

Recent Increases in Violence Against Physicians and Plastic Surgeons

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INTRODUCTION

In recent years, violence against physicians has significantly increased, especially during the COVID-19 pandemic, encompassing both physical and psychological harm. Data from the US Bureau of Labor Statistics show a roughly 63% increase in violence against all healthcare workers from 2011 to 2018 (Fig. 1).¹ This increase was not specific to the United States, as a meta-analysis of more than 60,000 healthcare workers indicated that 43% of healthcare workers experienced some form of violence during the COVID-19 pandemic.² Although there is a paucity of data regarding trends of violence toward plastic surgeons specifically, a 2019 survey showed that 66.9% of plastic surgery residents witnessed and 39.1% experienced abuse or harassment during training.³

IMPACT ON PHYSICIANS AND THE HEALTHCARE SYSTEM

The consequences of such violence are profound, affecting both individuals and the healthcare system. Physicians subjected to violence report higher levels of emotional exhaustion, lower job satisfaction, and increased burnout leading to higher turnover rates.^{4,5} Plastic surgery may be particularly vulnerable, given that there is already a shortage of plastic surgeons in many regions of the United States. This turnover could also negatively impact the healthcare system by reducing the quality of care provided due to loss of continuity and increasing operational costs due to inefficiencies.

CONTRIBUTING FACTORS

Several factors have contributed to the rise in violence. First, the COVID-19 pandemic has exacerbated public mistrust of the healthcare system. Economic hardships resulting from the pandemic have also played a role, as economic strain often correlates with increased violence. Other factors include high healthcare costs, long

wait times, and overworked staff—issues that predate the pandemic but have worsened during this period.⁶ Unmet patient expectations can also result in violence, making plastic surgeons, whose work often involves managing expectations, particularly vulnerable.

PREVENTIVE MEASURES

To combat this issue, several measures can be implemented. Training healthcare workers to recognize and de-escalate potential violence is crucial. Workplace design alterations, such as controlled access points and panic buttons, can help reduce incidents. Stricter penalties for antiphysician violence may act as a deterrent. However, these strategies have limitations. Their effectiveness varies and depends on institutional support, and enforcing increased penalties can be challenging.⁷

LEGISLATIVE EFFORTS

Two major pieces of legislation have been introduced in the US Congress in response to the growing violence. The Workplace Violence Prevention for Health Care and Social Services Workers Act mandates employers to develop workplace violence prevention plans with employee involvement. The Safety from Violence for Healthcare Employees Act proposes stronger penalties for assaulting or intimidating healthcare workers and aims to improve security within healthcare settings. Although these legislative efforts are significant, they also have limitations, such as potential economic burdens on hospitals and an overemphasis on punitive rather than preventive measures (Table 1).

ROLE OF PROFESSIONAL ORGANIZATIONS

Professional organizations such as the American Society of Plastic Surgeons are essential in advocating for physician protection. These organizations can influence lawmakers, introduce relevant legislation, and promote safety research and education. The American Society of Plastic Surgeons's involvement in lobbying for the Ensuring Lasting Smiles Act demonstrates their potential impact. Similar advocacy efforts can help develop effective legislation to prevent physician violence.

CONCLUSIONS

Addressing workplace violence against physicians is crucial for maintaining healthcare system integrity. Collaboration between policymakers, administrators, and professional organizations is essential for implementing

