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**AGGRESSIVE BEHAVIOR OF PATIENTS TOWARDS MEDICAL
PERSONNEL AS A SOCIAL PROBLEM**Viktoria V. Blinova (a)*, Tatiana M. Bogdanova (b), Valeria A. Semenova (c),
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Abstract

The purpose of the research is to study the prevalence of cases of aggressive behavior by patients and/or their relatives towards medical professionals during the last 6 months. The material of the study included 80 employees of medical institutions in Saratov, aged 25 to 65 years (average age 43 ± 2.2 years). The study involved doctors of various specialties and nurses in an equal percentage. The research was carried out by the method of voluntary questioning of medical workers. The results of the research showed that 80 % of medical workers face verbal aggression and irritation of patients and/or their relatives at least once a week, and 28.75 % of specialists were exposed to physical aggression (primarily attempted assaults). Female medical personnel are almost twice as likely to engage in violent behavior as male medical professionals. The most frequent causes of aggressive behavior of patients and/or their relatives were alcohol and/or drug intoxication, encephalopathy of various origins, propaganda of the image of a “doctor as an incompetent specialist”. In the current situation, the medical staff is in a state of constant stress due to a low level of safety. Thus, the quality of the provided medical care suffers, the syndrome of chronic fatigue and emotional burnout among specialists develops faster, and the outflow of personnel from medicine increases. Consequently, enhanced security of medical workers can be considered as one of the factors leading to the improvement of the healthcare delivery system.

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1. Introduction

In the twenty-first century, every year the mass media increasingly inform the population about attacks on medical personnel. In the period from 2012 to 2018, there were 1226 attacks on medical workers, while the statistics do not include insults and “minor” beatings without serious injuries (Sadretdinova, 2019). In order to protect health care workers, Article 6.36 “Obstruction of Health Care” was introduced into the “Code of the Russian Federation on Administrative Offenses” of July 26, 2019 (Criminal Code of the Russian Federation).

2. Problem Statement

However, despite the article 6.36 “Obstruction of Health Care”, the mass media continue to report new cases of aggressive behavior of patients and/or their relatives against medical workers (Blinova et al., 2020). So, in St. Petersburg, the Investigative Committee began an investigation into the circumstances of the attack on the pediatrician at a children's clinic (Chereneva, 2021). In the Crimea, a paramedic, wounded with a hunting rifle, died in an attack at a first-aid station (Izotov, 2021). This is far from a complete list of such incidents. Due to the fact that aggressive behavior on the part of patients and/or their relatives is expressed most often in the form of verbal aggression, as well as causing superficial injuries to medical personnel is regarded as harmless to human health (Order No. 194n of the Ministry of Health and Social Development of the Russian Federation, 2008), or less often as causing minor harm to health, those injuries are, as a rule, not reported to law enforcement agencies. Accordingly, the statistics of cases of aggressive behavior towards medical workers are based solely on the frequency of claims, which is unreliable.

In the current circumstances there is a tendency, especially among young medical professionals, to reduce stress resistance and increase the level of personal anxiety, which gives rise to aggressive actions by patients and/or their relatives. The main reason for the above-stated problem is insufficient psychological training and lack of command of speech behaviour of medical personnel (Barsukova et al., 2019, 2020).

3. Research Questions

This article covers: the prevalence of various types of aggressive behavior, in accordance with the classification of Buss and Durkee (1957), on the part of patients and/or their relatives towards medical personnel; the reasons for the manifestation of various types of aggression against medical personnel.

4. Purpose of the Study

The purpose of this study is the prevalence of violent behavior on the part of patients and/or their relatives towards medical professionals during the last 6 months.

5. Research Methods

The study included 80 medical workers (20 people – emergency medical personnel, 20 – resuscitation, 20 – general somatic departments, 20 – polyclinic level) working in medical institutions of Saratov, aged from 25 to 65 years (average age 43 ± 2.2 years); among them were 50 women and 30 men. The study involved doctors of various specialties and secondary medical personnel in an equal percentage.

