

IZLOŽENOST ZDRAVSTVENIH RADNIKA NASILJU NA RADNOM MESTU – POZIV NA DELOVANJE

STRUČNI ČLANAK

PROFESSIONAL ARTICLE

WORKPLACE VIOLENCE AGAINST THE HEALTHCARE WORKERS – CALL TO ACTION

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SAŽETAK

Nasilje na radnom mestu nad zdravstvenim radnicima je često u sistemu zdravstvene zaštite, pa ipak deluje da u zdravstvu veliki broj slučajeva nasilja na radnom mestu ostaje neprijavljen. Najčešći tip nasilja na radnom mestu jeste verbalno nasilje, ali izgleda da značajan udeo čini i fizičko nasilje. Izvršioци nasilja nad zdravstvenim radnicima mogu biti pacijenti, članovi njihovih porodica, ali, iako ređe, i kolege. Cilj ovog članka je da predstavi definiciju nasilja na radnom mestu, njegovu prevalenciju, tipove, posledice, kao i moguće intervencije usmerene na smanjenje njegove učestalosti.

Ključne reči: nasilje na radnom mestu, sistem zdravstvene zaštite, zdravstveni radnici

ABSTRACT

Workplace violence against health workers is common within the healthcare system and yet there seems to be significant underreporting of workplace violence in healthcare. The most common type of workplace violence is verbal abuse. However, there seems to be a significant proportion of physical violence. Perpetrators vary, from patients and their families to co-workers, although less frequently. This article aims to present what workplace violence is, its prevalence, types, consequences, and possible interventions to reduce workplace violence.

Keywords: workplace violence, healthcare system, healthcare professionals

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UVOD

Nasilje na radnom mestu se definiše kao: „svako izvršeno ili zaprećeno fizičko nasilje, uznemiravanje, zastrašivanje, ili bilo koje drugo preteće i ometajuće ponašanje koje se dešava na radnom mestu“ [1]. U Srbiji, nasilje na radnom mestu, odnosno zlostavljanje na radu, definiše se kao: „svako aktivno ili pasivno ponašanje prema zaposlenom ili grupi zaposlenih kod poslodavca koje se ponavlja, a koje za cilj ima ili predstavlja povredu dostojanstva, ugleda, ličnog i profesionalnog integriteta, zdravlja, položaja zaposlenog i koje izaziva strah ili stvara neprijateljsko, ponižavajuće ili uvredljivo okruženje, pogoršava uslove rada ili dovodi do toga da se zaposleni izoluje ili navede da na sopstvenu inicijativu raskine radni odnos ili otkaže ugovor o radu ili drugi ugovor“ [2]. Različiti modaliteti i stepeni težine nasilja na radnom mestu kreću se od pretnji, uključujući verbalno zlostavljanje, preko fizičkog zlostavljanja, pa čak ponekad i do ubistva [3].

Nasilje na radnom mestu u zdravstvu – tipovi i prevalencija

Stiče se utisak da je nasilje na radnom mestu posebno često u zdravstvenim ustanovama i deluje da je čak pet puta veća verovatnoća da će radnici u zdravstvu biti žrtve nasilja na radnom mestu u odnosu na radnike u drugim sektorima [1,3,4]. Ono što još više zabrinjava je činjenica da, po svoj prilici, veliki broj slučajeva nasilja na radnom mestu ostaje neprijavljen, te je stvarna rasprostranjenost ovog problema verovatno i veća [4]. Prevalencija izloženosti nasilju na radnom mestu tokom života u Kini iznosi 95%, dok je prijavljena prevalencija izloženosti nasilju na radnom mestu među zdravstvenim radnicima u primarnoj zdravstvenoj zaštiti u Srbiji 52,6% [4,5]. Najčešći vid nasilja kojem su zdravstveni radnici izloženi jeste verbalno zlostavljanje, međutim, čini se da postoji značajan udeo i fizičkog nasilja, koji se kreće od 6,4%, u Brazilu, do 71,1%, u Južnoj Africi [6–8]. Nadalje, skoro svaka deseta medicinska sestra prijavila je izloženost seksualnom nasilju na radnom mestu u Nepal, Kini i Etiopiji [9–11]. Najčešći počinioci nasilja na radnom mestu nad zdravstvenim radnicima u svetu su članovi porodice pacijenata, prijatelji pacijenata, te sami pacijenti [12].

