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.

ENA
EMERGENCY NURSES ASSOCIATION

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

ENA
EMERGENCY NURSES ASSOCIATION

Background on Workplace Violence (cont'd)

- Bureau of Labor Statistics (2004)
  - 50% of non-fatal injuries to workers from assaults and violent acts occur in healthcare or social service settings. [7]

  - 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 [5, 8-11]

- National Crime Victimization Survey (1993-1999) [3]
  - 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 [12]
  - 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 [13-14]
  - 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

ENA
EMERGENCY NURSES ASSOCIATION

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

ENA
EMERGENCY NURSES ASSOCIATION

Background on Workplace Violence (cont'd)

- 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
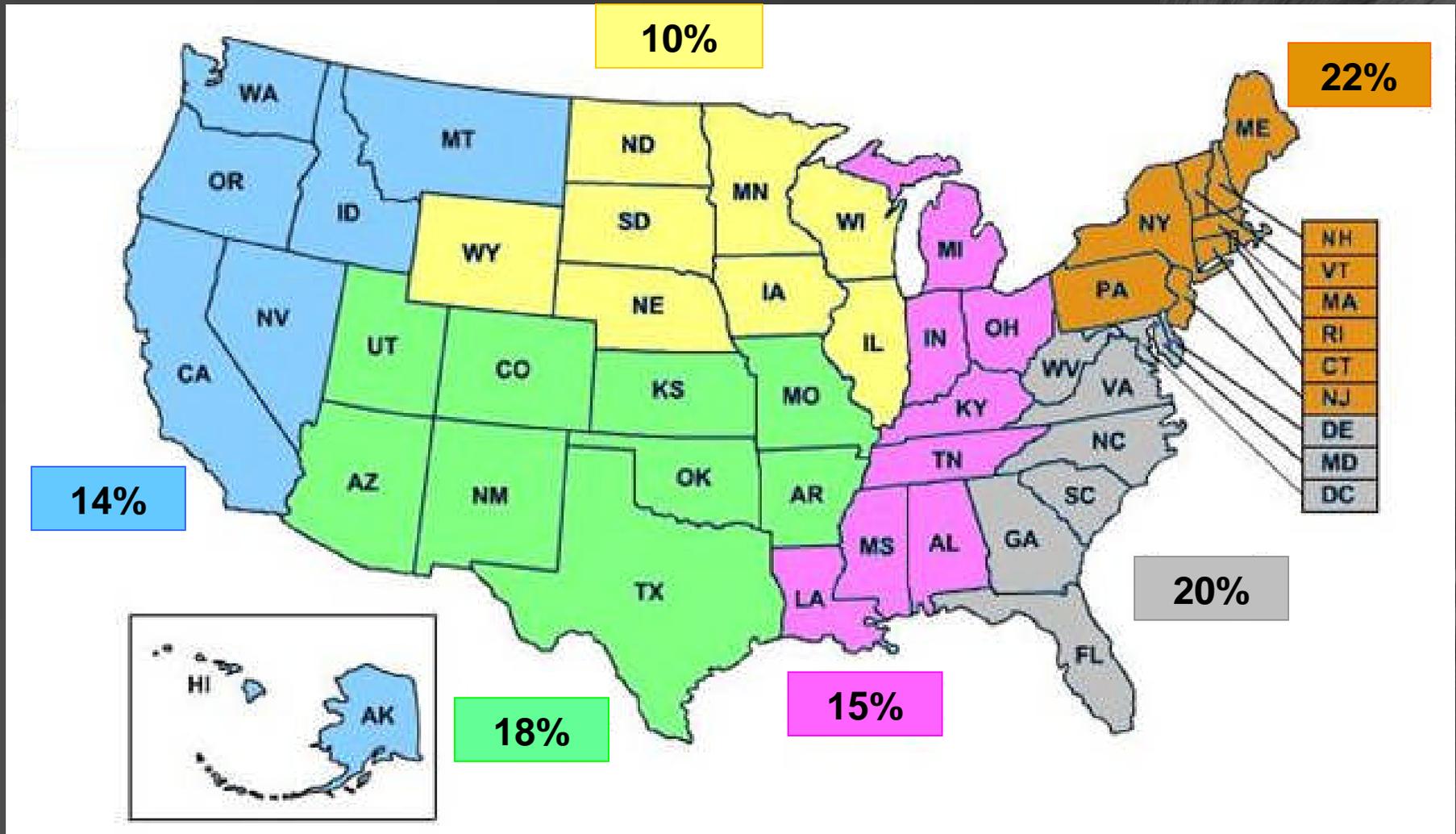
Methodology (cont'd)

- 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
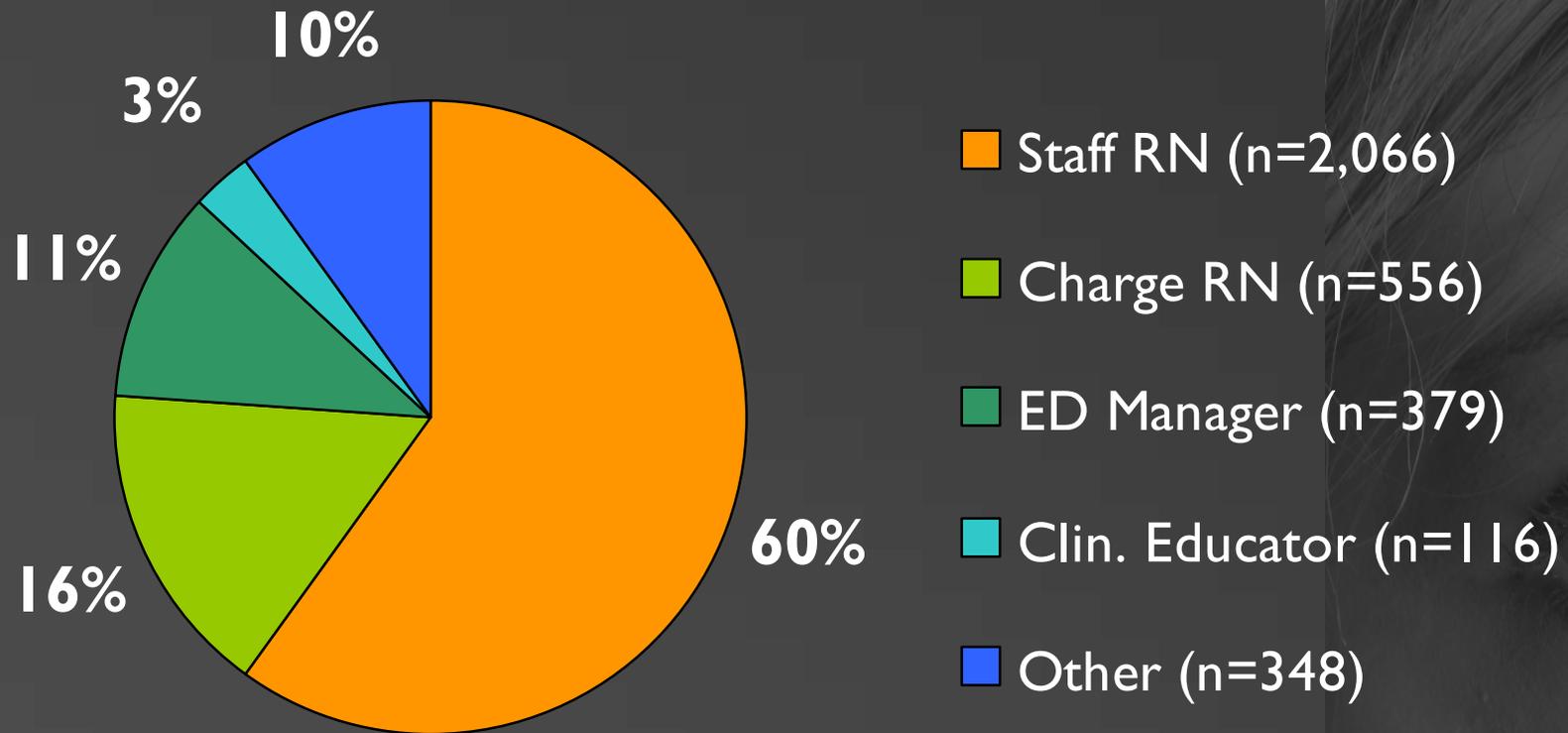
Violence Study Demographics

