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Violence in the consulting room

A multifactorial strategy for prevention and harm minimisation

Background
Workplace violence in the medical setting should be approached in the same manner as any other occupational health and safety issue. The hazards need to be identified, the risk quantified and appropriate steps to minimise the risk taken.

Objective
This article discusses a prevention strategy to increase the barrier to patient initiated violence, and suggests steps that can be taken after an assault to assist the clinician or staff member involved.

Discussion
The steps involved in an assault are: the assailant makes the decision to attack, overcomes his or her internal barriers, creates the opportunity, and executes the attack. A prevention strategy involves risk assessment and increasing the barriers in each stage leading to an assault.

Workplace assaults are relatively uncommon events, with the rate estimated at 0.2–0.5 per annum per 1000 workers (for nonfatal assaults). One study estimated the annual incidence of physical assault to be 17% for workers in juvenile justice, 12% for health care workers and 10% for taxi drivers.[1] Problems with definitions of violence, reporting rates and study methodology make accurate estimation of the true rates of workplace violence difficult. The true rate of violence is probably higher than the reported rate.[2] One Australian health care worker is murdered at work each year,[3] although the impact and cost of workplace murders are considerably outweighed by the prevalence of near misses, physical assaults, abusive behaviour and threats of violence.[4,5] In Australia the areas of highest risk within the health care industry are mental health units and hospital emergency departments.[6] Occupational violence is also a significant concern in Australian general practice.[7,8]

In the current compensation environment it is common to have doctors, lawyers, judges, or allied health professionals provide an assessment on an individual's state of health, and/or their work capacity. At times there are significant financial implications riding on the professional's opinion (eg. an individual's ability to access either pension payments or compensation payouts). Any fair system of assessing injured workers requires that this process be transparent. Any professional making a pronouncement regarding an individual's fitness to work must be prepared to publicly state his/her opinion. This in turn leaves the professional open to being intimidated or abused.[9,10]

Violence can take many different forms. It can vary from abusive language, threatening or intimidating behaviour (which can be subtle or overt, physical or verbal) to assault.

What can we do?

It is essential that all workplaces have addressed this issue before it happens. Workplace violence should be approached in the same manner

as any other occupational health and safety issue. The hazards need to be identified, the risk quantified and appropriate steps to minimise 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. One important aspect of policy planning is to determine what is considered acceptable behaviour. If you are an employer, you have obligations to provide a safe workplace for your employees.

Anatomy of an assault

A totally unprovoked attack, with no warning signs and no escalation of violence is extremely rare. It is very difficult to protect against such random events. Most individuals who carry out violent acts do so for a reason. Sometimes violence may be a method of coping with extremes of emotion such as anger or frustration ('emotional' violence). In these situations there will usually be a (real or perceived) reason for the anger or frustration. At times violence may be part of either a deliberately constructed plan or a learned behaviour, by which an individual thinks he/she can coerce the person into changing their behaviour or opinion ('instrumental' violence).

Other factors that may influence a patient to become violent include fear, pain, mental illness and sadistic tendencies. Violent behaviour is a choice. This is a choice made by people who tend to locate the cause of their problems outside of themselves.

The steps

As a general rule, the individual making the assault has to work through the following four steps:

- come to a decision to attack
- overcome their internal barriers. How many barriers there are, how high they are, and what they consist of will vary from person to person and situation to situation. These barriers arise partly from an individual's upbringing, their circle of friends/acquaintances and society at large
- create an appropriate environment (or opportunity) to make the assault. In general terms, an individual will not initiate an assault unless they believe they are likely to achieve their objective (particularly in 'instrumental' assaults), while minimising harm to themselves
- execute the action. This is where the individual physically carries out the assault.

An appropriate prevention strategy would be to create as many barriers as possible to an individual progressing through these four steps.

Identifying the risk

Certain industries and certain occupations have higher risks than others. This is of little help unless we deliberately decide to change our occupation to reduce future risk of being assaulted.

Violence is mostly perpetrated by men, and mostly by more powerful people toward the less powerful. In the majority of situations it is a choice that the aggressor makes. The perception of feeling entitled to be violent is important, with remorse, regret, guilt and shame not being significant deterrents.

Perceptions of power and control are important, with the violent person making the choice to be violent and feeling that this is something which is 'okay' or which they are 'entitled' to do.

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.

