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COPING WITH THE PROBLEMS AND VIOLENCE EXPERIENCED BY NURSES AFTER VIOLENCE IN EMERGENCY SERVICES

ACİL SERVİSLERDE YAŞANAN ŞİDDET OLGULARI SONRASI HEMŞİRELERİN YAŞADIKLARI SORUNLAR VE ŞİDDETLE BAŞA ÇIKMA

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ABSTRACT

In recent years, it is seen that all kinds of violence cases have been increasing all over the world and in our country. The frequency of exposure to violence, especially among nurses working in the emergency clinics of hospitals, is increasing and they do not feel safe. Exposure to violence can be a serious problem for physicians and other healthcare professionals as well as nurses. Social problems, socio-economic reasons, deficiencies in the health system, legal gaps, lack of communication experienced by healthcare professionals and patients or their relatives, and different perceptions play an important role in these cases of violence. While providing a safe working environment is considered a right throughout the world, the negative effects of violence on nurses are meticulously examined and all necessary precautions are taken, nurses working in emergency services in our country see violence as a part of their duties, although they internalize the increasing violence. It has been seen in studies that the monthly working hours and working shifts of nurses working in the emergency department greatly affect exposure to violence. Legal arrangements to minimize or completely eliminate violence are becoming increasingly important. This study includes the problems experienced by nurses after violence against health personnel in emergency services and their ways of coping.

Keywords: Emergency Service, Nurse, Violence Cases

ÖZET

Son yıllarda, tüm dünyada ve ülkemizde her türlü şiddet olgusu giderek arttığı görülmektedir. Özellikle hastanelerin acil servis kliniklerinde çalışan hemşirelerin şiddete maruz kalma sıklığı giderek artmakta ve kendilerini güvende hissetmemektedirler. Şiddete maruz kalma hemşireler kadar hekimler ve diğer sağlık çalışanları içinde ciddi bir problem olabilmektedir. Yaşanan bu şiddet olgularının temelinde toplumsal sıkıntılar, sosyoekonomik nedenler, sağlık sistemindeki eksiklikler, yasal boşluklar, sağlık çalışanları ile hasta veya hasta yakınları tarafından yaşanan iletişim eksiklikleri, farklı algılayışlar önemli rol oynamaktadır. Dünya genelinde güvenli çalışma ortamının sağlanması hak olarak görüldüğü, şiddet olgularının çalışan hemşireler üzerinde yarattığı olumsuz etkiler titizlikle incelenmekte ve gerekli tüm önlemlerin alındığı günümüzde, ülkemizde ise acil servislerde çalışan hemşireler giderek artan şiddeti özümsemekle birlikte şiddeti görevlerinin bir parçası olarak görmektedirler. Acil serviste çalışan hemşirelerinin aylık çalışma süreleri, çalışma vardiyaları şiddete maruziyeti büyük ölçüde etkilediği yapılan çalışmalarda görülmüştür. Şiddet olgularını en aza düşürmek veya tamamen ortadan kaldıracak yasal düzenlemeler giderek önem arz etmektedir. Bu çalışma acil servislerde sağlık personeline uygulanan şiddet olguları sonrasında hemşirelerin yaşadıkları sorunları ve şiddetle başa çıkma yollarını içermektedir.

Anahtar kelimeler: Acil Servis, Hemşire, Şiddet Olguları.

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INTRODUCTION

All healthcare professionals deserve to work in a healthy and reliable environment, and nurses, especially in the emergency services of hospitals, who we entrust our health with, can sometimes lose their health, productivity, talent and potential due to the problems they experience while meeting the healthcare needs of patients. Apart from the basic inadequacies such as socio-cultural and socioeconomic, the increase in the violence experienced has also been influential in the discrimination policies created by the government and the lack of legal regulations. As a result of the work stress, which has increased due to the factors of some difficulties in the care of critically ill patients who come to the emergency department and in communication with their relatives, it has become a high probability that violence will occur among the employees or between the employees and the relatives of the patients. This puts emergency services first in terms of violence cases (Perihan, 2015). For this reason, every emergency nurse is actually a potential victim of violence.

1.Violence

The concept of violence, which we can say to have existed throughout the history of humanity, generally includes "extreme emotional state, the intensity of a phenomenon, its harshness, rude and harsh behavior, abuse of body power, and activities that harm the individual and society" (Koknel, 2006). Violence is one of the most uncontrollable social phenomena of our contemporary society, which is in the life of all nations and affects all social professions, age and ethnic groups (Annagur, 2010). The World Health Organization (WHO) defines violence as “the voluntary use or threat of physical force against oneself or another person, a minority or society” (Krug, et al., 2002). Violence in health institutions is defined as “the patient, the patient's relatives or any other individual, posing a threat to the health worker; risky behavior is defined as an act consisting of verbal threat, economic abuse, physical assault and sexual assault (Saines, 1999). More than one million three hundred thousand people die every year in the world due to violence. Violence is the fourth leading cause of death worldwide for people aged 15-44. More people lose their health and become disabled due to injuries caused by violence and physical, sexual and mental problems (World Health Organization, 2014). According to studies, the risk of violence against health workers is increasing every year. In order to reduce this risk situation and to ensure that health personnel work in safe and highly motivated environments, the “White Code” implemented by the Ministry of Health has been applied all over our country since 2012 (Aktaş & Aydemir, 2018). Violence not only harms health personnel, but also harms the institution, all patients waiting for treatment and care (Yılmaz, 2001).

