

DIFFERENT DIMENSIONS OF AGGRESSION OCCURRING IN THE WORK ENVIRONMENT OF PSYCHIATRISTS

Ewa Dębska, Anna Szczegielniak, Anna Skowronek, Katarzyna Wydra,
Przemysław Frey, Rafał Skowronek & Krzysztof Krysta

*Department of Psychiatry and Psychotherapy, Students' Scientific Society,
Medical University of Silesia, Katowice, Poland*

SUMMARY

Background: The term “aggression” refers to forceful behavior, action, or attitude that is expressed physically, verbally, or symbolically. Aggression in the medical environment can have different forms. The interactions between psychiatrists and patients may be one of the reasons for the appearance of symptoms of aggression in the behaviour of the physicians. The main aim of the study was to evaluate different aspects of aggression among psychiatric professionals.

Subject and methods: The study was conducted among 132 psychiatrists (97 women and 34 men) from all over Poland. The average age was 43.1 ± 9.48 , the average professional experience was 15.76 ± 10.09 years. Authors' original questionnaire and Buss-Perry Aggression Questionnaire were used to evaluate different aspects of aggression.

Results: The study showed a correlation between the length of professional experience and the level of verbal aggression ($p=0.022$) as well as with the level of hostility ($p<0.05$) presented by psychiatrists. Negative emotions appear in relations with workmates and causes the increase of general aggression among psychiatrists. These negative emotions are also present in relations with patients. The exposure to verbal aggression inflicted by patients causes the increase of verbal aggression, anger and hostility among psychiatrists.

Conclusions: Significant occurrence of general aggression among psychiatrists caused by difficult relations with co-workers and patients suggests the importance and necessity of providing appropriate support for this professional group in their work environment.

Key words: aggression - Buss-Perry Aggression Questionnaire - psychiatrists

* * * * *

INTRODUCTION

The term “aggression” refers to forceful behaviour, action, or attitude that is expressed physically, verbally, or symbolically. It may arise from innate drives or occur as a defense mechanism, often resulting from a threatened ego. It is manifested by either constructive or destructive acts directed toward oneself or against others. There are no doubts that it may have positive aspects as an act of self-assertiveness in response to a threatening action for the purposes of self-protection and preservation (constructive aggression) as well as negative as an act of hostility unnecessary for self-protection or self-preservation that is directed at an external object or person (destructive aggression). Aggressive behavior appears to be a common phenomenon in the work environment (Dillon 2012). Aggression in the medical environment can take on different forms and create an atmosphere of threat in the workplace. It can be inflicted both by patients and workmates, and may also cause a rise of aggressive behaviour performed by the doctors themselves. Aggression concerning the health service workers has been the subject of numerous studies (Kozmin et al. 2011, Kowalska et al. 2012, Rodwell & Demir 2012, St-Pierre 2012), and as a topic has attracted media interest from the very beginning, even though the scale of the problem still may be not fully researched. There are many factors that may lead doctors to avoid reporting or discussing situations,

when they have suffered from abuse. This kind of behaviour may in some environments be seen as a proof of poor skills. Victims may also fear retribution. The lack of information on aggression towards doctors compared to other groups eventually leads to helplessness and frustration. By now studies concentrated mainly on acts of aggression directed towards doctors performed by patients. There is still not enough research about how it impacts on doctors' lives. From the representatives of health service professions, regardless of time of day or night, professionalism is expected. It is believed that a person choosing the medical profession has personal predispositions such as focus on assistance to the other man and ability to work in a mentally aggravating environment (Kolarzyk et al. 2003). There is a link between psychological stress and occupational and mental predispositions (Terlak 2005, Wawrzynowicz et al. 2005). The patients expect to meet a pattern of a psychiatrist as an individual with wide interests, who acts spontaneously, having confidence in himself or herself. They appreciate the stability, the conventional approach and regularity. High demands in the face of reality often cause misunderstanding and conflict.

