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Establishing a Protocol to Address Workplace Violence and Increase the Perceptions of Safety
Among Emergency Department Nurses: A Quality Improvement Initiative

University of New Hampshire

Department of Nursing

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August 10, 2023

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Abstract

Background: Violence against emergency department nurses has become a widespread phenomenon that can greatly impact a nurse's job satisfaction and performance. Research has been scarce in examining the relationship between workplace violence and its underlying consequences. There remains a disconnect between precursors of violence against nurses perpetrated by patients and the cultural expectation that violence is a part of the nurses job and, subsequently, what they signed up for when going into the field. Nurses learn that having a greater understanding of the value in the lived experience of their patients leads to better quality delivery of care. However, culturally we have undervalued their lived experiences and have placed an expectation that violence is an acceptable consequence of their career choice. In doing so, we, as a culture, have also set a precedent that patients can continue to act in an aggressive and assaultive manner towards nurses with little to no consequence, of which, patients continue to engage in such behaviors and incidences of violence are on the rise.

Local Problem: 70-90% of participants have experienced workplace violence in the emergency department within the last year. 30% of nurses believe that this violence is an expected consequence of their job.

Methods: In this quality improvement project, answers from the validated Cooke-ENA Workplace Violence Assessment Tool were collected to assess the perception of safety among participatory staff nurses at a critical access hospital in rural New Hampshire in January 2023 and, again, in July 2023.

Intervention: Endemic to the workplace, how do we address violence so that nurses are made to feel safe going to work just as we are made to feel safe when going to the hospital and being

cared for by the nurse? Who will take care and advocate for them? A policy was implemented to enhance and require the presence of local law enforcement and/or facility security when caring for potentially aggressive and/or violent patients in the emergency department.

Results: The results yielded that from January 2023 to July 2023, the perception of overall safety in the emergency department after policy implementation increased slightly with a mean change from 5.8 to 6.0 (SD 0.8944, range 1-10). In January 2023, 30% of the participants reported that workplace violence in the emergency department was to be considered “part of the job.” However, this number was decreased by half after implementation in July 2023 with results at 16% who believe violence is considered part of the job.

Conclusion: The ability to sustain the results of this project may vary depending on the patients who arrive at the emergency department, the continued cooperation and support from local law enforcement, and diligence of the microsystem to continue to make strides to mitigate workplace violence and its effects. Success of this quality improvement project was imperative on addressing workplace violence from within the culture of the hospital and decreasing its tolerance as a cultural norm among healthcare agencies.

Keywords: Quality Improvement, Workplace Violence, Emergency Department, Nursing, Policy

Introduction

In the last decade, headlines depicting nurses standing up against workplace violence have ribboned across television screens and newspapers. The incidences of violence against nurses on a global scale continues to rise and has become endemic to healthcare, more specifically, in emergency departments. The safety of our nurses is being jeopardized, sometimes, on a daily basis. With their personal safety goes their mental health, their capacity to perform their job duties, and the quality of care being delivered to patients. Henceforth, the reason why nurses have begun to advocate for safety in the workplace, as they have been trained to do so for their patients. Time and time again, we argue to enhance better patient safety. When is it time that we, as a culture, begin advocating for a zero tolerance policy regarding workplace violence and advocate for the nurses safety as well?

Problem Description

A critical access facility serves all members of the community residing in the North Country of New Hampshire, as well as serving a neighboring Vermont community, the Northeast Kingdom. Just as vast as the area of coverage, the array of health complaints and presentations to the emergency department vary by acuity and severity, including both physical and mental health presentations. With these increasingly ill and acute patients, the rates of violence, more specifically towards nursing staff in emergency departments, is steadily increasing on a global scale. Historically, high rates of violence in the critical care setting can be attributed to multiple factors, of which, might exacerbate violent or aggressive behaviors, including low wait times, patient conditions, mental health, and substance use (Nithimathachoke, & Wichienopparat, 2021). Zhang, et al., found that 57% of all clinical nurse participants reported an overall

exposure to violence in varying degrees, of which the rates in emergency departments nurses significantly increased and varied from 56%-85% (2017). Among the small emergency room nursing staff within the facility, a survey of ten of twelve full time staff nurses reports that only 40% of the nurses felt generally safe under the current conditions within the emergency department (LRH, 2023).

Workplace violence definitions can vary, though the general consensus categorizes workplace violence as: (1) Physical, such as kicking or slapping, (2) verbal, such as disrespect or mistreatment through words or tone, (3) threats, or a promise to use physical or psychological forces to illicit a fearful response, (4) sexual harassment, and (5) bullying, often offensive behaviors in an attempt to humiliate another (Zhang, et al., 2017). Similarly, the survey conducted at the facility asked each participant to determine whether or not they felt a given act or behavior was to be considered workplace violence directed toward the individual. Furthermore, among these indicators of violence between 70%-90% of the nurses reported experiences with violence in every one of the five aforementioned categories, with the highest rates of verbal workplace violence (LHR, 2023). This data aligns with another study that found that among the 72% of emergency department nurses who reported workplace violence, there were significantly high rates of verbal violence as opposed to physical violence (Kalbali, et al., 2018). To address workplace violence, many healthcare institutions require de-escalation and body mechanics training to manage violent and aggressive patients. To evaluate the efficacy of these training programs, this study also examined the impact of training nurses in violence management then compared it to perceived rates of controlling violence and aggression towards emergency room staff members. This study suggested that those who were trained in managing

aggressive behaviors, the levels of exposure to violence significantly decreased in that of the study group versus the control, who received no formal training.

