

Safeguarding Abuse in Health Care

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Aims: The aim of the review is to understand the concept of abuse in health care in general and its various forms. It includes review of what is meant by healthcare and health care abuse; identify its various forms and to recognize who may be the most potential victims; find out the reasons of abuse by health care providers; and, know the role of ethical guidelines and institutional policy in confronting abuse in health care.

Methods: Literatures and publications on the subject were searched in order to identify research studies investigating abuse in health care that were studied, analyzed and presented.

Results: Abuse in health care today is an emerging concept in need of a clear analysis and definition. At the same time, boundaries to the related concepts are not demarcated. Medical professionals and institutions are being targeted worldwide today for negligence and the medical litigation has become a huge challenge. Throughout history, health care professionals have been trusted because of their competency and caring abilities. However, the disturbing reality is that physical and psychological maltreatment of patients do occur in the health care settings throughout the world. The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering. Differently able and dependent people are more susceptible to such abuse. Work overload, staff burnout, lack of information and instructions were also indicated to underlie instances of abuse in health care.

Conclusions: We, in the healthcare facility, should first accept that abuse in health care does occur and causes distress. This change needs to occur at individual, cultural and structural level. Next step will be for the staffs to be aware of abuse in health care when it happens and recognize it as such. It is always better to create a situation where we could prevent abuse from happening at health centers. Hospital personnel must implement a change in workplace culture to stop abusive behaviors wherever they occur. Each and every health care facility should be client friendly and respecting their rights. Effective ethical guidelines were needed to minimize abuse as existing ethical codes were found to be ineffective and above all there was a lack of awareness of the contents of the relevant ethical documents.

Keywords: abuse, ethical guideline, health care, medical litigation, narrative review

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INTRODUCTION

Abuse in health care is defined by patients' subjective experiences of encounters with the health care system, characterized by devoid of care, where patients suffer and feel that they lose their value as human beings. It has been confused with the term 'patient neglect' and there is growing public concern over patient neglect in health care institutions.

Abuse of a patient by a health care staff is not uncommon. In a cross sectional study with 3671 women in 5 Nordic countries, it was estimated that 13-28% of female patients seeking Gynecological health care have experienced abuse in health care in their life time.¹

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same time, boundaries to the related concepts are not demarcated. Medical professionals and institutions are being targeted worldwide today for negligence and the medical litigation has become a huge challenge for them. As a health care manager and a service provider, we truly need to understand health care system, possible abuses there and ways to minimize them thereby improving service provider and patient's relationship. This has been the base of this simple narrative review and the purpose of this review is to provide some knowledge on patient abuse in the health care setting, to realize its various forms, to recognize who may be the most potential victims and know the role of ethical guidelines and institutional policy in confronting abuse in health care.

DISCUSSION

Health Care

Health care is the maintenance or improvement of health via the prevention, diagnosis and treatment of disease, illness, injury and other physical and

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mental impairments in human beings. Health care is delivered by service providers or practitioners (Health Professionals) of different levels in various health fields. Health care system is delivered through organizations (public and/or private) established to meet the health needs of targeted populations.²

While the definitions of the various types of health care vary depending on the different cultural, political, organizational and disciplinary perspectives, there appears to be some consensus that primary care constitutes the first element of a continuing health care process and may also include the provision of secondary and tertiary levels of care. Access to health care may vary across countries, communities, and individuals, largely influenced by social and economic conditions as well as the health policy of the country.

