



Violence towards Emergency Nurses. The Italian National Survey 2016: A qualitative study



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ABSTRACT

Introduction: Physical and verbal aggression against health professionals, particularly nurses, is globally serious and widespread, with the most vulnerable being nurses working in the Accident and Emergency Department. Most international research into this issue focused on quantifying aggression, describing its nature, identifying perpetrators, stratifying risk and implementing preventive or mitigating interventions. Few studies investigated the nurses' subjective perceptions. As part of the 2016 Italian National Survey on Violence against Accident and Emergency Nurses, our research team collected qualitative data to explore their perceptions of Workplace Violence.

Methods: From 19th July 2016 to 19th March 2017 we distributed online a 39-item validated questionnaire to 15,618 Emergency Nurses working in 668 Italian National Health Service Accident and Emergency Departments in all 20 Italian Regions. Answers were analysed using van Kaan's method.

Results: 1100 Emergency Nurses responded to the survey and 265 replied to our focus question. There were 144 Females, 119 Males, 2 not stated, average age 42 ± 9 years, average work experience 18 ± 9 years, average Accident and Emergency Department experience 11 ± 8 years. Four major themes emerged: *the nurses' perception of physical and verbal aggression, precipitating factors, consequences, and solutions.*

Discussion: These themes confirmed previous findings and showed that Italian nursing staff's perceptions of physical and verbal aggression is the same as emergency nurses working worldwide.

Conclusion: How Italian Accident and Emergency nurses perceive Workplace Violence adds to our knowledge of the issue and contributes to finding shared solutions.

What is already known about the topic?

- Violence against Emergency Nurses is a worldwide problem.
- Although many studies addressed the issue, in-depth research is still needed.
- Few studies investigated the nurses' subjective perceptions.

What this paper adds

- Italian Accident and Emergency nurses feel left alone in face of violence, which is considered an intrinsic part of the job.
- Being aware of their subjective perceptions can help develop support and effective strategies to combat workplace violence.
- Developing strong co-operation among all stakeholders (nurses, hospital managers, security service, police, mass media, etc) is essential to counteract physical and verbal aggression in the

workplace.

1. Introduction

Workplace Violence is global in its dimensions and gravity. It peaks in the healthcare sector (Krug and World Health Organization, 2002) and, of all the healthcare workers, nurses are the most widely exposed to verbal and physical aggression. This is particularly true for emergency nurses, especially if they are involved in triage activity (Pich et al., 2010; Spector et al., 2014; Camerino et al., 2008). Consequently, international health organizations have recently provided guidelines and specific lines of action (ILO et al., 2002). In 2006, the Italian Ministry of Health included acts of violence against healthcare professionals among the sentinel events that had to be reported to the Italian National Healthcare Error Monitoring System (Ministero della Salute, 2018a) and promulgated a specific recommendation to this effect in

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November 2007 (Ministero della Salute, 2007). Despite this, as highlighted by some Italian studies (Magnavita and Heponiemi, 2012; Cerri et al., 2010), Workplace Violence displays a constantly growing trend (Ministero della Salute, 2018b), particularly against Accident and Emergency nurses (Becattini et al., 2007; Desimone, 2011; Coviello et al., 2012; Ramacciati and Ceccagnoli, 2012; Fabbri et al., 2012).

Most international research (Taylor and Rew, 2010; Ramacciati and Ceccagnoli, 2011; Brunetti and Bambi, 2013) focused on quantifying aggression, describing whether it was physical and/or verbal, identifying perpetrators who may be patients, relatives or visitors, stratifying risk and implementing preventive “zero tolerance” policies or mitigating interventions. Research also focused on healthcare worker education and training and changes to the workplace structure and architecture. Since few studies investigated the nurses’ subjective perceptions (Catlette, 2005; Luck et al., 2008; Pich et al., 2011; Angland et al., 2014), the aggression-related emotions that healthcare workers feel are only partially understood (Han et al., 2017; Ramacciati et al., 2015). Unfortunately, the limitations of most of these studies were small samples and local information, resulting in lack of data saturation and findings that could not be extrapolated to other settings.

The 2016 Italian National Survey on Violence towards Accident and Emergency nurses was conducted by the University of Florence and the Italian Critical Care Nurses Association (Aniarti). Its aims were to analyze the characteristics of Workplace Violence and determine how widespread it was in Italian Accident and Emergency Departments. As part of this survey our research group focused on nurses’ perceptions of verbal and physical violence in the Italian National Health Service Accident and Emergency workplace, collecting qualitative data from all Italian regions.

