Violence in the Emergency Care Setting

Description

The incidence rate of workplace violence (WPV) in the healthcare industry is 3.8 times higher than all private industry\(^1\), with the emergency department (ED) being a highly vulnerable area.\(^2\) A serious occupational risk for emergency nurses, WPV has been recognized in some states as a violent crime.\(^3\) The National Institute for Occupational Safety and Health defines WPV as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.”\(^4\) The violence can manifest as emotional or verbal abuse, coercive or threatening behavior, and physical assault.\(^5,5\) Acts of violence can also cause physical and/or emotional harm to emergency nurses as well as the patients for whom they provide care.\(^5,9\)

Despite recent education, legislation, and research to increase awareness and understanding of the issue, emergency nurses in one study admitted they did not report incidents of WPV because they believed they “did not sustain an injury”; reporting is laborious, inefficient, and futile; and WPV is part of the job.\(^10\) Findings in other studies emphasized the “culture of acceptance” as a barrier to intervention strategies.\(^11,12\) Wolf et al. suggest increased emphasis on training nurses to recognize patient cues to discern potentially risky situations, and advise concentrated efforts with a focus on WPV prevention rather than managing incidents and sequelae of WPV.\(^12\)

ENA Position

It is the position of the Emergency Nurses Association that:

1. Emergency nurses are at significant occupational risk for WPV
2. The mitigation of WPV requires a “zero tolerance” environment instituted and supported by hospital leadership
3. Emergency nurses have the right to personal safety in the work environment
4. Emergency nurses have the right to education and training related to the recognition, management, and mitigation of WPV
5. Emergency nurses have the right and responsibility to report incidents of violence and abuse to their employer and law enforcement without reprisal
6. Emergency nurses have the right to expectations of privacy, appropriate injury care, and the option for debriefing and professional counseling
7. Protection against acts of violence include effective administrative, environmental, and security components
8. State legislation in support of emergency nurses who have experienced WPV may lead to more effective WPV programs
9. Emergency nurses have a vested interest in and a responsibility to conduct and participate in research and quality improvement initiatives aimed at preventing, mitigating, and reporting WPV
Background

WPV experts recommend healthcare organizations adopt a collaborative approach when establishing a WPV prevention program. Given that a large portion of WPV by patients, visitors, coworkers, and intimate partners is preventable, coordination and advocacy among employees, employers (including emergency nurses), law enforcement, prosecutors, and the community at large may be necessary to adequately address this occupational burden. Emergency nurses, with their high rate of victimization, can serve an integral role in all aspects of violence prevention, planning, and monitoring. Further research is essential to determine effective prevention and mitigation strategies, educational priorities for nurse recognition of potential high-risk patients, and conditions for the proactive implementation of effective interventions.

Additional Resources

See ENA Toolkit on Workplace Violence at

http://www.ena.org/practice-research/Practice/ViolenceToolKit/Documents/toolkitpg1.htm
Position Statement

References


Authors

Authored and Reviewed by the Position Statement Committee
Diane Gurney, MS, RN, CEN, FAEN, Chair
Katie Bush, MA, BS, RN, SANE
Gordon Gillespie, PhD, RN, CEN, CPEN, FAEN
Kathleen Patrizzi, MSN, RN, CEN, ACNS-BC
Robin Walsh, MS, BSN, RN

ENA 2014 Board of Directors Liaison
Sally Snow, BSN, RN, CPEN, FAEN

ENA Staff Liaisons
Susan Rajkovich, MBA, Director of Marketing
Andrea Alvarez, Marketing Coordinator
This position statement, including the information and recommendations set forth herein, reflects ENA’s current position with respect to the subject matter discussed herein based on current knowledge at the time of publication, is only current as of the publication date, and is subject to change without notice as new information and advances emerge. The positions, information and recommendations discussed herein are not codified into law or regulations. Variations in practice and a practitioner’s best nursing judgment may warrant an approach that differs from the recommendations herein. ENA does not approve or endorse any specific sources of information referenced. ENA assumes no liability for any injury and/or damage to persons or property arising from the use of the information in this position statement.