

## MANAGING VIOLENCE IN HEALTH SECTOR THROUGH B.I. SOLUTIONS

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### ABSTRACT

*Analysis of professional experience violence in the medico-social was performed in France by analyzing empirical sociological survey on victimization and health professionals. The empirical analysis was aimed at determining victimization as a significant dimension of professional experience. Sociological survey was based on data collection through a questionnaire.*

*The research was conducted in CF Witting Hospital, located in Bucharest. CF Witting Hospital is a public establishment, with clinical departments, through a partnership with the University of Medicine and Pharmacy "Titu Maiorescu". The special ambulatory department is approved to perform analyzes both medical and psychological by trained personnel in Transport Safety. Currently, CF Witting No.1 Hospital is a modern hospital unit which belongs to the Ministry of Transport health network. The hospital has 318 beds for hospitalization continuous. and another 12 beds in day care regime.*

*Replication of this study in Romania has proven to be difficult, mainly due to a specific organizational culture which requires a certain culture of confidentiality actions and internal information. Organizational transparency in Romania is understood more in terms of economic indicators to be reported by law or regulations.*

**KEYWORDS:** *managing violence, health sector, B.I. solutions*

**JEL CLASSIFICATION:** *I18, H75, C88*

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### 1. INTRODUCTION

The health system is one of the main sectors of the European workforce, counting about 10% of EU workers. The largest group of health care workers are working in hospitals, followed by medical, nursing homes etc. [European Agency for Health and Safety at Work (EU-OSMA), 2007a].

Violence and harassment are psychosocial risks in the health sector. Violent behavior can come from patients, colleagues or visitors (EU-OSMA, 2007a). The health and social care reported the highest exposure to violence at work in the EU - 27 of about 15.2%, with a weight above average for incidence of intimidation and harassment. Also, in this sector, experience of actual physical violence or the threat of physical violence is 8 times higher than in the manufacturing sector. (PARENT-THIRION et al. 2007)

According to the Danish project "Violence as a form of expression." (PEDERSEN, 2007) almost 32% of social educators in residential care units and medical staff in hospitals are exposed to violence.

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Fighting behavior is a fact omni-present in nature that is related to the presentation of the individual and the species. Charles Darwin raised the importance of the struggle for survival showing that "it is always favorable for the future of a species if the strongest (or category), between two rivals takes possession or territory concerned or the female desired" (KONARD, 1966). Fight between species is understandable as it seeks a way out at all costs, but intraspecific or conflicts between members of the same group are more difficult to understand.

Aggression, according to Lorenz KONARD has "great value adoptive". Because it is essential for survival and pursue hobbies and constraints on interpersonal relationships and social organizations, but can have serious repercussions that may cause loss or damage.

Currently there are laws that cover all areas of activity, from constitutional laws, organic laws, ordinary laws to laws that provide protection of both doctors and their patients. For doctors it is legally required to provide healthcare to a person only if it has previously accepted as a patient. Patients are protected by malpractice law if they were the victim of a medical error. (CHENESIS, 2008).

## **2. THE STATE OF KNOWLEDGE**

Violence is the use of force and coercion by an individual, group, social class in order to impose his will on others, consisting manifestation of physical force against a person or group resulting physical or psychological. In this category also entering intimidation and threats of any sort. The most common forms of violence being the verbal and physical, both being seen increasingly often in almost every field of activity. (FERRERO, 2003).

The main causes of violence in healthcare could be lack of communication, patients poorly informed, the program increasingly busy doctors or frustration occurred following a modest remuneration.

According to studies in the field of social conflicts, the most common reason for violence in a social context is stress. Despite all the measures taken against it, measures such as providing a clear job description, rewarding workers for their accomplishments, creating means so that workers can issue complaints that will be taken seriously, reduce of physical risks, creating the possibility that workers take part in decisions that affect them, etc. (GHIORGHIEVICI, 2006).

Another cause of violence in healthcare, encountered worldwide, could be the lack of communication between patient and physician. A doctor today had to be a good professional and also a good psychologist and orator at the same time as it meets many types of people every day.

