

NOTHING CHANGES, NOBODY CARES: UNDERSTANDING THE EXPERIENCE OF EMERGENCY NURSES PHYSICALLY OR VERBALLY ASSAULTED WHILE PROVIDING CARE

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Introduction: Workplace violence has been recognized as a violent crime that requires targeted responses from employers, law enforcement, and the community. According to data from the Bureau of Labor Statistics, the most common source of nonfatal injuries and illnesses requiring days away from work in the health care and social assistance industry was assault on the health care worker. What is not well understood are the precursors and sequelae of violence perpetrated against emergency nurses and other health care workers by patients and visitors. The purpose of this study was to better understand the experience of emergency nurses who have been physically or verbally assaulted while providing patient care in US emergency departments.

Methods: The study was conducted using a qualitative descriptive exploratory design. The sample consisted of 46 written narratives submitted by e-mail by emergency nurses describing the experience of violence while providing care at

work. Narrative analysis and constant comparison were used to identify emerging themes in the narratives.

Results: "Environmental," "personal," and "cue recognition" were identified as the themes. Overall, nurses believed that violence was endemic to their workplace and that both limited recognition of cues indicating a high-risk person or environment and a culture of acceptance of violence were barriers to mitigation.

Discussion: These findings are consistent with the extant literature but with an added contribution of clearly identifying an underlying cultural acceptance of violence in the emergency department, as well as a distinct lack of cue recognition, in this sample of emergency nurses.

Key words: Emergency nurse; Violence; Qualitative; Cue recognition; Assault

The National Institute for Occupational Safety and Health defines workplace violence as "an act of aggression directed toward persons at work or on duty, ranging from offensive or threatening language to homicide."¹ Workplace violence is generally defined as any

physical assault, emotional or verbal abuse, or threatening, harassing, or coercive behavior in the work setting that causes physical or emotional harm.¹⁻⁶ In recent years, workplace violence has been recognized as a violent crime that requires targeted responses from employers, law enforcement, and the community.⁶ According to data from the Bureau of Labor Statistics, the most common source of nonfatal injuries and illnesses requiring days away from work in the health care and social assistance industry was assault on the health care worker.⁷ Over 70% of emergency nurses reported physical or verbal assault by patients or visitors while they were providing patient care in the emergency setting.^{8,9}

A search of the literature using the search terms "violence," "emergency department," "nurses," "assault," and "qualitative" yielded only 7 qualitative and/or mixed-methods studies that addressed workplace violence among nurses from 2004-2012. Of these, only 2 were conducted in the United States. The remaining studies were conducted in

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Australia (3), Spain (1), and the United Kingdom (1). Only 1 of the US studies was specific to emergency nursing.¹⁰ The extant qualitative data support findings in the quantitative literature that indicate precipitating factors to the occurrence of violence include such factors as long waiting times, psychiatric patients, and patients under the influence of drugs or alcohol.¹⁰⁻¹² There is a consistent theme of vulnerability felt by the nurse and the nurse's perceived lack of safety.^{10,11,13} In addition, a common thread among these studies was how nurses viewed the violent incident, which affected how they processed the current event and anticipated future instances.¹⁴⁻¹⁷ What is not well understood are the precursors and sequelae of violence perpetrated against emergency nurses and other health care workers by patients and visitors. It is known that ED incidents of violence cause physical and psychological damage and that emergency nurses leave the profession as a result.^{10,11,13}

Given the need for more effective protection for emergency health care workers, it is important to more fully understand the experience of violence in US emergency departments. The purpose of this study was to better understand the experience of emergency nurses who have been physically or verbally assaulted while providing patient care in US emergency departments.

Methods

The study was conducted using a qualitative descriptive exploratory design. In the fall of 2012, a sample of emergency nurses was recruited by e-mail from the membership roster of the Emergency Nurses Association (ENA) and by a call for participants on the ENA Web site. Narratives from 46 English-speaking emergency nurses—8 men (17.4%), 37 women (80.4%), and 1 nurse of unknown gender (2.2%)—who had been physically or verbally assaulted by patients or visitors while providing care in the emergency department were submitted by e-mail to the Institute for Emergency Nursing Research. These narratives ranged from 1 paragraph to over 15 pages in length. The question asked of all participants was as follows: "Tell me about your experience of violence in the emergency setting." The participants were asked to describe the incident itself, including the setting, characters, and process of the incident; what happened at work after the assault; the leadership and institutional response; and the effects of the incident at the present time.

Institutional review board approval was obtained before recruitment of study participants (Chesapeake Institutional Review Board, Columbia, MD). Each narrative was reviewed by the principal investigator and by at least 1 other member of the research team. Narrative

research¹⁸ and constant comparison were used to uncover commonalities, themes, and the signs, symbols, and expressions of feeling in language to develop an understanding of the meaning of the experience. Emerging themes were identified by consensus.

Results

A total of 46 respondents submitted narrative accounts of an episode of physical or verbal violence that occurred while providing care in the emergency setting. Structurally, most of the narratives began almost immediately with a description of the incident, with little introduction of the narrator or background leading up to the incident. The narratives most frequently discussed 1 or 2 similar incidents in chronologic order of events, told in the past tense, clearly to an outsider/researcher. In most narratives the central character was the perpetrator of the violence.

Three broad themes emerged from the data: "environmental," "personal," and "cue recognition." The environmental theme described the physical environment of the emergency department and the institutional culture of the emergency department. In addition, this theme encompassed the legal system/security, both inside the emergency department and externally, including the legal system, law enforcement, and the judicial system. The personal theme described the impact of the event on the nurse with regard to job performance, coping, and feelings with regard to the interaction with the legal and judicial systems, law enforcement, or institutional culture. The third thematic category, cue recognition, described the recognized or unrecognized antecedents to the violent event in terms of characteristics of either the perpetrator or the environment in which the event took place.

ENVIRONMENTAL

Categories in the environmental theme were identified as "culture of acceptance"; "unsafe workplace"; and "nobody cares, nothing changes." The narratives of participating emergency nurses uncovered common factors that were antecedents to violence in their emergency departments, including long waiting times, the presence of psychiatric patients and patients with a history of violence, and the presence of patients or visitors who were under the influence of drugs or alcohol. There were many descriptions of a legal/judicial system that was unwilling to pursue charges against patients or family members who assaulted nurses; thus the focus on legislation to make assault of a health care worker a felony crime may have limited efficacy unless efforts are

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