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Perspective of the Operational, Regional and Institutional Groups: a project against violence in the health sector in the Alentejo Region

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Abstract

Background: Violence in the health sector is a warming phenomenon that affects not only professionals, but also the quality of care provided to users. This research project aims to collect the perspectives of the Operational, Regional and Institutional Groups on the relevant measures to combat violence in the health sector in the Alentejo region.
Methods: This was a qualitative study in which five semi-structured interviews were carried out with focal points from the Regional Operational Group and the Institutional Operational Group of the Alentejo region, selected for convenience, from different health units. The interviews were recorded, transcribed and analyzed according to the analysis protocol of the IRaMuTeQ software (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires) version 0.7 alpha 2.
Results: The interviews highlighted the importance of the action plan for preventing violence in the health sector, stressing the need for its full implementation. They include relevant actions, such as regular meetings, awareness-raising actions, and improvements to the notification system. Continuous training is seen as crucial to prepare professionals, and the physical and organizational structure of institutions was identified as an area for improvement. The under-reporting of cases of violence and the need for a multidisciplinary approach were recurring themes.
Conclusions: The working groups recognize the importance of investing in prevention, training, and awareness-raising actions, and emphasize the need to monitor and evaluate the measures implemented. In conclusion, combating violence in the health sector in the Alentejo region requires a continuous, multidisciplinary effort to ensure a safe working environment for health professionals, with a focus on prevention, training and raising awareness among professionals, managers, and the community.

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1. Introduction

Violence in the health sector is a global problem that directly affects the safety and well-being of health professionals and end users of healthcare services. Data provided by the World Health Organization (WHO) report that 8–38% of health professionals worldwide are victims of physical violence at some point in their careers [1]. A recent systemic review indicated that the 12-month prevalence of any form of physical or nonphysical violence against healthcare workers was 61%, being verbal abuse (57.6%) the most common form of non-physical violence, followed by threats (33.2%) and sexual harassment (12.4%) [2]. Violence has an impact not only on health professionals, but also on the quality of care provided to the population. Some international and national studies [3] show worrying data regarding situations of violence in the health sector, which is why it has been a concern of labor and health organizations worldwide, namely the International Labor Office (ILO), the International Council of Nurses (ICN), the World Health Organization (WHO), The Joint Commission, and Public Services International (PSI) with publications of guiding documents on the subject [4], [5], [6], [7].

Clinical practice environments in the health sector can become vulnerable and prone to the occurrence of situations of violence that result from the influence of multiple factors. Recognizing the importance of the phenomenon of violence in the health sector, in 2020 Portugal set up a Security Office to Prevent and Combat Violence Against Health Professionals [8], [9], [10]. It seeks to highlight the improvement of working conditions in the National Health Service, with the aim of promoting healthy and safe organizations, highlighting the need to combat all forms of violence[8]. Violence can be prevented and its impact reduced [11], in this sense, the Action Plan for the Prevention of Violence in the Health Sector [8] has the following general objectives: a) To prevent violence in the health sector as widely as possible; b) To adequately address episodes of violence and support victims of violence in the health sector; and c) To mitigate the consequences of violence in the health sector. Functional structures have been defined at various levels of the plan's governance, known as "Operative Groups" at regional level, institutional level and local level. In Portugal, the Ministry of Health, through the General Directorate of Health, is responsible for coordinating action at the various levels of the operative groups. This practice of "operative groups" began in the 1970s due to its potential applicability in resolving obstacles that arise in the proposed task, seeking greater effectiveness in resolving them[12]. The regional and institutional Working Groups are made up of members from different disciplines, including nurses, clinical psychologists, technical assistants, occupational physicians, and lawyers.

The Regional Operational Group (ROG) is coordinated by the Regional Focal Point, whose main competencies are to monitor violence prevention, management and reporting practices; ensure a common approach; form the Institutional Operational Group (IOG) and the Local Operational Group (LOG); support the Focal Points; propose revisions and draw up annual reports. The IOG is coordinated by a Focal Point, which may have other members. Its main function is to integrate guidelines from the ROG; monitor the Action Plan for the Prevention of Violence in the Health Sector; coordinate the prevention of and response to violence; define procedures; liaise with management and departments; support the LOG; analyze violence; identify risks and draw up the annual report. Finally, the LOG, which is made up of the Local Focal Points, can also include other elements and is responsible for framing, supporting and coordinating the prevention and management of violence in each unit; liaising with the IOG; reporting and analyzing episodes; supporting workers; identifying risks; proposing corrective measures; keeping records; promoting training; ensuring readiness and safety; drawing up the annual report[8].

With this research project we sought to understand the phenomenon of violence in the health sector in a region in the south of Portugal, the Alentejo. This region has unique geographical and socio-demographic characteristics, specifically a very high ageing rate, the second highest in the country, a geographical area that corresponds to around a third of the country and is made up of three Local Health Units (LOCAL HEALTH UNITS) that were set up between

2007 and 2012 and one Local Health Units that was created in January 2024, which has meant that a reorganization of health services is still taking place.

