International Hospital Federation

VIOLENCE AGAINST PEOPLE IN HOSPITALS

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Contents

Introduction

The global growth of workplace violence is impacting hospitals and health organizations worldwide.

Acts of violence within healthcare facilities are not acceptable. Such events have a negative impact on both healthcare personnel and patients. Violence against health workers causes psychological and physical traumas which affect job motivation and quality of care (1). On the side of patients, acts of violence affect the "safe haven" status of the healthcare facility and cause tensions in a place where everyone should feel safe and protected.

Unfortunately, violence in healthcare settings has been growing worldwide, although some areas are more affected than others. Violence can be perpetrated in various forms, such as verbal and physical attacks up to collective and political violence.

The International Labor Organization (ILO) defines "workplace violence" as "*any action, incident or behavior that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work. Internal workplace violence is that which takes place between workers, including managers and supervisors. External workplace violence is that which takes place between workers (and managers and supervisors) and any other person present at the workplace*" (2).

Different strategies have been implemented in both emergency and non-emergency settings and various national and international initiatives have been promoted in the last decades to respond to this growing challenge to the healthcare sector.

In 2016, the American Hospital Association launched the AHA's Hospitals Against Violence initiative to fight against hospital violence through various actions focusing on "youth violence prevention, workplace violence prevention and combatting human trafficking" (3).

In Portugal, the Directorate-General of Health (DGS) established the National Observatory of Violence Against Health Care Workers in the Workplace[1] to promote the sharing of experiences as well as access to useful resources (4).

The French Minister of Health and Solidarity launched the National Observatory of Violence in Health Care (ONVS) to respond to acts of violence in hospitals. In 2017, the ONVS published methodological guidelines to prevent damage to people and property in health care, which lists good practices to prevent and face acts of violence (5).

In 2013, the Unio Catalana d'Hospitals published the Guidelines for the prevention of violence and harassment in the workplace in the healthcare sector (6) to provide to affiliated hospitals with appropriate steps to prevent and face acts of violence.

In 2002, the World Health Organization, the International Labor Organization, the International Council of Nurses and Public Services International jointly published the "Framework guidelines for addressing workplace violence in the Health sector", which intends to provide general guidelines to prevent and face acts of violence.

Since 2015, the International Hospital Federation (IHF) is involved in the Health Care in Danger (HCiD) initiative of the International Committee of the Red Cross (ICRC).

[1] **Observatório Nacional da Violência Contra os Profissionais de Saúde no Local de Trabalho**

The Healthcare in Danger project is, "*an initiative of the International Red Cross and Red Crescent Movement to address the issue of violence against patients, health-care workers, facilities and vehicles, and ensuring safe access to and delivery of health care in armed conflict and other emergencies*" (ICRC, HCiD Project, 2016).

This initiative, supported by the International Red Cross, the Red Crescent Movement and the health-care community, addresses the phenomenon of violence (in all its different forms and dimensions) against health-care services in countries affected by armed conflict.

In November 2017, the IHF General Assembly gathered in Taipei, Taiwan, and adopted the "Fighting violence in health services" Resolution. The purpose of this Resolution is to alert the international community of the growing violence in healthcare facilities and emphasize the need to implement measures to prevent and stop such phenomenon.

According to this Resolution, the IHF Secretariat prepared a survey on "Violence against people in hospitals" with the objective of having IHF Members explore violence risk levels of hospitals and what is in place to limit/face acts of violence.

The purpose of this document is to present the outcomes of the survey and to understand what measures exist to prevent and face acts of violence within healthcare organizations.

Outcomes

The survey on “Violence against people in hospitals” was sent to 39 national healthcare organizations and more than 135 hospitals in late April 2018 and we have received 148 answers from hospitals from 23 countries: Afghanistan, Australia, Belgium, Botswana, Finland, Germany, Greece, Hong Kong, India, Japan, Kenya, Lebanon, Malaysia, Myanmar, Oman, Philippines, South Africa, Spain, Switzerland, Taiwan, United Arab Emirates, United Kingdom and United States.

More than 62% of the respondents belong to the private sector, of which 46% are non-profit organizations. As for public hospitals, 29 are related to the Regional/State Government, 10 to the Ministry of Health and 13 are autonomous.

