

The Interface



Patient Aggression: Is the Clinical Practice Setting Safe?

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This ongoing column is dedicated to the challenging clinical interface between psychiatry and primary care—two fields that are inexorably linked.

ABSTRACT

Over the past 20 or so years, a number of studies have examined patient aggression toward healthcare professionals. While the majority of these studies has focused on healthcare professionals in the fields of emergency medicine, psychiatry, and primary care, available data extends beyond these three specialties. Studies have been done in the United States, other English-speaking countries, and elsewhere—all reporting surprisingly high rates of patient aggression. Results indicate that patient aggression toward healthcare professionals is common and worldwide. In addition, one study

examined aggressive patient behaviors as reported by the patients themselves, and their self-report data reinforce the mainstream data. While these data do not enable us to determine if patient aggression is genuinely on the increase, we can safely say that these behaviors are rampant.

KEY WORDS

Aggression, healthcare, patient aggression, patient violence, physicians, violence

INTRODUCTION

Aggression is unfortunately ever-present in our world. And, it seems to

be spreading into the sanctum of the medical practitioner, whether in the psychiatry setting or primary care setting. While patient aggression in the clinical setting has been well-known for years, cumulative studies are beginning to elucidate its extent. Indeed, even the media are now actively acknowledging patient violence against healthcare professionals. For example, in a 2010 blog by the *Skeptical Scalpel*, there is an article entitled, “World-Wide Violence Against Doctors and Nurses.”¹ In this edition of *The Interface*, we present a number of articles on the prevalence of patient aggression in various medical settings based upon the accounts of trainees, physicians-in-practice, and even the patients themselves. From these data, one conclusion is evident—aggressive patient behaviors in the medical setting are fairly rampant, regardless of practice type, patient sample, or geographic location. We will first examine aggressive patient behaviors toward trainees.

MEDICAL TRAINEES AT RISK

According to empirical studies, patient mistreatment of resident physicians is surprisingly common. For example, among trainees in seven Canadian residencies, Cook et al² found that 50 percent of participants reported psychological abuse by patients, with 10 to 15 percent reporting physical assaults by either patients or family members. Coverdale et al³ surveyed 135 New Zealand residents in the fields of psychiatry, general medicine, surgery, and obstetrics/gynecology. In this study, 67 percent of participants reported verbal threats by patients, 54 percent physical intimidation, 41 percent the observation of damage to the treatment facility, and 39 percent physical assaults. We surveyed

training directors of psychiatry programs and found a mean of 1.26 physical attacks on residents per program during a two-year study period.⁴ Finally, in a study of psychiatric trainees in Belgium, Pieters et al⁵ found that 72 percent of respondents reported verbal threats by patients and 56 percent had experienced at least one physical assault by a patient.

PHYSICIANS AT RISK

In addition to trainees, physicians in practice are at risk for patient aggression. In this regard, several studies from the United States have documented patient violence toward physicians who are established in practice. For example, in a survey of emergency physician members of the Michigan College of Emergency Physicians, Kowalenko et al⁶ reported on the results of 171 respondents. In this study, during the previous 12 months, 74.9 percent reported at least one verbal threat by a patient and 28.1 percent reported a physical assault by a patient. In a study of 65 emergency departments across the United States, Kansagra et al⁷ examined the responses of 3,518 participants. In this study, respondents indicated a median of 11 patient attacks per site over a five-year period. In a survey of 91 psychiatrists, Dubin et al⁸ found that approximately one-third of respondents reported serious assaults by patients. Finally, Madden et al⁹ surveyed 115 psychiatrists and found that 41.7 percent reported physical assaults by patients.

