56 - RISK FACTORS FOR OCCUPATIONAL VIOLENCE AGAINST EMERGENCY SERVICE HEALTH PROFESSIONALS

LUIZ ALVES MORAIS FILHO
GLAUCEA MACIEL DE FARIAS
WERUSKA ALCOFORADO COSTA
POLLYANNA DANTAS DE LIMA
RODRIGO ASSIS NEVES DANTAS
Universidade Federal do Rio Grande do Norte, Natal/RN, Brasil
moraisfilho2004@ig.com.br

INTRODUCTION

Health professionals are exposed every day to risk factors that may cause serious health damage or even lead to death. Risks of biological, physical and chemical accidents have been frequently researched and publicized in literature. Occupational violence has, however, become more visible among work hazards, especially over the last decade, considering the greater amount of studies on this theme and the identification of consequences for workers and institutions, as well as the high prevalence of occupational violence in health services (MORENO; MONTEIRO, 2003; ZAPPAROLI; MARZIALE, 2006; DI MARTINO, 2002).

In this sense, studies all around the world have evidenced a high incidence of occupational violence against health professionals, manifested, among other ways, through physical assault, verbal assault, moral harassment and sexual harassment (DI MARTINO, 2002).

In the report on occupational violence in the health sector presented by Di Martino (2002), based on studies from seven countries, it was identified that more than half of the professionals informed they had experienced at least one occupational violence incident over the last twelve months of work.

In Brazil, in Londrina/PR, Cezar (2005), studying occupational violence in an emergency service with a population of 14 physicians and 33 nursing staff professionals, found that 89.4% of all these professionals were victims of occupational violence during the 12 months predating the research. Analyzing by category, the researcher found this violence was experienced by 100% of the nurses, 88.9% of nursing technicians, 88.2% of nursing assistants and 85.7% of physicians;

It's important to stress, however, that the amount of studies on occupational violence in the health sector is still small, evidencing a need for more research on this theme on its various aspects (SANTOS JÚNIOR; DIAS, 2005; LUCK; JACKSON; USHER, 2008).

As for the most affected professional specialization, it was observed that the nursing and medical staff, working in the psychiatric and emergency services are the main victims of occupational violence. Among all health professionals, however, nursing has stood out as the most vulnerable to occupational violence (JACKSON; ASHLEY, 2005; CAMERINO et al. 2008).

In face of these facts evidenced in literature and our experience as health professionals in the emergency services, in which we constantly witness episodes of violence against health professionals, we ask: which are the risk factors, according to the medical and nursing staff's opinion, that contribute to occupational violence against health professionals in the urgency service?

In this sense, the International Council of Nurses (ICN) stresses that the hospital's direction bears the responsibility of providing a safe environment, identifying occupational risks and consequently promoting actions aimed at eliminating them, and that all health professionals should be a part of this process (CIE, 2007).

This study's object has thus been to identify the medical and nursing staff's views on what are the risk factors that contribute to occupational violence against health professionals in the emergency service.

With this research, we hope to contribute with the identification of risk factors for violence in the work space, from the service's worker's viewpoint, and to consequently assist in this discussion.

MATERIAL AND METHOD

Descriptive-exploratory study with quantitative approach, developed in Natal/RN/Brazil, on Pronto Socorro Clóvis Sarinho, in Complexo Hospitalar Monsenhor Walfredo Gurgel. The participant sample consisted of 245 professionals of the medical and nursing staff, of which 124 where physicians, 26 nurses and 95 nursing assistants/technicians. In order to calculate the amount of participants, we considered a 5% sample error based off the population of professionals in each category.

The population inclusion criteria were: health professionals from the medical and nursing staff of both genders aged over 18; working in the emergency service for more than one year; accepted to take part in the study and agreed to sign a term of free and clear consent (Termo de Consentimento Livre Esclarecido – TCLE).

The subjects' participation was decided by a random draw, according to each professional category. To that end, we made a random selection using the Microsoft Excel XP software.

We used in data collection an instrument containing closed questions, related to professional characterization and data relative to the professionals' experience on occupational violence against the health team.

Data collection was performed from April to May 2009, after approvel by the Comitê de Ética, from Universidade Federal do Rio Grande do Norte (UFRN) / Parecer n° 052/2009.

The data were collected in the following steps: in the beginning of each work shift, we introduced ourselves to the active staff, individually or collectively, at which time we approached the selected participants and presented the research objectives. To those that agreed to take part in the study, we provided the TCLE, and requested it to be read and signed. At this time, we made it clear that their participation would be voluntary according to Resolução n°196/96 of Conselho Nacional de Saúda (CNS) (BRASIL, 2000).