The average of the current level of concern regarding hospital violence, on a scale 1 (low) to 10 (high), is 6.4 and, for 80% of respondents, violence is a concern in all parts of the country. Compared with the situation 5 years ago, the concern for violence has worsened for 78% out of the 148 respondents. For 8% of respondents, there has not been any change and only for 14% has the situation improved.

Figure 1: Violence is a concern

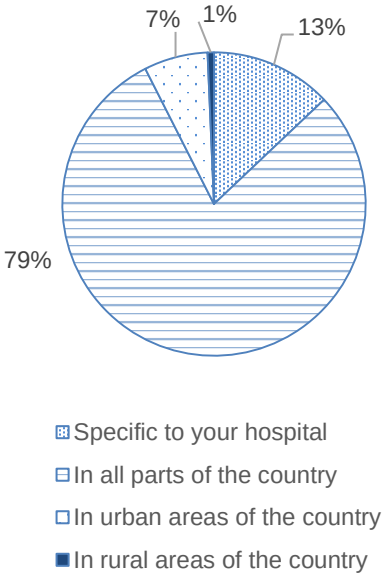
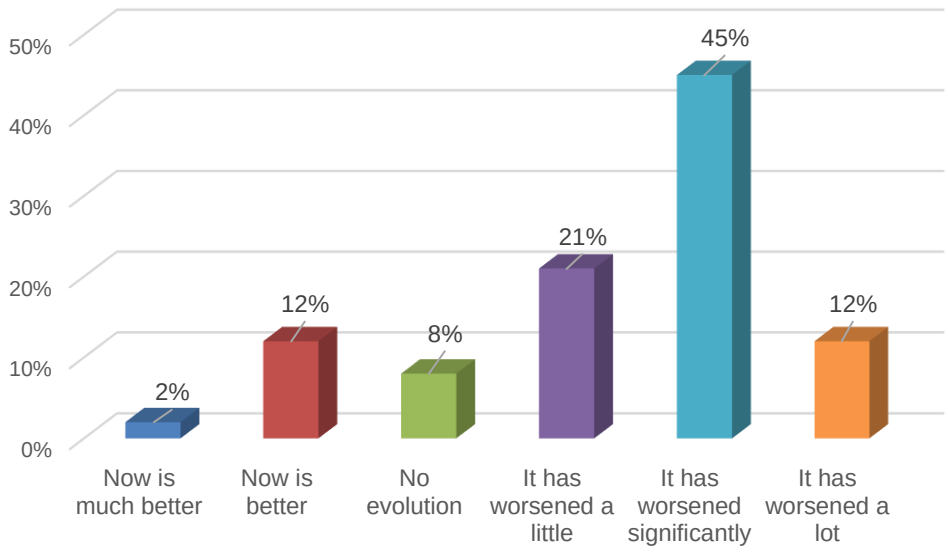


Figure 2: How has the concern of violence evolved



Almost 63% of respondents reported having performed a violence risk assessment and for most of them this is done annually. For most of respondents, the assessment is for the whole hospital but, in some cases, it applies only to specific units/areas such as emergency, psychiatry, admission and billing and security.
Out of the remaining 37%, about 24% pointed out that their hospitals have not performed any evaluation of violence risk factors and 13% are not informed.

Overall, respondents reported considering the safety level of their hospital to be 6 on a scale of 1 (low) to 10 (high).

Although there is very strong concern with violence and the deterioration of the situation, a majority of hospitals still believe that they are operating in a safe environment.

Among those who indicated that the concern of violence has improved ("now is much better" and "now is better") over the last five years, the safety level is ranked at 7 out of 10, whereas it is 5.4 out of 10 for those who reported that it has worsened ("it has worsened significantly" and "it has worsened a lot"). It is also interesting to note the following:

- out of the 21 respondents who indicated that the concern of violence has improved, 19% ranked the safety level between 3 and 5 and 81% between 6 and 9;
- out of the 42 respondents who indicated that there has not be any change ("no evolution" and "it has worsened a little"), 29% ranked the safety level between 2 and 5 and 71% between 6 and 9;
- out of the 85 respondents who indicated that the concern of violence has worsened, 55% ranked the safety level between 0 and 5 and 45% between 6 and 9.

84% of respondents reported having a hazard/risk control plan in place that includes violence. Among respondents without such a plan in place (9%), about half declared that their hospital is in the process of establishing it.

