

A MODEL TO INVESTIGATE WORKPLACE VIOLENCE IN THE HEALTH SECTOR

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ABSTRACT

Workplace violence has increased, especially in the health sector. Evidence shows that psychiatric hospitals, nursing homes, emergency rooms and prehospital care section are the areas where most violent acts occur. The aim of this paper is to reflect on the phenomenon of workplace violence in the health sector and present the conceptual model of Chappell and Di Martino, which incorporates several variables related to this phenomenon coming from the perpetrator, the victim and the environment in which these actions occur. This model is useful as a reference for appliance in research studies, because it provides a multifactorial perspective of the phenomenon.

Descriptors: Violence. Health facilities. Research.

RESUMEN

La violencia laboral ha ido en aumento especialmente en el sector salud. Las evidencias demuestran que son los hospitales psiquiátricos, los hogares de ancianos, las salas de emergencias y la atención prehospitalaria, los principales servicios en donde se generan la mayoría de actos violentos. El presente trabajo tiene por objetivo reflexionar en torno al fenómeno de violencia laboral en el sector salud y presentar el modelo conceptual de Chappell y Di Martino que incorpora diversas variables relacionadas con este fenómeno proveniente del agresor, la víctima y del ambiente donde se generan estas acciones. Este modelo es un buen referente a ser aplicado en estudios de investigación ya que permite una mirada multifactorial de este fenómeno.

Descriptores: Violencia. Instituciones de salud. Investigación.

Título: Un modelo para investigar violencia laboral en el sector salud.

RESUMO

A violência no trabalho tem vindo a aumentar, especialmente, no setor da saúde. As evidências mostram que são os hospitais psiquiátricos, os asilos, as salas de emergência e atendimento pré-hospitalar, os principais serviços que geram a maioria dos atos violentos. Este trabalho visa refletir sobre o fenômeno da violência no trabalho, no setor da saúde, e apresentar o modelo conceitual de Chappell e Di Martino, incorporando diversas variáveis relacionados a este fenômeno do agressor, à vítima e ao ambiente em que essas ações são gerados. Este é um bom modelo de referência a ser aplicado em estudos de pesquisa, pois permite que um olhar multifatorial deste fenômeno.

Descritores: Violência. Instituições de saúde. Pesquisa.

Título: Um modelo para pesquisar a violência no trabalho no setor da saúde.

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INTRODUCTION

Violence has become an epidemic public health problem, it has turned into a sort of disease which has spread widely across the health care sector^(1,2). It is a complex and confusing phenomenon which threatens the development of the society, deteriorates the quality of life and destroys the social structure. The roots of this multi-sided problem are biological, psychic, environmental, and social^(2,3).

When violence occurs in the workplace, it is called 'workplace violence', and is defined as "every action or incident which opposes or gets away from reasonable behavior, by which a person is attacked, threatened, humiliated, or injured by another whilst carrying out his or her job or as a consequence of it."^(3;4;5;6) Violent events occurred while arriving to or from workplace and which endanger the worker's safety, well-being or health also count as workplace violence. Workplace violence appears in multiple ways, such as physical and psychological abuse and sexual harassment. Psychological violence used to be underestimated, however, it occurs much more frequently through repetitive behavior. It may seem unimportant, but when incidents accumulate, they can become a several way of violence⁽⁷⁾.

Workplaces of all kinds, including hospitals, must be free of any type of violence in order to reinforce sanitary organization, improve interpersonal relationships, and keep an appropriate attention for people, to that patients receive the best health care according to their needs in safe place which is free of any type of violence.

Despite this, health care services are not free of violence, this is why the society must consider workplace violence as an important issue in order to identify the main problems and suggest preventive strategies for health care services. This will help us avoid new workplace violence incidents. The objective of this document is to reflect around the phenomenon of workplace violence in the health care area and introduce the Chappell and Di Martino model, which includes several variables related to this phenomenon from the point of view of the perpetrator, the victim, and the environment where these episodes occur.

WORKPLACE VIOLENCE AND AN INVESTIGATION MODEL

Health care workers are not immune to becoming victims of aggressive behavior developed

during health care work. Violent incidents occurred in health care facilities have been so severe, that workplace violence has been qualified as a sanitary problem that involves both professional and technician workers. This is because both types of workers have started showing signs and symptoms as a result of such violent acts, such as stress, post traumatic stress, burnout, depression, weight gain or loss, and increase in the consumption of tobacco and other drugs. These signs and symptoms negatively affect job performance and user attention^(8;9;10).

