



AGGRESSION AS A RISK FACTOR IN HEALTH CARE

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ABSTRACT

Purpose: To study and analyze the behavior of nurses after aggression by patients or their relatives.

Material/Methods: The opinion of nurses working in therapeutic, surgical and intensive care units was studied (n=128). Questionnaires were used to assess the type of aggression displayed by the patient and the nurses' behavior. Documentary, sociological and statistical methods were used.

Results: Verbal aggression by patients or their relatives occurs more often than physical aggression. Nurses indicate that they accept the patient's aggression as part of the nature of work, not paying attention to the patient's aggression (62.5%). The strategies applied by nurses after being the object of aggression were mainly sharing with family members, using food products, smoking, keeping silent/not discussing the event. The emotional feelings that aggression in the workplace causes are apathy, irritation/anger, and desire to leave as a reaction to aggressive behaviour. A relationship was established between the support received from the team and job satisfaction.

Conclusion: Workplace aggression has a negative impact on the quality of professional activity and professional satisfaction. It is a negative factor in providing health care. It is a precondition for making mistakes.

Keywords: stress, patients, nurse, hospital, workplace aggression,

INTRODUCTION:

The provision of health care is characterized by a high degree of humanity, assessment of patient needs, solving multiple problems, continuous communication, etc. In their daily activities, healthcare professionals are also placed in stressful situations. The causes of stress in the work process are varied. Aggression in the workplace is considered one of the reasons leading to stress in the work of nurses. Workplace aggression exists in many professions. Health professionals are particularly vulnerable [1]. Aggression is defined as a person's solid emotional adverse reaction. It is behavior performed by an aggressor, causing harm to another person - physical or verbal [2, 3, 4].

The data show that the prevalence of bullying behavior among nurses in European countries is 21.0–30.2%, in America - between 48.0 and 82.0%, in Australia, it is about 37.3–61.0%, in Korea - it reached 15.8%, in

Indonesia it reached 51.2%. Supervisors 40.7%, managers (22%), colleagues 43%, patients 71% and patients' families 47% are identified as perpetrators of workplace harassment [1]. Aggression can be perceived as a risk factor in a workplace and must be treated like any other hazard.

Research shows that nurses are the most vulnerable group of all healthcare workers. For medical staff, aggressive behavior is associated with increased levels of burnout [5, 6]. Among the predictors of aggression in medical facilities can be referred [3, 4, 6, 7]: The abuse of *narcotic substances and alcohol*, provoking behavior related to insults and violence; *Temporary organic disorders* (e.g. diabetic hypoglycemia); *Intracranial injury*; *Mental diseases*; *Pain*; *Stress and frustration*; *Anxiety*; *Fear and vulnerability*; *Age and gender* of an aggressive person - men are more aggressive than women and in the age range from twenty to thirty years old; *Insufficient number of staff*; *Excessive waiting time* - a main reason for the patient to become impatient, anxious and aggressive; *Overcrowding and lack of space*; *Insufficient security measures*; *Staff attitude etc.*

PURPOSE:

To study and analyze the behavior of nurses after aggression by patients or their relatives.

MATERIAL/METHODS:

The opinion of nurses (n=128) working in hospitals, in different departments - therapeutic, surgical, intensive. Questionnaires were used to assess the type of aggression displayed by the patient and the nurses' behavior. Documentary and sociological methods were used. A statistical method of statistical grouping of the data was applied to evaluate and analyze the results; non-parametric analysis - for the assessment of categorical features - Pearson's χ^2 (chi-square) criterion; comparative and correlation analysis. Data were entered and processed with the statistical package SPSS 26.0.v.