Afterwards, we delivered the question form, in a sealed envelope, identified only by number according to the participant list, thus allowing for participant anonymity. At this time, we emphasized the importance of the complete filling of the form and requested it to be returned by the end of the work shift.

The data were analyzed by descriptive statistics and presented as tables. To that end, we used Statistica 6.0 and Microsoft Excel XP software.

RESULTS AND DISCUSSION

Social-demographic characterization of the nursing staff

In order to approach the results and discussion of data obtained in this research, we begin by presenting the social-demographic characterization, followed by the presentation of risk factors for occupational violence.

245 health professionals took part in this research, of which 124 where physicians, 26 nurses and 95 nursing assistants/technicians.

When analyzing data from all professional categories we identified that from 245 health professionals, 124 (50,61%) were female and 121 (49,395) male. However, when analyzing the medical and nursing staffs separately, we observed an inverse proportion, as 75% of the physicians were male, whereas 76.92% of nurses and 76.84% of nursing assistants/technicians were female.

Regarding age, we identified it was in the age group of 23 to 65 years, with an average of 44.02 years (Standard Deviation 10.06). By professional category, we identified the medical staff had an average age of 45.93 (Standard Deviation 10.50), the nurses 42.85 (Standard Deviation 8.36) and the nursing assistant/technician staff was aged at an average of 41.85 (Standard Deviation 9.47).

As for the instruction level, we found that 108 (87.10%) of physicians and 18 (69.23%) nurses had a post-graduate level. Out of 124 (100%) physicians, 16 (12.90%) only had a graduate instruction level and out of 26 (100%) nurses 08 (30.77%) only had graduate instruction level. Among nursing assistants/technicians 74 (79.70%) had completed middle level instruction. However, 5 (5.26%) nursing assistants/technicians informed us they had completed superior level instruction and 15 (15.90%) were in the process of completing this level.

RISK FACTORS FOR OCCUPATIONAL VIOLENCE

Table 01 – Distrubution of emergency service medical and nursing staff worker response according to the identification of risk factors for occupational violence against health professionals. HWG – NATAL/RN, 2009.

Risk Factors	*Professional category*						*Total*	
	Physician		Nurse		Assist./tech. *			
	#	% **	#	% **	#	% **	#	% **
Violent patients	82	66.13	17	65.38	54	56.84	153	62.45
Violent companions	102	82.26	26	100.00	84	88.42	212	86.53
Violent physicians	18	14.52	09	34.62	29	30.53	56	22.86
Violent nursing staff	18	14.52	05	19.23	28	25.56	47	19.18
Violent management staff	15	12.10	05	19.23	28	29.47	58	23.67
Inadequate physical structure	96	77.42	19	73.08	64	67.37	179	73.06
Insufficient security guards/policemen	80	64.52	19	50.00	68	71.58	161	65.71
Lack of training for handling violence	71	57.26	15	57.69	62	65.26	148	60.41
Long waiting lines	72	58.06	20	76.92	62	65.26	154	65.86
Mistakes in care given to patient	42	33.87	12	46.15	50	52.63	104	42.45
Insufficient work staff	82	66.13	17	65.38	61	64.21	160	65.31
Other	13	10.48	00	00.00	05	05.26	18	07.35

*Nursing assistant/technician; Multiple option answer; The percentage for each answer was based on the number of professionals in each category.

For the analysis of risk factors related to occupational violence presented in Table 01, we divided the population in three groups. The first one was formed by patients and companions; the second, composed by health professionals, including the medical, nursing, and administration staffs; the last one covers structural organizational factors, such as: inadequate physical structure, insufficient security guards/policemen, lack of training for handling violence, long waiting lines, mistakes in care given to patient and insufficient work staff.

In this sense, companions stand out as the main risk factor, being considered by 212 professionals (86.53%) and the patients by 153 professionals (62.45%).

Some authors attribute violence caused by patients and their companions to individual chatacteristics such as drug addicts, prison inmates, alcoholics and those affected by psychic problems, as well as a high level of anxiety with emotional imbalance and a lack of patience for waiting to be attended to (DI MARTINO, 2002; CEZAR, 2005).

Beyond the previously presented characteristics, Santos Júnior and Dias (2005) attribute this violence to the patients' and their companions' lack of satisfaction with the care given by emergency services, especially regarding the reception given to patients when these units are sought.

In this sense, according to Paravic; Valenzuela; Burgos (2004), patients can become violent when they perceive a low quality in services or a lack of professional compromise, or when they understand their rights are being denied.

Kaiser and Bianchi (2008) add that aggressive behavior in the user is generated by coming and going from one service to another with no resolution, compounded with a lack of will in service or a lack of institutional political will itself.

