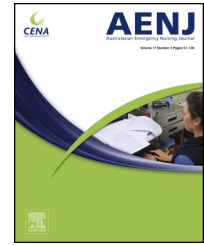




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RESEARCH PAPER

Nurses' attitudes towards the reporting of violence in the emergency department



Kathryn M. Hogarth, MN, GradDip Emerg, RN^{a,b}
Jill Beattie, PhD, MN (Adv Pract), BN (Ed) DipT (Nse Ed), RN, RM^a
Julia Morphet, PhD, MN (Ed), Grad Cert Hlth, Prof Ed, GradDip Emerg, RN^{a,*}

^a School of Nursing and Midwifery, Monash University, Frankston, Victoria 3199, Australia

^b Emergency Department, Monash Health, Dandenong Hospital, David Street, Dandenong, Victoria 3175, Australia

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KEYWORDS

Emergency department;
Risk management;
Workplace violence;
Qualitative research;
Nursing;
Reporting violence

Summary

Background: The incidence of workplace violence against nurses in emergency departments is underreported. Thus, the true nature and frequency of violent incidents remains unknown. It is therefore difficult to address the problem.

Aim: To identify the attitudes, barriers and enablers of emergency nurses to the reporting of workplace violence.

Method: Using a phenomenological approach, two focus groups were conducted at a tertiary emergency department. The data were audio-recorded, transcribed verbatim and analysed using thematic analysis.

Results: Violent incidents in this emergency department were underreported. Nurses accepted violence as part of their normal working day, and therefore were less likely to report it. Violent incidents were not defined as 'violence' if no physical injury was sustained, therefore it was not reported. Nurses were also motivated to report formally in order to protect themselves from any possible future complaints made by perpetrators. The current formal reporting system was a major barrier to reporting because it was difficult and time consuming to use. Nurses reported violence using methods other than the designated reporting system.

Conclusion: While emergency nurses do report violence, they do not use the formal reporting system. When they did use the formal reporting system they were motivated to do so in order to protect themselves. As a consequence of underreporting, the nature and extent of workplace violence remains unknown.

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* Corresponding author. Tel.: +61 03 9904 4032.

E-mail address: Julia.morphet@monash.edu (J. Morphet).

What is known

- We know violence occurs frequently in the emergency department and we know that emergency nurses' do not report violence. It is necessary to know the nature and extent of this violence so that the occurrence of violence can be managed appropriately.

What this paper adds?

- Emergency nurses do report violence, however, they use other informal methods rather than using the formal mandated reporting system RiskMan.
- Emergency nurses do not recognise violence to have occurred if no-one was hurt.
- Emergency nurses accept violence as part of their job and they accept 'unintentional' violence from 'sick' patients, whereas they have less tolerance for violence perpetrated by people 'behaving badly'.

Introduction

Many national and international studies conducted in the past decade have highlighted the alarming incidence of violence perpetrated against nurses, in particular in the emergency department (ED).^{1–8} Violence against nurses has far reaching consequences, not only in terms of nurses' own health and wellbeing, but on the nature of health care delivery and the ability of nurses to provide quality patient centred care.^{6–10} Workplace violence (WPV) is a serious concern for nurses, healthcare organisations, patients and society as a whole, because it has wide spread negative effects. In 1999, Australian nurses rated the second highest among employee groups for workers compensation claims as a result of violence in the workplace.¹¹ Since then, violence in nursing, and in particular in emergency departments has been a focus of increasing attention and governmental reports, which indicate a continuing upward trend in violence.^{7,8,12–14}

Although there are some measures in place to protect nurses and other ED staff such as education, training in de-escalation techniques, formal incident reporting procedures, and security response teams, assaults against emergency nurses continue to increase and are thus a very real occupational health and safety issue.^{7,8} The literature reveals a major barrier to addressing the problem of violence in EDs is the lack of reporting of violent incidents by nurses.^{2,7,8,14–16} Underreporting is problematic, because it means the true extent of violent incidents occurring in EDs is unknown.¹⁶ Without adequate data about the number and nature of violent incidents, it remains difficult to develop evidence based strategies to deal with WPV.

Incidents in hospitals, including violent incidents, are reported using state based systems, and each state and territory in Australia has its own reporting system. The state-wide system in Victoria is called the Victorian Health Incident Management System (VHIMS). This software is used in hospitals to report incidents including violence. In 2011

VHIMS, incorporating RiskMan, was introduced to all Victorian hospitals.⁸ Early reports following the implementation of RiskMan indicated that the programme itself may be a barrier to reporting. Staff reported that RiskMan was burdensome and time-consuming and they were reluctant to use it.⁸ Further research is required to identify why nurses are not reporting WPV using their hospital's formal reporting system (e.g. RiskMan in Victoria, Australia). Therefore this study explored the attitudes and factors related to reporting of violence by nurses in the ED.

Aim

The aim of this study was to identify the attitudes, barriers and enablers of emergency nurses to reporting workplace violence.

Method

A phenomenological approach¹⁷ was used to explore the attitudes, barriers and enablers of emergency nurses to reporting workplace violence. The researcher used a phenomenological approach in this study because phenomenology asks "what is the lived experience" of participants in relation to the phenomenon under study.¹⁸ Thus, in this context, the researcher sought to describe and reveal the meaning of emergency nurses' lived experience in relation to underreporting of WPV.

Setting

The study was conducted in a large metropolitan ED in Melbourne, Australia, with over 62,000 adult and paediatric patient presentations annually. The hospital is a 640 bed major tertiary referral centre. The emergency department has 42 cubicles and 113 full time equivalent nursing staff.

Sample

Purposive sampling included those emergency nurses who had knowledge and experience of violence in the ED. Thus, participants were invited on the basis of their knowledge of the phenomenon being studied. All emergency nurses currently working in the ED were eligible to participate.

Ethics

Ethics approval to conduct the study was obtained from the Monash University Human Research Ethics Committee (CF12/1357) and the relevant hospital ethics committee (Approval number 12199L).

Recruitment of participants

Fliers promoting the study were placed on notice boards in the ED, and a member of the research team spoke to staff about the study at one of the regular staff meetings. A brief explanation of the study was provided and the Participant Information and Consent Form was given to participants to

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