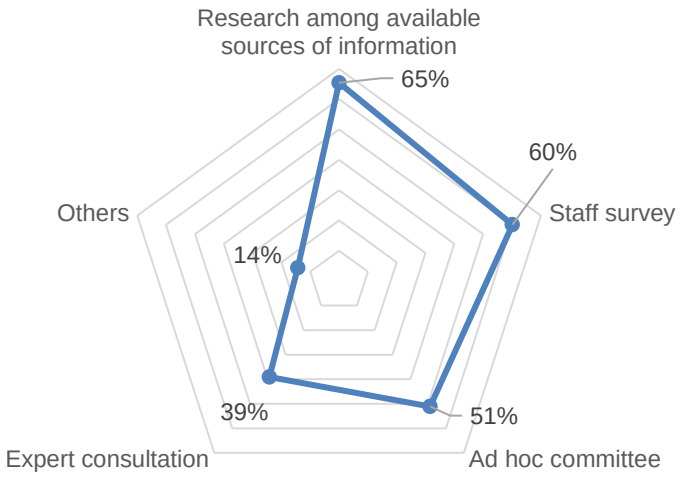
In most of the cases (26%), multi-stakeholder committees are in charge of assessing the hazards/risks within the hospital, followed by security staff (22%) and internal departments (21%). Only in 9% of hospitals are there dedicated units to accomplish the tasks and three of the hospitals from the USA mandate private companies.

Other actors that can be involved in risk/hazard assessment are:

- Emergency Management Manager
- Facilities director
- All personnel
- Quality Department
- Risk management consultant/unit
- Hospital management members
- Safety department

Figure 3 shows the different approaches taken to assess hazards/risks:

Figure 3: Steps to assess risks



When in place, the hazards/risks control plan is updated annually in most of the hospitals (52%), and in about 22% of the cases this is done every time a new hazard is identified. The plan is mostly available for the staff but in some cases (24%) also for patients, like, for example, in Afghanistan, South Africa, Switzerland, Malaysia, and some of the respondents from Greece and USA.

84% of the hospitals have protocols or formal guidelines in regard to violence. These are mostly set up by security staff (38%) or according to national guidelines (20%). The following can also contribute to setting up protocols:

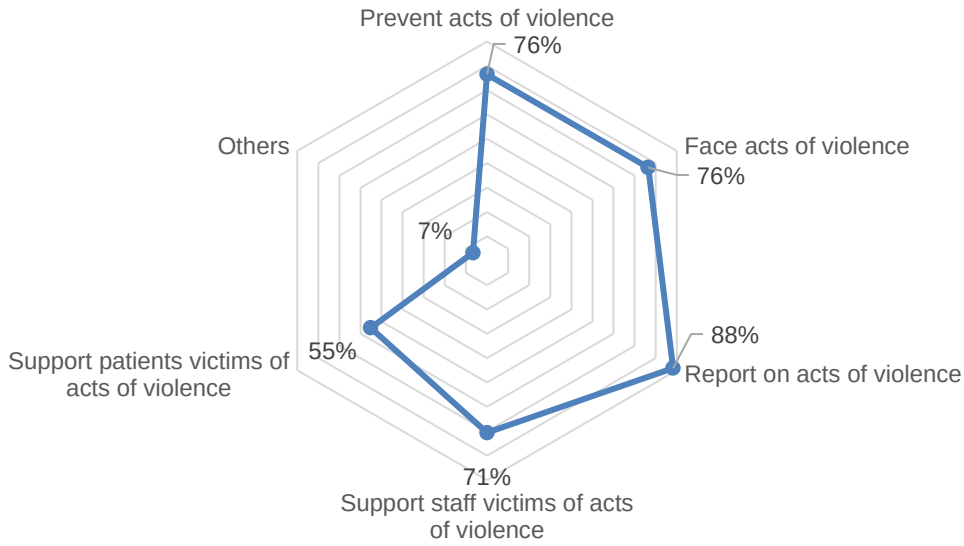
- Hospital safety department
- Emergency management department
- Hospital designated department
- Hospital Management
- Multi-disciplinary committee

In almost all the cases, staff have access to the protocols while patients only in 14% of the cases.