Among health professional-related factors, we observe, in Table 01, that there was not a large percentage difference between violent physicians, nursing staff and administrative staff. However, among these three factors, the administration staff was considered a risk factor by a larger number of professionals, 57 (23.67%), followed by physicians (22.86%), and the nursing staff 47 (19.18%).

In agreement with our findings, in a research performed in Tasmania (Australia), 24.5% of the nurses cited a lack of support or conflict with nurses, physicians and health colleqagues, as an important risk factor for occupational violence (FARRELL; BOBROWISK; BOBROWISK, 2006).

Counterpointing our results, Cezar (2005) developed a research in Londrina (PR) seeking risk factors that can contribute with occupational violence. In this study, from 47 researched professionals, 4.3% consider physicians and the administration staff as a risk factor followed by the nursing staff with 2.1%.

Similar to our results, in a study performed in Londrina/PR, with 47 professionals from the medical and nursing team, on occupational violence in an urgency service, it was identified that most professionals 32 (68.4%) also consider that the physical environment contributes with occupational violence (CEZAR, 2005). In this same study, data show that the lack of personnel trained in dealing with situations of violence and the overload of patients being attended to were considered as risk factors by 48.9% and 46.8% of health professionals, respectively (CEZAR, 2005).

Deslandes et al. (2007), discussing this issue, state that emergency services suffer from chronic overloading problems, invasion of outpatient demand, and from less-equipped neighboring municipalities with insufficient staff. They also add as a factor that favors violence the overloading and lack of intra-hospital articulation. Likewise it's observed that in some hospitals there is a lack of a full staff, such as professionals specialized in anesthetics, orthopedics, and other areas indispensable for these services' good function.

As for other factors attributed by the medical and nursing staff, observed in Table 01, we stress that 18 professionals (7.35%) presented risk factors related to social issues, public services management and each professional's individual commitment.

Contributing with this discussion, Di Martino (2002) adds that added to the structural and organizational conditions there are also social factors such as the lack of information and the limited availability of financial resources in the health area.

In a similar mindset, Cezar and Marziale (2006) consider that, in most professionals' opinion, this violence is motivated by the precarious public service conditions due to extremely bad work conditions and the social discrepancies present in the country.

CONCLUSIONS

Based on the aforementioned findings, we conclude that, from the viewpoint of the medical and nursing staff, companions were considered as the main risk factor for occupational violence in the emergency services. Other important risk factors were the physical structure, understaffed facilities, the long waiting lines and the patients themselves. The nursing, medical and administrative staffs were cited by a smaller percentage of professionals as a risk factor.

We can thus identify that inter-related measures must be created, directed at the users, the health staff and the organizational structures, given that although many factors were identified, many are linked to others. That said, these findings and the entire discussion lead us to confirming the complexity of studying occupational risk factors.

In this sense, we cannot think about isolated measures in an attempt to lessen this problem from the analysis of its causes. A whole set of actions involving health professionals, users, public and health service managers as well as the community in its various facets must be developed.

KEYWORDS: RISK FACTORS; VIOLENCE; HEALTH PERSONNEL; NURSING

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Main Autor: LUIZ ALVES MORAIS FILHO. Rua Francisco Manoel Nunes, nº500, Bairro: Nova Parnamirim, apto 04, Natal/RN, Brasil. Phone: (84) 8834-9735. E-mail: moraisfilho2004@ig.com.br

RISK FACTORS FOR OCCUPATIONAL VIOLENCE AGAINST EMERGENCY SERVICE HEALTH PROFESSIONALS

ABSTRACT

Descriptive exploratory study, developed in the emergency service of Hospital Monsenhor Walfredo Gurgel, with the objective of identifying factors that contribute with occupational violence against health professionals in the emergency service. The sample consisted of 124 physicians, 26 nurses and 95 nursing assistants/technicians, with data collected from April to May 2009. In order to analyze risk factors, we divided them in three groups: users, health professionals and structural organizational factors. In this sense, companions stand out as the main risk factor in the users group, being referred to by 212 professionals (86.53%). Among factors related to health professionals, the management staff was considered a risk factor by 58 professionals (23.67%). As for the structural and organizational factors group, inadequate physical structure was considered as a factor by 161 professionals (73.06%). Given that, based on the results in this study, we identify that inter-related measures aimed at the users, the health staff and structural organizational issues must be developed, since many factors are interlinked.

KEYWORDS: Risk Factors; Violence; Health Personnel; Nursing.

