

Violence in the workplace – A survey on the experience of doctors in Singapore

“I think this survey is an excellent idea + hope something comes out of it. Enough is enough. We shouldn’t have to take this kind of treatment from anyone. We have no outlet when things like this happen yet patients + relatives can complain about us + we have to be afraid.”

Survey respondent

INTRODUCTION

The Singapore Medical Association (SMA) conducted a survey over 2008/2009, to examine the prevalence and severity of violence against doctors at the workplace, and the impact of such violence on doctors and the public.

Definition

For the purposes of this survey, the definition of violence adopted was as below:

“...any incident where the doctor is abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health.”
(derived from a British Medical Association study)

METHODOLOGY

Survey forms were mailed out together with the SMA monthly mailbag to 4,871 SMA members in late November 2008. Forms were again sent in February 2009 due to the low response rate from the first round.

The survey form was a self-administered questionnaire. To encourage participation, the questionnaire was limited to four pages and began with the survey questions, leaving requests for personal particulars at the end of the form. An open-ended question was included to capture issues which might not have been addressed in the survey questions.

In view of the sensitive nature of the subject, anonymous returns were requested to encourage honest responses. To prevent double-counting of responses, the survey form specifically asked respondents to only count the instances where they personally encountered violence in their workplace.

Respondents could return completed surveys via fax or email, which were then reviewed by a designated staff and the data was tabulated to facilitate the analysis.

RESULTS

As at April 2009, a total of 251 responses were received. 52% (131 out of 251 doctors) of respondents reported that they did not personally experience any violence in their workplace during the past year. 48% (120 out of 251 doctors) reported 1-3 violent incidents of a verbal nature, e.g. swearing, intimidation, verbal threats, etc over the past year.

While the majority of respondents did not experience physical violence, 16 doctors reported 1-3 incidences of such encounters, for instance being slapped, punched, kicked or bitten (see Table 1).

Table 1: Number of cases of physical violence encountered during the past year

	1-3 Times	4-6 Times	7-9 Times
Threw something at you	7	0	0
Pushed or grabbed	4	1	0
Slapped	2	0	0
Choked	0	0	0
Punched, kicked, or bit	3	0	0
Used knife	0	0	0
Sexual violence	0	0	0

“...patients threatening to complain due to long waiting times, not enough days of MC as they would like even though they don’t need it.”

Survey respondent

DISCUSSION

Almost half (48%) of the 251 respondents experienced some form of violence at the workplace, even if the majority were verbal in nature. (e.g. abusive language, swearing, intimidation, or verbal threats). It is unfortunate that 16 doctors encountered physical abuse. This finding is important as any single violent incident at work, in particular physical abuse, should not be tolerated.

In order for the results to be statistically significant and allow us to extrapolate the findings to the SMA membership, the ideal number of responses should be at least 357 (versus 251 that were received). Nevertheless, certain findings from the survey have raised important concerns and can be reviewed alongside recent reports in the local media, as well as similar studies done around the world.

Information from other sources

The survey findings appear to correlate with statistics from the Workplace Safety and Health (WSH) Council. These data on workplace injuries were collected from incident reports made by employers, occupiers and medical practitioners in the fulfilment of their obligations under the Workplace Safety and Health (Incident Reporting) Regulations. Incidents that were counted included workplace injuries sustained by employees and resulting in more than 3 consecutive days of medical leave or at least 24 hours of hospitalisation.

‘Physical assault by patients’ was the third highest incident type for temporary disablement for the “Health activities” sector in 2008. Figures for 2009 indicate that ‘Physical Assault’ became the second highest incident type.

Top 3 Incident Types for Temporary Disablements in the Health Activities sector	Top 3 Incident Types		
	First	Second	Third
2008	Slips and trips	Falls from height	Physical assault by patients
2009	Slips and trips	Physical assault	Over-exertion and strenuous movements

The incident type “Physical assault” was notably missing in all other sectors. This could present confirmation that the healthcare sector is indeed more vulnerable to cases of violence in the workplace.

At this juncture, it is also pertinent to note that the above WSH statistics apply to all workers, i.e. the numbers collated for the healthcare sector include doctors, nurses, allied health professionals, administrative staff, etc. This is contrasted with SMA’s survey, which only included its members, i.e. doctors. Anecdotally, some respondents to SMA’s survey highlighted that they noticed that their frontline staff (e.g. nurses, healthcare assistants, etc) encountered more violent incidents as compared to themselves.

“My staff have suffered more verbal abuse than I have. Increasingly people are making unreasonable demands in the name of good service.”

Survey respondent

Existing guidelines and measures

Guidelines already exist in both the international and local context. The International Labour Organisation (ILO), the World Health Organisation (WHO) and other partners published Framework guidelines for addressing workplace violence in the health sector in 2002. The guidelines cover prevention, management and mitigation, care and support of workers affected by workplace violence, and sustainability of efforts.

In Singapore, the Workplace Safety and Health Council has produced a set of guidelines for the healthcare industry. In a section under “Workplace Harassment and Violence”, the guidelines recommend a “Hazard Management System”, including the following components

- Clear policy and protocols for dealing with cases
- Risk assessments
- Training
- Record keeping and incident reporting

“I think hospital staff (not just doctors) should be protected. There is already stress to provide efficient and timely management to a very understaffed, high pressure healthcare system. The public should understand, and if necessary, be ‘penalised’ should they behave in an inappropriate manner. This should be pre-emptive and not an afterthought.”

Survey respondent

- Regular evaluation
Some hospitals in Singapore also have their own procedures on how to deal with cases of violent behaviour. A recent *Straits Times* article highlighted several initiatives by several hospitals.
- National University Hospital
 - Voluntary online reporting of cases of abuse
- Alexandra Hospital
 - Management of Violence Taskforce
 - Send new nurses for self-defence class
 - Not admitting very violent individuals if they are checked and found free of physical problems
- SingHealth hospitals
 - Workshops on how to manage aggression and violence

“Relatives of elderly patients threatening to sue/hold me responsible if I don’t admit their parents to hospital just for their convenience.”

Survey respondent

Recommendations

Further studies, preferably with a better response rate, are needed to better understand the situation in Singapore.

In the meantime, more can be done to raise awareness that such cases exist. A zero tolerance approach should be adopted, as a commitment to all stakeholders in the healthcare sector that violence in the workplace will not be tolerated. Last but not least, measures should be in place to prevent cases from occurring in the first place.

“Please provide adequate protection & clear instructions on how the doctors can access to this protection.”

Survey respondent

Summary of recommendations

Promotion

- E.g. poster campaign to promote non-violent behaviour at medical facilities;
- One similar campaign by SBS Transit “Stop Abuse: Our Bus Captains have the right to work in a safe environment like anyone else. Please help us by calling the Police at 999 when you witness an assault.”

Protection

- Clear reporting procedures and documentation after a violent incident
- Silent alarm systems at high-risk areas

Prevention

- Buddy system (assigning frontline staff so that staff do not work alone)
- Warning signs at front counters
 - E.g. IMH signage
“At IMH, we are committed to serving and caring for you. However, we reserve the right to take legal action against any person who abuses our staff and patients. For this, we seek your understanding and cooperation.” (Message displayed in four languages)
- Physical barriers in clinic layout
 - E.g. design reception counters such that members of public do not have direct access to staff manning the counters
- Risk management training for medical staff
 - E.g. courses on how to detect warning signs of impending violent behaviour, and how to de-escalate violent behaviour **SMA**