Occupational violence

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The problem of violence directed toward general practitioners and their practice staff is acknowledged worldwide. In Australia, the tragic 2006 murder of a Melbourne GP while practising in her surgery highlighted the seriousness of the issue.

Research into occupational violence in Australia commenced in the Discipline of General Practice at the University of Newcastle (New South Wales) with quantitative and qualitative work in rural general practice led by Dr Helen Tolhurst in the late 1990s. Her team developed definitions of types of occupational violence, which have been used in our subsequent research and in other Australian studies.

A multidisciplinary team of researchers based at the University of Newcastle then conducted quantitative[1] and qualitative[2] studies in three urban divisions of general practice in 2004. The principal findings of these studies were the relatively high prevalence of violence (63.7% of GPs had experienced violence in the previous year), and the preponderance of verbal as opposed to physical violence – although the 12 month prevalence of physical violence (2.7%), sexual harassment (9.3%) and stalking (3.0%)[1] might still be thought alarming.

Our work also suggested that there are considerable sequelae of this violence: effects on GPs' psychological wellbeing, work enjoyment and commitment, and on the provision of general practice services to patients. Many GPs restrict their practice on temporal, geographic or demographic grounds in order to decrease the risk of violence and in order to feel safer, limiting after hours work, home visits (especially to lower socioeconomic areas) and access by demographic groups perceived to be higher risk (eg. drug seeking patients).[2]

This work has helped inform debate and policy around the issue of occupational violence in general practice. One resulting paper[1] was the only cited paper in The Royal Australian College of General Practitioner's (RACGP) 2006 position statement on occupational violence.

More recently our team has explored violence toward general practice registrars and the entire general practice team rather than solely GPs. Again, this has involved both quantitative and qualitative research methodologies. Although we have not directly compared GPs and general practice registrars, there is some evidence from this work that registrars may be a particularly vulnerable group. Receptionists may also be subject to greater prevalence of violence than GPs. This appears to be especially so for verbal abuse.[3] And, although violence is usually verbal rather than physical, significant psychological distress, especially anxiety symptoms, is a common result. As with GPs, receptionists' experiences of violence, and the apprehension and anxiety such violence engenders, significantly affects their enjoyment of their work, engagement with their job, and their work performance.[3]

The question to be asked about these studies, and their findings, is how they inform GPs' and practices' responses to violence and the threat of violence. At the time of our original studies (2004–2005) GP and practice responses may not, for example, have adequately addressed issues such as the psychological impact on practitioners and their staff and the practice layout and design.

An understanding of the prevalence and patterns of violence and its associations and sequelae is important in framing responses (eg. those of the RACGP). Our work has demonstrated that violence is associated with lower socioeconomic status of practice location, practice populations with more drug related problems, practices providing home visits, and with less experienced or female GPs.[1] General practitioners perceive male patients, younger patients, patient psychiatric illness, smaller practices and inappropriate physical design of the practice as being risk factors for violence. We have also documented the detrimental effects of violence on the work and personal lives of GPs and staff. These findings may inform measures and policies that GPs, practices, and general practice bodies such as the RACGP, divisions and Medicare Locals adopt in response to the problem of occupational violence. But as with all previous research in this area, including studies by teams from Monash University and the Australian National University, our work has been cross sectional and retrospective. These are significant limitations in an area that may be particularly prone to recall bias: on the one hand violence is psychologically a particularly traumatic event for GPs but, on the other, violence is often 'normalised' in general practice culture – 'part of the job'.

Prospective recording of incidents of violence and their circumstances would avoid this recall bias. Such data, more reliable than retrospective data, would better inform practice and practitioner prevention of and response to violence. This research is much needed. What is further required, however, are trials of interventions (based on available descriptive studies' findings) to prevent and respond to violence. This is a vital next step for Australian general practice research in this area.

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References

1. Magin PJ, Adams J, Sibbritt DW, Joy E, Ireland MC. Experiences of occupational violence in Australian urban general practice: a cross-sectional study of GPs. Med J Aust 2005;183:352–6.
2. Magin P, Adams J, Ireland M, Joy E, Heaney S, Darab S. The response of general practitioners to the threat of violence in their practices: results from a qualitative study. Fam Pract 2006;23:273–8.
3. Magin P, Joyce T, Adams J, Goode S, Cotter G. Receptionists' experience of occupational violence: a qualitative study. Br J Gen Pract 2009;59:578–83.

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