



CHARACTERISTICS OF WORKPLACE AGGRESSION IN MEDICAL PRACTICE

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ABSTRACT

Purpose: To study and analyze the presence of aggression in the workplace among medical professionals in emergency departments.

Material/Methods: The study included 227 medical and non-medical personnel from emergency units in the Varna region. Documentary, sociological, and statistical methods are applied. The study was carried out in 2023.

Results: A large proportion of emergency workers were the object of aggression from patients or their relatives during work (84.1%, n=191). The object of aggression is the employees in the age group of 51-65 years (35.2%, n=80). More often, aggression is *verbal aggression*. Doctors and nurses are the object of aggression more often than other categories of staff. Aggression leads to a decrease in the pace of work, intention to leave the workplace, etc. Negative emotional reactions to the intake of alcohol or narcotic substances are among the reasons leading to aggression of the patient or his relatives.

Conclusion: The professional activity of medical specialists is related to mental and physical stress. Violence in the workplace is a prerequisite for stress and anxiety. It adversely affects workers.

Keywords: Patient, relatives of the patient, workplace violence, professional activity, medical professionals

INTRODUCTION:

The professional activity of medical specialists in emergency units (departments) is associated with high levels of risk and stress, as well as mental and physical strain. Aggressive situations at work hurt workers' mental and physical health, affect their social and personal lives, and affect their professional activity. They also threaten the quality of health care provided. In their work, medical specialists from emergency structures are subject to verbal and physical threats [1,2]. The aggressor is usually a patient or his relatives. Some studies show that aggressive manifestations have a negative impact on the emotional state of workers, and more often, they are women [3,4,5,6]. According to some studies, the person responsible for the violence is more often the patient and less often the worker [7]. After experiencing violence in the workplace, medical professionals report health problems, anxiety, disturbed sleep, "social phobia", exhaustion, reduced empathy, emotional burnout, depersonalization, etc. Specialists use a variety of strategies to deal with these symptoms [8,9,10]. Today, there are increasing efforts to encourage employees to report incidents of workplace aggression. Some authors suggest that abuse reporting be built into the electronic patient care record. This new method aims to more easily and quickly report aggression, as well as to identify high-risk calls, when the signal is given [11].

PURPOSE:

To study and analyze the presence of aggression in the workplace among medical professionals in emergency departments.

MATERIAL/METHODS:

The study included 227 medical and non-medical personnel from emergency units in the Varna region. Documentary, sociological, statistical methods are applied. A questionnaire was used to collect information. The study was carried out in 2023.

RESULTS:

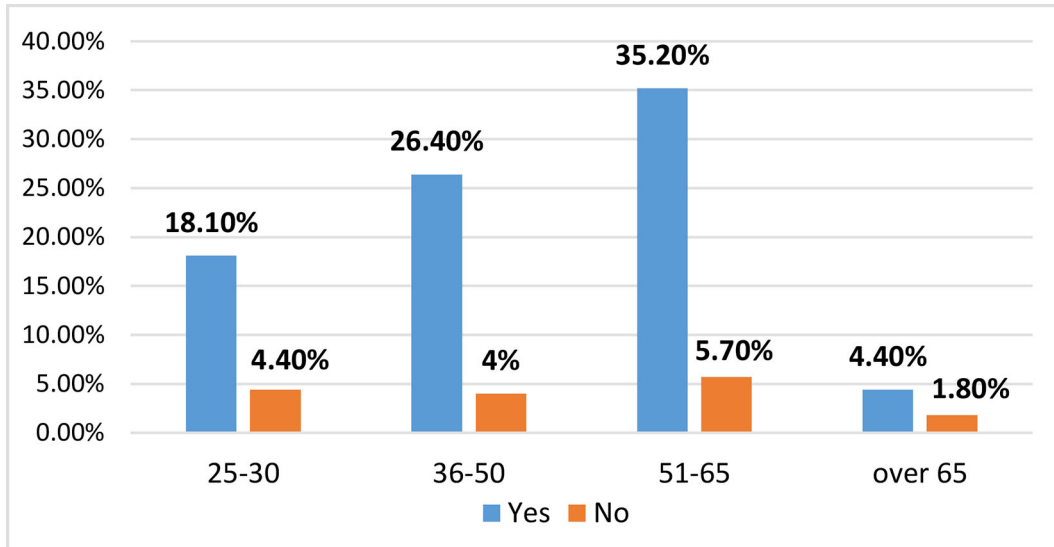
The study was conducted among 227 medical and non-medical staff. The results show that a large proportion of emergency workers were subjected to aggression by patients or their relatives during work (84.1%, n=191). A small part of the respondents indicated that they had not been the object of aggression (15.9%, n= 36). More often, women self-assess themselves as objects of aggressive behavior (50.3%, n=114) (Table 1). Women are more vulnerable and unprotected, which may be a prerequisite for rude behavior towards them.

