European Journal of Occupational Health Nursing

EJOHN is the scientific journal of FOHNEU

Federation of Occupational Health Nurses within the European Union

Original Article

Conflict Situations in a Hospital in the Community of Madrid, Spain: Impact of Training in Conflict Management and Intervention Strategies

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ABSTRACT

Objetive: To evaluate the impact of training in "Management of Conflict Situations" on SERMAS workers in our hospital, analysing causes, patterns and areas most exposed to conflicts, and identifying the changes observed after the training.

Methods: We performed a retrospective analysis of the years 2021, 2022 and 2023 by collecting data on conflict situations using the REMAC form (Madrid Register of Aggressions and Conflicts).

Results: 103 conflict situations were recorded, highlighting verbal aggressions and threats, mainly directed at women. Internal Medicine and the Emergency Department accounted for 29.13% and 16.50%, respectively. 34.95% were related to dissatisfaction with hospital care received, and there was a 2.5-fold increase since March 2022.

Conclusions: We attribute the increase to growing awareness following the training provided in March 2022. We further propose, with the results obtained, a risk map focused on critical areas to guide formative and preventive actions in response to the findings.

Keywords: Aggression; Health care personnel; Violence; Workplace

Article history

Received: May 15, 2024

Revised: June 26, 2024

Accepted: July 19, 2024

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Calvo-Patiño MA, Bueno-Pous MK, Aparicio-Herguedas M, Pajares-Ruano MP, Martínez-Martínez P. Conflict Situations in a Hospital in the Community of Madrid, Spain: Impact of Training in Conflict Management and Intervention Strategies. *Eur J Occ Health Nurs*. 2024; 3(2):16-27. DOI: 10.70324/ejohn.v3i2.42

Introduction

Violence in the health sector, a global problem according to the ILO (International Labor Organization) threatens the health and well-being of workers and the efficiency of health systems (1).

Workplace violence has grown globally, reaching alarming levels in countries such as Canada and the United Kingdom. In the healthcare sector, this problem has recently become particularly relevant. Approximately 25% of cases of workplace violence occur in this sector, and nearly 50% of its professionals have experienced some type of violent incident in their working career (2).

The ILO differentiates between internal and external workplace violence. Internal violence occurs among workers, including middle managers and managers. External violence occurs between workers and legitimate third parties in the workplace, such as customers or patients, which is what we will consider in this article.

The WHO, the ILO and other organizations published guidelines against workplace violence in healthcare institutions in 2002. In the EU (European Union) the 1957 Treaty of Rome called for improving working conditions and protecting the health of European workers. In 2012, the Spanish Senate asked the government to strengthen the protection of healthcare professionals. The Ministry of the Interior created in 2017 an instruction to prevent assaults on healthcare workers, with a network of interlocutors from the National Police and Civil Guard for its implementation (3).

A working group was created to develop an information system on assaults on NHS professionals. This group established a minimum data set on assaults and began collecting 2017 and 2018 data from the Autonomous Communities and INGESA (National Institute of Health Management) of Ceuta and Melilla. Annual reports on assaults were published, covering 2017-2018, 2019-2020, and 2021, available on the Ministry's website (4).

In 2020, the Ministry of the Interior added a function in the Alertcops App to protect healthcare professionals. It can be downloaded via mobile application and is also accessible on the website of the Ministry of Health (5).

Some Autonomous Communities have implemented, developed or updated regulations, action protocols, guides, campaigns and other measures to deal with assaults within the

National Health System. In the Community of Madrid, in 2008, the "Central Registry of Aggressions against Workers by Citizens (REMAC)" was created by the Ministry of Health. In 2009, instructions were issued to set up this centralized registry of assaults on workers (6). The centralized registry is vital for monitoring and adapting protocols for assaults on healthcare workers. However, many incidents are not reported, making it difficult to have a complete picture of the magnitude of the aggressions (7).

In the SERMAS in 2019, the Protocol for Prevention and Action against Violence in the Workplace in healthcare institutions of the Madrid Health Service was approved. In addition, security measures such as presence and volumetric detectors, controls, as well as alarm and emergency buttons were installed to prevent these incidents (8).

