2019

Mistreatment of Providers by Patients in Emergency Medicine

Cyrus Massouleh
Virginia Commonwealth University

Mistreatment of Providers by Patients in Emergency Medicine

Cyrus Massouleh, MD, Nital Appelbaum, PhD, Harinder Dhindsa, MD, MBA, Sally A. Santen, MD, PhD, Joel Moll, MD, Robin R Hemphill, MD, MPH
Department of Emergency Medicine, Virginia Commonwealth University

Background

- Mistreatment and disrespect of healthcare providers including verbal harassment, sexual harassment, and physical harassment is relatively commonplace in the clinical setting.
- Per Bureau of Labor Statistics, healthcare professionals are at a 16x greater risk of violence than professionals in other service fields[1].
- Much of this mistreatment is from colleagues and superiors[2], but a significant portion is from patients and their families with prior studies showing anywhere from 6-67% percent of the mistreatment done by patients or their families[2,4,5,6].
- Providers may feel that being mistreated is an expected part of the job[7,8].
- Many resources have been dedicated to understanding and decreasing mistreatment amongst colleagues[9].
- Studies suggest that mistreatment from patients and their families may be potentially more prevalent than mistreatment from coworkers in the emergency department (ED) setting[4,10].
- The objective of this study was to quantify better understand the types of mistreatment directed towards providers and to determine whether or not it was especially prevalent in the ED setting.

Methods

- Residents across nineteen training programs at a single academic medical center were recruited to complete an anonymous survey assessing their experience with mistreatment instigated by patients and families.
- Six unique mistreatment behaviors were adapted from the AAMC Graduation Questionnaire, allowing residents to report behaviors they experienced.
- Emergency Medicine (EM) resident responses were compared against residents aggregated across the other eighteen programs to detect group differences for each behavior using Chi-squared and Fisher's exact test.

Results

- 303 residents out of 428 (71%) completed the survey.
- 40 respondents did not complete the patient mistreatment section and were excluded from analysis.
- Of the 303 respondents, 37 were EM and 266 were non EM.
- There was a significant difference between EM and nonEM residents on:
    - experiencing patient mistreatment at least once during residency (69% EM, 45% nonEM , p=.007, Table 1)
    - being threatened with physical harm (58% EM, 28% nonEM, p<.001, Table 2)
    - being physically harmed, (11% EM, 3% nonEM, p=.034, Table 3)
    - being subjected to offensive sexist remarks (6% EM, 23% nonEM, p=.015, Table 4).
- There was no significant difference between EM and nonEM residents on unwanted sexual advances, racially/ethnically offensive remakes/names, or offensive remarks/names related to sexual orientation (p<.05).

Tables and Figures

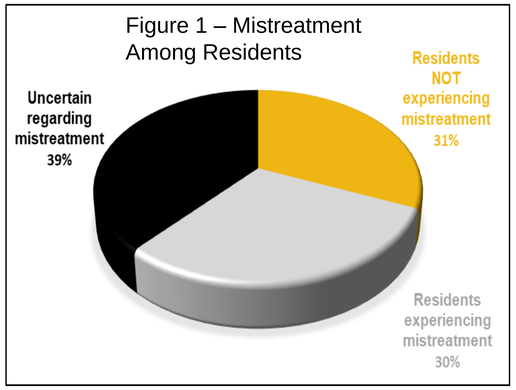

Table 1

			Other	Emergency Medicine	Total
Experienced patient mistreatment at least once	Experienced patient mistreatment at least once	Count	103	25	128
		Expected Count	110.5	17.5	128.0
	Did not experience	Count	124	11	135
		Expected Count	116.5	18.5	135.0
Total		Count	227	36	263
		Expected Count	227.0	36.0	263.0
	Percent experienced		45	69	
	Percent did not experience		55	31	

Table 2

			Other	Emergency Medicine	Total
Been threatened with physical harm	Been threatened with physical harm	Count	63	21	84
		Expected Count	72.5	11.5	84.0
	Did not experience	Count	164	15	179
		Expected Count	154.5	24.5	179.0
Total		Count	227	36	263
		Expected Count	227.0	36.0	263.0
	Percent experienced		28	58	
	Percent did not experience		72	42	

Table 3

			Other	Emergency Medicine	Total
Been physically harmed	Been physically harmed	Count	6	4	10
		Expected Count	8.6	1.4	10.0
	Did not experience	Count	221	32	253
		Expected Count	218.4	34.6	253.0
Total		Count	227	36	263
		Expected Count	227.0	36.0	263.0
	Percent experienced		3	11	
	Percent did not experience		97	89	

Table 4

			Other	Emergency Medicine	Total
Been subjected to offensive sexist remarks/names	Been subjected to offensive sexist remarks/names	Count	53	2	55
		Expected Count	47.5	7.5	55.0
	Did not experience	Count	174	34	208
		Expected Count	179.5	28.5	208.0
Total		Count	227	36	263
		Expected Count	227.0	36.0	263.0
	Percent experienced		23	6	
	Percent did not experience		77	94	