Communication with patients is essential in the doctor-patient relationship. Therefore, we recommend a sincere communication. Disagreements between doctors are often exacerbated by the anxiety that the patient can feel in the moment. Also, ignorance of the patient could contribute to poor communication with the prescriber. (RUJOIU O., 2010).

Medical negligence can lead to malpractice. Moreover, malpractice can be considered another cause of violence in the sanitary environment. Malpractice is a professional error committed in the practice of medicine or medical-pharmaceutical. This error is generating damages on the patient, involving civil liability of medical staff, and the case may involve providing medical products and services, health and pharmaceuticals. (ESEANU, n.d).

To prevent violence of any kind, any doctor or pharmacist must control their emotions very well and give proof of calmness and firmness in communication. The patient must also cooperate with the doctor without making his work any harder. The patient has to be more undersating and never forget that his life may depend doctor. Also physician should always remember to bring their oath before being violent with his patient. (POPESCU, 2014).

Another risk to a medic is violence from colleagues, but especially that which comes from patients. The risks faced by health workers include: biological risks, such as infections caused by injuries

caused by needle stick, chemical hazards, including drugs used in cancer treatment and disinfectants, psychosocial risks, including violence and working in shifts etc (RIPPON, 2000).

A clinic physicians must have the following quality: power of understanding the sick; the possibility of being understood, respected and loved for his behavior; a sufficient expression of life and full development of personality; and psychological knowledge of human behavior. (RADU, 2011).

In 2015, the Foundation College in Bucharest organized a survey on violence in hospitals that were answered by 541 physicians representing 39 medical specialties. After processing, the data revealed that 85% of respondents were confronted with verbal aggression, physical aggression 10.2% and 14.2% of all respondents stated that they had no such incidents. (CMR, 2015).

The types of violent manifestation identified from the questionnaire can be both from patients and from physicians and are based on several reasons. A first and very important cause is the stress that affects both partners in this relationship. This paper explores the relationship between doctor and patient. Doctors have a busy schedule, many tasks to accomplish and interact with different types of people. These things can be very stressful and can lead to situations of violence of any kind. On the other hand, patients are stressed that the cause of their suffering is unknown to them, they have no money to treat themselves or do not trust the doctors and the entire health system from Romania.

A second cause of violence may be represented by financial discontent. Doctors in Romania are inadequately remunerated for the volume of work that they perform. And this cause can affect a person. Feelings of frustration may appear or dissatisfaction, anxiety, depression and eventually leading to violence.

Other possible causes for this phenomenon are: poor education, lack of respect, indifference, rivalry, busy schedule, the differences between generations, the pressure at work etc.

There are opinions according to which violence is qualified as such by the authors involved.. Defining violence by taking up the qualifications operated by the actors makes it possible to integrate the socially constructed character of the violence. (Carra& Faggianelli, 2011).

In recent years, however, global financial crisis has influenced almost all sectors of countries, significantly affected social sectors such as education and health. (ANDRONICEANU & OHANYAN, 2016).

In Romania, public authorities have also committed themselves to taking into account the concerns of professionals through a similar response scheme: to acquire a measurement tool, to facilitate links with judicial and police institutions, and to support victims.. (RADU, I. ; ŞENDROIU, C. 2005)

The problem of violence is thus particularly taken into consideration by the Directorates General for Child Welfare and Protection (DGASPC). The DGSPC are the main providers of social services at the level of a county of Romania or a sector of the municipality of Bucharest. Their role is to prosecute cases of violence in their sector. Records of incidents of violence are made in each unit but are not made public..(BURLACU, 2005)

