Branko Gabrovec, PhD

Types of Threats against Nursing Care Workers in Psychiatric Facilities

Scientific article

UDC 616.89+364.632

KEY WORDS: safety, quality, violence, psychiatric patient, nursing care

ABSTRACT - The purpose of this research was to define the type and frequency of violence towards the psychiatric nursing care workers across as wide sample as possible. For this research we decided to include workers that are most exposed to violence, i. e. the nursing staff, who work in secure and/or intensive care psychiatric units. The research was conducted in 5 psychiatric hospitals. For the purpose of this study, a non-experimental sampling method was employed using a structured questionnaire as the data collection instrument (n = 203). The prevalence of violence towards the psychiatric nursing care workers is high, particularly for those at intensive psychiatric care units and secure psychiatric units. Psychiatric nursing care workers must ensure safe and high-quality care even during aggressive behaviour of their patients; however, this is sometimes difficult, because they lack the functional knowledge. Representative results can serve as a basis for the development of a comprehensive aggression prevention and employee education programme.

Znanstveni članek

UDK 616.89+364.632

KLJUČNE BESEDE: varnost, kakovost, nasilje, pacienti z duševno motnjo, zdravstvena nega

POVZETEK - Namen te raziskave je bil na čim večjem vzorcu ugotoviti vrsto in pogostost nasilja, usmerjenega proti zaposlenim v zdravstveni negi na področju psihiatrije. V to raziskavo smo vključili najbolj izpostavljene zaposlene v zdravstveni negi na področju psihiatrije, tj. zaposlene na intenzivnih oddelkih. Raziskava je bila opravljena v petih psihiatričnih bolnišnicah. Uporabili smo neeksperimentalno metodo raziskovanja s strukturiranim anketnim vprašalnikom (n = 203). Nasilje, usmerjeno proti zaposlenim v zdravstveni negi, je pogosto, posebno proti zaposlenim na intenzivnih oddelkih in oddelkih pod posebnim nadzorom. Zaposleni v zdravstveni negi na področju psihiatrije morajo tudi ob agresiji zagotoviti varno in kakovostno obravnavo, kar pa je velikokrat težko, saj jim primanjkuje funkcionalnega znanja. Dobljeni reprezentativni rezultati lahko služijo za razvoj obsežnega programa preventive in usposabljanja zaposlenih.

1 Introduction

Patient security and high-quality psychiatric treatment are a priority on all levels of health care. With the development of the modern society and present trends, the incidence of psychiatric diseases is on the rise. Despite the progress made by psychiatry specialists, the violence and aggressive outbursts are a key component when dealing with a psychiatric patient. In the future, more frequent cases of acute psychosis and various conditions involving aggression can be expected (Gabrovec, 2015a; Gabrovec and Lobnikar 2015; Gabrovec, Eržen and Lobnikar, 2014).

Despite its human role, psychiatry, when in contact with the surroundings, cannot avoid occasional violent behaviour by their patients. Sometimes psychiatrists try to look away from potential and actual violent outbursts; however, it is always proven that no psychiatric aspect can be found, which, at some point would not involve vi-

olence. Violence expressed by individual patients is the link between the psychiatry specialists, and security and criminal law (Kobal, 2009; Gabrovec and Lobnikar, 2014). Because psychiatric healthcare workers perceive violence as a key component of their profession, they show a higher level of tolerance to violence compared to other professions (Kores Plesničar and Kodrič Lasič, 2004). At the same time, however, an increased level of concern has been detected across psychiatric health care facilities. Milčinski defined aggression as a behavioural characteristic, which is expressed through dominant, violent or assertive words or acts against other people; however, aggression can be concealed to the point that it expresses only through a psychosomatic disorder; in the form of (auto)aggression, the violence can be targeted to the subject himself (self-injury, suicidal tendencies) (Milčinski, 1993).

Long before aggressive behaviour began to be studied within the course of studying violence and aggressive behaviour at workplace, it had already been addressed by psychologists (e. g. Freud and Lorenz) and social psychologists (e. g. Berkowitz, Zvonarevič, Mummendey et al.); whereas in the last decades, the researchers of organisational behaviour summarised these findings and adjusted them to organisational processes (Lobnikar, 2003).

Violence is divided into passive, physical and psychological violence (Živič, 2000). A passive-aggressive patient refuses to cooperate and shows signs of alienation. Verbal violence includes the use of aggressive and assertive words accompanied by gesticulations and facial expressions (Živič, 2000). A physically aggressive patient may attack others and harm them by beating, spitting, pushing, kicking, strangling, twisting hands, etc. This kind of behaviour can also be directed towards things (Klemenc and Pahor, 2000). Degradation, threatening and mocking are defined as psychological violence (Božič et al., 1999).

For the epidemiology of violent behaviour, Groleger (in: Pregelj and Kobentar, 2009) states that individuals suffering from a mental illness are 3 to 4 times more prone to aggressive behaviour that individuals from the control group. Schizophrenia is observed among 1% of the general population, among 3.6% of criminal offenders, among 7–15% of murderers, and among 57–80% of murderers who were acquitted by reason of insanity (Groleger, 2009).

