Course 339-C

Violence in the Emergency Department: Findings from ENA’s Study of Workplace Violence Against Registered Nurses

ENA Annual Conference
Minneapolis, MN
Saturday, September 27, 2008
1:30 p.m. – 2:45 p.m.
Violence in the Workplace Work Team

ENA Members:
• Lara Boyett, RN, MSN, ACNP-BC, CEN, Chairperson
• Cathy Homeyer, RN, BSN, MSM, CEN, TNS
• Linda Robinson, RN, BSN, SANE, CEN, CFN

ENA Board of Directors Liaison:
• Christine Gisness, RN, MSN, FNP, CEN

ENA Staff Liaisons:
• Jessica Gacki-Smith, MPH, Senior Research & Practice Associate
• Altair Juarez, MPH, Senior Research Associate
• Leslie Gates, Senior Research Administrative Assistant
Violence in the Workplace Work Team

- 2005 ENA General Assembly resolution:
  - 05-03 Violence in the Emergency Care Setting
- 2006 Work Team Charges:
  - Conduct literature review
  - Design/develop study on workplace violence against emergency department (ED) nurses
- 2007 Work Team Charges:
  - Conduct and complete study
  - Identify implications
  - Disseminate findings
Defining Violence

An act of aggression directed toward persons at work or on duty that ranges from offensive or threatening to homicide. Workplace violence is commonly understood as any physical assault, emotional or verbal abuse, or threatening, harassing, or coercive behavior in the work setting that causes physical or emotional harm.
Background on Workplace Violence

- 900 workplace deaths per year \(^{1-3}\)
- 1.7 million suffer non-fatal workplace assaults \(^{1-3}\)
- Homicide leading cause of workplace death for females \(^4\)
- Most non-fatal workplace assaults occur in the service industry, typically by the customer/patient \(^5\)
- Costs of non-fatal workplace assaults: \(^6\)
  - 876,000 lost work days per year
  - $16 million in lost wages per year
Background on Workplace Violence (cont’d)

  - 50% of non-fatal injuries to workers from assaults and violent acts occur in healthcare or social service settings.  
  - Healthcare industry: leads all other sectors in the incidence of non-fatal workplace assaults at a rate of nearly four times that of the overall private sector injury rate.

  - Average rate for non-fatal violent crimes
    - 21.9 per 1,000 workers for nurses
    - 12.6 per 1,000 for all other occupations
Background on Workplace Violence (cont’d)

- Health Care Risk Factors for Violence
  - Working directly with volatile people
  - Working when understaffed
  - Transporting patients
  - Long waits for service
  - Working alone
  - Drug/alcohol abuse
  - Access to firearms
  - Poor environmental design
Background on Workplace Violence (cont’d)

Health Care Risk Factors for Violence (cont’d)

• Inadequate security
• Overcrowded, uncomfortable waiting rooms
• Lack of staff training and policies for preventing and managing crises with potentially volatile patients
• Unrestricted movement of the public
• Access to firearms
Background on Workplace Violence (cont’d)

- Survey of ED Health Care Workers
  - 90% of ED managers polled cited patient violence as the greatest threat to ED personnel
  - 68% reported increase in frequency over time
  - 60% reported increase in severity over time
  - Respondents included witnessing violence in defining ED workplace violence against themselves
    - 76% verbal abuse
    - 86% physical threats and assaults
Background on Workplace Violence (cont’d)

- Survey of ED Health Care workers (cont’d)
  - 48% reported impaired job performance for rest of shift or week after an incident of violence
  - 73% reported being afraid of patients
  - 49% hid their identity from patients
  - 25% took days off because of violence
  - 74% had reduced job satisfaction due to violence
Health Care & Nursing $^{12,15}$

- Health care workers are more likely to be attacked than prison guards or police officers
- Nurses are at the most risk with female nurses most vulnerable
- Common places for assault:
  - Emergency departments
  - Waiting areas
  - Psychiatric wards
  - Geriatric units
- 72% of nurses do not feel safe in their workplace
ENA 2007 Study of Workplace Violence Against Registered Nurses in Emergency Departments
Methodology

- Inclusion criteria:
  - ENA member
  - RN working in U.S. emergency department

- Cross-sectional study design
  - Snapshot of an issue

- Available for one-month period in 2007
  - April 6 – May 7
Methodology (cont’d)

- 69-item survey conducted online
  - 14 demographic questions
  - 55 questions related to violence
- Recruited participants through use of ENA publications and e-mail
- ~32,000 ENA members received survey information
Violence Study Demographics
Study Participants