The aim of this study is to analyze the perspectives of the Regional and Institutional Working Groups on the relevant measures to combat violence in the health sector in the Alentejo region. Through a comprehensive and contextualized approach, the aim is to understand the effectiveness of the adopted strategies, the challenges faced, and the results achieved, thus contributing to the development of public policies that are more robust and appropriate to local needs/realities.

2. Methods

An exploratory qualitative analysis was carried out on violence against health professionals in the Alentejo region, in Local Health Units in the same region.

The research question was: What are the perspectives and practices of the Regional and Institutional Working Groups on the measures implemented to combat violence in healthcare in the Alentejo region?

The population consisted of six focal points from the ROG and 36 focal points from the Local Health Units IOGs. Non-probabilistic convenience sampling was used [13], interviews were conducted between the focal points that make up the ROG and the IOGs. Emails were sent to the focal points that coordinate these operational groups, inviting them to take part in the study and scheduling the date and time of the interview, according to the geographical organization and availability of the interviewers. The focal points were included in the study according to their willingness to participate. To this end, five interviews were conducted with focal points from the Regional Operative Group and the Institutional Operative Group in the Alentejo region between February and April 2024, until information saturation was reached.

The data collection method was an in-depth semi-structured interview with open-ended questions, which allowed for the development of answers and narratives, following a previously constructed script with guiding questions, supported by scientific evidence, to achieve the objectives, set for the study. The interviews were carried out in locations defined by each health institution, considering the proximity of the interviewee, with suitable and welcoming environmental conditions. Each interview lasted an average of 30 minutes and was recorded with the interviewee's permission and then transcribed using the "Transcribe" feature in Microsoft 365 Office. After transcribing the interviews in full and to ensure the credibility and reliability of their content, the transcripts were validated by two of the project's researchers, ensuring the veracity of the information.

This study is part of the project "Violence against Health Professionals in the Alentejo Region", which is funded by the "CHRC Research Grant 2022". This project was approved by the Ethics Committee of the University of Évora (Nº22187). The necessary authorizations to carry out the interviews were also granted by the ethics committees of each of the institutions involved. To ensure the protection of the participants, all anonymity and confidentiality measures were implemented. The interviewees were informed in detail about the study, including its purpose and potential contributions. Each participant gave their informed consent at the beginning of the interview.

The corpus followed the guidelines of the analysis protocol of the IRaMuTeQ software (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires) version 0.7 alpha 2.

The interviews were coded (ent_01 to ent_05) and the variables (location, type of care and focal point). The corpus of the analysis was made up of 05 Initial Context Units (ICUs), each interview corresponding to an ICU. Each ICU began with a defined command line: **** *ent_01 *lo_1 *tc_2 *pf_3.

3. Results

In analyzing the interviews with the Focal Points, we found that 406 Context-Elementary Units (CEUs) were formed. Of these 406 CEUs, the software classified 371 text segments, with a vocabulary richness of 91.38%, from which six classes emerged by Descending Hierarchical Classification (DHC) (Fig. 1).

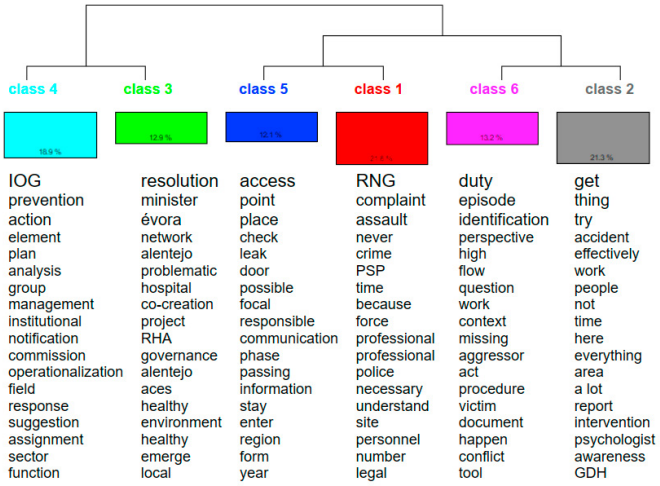

Fig. 1. Dendrogram of the Descending Hierarchical Classification of Interviews with ROGs and IOGs

In the analysis of the dendrogram shown in figure 1, we can see that the corpus was first divided into classes 3 and 4 and on the opposite side there were two divisions, one giving rise to classes 1 and 5 and the other two classes 2 and 6. Regarding their dispersion in the factor analysis, we found that classes 3 and 4 are furthest away from the other four classes, which are very interconnected and close. We found that the most representative class in the corpus is class 1 with 21.56% (80 CEUs), followed by class 2 with 21.29% (79 CEUs), class 4 with 18.87% (70 CEUs), class 6 13.21% (49 CEUs), class 3 12.94% (48 CEUs) and finally class 5 with 12.13% representing 45 CEUs.

