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ORIGINAL ARTICLE

Evaluation of the users violence in primary health care: Adaptation of an instrument



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KEYWORDS

Aggression;
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Abstract *Background/Objetivo:* According to the World Health Organization, one out of every four violent workplace acts takes place in the health setting. The aims of the study are to study the prevalence of workplace violence in primary healthcare (PHC) professionals by adapting the Healthcare-worker's Aggressive Behaviour Scale-Users (HABS-U), to establish the frequency of exposure to hostile indicators and to determine which professional group is most exposed. *Method:* Study through qualitative and quantitative methodology in PHC professionals of the Region of Murcia (Spain). In the qualitative phase in-depth interviews were conducted and during the quantitative phase the instrument was used to 574 professionals of 39 PHC centres. *Results:* The resulting scale shows excellent psychometric properties and correlates significantly with job satisfaction, burnout components, the factors of empathy and psychological well-being. There was a 90.2% prevalence of user violence, and non-medical personnel were found to be the professional group most exposed. *Conclusion:* The distribution of user violence is not homogeneous among the different professional groups of PHC. The adaptation of the scale may be useful for detection of user violence, as well as to evaluate the efficacy of intervention programs.

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PALABRAS CLAVE

Agresión;
Atención Primaria;
profesionales
sanitarios;
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estudio instrumental

Evaluación de la violencia de usuarios en Atención Primaria: adaptación de un instrumento

Resumen *Antecedentes/Objetivo:* Según la Organización Mundial de la Salud, en el ámbito sanitario se producen uno de cada cuatro incidentes laborales violentos. Los objetivos del estudio son examinar la prevalencia de violencia laboral en profesionales de Atención Primaria (AP) mediante la adaptación de la *Healthcare-worker's Aggressive Behaviour Scale-Users (HABS-U)*, conocer la frecuencia de exposición a los indicadores hostiles y determinar el grupo profesional más expuesto. *Método:* Estudio realizado mediante metodología cualitativa y cuantitativa en profesionales de AP de la Región de Murcia (España). En la fase cualitativa se realizaron entrevistas en profundidad y en la fase cuantitativa se aplicó el instrumento a 574 profesionales de 39 centros de AP. *Resultados:* La escala resultante muestra excelentes propiedades psicométricas y sus medidas correlacionan de manera significativa con satisfacción laboral, los componentes del *burnout*, los factores de empatía y con el bienestar psicológico. La prevalencia de violencia de usuarios fue del 90,2% y el personal no sanitario resultó ser el grupo profesional más expuesto. *Conclusión:* La distribución de la violencia de usuarios no es homogénea entre los diferentes grupos profesionales de AP. La adaptación de la escala puede ser útil para la detección de la violencia de usuarios, así como para evaluar la eficacia de programas de intervención.

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The International Labour Organization/International Council of Nurses/World Health Organization/Public Services International (ILO/ICN/WHO/PSI; 2002) defines workplace violence as "incidents in which workers suffers ill-treatment, threats or attacks in circumstances related to their work and which endanger, implicitly or explicitly, their safety, well-being or health" (p. 3). In this investigation, we focus on the study of low- and medium-intensity user violence aimed at Primary Healthcare (PHC) professionals because many studies consider that the authors of such aggressions towards healthcare workers are predominantly users, patients, or relatives (Alameddine, Mourad, & Dimassi, 2015; Alkorashy & Al Moalad, 2016; Park, Cho, & Hong, 2015; Spector, Zhou, & Che, 2014).

According to the forms of expression, workplace violence is classified as: (a) non-physical violence, referring to verbal abuse, threats, ironic language, disparaging looks, provocative or aggressive body language; and (b) physical violence, referring to physical intimidation and harm to people, properties or furniture (ILO, 2002; ILO/ICN/WHO/PSI, 2002; Waschler, Ruiz-Hernández, Llor-Esteban, & García-Izquierdo, 2013). The literature confirms the fact that non-physical violence predominates in the health sector, although we find that in certain services such as emergency wards and psychiatry, physical violence takes on relevant figures (Chapman, Styles, Perry, & Combs, 2010; Galián-Muñoz, Llor-Esteban, & Ruiz-Hernández, 2012; Llor-Esteban, García-Jiménez, Ruiz-Hernández, & Godoy-Fernández, 2016; Magnavita & Heponiemi, 2012). Among the PHC professionals, this phenomenon has received less attention, but some research confirms that whereas all the expressions of violence are present, non-physical or psychological types predominate, with a yearly prevalence range of 43.5–92.1% versus 7.9–18.3% for physical violence (El-Gilany, El-Wehady, & Amr, 2010; Fisekovic, Trajkovic,

Bjegovic-Mikanovic, & Terzic-Supic, 2015; Gascón et al., 2013; Moreno-Jiménez et al., 2005).

Chappell and Di Martino's (2006) model of workplace violence, in its application to the health sector, notes the existence of diverse risk variables. In this sense, based on the existing literature, the risk factors of violence can be classified as follows: (a) patients: male, age, physical alterations and pathologies, mental state, psychopathology, patients' perspective and attributions; or individual factors of health professionals, such as burnout or attitudes; (b) environmental factors or organizational factors: type of ward, such as emergency, psychiatry and intensive care units, long-term care, or geriatric centres; inadequate number of staff, assistential pressure, lack of privacy, climate of tension; (c) treatment-related factors, such as change of medication and restraint; and (d) interactional factors and societal factors (Ahmad, Al-Rimawi, Masadeh, & Atoum, 2015; Chapman et al., 2010; El-Gilany et al., 2010; Speroni, Fitch, Dawson, Dugan, & Atherton, 2014; Waschler, Ruiz-Hernández, Llor-Esteban, & García-Izquierdo, 2013). In addition, the existence of diverse variables that modulate the impact of exposure to violence in the health sector has been proposed. Among the main variables identified are training in communication skills (Farrell, Shafiei, & Chan, 2014) and empathy (Bernaldo-de-Quirós, Labrador, Piccini, Gómez, & Cerdeira, 2014).

User violence perceived by PHC professionals negatively impacts on their health. Accordingly, exposure to workplace violence is associated with higher levels of burnout (Alameddine et al., 2015; Bernaldo-De-Quirós, Piccini, Gómez, & Cerdeira, 2015; Galián-Muñoz, Llor-Esteban, & Ruiz-Hernández, 2014; Gascón et al., 2013; Roldán, Salazar, Garrido, & Ramos, 2013), a decrease in psychological well-being, anxiety, depression (Bernaldo-De-Quirós et al., 2015; Da Silva et al., 2015; Magin, Joyce, Adams, Goode, & Cotter,

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