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Research Article

Treating Too Lightly? Radiation Therapists' Experiences of Workplace Violence When Providing Care to Cancer Patients and Their Families

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ABSTRACT

Introduction: Workplace violence (WPV) is defined as any act in which a person is abused, threatened, intimidated, or assaulted during their employment. Despite an absence of published evidence, radiation therapists (RTs) are considered a “low-risk” profession for WPV. The aim of this research was to determine the incidence, severity, and impact of WPV on RTs perpetrated by patients and/or their caregivers.

Materials and methods: A cross-sectional online questionnaire, based on established components of WPV, was distributed via e-mail to all RTs in a large, urban cancer clinic. The questionnaire was divided into the five categories of WPV and asked about the frequency, severity, perpetrator, location, and impact of WPV.

Results: Seventy-eight responses were received from a department of 165 RTs (47% response rate). Fifty-nine RTs reported experiencing at least one verbal abuse event during their career. Twenty-five reported experiencing a verbal threat at least once, 46 reported at least one occasion of harassing behaviour, and 18 experienced a threatening action at least once. Five RTs reported suffering from at least one physical assault. The majority of this WPV took place on the treatment unit, with the patient as the perpetrator, and was not reported by the RT. High numbers of RTs reported suffering from stress (35), frustration (34), and anxiety (29) as a consequence of WPV.

Conclusions: The close, longitudinal relationship between RTs and cancer patients puts RTs at considerable risk of experiencing multiple WPV events during their career. WPV is infrequently reported by RTs, perhaps linked to the belief that excellent patient care requires you to accept and excuse poor behaviour by patients. Prevention programs and de-escalation training are needed for RTs, but short-term measures such as shift or unit changes may prevent multiple WPV

exposures which are associated with an increased risk of emotional and psychological sequelae.

RÉSUMÉ

Introduction : La violence en milieu de travail est définie comme tout acte dans lequel une personne est victime de violence, de menace, d'intimidation ou d'agression dans l'exercice de ses fonctions. Malgré l'absence de données publiées, les radiothérapeutes sont considérés comme exerçant une profession à “faible risque” en matière de violence en milieu de travail. Cette recherche avait pour but de déterminer l'incidence, la gravité et les répercussions de la violence en milieu de travail perpétrée par des patients et/ou leurs soignants.

Méthodologie et matériel : Un questionnaire transversal en ligne, fondé sur des éléments établis de violence en milieu de travail, a été distribué par courriel à tous les radiothérapeutes d'une grande clinique urbaine de cancérologie. Ce questionnaire était divisé en cinq catégories de violence en milieu de travail et posait des questions sur la fréquence, la gravité, le perpétreur, l'endroit et les répercussions de la violence en milieu de travail.

Résultats : 78 réponses ont été reçues d'un service de 165 radiothérapeutes (taux de réponse de 47%). 59 radiothérapeutes ont signalé avoir été victimes d'au moins une violence verbale au cours de leur carrière. 25 ont signalé avoir été victimes d'au moins une menace verbale, 46 ont signalé au moins une occasion de comportement de harcèlement, 18 ont été victimes d'au moins une menace. Cinq radiothérapeutes ont signalé avoir souffert d'au moins une agression physique. Cette violence en milieu de travail a surtout eu lieu à l'unité de traitement, le patient était le perpétreur et l'événement n'a pas été signalé par le radiothérapeute. Un grand nombre de radio-

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thérapeutes ont avoué souffrir de stress (35), de frustration (34) et d'angoisse (29) à en raison de la violence en milieu de travail.

Conclusions : La relation étroite et longitudinale entre les radiothérapeutes et les patients atteints de cancer expose considérablement les radiothérapeutes à plusieurs événements de violence en milieu de travail au cours de leur carrière. La violence en milieu de travail est rarement signalée par les radiothérapeutes, sans doute en raison de

Keywords: Radiographer; radiotherapy; assault; threats; harassment; safety

Introduction

Workplace violence (WPV) is defined as any violent act directed towards persons at work or on duty. This can include a range of events from harassment and verbal threat of assault to the infliction of physical harm [1]. There are several types of WPV (Table 1), but type 2, or customer/client WPV, occurs most frequently in the hospital setting [2]. Gillespie et al [3] stated that approximately 26% of all health care professionals have reported at least one incident of WPV. Furthermore, exposure to WPV has been linked to reports of posttraumatic stress disorder, anxiety, increased absenteeism, and reduced quality of work [1, 4].

Many physical features of cancer can affect the patient's temperament. For example, brain tumour pathologies have been associated with increased irritability, impulsivity, and moodiness [5]. While the physical effects of cancer are substantial, a cancer diagnosis has an even broader impact, affecting the patient and their caregivers in the form of stress and anxiety [5]. Grieving associated with a cancer diagnosis is often accompanied by feelings of betrayal and anger [6], an impaired sense of identity and autonomy, high levels of exhaustion, and an inability to maintain emotional resilience [7]. Treatment-related side effects, such as fatigue and persistent pain have also been associated with mood disturbances, often in the form of anger and depression [6, 7]. Despite the emotional impact of this disease, cancer patients are generally considered less likely to perpetrate WPV compared to patients in emergency departments and mental health facilities [8].

Radiation therapists (RTs) interact with cancer patients on a daily basis, often for weeks at a time. The frequent and prolonged nature of RTs' interactions with patients during this difficult and emotional period of their lives may place RTs at increased risk for WPV. Yet, there are no published reports

describing the incidence or impact of WPV on RTs. Anecdotal evidence suggests that RTs are unwilling to report incidents of WPV, routinely excusing inappropriate behaviour as part of the job. It is yet to be determined what level of WPV these professionals deem excusable and what crosses the line. The purpose of this study was to determine the incidence, severity, reporting rate, and impact of WPV experienced by RTs as perpetrated by patients and/or their caregivers in a large, urban, tertiary cancer centre.

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Materials and Methods

This was a prospective, single-centre quality improvement project. Requirement of Research Ethics Board approval for this project was formally waived by the institution.

A draft questionnaire was designed, based on the work of Gerberich et al [4]. Definitions of the five categories of WPV (Table 2) were provided at the beginning of the questionnaire to orientate the participant to the subject under study. The questionnaire inquired about the frequency, location, perpetrator, and reporting (method and to whom the event was reported) of each of the five violence categories. The final section asked questions about the emotional, physical, and work-related impact of any WPV experienced. This draft questionnaire was then reviewed by a team of WPV experts for content and face validity and was piloted on a small group of RTs. Any comments or suggestions from the experts and the pilot group were incorporated into the final design of the questionnaire which was uploaded to an online survey website (Appendix A).

The online questionnaire was distributed to all 165 RTs employed in a single, urban, tertiary cancer centre via e-mail using the departmental distribution list. All potential participants had access to the Internet at work, and no exclusion criteria or sampling techniques were employed.

Table 1
Defining Different Types of Workplace Violence [1]

Type of Workplace Violence	Definition
I: Criminal intent	Violence as a result of criminal activity. Usually from a person with no legitimate reason for being in the facility.
II: Customer/client	Violence arising out of an interaction between the customer or client being assisted and the staff providing care.
III: Worker on worker	Violence that occurs between two or more workers (current or previous) while on duty.
IV: Personal relationship/partner/domestic	Violence between individuals who have a personal relationship, where at least one of them is an employee in the facility.

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