The survey conducted at the critical access hospital by the Department of Quality Improvement reports results that display data regarding each of the categories of workplace violence. 70% of the participants report some form of physical violence, 80% report verbal abuse and threatening behaviors directed towards the nurse, 70% report having been sexually harassed, and 80% report being bullied by a patient or visitor. All of which the nurses reported received very little acknowledgement, addressment, or repercussions as a result of this violent and aggressive behavior. All ten staff participants in the emergency department reported that they received formal de-escalation and management of aggressive behaviors over twelve months ago (LRH, 2023). To continue, 50% of the participants do not feel that management of aggressive behavior training is beneficial due to other existing issues regarding safety within the emergency department.

At the facility, only four out of ten nurses reported that they routinely report workplace violence in the emergency department. When prompted further to explain the rationale for underreporting, one nurse states, “It does not appear that anything gets done or any follow through has been taken to look into Emergency room safety from other hospitals.” Other nurses report that local law enforcement will show up to the emergency department with a patient in custody, unannounced and without prior warning, unlike EMS transports which existing policy requires a brief report given to emergency department staff. Furthermore, nurses report that local law enforcement officers will uncuff aggressive/violent patient(s) and leave the premises before the patient can be medically cleared for protective custody. Nurses also report that there is “reluctance to utilize restraints from providers because it is considered ‘too taboo’.” 60% of the

participants report that the overall design of the emergency department is not equipped or adequately resourced for mental health patients or patients in acute crisis. There is a single room designated for mental health/aggressive patients, of which, the doors are not secured due to accessibility of a hallway built during COVID that leads directly to the unlocked main entrance.

Available Knowledge

Workplace violence has become increasingly prevalent on a global scale. No specific work environment is immune to all violence and aggression. However, specific areas of healthcare with patients who present more acutely ill, such as behavioral health centers, long term care facilities, and emergency departments, appear to suffer the most from workplace violence. Workplace violence can negatively affect and impact the environments and general safety of healthcare workers. While already being expected to function under highly stressful situations in areas such as the emergency department, the cultural expectation that violence is a “part of the job” has become increasingly frustrating for healthcare workers, specifically nurses who have begun to advocate for their right to safe work conditions. Fear of violence and for their personal safety can affect the performance of healthcare providers and decrease the responsiveness to healthcare needs. Lack of properly trained security staff or implementation of staff training in management of aggressive behaviors can also contribute to the fear of violence that healthcare providers. While all healthcare providers practice under a hippocratic oath, which states “do no harm,” it certainly should be an expectation on vice versa. We are already facing a national shortage in nurses and therefore, healthcare organizations must devise solutions and strategies to mitigate the violence that many nurses in emergency departments fear and face on a daily basis to provide support and reverse the cultural expectation that violence is part of the job as a nurse.

Workplace violence against nurses has been a widespread phenomenon that negatively impacts job performance as well as job satisfaction, which is not conducive to finding a solution to the current shortage of nurses in healthcare. Hassankhani, et al. found that workplace violence causes a common theme of extreme dysfunction and disruptions of the daily activities performed by a nurse at work and even at home (2018). Nurses report strained relationships with loved ones and friends as well as physical manifestations of trauma related to workplace violence such as increased rates of anxiety and depression, disrupted sleep patterns, and chronic health issues. This reduced quality of life as a nurse has led to increased leave of absences, workplace burnout, and the desire to leave the profession. Further consequences of workplace violence can contribute to lack of interest at work, poor nurse interactions, and disruptions of care. Some serious and consequential results of the aforementioned are lack of concentration leading to increased medical errors, increased nurse job dissatisfaction during a nursing shortage, less work productivity leading to poor quality care and overall, poses a significant risk to patient safety. Themes identified in this study can be utilized to help policy makers, nursing leadership, and management to better understand how workplace violence can affect an individual but also can be quite costly to the entire organization due to risk of patient safety.

Using the validated tool, Personal Workplace Safety Instrument for Emergency Nurses (PWSI-EN), researchers in another study attempted to examine nurses' perceptions with job dissatisfaction resulting from workplace violence and found that a significant factor impacting their perception was the leadership response to reports of workplace violence (Burchill, Bena, & Polomano, 2018). Organizational and institutional leadership that address workplace violence and take it one step further by addressing staff nurses perceptions are more likely to retain highly engaged nurses who continue to deliver high quality care despite having been a victim. This

validated tool provides nursing leadership with a method of collecting information regarding their nurses' perceptions to frame further discussions and methods to address and resolve workplace violence in the emergency department.

Organizations have attempted to mitigate workplace violence by increasing security presence and training, writing and revising new and existing policies, and establishing nursing committees to act as conduits for quality improvement in overall workplace safety. As cited in a study of emergency department nurses in the United States, 25% of participants report being physically assaulted up to 25 times in a three year period, and 20% report being verbally assaulted more than 200 times over the same time period (Darawad et al., 2015). These statistics prompted the authors to examine violence and its precipitants from the perspective of 174 nurses working in the emergency department. Utilizing questions from a prior validated study, a questionnaire was split into four parts and was disseminated to the nurses. The four parts examined (A) rates of verbal and physical abuse and the conditions precipitating these violent events and/or outbursts, (B) responses of the affected nurses, (C) cause of violence from the perspective of the nurse, and (D) nurses beliefs regarding workplace violence and legal procedures as a result of workplace violence.

