

ABUSE IN HEALTH CARE: FROM CONTROVERSY TO DESCRIPTION TO INTERVENTION

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THE NORVOLD GROUP

THE RESEARCH TEAM – ABUSE IN HEALTH CARE (AHC) GENDER AND MEDICINE LINKÖPING UNIVERSITY

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Professional patients:
Nevija Cah-Hammarström
Lars-Erik Gustafsson
Wille och Susanne Johansson

THE RESEARCHER'S PERSPECTIVE

NorVold Abuse Questionnaire (NorAQ)

- **Constructed by the NorVold group**
- **Measures four kinds of abuse:**
 - **emotional abuse**
 - **physical abuse**
 - **sexual abuse**
 - **abuse in health care**
- **Validated in female and male samples**
- **Translated into 12 languages**

STUDY 1

Patients' experiences of abuse in health care: a Nordic study on prevalence and associated factors in gynecological patients

Swahnberg K, Schei B, Hilden M, Halmesmäki E, Sidenius K, Stengrims-dottir T, Wijma B. ACTA Obstet Gynecol Scand 2007;86:349-56.

3641 (77%) gyn patients answered NorAQ

MILD AHC

Have you ever felt offended or grossly degraded
while visiting health 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?

(7%)

MODERATE AHC

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

(9%)

SEVERE AHC

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

(5.5%)

Prevalence in the Nordic countries

Lifetime prevalence: 22% (13-28%)

Anywhere in health care!

Sweden: 1/5 women (1/10 men)

CONTROVERSY

Ethical committee

Publications

Different response from health care staff versus patients

Who has the right to define abuse in health care

STUDY 2

Women's perceived experiences of abuse in the health care system: their relationship to childhood abuse.

Swahnberg K, Wijma B, Wingren GB, Hilden M, Schei B. BJOG 2004; 111:1429-36.

2 439 (81%) gynaecological patients answered NorAQ

Swahnberg K, Edholm S, Fredman K, Wijma B. Men's perceived experiences of abuse in health care: their relationship to childhood abuse. Int J of Mens health 2012;11(2):137-49.

Who report abuse in health care?

HYPOTHESIS

Experiences of emotional, physical, and/or sexual abuse in childhood -
is a risk factor for adult experiences of AHC

Constructed case-control study within the cross-sectional study by creating a time axis

Emotional Abuse (EA): **OR 3.9 (2.0-7.5)**

Physical Abuse (PA): OR 1.7 (1.0-3.0)

Sexual Abuse (SA): **OR 3.5 (2.3-5.5)**

OR = An estimate of risk, adjusted for age and education.

95% confidence intervals displayed.

EA+PA: OR 3.0 (1.3-7.4)

EA+SA: OR 5.2 (2.4-11.4)

PA+SA: OR 6.6 (2.7-15.9)

EA+PA+SA: OR 8.9 (3.3-24.0)

REVICTIMISATION

But "only" 1/3 had a background of earlier abuse; i.e. are re-victimised in health care

