GPs, violence and work performance

'Just part of the job?'

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BACKGROUND
This study explored the impact of work related violence on general practitioners' work performance.

METHOD
A postal survey of 1000 randomly selected GPs about work related violence. Those GPs reporting incidents of work related violence in the past 12 months were asked to write about its effect on them in response to an open question.

RESULTS
Eighty-five GPs responded. Seventy-three percent of GPs who had experienced work related violence answered an open question about its effect on their work performance. The effect was negative for most, respondents citing poor concentration, difficulty listening to patients, rumination and intrusive thoughts when in an enclosed space in subsequent consultations, particularly in consultations with the patient who had perpetrated the violence, or their families or coworkers, or with similar patients.

DISCUSSION
General practitioners have reported that work related violence has a continuing impact on their work performance. Future research should include psychometric testing of cognitive functioning and mental health testing to quantify this.

Although there is publicity about doctors abusing their patients,[1,2] there is less publicity about work related violence directed against general practitioners. In general, the effects of work related violence are predominately psychological, social and professional.[3] Professional effects include feelings of decreased competency (21%), an increased sense of vulnerability (18%), attitude changes (7%) and substance abuse (1%).[3] There may also be a higher incidence of chronic stress, poor concentration, mistakes, accidents and decreased productivity.[4,5]

Reports suggest that as many as 55–64% of GPs are exposed to work related violence in any 12 month period.[6–8] We sought to determine the psychological impact of exposure to work related violence, and the impact on GPs' families and work performance.

Method

This report is drawn from a larger study on occupational violence in three primary care professions.

We developed a questionnaire to explore GPs' experience of violence. We defined six forms of violence based on previous work: verbal abuse, property damage or theft, intimidation, physical abuse, sexual harassment and sexual assault.[9] General practitioners were asked to respond to an open question: 'Thinking of the most significant episode of violence you have experienced, please describe the impact it had on your work' if they had experienced work related violence. The questionnaire was piloted on a small group of GPs and subsequently modified. The modified questionnaire was then posted to 1000 randomly selected Victorian GPs by the Health Insurance Commission. General practitioners could return the completed questionnaire via a reply paid envelope.

Responses were transcribed and analysed thematically using NVivo. All responses were coded descriptively, and were then coded for emerging themes. Initially this was performed by the author, and subsequently by the entire team to allow for different positions and perspectives.[10,11]

Ethics approval was granted by Monash University Standing Committee for Ethics in Research on Humans.

Results

We received 216 surveys. Some were excluded (five were blank, three reported no work related violence), resulting in a response rate of 21.1%.

Seventeen GPs reported no impact on their work performance after an incident of work related violence, and one GP reported minimal impact (total 21%). Five (6%) reported reflective/protective behaviours. The remainder (62, 73%) reported stress, symptoms fitting post-traumatic stress disorder (PTSD), avoidance of patients and sites in which work related violence had occurred, or a loss of job satisfaction.

Protective behaviours

Protective behaviours were reported by five GPs. These included reflecting on the interpersonal dynamics of the consultation and planning how to manage similar patients in the future, reassessing safety within their practice for themselves and their staff, and enrolling in violence prevention courses (*Table 1*).