Table 1. Analysis of aggression shown to workers in emergency units/structures, according to gender.

<i>Aggression by patients/ their relatives during work</i>	<i>Gender</i>		<i>Total</i>
	Male	Female	
Yes	33,9% (n=77)	50,3% (n=114)	84,2% (n=191)
No	7,9% (n=18)	7,9% (n=18)	15,8% (n=36)
Total	41,8% (n=95)	58,2% (n=132)	100% (n=227)

The age distribution shows that in the emergency care system, older employees aged 51-65 years (35.2%, n=80) are the most often the target of aggression, followed by those aged 36-50 years (Fig. 1)

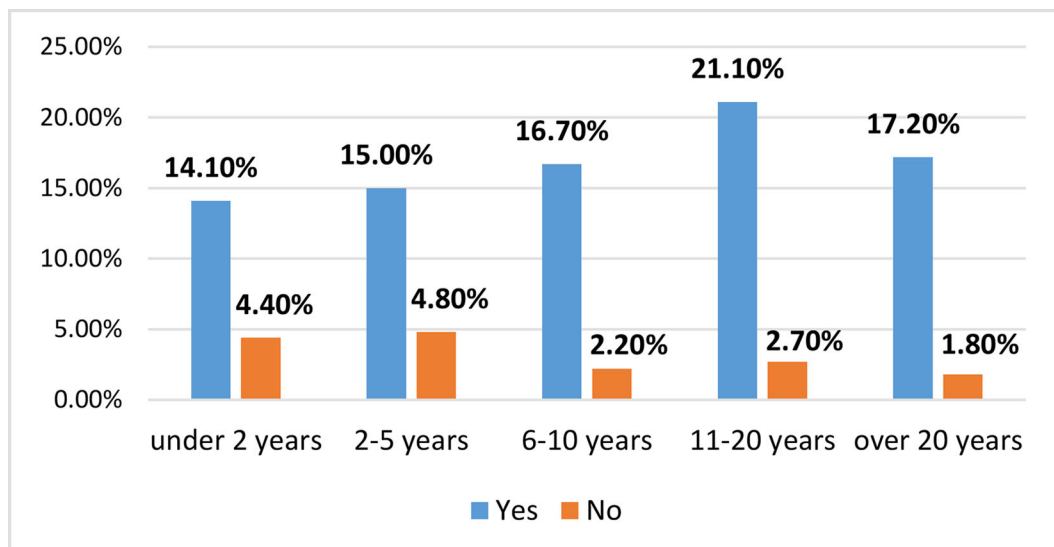
Fig. 1. Shown aggression toward medical professionals, according to age



The comparative analysis of the data from the work experience of health professionals and workplace aggression are similar. The most frequently manifested aggression in the workplace was indicated by workers with a long work experience of 11-20 years (23.8%, n=54), followed by workers with over 20 years of work experience (18.9%, n=43).

The analysis of the results shows that as the length of service increases, the respondents' self-assessment of the aggression shown to them increases, being the lowest at the beginning of the service and the highest with service after 11 to 20 years (fig. 2).

Fig. 2. Manifested aggression towards medical professionals, according to work experience



Respondents with more than 20 years of work experience assessing the presence of aggression are fewer in number. The aggression shown by patients or their relatives is *verbal aggression* ($\chi^2=95.938$; $p<0.001$) or *verbal with physical aggression* ($\chi^2=5.776$; $p=0.016$). Doctors (25.6%, $n=58$) and nurses (17.2%, $n=39$) are more often the target of verbal aggression compared to other employees of the emergency structures.