The risk for a violent act increases with the number of diagnosed psychiatric conditions; whereas, associated diagnosis of a psychiatric illness and substance abuse is considered as a major risk factor (Groleger, 2009).

1.1 Violent behaviour of psychiatric patients and empirical data

Violent behaviour by psychiatric patients is most often directed towards healthcare workers (particularly the nursing staff), and towards other staff, such as police officers, security personnel, paramedics, and personnel in residential homes for older people, who deal with these types of patients. However, the psychiatric nursing staff is most often the target of violence due to the increased exposure at workplace. Dealing with patients suffering from acute illnesses represents a major risk for employees'

health. The fact remains, however, that dangerous behaviour cannot be avoided, even though preventive measures are being implemented (Možgan, 2009).

Violent behaviour by hospitalised psychiatric patients, particularly in secure psychiatric units, was reported to range from 3.9% to 37% in different parts of the world (and in Slovenia between 6% and 7%). These data must not be overlooked. During violent outbursts by psychiatric patients, the personnel suffers most injuries, which shows that knowledge used by the psychiatric personnel to timely identify and prevent violent behaviour among psychiatric patients is very important (Groleger, 2009). Čebašek Travnik agrees that healthcare workers are not sufficiently protected against frequent violent behaviour (Čebašek Travnik, 2009).

Workplace violence includes (Canadian Centre for Occupational Health and Safety, 1999):

- threatening behaviour – such as pointing accusing fingers, arguing, destroying property, arsons, throwing objects on the floor or at people, and similar;
- verbal or written threats – all threats expressing intent to cause injury or damage;
- harassment – any behaviour used to degrade, embarrass, humiliate or upset a person, or any known undesired behaviour; this includes the use of words, gestures, intimidation, oppression, gossiping and other unwanted acts; harassment also includes sexual harassment, particularly visual sexual harassment;
- verbal abuse – such as swearing, insulting, use of downgrading language, as well verbal sexual harassment;
- physical assaults – such as punching, pushing, kicking, use of weapons, rape, physical sexual harassment and murders.

Violence is a common component of the psychiatric profession. 42% of the nursing staff was exposed to physical violence and 73% of employees believe that additional measures should be taken to increase safety (Kolman, 2009).

As stated above, violent behaviour by psychiatric patients is most often directed to healthcare workers (particularly the nursing staff). Research shows that nurses more often experience violence at workplace compared to other healthcare professionals. The urgent care personnel, particularly in secure and intensive psychiatric care units, are most exposed to violence (Clerk, 1989; Kiran, 2003). Van Leeuwen and Harte also agree that the correlation between serious incidents and aggression is high (Van Leeuwen and Harte, 2011).

35–80% healthcare workers were subjected to physical violence at workplace at least once during their employment. Nurses are most exposed to this type of behaviour (Clements et al., 2005). In USA, up to 1.7 million employees suffered from workplace related injuries and 60% of these employees were employed in health care. The percentage of injuries among the healthcare workers is 6.1/10,000; whereas, the percentage in other professions is 2.1/10,000 (Janocha and Smith, 2010).

Despite the already high statistical percentage of injured health workers, the actual percentage is even higher, particularly because incidents frequently remain unreported

(Gates et al., 2011). Up to 70% of incidents or abuse against nurses is never reported (Stokowski, 2010).

1.2 Aim of the research

The study sought to establish the type and frequency of violence towards the psychiatric healthcare workers across as wide sample as possible. We were interested in types and frequency of violence directed at employees in psychiatric nursing care and correlation between different types of violence.

2 Methods and Sample

For this research, we decided to include workers that are most exposed to violence, i.e. the nursing staff, who work in secure and/or intensive care units. The research was conducted in 5 psychiatric hospitals.

The study involved a non-experimental quantitative research coupled with a structured questionnaire which was designed by using literature sources on aggression and violence in healthcare setting (Astrom et al., 2002; Clements et al., 2005; Gates et al., 2011; Hahn et al., 2010).

The questionnaire consisted of 80 questions, which were divided into 5 sets: work and violence at workplace, work organisation, influence of various factors on the safety and quality of patient care, education and demographic data. In our research we used data compiled from questions about work and violence at workplace and demographic data. A descriptive Likert scale was used (1 – strongly disagree; 2 – disagree; 3 – partly agree; 4 – agree; 5 – strongly agree). While developing the questionnaire, a focus group of postgraduate nursing students (2^{nd} cycle) was formed, whose remarks and suggestions were added into the questionnaire.

We have supplied 249 questionnaires to employees. 203 (81.52%) employees completed and returned the questionnaire and 46 failed to return them. The questionnaire survey took place in March and April 2013.