2/3 are "new" female victims and

1/2 are "new" male victims

THE PATIENT'S PERSPECTIVE

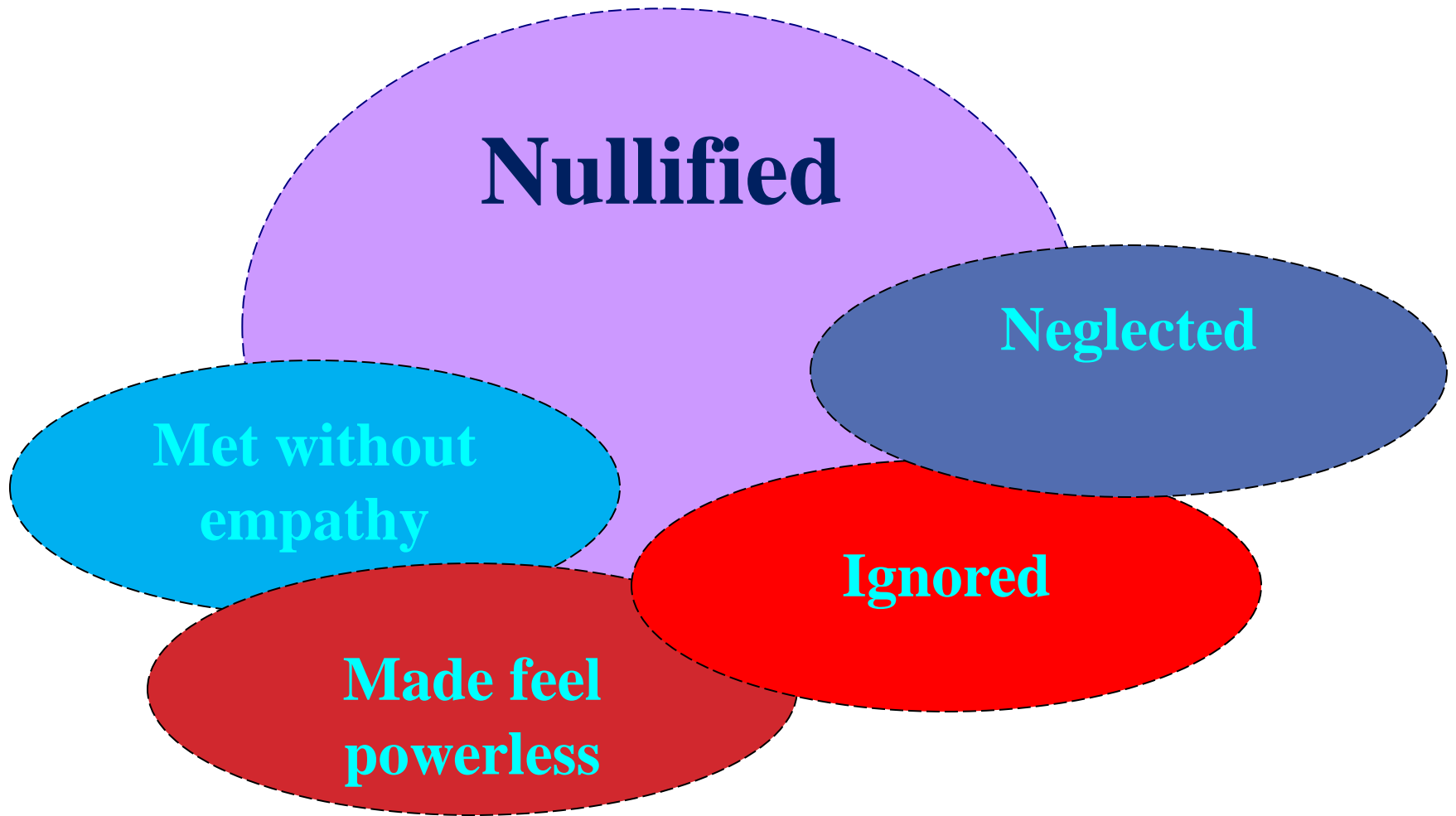
WHAT IS ABUSE IN HEALTH CARE?

STUDY 3

Nullified: women's perceptions of being abused in health care

Swahnberg K, Thapar-Björkert S, Berterö C: J Psychosom Obstet Gynecol 28:161-7, 2007

10 female patients from Dep Ob/Gyn, Qualitative method: Grounded Theory



"I feel so little, really, as if I am inferior, as if I am not worth anything. That's how I feel"

