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Patient initiated aggression and violence in Australian general practice

Background
Aggressive and violent behaviour by patients, or their relatives or friends, toward general practice staff is a matter of national concern. Forms of this behaviour include verbal and physical abuse, property damage, theft, stalking, sexual harassment and sexual abuse.

Methods
To determine the prevalence of patient initiated aggression and violence in Australian general practice a review of the literature was undertaken. Electronic databases were searched for relevant articles from 1989–2009.

Results
Four regional Australian studies and one national New Zealand study were identified for comparison. These studies provided varied data on the prevalence of patient aggression and violence perpetrated toward general practitioners. None of the quantitative studies included other general practice staff.

Discussion
Australian data investigating patient initiated aggression and violence in general practice are limited. Findings should be interpreted with caution due to methodological limitations. The lack of national data needs to be addressed.

Keywords: general practice; occupational health; doctor (physician) health status; doctor patient relations

All forms of violence have increased in recent decades internationally, and in 1996 were declared a public health concern of epidemic proportion with extensive health care ramifications.[1] It has been well recognised in the literature that workers in any health care setting can be the target of some form of violence at some stage during their career.[2–6] The importance of research on the topic of violence against health care workers has been highlighted in numerous international publications and declarations.[7–9]

In Australia, patient inititated aggression and violence toward general practioners has been much publicised in the media in recent times after the death of a Melbourne GP and the recent stabbing of a Sydney GP. These incidents highlight the vulnerability of GPs, who have a duty of care to provide primary care for a cross section of the community, including potentially violent or aggressive individuals. Like any other place of employment in Australia, primary care workplaces have a duty of care to employees under health and safety legislation. Thus, these incidents of violence toward GPs, have triggered the development of policies, and support and educational materials such as *General practice – a safe place: tips and tools*,[10] and *General practice – a safe place: education module*,[11] published by The Royal Australian College of General Practitioners.These manuals address patient initiated aggression and violence in general practice. They provide environmental design suggestions, policy and procedure development to help prevent this aggression and violence, and include training for de-escalation and escape strategies.

Severe physical violence perpetrated toward GPs draws public attention. However, it is likely that these events are rare in comparison to other types of patient aggression and violence. Verbal abuse and threats made toward general practice staff are likely to happen in some practices on a daily basis.[12] In addition, studies from the United Kingdom (UK) suggest other general practice staff (eg. medical receptionists and practice managers) may be on the receiving end of verbal abuse more frequently than GPs due to their 'gate keeping' role in the practice.[13,14] While verbal abuse, threats and property damage may not cause physical injury, the mental health and wellbeing of general practice staff may be threatened by such incidents.[15]

This literature review aims to determine whether any Australian studies have investigated how frequently different types of patient initiated aggression and violence are directed toward general practice staff. It offers an opportunity to evaluate the existing evidence and provides a critique of these studies. This review only examined aggression and violence perpetrated by patients, or patients' relatives or friends. The authors' definition of workplace aggression and violence includes any incident where GPs or other practice staff are abused, threatened, harassed, assaulted; or where property is damaged or stolen; involving an explicit or implicit challenge to the safety, wellbeing and health of staff at that practice.[11] We wanted to explore the complexities of how the different forms of aggressive and violent behaviours are measured in existing studies.

Methods

Studies were identified through an electronic search of the literature, from 1989–2009 (October), using the following databases: Web of Science, MEDLINE, PubMed, CINAHL PLUS

(EBSCO), and SCOPUS. The following search terms were used: primary health care, general practice, family practice, violence, patient initiated violence, occupational violence and aggression. Only studies published in English were included. In addition, grey literature, such as editorials and commentaries addressing patient initiated aggression and violence in the general practice workplace in Australia, was collected to ensure no unpublished prevalence studies were missed.

Results

Four empirical studies in Australia were found to have investigated patient initiated aggression and violence toward general practice staff (*Table 1*).

