

# PATIENT AGGRESSION ON INPATIENT PSYCHIATRIC WARDS AND PROFESSIONAL BURNOUT AMONG NURSES

## AGRESJA CHORYCH W ZAMKNIĘTYCH ODDZIAŁACH PSYCHIATRYCZNYCH A WYPALENIE ZAWODOWE PIELĘGNIAREK

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### ABSTRACT

**Introduction.** Nurse is a member of the therapeutic team that has the longest and the closest contact with a patient. This fact is of particular importance when we have to do with an aggressive patient. Aggression is one of the fundamental behaviour destabilising the entire process of treatment as well as disrupting the nurse – patient relationship. The burnout syndrome is one of the most serious consequences of aggression experienced at work and is becoming an increasingly recognised problem both in Poland and abroad.

**Aim of study.** Determining the occurrence level of aggression and burnout as well as establishing relationships between these variables experienced by the group of psychiatric nurses.

**Materials and Methods.** The study covered 74 nurses working at the hospital in the south of Poland. The study used the MBI questionnaire (*Maslach Burnout Inventory*) and an authorial questionnaire.

**Research findings.** The study showed that nurses had to deal with various kinds of aggression in their work. The surveyed nurses showed occupational burnout. The relationship between the prevalence of professional burnout and the experience of aggression has been confirmed.

**Conclusions.** There is a relationship between the aggression experienced by nurses in the workplace and the occurrence of occupational burnout mainly in the dimension of emotional exhaustion and depersonalization. Therefore, it is recommended for psychiatric nurses to participate in workshops focusing on different ways of dealing with occupational burnout and aggression in the workplace.

KEYWORDS: aggression, professional burnout, psychiatric nurses.

### STRESZCZENIE

**Wprowadzenie.** Pielęgniarka jest członkiem zespołu terapeutycznego, który najdłużej i najbliżej spotyka się z pacjentem. Fakt ten nabiera szczególnego znaczenia, gdy mamy do czynienia z pacjentem agresywnym. To właśnie agresja jest jednym z podstawowych negatywnych zachowań destabilizujących proces leczenia oraz zakłócających relację pielęgniarka – pacjent. Jednym z poważniejszych następstw agresji doświadczanej w pracy jest zespół wypalenia zawodowego (*burnout syndrome*), który staje się coraz częściej rozpoznawanym problemem zarówno w Polsce jak i za granicą.

**Cel pracy.** Określenie występowania agresji i wypalenia zawodowego oraz wykazanie związków między tymi zmiennymi w grupie pielęgniarek psychiatrycznych.

**Materiał i metody.** Badaniami objęto 74 pielęgniarki psychiatryczne pracujące w szpitalu w południowej Polsce. W pracy wykorzystano kwestionariusz MBI (*Maslach Burnout Inventory*) oraz kwestionariusz ankiety własnej.

**Wyniki.** Przeprowadzone badania wykazały, że badana grupa pielęgniarek ma w swojej pracy do czynienia z różnego rodzaju agresją. Badane pielęgniarki w dużym stopniu są wypalone zawodowo. Analizując relacje wypalenia zawodowego i agresji w grupie pielęgniarek psychiatrycznych, potwierdzono związek między występowaniem wypalenia a doświadczaniem agresji.

**Wnioski.** Istnieje związek pomiędzy agresją doznawaną przez pielęgniarki w miejscu pracy a występowaniem wypalenia zawodowego, głównie w wymiarze wyczerpanie emocjonalne i depersonalizacja, w związku z tym zalecany jest udział pielęgniarek psychiatrycznych w warsztatach dotyczących sposobów radzenia sobie z wypaleniem zawodowym i agresją.

SŁOWA KLUCZOWE: agresja, wypalenie zawodowe, pielęgniarki psychiatryczne.

