



Article Review

Violence Towards Health Care Staff and Possible Effects on the Quality of Patient Care

This paper investigates whether an association exists between staff experiences with violence and patient-rated quality of patient care. A theoretical model was presented, suggesting that violence or threats experienced by health care staff have a negative effect on the quality of health care services offered, as measured by patients. Work environment and quality of care studies were carried out simultaneously at a single hospital in 1994, 1995, and again in 1997. Regression analysis was used to see which combination of work environment and quality of care variables would best predict a positive overall grade for quality of care from the patient's perspective. The result of this analysis suggests that the violence experienced by health care staff is associated with lower patient ratings of quality of care. The study indicates that violence is not only an occupational health issue, but may have significant implications for the quality of care provided.

There are very few published studies in this field. The result of this study can be applied for health managers to manage health teams appropriately so that they can maximise the benefits for their country's population.

Judith E. Arnetz, Bengt B. Arnetz. Social Science & Medicine 2001;52:417-27.



Medical Women - Towards Full Integration? An Analysis of the Specialty Choices Made by Two Cohorts of Norwegian Doctors

Parallel to the worldwide trend, Norwegian doctors' choice of specialty has been strongly gendered. The author attempts to compare data from two cohorts of Norwegian doctors, authorised in 1970 - 73 and 1980 - 83 respectively. It was found that women doctors in these cohorts specialise to a very high degree and just as much as their male colleagues. Secondly, women doctors of the 1980s cohort spread their choice of specialisation over more fields than their predecessors did. They have, for example, started to enter surgery, although still not as often as men. Thirdly, proportionally more doctors of the 1980s cohort than the 1970s cohort have chosen general practice as their main specialty, and this applies to both women and men. Fourthly, there are tendencies towards an increasing concentration of women in some disciplines such as obstetrics and gynaecology, as well as paediatrics.

The results show some changes particularly on doctors' patterns of specialisation which are discussed as consequences of socially shaped individual preferences, structural aspects of the Norwegian health system and the existence of gendered closure mechanisms within specific medical fields. This study gives a more optimistic picture than earlier studies, indicating that women may approach an equal status to men in the choice of medical specialty.

Elisabeth Gjerberg. Social Science & Medicine 2001;52: 331 - 43.