2.1 Statistical analysis

The data were analysed with descriptive statistics, correlation, the Kolmogorov-Smirnov test, Mann-Whitney U test and linear regression. The data were processed with the statistics program IBM SPSS v. 21.0 and IBM AMOS v. 21 with a $p < 0.05$ level of significance. The compiled data were processed by means of descriptive statistics, correlation analysis, Kolmogorov-Smirnov test and Mann-Whitney U test and regression analysis. Non parametric tests were used as we have had a non-normal distribution of data. The contents of the questionnaire proved valid and reliable, with a high enough degree (Cencič, 2009) of internal consistency (Cronbach Alpha minimum 0.77). The external validity of the questionnaire was evaluated through a focus group, prior to the data acquisition.

3 Results

203 respondents included 95 (46.8%) men and 108 (53.2%) women. The ratio between men and women was high, which can be contributed to the fact that more male employees work in secure and intensive psychiatric care facilities compared to other departments for somatic disorders. The oldest respondent was 58 years old, and the youngest was 20 years old. Educational structure was as follows: high-school: 136 (67%), post-secondary school: 5 (2.5%), higher education: 54 (26.6%), university or higher: 8 (3.9%).

Table 1 shows the types of violence and prevalence of violence directed towards the staff working in psychiatric hospitals in Slovenia.

Table 1: Types of violence and prevalence of violence directed towards the staff working in psychiatric hospitals in Slovenia

Verbally abused by a patient	92.6%
Verbally abused by the patient's family members	40.9%
Verbally abused by colleagues	13.3%
Verbally abused by superiors	13.8%
Sexually harassed by a patient	24.6%
Sexually harassed by the patient's family members	0.5%
Sexually harassed by colleagues	0.5%
Sexually harassed by superiors	0.5%
Physically abused by a patient	84.2%
Physically abused by the patient's family member	2.0%
Physically abused by colleagues	1.0%
Physically abused by superiors	0.5%
Physically harmed by a patient	63.5%

In the last year, verbal violence has been the most frequently reported form of violence. It has been reported by up to 92.6% of respondents. 84.2% of respondents reported being physically abused by their patients in the last year. 63.5% of all employees have suffered injuries inflicted by their patients. Up to 40.9% of employees have also frequently experienced verbal violence by the patient's family members. Verbal violence by colleagues (13.3%) and superiors (13.8%) was also significant. Employees have also been a target of sexual violence by their patients (24.6%) (Table 1).

On a Likert scale (1 – strongly disagree; 2 – disagree; 3 – partly agree; 4 – agree; 5 – strongly agree), employees feel vulnerable at their work place (2.52 ± 0.62) frequently experiencing fear and (2.49 ± 0.60) and insecurity (2.36 ± 0.69). Colleagues show a high level of understanding (1.34 ± 0.57), whereas the level of understanding among superiors is somewhat lower (1.74 ± 0,73).

A statistically significant correlation was established between the patients' verbal and physical violence in the last year ($r = 0.446$; $p < 0.01$); between the patients' verbal violence and employees' physical injuries in the last year ($r = 0.216$; $p < 0.01$); between the patients' sexual harassment at workplace and the patients' physical violence

at the workplace ($r = 0.216$; $p < 0.01$); between the patients' physical violence and injuries inflicted by the patients ($r = 0.290$; $p < 0.01$); and between the patients' verbal violence and sexual harassment ($r = 0.161$; $p < 0.01$).

A significant correlation was also established between workers' emotions and feelings during patients' aggressive behaviour: fear and insecurity ($r = 0.646$; $p < 0.01$), devastation and ignorance ($r = 0.612$; $p < 0.01$), powerlessness and insecurity ($r = 0.598$; $p < 0.01$), vulnerability and fear ($r = 0.519$; $p < 0.01$), vulnerability and devastation ($r = 0.510$; $p < 0.01$), powerlessness and fear ($r = 0.503$; $p < 0.01$), vulnerability and insecurity ($r = 0.490$; $p < 0.01$), devastation and vulnerability ($r = 0.485$; $p < 0.01$), lack of understanding by superiors and colleagues ($r = 0.478$; $p < 0.01$), ignorance and powerlessness ($r = 0.356$; $p < 0.01$), ignorance and fear ($r = 0.325$; $p < 0.01$), ignorance and anger ($r = 0.267$; $p < 0.01$), devastation and anger ($r = 0.271$; $p < 0.01$).

Table 2: Regression analysis of variables, such as fear and powerlessness

Model	*R*	R^2	ΔR^2	*Std. err.*
1	.059a	.269	.266	.534

a. Predictors: (Constant), Fear, 1 for Analysis 1

It was established that the "fear" variable can be used to explain the 26.6% variance of the "powerlessness" variable (Table 2).

We also checked if the lack of differences in experiencing violence between the two genders is statistically significant. The research shows that the correlation between the two variables is not statistically significant. The same was carried out for "age", "education level" and "work experience" variables.