SUBJECTS AND METHODS

The study was conducted among 132 psychiatrists - 97 women (91.8%) and 34 men (8.2%), 1 person did not mark their sex in the questionnaire form. They were

from all over the country (Poland), and attended The 4th International Training-Scientific Conference „Optimization of Treatment In Psychiatry” in Wisla, Poland in 2010. Persons voluntarily filled questionnaire forms. 9 doctors were excluded from the study because of sedatives/antidepressants that were used by them on a regular basis. An average age was 43.1 ± 9.48 years (in the group of men it was: 41.26 ± 8.46 ; and in the group of women it was: 43.73 ± 9.77). An average length of professional experience was 15.76 ± 10.09 years; the minimum length was one month, and the maximum length of experience was 53 years. 42.4% of doctors worked in psychiatric hospitals, 22.7% worked in psychiatric wards in multi specialist hospitals, 29.5% worked in university clinics. To evaluate the dependence between the length of professional experience, the exposure to aggression inflicted by patients in the workplace and the level of the aggression among the psychiatrists, two types of questionnaires were used: the authors' own questionnaire and Buss-Perry Aggression Questionnaire. The authors' questionnaire includes the following elements: responder's data, five questions referring to the type of aggression the doctor is exposed to in workplace, the part exploring doctor's attitudes toward co-workers (five questions) and patients (five questions). The respondents made a choice out of a 5 grade scale to evaluate the extent to which they are concerned. The other questionnaire used is Buss - Perry Aggression Questionnaire – 29 questions exploring different types of aggression among respondents. The study was anonymous. The results were analyzed with the application Statistica 8.0.

RESULTS

The study showed statistically significant differences between doctors' exposure to aggression depending on their workplace. In comparison to psychiatrists, who work in hospitals, those who work in university clinics are significantly less exposed to physical aggression ($p=0.0008$) and verbal aggression ($p=0.00009$).

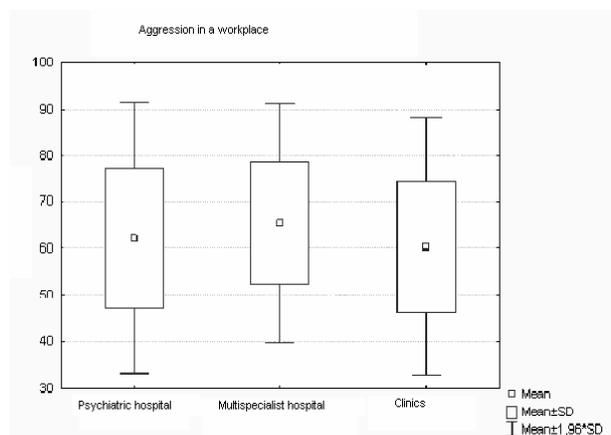


Figure 1. Different exposure to aggression depending on the workplace

35% of physicians admitted regular alcohol drinking. In this group a higher level of anger was shown in comparison to teetotalers. Verbal aggression performed by patients cause the increase of verbal aggression ($p=0.014$), anger ($p=0.019$) and hostility ($p=0.002$) in psychiatrists.

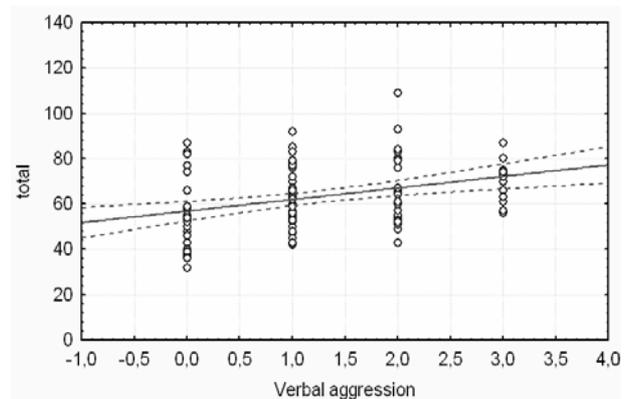


Figure 2. Expression of verbal aggression, anger and hostility among doctors exposed to patients' verbal aggression

The exposure to physical aggression performed by patients causes statistically significant increase of verbal aggression ($p=0.013$) and anger ($p=0.031$) in doctors.

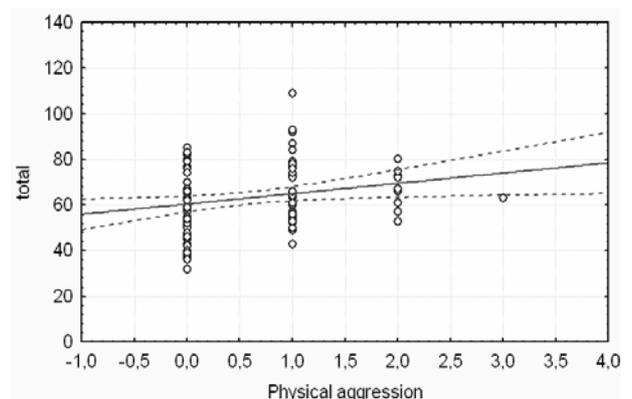


Figure 3. Expression of verbal aggression and anger among doctors exposed to patients' physical aggression