Health care can contribute to a significant part of a country's economy. In 2011, the health care industry consumed an average of 9.3 percent of the GDP or US\$ 3,322 per capita across the 34 members of organization for economic cooperation and development (OECD) countries like US, Netherland, France, Germany, Canada and Switzerland.^{3,4}

Health care is conventionally regarded as an important determinant in promoting the general physical, mental and spiritual health of people around the world. Great example of this is the worldwide eradication of smallpox in 1980, declared by the WHO as the first disease in human history to be completely eliminated by deliberate health care interventions.⁵

The delivery of modern health care depends on groups of trained professionals and paraprofessionals coming together as interdisciplinary team.⁶

Health Care Abuse

Families entrust their loved ones to health care professionals with the assumption that they will be treated with the respect and dignity they deserve as human beings. Literatures have highlighted that American public rate nurses among all service providers as the most ethical and honest of all professionals. Throughout history, health care professionals have been trusted because of their competency and caring abilities. However, the disturbing reality is that physical and psychological maltreatment of patients do occur in the health care settings throughout the world.⁷⁻⁹

Abuse in health care is mistreatment by any other person or persons that violates a person's human and civil rights. The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering. The term abuse may mean a wide range of behavior from humiliation to causing serious psychological and/or physical damage. It has been found that the entire spectrum of abuse can be found in the health care, inflicted on patients by staffs.^{10,11}

The term "abuse in health care" was introduced in the first studies that attempted to capture the prevalence of this phenomenon in Scandinavia.¹² Abuse simply can happen anywhere while taking health care service - in a residence, nursing home, a hospital, in the workplace, at a day centre or educational establishment. It is an offence which may range anywhere from abuse to assault. The literature on 'patient abuse' investigates purposeful attempts by health care staff to inflict physical or emotional harm (e.g. withholding food) on patients.¹³ Abuse refers to active attempts by employees to cause harm (e.g. malicious behaviour), whereas neglect refers to passive omissions (e.g. laziness) by employees to ensure a "minimal quality and quantity of work".¹⁴

According to the study done by Swahnberg et al, among 842 female patients seeking gynecological care at Swedish University Hospital, the lifetime prevalence of abuse in health care was found to be 20%.¹ Abuse of patients may take many forms. Although "abuse" is often thought of as being physical, verbal abuse is also common and violates the mental well-being or dignity of a patient.

Physical abuse is considered assault and may cause a patient mental as well as physical damage. Failing to act on behalf of a patient is also a form of abuse because it is considered neglect and can lead to physical or psychological harm. Similarly, not speaking out against witnessed abuse is condoning the behavior and also is a form of failing to act on the patient's behalf. Patient abuse can be sexual as well.¹⁵

Abuse in health care can be related in many ways: suffering can be caused by health care staff in a patient who was not suffering before. Health care staffs may fail to identify a patient as someone who is suffering, or they may cause more suffering in a patient who is already suffering. Many procedures in health care may cause uneasiness, discomfort or even

pain. In the absence of informed consent, it can be perceived as abuse.¹⁶

Pranks are another form of patient abuse that can occur in the operating rooms. Although team members may believe pranks to be harmless, they are unacceptable and abusive behavior. Headlines from a central Texas town newspaper read, "Prank in surgery puts hospital staff on wrong end of lawsuit."¹⁷

Each and every patient coming to the health care facilities do not face abuse or assault. A vast spectrum of how patients perceive, interpret and integrate experiences in their lives may make it difficult for the service provider to distinguish suffering from dissatisfaction, resentfulness and ill feeling. This in turn blurs the boundaries of definition of abuse in health care.

Forms of Health Care Abuse¹⁸

Abuse in health care may have different forms as follows:

- 1. Physical** abuse such as hitting, pushing, pinching, shaking, misusing medication, scalding, restraint, hair pulling.
- 2. Sexual** abuse such as rape, sexual assault, or sexual acts to which the adult has not or could not have consented, or to which they were pressurized into consenting.
- 3. Psychological** or emotional abuse such as threats of harm or abandonment, being deprived of social or any other form of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, being prevented from receiving services or support.
- 4. Financial** or material abuse such as theft, fraud or exploitation, pressure in connection with wills, property, or inheritance, misuse of property, possessions or benefits.
- 5. Neglect** such as ignoring medical or physical care needs and preventing access to health, social care or withholding the necessities of life such as food, drink and heating.
- 6. Discriminatory** abuse such as that based on race or sexuality, religion or a person's disability and other forms of harassment or slurs.
- 7. Verbal Abuse.**

Any of these forms of abuse can be either deliberate or be the result of ignorance or lack of training, knowledge or understanding.¹⁹ Often if a person is

being abused in one way they are also being abused in other ways.

