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Letter to the Editor

Court-based education as a focal practice to overcome violence against healthcare professionals

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Dear Editor,

Recently, violence against healthcare professionals has become a serious and alarming issue,[1] that has devastating and dangerous consequences for treatment and health teams, such as psychological trauma, emotional burdens (such as anger, sadness, fear, and disgust), job dissatisfaction, burnout, increased turnover intentions, and ultimately jeopardizing the quality of patient care.[2–4]

A literature review revealed that this concern is not specific to Iran but is a growing phenomenon worldwide. Violence against physicians and healthcare workers has been reported in various countries, such as Germany, France, Belgium, Finland, Switzerland, the United States, Mexico, Peru, Australia, Canada, China, Italy, Spain, Brazil, Greece, Bosnia and Herzegovina, Cyprus, Turkey, South Korea, KSA, Jordan, Palestine, Lebanon, Iraq, Syria, Israel, Pakistan, India, Taiwan, the Philippines, Egypt, Myanmar, Sudan, and Nigeria, without a clear association with wealth, type of organization, or cultural factors.[5] This issue has currently become a major challenge in Iran because of several cases of deadly violence. It has raised many concerns among medical and health personnel, health policymakers, and members of society. Interestingly, without providing a solution, various individuals in the media are raising unfair and unprofessional criticism of the Ministry of Health and Medical Education (MOHME).

In Iran, as in other countries, legal punishments such as imprisonment and fines have been considered as a deterrent for misbehavior, the use of abusive language, threats, physical attacks on doctors, nurses, and other health personnel, damage to hospital property and equipment, and forceful entry into the hospital. In addition, single and fragmented programs such as workshops, seminars, and educational programs have been designed and implemented globally, which unfortunately have not been very effective.[6] Instead, studies have shown that hospital-based violence intervention programs, in addition to improving the physician–patient relationship as one of the main preventers of violence against physicians, reduce reinjury from violent behaviors.[7]

Therefore, to address and overcome this challenge, dynamic, innovative pedagogical and social solutions are needed. In this regard, establishing a court-based education unit (comprising the patients, medical ethicists, forensic medicine experts, medical educationist, clinical teacher, senior physician, ward head nurse, students, one of the patient's first-class companions, judge, and prosecutor) in teaching and treatment hospitals is an interprofessional, collaborative, holistic, comprehensive, and humane strategy that, with long-term implementation and commitment, can help mitigate violence against health professionals. This approach is based on situated learning theory (SLT) and social cognitive theory (observational learning).[8] Within this small and practical educational unit, methods such as simulation of real-world and diverse scenarios based on actual incidents reported, role-playing, storytelling, feedback and reflection, and discussion can be used.

In this approach, the court-based learning (CBL) is considered a focal practice and is the keeper, organizer, and social focuser. During this training, deeper social and multiprofessional conversations and interactions (especially due to the involvement of different stakeholders) are encouraged.

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By implementing this initiative, outcomes such as multi-faceted awareness of the legal rights and responsibilities of doctors, nurses, and other health professionals, as well as students, patients, and patients' families can be achieved. In addition, delivering justice and trust in the judicial system,[9] conflict resolution skills, and trust in the healthcare system, empathy, mutual understanding and communication skills are strengthened.

Finally, court-based education can serve as a community of practice (CoP) to share knowledge, learn, and change and ultimately take on the role of communities in action (CiA) and expand beyond the hospital walls into community settings.

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