

<b>School/Department:</b>	Erasmus School of Health Policy & Management (ESHPM) at <b>Erasmus University Rotterdam (EUR)</b> in collaboration with <b>Shanghai Jiao Tong University</b>
<b>Project Title:</b>	<b>PATIENT VIOLENCE AND AGGRESSION TOWARDS HEALTHCARE PROVIDERS IN HOSPITALS</b>
<b>Abstract:</b>	<p><b>Background</b>          Patient violence and aggression towards healthcare providers is an acknowledged increasing problem. Although a lack of accurate frequency and prevalence statistics, WHO reported between 8% and 38% of health workers suffer physical violence at some point in their careers in the world, and many more are threatened or exposed to verbal aggression. Thereby, the rates and type of patient violence and aggression vary between countries, healthcare settings, and disciplines.</p> <p><b>What is patient violence and aggression?</b>          The UK National Task Force on Violence against Social Care Staff defines patient/client violence as “incidents where persons are abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implicit challenge to their safety, well-being or health” (Department of Health, 2000, p. 7). More precisely, it refers to “any incident in which a helping professional is harassed, threatened, or physically assaulted by a client” (Macdonald &amp; Sirocich, 2001, p. 109). Patient violence and aggression towards a healthcare providers can refer to <b>verbal assault</b> such as expressions of intent to cause harm, cussing, yelling, sexual advances/ gestures. Patient violence and aggression can also refer to <b>physical assault</b>, such as hitting, slapping, kicking, scratching, biting, object throwing, spitting at, pushing, pulling (e.g. hair), squeezing, and sexual contact.</p> <p><b>Consequences</b>          The consequences of violence and aggression could be physical, psychological (e.g., posttraumatic stress, depression), emotional (e.g., anger, fear), work functioning (e.g., sick leave, job satisfaction), relationship with patients/quality of care, social/general, and financial (Lanctot et al 2013). Healthcare workers that experienced patient violence and aggression mostly reported <b>consequences with a psychological, emotional, and/or work functioning character</b>, such as lower level of job satisfaction, higher level of stress, loss of confidence. Although most consequences are at individual level, they are likely to affect <b>behavior and performance at team- and organizational level</b>. Healthcare workers could seek social support from their team members, which could act as a coping mechanism. At the same time, experiencing patient violence and aggression could reflect in a decrease of teamwork behavior. Organizational</p>

	<p>consequences refer to decreased performance, compensation costs, and reputational damage. Next to the work related consequences, the effects of patient violence and aggression also <b>extend into personal lives</b>, resulting in an increasing need of family support and negative interactions with family members. In relation to longer term consequences, healthcare workers might change careers as result of patient violence and aggression exposure (Hills et al. 2013).</p> <p><b>RESEARCH QUESTIONS</b></p> <p>Phase 1: In order to prevent and reduce patient violence and aggression, accurate information on the prevalence is needed. The first phase will compare patient violence and aggression <b>prevalence and determinants between Chinese and Dutch hospitals</b> through survey data and incident reporting data. However, under reporting of patient violence and aggression results in difficulties of interpreting prevalence data. Therefore, the following questions will be addressed; How can patient violence and aggression be <b>measured</b> in hospitals? Which factors influence the level of (under)reporting?</p> <p>Phase 2: The consequences of patient violence and aggression at team- and organizational level are under-researched and the interaction between the levels is not well understood. The second phase aims to construct a <b>framework</b> or model of what patient violence and aggression in hospitals entails and to provide a full overview of consequences. This framework or model will be a result of a literature review and a Delphi study.</p> <p>Phase 3: The framework or model will be tested with surveys. This phase aims to provide insights regarding the (difference in) prevalence of consequences in Chinese and Dutch hospitals. In order to fully understand the consequences of patient violence and aggression in hospitals, the interaction between consequences at different levels will be researched.</p> <p>Phase 4: The strategy of reducing patient violence and aggression is often out of the scope of healthcare professional. Therefore, the last phase in this PhD trajectory is focused on how to <b>prevent and reduce the consequences</b> of patient violence and aggression? Through focus groups insights will be provided in mechanisms (e.g. job crafting) that contribute to cope with patient violence and aggression.</p>
<p><b>Requirements of candidate:</b></p>	<p><b>Background:</b> We are looking for a PhD candidate who is interested in unraveling how teams function in the hospital setting and has the following expertise and experience:</p> <ul style="list-style-type: none"> <li>• <b>Master degree:</b> You have a master degree in a relevant field, such as Health Sciences, Psychology, Sociology, Public or</li> </ul>

