

Violence in the emergency department: An ethnographic study (part II)

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Abstract

Violence in the emergency department (ED) is a significant and complex problem worldwide. This is a part II of a 2-part series on an ethnographic study. The study which aimed at exploring the cultural aspects of violence was carried out at a major metropolitan ED for 3 months. This paper presents the findings and discussions of the study. One hundred and three violent incident questionnaires were completed. A total of 242.5 h of observation and 34 (33%) interviews with nurses were conducted. From the data analysis, three critical cultural themes (i.e. 'problems and solutions', 'requests and demands' and 'them and us') were identified. The study indicated that the cultural meanings of violence were complex and highly subjective. Factors such as environment, conflicting messages regarding waiting time, and the nurse–patient/relative behaviours and the resulting reciprocal relationships were critical. Nurses' efforts to establish rapport with patients was crucial and needed to occur early. There was usually a 'turning point' that provided an opportunity for the nurse to avoid violence. While violence is a complex issue with many paradoxes, the study indicates that effective interpersonal empathetic communication has a significant role in reducing violence in the ED.

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Introduction

Violence toward nurses in the emergency department (ED) is a significant and complex problem encountered by nurses across all cultures (Ferns, 2005). The impact of violence is widespread. It not only affects nurses who are involved in violent incidents, but also inevitably compromises the

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nurse–patient/relative relationship and quality of patient care (Fernandes et al., 1999; Arnetz and Arnetz, 2001).

This is a part II of a 2-part series on an ethnographic study about violence in the ED. Part I provide an overview of the background, aims, methods and cultural scene of the study. Part II will present main findings and discussions of the study. In addition, limitations of the study and recommendations for future practice and research in this area will also be highlighted.

Part I

Contemporary ethnography was adopted to frame the study’s methodology. The study which aimed at exploring the cultural aspects of violence in the ED was conducted in a city major metropolitan ED for 3 months using observations, interview and questionnaires. Initially, the questionnaires were analysed using SPSS before incorporating into the qualitative data. Then, a data analysis framework was adopted to assist in the analysis of data at item (domain), pattern (taxonomic and componential) and structural levels. Hospital Research Ethics Committee approval was obtained prior to the study.

Findings and discussions

A total 242.5 h of around-the-clock observation was conducted. The majority of observations were conducted between midday and midnight. Face-to-face interviews were conducted with nurses who were involved in 34 reports (33% of incidents). The majority of these interviews were conducted within 7 days of the incident. The other nurses involved were unable to be interviewed typically for reasons such as not on roster, on leave, and busyness. None of the patients involved were recruited for a formal interview in this study. This was because the majority of patients involved did not have a contact number recorded in the computer system. In addition, reasons such as mental inability (i.e. too psychotic or demented) and refusal to participate also included. The refusal of patients to participate in the interview could be associated with feelings of shame or fear of the possible influence of ‘complaints’ on their future treatment in the ED.

One hundred and three violent incident questionnaires (VIQ) were completed by nurses. Among the hundred and three reports, the majority (86.4%, $n = 89$) of those involved were patients, rather than relatives with nearly two thirds being male, mostly of 21–40 years of age. This is congru-

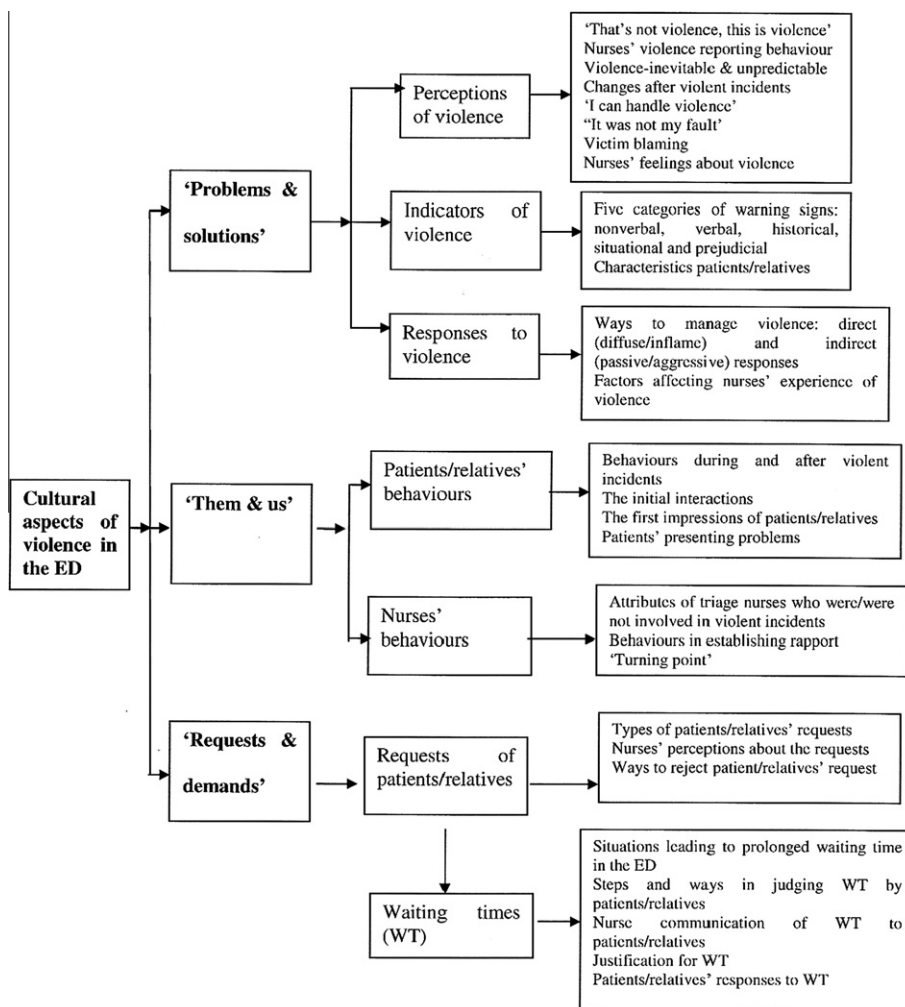


Fig. 1 Taxonomy of cultural aspects of violence in the ED.

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