In line with the recommendations made by the SNS for the prevention of occupational violence through training and safety protocols (3), in March 2022 the hospital's SPRL offered training in 'Management of Conflict Situations' to raise awareness among staff on how to handle tensions and aggressions, and the importance of reporting incidents, seeking a safe and collaborative work environment.

Objectives

General Objective:

To assess the impact of the 'Managing Conflict Situations' training delivered in 2022 at the hospital to prevent conflicts with patients and citizens.

Specific Objectives:

- To find out the underlying causes of conflict situations in the hospital.
- To identify patterns of conflict before and after the training.
- To analyse any changes in the incidence and management of conflict after training.
- Determine critical areas to target preventive actions.
- Present the results and conclusions of the study.

Methods

Study Design. Participants

A retrospective descriptive study was conducted using data extracted from the REMAC form between 2021 and 2023. In addition, training in 'Management of Conflict Situations' was implemented in March 2022, using this course as an intervention to evaluate its impact on emotional management, safety and external conflict management in SERMAS hospital staff.

The participants in the study were SERMAS hospital workers who voluntarily enrolled through the hospital's health training APP to attend the 'Managing Conflict Situations' course (9).

Intervention

The course 'Management of Conflict Situations' lasted 20 hours and was given in the afternoon shift. It was attended by 30 workers. It focused on imparting emotional management skills, addressing topics such as effective communication, non-verbal language, empathy, active listening and techniques for managing anxiety and anger. In addition, creative strategies for conflict resolution and recording conflict situations were included. The SPRL of the hospital delivered the course together with psychologists, according to the training programme established by the hospital's training unit.

Variables

The data were collected from the REMAC register between 2021-2023, before and after the intervention in March 2022: age, sex, causes of the incident, type of aggressor, type of aggression, physical injuries, request for private security, psychological assistance, injury report, filing of a complaint and need for medical leave.

Data analysis

Microsoft Excel pivot tables were used to analyse the data collected before and after the educational intervention. The data were presented in tables and graphs.

A bibliographic review of the most updated literature in the last 5 years in English and Spanish on occupational violence in healthcare personnel was carried out, using the descriptors Mesh: 'workplace violence' 'aggression' 'healthcare personnel'. The following

databases were searched: SCIELO, PUBMED and ENFISPO. Of the 63 documents found, the titles and abstracts of the most relevant articles related to the subject of the study were read and finally 6 original articles were included (4 quantitative studies and 2 qualitative studies).

Results

In the period analysed (2021-2023), 103 conflict situations were recorded; 29 in 2021, 21 in 2022 and 53 in 2023, of which 29 occurred before the training given in March 2022 and 79 after this training (Figure 1).

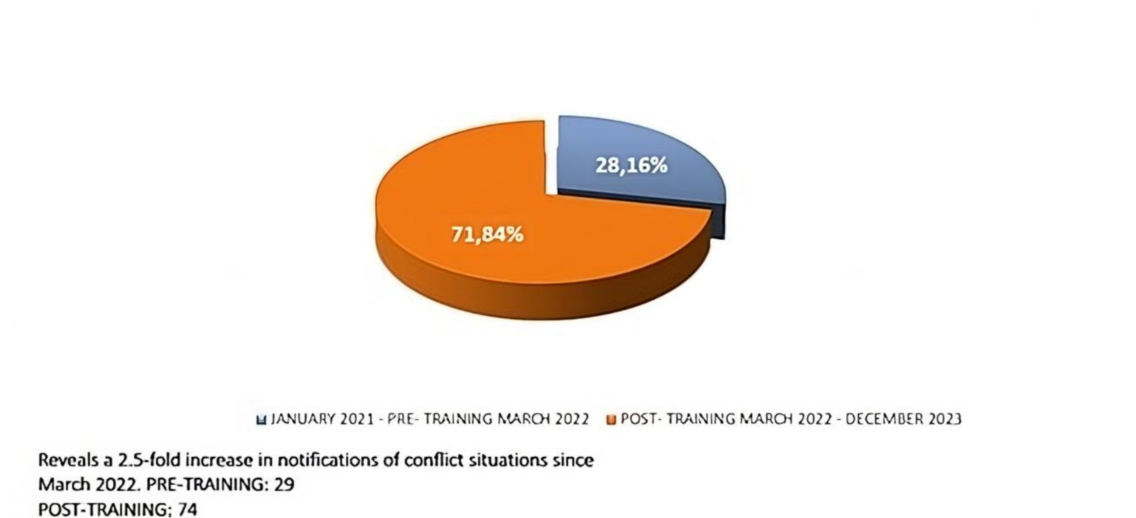

Figure 1. Time distribution of reported conflict situations between the period 2021 and 2023

When analysed by area, the Emergency, Psychiatry, Surgical Hospitalisation and Neurology Service units have been identified as the most affected, together accounting for 42.72% of the incidents reported (Figure 2).