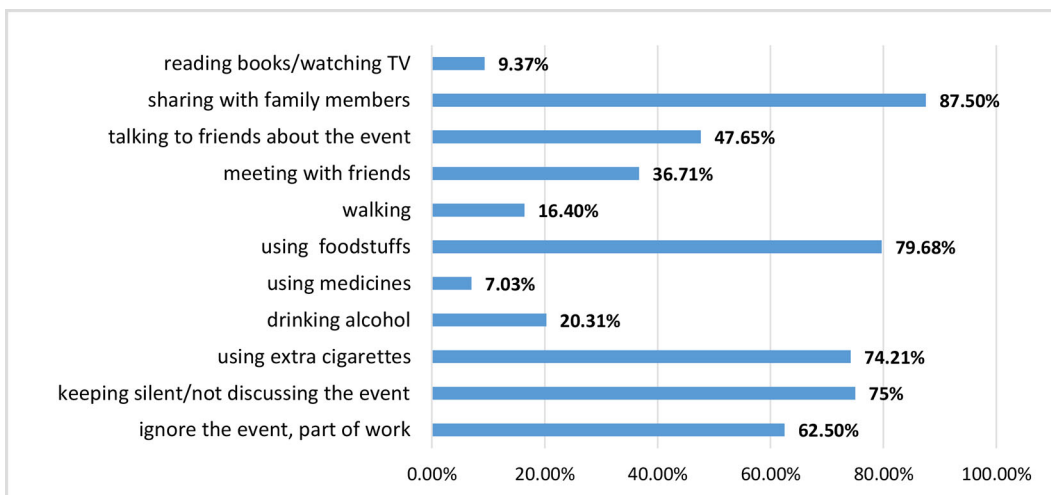
RESULTS:

Only 14.8% of nurses who have not witnessed aggression at work by patients are only 14.8%. Verbal aggression in the workplace is more common (60.9%) than physical aggression (24.3%). The analysis of the data shows that a part of the surveyed nurses was "regularly" exposed to aggressive behavior (verbally) by patients or their relatives (12.8%). Only "sometimes" aggressive behavior is shown

by 47.6% and “never” by 40.3%. Despite the frequency of aggression in the workplace, according to 78.4% of nurses, no measures are taken to reduce aggressive actions. Probably, the lack of action taken against the aggressor is due to the understanding that the patient is suffering cannot control his behavior in a moment of pain, fear or other emotions that accompany the disease.

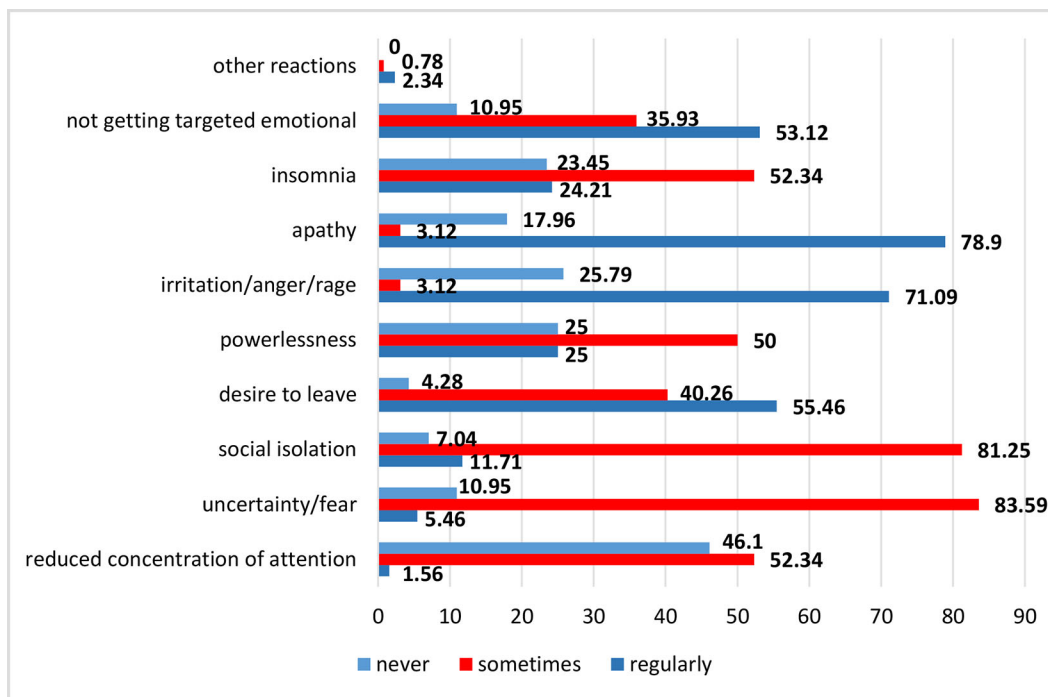
Nurses participating in our study noted different strategies they used to reduce anxiety after experiencing workplace aggression. The most common are sharing with family members, using foodstuffs, smoking, and keeping silent or not discussing the event (fig. 1). The strategies used show the negative consequences of workplace aggression.