Study Participants

- Overwhelming response:
  - 3,465 RNs completed the survey
- Age and Gender
  - 68%   ages 35-54
  - 84%   female

State Participation

Nurses' Roles in the ED

Pie chart:
- 60% — Staff RN (n=2,066)
- 16% — Charge RN (n=556)
- 11% — ED Manager (n=379)
- 3% — Clin. Educator (n=116)
- 10% — Other (n=348)

Nurses' Highest Educational Degrees

13%　　　　　　**9%**

35%

43%

- ■ Diploma (n=314)
- ■ Associate's (n=1,200)
- ■ Bachelor's (n=1,501)
- ■ Master's (n=431)

Hospital Community Population

Pie chart showing Hospital Community Population:
- 5% — 1 - 5,000 (green)
- 5% — 5,001 - 10,000 (magenta)
- 17% — 10,001 - 30,000 (blue)
- 27% — 30,001 - 100,000 (dark purple)
- 27% — 100,001 - 500,000 (light purple)
- 19% — > 500,000 (teal)
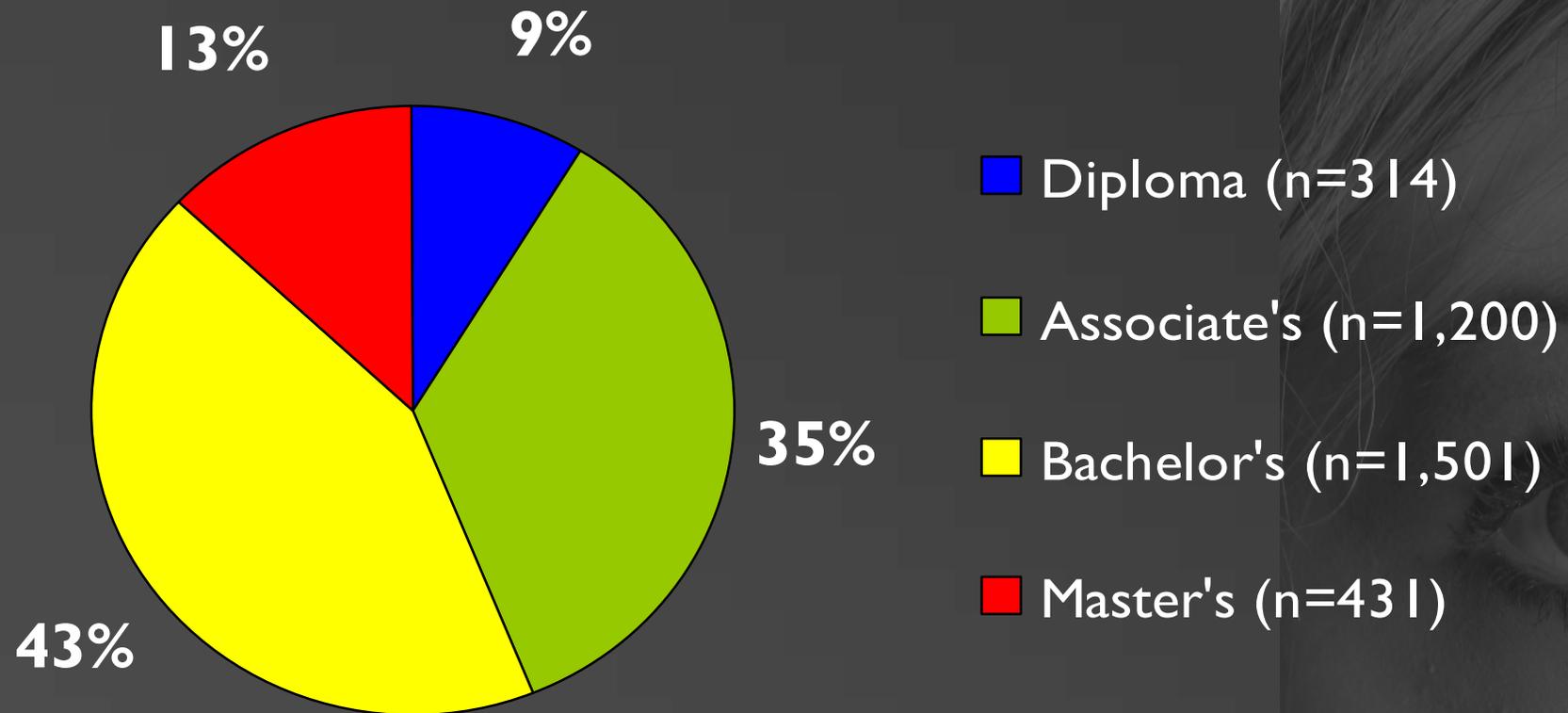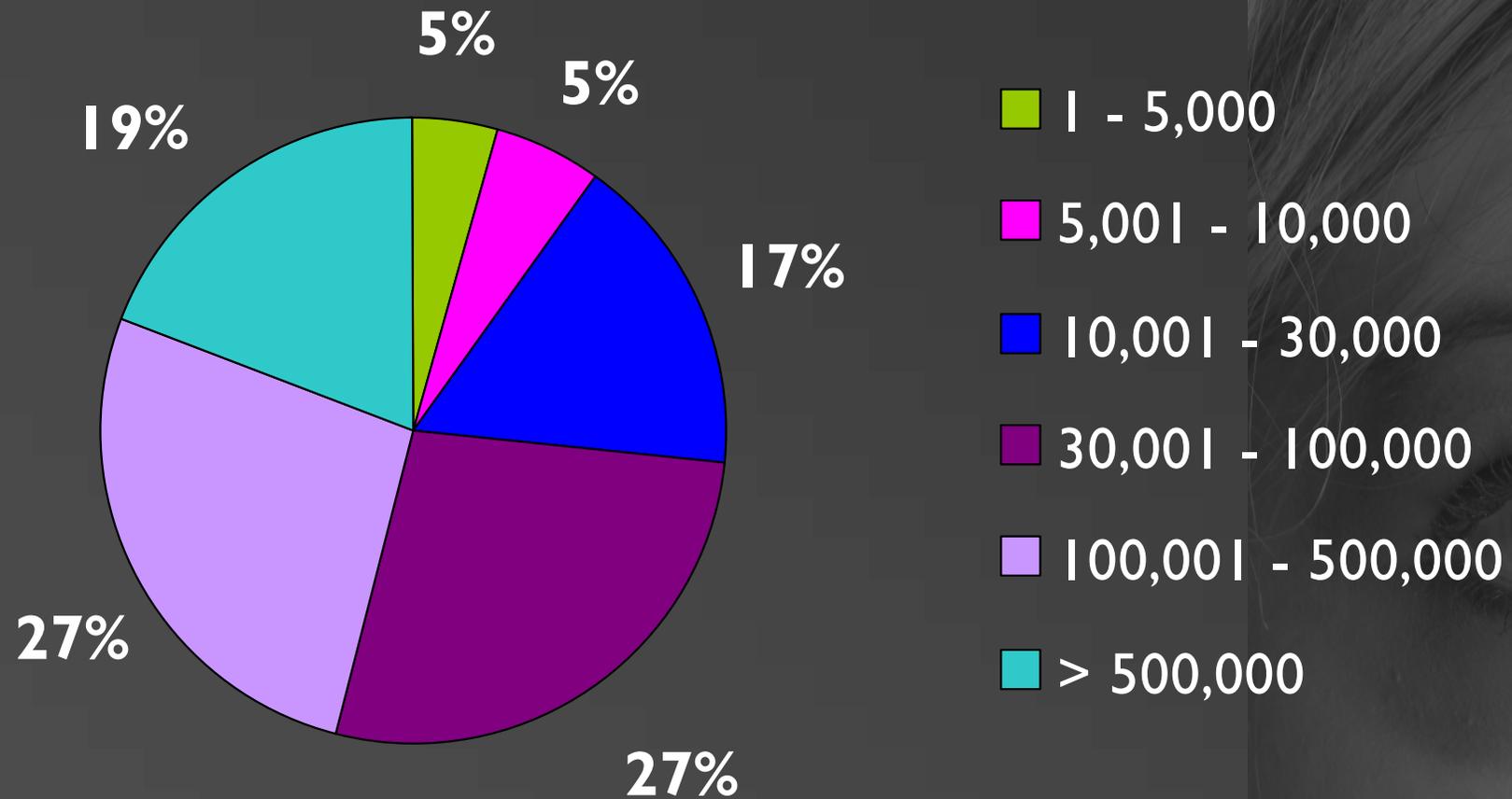
Trauma Center Designation