We concluded that no statistically significant correlation can be established between variables, such as "gender", "education", "length of service", and "work and violence at the workplace", which means that all employees are exposed to all types of violence regardless of gender, age and length of service.

Compared to other countries, our results (84.2%) can be compared only to a Swedish research (Soares, 2000) with 85% level of physical violence by the patients and a Turkish research (Picakciefe, 2012) with 71.4% level of violence. Compared to other researches, our research shows a higher frequency of physical violence by the patients (Kolman, 2009 – 42%, Clements et al., 2005 – 35–80%, Privitera, 2005 – 25%, Han et al., 2010 – 42%). The research findings are supported by theory (Gabrovec and Eržen, 2016; Gabrovec, 2015b; Kobal, 2009; Davison, 2005; Klemenc and Pahor, 2004; Božič et al., 1999), as well as theories about violence within the organisation (Bowie, 2002; Pagon et al., 2001).

Below we have identified some of the safety issues, which have arisen in connection with the work organisation. The respondents from the sample most agreed with the following statement: "Safety of our employees and patients is our organisation's top priority" (2.36). A high level of agreement was also observed with the following statement: "The lack of experienced staff has a negative effect on my ability to provide high quality care to my patients" (2.26). The following statements were most critici-

sed: "Work organisation supervises the management of patient aggression" (1.79), and "The management of the work organisation has a clear vision about the risks related to patient care and staff safety" (1.87).

We have also analysed some factors that do not affect the safety of the patients and patient care quality. The respondents from the sample most agreed with the following statements: "Relationship with other team members affect the quality of my work" (2.73); "Only a sufficient number of employees can ensure a 24-hour monitoring and detection of potential risks" (2.68); and "Personal characteristics of team members affect the quality of my work" (2.67). The following two statements were most disagreed with: "We receive sufficient motivation and incentives to perform our work in a quality and safe manner" (1.53); and "The number of employees working in a shift is sufficient" (1.76).

Within the work organisation and within the scope of other factors employees mainly perceive their own role as positive, and the role of the work organisation as negative.

Under the education section, the respondents from the sample evaluated the listed statements as follows: "Practical workshops on safe patient management should be available" (2.88), "Training with multiple revision workshops on safe patient management should be available" (2.88), "Written action guidelines on safe patient management should be available" (2.79), "Theoretical workshops on safe patient management should be available" (2.52), "The staff receives sufficient training for safe patient management" (2.14), and "We feel confident about our level of knowledge on managing patients exhibiting aggressive behaviour" (2.01).

A high need for continuous practical workshops has been observed, because the staff's knowledge on dealing with aggressive psychiatric patients is insufficient and mostly limited to theoretical workshops. The respondents are very critical about their own knowledge and wish for a more comprehensive education.

4 Discussion

The prevalence of patient violence towards the medical staff, particularly employees working in nursing, is high.

Research shows a varied, but still high prevalence of all types of violence towards psychiatric nursing staff. Our research focused on establishing the actual prevalence of different types of violence towards psychiatric nursing staff in Slovenia. The focus was placed on different types of violence: verbal violence, sexual violence and physical violence. We divided the source of violence by patients, patient's family members, colleagues and superiors.

Based on the representative sample, the research established that a high level of violence is directed towards the nursing staff. In the last year, the verbal violence level has increased to 92.6%. 84.2% of respondents reported to have been physically

abused by their patients in the last year. 63.5% of all employees have suffered injuries inflicted by their patients. Up to 40.9% of employees have also frequently experienced verbal violence by the patient's family members. Verbal violence by colleagues (13.3%) and superiors (13.8%) was also significant. Employees are also a target of sexual violence by their patients (24.6%).

Compared to other research conducted in psychiatric nursing care, the percentage was higher than in research from Kolman (2009), but similar to Stokowski (2010) and Clements et al., (2005). There is less violence in residential homes for older people – verbal violence: 71,7%, physical violence – 63,8% (Gabrovec and Eržen, 2016), in paramedic services at homes – verbal violence: 78%, physical violence – 56,1% (Gabrovec, 2015a).

We have established an important positive correlation between verbal and physical violence, between verbal violence and injuries inflicted by patients, between verbal violence and sexual harassment, and physical violence and sexual harassment.

We have also tried to identify emotions and other feelings experienced by the staff when dealing with aggressive psychiatric patients. We have established that employees most often feel vulnerability, fear, insecurity and powerlessness. Employees least often face lack of understanding by their colleagues and superiors, which shows a high level of trust among the colleagues, and the relationship between the employee and the work organisation. Important correlations have also been established between almost all of these variables.

We have also established that no statistically significant correlation was found between variables, such as "gender", "age" and "length of service", and any type of aggression towards psychiatric nursing staff. Aggressive behaviour at workplace is not in any case related to employees' gender, age or work experience.

With this research we have discovered one of the highest levels of aggression, which is directed towards psychiatric nursing staff. The research results can serve as a basis for a systematic approach to handle violence towards employees in health care.