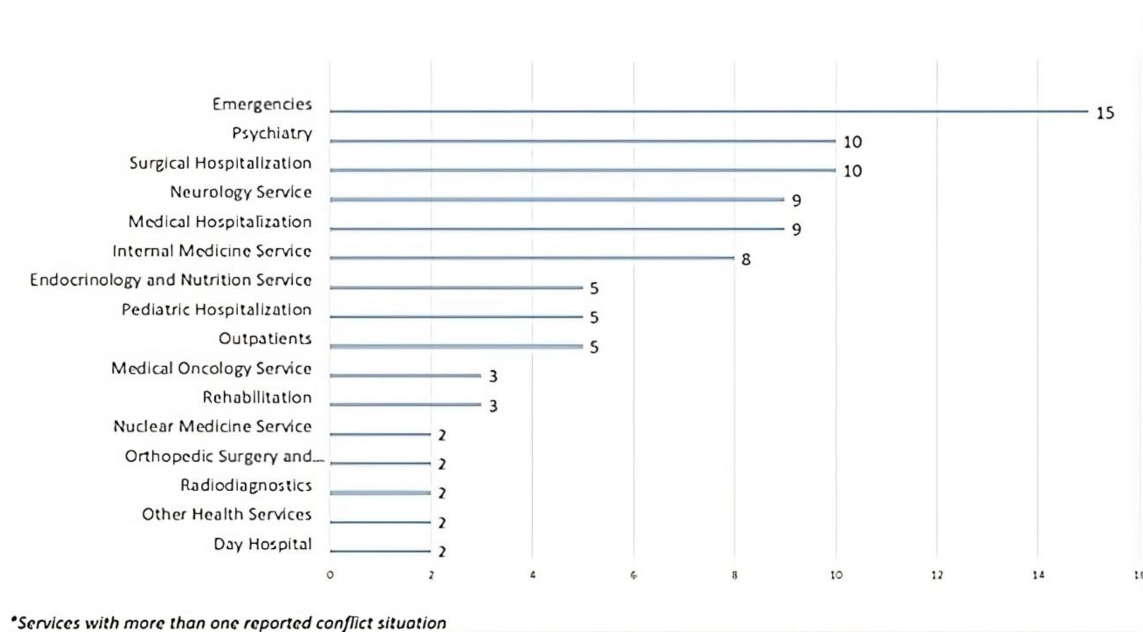

Figure 2. Conflict situations reported by service

In terms of job categories, it was observed that Nursing was the most likely to report conflicts, accounting for 51.46% of the reports, followed by Nursing Assistants with 22.33%. Together, these two categories accounted for 73.79% of the cases (Figure 3).

