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## User violence towards nursing professionals in mental health services and emergency units

Bartolomé Llor-Esteban<sup>a,\*</sup>, María Sánchez-Muñoz<sup>b</sup>, José Antonio Ruiz-Hernández<sup>a</sup>, José Antonio Jiménez-Barbero<sup>b</sup>

<sup>a</sup> University of Murcia, Spain

<sup>b</sup> Murcian Health Service, Mental Health Service of Cartagena, Murcia, Spain

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### ABSTRACT

Workplace violence is present in many work sectors, but in the area of mental health, nurses have a higher risk due to the close relationship they have with users. This study analyzed hostile user statements against nursing professionals of Mental Health Services and Emergency Units in Health Service (MHS) hospitals in Murcia, Spain, and determined the frequency of exposure to the different violent user behaviors. The study was carried out with a sample of 518 nursing professionals from four hospital services: Mental Health, Emergency Units, Medical Hospitalization, and Maternal-and-Child. The nursing staff of Mental Health and Emergency Units was the most exposed to violence. Non-physical violence was more frequent in Emergency Units, whereas physical violence was more frequent in Mental Health. Among the consequences of exposure to non-physical violence are workers' emotional exhaustion and the presence of psychological distress.

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### Violencia de los usuarios hacia los profesionales de salud mental y urgencias

#### RESUMEN

La violencia en el trabajo está presente en muchos sectores laborales, pero en el ámbito de la salud mental los profesionales tienen un mayor riesgo por la estrecha relación que mantienen con los usuarios. El presente estudio analizó las manifestaciones hostiles de los usuarios hacia los profesionales de enfermería de Salud Mental y Urgencias de los hospitales del Servicio Murciano de Salud (SMS) en España y determinó la frecuencia de exposición a las distintas conductas violentas. Se llevó a cabo con una muestra de 518 profesionales de enfermería de cuatro servicios hospitalarios: Salud Mental, Urgencias, Hospitalización Médica y Materno-Infantil. El personal de enfermería más expuesto a la violencia fue el de Salud Mental y Urgencias. La violencia no física fue más frecuente en Urgencias y la física en Salud Mental. Entre las consecuencias de la exposición a la violencia no física se hallan el agotamiento emocional de los trabajadores y la presencia de malestar psicológico.

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Workplace violence is extensive in the health sector, and the problem of aggression toward healthcare professionals is global

and increasing (Gates, 2004; Kuehn, 2010). Currently, violence against these professionals, especially nursing professionals, is a significant, worldwide concern for all healthcare areas (World Health Organization, 2012).

Workplace violence is defined as incidents in which personnel suffers abuse, sexual harassment, threats, or attacks in work-related circumstances, which explicitly or implicitly endanger

\* Corresponding author. Department of Psychiatry and Social Psychology. University of Murcia. Murcia, Spain.  
E-mail address: [blor@um.es](mailto:blor@um.es) (B. Llor-Esteban).

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their safety, well-being, or health (Norwegian Labour Inspection Authority, 2009).

Research outcomes vary considerably due to the different methodologies employed, the diversity of instruments, and assessment criteria, making it difficult to provide the incidence/prevalence rates of violent acts within the healthcare setting (Franz, Zeh, Schablon, Kuhnert, & Nienhaus, 2010; Kling, Yassi, Smailes, Lovato, & Koehoorn, 2009; Roche, Diers, Duffield, & Catling-Paull, 2010). For example, in the general healthcare setting, some studies find prevalence rates for physical violence ranging between 11% and 25% (Galián-Muñoz, Llor-Esteban, & Ruiz-Hernández, 2012; Gerberich et al., 2004; Roche et al., 2010), or even higher, around 35–71% (Hahn et al., 2010; Zampieron, Galeazzo, Turra, & Buja, 2010). With regard to non-physical aggression, the prevalence is even more difficult to assess, ranging between 38% and 90%, according to recent studies (Galián-Muñoz et al., 2012; Gascón et al., 2009; Roche et al., 2010).

The problem of aggression toward clinical staff has been the target of many studies, especially focusing on Mental Health Services and Emergency Units. Thus, a study of Magnavita and Heponiemi (2012) found that the Psychiatry and Emergency staff ran the highest risk of physical aggression, especially the workers in Mental Health Services, whose risk rate was 22 times higher than that of the other services. Different studies have studied the Emergency Units as a focus of aggressions, assuming that these professionals run greater relative risk than other specialties (James, Madeley, & Dove, 2006; Winstanley & Whittington, 2004). Other studies report that hospital violence occurs more frequently in psychiatric units, emergency units and geriatric units (Osuna, López-Martínez, Arce, & Vázquez, 2015; Spector, Zhou, & Che, 2014). There is a consensus that, within the healthcare sector, the nursing staff is one of the professional groups with the highest incidence of aggressions (Franz et al., 2010; Kling et al., 2009; Roche et al., 2010; Shields & Wilkins, 2009). According to Albashtawy (2013), the reason for this could be their physical proximity to the patients and relatives as care providers. Specifically, mental health nurses are considered the professional group with the highest probability of suffering aggressions (Murphy, 2004; Wei, Chiou, Chien, & Huang, 2016). In this sense, it has been noted that 80% of mental health nurses have suffered violence, whereas in the rest of the clinical staff, this percentage does not exceed 41% (Dack, Ross, Papadopoulos, Stewart, & Bowers, 2013).

