



WORKPLACE VIOLENCE AGAINST NURSES IN EMERGENCY DEPARTMENT: CHALLENGES AND SOLUTIONS

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Abstract:

Background: Workplace violence (WPV) against emergency nurses is a prevalent global issue, with verbal abuse being the most common form of aggression experienced by healthcare workers. Nurses are at a higher risk of violence due to direct patient care responsibilities and inadequate training in managing volatile situations. The impact of violence on nurses' job performance, satisfaction, and retention is significant, with implications for the healthcare sector's workforce stability, particularly in countries like Saudi Arabia facing a growing demand for nursing professionals.

Objective: This review aims to assess the prevalence and types of workplace violence experienced by nurses in healthcare settings, explore the sources of violence, examine its effects on nurses' physical and mental health, job satisfaction, and retention, and evaluate the effectiveness of current prevention strategies while identifying areas for improvement.

Conclusion: Workplace violence against nurses in emergency departments is a complex issue influenced by various factors such as high-stress environments, inadequate resources, and patient-related triggers. The consequences of violence extend beyond physical injuries to emotional and professional repercussions, highlighting the urgent need for comprehensive prevention programs. Management commitment, worksite analysis, and hazard prevention and control measures are essential in mitigating workplace violence and ensuring the safety and well-being of healthcare workers. By prioritizing the development and implementation of effective prevention strategies, healthcare organizations can create safer environments for nurses and enhance patient care quality. Addressing workplace violence is crucial for maintaining a sustainable healthcare workforce and promoting a culture of safety and respect in healthcare settings.

Keywords: nurses, nursing care, healthcare, policy, workplace violence, resilient workforce, emergency department.

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Introduction:

Workplace violence (WPV) targeting emergency nurses is a prevalent issue on a global scale. As defined by the International Labor Organization, WPV encompasses various forms of mistreatment, threats, and abusive conduct, spanning from physical to psychological aggression. Within the healthcare setting, WPV manifests in a spectrum of behaviors, ranging from verbal aggression to sexual harassment and physical assault. Notably, verbal aggression emerges as the most prevalent type of aggression encountered by healthcare professionals, with approximately two-thirds of nurses worldwide reporting exposure to this form of violence (1).

Nurses, serving as frontline caregivers in hospital settings, are particularly susceptible to encountering violence due to their extensive direct patient care responsibilities. Often lacking formal training in de-escalation techniques, nurses may find themselves ill-equipped to manage volatile situations effectively (2). Consequently, instances of violence may go underreported by nurses, driven by concerns that employers might attribute assaults to their perceived negligence or substandard job performance. Moreover, some nurses have come to accept violence as an inherent occupational hazard.

The aftermath of violence against nurses extends beyond the immediate incident, adversely affecting job performance, diminishing job satisfaction, and potentially prompting nurses to seek alternative employment opportunities. In Saudi Arabia, nurses play a pivotal role in the healthcare sector as primary healthcare providers. With projections indicating a significant surge in demand for nursing professionals in the country by 2030, driven by an annual population growth rate of 2.52%, an estimated 150,000 nursing positions will need to be filled by the specified year. To address this escalating demand without relying on international recruitment, Saudi Arabia would need to graduate and employ around 10,000 new nurses annually (3).

Recognizing the critical importance of addressing workplace violence among nurses, stakeholders such as policymakers, researchers, and nurse managers at both local and global levels have prioritized this issue. While a majority of studies on workplace violence have predominantly focused on regions like Asia, Europe, and North America, limited research has explored this phenomenon in the Middle East. Studies conducted in countries such as Jordan, Lebanon, and Saudi Arabia have highlighted verbal abuse as a prevalent form of workplace violence in the region. However, there

remains a dearth of studies investigating the perpetrators of workplace violence in the Middle Eastern context. For instance, in Oman, visitors and patients' family members have been identified as the primary instigators of workplace violence (4).

Objectives:

The main objectives of this review are:

1. To assess the prevalence and frequency of workplace violence experienced by nurses in various healthcare settings.
2. To identify the types and sources of workplace violence encountered by nurses, including verbal abuse, physical assault, and harassment.
3. To examine the impact of workplace violence on the physical and mental health of nurses, as well as its effects on job satisfaction and retention.
4. To explore the effectiveness of current workplace violence prevention and intervention strategies in healthcare settings and identify areas for improvement.

Epidemiology:

Workplace violence against nurses has emerged as a significant concern in recent years, drawing increased attention to the challenges faced by healthcare and social assistance workers, particularly nurses. Statistics from the Bureau of Labor indicate that individuals in these fields are at a heightened risk of encountering workplace violence when compared to those in other industries. A study featured in the *Journal of Emergency Nursing* reported that around 70% of nurses have encountered either verbal or physical aggression in their work environment, emphasizing the pervasive nature of this issue (5).

