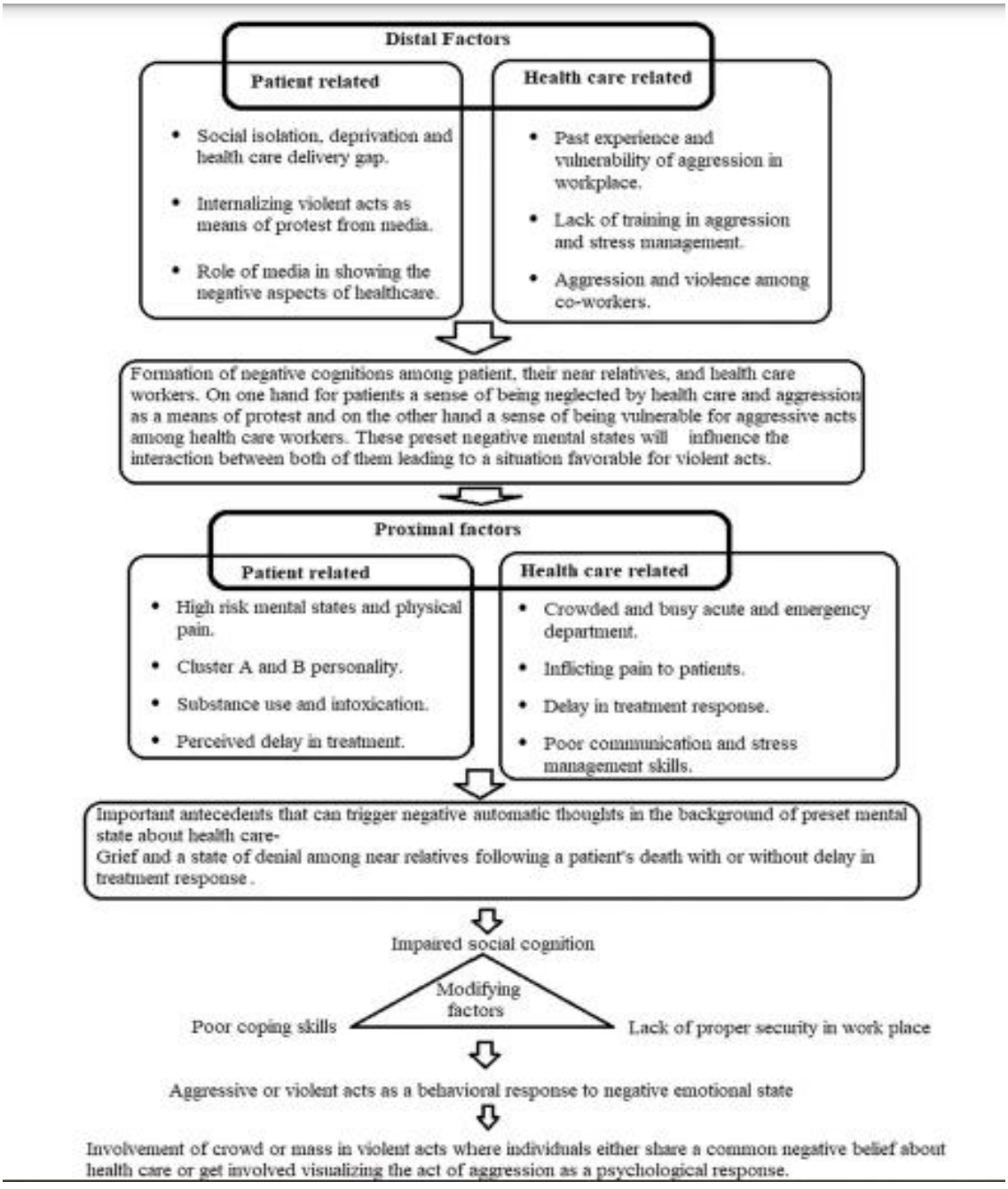


Figure 1: Hypothetical integrated psychosocial model of workplace violence in the healthcare setting.

Recommended Actions

Improve manpower and healthcare workers psychological well-being

As psychosocial played a vital role in this issue, first, we need to respond to the shortage of manpower and offer a permanent position to our young doctor

who is still on contract. At the same time, we promote healthcare workers' mental health and psychological well-being; implementing a peaceful environment with reasonable working hours, rest breaks, and reduced administrative tasks will help. As a result, each patient's time will be longer, especially in crowded public hospitals, allowing younger doctors to build constructive relationships with their patients (7).