Discussion

- Our study demonstrates that EM residents experience equal or significantly more mistreatment from patients than their nonEM counterparts excepting sexist remarks and names which demonstrated the opposite.
- The low number of female respondents in the EM program is likely the cause of this disparity.
    - Of the 45 residents in the EM residency, only 10 are female, a percentage significantly lower than that of the nonEM programs.
    - Multiple studies have demonstrated that women are considerably more likely to be the target of sexist remarks and names than their male counterparts[3,11,12].
- Various factors including wait times, crowded facilities, lack of long-term relationships with patients, and many others have been suggested as contributing to increased mistreatment of EM providers[4,13].
- Improved communication between patient and provider has been positively identified as improving patient satisfaction (as well as lowering lawsuits and claims filed) [14,15].
- Strategies for communicating with difficult patients that focus on implicit bias training and consensus building have been developed and show some promise[6].
    - These strategies have not demonstrated an obvious effect on decreasing mistreatment of EM providers by patients and their families, but offer a potential opportunity to positively affect relations between the groups.
- Studies demonstrate a positive association between harassment with anxiety, depression, frustration, and burnout[16].
    - These traits disproportionately affect the medical community.
- Interventions to improve the culture of mistreatment in healthcare must be multimodal to fully address the issue.
- Limitations of the study are as follows:
    - Recall bias - the questionnaire was administered as a retrospective with and this may have positively skewed our data.
    - Demand characteristics may have influenced respondents' answers to the questionnaire further skewing our data.

References

1. Elliott P. (1997). Violence in health care. What nurse managers need to know. *Nursing Management*, 28(12), 38-41.
2. Fried J, Vermillion M, Parker N, Uijtdehaage S. (2012). Eradicating Medical Student Mistreatment: A Longitudinal Study of One Institution's Efforts. *Academic Medicine*, 87(9), 1191-1198.
3. Cook DJ, Liutkus JF, et al. (1996). Residents' experiences of abuse, discrimination and sexual harassment during residency training. *Can Med Assoc J*, 154(11), 1657-1665.
4. Emam GH, Alimohammadi H, Sadrabad AZ, Hatamabadi H. (2018). Workplace Violence against Residents in Emergency Department and Reasons for not Reporting Them; a Cross Sectional Study. *Emergency*, 6(1).
5. Li P, et al. (2018). Psychological violence against general practitioners and nurses in Chinese township hospitals: incidence and implications. *Health and Quality of Life Outcomes*, 16(117).
6. Whitgob EE, Blankenburg RL, Bogetz AL. (2016). The Discriminatory Patient and Family: Strategies to Address Discrimination Towards Trainees. *Academic Medicine*, 91(11), 564-569.
7. Daugherty SR, Baldwin Jr DC, Rowley BD. (1998). Learning, Satisfaction, and Mistreatment During Medical Internship, A National Survey of Working Conditions. *JAMA*, 279(15), 1194-1199.
8. Urbach JR, Levenson JL, Harbison JW. (1989). Perceptions of housestaff stress and dysfunction within the academic medical center. *Psychiatric Q*, 60, 283-296.
9. Mavis B, Sousa A, Lipscomb W, Rappley MD. (2014). Learning About Medical Student Mistreatment From Responses to the Medical School Graduation Questionnaire. *Academic Medicine*, 89(5), 705-711.
10. Kwok S, Ostermeyer B, Coverdale J. (2012). A Systematic Review of the Prevalence of Patient Assaults Against Residents. *Journal of Graduate Medical Education*, Sep 2012, 296-300.
11. Bates CK, Jagsi R, et al. (2018). It is Time for Zero Tolerance for Sexual Harassment in Academic Medicine. *Academic Medicine*, 93(2), 163-165.
12. Binder R, Paul G, Johnson B, Fuentes-Afflick E. (2018). Sexual Harassment in Medical Schools: The Challenge of Covert Retaliation as a Barrier to Reporting. *Academic Medicine*, not yet in print.
13. Smith-Pittman MH, McKoy YD. (1999). Workplace Violence in Healthcare Environments. *Nursing Forum*, 34(3), 5-13.
14. Adams MA, Elmunzer BJ, Schieman JM. (2014). Effect of a Health System's Medical Error Disclosure Program on Gastroenterology-Related Claims Rates and Costs. *American Journal of Gastroenterology*, 109, 460-464.
15. Newman DH, Ackerman B, et al. (2015). Quantifying Patient-Physician Communication and Perceptions of Risk During Admissions for Possible Acute Coronary Syndromes. *Annals of Emergency Medicine*, 66(1), 13-18.
16. Bowling, N (2006). Workplace Harassment from the Victim's Perspective: A Theoretical Model and Meta-Analysis. *Journal of Applied Psychology*, 91(5), 998-1012.