

Commentary on “Workplace Violence against Medical Students in Shiraz, Iran”

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Dear Editor,

We read with great interest the study conducted by Sahraian et al. on “Workplace Violence against Medical Students in Shiraz, Iran,” published recently in the Shiraz E-Medical Journal (1). Workplace violence (WPV) in health care is a growing phenomenon worldwide, having assumed the dimensions of a real epidemic (2). The international literature clearly shows how nurses in many countries, especially in emergency and psychiatric settings (3), are the professionals most exposed to violence and aggression (4). Physicians are also at a high risk in these particular health contexts, as shown Table 1. Unfortunately, however, it is not uncommon that even medical students are victims of aggression in the hospital. Therefore, we agree with Sahraian and colleagues when they state that little research has been done on violence toward medical students. The perspective offered by their study is interesting because, in addition to highlighting the factors that contribute to WPV in the Iranian health sector, it analyzes the potential preventative strategies addressed to the students. It is crucial that medical students, especially in view of their clinical internship, are prepared to recognize the risk factors for patient-related violence and that they are trained to handle violent situations, strengthening their nontechnical skills such as, for example, communication and interpersonal skills, violence-related specific abilities, and de-escalation or defusion techniques. Of course, as is also evident in the article, these interventions are not sufficient to reduce the problem of violence but need further precautions within both the organization and the health environment. These include such things as cameras and alarm systems in high-risk areas, the availability of 24-hour on-site security, proper reporting systems, and risk minimization program evaluation, without forgetting to in-

crease the support to victims of violence provided by supervisors and hospital authorities.

We believe that the WPV phenomenon is complex and that there is a strong interrelation between the different causal factors. For this reason, we stated that the issue of violence in the health sector could be effectively faced only with multiple strategies based on a “multidimensional” analysis of the operating environment and interventions (5). Global and comprehensive approaches for managing aggression will allow us to achieve helpful outcomes (6).

Table 1. Incidence of WPV in ED by Year, Country, Profession, Type of Violence, Period^a

N.	Year	Country	ED Worker	WPV Exposure	Verbal Violence	Physical Violence	Period	Source
1	2011	USA	263 physicians	205/263 (78)	197/263 (74.9)	56/263 (21.3)	12 months	Behnam M, Tillotson RD, Davis SM, Hobbs GR. (7)
2	2004	Australia	71 nurses	50/71 (70.4)	67/71 (94.3)	17/71 (23.9)	5 months	Crilly J, Chaboyer W, Creedy D. (8)
3	2005	UK	218 ED staff	218 episodes	196/218 (89.9)	70/218 (32.1)	12 months	James A, Madeley R, Dove A. (9)
4	2006	Brazil	33 nurses; 14 physicians	33/33 (100); 12/14 (85.7)	28/30 (93.3); 12/12 (100)	5/30 (16.7); 2/12 (16.7)	12 months; 12 months	Cezar ES, Marziale MH. (10)

Abbreviations: WPV, workplace violence; ED, emergency department.

^aValues are expressed as (No.) %.

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