The classes were named according to the representativeness of the words included in each class, so they are named as follows:

Class 1 - Complaints and Legal Support
Class 2 - Intervention and Awareness Raising
Class 3 - Government Resolution Against Violence
Class 4 - Prevention Plan and Institutional Action
Class 5 - Communication and Prevention of Violence
Class 6 - Health Procedures Against Violence

The strongest words in the interviews were "no", "also", "professional", "health" and "violence". It should be noted that the central word was "no", which was mentioned most frequently and was used to mean "we don't agree", "I don't have access", "it wasn't done" and "I wasn't informed".

4. Discussion

The interviews conducted with the ROG and IOG focal points in the Alentejo region reveal certain challenges and actions to prevent and combat violence against health professionals.

The interviews reported the importance of the guidelines and the action plan for preventing violence in the health sector[10], also point out that the multidisciplinary nature of the operative groups[8], [12] an operative group must meet three conditions: motivation for the task, mobility in the roles to be played and willingness to change[12]. The articulation between professionals from different areas allows for a more holistic and effective approach to solving complex problems, such as violence against health professionals:

"…So, first of all, I'd like to outline our guidelines and our modes of intervention in the area of the action plan for the prevention of violence in the health sector…" (ent_02 *lo_2 *tc_1 *pf_2)

"…So we try to meet periodically, on a monthly basis, every month we try to meet and analyze the problems we've had with violence against professionals, with violence that has occurred with awareness campaigns…" (ent_04 *lo_4 *tc_2 *pf_2)

"…our IOG responded to what was requested in terms of a multidisciplinary team for the operationalization of this action plan on the ground, in other words, the institutional IOG is multidisciplinary, and we went to get elements…" (ent_02 *lo_2 *tc_1 *pf_2)

The various training courses have aimed to train professionals to deal with high-risk situations and to promote community policing. Ongoing training for health professionals is crucial to preparing them to work with situations of violence. Some authors[14] suggest that professionals' self-efficacy can be improved through appropriate training, enabling them to manage violent incidents more effectively. The interviews indicate that the training provided to the teams has been fundamental for the basic preparation of professionals:

"…came to ... train the focal points and, therefore, from then on people have the basic preparation to be able to work in their services and that is what is required of them…" (ent_01 *lo_1 *tc_1 *pf_2)

The architecture of workspaces can influence the occurrence of violence, i.e. well-planned environments can reduce risks and promote safety[15]. The need for safe access for health professionals is a major concern, i.e. improving the physical structure of institutions is also mentioned as a need to ensure safe access for health professionals without exposing them to the risk of confrontations with users, as mentioned by the interviewees:

"…so that the professional can access the door without having to go past the user, that kind of thing we're more aware of, we're talking about it…" (ent_03 *lo_2 *tc_2 *pf_2)

One of the procedures mentioned in need of improvement is the difficulty in accessing information on notifications of incidents of violence, which limits the capacity for response and prevention. Well-structured and accessible reporting systems are essential for monitoring and preventing violence. Criticism of the NOTIFICA (National Incident Reporting System) platform during the interviews shows the importance of improving these systems to ensure a more effective response.

"…as an institutional focal point I still don't have access to what is notified, nor do I have access to what is notified in NOTIFICA, so we are still at this very early stage…" (ent_01 *lo_1 *tc_1 *pf_2)

"…NOTIFICA is a tool that doesn't work properly…" (ent_04 *lo_4 *tc_2 *pf_2)

Under-reporting and lack of access to relevant data can significantly limit institutions' ability to respond[16]. The literature points to several factors contributing to underreporting in healthcare and identifies the need to create an environment that promotes the reporting of errors or incidents, including ensuring that organizational leadership is involved in the reporting process. Leaders should assist the organization in adopting new policies to promote safety, be competent in managing change and promote a non-punitive safety culture, avoiding disciplinary action unless there is intentional negligence[17]. Teams and professionals should be encouraged to fill in the incident report or use the NOTIFICA platform to record each episode of workplace violence [18]. In the interviews, there was concern about the underreporting of cases of violence, often due to the perception that certain forms of aggression may not be valued or deserve immediate attention, compared to the reporting of other types of incidents, such as accidents at work:

"… it's like accidents at work too and we don't report them, we forget or only remember when things really start to escalate, but if someone in the street or someone at work calls someone else names we tend to devalue it…" (ent_04 *lo_4 *tc_2 *pf_2)

The lack of access to the information needed for accountability and prevention is identified as a significant constraint:

