

Physical Assault by Psychiatric Patients Against Mental Health Staff

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ABSTRACT

Objectives: To find out the nature and factors involved in the incidents of physical violence by the psychiatric patients against the mental health staff.

Study design: The design of this study was a retrospective questionnaire survey type.

Period: From January 2009 to December 2011 (2 years)

Setting: This study was carried out at three different psychiatric hospitals of Ireland.

Methods: Permission was taken from the ethical and research committees of all three psychiatric centers. Then data analysis was carried out about the patients as well as the participants. %age of different major and minor psychiatric disorders were found. A questionnaire was formulated and was compared with standard questionnaires in the literature subsequently was sent for peer review. The participants were then recruited using the employee register. A written consent was taken from all the participants. They were given code numbers and their names and designations were kept un-identified. Descriptive statistics were used to examine the demographic characteristics. The level of significance was set at $P < 0.05$.

Results: Of the 138 mental health workers who completed the questionnaire, 50 had been physically assaulted by psychiatric patients in the hospital within the period of their employment (36.23%). Among those 50 workers 36 were nurses who were victims of assault (72%) and 5 were psychiatric trainees registrars/SHOs (10%). Only one consultant reported as a victim of assault. The commonest type of assault was in the form of pushing or shaking (57%) followed by hitting (28%).

Conclusion: These types of studies help to make better policies towards prevention of physical assaults towards mental health staff and to take steps to improve a secure and safe working environment in psychiatric wards.

Key words: Mental health staff, physical assault, psychiatric patient. psychotic disorders.

INTRODUCTION

Traditionally the practice of psychiatry used to be considered as a relatively thankless and frustrating job but now this is no more a generalised impression and this depends on the nature of psychiatric illnesses. This might be true in case of chronic psychotic type of disorders like Schizophrenia. Those psychiatric disorders which are successfully treatable like Depression and other neuroses psychiatric practice can be equally rewarding both for the patient and the therapist. Psychiatric practice is not without its hazards though. Violence by people with mental illness against mental health workers is a well recognised phenomenon. However the detailed study of the literature has revealed that the incidents of violence are gradually declining and as compared the past now trends are less among the psychiatric

patients to be violent. Either this is because of better treatment outcomes or a safe and secure working environment in the psychiatric hospitals this is yet to be determined. There may also be some contribution of better legislation i.e. now not all the psychiatric disorders are considered a defence. Some reports indicate the mental health staff members who were assaulted 50-70% were physically assaulted at their workplace²⁻⁶. The aim of this study was to see the incidence and pattern of violence by psychiatric patients against the mental health staff in the modern working environments of psychiatric hospitals.

MATERIAL AND METHODS

This study was carried out over a period of two years. The ethical and research committees of all the three hospitals were requested for permission to conduct this study. The method was a self-report retrospective questionnaire survey of physical assaults on doctors and nurses working in three different Irish psychiatric hospitals. One of them was a University teaching hospital in the capital city of Ireland and the other two were country side hospitals. In general most patients

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in the rural hospitals particularly in the long stay wards were mostly suffer from chronic psychotic illnesses like schizophrenia and in the big city university hospital mostly case mix of affective and neurotic disorders then drug addictions & substance abuse. Data analysis of 2750 new cases seen at all three hospitals showed that 85% of the patients were in the age range of 40-60 years and slightly more females than males. Schizophrenia and other severe psychotic disorders accounted for 42% of incidents of violence followed by affective disorders (23%) particularly in Manic or Hypomanic episodes then substance abuse (19%), organic disorders (6%) and others (20%).

A questionnaire was formulated which consisted of 14 questions. The questionnaire was compared with standard questionnaires available in the literature and previous investigations²⁻³. The employee register was used to recruit the participants. Going through the names in the register, every third employee (psychiatrist, psychiatric trainees and psychiatric nurse) was coded for inclusion in the study. The names and their designation were kept un-identified to avoid bias and a code number was allotted to each and every participant. A written consent was obtained from all the participants. The questionnaire were then distributed to those staff members.

Definition of physical assaults were established as actual physical attacks like hitting, pushing, kicking, biting, slapping. Simple verbal threats or verbal aggression was not considered as a violence. Attitudes of the staff towards physical assaults by patients was also investigated using the four attitude items from Dhumad et al⁷. For statistical analysis the statistical package SPSS, version 11.0 for windows was used for the analysis. Descriptive statistics were used to examine demographic characteristics and prevalence results, whereas χ^2 statistics were used to compare categorical variables. The level of significance was set at $P < 0.05$.