Patients/Clients at Risk of Abuse

The reasons for seeking help through health care facilities are manifold.²⁰ An association with suffering has been assumed in many cases. The types of patients/clients²¹ are more at risk of abuse at health care are people with a learning, sensory or physical disability; older people who depend on or need help from others; people with mental health problems; people with dementia; and females.²¹

Service Providers Causing the Abuse

Literatures were found to indicate abuse occurring at health care from both sides of patients and health care professionals. Authors of some research have shown how care workers were exposed to structural violence through high workloads, rigid work routines, low autonomy and low status which made it difficult to fulfill the client's needs, who in turn behaved violently towards the care givers. Zimbardo had done an experimental study in Stanford Prison and his analysis stated that dehumanizing others, anonymity, diffusion of personal responsibility, blind obedience to authority and passive tolerance to evil are processes at work when ordinary people may abuse or harm others.²²⁻²⁴ According to him high workloads, long working hours and stress can be considered situational forces in health care that can have impact on staff behavior. Reduced attention, empathy, concern and sensitivity as well as increased irritability and a tendency to objectify patients can be a result of such working condition.

The person who is responsible for the abuse is very often well known to the person abused and could be a paid care taker or volunteer or a health worker, social care or other worker at the facility. In Health care facilities besides health care providers, a relative, friend or neighbor, other service users or an occasional visitor might also be responsible for such kinds of abuse

Importance of Ethics

Within the health care, a multitude of ethical guidelines have emerged. For most professionals such guidelines exist on different levels: regional, national and international. Usefulness of such ethical guidelines is not much discussed as it should have been. How health care professionals should interact with patients and their relatives and also with their

colleagues and other professionals are usually conveyed during the professional education. Values, attitudes and ethical obligations are addressed in the curricula of a medical school. "Understanding virtues as skill, Zeiler brings together Virtue ethics with the philosophical perspective of phenomenology of the body and discusses the role of embodiment and habituation in the development of virtues, as one dimension of learning ethics in medical education¹⁹. "Other Studies concerning physicians from culturally distinct countries showed that there was an overall sense that ethical codes were ineffective and above all there was a lack of awareness of the contents of the relevant ethical documents.^{15,23,25}

In the United States, each state has a board of nursing with clearly defined and strictly enforced legal and ethical responsibilities mandated for all nurses in that state. Nurses in the United States are further obligated by the American Nurses Association (ANA) to maintain high ethical standards of practice.²⁶ Health care providers in European countries are also held to a high standard by the Health and Care Professions Council (HCPC) and its Standards of Conduct, Performance and Ethics.²⁷

Even with such established ethical standards, patient abuse still occurs. Such serious breakdowns in professionalism are not the norm; however, they indicate failures of policies and procedures and suggest the need for a culture change.

As discussed above Nurses are legally and ethically obligated to provide safe, competent care but unfortunately, nurses-focus is not always on patient respect, dignity, and well-being. Erdil and Korkmaz conducted a descriptive study involving 153 nursing students to determine their observations of ethical problems during their clinical experiences. What they found was all 153 of the study participants reported witnessing at least one ethical problem during their clinical experience.²⁸ The situations that the students most frequently identified as unethical were categorized under the following six themes:

1. Physical maltreatment of patients;
2. Psychological maltreatment of patients;
3. Ignoring patients privacy;
4. Not giving patients sufficient and appropriate information;
5. Discriminating against patients according to their socioeconomic or educational status; and

6. Abusive relationships between patients and nurses, nurses and physicians, student nurses and clinical nurses, student nurses and physicians, and student nurses and patients.

Psychological and physical maltreatment of patients comprised 44% of the ethical problems noted in the study by Erdil and Korkmaz. Types of psychological abuse identified in that group were- physicians and nurses verbally abusing patients; a nurse and an assistant making fun of a patients reason for coming into the emergency department; and a nurse angrily admonishing a patient for fecal incontinence. In each of the aforementioned incidents, the nurse failed in his or her role as patient advocate and did not honor the patient's autonomy.