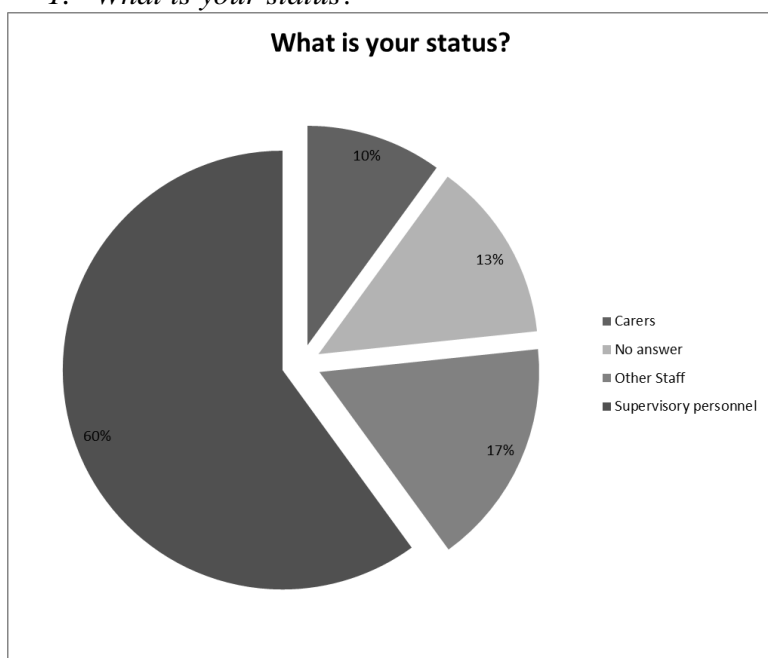
Some researchers in our country have proposed to design a solution for electronic evaluation, quantification and storage cases of violence in hospitals and nursing homes, with an example on cases involving medical staff because they consider it necessary making available to the public authorities and decision makers more relevant data on this issue. (BÎRSAN, 2015)

### **3. RESEARCH METHODOLOGY**

The research was based on data collection through a questionnaire composed of 55 questions of which 30 open questions, involving a total of 30 medical staff from CF Witting Hospital.

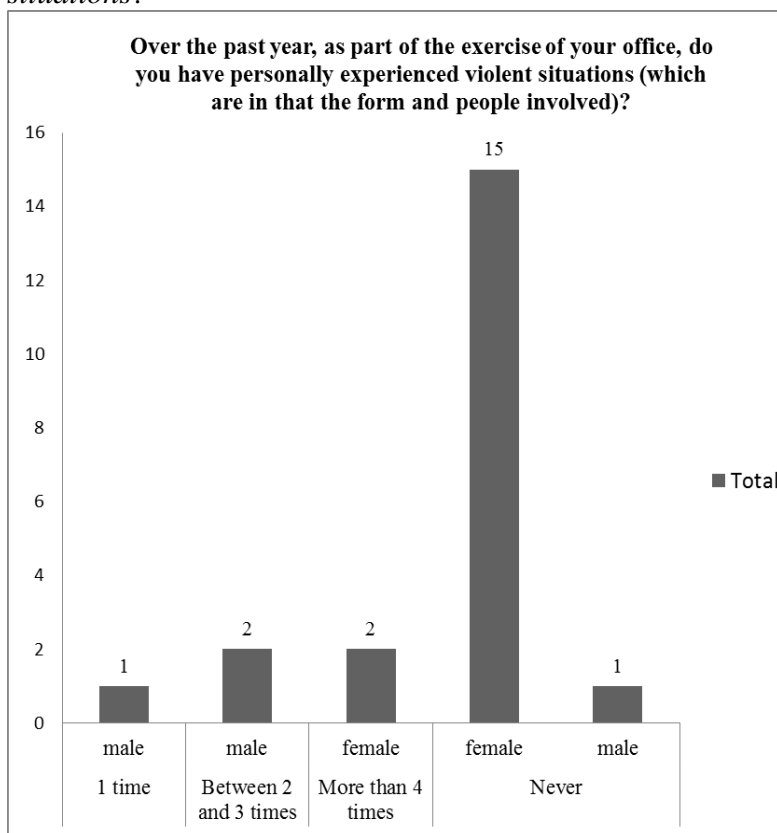
Next, we present the information processed based on responses in the form of graphs. Presenting only relevant questions out of 55 questions in the questionnaire.

