



EMERGENCY NURSES ASSOCIATION
SAFE PRACTICE, SAFE CARE

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Violence in the Emergency Department: Findings from the ENA Violence Surveillance Study

Emergency Department Violence Surveillance (EDVS) Study

Purpose of EDVS study is to examine:

- Types of workplace violence
- Extent of under-reporting
- Reporting mechanisms
- Facility's response to violence
- Trends in violence over time

Background

- According to the Bureau of Labor Statistics, 46% of all non-fatal assaults and violent acts requiring days away from work were committed against registered nurses¹
- The emergency department is one of the most dangerous work settings in health care for nurses due to violence from patients and visitors²
- Due to under-reporting, the extent of violence against emergency nurses in the workplace is not fully understood³
- Builds on previous ENA research⁴

EDVS Study

- Longitudinal trend study that utilizes a cross-sectional online survey administered quarterly
- Survey includes questions about workplace violence experienced during the previous seven days
 - Short time frame facilitates recall
- Study participants: Emergency nurses recruited through ENA membership

EDVS Study

- First year (May 2009 to February 2010)
 - Focus of this presentation
- Second year (April 2010 to January 2011)
 - Data currently being analyzed
- Third year (March 2011 to December 2011)
 - Data collection to begin soon

Response Rate

- First complete year of the EDVS Study
 - Four consecutive rounds of data collected approximately three months apart
 - May 2009 (n = 674)
 - August 2009 (n = 715)
 - November 2009 (n = 801)
 - February 2010 (n = 1,021)
 - A total of 3,211 emergency nurses participated in the four rounds
 - Data presented represents total percentages across all four rounds

Nurse and Facility Demographics

- Emergency nurse participants
 - 85.0% female (n = 3,187)
 - 64.2% ages 35 to 54 years (n = 3,199)
 - 56.5% staff nurses (n = 3,194)
 - 12.9 ± 9.2 years of experience as emergency nurse (n = 3,177)
- Facility characteristics
 - 32.2% in large urban setting (n = 3,200)
 - 52.9% trauma center (n = 3,191)
 - 72.1% hospital-employed security personnel (n = 3,211)
 - 70.0% security provided in the emergency department at all times (n = 3,025)



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Study Topics

- Overall physical violence and verbal abuse rates during a seven-day period
- Most prevalent types of physical violence and verbal abuse
- Who was involved and where/when did it happen?
- What was the response?
- Reporting of incidents
- Factors influencing rate of workplace violence
- Impact on nursing profession

Rates of Physical and Verbal Violence

- High across all four rounds with minimal variation
- During the previous 7 days (n = 2,907)
 - 11.0% indicated experiencing physical violence
 - 54.0% indicated experiencing verbal abuse
- Physical violence rarely occurred without verbal abuse

Types of Physical and Verbal Violence

- Most prevalent types of violence
 - Physical violence (n = 317)
 - Grabbed or pulled (47.0%)
 - Hit (43.5%)
 - Spit on (33.8%)
 - Verbal abuse (n = 1,455)
 - Yelled or shouted at (89.6%)
 - Sworn or cursed at (89.3%)
 - Called names (69.9%)

Who, Where and When?

- Incidents of physical violence
 - Who?
 - 97.1% of perpetrators were patients (n = 312)
 - Most patients were under the influence of alcohol (54.7%), under the influence of illicit/prescription drugs (45.9%) and/or a psychiatric patient (43.1%) (n = 318)
 - Where? (n = 319)
 - Most often in a patient's room (80.6%), hallway/stairwell/elevator (23.2%) and/or at the nurses' station (14.7%)
 - When? (n = 314)
 - Most often when triaging a patient (38.2%), restraining/subduing a patient (33.8%) and/or during an invasive procedure (30.9%)

What was the Response?

- Physical violence (n = 316)
 - No response from hospital to nurse (74.4%)
 - No action was taken against the perpetrator (44.9%)
 - Perpetrator was given a warning (23.4%)
- Verbal abuse (n = 1,459)
 - No response from hospital to nurse (81.3%)
 - No action was taken against the perpetrator (50.5%)
 - Perpetrator was given a warning (29.6%)

Reporting

- 78.1% indicated that hospital had policy for reporting incidents of workplace violence (n = 3,211)
 - 50.4% indicated that policy mandated reporting of *all* incidents of workplace violence (n = 2,500)
- 35.8% filed a formal event report for physical violence (n = 318)
- 12.8% filed a formal event report for verbal abuse (n = 1,450)

Factors Influencing Rate of Workplace Violence

- For both physical violence and verbal abuse
 - Less likely with presence of reporting policies (especially policies mandating reporting of incidents)
 - Twice as likely to occur in emergency departments with no reporting policy at all
 - Less likely when nurses perceived higher commitment by administration and management to eliminate workplace violence
 - More likely to be experienced by male nurses
 - Less likely among nurses 55 and older
 - Less prevalent in pediatric-only emergency departments
 - More prevalent in large urban areas



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Factors Influencing Rate of Workplace Violence

- Physical violence was less likely to occur in emergency departments with a panic button/silent alarm
- Verbal abuse was less likely to occur in emergency departments with an enclosed nurses station, security signage and well-lit areas

Impact on Nursing Profession

- 95.9% believed that the level of workplace violence in their emergency department had remained the same or increased over the past year
- 26.6% considered leaving their emergency department for another unit or another hospital altogether
- 9.5% considered leaving the nursing profession entirely
- 72.9% had not considered leaving their emergency department at all