An increase of the level of anger can be noticed among psychiatrists who are more frequently exposed to their patients' physical self-harm ($p=0.027$). Negative emotions that may appear in relations between psychiatrists and patients show a positive correlation with the level of general aggression developed by doctors. The emotions mentioned above are: fear of the contact with the patient ($p=0.000$), anger directed to the patient ($p=0.001$), helplessness ($p=0.000$) and impatience ($p=0.006$). What is interesting is that the intensity of these negative emotions is decreasing with the age, e.g. fear of being criticized ($p=0.000$), fear of the contact with the patient ($p=0.001$), anger directed to the patient ($p=0.001$) or helplessness ($p=0.002$). On the other hand the study showed a statistically significant

correlation between the duration of professional experience and the level of verbal aggression ($p=0.022$) as well as the level of hostility ($p<0.05$) developed by psychiatrists. The level of physical aggression and anger remains without any changes ($p>0.05$). There is also a considerable impact of negative emotions present in relations with the colleagues at the workplace such as: fear of being criticized ($p=0.000$), fury ($p=0.007$), (Figure 5), envy, ($p=0.000$), and sadness($p=0.001$).

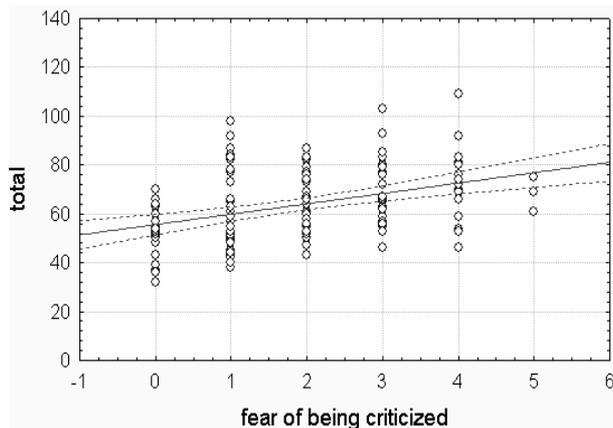


Figure 4. Fear of being criticized by co-workers

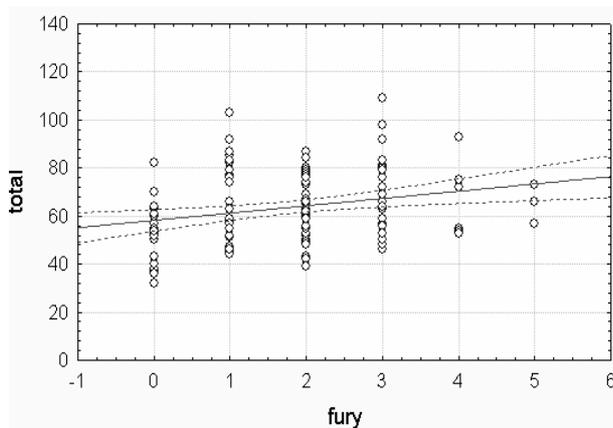


Figure 5. Fury caused by negative relationships with co-workers

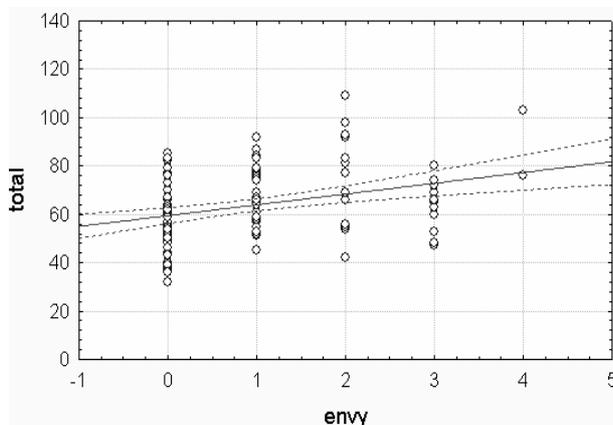


Figure 6. Envy caused by negative relationships with co-workers

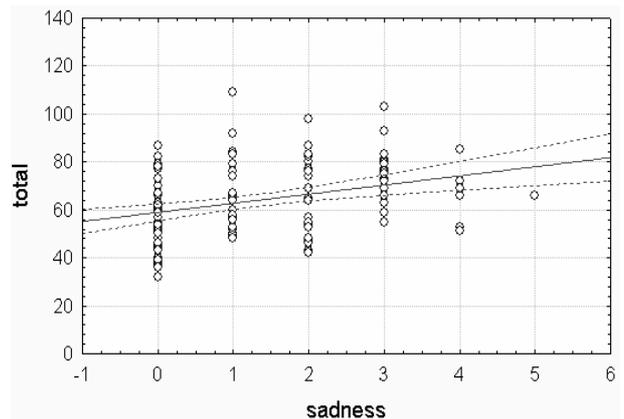


Figure 7. Sadness as a result of negative emotions present in contacts with co-workers

These emotions caused the increase of general aggression among psychiatrists.