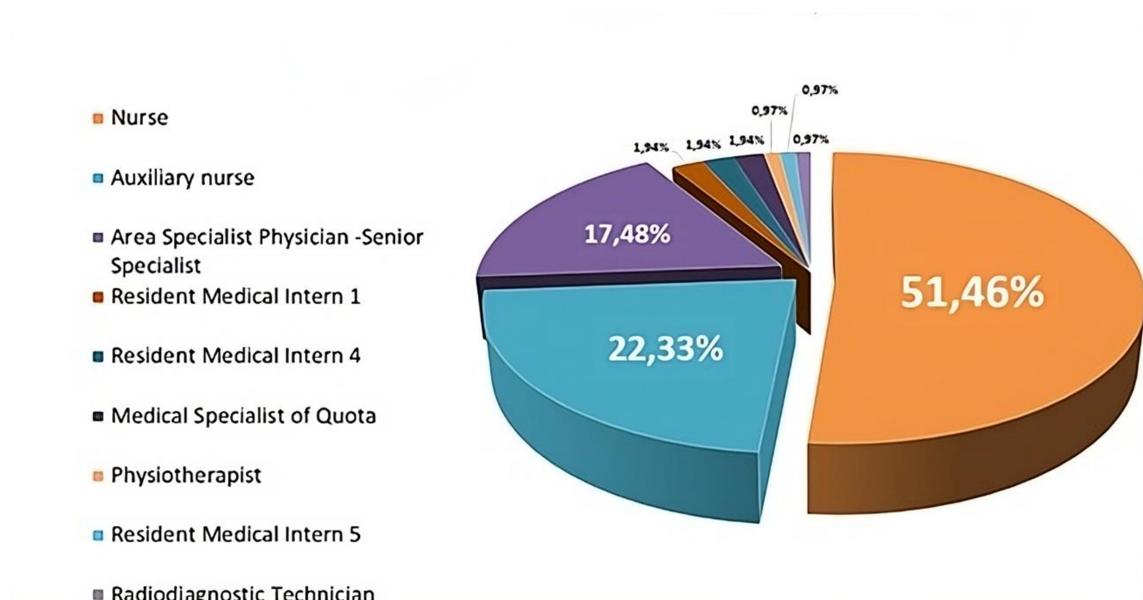

Figure 3. Conflict situations reported by category

Of the workers who reported incidents, 5 required psychological assistance, 2 in 2022 and 3 in 2023. All of them after training.

In relation to the profile of the aggressor, 55 were men, 46 were women and 2 were of indeterminate sex (Table 1).

Private security personnel intervened on 25 occasions, with 16 interventions prior to the training and 9 after.

As for verbal assaults, 77 cases were recorded, distributed as follows: 22 in 2021, 16 in 2022 and 39 in 2023. Of these, 22 occurred before the training and 55 after.

16 physical assaults have been declared: 1 in 2021, 3 in 2022 and 12 in 2023. Of these 14 were after the date of the training.

Table.1 Results with respect to Aggressors

Aggressor gender	Aggressor type	Causes of the Incident	Age of aggressor							Overall total
			from 19 to 30 years old	from 31 to 40 years old	from 41 to 50 years old	from 51 to 60 years old	Over 60 years old	Under 18 years of age	No record	
Male	Family or companion of the patient	Delayed attendance			1	1		1		3
		Dissatisfaction with the treatment received				2		1		3
		Dissatisfaction with attendance			1	2	1			4
		Disagreement with clinical information							2	2
		Disagreement with non-clinical information		1						1
		Disagreement with the prescription		1						1
		Other causes				1				1
	Others	Other causes				1	1		1	3
	Hospitalized patient	Delayed attendance		1						1
		Dissatisfaction with the treatment received						2		2
		Dissatisfaction with attendance			1	1	5	1		8
		Disagreement with refusal of testing				1	1			2
		Disagreement with the prescription			1					1
		Other causes					3	3		6
	Non-hospitalized patient	Delayed attendance	1							1
		Dissatisfaction with the treatment received	1				1			2
		Dissatisfaction with attendance			2	1	5	1		9
		Disagreement with clinical information				1				1
		Disagreement with the prescription		1		1				2
		Other causes			1		1			2
Total Male			**2**	**4**	**7**	**12**	**18**	**9**	**3**	**55**
Female	Family or companion of the patient	Delayed attendance			1		1			2
		Dissatisfaction with the treatment received			1		1	1		3
		Dissatisfaction with attendance	1	1	1	2		4	1	10
		Disagreement with clinical information			1					1
		Disagreement with non-clinical information	2		4					6
		Other causes		1			1			2
	Others	Dissatisfaction with the treatment received						1		1
		Dissatisfaction with attendance				1		1		2
		Other causes				1			1	2
	Hospitalized patient	Dissatisfaction with attendance	1							1
		Disagreement with clinical information				1				1
		Disagreement with the denial of the petition on pharmaceuticals				1				1
		Disagreement with the prescription					1			1
		Other causes	1					3		4
	Non-hospitalized patient	Delayed attendance				1				1
		Dissatisfaction with attendance				1				1
		Disagreement with clinical information				1				1
		Disagreement with the prescription				1	1			2
		Other causes		1			1			2
		Patient arriving late				1				1
Total Female			**5**	**3**	**9**	**11**	**6**	**10**	**2**	**46**
Undetermined	Family or companion of the patient	Delayed attendance							1	1
		Dissatisfaction with attendance			1					1
Total Undetermined					**1**				**1**	**2**
Overall total			**7**	**7**	**17**	**23**	**24**	**19**	**6**	**103**

In 6.8% of cases an injury report has been filed out of a total of 88 workers who have reported injuries, all after the educational intervention.