Dr. Gabrovec Branko

Vrste groženj zaposlenim v zdravstveni negi na področju psihiatrije

Zagotavljanje varnosti in kakovosti obravnave pacienta s psihiatrično motnjo je prednostna naloga vseh ravni zdravstvenega varstva. Incidenca psihiatričnih bolezni z razvojem sodobne družbe in pričujočih trendov narašča. Navkljub napredku psihiatrične stroke je nasilje oz. izbruh agresije sestavni del obravnave pacienta s psihiatrično motnjo. Tudi v prihodnje lahko pričakujemo pogoste pojave akutne psihoze in različnih stanj, kjer lahko pričakujemo agresijo (Gabrovec in Lobnikar, 2014). Kljub svoji humanistični vlogi se psihiatrija ne more izogniti občasnemu nasilnemu ravnanju svojih bolnikov v stiku z okoljem. Včasih si skušajo psihiatri zatisniti oči pred

možnim in dejanskim nasiljem, vendar se je vselej izkazalo, da psihiatrije, ki se ne bi srečevala z nasiljem, ni. Zaradi nasilja posameznih bolnikov povezujemo to stroko z varnostnim in kazenskopravnim področjem (Kobal, 2009). Nasilje zdravstveni delavci v psihiatriji sprejemajo kot sestavni del poklica in so do njega bolj tolerantni kot zaposleni v drugih poklicih (Kores Pleseničar and Kodrič Lasič, 2004). Hkrati pa zaznavamo naraščujočo skrb zaradi nasilja v psihiatričnih zdravstvenih ustanovah. Milčinski (1993) meni, da je agresivnost vedenjska značilnost, ki se kaže v gospodovalnih, nasilnih ali napadalnih besedah ali dejanjih proti drugim ljudem; je pa lahko prikrita, izrinjena tako daleč, da se razodeva le v kaki psihosomatski motnji; kot avtoagresivnost se lahko obrne proti subjektu samemu (samopoškodbe, samomorilne tendence).

Agresivno vedenje so že veliko pred preučevanjem nasilja in agresivnega vedenja na delovnem mestu začeli preučevati psihologi (npr. Freud in Lorenz) in socialni psihologi (npr. Berkowitz, Zvonarevič, Mummendey et al.), v zadnjih desetletjih pa so raziskovalci s področja organizacijskega vedenja njihove ugotovitve povzeli in jih prilagodili organizacijskim procesom (Lobnikar, 2003).

Najpogosteje se z nasiljem bolnikov s psihiatrično motnjo soočajo zdravstveni delavci (predvsem zaposleni v zdravstveni negi), pa tudi drugi deležniki v procesu obravnave: policija, varnostne službe, reševalci, zaposleni v domovih za starejše občane. Najbolj izpostavljeni pa so kljub vsemu zaposleni v psihiatrični negi, ki so ves največ časa v stiku z bolniki. Delo z akutno bolnimi ljudmi predstavlja precejšnjo nevarnost za zdravje zaposlenih. Dejstvo je namreč, da tudi če so preventivni ukrepi implementirani, se nevarnemu vedenju vedno ne da izogniti (Možgan, 2009).

Pomembni so podatki o nasilnem vedenju v psihiatričnih bolnišnicah, zlasti na oddelkih pod posebnim nadzorom, ki se gibljejo od 3,9 % pa vse do 37 % v različnih delih sveta (v Sloveniji med 6 in 7 %). Ob nasilnem vedenju na psihiatričnih oddelkih je največ poškodovanih med osebjem, kar opozarja na potrebo po ustreznem znanju o delu z bolniki, ki imajo duševno motnjo, o pravočasnem prepoznavanju in preprečevanju njihovega nasilnega vedenja (Groleger v Pregelj and Kobentar, 2009). Da je malo narejeno za varnost zdravstvenih delavcev pred pogostim nasiljem bolnikov nad osebjem, meni tudi Čebašek Travnik (2009).

Pojav nasilja je sestavni del psihiatrične stroke. Kar 42 % zaposlenih v zdravstveni negi je bilo izpostavljenih fizičnemu nasilju in kar 73 % jih meni, da je na področju zagotavljanja varnosti treba narediti več (Kolman, 2009). Kljub velikemu statističnemu odstotku poškodovanih v zdravstveni dejavnosti je dejanski odstotek še večji, predvsem zaradi pogostega neporočanja o incidentih (Gates et al., 2011). Kar 70 % incidentov ali zlorab proti medicinskim sestram ostaja neprijavljenih (Stokowski, 2010).

Za sodelovanje v tej raziskavi smo si izbrali najbolj izpostavljene osebe, in sicer zaposlene v zdravstveni negi na oddelkih pod posebnim nadzorom in/ali intenzivnih oddelkih. V raziskavi je sodelovalo 5 psihiatričnih bolnišnic.

