

PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

Vilnius, 23-24 May 2018

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PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

- In the healthcare sector in Bulgaria there are profound social, economic, organizational and cultural roots for psychosocial risks. The main occupations in the health sector are determined to be highly stressful due to the specific nature of job and responsibility related to the work of healthcare professionals. One of the **most stressful factors** among them is the daily work with specific social groups - ill, disabled, elderly, disadvantaged people, health-uninsured, unemployed.

PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

The **specific problems** in our healthcare system related to the impact of psychosocial risk factors are:

- **a sharp transition to market relations** (from free healthcare to health insurance, transformation of hospitals into commercial companies), being not yet completed but requiring a change in attitudes, which generates tension and distrust in the "patient-doctor" relationship and the inability to meet expectations (especially with the relatively large proportion of uninsured patients, mostly with a Roma ethnicity whose expectations are not in line with reality);

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- **low wages**, with a drastic pay gap for healthcare professionals with high qualifications compared to other European countries;
- **limited opportunities** for personal and professional development;
- **gender and age discrimination** in employment, wage rates and occupation of managerial positions;
- **income decoupling** with the level of education and qualification (including a constant increase in the minimum wage without a proportional increase in the salaries of qualified specialists in the health care system leading to anomalies - e.g. equalization of the salaries of specialists with higher education in some health establishments with the minimum for the country).

PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

The psychosocial risk factors of the working environment affect the working capacity, the physical and mental health of the workers, influence self-confidence and therefore determine the efficiency of the work and the results achieved.

Among all the psychosocial factors in the work environment, the most stressful factor on workers' health is **workplace violence**.

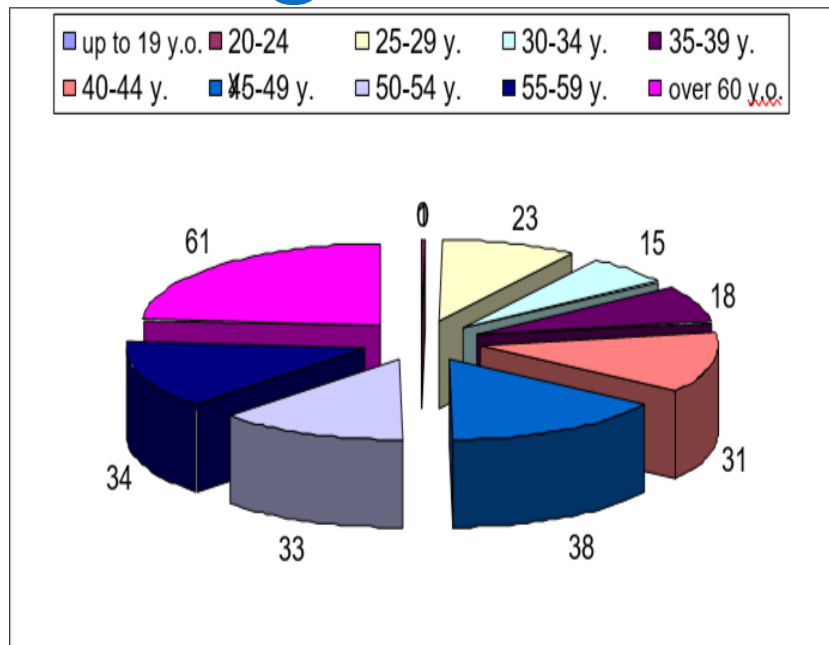
We made a poll in 4 hospitals in the country