The protocols include how to handle the following:

- Reporting acts of violence
- Preventing acts of violence
- Facing acts of violence
- Supporting staff who are victims of acts of violence
- Supporting patients who are victims of acts of violence

Figure 4: Protocols include

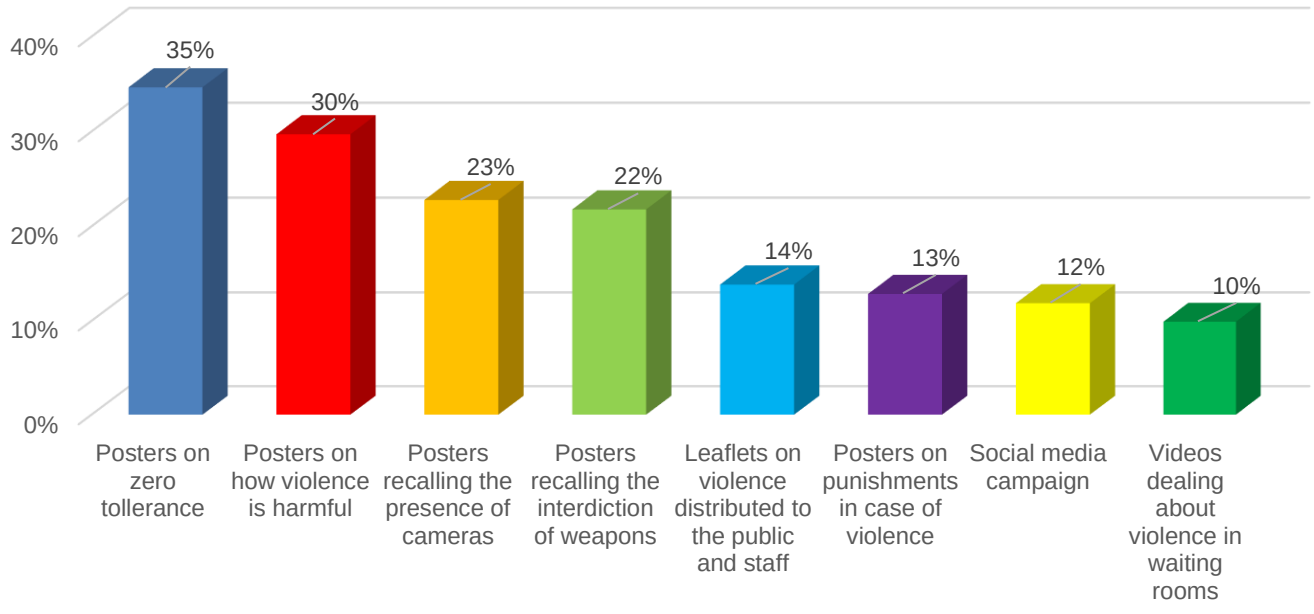


As we can see, protocols focus mostly on preventive and reactive practices; there is still a lack of recommendations on how to deal with acts of violence and how to support victims of acts of violence.

Most of the respondents (62%) have set up communications for reducing violence in hospital. The tools most used are:

- Posters on zero tolerance
- Posters on how violence is harmful
- Posters remindful of the presence of cameras
- Posters remindful of the interdiction of weapons
- Leaflets on violence distributed to the public and staff

Figure 5: Communications in place

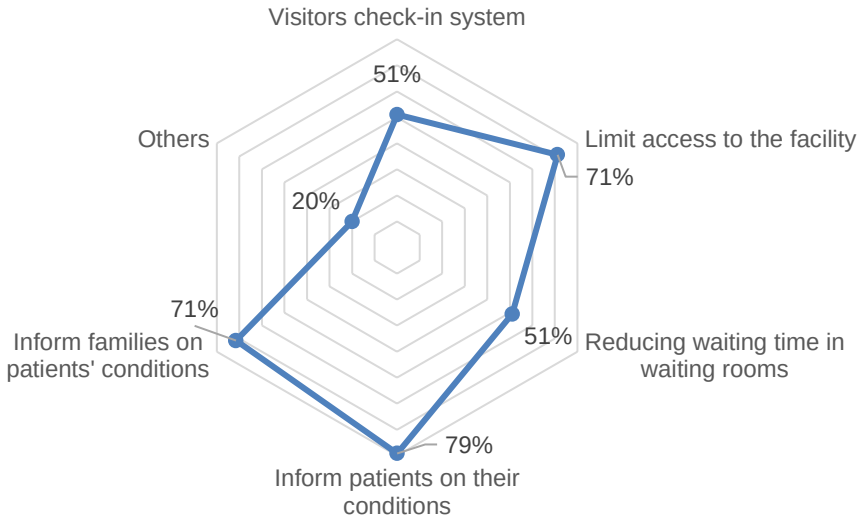


In most of the cases, respondents could not report if it was possible to measure the impact of communication. Some indicated the following:

- Fewer complaints/events
- More effective reaction
- Implementation of monitoring indicators
- Systematic reporting of the incidents
- Higher involvement and understanding of personnel

Respondents indicated that for mitigating violence (Figure 6) it is very important to inform both patients and families on the patients' conditions, limit access to the facility, reduce waiting time in waiting rooms and implement a visitor check-in system.