Study Limitations

- Self-reported data
- Generalizability of study findings to the broader population of emergency nurses

Conclusion

- As indicated by the study findings, the extent and severity of workplace violence experienced by emergency nurses persists
- ENA continues to address the issues of preventing, mitigating and reporting ED violence

ENA Workplace Violence Initiatives

- Emergency Department Violence Surveillance (EDVS) Study
 - www.ena.org/IENR/Pages/WorkplaceViolence.aspx
- Position Statement
 - www.ena.org/about/position/position/
- State Laws
 - [State Criminal Laws Protecting Health Professionals](#)
 - [State Workplace Violence Laws Protecting Health Care Professionals](#)
- Workplace Violence Toolkit
 - www.ena.org/IENR/ViolenceToolKit/Documents/toolkitpg1.htm



Welcome to the ENA Workplace Violence Toolkit, designed specifically for the emergency department manager or designated team leader to develop and implement strategies related to managing violent behaviors in the emergency department and protecting your staff.

Did you know that workplace violence accounts for approximately 900 deaths and 1.7 millions non-fatal assaults each year in the United States? This is a serious issue and ENA applauds the effort to evaluate your own emergency department and develop measures to improve the safety and security of your staff. Here are the resources you need to :

- Understand the issue of emergency department workplace violence
- Evaluate your emergency department's present status
- Describe the desired outcomes for your emergency department
- Design a practical action plan that will help you achieve these outcomes and
- Evaluate how your plan is working and what to do next

This toolkit, developed by ENA leadership and your peers, offers practical solutions to the problem of violence in emergency departments all across the country. You will find this issue at all levels of the institution such as hospital administration, division or department management, educators and staff. The templates and tools provided an easy-to-use prevention plan that will meet the needs of your department. We will also provide you with templates for correspondence and reporting so your efforts can be documented. Contact us to know the positive steps you are taking to provide a safe environment for employees and patients.

Wondering how to get started? We have provided an overview of the Table of Contents of this toolkit below and have also developed a QuickMap of the tasks within the toolkit to begin this project and turn it into an ongoing quality initiative against violence in your emergency department.

[View Violence Prevention Toolkit QuickMap](#)

Step One: Understand - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://www.ena.org/IENR/ViolenceToolkit/Documents/toolkitpg4.htm

ENA Homepage ENA Email Access RNCORECompetencies... IENR web Emergency Nursing Re... ENR/Documents Toolkit ENAEVSSReportAugus...

WEB SEARCH

Step One: Understand

Step One: Understanding the Issue

In this step, we will define your role as the project leader and help you to become an expert resource on the issue of emergency department workplace violence by providing you with information and references for you to study regarding the medical, legal, regulatory and ethical issues surrounding violence in the emergency department. Critical statistical information has been compiled by ENA for you so that you emphasize the importance of making this a priority project to your administrative decision makers.

As the project leader, you are accepting responsibility for change in your department, your hospital and in the greater community. Perhaps you are also considering participating in the initiative for more legislation governing protection of emergency department workers and prosecuting assailants. In this section, ENA will provide you with resources to introduce you to this issue and help you feel comfortable being a thought leader and engaging in the educated discussion necessary to bring a team together to work on this important project.

Begin using this toolkit by reading through this first section and downloading the resources provided to become familiar with the issues, the research initiatives, available guidelines and community and legislative support surrounding emergency department workplace violence.

- [Comprehensive Approach](#)
- [Defining the Problem](#)
- [Promoting a Culture of Safety](#)
- [Resources](#)
- [Summary and Next Steps](#)

Comprehensive Approach

ENA recognizes that the issue of workplace violence unfolds in three major areas. Unlike some situations or hazards that can be prevented completely, emergency department workplace violence initiatives need to be structured to have a multifocal impact because regardless of how secure you make your emergency department, an occurrence is likely over time. Our job is to help you improve the safety of your emergency department by addressing this issue from these directions:

PREVENT

- Acknowledge intolerance of all workplace violence and necessity to put measures in place to prevent it from happening in the first place
- Raise awareness of the culture of acceptance and promote the importance of recognizing escalating situations and intervening early
- Understand the barriers to an effective prevention program

RESPOND

- Identify the barriers to swift, effective and safe response to an occurrence
- Educate the following groups on appropriate response policies, procedures and skills to minimize the likelihood of harm to a patient or staff member
 - Emergency department staff
 - Emergency department management
 - Patients/families
 - Hospital administration

REPORT

- Acknowledge that occurrence reports hold valuable information for future improvements and should never generate a punitive response
- Staff culture and attitudes have an impact on the generation of reports when a violent incident occurs
- Lack of reporting can impede an initiative to improving the safety of your emergency department for patients and staff

References

1. Bureau of Labor Statistics. (2010). *Case and demographic characteristics for work-related injuries and illnesses involving days away from work*. Retrieved from <http://www.bls.gov/iif/oshcdnew.htm>
2. National Institute for Occupational Safety and Health. (2002). *Violence: Occupational hazards in hospitals*. Retrieved from <http://www.cdc.gov/niosh/2002-101.html>
3. May, D. D., & Grubbs, L. M. (2002). The extent, nature, and precipitating factors of nurse assault among three groups of registered nurses in a regional medical center. *Journal of Emergency Nursing, 28*, 11-17.
4. Gacki-Smith, J., Juarez, A. M., Boyett, L., Homeyer, C., Robinson, L., & Maclean, S. (2009). Violence against nurses working in US emergency departments. *The Journal of Nursing Administration, 39*, 340-348.

Questions?

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