Several studies performed in Latin America^(11;12) have identified physical and psychological violent behavior in the health care workplace area. Moreover, they have concluded that emergency rooms, psychiatric hospitals, nursing homes, and prehospital care are the areas where most workplace violence incidents against the health care staff take place^(13;14;15).

Violent incidents occurred in health care institutions have turned into a cycle where users, health care workers and future health care professionals are involved as victims or perpetrators.

It is necessary to investigate this phenomenon, because there is an important knowledge gap regarding workplace violence in health care areas in Chile and its different levels. One of the ways we can study this phenomenon is by applying Chappell and Di Martino's interactive model of workplace violence (1998)⁽³⁾. By applying this model, we can analyze violence from a multifactorial view point, because several factors involved in this phenomenon are included. The model is shown in the following diagram:

The model connects the interaction of these risk factors; among these factors, we can find individual factors from the perpetrator and the victim, and environmental factors, where incidents take place⁽³⁾.

The perpetrator and the victim may show risk factors that increase the possibilities of showing violent behavior in the future. The perpetrator, who may be a client, a user, a patient, a colleague or a co-worker, may show characteristics that define him as a violent person. These characteristics may be: history of violence, childhood problems, being a male, being a young man, consuming drugs, and carrying fire weapons. Alcoholism is also considered to be a risk factor that increases the possibilities of showing aggressive and violent behavior in the future. The authors also state that some psychiatric

