



## Clinical education

## Paramedic student exposure to workplace violence during clinical placements – A cross-sectional study

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## ABSTRACT

Paramedic students are hesitant to formally report exposure to acts of workplace violence as they feel it may jeopardise their chance of getting a job. The objective of this study was to identify the type and number of workplace violence acts experienced by undergraduate paramedic students whilst on an ambulance clinical placement. This was a cross-sectional study using the Paramedic Workplace Violence Exposure Questionnaire to obtain student exposure to acts of workplace violence which occurred whilst on ambulance clinical placements. The survey response rate was 29.8%. The students' average age was 24.1 years, median age of 23 years, range 18–47 years. There were 32.6% of students who were exposed to at least one act of workplace violence with 56% of these being females. Verbal abuse 18%, and intimidation 17% were the common acts of workplace violence students were exposed to. One female, a nursing/paramedic student, was exposed to sexual harassment on more than one occasion. The findings from this study suggest that paramedic students are exposed to similar rates of workplace violence as full time practising paramedics. Further research is required into workplace violence against students from all professions and what detrimental effect this may have on them.

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## 1. Introduction

Findings from studies undertaken in Australia, the United Kingdom, and the United States of America suggest occupations that have significant face-to-face contact with the general public were more likely to be exposed to acts of workplace violence (Mayhew and Chappell, 2001). Chappell and colleagues, in a report for the International Labour Organisation, found that females were more likely to be exposed to a greater number of verbal and sexual related acts of workplace violence compared to males who were more likely to be exposed to explicit threats and physical acts of violence (Chappell et al., 2006).

A previous Australian study investigating the exposure of paramedics to acts of workplace violence (WPV) found that approximately 88% of paramedics experienced acts of WPV against them with verbal abuse being the most common act (Boyle et al., 2007). To date, no study has been published internationally

which has investigated the exposure of undergraduate paramedic students to acts of workplace violence during any form of clinical placement.

From past anecdotal experience we know that paramedic students are hesitant to formally report acts of workplace violence against them during ambulance service clinical placements as they do not want to put their chance of getting a job at risk. Furthermore, the ambulance service will not investigate and act upon an allegation of workplace violence within the ambulance service unless it is in writing.

Previous studies have identified that nursing students are exposed to acts of WPV, including verbal abuse, bullying and physical abuse, by people such as educators, other healthcare professionals, the patient, and the patient's relatives/friends (Clarke et al., 2012; Cooper and Curzio, 2012; Cooper et al., 2011; Hakojarvi et al., 2014; Hinchberger, 2009; Magnavita and Heponiemi, 2011). There have been three studies that have investigated midwifery student exposure to acts of WPV (Gillen et al., 2009; Lash et al., 2006; McKenna and Boyle, 2016). These midwifery studies concentrated on verbal abuse or bullying and found high numbers of the perpetrators were other healthcare professionals or mentor midwives.

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Limited work has been done on student exposure to WPV and the effect it has on their view of the profession and overall career. The ability of the student to learn and progress their learning through the course can be affected by the way in which they are treated by other healthcare professionals (Hakojärvi et al., 2014). The way in which the student views the profession they are studying to be a part of may also be tainted by their clinical experience (Hakojärvi et al., 2014). A study involving physiotherapy students found there were “negative psychological consequences” as a result of their exposure to acts of WPV during clinical placements (Stubbs and Soundy, 2013). Likewise a study from the UK identified 20% of nursing students considered leaving the profession as a result of WPV exposure during clinical placements (Tee et al., 2016).

The aim of this research was to ascertain the scale of workplace violence acts against undergraduate paramedic students during ambulance based clinical placements. Therefore, the objective of this study was to identify the type and number of workplace violence acts experienced by undergraduate paramedic students whilst on an ambulance clinical placement.

## 2. Research design

### 2.1. Study design

This study employed a cross-sectional design using a paper-based questionnaire to identify paramedic student exposure to workplace violence whilst on ambulance clinical placements.

### 2.2. Definitions

We used the International Labour Office (ILO) definition for violence, the definition is:

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, community, which either results in or has a high likelihood of resulting in injury, death, physiological harm, maldevelopment, or deprivation.” (International Labour Office, 2002)

We have also recognised and utilised the definition of workplace violence by the World Health Organization (WHO) and ILO in the *Framework Guidelines for addressing workplace violence in the health sector*:

“Workplace violence covers a spectrum of unacceptable behaviours. It includes incidents where staff are abused, threatened, discriminated against or assaulted in circumstances related to their work, including commuting to and from work, and which represent a threat to their safety, health, and well-being.” (International Labour Office, World Health Organisation, 2014)

In this study, the workplace is considered to be an ambulance station or any healthcare facility, offices where ambulance management are housed, the ambulance itself, a room attached to the healthcare facility, and the incident/patient location being attended by the ambulance crew. The acts of workplace violence are defined in Table 1.

### 2.3. Participants

Students enrolled in the Bachelor of Emergency Health (Paramedic) [BEH] and Bachelor of Nursing/Bachelor of Emergency Health (Paramedic) [BN/BEH] courses at a large Australian university were eligible for inclusion in the study. Table 2 lists the students eligible for inclusion in the study. First year BEH and second year BN/BEH students undertake the same clinical placements, second year BEH and third year BN/BEH undertake the same clinical placements, whilst third year BEH and fourth year BN/BEH students undertake the same placements. A convenience sample of students was used thereby allowing us to establish an incident rate for further studies with undergraduate paramedic students.

The BEH or BN/BEH is one of many undergraduate courses available in Australia and undertaken as a prerequisite to gain employment as a paramedic in Australian states and territories.

### 2.4. Instrument

The Paramedic Workplace Violence Exposure Questionnaire (PWVEQ) was used as this had been used previously in an Australian paramedic population and has demonstrated face and content validity with no other metrics reported (Boyle et al., 2007). The PWVEQ consists of five segments. The first segment covers participant demographic information which includes gender, age, course being studied, and year of the course.

The second segment covers the five acts of workplace violence - verbal abuse, intimidation, physical abuse, sexual harassment, and sexual assault. Information requested for each violent act included whether the student was exposed to the act, the number of exposures, the location the act took place, e.g. public place, patient's home, the person who perpetrated the act, gender of the perpetrator, any underlying factors, e.g. perpetrator affected by alcohol and/or drugs, and the student's immediate response to the act and the associated level of fear.

The third segment seeks the student's written experience about how they felt personally after experiencing the violence. The fourth segment sought information about the student's response to the violent incident(s) using a Likert Scale with the responses ranging from “never” to “always”. The final segment covers the impact of the violence using the Impact of Event Scale which sought information using a Likert Scale with responses ranging from “not at all” to “often” (Horowitz et al., 1979). The test-retest reliability score for the complete scale was 0.87, for the intrusion sub-scale it was 0.89 and for the avoidance subscale it was 0.79 (Horowitz et al., 1979).

### 2.5. Procedure

At the end of a lecture students were informed about the study by a non-academic staff member and were invited to stay and participate in the study. The participating students were given an explanatory statement about the study before commencing the survey. Information from the explanatory statement about the survey being voluntary and anonymous was highlighted. Consent to participate in the study was implied by completing the survey and placing it in a drop box prior to leaving the lecture theatre. As part of the informed consent process students were advised they could cease participation in the study, without penalty, prior to submitting the survey. As the survey form had no student identifying features it could not be withdrawn after being placed in the drop box. Depending on the student's previous exposure to workplace violence, the questionnaire took between 10 and 20 min to complete.

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