- **Overwhelming response:**
  - 3,465 RNs completed the survey

- **Age and Gender**
  - 68% ages 35-54
  - 84% female
Nurses’ Roles in the ED

- **60%** Staff RN (n=2,066)
- **11%** Charge RN (n=556)
- **16%** ED Manager (n=379)
- **10%** Clin. Educator (n=116)
- **3%** Other (n=348)
Nurses’ Highest Educational Degrees

- 43% Bachelor’s (n=1,501)
- 35% Associate’s (n=1,200)
- 9% Diploma (n=314)
- 13% Master’s (n=431)
Hospital Community Population

- 19%: 1 - 5,000
- 5%: 5,001 - 10,000
- 17%: 10,001 - 30,000
- 27%: 30,001 - 100,000
- 27%: 100,001 - 500,000
- 5%: > 500,000
Trauma Center Designation

- 36% Level I
- 24% Level II
- 20% Level III
- 15% Level IV-V
- 5% Not a Trauma Center
Results of the Violence Study
How Often Do You Experience Physical Abuse in the ED?

- Each Shift: 4% RNs
- Weekly: 20% RNs
- Monthly: 23% RNs

- 27% of RNs reported experiencing a high frequency (>20 times) of physical violence in the past 3 years
Physical Violence from Patients

% of RNs who Indicated Each Type of Violence

- Hit: 72%
- Kicked: 68%
- Pinched: 71%
- Pushed: 56%
- Scratched: 70%
- Spit On: 77%
Extreme Types of Physical Violence Experienced by Nurses

Nurses indicated that they had experienced these violent acts:

- Sexually assaulted 102 RNs
- Stabbed 31 RNs
- Shot or shot at 20 RNs
High Physical Violence by Shift

% of RNs who Indicated High Physical Violence

Day: 24%
Evening: 28%
Night: 31%
Rotating: 26%
### Frequency of Physical Violence Experienced by ED Nurses: By Day

<table>
<thead>
<tr>
<th>Day</th>
<th>RNs Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Friday</td>
<td>21% RNs</td>
</tr>
<tr>
<td>Saturday – Sunday</td>
<td>28% RNs</td>
</tr>
<tr>
<td>Weekdays &amp; Weekends</td>
<td>28% RNs</td>
</tr>
</tbody>
</table>
How Often Do You Experience Verbal Abuse in the ED?

- Each Shift: 27% RNs
- Weekly: 41% RNs
- Monthly: 18% RNs

70% of RNs reported experiencing a high frequency of verbal abuse (>200 times) in the past 3 years.
Verbal Abuse from Patients

% of RNs who Indicated Each Type of Verbal Abuse

- Called Names: 95%
- Sexual Innuendos: 74%
- Intimidated: 70%
- Sworn At: 96%
- Threatened: 76%
- Yelled At: 96%
## Verbal Abuse ED Nurses Experienced

<table>
<thead>
<tr>
<th></th>
<th>Family</th>
<th>Visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Called Names</td>
<td>73%</td>
<td>53%</td>
</tr>
<tr>
<td>Intimidated</td>
<td>68%</td>
<td>45%</td>
</tr>
<tr>
<td>Sexual Innuendos</td>
<td>31%</td>
<td>25%</td>
</tr>
<tr>
<td>Sworn At</td>
<td>78%</td>
<td>58%</td>
</tr>
<tr>
<td>Threatened</td>
<td>44%</td>
<td>30%</td>
</tr>
<tr>
<td>Yelled At</td>
<td>80%</td>
<td>62%</td>
</tr>
</tbody>
</table>
Emergency Department Security

% of RNs who Indicated Each Type

- None: 5%
- Hospital Employed: 75%
- Police/Sheriff: 13%
- Private Security Co: 14%

Type of Security
Emergency Department Security (cont’d)

- 54% – Security personnel are stationed in the ED
- 64% – ED is provided with security personnel 24/7
- 7.5 hours – Average daily coverage for EDs without 24/7 security
Nurses’ Perceptions of the Effectiveness of Security Available in their EDs

% of RNs Responding

1 = Not at all Effective ... 10 = Extremely Effective
Nurses’ Perceptions of the Adequacy of Time Security is Available in their EDs

% of RNs Responding

1 = Not at all Adequate . . . 10 = Completely Adequate
Nurses’ Perceptions of ED Security

- Comments made by nurse respondents:
  - “We need a security force trained to handle violent situations with the right equipment”
  - “Hire security staff that are not ancient … ”
  - “24/7 law enforcement coverage” in the ED
  - “A real security company, current one cannot touch patients”
### Nurses’ Perceptions of Efficiency of Environmental Controls