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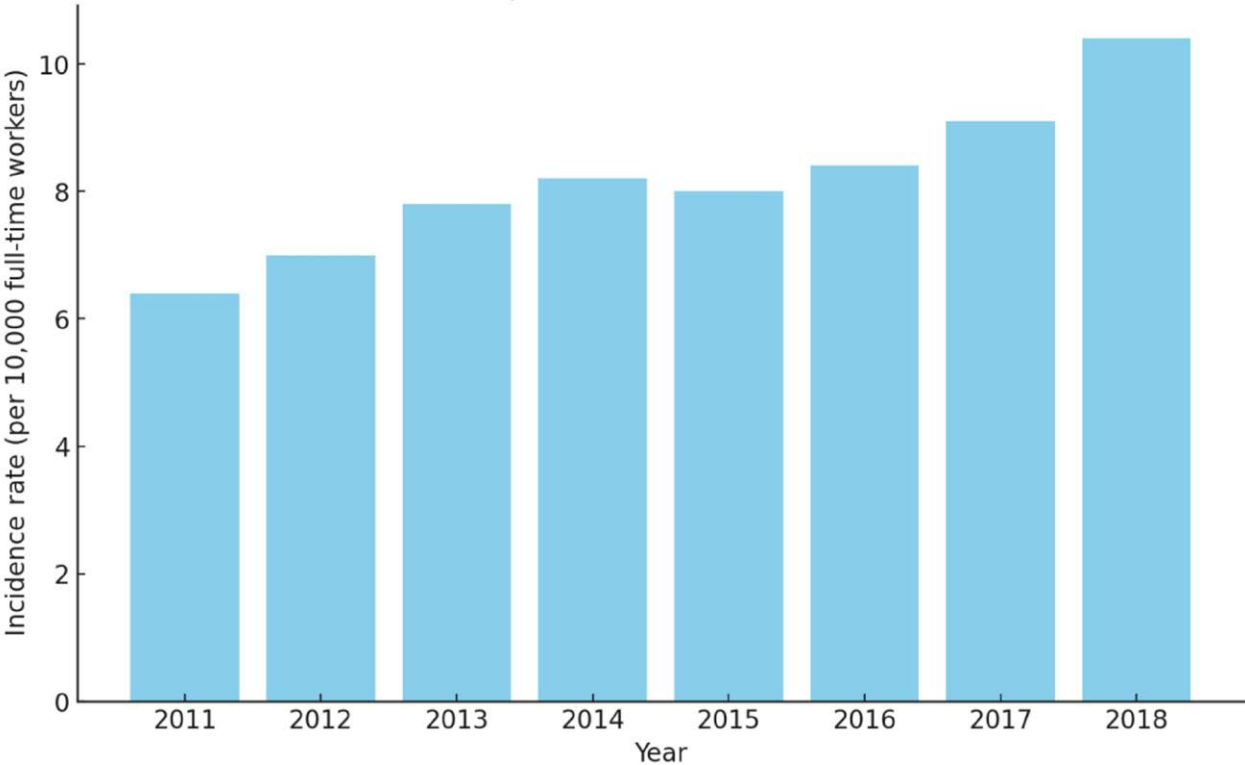


Fig. 1. The chart displays the incident rate for nonfatal workplace violence to healthcare workers between 2011 and 2018.

Table 1. Comparing Legislation to Prevent Violence Against Healthcare Workers

	Workplace Violence Prevention for Health Care and Social Services Workers Act (H.R. 1195/S. 1176)	Safety from Violence for Healthcare Employees Act (H.R. 2584/S. 2768)
Objective	To direct the Department of Labor to issue a standard requiring healthcare and social service employers to develop and implement comprehensive workplace violence prevention plans	To provide federal protections for healthcare workers from workplace violence similar to those for airport and aircraft employees
Key provisions	Develop and implement a workplace violence prevention plan, conduct risk assessments, training programs, record and report incidents of violence	Establishes penalties for assaults on healthcare workers, enhances security measures, promotes collaboration with law enforcement
Focus	Proactive and preventive measures	Reactive and protective measures
Implementation requirements	Employers must create tailored workplace violence prevention plans, conduct regular risk assessments, and provide training to employees	Implementation of emergency response protocols, increased security measures, legal protections for workers
Enforcement mechanisms	Occupational Safety and Health Administration oversees enforcement with potential fines for noncompliance	Federal penalties for offenders, collaboration with law enforcement agencies
Support and resources	Emphasis on training and proactive risk management, involvement of employees in plan development	Focus on immediate protection and legal recourse, potentially strong deterrent effect
Potential effectiveness	High potential for reducing violence through proactive measures and comprehensive planning.	Provides immediate protection for healthcare workers and legal consequences for offenders
Limitations	Resource-intensive, implementation consistency may vary, requires significant investment and ongoing maintenance	May not address underlying causes of violence, effectiveness depends on enforcement, more reactive than preventive

effective safety measures, ensuring physician well-being, and enhancing patient care quality.

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DISCLOSURE

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