Clearly, patients who present in an emotionally charged manner present a higher than average risk. As do patients who are both emotionally charged and have returned for an unscheduled repeat visit to address their concerns.

Preventing the decision

Prevention is better than cure. General practitioners and their staff can reduce the risk of violence by:

- being courteous and professional (particularly in the face of provocation)
- creating a physical and emotional environment which is calming and relaxing
- not allowing patients free access to offices and consultation rooms
- setting expectations at the start of an interview as to what can be achieved (during that interview)
- maintaining an attitude of authority (and power), not being intimidated by threats of violence. Projecting a vulnerable demeanour may place you at more risk of violence
- making it clear what the boundaries of acceptable behaviour are, and that threats of violence will not be tolerated. Examples of behaviour commonly considered to be unacceptable include threats, obscenities, intimidation and raised voices
- having clear reasons why a difficult patient's demands cannot be met based on sound principles and logic
- making use of chaperones or witnesses to conversations
- retaining the right to terminate the interview, or offering the patient an 'out' of the situation. It may be appropriate to reschedule the assessment for a later time or alternatively advise the patient as to the reasons for termination and explaining the possible implications
- documenting everything during, or as soon as possible after, any event.

Where it is apparent that the patient is becoming increasingly frustrated or angry, attempt to either defuse their anger by providing them with an opportunity to safely vent their feelings, or deflect their anger away from you or your practice by depersonalising the situation. It may be appropriate to, for example, acknowledge their anger with a statement of: 'You appear to be angry' and then attempt to deflect it with: 'Are you able to tell me what you are angry about?'

Specific actions GPs can carry out to help defuse the situation include:

- maintaining an open, nonthreatening body posture while being emotionally neutral (eg. remain seated)

- maintaining eye contact
- speaking slowly and clearly, using short sentences
- keeping your arms relaxed, free and visible to the patient
- addressing accusations with direct and specific answers rather than trying to be evasive.

Your objective is to not provide an environment or an excuse for the patient to make the decision that he/she will use violence.

Reinforcing internal barriers

Society at large is more accepting of violence in some situations than in others. Violence is generally accepted in activities such as contact sports and for the purpose of punishment. To a lesser degree it is accepted in certain social environments involving overindulgence in alcohol. Most societies will not condone attacks on the elderly, the defenceless, or those held in high esteem.

While we may not know what an individual's internal barriers are, there are some strategies that may reinforce the belief that assaulting you would be committing a social 'taboo'. Specific actions to achieve this include:

- remaining professional
- maintaining the appearance of being nonthreatening and defenceless (eg. by remaining sitting, emotionally neutral and using open body language)
- not providing any reason (or excuse) the patient can use to assault you.

Reducing environmental risks and opportunity

The ideal environment in which to carry out an assault is one where the victim is at a physical disadvantage, there is no escape route, the victim can be taken by surprise and there are no witnesses or others who may assist. You can make it difficult for the patient to carry out the assault by:

- ensuring you have a witness
- avoiding turning your back on an angry patient
- maintaining a barrier between you and the patient (eg. a counter or desk)
- avoiding keeping anything on your desk (within easy reach of the patient) which can be used as a weapon (eg. letter opener, tendon hammer)
- keeping far enough away from the patient that they are forced to step toward you in order to reach you
- activating a duress alarm (eg. an infrared doorbell chime)
- having a physical escape route available.

When escorting a patient off the premises, do so while walking close beside them, walking them to the door and closing the door behind them.

Preventing the execution of the attack

Options include:

- Removing yourself from the environment (using your escape route)
- Positioning yourself in a safe place relative to the patient (eg. standing side by side next to the patient)
- Getting help (co-workers, other patients, police).

After the event

Being assaulted is a significant and traumatic event. It is particularly traumatic if it was not expected, ie. you did not see it coming or you consider you did nothing to provoke the attack.

After effects include overt effects such as post-traumatic stress disorder and subtle effects such as those on your professional judgment. An inability to be dispassionate in dealings with emotionally charged patients may result in overcompensation in judgments. An Australian survey of GPs who suffered violence reported experiencing poor concentration, difficulty in listening to patients, rumination, and intrusive thoughts when in an enclosed space in subsequent consultations.[11]

Even if you feel perfectly in control and unaffected by being assaulted, I recommend that you present for counselling with an appropriately qualified counsellor or psychologist. Depending on the level of threat, other options include having a silent telephone number, electoral roll and car registration.

Social control is necessary to influence violent behaviour. 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.

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