One complaint has been filed in 2023, although no information on subsequent follow-up has been found.

In addition, one worker required medical leave in May 2023 due to psychological damage resulting from aggression and threats.

CONCLUSIONS

Our study supports the effectiveness of the 'Managing Conflict Situations' training delivered in 2022 at the hospital in preventing conflict with patients and citizens, by identifying an increase in the reporting of violent incidents compared to the years prior to the educational intervention (current figure 1 but by quarterly intervals). This finding is consistent with previous research that identified 17 studies focused on the prevention and management of workplace violence. These studies found that training in workshop format was effective in improving professionals' perceived ability to cope with situations that lead to violence. These results suggest that strategies to mitigate violent episodes can be useful for both professionals and health managers in creating safer workplaces (10) (Figure 2).

Our results suggest risk mapping focused on critical areas.

By Services:

✓ Emergency

✓ Psychiatry

✓ Surgical Hospitalisation

✓ Neurology Service

By Category:

Coinciding with our results, several studies indicate that nurses are the occupational category most affected by assaults, with a higher number of incidents reported compared to other professionals. Therefore, the Occupational Risk Prevention Service (SPRL) should investigate solutions and adopt measures to reduce violence against nursing staff (11).

About the profile of the aggressors (Table 1), it can be seen that in most cases the

aggressors are men, but the assaulted professionals are mostly women. Given that the aggressions that occur tend to follow the same pattern, we could include gender awareness programmes, training in communication skills and conflict resolution, as well as institutional policies against gender-based violence.

In the incidents recorded, physical aggression represents a smaller proportion than other forms of aggressive behaviour, with verbal aggressions and threats being more frequent in this specific context.

Although most of the incidents are not serious, indicating a high propensity to report, the need for a thorough follow-up of serious cases is underlined. We consider that further studies are needed in relation to the psychosocial impact, as indicated in other articles (12).

It is essential to promote a policy of zero tolerance for assaults on healthcare workers, supported by campaigns aimed at the general population to raise awareness of the importance of respectful and collaborative treatment in healthcare settings (13).

Our article highlights that the emergency department is one of the areas most affected by workplace violence, supporting the need for particular attention in this setting. Furthermore, as other studies suggest, it is crucial to investigate the factors that influence different types of workplace violence, to identify the emergency department professions most at risk and to develop effective interventions to prevent violence in this setting (14).

We believe that we must continue to provide training in the areas and personnel most at risk since, as some studies indicate, it is urgent to provide specific training in the prevention of workplace violence for healthcare professionals, not only by imparting knowledge about the procedures to follow in the event of incidents, but also by insisting on the importance of reporting and denouncing these aggressions. It is essential to change the perception that assaults are simply an unavoidable aspect of working in the health sector and to promote a culture of safety and respect in the workplace (15).

We must consider that bureaucracy and administrative procedures are tedious (16) and that we can confirm in our study with only one reported case of complaint in 2023. We urge to improve specificity in REMAC records to optimise subsequent data mining.

We consider it essential to integrate the findings of this study into future training initiatives to raise awareness among workers on the importance of dealing with conflict situations. In

addition, we propose to involve middle management in the management of these situations, thus facilitating a more effective and collaborative approach to dealing with conflict in the workplace. It is essential to promote a zero-tolerance policy by engaging both workers, institutions and citizens to ensure a safe and respectful working environment for all (17).

Ultimately, eradicating violence in the workplace not only represents a justice imperative, but also strengthens the will of medical professionals and ensures greater safety for patients, as well as improved clinical quality contributing to better health for all (13).

Conflict of interest: The author declares that she has no conflict of interest in relation to this article.

Author's contribution, funding and ethical responsibilities: The author has confirmed her authorship, the absence of external funding and the maintenance of confidentiality and respect for workers' rights in this article. The other authors declare that they have no conflict of interest.

Acknowledgements: To Isaías Jiménez Bedmar for his collaboration in the translation and correction of this article.

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