Violent Ideation in Medical Patients in Four Insurance Systems

Most of the literature on angry or violent patients has focused on patients in psychiatric facilities. While aggressive behavior is anticipated in psychiatric facilities, general medical settings are often ill prepared to deal with such issues (ECRP, 1996). Violence in the medical setting is not uncommon. In one study, patient aggression was found to affect 25% of general practitioners (Hobbs, 1991). It has also been found that most patients’ assaults were triggered by staff-patient interaction (Cherng, et al, 1997).

It was hypothesized that VI would increase with length of time in treatment. This was predicted as common rehabilitation protocols tend to refer psychologically dysfunctional patients to on secondary and tertiary treatment centers (Mayer, et al, 1994). A number of studies have found that job dissatisfaction is a risk factor for filing a workers’ compensation injury report. Based on this, it was also predicted that VI would be highest in the worker’s compensation. It was also predicted that patients would be higher in VI than non VI patients, and more likely to be distressed, and persons with preexisting aggressive tendencies would be more likely to report injuries.

METHOD

SUBJECTS

Patients and community samples were gathered from a total of 2,262 subjects in 36 U.S. States at over 90 sites during the BHI validation studies. The final sample consisted of 527 patients who were currently in treatment for a physical injury. The community sample was comprised of 725 community subjects, who were selected at random from a pool of 1485 community subjects. Subjects were administered the BHI-R, and additional data was also gathered. The BHI-R was administered anonymously. Subjects were classified as having violent ideation (VI) if they positively endorsed a item stating “I think about killing the people who have caused me problems.” It was hypothesized that VI would increase with length of time in treatment. This was predicted as common rehabilitation protocols tend to refer psychologically dysfunctional patients to on secondary and tertiary treatment centers (Mayer, et al, 1994). A number of studies have found that job dissatisfaction is a risk factor for filing a workers’ compensation injury report. Based on this, it was also predicted that VI would be highest in the worker’s compensation. It was also predicted that patients would be higher in VI than non VI patients, and more likely to be distressed, and persons with preexisting aggressive tendencies would be more likely to report injuries.

PROCEDURE

The subjects of the patient group were recruited by their health care providers, and were reimbursed for participation. A total sample of 777 patients was obtained. From this sample, the 527 subjects were selected at random as the BHI patient normative sample. The battery for Health Improvement (BHI) was comprised of 202-items. The Battery for Health Improvement (BHI) was comprised of 202-items. The Battery for Health Improvement (BHI) was comprised of 202-items.

DISCUSSION

The BHI scale most closely associated with VI in this study was Hostility. The mean difference on the Hostility scale between the VI and non VI groups was over 17 T-scores points. This appears to be a clinically significant difference. A strong relationship between VI and Hostility was anticipated, though.

Patient stress and frustration may be heavily influenced by systemic variables. Of particular significance here is that the rate of VI in patients with work conditioning programs was more than twice as high as those in chronic pain programs. Based on referrals, it had been hypothesized that the incidence of patients with VI in chronic pain programs would exceed that in secondary level work conditioning programs. The reverse was true.

If patient selection effects did not produce the observed higher frequency of VI in work hardening programs, then the possibility that systemic variables were involved must be carefully considered. Work conditioning programs may make greater behavioral and emotional demands than other types of rehabilitation programs. Even though the mean length of time in treatment. This was predicted as common rehabilitation protocols tend to refer psychologically dysfunctional patients to on secondary and tertiary treatment centers (Mayer, et al, 1994). A number of studies have found that job dissatisfaction is a risk factor for filing a workers’ compensation injury report. Based on this, it was also predicted that VI would be highest in the worker’s compensation. It was also predicted that patients would be higher in VI than non VI patients, and more likely to be distressed, and persons with preexisting aggressive tendencies would be more likely to report injuries.