In harm’s way: The impact of workplace aggression in Australian clinical medical practice

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Acknowledgements

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  – Associate Professor Catherine Joyce
  – Emeritus Professor John Humphreys

• CRE in Medical Workforce Dynamics
  – Medicine in Australia: Balancing Employment and Life (MABEL) longitudinal survey
  – Participating Australian medical practitioners
Background

• **Limited significant research:**
  – Prevalence
  – Predictors
  – Impact

• **Most studies have focused on:**
  – Prevalence of patient aggression
  – General practice

• **Little evidence on prevention and minimisation**
Workplace aggression study

• Wave 3 of MABEL survey, 2010-2011 (n=9449)
  – Prevalence of workplace aggression
  – Point-prevalence of aggression prevention and minimisation strategies
  – Key risk and protective factors for exposure
    – Associations with job satisfaction, satisfaction with life and self-rated health
    – Associations with workforce participation intentions
Definition

• Verbal or written abuse, threats, intimidation or harassment
  – Such as ridicule, abusive email, racism, bullying, contemptuous treatment and non-physical threats or intimidation

• Physical threats, intimidation, harassment or violence
  – Such as a raised hand or object, unwanted touching, damage to property and sexual or other physical assault
Prevalence by doctor type

<table>
<thead>
<tr>
<th>Doctor type</th>
<th>12-month aggression exposure rates from all sources (n≈9200)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPs</td>
<td>% unstoppable aggression: 60.0% written</td>
</tr>
<tr>
<td>SPECIALISTS</td>
<td>% verbal or written: 70.6%</td>
</tr>
<tr>
<td>SPECIALISTS IN TRAINING</td>
<td>% verbal or written: 70.6%</td>
</tr>
<tr>
<td>HOSPITAL NON SPECIALISTS</td>
<td>% verbal or written: 70.6%</td>
</tr>
</tbody>
</table>
Other findings

• **Prevention and minimisation actions**
  – Differences across doctor types and age-related
  – Lower rates for some of the easier strategies

• **Key protective and risk factors**
  – **Protective**: Age, internal control orientation and optimised patient waiting conditions
  – **Risk**: Hours worked, unpredictable work hours, poor support network, unrealistic patient expectations, patients have complex health and social problems
Impact

• Internal and external aggression
• Logistic regression modelling, controlling for:
  – Doctor type, gender, age, international medical graduate status, mastery (control orientation), rurality, main practice sector (eg public, private)
  – Annual leave taken, usual hours worked, difficulty taking time off, poor support network of other doctors
  – Majority of patients have unrealistic expectations, have complex health and social problems
Well-being

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Predictor</th>
<th>Odds Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intrinsic job satisfaction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(very satisfied vs. not very satisfied)</td>
<td>Internal aggression</td>
<td>0.59 (0.53 - 0.66)</td>
</tr>
<tr>
<td></td>
<td>External aggression</td>
<td>0.75 (0.67 - 0.84)</td>
</tr>
<tr>
<td><strong>Satisfaction with life in general</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(very satisfied vs. not very satisfied)</td>
<td>Internal aggression</td>
<td>0.67 (0.60 - 0.76)</td>
</tr>
<tr>
<td></td>
<td>External aggression</td>
<td>0.87 (0.78 - 0.98)</td>
</tr>
<tr>
<td><strong>Self-rated health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(excellent vs. not excellent)</td>
<td>Internal aggression</td>
<td>0.86 (0.77 - 0.96)</td>
</tr>
<tr>
<td></td>
<td>External aggression</td>
<td>0.83 (0.74 - 0.92)</td>
</tr>
</tbody>
</table>

Adjusting for doctor type, gender, age, mastery, international medical graduate status, rurality, annual leave taken, hours worked, work location, support variables, patient expectations & complexity
Workforce participation intentions

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<tr>
<th>Outcome</th>
<th>Predictor</th>
<th>Odds Ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce clinical workload in next 5 years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(likely / very likely vs. neutral / unlikely / very unlikely)</td>
<td>Internal aggression</td>
<td>1.12 (1.00 - 1.25)</td>
</tr>
<tr>
<td></td>
<td>External aggression</td>
<td>1.13 (1.01 - 1.27)</td>
</tr>
<tr>
<td><strong>Leave patient care within 5 years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(unlikely / neutral / likely / very likely vs. very unlikely)</td>
<td>Internal aggression</td>
<td>1.20 (1.07 - 1.34)</td>
</tr>
<tr>
<td></td>
<td>External aggression</td>
<td>1.16 (1.04 - 1.30)</td>
</tr>
<tr>
<td><strong>Leave medicine entirely within 5 years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(unlikely / neutral / likely / very likely vs. very unlikely)</td>
<td>Internal aggression</td>
<td>1.20 (1.06 - 1.35)</td>
</tr>
<tr>
<td></td>
<td>External aggression</td>
<td>1.06 (0.95 - 1.19)</td>
</tr>
</tbody>
</table>

Adjusting for doctor type, gender, age, mastery, international medical graduate status, rurality, annual leave taken, hours worked, work location, support variables, patient expectations & complexity
Conclusions

• Workplace aggression inherent in clinical practice
  – Younger and hospital-based clinicians at higher risk

• Prevention and minimisation efforts
  – Variable, more likely reactive than proactive

• Negative impacts
  – Job satisfaction, satisfaction with life, self-rated health
  – External aggression with clinical workload decisions
  – Internal aggression with patient care & career decisions
Potential outcomes of exposure

- Threats to the safety and quality of care
- Threats to organisational performance
- Reduced access to clinical care
Overall implications

• **Risk of exposure can be reduced:**
  – Currently undermanaged (proactive vs. reactive)
  – Need to consider clinician knowledge and skills, personal profile factors, work conditions and resources

• **Enhance legislation and policy:**
  – Strengthen work health and safety legislation
  – Strengthen enforcement
  – Skills development
  – Incentives and accountability for minimising risk

• **Research to enhance the evidence base**
Publications – workplace aggression


Thank you

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