5%
15%
36%
24%
20%

■ Not a Trauma Center

■ Level I

■ Level II

■ Level III

■ Level IV-V
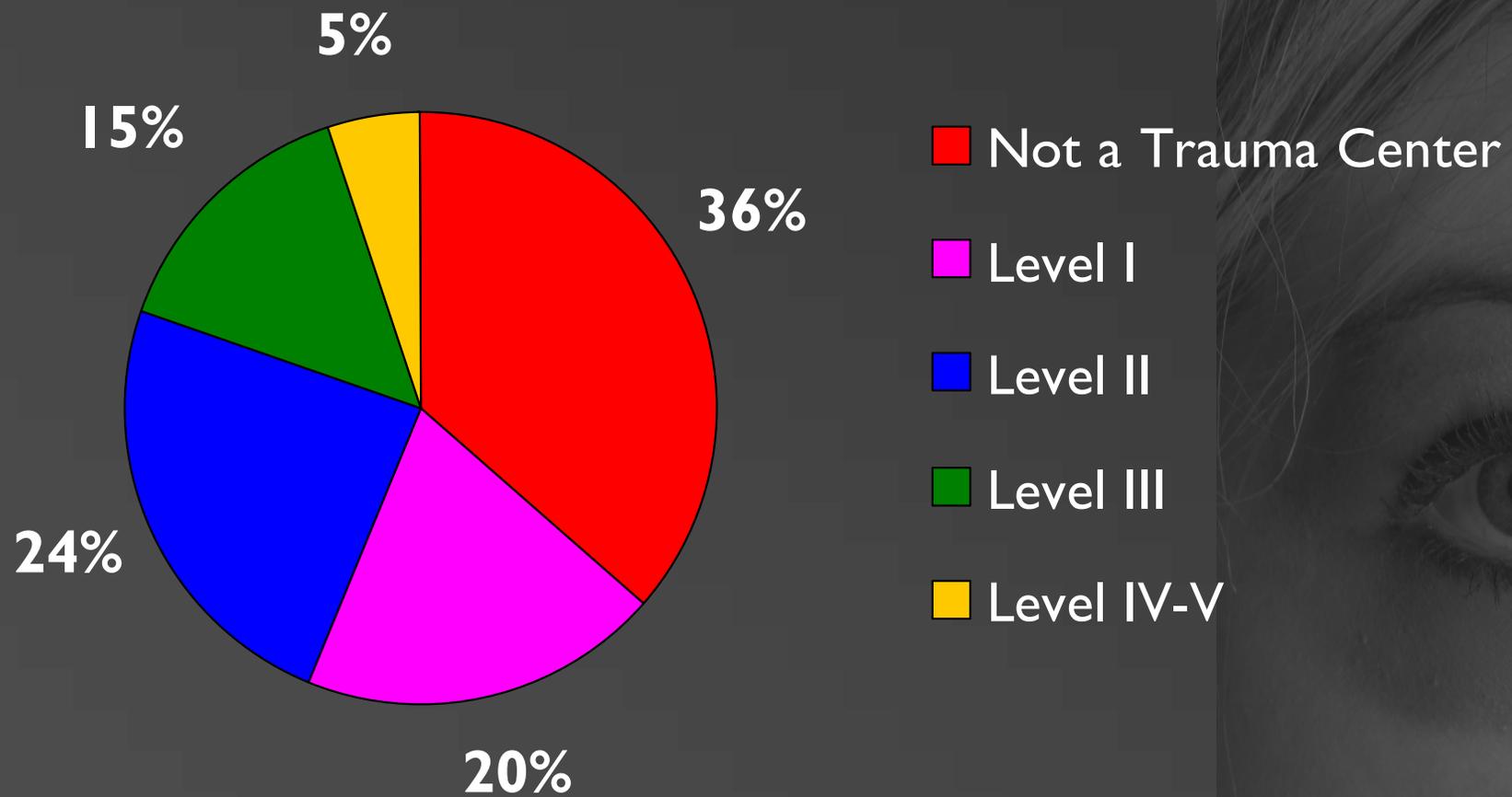
Results of the Violence Study

How Often Do You Experience Physical Abuse in the ED?

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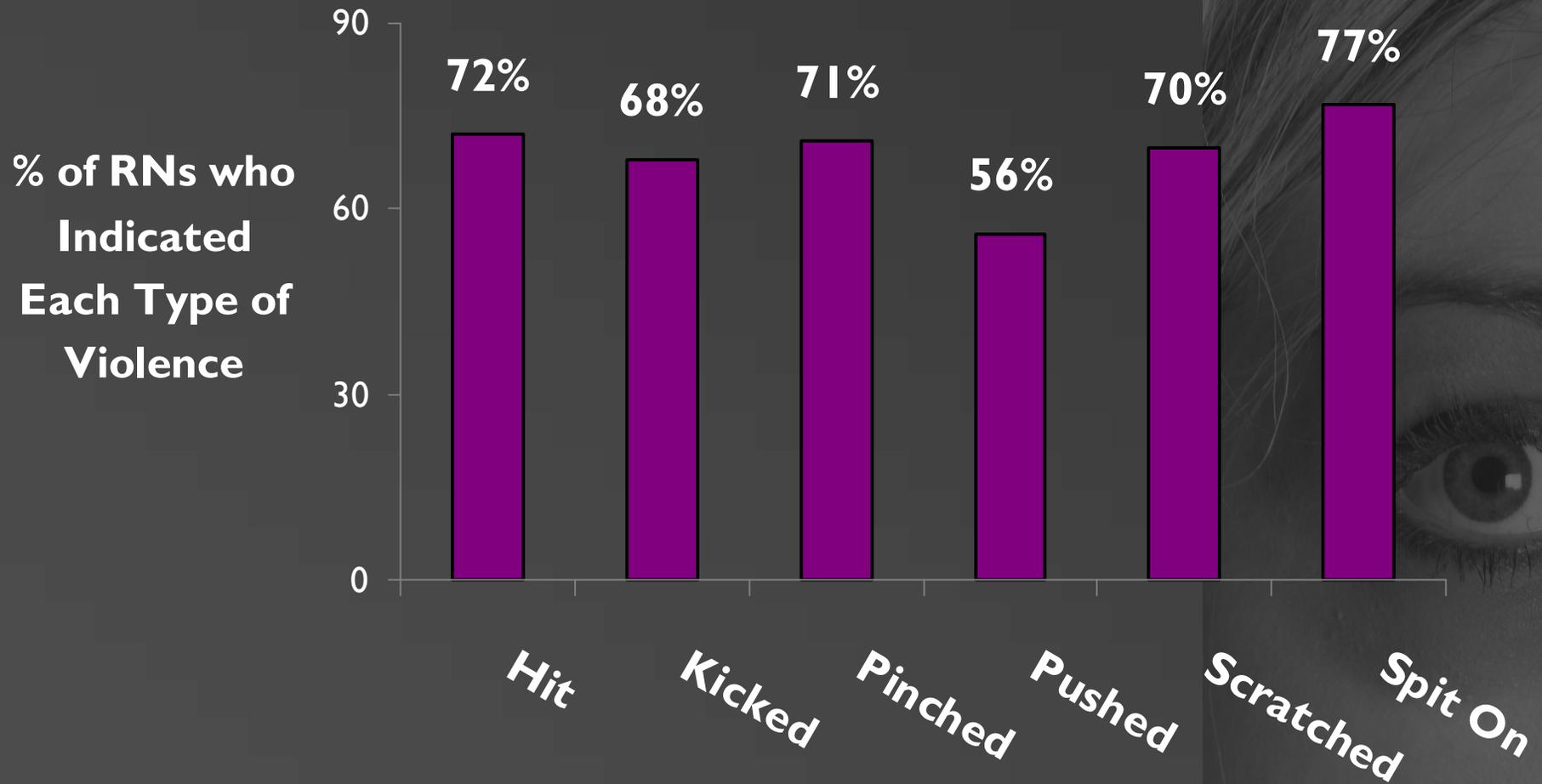- Monthly   23% RNs

