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ACİL SERVİSLERDE YAŞANAN ŞİDDET OLAYLARININ SAĞLIK PROFESYONELLERİ TARAFINDAN DEĞERLENDİRİLMESİ¹

Öz

Sağlık hizmetlerinde her birimin hayati önemi olmakla birlikte, acil servislerin daha önemli olduğu ifade edilebilir. Akut yaralanma, hastalık atakları ya da ilk yardım ve acil müdahale gerektiren her türlü sağlık işlemi bu birimlerde verilmektedir. Bu nedenle acil servisler, mortalitesi yüksek olan vakaların ilk müracaat ettiği yerlerdir. Öte yandan acil servislerde şiddet olayları, sağlık hizmetlerinin diğer alanlarına göre daha yüksek düzeyde görülmektedir. Bu çalışmada acil servislerde yaşanan şiddet olayları sağlık profesyonelleri tarafından nasıl değerlendirildiğinin incelenmesi amaçlanmıştır. Afyon Devlet Hastanesi acil servisinde 2015 yılında görev yapan 17 hekim, 39 hemşire ve 13 acil tıp teknisyeni araştırma örneklemini oluşturmuştur. Araştırma sonuçlarına göre acil servis çalışanından yüzde 97,1'ü sözel şiddete, yüzde 34,3'i ise sözel şiddeti de içerecek şekilde fiziksel şiddete maruz kaldığı bulundu. Şiddet uygulayanlar genellikle hasta yakınları olup, mesai ve mesai saatleri dışında ve muayene odasında daha fazla şiddet olayını uygulamaktadır.

Anahtar kelimeler: Acil Servis, Sağlık, Şiddet, Hemşire, Hekim

VIOLENCE IN EMERGENCY DEPARTMENTS: HEALTHCARE PERSONNEL PERSPECTIVE

Abstract

Although each ward within the health services is of vital importance, it might be claimed that emergency departments (EDs) – who treat the seriously ill or injured – are the most vital among them all. It is, after all, the ward where patients with the highest risk of mortality first apply. Perhaps because of the inevitable tension surrounding the treatment of patients under such circumstances, violent incidents in emergency services tend to occur more frequently than in other areas of health services. The goal of this paper, drawn from my master's thesis, is to explore how health care professionals evaluate violence in emergency departments in Turkey. 17 physicians, 39 nurses, and 13 emergency medical technicians working in the Afyon State Hospital ED formed the research sample. Our findings suggest that 97.1% of the emergency services personnel were exposed to verbal violence and 34.3% were exposed to physical violence including verbal violence. It appears that the people exhibiting acts of violence are mostly the relatives of the patients, and they exhibit violence during work hours and in the examination room.

Keywords: Emergency department, Health, Violence, Nurse, Doctor, Healthcare personnel.

1. Introduction

Emergency departments (EDs) offer round the clock services with healthcare personnel offering services on a 24/7 basis. Violent events in EDs occur routinely and are a reality with which healthcare personnel must contend. As is true for all service sectors, the healthcare industry benefits from the efficient use of human capital in furthering its quality and efficiency. Acts of violence cause a shrinkage in the efficiency of personnel, decreasing their commitment towards the profession and thereby decreasing the quality of their healthcare services. Moreover, life satisfaction and life quality among the victims of violence also decrease (Köşger, et. al. 2014, p.157). It is, therefore, important to address violent acts (VAs), in an attempt to mitigate their effects.

The results of the acts of violence have been reported in the literature since the results are related with health service quality and individuals life quality. Not only physical violence but also verbal violence (mobbing) is a common occurrence in hospital wards, and such acts make it difficult for the healthcare personnel to perform their roles and duties as they do not feel safe.

Violence has been defined in different ways. The World Health Organization (WHO) defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal development, or deprivation.” (Yıldız et al, 2011, p.1). In our present day, the term violence seems to predominantly denote aggressive acts of a physical nature. It also, however, has come to include acts that threaten

¹ Drawn from the master's thesis

individuals' mental health by affecting their psychological state (Gökulu and Hosta 2013, p.1832).

The administration of healthcare services requires close contact with society, as healthcare professionals offer services to all segments of the society and to people of all ages and genders. It is thanks to healthcare services that the elderly, for example, or people who have lost their ability to take care of themselves get the services they need. It is against this background that any issues that would hinder these services – in this study's case, violence – create a huge impact on society (Pinar and Pinar 2012, p.315).