Tipovi nasilja na radnom mestu u zdravstvu

Prema Nacionalnom institutu za bezbednost i zdravlje na radu, Sjedinjenih Američkih Država (engl. *National Institute for Occupational Safety and Health - NIOSH*), nasilje na radnom mestu u zdravstvenim institucijama može se klasifikovati u četiri tipa:

- ♦ Tip 1 obuhvata zločinačku nameru i odnosi se na situacije u kojima počilac vrši krivično delo praeeno nasiljem;

INTRODUCTION

Workplace violence (WPV) is defined as: “any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at the work site” [1]. In Serbia, workplace violence is defined as: “any repeated active or passive behavior towards an employee or a group of employees aimed at injuring the dignity, reputation, personal or professional integrity, health, and status of the employee, that causes fear or creates a hostile, humiliating, or offensive environment, deteriorates the working conditions and leads to the isolation of the employee or to his/her self-initiated termination of the employment contract or other contracts” [2]. Different modalities and levels of severity of workplace violence range from threats, including verbal abuse, to physical abuse, and sometimes even homicide [3].

Workplace violence in healthcare – types and prevalence

Workplace violence seems to be especially frequent in healthcare settings, and workers in healthcare appear to have as much as a five times higher likelihood of being the victims of workplace violence, as compared to other sectors [1,3,4]. Even more worryingly, there seems to be very significant underreporting of workplace violence, and the actual prevalence is likely even higher [4]. The lifetime prevalence of exposure to workplace violence in China is 95%, while the reported prevalence of exposure to workplace violence among healthcare workers in primary care in Serbia is 52.6% [4,5]. The most common type of violence the healthcare workers are exposed to is verbal abuse, however, there seems to be a significant proportion of physical violence as well, ranging from 6.4%, in Brazil, to 71.1%, in South Africa [6–8]. Furthermore, almost one in ten nurses reported exposure to sexual violence at the workplace in Nepal, China, and Ethiopia [9–11]. The most common perpetrators of workplace violence against healthcare workers worldwide are the patients’ family members, patients’ friends, and the patients themselves [12].

Types of workplace violence in healthcare

According to the US National Institute for Occupational Safety and Health (NIOSH) workplace violence in healthcare settings can be classified into four types:

- ♦ Type 1 comprises criminal intent, and it accounts for situations wherein the perpetrator is committing a crime accompanied by violence;
- ♦ Type 2 is the most common form of WPV in healthcare settings, and it is based on the client relationship between the victim and the perpetrator;

- ♦ Tip 2 je najzastupljeniji oblik nasilja na radnom mestu u zdravstvenim ustanovama u čijoj je osobi odnos pružaoca usluge i klijenta između žrtve i počinioca;
- ♦ Tip 3 uključuje akte nasilja koje izvrši drugi zaposleni, a koji se obično manifestuju kao uvredljivo ili ponižavajuće ponašanje prema kolegi;
- ♦ Tip 4 je nasilje koje proistekne iz ličnog odnosa sa počiniocem [13].

Faktori povezani sa izloženošću nasilju na radnom mestu

Faktori povezani sa nasiljem na radnom mestu mogu biti lični faktori koji se odnose na zaposlenog, organizacioni faktori koji se odnose na zdravstvenu ustanovu i faktori koji se odnose na lične ili zdravstvene karakteristike nasilnika.

