After Hours Medical Care and the Personal Safety Needs of Rural General Practitioners

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BACKGROUND INCLUDING LITERATURE REVIEW

The risk of violence towards health care professionals and the development of strategies to prevent and minimise this violence is an issue of importance, which may influence the way in which health care services are provided in rural areas, in particular after hours.

Nature of violence

A range of violent behaviour by patients towards health care professionals has been documented in a number of studies over recent years. These incidents include verbal abuse, physical violence, property damage, sexual harassment, sexual abuse and stalking. For the purposes of this research study the full range of violent behaviour was considered.

Prevalence of violence identified in previous studies

From previous research overseas and in Australia there is evidence that some forms of violence such as verbal abuse are very common. While the most serious forms of violence are far less common, when they do occur they can have tragic consequences. One UK study showed that 54 per cent of respondents stated that they or their staff had been involved in a major episode of violence within the last few years. Another UK study investigating the extent of violence in urban practices reported that 11 per cent of respondents had suffered actual injury during their work and that nearly 25 per cent tolerated regular verbal abuse.3 An American review of the risks of violence against health care workers showed that from 1980 to 1990, 106 health care workers were victims of homicide at work.” The death of a GP in Adelaide while making a house call in 1997 has highlighted the risk of violence to general practitioners in Australia. In an Australian study on violence against remote area nurses, nearly all respondents stated that they had experienced episodes of violence in the last 12 months, most commonly verbal abuse and obscene behaviour, followed by property damage and physical violence.

Factors influencing risk of violence

A number of studies have investigated the factors which are associated with a risk of violence against health care professionals. These factors include:
• patient factors. Some studies have identified an association between violent behaviour and the abuse of drugs, or alcohol by the patients, or mental illness in the patient; 1,2,3,10

• situational factors such as the time of day and the site of the consultation with the patient are also related to the frequency and nature of the violence. For example, Hobbs found that the doctor's surgery was the commonest location for aggression, with 56 per cent of incidents of aggression occurring at the doctor's surgery but home visits were the commonest location for incidents involving assault or injury (62%).6 Hobbs also found that 66 per cent of injuries occurred during night calls. In an American study on violence against nurses violence was commoner with nurses working night shifts;

• and practitioner factors - Some studies have shown that female health professionals feel particularly vulnerable to violence1,2,13,14 although most studies have not examined gender differences in the actual prevalence of violence against health professionals.

In order to determine the prevalence and nature of violence against Australian rural general practitioners, and to develop strategies to minimise this risk of violence, the researchers undertook a research project in 1997 in rural Australia.

METHODOLOGY

Study design

The study was conducted in two stages. The initial stage used focus groups of rural general practitioners to collect qualitative data on the prevalence and nature of violence against the GPs involved in the study, and the second stage involved the collection of both qualitative and quantitative data using a questionnaire.

Focus groups

The focus groups were conducted as one-hour-long teleconferences during which the facilitator posed questions to the participants in relation to their experience of various forms of violence while working as general practitioners and any strategies that they had developed to deal with violence.

The subjects for the focus groups were recruited from two rural divisions of general practice (the NSW Central West Division of General Practice and Gippsland Division of General Practice in Victoria), and from the whole of rural Western Australia. There were two focus groups, one for male and one for female GPs in each area. The numbers in each of the focus groups varied from six to nine. The focus group discussion was recorded on tape and then transcribed for analysis.
Questionnaire

On the basis of the data collected in the teleconferences a questionnaire was designed for distribution to all the GPs in each of the two rural divisions and to all the GPs in rural Western Australia, in total 606 GPs. The questionnaire was distributed a second time to those GPs who had not responded after one month.

The questionnaire included questions about:

- demographic data;
- the respondent's experience with violent incidents including verbal abuse, property damage and theft, stalking, physical abuse, sexual harassment and sexual abuse;
- barriers to safety in the workplace;
- the nature and pattern of the respondent's practice;
- changes which the respondent had made to service delivery due to the risk of violence;
- apprehension of workplace violence; and
- strategies to improve safety after hours.

