



WORKPLACE VIOLENCE AGAINST HEALTH CARE PROVIDERS IN EMERGENCY DEPARTMENTS: SIMPLE REVIEW

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Abstract:

Workplace violence (WPV) against healthcare providers is a serious problem that carries health, safety, and legal consequences. Healthcare providers working in emergency departments (ED) are more susceptible to WPV compared to other healthcare settings. These occupational hazards have been investigated in recent times and received greater attention from decision-makers. Although WPV is a global issue, significant differences in the causes and specific forms of WPV have been reported between healthcare settings and countries. Further, the prevalence of WPV is reportedly correlated with the prevalence of violence in general society. Accordingly, it is important to consider cultural differences between countries when evaluating the prevalence and causes of WPV. The study aims to investigate the prevalence, nature, and impact of workplace violence against health care providers in emergency departments. The objectives include identifying the types of violence experienced by health care providers, understanding the factors contributing to workplace violence, examining the consequences of violence on the physical and mental well-being of providers, and evaluating the existing policies and interventions aimed at preventing and managing workplace violence. In summary, workplace violence directed towards emergency department healthcare providers is a grave concern that necessitates prompt attention and intervention. Ensuring the delivery of high-quality patient care is contingent upon the safety and well-being of these experts. It is critical that healthcare organisations put thorough policies and procedures in place to stop and deal with workplace violence. This entails creating a culture of zero tolerance for violence and giving staff employees the necessary training, tools, and support. In the end, both patients and staff will benefit from a more secure and comfortable working environment that puts the safety of healthcare professionals first.

Keywords: emergency department, workplace violence, prevention, occupational health.

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DOI: - 10.53555/ecb/2022.11.5.038

Introduction:

Workplace violence (WPV) targeting healthcare providers poses a significant challenge with implications for health, safety, and legal ramifications. Among healthcare professionals, those operating in emergency departments (ED) face a heightened risk of WPV compared to their counterparts in other healthcare settings, leading to disruptions across global healthcare facilities [1]. The World Health Organization (WHO) characterizes violence as "the deliberate use of physical force, whether threatened or actual, against an individual, group, or community, resulting in harm, injury, psychological distress, or deprivation" [2]. In the context of healthcare, violence is broadly defined as any incidents where staff members endure abuse, threats, or assaults that jeopardize their safety, well-being, or health within the scope of their work [3]. This encompasses various forms of aggression such as physical assaults, verbal abuse, bullying, sexual harassment, and threats [4].

The escalating concern surrounding WPV underscores a significant peril to healthcare workers (HCWs) [5,6], who face a 16-fold higher likelihood of encountering WPV compared to non-healthcare service employees [7,8]. The occupational hazard and public health ramifications of WPV have garnered substantial attention in recent times [9,10]. Environments characterized by hostility have detrimental effects on the health and welfare of healthcare providers [11,12], impacting patient care quality [13]. Moreover, WPV incidents can be financially burdensome and detrimental to the healthcare system at large [14,15]. While WPV can manifest in various hospital settings, the ED stands out as a particularly volatile environment [16]. Serving as the primary entry point to a hospital, the ED operates round the clock, with healthcare workers on the frontlines attending to a diverse array of visitors [17]. The stress-laden atmosphere of the ED, compounded by factors such as acute patient conditions, prolonged wait times, overcrowding, limited privacy, intense interactions, unexpected outcomes including patient fatalities, and resultant frustrations among patients and their families, can trigger violent outbursts against HCWs [18].

Epidemiology:

The incidence rates of Workplace Violence (WPV) against Healthcare Workers (HCWs) in Emergency Departments (ED) exhibit significant variability across different countries. According to studies, in Italy, a staggering 91.5% of ED nurses have been victims of violence [19]. Similarly, in the United

States (US), approximately 78% of ED physicians have reported experiencing at least one violent incident within the preceding 12 months [20]. In Indonesia, statistics reveal that 10% of ED nurses have encountered physical WPV, while 54.6% have been subjected to nonphysical WPV [21].

Furthermore, a multicenter study conducted in Taiwan uncovered that nearly 93% of ED nurses had been exposed to WPV over a span of two years [22]. In Turkey, a significant proportion ranging from 74% to 85.2% of all HCWs in EDs have encountered various forms of WPV [23]. Similarly, in Jordan, the prevalence of WPV among ED nurses ranges from 75% to 91.4% [24]. In Palestine, 76.1% of all HCWs in EDs have encountered some form of WPV within the past year.

Moreover, studies conducted in EDs in Saudi Arabia indicate that a considerable percentage, ranging from 45% to 89.3%, of HCWs in EDs have faced at least one type of WPV [25].

Risk factors:

Workplace violence against healthcare providers in emergency departments is a significant concern that poses serious risks to the safety and well-being of these professionals. The issue is influenced by various risk factors, such as high-stress environments, extended working hours, and exposure to individuals with unpredictable behavior [26]. The demanding nature of work in emergency departments, which often involves managing patients in crisis situations, can heighten tensions and escalate the likelihood of violent incidents. Inadequate security measures, a lack of training on de-escalation techniques, and a culture that tolerates or overlooks aggressive behavior can further increase the vulnerability of healthcare providers to violence [27]. Therefore, it is essential for healthcare organizations to take proactive steps in addressing these risk factors and implementing strategies to safeguard the well-being of their staff.