Furthermore, findings from a survey by the American Nurses Association revealed that a quarter of nurses disclosed incidents of physical assault within the past year. Notably, research conducted in Kenya in 2021 highlighted a staggering 73.2% prevalence of violence against emergency nurses within a year, predominantly instigated by patients and their relatives, with verbal abuse being the most common form of aggression (6).

Similarly, a study in Saudi Arabia in 2022 indicated a 73.7% prevalence of violence against emergency nurses over a two-year period, primarily characterized by verbal abuse, with patients' family members accounting for the majority of perpetrators in 88.3% of cases (7). Moreover, research in China in 2021 revealed that 29.1% of violence was directed at emergency department

clinicians, with a documented negative association between workplace violence and the quality of care provided (8).

In another study in Turkey in 2022, a high prevalence of violence against emergency nurses, reaching 90%, was reported, with verbal abuse being the predominant form of aggression. The primary perpetrators were identified as patients' relatives, and the leading cause of violence was attributed to extended waiting times for care (9). Additionally, a study in Taiwan in 2021 demonstrated a 54% prevalence of violence against emergency nurses, with mental violence being the most prevalent form of aggression documented.

Precipitating factors of violence against nurses in emergency department:

Emergency Departments (EDs) are considered high-risk environments for nurses due to the frequent exposure to violent incidents, which can have detrimental effects on their well-being (10). Despite receiving training in workplace safety, the lack of safety measures, reporting mechanisms, and physical security personnel in EDs contributes to the prevalence of violence directed at nurses. The occurrence of violence in this setting is also influenced by various precipitating factors, such as the high-stress nature of the emergency department, which can lead to heightened emotions and tensions among patients and their families (11).

Moreover, the demanding work environment, long hours, and constant influx of patients with varying degrees of urgency can further escalate the risk of violence towards nurses. Inadequate staffing and resources in EDs can exacerbate the situation, as nurses may be required to work in understaffed conditions, leading to increased frustration and aggression from patients and their families. Additionally, the presence of individuals under the influence of drugs or alcohol in the emergency department can also contribute to the likelihood of violence occurring, as these individuals may exhibit unpredictable and aggressive behavior towards healthcare workers (11).

Violence against nurses in the emergency department:

The incidence of violence against nurses by patients and visitors in the emergency department (ED) is escalating on a global scale. Addressing this issue is multifaceted, and while legislative measures and increased action against perpetrators are important, a comprehensive comprehension of the phenomenon is crucial for the effective implementation of preventive strategies. Existing research primarily concentrates on the behaviors

and traits of assailants, identifying individuals at risk and targeting them (12). However, premeditated assaults on ED staff are infrequent, with the most common occurrences being linked to environmental aspects and the day-to-day management of the ED. Recent studies have led to a reevaluation of violence in the ED, assigning equal significance to the actions of the assailant and environmental/organizational factors. This approach acknowledges the potential contribution of the ED setting to the occurrence of violence, a perspective that is both intriguing and contentious. Furthermore, other studies have reinforced these findings, emphasizing the necessity of understanding the assailant within the context of the circumstances and the ED setting to gain a more comprehensive understanding of violent incidents (13).

In contrast to many other healthcare environments, EDs are often the primary public-facing, open-access entry point for hospital-based healthcare services, operating continuously over a 24-hour period. Specific environmental challenges unique to EDs, which are prevalent globally, include 24-hour accessibility, overcrowding, prolonged waiting times, patient frustration, and at times, inadequate security systems, all of which are associated with ED violence. Additionally, ED violence is often linked to intoxicated patients or those experiencing mental health crises. The notoriously long waiting times in EDs not only trigger but also exacerbate this situation. Therefore, taking into account environmental factors can significantly contribute to our understanding of violence in the ED (14).

Consequences:

The impact of violence on nurses and patient outcomes is extensive and encompasses a variety of physical, emotional/psychological, and professional repercussions. Physical consequences can range from minor injuries to severe disabilities and even death (15). The emotional and psychological effects of violence are multifaceted, including conditions such as posttraumatic stress disorder (PTSD), depression, anxiety, low self-esteem, and other negative emotions. Additionally, nurses may experience professional consequences such as a conflict between their caregiving role and being a victim of crime, decreased job satisfaction, loss of confidence, avoidance of patients, reduced productivity, isolation from team dynamics, burnout, sick leave, job transfers, changes in duties, or even leaving the profession altogether (16).

Preventive measures toward violence in emergency department:

Violence against health workers is unacceptable. It has not only a negative impact on the psychological and physical well-being of health-care staff, but also affects their job motivation. As a consequence, this violence compromises the quality of care and puts health-care provision at risk. (17) It also leads to immense financial loss in the health sector.

