Chapter 07

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.Ch07
Pages: 40-44

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Proposed institutional response and recommendations

Violence against health professionals is a complex phenomenon that transcends the individual dimension of events and is part of broader institutional, organizational, and social dynamics. The findings presented in this volume, although limited to a study of limited scope, allow us to outline relevant questions about how health institutions recognize, manage, and respond to situations of aggression affecting their medical staff.

Interpreting the results requires first and foremost recognition of the methodological conditions under which the data were obtained. The study was based on a self-administered survey, an instrument that provides direct access to the subjective perceptions and experiences of professionals but does not constitute a systematic documentary record of incidents. This characteristic introduces a substantive difference between the reported experience and the formal institutional quantification of cases.

The use of a self-report instrument implies the possibility of biases associated with both the participants' memory and their differential willingness to respond. It is reasonable to consider that professionals who have experienced aggression may be more motivated to participate in the study. Thus, the sample may more strongly reflect the perspective of those who have been directly impacted by the issue.

In addition, the small sample size limits the interpretive scope of the findings. The results obtained describe trends observed within the group analyzed, without enabling automatic extrapolations to the entire medical universe of Greater Buenos Aires or to other healthcare contexts. This limitation does not diminish the value of the study, but it does orient the reading toward its exploratory and descriptive nature.

Within this framework, the evidence collected offers a significant picture of the phenomenon. A large majority of the participating physicians reported having experienced at least one episode of aggression in their work environment. Verbal violence emerged as the most frequently reported form, followed by physical aggression and other less defined forms. This pattern coincides with previous descriptions that place verbal violence as the predominant manifestation in healthcare settings.

The repetition of verbal aggression cannot be interpreted as a minor aspect of the problem. These forms of violence, although lacking physical contact, have the capacity to generate emotional distress, alterations in the perception of safety, relational tensions, and cumulative effects on professional experience. Sustained exposure to hostile interactions can erode the quality of the clinical relationship, job satisfaction, and psychosocial well-being of the professional.

Another relevant finding is related to the identification of aggressors. Patients and their families appeared as central actors in the reported episodes, although experiences of aggression from coworkers were also recorded. This diversity underscores that violence is not restricted exclusively to interactions with users of the health system but can also emerge within institutional dynamics themselves.

The inclusion of aggression originating within the healthcare team invites the consideration

of organizational, hierarchical, and cultural factors that may influence the emergence of interpersonal conflicts. Stressful work environments, excessive workloads, ambiguous roles, leadership styles, and communication deficiencies are variables potentially associated with these experiences.

Special attention should be given to the perception of institutional support following episodes of aggression. Most physicians reported not receiving follow-up or support from the institution after the event. This result raises substantive questions about the organizational visibility of workplace violence and the existence—or effectiveness—of formal response mechanisms.

The perceived absence of institutional follow-up can have multiple consequences. These include a decline in trust in reporting channels, the normalization of violence as a regular part of work, a perception of lack of protection, and the possible consolidation of organizational cultures where aggressive incidents are not given strategic priority.

Faced with this scenario, the institutional response cannot be limited to episodic reactions to individual events. Workplace violence in healthcare needs to be addressed as a structural problem that requires sustained policies, clear regulatory frameworks, and comprehensive prevention, detection, and management strategies.

A first line of action is linked to the construction of a safety-oriented organizational culture. This approach involves recognizing that violence against healthcare personnel constitutes an occupational risk with clinical, legal, and ethical implications. The safety of professionals cannot be separated from the quality of care or patient protection.

Establishing a culture of safety involves promoting awareness of the problem, legitimizing incident reporting, eliminating barriers associated with fear or stigmatization, and consolidating institutional response mechanisms. Reporting assaults should be seen as a tool for organizational improvement and not as an individual action without consequences.

In this context, it is essential to design and implement specific institutional protocols for managing situations of violence. These instruments must establish clear operational definitions, procedures for action, assigned responsibilities, communication channels, and methods of recording.

The existence of protocols that are accessible and known to staff helps reduce variability in responses, provides shared frameworks for action, and strengthens the perception of organizational support. These documents should not be limited to abstract normative formulations but should be translated into effective practices within the healthcare environment.

Another key dimension relates to the early identification of risks of aggression. Violence in healthcare rarely arises abruptly; it often develops in contexts where prior signs of tension, frustration, or escalating conflict can be recognized. Training staff in communication skills, handling difficult situations, and detecting risk indicators is strategically important.

Institutional prevention also involves organizational and environmental aspects. Congested healthcare circuits, long waiting times, deficiencies in institutional communication, and a lack of adequate spaces for interaction with family members can act as factors that facilitate tension. Reviewing these elements is part of a comprehensive risk reduction policy.

From a medical-legal perspective, institutions are responsible for protecting their workers from foreseeable occupational risks. Workplace violence, as a potential factor in physical or psychological harm, falls within the employer's duty of care. The absence of formal response mechanisms can lead to legal and reputational consequences.

The institutional response to an aggressive event must take multiple dimensions into account. These include formal recording of the incident, clinical evaluation of the affected professional, emotional support, activation of legal channels when appropriate, and follow-up. This approach recognizes that aggression is not just an isolated event but also an experience with potential sustained impact.

Training medical and nursing staff in medical-legal aspects is equally important. Knowledge of rights, responsibilities, reporting mechanisms, and institutional channels strengthens professionals' ability to act in situations of violence. Regulatory ignorance can lead to inaction, underreporting, or improvised responses.

The findings of this study also invite consideration of the need for future research to deepen the understanding of the phenomenon. Larger-scale studies, multicenter designs, and qualitative approaches can contribute to understanding the organizational, relational, and cultural roots of violence in healthcare. Statistical description is a first step, but the complexity of the problem requires multiple approaches.

Institutional strategies should be geared toward sustained prevention rather than delayed reactions. Workplace violence not only impacts the well-being of professionals but also affects the continuity of care, the quality of the therapeutic relationship, the stability of teams, and the public perception of the institution.

Building safer work environments requires explicit organizational commitment. Zero-tolerance policies toward violence, protected reporting systems, psychosocial support programs, ongoing training, and periodic risk assessment are all part of a comprehensive approach.

In summary, the study presented in this volume, despite its methodological limitations, provides an important indication of the presence and perception of violence against medical professionals in the context analyzed. The results suggest that aggression is not a marginal or exceptional phenomenon but rather a recognizable experience within the healthcare work environment.

In this scenario, the institutional response emerges as the central axis of intervention. Recognizing, recording, analyzing, and managing workplace violence is not only an ethical obligation toward workers but also a necessary condition for the sustainability of clinical practice and the preservation of quality care.

This chapter proposes understanding violence not as an isolated event attributable exclusively to individual behavior but as an expression of complex dynamics where organizational, communicational, legal, and social factors converge. From this perspective, institutional improvement does not depend on single interventions but rather on the coherent articulation of policies, protocols, training, and organizational culture.

The safety of healthcare professionals is ultimately inseparable from patient safety.

Institutions that protect workers strengthen the quality of care, promote more stable working environments, and contribute to the consolidation of sustainable healthcare practices.