The first Australian study was conducted by Tolhurst et al (2003) and involved GPs (n=314, 29% female) located in rural Western Australia, one rural division of general practice in New South Wales (NSW), and one rural division of general practice in Victoria.[16]

Alexander and Fraser (2004) subsequently conducted a multidisciplinary survey involving GPs (n=85, 36% female) and other health professionals: nurses (n=672, 94% female) and allied health workers (n=114, 87% female), from a rural northern area health service of NSW.[12]

Magin et al (2005) investigated urban NSW GPs' (n=528, 49.6% female) experiences of violence in general practice.[17–24]

Koritsas et al (2007) surveyed metropolitan, regional and rural GPs (n=211, 34.7% female) from Victoria.[25,26]

An additional study from New Zealand by Gale et al (2006) has been included for comparison with the Australian studies as it was conducted on a national rather than regional scale.[27] This study involved mailing a survey to all vocationally registered GPs in New Zealand and received a response rate of 52.2% from 1205 GPs (35.5% female). To date, no national study has been conducted in Australia.

Table 1. Overall prevalence of patient aggression and violence within a 12 month period and over GPs' career for Australian studies

	Australia			
First author (Year)	**Tolhurst (2003)**	**Alexander (2004)**	**Magin (2005)**	**Koritsas (2007)**
n (RR %)	314 (51.8%)	85 (61.2%)	528 (48.7%)	211 (21.1%)
Prevalence %				
12 month period	*	48	63.7	57
During career	73	68	*	*

* Not included in publication
n = number of GP participants; RR = response rate

Prevalence of patient aggression and violence toward GPs

Overall prevalence

The four Australian studies gave varying percentages for the overall prevalence of patient aggression and violence experienced by GPs: this includes all forms of emotional, physical and sexual aggression and violence (*Table 1*).

Tolhurst et al did not provide a percentage for the overall prevalence of aggression and violence experienced within a 12 month period, only over span of career.[16] In contrast, Magin et al and Koritsas et al did not ask GPs to reflect on the aggression and violence experienced over their career.[23,26] Only Alexander and Fraser reported on the overall prevalence for both; however, their percentages included aggression and violence from professional colleagues as well as from patients and patients' relatives.[12] Gale et al did not provide percentages on the overall prevalence of aggression and violence experienced by GPs within a 12 month period or over their career.[27]

Prevalence of specific forms

All five studies asked GPs whether they had experienced verbal abuse, physical abuse and sexual harassment within a 12 month period (*Table 2*). In addition, all five studies asked participants about their experiences of a variety of forms of emotional, physical and sexual aggression and violence perpetrated by patients, or patients' relatives or friends. However, between the studies there was some variation in the definitions used and in the types of the perpetrators. The findings demonstrate considerable variation in prevalence within the different forms of aggression and violence. This is exemplified by the national study conducted by Gale et al in New Zealand, which found much lower levels of verbal abuse compared with the Australian studies.[27]

Discussion

The findings indicate there are extremely limited Australian data investigating patient initiated aggression and violence toward general practice staff. To date, the national prevalence of this has not been determined.

This is the first literature review to collate Australian studies with the purpose of documenting the available evidence of patient initiated aggression and violence perpetrated toward general practice staff. The regional studies that have been conducted thus far provide some estimates of the prevalence of different forms of aggression and violence. However, methodological limitations of these studies include definitional issues, sample bias and recall bias. Therefore, the claim that almost two-thirds of GPs experience an aggressive or violent incident may be misleading based on the current evidence.[23] Compounding the lack of national data is the lack of information available on the prevalence and incidence of different forms of patient initiated aggression and violence directed toward general practice staff other than GPs. While a recent publication by Magin et al[21] details a qualitative exploration of general practice receptionists and practice managers' exeriences of patient initiated aggression, it does not provide quantitative information about this phenomenon.

Sampling issues for all the Australian studies introduce limitations to the findings. The studies by Tolhurst et al, Alexander et al and Magin et al all have small sample sizes from restricted regions, and Koritsas et al received a low response rate. This may have led to an overestimate of aggression and violence due to response bias. The similarities in findings between the three Australian studies by Tolhurst et al, Magin et al and Koritsas et al of the prevalence of verbal abuse, property damage or theft, and physical abuse may reflect definitional

issues as Magin et al and Koritsas et al used Tolhurst's definitions in their surveys.