- 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

Bar chart values:
- Hit: 72%
- Kicked: 68%
- Pinched: 71%
- Pushed: 56%
- Scratched: 70%
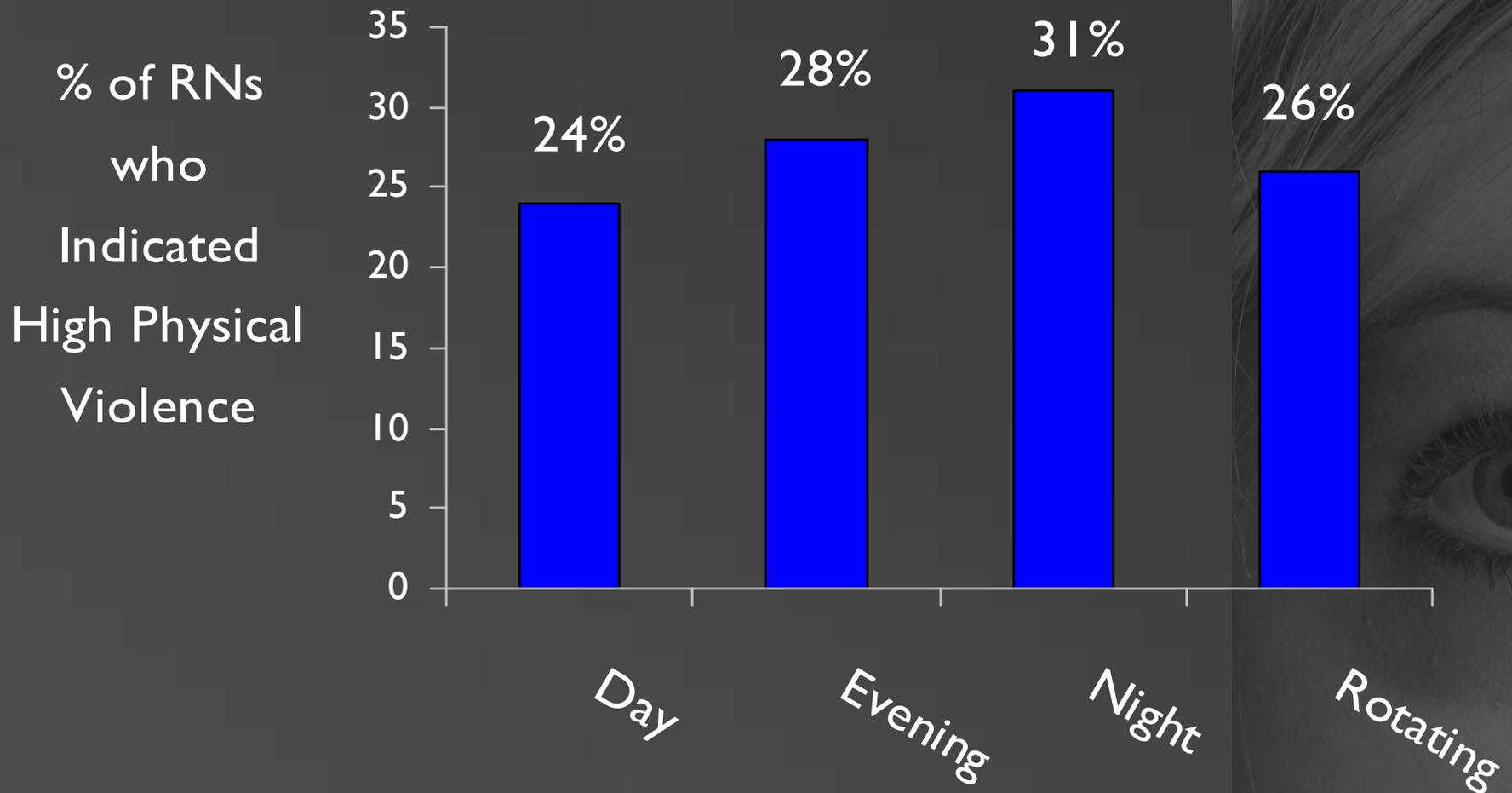- Spit On: 77%

Y-axis: 0, 30, 60, 90

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

24% — Day
28% — Evening
31% — Night
26% — Rotating

Chart values: Day 24%, Evening 28%, Night 31%, Rotating 26%

ENA
EMERGENCY NURSES ASSOCIATION

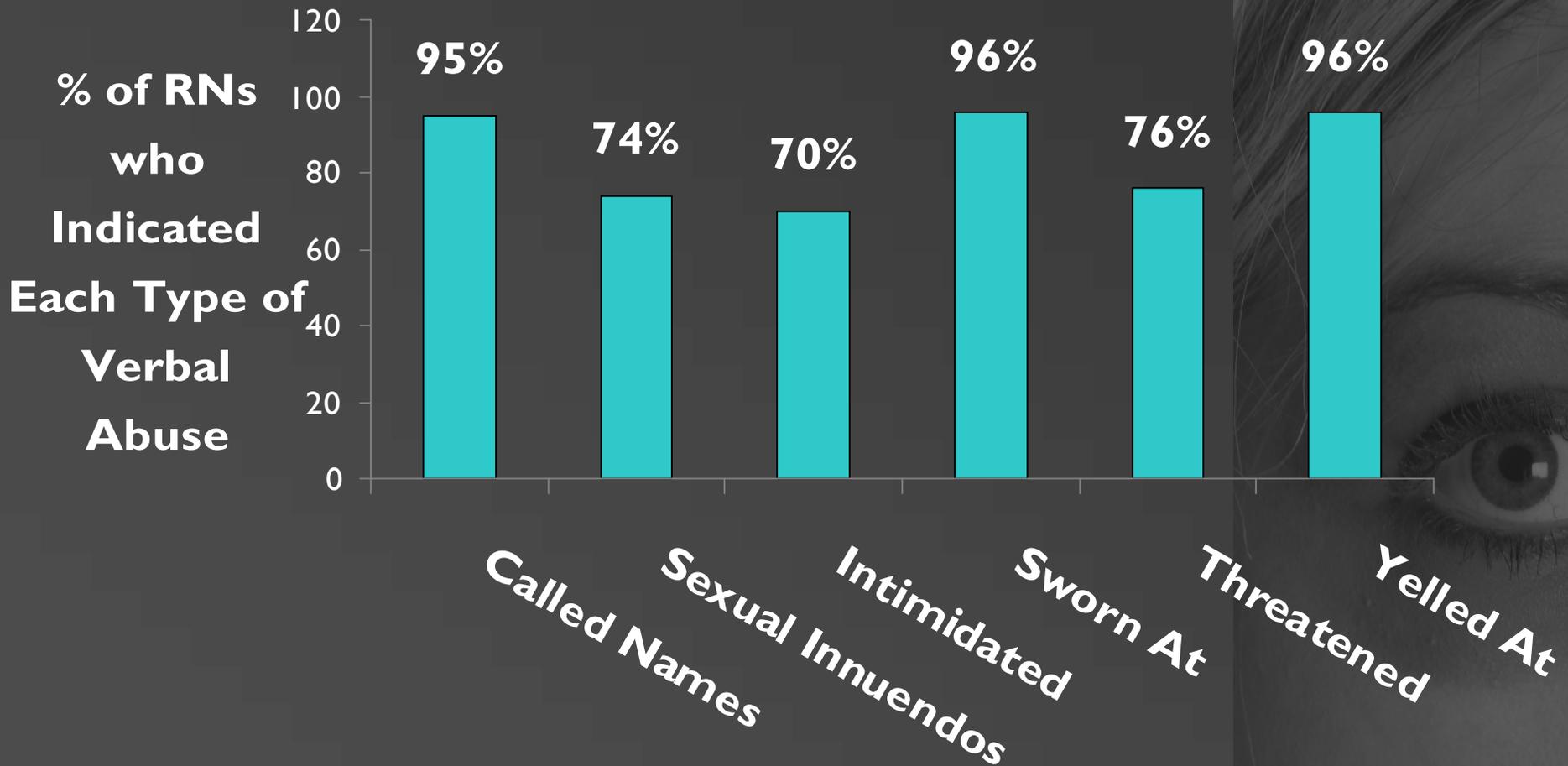# Frequency of Physical Violence Experienced by ED Nurses: By Day

- Monday – Friday   21% RNs

- Saturday – Sunday   28% RNs

- Weekdays & Weekends   28% RNs

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

Bar chart values:
- Called Names: 95%
- Sexual Innuendos: 74%
- Intimidated: 70%
- Sworn At: 96%
- Threatened: 76%
- Yelled At: 96%

