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Research paper

Verbal abuse and physical assault in the emergency department: Rates of violence, perceptions of safety, and attitudes towards security

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ABSTRACT

Introduction: Emergency Department (ED) workers are prone to occupational violence, however the extent and impact of this may not be evenly felt across all roles in the ED.
Aims: Explore: 1) the rate of verbal abuse and physical assaults experienced by ED staff, 2) perceptions of safety, 3) attitudes towards security officers, and 4) formal reporting of incidents.
Methods: 330 ED workers were surveyed at four public hospitals in one metropolitan health service district in Queensland, Australia, including 179 nurses, 83 medical staff, 44 administration staff, 14 allied health, and 9 operational.
Results: Nurses were more likely to have been physically assaulted in the last six months and were less likely to feel safe. Most ED staff across all roles experienced verbal abuse. Nurses were better than medical staff at reporting instances of occupational violence although overall reporting across all roles was low. Staff who thought that security officers respond to incidents quickly and are a visible presence in the ED were more likely to feel safe in the ED.
Conclusions: Workers in the ED, particularly nurses, experience high rates of verbal abuse and physical aggression and there may be a case for having designated security guards in the ED.

1 Introduction

Healthcare workers in a number of settings experience considerable rates of aggression and violence from patients [1–4]. However, workers in hospital emergency departments (EDs) are particularly prone to physical assault and verbal abuse [1,5–7]. A number of studies have found that healthcare workers view the ED as a stressful place to work [8]. ED staff often have a very high workload [9] and many feel underappreciated [8,10]. When combined with occupational violence, ED nurses are susceptible to experiencing burnout and may leave their profession as a result [11,12]. Given that many studies have found that physical violence and verbal abuse towards ED workers is prevalent, it is perhaps surprising that a 2011 systematic review of the literature on workplace violence in EDs also indicated that most ED staff report feeling safe at work [13]. However, the impact of physical violence and verbal abuse on perceptions of safety is not entirely straightforward in the ED environment, particularly when comparing the experiences of medical staff with that of nursing staff.

Gates et al. [7,12] found a weak correlation between the number of assaults and verbal abuse experienced by ED staff and their self-rated feelings of safety, but neither of those studies found any significant differences between doctors and nurses in terms of their feelings of safety, or in the number of assaults they experienced. On the other hand, Kansagra et al. [14] found that ED nurses were five times less likely than doctors to say they felt safe "most of the time" or "always", although the number of physical assaults experienced by ED staff did not their predict perceptions of safety. Only a minority of ED nurses in those studies felt unsafe, but a more recent survey of ED nurses at two Australian hospitals found that 90% had been physically assaulted in the last year, all had been verbally abused, and more than half felt "very" or "moderately" unsafe [15].

Interestingly, many of the nurses in that study said that an increased security presence in the ED, or a permanent ED security guard, would help to increase their feelings of safety. It is worth further exploring how attitudes towards security relate to feelings of safety in the Australian context given that many Australian hospitals do not have security officers stationed in the ED at all times. Many hospitals in the United States have metal detectors and permanent security guards assigned to the ED, and several US studies have found that positive attitudes towards ED security officers are associated with feelings of safety among ED workers. For exam-

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ple, Blando et al. [16] found that ED nurses felt safer if they were of the view that the security officers in their hospital were well trained and responded quickly to incidents. Gates et al. [7] even found that staff perceptions of safety were more strongly correlated with positive attitudes towards hospital security than with the actual frequency of assaults experienced, however they did not explore whether this was the case for doctors and nurses and it is not clear how well this extends to other countries.

Our study sought to better understand these complexities in the Australian context. The aims of this research were to: 1) describe the extent to which verbal abuse and physical assault is experienced by staff in the ED, including the frequency of different forms of abuse and violence, 2) explore whether abuse and violence experienced by ED staff is predicted by factors such as their role in the ED, age, and gender; 3) explore ED staff members' perceptions of safety, and their attitudes towards hospital security, 4) explore whether perceptions of safety are related to experiences with abuse/violence, attitudes towards security, and one's role in the ED.

2 Method

2.1 Settings

This was a survey conducted at four public hospital EDs comprising one metropolitan health service district in Queensland, Australia. The four hospitals collectively saw 280,266 ED attendances during the 2015/16 financial year. Presentations for the month of January 2017 were: Hospital 1 = 4642; Hospital 2 = 5513; Hospital 3 = 7231; Hospital 4 = 7792. Using the Australian College for Emergency Medicine delineation, Hospitals 1–3 are Level 3 Emergency Departments (urban district ED), and Hospital 4 is a Level 4 Emergency Department (major referral ED). The four hospitals cover an area of 4157sq km, and serve a population of approximately 900,000. Each of the four hospitals has at least one security officer on duty at all times, but these security officers cover all areas of the hospital and at the time of the survey none of the four hospitals had a security officer assigned specifically to the ED at all times.