The results were congruent with that of other preceding studies with 91.4% of nurses reporting having experienced some degree of violence within their career, most of which was reported to be verbal abuse at 95.3% (Gacki-Smith et al., 2009). It was noteworthy that 30.2% of nurses took an extended leave of absence after experiencing some form of workplace violence. Causes of violence in the emergency departments were markedly due to overcrowding and extended wait times, closely followed by unsafe staffing ratios. Furthermore, and most shocking, most of the nurses reported that they did not seek out legal counsel out of lack of being

psychologically affected by such events. Interestingly, the newer, younger, less experienced nurses were more likely to report violent events over their older veteran counterparts. A second quantitative study utilized a questionnaire that was approved by the institutional review board utilizing the same validated instrument in Gacki-Smith et al., 2009, and found results similar to the ones in the aforementioned study (Lee, et al., 2020). 407 of the 440 questionnaires that were distributed among five hospital emergency departments in Taiwan were returned to researchers. 92.9% report that they have experienced workplace violence within the last two years, most commonly occurring on the evening shift and in the form of verbal abuse at 91.2%, which was congruent with the shift that most frequently reported workplace violence by Darawad, et al. 2015. Interestingly, these participants report an astoundingly high rate of physical abuse as well at 75.2%. Most of the nurses (58.5%) believe that workplace violence has steadily increased over the last year. 54.8% of the nurses included in the study also admit lack of knowledge on how to report workplace violence and/or no existing policy in place for reporting violent events in the emergency department. Precipitating factors of violence were found to be patients/visitors under the influence of alcohol, behavioral health patients awaiting admission or transfer, and overcrowding or extended wait times. For perceived safety on a scale from 0-10 with zero indicating unsafe and 10 indicating very safe, the mean score of 4.38 lead researchers to believe that most nurses do not feel safe in their current work environments and also report little faith in hospital administration in their attempt to mitigate or even address workplace violence despite the numbers (Lee, et al., 2020). Limitations of this study include lack of examination of cause and effect relationships to evaluate the current effectiveness of existing interventions attempted at mitigating workplace violence and how they compare to data gathered before interventions were implemented.

Because most healthcare workers report this little faith in administration as well as the judicial system, Wolf et al (2014) sought to examine the reasoning behind this sentiment and found that the institutional culture of the emergency department was to blame. Many nurses reported feeling that the current judicial system was unwilling to pursue charges against patients or family members who reacted violently towards nurses, and, therefore, the efforts of nurses to advocate for legislation to make assaults against nurses a felonious crime have limited efficacy. While nurses reported feeling supported by their direct supervisors, they felt pressure from hospital administration, law enforcement, and attorneys to not pursue charges any further due to “it being an emergency room after all.” This lack of concern for the safety of nurses resonates and nurses reported that simply putting up a sign that states their healthcare organization won’t tolerate violence does not impact the rates of violence in the emergency department. In a second qualitative study, Dafney & Beccaria (2020), found nurses who report a similar experience with administration and the legal system, who report that they have been made to feel that violence is, too, a part of their job. Furthermore, the bureaucratic processes of their healthcare organization and reporting policies make it extremely challenging to address workplace violence or gain the necessary support. In fact, these nurses report that in their emergency department, many of the male nurses in the hospital were allocated to the department simply for being a male presence on the unit as a solution to mitigate violence (Dafny et al., 2020). This study presents a whole new area of discussion concerning gender roles in association with rates of workplace violence and could provide implications for further research. In addition to examining nurses perceptions, researchers also found that lack of cue recognition of the precursors of violence was markedly found in all narrative accounts from the nurses included in the study, with most reporting that that patients were violent “without provocation,” ignoring several cues that were clearly detailed

during their accounts of violent events (Wolf et al, 2014). This would suggest repeated exposure to high risk patients, such as those with a history of violence or brought in by police, and high risk environments, such as treating patients in isolated areas or lack of security personnel. In other words, because these nurses are unable to recognize indicators of violence, they, in turn, place themselves at further risk of repeated violent exposures time and time again.

In terms of reporting workplace violence, most studies have suggested that there is a vast amount of violent incidents that do not get reported and therefore, the numbers that we currently have are drastically under representative of the problem as a whole. Again, researchers have found that nurses have been culturally ingrained to accept violence as a part of their daily duties, specifically working in vulnerable areas of healthcare such as the emergency department and as a result, violent events are less likely to be reported (Hogarth et al, 2016). Because they have been led to believe that violence in the emergency department is to be expected, it's no surprise that violence remains prevalent and formally underreported. It was discussed, however, that nurses did informally report workplace violence via documentation in the patient electronic medical record and using the patient alert system which can flag a patient for any given reason, including violence. Interestingly, most of these nurses reported that they did not consider verbal aggression to be considered an act of violence due to its commonplace in the emergency department. This finding has led the researchers to believe that this attitude normalizes violence and entrenches it in the workplace culture and will present as a great barrier to overcome when attempting to mitigate workplace violence in the emergency department. While the findings in this study can lead to further research, the sample size of 15 participants was considered too small for any transferable or significant findings.

Evidence Synthesis

The strength of evidence across all of the literature analyzed for this study is moderate to low due to multiple mid to lower levels of evidence per Melnyk's pyramid. Many studies included critical appraisals of previously conducted studies to come to a conclusion about workplace violence within emergency departments on a global scale. Each of the studies was consistent in reporting that violence in emergency departments against nursing is a worldwide phenomenon and that these nurses are unsatisfied with methods of prevention and tolerance of violence as part of their job. Lower level studies such as Hogarth et al (2016) and Darawad et al (2015) had limitations due to small sample size, which cannot be representative of a larger body of nurses. Lee et al (2020) was among some of the moderately strong levels of evidence where the cross sectional findings suggested that hospitals must utilize all available resources to mitigate tolerance of workplace violence for the preservation of its nurses. However, no casual relationship was explored to determine the effectiveness of certain resources against workplace violence. 92.7% of the participants in the study considered leaving the profession due to workplace violence which is a pretty significant finding, given the current nursing shortage in the United States. Qualitative studies such as Hassankhani et al (2018) are moderately strong and yielded that there is significant risk to the nurse suffering from workplace violence beyond their physical safety, to include, but is not limited to, risk to mental health, personal and professional integrity, and their social lives. Wolf et al (2014) and Hogarth et al (2016) stated that a significant limitation of the study was the incorporation of self selecting nurses who chose to participate due to their own experience and personal trauma with workplace violence, which could be considered bias. This is interesting given that several of the studies incorporated participants with similar interests and background but did not identify participation bias as a limitation.