1. *What is your status?*



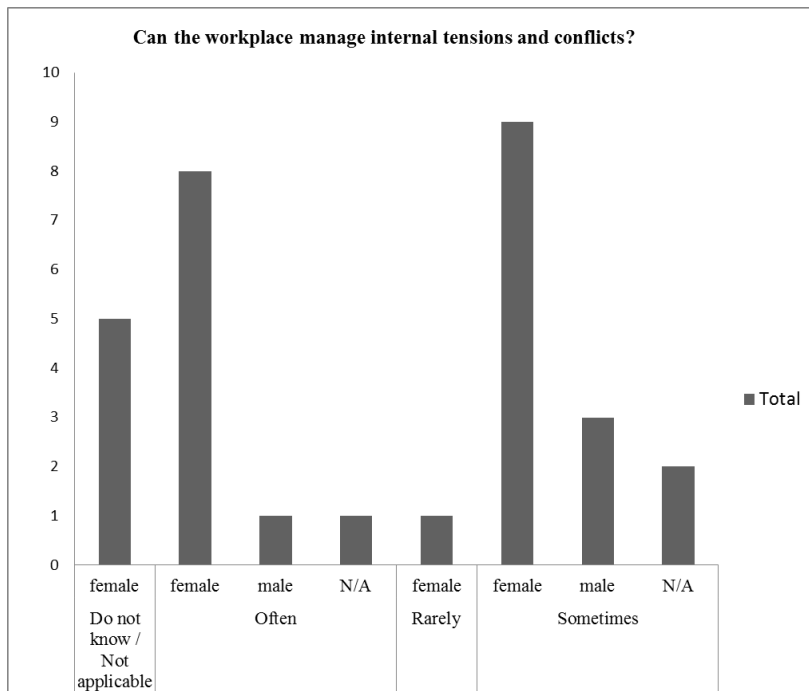
Personnel question was mostly formed by supervisory personnel (60%) ; followed by other staff (.17%), carers (10%), while 13% did not respond.

2. *Over the past year, as a member of the organization, you have personally met with violent situations?*



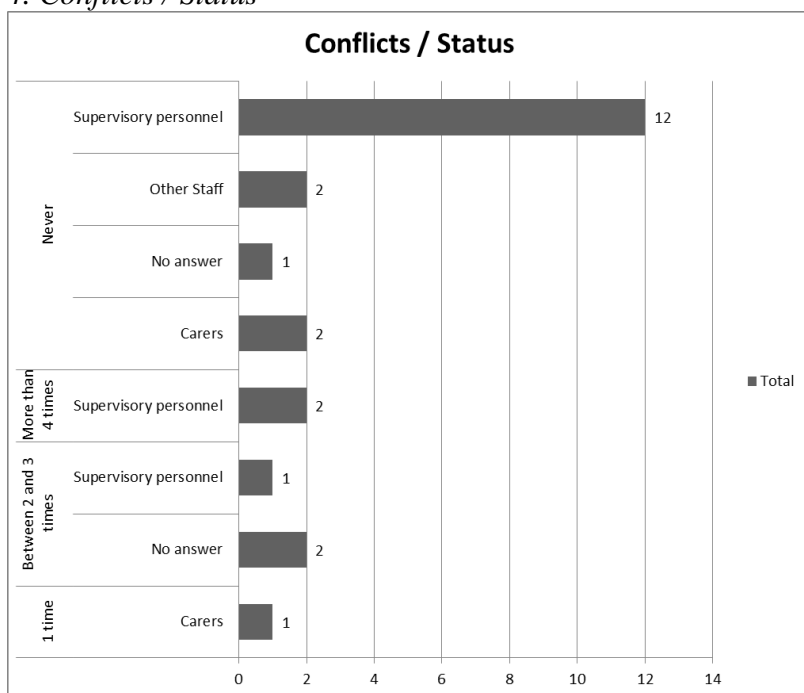
On this question, correlating staff questioned sex (male / female) with the number of violent situations that can be seen through analysis systems B.I. type, whichever is more exposed to contend with violent situations.