2. Violence Classification According to Types

2.1. Physical Violence

Physical violence encompasses much more than beating and can have far more dramatic consequences. It starts with a slap and extends to events where various objects are used. Physical violence can be defined as the formation of lesions and injuries that negatively affect the health of the victim and leave marks on the body (Lau, et al. 2004; Polat, 2016).

2.2. Psychological Violence (Emotional Violence)

It is the intentional pressure on a person or group, including intimidation (threat) by making them feel that physical force can be used, in a way that could harm their physical, mental, spiritual, moral or social development (WHO, 2003). This type of violence includes verbal violence, mobbing / intimidation, sexual harassment and threat (Yeşilbaş, 2016).

2.2.1. Verbal Violence: Verbal expressions that humiliate, humiliate the individual or show that the dignity and value of the individual is not respected (Alberta Association of Registered Nurses, 2003). It includes insulting, cursing, scolding, humiliating, threatening. Threat: A promise to use physical force or force (ie psychological force) on the targeted individual or group, which creates fear of physical, sexual, psychological or other harm (Di Martino, 2002; Pınar, et al. 2013).

2.2.2. Mobbing/Intimidation: It is a repetitive and long-lasting torture to humiliate and disgrace an individual or group of employees with grudge, cruel or malicious attempts (Chappel, et al. 2000; Pınar, et al. 2013).

2.2.3. Sexual Harassment: Physical, psychological, verbal, gesture or body language, written and visual materials, disturbing behaviors that disturb the victim, cause him to be afraid, humiliated and embarrassed (Irish Nurses Organization 2003; Pınar, et al. others 2013).

3. Features of Hospital Emergency Services

Hospital emergency departments are the first places to apply for cases that require urgent intervention, traumas and patients with a very high risk of death. For this reason, they are very stressful places for emergency nurses and other health workers, patients and their relatives. Worried patients and their relatives want the examination and all other treatments to be done as soon as possible. For any reason, they may perceive the prolongation of the treatment as a late intervention. For this reason, the nurse or physician may be held responsible and the patient's relatives may resort to violence (Ayrancı, et al. 2002).

The cause of death in the emergency services can often be seen by the relatives of the patients as inadequate treatment or not intervened in a timely manner, and they may resort to violence as a result (Annagur, 2010). Arguments, disagreements, mobbing, disrespectful words, threats and aggressive attitudes experienced during the examination and treatment can provoke both the patient and the emergency service personnel (Annagur, 2010; Lau, et al. 2004).

Most of the time, inexperienced nurses and general practitioners who have just started working in emergency services are working. The low experience of working personnel may increase the risk of being exposed to violence (Annagur, 2010; Lau, et al. 2004). Working conditions, shifts and workloads of nurses, physicians and all other healthcare professionals in emergency services are another factor that increases stress and tension. Intensive and long shifts reduce the energies of emergency workers, reduce their ability to empathize and their tolerance for events. Emergency service nurses who are stressed and often tired of the intensity of the patient also expect understanding from the patients and their relatives (Annagur, 2010).

4. Characteristics of Emergency Nurse

Emergency service environments are dynamic, chaotic, confused, crowded and stressful places by nature. Especially when the patient density is high, the daily activities of the emergency department create high levels of stress (Bruce-Suserud, 2005; Healy-Tyreell, 2011). Although it is difficult to nurse in this environment, nurses overcome these challenges with their knowledge, skills and experience. A good emergency nurse should have strong physical diagnosis and communication skills, be able to carry out multiple tasks at the same time, determine priorities, and manage different cases effectively. While doing these, they use skills such as critical thinking, decision making, problem solving, stress and anger control, time management, as well as knowledge and skills (Bilik, 2015).

While the emergency room nurse shows a strong and solid personality in a chaotic environment, it is extremely vital to act calmly, make the right decisions by thinking quickly, and take action without wasting time. He also manages many complex events in his service, emphasizing his coping ability. Meanwhile, she activates her organizational skills and team member role. Another important point is that the emergency nurse uses effective communication skills both while communicating within the team and interacting with the patient and their relatives (Schriver, et al. 2003). All these are the qualities that a professional emergency nurse should have and make them strong. As long as the nurse is knowledgeable, open to communication and change, and autonomous, it will be stronger and it will be easier to cope with the chaotic structure of the emergency department (Bilik, 2015).