Improve the communication skills

Second, healthcare institutions and universities must significantly improve the communication skills of current and future healthcare providers to reduce unrealistic expectations or misunderstandings between patients and their families. Provide training and simulation programs on de-escalation techniques and restraint application to increase knowledge on preventing, managing, and reporting incidents of workplace violence (5, 7). When healthcare workers are more self-aware, they are more likely to use communication and de-escalation skills, which may prevent violence (7). We also can educate the public by creating awareness regarding the consequences of the violence.

Enforcement of the law

The third is the rule of the policymaker to enforce the law. In Malaysia, workers are protected from workplace violence by several rules and regulations, including the Minor Offences Act 1955 (Insulting Behaviour), Employment Act 1955, Occupational Safety and Health Act (1994), and Penal Code Malaysia (Act 574) (2). We must set up a culture of zero tolerance towards violence against health workers. Health workers must be given sufficient support and access to helplines to report any abuse, and the authorities must be quick to take action. This would reduce the massive issue of underreporting of workplace violence.

Media responsibility

Finally, media also undoubtedly play an important role in stopping violence towards healthcare workers. The media must stop promoting public distrust of health care workers and institutions. Many patients report their negative health care experiences to the news or media. The news or media are very interested in these stories and very often do not check the information before posting it. Such biased media coverage could exacerbate tensions. There is a need to enforce strict guidelines for media reporting acts of violence in hospitals (5).

Conclusion

Frequent acts and the cumulative effect of violence against health care workers will not help them provide better care for the public, but it can affect their morale over time, further harming the patient-doctor/healthcare workers relationship and generating a higher likelihood of future violence or extreme behaviors. On the other hand, suppose the tense relationship between patients and health care providers can be improved. In that case, psychological pressures on healthcare workers may be relieved, burnout rates can be reduced, and we can create a sustainable environment to ensure the quality of our healthcare service.

Summary

- **Types of Violence to health care workers**
  - Physical Assault
  - Emotional Abuse
  - Verbal Abuse

- **Between 8% and 38% of health workers suffer physical violence at some point in their careers.**
- **Most of the violence are from patients (10% – 95%), followed by the patient's family and friends (20% – 50%), and colleagues (3% – 40%).**

- **Factors associated with perpetrators of violence**

Patient related

- Social isolation, deprivation and health care delivery gap.
- Internalizing violence act as means of protest from media.
- Role of the media in showing the negative aspect of healthcare.
- High risk mental states andphysical pain
- substance use and intoxication
- preceived delay in treatment

Health care related

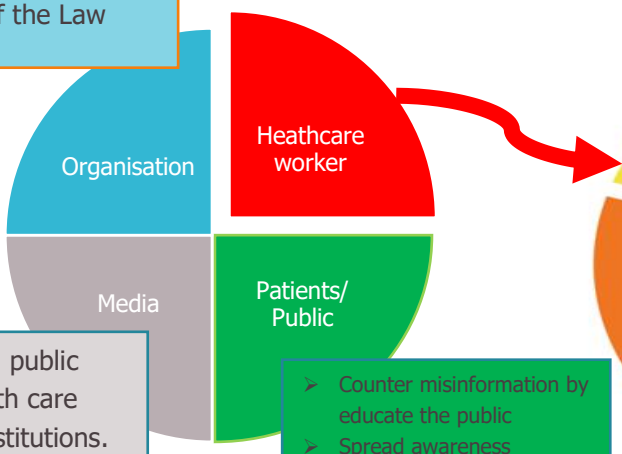
- Past experience and vulnerability of aggression in workplace
- Lack of training in aggression and stress management
- Crowded and busy clinic and emergency department
- Short of staff and burn out
- Inflicting pain to patient
- Delay in treatment response
- Poor communication skills.

Impaired Social Cognition

Violence Act

Prevention

- Improve man power
- Enforce Zero violence
- Educate patient about code of conduct
- Create awareness
- Enforcement of the Law



- Stop promoting public distrust of health care workers and institutions.
- Enforce strict guidelines for media reporting acts of violence in hospitals.

- Counter misinformation by educate the public
- Spread awareness regarding consequences of violence

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