Figure 6: Measures for mitigating violence



There are also security devices that can be adopted to reduce acts of violence. The most used in respondents' hospitals are:

- access control with keys, key cards, touchpads or biometrics (83%);
- surveillance cameras (80%);
- panic button (67%);
- alarms (65%);
- improved lights in remote areas (52%).

The majority of the hospitals have security personnel in place. These are located both inside and outside the hospital and are not armed in most of the cases.

Figure 7: Do you have security personnel?

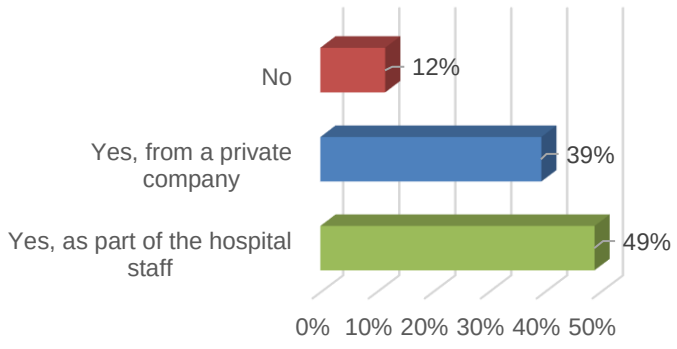
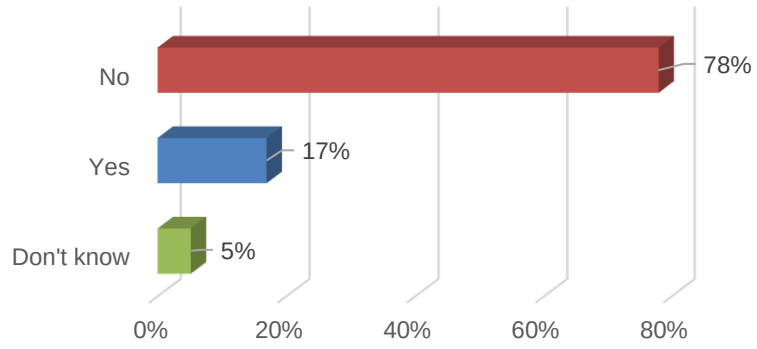
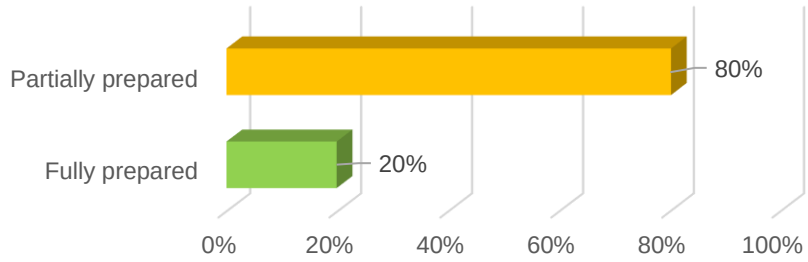


Figure 8: Is the security personnel armed?



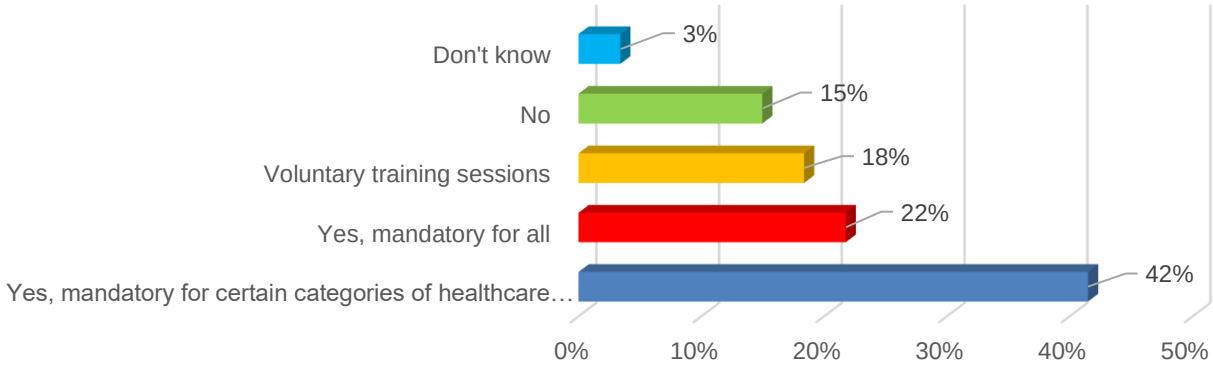
Most of the respondents (80%) consider their hospitals partially prepared to face acts of violence, while 20% consider their hospitals fully prepared.

