



Violence against nurses in the triage area: An Italian qualitative study



Nicola Ramacciati RN, MSN, MA (PolSci) (Head Nurse) *,
 Andrea Ceccagnoli RN, BSN, MA (Bio) (Registered Nurse),
 Beniamino Addey RN, BSN (Registered Nurse)

Emergency Department, Perugia Hospital, Loc. S. Andrea delle Fratte, 06132 Perugia, Italy

ARTICLE INFO

Article history:

Received 2 December 2014

Received in revised form 11 February 2015

Accepted 16 February 2015

Keywords:

Workplace violence

Emergency medical services

Triage

Qualitative research

Emotions

Italy

ABSTRACT

Aim: This qualitative study aims to investigate the feelings experienced by nurses following episodes of violence in the workplace.

Background: Numerous studies show that healthcare professionals are increasingly finding themselves victims of violence; of all professionals, nurses in the Emergency Department and especially those performing triage are one of the staff categories which most frequently experience these episodes during their work.

Introduction: In Italy, this phenomenon has been studied very little in comparison to other countries but has recently been gaining increasing attention. Few studies have investigated the feelings experienced by nurses following episodes of violence in the workplace.

Methods: For this study a phenomenological approach was used. Assumptions and previous findings were set aside (*bracketing*). A purposive sample of 9 nurses coming from 7 different Emergency Department in the region of Tuscany, Italy was interviewed during a focus group meeting. The data analysis was carried out using the Colaizzi method.

Results: Data analysis revealed 10 significant themes/responses. The quality of reporting was guaranteed by adopting the COREQ criteria.

Discussion: Data analysis revealed that nurses feel that violent episodes are “inevitable” and that they feel they have grown accustomed to high levels of violence, that they suffer feelings of “inadequacy” but also that they are aware that they themselves can trigger conflict with patients, and again suffer the feeling of “being alone” in facing these problems and a sense of “being left on their own” by the institution and feeling “hurt”, “scared”, “angry” and have a sense that “it is not fair”. Last but not least, “the gender difference” appears to play an important role in the emotional response.

Conclusions: To suffer episodes of violence has serious and severe “hidden costs” which are just as important as the direct, tangible costs.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

Episodes of violence and aggression towards healthcare professionals are a growing phenomenon worldwide. According to the International Council of Nurses, healthcare professionals are more exposed to episodes of aggression than are prison guards and police officers (Taylor and Rew, 2010). For a long time many international organisations such as the International Labour Office, the International Council of Nurses, the World Health Organization and the Public Services International have issued guidelines

designed to tackle the problem of violence in healthcare settings (ILO/ICN/WHO/PSI, 2002). Of all healthcare professionals, triage nurses are most at risk (Pich et al., 2010); this trend also emerges quite clearly from studies conducted by the Institute for Emergency Nursing Research (IENR) which is a research institute under the auspices of the U.S. Emergency Nurses Association (ENA), which has published a statement on its own position as regards violence in the Emergency Department (ENA, 2014).

2. Background/literature

Many studies published in the international literature have explored the issues of patient-related violence against nurses, with a particular focus on the ED setting. A preliminary research of the international literature on this topic can be conducted in CINAHL and PubMed databases using as search terms: “emergency”, “aggression”, “violence”, and “abuse”. Google Scholar provides a simple

Author contributions: A.C. data collection/analysis, B.A. drafting of manuscript.
 Source of funding statement: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

* Corresponding author. Emergency Department, Perugia Hospital, Loc. S. Andrea delle Fratte, 06132 Perugia, Italy. Tel.: +39 0755782488; fax: +39 0755782488.

E-mail address: nicola.ramacciati@ospedale.perugia.it (N. Ramacciati).

Table 1
Literature review.

Database	Query	Limiters	Items found	Studies retrieved
PubMed	(((((aggression* OR abuse* OR violence OR assault* OR violent* OR workplace violence OR wpv)) AND ((emergency) OR triage))) AND (nurse*))	Publication date <10 years	568	93
CINAHL	((abuse OR violence OR aggression* OR workplace n1 violence or wpv) AND (emergency or triage)) AND nurse*	Publication date <10 years	637	123

procedure to make a broad search for scholarly and grey literature. We carried out this search in December 2010. This preliminary study allowed for the fine tuning of the research subject as well as providing useful elements for carrying out the ‘facet analysis’ necessary to identify the key terms to be used in the search strategy. To maximise the sensitivity of the research, the MeSH terms and the search terms were combined. To increase the specificity of the search in the CINAHL database, the proximity operators (Near) “N1” and “N2” were used in order to retrieve records with two terms in the same sentence or multiple words. In the PubMed database “search terms” in inverted double commas were used. The truncation operator (*) was used to simplify and maximise the search. Terms were combined using the Boolean operators OR and AND. A search was conducted in March 2011 and repeated in December 2012, November 2013 and November 2014 to capture any new published material. The Table 1 shows the results. Among the studies retrieved, out of which two were systematic reviews (Edward et al., 2014; Taylor and Rew, 2010), only a few have specifically focused on triage (Daniel et al., 2014; Morphet et al., 2014; Pich, 2009; Pich et al., 2011; Ramacciati et al., 2013a; Sands, 2007).

