

Triggers of violence towards healthcare personnel of a second level care hospital

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ABSTRACT

Introduction: Frequently, health professionals have to deal with violence while performing their duties, putting themselves at risk of receiving physical, psychological and work related consequences. **Objective:** Determine the factors that trigger violence towards health care personnel. **Methodology:** Cross-sectional descriptive study, with a sample of 66 people within a second level hospital in México; there was non-probabilistic sampling performed; the "Aggressions towards health professionals within the health care environment" instrument was used. Throughout each phase of the study, the main ethical principles were observed pursuant to the Helsinki's General Health Act for Research and Declaration. In regards to the data analysis, the SPSS version 20 software was employed, and a descriptive statistical analysis was applied. **Results:** The factors that trigger violence towards the personnel were the lack of material resources, which is something that was found in 40% of the cases; the notification of the death of the patient in 30% of the cases; and the delay in effective care in 20% of the cases. The main aggressor was the patient. Ninety six percent of the personnel did not abandon their work after the act of violence. **Conclusions:** The main triggers of violence correspond to the administrative aspects of supplies and resources; this situation should attract the attention of health authorities since the administration of human resources and supplies stays in their competence.

Keywords: Violence; hospitals; health personnel (DeCS; BIREME).

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INTRODUCTION

Health professionals continuously face violent verbal and physical abuse while performing their duty, which is something that has consequences within the work and health care environment⁽¹⁾.

The World Health Organization (WHO), International Council of Nurses (ICN), International Labour Organization (ILO) and Public Services International Organization (PSIO) define work violence as: Incidents in which the personnel suffers abuse, threats or attacks under circumstances related to their work⁽²⁾.

Different research give us different results regarding violent acts towards health care personnel⁽³⁻⁵⁾. A study performed in Spain showed that 75.9% of the participants mentioned having been victims of aggression while practicing their profession, without there being any significant difference between sex and the type of aggression⁽⁶⁾. While in Argentina, 66.7% of the participants mentioned some type of aggression in their workplace during the last year. The ones receiving the most aggressions were nursing personnel with 71.6 % and medical personnel 71.3%; the rest of the occupations showed lower rates. The factors that caused aggressions were notification of death, caring to patients who are high on drugs or patients with an altered mental state⁽⁵⁾. Likewise, they reported that physical violence was significantly associated to a greater risk of presenting complications in comparison to verbal aggression. The majority of the episodes of aggression occurred in the emergency areas⁽⁵⁾.

Violence within health institutions, either physical or psychological, ends up having negative effects on employees who experienced violence, thus dragging down job quality and inducing low morale during patient care; an example of this is that nurses who perform their job within a stressful environment, showed less satisfaction while performing them^(7,8).

Numerous forms of structural violence determine the practice of direct, physical or psychological violence and its negative impact in the employee's health⁽⁹⁾. Therefore, the ravages of violence can occur alongside with practice frequency. In Spain, 68.3% of nurses declared to have suffered an aggression, with verbal violence being the most frequent at 37.2%, followed by the combination of verbal and physical aggression at 18.6%, verbal and physical at 6.9% and then by psychological and physical at 4.8%⁽¹⁾.

In regards to the medical personnel, in Pakistan 1 out of every 6 has suffered a physical attack and 3 out of every 5 have suffered verbal abuse; those that reported having received physical attack were 6.7 times more likely to report post-traumatic stress⁽¹⁰⁾.

As can be seen in the previous studies, the aggression between people has transgressed all barriers, being present within health institutions where efforts should be made to promote a neutral and comfortable environment since these are places for healing.

Nonetheless, potential risks of violence occur every day such as the agglomeration within hospital rooms; lack of personnel; sense of urgency felt by the patient; patients receiving unwanted news from doctors; unexpected diagnosis or outcome; as well as the denial of a temporary incapacity permit⁽¹⁾.

Causes of discontent between the health care personnel and the patient are many, consequently they are the roots of violence, which in the social sense is considered a health problem and an important psychosocial risk factor, and given the scale of the damage, it can give way to the presence of disability or even death of the victim of violence itself⁽¹¹⁾.

Due to the above, it is necessary to make an in-depth reflection of the conditions of work safety of health personnel, especially those who have the most contact with patients or provide care during the most critical stages on the patients' health, as well as coping mechanisms of such events.

