International Emergency Nursing 22 (2014) 134–139

Contents lists available at ScienceDirect

International Emergency Nursing

journal homepage: www.elsevier.com/locate/aaen

Nurses' perceptions of the factors which cause violence and aggression in the emergency department: A qualitative study

Shirley Angland (RANP, MsHc, RNP), Advanced Nurse Practitioner [a,*], Maura Dowling (PhD, MSc, BNS, RGN), Lecturer [b], Dympna Casey (PhD, MA, BA, RGN), Senior Lecturer [b]

[a] Emergency Department, Galway University Hospital, Ireland
[b] School of Nursing and Midwifery, National University of Ireland, Galway, Ireland

ARTICLE INFO

Article history:
Received 1 April 2013
Received in revised form 16 September 2013
Accepted 20 September 2013

Keywords:
Aggression
Communication
Emergency
Nurses
Triage
Violence

ABSTRACT

There has been an increase in violence and aggression in emergency departments (EDs) in recent years. Among professional health care workers, nurses are more likely than other staff members to be involved in aggressive incidents with patients or relatives. This research study was undertaken to determine nurses' perceptions of the factors that cause violence and aggression in the ED. Using a qualitative approach, twelve nurses working in an Irish ED were interviewed. Thematic analysis of the interview data revealed that environmental and communication factors contributed to violence and aggression in the ED. Participants perceived waiting times and lack of communication as contributing factors to aggression, and triage was the area in the ED where aggression was most likely to occur. A number of key recommendations arise from the study findings and they all relate to communication. To address the aggression that may arise from waiting times, electronic boards indicating approximate waiting times may be useful. Also, information guides and videotapes on the patient's journey through the ED may be of benefit. Consideration to the appointment of a communication officer in the ED and communication training for ED staff is also recommended.

Introduction

For the purpose of the study, the combined term "violence and aggression" was used to acknowledge the broad spectrum of verbal and non-verbal, physical and non-physical hostility, which may be both intentional and non-intentional, that ED nurses encounter in their workplace.

Violence and aggression is a worldwide phenomenon in EDs (Zampieron et al., 2010; Alameddine et al., 2011; Esmaeilpour et al., 2011; Rafati et al., 2011), and is a leading cause of stress (Healy and Tyrrell, 2011) and feelings of powerlessness for ED nurses (Pich et al., 2011).

Background

The literature highlights a number of factors related to aggressive and violent behaviour in the ED, namely, patient factors, environmental factors, and interactional factors.

Patient factors

The age and gender of the aggressive person is considered a major factor associated with violence. Some researchers have found males to be more aggressive than females (Chou et al., 2002), with the highest percentages in the twenty to thirty year age range (James et al., 2006). However, it is also reported that the most aggressive patient can be female (Daffern et al., 2003). Furthermore alcohol and substance abuse is strongly related to abusive and violent behaviours (Crilly et al., 2004; Ferns et al., 2005).

Environmental factors

An inadequate number of staff (Gates et al., 2005), excessive waiting times (Crilly et al., 2004; Pich et al., 2011), poor security measures (Landau and Bendalak, 2008) and overcrowding (Wand and Coulson, 2006), all contribute to violence and aggression.

Waiting times is one of the top three reasons for patients becoming impatient, anxious and aggressive (Gates et al., 2005; Pich et al., 2011). The presence of security in a highly charged department shows authority and has the potential to reduce aggressive and violent outbursts in the ED (Oztunc, 2006). Nurses have also reported that a security presence both day and night helps reduce staff vulnerability (Mayer et al., 1999).

Most aggressive incidents take place during the evening and night, with fewer in the morning; alcohol and substance abuse being associated factors (Mayer et al., 1999; Ferns et al., 2005). Tension and stress can also fuel aggression in departments that are overcrowded, congested and which lack privacy (Van Vonderen, 2008).

* Corresponding author. Tel.: +353 91 544763.
E-mail address: Shirley.angland@hse.ie (S. Angland).