<table>
<thead>
<tr>
<th>Environmental Controls</th>
<th>% of RNs Rating as Efficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restraints (n=3,191)</td>
<td>91%</td>
</tr>
<tr>
<td>Well-lit/Bright areas in ED (n=3,317)</td>
<td>82%</td>
</tr>
<tr>
<td>Personal belongings search (n=2,271)</td>
<td>73%</td>
</tr>
<tr>
<td>Cell phones (n=1,813)</td>
<td>72%</td>
</tr>
<tr>
<td>Panic button/Silent alarm (n=2,545)</td>
<td>68%</td>
</tr>
<tr>
<td>Security cameras (n=2,806)</td>
<td>68%</td>
</tr>
<tr>
<td>Locked/Coded ED entries (n=2,902)</td>
<td>67%</td>
</tr>
</tbody>
</table>
## Nurses’ Perceptions of Efficiency of Environmental Controls (cont’d)

<table>
<thead>
<tr>
<th>Less Commonly Used Environmental Controls</th>
<th>% of RNs Rating as Efficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handcuffs (n=1,397)</td>
<td>82%</td>
</tr>
<tr>
<td>Safe for cash payments (n=1,581)</td>
<td>80%</td>
</tr>
<tr>
<td>Tasers (n=501)</td>
<td>72%</td>
</tr>
<tr>
<td>Bullet proof glass (n=650)</td>
<td>71%</td>
</tr>
<tr>
<td>Pepper spray/Mace (n=867)</td>
<td>71%</td>
</tr>
<tr>
<td>Locked treatment rooms (n=1,070)</td>
<td>70%</td>
</tr>
<tr>
<td>Bullet proof vests (n=592)</td>
<td>67%</td>
</tr>
<tr>
<td>Metal detectors (n=540)</td>
<td>65%</td>
</tr>
<tr>
<td>Guns (n=714)</td>
<td>61%</td>
</tr>
</tbody>
</table>
Nurses’ Perceptions of Environmental Security Controls

- Environmental Controls Rated Least Efficient
  - Limits on number of visitors
  - Security signage
  - Batons
  - Small hand-held personal alarms
  - Enclosed nurses’ station
Workplace Violence Prevention Training

- **Is training mandatory?**
  - Yes: 45%
  - No: 47%
  - Don’t Know: 8%

- 35% reported that RN safety is never discussed in ED staff meetings
Workplace Violence Prevention Training (cont’d)

Where have you attended training? (n=3,465)

- Current hospital 41%
- Other location 20%
- Both 14%
- Never attended (n=891) 26%
  - Training not required 68%
  - Location not convenient 11%
  - Don’t have time 7%
  - Courses too expensive 5%
  - No reason to attend 4%
  - Learn from co-workers 3%
Workplace Violence Prevention Training (cont’d)

RNs were asked to rate how well their workplace violence prevention training met their needs.

% of RNs Responding (n=2,574)

1 = Not at all . . . 10 = Completely
Workplace Violence Prevention Training (cont’d)

RNs were asked to rate how prepared they are to handle violence in the ED given their education/training.

% of RNs Responding (n=2,519)

1 = Not at all Prepared . . . 10 = Extremely Prepared

1 2 3 4 5 6 7 8 9 10
Reporting Policies

- Does your facility have a policy in place regarding the use of incident/occurrence reports?
  - Yes 93%
  - No 2%
  - Don’t know 5%

- Does your facility have a policy in place for reporting workplace violent incidents?
  - Yes 70%
  - No 12%
  - Don’t know 17%
Reporting Policies (cont’d)

- Does your facility have a zero tolerance policy that mandates reporting?
  - Yes 47%
  - No 30%
  - Don’t know 24%

- Have you been instructed to report any type of workplace violent incidents regardless of severity?
  - Yes 39%
  - No 61%
Barriers to Reporting Violence

- Top 5 barriers reported by RNs (n=3,465)
  - Fear of retaliation 45%
  - No physical injury sustained 40%
  - Inconvenient 37%
  - May affect customer service scores 36%
  - Comes with the job 30%

- 84% of RNs perceived at least one barrier or more
Nurses’ Perceptions

- **Is hospital administration** committed to eliminating workplace violence against RNs in the ED?
  - Yes 30%
  - No 70%

- **Is ED management** committed to eliminating workplace violence against RNs in the ED?
  - Yes 52%
  - No 48%
Of the nurses who responded, approximately half feel that violence is simply part of their practice.
Nurses’ Perceptions of Safety in the ED

RNs were asked to rate their overall level of safety from workplace violence

<table>
<thead>
<tr>
<th>% of RNs Responding (n=3,361)</th>
<th>1 = Not at all Safe</th>
<th>...</th>
<th>10 = Extremely Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>9%</td>
<td>11%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>10%</td>
<td>12%</td>
<td>7%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Precipitating Factors to Workplace Violence in the ED