The violence encountered by healthcare personnel is a topic that has been studied widely in Turkey and across the world, with research findings indicating that violence is a more common – though under-reported – occurrence in the healthcare industry than in other industries (Mantzouranis et. al. 2015, p.257-260). The literature has revealed that only physical wounds are perceived as evidence of VA, while the other types of VA typically go unreported (Annagür 2010, p.163). Due, therefore, to the barriers to reporting VA in the workplace, the actual frequency of VA remains unknown (Annagür 2010, p.163).

2. Method

The research was carried out in Afyon Public Hospital between December 2015- January 2016. The physicians, nurses, emergency technicians, and staff were recruited to participate in the study. Out of the total 79 healthcare personnel working in the ED, 70 participated in the study. Of the 9 people who did not join the research, 2 were sick, and 7 decided to not participate in the research. Ultimately, 18 physicians, 39 nurses, and 13 emergency technicians were recruited to participate. A survey and an interview form were sent to the subjects in which they were asked to respond to the following questions:

- How did you feel when you were exposed to violence?
- Who was the perpetrator of violence?
- What was the diagnosis of the patient perpetrating violence if the perpetrator is a patient?

SPSS 17.0 for Windows was employed to analyze the survey and interview data. In analyzing parametrical data, Frequency Analysis was used. Break points were determined to group the sampling in the most appropriate way, taking both the standard deviation value and the range into consideration. After grouping, the measurement data was exposed to frequency analysis.

3. Findings

Table 1 represents the demographics of the healthcare personnel participants in the research.

Table 1. Distribution of Demographics (N=70)

Characteristics		Number of Respondents (n)	Percentage (%)
Gender	Female	51	72,9
	Male	19	27,1

Age	25 and below	6	8,6
	26-35	34	48,5
	36 and above	30	42,9
Education	High School	7	10,0
	Associate Degree	34	48,6
	B.A	29	41,4
Professional Experience	5 years and below	13	18,6
	6-10 years	15	21,4
	11 years and above	42	60,0
ED experience	5 years and below	22	31,4
	6-10 years	26	37,2
	11 years and above	22	31,4
Distribution by receiving emergency training	Yes	29	41,4
	No	41	58,6

8.6% of the respondents were aged 25 years or younger, 48.6% 26-35 years and 42.9% 36 years and older. 10% of the respondents were high school graduates, 48.6% hold an associate degree, and 41.1% hold a BA degree. 18.6% of the respondents have 5 or fewer years of professional work experience, 21.4% 6-10 years, and 60% 11 years or more. 31.4% have experience in EDs totaling 11 years or more. Table 2 represents the findings related to VA.

Table 2. Findings on VA in ED

	Number of Participants (n)	Percentage (%)
Training to Prevent Violence		
Yes	31	44,3
No	39	55,7
Form of VA		
Only Verbal	44	62,9
Verbal and Physical	24	34,2
No VA	2	2,9
Number of VA		
2	8	11,8
3	20	29,3
5	1	1,5

	Number of Participants (n)	Percentage (%)
Training to Prevent Violence		
Yes	31	44,3
6	12	17,6
8	1	1,5
10	11	16,2
15	7	10,3
20	8	11,8
Closeness to the Patient		
Patient	6	8,8
Associated Family member	46	67,7
Patient and Associated Family Member	16	23,5
The diagnosis of the perpetrator of VA		
Trauma	21	30,9
Common cold, stomach discomfort, and the rest	17	25,0
Wounding	13	19,1
Alcohol abuse and psychiatric cases	10	14,7
Other	7	10,3
Location of VA		
Hall	21	30,9
Examination Room	34	50,0
Both	13	19,1
Day of VA		
Weekday	22	32,4
Weekend	39	57,3
Both	7	10,3
Time of VA		
Working hours	14	20,6
Off hours	53	77,9

	Number of Participants (n)	Percentage (%)
Training to Prevent Violence		
Yes	31	44,3
Both	1	1,5