Fig. 1. Nurses’ behavior after aggression



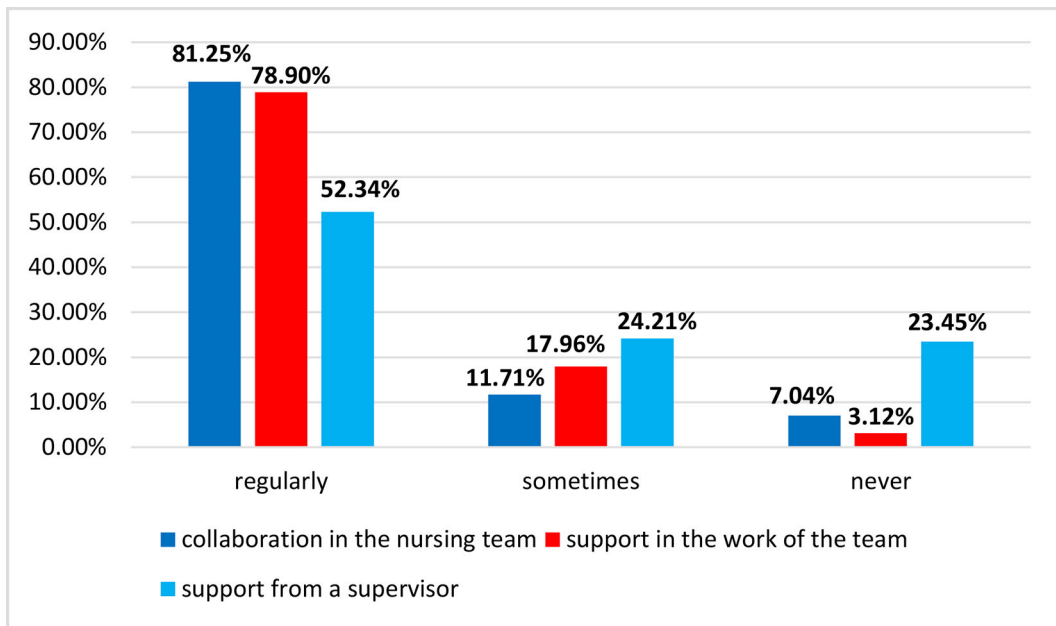
The emotional feelings that workplace aggression causes are different. To the greatest extent, the interviewed nurses indicated a feeling of “*apathy*”, “*annoyance/anger*”, “*desire to leave*” as a reaction to ggressive behavior. Over half of the nurses included in our study noted that they accept patient aggression as part of the nature of work, ignoring patient aggression (62.5%), which is a negative result. “*Social isolation*” and “*uncertainty/fear*” were observed as a reaction to cope with the aggressive situation (fig. 2):

Fig. 2. Emotional reaction of the nurse after the violence in the workplace



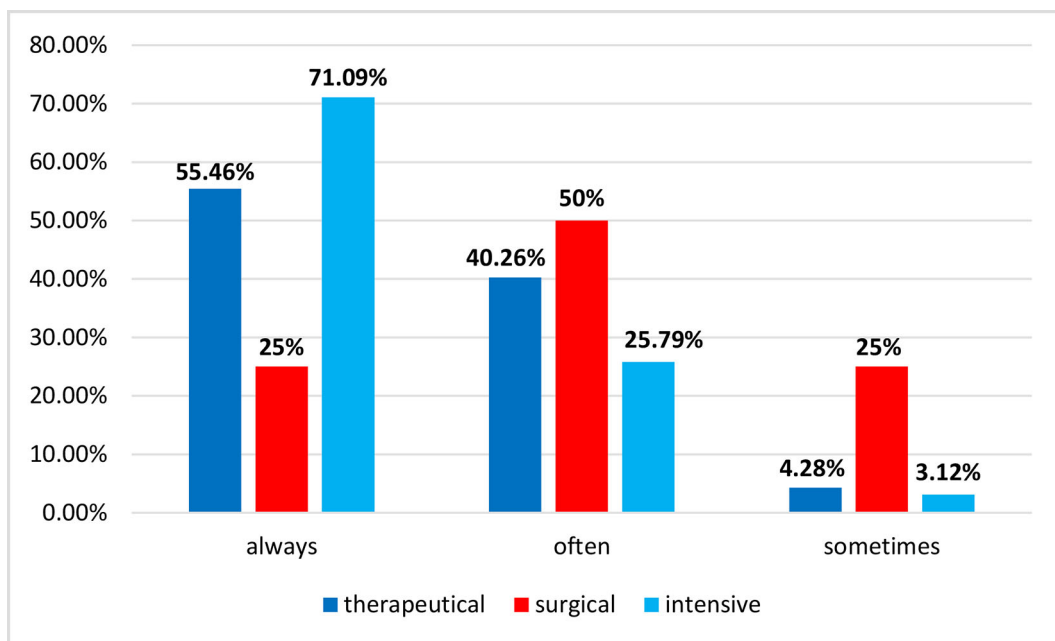
Cooperation and support from the team are significant in the work of nurses. The respondents are unanimous that after an aggressive display, they received support from the team and the manager.

