SHORT REPORT

Verbal abuse in the National Health Service: impressions of the prevalence, perceived reasons for and relationships with staff psychological well-being

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Aim: To investigate the prevalence, perceived causes and relationship to psychological well-being of verbal abuse in a National Health Service (NHS) ambulance service control room (ASCR).

Method: Questionnaire survey with ASCR personnel (n=48).

Results: 7% of calls per shift were verbally abusive; the most common sources were patients or emergency callers. Verbally abusive calls were associated with staff having poorer mental health and the desire to leave.

Conclusion: Support from managers in the form of clear protocols to deal with abusive callers and training in verbal de-escalation techniques are recommended.

Verbal abuse is defined as people “screaming at you, calling you names or (making) verbal threats”.¹ Such abuse occurs in up to 10 calls per day in call centres,² yet there has been very little research on this topic in the National Health Service (NHS).³ Research suggests that verbally abusive calls are associated with stress, emotional exhaustion and absence from work.² This study had four aims, to examine: (1) the prevalence of verbally abusive calls in an NHS ambulance service control room (ASCR); (2) the perceived causes of verbally abusive calls; (3) the relationship between verbal abuse and psychological well-being; and (4) the relationship between verbal abuse and organisational commitment.

METHOD

Forty-eight participants were recruited from an NHS ASCR serving approximately 1 000 000 people (mean age 33 years, 81% women, 98% white). NHS ethical approval was granted for this cross-sectional survey. Standardised measures were used to assess the proportion of verbally abusive calls,² perceived perpetrators of verbal abuse, perceived reasons for verbal abuse, emotional exhaustion,⁴ the General Health Questionnaire,⁵ job-related strain⁶ and employee turnover intent.⁷

RESULTS

Participants reported taking 59 calls on an average shift, of which 4 (7%) were verbally abusive.

Patients were the most common perpetrators of verbal abuse; the least common were the police and fire service (table 1). Patients and emergency callers were significantly more likely to be abusive than road staff colleagues, doctors and nurses.

The most frequent perceived reasons for verbal abuse were: “They are frustrated”, “They are anxious” and “They don’t understand the tasks I must perform”, which were significantly more frequent than were other reasons, including “They are in a hurry” or “They are drunk” (table 2).

The proportion of verbally abusive calls was strongly related to emotional exhaustion and depersonalisation (table 3). The

proportion of abusive calls was also positively related to staff anxiety and intention to quit. By contrast, depression and the general health questionnaire were not significantly related to the proportion of verbally abusive calls.

DISCUSSION

This is the first study of its kind in the UK and shows that there is a high prevalence of verbal abuse directed at ASCR personnel who experienced an average of 7% verbally abusive calls per shift. Over 80% of the personnel experienced at least one verbally abusive call per shift. Verbal abuse is most likely to come from patients themselves, but the data in table 1 give ASCR managers clear priorities as to other groups who might be targeted in interventions to reduce verbal abuse.

Verbal abuse is believed to occur because callers are frustrated, anxious or lack understanding of the tasks personnel must perform. The NHS already recognises anxiety and frustration as causes of violence and aggression,⁸ but at least part of caller frustration was thought to stem from not fully understanding the role of ASCR personnel. Evidently there

Table 1 Perceived perpetrators of verbal abuse

Perpetrator	Mean	SD
Patients ^a	3.56	1.02
Emergency callers ^a	3.36	1.24
Road staff ^b	2.62	1.41
Doctors ^b	2.49	0.82
Nurses ^b	2.36	1.11
Police ^c	2.00	1.10
Fire ^d	1.23	0.43

Values with a different superscript differ significantly, $p < 0.05$, according to repeated contrasts.

Table 2 Perceived reasons for verbal abuse

Perceived reasons	Mean	SD
They are frustrated ^a	4.17	0.67
They are anxious ^a	4.15	0.55
They don’t understand the tasks I must perform ^a	4.06	0.85
They are in a hurry ^b	3.72	0.80
They are drunk ^b	3.66	1.20
A lack of awareness of how the NHS system works (They don’t know whom to contact so dial 999) ^b	3.64	0.92
They are scared ^b	3.62	0.97
They have taken drugs ^b	3.45	1.14
Because GP surgery messages are very long ^b	3.30	0.83
They can’t see me ^c	2.85	1.10
They don’t know me ^c	2.74	0.97

GP, general practitioner; NHS, National Health Service. Values with a different superscript differ significantly, $p < 0.05$, according to repeated contrasts.

Table 3 Correlations, means and standard deviations (n = 48)

	Mean	SD	1	2	3	4	5	6	7
Ratio (number of verbally aggressive calls/total number of calls)	0.10	0.13	1.00						
Verbally aggressive calls	3.89	5.21	0.47**	1.00					
Emotional exhaustion	3.52	2.08	0.51**	0.58**	1.00				
Depersonalisation	2.56	0.92	0.48**	0.33*	0.63**	1.00			
Anxiety	2.62	0.90	0.29*	0.54**	0.73**	0.49**	1.00		
Depression	2.57	0.89	0.12	0.41**	0.54**	0.41**	0.81**	1.00	
GHQ1.00Likert	1.04	0.51	0.26	0.49**	0.54**	0.31*	0.60**	0.58**	1.00
Organisational commitment	3.35	0.71	-0.30*	-0.23	-0.51**	-0.54**	-0.57**	-0.68**	-0.38**

GHQ, general health questionnaire.

*p<0.05 **p<0.01 (1-tailed).

is a need for people to understand better how the 999 system operates.

This study established that call handlers reporting a greater number of verbally abusive calls are more emotionally exhausted, depersonalised, anxious, depressed and are experiencing greater general mental strain than those call handlers receiving fewer such calls. The experience of receiving such calls is related to employee commitment to the organisation, and subsequent turnover intentions. Managers must support staff in the way such calls are dealt with—for example, training staff in de-escalation techniques.⁹ We acknowledge that call handlers will vary in their likelihood of receiving abusive calls because of their telephone manner or because of other personality factors.

Given the paucity of research on verbal abuse in general, and verbal abuse over the phone more specifically, we call for further research on this topic. A greater understanding of the prevalence of verbal abuse to NHS personnel is required. Verbal abuse is distressing and may have longer term implications for both employee health and turnover. To assess these relationships more thoroughly, a larger scale study with a prospective design is required.

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Author contributions: CAS (guarantor) provided the original idea for the study, set up the study with the organisation, supervised KH as an MSc (occupational psychology) student (including detailed discussions on

drafting of questionnaire, research design), drafted the paper, searched for the literature and analysed the data and wrote the final draft.

CAS held detailed discussions with CAS about what elements of KH's MSc are appropriate for conversion into publication, made suggestions for analysis, analysed some elements and drafted parts of the paper.

KH completed all ethics forms in consultation with CAS, attended the ethics meeting, designed questionnaire with CAS, collected data in the organisation, held discussions with CAS throughout the process, and held discussions with CAS about the research literature.

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