Implications for Quality Improvement Project

There is much value in the lived experiences of nurses. We, as nurses, understand the value in the lived experience of patients and take this into account when providing patient centered care. Workplace violence is a prevalent and common phenomena in emergency medicine, but is this a practice that we, as a culture, should continue to accept? Is this what we, as a culture, are telling nurses is an acceptable working environment? Is this the working environment that we, as a culture, would accept for ourselves? Nurses are made to feel that assault is a natural and expected consequence of working in healthcare and by not taking action, we, as a culture, are giving patients the approval to continue to assault nurses without facing any consequence. A shift to lower the tolerance of workplace violence as a part of the workplace culture is necessary to mitigate the problem. Nurses need to feel well supported, entitled to their rights as a human being, and most importantly, nurses need to feel safe going to work. We need to do better for them so they can continue to do better for us.

Rationale

Evidence-based practice supports a PDSA cycle method, or Plan, Do, Study, Act, for process analysis to determine the efficacy of the aforementioned quality improvement interventions of changing current policies and procedures to enhance the safety of the emergency department as perceived by its nursing staff. In the planning stage, the problem was defined and the literature regarding workplace violence in emergency departments was reviewed. Following a review of the literature, existing policies regarding workplace violence, which were last drafted when the hospital opened its new location in 2001, were reviewed and revised by this project lead and project mentor. Proposed revisions included a clause requiring the presence of local law enforcement or facility Department of Security when assessing, providing interventions and care,

and all interactions between a potential or known aggressive and/or violent patient and the emergency department staff. Additionally, information regarding the policy at the critical access facility's no tolerance regarding violence will be reviewed, revised, and disseminated via multiple media forms including but not limited to visual aids and posters, testimonials by hospital administration and leadership on their stance against violence in a short video displayed in the emergency department waiting area, as well as the audio of said video to be played while patients and visitors are on hold. Following the aforementioned interventions, the study phase will include the analysis of the Cooke-ENA Workplace Violence Assessment Tool which was disseminated to all emergency department nurses to assess their perceptions of safety after interventions were implemented. When the results of the survey suggest the interventions were amenable, these interventions and new policies were put into action to address workplace violence and the events that precede to enhance the perceptions of safety within the emergency department.

Specific Aims

The overall goal and global aim of this study is to address workplace violence, specifically towards emergency department nurses, to encourage methods of violence prevention and lower the tolerance as a culture that accepts violence as "part of the job." Because of this sentiment, reporting violence is often skewed due to the number of events that occur which are not reported. We aim to improve the rates of workplace violence within the emergency department. The process begins with adjusting current policies and procedures involving security and the local police department and ends with improved safety working conditions for the nurses within the emergency department. Benefits include a lowered tolerance of violence as a cultural consideration as violence or aggression being part of the jobs of nursing staff due to the

unpredictability and acuity of critical care. Addressing workplace violence is imperative because violence continues to have a negative effect on favorable outcomes for both staff and vulnerable patient populations. It is important to be vigilant leaders in healthcare while supporting and addressing the safety concerns for staff and vulnerable patient populations going forward. Our specific aim was to improve, adjust, and implement policies and procedures that will increase nurses' perceptions of increased safety by reducing violence within the emergency department from 30% to 60% within one and a half months after implementation. Policies and procedures to address safety concerns were disseminated on June 1, 2023 and staff safety were reevaluated on July 15, 2023.

Methods

Context

The nurses within the Emergency Department report that they do not feel that the current environment in which they work promotes and ensures their safety when handling violent and/or aggressive patients. Addressing workplace violence in the emergency department to enhance the perception of safety for its staff nurses would come at little to no direct cost of the organization. Consequently, if not addressed direct costs could include but are not limited to property damage, necessitation for increased security, litigation, and worker's compensation claims. According to Papa & Venella (2013), the cost of workplace violence to all American businesses, not strictly limited to healthcare, is estimated at \$120 billion dollars each fiscal year. Litigation cases against management who did not take active preventative measures account for \$3.1 million per person per incident. Furthermore, workplace violence is attributed to increased call outs, extended leaves of absence, decreased workplace satisfaction, loss of organizational and leadership trust, and staff turnover therefore needing to be addressed to retain current staff nurses and mitigate the

stress associated with workplace violence. Papa et al (2013) also suggests that the cost of the consequences resulting from a serious workplace violence incident is one hundred times more costly than preventative measures. The Institute of Finance and Management (2011) reports that healthcare organizations could spend as little as \$5.50 per employee to implement interventions in an attempt to mitigate occupational violence. Existing policies need to be updated. Education needs to be disseminated. Zero tolerance towards violent and aggressive behaviors in the emergency department need to be clear to create a culture of nonviolence at the critical access hospital for as little as \$5.50 per employee in the emergency department.

Interventions

Anonymous results from the Cooke-ENA ED Workplace Violence Assessment that was conducted in January of 2023 will be disseminated with leadership and staff under the direction of this project lead and project mentor during the next monthly staff meeting. Information will be disseminated via a handout utilizing graphs and other visual aids to clearly illustrate the information provided by the participants. Changes to the existing workplace violence poster to be more visually appealing and more capturing to the intended audience can be found in the emergency department waiting area, as well as several areas on the unit, to notify patients and visitors of the zero tolerance policy regarding violent and aggressive behaviors towards staff. The television in the emergency department waiting area displayed a short video, prepared by the department of quality improvement with the assistance of this project lead, to enhance the visual display of the zero tolerance policy against violence.

Existing workplace violence and prevention policies that were approved upon opening the emergency department in 2001 were revised to include the safe hand-off of patients admitted in the custody of local law enforcement. Communication of revisions to the existing policies

regarding releasing handcuffed patients between nursing staff and patrolmen were disseminated under the instruction of their Chief of Police. Officers are expected to secure the scene prior to leaving the emergency department to enhance police presence and decrease the opportunity for adverse events and/or violent behaviors displayed by patients brought to the emergency department in police custody. Local law enforcement officers are to remain with the patient during all staff interactions until released by emergency staff or relieved by a member of security staff, whose office can be found in the emergency department waiting area.