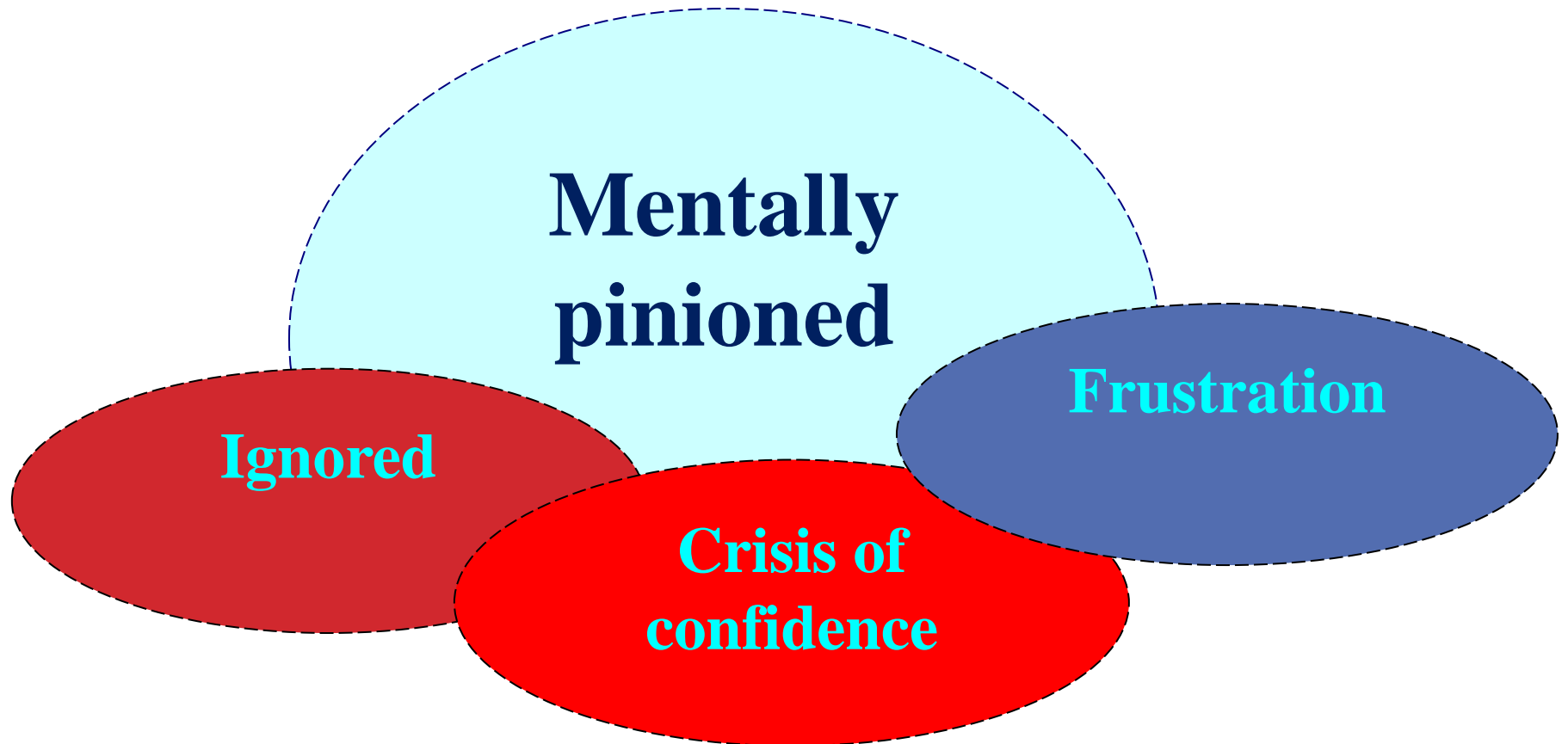
STUDY 4

Mentally pinioned: men's perceptions of being abused in health care

Swahnberg, K., Wijma, B., Hearn, J., Thapar-Bjorkert, S., & Berterö, C. Int J of Men's Health 2009;8(1):60-71.

13 male patients from different clinics, Univ Hospital

Qualitative method: Grounded Theory



“Finally you get irritated because it’s about my body... you get so angry that you say things that you shouldn’t need to say in health care.”