DISCUSSION

The doctors that face more aggressive behavior in the work environment are exposed to stress. As a source of stress in patients' behaviour there are usually indicated "dangerous attitude" (53%) and "blackmail" (41%). The behavior of supervisors such as "threatening" is stressful for 17% doctors, and "vulgar behaviour in the presence of co-workers" for 18% of physicians. In the opinion of 44% doctors also within their own professional group some acts are the source of stress (Kowalczyk et al. 2009). A study in Ireland showed that 10.5% of health service workers were exposed to bullying. Most aggressive behavior (verbal abuse and physical assault) was not reported, or recorded in the available hospital records. Respondents blamed the director of the hospital management (Needham et al. 2004). The atmosphere at work depends on the severity of aggression. It is shown that the contact with certain forms of aggressive behaviours, especially with physical acts directed toward physicians, are factors increasing the ratio of doctors who do not like their work. Among those who liked their work, only one in five meet with this kind of aggression, while more than half of the doctors who did not like their work, had had such an unpleasant event (Kowalczyk et al. 2009). There is no doubt that the increasing danger in the medical profession is also the competition between doctors and the occurrence of negative interpersonal relations. Studies conducted in Austria show that 7.8% of hospital staff is or has been subject to terror and psychological abuse in the workplace (Crilly et al. 2004). It was shown that aggressive behavior had an impact on the atmosphere prevailing in the work environment. In our study similar trends were reported. Aggressive behaviour faced by psychiatrists, because of the specificity of their profession, has a negative impact on their well-being, and thus the effectiveness of activities at work.

CONCLUSION

Significant occurrence of general aggression among psychiatrists caused by difficult relations with co-workers and patients suggests the importance and necessity of providing appropriate support for this professional group in their work environment.

Acknowledgements: None.

Conflict of interest: None to declare.

REFERENCES

13. Crilly J, Chaboyer W & Creedy D: Violence towards emergency department nurses by patients. *Accid Emerg Nurs* 2004; 12:67-73.
14. Dillon BL: Workplace violence: impact, causes, and prevention. *Work* 2012; 42:15-20.
15. Kolarzyk E, Niewiadomska I & Lyszczyk J: Stres w zawodach medycznych. In Marcinkowski TJ (eds): *Higiena profilaktyka i organizacja w zawodach medycznych*, 62–85. Wyd Lek PZWL, Warszawa, 2003.
16. Kowalczyk K, Jankowiak B, Krajewska-Kulak E, Kulak W, Klimaszewska K, Kondzior D et al.: Wpływ agresji na występowanie stresu w środowisku lekarzy. *Ann Acad Med Stetin* 2009; 55:70-75.
17. Kowalska A, Szczegielniak A, Wydra K, Frey P, Dębska E, Krysta K et al.: Problem of aggression among psychiatrists. *Eur Psychiatry* 2012; 27 Suppl 1:1.
18. Kozmin A, Kowalska A, Szczegielniak A, Wydra K, Debska E, Frey P et al.: The level of aggression among psychiatrists. *Eur Neuropsychopharmacol* 2011; 21 Suppl 3: S446–7.
19. Needham I, Abderhalden C, Dassen T, Haug & HJ, Fischer J: The perception of aggression by nurses: psychometric scale testing and derivation of a short instrument. *J Psychiatr Ment Health Nurs* 2004; 11:36–42.
20. Rodwell J & Demir D: Oppression and exposure as differentiating predictors of types of workplace violence for nurses. *J Clin Nurs* 2012; 21:2296-305.
21. St-Pierre I: How nursing managers respond to intraprofessional aggression: novel strategies to an ongoing challenge. *Health Care Manag (Frederick)* 2012; 31:247-58.
22. Terlak FJ: *Stres psychologiczny*. Oficyna Wydawnicza Branta, Bydgoszcz, 2005.
23. Wawrzynowicz H & Romańczukiewicz I: Zaburzenia po stresie traumatycznym (PTSD) – tendencje badawcze. *Pielęg Pol* 2005; 1:73–78.

Correspondence:

Ewa Dębska
Department of Psychiatry and Psychotherapy,
Medical University of Silesia
ul. Ziołowa 45/47, 40-635 Katowice, Poland
E-mail: debska.ewa@gmail.com