The research data show that when aggression is manifested, almost half of the respondents (41.4%, $n=94$) reduce the pace of work. In emergency settings, this can lead to a decrease in the quality of patient care. One-third of the respondents (27.8%, $n=63$) noted wrong decisions in their professional activities, and a feeling of missing out at the end of the working day was found in 12.8% ($n=29$). Some emergency workers accept aggression from patients or their relatives as part of daily practice.

For almost half of the respondents (39.2%, $n=89$),

aggressive actions lead to strained relationships in the workplace. Deterioration of the working climate can also reduce the quality of the professional activity performed. 33% ($n=75$), ($\chi^2=7.093$; $p=0.008$) of the study participants decided to leave the workplace after a manifestation of aggression.

Medical professionals noted that they were shown aggression by the patient's relatives in cases of patient death (30.4%, $n=69$). This is probably due to the affect of the relatives of the deceased and the emotions they feel at that moment. In spite of these severe emotional states of the relatives, aggressive behavior is not permissible towards those providing assistance. Aggression also occurs when the patient or his relatives disagree with the method of treatment (16.7%, $n=38$). According to 14.5% ($n=33$) of the surveyed medical specialists, aggression towards patients/or their relatives is also in cases of a subjective feeling of delay in admission (*Table 2.*).

Table 2. Factors affecting aggression at the workplace in emergency care

<i>Most frequent cases leading to aggression of a patient or his relative</i>	<i>N (%)</i>
Prolonged waiting of the patient for admission to the department	33 (14.5%)
Rude attitude of the medical team to the patient	23 (10.1%)
Use of narcotic substances or alcohol by the patient/patient's relative	151 (66.5%)
Disagreement of the patient/relative with the method of treatment chosen by the medical team	38 (16.7%)
Patient death occurred	69 (30.4%)
Other causes	86 (37.9%)

*Note *% exceeds one hundred due to more than one response being given*

Physical and verbal aggression is observed more often when the patient/relative has used narcotic substances ($\chi^2=8.792$; $p=0.003$), alcohol ($\chi^2=6.264$; $p=0.012$), long wait for admission, evaluated as delay ($\chi^2= 36.146$; $p=0.001$), *in agreement with treatment methods* ($\chi^2=10.067$; $p=0.05$).

Aggression from patients or their relatives was observed by the majority of workers (67.8%, $n=154$) at any time of the day ($\chi^2=10.735$; $p=0.001$). The percentage of respondents observing workplace aggression more often during the day shift is insignificant (4.4% $n=10$). Verbal aggression occurs during the day and at night. A statistically significant relationship was established between the presence of aggression in night shifts and the use of narcotic substances or alcohol ($\chi^2=11.657$; $p=0.001$) and a long time of admission to the medical facility ($\chi^2=5.205$; $p=0.023$).

DISCUSSION:

Workplace violence is a significant problem in health care. The forms of aggression are verbal or physical. Verbal aggression occurs more often, but in some cases,

it is combined with physical aggression. This makes the problem of workplace violence in healthcare even greater. Age and gender are predictors of the manifestation of aggression. The patient or his relatives tend to show aggression. Verbal abuse is the type of aggression most frequently experienced by medical professionals [12]. If incidents of aggression are not reported, they may not be addressed, and it becomes difficult to identify specific causes of aggression. Underreporting of workplace aggression is a problem in health care [12]. Some of those working in emergency structures accept aggression from patients or their relatives as part of daily practice. Among the predictors of aggression in medical facilities can be referred [12, 13]. 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; etc. After experiencing aggression, a person is overcome by a multitude of emotions. They give rise to negative feelings. Verbal aggression harms the dignity and undermines the au-

thority of emergency department professionals. Aggression in the workplace leads to a decrease in attention, an increase in anxiety, a decrease in efficiency, which affects health care [14].

CONCLUSION:

The professional activity of medical specialists is related to mental and physical stress. Violence in the workplace is a prerequisite for stress and anxiety. Medical

specialists working in emergency units have been subjected to aggression by patients or their relatives. Women more often note aggression in the workplace. Aggression in the workplace is more often noted by women. The target of aggression is older employees. Doctors and nurses are more often the target of verbal aggression than other staff. Factors leading to aggression by a patient or his relatives are related to strong negative emotions, use of alcohol or narcotic substances, long wait for admission to a ward.

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