Chapter 02

Workplace Violence Against Medical Personnel. Medico-Legal Analysis, Occupational Risks, and Institutional Response
ISBN: 978-9915-9869-9-9
DOI: 10.62486/978-9915-9869-9-9.Ch02
Pages: 5-10

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Workplace violence: mechanisms, consequences, and the case of medical personnel

The report on "Framework Guidelines for Addressing Workplace Violence in the Health Sector" developed by the International Labor Organization (ILO), the International Council of Nurses, the World Health Organization, and Public Services International indicates that workplace violence affects the dignity of millions of workers, both in central and peripheral countries, and deepens inequality, discrimination, and stigmatization within the workplace, with consequences that are evident outside of it. The health sector accounts for a quarter of all workplace violence and affects almost half of all health workers (International Labor Organization et al., 2002).

This incidence rate of violence in our sector, where there is an increasing percentage of female workers, reminds us that in our country, the Comprehensive Protection of Women Act (Law 26485) requires healthcare institutions to report any incidents of violence of which they have become aware (Ministry of Justice and Human Rights, 2009).

The ILO defines violence in the workplace as "any action, incident, or behavior that deviates from what is reasonable, whereby a person is assaulted, threatened, humiliated, or injured by another in the course of their professional activity or as a direct consequence thereof" (Baker, 2002, p.4).

Soares highlights three aspects present in the definitions of harassment (Soares, 2002):

1. the persistent and recurring nature of the action;
2. the damage to and devastating effects on the victim of bullying;
3. The definition focuses on the effects on the victim and not on the intentions of the aggressor.

Likewise, workplace violence is classified according to the focus of analysis: type of aggression (physical, psychological, and/or sexual) and according to the perpetrator (internal violence, if it is a member of the organization, and external violence, if it is a user or their companions) (Palma et al., 2018).

Workplace violence is a recurring and sustained situation over time that, in the case of mobbing or moral or psychological harassment, has the distinguishing feature (compared with physical violence) of leaving no external signs or visible marks, except for the progressive socioemotional and psychophysical deterioration of the victim (Pino et al., 2016).

The ILO highlights that violence in the workplace is growing in terms of the number of cases reported, reaching worrying levels in the frequency of violent behavior and in the devastating consequences that impact victims, their family environment, and the groups to which they belong (Ministry of Labor, Employment, and Social Security, 2018).

The impact on workers' health is serious. with psychological damage being the first to be recorded, with all the progressive symptoms of stress: cognitive disorders—loss of immediate memory, scattered attention and concentration, permanent alertness, self-reproach, anxiety, depression, exhaustion, feelings of unreality, fantasies of annihilation, fragmentation of identity, sleep disorders, and conflict with emotional relationships and bonds of belonging. On a physical level, deterioration is correlative and often triggers psychosomatic conditions (gastrointestinal,

hypertension or hypotension; cardiac, endocrinological, musculoskeletal, dermatological, tension headaches; sexual disorders; and other) and immunological and oncological pathologies (Ministry of Labor, Employment, and Social Security, 2018).

This fact is of utmost importance for both women and men, although in the case of women, their situation is aggravated by an additional form of gender violence. There is a social construct of gender roles that negatively connotes the female condition, consolidated in cultural patterns of female submission, which, throughout history, have led to the normalization of such violence. These patterns of victimization are also reproduced in organizations, particularly in the workplace.

Importantly, violence in the workplace affects not only the victim but also the entire group, reducing their ability to work. Therefore, the whole group must address the situation (Ministry of Labor, Employment, and Social Security, 2018).

Forms of workplace violence

Workplace violence can take various forms: physical aggression, verbal aggression, psychological aggression, workplace harassment (bullying, mobbing), sexual harassment, discrimination in access to employment, job security, promotion, and remuneration based on age, gender, ethnicity, physical appearance, disability, or sexual orientation (Acevedo, 2012).

Harassment and workplace violence can occur from one person to a group or from a group to one person. It can be vertical: from a boss to subordinates (downward), from subordinates to their bosses (upward), or horizontal, between coworkers (Acevedo, 2012).

According to the Office of Advice on Workplace Violence in Argentina, there are various forms of workplace violence (Ministry of Labor, Employment, and Social Security, 2017):

- Physical aggression: Any behavior that, directly or indirectly, is intended to cause physical harm to the worker.
- Sexual harassment: Any repeated behavior or comment with sexual connotations based on power, not consented to by the recipient.
- Psychological harassment: A situation in which a person or group of people engage in verbal or physical abuse, either intermittent or continuous, recurrent and sustained over time, against a worker with the aim of destabilizing them, isolating them, destroying their reputation, damaging their self-esteem, and diminishing their ability to work to progressively degrade and eliminate them from their position.

