**Violent behavior against doctors**

**Background**

In November 2007, Slovenia has occurred the most tragic event of the Slovenian medical association, when our colleague was killed in a horrible way at the workplace at the dentist's office of Ljubljana Health Center. We were deeply shocked. Due to the increasing variety of forms of aggression and violence against doctors and dentists (hereinafter referred to as doctors) in Slovenia, the Medical Chamber carried out a survey on violence against doctors.

**What is the experience elsewhere?**

Reports of Australian doctors have shown that 71% of them had already experienced forms of violent or aggressive behavior by patients, 20% of them had experienced a physical attack. Aggressive patients were mostly dependent on alcohol or drugs, some had mental illness (1). Participants in the Canadian study indicated the dependence on alcohol and drugs, mental illness, socio-economic deprivation and difficult access to health services as reasons for violence form patients. It was also showed that doctors lack the skills to deal with potentially violent situations (2).

**Research objectives**

- To determine which forms of violence are exposed to doctors and to what extent;
- To determine whether certain categories of doctors are more vulnerable.

**Methods**

The questionnaire, which consists of 50 questions, was sent to all doctors and dentists who perform medical service in Slovenia. The respondents had the opportunity to choose one of several possible, ready-made answers. The first 18 questions were general in nature and relate to the characteristics of respondents as a sample, sex, age, seniority, occupation, region, etc. Total 5980 questionnaires were sent by post in December 2008. 2161 returned representing a 36.1% response rate.

**Statistical data analysis**

The collected data were analyzed by a computer program for statistical analysis SPSS for Windows 12.0.

**Results**

Among 2161 participants the proportion of doctors was 74.5 % and dentists 25.5 %. There were 62.4 % female and 37.6 % male participants. Employees in private clinics, 21.4 % of whom were female and 78.6 % male participants. Employees in public institutions represented 68.6 % of respondents, compared with 28.2 % of private individuals and their employees. The average age of respondents was 46.67 years while the average working period was 20.43 years.

**Table 1. Descriptive statistics for individual acts of violence by rank of the male/female**

<table>
<thead>
<tr>
<th>Form of Violence</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical violence</td>
<td>26.8 %</td>
<td>73.2 %</td>
<td>3.4 %</td>
<td>96.6 %</td>
<td>13.8 %</td>
<td>86.2 %</td>
</tr>
<tr>
<td>Verbal aggression</td>
<td>52.4 %</td>
<td>47.6 %</td>
<td>3.9 %</td>
<td>96.1 %</td>
<td>12.5 %</td>
<td>87.5 %</td>
</tr>
<tr>
<td>Harassment, intimidation</td>
<td>7.8 %</td>
<td>92.2 %</td>
<td>3.5 %</td>
<td>96.5 %</td>
<td>9.2 %</td>
<td>90.8 %</td>
</tr>
<tr>
<td>Sexual harassment</td>
<td>5.1 %</td>
<td>94.9 %</td>
<td>3.1 %</td>
<td>96.9 %</td>
<td>8.9 %</td>
<td>91.1 %</td>
</tr>
<tr>
<td>Verbal and written threats</td>
<td>36.5 %</td>
<td>63.5 %</td>
<td>3.1 %</td>
<td>96.9 %</td>
<td>9.3 %</td>
<td>90.7 %</td>
</tr>
<tr>
<td>Physical aggression</td>
<td>20.6 %</td>
<td>79.4 %</td>
<td>3.0 %</td>
<td>97.0 %</td>
<td>8.0 %</td>
<td>92.0 %</td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>6.8 %</td>
<td>93.2 %</td>
<td>3.5 %</td>
<td>96.5 %</td>
<td>14.2 %</td>
<td>85.8 %</td>
</tr>
<tr>
<td>Harassment</td>
<td>5.7 %</td>
<td>94.3 %</td>
<td>3.4 %</td>
<td>96.6 %</td>
<td>10.6 %</td>
<td>89.4 %</td>
</tr>
</tbody>
</table>

**Graph 1.** The frequency of sexual harassment in the last year.

**Graph 2.** The frequency of sexual harassment during the last working age.

**Discussion**

We were aware of the possibility of errors in the analytical procedure, therefore, we compared the characteristics of participants in the survey with the actual situation in the entire population of Slovenian physicians and dentists. We found that, among participants slightly smaller proportion of trainees were present. There was also slightly lower proportion of men who participated in the survey according to the gender structure of the entire population. All other demographic characteristics of participants in the survey reflect the actual situation in the entire population Slovenian doctors and dentists. The proportion of missing responses was negligible.

**Conclusion**

Results of a survey conducted by the Medical Chamber of Slovenia show that the Slovenian health care is not protected from violent events. It is important that the doctor or dentist, who experienced violence, report about this unpleasant event. There is no clear idea about who shall collect these data. It is also necessary to organize assistance to doctors who have experienced an aggressive incident. If needed, WONCA and other organizations should establish a strategy for addressing this pressing issue. We all have to adopt the Declaration on the condemnation of any act of violence in health care.

**Acknowledgements**

We thank all physicians and dentists who participated in the survey.

**References**