3 state-owned and 1 private

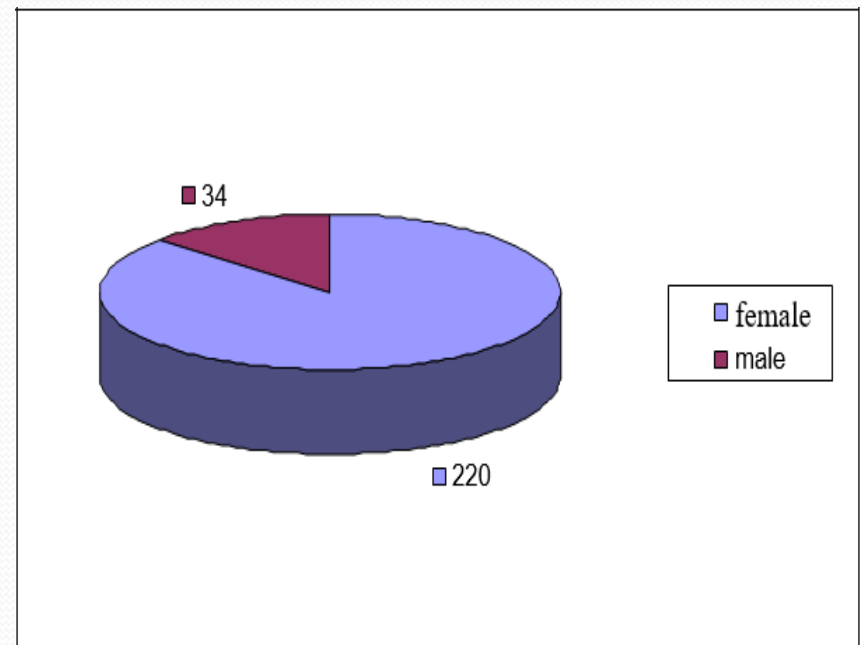
Total number of respondents – 254

Distribution of responders by

Age



Sex



Distribution of responders by

marital status

unmarried	38
married	156
living with a partner	19
divorced	23
widower / widow	18

y/s in healthcare

up to 1 year	7 persons
1 - 5	13 persons
6 - 10	19 persons
11 - 15	19 persons
16 - 20	38 persons
over 20 years	158 persons

Distribution of responders by

category

managers – 9
staff – 245

type of institution

private establishment – 90
state establishment – 160

basic labour engagements

a) a full time Job – 240
b) reduced working day - 14

work at shifts

a) yes – 214
b) no – 40

QUESTIONS and ANSWERS

DO YOU HAVE CONTACT WITH PATIENTS / CLIENTS DURING WORK?