Lične karakteristike zaposlenih koje su povezane sa izloženošću nasilju na radnom mestu u zdravstvenoj zaštiti uključuju mlađi uzrast, ženski pol i posao medicinske sestre, koje su češće izložene nasilju na radnom mestu od doktora [4,8]. Ponekad zdravstveni radnici mogu biti izloženi nasilju zbog toga što lečenje ne ispunjava očekivanja pacijenata ili je vreme čekanja duže od očekivanog [4,14].

Dodatni faktori rizika od izloženosti nasilju na radnom mestu su povezani sa organizacijom rada i uključuju zahteve posla, nesigurnost na poslu i socijalnu podršku [8,15].

Faktori povezani sa nasiljem na radnom mestu počinjenim nad zdravstvenim radnicima ponekad su uzrokovani zdravstvenim stanjem pacijenta, konkretno prisustvom stanja kao što su delirijum, različita psihijatrijska stanja, intoksikacija alkoholom ili drugim supstancama [12,14]. Na primer, skoro 90% svih fizičkih napada na osoblje u staračkim domovima povezano je sa demencijom kod pacijenata [16].

Posledice

Posledice nasilja na radnom mestu su lične i organizacione [17–19]. Posledice po zdravstvenu ustanovu i proces rada su gubitak poverenja između radnika i rukovodilaca i nastajanje toksičnog okruženja na radnom mestu [18]. To utiče i na radni proces, kroz odustvovanje s posla, nisku produktivnost ili potpuni gubitak produktivnosti, ili nezadovoljstvo poslom. Nešto više od jednog na svakih osam dana odsustvovanja sa posla u zdravstvu povezano je sa izloženošću nasilju na radnom mestu [17].

Posledice izloženosti nasilju na radnom mestu po radnika obuhvataju akutne i hronične posledice, fizičke povrede i psihičke traume, a ponekad i smrt [17,19].

- ♦ Type 3 WPV includes acts of violence perpetrated by a co-worker, commonly manifested as offensive or demeaning behavior towards a colleague;
- ♦ Type 4 is violence stemming from a personal relationship with the perpetrator [13].

Factors associated with exposure to workplace violence

Factors associated with WPV can be personal factors related to the employee, organizational factors related to the healthcare institution, and factors associated with the individual or health characteristics of the perpetrators.

Personal employee characteristics associated with exposure to workplace violence in healthcare include younger age, female sex, and the profession of a nurse, as they are more often exposed to workplace violence than doctors [4,8]. Sometimes, healthcare workers can be exposed to violence as a consequence of the treatment provided not meeting the expectations of the patients or waiting times being longer than expected [4,14].

Additional risk factors of exposure to workplace violence are related to work organization and include job demand, job insecurity, and social support [8,15].

Factors associated with workplace violence committed against healthcare workers are sometimes caused by the patient's health status, specifically the presence of conditions like delirium, various psychiatric conditions, alcohol or substance intoxication [12,14]. For example, almost 90% of all physical assaults against assistants in nursing homes are associated with dementia in patients [16].

Consequences

The consequences of workplace violence are personal and organizational [17–19]. The consequences for the healthcare institution and the work process include loss of trust between the workers and the managers and the development of a toxic workplace environment [18]. This affects the work process as well, through absenteeism, low productivity or complete loss of productivity, or dissatisfaction with one's job. A little over one in eight days of absenteeism in healthcare is associated with exposure to workplace violence [17].

The consequences of exposure to workplace violence to the workers include acute and chronic consequences, physical injuries and psychological trauma, and sometimes even death [17,19].

Interventions

Interventions aiming to reduce workplace violence in healthcare can be directed towards the prevention

Intervencije

Intervencije koje imaju za cilj smanjenje nasilja na radnom mestu u zdravstvu mogu biti usmerene na prevenciju nasilja na radnom mestu i ublažavanje njegovih posledica [20,21]. Napori usmereni na prevenciju nasilja na radnom mestu u zdravstvenim ustanovama imaju za cilj smanjenje mogućnosti njegovog nastanka i mogu biti povezani sa radnim okruženjem, mogu biti organizacioni i bihevioralni.

