



# Position Statement

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## Violence and Its Impact on the Emergency Nurse

### Description

In 2002, the World Health Organization (WHO) declared workplace violence (WPV) to be a global epidemic with a negative impact on retention of health personnel and delivery of healthcare.<sup>1</sup> The violence also results in significant economic, personal, and professional costs.<sup>1-3</sup> In the U.S., the prevalence of WPV in the healthcare industry is four times higher than in other private industries.<sup>4</sup> Ease of public access, crowding, long wait times, presence of weapons, and other factors make the emergency department (ED) a highly vulnerable area,<sup>5-9</sup> especially where triage occurs.<sup>10,11</sup> Emergency nurses and other ED staff have a serious occupational risk for WPV, including both verbal and physical assaults.<sup>5-7</sup> For these reasons, WPV has been recognized in many states as a violent crime.<sup>12</sup> Yet, at the time of this publication, only about 30 states have adopted laws making it a felony to assault a registered nurse.<sup>13</sup> Other ongoing legislative initiatives include the introduction of H.R. 1309, Workplace Violence Prevention of Health Care and Social Service Workers Act, in 2018 and continued advocacy and evaluation of state-based felony reforms.

There are no standard definitions of WPV. The Occupational Safety and Health Administration (OSHA) defines WPV as "...any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site."<sup>39(p1)</sup> WHO uses a broader global definition that encompasses "Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health".<sup>1p.3</sup> Both definitions demonstrate that WPV manifests in myriad ways as emotional or verbal abuse, coercive or threatening behavior, or physical and sexual assault,<sup>4</sup> and can involve consumers, providers, and organizations.<sup>40</sup> The patient population (e.g., active substance use), along with work schedule (i.e., night shift) experience level, and younger age of the healthcare provider, are consistent risk factors for WPV.<sup>8,10,14-17</sup> Acts of WPV can cause physical and/or psychological harm to emergency nurses leading to job dissatisfaction, emotional exhaustion, burnout, secondary trauma stress, PTSD, absenteeism, and intentions to leave the job or nursing profession,<sup>4,14-24</sup> all of which have potential impacts on patient care due to nurses' decreased productivity, organizational commitment, and engagement.<sup>16,17,24-26</sup> WPV is increasingly seen as a contributing driver of poor nurse retention and recruitment, further exacerbating the nursing shortage and its costly consequences for healthcare organizations and their patients.<sup>4,17,19,24,26-28</sup>

Despite continued education, legislation, and research to increase awareness and understanding of the issue, emergency nurses are reluctant to report incidents of WPV because they believe it is not violence if they did not sustain an injury, reporting can be laborious and futile, patients are not seen as responsible because of their age or illness, and WPV is an expected part of the job.<sup>22,27</sup> Different types of violence exist independently, overlap, and enable each other. For example, relational WPV (bullying) may impede early recognition and management of the violent person because it contributes to nurses' burnout and emotional and physical fatigue.<sup>18,20,27</sup> Similarly, organizations knowingly and unnecessarily exposing their



# Position Statement

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workers to violent situations or allowing a climate of abuse, bullying, or incivility to thrive in the workplace (organizational WPV) can create an environment wherein both relational and consumer violence are ignored, allowing the behaviors to continue without administrative intervention.<sup>10,18,26,28,33</sup>

Researchers suggest an increased emphasis on improving the practice environment (e.g., modifications to physical features to increase visibility or use of patient alert flags) to facilitate adequate assessment, recognition, and shared communication to improve management of the potentially violent person. They also suggest adopting best practices such as increased staff training in stress reduction, conflict resolution, simplified reporting, de-escalation, and behavior management skills, along with a focus on prevention and mitigation of all types of WPV rather than solely on post-incident response to and management of WPV sequelae.<sup>9,16-18,28,29,33-37,41</sup>

## ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. Emergency nurses are at significant occupational risk for WPV.
2. The mitigation of WPV requires a zero-tolerance environment instituted and supported by hospital leadership.
3. Emergency nurses have the right to personal safety in the work environment.
4. Emergency nurses have the right to education and training related to the recognition, management, and mitigation of all types of WPV.
5. Emergency nurses have the right and responsibility to report incidents of WPV to their employer and law enforcement without reprisal.
6. Emergency nurses have the right to expectations of privacy, appropriate injury care, and the option for debriefing and professional counseling.
7. Protection against acts of violence include effective administrative, environmental, educational, and security components.
8. Emergency nurses advocate for adoption or continuation of state and federal legislation focused on the prevention of WPV and protection of emergency nurses.
9. Emergency nurses have a vested interest in, and a responsibility to conduct and participate in, research and quality improvement initiatives aimed at preventing, mitigating, and reporting all types and forms of WPV.



# Position Statement

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## Background

To increase program effectiveness, it is recommended that a WPV prevention program include training; formal incident reporting procedures; and administrative, environmental and consumer risk assessment, physical design, and security components to address all types of violence.<sup>3,4,6,27,29,30,34–37,41</sup> When establishing a WPV prevention program, WPV experts recommend that healthcare organizations adopt a multi-faceted, collaborative, interdisciplinary approach that includes a variety of stakeholders such as healthcare administrators, ED managers, clinicians and staff, law enforcement and security personnel, and specialty providers such as mental health practitioners.<sup>27,28,33–35,37</sup> Given the crucial focus on prevention of WPV by patients, visitors, coworkers, and intimate partners, coordination and advocacy among employees, healthcare employers, managers, and nursing leadership is considered necessary for effective implementation of educational, administrative, behavioral, legislative, and engineering approaches necessary for mitigating WPV.<sup>3,4,30,35–37</sup>

Emergency nurses, with their high risk for experiencing WPV, can serve an integral role in all aspects of violence prevention, planning, monitoring, and reporting. Underreporting is a documented barrier to effective identification and mitigation of workplace violence, although nurses do report incidents using both informal (e.g., telling a supervisor or colleague) and formal channels — the latter being more likely when an injury is sustained.<sup>29,30,32</sup> Studies have found that nurses' reluctance to report involves fear of retaliation or dismissal from perpetrators, whether they are patients, colleagues, or supervisors; or community members such as law enforcement<sup>29–31</sup> however, it may be intensified when there is a power imbalance (e.g., a supervisor bullying an employee).<sup>24,26</sup> Organizational commitment to reducing WPV—including workplace policies such as zero tolerance and the role of positive nursing leadership for establishing a non-punitive just culture that discourages bullying and retaliation—is essential to mitigating all types and forms of WPV in emergency nursing and other healthcare environments; a just culture supports the nurse's right to privacy in reporting, injury care, debriefing, and counseling.<sup>18,21,24,26–28</sup>

Further research is essential to determine effective prevention and mitigation strategies, educational priorities for nurse recognition of potential high-risk patients, and conditions for the proactive reduction of WPV. Reporting deficiencies, research design and methodology issues, and inconsistencies in definitions of violence (e.g., threats, assaults, battery) make it difficult to evaluate and compare results across studies both in the United States and globally.<sup>3,7,24,38</sup> Accurate risk surveillance, successful mitigation, and evaluation of WPV interventions will not be possible without standardized definitions, more rigorous data-driven studies, and improved incident reporting, making this an important focus for future WPV research.<sup>3,24,30,37,38,41</sup>

## Resources

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# Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

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# Position Statement

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# Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

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# Position Statement

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# Position Statement

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