In view of this situation, the quality of care is affected; however, the Mexican Public Health System has given priority to the safety of the patient by putting essential safety actions into place in regards to patient safety, placing quality of health care services provided on the permanent agenda of the Mexican government, strategy that is relevant and pertinent for a more humanizing and good quality care, ensuring quick reintegration of the patients into society. The above shows the opportunity area to make the following questions: What happens with the safety of health workers? Are their rights respected?

These questions helped us to set about identifying the objective of this project in order to determine the factors that trigger violence towards health personnel.

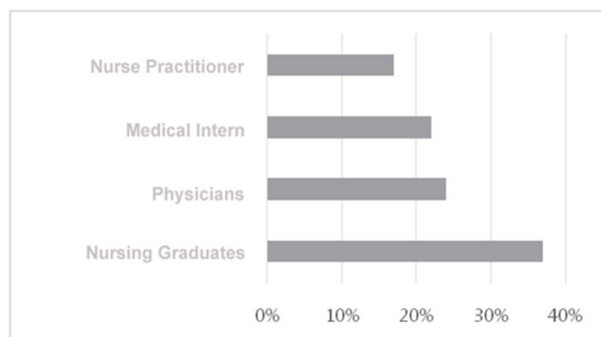
METHODOLOGY

Retrospective, cross-sectional descriptive study. Aimed at the health personnel of a public hospital of a city within the central region of the country. A sample of 66 participants parting from a finite population formula was estimated, with an I.C. of 95%, expected proportion and precision of 5%; the sampling was not probabilistic.

Several health professionals were approached, but only those who mentioned they were victims of violence within the last six months were included; the objective was explained and their concerns were addressed: subsequently they signed the informed consent, and the data collection began throughout a self-administered questionnaire "Aggressions towards professionals within the field of health care"⁽⁵⁾, which consisted of 16 items, which obtained a reliability of 0.89 as per Kappa.

At each stage of the procedure, ethical considerations were addressed pursuant to the Regulation of the General Health Act in the Area of Health Research⁽¹²⁾, and Article 13 pertaining to the respect of dignity, protection of the rights and wellbeing of the participants was considered. According

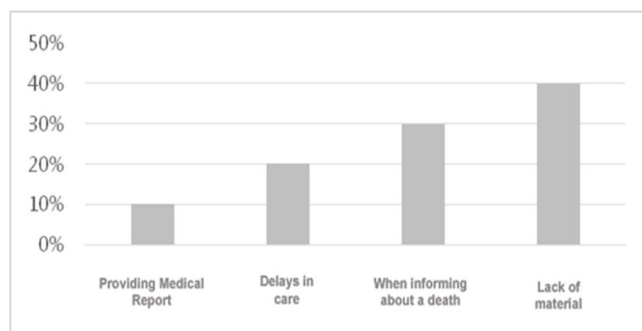
Figure 1. Health personnel subjected to violence



Source: Instrument

n = 66

Figure 2. Triggers of violence



Source: Instrument

n = 66

to Article 14, the research was submitted to review and was approved by the Science and Research Committee of the Hospital General de Celaya, with registry number 39/2017. Once health care employees who mentioned they were victims of violence within the last six months, article 22 was addressed, reason why a letter of informed consent was prepared and according to article 16, their privacy was protected, retaining their unanimity.

The data was analyzed using the SPSS version 20 software; descriptive statistics were used for categorical variables; frequencies and percentages were estimated for the numerical variables; and the measures of central tendency and dispersion.

RESULTS

Sixty six health professionals were interviewed, with an average age of 33 ($DE= 7.2$), 63,6% of which were female. Nursing graduates were the most affected with acts of violence, followed by Medical Doctors (Figure 1). Out of the total of all the participants, 36% of them were victims of violence on at least 2 occasions within the last 6 months. Hospitalization was the area in which the aggressions were most frequent (56%).

Verbal aggression from patients (50%) and their relatives (33%) was the most common type of aggression; likewise, physical violence inflicted by the patients occurred in 17%.

The main triggers of violence identified were the lack of resources; notification of the death of the patient; delay in effective care; and because the medical report (Figure 2).

Fifty percent of health personnel mentioned they suffered from anxiety after the events, 33% presented the burnout syndrome and 17% physical injuries. An aspect that is worth recognizing is that 96% of the personnel who reported having been the victim of some type of aggression did not abandon or suspend their assistance work. During the assault, 30% of health personnel engaged in constructive

dialogue to control the situation and 27% told other employees.