In comparison to the Australian studies, the national survey conducted in New Zealand by Gale et al had a reasonable response rate and a much larger sample size. This study obtained much lower figures for verbal abuse and property damage, which may reflect the definitions used or that the Australian studies overestimated these forms of aggression. Nevertheless, it is interesting that the prevalence of high level violence (eg. stalking, physical and sexual harassment, and sexual violence) are similar across all the studies, with the exception of the study by Alexander et al. Comparing these Australian and the New Zealand study to international studies, such as those conducted in the UK,[13,14] is difficult due to reporting differences between overall or specific forms of aggression and violence, and variations in the time periods for which data were collected in the UK.

It appears from the Australian studies that there are three main types of aggression and violence perpetrated by patients.

The first is the frequent 'low level' aggression which includes forms of emotional aggression (eg. verbal abuse, threats, intimidation). As international studies also indicate, it is likely that nonclinical practice staff, particularly receptionists, experience this type of aggresssion more frequently than other types of aggression and violence.[13,14,28] The contributing causative factors to this low level aggression may include extended waiting times, dissatisfaction with care and limited access to health care.[5]

The second and third types of aggression and violence are the physical and sexual. These 'high level' but infrequent types are likely to be under-reported but are most likely not perpetrated commonly toward GPs.[5] In addition, the causative factors of the perpetration of these high level types of aggression and violence are likely to be very dissimilar to the causative factors of emotional aggression.

Implications for prevention in general practice

The spectrum of patient initiated aggression and violence perpetrated toward general practice staff and the various underlying causes have implications for prevention. Practices are encouraged to implement physical safety measures (eg. duress alarms, locks and alteration of the consulting room layout), but while this may minimise the risk of harm from physical or sexual attacks and allow evasion from a perpetrator, it will not stop patients from having the intent to cause harm to practice staff. Rowe and Kidd[29] suggest individuals who are at risk of perpetrating violent crimes need to be 'managed assertively with intensive, biopsychosocial intervention by a multidisciplinary mental health team'. Currently such management is not readily available to many individuals. Patient frustration with the current medical system and its shortfalls may be the major causative factor for verbal abuse.[30] However, general practice staff are rarely able to alleviate these more systemic issues for patients. Nevertheless, the causes of patient aggression and violence toward general practice staff are currently unknown, research is needed to substantiate the causes in order to develop evidence based preventive strategies.

Table 2. Patient initiated aggression and violence experienced by GPs within a 12 month period in Australia and New Zealand

	Australia				New Zealand
First author (Year)	**Tolhurst (2003)**	**Alexander (2004)**	**Magin (2005)**	**Koritsas (2007)**	**Gale (2006)**
Types of aggression and violence	**%**	**%**	**%**	**%**	**%**
Emotional					
Verbal abuse	45.5	62	42.1	44	15.4
Intimidation	*	*	*	22	11.5
Obscene behaviour	*	24	*	*	*
Threatening behaviour	*	49	*	*	*
Threats	*	*	23.1	*	(included with verbal abuse)
Threats made over the telephone	*	28	*	*	*
Threats to family	*	*	*		1.7
Slander	*	*	17.1	*	*
Vexatious complaint	*	*	*	*	7.1
Physical					
Property damage or theft	24.2	*	28.6	23	3.0
Physical abuse	3.2	21	2.7	3	3.5
Injury	*	*	*	*	0.8
Stalking	2.5	**	3.0	*	1.9
Sexual					
Inappropriate touching	*	*	*	*	1.7
Sexual harassment	8.6	**	9.3	8	6.2
Sexual abuse	0.3	**	0.2	1	*

* Not measured in survey ** Measured in survey but results not included in publication

Conclusion

A national prospective and more organised approach is required to collect data regarding patient initiated aggression and violence which is inclusive of all staff working in general practice. There is also a need to raise awareness of the occupational health and safety implications of patient initiated aggression and violence and its impact on general practice staff retention. In support of staff wellbeing and retention, more comprehensive training is required for general practice staff to deal with and de-escalate patient initiated aggression.[31]

It is clear that more work on this is needed in Australia, and the logical starting point is to determine the national prevalence of patient initiated aggression and violence toward all general practice staff. The Department of Health and Ageing have commissioned the Australian Primary Health Care Research Institute to conduct a national study investigating patient initiated aggression toward general practice staff in 2009 and 2010. The results of this study have the potential to offer a more comprehensive picture of the nature and extent of patient initiated aggression in Australia. In turn, this may help inform general practices about the potential risks they face and how those risks can be minimised.

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