For the purposes of the questionnaire, the types of violence were defined as in Table 1.

These definitions were developed especially for the purposes of this study and were based on information obtained from the literature search and the focus group data.

Table 1 shows the definitions that were given to the various types of violence for the purposes of the questionnaire.
The data from the questionnaires were analysed using SPSS for Windows 8.0. All comparisons were made using Chi Square analysis.

RESULTS

Response rate

The response rate to the questionnaire was 51.8 per cent, and there were similar response rates in the three geographical areas surveyed.

Demographics of respondents

Gender: 67.5 per cent of respondents were male and 29 per cent female (remainder unspecified). The larger percentage of male respondents reflects the larger percentage of men in the rural medical workforce, rather than gender differences in response rates.

Age: The age range of the respondents was 27 to 79 years and the average age of respondents was 44 with a standard deviation of 9.91.

Place of graduation: 73.6 per cent of respondents had graduated in Australia, with 17.2 per cent of the respondents having graduated in the UK.

Table 1- Definitions of types of violence

<table>
<thead>
<tr>
<th>Type of violence</th>
<th>Definition of violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal abuse</td>
<td>A patient, their friend/s or family member/s swears, threatens or uses obscene gestures with the intent of offending you. It can include threats or abuse over the phone.</td>
</tr>
<tr>
<td>Property damage or theft</td>
<td>Damage or theft to property belonging to you, your family or your workplace. It includes damage to or theft of a vehicle, personal effects (i.e. personal property at workplace), home contents, medical or office equipment and supplies, or office furnishings. Attempted theft of the above items is also included.</td>
</tr>
<tr>
<td>Stalking</td>
<td>A patient(s) purposely stalks or follows you to or from home or your place of work (i.e. surgery, home visit, or hospital).</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>A patient or their friend/s or family member/s physically attack you. It includes behaviours such as punching, slapping, kicking or use of a weapon or other object with the intent of intimidating you or causing bodily harm.</td>
</tr>
<tr>
<td>Sexual harassment</td>
<td>Any form of sexual propositions or unwelcome sexual attention from patients or their friend/s or family member/s. It includes behaviours such as humiliating or offensive jokes and remarks with sexual overtones; suggestive looks or physical gestures, inappropriate gifts or requests for inappropriate physical examinations, pressure for dates, and brushing, touching or grabbing excluding the genital or breast area.</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Any forced sexual act, rape or indecent assault perpetrated by patients or their friend/s or family member/s. It includes brushing, touching or grabbing of the genitals or breast.</td>
</tr>
</tbody>
</table>
Length of time in rural practice: The average number of years in rural practice was 12 with a standard deviation of 9.2 and a range from 3 weeks to 51 years.

**Prevalence of various types of violence**

Table 2 shows the prevalence of violence amongst all respondents to the questionnaire and amongst female and male respondents as separate groups.