3. *Can the workplace manage tensions and internal conflicts?*



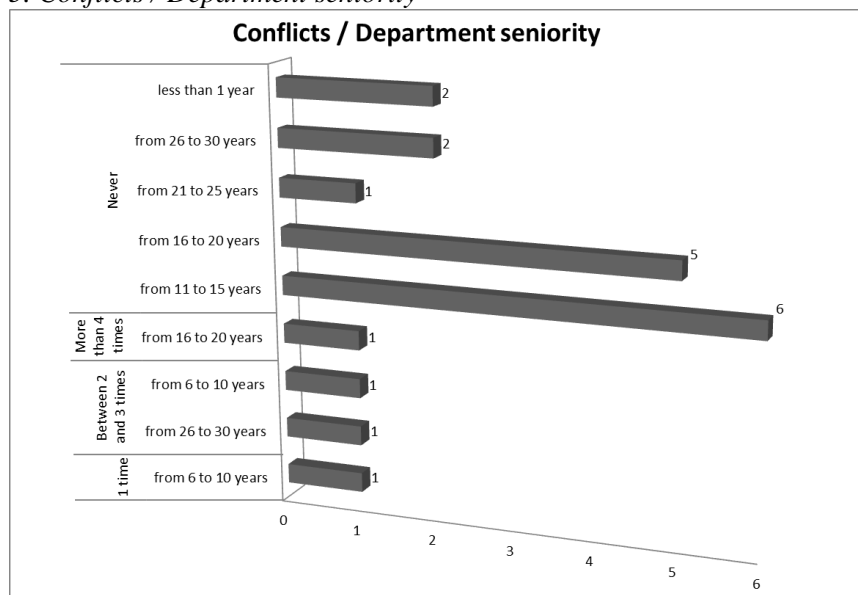
By correlating the genre staff quizzed responses to the question "Can the workplace manage tensions and internal conflicts?", we were able to observe that female staff believes that work can manage tensions and internal conflicts.

4. *Conflicts / Status*



Staff correlation with the number of conflict situations has led to the observation that staff base is most exposed to conflictual meetings.

### 5. Conflicts / Department seniority



In correlation with age, we can observe that staff with the highest seniority was faced with fewer cases of reported violence in the form of conflictual meetings at work.

## 4. RESULTS AND DISCUSSION

In a study of health on violence in hospitals, we have seen as the most exposed category is based staff, and respondents said that tensions and conflicts in the workplace can be managed internally.

Considering the above we recommend implementing a system for reporting cases of violence in hospitals and data collection in Romania, to stream reporting incidents but also for the creation of relevant databases to support the needs of current medical system.

Taking into account the existing reporting and analysis systems used in business, we believe that a timely implementation of B.I. solutions are needed.

Business Intelligence (BI) tools and systems are playing a key role in the strategic planning process within a corporation. These BI systems allow a company to collect, store, access and analyze corporate data to help in taking smart decisions.

Business Intelligence systems can be defined depending on the type of approach:

**PROCESS** - "Business Intelligence (BI) can be defined as the process of turning data into information and then into knowledge."

"Focus on the process of gathering data from internal and external sources and of analyzing them in order to generate relevant information for improved decision making."

### TECHNOLOGY

- "Business intelligence (BI) is a broad category of technologies, applications, and processes for gathering, storing, accessing, and analyzing data to help its users make better decisions."

- "Focus on the tools and technologies that allow the recording, recovery, manipulation and analysis of information."

## PRODUCT

“Business intelligence (BI) is an umbrella term that includes the applications, infrastructure and tools, and best practices that enable access to and analysis of information to improve and optimize decisions and performance.”

“Describe BI as the emerging result/product of in-depth analysis of detailed business data as well as analysis practices using BI tools.” The managerial teams of the companies, regardless of their size, can achieve a sustainable competitive advantage by looking carefully into how they make decisions, slow or rapidly, using adequately the modern technologies provided by IT companies, this advantage being the implementation of Business Intelligence systems which could also mean the increase profitability of those companies.

Thus, by implementing B.I. systems in the health sector, we believe that decisions can be made on how to intervene in the conflict situations, especially for prevention of conflicting meetings. Ultimately they are developed or supplemented laws addressing violence in hospitals.

