



AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE

Aggressive Patient Behaviour in Australian General Practice

General Practitioner survey

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The Department of Health and Ageing has commissioned the Australian Primary Health Care Research Institute (APHCRI) to conduct this study investigating aggressive patient behaviour in Australian general practice.

This study will help gain a better understanding of the extent to which aggressive patient behaviour is an issue for those working in Australian general practices, and will:

- Measure the incidence of aggressive behaviour in general practice
- Assess the attitudes of practice staff towards aggression.

This survey is asking about your own personal experience.

This survey should take approximately **5-10 minutes**.

Please provide a response by **12th March 2010**.

Should you feel upset or disturbed due to recalling aggressive behaviour, you can contact:

- GP support program, RACGP, 1300 366 789 <http://www.racgp.org.au/gpsupport>
- Lifeline 13 11 14 <http://www.lifeline.org.au>
- Assoc Prof Rhian Parker, (02) 6125 7838 rhian.parker@anu.edu.au

Participation in this research is voluntary and your consent is implied through completion of the survey. All information gathered in the process of this survey will be treated in the strictest of confidence. You will remain anonymous.

The data from this survey will be kept and stored securely by the Primary Investigator for this project, Assoc Prof Rhian Parker from APHCRI.

This research has received ethics approval from the Australian National University. If you have any concerns about the way the research was conducted please click here Human.Ethics.Officer@anu.edu.au.

Demographics

Q1. Are you male or female?

- Male
 Female
-

Q2. Please provide your age in years

- Years
-

Q3. How long have you been a general practitioner?

Please enter '1' if you have been a general practitioner for less than one year

- Years
-

Q4. Do you work full time or part time as a general practitioner?

Please tick the box below

- Full time (work 30 hours per week or more)
 Part time or casual (work less than 30 hours per week)
-

Q5. What is the postcode of this practice?

This information will not be used to identify your practice. We only need this information to work out which state you practice in, and whether you practice in a metropolitan or regional area.

Q6. What division of general practice is your practice located in?

Demographics continued

Q7. Is this practice a:

Please select only one option.

- Sole general – a practice with only one GP
 - Group practice – a ‘traditional’ practice owned by the GPs who work in the practice
 - Corporate practice – a corporate practice that is owned by an individual or organisation other than the GPs who work at the practice
 - Other, please specify: _____
-

Q8. Do you personally provide any of the following services?

Please tick all that apply:

- Home visits during business hours
 - Home visits after business hours
 - After hours consultations in the practice on week days
 - After hours consultations in the practice on weekends
 - None of the above
-

Personal experience of verbal aggression

Q9. In the **last 12 months**, how often have you been exposed to **verbal aggression** from patients, or people associated with patients?

In this survey, verbal aggression includes verbal abuse or threats, for example when a patient or somebody accompanying the patient swears, threatens to harm or uses obscene gestures to offend practice staff.

- Daily
 - More than once a week
 - Weekly
 - Fortnightly
 - Monthly
 - Once every six months
 - Once in the last 12 months
 - I have been subject to verbal abuse, but not in the last 12 months
 - I have never been subject to verbal abuse
 - Don't know
-

Personal experience of physical aggression

In this survey there are different types of physical aggression. This could be by a patient or a person associated with a patient.

Stalking (any unwanted and intrusive attention including being followed to or from home or place of work)

Physical assault (includes grab, push, hit, kick, use of a weapon with intent of intimidation or causing bodily harm)

Property damage or theft (includes stealing or damaging personal property, or of medical or office supplies)

Sexual harassment

Sexual assault (any forced sexual act, rape or indecent assault)

Q10. In the **last 12 months**, how many times have you personally experienced the following types of **physical aggression** from patients or people associated with patients?

	Daily	More than once a week	Weekly	Fortnightly	Monthly	Once every six months	Once in the last 12 months	Not in the last 12 months	Never	Don't know
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage or theft of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11. In the last 12 months, have you experienced any other forms of patient aggression in your role as a general practitioner?

(Apart from the types of aggression listed in the previous questions) Please describe below.

Trends

Q12. Are there any times of the day or week when you feel at particular risk of aggressive patient behaviour?

Please tick all that apply

- When the practice first opens
 - Mornings after opening time
 - Lunch times
 - Afternoons
 - When the practice is closing
 - After hours
 - Saturday mornings
 - After the practice has closed on weekends
 - None of the above
-

Q13. Are there any other times when you feel at particular risk of aggressive patient behaviour?

- When the practice has limited numbers of staff on
 - During home visits
 - After closing when you are walking to your car, public transport or walking home
 - None of the above
 - Other, please specify: _____
-

Impact of patient aggression

Q14. Would you agree or disagree with the following statements?

	Agree	Disagree	Don't know/ No opinion
Impact			
Patient aggression has affected my physical wellbeing in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient aggression has affected my emotional wellbeing in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient aggression has affected my ability to provide medical services in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perceptions of violence			
Patient aggression has become worse at this practice in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff at this practice are not affected by patient aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice environment			
The physical layout of this practice helps minimise the risk of harm from patient aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This practice has adequate security measures to minimise the risk of harm from patient aggression (e.g. duress alarms, locked areas for staff etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This practice has adequate procedures to minimise the risk of harm from patient aggression (e.g. escape routes, incident reporting, training etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This practice can not afford adequate security measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff at this practice do not have time to implement adequate security measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This practice takes the safety of its staff seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15. Has patient aggression had any other impacts on your wellbeing and capacity to provide medical services?

Please describe below.

The research team at the Australian Primary Health Care Research Institute
sincerely thanks you for your time and effort