



Research paper

Antecedents and precipitants of patient-related violence in the emergency department: Results from the Australian VENT Study (Violence in Emergency Nursing and Triage)



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ABSTRACT

Introduction: Workplace violence is one of the most significant and hazardous issues faced by nurses globally. It is a potentially life-threatening and life-affecting workplace hazard often downplayed as just “part of the job” for nurses.

Methods: A cross-sectional design was used and data were collected using a purpose developed survey tool. Surveys were distributed to all members of the College of Emergency Nurses’ Australasia (CENA) in 2010 and 537 eligible responses were received (RR = 51%).

Results: Patient-related violence was reported by 87% of nurses in the last six months. Precipitants and antecedents for episodes of violence were reported in three categories: nurse-related; patient-related and emergency-department specific factors. Triage was identified as the highest risk nursing activity, and the triage area identified as the highest risk location in the department. Patients who presented with alcohol intoxication, substance misuse or mental health issues were identified as the groups at greatest risk for potential violence.

Discussion: Patient-related violence was reported by the majority of emergency nurses surveyed. A number of precipitants and antecedents perceived to be risk factors by participants were found to be significant and are unavoidable in the working lives of emergency department nurses.

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Introduction

Violence in healthcare is a significant issue globally and the emergency department is one of the highest risk clinical areas for such violence. Nurses have been identified as the profession most vulnerable to patient-related violence, and emergency nurses are at greatest risk of being exposed to such violence [1]. Emergency nurses are exposed to high levels of physical and verbal violence and this has become an expected and accepted part of the job for many nurses [2,3,4].

The impact of patient-related violence is far reaching, and impacts nurses psychologically, physically and professionally. Verbal abuse can cause significant psychological trauma and stress to nurses, even if no physical injury has occurred, and this can persist for up to 12 months following an incident [5]. The types of physical

injuries sustained by nurses range from minor scratches and bruises through to serious injuries and even death. In April 2017 there were two instances where Australian emergency nurses have been held hostage by patients armed with knives [6] [7]. Exposure to patient-related violence can have an impact on the way nurses interact with their patients, and this includes feeling less empathy and a decline in the quality of care afforded patients [8]. Patient outcomes can be compromised with a link between violence experienced by nurses and subsequent adverse events for patients identified, including the late administration of medications and an increase in the number of patient falls and medication errors [9].

The VENT Study, (Violence in Emergency Nursing and Triage), was a national study of Australian Emergency nurses’ experiences with patient-related violence. The aims of this study are to report on patient-related violence experienced by emergency nurses in Australia and to describe the precipitants and antecedents of violent episodes.

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Table 1
Study aims addressed in questionnaire.

Study aim	Questions	Content of questions	References used
To measure the frequency of individual emergency nurses' reported exposure to patient-related workplace violence and associated outcomes in the preceding six months.	9–12, 20–26	Involved in an episode of violence in the previous week and preceding six months; Estimate how many episodes; Outcomes and impact on participants.	[38–40]
To identify the types of violent behaviours experienced by emergency nurses.	12	Types of verbal abuse and physical behaviours.	[41–43]
To identify emergency nurses' perceptions of risk prevention measures and risk management strategies adopted by their employers.	Section 5 of the survey: 61–62 13–19 Section 6 of the survey: 63–75	Measured the organisational reporting of episodes and subsequent response from management; Focused of management response to and prevention of episodes of patient-related violence.	[40,42,44,45]
To identify factors associated with patient-related workplace violence that precipitate, escalate or de-escalate episodes of violence.	Section 4: 27:60	Diagnoses or clinical signs and symptoms; Nursing activities; Patient specific factors and behaviours; Staffing issues; Factors specific to the ED.	[43,44,46–55]
To investigate the issue of violence with respect to young adults (16–25 years of age) and the parents of paediatric patients.	29–31	Age group of parents; Relationship to child.	[56,57]
To develop recommendations for employers about patient-related workplace violence and safety in the workplace for emergency nurses.	All questions 74	All questions were used to contribute to achieving this aim. Q74 also asked for nurses opinions about the most effective way to prevent/minimise the occurrence of patient-related violence in the ED.	

Material and methods

Study design

A cross-sectional design was used and data were collected using a purpose developed survey tool. The survey included 75 questions divided into seven sections, and was developed using relevant literature (Appendix A) and expert panel advice. The definition of “violence” included verbal abuse and threats, sexual harassment as well as physical assaults. It included any episode that involved either an explicit or implicit challenge to the well-being, safety or health of ED nurses at their place of work [10].

Questionnaire

Table 1 details the references that were used to develop the survey tool. The inclusion criteria were incorporated in to the first section of the survey. Section two included demographic questions and section three contained questions about participants' experiences with patient-related violence. A six month recall period was utilised in an attempt to minimise recall bias in this study, with participants asked to estimate the number of episodes of patient-related violence in the preceding six months.

The fourth and fifth sections included questions about the factors associated with patient-related workplace violence that precipitate, escalate or de-escalate episodes of violence and the types of violent behaviour experienced. The sixth section contained questions about risk prevention measures and risk management strategies, and the final section contained an expression of interest to participate in a follow up interview.

The survey tool developed by the researchers was tested on an expert panel of nurses and their suggestions incorporated into the final version to ensure face validity. The expert panel consisted of eight nurses, three of whom were working as academics and five clinically as emergency nurses. The average time taken to complete the survey was 27 min.

Sample

The inclusion criteria included nurses who had worked clinically in an Australian ED in the last six months, and were members of the College of Emergency Nurses' Australasia (CENA).

Setting

Surveys were distributed to all financial members of CENA, with an option to return the survey by mail or complete it electronically using a link to “surveymonkey”.

Statistical analysis

Stata™ V11 (STATA Corp., TX, USA) was used for the analysis of the survey data. Categorical data were compared using Pearson's chi-square analysis with 5% significance. Uni- and multivariable logistic regression analysis was performed to estimate odds ratios for these associations (both crude and adjusted). The primary outcome measure was the risk of experiencing an episode of violence in the last six months, and its association with demographic, patient-specific, nursing-specific and emergency-department specific variables.

Independently associated, statistically significant variables ($p < 0.05$) that had less than 10% missing values were entered into a multivariate logistic regression model. These were age, years of experience working in the ED, alcohol intoxication, substance misuse and triage. The reference group was involvement in one or more episodes of patient-related violence in the last six months. Variables were reduced stepwise ($p < 0.1$) until only significant variables ($p < 0.05$) remained.

Questionnaires with missing data for particular questions were omitted from analysis of that question.

Ethics

Approval for the project was obtained from the ethics committee at the University of Newcastle, approval number H-2010-1013.

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