



Violence against health personnel in emergency rooms

Violencia contra personal de salud en salas de emergencias

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ABSTRACT

The objective of this study was to analyze violence against health personnel in emergency rooms. We worked with a descriptive documentary research, in a bibliographic population of 15 scientific articles, located in Scielo, PubMed, Scopus. The studies analyzed show a high rate of violence against health personnel in emergency areas, which is developed by patients' relatives, and another within the institution as part of workplace harassment. In both cases, the weakness or non-existence of strategies for effective prevention against violence is exposed, highlighting the need for community educational programs to sensitize hospital users about the importance of treating health personnel without violence. This implies a great weakness on the part of hospital management.

Descriptors: work environment; violence; social problems. (Source: UNESCO Thesaurus).

RESUMEN

Se tiene por objetivo analizar la violencia contra personal de salud en salas de emergencias. Se trabajó con una investigación de tipo descriptiva documental, en una población bibliográfica de 15 artículos científicos, ubicados en Scielo, PubMed, Scopus. Los estudios analizados evidencian una alta tasa de violencia contra el personal sanitario en las áreas de emergencia, la cual se desarrolla desde los familiares de los pacientes, y otra en el interior de la institución como parte de acoso laboral. En ambos casos, se expone la debilidad o inexistencia de estrategias que permitan ejecutar una efectiva prevención contra la violencia, destacándose la necesidad de contar con programas educativos comunitarios con la intención de sensibilizar a los usuarios del hospital, sobre la importancia de tratar sin violencia al personal de salud. Esto implica una gran debilidad por parte de la gerencia de las instituciones hospitalarias.

Descriptores: ambiente de trabajo; violencia; problema social. (Fuente: Tesaurus UNESCO).

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Review articles section



INTRODUCTION

Workers or a group of workers may receive psychological violence from their colleagues or superiors during a prolonged period of time at work, producing mistrust of themselves and their professional capacities (Ochoa-Díaz, et al. 2021), therefore, violence at work could trigger health violations in those affected (Olivera-Carhuaz, 2020).

Therefore, workplace violence could be part of the health professional's work, as it could be confused by the perpetrators, to violence as a right, especially when 6 out of 10 people surveyed in the study (Barredo-Ibáñez, 2017), did not perceive verbal or psychological aggression against other people as violence in their daily lives, which implies that workplace violence could be generated as part of an interpersonal relationship where violence is not fully valued, generating inconveniences in the mental health of those involved.

Among the consequences of workplace violence, the most notable are those related to the physical and mental health of the affected person, in addition to suffering from depressive symptoms, post-traumatic stress disorder (PTSD) and occupational stress (Palma, et al. 2018), (De-Miguel-Barrado, & Prieto-Ballester, 2016), being important to note that the presence of anxiety (Bautista-Cerecedo, et al. 2011).

Based on the above, the objective is to analyze violence against health personnel in emergency rooms.

METHOD

We worked with a descriptive documentary type of research, with the intention of processing information related to the objective of the research, in a bibliographic population of 15 scientific articles, located in Scielo, PubMed, Scopus, to which we applied content analysis and analytical-synthetic method with the intention of forming a theoretical corpus as a result of the research.

ANALYSIS OF THE RESULTS

The study by (Cannavò, *et al.* 2019), who highlight the spread of workplace violence by patients and/or their relatives against emergency health professionals, related to gender, professional qualification, role in the organization and workplace, is presented. Almost all male and female health workers reported that they had suffered the effects on lifestyle, work habits, and well-being and health following workplace violence. The precipitating factors for violent incidents identified by healthcare professionals are consistent with the research literature. The commitment of hospital administrators, ED managers, and hospital security is necessary to facilitate improvement and ensure a safer workplace for ED healthcare workers.

