

Letter to the Editor

Psychiatry residents learn to deal with violence by experiencing

Dear Editor,

Research shows that compared to other fields of work, health institutions are riskier with regard to being exposed to violence. Moreover, the frequency of violent acts perpetrated by patients with psychiatric disorders also increases the risk factor in our field of work (O'Sullivan-Meagher, 1998; Lyneham 2000). Coverdale et al. (2001) also demonstrated that the frequency of exposure to violence among psychiatry residents compared with that of residents in internal medicine, surgery and obstetrics/ gynecology was, in the case of physical violence, twice, and verbal violence, more than four times as high. Spending more time with patients in emergency rooms, hospital rooms and patient wards as well as being the first physician to diagnose patients can be seen as possible causes for the residents' higher exposure to violence. It has also been shown that structured training aimed at avoiding or dealing with violence is beneficial in decreasing the number of violent incidents (Health Services Advisory Committee, 1997). We conducted a study, taking increasing violence against healthcare professionals in our country in recent years, into consideration, evaluating the violence against psychiatry residents who were expected to experience more difficulty due to their inexperience in their field of work and lack of structured training in coping with violence.

A questionnaire consisting of items defining the nature of aggressiveness, derived from the Overt Aggression Scale evaluating violence from many perspectives and verbal/physical violence items developed by Yudofsky et al. , was submitted to the psychiatry residents working at nine sites in five regions (Bakırköy Mental Health Research and Training Hospital, Erenköy Mental Health Research and Training Hospital, Ankara Nüfune Training and Research Hospital, İstanbul University Cerrahpaşa Medical Faculty, Osman Gazi University Medical Faculty, Abant İzzet Baysal University Medical

Faculty, Dokuz Eylül University Medical Faculty, 19 Mayıs University Medical Faculty and Dicle University Medical Faculty). Questionnaires were completed in face-to-face interviews, by mail or e-mail. The data, obtained from 136 of a total of 145 residents replying to the inquiry forms, demonstrated that 42.6 % of them had been exposed to verbal violence, 2.9 % of them had been exposed to physical violence, 44.1 % of them had been exposed to both verbal and physical violence and 15.9 % of them had been slightly, moderately or severely injured during their residency periods. It was reported that approximately one fourth of residents exposed to verbal violence were threatened with injury, 14.3 % of residents who were exposed to physical violence were injured slightly/moderately and 1.6 % of them were injured severely. Only 10 % of participants responded that they had not been exposed to any form of physical violence.

While the frequency of exposure to physical violence during the psychiatric residency period was 1.7 on average, the frequency of exposure to verbal violence was double this figure. The causes were reported to be the disruption of physician-patient communication by health policies and personal inexperience in 3.3 % and 4.1% respectively of the replies given to open-ended questions regarding possible causes of violence. It was found that there was no difference with respect to the residents' gender regarding exposure to violence and no difference between Training and Research Hospitals and University Psychiatric Clinics with regard to intensity exposure to verbal and physical violence.

It is also worth noting that almost half of the physicians considered violence as a mundane phenomenon despite its high rate of occurrence. It was reported that only 4.1 % of physicians brought a lawsuit against assailants and only two violent individuals were punished following a legal process. As indicated by these results, being exposed to violence is one of the major hazards among those specific to working in the field of psychiatry. Moreover, these rates match with those reported in European countries and in North America. Another important issue is the fact

that 40% of healthcare professionals do not report acts of violence, considering them unexceptional unless they involve some form of physical injury (Ayrancı et al., 2002). A recent survey conducted in Turkey demonstrated that the majority of people acting violently in hospitals were relatives of patients (Adaş and Elbek, 2008). Obviously, this finding calls for more thought on this matter. It may be possible to explain the reason for such high rates of violence if we take into account the lack of guide books on dealing with violence in our educational institutions, the lack of any structured education on this subject, the inadequacy of legislation and ever-changing health policies. We believe that further studies are required into this very important, but ignored, issue.

Respectfully,

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REFERENCES

Adaş E, Elbek O. (2008) Hekimlere Yönelik Şiddet Üzerine Bir Değerlendirme. Toplum ve Hekim, 23:2:147-160(Article in Turkish).

Ayrancı Ü, Yenilmez Ç, Günay Y et al. (2002) Çeşitli Sağlık Kurumlarında ve Sağlık Meslek Gruplarında Şiddete Uğrama Sıklığı. Anadolu Psikiyatri Dergisi, 3:147-154(Article in Turkish).

Coverdale J, Gale C, Weeks S et al. (2001) A survey of threats and violent acts by patients against training physicians. Med Educ, 35:154-9.

Health Services Advisory Committee. (1997) Violence and aggression to staff in health services. London: HMSO.

Lyncham J. (2000) Violence in New South Wales emergency departments. Aust J Adv Nurs, 18:8-17.

O'Sullivan M, Meagher D. (1998) Assaults on psychiatrists: a 3-year retrospective study. Ir J Psychol Med, 15: 54-7.

Yudofsky SC, Silver JM, Jackson W et al. (1986) The Overt Aggression Scale for the objective rating of verbal and physical aggression. Am J Psychiatry, 143(1):35-9.