

Violence in the Emergency Department: A Global Problem

Allison Tadros, MD*, Christopher Kiefer, MD

KEYWORDS

• Patient violence • Emergency department • Health care workers

KEY POINTS

- In one survey, emergency department (ED) nurses reported both verbal (100%) and physical (82%) assaults by patients.
- A combination of the ED environment and the population they care for puts emergency workers at particular risk for violence.
- All health care providers should be trained to manage workplace violence, and all acts of violence should be reported to hospital administration.
- Physicians and nurses should be familiar with medications available to sedate agitated patients. Protocols for physical restraints should be adhered to, and patients must be closely monitored to prevent morbidity or death.
- Laws to protect health care workers from violence should be both enacted and enforced.

INTRODUCTION

A cardiothoracic surgeon was fatally wounded in 2015 after being shot by a patient's family member inside Brigham and Women's Hospital in Boston.¹ Similarly, in 2010 an orthopedic surgeon was nonfatally shot by a patient's family member while he was discussing with him the patient's treatment.² Young adults deciding on a profession choose medicine to treat and prevent disease and improve public health. However, unlike those choosing such careers as law enforcement or the military, doctors and nurses likely do not realize that they are entering a job that has one of the highest rates of nonfatal assaults against workers in the United States. The emergency department (ED) is a particularly vulnerable setting.^{3,4} This article explores possible reasons for the high rates of violent incidents, reviews laws regarding workplace violence in health care settings, discusses controversies on the subject, and suggests steps that can

Disclosure: The authors have nothing to disclose.

Department of Emergency Medicine, Health Science Center, West Virginia University, PO Box 9149, Morgantown, WV 26506, USA

* Corresponding author.

E-mail address: atadros@hsc.wvu.edu

Psychiatr Clin N Am ■ (2017) ■–■
<http://dx.doi.org/10.1016/j.psc.2017.05.016>

0193-953X/17/© 2017 Elsevier Inc. All rights reserved.

psych.theclinics.com

be taken to manage agitated patients and, therefore, mitigate violence toward health care providers.

SCOPE OF THE PROBLEM

Health care workers are 4 times more likely to have serious workplace injuries related to violence than workers in private industry.⁵ In 1999, the National Institute for Occupational Health and Safety reported a rate of 8.3 nonfatal violent assaults for every 10,000 health care workers compared with a rate of 2 for every 10,000 workers in private non-health care sectors.⁶ More recent data from the Bureau of Labor Statistics revealed that 15.7% of all workplace assaults between 2003 and 2007 occurred in the health care industry.⁵ Psychiatric hospitals and EDs are the 2 areas where violence is most likely to be encountered.⁷ Among health care workers, nurses are at higher risk than doctors, possibly because of the increased contact time with patients.^{8,9}

EPIDEMIOLOGY OF VIOLENCE IN UNITED STATES EMERGENCY DEPARTMENTS

Although the statistics provided by governmental agencies do not specifically provide the prevalence of violent behavior and assaults in the ED, it does make clear that violence in the general health care setting is a serious problem. A survey of residents and attending physicians working in academic EDs has revealed that up to 78% of them had experienced an episode of workplace violence in the prior year; although verbal assaults were more common, up to 21% had experienced an episode of physical violence.⁴ Similarly, a study of attending physicians working in EDs in the state of Michigan revealed that 74.9% of physicians had received a verbal threat or assault, with 28.1% reporting a physical assault. The most common perpetrators in this study were the patients themselves, who initiated 71.9% of the reported verbal threats and 89.1% of the reported assaults. Although this certainly represents most assaults and verbal threats, it is important to keep in mind that the remainder of assaults and threats were initiated by patients' family members or friends; ED safety efforts should focus on these individuals as well.¹⁰

The available data suggest that nurses seem to fare even worse than physicians. In a survey of hospital nurses, ED nurses reported a 100% incidence of verbal assaults and 82% had experienced physical assault.¹¹ The most common type of verbal assault was being yelled or sworn at, whereas the most common kind of physical assault was being grabbed or pulled.¹²

Although the previously described studies were performed in the mid to late 2000s, a more recent prospective survey of nurses, physicians, and allied health staff working in level 1 trauma centers, urban nontrauma hospitals, as well as suburban nontrauma hospitals over a 9-month period reveals that health care workers in the ED setting experienced 4.15 violent events during the 9 months, with the most common event again being verbal in nature. Additionally, health care workers in this study experienced physical assault at a rate of 1.13 events per person during the 9-month period, with the most common assault being hitting or kicking.⁸ These more recent findings suggest that violence in the workplace is a tangible, ongoing threat to those individuals working on a daily basis in US EDs.

EPIDEMIOLOGY OF VIOLENCE IN EMERGENCY DEPARTMENTS OUTSIDE THE UNITED STATES

Unfortunately, violence in the ED is not isolated to the United States. A survey of ED providers in Turkey found statistics similar to those found in the surveys based in

Download English Version:

<https://daneshyari.com/en/article/5722559>

Download Persian Version:

<https://daneshyari.com/article/5722559>

[Daneshyari.com](https://daneshyari.com)