Figure 9: Level of preparedness



As we can see in Figure 10, 82% of healthcare workers are trained to face acts of violence. Training is mandatory for most respondents (59%), while 18% of respondents indicated that there are voluntary training sessions in place. Among the 15% of respondents who indicated that training programs are not in place, several stated that their implementation is a priority in the next two years.

Figure 10: Training of healthcare workers



In 51% of the cases, healthcare personnel are trained once a year (51%). The training is provided by the hospital's security department in 50% of the cases, followed by private companies (13%) and national agencies (5%). In some cases, the training is organized by other actors such as: multi-stakeholder groups, education departments, quality and safety departments, nurses, the police and also online.

The training includes:

- Crisis Prevention Institute (CPI) training;
- recognizing escalating violence;
- protocol and policy information;
- explanation of type codes for various types of incidents;
- how to evacuate, avoid, shelter in place, confront if no other option;
- risk management;
- nonviolent crisis intervention training;
- special training for those involved in psychiatry/ED staff;
- de-escalation and self-defense;
- how to face an act of aggression;
- handling verbal and physical attacks;
- managing assaultive behavior (MAB);
- managing active shooter;
- safe holds;
- flight preparedness.

The implementation of incident reporting systems is very important as they can provide valuable insights on the risks and the best practices to mitigate/respond to acts of violence.

In 91% of hospitals there is a reporting system for staff in place and, overall, they ranked the effectiveness of the reporting process at 6 on a scale 1 (low) to 10 (high).
In the rare cases where this is not in place, reporting is oral and mostly done to the security or management staff.

The existing reporting systems include:

- Oral report by the victim to the supervisor (63%);
- Named form filled out by the victim (62%);
- Oral report by the victim to security staff (46%);
- Oral report by the victim to designated personnel (37%);
- Anonymous form filled out by the victim (35%);
- Call center to report a case of violence (17%).

It is well known that not all acts of violence are formally reported by staff and some of the reasons are showed in Figure 11:

Figure 11: What contributes to limit the reporting of acts of violence from staff?

Other reasons are:

- lack of time;
- uncertainty about what to do in order to report;
- uncertainty about the definition of violence;
- difficulty filling out form.

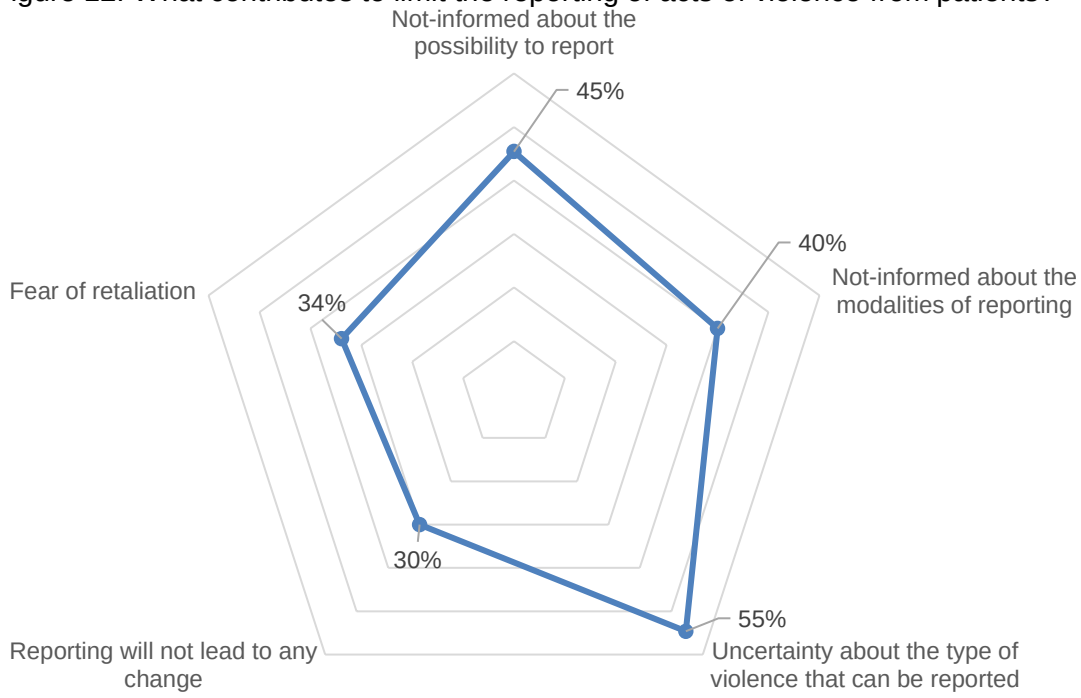
In 65% of hospitals, there is a reporting system for patients in place and overall respondents ranked the effectiveness of the reporting process for patients at 5.5. When this is not in place, patients can informally report to patient representatives, staff, police or other designated personnel.