Verbal Abuse ED Nurses Experienced

	Family	Visitors
Called Names	73%	53%
Intimidated	68%	45%
Sexual Innuendos	31%	25%
Sworn At	78%	58%
Threatened	44%	30%
Yelled At	80%	62%

Emergency Department Security

% of RNs who Indicated Each Type

Type of Security

Legend:
- ■ None
- ■ Hospital Employed
- ■ Police/Sheriff
- ■ Private Security Co

Chart values:
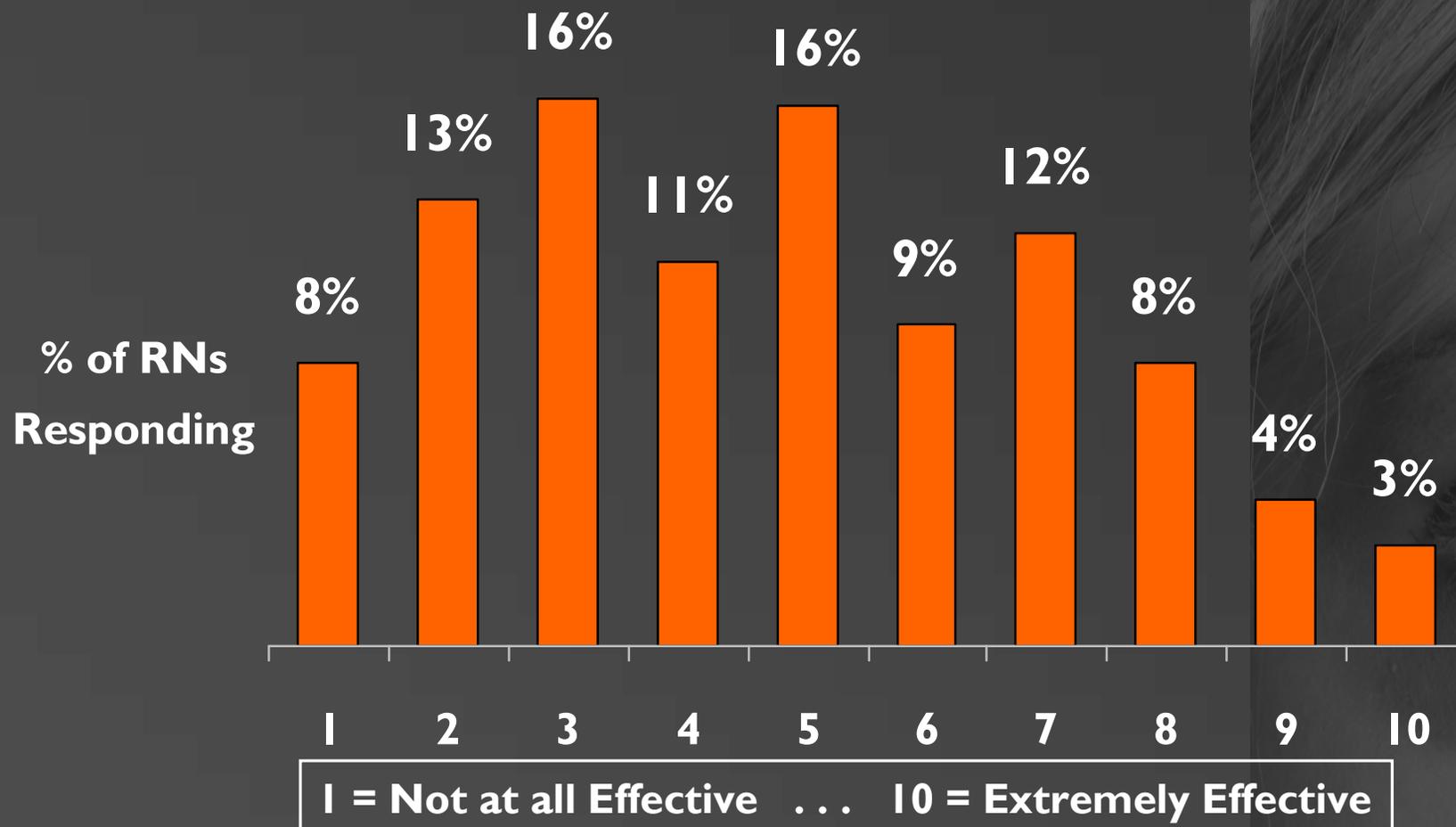- None: 5%
- Hospital Employed: 75%
- Police/Sheriff: 13%
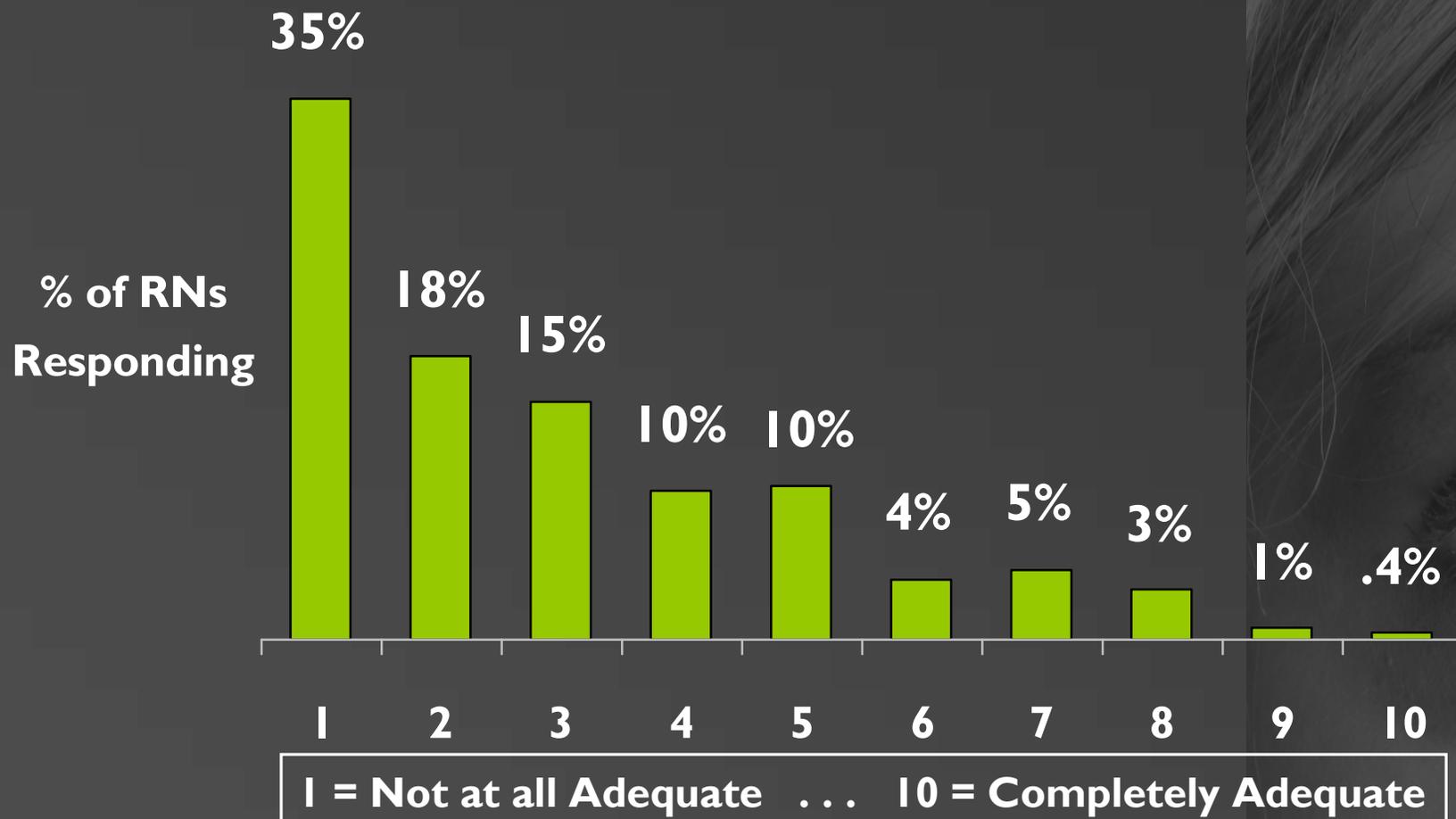- Private Security Co: 14%
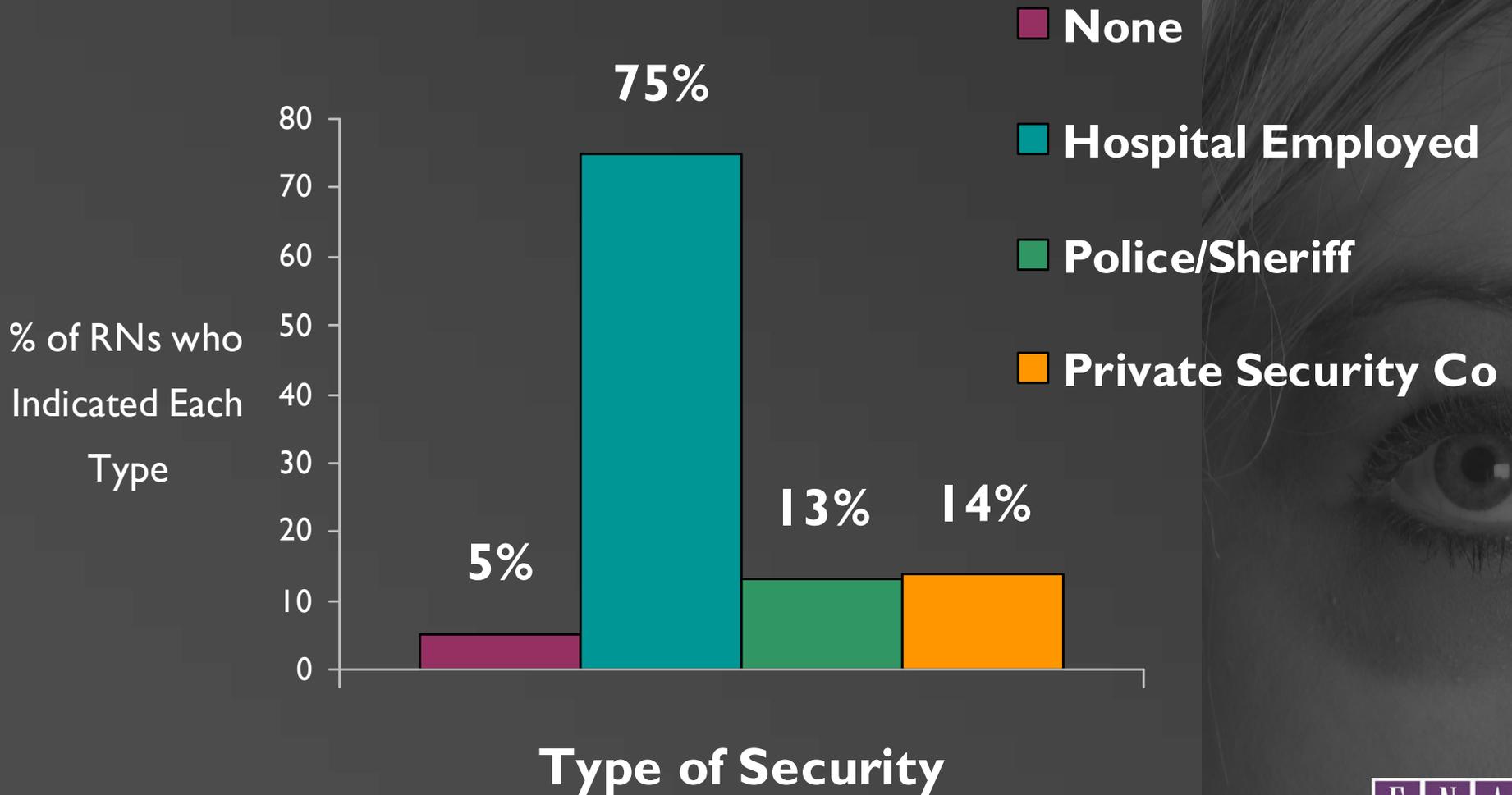
Emergency Department Security (cont'd)