This present study presents our findings.

2. Materials and methods

2.1. Definitions

Since several definitions of *client-on-worker violence* exist i.e. Type II Violence, according to the University of Iowa Injury Prevention Research Center (UIIPRC, 2001), our research group opted for the National Institute of Occupational Safety and Health (NIOSH) definition: “[...] violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty” (National Institute of Occupational Safety and Health, 2002).

2.2. Data collection

Data were collected between 19th July 2016 and 19th March 2017. The website of the Italian Critical Care Nurses Association (Aniarti) hosted the online survey. We followed best practice indications for surveys addressed to healthcare professionals (McColl et al., 2001), and used the QuIN16VIPs questionnaire (Ramacciati et al., 2016a) which was specifically developed for the present study, and was based on a review of the literature and selected national surveys (Becattini et al., 2007; Talas et al., 2011; Kansagra et al., 2008; ENA, 2011; Alameddine et al., 2011; Gacki-Smith et al., 2009; Canbaz et al., 2008; Stene et al., 2015; Hamdan and Abu Hamra, 2015). The last item (#39) was an open question “Free comments on Workplace Violence towards Accident and Emergency nurses”.

2.3. Data analysis and final report

All the nurses’ answers to the open question were analysed using the Van Kaam method (Van Kaam, 1984). Results were presented using the Consolidated Criteria for Reporting Qualitative Research (COREQ) by Tong et al. (2007).

2.4. Research team

The research team included one female Associate Professor of Nursing, University of Florence, Italy and three male Accident and Emergency nurses (one researching a PhD in Nursing) working at the University of Perugia General Hospital. All were experienced in qualitative research. Three (N.R., A.C., B.A.) had participated as auditors in a pharmacovigilance study (De Angelis et al., 2015) and as principal investigators into violence towards Accident and Emergency nurses (Ramacciati et al., 2015). Two (N.R. and L.R.) had acted as peer reviewers of articles on qualitative analysis of workplace violence.

2.5. Theoretical framework

Since Workplace Violence is a complex multi-factor issue with multiple “cause-effect” mechanisms, countering interventions are required on all sides. Workplace Violence, however complicated it may be, can be broken down into distinguishable causes, whose intensity can be measured so as to intervene with precise containment actions. The model underlying the present research design was based on the Global Approach to Violence towards Emergency Nurses (GAVEN) (Ramacciati et al., 2013). According to this framework, the causes of violence against Accident and Emergency nurses can be divided into four domains: Internal (features of Accident and Emergency nursing staff), External (features of patients, family members and/or visitors), Environmental (the design of the Accident and Emergency Department) and Organizational (Accident and Emergency Department and Hospital Organization e.g. work shifts, presence or absence of security service, anti-workplace violence procedures etc).

2.6. Recruitment and sample characteristics

Recruitment to the study was proactive. The *principal investigator* (N.R.) contacted all 668 Accident and Emergency services in Italy in 2016 (Ministero della Salute, 2016a) by telephoning the list that was provided by the Ministry of Health (Ministero della Salute, 2016b). In-depth information on the aims of the study was available for each participant online at www.aniarti.it and/or in a fax or e-mail message that was sent to Accident and Emergency Departments. Inclusion criterion were that questionnaire responders were state registered nurses working in the Accident and Emergency service. Exclusion criterion was lack of service in the previous 12 months. Study participation was voluntary and anonymous.

A cohort of 1100 Accident and Emergency nurses responded to the 2016 National Survey. They represented 7.0% of the total population (15,618) of nurses working in the Italian Accident and Emergency Departments. Responders were well-distributed throughout Italy, with replies coming from over 5% of nursing staff in 19/20 Italian regions. The sample characteristics of the main cohort and the sub-group are briefly described in Table 1.

2.7. Theme analysis

To reduce bias, each individual researcher’s knowledge, ideas and beliefs on the subject were “placed in brackets” (Fain, 2013), so as to prioritize an inductive procedure rather than a theoretical-deductive approach (Sasso et al., 2015). Each answer to the open question was read several times by three researchers (N.R., A.C., B.A.). Initially, each researcher independently codified emerging themes. As answers were short, theme analysis focused on its semantics, without “reading between the lines” (Boyatzis, 1998). The entire research group was involved in the next step which led to the final synthesis and codification. They shared a word programme and spreadsheet. All the themes they identified were derived from the data analysis.

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