Aggression is motivated destructive behavior that contradicts the norms of human coexistence, harms the objects of attack, brings physical and moral damage to people or causes them psychological discomfort. In clinical psychology, there are various types of response to the disease; the most prone to aggressive behavior are patients with an anxious, hypochondriac, neurasthenic, paranoid and dysphoric type of response. According to the classification of Buss and Durkee (1957), the following types of aggression are distinguished: irritation (short temper, rudeness); verbal aggression (threats, shouting, swearing, etc.); indirect aggression, directed (gossip, malicious jokes) and non-directed (shouting in the crowd, stomping, etc.); physical aggression (physical actions against someone); negativism (oppositional behavior); resentment (envy and hatred of others for real and fictional actions), suspicion (manifests itself in the range of distrust and caution towards people to the belief that other people are planning and causing harm), guilt (expresses the possible belief of the subject that he is a bad person, as well as the remorse he feels).

Taking into account this classification, a questionnaire was formulated to identify the frequency of occurrence of medical workers with various types of aggression on the part of patients, as well as their loved ones. The study of the prevalence of cases of aggressive behavior on the part of patients and their relatives over the past 6 months was conducted by a voluntary survey of medical professionals.

6. Findings

In the course of the study, the following data were obtained. Of all types of aggressive behavior, the medical staff in Saratov most often meets with irritation and verbal aggression. All respondents who participated in the survey were exposed to aggressive behavior in the form of irritation and verbal aggression on the part of patients and/or their relatives, regardless of their specialty and place of professional activity. The majority of respondents (80 %) note that they are faced with rudeness, verbal threats, raising the voice of patients at least once a week, 8.75 % – once a month, 6.25 % – once every 3 months, 5 % – once every 6 months. According to medical professionals, such aggressive behavior was associated with:

- alcohol and/or drug intoxication;
- cognitive impairment as a result of encephalopathy of various origins;
- confidence in absolute impunity;
- the projection of the image of an “incompetent specialist” promoted by the mass media onto all medical workers;

- the introduction of the term “medical services” in regulatory documents, as a result of which the society began to perceive medical workers as service personnel following the principle “the customer is always right”;
- a stressful reaction to circumstances (serious illness, death);
- deliberate provocation of a medical professional in order to obtain further benefits (consumer extremism).

Moreover, among patients, irritation and verbal aggression were most often the result of alcohol and/or drug intoxication, encephalopathy of various origins, propaganda of the image of “the doctor as an incompetent specialist”, whereas among relatives of the patient irritation and verbal aggression were most often caused by propaganda of the image of “the doctor as an incompetent specialist”, the principle “the client is always right”, and alcohol intoxication (Bisaliev & Kubekova, 2017; Deomidov et al., 2017; Nemtsov, 2014). Many patients who seek medical help are already initially negatively disposed, as evidenced by all employees of the outpatient clinic, 70 % of emergency medical personnel, 30 % of resuscitation and general hospital departments.

A separate group that demonstrates aggressive behavior is made up of the close people of the dying or deceased patient. According to the model of psychologist Kübler-Ross (2001), “normal” grief is characterized by the development of experiences at several stages (denial and isolation, anger, trade, depression and acceptance) with a complex of symptoms and reactions characteristic of each. Most often, at the stage of anger, there are manifestations of verbal aggression, less often – physical aggression. The interaction of medical personnel with relatives / friends in a state of grief has always been, is and will be, so their behavior can be predicted with a high degree of probability and perceived with understanding. Aggressive behavior of relatives in a state of grief was encountered at least once in the last 6 months by 90 % of the intensive care workers, by 60 % of emergency care workers.

Directed indirect aggression on the part of patients and/or their relatives is usually dealt with by young and elderly specialists, as well as specialists with physical features (increased or low body weight, very tall or short stature, wearing glasses, mustaches, and others). The manifestation of this type of aggression is mainly inherent in persons with a low level of intelligence due to various reasons, which determine the lack of compliance with elementary norms and rules of behavior. Directed indirect aggression comes equally from male and female patients, more often from patients than from their relatives. Directed indirect aggression is less common compared to verbal and irritating aggression. 80 % of the outpatient clinic staff, 65 % of the employees of general somatic departments, 15 % of the employees of the emergency and intensive care unit heard gossip and malicious jokes addressed to them.

