

LETTERS TO THE EDITOR

Does education and training to prevent workplace aggression directed toward healthcare workers truly not reduce such aggressions?

¿La educación y la formación para prevenir agresiones dirigidas al personal sanitario no las reduce?

To the editor:

We read the magnificent Geoffrion et al¹ with great interest. The work reproduces an article published by Cochrane Database of Systematic Reviews² that evaluates the effectiveness of education and training in preventing and minimizing workplace assaults on healthcare workers by patients or companions. Surprisingly, they conclude that education combined with training may not influence assaults on healthcare workers, although it may increase personal knowledge and positive attitudes. Considering that none of the studies included in the review were carried out in Spain, we wonder whether the results are representative in the Spanish setting. Furthermore, the review was based on a small number of studies and some with a limited number of participants. These facts call into question the external validity of the results obtained.

The number of reports filed has been used to assess assaults. However, the question arises as to whether the use of complaints as a proxy variable is biased, since, as a recent review indicates, up to 70% of violent incidents are not reported.³ The data may be an underestimate of the true magnitude of the problem and other variables should be considered in order to estimate actual assaults. In addition, the fact that underreporting may be due to the Hawthorne effect, i.e., there may be more willingness to report because of participation in studies.

Finally, the services where the studies were carried out did not show equal propensity to aggression. In this regard, 2 of the studies included in the review were conducted in psychiatric wards, 3 in long-term care and 4 in hospitals or health centers. The services with the highest risk of presenting episodes of violence by patients are emergency de-

partments, psychiatry, drug and alcohol addiction clinics and emergency services.⁴ Therefore, the heterogeneity of the services where the studies were conducted could also be a reason for bias.

In Spain, most of the autonomous communities have implemented protocols or guidelines for dealing with aggression in the National Health System. For example, in Andalusia, the figure of the professional guide has been incorporated to advise victims of aggression.⁵ It would be advisable, in the future, to analyze the impact of the measures established.

In conclusion, as Geoffrion et al. rightly point out, more studies are needed to evaluate the effect of education and training, given that assaults on healthcare personnel are a particularly relevant issue.

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Conflict of Interests Disclosure: None reported.

Author Contribution, Funding and Ethical Responsibilities: The author has confirmed her authorship, the non-existence of external funding and the maintenance of confidentiality and respect for patient rights in the document of author responsibilities, publication agreement and assignment of rights to EMERGENCIAS.

Editor in Charge: Adriana Gil Rodrigo.

Article not commissioned by the Editorial Committee and with external peer review.

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