

**VISOKA ZDRAVSTVENA ŠOLA V CELJU**

**DIPLOMSKO DELO**

**SOCIOLOŠKI VIDIKI SPREJEMA AGRESIVNEGA PACIENTA**

**SOCIOLOGICAL ASPECTS OF ADMISSION AN AGGRESSIVE  
PATIENT**

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## POVZETEK

**Uvod:** Tako kot v tujini se tudi v Sloveniji v zadnjih letih srečujemo z vse večjim številom besednih in tudi telesnih napadov pacientov in njihovih svojcev na zdravstveno osebje. Nasilnost in agresija sta prisotni v čedalje večji meri. Zaradi navedenega gre izpostaviti preventivne ukrepe ob sprejemu agresivnega pacienta ter seznanitev in usposobljenost osebja z njimi tudi zato, ker je horizontalno nasilje velik problem in so ciljno usmerjeni preventivni ukrepi v samih zdravstvenih institucijah še kako pomembni. Namen diplomskega dela je predstaviti sociološke vidike sprejema agresivnega pacienta v zdravstveno obravnavo. Da bi zagotovili varnost tako pacientom, zdravstvenemu osebju in drugim vključenim v obravnavo, mora zdravstveno osebje redno poročati o vsakem nasilnem vedenju.

**Metoda:** Raziskava je temeljila na kavzalno-eksperimentalnem pristopu, z uporabljenimi metodo deskripcije, podatke smo pridobili s tehniko anketiranja. Za merski instrument smo uporabili anketni vprašalnik, oblikovan na osnovi pregleda domače in tuje strokovne oz. znanstvene literature. Uporabili smo neslučajnostni priložnostni vzorec, v katerega smo vključili zdravstvene delavce, zaposlene v zdravstvenih zavodih na primarni zdravstveni ravni. Dostop do spletne ankete smo poslali na 126 spletnih naslovov. Anketo je izpolnilo 88 zdravstvenih delavcev, kar pomeni 69,8 % realizacijo vzorca. Podatki so bili zbrani preko odprtokodne aplikacije za spletno anketiranje 1KA in tudi obdelani v njej, dodatno pa še s programom Excel.

**Rezultati:** Med 88 anketiranimi jih 15 % navaja, da niso večji komunikacije z agresivnim pacientom, zgolj 32 % jih zlahka najde primerne besede za obvladljivost situacije, 16 % pa jih meni nasprotno. 27,3 % anketiranih svoje komunikacije ob sprejemu agresivnega pacienta ne spremenijo, se pa ob tem zelo vznemirijo, to izpostavi 45 % anketirancev. Dodatnih izobraževanj o sprejemu agresivnih pacientov se tri četrtine anketiranih ne udeležuje, kot glavni razlog za to navajajo slab interes delodajalca.

**Razprava in sklep:** Izobraževanja na temo sprejema agresivnega pacienta so v slovenskem prostoru sicer prisotna, vendar nezadostno promovirana s strani vodij zdravstvenih enot. Rezultati kažejo, da anketiranci nimajo možnosti dodatnih izobraževanj, zgolj malo informacij pa dobijo s strani Zbornice zdravstvene in babiške nege Slovenije, bi si jih pa želeli veliko več. Vloga usposabljanja zdravstvenih delavcev za delo z agresivnim pacientom se bo morala na primarnem nivoju zdravstvenega varstva še okrepiti. Prav tako bo potrebno ozaveščati zdravstvene delavce za poznavanje in uporabo deeskalacijskih tehnik za učinkovitejše obvladovanje negativnih posledic, ki jih prinese agresivno vedenje.

**Ključne besede:** agresija, družba, deeskalacijske tehnike, upravljanje z nasiljem in agresijo, zdravstvena oskrba, akutna sprejemna enota.

## SUMMARY

**Introduction:** Both in Slovenia and abroad, in recent years, we have been facing an increased number of verbal and physical attacks on medical staff by patients and their relatives. Violence and aggression are on the increase. As a result, it is important to highlight preventive measures when admitting aggressive patients and inform and train staff to work with them also because horizontal violence has become a major problem and because targeted preventive measures in health care institutions are equally important. The purpose of the thesis is to present the sociological aspects of admitting an aggressive patient to medical treatment, which is the basis for creating a safe environment in the future, with health professionals reporting on any violent behaviour, which is impossible without reports.

**Method:** The research was based on the causal-non-experimental approach using the technique of description. We obtained the data using the survey technique. A survey questionnaire was used as the measuring instrument based on the review of national and foreign professional/scientific literature. We used an occasional random sample that includes health workers employed in health care institutions at the primary health care level. In total, the website link for access to the survey was sent to 126 contacts while the questionnaire was filled in in its entirety by 88 respondents, representing 69.8% of sample realization. The data were collected and processed through the open source application for online surveys 1KA and MS Excel.

**Results:** Of the 88 respondents, 15 % stated that they are not skilled in communicating with aggressive patients. Only 32 % can easily find suitable words and manage the situation while 16 % claim the opposite. The survey summarizes that communication by health professionals takes place quite unconsciously and, as a result, self-assessments are not as self-critical as they should be. 27.3% of the respondents did not command the techniques of effective communication and did not change their communication methods during the admission of an aggressive patient; while 45 % of respondents claim that they became upset to the greatest extent. They assert that the main reason for this is the disinterest of the employer.

**Discussion and conclusion:** Education on the topic of admitting an aggressive patient is in place in Slovenia; however, it is insufficiently promoted by the heads of health establishments. Results show that the respondents do not have at their disposals the option of additional education; scarce information is provided by the Chamber of Health Care and Babysitting, even though more is desired. The importance of training health workers in working with aggressive patients still needs to be enhanced on the primary level of health care. Furthermore, it will also be necessary to improve awareness among healthcare professionals on the know-how and application of de-escalation techniques to better manage the negative consequences of aggressive behaviour.

**Key words:** Aggression, society, de-escalation techniques, violence and aggression management, health care, acute admission unit.