Likewise, (Cannavò, *et al.* 2017), points out that ED healthcare workers are at risk for workplace violence and should receive specific training and support in the management of violent situations focused on early identification, communication strategies and de-escalation techniques. The two previous studies highlight the need for health institutions in emergency areas to have communication and education channels to prevent violence to their workers by hospital users. On the other hand; the experience of violence of emergency physicians is related to personal characteristics such as age and level of experience, and to hospital and emergency characteristics, such as high rates of patient admission, currently, no measure adopted to reduce this violence has proven to be effective (Bayram, *et al.* 217), this study makes evident the weakness of the strategies for preventing violence against medical personnel in emergency areas.

Accordingly; a total of one hundred and seventy-four physicians (85% of the target group) have been investigated in one study. Many of the participants were between 24 and 59 years old, with a mean age of 36.8 ± 5.8 years. Most were married male physicians working in the city hospital.



There were significant associations between emotional exhaustion and total violence ($p=0.012$) and verbal violence ($p=0.016$); depersonalization and total violence ($p=0.021$) and verbal violence ($p=0.012$); the results presented here indicated that there was a strong relationship between exhaustion and violence experienced by physicians working in emergency units. Violence in the emergency department has a substantial effect on physicians' well-being (Erdur, *et al.* 2015).

Likewise, violence against healthcare workers in the emergency department is an important issue that cannot be ignored. There are multiple reasons, the key point in addressing the problem is to deal with its specific causes, presenting the figures that 59.7% of healthcare workers reported WPV. Verbal violence was the most reported (58.2%), compared to physical violence (15.7%). The most reported reasons for violence were waiting time and failure to meet patient and family expectations. Only 29.5% of health care workers who suffered verbal violence and 23.8% of those who suffered physical violence reported it to hospital authorities. About 75% of healthcare workers thought that workplace violence was preventable, and about 60% said that hospital authorities had not taken any action against the attacker (Abdellah, & Salama, 2017).

In consideration, (Çıkrıklar, *et al.* 2016), posit that violence against emergency department employees is a widespread problem. This situation has a strong negative effect on employee satisfaction and job performance. To reduce the incidence of violence in the emergency department, both patients and their families should be better informed so that they have realistic expectations as emergency patients, deterrent legal regulations should be implemented, and greater efforts should be made to provide better services. Safety for emergency department staff. These measures will reduce workplace violence and stress experienced by emergency workers. We expect this to have a positive impact on the delivery of emergency medical care services.

Regarding workplace bullying, resident physicians in the study by (Schnapp, *et al.* 2016), highlight that the majority of residents (66%, 78/119) reported experiencing at least one act of physical violence during an ED shift. Almost all residents (97%, 115/119) experienced verbal harassment, 78% (93/119) had experienced verbal threats, and 52% (62/119) reported sexual harassment. Nearly a quarter of residents felt safe "occasionally," "rarely," or "never" while working. Patient-based factors most commonly cited as contributing to violence included substance use and psychiatric illness. Therefore; the incidence of violence and patient risk factors are similar to those previously found for other ED staff. Understanding the prevalence of workplace violence, as well as related systems, environmental and patient-based factors is essential for future prevention efforts.

For the nursing population, the prevalence of workplace violence was 65.8%; of this, 64.9% was verbal violence, and physical violence and sexual harassment accounted for 11.8% and 3.9%, respectively. Frequent workplace violence occurred mainly in the emergency and pediatric departments. Respondents reported that patients' relatives were the main perpetrators in tertiary and county hospitals. Workplace violence is prevalent in tertiary and county hospitals in China; its occurrence is especially frequent in emergency and pediatric departments, therefore, it is necessary to address workplace violence by developing effective control strategies at the individual, hospital, and national levels (Shi, *et al.* 2017).

CONCLUSION

The studies analyzed evidence a high rate of violence against healthcare personnel in emergency areas, which develops from patients' relatives, and another within the institution as part of workplace bullying. In both cases, the weakness or non-existence of strategies for effective prevention against violence is exposed, highlighting the need for community educational programs to sensitize hospital users about the importance of treating health personnel without violence. This implies a great weakness on the part of the management of the hospital institutions, as well as the management training during the training career of doctors and nurses, needing to increase their competencies in soft skills in order to have the necessary mechanisms of persuasion and negotiation as allies to minimize violence on the part of hospital users.



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CONFLICT OF INTEREST

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