Patient abuse of physicians is also reported in other English-speaking countries. For example, in a study from the United Kingdom, Hobbs¹⁰ examined aggressive patient incidents experienced by general practitioners.¹ In this sample of 1,093 physicians, 62.9 percent reported

abuse or violence during the preceding 12 months. While the majority of incidents involved verbal abuse or threats (91.3% of all incidents), there were 90 incidents of frank physical assault or injury of physicians. Cook et al¹¹ surveyed 501 Canadian general internists and found that three quarters had experienced emotional abuse by patients, with 38 percent of female and 26 percent of male respondents reporting physical assaults. Among 196 Canadian female physicians, Stewart et al¹² found that during the year preceding the study, 71 percent had experienced verbal abuse and 33 percent physical assault by patients. In an Australian sample of general practitioners, Tolhurst et al¹³ found that 73 percent of surveyed participants reported some form of violent or aggressive behavior from patients. Finally, in another study of Australian general practitioners, Koritsas et al¹⁴ examined physician gender and relationships to patient abuse. In this study, 49 percent of women and 41 percent of men reported verbal abuse; 24 percent of women and 22 percent of men reported property damage or theft by patients; three percent of women and four percent of men reported physical abuse; and no women and two percent of men reported sexual assault by patients.

Unfortunately, the preceding statistics are echoed in non-English-speaking countries, as well. For example, in a study from Kuwait, Al-Sahlawi et al¹⁵ examined 101 emergency medicine physicians and found that 86 percent had experienced either verbal insults or intimidation, 28 percent physical assaults, and seven percent serious injury. In a Turkish study of 195 emergency medicine physicians, Ayranci¹⁶ found that 72.3 percent reported some form of violence: 69.5

percent emotional or verbal abuse and 8.5 percent physical assault. In an Israeli study comparing community and hospital physicians, Carmi-lluz et al¹⁷ surveyed 177 practitioners. Verbal abuse was reported by 53.7 percent of hospital physicians and 58.5 percent of community physicians whereas physical violence was experienced by 9.5 percent of hospital physicians and 8.5 percent of community physicians. In a study from Japan, Arimatsu et al¹⁸ studied 698 physicians from various specialties and reported that 24.1 percent had experienced verbal abuse and 2.1 percent physical violence in the past six months. In a second study from Turkey, Aydin et al¹⁹ examined 522 general practitioners and found that 82.8 percent reported violence, mostly verbal abuse. In a second study from Japan, Saeki et al²⁰ examined 758 physicians from various specialties and found that 26 (3.4%) had experienced posttraumatic stress disorder (PTSD)-symptoms in the aftermath of patient aggression. In a study from Poland, Kowalczyk et al²¹ surveyed 501 physicians and reported that 86 percent had experienced patient aggression. Finally, Algwaiz and Alghanim²² surveyed 600 physicians and nurses in Saudi hospitals and found that 67.4 percent had been victims of patient violence in the preceding 12 months.

In summarizing these studies, it is evident that participants are reporting surprisingly high rates of maltreatment by patients. This finding is evident regardless of study methodology, sample type, or country in which the investigation took place. Clearly, patient aggression toward trainees and physicians in practice is despairingly common. One limitation of the majority of the previous studies is

the lack of explicit clarification of the nature of physician maltreatment by patients.

A PHYSICIAN SURVEY EXPLORING EXPLICIT AGGRESSIVE PATIENT BEHAVIORS

In an effort to further examine the types of aggressive patient behaviors experienced by physicians, we undertook a cross-sectional survey of 61 primary care physicians.²³ In this survey, we asked if participants had experienced any of 26 aggressive patient behaviors during the preceding 12 months (Table 1). Note that, as in previous studies, various forms of verbal abuse were quite common. Unlike previous reports, no participant reported a physical assault. However, 41 percent of participants reported calling the police or security to have a patient removed from their office.

We also asked respondents if their practice styles had been affected by patient aggression during the previous 12 months. In this sample, 8.2 percent endorsed this item and offered the following comments: “increased background checks on suspicious or abusive patients and increased numbers of policies/procedures to deal with inappropriate behavior;” “I am drafting a letter to patients explaining our policies/procedures and expectations of their behavior;” “cautious, thorough documentation of boundaries;” “more setting limits with patients, and not allowing patients between me and the door;” and, “we lock the door between the waiting room and our back office to limit access to all but scheduled patients.”

