

PRACTICE OBSERVED

Aggression and the general practitioner

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The growing concern over violence against health service staff is reflected in an increasing number of anecdotal reports in both the medical and the lay press describing violent incidents.¹⁻³ Family practitioner committees have recently started to gather information on the subject.

The Health and Safety Commission has described some of the common factors in assaults against employees.⁴ These include difficulties patients experience in gaining access to medical help and disturbed personalities. Drugs and alcohol, job location, prolonged waiting, and working alone also contributed to the risk. The Department of Health and Social Services advisory committee on violence to staff emphasised the vulnerability of doctors when performing home visits.⁵ It noted that general practitioners have no formal system for reporting violence and must personally identify and fund any initiatives to reduce risk.

The only published study of violence towards general practitioners concerned doctors in five health authorities.⁶ In the year preceding the survey 0.5% of general practitioners had suffered major injuries and 0.5% minor injuries, 5% had been threatened with a weapon, and 24.9% had received verbal abuse.

In this study we attempted to assess the extent of violence in a sample of urban practices.

Method

A postal questionnaire was sent to all general practitioners with a surgery address in the Sparkhill, Sparkbrook, Harborne, Quinton, and Hall Green wards of Birmingham during July 1987 (n=83). Sparkhill and Sparkbrook are inner city wards, with high rates of unemployment and much accommodation of poor quality.⁷ Sparkbrook is among the 50 most underprivileged wards as regards health in England and Wales.^{8,9} Harborne, Quinton, and Hall Green are more suburban and less socially deprived.

The questionnaire divided aggressive behaviour into verbal abuse, attempted physical injury, and actual physical injury. Additional information was requested on the number of aggressive attacks, the role of drugs or alcohol, the location and timing, the person responsible, and the times when the general practitioner felt that he or she was under threat.

Results

Of the 83 questionnaires sent, 66 replies were received, representing a response rate of 80%. Significantly more doctors had experienced verbal abuse (60; 91%) than either attempted injury (12; 18%) or actual injury (7; 11%) ($p<0.001$) (table I). Significantly more inner city than suburban doctors had suffered attempted injury ($p<0.05$), though there was no difference for verbal abuse or actual injury. The sex of the doctor did not influence the numbers.

Most aggressive incidents occurred in the surgery

(table II), but actual injuries happened as often on night visits. Sixteen (24%) doctors had felt under threat in surgery hours and during evenings on call, but 26 (39%) had felt under threat when on call at night. Only four respondents had experienced

TABLE I—Frequency of aggressive episodes reported by general practitioners. Figures are numbers (percentages)

Type of episode	Frequency of episodes				
	Once a week	Once a month	Once a year	Occasionally	Never
Verbal abuse	2 (3)	4 (6)	9 (14)	45 (68)	6 (9)
Attempted physical injury		1 (>1)	2 (3)	9 (14)	54 (82)
Actual physical injury			2 (3)	5 (8)	59 (89)

TABLE II—Number (percentage) of episodes of violence towards general practitioners in the surgery and on domiciliary visits

Type of episode	Surgery	Domiciliary visit	
		During surgery hours	Out of hours
Verbal abuse	44 (67)	21 (32)	25 (38)
Attempted physical injury	8 (12)	4 (6)	4 (6)
Actual physical injury	4 (6)	2 (3)	3 (5)

aggression from members of the public. Patients and their relatives were equally responsible for the remaining incidents. Alcohol was reported as a precipitating factor by 32 (48%) doctors and drugs by 27 (41%). Several doctors volunteered the information that problems were also caused by violence from psychiatrically disturbed patients and aggression directed against receptionists.

Doctors stated that good interpersonal skills were the most important preventive factor. Several thought that violence was getting worse, and three had started using deputising services only because of concerns over their own safety.

Discussion

The existence of certain risks, such as infectious disease and violent patients, must be accepted as an inevitable feature of medical practice. But for the seven (11%) general practitioners in this survey who suffered actual injury during their work this is an unacceptable hazard. Furthermore, nearly a quarter of the 66 doctors tolerated regular verbal abuse. Although we studied a small sample of general practitioners, the figures are similar to those produced by the Health and Safety Commission.⁴ Unfortunately, the fear of attack is as much of a problem as the actual aggression, particularly during the night when making calls. This fear is worthy of more detailed examination. How much the threat of violence contributes to the transfer of night visits to deputising services remains to be answered. Most aggression towards general practitioners, however, takes place in the surgery.

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General practitioners need to plan their services to reduce the risk of violence. This should include providing adequate training and support for reception staff and sufficient space in the waiting area, avoiding keeping patients waiting a long time, and having a practice policy on how to handle patients who are obviously disturbed or under the influence of drugs or alcohol.

The findings in this survey concur with those of the Health and Safety Commission that the doctor's interpersonal skills were an important limiting factor.⁶ Teaching communication skills to undergraduates improves their consulting performance^{10 11} and confidence in handling difficult patients, and more emphasis should be laid on this in medical school. Additional training should take place on vocational training schemes.

Further research is needed into violence against all members of the primary health care team in both urban and rural practice. We do not know whether violence

towards general practitioners is increasing, but they remain an easy and accessible target.

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