A written program for workplace violence prevention, incorporated into an organization's overall safety and health program, offers an effective approach to reduce or eliminate the risk of violence in the workplace. The building blocks for developing an effective workplace violence prevention program include:

Management commitment and employee participation

Management commitment and worker participation play a crucial role in the successful implementation of a violence prevention program within the workplace. The active involvement and support of management in the development of such a program, along with the engagement of workers, are key components for its effectiveness (18). Establishing protocols to ensure that both management and employees are engaged in the establishment and execution of a workplace violence prevention initiative can be facilitated through regular meetings, potentially in the form of a collaborative team or committee setting. Effective leadership from management commences with the acknowledgment that workplace violence poses a significant safety and health risk (19). Demonstrating commitment, which includes the endorsement and visible engagement of top management, serves to inspire and provide the necessary resources for employees and employers to effectively address issues related to workplace violence.

Worksite analysis

Conducting a thorough worksite analysis involves a joint, step-by-step evaluation of the workplace to identify existing or potential hazards that could contribute to incidents of workplace violence. Collaboration between employees and employers in the identification and assessment of hazards forms the cornerstone of a successful violence prevention program (20). This assessment should be conducted by a team comprising senior management, supervisors, and workers. While management bears the responsibility for managing hazards, employees play a vital role in identifying and assessing workplace hazards due to their

familiarity with facility operations, process activities, and potential risks (21).

Hazard prevention and control

Upon the completion of a systematic worksite analysis, the employer should take appropriate measures to prevent or control the identified hazards. This involves: (1) identifying and evaluating control options for workplace hazards; (2) selecting effective and feasible controls to mitigate or eliminate hazards; (3) implementing these controls in the workplace; (4) ensuring that these controls are being utilized and maintained correctly; and (5) assessing the effectiveness of controls and making necessary improvements, expansions, or updates as required (22).

Conclusion:

In conclusion, workplace violence against emergency nurses is a pervasive global issue that poses significant challenges to the healthcare sector. The prevalence of verbal and physical violence against nurses underscores the urgent need for effective interventions and prevention strategies. The high-stress environment of emergency departments, coupled with factors such as inadequate staffing, long waiting times, and the presence of individuals under the influence of drugs or alcohol, contributes to the heightened risk of violence against nurses. The consequences of workplace violence are profound, ranging from physical injuries to emotional and professional repercussions. Preventive measures, including management commitment, worksite analysis, and hazard prevention and control, are crucial in addressing workplace violence and ensuring the safety and well-being of healthcare workers. By prioritizing the development and implementation of comprehensive workplace violence prevention programs, healthcare organizations can create safer environments for nurses and improve the quality of care provided to patients.

References:

1. Harilow S. Ending the silence on violence. *Australian Nursing Journal*. 2000;V(10):26–30. [PubMed] [Google Scholar]
2. Al Anazi, R. B. , AlQahtani, S. M. , Mohamad, A. E. , Hammad, S. M. , & Khleif, H. (2020). Violence against health-care workers in Governmental Health Facilities in Arar City, Saudi Arabia. *The Scientific World Journal*, 2020, 1–6. 10.1155/2020/6380281 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
3. Alameddine, M. , Mourad, Y. , & Dimassi, H. (2015). A national study on nurses' exposure to occupational violence in Lebanon: Prevalence,

