Health Care Workers' Experiences of Aggression

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ARTICLE INFO
Article history:
Received 23 January 2017
Accepted 4 June 2017
Available online xxxx

KEYWORDS:
Aggression
Brain injuries
Nurses
Rehabilitation
Violence

ABSTRACT

PRIMARY OBJECTIVE: To identify the prevalence of patient aggression against health care workers, the consequences and coping mechanisms.

DESIGN: Retrospective cross-sectional design.

SUBJECTS: 50 participants comprised 37 nurses, 1 ward staff, 12 allied health staff employed in two brain injury wards with experience ranging from 3 months to 34 years.

SETTING: Neurosciences and Brain Injury Rehabilitation wards of a metropolitan tertiary hospital in Brisbane.

MAIN OUTCOME MEASURES: Researcher designed self-report questionnaire.

RESULTS: 98% of respondents had experienced aggression during their health care careers with an average of 143.93 events. Physical injuries had been sustained by 40% of staff, psychological injury by 82%, but only 12% of nurses required medical treatment (O’Connell et al., 2000). The majority of nurses (74%) had experienced verbal abuse (72%), threats of physical violence (29%), spitting (28%), and property damage (25%). Similarly, Swain et al. (2014) found that out of 227 healthcare workers 93% had experienced verbal aggression and 65% had experienced physical aggression in the preceding year by patients. Furthermore, 65% of staff had been humiliated, 56% had witnessed destructive behaviour, 38% of staff reported they had been physically assaulted, 43% had an attempted assault, and 10% had been sexually assaulted. The authors found that nurses were most commonly aggressed against, followed by doctors and clinical support staff, and then allied health staff.

The consequences of workplace violence against health workers includes physical injury such as scratches and cuts, bruises, muscle tears and fractures (McKinnon & Cross, 2008) and psychological factors such as lower commitment to the organisation, increased psychological distress, decreased job satisfaction (Demir & Rodwell, 2012), stress (Gates, Gillespie, & Succop, 2011), insomnia, anxiety attacks, low self-esteem (Jones & Lyneham, 2000), feelings of sadness, shock, confusion, anger and embarrassment (Reininghaus, Jamieson-Craig, Gournay, Hopkinson, & Carson, 2007). As a result nearly 10% of nurses change their work environment (O’Connell, Young, Brooks, Hutchings, & Lofthouse, 2000). Some acts of aggression are so serious that they require medical treatment (O’Connell et al., 2000). The majority of nurses do not report all incidences of aggression, citing the main reasons as...
dissatisfaction with management follow up and thinking the incident/s
were not serious enough (McKinnon & Cross, 2008). Most nurses used
verbal debriefing and communication to self-care and cope with aggres-
sion (O’Connell et al., 2000). The focus of aggression towards nurses in
Australia has been in emergency departments or psychiatric units,
with other hospital units being relatively neglected, despite high ag-
gression potential.

It is increasingly recognised that as a result of a brain injury, cognitive,
behavioural and emotional changes occur, with aggressive behaviours
typically emerging or increasing in at least 25–35% of cases (Baguley,
Cooper, & Felmingham, 2006; Rao, Rosenberg, Bertrand, et al., 2009).
Ac-
quired brain injury (ABI) is the main disabling condition for Australians
under 65 years of age (Australian Institute of Health and Welfare, 2007).
Visscher, van Meijel, Stolk, Wiersma, and Nijman (2011) found
388 acts of aggression by inpatients with an ABI occurred during a
17 week period (44% were verbal, 56% were physical), with 67% of
these being classed as minor, and the remaining being rated as severe.
The majority (77%) of aggression was directed at staff, with 48 different
staff members reporting it, highlighting how many people were affected
by the aggression. Aggressive behaviours lead to unique problems within
the neurosciences and rehabilitation settings, compromising safety, in-
creasing vulnerability and reducing opportunities to engage in rehabili-
tation for the aggressor (Ciurli, Formisano, Bivona, Cantagallo, & Angelelli, 2011). Additionally, hospital staff may be emotionally or phys-
ically affected by aggressive incidences, resulting in extended sick leave,
burnout, and staff attrition, hence creating a greater cost to the hospital
and the community (O’Connell et al., 2000).