a) yes - 230 persons

b) no - 24 persons

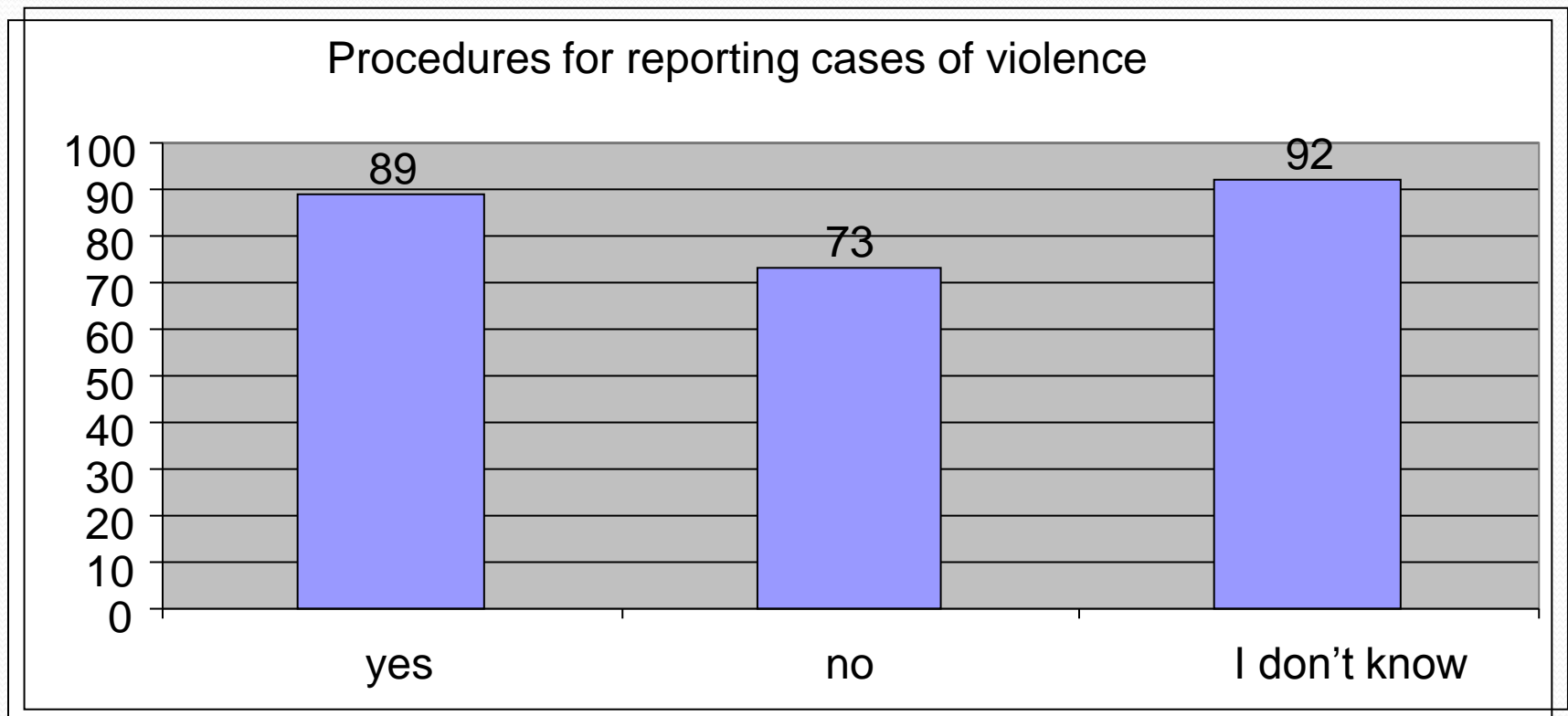
QUESTIONS and ANSWERS

ARE YOU WORRIED BY PSICHO-SOCIAL RISKS AT YOUR WORKPLACE? *(Please grade from 1 to 5 where 1 = I do not worry at all, 5 = I'm very worried)*

- 1 - 107 persons – i.e. I do not worry at all
- 2 - 58 persons
- 3 - 33 persons
- 4 - 25 persons
- 5 - 9 persons – i.e. I'm very worried
- 22 persons gave no answer

QUESTIONS and ANSWERS

DO YOU HAVE PROCEDURES FOR THE
EVALUATION OF CASES OF VIOLENCE AT YOUR
WORK PLACE?



QUESTIONS and ANSWERS

PSYCHOLOGICAL VIOLENCE AT WORKPLACE (VERBAL HARASSMENT)

1. HAVE YOU BEEN SUBJECTED TO VERBAL HARASSMENT DURING THE LAST 12 MONTHS?

- **yes** - 72 persons
- **no** - 182 persons

2. HOW OFTEN YOU HAVE BEEN SUBJECTED TO VERBAL HARASSMENT DURING THE LAST 12 MONTHS?

- **constantly** - 18 persons
- **sometimes** - 35 persons
- **once** - 19 persons

3. WHO INSULTED YOU? PLEASE TAKE INTO ACCOUNT THE LATEST CASE OF VERBAL HARASSMENT.

- **patient / client** - 41 persons
- **colleague** - 9 persons
- **employer** 22 persons

QUESTIONS and ANSWERS

HOW DID YOU REACT TO THE VERBAL HARASSMENT?

(Please point all the correct answers)

- | | |
|---------------------------------------------|--------------|
| • I did not do anything | - 17 persons |
| • I pretended nothing had happened | - 14 persons |
| • I told the person to stop | - 17 persons |
| • I shared with my friends / family | - 10 persons |
| • I shared with my colleagues | - 15 persons |
| • I informed the employer | - 6 persons |
| • I asked for advice | - 1 person |
| • I sought assistance from the trade unions | - 9 persons |

others, *please specify*:

- | | |
|----------------------------------------------------------------|------------|
| • I left the workplace | - 1 reply; |
| • 2 persons responded to the offense with a courteous response | |

QUESTIONS and ANSWERS

DID YOUR EMPLOYER GIVE YOU:

An advice on how to deal with it

- yes - 13 persons

Opportunity to speak / report on this

- yes - 10 persons

Another type of support

- yes - 8 persons

I cannot appreciate

- yes - 6 persons

QUESTIONS and ANSWERS

How do you feel after harassment/mistreatment?

How do you feel after harassment/mistreatment?	Not at all (never)	Rarely	Some times	Often	Very Often
1. I go back to the story, I have troubled memories and thoughts.	1	8	11	2	-
2. I avoid thinking and talking about the incident, avoiding any feelings associated with it.	1	7	2	7	1
3. I became "over-sensitive", alert, cautious.	7	2	5	5	-
4. I have the feeling that everything I did is in vain.	6	3	3	4	-

QUESTIONS and ANSWERS

IF YOU HAVE NOT INFORMED SOMEONE WHAT IS THE
CAUSE?