DISCUSSION

Many authors agree on the fact that violence towards personnel has a high prevalence within health institutions^(13,14); this study showed that the nursing personnel was the most attacked amongst all the other professionals, which agree with the Bordignon and Monteiro study where 81.8% of the nursing personnel stated to have been victim of an aggression and 42% declared to have suffered verbal violence at least once within the last year on the part of the patient⁽¹⁵⁾; likewise, an Italian hospital showed that at least 11.5% had an experience related to physical violence and 40.2% had been a victim of verbal violence within the last 12 months⁽¹⁶⁾; additionally, 36% of the subjects of this study were victims of aggression twice within a period of six months, reason why it can be inferred upon that within México, violence against health personnel is more frequent or is on the rise.

Based on our results, it is noticeable that violence towards health personnel in Mexico follows a similar pattern to that of other countries. In various hospitals within the city of Córdoba, Argentina, 62.9 % recognizes the presence of violent situations within the workplace where the main aggressors were the family members who screamed and disqualified the performance of the medical personnel^(17,18), in contrast with this study, in which the patient was the main aggressor. In regards to the type of aggression, verbal violence was similar to what was reported in Cuba where 63.9% of the incidents were described as verbal violence and only 11.9% as physical violence⁽¹⁶⁾.

The study of Irinyi, et al.⁽¹³⁾ shows that the results of the present study, in which emphasis is made on the fact that the personnel who suffer the most aggression within the areas of hospitalization is the nursing personnel, and in a general manner, the emergency departments are most vulnerable to violence⁽¹⁴⁾. Moreover, within this study, nursing

personnel were more frequently assaulted in the areas of hospitalization.

After the aggression, the personnel reported feelings of insecurity in regards to their professional role⁽¹⁶⁾; however, the health personnel did not dare to abandon the user, but continued to provide care. Neither did they dare to complain, probably because the victim of violent acts did not receive any proper training on how to report violence⁽¹⁹⁾.

Likewise, a high percentage of employees did not react in regards to violent acts, few reported the incident and nobody established legal lawsuits in regards to any type of violence⁽²⁰⁾.

Violence can originate due to long hours of waiting, uncertainty of treatment and prognosis⁽¹³⁾; in this study, the factor of violence towards personnel that occurred more often was the lack of material.

Nevertheless, the supply of materials is not the direct responsibility of the operational personnel, but that of management and administrative personnel; given this situation, personnel should be trained to know what to do in case of violence, as well as to incorporate agencies or modules to issue sanctions against the violent user since one of the rights of the of all nursing personnel in Mexico is that of "Performing their interventions within an environment that guarantees the personal and professional safety and integrity"⁽²¹⁾.

Additionally, the care that nurses provide is occasionally affected when it comes to basic attention, with the lack of materials being 56%⁽²²⁾; unquestionably, material resources are a part of the health care provided by the nurses, which causes a ambivalent feelings amongst health professionals, in other words, the vocation of service ends up being affected when aggression is committed on the part of the subjects being cared for⁽²³⁾; nurses face a great challenge in regards to providing attention within the environment of the new public management. This can be seen within the tensions that draw out a thin line between providing care as a professional discipline and providing such care with a financial objective, associated to the clash of values that arises in regards to the way that the nursing care is conceptualized in every one of the work centers⁽²³⁾.

Leaders and nursing schools should put their hands to work in order to submit to the Mexican legislation the job security of the nursing personnel.

CONCLUSIONS

Violence aimed at health personnel on the part of a patient is a frequent act that due to varying circumstances has not been given the priority it deserves.

The treatment of a user should be that of quality; considering the triggers of violence, exercising caution and taking the appropriate measures to address the situation will avoid becoming involved in legal matters or suffering injuries or physical and psychological harm.

This will help nurses, physicians and nutritionists,

amongst other professionals, to enjoy of the adequate mental health that does not undermine the normal course of the exercise of their profession, and indirectly, in the treatment given to the patient.

The high frequency of violence against health professionals in Mexico should draw the attention of health authorities with the objective of issuing orders directed to the execution of the corresponding corrective measures.

CONFLICT OF INTERESTS

The authors state that they have no conflicts of interest.

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