Study of Interventions

Under the existing policies and procedures, 60% of the nurses at Littleton Regional Hospital report that they do not feel safe working in the emergency department. After dissemination of the interventions to include visual aids, media utilization, and revision of policies to include local law enforcement, the nurses were asked to complete another Cooke-ENA ED Workplace Violence Assessment. Results of the survey indicated whether or not the interventions were effective in enhancing the perception of safety from within the emergency department as well as provide insight into common themes, including perception of management and organizational role in addressing workplace violence.

Measures

Upon disseminating each of the aforementioned interventions, a second Cooke-ENA ED Workplace Violence Assessment was redistributed among the nursing staff in the emergency department. The ENA Workplace Violence Assessment Tool was drafted in 2011 and found valid and reliable with a 95% confidence interval (0.7-0.81, $p < .01$) and an inter-rater reliability ranging from 0.67 to 0.75 ($p < .01$), suggesting moderate agreement (Cabilan et al., 2022). This assessment tool is utilized by the ANA every two years to review and update the latest evidence

regarding occupational or workplace violence in the emergency department as well as keeping surveillance on the frontlines for their 40,000 members (Papa & Venella, 2013). This assessment tool provided moderately reliable information regarding the emergency department nurses' perceptions of safety following the interventions implemented to decrease workplace violence and increase the safety of staff working in the emergency department. Furthermore, this assessment tool also provided valuable information regarding the success or efficacy of the interventions made to improve the work environment within the emergency department.

Analysis

Results from the Cooke-ENA ED Workplace Violence Assessment include three different types of data analysis. Descriptive statistical analysis was utilized when gathering information regarding the frequency and percentages of data reported by the nurse participants regarding their personal perceptions of safety and number of incidences that have occurred upon implementation of the aforementioned interventions to address violent and aggressive patients in the emergency department. Likert Scaled items were analyzed to find the mean, range, and standard deviation. Free text responses were analyzed to identify common themes and patterns among participant responses. All of the data collected will be combined and categorical statistical analysis will be conducted to compare the results reported by the participants and make generalizations, more specifically to support the hypothesis that these interventions to address workplace violence will increase the perception of safety in the emergency department among the staff nurses.

Ethical Implications

Managing potentially aggressive or violent patients can often be attributed to level of intoxication, being under the influence of a particular substance, and/or symptoms of a mental

health crisis. Patients with mental health disorders are considered to be a vulnerable population; However, for the purpose of this project, data regarding specific interactions with vulnerable patients were quantified versus reported in greater detail. Additionally, revisions of the existing policies include requesting patrolmen to remain with the patient that was brought into custody until the patient has been medically cleared and/or the nurse or provider has dismissed the officer. This could present as a violation of the Health Insurance Portability and Accountability Act due to medical information being shared in the presence of an officer of the law, who is not an acting member of the healthcare team. Triage assessments and sharing of personal medical information should be conducted once the officer is relieved by a member of the facility's security staff to protect the confidentiality of patients. This proposal was reviewed by the University of New Hampshire Department of Nursing Quality Review Committee and deemed to be a quality improvement project exempt from full Institutional Review Board evaluation. In addition, this proposal was reviewed by leadership in the Quality Improvement department within the facility.

Results

Results

Initial Steps

During a staff meeting in the emergency department at a critical access hospital in January 2023, the Quality Improvement department identified an increase in the reports of workplace violence amongst the nurses in the emergency department as an area for quality improvement (LRH, 2023). Upon gathering initial responses after the dissemination of the validated tool the Cooke-ENA Workplace Violence survey in late January 2023, it was found that a mere 40% of the nursing staff felt that the existing policies and procedures fostered a safe

workplace environment. The other 60% reported generally not feeling protected and supported against workplace violence by the organization. Between 70 and 90 percent of the nurses reported experiencing workplace violence within the emergency department within the last year, specifically mentioning patients brought into the emergency department in police custody as frequently violent or aggressive offenders. Former policies, drafted in 2001, fail to require the presence of police and/or security when triaging, assessing, and treating potentially violent patients who display warning signs of aggression or violent behaviors and/or were previously violent/aggressive while being treated at this facility. Furthermore, there is a lack of screening for violent patients within the emergency department to indicate or identify possible warning signs or perceived threats of aggression leading to violence in the workplace. Several weeks after policy implementation and cooperation between police department and hospital staff, new and former staff nurses were asked to answer the questions in the Cooke-ENA Workplace violence survey a second time to assess whether the policy updates and new protocol to address workplace violence and/or management of potentially violent patients were to enhance the perception of safety by the emergency department staff nurses.

Process Measures

In total, during the implementation of this quality improvement project, there were sixteen staff registered nurses working in the emergency department, three, of which ,are considered per diem or part time employees and two newly hired nurses. A total of six responses were received in a two week response window after re-disseminating the Cooke-ENA survey. This corresponds to approximately 40% of responses from the staff nurses in the emergency department. Each of the participants holds an associate degree or higher education from an

accredited nursing school as outlined in the job description and requirements at the facility's emergency department registered nursing position.

Table 1 shows the descriptive statistical analysis of the categorical data collected in January 2023 from the first distributed Cooke-ENA Survey prior to any interventions made by this quality improvement project and compares it to the data collected in July 2023 after dissemination of the new protocol enacted to enhance safety. Participants report a significant increase in formal reporting of violent events from 30% in January to 83% in July after the quality improvement department began addressing workplace violence as a top priority within the emergency department. The results from the re-disseminated Cooke-ENA survey in July 2023 were similar in items regarding what the participants felt was an act of violence in the workplace. 100% of the participants believe that performing acts of physical violence such as kicking, hitting, or spitting were considered forms of workplace violence. Interestingly, 83% of the participants felt that if the individual threatened to perform acts of physical harm it was to be considered workplace violence; however, 40% of participants reported that verbal intimidation was not considered a form of workplace violence. In regards to experience with workplace violence, 66% of participants report being physically assaulted via hitting and 50% reported being kicked by a patient in the emergency department. 66% of participants reported being sexually harassed, verbally intimidated, and threatened with physical harm while working in the emergency department.