Etiology:

WPV within healthcare settings, particularly in the ED, can be influenced by a variety of factors related to the organization, employees, and patients. The nature of work in the ED inherently carries a high level of risk due to the unpredictable and potentially life-threatening nature of emergencies, which require immediate and unrestricted access to care. The ED serves as the primary point of entry, often leading to bottlenecks in providing definitive inpatient care [28,29]. Moreover, the influx of patients can result in overcrowding and extended wait times.

Patient-related factors that contribute to the risk of WPV include the severity of the illness, substance intoxication, cognitive impairments, and discrepancies between patient expectations and outcomes, particularly when delivering unfavorable news. Social determinants such as socioeconomic status, health literacy, and education level also play a significant role in shaping patient expectations and the likelihood of violence in the ED [30]. In urban hospitals, the risk of WPV may be further heightened by gang-related violence involving either rival patients or targeting hospital staff [31].

Furthermore, healthcare providers themselves may inadvertently escalate instances of WPV within the ED environment. The high-stress, fast-paced, and chaotic nature of the ED can lead to missed cues, rushed decisions regarding sedation or restraints, and the unintentional exacerbation of aggressive behaviors. Opportunities to effectively de-escalate potentially violent situations may be overlooked or inadequately executed by overwhelmed staff members [32].

Evaluation:

According to existing literature, the implementation of precautionary measures for WPV has been demonstrated to effectively reduce both the frequency and severity of WPV incidents over time. Despite this, there remains a lack of comprehensive development in the realm of risk assessment tools. Various screening instruments such as STAMP, VRSDSiT, Alert System, and the Behavior of Concerns Chart (BVC) are designed to evaluate specific patient behaviors and gauge the likelihood of violent behavior [33].

Alert systems rely on a combination of mental state, behavior, and orientation criteria to identify patients who may pose a risk of WPV. The risk of violence is deemed highest when individuals exhibit at least three of the following indicators: speaking loudly or in a demanding manner, being intoxicated or under the influence of substances, experiencing confusion or hallucinations, displaying withdrawn or agitated behavior, showing signs of suspicion, or demonstrating alterations in mental status [34].

Identifying patients at risk through these methods has been shown to have a high predictive value. Among these tools, the BVC stands out for its superior predictive validity in predicting WPV, particularly in ED settings. Senz et al. conducted the initial study utilizing the BVC in the ED environment with the aim of establishing a standardized approach for communication and fostering shared understanding among

administrative personnel, physicians, nurses, and security staff [35].

The adoption of this guideline has the potential to significantly reduce instances of unplanned WPV and the use of mechanical restraints. Furthermore, its implementation has led to enhanced perceptions of organizational support and increased awareness of WPV-related issues.

Sequences of WPV on both patient and physician:

Workplace violence directed towards healthcare professionals in emergency departments is a critical issue that continues to afflict the healthcare sector. The frequent occurrence of violent acts aimed at healthcare workers within emergency departments not only harms the physical and mental health of these providers but also jeopardizes patient care and safety significantly [36]. The emergency department settings, characterized by their hostile and unpredictable nature, along with the high-stress and emotionally charged scenarios that healthcare providers often encounter, create an environment conducive to violence and aggression [37]. Insufficient security measures, training, and support for healthcare staff exacerbate the problem, leaving them susceptible to verbal abuse, physical attacks, and even life-threatening situations. The consequences of workplace violence on healthcare providers go beyond immediate physical harm, resulting in higher rates of burnout, job dissatisfaction, and post-traumatic stress disorder. It is crucial for healthcare institutions to prioritize the safety and well-being of their employees by implementing comprehensive strategies for violence prevention, fostering a culture that unequivocally rejects violence, and offering the necessary resources and support to address this critical issue. Only through collaborative efforts and a shared dedication to establishing a secure and supportive work environment can we effectively address workplace violence against healthcare providers in emergency departments and ensure the provision of high-quality patient care [38].

Management:

Prevention interventions can be categorized into prevention, protection and treatment approaches. While treatment approaches aim to reduce the negative impact of violent incidents, prevention and protection approaches proactively aim to reduce the risk of violence or improve the handling of violent incidents [39]. The latter two can be implemented at an environmental, organizational and/or behavioral level. According to guidelines on the prevention of workplace violence in the healthcare sector, environmental changes could be

implemented in the form of controlled access, good lighting, clear signs, comfortable waiting areas, alarm systems, surveillance cameras and the removal or securing of weaponisable furniture [40]. At an organisational level, it is further recommended to ensure that staffing is sufficient and adequate, to avoid having staff work alone, to circulate information on patients, to practice open communication, and to improve work practices. Finally, interventions possible at a behavioural level include training of staff members, superiors and managers on policies and procedures, de-escalation and self-defense techniques [41]. However, the feasibility and effectiveness of interventions for prevention in EDs, e.g., in terms of how they reduce violent incidents and improve the knowledge of ED staff, and help them to feel safe and at ease, are still unclear [42,43].

Conclusion:

In conclusion, workplace violence against health care providers in emergency departments is a serious issue that requires immediate attention and action. The safety and well-being of these professionals are paramount in ensuring the delivery of quality patient care. It is imperative for healthcare organizations to implement comprehensive strategies and protocols to prevent and address incidents of violence in the workplace. This includes providing adequate training, resources, and support for staff members, as well as fostering a culture of zero tolerance for violence. By prioritizing the safety of health care providers, we can create a more secure and conducive working environment that ultimately benefits both employees and patients.

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