THE STAFF'S PERSPECTIVE

STUDY 5 & 6

What is abuse in health care?

To what extent is staff aware of the fact that
AHC exists?

Sample: Hospital staff (N=21)

Methodology: Qualitative interviews, constant
comparative analysis

Swahnberg K, Zbikowski A, Wijma B. Ethical lapses: staff's perception of abuse in health care. *Journal of Psychosom Obstet Gynaecol* 2010;31(3):123-9

Swahnberg K, Wijma B. Staff's awareness of abuse in health care varies according to situation and possibilities to act. *J Psychosom Obstet Gynaecol* 2011; 32(2): 65–71.

Staff described AHC as "ethical lapses"



**i.e. minor ethical mistakes –
for which they were not responsible
and which they handled
without landing in a moral conflict**

**Abuse in health care is
prevalent and creates suffering**

**The task of health care is to
alleviate suffering –**

not to create or increase it!

INTERVENTIONS?

- How is it possible that AHC at all exists?
- What could be done about it?

For the intervention we
needed theories to guide us

Abuse in health care: theoretical aspects

Why do people do "evil things"?

What makes staff not behave according to their moral values?

How can change be initiated?

We use theories from: Galtung, Glover, Zimbardo, Boal, Bennett- Levy

INTERVENTION

Based on theories from:

J Galtung. Cultural violence. *J Peace Research* 1990;27:291-305.

J Glover. *Humanity. A moral history of the twentieth century.*
London: Pimlico; 2001.

P Zimbardo. *The Lucifer effect. Understanding how good people turn evil.* New York: Random House, Inc.; 2008.

A Boal. *The rainbow of desire.* London: Routledge; 2000.

J Bennett-Levy et al. *Oxford guide to behaviour experiments in cognitive therapy.* Oxford: Oxford University Press; 2004.

The focus is on staff!

**How can staffs ability to recognize
and act against abuse in health care
be strengthened?**

AUGUSTO BOAL: THEATRE OF THE OPPRESSED

DIALOGUE

DIALOGUE



WE ARE ALL
THEATRE

Forum Play

Boal A. The rainbow of desire. London: Routledge; 2000

Boal A: De förtrycktas teater. Södertälje,:Gidlunds: 1976

BOAL DESCRIBES FORUM THEATER AS FOLLOWS:

“Forum-Theater presents a scene or a play that must necessarily show a situation of oppression that the Protagonist (the person who carries the dilemma) does not know how to fight against, and fails.

The spect-actors act out - on stage all possible solutions, ideas, and strategies. All spect-actors have the same right to intervene and play their ideas.

Forum-Theater is a collective rehearsal for reality”

Augusto Boal, Rio de Janeiro 2004.

Boal, A., (2011), International Theatre of the Oppressed Organisation. Forum Theatre. Available from: [≤http://www.theatreoftheoppressed.org/en/index.php?nodeID=78>](http://www.theatreoftheoppressed.org/en/index.php?nodeID=78), (2008-12-06).

HYPOTHESIS

Forum play will

**I Increase staffs awareness of abuse
in health care**

**II Increase staffs ability to act
against abuse in health care**

EXAMPLES OF QUESTIONS EVALUATING THE INTERVENTION

Quantitative – scales

Heard about/experienced abuse in health care

How do you think Forum play has affected your ability to act in accordance with what you think is right in health care situations with moral dilemmas? (during and after)

Qualitative – interviews

What is AHC? (repeated) (External evaluator I)

WHAT DID WE FIND?

Awareness did not change

Ability to act increased

In the quantitative evaluation

QUALITATIVE - INTERVIEW

WHAT IS AHC? (REPEATED)

Core categories

Swahnberg K, Zbikowski A, Wijma B. **Ethical lapses:** staff's perception of abuse in health care. Journal of Psychosom Obstet Gynaecol 2010;31(3):123-9

Swahnberg K., Berterö C. **Minimizing human dignity:** staff perception of abuse in health care. Clin Ethics March 2012;7:33-8.