- consequences and associated factors. *PLoS One*, 10(9), e0137105. 10.1371/journal.pone.0137105 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
4. ALBashrawy, M. , & Aljezawi, M. (2016). Emergency nurses' perspective of workplace violence in Jordanian hospitals: A national survey. *International Emergency Nursing*, 24, 61–65. 10.1016/ienj.2015.06.005 [PubMed] [CrossRef] [Google Scholar]
 5. Kibunja B. K., Musembi H. M., Kimani R. W., Gatimu S. M. Prevalence and effect of workplace violence against emergency nurses at a tertiary Hospital in Kenya: a cross-sectional study. *Safety and health at work* . 2021;12(2):249–254. doi: 10.1016/j.shaw.2021.01.005. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
 6. Alsharari A. F., Abu-Snieneh H. M., Abuadas F. H., et al. Workplace violence towards emergency nurses: a cross-sectional multicenter study. *Australasian emergency care* . 2022;25(1):48–54. doi: 10.1016/j.auec.2021.01.004. [PubMed] [CrossRef] [Google Scholar]
 7. Liu R., Li Y., An Y., et al. Workplace violence against frontline clinicians in emergency departments during the COVID-19 pandemic. *PeerJ* . 2021;9 doi: 10.7717/peerj.12459.e12459 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
 8. Öztaş İ, Yava A., Koyuncu A. Exposure of emergency nurses to workplace violence and their coping strategies: a cross-sectional design. *Journal of Emergency Nursing* . 2022 doi: 10.1016/j.jen.2022.09.002. [PubMed] [CrossRef] [Google Scholar]
 9. Gaynes B.N., Brown C.L., Lux L.J., Brownley K.A., van Dorn R.A., Edlund M.J., Coker-Schwimmer E., Weber R., Sheitman B., Zarzar T., Viswanathan M., Lor K.N. Preventing and de-escalating violent behavior among adult psychiatric patients: a systematic review of the evidence. *Psychiatr. Serv.* 2017;68(8):819–831. doi: 10.1176/appi.ps.201600314. [PubMed] [CrossRef] [Google Scholar]
 10. Yenealem D.G., Woldegebriel M.K., Olana A.T., Mekonnen T.H. Violence at work: determinants & prevalence among health care workers, northwest Ethiopia: an institutional based cross sectional study. *Ann. Occup. Environ. Med.* 2019;31(8):1–7. [PMC free article] [PubMed] [Google Scholar]
 11. Abdellah, R. F. , & Salama, K. M. (2017). Prevalence and risk factors of workplace violence against health care workers in the emergency department in Ismailia, Egypt. *The Pan African Medical Journal*, 26, 21. 10.11604/pamj.2017.26.21.10837 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
 12. Abou-ElWafa, H. S. , El-Gilany, A. H. , Abdel-Raouf, S. E. , Abd-Elmouty, S. M. , & El-Sayed Rel, S. (2015). Workplace violence against emergency versus non-emergency nurses in Mansoura university hospitals, Egypt. *Journal of Interpersonal Violence*, 30(5), 857–872. 10.1177/0886260514536278 [PubMed] [CrossRef] [Google Scholar]
 13. ACEM . (2011). Policy on violence in Emergency Departments. Retrieved from <https://acem.org.au/getattachment/7b0819a6-93cc4d89-8fe8-22c6ea307a>
 14. ALBashrawy, M. , Al-Azzam, M. , Rawashda, A. , Batiha, A. M. , Bashaireh, I. , & Sulaiman, M. (2015). Workplace violence toward emergency department staff in Jordanian hospitals: A cross-sectional study. *The Journal of Nursing Research*, 23(1), 75–81. 10.1097/jnr.0000000000000075 [PubMed] [CrossRef] [Google Scholar]
 15. Aljohani, B. , Burkholder, J. , Tran, Q. K. , Chen, C. , Beisenova, K. , & Pourmand, A. (2021). Workplace violence in the emergency department: A systematic review and meta-analysis. *Public Health*, 196, 186–197. 10.1016/j.puhe.2021.02.009 [PubMed] [CrossRef] [Google Scholar]
 16. Al-Qadi, M. M. (2020). Nurses' perspectives of violence in emergency departments: A metasynthesis. *International Emergency Nursing*, 52, 100905. 10.1016/j.ienj.2020.100905 [PubMed] [CrossRef] [Google Scholar]
 17. Basfr, W. , Hamdan, A. , & Al-Habib, S. (2019). Workplace violence against nurses in psychiatric hospital settings: Perspectives from Saudi Arabia. *Sultan Qaboos University Medical Journal*, 19(1), e19–e25. 10.18295/squmj.2019.19.01.005 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
 18. Bent, S. (2016). Workplace violence. *American Journal of Nursing*, 116(9), 13. 10.1097/01.NAJ.000494674.08219.d7 [PubMed] [CrossRef] [Google Scholar]
 19. Brewer, G. , & Whiteside, E. (2012). Workplace bullying and stress within the prison service. *Journal of Aggression, Conflict and Peace Research*, 4(2), 76–85. 10.1108/17596591211208283 [CrossRef] [Google Scholar]
 20. Liu H., Zhao S., Jiao M., et al. Extent, nature, and risk factors of workplace violence in public tertiary hospitals in China: a cross-sectional survey. *International Journal of Environmental*

- Research and Public Health. 2015;12(6):6801–6817. doi: 10.3390/ijerph120606801. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
21. ILO/ICN/WHO/PSI. Framework Guidelines for Addressing Workplace Violence in the Health Sector/Joint Programme on Workplace Violence in the Health Sector. Geneva, Switzerland: WHO; 2002. <http://www.who.int/iris/handle/10665/42617>. [Google Scholar]
22. Abdellah R. F., Salama K. M. Prevalence and risk factors of workplace violence against health care workers in emergency department in Ismailia, Egypt. The Pan African Medical Journal. 2017;26:p. 21. doi: 10.11604/pamj.2017.26.21.10837. [PMC free article] [PubMed] [CrossRef] [Google Scholar]