### Introduction

Aggression is 'the form of action that directs dissatisfaction or anger towards oneself (auto-aggression), other people (verbal or physical aggression) or mundane ob-

jects' [1]. Aggressive behaviour is defined as actions or intentions causing pain, damage or loss of values which are considered important and priceless by an individual [2]. According to the literature, there are various reasons

for aggressive behaviour. The aetiology of aggressive behaviour includes biological, psychological factors as well as environmental and social circumstances. There are also different models used to explain the phenomenon of patient aggression. *Anderson* and *Bushman* suggested a general model of aggression with the particular emphasis being placed on the importance of the human factor and situational picture responsible for aggressive behaviour. According to the above-mentioned authors, the human factor may include among others: personality traits, sex, beliefs, long-term goals while situational picture is understood as environment and situations which are to increase aggressive behaviour [3]. In turn, *Axer* and *Beckett* refer to the concepts of stress and the primary appraisal. According to them, the patient who assesses a particular situation as a threat has a gradually increased tension that leads to aggressive behaviour [4]. Every incident involving aggression entails serious consequences as it is connected with the risk of bodily injury to both medical staff and an aggressive patient. The consequences are not only restricted to physical injuries but they embrace a whole range of psychological burdens and disorders which trigger anxiety, unwillingness to handle aggressive patients, reluctance to work. Various types of aggressive behaviour observed while treating patients with mental disorders constitute a serious problem that disturbs the treatment process, but also destabilises relations between patient and healthcare professionals [5-6]. A very important element of the research on patient aggression is the connection between these types of behaviour and the occurrence of the professional burnout syndrome [7]. Some studies also show a reverse phenomenon, in which the already existing burnout is a factor that contributes to aggression in the workplace [8]. There are different definitions of professional burnout, but according to the most popular one presented by *Maslach* and *Jackson* – professional burnout is ‘a *psychological syndrome of emotional distress, depersonalisation and lowered sense of personal accomplishment, which may occur in individuals who work with other people in a certain manner*’ [9]. The relationship between aggression and burnout may be explained by a three-phased relation stressor – stress – outcome (burnout). As suggested by *Bedi*, it is aggression that constitutes one of the stressors leading to the psychological response in the form of stress triggering the professional burnout syndrome [10]. Since the very beginning of the research on professional burnout, nurses have been the occupational group that has been placed in the centre of the researchers’ interest. As research on burnout progressed, the obtained results distinctly showed that there were certain professional groups more affected by burnout

and nurses were always among them [11]. What is more, it can be assumed that the working conditions in which nurses function nowadays, and will continue to function in the near future, are to intensify this problem [12]. In case of this profession, the factors encouraging the occurrence of the burnout syndrome include: day-to-day contact with health problems, low possibility to control the working environment, pressure for continuous vigilance, hierarchical organisational structure, need for contact with different people involved in the same problem [13].

## Material and Methods

The group of 74 psychiatric nurses were interviewed by using two research tools. The vast majority of the respondents were women (90,5%) aged 16 to 60. The average length of service was fourteen years. The largest group of the respondents were persons with secondary education – 67.6%, while 21.6% had higher education. The overwhelming majority of the surveyed nurses did not have supplementary education (87.8% ). The research was carried out on a voluntary basis. The nurses employed in the closed psychiatric wards were asked to fill in an anonymous questionnaire. The authors used a self-created questionnaire which included 30 questions, of which 29 were closed ones and only one was open. In the first question nurses were supposed to determine whether they found their working environment stressful. A few of other questions referred to the occurrence of passive and active aggression in their workplace. The questions 9 to 11 contained information on procedures and communication techniques to be applied in case of exposure to aggressive behaviour. Further questions (12 to 30) covered the subject of active aggression occurred as well as the consequences it might entail. The last two questions of the above-mentioned questionnaire dealt with strategies and ways of coping with stress.