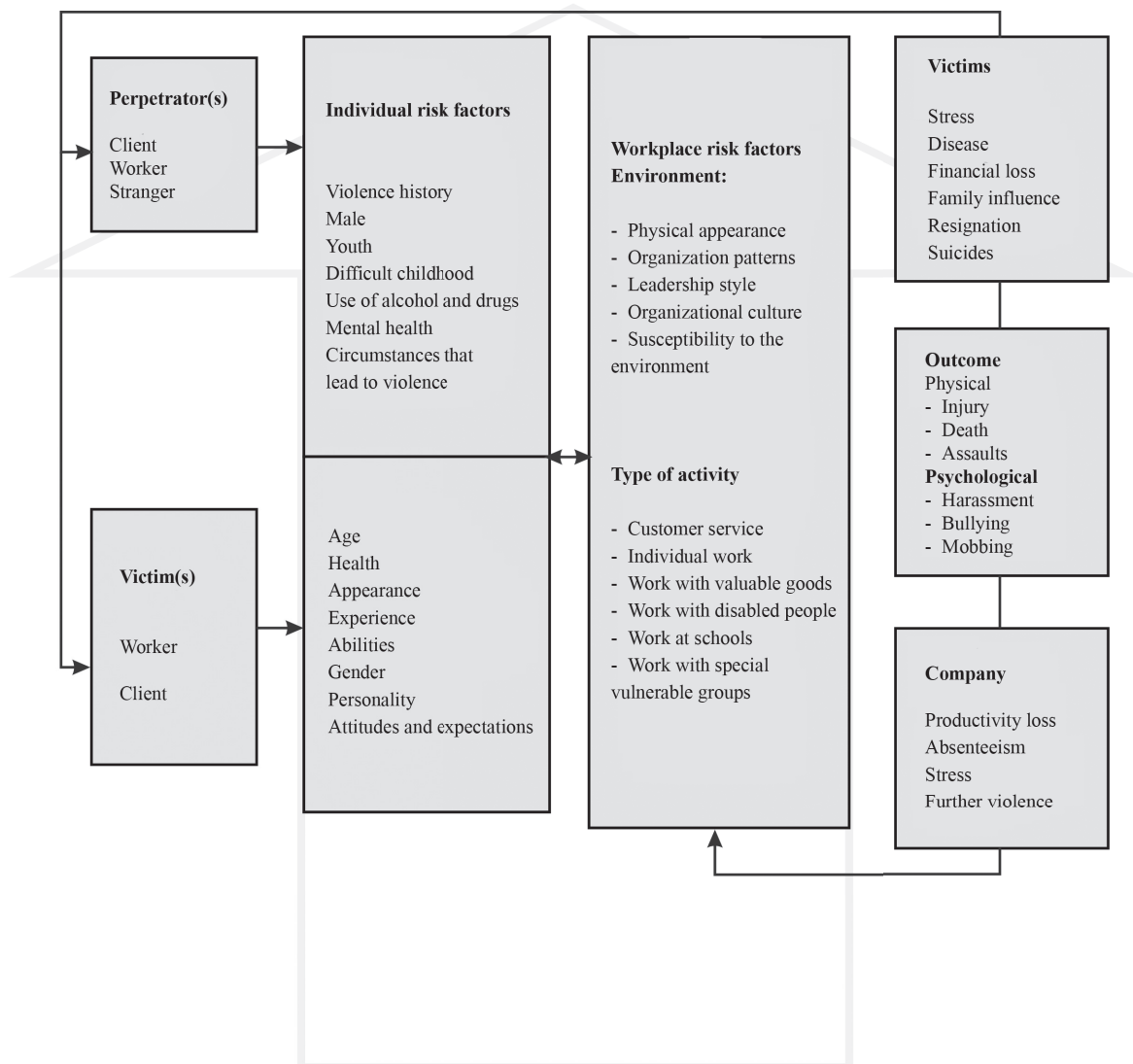


Figure 1 - New model prepared by Chappell and Di Martino, 2005, based on Poyner and Wayne, 1998, p.7.

disorders (schizophrenia, bipolar disorders, and personality disorders) may lead to aggressive behavior. The type of personality, temperament, and expectations respect to life may make highly negative people become stressed, which, in turn, will make him or her turn into a conflictive person ⁽³⁾.

On the other side, the victim may show signs that make him or her vulnerable to violent behavior, such as the appearance and the first impression, especially when he or she is in direct contact with other people. Aggressive behavior may be encouraged or discouraged by the physical appearance of the victim. Other characteristics that may lead into episodes of violence are clothes or uniforms that identify certain groups of workers, like the

police. The health of workers associated to stress caused by overdrive o slight mental health disorders may lead into misunderstandings that may precipitate aggressive behaviors⁽³⁾.

Gender is another risk factor related to the victim. It is said that women, young people, and people with little job experience are susceptible to being victims of workplace violence. The personality of the victim plays an important role in this problem, because properly handling difficult situations decreases the risk of having aggressive behavior. Violence is also generated by anxiety and anger of the victim. On the contrary, having a moderate behavior may help decrease tension. In other words, the way victims react to aggressive

behavior may be an important factor to determine if aggressions decrease or increase⁽³⁾.

The place where the perpetrator and victim socially interact may play a fundamental role in workplace violence. As a result from such interaction, the occurrence of violent incidents may be influenced by working environment, its physical and organizational characteristics, structure, directive and cultural style. Confusing job organizations, unfriendly structural designs to carry out job activities, such as reduced working space, poor interpersonal relationships, non-clear and offensive leadership, little racial tolerance and inequalities of chances in the different areas are also factors that may contribute to workplace violence⁽³⁾.

Other characteristics that may influence highly on aggressive behavior victims are working alone, overtime, in costumer service, with stressed people, on sections with valuable items, and in environments which are susceptible to episodes of violence and in conditions of special vulnerability (for example, racism)⁽³⁾.

The effects of violent behavior may completely penetrate the workplace, the family of the victim, and the community where he or she lives⁽³⁾.

At an individual and familiar level, humiliation and suffering as a result from workplace violence may barely be quantified. The victim usually shows signs such as demotivation, lack of confidence, low self-esteem, depression, anger, anxiety, and irritability. This may end up causing job accidents, disability, and even suicide. These negative consequences not only affect victims of violence, but also nearby people who are not directly involved, but are related either to the victim or to the perpetrator.⁽³⁾

Job institutions may also suffer due to aggressive behavior. Violence affects the nucleus of the workplace, hence the efficiency and productivity of workers decrease, stress and absenteeism increase, and the frequent staff turnover affects mainly the personnel which is qualified to comply specific tasks within the job, specially regarding health⁽³⁾.

At a social level, the costs of violence may cause an economic impact in health cares areas such as long term rehabilitation, reintegration of victims of workplace violence, unemployment, and the costs of new training for victims who lost their jobs due to this phenomenon⁽³⁾.

The proposed Interactive Model of Violence may be an excellent tool to support research linked

to workplace violence in the health sector, especially for palces where a high risk of violence towards health personnel is detected.

FINAL CONSIDERATIONS

Violence in the health sector has increased in recent years, and it has been proved that not only health workers have been victims of violent episodes in health care facilities, but also patients. According to current evidence, emergency rooms, psychiatric hospitals, nursing homes, and services of prehospital care are the places where the highest number violent incidents take place. Chapell and Di Martino's Interactive Model of Workplace Violence may be a very useful tool for research studies of violence in the Health Sector. Thanks to this model, we can provide evidence to develop strategies that help us prevent workplace violence. In this way, in and out-patient health care shall be developed in non-violent environments. These measures will help us prevent job abandonment of health care workers who feel their physical and mental health has been damaged by workplace violence events. Meanwhile, the structural organization of health care entities burns out, which decreases productivity and reduces the quality of service provided to patients.

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