It can also be classified as internal violence, which occurs between staff and authorities, and external violence, which occurs between workers, managers, supervisors, and those who attend the workplace, in this case, patients and companions (World Health Organization, 2002).

Consequences of workplace violence

The effects on victims of workplace violence are manifold, encompassing health, social behavior, and performance in productive activities. The effects on health include physical, psychopathological, psychosomatic, and behavioral issues. These symptoms almost always occur in combination and require the attention of more than one medical and psychological specialty. Socially, when abuse manifests itself in a person, they find themselves alone and strongly affected in all their relationships, both inside and outside of work. These same effects lead to a decline in productive capacity, reducing their ability to concentrate and/or cause

chronic illnesses (Ministry of Labor, Employment, and Social Security, 2018).

Workplace violence has many harmful consequences, with different impacts on the various actors involved (Ministry of Labor, Employment, and Social Security, 2017):

- For workers, it affects their mental and physical health and can have negative consequences on their social relationships in general and family relationships in particular.
- The organization experiences unrest among workers, decreased productivity, wasted talent, economic losses, and social discrediting.
- In society, it reinforces discrimination and encourages distrust of institutions and the justice system.

Violence against medical personnel in Argentina

Workplace violence against healthcare professionals is an emerging, global, and everyday phenomenon. Analyzing these effects can help establish prevention strategies that protect mental and physical health. The healthcare sector is at serious risk, as violence can affect more than half of healthcare workers. The negative consequences of this widespread violence have a strong effect on the provision of healthcare services and can lead to a deterioration in the quality of care provided and decisions by workers to leave their profession (Matile et al., 2016).

Notably, Law 13168 of the Province of Buenos Aires establishes in Article 2 that workplace violence also includes actions by public officials and/or employees who, taking advantage of their hierarchical position or circumstances related to their role, engage in conduct that violates dignity. Page 3 discusses the physical, sexual, psychological, and/or social integrity of the worker, manifesting an abuse of power carried out through threats, intimidation, intimidation, wage inequality, harassment, and physical, psychological, and/or social abuse (Chamber of Deputies of the Province of Buenos Aires, 2004).

Assert the right of healthcare workers to be respected as individuals and not legitimize violence. A work culture based on the human aspect must be developed, with a focus on safety and dignity, nondiscrimination, tolerance, equal opportunities, equity, and cooperation. The organization must be aware of the existence of violence against healthcare personnel and must be committed to combating violence in the workplace. In addition, problems should be shared and solved as a group.

In Argentina, awareness of the magnitude of the problem has only recently begun to grow, following reports by various medical associations and a survey conducted by the Intramed and Epidemiology Service of the Italian Hospital of Buenos Aires, which is based on 30,100 health professionals (Fornasari, 2019).

In Argentina, the Argentine Health Union Observatory surveyed more than 2,000 healthcare workers in public and private establishments in the provinces of Buenos Aires, Santa Fe, and La Rioja. The results revealed that 36 % of healthcare workers in the country have suffered physical or verbal abuse, or both (Muñoz Pascual et al., 2008).

According to this study, almost 55 % of doctors suffer this type of violence. These findings are consistent with those reported in other countries. In the United States, studies conducted by the Bureau of Labor Statistics (BLS) revealed that between 1996 and 2000, 69 homicides were reported in health services in that country. In 2000, the statistical data of the BLS revealed that approximately half of nonfatal injuries due to assault on American workers in any industry

originated in social or health services. Most of these cases occurred in hospitals, outpatient care centers, and social residence services. When comparing health services affected with other sectors of the economy, a large percentage represented by health personnel was evident (Vítolo, 2011).

Clearly, not all incidents are reported, often because healthcare personnel perceive aggression as part of their job and fear that these events will lead to a misinterpretation of their work performance, which is why the vast majority do not report these incidents.

This problem affects not only the quality of life and mental health of healthcare personnel, as assaults cause them to suffer from health problems, depression, and sick leave. The burden and/or pressure will generate situations of anxiety, emotional stress, and burnout syndrome, the occurrence of which can trigger undesirable events in the doctor–patient relationship that are capable of compromising patient safety.

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