Violence and Paralysis in Medical Personnel

Christopher Szabo & Critical Health

Recent press reports have drawn attention to the overwork and consequent fatigue that medical staff (especially interns) face in hospitals such as Baragwanath and J G Strijdom. This situation appears to be caused by financial cutbacks in health services, one of the results being increasing staff shortages. The work load of all staff, especially interns, is thereby substantially increased.

The situation is further compounded by high levels of political and social violence in the black community. This places enormous pressures on casualty departments and surgical units at hospitals serving these communities. Interns at J G Strijdom Hospital report working 30 hour shifts on a regular basis. The situation at Baragwanath is much the same, especially on weekends when the occurrence of violence is highest. Recent articles in *The Star* newspaper have drawn much needed attention to the impending crisis at J G Strijdom Hospital. Interns have described how the never ending patient load coupled with understaffing often brings them to the point of collapse. Encountering constantly increasing numbers of trauma victims aggravates stress tremendously. It is not uncommon for interns to report dreams or nightmares involving trauma victims. Feelings of exhaustion and depression are common and not easily or readily acknowledged.

Expectations of Medical Personnel

These factors are but some of the many which contribute to feelings of paralysis or helplessness in the care giver. Within the South African context this is an area yet to be comprehensively studied. Medical workers are always expected to cope and be available to serve patients, and are given little opportunity to think of the effects of overwork on themselves. Their helplessness has numerous causes, with loss of staff morale playing an important role. This is influenced not only by having to deal with victims of violence, but by the seemingly unceasing flow of victims. The practice of holistic medicine becomes impossible. In communities like Soweto, socio-economic deprivation, collapse of the family structure and unemployment are widespread. In the case of victims of violence doctors find themselves almost powerless as they are only able to treat the symptoms of a wider social problem.

Facing unceasing flows of victims of violence; how do medical workers cope? *Photo: Ismail Vawda*

A Psychiatric Problem

The situation is aggravated by insufficient funding for health services. Increasing numbers of staff leave the public sector, and their posts are usually frozen, increasing the work burden of remaining staff. To fully understand care giver helplessness, one needs to be aware of the psychological impact of treating victims of violence on an ongoing basis. This represents a chronic form of stress which may result in psychological sequelae in the care giver. A potential response to this stress may be substance abuse in the care giver, amongst a wide spectrum of stress related psychiatric disorders. Ultimately, care giver functioning is impaired and the end result is inability to help patients. However, this helplessness may also be a function of the patient. Non compliance with prescribed treatment, persistent substance

abuse or even aggression towards the care giver by the patient are not uncommon problems. Over identification with the victim or desensitisation to victims (due to prolonged exposure to victims of violence) may also compromise the ability of the care giver to be effective. It is hardly surprising that patients encounter staff in hospital casualty departments who appear to be emotionally 'dead'.

Addressing the Issue

Dealing with the problem of care giver helplessness requires a multidimensional approach. Acknowledgement of the existence of the problem is lacking in terms of objective data. This then should be the first step. Improved funding and provision of relevant services to communities in need is essential and is part of the broader solution to the problem. Recognition of the psychological aspects of care giver helplessness is crucial in terms of appropriate help for the affected personnel being sought. Existing prejudices amongst medical personnel towards psychiatric and psychological services represent a major impediment in addressing the problem. Undergraduate training of medical students, through providing increased exposure to this area of medicine, will in time hopefully rectify the problem.

Once the impairment leading to helplessness is acknowledged, hopefully affected medical personnel will seek help. The availability of psychiatric and psychological services is essential. A team approach in the work situation may to some extent prevent individual feelings of helplessness. Equally important is the ability of a team leader to recognise this problem in team individuals, and make timely referrals to appropriate personnel.

Confidentiality would be of paramount importance, with no stigmatisation of staff members concerned.

Prevention

Ironically, in looking at the solutions to the 'problem' the focus is on symptomatic treatment. Prevention is the obvious answer. In attempting to achieve that, the answer lies in increasing services within the community itself; the services which would address violence as an issue, what causes it and how the community should be preventing it. This in itself does not negate the need for help among care givers, but ultimately community based input might diminish violence and reduce violence related case loads to manageable levels for care givers, thereby reducing their stress and its consequences.

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