We also included a screen for PTSD. In examining these data, 4.9 percent of respondents indicated having had nightmares about a patient incident, 9.8 percent reported trying to avoid thinking about an incident, and 4.9 percent acknowledged being

TABLE 1. Rates of endorsement by primary care physicians (N=61) of various types of physician maltreatment by patients

AGGRESSIVE ITEM	N (%)
Verbally bullied to write a prescription	37 (60.7)
Verbally bullied to make a referral	28 (45.9)
Verbally bullied to fill out a form	16 (26.2)
Verbally bullied when setting limits on a patient	15 (24.6)
Verbally bullied when confronting a patient	21 (34.4)
Made a verbal threat toward you	6 (9.8)
Cussed you out	20 (32.8)
Walked out in anger before the appointment was finished	23 (37.7)
Assumed an intimidating physical posture to threaten you	12 (19.7)
Shook a fist at you in anger	2 (3.3)
Made a threat to physically harm you	1 (1.6)
Physically assaulted you	0 (0.0)
Tried to bully you by proxy (e.g., via an administrator)	26 (42.6)
Made a verbal threat to your office staff	26 (42.6)
Cussed out your office staff	24 (39.3)
Assumed an intimidating posture to threaten your office staff	52 (85.2)
Shook a fist at your office staff	9 (14.8)
Made a threat to physically harm your office staff	3 (4.9)
Physically assaulted your office staff	0 (0.0)
Had to call police or security to have a patient removed from your office	25 (41.0)
Concerned about being followed home by an angry patient	16 (26.2)
Had a family member threatened by a patient	2 (3.3)
Experienced property damage by an angry patient	1 (1.6)
Had an article of clothing damaged by an angry patient	1 (1.6)
Pressed legal charges against a patient for property damage	1 (1.6)
Pressed legal charges against a patient for physical assault	0 (0.0)

Table 2. Frequency of endorsement by patients of 17 aggressive patient behaviors related to medical care (N=397)

PATIENT BEHAVIOR	N (%)
Yelled or screamed at medical personnel	18 (4.5)
Cussed at medical personnel	8 (2.0)
Verbally threatened medical personnel	19 (4.8)
Stormed out of an appointment with medical personnel	16 (4.0)
Threatened to hit or strike medical personnel	28 (7.1)
Threatened to contact the supervisors of medical personnel	19 (4.8)
Verbally threatened medical personnel with a lawsuit	7 (1.8)
Thrown medical equipment around the room	2 (0.5)
Refused to talk to medical personnel	15 (3.8)
Refused to pay your bill because of dissatisfaction or anger	27 (6.8)
Talked negatively about medical personnel to your family	164 (43.3)
Talked negatively about medical personnel to your friends	157 (39.5)
Lied about your medications or treatment to medical personnel	10 (2.5)
Been discontinued from a medical practice because of problem behavior	6 (1.5)
Been charged with disorderly conduct because of problem behavior in a medical office	1 (0.3)
Been charged with assault due to problem behavior in a medical office	0 (0.0)
Been escorted by security off the premises of a medical office	0 (0.0)

constantly on guard, watchful, or easily startled as a result of an incident. None of the respondents reported feeling numb or detached or missing work as a result of patient bullying or harassment. Only one respondent (1.6%) endorsed the necessary three items for a diagnosis of PTSD.

PATIENT DISCLOSURES OF THEIR AGGRESSIVE BEHAVIOR

While there are numerous physician reports of aggressive patient behaviors in the empirical

literature, there is little documentation from the patients themselves. To address this gap, in a cross-sectional study of 397 internal medicine outpatients, we explored the lifetime prevalence of 17 aggressive patient behaviors according to self-report data from the patients, themselves (Table 2).²⁴ In this study, the most frequently endorsed aggressive patient behaviors were talking negatively to friends and family about providers. However, 7.1 percent of the sample

reported that they had threatened to hit or strike medical personnel and 1.5 percent admitted to being discontinued from a previous medical practice due to problem behavior.

CONCLUSION

These data clearly affirm that over the past 20 or so years, patients have demonstrated a number of aggressive behaviors toward trainees and physicians-in-practice. From the available studies, it is difficult to discern if these behaviors are genuinely occurring more frequently (i.e., it is difficult to compare various samples and variables at two points in time), although a number of authors believe so. In addition to reports by trainees and physicians in practice, the patients themselves are reporting aggressive behaviors toward healthcare professionals. In the extant literature, the explanations for the prevalence of aggressive patient behaviors vary, but one thing seems clearly evident—these behaviors are not diminishing in the clinical setting.

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