- 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

16%
16%
13%
12%
11%
9%
8%
8%
4%
3%

1   2   3   4   5   6   7   8   9   10

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

Nurses' Perceptions of the Adequacy of Time Security is Available in their EDs

% of RNs Responding

35% — 1
18% — 2
15% — 3
10% — 4
10% — 5
4% — 6
5% — 7
3% — 8
1% — 9
.4% — 10

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

Commonly Used Environmental Controls	% of RNs Rating as Efficient
Restraints (n=3,191)	91%
Well-lit/Bright areas in ED (n=3,317)	82%
Personal belongings search (n=2,271)	73%
Cell phones (n=1,813)	72%
Panic button/Silent alarm (n=2,545)	68%
Security cameras (n=2,806)	68%
Locked/Coded ED entries (n=2,902)	67%

ENA
EMERGENCY NURSES ASSOCIATION

Nurses' Perceptions of Efficiency of Environmental Controls (cont'd)

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

ENA
EMERGENCY NURSES ASSOCIATION

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?**
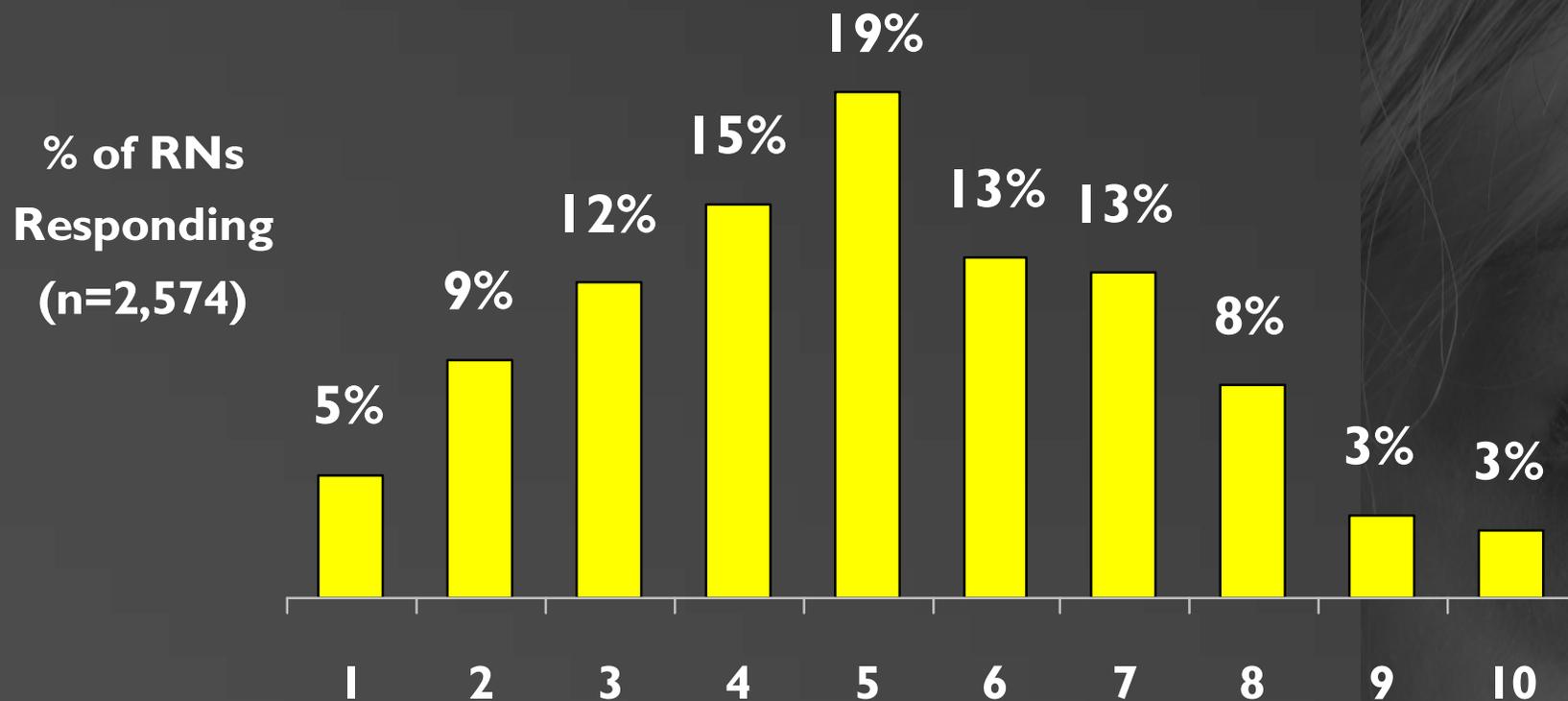 - Yes   45%
  - No   47%
  - Don't Know   8%

