International Journal of Nursing Studies 52 (2015) 260–270

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns

Psychological consequences of aggression in pre-hospital emergency care: Cross sectional survey

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ARTICLE INFO

Article history:
Received 3 November 2013
Received in revised form 14 May 2014
Accepted 29 May 2014

Keywords:
Aggression
Burnout
Emergency
Health care workers
Mental health
Nurses
Physicians
Pre-hospital emergency care
Violence

ABSTRACT

Background: Pre-hospital emergency care is a particularly vulnerable setting for workplace violence. However, there is no literature available to date on the psychological consequences of violence in pre-hospital emergency care.
Objectives: To evaluate the psychological consequences of exposure to workplace violence from patients and those accompanying them in pre-hospital emergency care.
Design: A retrospective cross-sectional study.
Setting: 70 pre-hospital emergency care services located in Madrid region.
Participants: A randomized sample of 441 health care workers (135 physicians, 127 nurses and 179 emergency care assistants).
Methods: Data were collected from February to May 2012. The survey was divided into four sections: demographic/professional information, level of burnout determined by Maslach Burnout Inventory (MBI), mental health status using General Health Questionnaire (GHQ-28) and frequency and type of violent behaviour experienced by staff members.
Results: The health care professionals who had been exposed to physical and verbal violence presented a significantly higher percentage of anxiety, emotional exhaustion, depersonalization and burnout syndrome compared with those who had not been subjected to any aggression. Frequency of verbal violence (more than five times) was related to emotional exhaustion and depersonalization.
Conclusion: Type of violence (i.e. physical aggression) is especially related to high anxiety levels and frequency of verbal aggression is associated with burnout (emotional exhaustion and depersonalization). Psychological counselling should be made available to professional staff who have been subjected to physical aggression or frequent verbal violence.

What is already known about the topic?

- Violence in the health care system is a complex and dangerous occupational hazard for health care staff that has increased in recent years.
- Little information about the psychological consequences of aggressions in hospital Accident and Emergency departments is available.

What this paper adds

- This is the first study to evaluate psychological consequences of violence in pre-hospital emergency care.

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http://dx.doi.org/10.1016/j.ijnurstu.2014.05.011
0020-7489/

- Pre-hospital emergency workers who have been exposed to physical and verbal violence show greater psychological sequelae than those who have not experienced any type of aggression (including anxiety, emotional exhaustion and depersonalization).
- Frequency of verbal violence (more than five times) was related to high levels of emotional exhaustion and depersonalization in pre-hospital emergency staff.

1. Introduction

Violence in the health care system is a complex and dangerous occupational hazard for health care staff that has increased in recent years. While workplace violence affects practically all sectors and employees at all levels, in the health sector this is a major risk. Violence in this sector represents almost a quarter of all workplace violence and may affect more than 50% of health care workers overall (Cooper and Swanson, 2002; Di Martino, 2002). In particular, in recent years health care professionals have been found to be at a high risk of violence from patients or those accompanying them in industrialized and developing countries, and this is a source of growing concern for these professionals as shown in several studies (Atawneh et al., 2003; Di Martino, 2002; Farrell et al., 2006; Gacki-Smith et al., 2009; Hahn et al., 2013). Not only has the number of incidents increased but the severity of the impact has also had profound traumatic effects on the primary, secondary and tertiary victims (Rippon, 2000).

Pre-hospital emergency care is any clinical care or intervention that an acutely ill or injured person receives from trained personnel in the pre-hospital environment. While all health sector staff in a hospital or primary care centre may be subjected to violence, this is more likely for staff working in pre-hospital emergency care (Grange and Corbett, 2002). Pre-hospital care providers may be at a higher risk of workplace violence than those who work in a hospital or primary care centre because their close initial contact with patients, often during crisis situations, takes place without the security and support systems that exist in those workplaces. In these circumstances, they are exposed to unpredictable and difficult situations where they may be victims of violent attacks. However, only a handful of scientific studies have been carried out in this field (Boyle et al., 2007; Joa and Morken, 2012; Koritsas et al., 2009; Petzäll et al., 2011; Suserud et al., 2002).

2. Background

Although the consequences of physical aggressions are more widely reported, the non-physical effects also cause considerable suffering (Needham et al., 2005). Research has demonstrated that psychological and emotional damage may persist and interfere with normal working and leisure lifestyles for months or even years after the incident (Rippon, 2000). Nevertheless, very little information about the psychological consequences of aggression is available.

2.1. Burnout syndrome

Burnout is linked to a specific form of chronic occupational stress (Maslach and Jackson, 1981), which occurs when there is a high emotional load in the interpersonal relationships within service organizations (Maslach and Schaufeli, 1993). More specifically, burnout is a psychological syndrome of emotional exhaustion, characterized by feelings of overextension and depletion of emotional and physical resources; depersonalization, the development of a negative, callous, or excessively detached response to various aspects of the job; and reduced personal accomplishment, feelings of incompetence and a lack of achievement and productivity at work (Maslach et al., 2001).

In the health sector, some studies have examined the relationship between burnout syndrome and workplace violence from patients or their families, finding a link between burnout rates and exposure to physical violence (Merecz et al., 2009; Winstanley and Whittington, 2002) or verbal aggression (Crabbe et al., 2002; Rowe and Sherlock, 2005; Winstanley and Whittington, 2002). A cyclical model was therefore put forward which proposed that aggressive incidents were likely to lead to higher emotional exhaustion levels, subsequently causing increased depersonalization. High depersonalization levels were shown in behavioural changes, often resulting in treatment of patients as objects rather than as people. These changes in both attitudes and behaviour in response to high emotional exhaustion levels may make staff more vulnerable to aggression from patients who are so predisposed (Winstanley and Whittington, 2002). In Spain, similar results have been found in relation to burnout levels and exposure to workplace violence in health staff in general hospitals and primary care centres (Gascón et al., 2012). Health care workers exposed to physical and/or verbal violence (intimidation or threats) showed high levels of burnout, and a statistically significant correlation was observed between exposure to violent incidents and high levels of emotional exhaustion and depersonalization.

In hospital Accident and Emergency departments, Alameddine et al. (2011) found a significant link between exposure to verbal abuse and burnout (higher emotional exhaustion and depersonalization levels and lower personal accomplishment levels), highlighting that increased exposure to verbal abuse leads to staff burnout, loss of productivity and eventually turnover.

2.2. Mental health status

Results of the General Health Questionnaire (GHQ) and Beck's Depression Inventory-Revised (BDI-R) suggested that almost 40% of nursing staff exposed to workplace violence exhibited psychological distress, while almost 20% and almost 10% showed moderate or severe depression (Lam, 2002). Furthermore, the results obtained on subscale analyses of the GHQ also indicated that exposure to aggression correlated significantly with three of the four components, including anxiety, somatic complaints and severe depression; and anxiety was found to be the most significant. Gerberich et al. (2005) also reported