Violence and the Impact on the Emergency Nurse

Description

In 2002, the World Health Organization declared workplace violence (WPV) to be an epidemic, a global epidemic that “…undermines retention of health personnel and the delivery of quality health care everywhere.”[1] The violence also results in significant economic, personal, and professional costs.[1–3] In the U.S., the incidence of WPV in the healthcare industry is four times higher than in other industries.[4] Ease of public access, crowding, long wait times, presence of weapons, and other factors make the emergency department (ED) a highly vulnerable area.[5–9] especially where triage occurs.[10,11] Emergency nurses and other ED staff have a serious occupational risk for WPV, including both verbal and physical assaults.[5–7] For these reasons, WPV has been recognized in many states as a violent crime.[12] Yet, at the time of this publication, in total, only 31 states have adopted laws making it a felony to assault an emergency nurse.[13] Other ongoing legislative initiatives include introduction of H.R. 1309, Workplace Violence Prevention of Health Care and Social Service Workers Act in 2018, and continued advocacy and evaluation of state-based felony reforms.

The Occupational Safety and Health Administration (OSHA) defines WPV as “…any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.”[59(p1)] Violence can manifest as emotional or verbal abuse, coercive or threatening behavior, and physical and sexual assault.[4] The patient population (e.g., active substance use), along with gender (i.e., female), work schedule (i.e., night shift), and experience level (younger age of the health care provider), are consistent risk factors for WPV.[5,10–14,17] Acts of WPV can cause physical and/or psychological harm to emergency nurses leading to job dissatisfaction, emotional exhaustion, burnout, secondary trauma stress/PTSD, absenteeism, and intentions to leave the job or nursing profession.[5,14–24] all of which have potential impacts on patient care due to nurses’ decreased productivity, organizational commitment, and engagement.[16,17,24–26] WPV is increasingly seen as a primary driver of poor nurse retention and recruitment, further exacerbating the nursing shortage and its costly consequences for health care organizations and their patients.[4,17,19,24,26–28]

Despite continued education, legislation, and research to increase awareness and understanding of the issue, emergency nurses are reluctant to report incidents of WPV because they believe it is not violence if they did not sustain an injury, reporting can be laborious and futile, patients are not seen as responsible because of their illness;, and WPV is an expected part of the job.[22,27] Different forms of violence exist independently, overlap, and enable each other. For example, relational WPV (bullying) may impede early recognition and management of the violent person because it contributes to nurses’ burnout and emotional and physical fatigue.[18,20,27] Similarly, organizations knowingly and unnecessarily exposing their workers to violent situations or allowing a climate of abuse, bullying or incivility to thrive in the workplace (organizational WPV) can create an environment wherein both relational and consumer violence are ignored, allowing the behaviors to continue without administrative intervention.[10,18,26,28,33]

Researchers suggest an increased emphasis on improving the practice environment to facilitate adequate assessment and recognition of the potentially violent person, increased staff training in stress reduction, conflict resolution, simplified reporting, de-escalation and behavior management skills, and a focus on prevention and mitigation of all types of WPV rather than focusing solely on a post-incident response and management of WPV sequelae.[9,16–19,23,29–33,37]

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 all types 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. Emergency nurses advocate for continuation of, or in some cases the adoption of, state and federal legislation making violence against emergency nurses a felony.

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 all types of WPV.

Background

To increase program effectiveness, it is recommended that a WPV prevention program include training, formal incident reporting procedures, and administrative, environmental risk, physical design, and security components to address all types of violence. When establishing a WPV prevention program, WPV experts recommend that healthcare organizations adopt a multi-faceted, collaborative, interdisciplinary approach that includes a variety of stakeholders such as healthcare administrators, ED managers, clinicians and staff, law enforcement and security personnel, and specialty providers such as mental health practitioners. Given the crucial focus on prevention of WPV by patients, visitors, coworkers, and intimate partners, coordination and advocacy among employees, health care employers, managers, and nursing leadership is considered necessary for effective implementation of educational, administrative, behavioral, legislative, and engineering approaches necessary for mitigating WPV.

Emergency nurses, with their high risk for WPV, can serve an integral role in all aspects of violence prevention, planning, monitoring, and reporting. Underreporting is a documented barrier to effective identification and mitigation of workplace violence, although nurses do report incidents using both informal (e.g., telling a supervisor or colleague) and formal channels—the latter being more likely when an injury is sustained. Studies have found that nurses’ reluctance to report involves fear of retaliation from perpetrators whether they are patients, colleagues, or supervisors; however, it may be intensified when there is a power imbalance (e.g., a supervisor bullies an employee). Organizational commitment to reducing WPV and the role of positive nursing leadership for establishing a non-punitive just culture that discourages bullying are essential elements to mitigating all forms of WPV in emergency nursing and other healthcare environments.

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 reduction of WPV. Reporting deficiencies, research design and methodology issues, and inconsistencies in definitions of violence (e.g., threats, assaults, battery) make it difficult to evaluate and compare results across studies both in the United States and globally. Accurate risk surveillance, successful mitigation, and evaluation of WPV interventions will not be possible without standardized definitions, more rigorous data-driven studies, and improved reporting, making this an important focus for future WPV research.
References


13. GAO: Space saver for Felony law citation-See ENA Advocacy.


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