Tolerance of Inappropriate Behavior

Service providers have usually tolerated and ignored the inappropriate behaviors for many different reasons: ignorance, fear of retaliation, and concerns for personal advancement etc. Kaplan et al reviewed a pilot study at a hospital in Brooklyn, New York, where hospital leaders took the initiative to create a code of mutual respect. "Creating a culture of mutual respect means supporting a positive work environment in which all health care workers can provide high-quality care and feel validated by their work."¹⁷ An environment has to be created where they must commit to create a culture in which unethical behaviors are not tolerated. There should be regular orientation/training policy and program of disciplining employees who are not performing to expectations. Focusing on quality performance and rewarding employees who exemplify it have a positive effect on the work environment and workplace culture.^{29,30} The nurse/doctor who feels appreciated and respected has greater satisfaction in his or her job and wants to excel professionally by doing that which is right. Thus Studies have proved that all health care organizations must strive to establish a healthy work environment that is built on respect, collaboration, and trust. A climate of mutual respect promotes a healthy work environment.

What is Needed For a Change?

The first step is that we staffs in the health care facility should accept that abuse in health care does occur and causes distress. This change needs to occur at individual, cultural and structural level. Next step will be for the staffs to be aware of abuse in health care when it happens and recognize it as such.

Further, staff has to get ready to stand the distress from the conflict.

In situations of patient abuse, it is easy to point the finger of blame at the nurses, technician, or physician involved in the particular incident. However, the condoning of disruptive or disrespectful behaviors is a reflection of the need for a change in hospital culture. Finger pointing does not solve the greater problem. Hospital personnel must implement a change in workplace culture to stop abusive behaviors wherever they occur. The primary steps in eliminating patient abuse are opening communication and providing education; establishing competency; ending tolerance of unacceptable behavior; and creating a code of mutual respect that empowers health care professionals to contribute to safer quality care that benefits everyone from patients and their family members to hospital personnel, the community, and health care nationwide.²⁹

CONCLUSIONS

Studies have shown that there is a need for a more open attitude in health care staffs towards abuse in health care. In order to counteract or minimize abuse in health care, staff members need to first accept that abuse in health care does occur. Thereafter they should learn to recognize and prevent it while it is ongoing.

Each and every health care facility should be client friendly and respecting their rights. Ethical guidelines for health care professionals should be in place at every institute and should address issues related to abuse in health care. Health care facilities should strictly follow these Guidelines.

There should be provision of an ethical education in the context of abuse in Health Care as an integral part of staff's continuous learning during their working

period.

Nurses among all service providers are the lot, who spend maximum time on floor and work tirelessly to deliver quality health care to the patients/clients. They face a multitude of situations in their daily practice. These are usually ethical situations in which a nurse is faced with right versus wrong decisions regarding patient care. These situations always require the nurse to act in the best interests of the patient, regardless of the culture in which he or she practices. Dehumanizing behaviors should not at all be taken lightly. It is the nurse's responsibility to intervene in such situations and not to condone or participate in unacceptable behavior. Whenever faced such situations, nurses and ancillary personnel should ask themselves what they could do to prevent patient abuse and retain the "care" in health care.

Role of the management is very vital in this regard and it is their duty to ensure that the health care facility should: ensure that their staffs receive training on prevention of abuse and neglect; have mechanisms in place to identify and share information about people who may pose a risk; provide materials to raise awareness about abuse and how people can protect themselves; develop strategies for educating tenants on how to recognize abuse and protect themselves from it; and equipping people with information to safeguard themselves.

While it is important for housing staff to respond promptly and appropriately to safeguarding concerns, it is always better to try to prevent people from being abused in the first place. People who are informed, in control of their lives and empowered to assert their views are less likely to be victims of abuse and neglect, and will be in a better position to speak out should it happen.

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