(Please point all the correct answers)

- it was not important - 1 person
- it did not make sense - 16 persons
- I did not know to whom
I had to report - 1 person
- Other: I left my job

QUESTIONS and ANSWERS

DOES YOUR EMPLOYER / TRADE UNION DEVELOP A SPECIAL POLICY FOR:

Safety and Security at Work	95 ans. -YES 2 ans. - NO 7 ans. - I don't know	20 ans. -YES 10 ans. - NO 22 ans. - I don't know
Preventing physical violence	63 ans. -YES 14 ans. - NO 10 ans. - I don't know	15 ans. -YES 10 ans. - NO 23 ans. - I don't know
Preventing verbal harassment	53 ans. -YES 19 ans. - NO 13 ans. - I don't know	13 ans. -YES 12 ans. - NO 22 ans. - I don't know
Preventing sexual harassment	49 ans. -YES 16 ans. - NO 14 ans. - I don't know	15 ans. -YES 10 ans. - NO 22 ans. - I don't know
Preventing racist violence	52 ans. -YES 13 ans. - NO 13 ans. - I don't know	17 ans. -YES 8 ans. - NO 20 ans. - I don't know
Preventing harassment/ mistreatment	53 ans. -YES 14 ans. - NO 13 ans. - I don't know	16 ans. -YES 8 ans. - NO 23 ans. - I don't know
Threat prevention	51 ans. -YES 15 ans. - NO 13 ans. - I don't know	12 ans. -YES 12 ans. - NO 23 ans. - I don't know

PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

The study of workplace violence under the FTU-HS project has demonstrated widespread **proliferation of violence in healthcare** in both forms:

- **Physical violence** (more frequent in recent times in emergency aid, but also in other areas)
- **Mobbing – mental violence** at work (verbal aggression, aggravation underestimation, misestimation; pressure; retention of career development).

The cases of violence appear most often:

- **With colleagues**
(limited opportunity for social contacts at workplace with colleagues, social exclusion, insults from colleagues, conflicts);
- **With patients**
(a large number of patients per person, emotional states of patients - distrust, rigor, anger, indignation, aggression, violence in the workplace, physical violence – particularly frequent in emergency care, psychiatric clinics and etc.)
- **With third parties**
(insults from accompanying persons and relatives of patients)

PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

Among the **main identified problems related to workplace violence** are:

- **Lack of institutional support** - lack of opportunity to express complaints; one quarter of the hospital staff are not satisfied with the support and cooperation of their supervisor;
- **Poor psychosocial atmosphere** at work (15-20%);
- Different forms of **discrimination** (4-7%);
- **Tardiness of the judiciary** (they do not see sense to try);

The most common reaction is acquiescence, surrender or leaving work.

PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

The results obtained demonstrate the significance of psychosocial risk factors in the work environment and especially **workplace violence**, which, by influencing work satisfaction, working capacity, physical and mental health of staff, affect the quality of work.

PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

Situation assessment

A survey of 22 European Focal Points of the European Agency for Safety and Health at Work shows that the importance of the problem of violence and harassment at work is not adequately and appropriately assessed, especially in the new EU Member States.

Among the reasons are:

- **insufficient awareness or underestimation of the significance of the problem;**
- **lack or absence of a specific regulation on the matter;**
- **lack of tripartite agreement (in 17%)**

PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

Some of the facts

- Since 2014, more than **600 attacks** have been committed over doctors, nurses, ambulances and ambulance drivers, including firearms.
- According to information from the Ministry of Health, the registered attacks on Emergency Medical Professionals over the past two and a half years are **over 100**.
- According to a BMA survey, **58%** of medics were subjected to physical or verbal aggression, with **48%** of the victims being subjected to violence more than once.
- It is clear from the survey data that **in 19% the aggression was physical** and in other cases verbal.
- **91.2%** of the medical specialists in Bulgaria do not complain to the police and **96.3%** do not report the prosecution, according to the data.
- According to a European survey, **40%** of employers are worried about violence and harassment at work, but only **25%** of them have introduced measures to combat the problem.

PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

Some of the cases

27.10.2016

- During a daily watch, a security guard and a duty emergency doctor from the Emergency Department of Pazardzhik Hospital were beaten. After the attack, Dr. Gergana Ancheva has a concussion and loss of hearing with one ear. The hospital guards immediately intervened, handcuffed to the attacker who was later detained by law enforcement.

13.02.2017

- In Stara Zagora, a woman raiding in the emergency room at the university hospital, struck a doctor and broke some of the inventory. The attacker - visibly drunk or overwhelmed - has been sent for treatment in Radnevo psychiatry. It is unclear whether she will go to court.