	<p>Business Administration, HR Studies, from a leading University in China or overseas.</p> <ul style="list-style-type: none"> <li>• <b>English:</b> You have good speaking as well as good writing skills in English <i>and</i> Chinese.</li> <li>• You have good skills and experience with doing empirical research.</li> <li>• You are motivated to conduct research in the health care field.</li> </ul> <p><b>EUR requirement:</b></p> <ul style="list-style-type: none"> <li>• IELTS: 7.0 (min. 6.0 for all subs.) or</li> <li>• TOEFL: 100 (min. 20 for all subs.)</li> </ul>
<b>Supervisor information:</b>	<p><b>Prof. dr. Kees Ahaus</b>          Professor and Chair of Health Services Management &amp; Organisation,          Erasmus School of Health Policy &amp; Management  <b>Erasmus University Rotterdam</b>          Email address: ahaus@eshpm.nl          Personal website: <a href="http://www.linkedin.com/in/kees-ahaus-4704b124">www.linkedin.com/in/kees-ahaus-4704b124</a>  <a href="http://www.researchgate.net/profile/Kees_Ahaus">www.researchgate.net/profile/Kees_Ahaus</a></p> <p><b>Dr. Martina Buljac- Samardzic</b>          Assistant professor, Erasmus School of Health Policy &amp; Management  <b>Erasmus University Rotterdam</b>          Email address: buljac@eshpm.eur.nl          Personal website: <a href="http://www.linkedin.com/in/martinabuljac">www.linkedin.com/in/martinabuljac</a>  <a href="http://www.researchgate.net/profile/Martina_Buljac">www.researchgate.net/profile/Martina_Buljac</a></p> <p><b>Dr. Dahai ZHAO</b>          Associate Professor, School of International and Public Affairs,          Chair, SJTU Department of Public Economics and Social Policy  <b>Shanghai Jiao Tong University (SJTU)</b>          Email address: dahaizhao@sjtu.edu.cn          Personal website: <a href="https://www.researchgate.net/profile/Dahai_Zhao3">https://www.researchgate.net/profile/Dahai_Zhao3</a></p>
<b>Key literature</b>	<p>Campbell, C. L., Burg, M. A., &amp; Gammonley, D. (2015). Measures for incident reporting of patient violence and aggression towards healthcare providers: A systematic review. <i>Aggression and violent behavior</i>, 25, 314-322.</p> <p>Hills, D., &amp; Joyce, C. (2013). A review of research on the prevalence, antecedents, consequences and prevention of workplace aggression in clinical medical practice. <i>Aggression and Violent Behavior</i>, 18(5), 554-569.</p> <p>Lanctôt, N., &amp; Guay, S. (2014). The aftermath of workplace violence among healthcare workers: A systematic literature review of the</p>

	consequences. <i>Aggression and violent behavior</i> , 19(5), 492-501.  Lu, L., Dong, M., Wang, S. B., Zhang, L., Ng, C. H., Ungvari, G. S., ... & Xiang, Y. T. (2018). Prevalence of workplace violence against Health-Care Professionals in China: a comprehensive meta-analysis of observational surveys. <i>Trauma, Violence, &amp; Abuse</i> .
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<https://www.eur.nl/en/about-eur/erasmus-university-china-center-0/csc-scholarship/prospective-phd-candidates>