249 anketnih vprašalnikov smo razdelili med zaposlene. 203 (81,52 %) so vprašalnik vrnili, 46 jih ga ni vrnilo. Anketiranje je potekalo v marcu in aprilu 2013. Notranja konsistentnost vprašalnika je bila visoka. Zanesljivost merjenja je znašala 0.77 Cronbach-ovega koeficienta Alpha.

Ob oblikovanju anketnega vprašalnika smo s študenti magistrskega študija zdravstvene nege pripravili fokusno skupino, katere pripombe in posebnosti smo vnesli v vprašalnik. Ta je vseboval 80 vprašanj, ki so bila razdeljena v 5 sklopov: delo in nasilje na delovnem mestu, delovna organizacija, vpliv različnih dejavnikov na varnost in kakovost obravnave bolnika, izobraževanje in demografski podatki. Za to raziskavo smo uporabili podatke z vprašanji o delu in nasilju na delovnem mestu in demografske podatke. Podatki, ki so bili zbrani s pomočjo anketiranja, predstavljajo bazo, ki smo jo statistično obdelali s pomočjo statističnega programa SPSS v. 20. (SPSS In., Chicago, IL, USA). Tako zbrane podatke smo obdelali z uporabo opisne statistike, korelacijske analize, testa Hi-kvadrat, analize variance in regresijske analize.

Od vseh 203 anketiranih jih je bilo 95 (46,8 %) moških in 108 (53,2 %) žensk. Razmerje moški/ženske je visoko, kar lahko pripišemo razlogu, da je na zaprtih in intenzivnih psihiatričnih oddelkih zaposlenih več moških kot na ostalih somatskih oddelkih. Najstarejši anketirani je bil star 58, najmlajši 20 let. Izobrazbena struktura je bila naslednja: srednja: 136 (67 %), višja: 5 (2,5 %), visoka: 54 (26,6 %), univerzitetna in več: 8 (3.9 %).

Verbalno nasilje v zadnjem letu je najbolj pogosta oblika nasilja. Pojavlja se pri 92,6 % anketiranih. Fizično nasilje je s strani bolnikov v zadnjem letu doživelo 84,2 % anketiranih. 63,5 % zaposlenih je bilo v preteklosti poškodovanih s strani bolnika. Zelo pogosto je tudi verbalno nasilje svojcev, kar 40,9 %. Omembe vredno je tudi verbalno nasilje sodelavcev (13,3 %) in nadrejenih (13,8 %). Zaposleni se soočajo tudi s spolnim nasiljem s strani bolnikov (24,6 %).

Zaposleni se pri svojem delu počutijo ogrožene (2,52 ± 0,62), največkrat sta prisotna strah (2,49 ± 0,60) in negotovost (2,36 ± 0,69). Razumevanje sodelavcev je veliko (1,34 ± 0,57), nekoliko manjše je razumevanje nadrejenih (1,74 ± 0,73). Ugotovili smo pomembno statistično korelacijo med verbalnim nasiljem in fizičnim nasiljem bolnika v zadnjem letu ($r = 0,446$; $p < 0.01$), med verbalnim nasiljem s strani bolnika v zadnjem letu in poškodbo na delovnem mestu ($r = 0,216$; $p < 0.01$), med spolnim nadlegovanjem bolnika na delovnem mestu in fizičnim nasiljem bolnika na delovnem mestu ($r = 0,216$; $p < 0.01$), med fizičnim nasiljem s strani bolnika in poškodbami, povzročenimi s strani bolnikov ($r = 0,290$; $p < 0.01$) ter med verbalnim nasiljem bolnika in spolnim nadlegovanjem s strani bolnika ($r = 0,161$; $p < 0.01$). Ugotovimo tudi, da lahko s spremenljivko »strah« pojasnimo 26.6 % variance spremenljivke »ogroženost«.

Pomembne korelacije najdemo tudi med čustvi in čutenjem zaposlenih ob agresivnosti bolnika: strah in negotovost ($r = 0,646$; $p < 0.01$), obupanost in neznanje ($r = 0,612$; $p < 0.01$), nemoč in negotovost ($r = 0,598$; $p < 0.01$), ogroženost in strah ($r = 0,519$; $p < 0.01$), ogroženost in obupanost ($r = 0,510$; $p < 0.01$), nemoč in strah ($r = 0,503$; $p < 0.01$), ogroženost in negotovost ($r = 0,490$; $p < 0.01$), obupanost in ogroženost ($r = 0,485$; $p < 0.01$), nerazumevanje nadrejenih in nerazumevanje sodelavcev ($r = 0,478$; $p < 0.01$), neznanje in nemoč ($r = 0,356$; $p < 0.01$), neznanje in strah ($r = 0,325$; $p < 0.01$), neznanje in jeza ($r = 0,267$; $p < 0.01$), obupanost in jeza ($r = 0,271$; $p < 0.01$). Na področju izobraževanja so anketirani iz celotnega vzorca ocenili naslednje trditve: »Za varno oskrbo bolnikov so potrebne praktične delavnice« (2,88), »Za varno

oskrbo bolnikov je potrebno izobraževanje z večkratnimi obnovitvenimi delavnicami« (2,88), »Za varno oskrbo bolnikov so potrebne pisne smernice ukrepanja« (2,79), »Za varno oskrbo bolnikov so potrebne teoretične delavnice« (2,52), »Za varno oskrbo bolnikov so osebju na voljo ustrezna usposabljanja« (2,14) in »Znanje, s katerim razpolagam, je zadostno za obvladovanje agresivnega psihiatričnega bolnika« (2,01).