All accounts of verbal abuse appear to be consistent in both of the surveys, and are reportedly the most common form of violence displayed and observed in the emergency department with 90- 100% of nurses reporting being called names, 80-83% being sworn at, and 80-100% being directly yelled at. Rates of threats and verbal intimidation occurred between

67-80% of the participants within the last six months. Categorical physical violence, such as hitting or slapping, follows closely second as another common form of violence reported by nurses, occurring between 67-70% of the participants.

The nurses in the emergency department collectively agreed in both surveys that workplace violence appears to be increasing in incidence for one reason or another. In January 2023, 30% of the participants reported that workplace violence in the emergency department was to be considered “part of the job.” This number was decreased by half in the July 2023 results at 16% who believe violence is considered part of the job.

Table 1

Cooke-ENA Categorical Workplace Violence

Survey Elements	Pre-Intervention Total Sample (N=10) n (%)	Post-Intervention Total Sample (N=6) n (%)
Time Since Training		
Never	1 (10)	1 (17)
0-3 Months	0 (0)	1 (17)
4-6 Months	0 (0)	1(17)
7-9 Months	0 (0)	0 (0)
10-12 Months	0 (0)	0 (0)
More than 12 Months	9 90	3 (50)
Formal Report of WPV Occurrence		
None of the above	1 (10)	0 (0)
No, I did not report occurrences.	2 (20)	1 (17)
Yes, I reported some occurrences.	3 (30)	5 (83)
Yes, I reported any occurrences.	4 (40)	0 (0)
Have you been instructed to report all physical or verbal abuse?		
No	5 (50)	1 (17)
Yes	5 (50)	5 (83)
Versions of WPV		
Bitten	4 (40)	1 (17)
Called Names	9 (90)	6 (100)
Hair Pulled	1 (10)	1 (17)
Harassed with Sexual Language/Innuendo	7 (70)	4 (67)
Hit (e.g. punched, slapped)	7 (70)	4 (67)
Hit by thrown objects.	3 (30)	2 (33)
Kicked	7 (70)	3 (50)
Pinched	5 (50)	1 (17)
Pushed/Shoved	3 (30)	2 (33)
Scratched	6 (60)	3 (50)
Sexually Assaulted	1 (10)	1 (17)
Shot/shot at	0 (0)	0 (0)
Spit on/at	6 (60)	2 (33)
Stabbed	0 (0)	0 (0)
Sworn/Cursed at	8 (80)	5 (83)
Threatened with Physical Harm	8 (80)	4 (67)
Verbally Intimidated	8 (80)	4 (67)
Voided on/at	3 (30)	1 (17)
Yelled/Shouted at	8 (80)	6 (100)
Other		
Perception that it is "part of the job."		
No	6 (60)	5 (83)
Yes	3 (30)	1 (17)
No Answer	1 (10)	0 (0)
Perception of WPV Prevalence		
Increased	5 (50)	4 (67)
Remained the Same	5 (50)	2 (33)
Decreased	0 (0)	0 (0)

Table 2 shows the descriptive analysis of Likert scaled results, again displaying data collected from both surveys that had been disseminated to emergency department nurses in

January 2023 and July 2023 to address workplace violence. Overall perceived safety within the emergency department overall increased slightly with a mean change of 5.8 to 6.0 (SD 0.8944, range 1-10). Nurses felt that their preparation to manage aggressive or violent patients increased. Interestingly, nurses felt that security was not as effective in violence prevention, but felt that members of security responded adequately when they were needed to intervene during violent encounters with patients.

In regards to overall safety in the emergency department after implementation of a new protocol to address workplace violence, the nurses in the emergency department report generally feeling safe with scores evenly divided at 33% for five through seven on the Likert scale with zero being not safe at all and 10 being extremely safe. Prior to implementation 60% of the participants felt that the emergency department was generally safe with scores of five through nine. In January 2023, 40% of the participants rated the safety in the emergency department as below a score of 4, whereas in July 2023, none of the participants felt that the emergency department safety was lower than a score of 5 (see Table 2).

Table 2

Cooke-ENA Perceptions of Safety

Variable	Pre-Intervention n=10 Mean (SD)	Post Intervention n=6 Mean (SD)	Range
Perceived Safety from ED WPV			
• Overall	5.8 (1.728840331)	6.0 (0.8944)	1-10
• Triage	4.9 (1.333333333)	6.0 (0.8944)	1-10
• Exam	5.1 (0.994428926)	5.2 (1.059349905)	1-10
• Crash	5.7 (0.9428090416)	6.7 (1.0749677)	1-10
• Psychiatric Holding	4.6 (1.154700538)	4.6 (1.264911064)	1-10
• ERTA(Emergency Respiratory Triage)	2.7 (1.56347192)	No longer in use	1-10
Perceived Preparation to Manage Aggressive or Violent Behavior	6.2 (1.247219129)	7.7 (1.0749677)	1-10
Perceived Hospital Security Effectiveness in Preventing WPV in the ED	8 (1.054092553)	7.2 (1.0749677)	1-10
Perceived Adequacy of Time Security is Provided in the ED to Prevent WPV	7.6 (1.247219129)	8.5 (1.059349905)	1-10

Contextual Elements

The staff nurses in the emergency department were sent an initial email containing the Cooke-ENA Workplace Violence tool, which allowed for any nurse on the unit to take the survey on their own time if they chose to do so within a two week time frame. There was a reminder email sent at the ends of the first and second week that the survey was open for participation. The survey was sent to all of the nurses, including per diem, new hires, and part time employees, regardless of their years experience in the emergency department and/or experience with workplace violence in the emergency department, and/or experience with managing aggressive

or potentially violent patients. There are sixteen emergency department nurses, yet only six completed the survey likely due to the surveys being disseminated closely together with minimal time in between implementation and analysis of change.