"…It's a huge embarrassment, you're responsible for something that you don't have access to information about, so how do I know what's going on…" (ent_01 *lo_1 *tc_1 *pf_2)

Collaboration with security forces is vital to ensure that cases of violence are dealt with legally and efficiently [16], this integration can significantly improve the response to incidents of violence, ensuring that complaints are properly addressed. With regard to incident management, the importance of police intervention is also mentioned, to ensure that complaints are registered, regardless of the wishes of the perpetrator:

"…automatically, when the police find out about the incident, they draw up a report and the matter is forwarded to the public prosecutor's office, and there's no way of stopping it, even if the victim himself wants to stop it…" (ent_01 *lo_1 *tc_1 *pf_2)

We also found that inter-institutional coordination, particularly with the security forces (RNG and PSP) is fundamental to providing legal guidance and direct support in cases of violence, promoting the appropriate referral of situations. This was highlighted by the interviewees as an added value, in terms of improving procedures in situations of violence:

"…we have had the collaboration of the RNG and the PSP to give us some information, or to give all the professionals some information about this issue of violence, about the legislation, about what aggression is…" (ent_04 *lo_4 *tc_2 *pf_2)

Psychological support for victims of workplace violence [18] can reduce the emotional impact and prevent repetitive cycles of aggression. Violence can have negative consequences for the organization of work, contributing to a shortage of professionals, low self-esteem among staff and a higher incidence of depression and sentinel events. Prolonged exposure to situations of violence is a strong predictor of reduced coping skills[19]. There is notable concern about the repetitive cycle of violence, where aggressors apologize and start the cycle all over again, which highlights the need for more effective interventions, particularly the need for psychological support. This need for more effective interventions and psychological support, mentioned in the interviews, highlights this approach:

"…assaults then apologize, then that dating cycle, then it's the same again and so on, and this can't keep happening…" (ent_01 *lo_1 *tc_1 *pf_2)

Overcoming organizational challenges and reduce bureaucratization is essential for the effectiveness of measures to combat violence. Proposals that make the reporting process more agile and improve the effectiveness of existing tools are also mentioned by the focal points, pointing out that some institutions have implemented inquiries and fact-finding processes to deal with these cases. Nevertheless, it is important to identify the challenges associated to the process:

"…then we could also effectively try to debureaucratize the whole process a little, but there is no tool from the Directorate General for Health that works, we have to do something internally…" (ent_04 *lo_4 *tc_2 *pf_2)

"…we also have a phone number with a certain time slot that we can't extend because there's only one psychologist…" (ent_03 *lo_2 *tc_2 *pf_2)

Finally, organizational challenges are mentioned, such as the lack of adequate surveillance in some Local Health Units facilities, which can increase the vulnerability of professionals during their working hours:

"…they've already fled because these are all organizational issues that the institutions aren't willing to implement, because all these places should have a security guard, because the health centers work from 8am to 7pm…" (ent_01 *lo_1 *tc_1 *pf_2)

The interviewees' accounts confirm some of the challenges that the Joint Commission (2021)[†], points out as key issues, to create and promote a safety culture in organizations, including but not limited to: professionals' knowledge of safety guidelines; open communication about practices and procedures; reporting possible concerns; flagging areas for improvement; considering employee feedback; allocating resources and supporting initiatives that reinforce safety practices and organizational culture.

Violence can lead to increased absenteeism, reduced productivity and turnover in healthcare settings [20]. By deeply understanding the issue, implications and influencing factors, healthcare managers can develop strategies and

[†] https://www.jointcommission.org/resources/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-57-the-essential-role-of-leadership-in-developing-a-safety-culture/

implement programs that aid in early recognition, prevention, and management of aggression/violence against health professionals, create supportive environments and reduce workforce shortages.

5. Conclusion

In this article we set out to analyze the perspectives of the Regional and Institutional Operational Groups on the relevant measures to combat violence against health professionals in the Alentejo. The analysis of the interviews demonstrates that the focal points of the ROGs and IOGs are concerned about combating violence in the health sector in the Alentejo region, and that the implementation of the action plan for the prevention of violence in the health sector is crucial. To this end, they highlight the importance of periodic meetings to share information, awareness-raising actions, optimizing the reporting system, as well as motivating professionals to report situations of violence, regardless of their type. One of the limitations they recognize is the physical and organizational structure of the institutions, which they are trying to overcome to improve the safety of all health professionals.

As a commitment, they refer to the need to invest in prevention actions, training and raising awareness among health professionals, managers, and the community about this phenomenona, which is still underreported. They also mention the need to monitor and evaluate the measures implemented to ensure their effectiveness and identify areas that need improvement.

We therefore conclude that, from the perspective of the working groups, the fight against violence in the health sector in the Alentejo region, although in some situations it is still incipient, should be a commitment and requires a continuous multidisciplinary effort, to guarantee a safe and healthy working environment for health professionals in the region.

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