06.05.2018

- A 42-year-old man from Zavet, Razgrad district, called Emergency in connection with the deteriorating health of the 41-year-old woman he lived with. During the inspection, the man pulled out a gas pistol "Ekol Magnum" and directed it to the paramedic. The man attempted to produce a shot but failed. The perpetrator is detained and the pistol is seized. Proceedings have been instituted.

PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

The role of trade unions in preventing the negative impact of psychosocial risk factors on the health of healthcare workers

Trade unions, and in particular FSU-CITUB, pay close attention to the problem - initiate joint projects with other countries and scientific organizations, conduct research on the issue of violence in healthcare (first national stress conference organized by CITUB and NCPHA in 2003).

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Representation in the Working Conditions Committee

- Trade union representatives propose measures to improve working conditions and prevent risk factors by systematically identifying them;
- Trade union representatives insist that the risk assessment (by the Occupational health service) must necessarily include an assessment of the impact of psychosocial risk factors, respectively occupational stress on workers, and recommendations of coping measures;

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Representation in the Collective bargaining

- Ask the management to resolve requests from workers related to the improvement of the working conditions and the prevention of health risks in the workplace.
- In the "Health and Safety at Work" part of the Collective Agreement, conditions reducing the effect of psychosocial risk factors are negotiated;
- If there is a lack of procedures for reporting cases of workplace violence or if victims refrain from lodging complaints and claims and seek legitimate rights for a number of reasons, sharing with the trade union leader remains the only support and chance to find a solution;

PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

With the abovementioned functions, trade unions are often the only alternative for workers, especially in addressing the impact of psychosocial risk factors in the workplace, as evidenced by the practice of 100% joining at places to the Collective Agreement!

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Common actions to counteract violence against medics in the workplace

What has been done?

- In 2015, on the insistence of BMA and NGOs, a change was made in the Penal Code increasing the punishment for proven attack on medical staff from 5 to 12 years.
- Since the beginning of 2016 health professionals are trained through a special distance learning platform to recognize the symptoms of violence so that they could respond as quickly and adequately as possible to assault attempts.

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- Since 2016 The Military Medical Academy in Sofia organizes special courses for doctors to deal with aggressive patients, including verbal aggression.
- In the past year, the National Ombudsman became a patron of the national campaign "**To save is a mission, it does not deserve a punishment!**", organized by BMA for the prevention of violence against medical staff.
- Since the middle of 2017 by order of the Prosecutor General the Appellate Prosecutor's Offices in each district have permanent on-duty prosecutors receiving reports and investigating cases of violence against medics with priority.

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- Emergency Medical Assistance Centers have signed contracts with security firms, panic buttons and record cameras been installed. Such devices are currently being installed in the emergency rooms of hospitals where there is a large flow of emergency patients.
- A Bulgarian insurance company created and launched for the first time an insurance against violence against doctors, medical staff and paramedics. The product is offered either on its own or in a package with the mandatory professional liability insurance of doctors and medical staff. The insurance covers the consequences of an accident at work and loss of working capacity as well as lawyers' fees and fees in a case against the attackers.
- NUPH is considering to propose this insurance to be borne by the employers together with the compulsory professional liability insurance of doctors and medical staff.

PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

What is to be done?

- **Legislative changes** in Labour Code, Law on safe working conditions, Criminal and Criminal Procedure Codes, Law on Protection against Discrimination, etc. and in the longer term – adoption of a special ***Law against Violence in the Workplace***. Code of Ethics for industries and anti-stress programs should be developed too.
- **A map to identify high-risk areas** in the country where it is often necessary to seek police assistance as well as an information system involving various institutions such as the Ministry of the Interior, the Prosecutor's Office, the Ministry of Health, as well as the medical institutions in the country and emergency centers.
- Inclusion in the Branch collective agreement of **measures aimed at overcoming the violence at the workplace**.

PSYCHOSOCIAL RISKS IN HEALTHCARE IN BULGARIA

Key messages

Workplace violence in healthcare affects the dignity, the physical and mental health of the workers, influences self-confidence. It reduces the working capacity of healthcare workers and the quality of care for patients.

Proliferation of violence in healthcare often remains hidden and unpunished due to a number of psychosocial, organizational and regulatory factors.

Actions against workplace violence can be successful if the efforts of all stakeholders, from workers and employers to all bodies of society and the state, are united.

Thank you for your attention!