Ugotovili smo, da med spremenljivkami: »spol«, »izobrazba«, »delovna doba« in spremenljivkami dela in nasilja na delovnem mestu ne najdemo statistično pomembnih korelacij, kar pomeni, da so kateri koli obliki nasilja izspostavljeni vsi zaposleni, ne glede na spol, starost ali delovno dobo.

Izražena je večja potreba po kontinuiranih praktičnih delavnicah, saj njihovo znanje obvladovanja agresivnega psihiatričnega bolnika ni zadostno in se večinoma srečujejo le s teoretičnimi delavnicami. Anketirani so do svojega znanja kritični, želijo pa si celostne ureditve izobraževanja.

V nadaljevanju smo identificirali nekatere varnostne probleme, ki se pojavljajo v zvezi z delovno organizacijo. Anketirani v celotnem vzorcu so najbolje ocenili naslednjo trditev: »Varnost zaposlenih in pacientov je največjega pomena v naši organizaciji« (2,36). Visoko so ocenili tudi naslednjo trditev: »Pomanjkanje izkušenega osebja negativno vpliva na mojo zmožnost zagotavljanja kvalitetne oskrbe bolnikov« (2,26). Najbolj kritični so bili do naslednjih trditev: »Delovna organizacija poskrbi za supervizijo obvladovanja agresivnosti psihiatričnega bolnika« (1,79), in »Vodstvo delovne organizacije ima jasno predstavo o tveganjih glede oskrbe bolnikov in varnosti osebja« (1,87).

V primerjavi s tujino so naši rezultati primerljivi le z raziskavo, opravljeno na Švedskem (Soares, 2000), kjer je odstotek fizičnega nasilja s strani bolnika 85 %, pri nas 84,2 %, in s turško raziskavo (Picakciefe, 2012), kjer je odstotek 71,4 %. V primerjavi z drugimi raziskavami pa je pogostost fizičnega nasilja bolnika v naši raziskavi večja (Kolman, 2009 - 42 %, Clements, 2005 - 35 do 80 %, Privitera, 2005 - 25 %, Han, 2010 - 42 %). Ugotovitve iz raziskave so v skladu s teorijo (Kobal, 2009; Davison, 2005; Klemenc in Pahor, 2004; Božič, Uršič, Strojan, Ziherl in Bučar, 1999), in tudi s teorijami nasilja v organizaciji (Bowie, 2002; Pagon in sodelavci, 2001).

Raziskava, ki smo jo opravili, kaže na eno največjih stopenj agresije, usmerjene proti zaposlenim v zdravstveni negi na področju psihiatrije. Rezultati raziskave so lahko podlaga za sistematičen pristop k obvladovanju agresije, usmerjene proti zdravstvenim delavcem.

LITERATURE

1. Astrom, S., Bucht, G., Eisemann, M., Norberg, A. and Saveman, B. (2002). Incidence of violence towards staff caring for the elderly. Scand J Caring Sci, 16, pp. 66–72.
2. Bowie, V. (2002). Defining violence at work: a new typology. In: Gill, M., Fisher, B. and Bowie, V. (Ed.). Violence at work. Couses, patterns and prevention. Portland: Willan Publishing.
3. Božič, S., Uršič, J., Strojan, T., Ziherl, A. and Bučar, A. B. (1999). Poti iz nasilja. Ljubljana: Pravno-informacijski center nevladnih organizacij.

