Workplace Violence in the Emergency Department

Melissa Del Mauro, BSN, RN, CEN; Pamala Sodden, BSN, RN
melissa.delmauro@rwjbh.org; pamala.sodden@rwjbh.org

RWJBarnabas HEALTH

INTRODUCTION

Workplace violence in the healthcare setting is becoming a dangerously prevalent and recognized problem across the nation. Workplace violence is broadly defined as any act or threat of physical assault, harassment, intimidation, or other coercive behavior (Emergency Nurses Association [ENA], 2015). While workplace violence can and does happen everywhere, the hospital Emergency Department (ED) is among the most vulnerable settings (ENA, 2015). According to a 2011 study by the ENA (2015), 54.5% out of 6,504 emergency nurses experienced physical violence and/or verbal abuse from a patient and/or visitor over the course of one week. The actual rate of violence is much higher as many incidents go unreported for myriad factors, including the perception that assaults are part of the job (ENA, 2015). Although the anecdotal evidence of physical and verbal abuse from patients was becoming more pervasive in the Saint Barnabas Medical Center (SBMC) ED, there was a lack of understanding of a uniform or clearly defined methodology for reporting such cases of workplace violence. **Objective:** To increase ED clinical nurse and technician perceptions of feeling "very to extremely safe" while working in the ED.

METHODS

In order to identify if workplace violence was a concern in SBMC's ED, the 2015 and 2016 operator logs were reviewed, revealing only one Code Gray called in 2015, and two in 2016. A Code Gray at SBMC is called whenever there is an unsafe situation warranting an immediate security response. In January 2017, a survey was created using a modified ENA questionnaire in order to assess current attitudes of workplace violence, test how and why to report instances of unsafe situations, and finally to rate overall perceptions of safety in the ED. The survey consisted of 3 questions asking: "what to do when safety is threatened," "how to call a Code Gray" and "overall safety of working in the ED." The overall safety was based on a 5-point Likert Scale of 1=Not at all safe, 2=Somewhat safe, 3=Moderately safe, 4=Very safe, 5=Extremely safe. The results of the survey evidenced that education was needed on how and why to call a Code Gray. A Plan-Do-Study-Act (PDSA) project was created with Code Gray education targeted as an operational plan in order to identify the frequency of previously underreported workplace violence. During February and March of 2017, verbal teach back education on the Code Gray activation process was conducted daily in ED huddles. Repeat surveys were conducted at one-, two-, three-, and six-months post workplace violence awareness and education of Code Grays.

RESULTS

The results of the initial survey revealed that only 17.5% (n=40) of respondents knew how to report incidents of workplace violence. After targeted education on SBMC's recognized Code Gray policy, 100% of participants on follow-up surveys were able to answer the question correctly (see Table 1). Another area of data focused on the respondent's perception of safety in the ED. The initial survey revealed that only 11% (n=40) of ED clinical nurses and technicians felt "very to extremely safe" per the Likert scoring scale. After the education regarding Code Grays and recognizing workplace violence, the first re-assessment showed an increase of perception of overall safety as very to extremely safe in the ED to 52% (n=50); the second survey to 55% (n=58); and the third follow-up was down to 36% (n=50) (see Table 2). The 6-month re-assessment survey with the implementation of new targeted interventions revealed overall safety of very to extremely safe as 35% (n=87). Additionally, there were 59 Code Grays called in 2017, and 42 in the first six months of 2018.
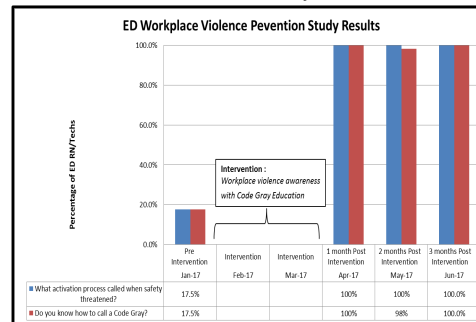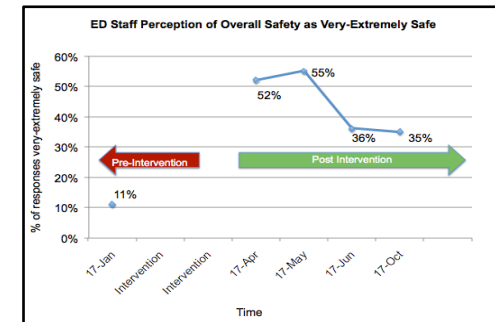

Table 1.

Table 2.

CONCLUSION

Workplace violence as it relates to healthcare safety is a complicated and dynamic issue. Although there was a documented increase in the overall perception of safety in the ED with the intervention of Code Gray education, the results indicate that there is still much to be done. Due to the response from ED staff on the importance of safety in the workplace, an ED Workplace Violence Committee was established with liaisons from nursing and clinical technician staff, management, physicians, security, risk management, quality and safety, and public relations in order to target important issues regarding safety, develop interventions to further increase staff perceptions of safety within the department, and ultimately create a safer environment at SBMC. In just a few months since the creation of this committee, many projects have been undertaken to enhance safety in the ED. Some of the recent projects include personal panic alarms, environmental modifications, and a new visitor pass system and visitor policy. By working as an interdisciplinary team, there will be continued success in the overall endeavor of creating a zero-tolerance environment for workplace violence and develop a culture of safety at SBMC.

REFERENCES

ENA. (2015). *Guiding principles: Mitigating violence in the workplace*. Retrieved from https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/joint-statements/mitigatingviolence.pdf?sfvrsn=ae0b949c_6