Table 1. Representative GP responses

- 'Professionally I reflect on how I could have done things better, handle the situation etc' (man, 30–35 years)
- 'I was abused by patient for not giving him valium tablets. I reflected on how I would have handled it if faced again with same problem' (woman, 41–46 years)
- 'Made me assess the safety issues physically at workplace, eg. where I sit compared to door, location of distress alarm' (man, 31–35 years)
- '...enrolled in violence prevention course' (woman, 31–35 years)
- 'It gave me the shakes; I couldn't do anything for a couple of hours after. Kept crying off and on all day' (woman, 56–60 years)
- '...difficult listening to patients. Probably didn't affect my judgment' (man, 36–40 years)
- '...thoughts about the incident intruded into consultations for a day or so, may reduce effectiveness of these consultations' (man, 51–55 years)
- '...for several days felt anxious, poor concentration which affected work performance' (man, 46–50 years)
- '...caused me a great deal of anxiety for some weeks and caused me to go over in my mind over and over what happened. This gradually subsided' (woman, 56–60 years)
- '...distracted from tasks for weeks after' (man, 41–45 years)
- '...less enjoyment. More consideration of other careers' (man, 31–35 years)
- '...fear, guarded, refusal to see someone who makes me vaguely uncomfortable' (woman, 46–50 years)
- '...quite significant. Now avoid house calls after hours and only see patients I know well outside of workplace' (woman, 41–45 years)
- '...extreme fear, demoralised, nearly gave up profession, lost trust in people' (woman, 46–50 years)
- '...made me realise that I am in a profession where I can be threatened or abused' (woman, 26–30)
- '...just one more nail in the coffin' (man, 46–50 years)
- '...made me hate the work for a while' (woman, 26–30 years)

Stress and post-traumatic stress disorder

Symptoms suggestive of PTSD were reported by 62 GPs (*Table 1*). Symptoms included apprehension, fear, stress, loss of trust and withdrawal. General practitioners felt they became less effective in subsequent consultations because of difficulties concentrating, inability to listen to patients, reluctance to be in a closed space such as a consulting room with patients (or even by themselves), apprehension and fear. General practitioners also reported that they would ruminate or experience intrusive thoughts about the violent experience during consultations with other patients, and experience physical reactions such as 'having the shakes' or crying. General practitioners reported these responses occurring over several hours, days or months. These responses were analysed as belonging to one of two themes: a normal stress response, and a prolonged stress response consistent with PTSD.[12]

Avoiding patients

General practitioners reported varied responses to the individual patient who had been violent toward them. Some GPs reported no change in the doctor-patient relationship. Others reported feeling discomfort when seeing or meeting the patient, including stress, fear and avoidance behaviours. Some GPs became unable to continue providing care for the patient, and some reported increased difficulty caring for patients similar to those who caused the violence (eg. drug dependant patients, patients under the influence of alcohol, psychiatric patients, abused, new or angry patients, and patients who made them feel in some way uncomfortable).

Avoiding sites

Some GPs avoided work sites where the violence occurred, avoiding house calls, hospitals, nursing homes, and consulting rooms in which they felt 'enclosed' or 'cornered'. Others avoided situations such as picking up the telephone out of hours, working in clinics requiring evening or weekend work, working late or on weekends, and out of hours surgery or hospital visits. Some reported that they had started carrying capsicum spray or taking a guard dog into situations in which they felt vulnerable.

Loss of job satisfaction

General practitioners reported loss of job satisfaction after experiencing work related violence. Although none reported actually planning to leave the profession, some had considered taking up other careers.

Discussion

While the overall survey response rate was low, this is less a problem in this qualitative study – in which the range of issues was being elicited – than it would be in a quantitative sampling. General practitioners experiencing work related violence may have been more likely to respond.

Psychological stress, symptoms suggestive of PTSD, and avoidance behaviour were the most important consequences of GPs experiencing work related violence. These may be part of the normal response (in which blocking behaviours may protect the sufferer from anxiety), or part of the prolonged stress response described in other settings.[13,14]

The findings raise concerns about subsequent GP work performance, certainly immediately after an incidence of work related violence, and perhaps for several months afterward. Good communication may be dependent on the doctor's own emotional stability[15,16] – this may be impaired, especially if GPs are blocked from listening and concentrating, and could interfere with their attending to physical problems, responding to patient cues, their ability to be active listeners and to offer enabling body language.[17,18] This needs quantifying. Meanwhile, preventive and management strategies may need to be identified to support GPs (and their patients) affected by work related violence.

Implications for general practice

- Among GPs reporting occupational based violence, many reported impairment of work performance.
- This manifests as:
  - poor concentration
  - difficulty listening
  - intrusive thoughts
  - avoiding patient types or sites.

Conflict of interest: none declared.

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