When in place, the reporting system for patients includes:

- Oral report by the victim to hospital staff (71%);
- Oral report by the victim to designated personnel (46%);
- Named form filled out by the victim (38%);
- Oral report by the victim to security staff (35%);
- Anonymous form filled out by the victim (26%);
- Call center to report a case of violence (18%).

Figure 12 shows the principal reasons why acts of violence are not reported by patients:

Figure 12: What contributes to limit the reporting of acts of violence from patients?



According to more than 85% of respondents, reported acts of violence (either from staff and patients) are assessed and acted upon.

Respondents provided the frequency percentage of the following acts of violence:

Figure 13: Verbal abuse

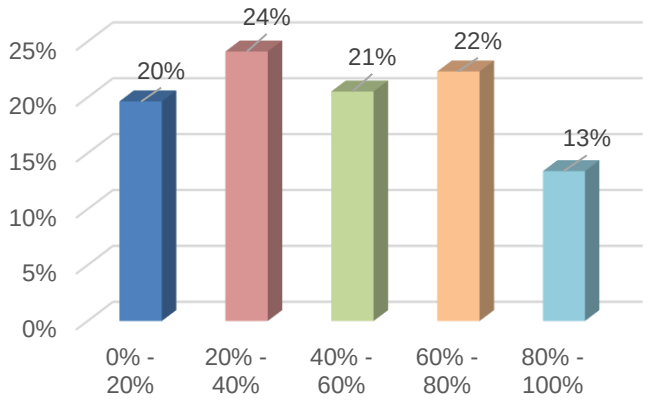


Figure 14: Threat

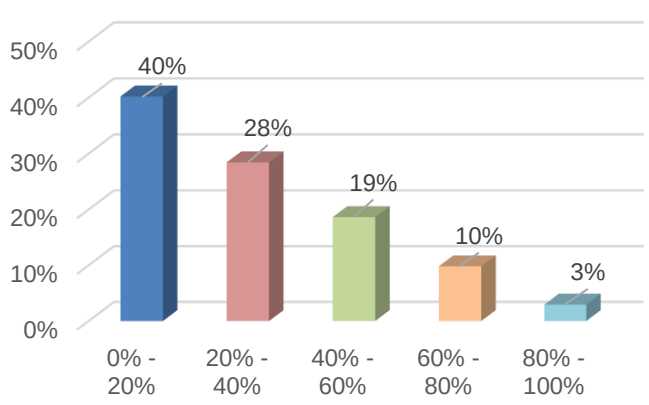


Figure 15: Physical Violence

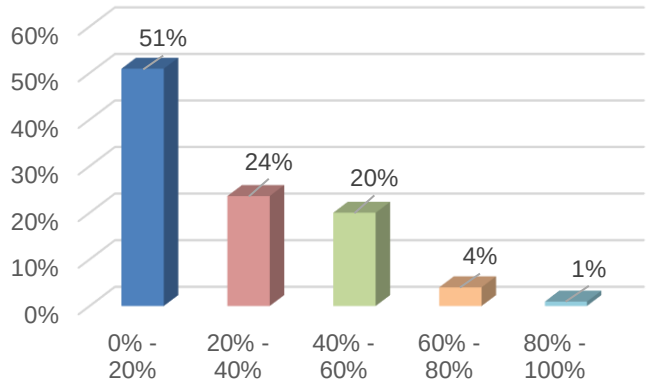


Figure 16: Sexual harassment

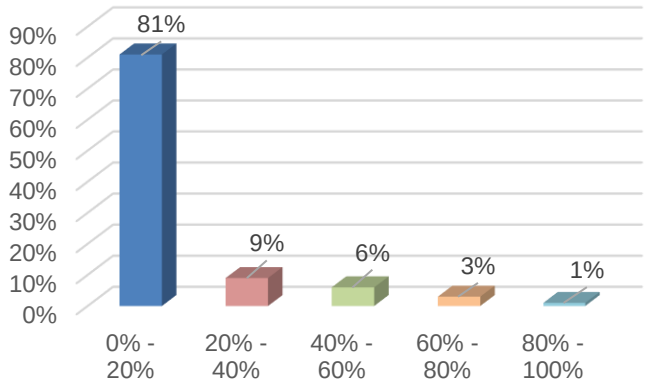


Figure 17: Racial harassment

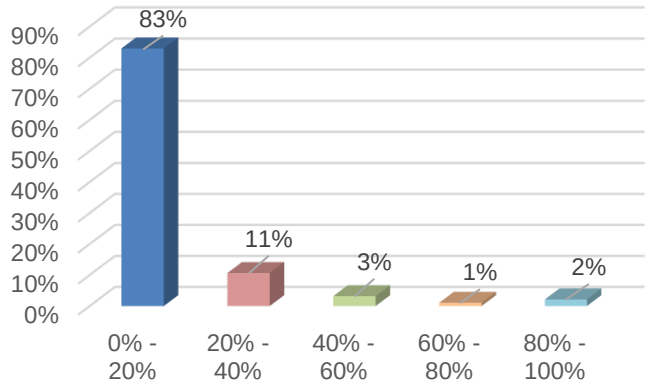
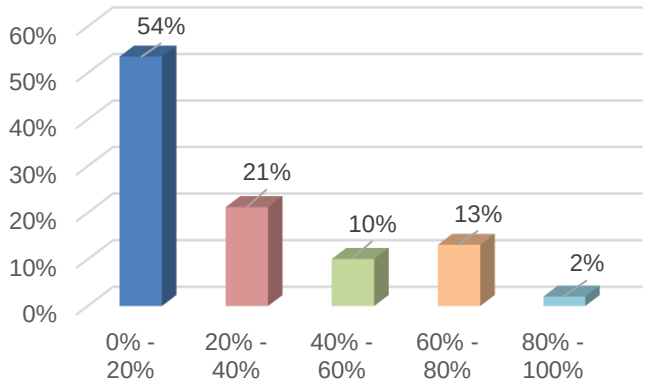


Figure 18: Bullying



Conclusion

The good response rate shows serious concern about the escalation of violence against patients and staff of healthcare organizations.

Although acts of violence may differ in different settings (e.g., conflict *versus* non-conflict areas), this is a growing phenomenon that is impacting all countries.

Hospitals worldwide are facing widespread acts of violence and interventions are urgently needed to make sure that the healthcare workplace is safe. This should be a priority target for healthcare organizations because the negative consequences of such a phenomenon heavily impact the delivery of care.

From this study, we have realized that for most of the hospitals the situation has worsened significantly over the last five years. This has obliged the managers of most hospitals to put in place measures to assess (risk/hazard assessment), mitigate (protocols or formal guidelines), face (training, security personnel among possible measures) and report (reporting systems) acts of violence.

Steps undertaken by hospitals are critical to ensure that they remain a safe place for people (patients, visitors, staff). All the staff, regardless of sector and position, should be prepared to face different types of violence and should be educated about the tools and measures available to act safely. They should also understand that such events are not part of the job and that reporting should be a right and a duty. Preventive actions are essential to ensure a violence-free working environment.

Furthermore, additional efforts and recommendations should be made at the national/regional level. Policies and plans should be developed and implemented to support the fight against violent behavior in healthcare settings.

The IHF will continue to support the Health Care in Danger initiative and disseminate among its members any relevant resource to support hospitals in facing acts of violence. We will also collect resources on this topic from hospital associations members of the IHF, which will provide a national perspective, and initiatives, with the objective to create a map of worldwide initiatives that fight against violence in hospitals.

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