## REFERENCES

- Androniceanu, A., & Ohanyan, G. (2016) - *Comparative approach on education and healthcare in romania and bulgaria as beneficiaries of the IMF financial assistance*. Bucharest: Management and Public Administration Review, (26), 25-48.
- Asimov, I., (2016) - *Violence is the last refuge of incompetence*, available at <http://www.punctul.ro/azi-este-ziua-impotriva-violentei> accessed on 04.02.2016;
- Birsan, A. (2005) - *Tools And Methods Of Quantifying Violence Cases Within Public Hospitals And Nursing Homes In Romania*, Proceedings of the 9th International Management Conference "Management and Innovation For Competitive Advantage", Bucharest
- Burlacu, S (2015) - *Violence in the Health Sector and Social Organizations in Romania*, Proceedings of the 11th International Conference on Administration and Public Management "Strategic Management for Local Communities", Bucharest
- Carra, C.; Faggianelli, D. (2011) - *Les violences à l'école*, Paris, PUF, Ce que comparer veut dire, Terrains & travaux, 2012 /2 (N° 21).
- CMR College of Physicians in Romania (2016)- *Physicians exposed to physical and verbal aggression*, available at [www.formaremedicala.ro/medici-expusi-agresiunilor-fizice-si-verbale](http://www.formaremedicala.ro/medici-expusi-agresiunilor-fizice-si-verbale), accessed on 03.03.2016;
- EU-OSHA (2007) - *European Agency for Safety and Health at Work* available at <https://osha.europa.eu/ro/tools-and-publications/publications/e-facts/efact46>, accessed on 15.02.2016
- Ghiorghievici (2006) - *Tackling stress at work*, , Bucharest: Universitaria Publishing ; KONARD Lorenz, 1966 available at [http://www.fefsoradea.ro/Fascicula\\_Educatie\\_Fizica\\_si\\_Sport/2012/10.FEFS\\_2012\\_Trifa.pdf](http://www.fefsoradea.ro/Fascicula_Educatie_Fizica_si_Sport/2012/10.FEFS_2012_Trifa.pdf), accessed on 01.03.2016
- OMS (2002) – *International Labour Organization, International Council of Nurses, World Health Organization and Public Services International: Framework Guidelines for Addressing Workplace Violence in the Health Sector*. Geneva: International Labour Office, 2002 ISBN 92-2-113446-6 available at [http://www.ilo.org/wcmsp5/groups/public/---ed\\_dialogue/---](http://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---) accessed on 15.02.2016
- Oprea, M., (2014) - *Medical malpractice: What are the steps for reclaiming a doctor who errs?*, available at [http://www.avocatnet.ro/content/articles/id\\_38138/Malpraxisul-medical-Care-sunt-pasii-pentru-reclamarea-unui-doctor-care-greseste.html](http://www.avocatnet.ro/content/articles/id_38138/Malpraxisul-medical-Care-sunt-pasii-pentru-reclamarea-unui-doctor-care-greseste.html) accessed on 20.03.2016;

- OSHA (2004) - *Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers*, OSHA 314-01Rm, accessed on <https://www.osha.gov/Publications/osh3148.pdf>, accessed on 15.02.2016
- Parent-Thirion, A; Macías, E.,F., Hurley, J., Vermeulen, Greet (2007) - *Fourth European Working Conditions Survey, Luxembourg: Office for Official Publications of the European Communities*, ISBN 92-897-0974-X, available at <http://www.eurofound.europa.eu/printpdf/publications/report/2007/working-conditions/fourth-european-working-conditions-survey> , accessed on 16.02.2016;
- Popescu D. (2014) - *Organizational aggression - Self emotions and coping strategies of employees* Bucharest: Psychology Magazine - Studies and Research;
- Radu, I., Şendroi, C., (2005) - *Stress Management and Contradictions in Romania Organizations Providing Social Services for the Elderly People*, Proceedings of the 11th International Conference on Administration and Public Management "Strategic Management for Local Communities", Bucharest
- Rippon, T., (2000) - *Aggression and violence in health care professions*, Paris: Journal of Advanced Nursing 452-60;
- Rujoiu, O., (2010) - *Culture of violence and social emotions*, Bucharest, ASE Publishing;