2.2 Survey and procedure

All staff members working in the ED at each hospital were eligible to participate including: 1) medical staff, 2) nurses, 3) administration staff, 4) allied health practitioners in the ED and 5) operational staff (may include staff from a range of roles including cleaning staff, fire and security, or wards people). The survey asked five questions about the attitudes of ED staff members towards their own safety and the effectiveness of security officers in responding to violent/aggressive situations (see Table 1).

The survey then asked participants whether they had experienced various forms of verbal abuse or physical assault whilst at work in the last six months, and whether they formally reported it via an incident management form used to record instances of occupational violence. The survey items and structure were informed by our reading of the literature and the identification of locally relevant issues (e.g. the lack of security officers in ED). We did not seek to directly replicate items from any particular survey identified in the literature but took note of how previous studies had operationalised relevant issues, and how they had categorised various forms of physical assault (e.g. with body fluids, with weapons), and verbal abuse (e.g. harassment, abusive language, verbal threat etc).

The survey was conducted in four phases, first at Hospital 1 in July 2016, followed by Hospital 2 (November 2016), Hospital 3 (December 2016) and Hospital 4 (January 2017). After the initial phase conducted at Hospital 1, the survey instrument was amended to include two extra items asking about the frequency with which staff experienced any verbal abuse or physical assault. Participants from Hospitals 2–4 received a version of the survey with these extra items, although it was not feasible to re-survey participants from Hospital 1 with the extra items.

Paper copies of the survey were made available in staff areas or distributed by administration and research staff to ED workers for consideration at handover meetings. Completed surveys were returned to ballot boxes or to the ED administration desk (Hospital 1 only). No participant names were recorded, and consent was implied by returning a completed survey.

2.3 Analysis

Descriptive statistics were produced for all items. In order to conduct binary logistic regression analyses, the response items for some questions were combined (for example, never/sometimes; mostly/always; agree/completely agree etc.). We conducted two logistic regression models to predict 1) having experienced a physical assault in the last six months, and 2) having experienced verbal abuse in the last six months. In these models the predictor variables were: i) hospital location; ii) gender (0 = female; 1 = male); iii) age (as a continuous variable); and iv) role in the ED (0 = nursing staff; 1 = medical staff; 2 = administration staff). Due to the low numbers of allied health (n = 14) and operational staff (n = 9) in our sample, we removed them from regression models that included "ED role" as a predictor in order to improve the validity and power of the analysis.

We then conducted a logistic regression model to predict perceptions of safety among ED staff members. In this model the dependent variable was coded 0 = "never/sometimes" feel safe, 1 = "mostly/always" feel safe. In this model the predictor variables were: i) hospital location; ii) gender (0 = female; 1 = male); iii) age (as a continuous variable); iv) role in the ED (0 = nursing staff; 1 = medical staff; 2 = administration staff)v) experienced physical assault in last six months (0 = no, 1 = yes); vi) experienced verbal assault in last six months (0 = no, 1 = yes); vii) believe security are visible presence in the ED (0 = no, 1 = yes); viii) believe security respond in a timely manner (0 = no, 1 = yes); ix) believe security are helpful in de-escalating potentially violent situations before they become violent (0 = no, 1 = yes).

3 Results

3.1 Sample

There were 330 ED workers in the total sample (231 female, 93 male, 6 did not answer), including 179 nurses,83 medical staff, 44 administration staff, 14 allied health staff, and 9 operational staff (see Table 2).

The response rate for ED nurses across the four sites was 37% (33% Hospital 1; 38% Hospital 2; 40% Hospital 3; 36% Hospital 4). The mean age of the nursing sample was 37.48 years (SD = 10.9; median = 35, range 21–71, IQR 16), with a mean of 13.3 years of experience (SD = 10.7; median = 10, range = 0-47, IQR 11). The response rate for medical staff across the four sites was 25% (43% Hospital 1; 13% Hospital 2; 38% Hospital 3; 11% Hospital 4). The mean age of medical staff was 37.08 years (SD = 9.6; median = 36, range = 23–62, IQR 15), with a mean of 11.6 years of experience (SD = 8.7; median = 10, range = 0-36, IQR 15).

3.2 Verbal abuse in the last six months

The overwhelming majority of participants (88.1%) said they have personally experienced some form of verbal abuse in the last

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