

# PREVENTION OF VIOLENCE ON HEALTH WORKERS : WHY A COMPREHENSIVE APPROACH IS A GOOD IDEA

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# A RECENT A GROWING CONCERN IN FRANCE RELATING TO HEALTH CARE PROFESIONNALS...

The issue of health care professionals difficult work conditions has been increasingly visible in France

- Recently made the front page of national media
- Very distinct issues at each end of the spectrum :
  - Doctors complaining about stressful work environments and harassment from hospital administrations asking them to do more with less
  - Workers with small qualifications denounce poor care conditions and intense work rhythms in nursing homes
- Added to those a more recent and growing concern : stress on female health workers as a result of sexist individual behaviours and institutional cultures

# A CONCERN EXPRESSED TOWARDS PATIENTS AS WELL

At the same time in France, a growing concern has been expressed as well about patient's rights and quality of care

- A few days ago Le Monde's front page was entitled "France abuses its elderly citizens", quoting a report on social isolation and neglect recently produced by the National Council on Ethics (CCNE)
- Massive public emotion was also raised a few days ago by the violent, disrespectful treatment that a young woman had to endure when she dialed the medical emergency number, which, added to a lack of medical orientation, resulted in the young woman's death in hospital a few hours later

# WHERE DO WE START ?

- In the healthcare sector the temptation to feel overwhelmed by such problems is real... as well as that to deny the other party's problems !
- It is sometimes as though the most fragile professionals have been chosen to care for the most vulnerable citizens : are we to choose among them ? That is both *ethically unacceptable* and *practically wrong*
- The risk is also a form of rivalry for public attention... and for public policies : but *can't we care for both* ?

# THE CLASSICAL DIVISION OF TASKS...

- Health care organizations in France are highly organized work places where hierarchy plays a great role
- When violence occurs, two possible answers can be provided :
  - If the violent act is committed against a professional, then the answer (if there is one) will be issued by the head of the Human Resources department
  - If the violent act is on the contrary committed by a professional, the answer will come from the manager, occasionally helped by the Quality Department
- These two answers are issued by profoundly different people, who have very different vocabularies and visions of the world, and in their solutions are responding to different motivations which are both respectable but rarely meet... (example from Marseille)

# BUT SITUATIONS AND FACTS RESIST CLASSICAL APPROACHES

Four situations will illustrate the impossibility to treat *separately* violence *against* health professionals and violence *against* patients and *vulnerable citizens*

1- The sexist jokes

2- Permissivity and the disqualification of professional dignity

3- Learning the hard way : when becoming a doctor proves as difficult for both students and patients

4- « *It is not violence that was the worst : it is the silence afterwards* » : peer reaction in the case of physical aggressions on the work place

# YET WE PERSIST IN TREATING BOTH “WORLDS” AS SEPARATED !

The defensive approach : professionals have rights too !

... But situations are not symmetrical

The corporate approach : my colleague has the right to make a mistake – it could happen to me, to anyone !

... But team solidarity should not lead to covering up any form of violence, whoever the victim is (intern, patient, member of the patient’s family, colleague...)



# FACING THE CHALLENGE : HOW DID WE WORK ?

A small task force of people dedicated to not let fate take the lead : Fehap, APF, UNAF, Haute Autorité de Santé, Département de la Sarthe, Ministère de la santé et des solidarités

Step 1 : gather a crowd (March 2017, Ministry of Health, Seminar *Why we're not through with abuse*)

Step 2 : notice we have not changed much with a seminar...

Step 3 : gather all involved parties again (June 2018, Ministry of Health) and this time : make them work !



# FACING THE CHALLENGE : STEP BY STEP, INVOLVING ALL PARTIES

Addressing the issue of violence and abuse in health care organizations cannot be done alone – everybody who's concerned should take part in a common work → we identified 4 groups :

- 1- Workers' unions and Employers' unions
- 2- Public authorities (national and local)
- 3- Patients and service users' representatives
- 4- Health care professionals

# FACING THE CHALLENGE : THE OUTCOME

A seminar on **June** the 15th 2017, gathering 80 people...

... And leading to **26 propositions**

A new work session with 30 people in **September** 2017... Leading to **10 key-propositions**

A last work session with 15 people in **November** 2017... Leading to a formal, argumented **plan of actions**

Presented in **January** 2018 to the **Ministry of Health**

# WHAT WE KNOW ABOUT VIOLENCE IN HEALTH CARE ENVIRONMENTS

Whether it be an act against a professional of a patient...

1/ Violence isolates the victim

2/ Violence make words difficult, if not impossible

3/ Violence does not just have an impact on the victim : it also affects negatively the author(s) and the spectator(s), their self-esteem and capacity to work as a team

4/ Violence leads to more violence if nothing is done... situations do not become virtuous by themselves

# WHAT WE PROPOSE

## (EXTRACT FROM THE 2018 ACTION PLAN)

Of the four dimensions in the national plan we produced, one will mainly interest us here today

1. Give the issue of abuse the visibility it deserves
2. Give the vulnerable people a chance to fight for themselves
3. **Provide help and support to professionals confronted to abuse**
4. Clarify and strengthen alert systems as well as national and local coordination when treating the alerts

# WHAT WE PROPOSE

## (AND WHY IT CONCERNS EVERYONE)

Provide help and support to professionals confronted to abuse... what do we mean ? A **new managerial culture** is required on the basis that

1. **Thinking** after an act of violence is not automatic (even in the most qualified environment) : let's organize it
2. **Paying attention to small signals** is not our habit (we're too busy watching our phones) : let's organize it
3. Getting rid of violence is our goal, that does not mean we shouldn't **be aware of the difficulties** we face (the « three R » : Recognizing, Reporting, Responding... each a challenge !)
4. Listening is a natural thing in health care organizations... well, let's organize it better anyway : **the « no wrong door » rule** for the victims of violence

# WHAT WE PROPOSE : AFFECTED TOGETHER, COMMITTED TOGETHER

**Workplace violence affects everyone** involved in health care organizations : patients, patients' families, professionals

Treating different forms of violence in a different way is normal... but we have to keep **the big picture** in mind

Overcoming violence means bringing together worlds which often think of themselves as « worlds apart » : patients and professionals, professionals specialized in different fields, and... employers and workers' unions ! **Let's get to work** then, shall we ?

# Thank you for your attention

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