- **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%
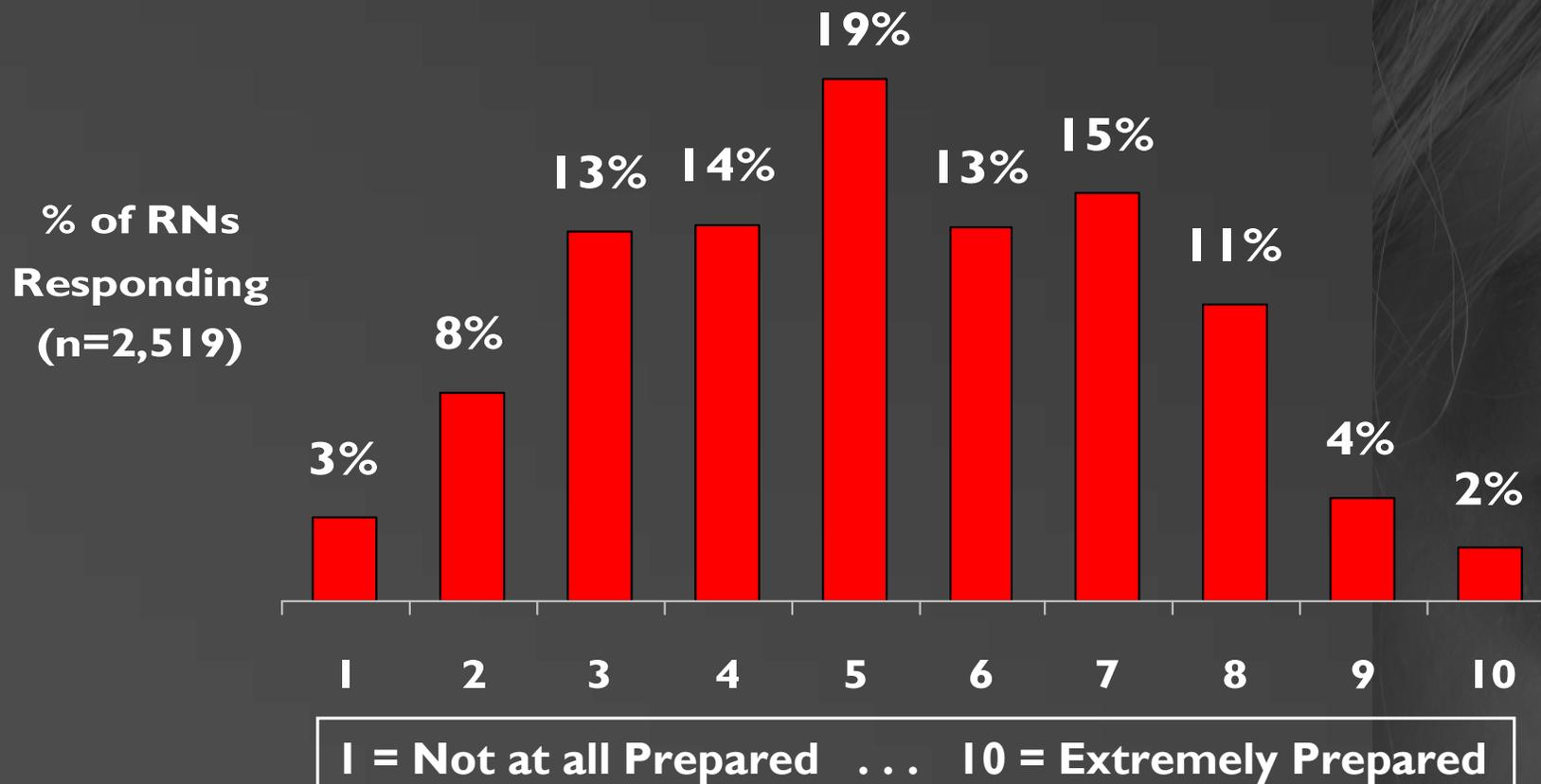
Workplace Violence Prevention Training (cont'd)

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

% of RNs
Responding
(n=2,574)

Bar chart values:
- 1: 5%
- 2: 9%
- 3: 12%
- 4: 15%
- 5: 19%
- 6: 13%
- 7: 13%
- 8: 8%
- 9: 3%
- 10: 3%

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)

Rating	%
1	3%
2	8%
3	13%
4	14%
5	19%
6	13%
7	15%
8	11%
9	4%
10	2%

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

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%
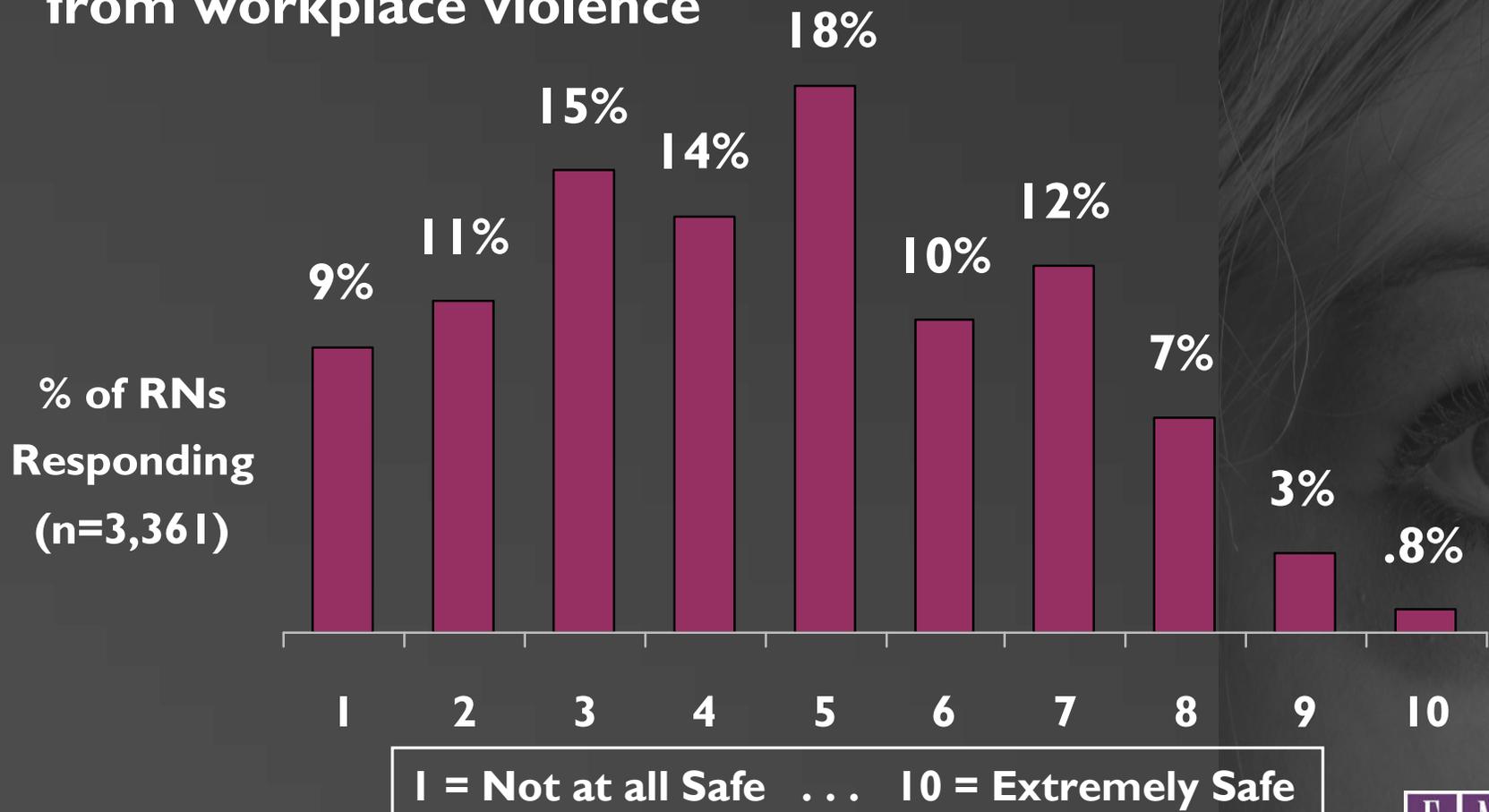
- 84% of RNs perceived a least one barrier or more