Associations

This quality improvement project was supported by the Clinical Director of Critical Care, the Director of Quality Improvement, the staff nurses working in the emergency department, staff security, and the local police department. All of these members of the microsystem and community were valuable engaged stakeholders in this project, which could have boosted incentive to complete the survey. Nurses were given the opportunity to answer the survey on their own time during a two week open period, which could have impacted their willingness to participate and take the time to complete the assessment tool. However, several of the nurses on the unit had taken the assessment tool in January 2023, only six months ago, which could have deterred them from participating despite being made aware that the second survey was to collect data regarding their perception of safety upon implementation of the new protocol to enhance workplace safety in the emergency department. Furthermore, because participants had previously been asked to complete the Cooke-ENA survey, results may have been unchanged from their participation in January 2023 regarding workplace violence in the emergency department.

Unintended Consequences

While this quality improvement project was designed to enhance the perception of workplace safety within the emergency department, there was very little time between implementation and assessment to gather accurate data regarding whether or not the nurses feel the new protocol enhances the perception of safety within the emergency department. Furthermore, this is a piloted policy change that leaves room for adjustment for all parties

involved including local law enforcement, the facility emergency room nurses, and security. Due to the delay upon implementation and the need for re-assessment, this could have impacted the results of the survey as there was only a two week time frame to assess the impact of the new protocol on workplace violence. Lastly, the survey was disseminated via work email which can only be accessed via the hospital's onsite portal, which could have affected rates of participation due to lack of access to the survey and work emails due to vacations, paid time off, and other factors.

Discussion

Summary

Key Findings

The purpose of this quality improvement project was to increase the perception of safety in the emergency department among its staff nurses. The specific aim was to increase nurses' perceptions of increased safety by reducing violence within the emergency department from 30% to 60%. Key findings from this project suggest that upon implementing a policy requiring the increased presence of hospital security and law enforcement when managing violent and aggressive patients, nurses perceived a slight increase in sense of safety from within the emergency department. Subsequently, the majority of nurses felt that violence was increasing in the emergency department but reported lack of formal training to address violence within the last twelve months, which suggests a need for formal training to address the increase in violence being observed in the emergency department. 100% of the participants report that they have been verbally abused and therefore, education and displaying the zero tolerance policy in full view for the public was found necessary by this project. There was significant improvement in the tolerance of violence as part of the job among the participants which aligns with an increase in

formal reporting of violence and sentinel events from 30% to 83% within the emergency department to hold those accountable. This project was designed to address a global aim to shift the culture from within the organization and establish a zero tolerance policy for workplace violence with the hopes to shift attitudes away from accepting violence as “part of the job.” This aim to lower the tolerance of violence was achieved as rates of accepting violence as part of their job decreased among the nurses who participated in the post implementation survey from 30% of nurses to 17% of nurses.

Relevance to QI Model

The PDSA cycle was successfully implemented during this quality improvement project to collect and assess data. The first Cooke-ENA survey yielded baseline data regarding workplace violence from the nurses point of view, including, but not limited to, identifying various types of workplace violence, methods for reporting, scales for safety, perception of violence as part of the job, and evaluating the organizational efforts to mitigate workplace violence. Changes to an existing workplace violence policy were made to require the presence of security and/or law enforcement when triaging, assessing, and treating patients who display aggressive or violent behaviors. Nurses were encouraged to utilize this support staff and resources to ensure their safety while caring for these patients. The Cooke-ENA survey was re-disseminated to all staff nurses to evaluate the aforementioned factors with the hopes that the new policy would increase the perception of safety amongst staff nurses and decrease the tolerance of violence as part of their job. Overall, the aim to enhance perception of safety was partially met with a slight increase from 5.8 on a scale of 1-10 to 6.0. With more time to evaluate the efficacy and utilization of the new policy, these results may continue to improve in the future as they appear to be trending in the direction of enhanced perceptions of safety.

Project Strengths

Strengths of this quality improvement project include enhanced cooperation, communication, and collaboration amongst emergency department staff and local law enforcement. Both of which share a common goal of assisting the community and populations that reside within it. Another strength of this project is its descriptive nature to provide an in-depth view of workplace violence from within the culture of the organization. Data collection was consistent and utilized a validated tool that can be replicated for those who wish to study similar topics.

Interpretation

Outcomes

The results of this quality improvement project yielded that nurses' perception of safety increased after policy implementation and changes at the organizational level were established. Addressing potentially violent and aggressive patients brought into the emergency department by local law enforcement was a single intervention implemented to elicit this change in perception, as nurses reported that these patients displayed more violent behaviors than others (LRH, 2023). When comparing the data from the Cooke-ENA Survey in January 2023 to July 2023, nurses were encouraged and compliant with reporting workplace violence at a much higher rate from 30% to 83%. Furthermore, more nurses felt that violence was not “part of their job” after the topic of preventing workplace violence was more prevalent in conversation and embedded within the culture. Nurses reported feeling more prepared to manage aggressive patients and felt empowered to do so by the support of the organization and hospital management.

Comparison With Similar Literature

The findings of this project are consistent with previous research on the impact of nurses' perceptions when felt supported by the organization. Once the hospital identified workplace violence as an area of improvement, organizational changes and a shift in the workplace climate that does not tolerate workplace violence affected the perception of safety while working in the emergency department. Most of these nurses report just wanting to be heard and seeing action being taken to address the violent and aggressive patients in the emergency department. While all violence cannot be mitigated, the implementation of the new policy attempted to enhance the safety and created a decreased opportunity for violence to occur without the presence of an officer of the law or hospital security. Literature suggests that enhanced presence of authoritative figures, such as law enforcement, decreases or deters violence from occurring (Dafny, H. A., & Beccaria, G., 2020). Consequently, if violence should occur, there are trained individuals present to immediately act to minimize the effect of the acts of violence and enhance the safety of staff and to the patient.