1755-599X/$ - see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.ienj.2013.09.005

Interactional factors

The staff-patient factors most evident in the literature include inexperienced staff (Healy et al., 2002), a lack of communication (MacKay et al., 2005), and the attitude of staff members towards patients/relatives (Jansen et al., 2005). The views of hospital staff and patients on the reasons for aggressive acts tend to differ. Hospital staff believe problems arise because patients and relatives exhibit demanding behaviour and request attention (Murray and Synder, 1991). However, in a study by Ilkiw-Lavalle and Grenyer (2003), patients blamed the lack of communication from staff as the reason for their aggression 36% of the time, where staff only thought communication was the problem 15% of the time.

Nurses are more likely than other health care professionals to be involved in aggressive incidents with patients and relatives in the ED. Much of the research undertaken on this topic is quantitative in nature and examines prevalence and prediction of violence (Rose, 1997;Alameddine et al., 2011; Esmaeilpour et al., 2011; Talas et al., 2011; Magnavita and Heponiemi, 2012). However, qualitative exploration of this phenomenon is increasing (Pich et al., 2011; Lau et al., 2012).

Aims and objectives of the research

The aim of this qualitative study was to explore nurses' perceptions of the factors that cause violence and aggression in an Irish ED.

Methodology

The study adopted a qualitative descriptive approach and was undertaken in an Irish urban ED which provides care to 62,000 patients per year. The department manages approximately 120–180 patients daily with the highest through-put between 12.00 and 23.00 h. Emergency departments in Ireland are very busy and although every member of the population has a general practitioner (GP) or access to one, a high percentage bypass the GP service and come straight to an ED, because most believe that the GP will send them to ED anyway. Currently a new service called the "Acute Medical Unit" is in place where the GP may refer directly to, bypassing the ED. This was not in place when this study was undertaken. In addition, staff never present options and tell patients to go elsewhere. The next biggest hospital with the same facilities is approximately 100 km/62 miles away. Finally, staff would never tell a patient to present to the private hospital (9 km/5 miles) but if the patient enquired the nurse would tell them it is within their right to attend this private hospital.

The study's inclusion criteria were as follows: nurses with a minimum of six months experience in the ED and involvement in a violent or aggressive incident within the previous month. Purposive sampling was employed and all nurses working in the ED who met the study's inclusion criteria were invited to be interviewed. Purposive sampling is sampling those who have enough knowledge and experience of the topic to provide the relevant data (Polit and Beck, 2004). Twelve emergency nurses (3 male and 9 female nurses). who met the inclusion criteria agreed to be interviewed.

The majority of nurses interviewed ($n = 7$) were in the 36–40 age category, and the majority ($n = 5$) had 7–10 years emergency nursing experience Ethical approval was obtained from the hospital's ethics review board. The participants were furnished with the informed consent form to review one week prior to their interview. Semi-structured interviews were used to collect the data. Questioning explored the impact of violence and aggression on the participants during their working hours. All interviews were tape-recorded and subsequently transcribed verbatim. Following each interview, participants were offered follow-up support from staff support services if they desired.

Data analysis

Thematic analysis of the interview data was undertaken using Burnard's (1991) framework. Contextual notes were documented regularly in a note book; sometimes these were written following dictation onto the tape-recorded immediately after an interview. Both the contextual and reflective notes were referred to during the analysis phase. An audit trail was established ensuring all the relevant and supporting documentation (reflective notes, memos, and analysis) was available for future scrutiny. As recommended by Burnard (1991), checks for validity included two participants' reviewing their respective transcripts to ensure an accurate reflection of the interview had been achieved. In addition, an experienced ED nurse with experience of undertaking qualitative research independently coded all of the interview transcripts and identified similar themes.

Seven sub themes were evident in the data and these were further grouped under two main themes; environmental factors and communication factors (Fig. 1).

Results

At the start of the interview, each participant was asked to explain what they understood by the term 'violence and aggression'. The participants were able to clearly distinguish between violence and aggression throughout all the interviews.

Fig. 1. Study findings.