Among the study's findings, the following was determined. 44.3% of the healthcare personnel had received training to prevent VA, whereas 55.7% had not. 62.9% of the participants had been exposed to verbal violence, and 34.2% had been exposed to both physical and verbal violence. 11.8% of the participants had experienced VAs two times, 29.3% three times, 1.5% five times, and 17.6% have experienced VAs six times. The percentage of the respondents who reported having been victims of VAs eight times was 1.5%, 16.2% of the respondents had experienced VAs 10 times, 10.3% 15 times, and 11.8% 20 times. 8.8% of the VA perpetrators were the patients, 67.7% were family members, and in 23.5% of the cases the perpetrators were both the patients and family members. 30.9% of the perpetrators had applied to the ED for trauma, 25% for the common cold or stomach discomfort, 18.1% wounds, and 14.7% alcohol abuse and psychiatric issues. 30.9% of VAs occurred in the corridors, 50% in the examination room, and 19.1% in both locations. 32.4% of the cases occurred on week days, 57.3% on the weekend, and 10.3% on both. 20.6% of the cases occurred during official working hours and 77.9% during off hours.

4. Discussion

The demographics of the respondents are described here. Respondents were mostly females, hold associate degrees or a BA. Moreover, the demographics of the respondents reflect the demographics of ED personnel on a more general level. The present study saw a higher number of nurse participants than doctors, but the physician participants were more frequently exposed to VAs. In fact, the only people in the study to report no VA exposure were nurses. The rate of VA exposure among nurses in the present study was 96.15%, whereas it was 100% among the physicians. This mirrors the broader trend among ED personnel (Adas 2011).

Among the 70 respondents, only two of the health personnel in this research had not been exposed to VAs. All other participants claimed to have been exposed to VAs at least twice in their lives. 97.14% of the respondents had been exposed to verbal violence, and 34.28% had been exposed to physical and verbal violence. The verbal VAs were committed by patients and family members, and most of the cases occurred in the examination room during off hours. These results seem to support the findings of Mantzouranis et al. (2015), who found that 83.4% of the health personnel had been exposed to VAs up to 98.6%. Conversely, Aytac et. al. (2011) have reported this rate as 51.3%.

It goes without saying that VAs negatively affect healthcare personnel and, given the nature of their work, society as well. One important effect could be stated such that the efficiency of the human capital in the healthcare industry diminishes. There is in fact a wide range of studies reporting these effects in the literature. Gault (2007) found that to the extent that the workplace is not efficient and effective, personnel are harmed. Similarly, Mount (2003) reported

that VA cases in the workplace diminish the efficiency of the employees and decrease vocational motivation. Stouffer and Varnes (1998) also noted that when VAs occur in the health industry, the quality of healthcare services shrink. This study, supporting these results, has found that as a consequence of VAs, healthcare personnel have thought of resigning or working for another ward. Moreover, a large number of the employees have maintained that their willingness to work as an indicator of efficiency also dropped.

VAs in the healthcare industry have negative implications for society as well. There are a number of studies reporting that VAs in the healthcare industry affect public health negatively. Perry (2009), for example, noted that the quality of service drops because of the negative impact on the victim. In the present study, we similarly found that the efficiency of the personnel and their willingness to work dropped in the presence of VAs. A final but important consideration is the possibility that VA cases are more prevalent in underdeveloped or developing countries. Matzopoulos et.al. (2008) claim that VA cases occur 2.5 times more in low and middle income countries.

5. Conclusion

It is of urgent importance to mitigate the presence of VAs in the healthcare industry so that healthcare personnel and the public health will not be effected negatively. Further, given that VAs do and will continue to occur, it is also necessary to minimize the negative effects that have and will continue to affect healthcare workers. Cardwell (1998), among numerous others, looked into how the healthcare personnel exposed to VAs might be supported. This research points to the possibility that VAs against health personnel might also cause emotional disorders.

Contributions

This research contributes to the literature on VAs and their severity in the health sector. From a global public perspective, health is a human right and all patients should have ready access to high quality health services. Health is financed by public resources, and that sector's performance problems are directly related to public resources. Many research studies argue that VAs may cause a reduction in service quality as well as increase costs. In order to reduce VAs, their profile and reasons must be examined. This research contributes to a description of VAs in the health sector.

Limitations

There are some important limitations in the research. First of all, VAs in the health sector increase aggression among health professionals, and they are not intent to participate researches.

Another limitation of the research is that there are many types of VA, and different types of VAs have different effects on different individuals. In addition, the same VA may have different effects depending on the moral outlook of the health professionals exposed to them. For this reason, the survey was designed in as short a form as possible.

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