STUDY 7

15 informants who had taken part in workshops were interviewed by an external evaluator

Tell me about a situation when you experienced AHC. What did you do? Why? Change? How?

Nilsson, A. Evaluering av projektet "kränkningar i vården". Genus och medicin, Linköpings universitet. Rapport No 6. 2010

RESULTS - external evaluator II

“For example, a patient asked if she could pee when she was at the x-ray department. Her wish was refused and then she peed in her pants. Later I called them and asked to speak to the person who had denied the patient her wish.

That person had to apologize to the patient. I felt that the patient was redressed. I also think that it was an eye-opener for the staff. I like them; they are really nice and kind so I guess it was an exception.”

Later the informant goes on:

“Before the project I didn’t act like after the project. For example the case at the x-ray department. Earlier I would have made excuses for what happened by saying that they didn’t mean to harm her and I would have taken the health care’s side, now I acted and gave the patient redress.”

(CONTINUED)

“At first I thought that it was fun doing role-plays then I thought of the message, and when a situation came up I was more prepared. For instance the abortion scene - the patient could feel abused because we sound condemning - has given me the insight to think about how I sound in these situations”.

“We have become more straight forward and dare to tell each other in a constructive way”.

(CONTINUED)

There was a situation with a patient and a relative... I brought it up with both the person who was involved and our head, and I called the patient. It felt good that I acted and talked to everyone. **The colleague didn't experience that she had said something bad but everyone else did. The colleague expressed that she was grateful that I had told her and I haven't noticed any sulkiness afterwards from her.**

I have reflected over how others do and got myself models for how I would like to act.

Nilsson, A. Evaluering av projektet "kränkningar i vården". Genus och medicin, Linköpings universitet. Rapport No 6. 2010

(CONTINUED)

“I find it difficult to say if it is my eyes that have changed or if it is my colleagues that have changed.”

(CONTINUED)

When I see a colleague do something towards a patient that I don't like, now there are possibilities to act in different ways.

For instance, last night I was on call, I got an x-ray answer with a negative message. I felt that I would not be able to give this message in a good way because I might be disturbed by the phone. So, to show respect to the patient, I chose to wait and let the morning staff do it. If it had been before the project I would surely given the message during the night.

Nilsson, A. Evaluering av projektet "kränkningar i vården". Genus och medicin, Linköpings universitet. Rapport No 6. 2010

EVALUATION OF THE FORUM THEATRE INTERVENTION

Swahnberg K & Wijma B. Staff's perception of abuse in health care: a Swedish qualitative study. *BMJ Open* 2012;(5):1-8.

Swahnberg K & Berterö C. Minimizing human dignity: staff perception of abuse in health care. *Clin Ethics* March 2012;7:33-8.

Zbikowski A, Brüggemann A.J, Wijma B, Zeiler K, Swahnberg K. Ethical guidelines and the prevention of abuse in healthcare. *Eur J Obstet Gynecol Reprod Biol.* 2012;165(1):18-28.

Zbikowski A, Zeiler K, Swahnberg K. **Forum Play as a method for learning ethical practice: a qualitative study among Swedish health care staff.** *Clinical Ethics* 2016;11:9-18

Brüggemann A.J, Swahnberg K, Wijma B. **A first online intervention to increase patients' perceived ability to act in situations of abuse in health care: reports of a Swedish pre-post study.** *BMC Medical Ethics* 2015;16:35

Wijma B, Zbikowski A, Brüggemann A.J. **Silence, shame and abuse in health care: theoretical development on basis of an intervention project among staff.** *BMC Medical Education* BMC. 2016;16:75
DOI: 10.1186/s12909-016-0595-3

THANK YOU!