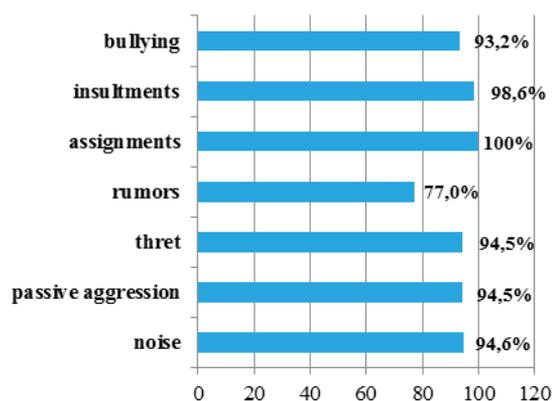
The second research tool used during the study was *The Maslach Burnout Inventory (MBI)*. It is the most commonly employed and standardised measure of burnout. It is used in case of nearly 90% of research on this phenomenon. The very initial version of this tool was developed by *Maslach* and *Jackson* in 1981. The questionnaire had later been modified a few times until the present version was obtained. The questionnaire that is available in Poland is its version adapted by *T. Pasikowski*. *The Maslach Burnout Inventory* is a self-test consisting of 22 statements about feelings. It assesses three scales of burnout, namely *emotional exhaustion* – 9 statements, *depersonalization* – 5 statements and *personal accomplishment* – 8 statements. The responses are provided accord-

ing to the 6-point scale and the answer can range from 'never' to 'every day' [14–15].

## Research findings

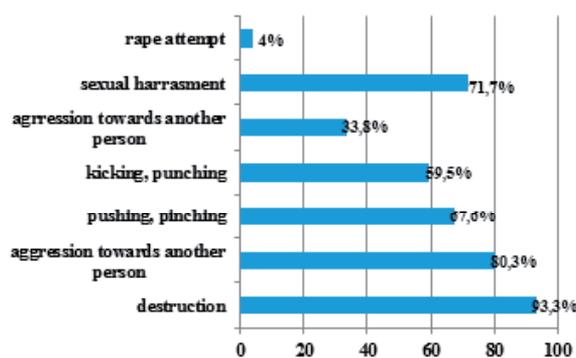
### The degree of risk associated with aggression on the part of patients

The study showed that the surveyed group of nurses experienced not only mild acts of aggression in the form of verbal and passive aggressive behaviour. A considerable group of the surveyed nurses fell victims to physical aggression involving high level of harm in the form of pushing, pinching, beating, kicking and even attacking with the use of various tools. Almost all of the respondents experienced verbal aggression (see **Figure 1**) – 100% of the nurses encountered demands, often unjustified while acts such as threats, calling names, bullying were confirmed by more than 90% of the surveyed. As for the active physical aggression, the research results clearly indicate that the higher degree of aggression the lower number of people who have experienced it (see **Figure 2**). As many as 93.3% of the respondents were witnesses to vandalism to a hospital ward, and 80.3% were involved in the situation where an act of aggression was aimed at somebody else. 71.7% of the surveyed nurses admitted that they had to face sexual violence, 67.6% were jarred, pinched, scratched, 59% were kicked, pummelled, and 33.8% of the respondents were attacked by patients using different tools. There were even rape attempts, which was confirmed by 4% of the nurses. Apart from being psychologically traumatised, nurses also complained of physical pain, bruises and minor injuries such as scratches. The victims of patients' aggressive behaviour encounter serious consequences of such acts (**Figure 3**).



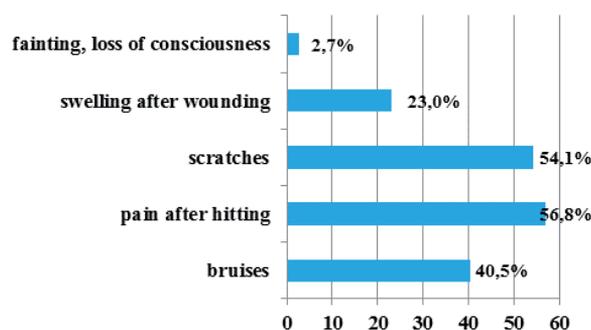
**Figure 1.** The percentage of respondents who have experienced verbal and passive aggression

