Violence in the Emergency Department

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KEYWORDS

• Violence • Emergency psychiatry • Emergency department • Aggression
• Healthcare violence

KEY POINTS

- Violence is common in the emergency department (ED), often occurring at much higher rates than other occupations and in other health care settings.
- The ED setting has numerous environmental risk factors for violence, including poor staffing, lack of privacy, overcrowding, and ready availability of nonsecured equipment that can be used as weapons.
- Although numerous risk assessment instruments exist, they are not validated for the emergency setting and the nature of the ED environment limits their clinical utility.
- Health care providers in the ED should be familiar with local case law and standards related to the duty to warn third parties when a violent threat is made by a patient.

INTRODUCTION

The emergency department (ED) is a common site of violent presentations in health care. Individuals may present with violent ideation or threats, or after having engaged in a violent act. Additionally, violence in the ED itself is a particular concern. This article explores the prevalence of such presentations, followed by a discussion of assessment and management of violence. Related duties that arise in the care of such patients, including the duty to warn, and gun access also will be discussed.

EPIDEMIOLOGY

The Occupational Safety and Health Administration (OSHA) defines workplace violence as "any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site." Health care workers represent one of the most at-risk groups, with rates of serious workplace incidents occurring 4 times more often in the health care setting than in private industry. OSHA indicates that the risk of serious violence against health care workers nearly matches the rate of all other industries combined.[1]

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Within the category of health care workers, emergency room providers are among those facing the highest risk of workplace violence. The American College of Emergency Physicians (ACEP) noted that more than 75% of emergency room physicians experience at least 1 incident of workplace violence in a given year.[2] A survey of 6504 emergency room nurses found that 54.5% had experienced physical or verbal violence in the previous 7 days. Of that group, 62.2% had experienced more than 1 episode in that same 7-day period.[3] As high as these numbers are, it is quite likely that true rates are actually higher. Often, these events are viewed as being part of the job and are not properly reported. Of those identified as victims of workplace violence, 65.6% did not file a formal report for the violent event and 86.1% did not formally report verbal abuse, instead informally reporting to security, their immediate supervisor on duty, or other emergency personnel.[3] In another survey of 242 emergency room workers who were victims of workplace violence, 65% said they did not formally report the event and 64% said they had not had any violence prevention training in the preceding year.[4]

Limited data exist on the number of presentations related to violent ideation or an act of violence that preceded the ED visit. Most data in this area are related to incidence of violence occurring while in the ED.

IMPACT OF WORKPLACE VIOLENCE

The ACEP states that "protecting emergency patients and staff from violent acts is fundamental to ensuring quality patient care."[2] It is clear that violence in the emergency room is damaging beyond the event itself. In a survey of emergency nurses, 58.4% felt angry, 39.2% felt anxious, 19.2% felt frightened, and 6.4% had feelings of depression following an incident of workplace violence. More than half (57.7%) did not feel they were protected from workplace violence, and 27.2% considered leaving their job in the emergency room.[3]

A study of emergency physicians in Turkey found a significant relationship between feelings of emotional exhaustion and burnout related to exposure to violence.[5] Further, violent events have been shown to directly impact productivity and patient care. A study by Kowalenko and colleagues[6] demonstrated significant impairments in the Healthcare Productivity Survey scores for emergency workers after being victimized, including negative impacts on general productivity, ability to handle workload, and ability to handle cognitive demands, provide safe and competent care, and provide support.

ASSESSING RISK FOR VIOLENCE

Certain populations and types of emergency presentations appear to pose a higher risk of violent events while in the ED. Chief complaints that indicate mental health issues, active substance use, and acute pain portrayed higher risk of violence in the emergency room, as did being viewed as a high user of care, and entering the emergency room in police custody. A past history of violence also raises future risk, both in the emergency room and beyond.[7,8] Additional risk factors are those that are similar for other acts of violence, including male gender, younger age, criminal record, unemployment, homicidal thoughts, treatment nonadherence, unstable psychosis, impulsivity, and intellectual disability.

Factors related to the ED encounter itself may also lend themselves to an increased risk of violence. In **Box 1**, there are numerous environmental risk factors that increase the risk of violence in the ED.[9]

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