RESULTS

Of the 150 questionnaires distributed to the staff 138 (92%) were completed and returned. Among the participants there were 87 (63.0%) females and 51 (36.9%) males. The numbers in each category were as follows: consultant psychiatrists 18 (13%), senior registrars 4 (2.89%); registrars 11 (7.97%); SHOs 18 (13%); nurses 87 (63.0%). The mean duration of employment for all groups taken together was 7.1 years (s.d =7.0) the mean age was 35 years (s.d. 7.2, range 22 -60. Of the 138 mental health workers who completed the questionnaire, 50 had been physically assaulted by psychiatric patients

in the hospital within the period of their employment (36.23%). Among those 50 workers 36 were nurses who were victims of assault (72%) and 5 were psychiatric trainees registrars/SHOs(10%). Only one consultant reported as a victim of assault. Table 1 describes the nature and frequency of these assaults.

Table 1: Frequency and characteristics of physical assault (n=81)

Nature of assault	n (%)
Shaken or pushed	46(57%)
Hit or struck with an object	23 (28%)
Clothes torn	6(7.5%)
Slapping or punching	6 (7.5%)
Attempted strangling	2(2%)

The commonest type of assault was in the form of pushing or shaking (57%) followed by hitting (28%). Table 2 describes the frequency distribution of the type of duty being carried out by the victim at the time of assault. The majority of assaults (44.3%) occurred during the assessment of acutely disturbed patient at the time of routine admission. The frequency distribution of the location in which the physical assault on staff occurred is shown in table 3. Most members of the staff were likely to be targeted at the nurses station (43%).

Table 2: Frequency and type of duty performed before assault (n=106)

Nature of task	n (%)
Routine assessment of an in-patient	47(44%)
During routine admission of an out-patient	24 (23%)
During urgent review of an in-patient	21 (20%)
Urgent admission	10 (9%)
Urgent out-patient review	4 (4%)

Although 74 staff members had attended at least one course aimed at the prevention and management of patient's violence, there was no difference in a reported violence between those who had attended courses and those who had not. In total, 30 of those assaulted (72%) had received medical attention following the incident.

Table 3: Frequency and location of assaults (n=107)

Location	n (%)
Nursing station	46 (43%)
Emergency department	17 (16%)
Interview room	15 (14%)
Corridor	13 (12%)
Common room	13 (12%)
Seclusion room	3 (3%)

DISCUSSION

This study has shown that mental health staff working in an European psychiatric hospital are also exposed

to patient's violence like their counterparts in the developing countries. Almost 1 in 3 of 138 respondents had been assaulted atleast once since starting at the hospital. Nurses were most frequently assaulted by individuals in this study (63%) whereas doctors were 13%. In total, 23% of those assaulted had received treatment for injuries they had. This observation that nursing staff were more likely to be assaulted is consistent with findings from previous studies^{5,10-12}. In a study by Erdos and Hughes 78% of assaults were committed against nursing staff whereas 4% were against psychiatrist. The most likely cause of this is that nursing spend more time with patients than doctors and set limits on behaviour and discipline in the ward. Thereby, exposing them to psychiatric patient's violence. Negative affective changes such as anger and irritability and changes in co-worker relationships are possible outcomes of patient violence. A lifetime experience of such violence by almost 1 in every 3 staff members and 2 years experience of just about 1/3rd of the participants as seen in this study is not that high as compared to the physical assaults shown in the previous studies¹¹. The possible contributing factors of this decline in physical assaults are either better medicolegal/compensation facilities, advances in the various measures regarding safety and security at working places or very well could be because of advances in drug therapies in particular the invention of a typical anti-psychotic agents.

The relationship between staff characteristics and violence may not always be clear as shown in previous studies¹², however, some reports have documented a positive relationship between the violence by psychiatric patient and higher numbers of female staff in the unit¹². On the other hand other factors such as older age of the staff member and with higher level of psychiatric experience have shown to be associated with lower levels of patient's violence.

CONCLUSION

We have found this finding in previous studies just mentioned in above reference consistent with our study as our participants were experienced and mean

duration of employment was about 7 years, they were relatively old. However our study had some limitations. It was retrospective and may be effected by recall bias and in addition the data on the types of individuals who perpetrated these acts of violence could not be obtained from the staff with a complete reliability as information was obtained by self-report. Also the sample size for this type of study should be at least four times bigger and more centers should be involved to avoid bias. These types of studies help to make better policies towards prevention of physical assaults towards mental health staff and to take steps to improve a secure and safe working environment in psychiatric wards.

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