Source: author's own analysis



**Figure 2.** The percentage of respondents who experienced active physical aggression

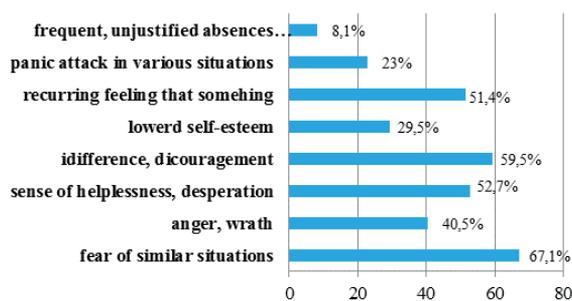
Source: author's own analysis



**Figure 3.** The percentage of respondents who complained of physical injuries as a result of the experienced physical aggression

Source: author's own analysis

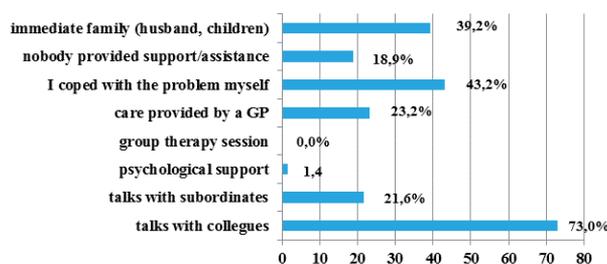
The situation which involved aggressive behaviour – a victim had to face an aggressor down – is incredibly difficult itself as it often leaves a victim with physical injuries as well as entails serious psychological and social consequences on a victim, who in this case is a member of nursing staff. 73% of the surveyed nurses reported fear and anxiety while dealing with an aggressive patient due to the aggression experienced (**Figure 4**).



**Figure 4.** The percentage of respondents who reported psychosocial symptoms as effects of experienced aggression

Source: author's own analysis

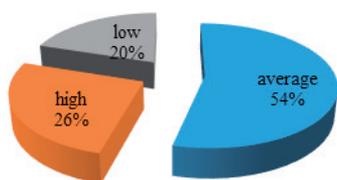
Surprising was the fact, that the surveyed nurses most frequently received support from colleagues, family members and occasionally from their superiors. Although some of the respondents experienced serious psychological consequences, only few of them sought professional help. Most often they consulted their GP and only one nurse decided to see a psychologist (**Figure 5**).



**Figure 5.** The percentage of respondents commenting on particular forms of support obtained  
Source: author's own analysis

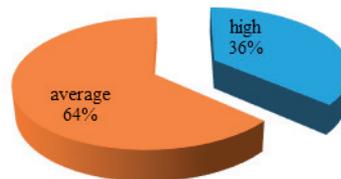
### The prevalence of particular burnout indicators in the group under research

The level of emotional exhaustion varies significantly among respondents. The largest group of the surveyed – 54.1% – is characterised by the average level of that burnout indicator while the high level was declared by 25.7% of the respondents. The low level of emotional exhaustion was observed in 20.3% of the surveyed – which makes them the least numerous group in comparison to those mentioned above (**Figure 6**).



**Figure 6.** The level of the emotional exhaustion indicator (EEX)  
Source: author's own analysis

As for depersonalization, the obtained results proved to be higher and more alarming when compared with emotional exhaustion. None of the respondents obtained the result confirming the low level of that indicator. Almost two thirds of the surveyed nurses – 63.5% – were characterised by the average level of its severity, and the remaining group of nurses – over a third of all the respondents (36.5%) confirmed the high level of professional burnout in terms of depersonalization (**Figure 7**).



**Figure 7.** The level of a depersonalization indicator (DEP)  
Source: author's own analysis

The results of the conducted study for the last burn-out indicator, that is the level of the lowered sense of personal accomplishment, seem to be extremely worrying. The analysis of the study results showed that none of the respondents managed to obtain more than 31 points, which were required to obtain at least the average level of this dimension. It implies that all of the surveyed present the high level of professional burnout in the dimension of the lowered sense of personal accomplishment, and thus, also all of the surveyed nurses are characterised by the low sense of personal accomplishment, which in turn has a negative impact on their job satisfaction.