**Table 2 - Prevalence of violence amongst all respondents and male and female respondents**

<table>
<thead>
<tr>
<th></th>
<th>Prevalence amongst all respondents</th>
<th>Prevalence amongst male respondents</th>
<th>Prevalence amongst female respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal abuse in the last 12 months</td>
<td>143 (45.5%)</td>
<td>105 (49.5%)</td>
<td>36 (39.6%)</td>
</tr>
<tr>
<td>Verbal abuse in the last 4 weeks</td>
<td>34 (10.8%)</td>
<td>24 (11.3%)</td>
<td>10 (11.0%)</td>
</tr>
<tr>
<td>Property damage or theft in the last 12 months</td>
<td>76 (24.2%)</td>
<td>54 (25.5%)</td>
<td>19 (20.9%)</td>
</tr>
<tr>
<td>Stalking ever during rural medical career</td>
<td>17 (24.2%)</td>
<td>11 (5.2%)</td>
<td>6 (6.6%)</td>
</tr>
<tr>
<td>Stalking in the last 12 months</td>
<td>8 (2.5%)</td>
<td>7 (3.3%)</td>
<td>1 (1.1%)</td>
</tr>
<tr>
<td>Physical abuse ever during rural medical career</td>
<td>63 (20.1%)</td>
<td>46 (21.7%)</td>
<td>14 (15.4%)</td>
</tr>
<tr>
<td>Physical abuse during the last 12 months</td>
<td>10 (3.2%)</td>
<td>6 (2.8%)</td>
<td>4 (4.4%)</td>
</tr>
<tr>
<td>Sexual harassment ever during rural medical career</td>
<td>73 (23.2%)</td>
<td>31 (14.6%)</td>
<td>41 (45.1%)</td>
</tr>
<tr>
<td>Sexual harassment during the last 12 months</td>
<td>27 (8.6%)</td>
<td>8 (3.8%)</td>
<td>19 (20.9%)</td>
</tr>
<tr>
<td>Sexual abuse ever during rural medical career</td>
<td>5 (1.6%)</td>
<td>1 (0.5%)</td>
<td>4 (4.4%)</td>
</tr>
<tr>
<td>Sexual abuse during the last 12 months</td>
<td>1 (0.3%)</td>
<td>0</td>
<td>1 (1.1%)</td>
</tr>
</tbody>
</table>

The results indicate trends in gender differences with verbal abuse in the last 12 months, property damage in the last 12 months, and physical abuse during rural medical career being more common amongst males than females, although these findings were not statistically significant possibly because of the small sample size. Incidence of sexual violence were more common in females with four out of five victims of sexual abuse being female, and 45.1 per cent of female GPs compared to only 14.6 per cent of males suffering sexual harassment in their rural careers. The gender differences in the incidence of sexual harassment showed statistical significance (p<.01) but tests of gender differences in sexual abuse were not reliable due the small number of victims.

Table 3 summarises patient and situational factors that were reported by the GPs as being associated with the most recent episode of violence.
Table 3 - Patient and situational factors reported by the GPs in relation to types of violence

<table>
<thead>
<tr>
<th>Type of violence</th>
<th>Precipitating patient factors</th>
<th>Most common site of violence</th>
<th>Most common time of violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal abuse N=143</td>
<td>Combined psychological disorders (acute psychosis, personality disorder, other mental illness) (36.3%) Seeking drugs (30.3%) Alcohol intoxication (24.2%)</td>
<td>Private practice (43.8%) Hospital or multipurpose centre (34.4%)</td>
<td>Business hours (75.8%)</td>
</tr>
<tr>
<td>Property damage or theft N=76</td>
<td></td>
<td>Private practice (69%) GPs home (18.3%)</td>
<td></td>
</tr>
<tr>
<td>Stalking N=17</td>
<td>Personality disorder (50%)</td>
<td>Private practice (52.9%) GPs home (23.5%)</td>
<td>Business hours (70.6%) Weekday A/H (23.5%) Weekend A/H (17.6%) When not working (29.4%)</td>
</tr>
<tr>
<td>Physical abuse N=63</td>
<td>Combined psychological disorders (47.5%) Alcohol intoxication (46%)</td>
<td>Hospital or multipurpose centre (57.6%) Private practice (10.2%) Home visits (10.2%)</td>
<td>Business hours (35%) Weekday A/H (23.3%) Weekend A/H (40%)</td>
</tr>
<tr>
<td>Sexual harassment N=73</td>
<td></td>
<td>Private practice (75.3%)</td>
<td>Business hours (95.8%)</td>
</tr>
<tr>
<td>Sexual abuse N=5</td>
<td></td>
<td>Hospital or multipurpose centre (40%) Private practice (20%) Aboriginal medical service (20%) GPs home (20%)</td>
<td>Business hours (60%) Weekend A/H (20%) When not working (20%)</td>
</tr>
</tbody>
</table>

These results show that the precipitating patient factors for verbal and physical abuse were largely psychological disorders and alcohol intoxication. While verbal abuse more commonly occurred at the private practices, physical abuse most commonly occurred at the hospitals or multipurpose centres. While verbal abuse most commonly occurred during business hours, physical abuse was slightly more common after hours at the weekend, than during business hours.