4. Canadian Centre for Occupational Health and Safety (1999). Violence in the workplace. Retrieved on 12/12/2010 from the Internet: http://www.ccohs.ca/oshanswers/psychosocial/violence.html.
5. Cencič, M. (2009). Kako poteka pedagoško raziskovanje: primer kvantitativne empirične neeksperimentalne raziskave. Ljubljana: Zavod Republike Slovenije za šolstvo.
6. Clements, P. T., DeRanieri, J. T., Clark, K., Manno, M. S. and Kuhn, D. W. (2005). Workplace violence and corporate policy for health care settings. Nurse Econ, 23, pp. 119–124.
7. Clark, J. M. (1989). Introduction to working conditions and environment. 2nd ed. Geneva: International Labour Office.
8. Čebašek–Travnik, Z. (2009). Zdravniki kot žrtve nasilja. Družinska medicina, 7(6). Retrieved on 12/12/2010 from the Internet: http://www.drmed.org/javne_datoteke/novice/datoteke/774-II. cZdrav %8Devic2009.pdf.
9. Davison, S. E. (2010). The management of violence in general psychiatry. Advances in Psychiatric Treatment, 11. Retrieved on 15/3/2010 from the Internet: http:// apt.rcpsych.org/cgi/ reprint/11/5/362.pdf.
10. Gabrovec, B. (2015a). The prevalence of violence directed at paramedic services personnel. Obzornik zdravstvene nege, 49, No. 4, pp. 284–294.
11. Gabrovec, B. (2015b). The prevalence of methamphetamine, MDMA and new drugs among opiate addicts on agonist opioid treatment. Heroin Addict Relat Clin Probl, 17, pp. 69–76.
12. Gabrovec, B. and Eržen, I. (2016) Prevalence of violence towards nursing staff in Slovenian nursing homes. Zdrav Var, 55, No. 3., pp. 212
13. Gabrovec, B., Eržen, I. and Lobnikar, B. (2014). The prevalence and the nature of violence directed at the medical staff in psychiatric health care in Slovenia. HealthMED, 8, pp. 228–234.
14. Gabrovec, B. and Lobnikar, B. (2015). The analysis of the role of an institution in providing safety and quality in psychiatric health care. Anadolu psikiyatri dergisi, 16, pp. 420–425.
15. Gabrovec, B. and Lobnikar, B. (2014). Organizational model of ensuring safety and quality of treatment of aggressive psychiatric patients in mental health nursing in Slovenia. Obzor zdrav neg, 48, pp. 286–293.
16. Gates, D. M., Gillespie, G. L. and Succop, P. (2011) Violence against nurses and its impact on stress and productivity. Nurse Econ, 29, pp. 59–67.
17. Groleger, U. (2009). Agresivnost. In: Pregelj, P. and Kobentar, R. (ed.). Zdravstvena nega in zdravljenje motenj v duševnem zdravju. Ljubljana, pp. 288–294.
18. Hahn, S., Müller, M., Needham, I., Dassen, T., Kok, G. and Halfens, R. J. (2010). Factors associated with patient and visitor violence experienced by nurses in general hospitals in Switzerland: a cross-sectional study. J Clin Nurs, 19, pp. 23–24.
19. Janocha, J. A. and Smith, R. T. (2010). Workplace Safety and Health in the Health Care and Social Assistance Industry, 2003-07. US Burea of lebor statistic.
20. Kiran, S. (2003). The evaluation of occupational factors levels and relation with expose disease in health workers. Izmir: Dokuz Eylul Univ.
21. Klemenc, D. and Pahor M. (2000). Nasilje na delovnih mestih medicinskih sester v Sloveniji. In: Klemenc, D. and Pahor, M. (ed.). Nasilje in spolno nadlegovanje na delovnih mestih medicinskih sester v Sloveniji. Ljubljana: Društvo medicinskih sester in zdravstvenih tehnikov, pp. 12–35.
22. Kobal, M. (2009). Psihopatologija za varnostno in pravno področje. Ljubljana: Univerza v Mariboru, Fakulteta za varnostne vede.
23. Kolman, K. (2009). Ogroženost medicinskih sester in zdravstvenih tehnikov v psihiatrični bolnišnici. Diplomsko delo. Ljubljana: Univerza v Mariboru, Fakulteta za varnostne vede.
24. Kores Plesničar, B. and Kodrič Lasič, J. (2004). Nasilje bolnikov in njihovih svojcev v zdravstvenih ustanovah. Zdrav varst, 43, No. 3., pp. 179–183.
25. Lobnikar, B. (2003). Model upravljanja nasilja in agresivnega vedenja na delovnem mestu. Doktorska disertacija. Kranj: Univerza v Mariboru, Fakulteta za organizacijske vede.
26. Milčinski, L. (1993). Psihiatrično izrazje. Ljubljana: Slovenska akademija znanosti in umetnosti in Psihiatrična klinika Ljubljana.

27. Možgan, B. (2009). Posebni varovalni ukrepi. In: Pregelj, P. and Kobentar, R. (ed). Zdravstvena nega in zdravljenje motenj v duševnem zdravju. Ljubljana, pp. 439–443.
28. Privitera, M., Weisman, R., Cerulli, C., Tu, X. and Groman, A. (2005). Violence toward mental health staff and safety in the work enviroment. Occup med-Oxford, 55, No. 6.
29. Stokowski, L. A. (2010). Violence: not in my job description. Workplace Violence in Healthcare Settings.
30. Van Leeuwen, M. E. and Harte, J. M. (2011). Violence against care workers in psychiatry: Is prosecution justified? Int J Law Psychiat, 30.
31. Živič, Z. (2000). Zdravstvena nega bolnika z nasilnim vedenjem. In: Kogovšek, B. and Kobentar, R. (ed.). Priročnik zdravstvene nege in psihiatrije.

Dr. Branko Gabrovec, docent, zaposlen pri Nacionalnem inštitutu za javno zdravje.
E-mail: branko.gabrovec@nijz.si