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

% of RNs Responding (n=3,361)

Chart showing % of RNs responding by safety rating:
- 1: 9%
- 2: 11%
- 3: 15%
- 4: 14%
- 5: 18%
- 6: 10%
- 7: 12%
- 8: 7%
- 9: 3%
- 10: .8%

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

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

4%

31%

65%

- Increased
- No Change
- Decreased
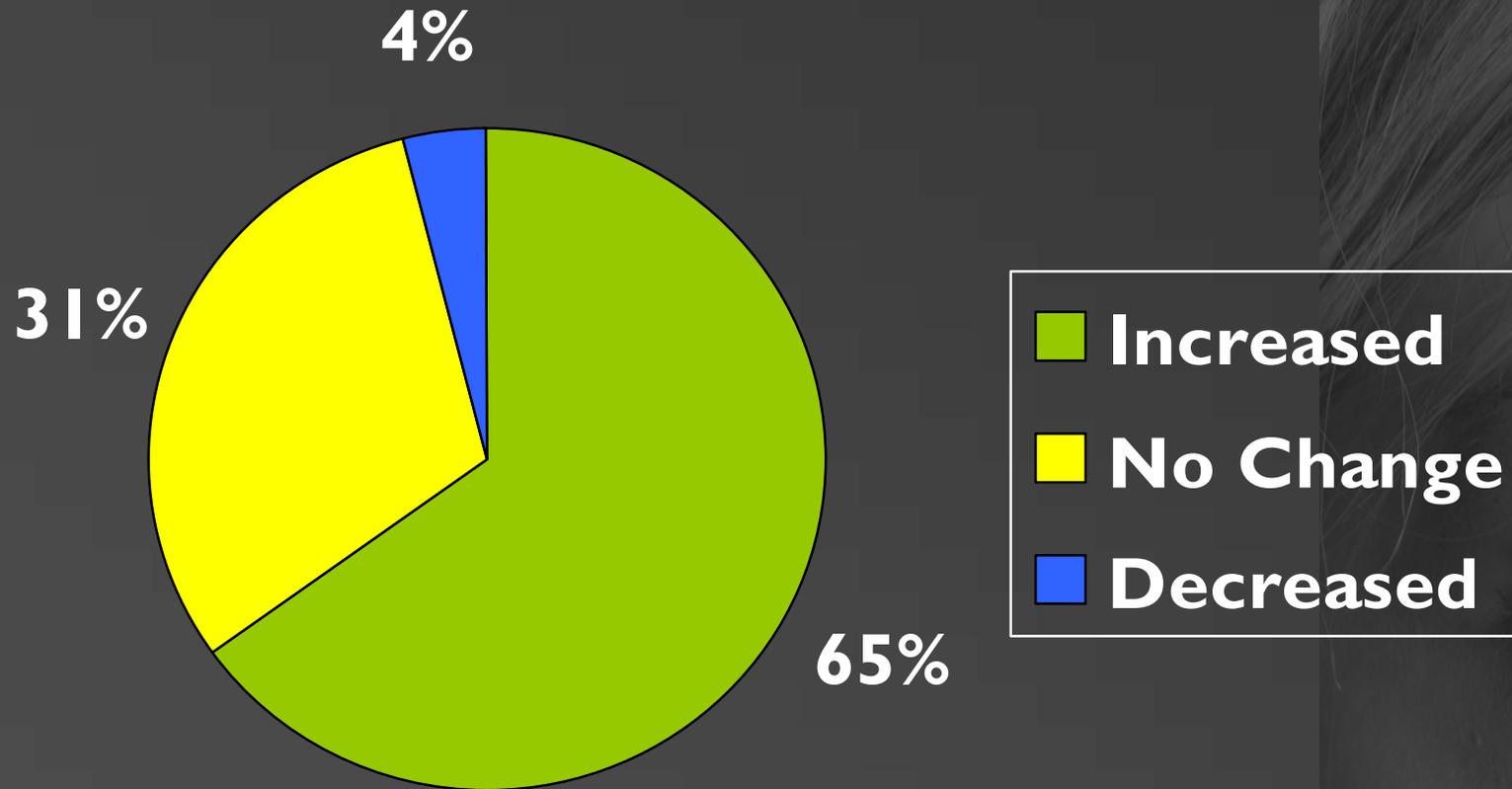
Leaving the ED Due to the Level of Violence

- 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 [9]
  - 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

![ENA logo - Emergency Nurses Association]

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

1. American Association of Occupational Health Nurses. (2005). *2005 Key public policy issues.* Retrieved January 7, 2008, from http://www.aaohn.org/press_room/upload/policy%20platform%202005.pdf

2. International Council of Nurses. (2002). *Press release: new research shows workplace violence threatens health services worldwide.* Retrieved January 7, 2008, from http://www.icn.ch/PR10_02.htm

3. U.S. Department of Justice, Bureau of Justice Statistics. (2001). *National crime victimization survey: violence in the workplace, 1993-99.* Retrieved January 7, 2008, from http://www.ojp.gov/bjs/pub/pdf/vw99.pdf

4. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health.(1996). Violence in the workplace: risk factors and prevention strategies. *Current Intelligence Bulletin 57.* Retrieved February 18, 2008, from http://www.cdc.gov/niosh/violcont.html

5. U.S. Department of Justice, Federal Bureau of Investigation. (n.d.). *Workplace violence: issues in response.* Retrieved January 7, 2008, from http://www.fbi.gov/publications/violence.pdf

6. U.S. Department of Justice, Bureau of Justice Statistics. (1994). *Violence and theft in the workplace.* Retrieved January 7, 2008, from http://www.ojp.usdoj.gov/bjs/pub/pdf/thefwork.pdf

References & Resources (cont'd)

7. U.S. Department of Labor, Bureau of Labor Statistics. (2005). *Case and demographic characteristics for work-related injuries and illnesses involving days away from work: resource tables, 2004*. Retrieved January 7, 2008, from http://www.bls.gov/iif/oshcdnew.htm

8. Bradley D. B., & Moore, H.L. (2004). Preventing workplace violence from negligent hiring in healthcare. *Journal of Nursing Administration, 34*, 157-161.

9. U.S. Department of Labor, Occupational Safety and Health Administration. (2004). Guidelines for preventing workplace violence for health care & social service workers. Retrieved January 7, 2008, from http://www.osha.gov/Publications/OSHA3148/osha3148.html#text1

10. Clements, PT, et al. (2005). Workplace violence and corporate policy for health care settings. Nursing Economics, 23, 119-24

11. McPhaul, K. M., & Lipscomb, J. A. (2004). Workplace violence in health care: Recognized but not regulated. Online Journal of Issues in Nursing, 9. Retrieved January 7, 2008, from http://www.nursingworld.org/ojin/

12. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. (2002). Violence: occupational hazards in hospitals. Retrieved January 7, 2008, from http://www.cdc.gov/niosh/pdfs/2002-101.pdf

References & Resources (cont'd)

13. VHA, Inc. (2002). VHA poll: patient violence in ER tops concern of terrorism. Retrieved February 18, 2008, from http://www.hpnonline.com/dailyupdates/november_02.html

14. Fernandes, CMB, et al. (1999) Violence in the emergency department: a survey of health care workers. CMAJ, 161, 1245-48.

15. International Council of Nurses. (n.d.). Violence: a world-wide epidemic. Nursing Matters Fact Sheet. Retrieved January 7, 2008, from http://www.icn.ch/matters_violence.htm

16. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. (2005). Research on occupational violence and homicide. Retrieved January 7, 2008, from http://www.cdc.gov/niosh/topics/violence/traumaviol_research.html

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

18. U.S. Department of Labor, Occupational Safety and Health Administration. (2002). What is workplace violence? Retrieved February 18, 2008, from http://www.osha.gov/OshDoc/data_General_Facts/factsheet-workplace-violence.pdf

19. U.S. Department of Labor, Occupational Safety and Health Administration. (n.d.). Workplace violence awareness and prevention. Retrieved February 18, 2008, from http://www.osha.gov/workplace_violence/wrkplaceViolence.Table.html

Questions?

ENA Department of Research:

(800) 900-9659, ext. 4119,

res@ena.org