**APPREHENSION OF VIOLENCE**

Table 4 shows the percentage of GPs who reported that they almost never felt apprehensive of violence when providing particular services.
The data shows that more GPs were apprehensive about violence when providing after hours services than when providing services in business hours. The data also showed statistically significant gender differences in the numbers of male and female GPs reporting apprehension of violence. Female GPs were more apprehensive of violence when providing home visits both in hours (p<.01) and after hours (p<.05).

**DISCUSSION**

**Prevalence of violence**

The study shows that violence of various kinds against rural GPs is a common problem with 73 per cent of respondents to the survey reporting violence of some kind during their careers as rural doctors.

As has been shown by other studies the most common form of violence is verbal abuse, with 45 per cent of respondents reporting verbal abuse within the last 12 months. While other forms of violence are less common, the frequency of some serious forms of violence including physical abuse, and property damage is of concern. Sexual harassment is particularly common amongst female rural GPs, with 20 per cent having experienced sexual harassment over the last 12 months and 45 per cent having been sexually harassed during their rural medical career.

**Levels of apprehension of violence**

A higher percentage of GPs reported feeling apprehensive about the possibility of violence after hours than in hours, and there were gender differences, with more females reporting feeling apprehensive than males. The high percentage of GPs who are anxious about violence when providing after hours services has implications for how after hours services should be provided. It is possible that the gender differences reflect real differences in the respondents' perception of their own vulnerability, or perhaps a greater willingness on the part of the women to acknowledge their feelings of vulnerability. However the larger percentage of women expressing apprehension about violence during the provision of particular services is likely to effect their willingness to be involved in the provision of after hours services.

**Precipitating factors**

While the focus group data showed a strong perception that much violence was related to drug seeking behaviour the prevalence data shows that physical abuse is more commonly associated with psychiatric disorders or alcohol abuse.
in the patients. This data has implications for the training of GPs about strategies to cope with violent patients who have psychiatric disorders or are affected by alcohol.

**Sites of violent incidents**

The high levels of physical abuse in the hospital environment may be due to a selection process, where GPs elect to see patients who they perceive as prone to violence in a hospital setting. Alternatively, it could be due to self-selection of patients, with patients who are potentially violent more frequently attending hospital for health services than requesting home visits or surgery attendances. This data has implications for hospital administrators in ensuring that the environment, in which such patients are seen, is as safe and secure as possible.

**Times of violent incidents**

Although physical abuse occurred most commonly at weekends, it was also relatively common during business hours. This is interesting in relation to the perception of the doctors in the focus groups that violence is most likely to occur after hours and in particular at night. This perception of the focus group participants may be because although violence is relatively common in business hours, the GPs feel they are more able to cope with it, because of the availability of support.

**IMPLICATIONS AND FURTHER ANALYSIS OF DATA COLLECTED**

This study shows that violence against rural GPs in Australia in the course of their work is a relatively common problem. This has implications for the GPs and for health authorities in developing strategies at a number of levels to ensure that the environment in which the GPs work is as safe as possible. As it is likely that there will always be some risk of violence against GPs in the course of their work, it is important that GPs are able to develop strategies for coping with dangerous situations when they occur.

In view of the findings in relation to the sexual harassment of female GPs, it may be appropriate for the issue of sexual harassment by patients to be discussed during undergraduate and postgraduate training of doctors.

Further analysis of the data collected in this study will examine strategies to cope with violence that the respondents have developed themselves and that they suggest. This data should assist GPs, other health care providers and health care authorities to minimise the risk of violence to health professionals.
REFERENCES

4. Fisher J et al. Context of silence: violence and the remote area nurse. Faculty of Health Science Central Queensland University.