This is also the case in Emergency Units, where the staff is often exposed to violent behaviors in emergency situations. According to the study of Ryan and Maguire (2006), 20% of the nurses had experienced sexual intimidation, harassment, or assault in the past month. Likewise, another study (Opie et al., 2010) reported that the most frequent kind of violence experienced in these units was verbal aggression (80%), followed by physical aggression (28.6%), and sexual harassment (22.5%).

However, it is agreed that aggressive incidents are not limited only to Mental Health Services and Emergency Units; some studies find similar rates in other services considered as of lower risk. For example, May and Grubbs (2002) found that between 35% and 80% of the nursing staff in the Emergency Units, the Intensive Care Units (ICUs), and in-patient wards had been physically attacked at least once while working. Magnavita (2014) and O'Connell, Young, Brooks, Hutchings, and Lofthouse (2000) reported that surgery nurses often suffer aggression by their patients. There are also data reflecting less conflictiveness in certain services. In this sense, Gacki-Smith et al. (2009) found that pediatric staff reported the least physical violence in comparison with other specialties.

As in other settings (Amado, Arce, & Herraiz, 2015), in the healthcare setting, aggression has an impact on professionals' psychological adjustment, producing physical, psychological, and/or economic consequences for these workers (Pompeii et al., 2013).

They may experience anger, fear, or irritation along with feelings of humiliation and guilt (Ayranci, Yenilmez, Balci, & Kaptanoglu, 2006; El-Gilany, El-Wehady, & Amr, 2010; Ruiz Hernández, García Jiménez, Llor Esteban, & Godoy Fernández, 2015), or they may consider that filing a complaint about such acts—even acts of physical violence—is a sign of weakness (Gacki-Smith et al., 2009). Other studies report job dissatisfaction, which translates into a decrease in the level of care, changing the workplace, or quitting the profession (Alameddine, Mourad & Dimassi, 2015; Fernandes et al., 2002; Kowlaenko, Walters, Khare, Compton, & Michigan College of Emergency Physicians Workplace Violence Task Force, 2005). Exposure to violence can also generate burnout, reactive psychopathological syndromes, substance abuse, or abuse of psychotropic medication (Dement, Lipscomb, Schoenfish, & Pompeii, 2014; Estry-Behar et al., 2008; Ünsal Atan et al., 2013). At the organizational level, there may be economic consequences for the company due to absenteeism or the loss of capable workers (Franz et al., 2010; Kneller & Harvey, 2016; Roche et al., 2010).

In this context, a research was designed with the aim of studying users' hostile expressions against the nursing professionals of different public hospitals that report to the Murcian Health Service (MHS), in the Region of Murcia (Spain). Specifically, it was planned to determine the frequency of exposure in the past year to diverse violent user behaviors, as well as the sociodemographic and socio-occupational characteristics associated with greater exposure to this type of behaviors. The levels of violence between two high-risk services (Mental Health and Emergency Units) were compared with two other services (Medical Hospitalization and Maternal-and-Child) that present no evidence of suffering greater exposure to violence than the rest of the services. Lastly, the relation between exposure to hostile behaviors and the presence of possible consequences, such as variations in job satisfaction, burnout, and psychological well-being were analyzed.

## Method

### Participants

A sample of 518 participants was obtained from all the public hospitals in Murcia (southeastern Spain) that had Psychiatric Hospitalization Units (out of a total of 9 hospitals, we included in the project all 4 hospitals having these units). The study included two professional categories (nurses and auxiliary nursing staff) from 4 services: Mental Health, Emergency Units, Medical Hospitalization, and Maternal-and-Child Units, and the sample represents 30% of the total nursing staff of the selected hospitals. A total of 620 questionnaires were initially handed out, getting a global response rate of 83.55%.

Of the sample, 61.4% were professional nurses and 38% were auxiliary nursing staff. Participants' mean age was 41.3 years ( $SD = 9.57$ ), ranging between 24 and 63 years. The majority were female (85.3% vs. 13.5%), with a predominance of married persons or persons living with a partner (62.4%). Regarding job characteristics, 14.9% of the professionals belonged to the Mental Health Service, 15.45% to the Emergency Units, 49.23% to Medical Hospitalization, and 20.46% to Maternal-and-Child Units (see Table 1 below).

### Design

A cross-sectional, descriptive-analytic design was used, applying a series of psychological and socio-occupational measurement instruments to a sample of professional nurses and auxiliary nursing staff from public hospital services of the MHS. For this purpose, the guidelines of the STROBE statement for observational

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