FACTEURS DE RISQUE LIÉS À LA VIOLENCE OCCUPATIONNELLE CONTRE DES PROFESSIONNELS DE LA SANTÉ DANS UN SERVICE DES URGENCES

RÉSUMÉ

Étude exploratoire descriptive, réalisée au service des urgences du Complexo Hospitalar Monsenhor Walfredo Gurgel, dans le but d'identifier les facteurs qui contribuent à la violence occupationnelle exercée contre des professionnels de la santé au service des urgences. L'échantillon était composé de 124 médecins, 26 infirmiers et 95 aides-soignants/techniciens infirmiers, et les données ont été recueillies en avril et mai 2009. Pour effectuer l'analyse des facteurs de risque, nous avons partagé ces données en trois catégories : les bénéficiaires, les professionnels de la santé et les facteurs d'organisation structurale. En ce sens, les personnes qui tiennent compagnie aux malades constituent de loin le facteur de risque principal dans le groupe des bénéficiaires, selon l'avis de 212 professionnels (86,53 %). Parmi les facteurs liés aux preofessionnels de la santé, l'exercice de la direction a été considéré comme un facteur de risque par 58 professionnels (23,67 %). Quant à la catégorie des facteurs d'organisation structurale, la structure physique inappropriée a été vue comme un facteur de risque par 161 professionnels (73,06 %). Ainsi, en fonction des résultats de la présente étude, on constate la nécessité d'envisager des mesures concernant tout à la fois les usagers, l'équipe des professionnels de la santé et les questions liées à la structure d'organisation, car bien de ces facteurs sont liés entre eux dans un rapport d'interdépendance.

MOTS CLÉS: Facteurs de risque, Violence, Personnel de la santé, Soins.

FACTORES DE RIESGO PARA LA VIOLENCIA OCUPACIONAL CONTRA PROFESIONALES DE LA SALUD DE UN SERVICIO DE URGENCIAS

RESUMEN

Estudio exploratorio descriptivo, desarrollado en el servicio de emergencia del Hospital Monsenhor Walfredo Gurgel con el objetivo de identificar los factores que contribuyen para la violencia ocupacional contra profesionales de salud en el servicio de urgencia. La muestra constó de 124 médicos, 26 enfermeros y 95 auxiliares técnicos de enfermería, con datos colectados entre Abril y Mayo de 2009. Para el análisis de los factores de riesgo, dividiremos los mismos en tres grupos beneficiarios, profesionales de Salud y factores organizacionales estructurales. En ese sentido, los acompañantes se destacan como principal factor de riesgo en el grupo de beneficiarios, siendo considerado por 212 profesionales (86,53%). Entre los factores relacionados a los profesionales de salud la jefatura fue considerada como siendo un factor de riesgo por 58 profesionales (23,67%). En cuanto al grupo de los factores organizacionales y estructurales la estructura física inadecuada, fue considerada como un factor, por 161 profesionales (73,06%). De ese modo con base en los resultados de ese estúdio, identificamos que deben ser pensadas medidas dirigidas para los usuarios, para el equipo de salud y para las cuestiones estructurales organizacionales, de modo interrelacionadas e interligadas entre si.

PALABRAS CLAVES: Factores de Riesgo, Violencia, Personal de Salud, Enfermería.

FATORES DE RISCO PARA VIOLÊNCIA OCUPACIONAL CONTRA PROFISSIONAIS DA SAÚDE DE UM SERVIÇO DE URGÊNCIA

RESUMO

Estudo exploratório descritivo, desenvolvido no serviço de emergência do Hospitalar Monsenhor Walfredo Gurgel, com o objetivo de identificar os fatores que contribuem para a violência ocupacional contra profissionais da saúde no serviço de urgência. A amostra constou de 124 médicos, 26 enfermeiros e 95 auxiliares/técnicos de enfermagem, com dados coletados entre abril a maio de 2009. Para a análise dos fatores de risco, dividiremos os mesmos em três grupos: beneficiários, profissionais de saúde e fatores organizacionais estruturais. Nesse sentido, os acompanhantes se destacam como principal fator de risco no grupo dos beneficiários, sendo considerado por 212 profissionais (86,53%). Dentre os fatores relacionados aos profissionais de saúde, a chefia foi considerada como sendo um fator de risco por 58 profissionais (23,67%). Quanto ao grupo dos fatores organizacionais e estruturais, a estrutura física inadequada foi considerada como um fator por 161 profissionais (73,06%). Desse modo, com base nos resultados desse estudo, identificamos que devem ser pensadas medidas voltadas para os usuários, para a equipe de saúde e para as questões estruturais organizacionais, de modo interrelacionadas, pois muitos fatores estão interligados entre si.

PALAVRAS-CHAVE: Fatores de Risco; Violência; Pessoal de Saúde; Enfermagem.

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