Undirected indirect aggression is typical, as a rule, of patients with mental disorders of various origins. Undirected indirect aggression on the part of patients was observed by the medical staff of intensive care units (100 %) with a frequency of more than once a week, and emergency medical personnel (40 %) – with a frequency of once every 1-3 months. Undirected indirect aggression occurs in both male and female patients with the same frequency.

In cases of irritation, verbal and indirect aggression on the part of patients, medical professionals often do not inform the administration of the institution about the incident, since these cases are typical and no further measures are taken to combat this behavior of patients and/or their relatives.

Over the past 6 months, 13.75 % of the intensive care staff, 12.5 % of the emergency medical personnel, 2.5 % of the staff on duty at the general medical departments were exposed to physical aggression, primarily, assaults. Physical aggression on the part of patients in 2/3 of cases was caused by alcoholic or drug intoxication, encephalopathy of various origins, whereas on the part of relatives it was the result of alcohol intoxication. Since the infliction of harm to health among the respondents was of mild severity, the instances of physical harm were not reported to the law enforcement agencies. According to all respondents, patients and their male relatives show physical aggression more often.

Negativism (oppositional behavior) and resentment on the part of patients were noted by respondents over the past 6 months in 5% and 3.75% of cases, respectively. These types of aggressive behavior are inherent in female patients.

The medical staff noted that they had not encountered such a manifestation of aggressive behavior as guilt and suspicion on the part of patients in the last six months.

It should be noted that male specialists, almost twice, are less likely to encounter aggressive behavior in the form of irritation, verbal aggression with directed indirect aggression, as well as physical aggression in comparison with female specialists. The reason for this circumstance, most likely, is the fear of patients to be rebuffed. Considering that in the medical field of activity the main contingent is represented by female employees, this problem is becoming quite large-scale.

Currently, every medical professional has two tasks: the first is to fulfill their immediate professional duties, and the second is to avoid aggression from patients and / or their loved ones. The low level of protection of "doctors" leads at least to constant psychological stress, therefore, to a more rapid development of the syndrome of chronic fatigue and professional burnout. Thus, the manifestation of aggression of any kind on the part of the patient and / or his relatives can increase the likelihood of medical error.

7. Conclusion

For centuries, doctors and nurses have faced inadequate and sometimes aggressive behavior of patients, which in most cases was associated with cognitive disorders of various origins. In the last decade, the number of cases of aggression by patients and / or their relatives against medical workers has increased significantly, due to the emergence of new reasons: the propaganda of the image of an "unqualified doctor" by the mass media, as well as the perception of specialists in this field as service personnel, consumer extremism. Most often, medical professionals encounter irritation and verbal aggression. So 80% of employees observe rude treatment, verbal threats, conversation with a raised voice in their address at least once a week. Physical aggression (first of all, we are talking about attempts to assault) 28.75% of the respondents were exposed to patients and/or their relatives. Female medical professionals are almost twice as likely to encounter aggressive behavior in the form of irritation, verbal aggression with directed indirect aggression, as well as physical compared to male specialists. The widespread occurrence of aggressive behavior, primarily irritation and verbal aggression, to some extent becomes the norm of behavior for many patients, since they do not bear any responsibility for these acts.

In the current situation, the medical staff is in a state of constant tension due to the low level of security, which affects the quality of medical care. The syndrome of chronic fatigue and emotional

burnout develops faster among specialists, and the outflow of personnel from medicine increases. Therefore, the increase in the level of safety of medical workers can be considered as one of the factors leading to the improvement of the medical care provided. In the light of these developments, it is necessary to introduce legal assistance in the field of healthcare, with mandatory legal support for all processes related to medical professionals. A significant role in preventing aggression on the part of the patient and his relatives can be played by victimological prevention measures, which involve the development of practical recommendations for the prevention of conflict situations. The changes made will help to increase the motivation of the medical worker, reduce the level of his anxiety and increase the sense of security in modern society.

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