Fig. 3. Support from the work team in case of workplace aggression



The comparative analysis of the results shows that nurses receive support from the team, regardless of the department in which they work (Fig. 4)

Fig. 4. Support from the work team in case of workplace aggression, depending on the type of department

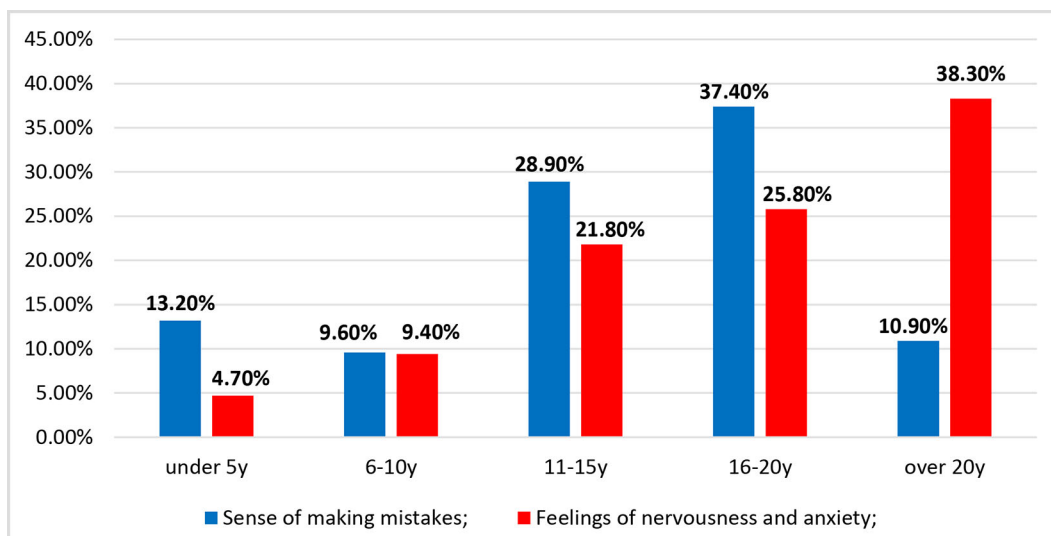


The analysis of the data related to aggression in the work of nurses revealed a relationship between the support received from the team and job satisfaction ($p < 0.05$).

Workplace conflict was one of the predictors of using harsh language (0.005). The feeling of mental stress at the workplace was also determined as a predictor of the use of harsh language by the workers ($p < 0.05$). Low job satisfaction ($p < 0.05$), use of a commanding tone ($p < 0.05$), work in an intensive environment ($p < 0.05$), feeling of gaps in the workplace ($p < 0.05$) are determined as other predictors of using foul language.

Nervous tension and the high pace of work lead to distress and are a prerequisite for the development of socially significant diseases. Fatigue is accompanied by reduced memory and concentration of attention (distractedness).

Fig. 5. Professional behavior after workplace aggression, according to years of professional experience.



The data show that the feeling of making mistakes is greatest among nurses with 11-15 years of professional experience. (28.9%, $p < 0.05$) and 16-20 years old (37.4%, $p < 0.05$). As one gains years of professional experience, one experiences more nervousness and tension at work.

DISCUSSION:

The consequences of workplace aggression for nurses are wide-ranging - physical, emotional/psychological and professional. They have a negative impact on the quality of professional activity and professional satisfaction. Aggression in the workplace leads to reduced attention, increased anxiety, reduced efficiency, which affects health care [5]. Training to deal with aggressive manifestations is a condition for effective pro-

fessional activity [1]. Positive outcomes of workplace violence training are found, but more organizational approaches are recommended [8]. Training, leadership style, organizational policies are conditions that can help nurses to deal with acts of aggression [9, 10].

CONCLUSION:

Verbal aggression is the most common type of workplace aggression. To reduce stress and anxiety in the workplace, some nurses use different strategies, and others accept patient aggression as part of the nature of work. It is known that conflict is one of the factors leading to aggression. Carrying out her professional activity, a nurse finds herself in conflict situations with patients and their relatives.

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