### The relationship between professional burnout and aggression experienced by respondents

The relationship was assessed using the Spearman's rank correlation coefficient and the significance level of 0,05 (**Table 1**).

**Table 1.** The relationship between professional burnout and aggression experienced by respondents in the workplace

Aggression experienced by nurses in the workplace	Spearman's rank correlation coefficient		
	EEX	DEP	PAR
Patient threatens the respondent without using words	<b>0.368*</b>	<b>0.324*</b>	0.153
Patient speaks badly, provides false information, or blackens the respondent	<b>0.259*</b>	<b>0.149*</b>	0.005
Patient threatens, or announces aggressive actions towards the respondent	<b>0.295*</b>	0.182	0.111
Patient destroys medical equipment, vandalises objects nearby in the presence of the respondent	<b>0.376*</b>	<b>0.379*</b>	<b>0.320*</b>
Patient beats, kicks, hits, or becomes aggressive towards another patient, co-worker or colleague on duty	<b>0.291*</b>	<b>0.328*</b>	0.088
Incidents of sexual harassment of the respondent by a patient	<b>0.251*</b>	<b>0.290*</b>	<b>0.238*</b>

\* statistical significance at the 0,05 level

EEX – emotional exhaustion, DEP – depersonalization, PAR – personal accomplishment

Source: author's own analysis

The carried out study and its statistical analysis clearly show the following:

The EEX burnout indicator correlates positively with:

- situations when a patient threatened the respondent without using words
- situations when a patient spoke badly, provided false information, or blackened the respondent
- situations when a patient threatened, or announced aggressive actions towards the respondent
- situations when a patient destroyed medical equipment, vandalised objects nearby in the presence of the respondent
- situations when a patient beat, kicked, hit, or became aggressive towards another patient, co-worker or colleague on duty
- incidents of sexual harassment of the respondent by a patient

This means that as the frequency of the above situations increases, the EEX burnout indicator grows.

The DEP burnout indicator correlates positively with:

- situations when a patient threatened the respondent without using words
- situations when a patient destroyed medical equipment, vandalised objects nearby in the presence of the respondent
- situations when a patient beat, kicked, hit, or became aggressive towards another patient, co-worker or colleague on duty
- incidents of sexual harassment of the respondent by a patient

This means that as the frequency of the above situations increases, the DEP burnout indicator grows.

The lowered sense of personal accomplishment PAR correlates positively with:

- situations when a patient destroyed medical equipment, vandalised objects nearby in the presence of the respondent
- incidents of sexual harassment of the respondent by a patient

This means that as the frequency of the above situations increases, the level of lowered sense of personal accomplishment (PAR) grows.

## Discussion

Both aggression and professional burnout constitute serious problems on psychiatric wards. Aggression itself has serious consequences that range from physical pain to enormous mental suffering [7, 16–18]. The analysis of research results has indicated that the surveyed nurses deal with various forms of verbal aggression but also active physical aggression involving the use of tools and sexual violence. The research findings have confirmed

