Managing occupational violence: Hospital duty of care to medical staff

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Healthcare workplaces in Australia now have broad obligations to protect staff from occupational violence and aggression that may arise from interactions with patients, families, visitors and other staff. Getting this right is important in protecting practitioners' wellbeing and supporting patient safety.

A recent study reveals that violence against healthcare practitioners is becoming more frequent and more severe. More than 50% of emergency physicians say physical violence occurs in their departments daily or weekly according to another recent survey.

Understanding hospital environment risks

Medical practitioners working in hospital settings encounter unique risk factors that elevate their exposure to violence and aggression. Emergency departments, psychiatric units and busy inpatient wards create environments where patient distress, acute illness, substance intoxication and long waiting times can trigger aggressive behaviours.

Certain clinical scenarios present heightened risk for aggressive incidents, including consultations involving involuntary treatment decisions, discussions around limitations of care, denial of requested medications (particularly controlled substances), delivery of unexpected diagnoses, and situations where patient or family expectations cannot be met.

Patient factors that increase risk encompass acute intoxication, withdrawal states, cognitive impairment, psychiatric illness, physiological disturbances affecting judgement, and previous documented history of aggressive behaviour. Environmental factors such as inadequate lighting, poor visibility, isolated consulting areas, protracted waiting times and crowded spaces compound these individual risks.

Health service obligations for protecting practitioners

Health services hold clear obligations under workplace health and safety legislation across all Australian jurisdictions to eliminate or minimise risks of violence and aggression as far as reasonably practicable. This duty applies equally to permanent staff, visiting medical officers, trainees and locum practitioners working within their facilities.

Hospitals need to implement comprehensive strategies addressing workplace design, policies and procedures, and staff capability development. Physical security measures form the foundation, including controlled access to clinical areas, separation of staff-only zones from public spaces, duress alarm systems, surveillance capabilities where appropriate, and clear escape routes from consulting and treatment rooms.

Procedural controls should encompass patient risk flagging systems that alert practitioners to individuals with documented histories of aggression, protocols for two-practitioner consultations when elevated risk is identified, procedures for accessing security personnel support, and clear escalation pathways when situations deteriorate.

Training represents a critical component often insufficiently addressed. Practitioners require education in recognising early warning signs of escalating aggression, de-escalation communication techniques, personal safety positioning within consulting spaces, appropriate use of security systems, and post-incident response procedures. Aphra provides guidance on workplace violence and aggression management that can be used to develop training programs.

Practitioner strategies during difficult consultations

Individual practitioners can apply risk management principles within their clinical interactions. Before consultations, reviewing patient histories for flagged aggressive incidents, assessing current risk factors and arranging appropriate support establishes a foundation of preparedness.

During consultations, environmental awareness matters considerably. Practitioners should position themselves closest to exits, maintain clear pathways to doors, avoid situations where they could be cornered, and ensure duress alarms remain accessible.

Warning signs during interactions include raised voices, threatening language, invasion of personal space, intense sustained eye contact, clenched fists or aggressive gesturing, pacing or increasing psychomotor agitation, and refusal to engage in rational discussion. Recognition of these escalation indicators allows practitioners to implement de-escalation strategies or safely terminate consultations before violence occurs.

De-escalation techniques include remaining calm, using a measured tone, allowing silence rather than continuous talking, employing reflective listening to demonstrate understanding, and avoiding contradictory or dismissive language. When these approaches fail and aggression continues escalating, practitioners have the right to end consultations, call for assistance, or remove themselves to places of safety.

Post-incident response and support

Following any aggressive incident, hospitals need to provide immediate practical and psychological support to affected practitioners. This includes ensuring physical safety of all parties, arranging first aid or medical assessment where required, facilitating access to employee assistance programs, allowing time away from clinical duties for recovery, and offering debriefing opportunities.

Documentation of all incidents through formal reporting systems enables pattern identification, risk assessment refinement and systemic improvements. Practitioners should never face pressure to minimise incidents or avoid reporting due to workload concerns. Normalisation of violence as part of the job represents an unacceptable attitude that perpetuates risk.

The role of comprehensive indemnity protection

Whilst hospitals owe their employees comprehensive duties and obligations, MIPS can assist members (subject to the full terms and conditions of the MIPS Indemnity Insurance Policy) if things go wrong.

First, MIPS can assist members to pursue a complaint where they are a victim of workplace bullying or harassment. Second, incidents involving aggressive patients can sometimes generate subsequent notifications to Ahpra where patients can allege inappropriate practitioner conduct, particularly where consultations were terminated or treatment was declined due to safety concerns.

MIPS provides members with comprehensive cover of up to $100,000 for employment disputes and up to $20 million for Ahpra notifications. In addition, MIPS members have access to medico-legal experts who understand the complexities of managing difficult clinical interactions. Beyond indemnity protection, MIPS offers 24/7 expert advice to help members navigate challenging clinical scenarios before they escalate, along with extensive CPD resources addressing occupational violence prevention and management.

Creating safer healthcare workplaces

The risk of occupational violence in healthcare settings can be substantially reduced when hospitals fulfil their duty of care obligations through comprehensive, systematically implemented strategies.

Medical practitioners deserve workplaces where they can focus on delivering excellent clinical care without fear of abuse, threats or assault. Meeting this standard requires sustained attention from hospital leadership, adequate resourcing, and recognition that managing occupational violence represents a core component of health service governance.

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