It is clear from previous research that hospital staff (especially
nurses) are exposed to an alarmingly high amount of aggression in
their working environments and staff in brain injury wards are potential-
ally at even higher risk of this. The majority of research in this area fails to
include non-verbal aggression, and either focuses on the prevalence of
aggression or the consequences of aggression, rarely examining both.
As such, research that is inclusive of more facets of aggression is justified
and worthy of investigation.

AIMS

The current study aimed to identify the prevalence, consequences
and coping mechanisms following patient aggression against health
care workers in wards caring for brain injured patients. For the purposes
of the study, aggression was operationalised as verbal threats, physical
attacks against self, others, or objects, and non-verbal intimidation and
was measured throughout the health care workers career.

HYPOTHESES

Based on the results of research previously reviewed, a series of hy-
potheses were generated.

1. There would be a high prevalence of aggression, with at least 70% of
staff experiencing it in at least one form.
2. Psychological injuries would be more prevalent than physical injuries.
3. The majority of staff who experienced aggression would not seek
treatment for any injuries.
4. Most respondents would use debriefing and verbal communication as
their main coping strategy after experiencing aggression.

METHOD

PARTICIPANTS

Participants consisted of 50 staff from a neuroscience ward (where
patients were usually first admitted following a brain injury) and a lon-
term rehabilitation ward of a metropolitan hospital in Brisbane, Aus-
tralia. They were recruited through information sessions for nurses, ward
staff, and allied health professionals. The voluntary participants
comprised 37 nurses, 1 ward staff, and 12 allied health staff. Their ages
ranged from 21 to 61 years (M = 33.93 years, SD = 10.04 years).
Eighty-two percent of the respondents were female (M = 33.97 years,
SD = 10.40 years), and 18% were male (M = 33.77 years, SD = 8.87 years).
The years of experience working in their field ranged from
3 months to 34 years (M = 9.04 years, SD = 8.10 years). The number of qualifications held by respondents ranged from none to three (M =
1.16, SD = 0.47). Approximately 107 staff were eligible to participate, in-
dicating a 47% response rate.

DESIGN

The design was retrospective cross-sectional. Questionnaires were
utilised to collect information from the participants. The study was
based on participants’ recall of aggressive incidences that had occurred
during their career, and the effects that these acts of aggression had on
them.

MATERIALS

Information was presented to staff as a group in the wards. A con-
dential locked box was available for completed questionnaires to be de-
posited into. The staff completed an informed consent form, followed by
the researcher-designed questionnaire to measure the amount and the
effects of aggression throughout their careers. The questionnaire
enquired about whether the participant had ever experienced patient
aggression; what types of aggression they had experienced; how many
times; if they had ever been physically injured as a result; if they had ex-
perienced psychological symptoms; if they sought treatment for their in-
juries; if they had days off work due to aggression; if they considered
other job options; how long it took them to recover emotionally from ag-
gression; how they coped with aggression and whether their coping
strategies were effective; the gender of the patient aggressors; and
some basic staff demographic information, including gender; age; years
of experience; and educational qualifications. It was designed to be com-
pleted quickly, as the staff had limited time available. Therefore, the
questions were mainly closed-ended or tick boxes were employed.

PROCEDURE

Prior to commencement of the study, ethical approval was obtained
from the Princess Alexandra Hospital (HREC 2005/112) and Griffith Uni-
versity (CSR/04/05/HREC). Staff were then invited to attend one of four
information sessions held in their wards to brief them regarding the
study. Staff who wanted to participate were given the opportunity in ses-
jion to complete a questionnaire, which took five to 10 min. Spare copies
of the questionnaires were located in the staff room for any staff who did
not attend the information sessions to complete later. Staff were
instructed that once completed, the forms were to be deposited into
the locked box located in their staff room.

RESULTS

DATA ANALYSES

The data was analysed using SPSS (Version 14.0, SPSS Incorporated,
2005). Descriptive statistics were used to summarise demographics
and the proportion of the study participants who endorsed items on
the questionnaire. Correlation coefficients (Pearson’s, point-biserial,
and phi) were used to examine relationships between specific item var-
iables, depending on appropriateness of level of measurement (Mimium,
King, & Bear, 1993). An alpha level of 0.05 was used for all statistical tests.
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