what was stated in the published literature on the subject. *Esteban-Llor et al.* as well as *Berent et al.* state that nurses working on psychiatric wards encounter patient aggressive behaviour and according to our study none of the respondents negates the occurrence of such situations [18–19]. It has also been confirmed by Grudzień et al. in their research – almost all of the respondents handled an aggressive patient (99.1%) [2]. Delaney et al. obtained similar results in their study, namely: according to the authors, 88% of the interviewed nurses working on the psychiatric wards deal with both verbal and physical patient aggression. The level of the experienced aggression is generally high and the most popular form of aggressive behaviour is verbal abuse. The above conclusions are based on authors' own research, according to which verbal aggression was confirmed by 90% of the respondents, active physical aggression not involving the use of tools – 59.5%, and aggression involving the use of tools – 33.8% [20]. Also, according to the research carried out by Gascon et al. 50% of the surveyed experienced physical aggression while as many as 84.7% had to face verbal and passive aggression. The most common types of aggressive behaviour included speaking with a raised voice and obscenities [7]. However, the same was not confirmed by *Adamowski et al.* who conducted research on aggressive patients being hospitalised on psychiatric wards. They proved that the most frequent kind of patient aggressive behaviour towards others was physical violence (67% of the respondents) and second most frequent was verbal aggression (53% of the respondents) [21]. The questionnaire results show that the part of respondents is not familiar with communication techniques and does not obey principles of conduct towards an aggressive patient. Therefore, it may be assumed that they do have problems approaching such a person. Duxbury, who was looking for causes of patient aggression, proved that incorrect communication is one of the main causes of aggression reported by patients themselves [22]. Meanwhile, *Sariusz-Skapska* in her study pointed out that the type and quality of nurse-patient communication had an impact on the aggressive behaviour of the mentally ill. She claims that all the difficulties in communication with the patient, lack of sufficient information on treatment goals or stages of diagnosis very often lead to conflict situations [5]. Our research shows that the surveyed nurses are burnt-out. The average and high level of burnout have been observed in its all analysed dimensions. The high level of emotional exhaustion was confirmed by 25.7% of the respondents, and the average level by 54.1% of the respondents. As for the dimension of depersonalisation, the high level of burnout was stated by 36.5%, and the average level

of burnout by 63.5% of the surveyed. What is more, all respondents showed the high level of the lowered sense of personal accomplishment. The link between the experienced aggression and the prevalence of professional burnout has been shown in the present study. According to *Tsirigotis K. et al.* physical and verbal aggression carried out by patients against medical staff is the contributing factor to their burnout. Such acts of aggression should be treated as human rights abuses [23]. The analysis of the relationship between burnout and aggression in the group of nurses under research has also confirmed the link between the occurrence of emotional exhaustion and the experienced aggression in the form of the threatening facial expression, gestures, without using words and verbal aggression acts such as rumours, slander, threats involving the use of force. It has also been shown that being a witness of the situation involving the use of force towards another person increases the level of professional burnout in the dimension of emotional exhaustion. The same is true for cases involving incidents of sexual abuse. The high level of depersonalization is linked to aggression in the form of non-verbal threats, vandalism, beating another person in the presence of the respondent and sexual harassment. Similar findings were observed in the study by *Bedi et al.*, who also confirmed the relationship between different types of aggressive behaviour and the two dimensions of occupational burnout, namely: emotional exhaustion and depersonalisation [10]. In turn, *Viotti et al.* proved the link between verbal aggression and all the burnout dimensions [24]. The research conducted by *Bernaldo-De-Quiros et al.* clearly indicated a higher degree of professional burnout among people who encountered verbal and physical aggression than among people who never experienced such behaviour [25]. As for the level of lowered personal accomplishment, the connection between the occurrence of the high level of professional burnout and aggression in the form of destruction, vandalism as well as incidents of sexual harassment of the respondent by the patient is observed. *Roldan et al.* have shown in their study that active aggression contributes to occupational burnout in the dimension of the lowered sense of personal accomplishment [8].

## Conclusions

1. The surveyed nurses experienced a different kind of aggressive behaviour in their workplace – from various forms of verbal aggression to even active physical violence involving the use of tools and sexual violence.

2. The relationship between the experienced aggression in the workplace and the occurrence of professional burnout among the surveyed nurses has been observed, mainly in the dimensions: emotional exhaustion and depersonalization.
3. The prevailing level of professional burnout observed among the surveyed was average or high depending on its dimension under research.
4. The respondents who experience aggressive behaviour and professional burnout associated with it tend to seek help and support from people in their immediate environment, such as family members, colleagues rather than professional therapists.
5. It is recommended for psychiatric nurses to participate in workshops and courses focusing on different ways of dealing with occupational burnout and aggression in the workplace.

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