- Top precipitating factors reported by RNs
  - Drug-seeking behavior 90%
  - Influence of alcohol 90%
  - Influence of illicit drugs 88%
  - Psychiatric patients 88%
  - Crowding/high patient volume 87%
  - Prolonged wait times 84%
Change in the Level of Violence

- Increased: 65%
- No Change: 31%
- Decreased: 4%

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Leaving the ED Due to the Level of Violence

- RNs have considered:
  - Moving to another unit within the same facility (n=239) 7%
  - Looking for employment with another facility (n=274) 8%
  - Leaving the emergency nursing profession (n=643) 19%

- 67% have not considered leaving at all
State Legislation

- Supportive of stiffer penalties for violence against RNs
  - Yes 99%
  - No 1%

- State currently has such laws in place
  - Yes 18%
  - No 29%
  - Don’t know 53%
Most Important Measure to Prevent Workplace Violence

- Top Responses Reported by ED Nurses
  - Security/law enforcement dedicated to the ED
  - 24-hour continuous security
  - Police/law enforcement (rather than security company)
  - Zero tolerance policy
  - Secured/locked doors in ED
  - Armed security/law enforcement
  - Competent, adequate, and able-bodied security
  - Metal detectors
  - Supportive management/administration
Violence Study Implications
Study Implications

- Practice
- Management
- Education
- Research
- Institutional Policy
- Public Health Policy
Implications

- Underreporting of violence
- Violence should not be accepted as part of job
- Changing the mindset
- Nurses need to advocate for appropriate and adequate education/training in violence prevention
- Nurses need to communicate openly about issues and needs related to workplace violence
Implications (cont’d)

- Need to know state laws/regulations pertaining to reporting workplace violence
- ED management needs to communicate that they support staff in reporting violent incidents and preventing workplace violence
- ED management is the link between administration and nurses
- Hospital administration needs to support adequate and appropriate security staff and environmental controls in the ED
Concerns for Frontline Nurses

- What is important to report? Verbal, physical?
- How do we get nurses to report?
- We know violence is a problem, is this an issue that can have true zero tolerance?
  - If not, what do we tolerate?
  - If zero tolerance is possible, what resources should we request to truly achieve this goal?
Concerns for Frontline Nurses (cont’d)

- Are we communicating enough support to each other?
- How can leadership empower nursing staff to discuss and report violent situations?
- How can we uphold customer service goals while maintaining a zero tolerance policy?
Concerns for Frontline Nurses (cont’d)

- Everyone deserves a work environment that is safe from harm (OSHA)
- What is implied to leadership by not reporting violence?
- What are the implications of nurses not addressing and reporting violence?
- Does something have to happen before change is implemented?
- What are we willing to do?
- What can we do?
Communication

- Communication is a two-way street
- Unit-based councils
- Debriefings
  - Positive
  - Non-punitive
- Offer to:
  - Post policies in visible locations
  - Provide content for staff meetings, newsletters, etc.
- Involve nurses and other ED staff in creating a facility-specific violent incident report form
Foster Knowledge Through Education

- Senior Leadership
- Hospital Administration
- Management
- Staff must foster secure work environment
- Community
- Everyone plays a role in mitigating ED violence
OSHA Recommendations

- **Elements of an effective violence prevention program**
  - Management commitment and employee involvement
  - Worksite analysis
  - Hazard prevention and control
  - Safety and health training
  - Recordkeeping and program evaluation
    - www.osha.gov/SLTC/workplaceviolence/
Future Research Needed

- Effectiveness of training/education
- Effectiveness of security measures
- Incidence/prevalence of post-traumatic stress disorder related to workplace violence among emergency nurses
- Impact of violence on recruitment and retention of emergency nurses
Advocacy Packet: Violence in the ED

- Developed by ENA Government Affairs
  - Information for ENA members
    - Background & Resources
    - Template letter activating state members
    - “How To” checklist
  - Information for legislators
    - Template appointment letter
    - Sample legislation
    - “Leave Behind” on ED workplace violence reduction
- Available on ENA’s website: www.ena.org/government/Advocacy
Communicate Your Innovative Ideas

- Suggestions from the audience
  - What is working in your ED?
  - Share your experiences
  - Submit your best practices for preventing workplace violence to ENA: res@ena.org
References & Resources


17. Lipscomb, J, et al. (2002). Perspectives on legal strategies to prevent workplace violence. The Journal of Law, Medicine, & Ethics, 30, 3 Supplement, 166-72
Questions?

ENA Department of Research:
(800) 900-9659, ext. 4119,
res@ena.org