



Aggressions against healthcare workers: An approach to the situation in Spain and the victims psychological effects

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ABSTRACT

Aggression against healthcare workers is a problem of important consequences which is becoming a focus of research. However, its possible effects on psychological health have not been studied sufficiently in spite of the fact that they may be of importance even in the absence of physical aggression [Winstnaley S, Whittington R. Aggression towards health care staff in a UK general hospital: variation among professions. *J Clin Nurs* 2004;13:3-10,[1]].

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1. Material and methods

1.1. Sample

Cross-sectional multicentre study of 1845 healthcare workers belonging to rural and urban healthcare centres and hospitals.

1.2. Instruments

Record of demographic, family and work data.

Questionnaire on aggressions (physical, threat, verbal abuse, etc.) [2].

Record of psychological health, possible psychological symptoms caused by violence [3].

Maslach Burnout Inventory (MBI) [4].

2. Results

Eleven percent of healthcare workers reported having suffered at least one episode of physical aggression. Non-physical aggression (insults, threats, coercion) affected 64% of the sample. These rates were much higher in large hospitals and in Services such as Casualty and Psychiatry (Figs. 1–3).

No statistically significant correlation was found between physical aggression and psychological symptoms.

On the other hand, the correlation between non-physical violence and anxiety and symptoms of Post-Stress Disorder was seen to be statistically significant.

Both forms of violence showed an identical negative impact in terms of burnout and work dissatisfaction (Table 1).

Only two out ten healthcare workers felt they were supported by the management or administration in cases of aggression and accusations. This variable was seen to be a modulating factor of the psychological effect of aggression.

3. Discussion

The data provide scientific evidence as to the severity of the acts of violence studied, due to both their frequency and their consequences for health.

At the same time they demonstrate the necessity for the Administration to pay special attention to these acts and for the elaboration of medical and legal action protocols in cases of aggression which would include psychological support of the victim and the necessary medical and legal counselling.

Conflict of interest

The authors declare there is no conflict of interest.

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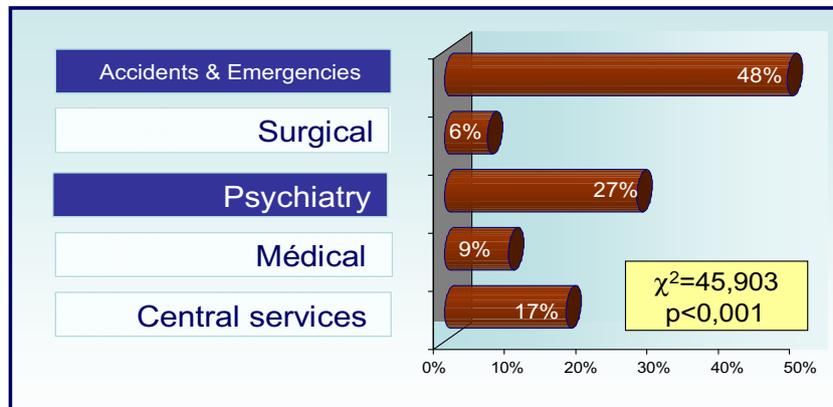


Fig. 1. Percentage of physical aggression by area.

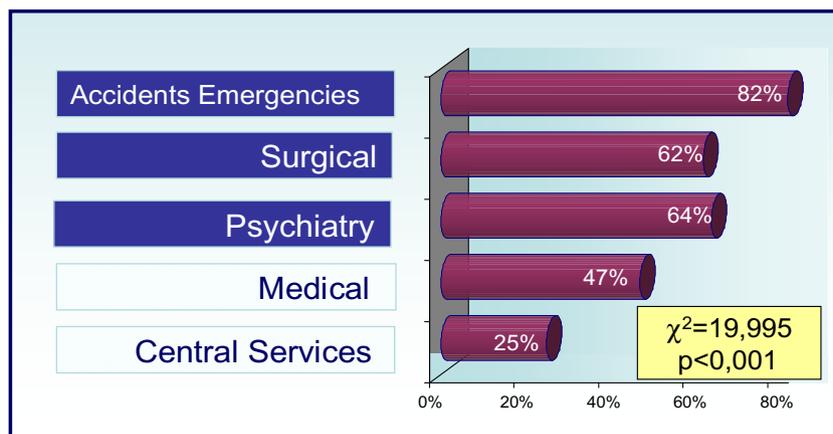


Fig. 2. Percentage of insults by area.

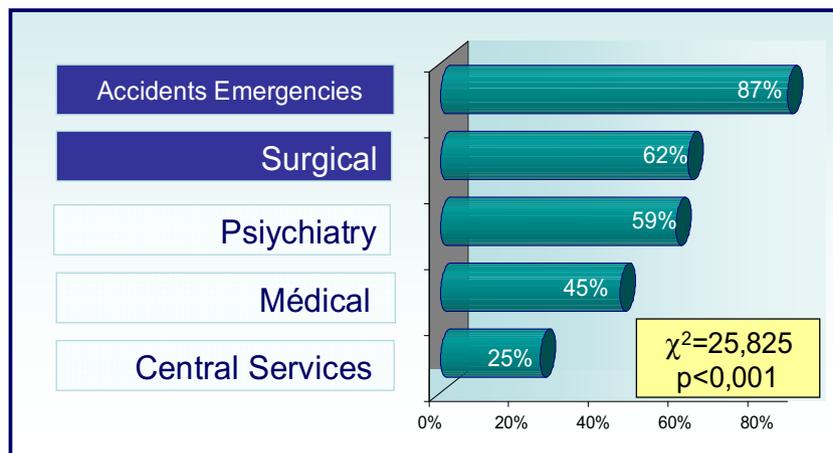


Fig. 3. Percentage of threats by area.

Table 1
Analysis of Spearman's Rho ($n = 1845$) aggression and psychological symptoms.

	Anxiety	Depress	General symptoms	PSD
Physical aggress	.031	.006	.070	.015
Insults	.193(*)	.026	.168	.212(*)
Threats	.289(*)	.006	.264(**)	.271(**)

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