5. Negative Effects of Violence on Nurses

Nurses spend most of their time in the hospital. They often face violence due to the stress of the environment they work in, heavy workload, and the difficulty of working in shifts (Ayakdaş, 2014). Violence has many negative effects on emergency nurses, other health workers and the service provided. These; psychological problems such as physical injury, negative emotions, depression, anxiety, alcohol & substance use, sleep disorders, burnout, decrease in job satisfaction and decrease in service quality(Cenk-Karahan, 2019). In addition, workplace violence can affect staff careers. It has been reported that the vast majority of people who are exposed to workplace violence plan to quit their jobs.

As a result of all these health problems and social problems caused by violence in the workplace, occupational accidents, disabilities and even suicides can be seen. (Pınar, et al. 2013).

Post-traumatic reactions can occur without actual physical injury. Indeed, simply witnessing a workplace violence event can trigger traumatic reactions. In some cases, verbal threats have been reported to have more serious effects than physical assault. (Pınar, et al. 2013).

When the reactions to violence cases were examined, it was found that 78.1% of the personnel who were subjected to violence responded to violence (Camcı-Kutlu, 2011). In studies conducted in our country, it has been determined that 67% of healthcare professionals, 62% of physicians, and 60% of emergency service workers do not have any complaints after a violence event. It has been determined that the leading reasons among the reasons why the employees do not make complaints are the distrust towards the administrative managers and the justice servers (Aydın, 2008). In a study conducted in Canada, 67% of those who were exposed to violence reported the violence they experienced (Fernandes, et al. 1999).

In another study conducted in Canada, it was stated that 38% of those who were exposed to violence in the emergency room wanted to move to another job outside the health field, about 18% did not want to work in the emergency room, and some of them quit their jobs. It has been shown that 25% of the victims of violence performed poorly in their first working hours after the violence, 24% of them performed poorly in the first week, and 19%'s performance was affected later on. It was reported that 73% of them were afraid of their patients after the violence experienced, 24% were afraid of the violence of the patients, and 35% saw the patients as "potentially violent" (Fernandes, et al.1999; Annagür, 2010).

6. Precautions to be Taken Against Violence and Dealing with Violence

The existence of violence against health personnel in our country has a very negative effect on health personnel and disrupts the motivation of health personnel. The ways and methods of preventing violence are known by both health professionals and administrators. What is missing is the will to put these known factors and measures into practice in order to prevent violence. It is expected that this will will be put forward by the politicians and health administrators who direct the health system (Özcan-Yavuz, 2017).

There are generally two main methods of dealing with violence. First; minor measures at the patient and employee level. The second is the large-scale measures that concern the hospital (Annagür, 2010).

6.1. Patient-oriented preventive methods; in addition to contemporary approaches such as observing the patient closely, taking a detailed history, learning ways to cope with stress in approaching the patient, effective verbal and non-verbal skills, traditional methods such as restraint, isolation and medication can be counted (Ericsson-Westrin, 1995). Some opinions argue that traditional methods are challenging and traumatize the patient and the people in the environment. It has been stated that a reactive situation occurs with the continuation of traditional methods, increasing the stress of the employees and reducing the patient relationship. It is emphasized that this method is effective in a short time, but indirectly increases patient aggression in a long time (McDonnell-Jones, 1999). Health professionals receiving verbal and nonverbal skills training in interpersonal relations reduces the negative emotional impact (Hewitt-Levin, 1997). Observing the symptoms in the initial period of violence is the most effective measure (Flannery, 2001).

6.2. Wide-ranging measures related to the hospital-wide; appropriate reporting systems, effective security training, 24-hour on-site security, security doors, security cameras, metal detectors and control points, protective acrylic windows and panic alarms (Khun, 1999).

In the prevention of violence in health, the public authority, with all the components of the health environment; should cooperate with health professional organizations (professional chambers, health unions, health professional associations). These measures need to be taken and put into practice in health services, and practices should be supervised. Protecting health workers means securing the health service of the country and the health of the society (Özcan-Yavuz, 2017).

CONCLUSION

Hospitals in our country are becoming dangerous environments for nurses and other health workers day by day. In this case, health workers do not feel safe. Violent incidents are becoming more and more common in our society. As a result, it has become inevitable to experience violence in the emergency room environment. Nurses who try to do their duty in places where there are many cases of violence can be affected psychosocially as they are constantly exposed to stress. Intense and long-term stress causes physical fatigue and mental problems, leading to various negative consequences, especially burnout and inefficiency. Emergency nurses working in this chaotic environment should be taught to develop coping methods against intense stress. To be protected from the violence experienced and to teach them to control themselves, the support of all other members of the team, especially the new nurses who are at the beginning of their professional life, and a safe working environment should be provided. With the use of strategies to protect the mental health of emergency nurses by taking protective measures with legal regulations, being affected by the intense stress experienced especially due to violence cases in the emergency room environments can be minimized.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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Authors Contributions

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