The Italian Ministry of Health issued a specific recommendation for the prevention of acts of violence towards healthcare professionals in November 2007 and from 2006 onwards, these acts of violence were included as sentinel events within the Italian National Monitoring System of Errors in Healthcare (SIMES). The reports published to date show a growing trend in acts of violence against healthcare workers (Ministero della Salute, 2008, 2010, 2011, 2012) as also emerges from some Italian studies of violence towards healthcare professionals (Cerri et al., 2010; Magnavita and Heponiemi, 2012).

In Italy a recent area of research focuses on the phenomenon of violence and aggression towards emergency department (ED) nurses (Becattini et al., 2007; Coviello et al., 2012; Desimone, 2011; Fabbri et al., 2012; Ramacciati and Ceccagnoli, 2012a; Zampieron et al., 2010). The main focus of research in this field to date has been concerned with quantifying the phenomenon, understanding the types of violent acts (verbal or physical) and the perpetrators (patients, their relatives or their friends), precipitants and risk factors, attempts on the part of healthcare providers to address the problem (zero tolerance, prevention, staff educational training schemes, architectural layout interventions) as can be seen from review studies on this subject (Anderson et al., 2010; Brunetti and Bambi, 2013; Ferns, 2005; Gillespie, 2008; Lau et al., 2004; Ramacciati and Ceccagnoli, 2011). These studies are generally analytical and descriptive, usually with a mixed qualitative/quantitative methodology and widespread use of questionnaires. Qualitative studies also tend to focus on the same themes (Angland et al., 2013; Catlette, 2005; Gillespie et al., 2010, 2013b; Luck et al., 2008; Pich et al., 2011, 2013) and the attention given to the experiences and feelings of the staff suffering aggression is sometimes only marginal as one of several aspects analysed according to research protocols (ILO/ICN/WHO/PSI,

2003a). It is for this reason that our work team wished to investigate the feelings experienced by Emergency Department nurses who have suffered aggression in the Triage area, in line with the aims which lie at the root of their own research work: all the causal factors of Workplace Violence can be grouped as seen by the nurses’ viewpoint into four fields: external, internal, environmental/contextual, and organisational. The complexity of the phenomenon and the strong interrelation between various factors suggest that the problem of violence in the ED could be effectively faced only with multiple strategies (Ramacciati et al., 2013a).

In our ED from 2009 onwards, subsequent to the alert on three sentinel events of acts of violence towards operators, and in cooperation with our Clinical Risk Management Centre, an action plan structured on four distinct intervention levels was put in place, with the aim of facilitating communication/information with the public, redesigning the admissions procedure and modifying the triage operating spaces, acquiring greater staff communication competence, implementing an operations protocol for the management of risk in violent situations and monitoring violent events (Ramacciati et al., 2013b). But this did not seem sufficient. The department needed to know what thoughts, feelings and behaviours ED nurses experienced after a violent incident. The aim of this study is to give a clear picture of the feelings experienced by nurses working in the triage area following an episode of physical or verbal violence perpetrated by a user of the ED healthcare facilities and/or by those who accompany them, by means of a study with a qualitative approach.

This method was chosen because it allows for the unfolding of full, rich, introspective descriptions which enables the phenomenon of violence to be explored and examined from an innovative perspective. There are many different definitions of workplace violence (WPV); for the purposes of this study we have adopted the definition used by the National Institute of Occupational Safety and Health (NIOSH) and we have given this definition to participants to ensure consistency in their understanding. NIOSH defines workplace violence “as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty” (National Institute of Occupational Safety and Health, 2002, p. 1). The perpetrators of this violence are either patients or persons accompanying patients, whether relatives or friends.

3. Methods

The method used for gathering data was a focus group for nurses who had experienced violence in the triage area. The group meeting was conducted according to the specific guidelines of the International Labour Office, International Council of Nurses, World Health Organization and Public Services International (see Appendix S1).

Prior to the meeting, participants were asked for their consent for the use of their personal data for the purposes of research and a document attesting voluntary participation in the study was requested, full anonymity being guaranteed. The personal data included age, degree, job qualification, seniority, work in ED, address, and e-mail. An audio recording of the focus group meeting and a subsequent word for word transcription was necessary in order to ensure complete accuracy in the data gathering process; the above-mentioned informed consent also referred to this recording.

The data analysis was carried out using the Colaizzi method which entails: the recording of the participants’ descriptions of their experiences, extrapolation of significant statements, the grouping together of these into themes and, after a complete account of these descriptions has been written, a thorough examination of this account by the participants in order to have their confirmation of the correctness of the descriptions.

In order to ensure the rigorously scientific nature of the study, the three elements required for confirmability in qualitative research were carefully observed: *auditability* and quality of reporting

Download English Version:

<https://daneshyari.com/en/article/2608135>

Download Persian Version:

<https://daneshyari.com/article/2608135>

[Daneshyari.com](https://daneshyari.com)