

PATIENT SAFETY AND ABUSE IN HEALTHCARE

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Background

Definition **abuse in healthcare (AHC)**

“by patients' subjective experiences of encounters with the health care system, characterized by devoid of care, where patients suffer and feel they lose their value as human beings”
(Brüggemann, Wijma et al. 2012)

Thus, it is the patient who has the prevail to decide if the act has been abusive or not.

The Norvold Abuse Questionnaire, NorAq (Swahnberg, K. & Wijma, B. (2003).

Abuse in healthcare has been **measured** by the following questions ranging from mild to severe abuse:

1 Have you ever felt offended or grossly degraded while visiting health care services, felt that someone exercised blackmail against you or did not show respect for your opinion – in such a way that you were later disturbed by or suffered from the experience?

2 Have you ever experienced that a “normal” event, while visiting health care services suddenly became a really terrible and insulting experience, without you fully knowing how this could happen?

3 Have you ever experienced anybody in health service purposely – as you understood – hurting you physically or mentally, grossly violating you or using your body and your subordinated position to your disadvantage for his/her own purpose?

Answer alternatives for all questions: 1= No, 2= Yes, as a Child (<18 years), 3= Yes, as an adult (>_18 years), 4= Yes, as a child and as an adult

Quantitative studies from the Swedish context using NorAQ show:

Patients report life-time prevalence of abuse in health care from 8 % in a Swedish male out-patient sample to 20 % in female gynecology patient sample (Swahnberg, Schei et al. 2007; Swahnberg, Hearn et al. 2009).

Qualitative studies from the Swedish context show:

When experiencing abuse in health care both male and female patients emphasized a loss of their human value and the experience of having been abused leads to alienation to healthcare followed by feelings of shame (Wijma, Zbikowski et al. 2016). Loss in trust and secure bonding to an important care giver hinder patients in future contact with healthcare (Pauly, McCall et al. 2015; Wijma, Zbikowski et al. 2016).

Qualitative studies with professionals in a Swedish context show:

Many times the patients have experienced the abuse without the professionals being aware of it. The act was unintended. (Bruggemann, Wijma et al. 2012).

“...staff defined AHC as an ethical failure, while at the same time they did not take on responsibility; the incidents were seen as “ethical lapses” (Swahnberg et al. 2010).

Staff’s awareness of AHC was dependent on the situation and staffs’ room for manoeuvres, rather than being something staff had or had not. (Swahnberg et al. 2011)

So what about abuse
in healthcare in
connection to patient
safety?

Patient safety is “... the management of risks over time in order to maximize benefit and minimize harm to patients in the health caresystem.” (Vincent & Amalberti, 2016, p.4)

Co-production

There is a shift in how we perceive health care; from creating products to deliver services (Batalden et al., 2016).

The value of the services is co-created. Co-production is defined as ‘the voluntary or involuntary involvement of users in the design, management, delivery and/or evaluation of services’ (Osborn, Radnor et al., 2016)

Co-production

The conceptualization of co-production is theoretically rooted in two branches. There are roots from **public administration and management (PAM) theory** and from **service management theory** (Osborn, Radnor et al., 2016). One of the differences is how the role of the patient is perceived. In the first case patients' participation can be 'added into' or 'be involved in' healthcare. It does not challenge the basic premises of the production of healthcare. While in the second case co-production occurs whether the patients or professionals choose it or not. A service is always co-produced.

Aim and Research question

The aim of this study was to analyze how abuse in health care can be understood from a patient safety perspective.

Research question:

How can abuse in health care be described and explained within the framework of patient safety?

Method

Theories were built on a literature study on patient safety and related concepts like adverse events. The searches were then related to abuse in healthcare and other relating concepts like maltreatment, psychological safety, psychological damage, psychological harm and mental harm.

The search was delimited to databases connected to Medical science like PubMed, CinAhl and PsycInfo. All searches on literature were delimited from January 1st, 2000 to March the 1st, 2018. Only material in English language were included.

Results

The phenomenon of abuse in health care was rarely mentioned in patient safety literature.

The research on the phenomenon of abuse in healthcare and patient safety seems to appear in different contexts with very few connections.

Discussion

One distinction between the discourse of patient safety and the discourse of abuse in healthcare seems to be the role given to the perceptions or experiences of patients. In the definition of AHC it is the patient that decide wherever a situation has been abusive or not. In most of literature concerning patient safety the patients' perception is absent or considered as complementary to professional judgment. Patient safety is foremost defined by the professionals.

The analysis using the co-production framework showed that the research on patient safety and the research on abuse in healthcare seems to have evolved from different knowledge traditions. Patient safety seems to have its roots in public administration and management theory while abuse in healthcare becomes recognized through the lens of service management theory.

Conclusions

If abuse in healthcare is to be dealt with in the framework of patient safety there needs to be a broader use of the concept that includes patients' perceptions of safety and harm in the patient safety framework.

The culture of safety also needs to deal with a culture that allows moral slide and violence and structures that enable violent acts to happen.

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