Napori usmereni na radno okruženje uključuju njegovo unapređivanje, kao npr. poboljšanje osvetljenja, ulepšavanje čekaonica za pacijente i uvođenje video nadzora [20]. Druga mogućnost je postavljanje alarmnih sistema [22], mada su neke studije pokazale da dolazi do povećanog beleženja slučajeva nasilja na radnom mestu [22].

Adekvatna kadrovska politika, odgovarajući broj lekara i medicinskih sestara, uključujući i odgovarajuću pokrivenost osobljem u noćnim smenama, unapređenje komunikacije i izrada smernica za rad, neki su od organizacionih rešenja usmerenih ka prevenciji nasilja na radnom mestu u zdravstvu [20]. Mere koje se odnose na ponašanje uključuju obuku radnika u oblasti metoda deeskalacije sukoba i u oblasti tehnika samoodbrane [20], što uključuje programe obuke na internetu, programe obuke u učionici ili hibridne programe [20]. Iako još uvek nema dovoljno dokaza o efikasnosti svih intervencija, čini se da bi multidimenzionalni pristup, odnosno korišćenje svih vrsta intervencija, mogao biti najefikasniji pristup [20]. Mere politike, uključujući smernice koje izdaju ministarstva zdravlja, i podršku za dodeljivanje obezbeđenja mogu biti efikasne u okruženjima u kojima druge preventivne mere nisu uspele [23].

S druge strane, intervencije usmerene na ublažavanje posledica nasilja na radnom mestu često se oslanjaju na kognitivno-bihevioralnu terapiju i pokazalo se da ublažavaju posledice izloženosti nasilju na radnom mestu po kvalitet pruženih usluga i ukupni radni učinak [21].

ZAKLJUČAK

Nasilje na radnom mestu je u zdravstvu znatno zastupljenije nego u drugim sektorima, a ogromna većina zdravstvenih radnika je prijavila barem jedan takav incident u svojoj karijeri. Najčešći počinioci nasilja na radnom mestu u zdravstvenom sektoru su rođaci pacijenata i sami pacijenti. Postoji potreba za razvojem i detaljnom procenom preventivnih mera i intervencija u cilju zaštite zdravstvenih radnika od nasilja na radnom mestu.

Sukob interesa: Nije prijavljen.

of workplace violence and the reduction of its impact [20,21]. The efforts towards the prevention of workplace violence in healthcare settings aim to decrease the possibilities for its occurrence and can be environmental, organizational, and behavioral.

Environmental efforts include improving the working environment, such as improving lighting, patient waiting areas, and camera surveillance [20]. Another possibility is setting up alarm systems [22], although some studies have shown an increase in the recording of workplace violence cases [22].

Proper staffing, an appropriate number of physicians and nurses, including the appropriate number of staff in night shifts, improvement of communication, and development of work guidelines, are some of the organizational efforts towards the prevention of workplace violence in healthcare [20]. Behavioral measures include training the workers in de-escalation methods and self-defense [20], including online training programs, classroom training programs, or hybrid programs [20]. Although there is still not enough evidence on the effectiveness of all the interventions, it seems that a multidimensional approach, i.e., using all types of interventions, may be the most effective approach [20]. Policy responses, including guidelines issued by the ministries of health, and policy support for the allocation of security guards can be effective in settings wherein other preventive measures have failed [23].

On the other hand, interventions aimed at reducing the impact of workplace violence often rely on cognitive behavioral therapy and have been shown to reduce the effects of exposure to workplace violence on the quality of provided services and overall work performance [21].

CONCLUSION

Workplace violence in healthcare is significantly more prevalent than in other sectors, and a huge majority of healthcare workers have reported at least one such incident in their careers. The most common perpetrators of workplace violence in healthcare are patients' relatives and the patients themselves. There is a need for the development and rigorous assessment of preventive and coping interventions aiming to protect healthcare workers against workplace violence.

Conflict of interest: None declared.

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