Impact on Populations and System

A change in hospital policy that fosters enhanced communication between law enforcement, who often bring patients to the emergency department, and the emergency department supports professional working relationships between members serving the community and its populations. Officers are to secure a scene in the field and are also required to do so before departing the hospital. Emergency department staff and its nurses are aware that time is valuable for these public servants and will expedite assessment and triage to dismiss the officers and/or relief by hospital security for enhanced authority and safety. Nurses have been educated and encouraged to utilize these resources that have been made available to them. This

increased presence by security and/or law enforcement can ultimately lead to decreased violent events and deter patients from engaging in such behaviors.

Differences Between Observed and Anticipated Outcomes

The anticipated outcome of this quality improvement project was to increase the perception of safety from within the emergency department by its emergency department staff nurses. Consequently, it was anticipated that the nurses would report a decrease in the tolerance for workplace violence from within the hospital culture and feel more empowered and supported by the organization. The results of this quality improvement project are consistent with the anticipated outcomes regarding an increase in the perception of safety from within the emergency department by its emergency department nurses and a decrease in tolerance for workplace violence as “part of their job” (Wolf, L. A., Delao, A. M., & Perhats, C., 2014). Nurses reported that they were encouraged to report incidents of workplace violence, allocate, and utilize the increased resources and authoritative presence when treating, assessing, and caring for potentially violent and aggressive patients.

Opportunity Costs and Strategic Tradeoffs

The cost of the negative consequences of workplace violence, such as staff turnover, injuries, litigation fees, etc, far outweigh the cost of implementation of policies and practices to mitigate workplace violence and nurture a zero tolerance culture embedded within the organization. As previously noted, the cost of workplace violence to all American businesses is estimated at \$120 billion dollars each fiscal year, with litigation cases against management who did not take active preventative measures accounting for \$3.1 million per person per incident (Papa & Venella, 2013). There was no cost of dissemination of the Cooke-ENA survey. Law enforcement officers and security staff receive the same compensation for the increased presence

as outlined in their job descriptions such as securing a scene for safety and ensuring the safety and wellbeing of others. Support to staff made by the organization can assure organizational loyalty, increased employee satisfaction, and fosters a safe work environment. There should not be a single person who is fearful of going to work due to threats to their personal safety. Small changes, such as policy implementation, can be made to address workplace violence, support staff, and hold those accountable for their actions against healthcare workers.

Limitations

The limited participation size of this quality improvement project impacted generalisability beyond this microsystem. The project was conducted at a small critical access hospital in rural New Hampshire and only assessed twelve emergency department staff nurses. Due to a small participant size of nurses, the results of this project may have reduced validity as the results were not representative of all emergency department staff nurses at a single hospital. Another limitation was the method of surveying via voluntary participation, which again, was limited to the staff nurses working in one small emergency department. However, efforts to address this limitation were made in the decision to collect anonymous survey responses to decrease bias. Furthermore, the timing of this quality improvement project posed a significant limitation as the degree of change could not properly be assessed after only one and a half months of implementation. This project was limited to one PDSA cycle with one implementation that was delayed due to communication barriers and timing. Data collected at the six to twelve month mark may yield more accurate results and responses from the nurses; Therefore, subsequent PDSA cycles may be warranted. This limited timeframe may also have impacted the rates of participation, as the nurses had completed the same survey six months prior.

Conclusions

Nurses are an integral part of the microsystem whose fear for their personal safety can negatively impact the functionality of the overall macrosystem. Healthcare organizations can benefit from simple supportive measures that align with goals to maintain staff safety and mitigate the tolerance of violence in the workplace as a cultural norm. The ability to sustain the results of this project may vary depending on the patients who arrive at the emergency department, the continued cooperation and support from local law enforcement, and diligence of the microsystem to continue to make strides to mitigate workplace violence and its effects. Success of this quality improvement project was imperative on addressing workplace violence from within the culture of the hospital and decreasing its tolerance as a cultural norm among healthcare agencies.

The findings in this project can be generalized for future research development on the topics of safety, workplace violence, and emergency department nursing to name a few. Next steps for improvement in workplace violence have been suggested to include patient actions such as establishing a behavioral rapid response team for management of escalating patients and providing clear patient expectations with every patient who comes in for evaluation. There remain several avenues for enhanced education including management of aggressive behavior training and renewal courses, as well as encouragement and advocacy for proper restraint use among providers and nurses for enhanced safety measures to staff and the patient.

Violence against emergency department nurses has become a widespread phenomenon that can greatly impact a nurse's job satisfaction and performance. There remains a disconnect between the sequelae of events leading to violence against nurses perpetrated by patients and the cultural expectation that this violence is a part of a nurses job that is amenable due to their choice

in careers. However, violence against other respected professions such as law enforcement are punishable and perpetrators could even face jail penalties and fines. Nurses learn that having a greater understanding of the value in the lived experience of their patients leads to better quality delivery of care. We, as a culture, have undervalued their own lived experiences and have placed an expectation that violence is an acceptable consequence of this career choice. In doing so, we have also set a precedent that patients can continue to act in an aggressive and assaultive manner towards nurses without consequence, which is dire given that violence in emergency departments is not trending in the right direction, but is rapidly escalating in incidence and severity.

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Appendix A

Workplace Violence Staff Assessment Survey

- What are the most and/or least effective methods of controlling violence in the ED?

Most effective:

Least effective:

- What improvements could be made to how “high risk” patients (e.g., as suicidal, violent, or altered mental status patients) are handled?

- Rate how safe you feel from workplace violence in the ED overall as well as in each area of this ED.

	Not at all Safe									Extremely Safe
Overall level of safety in the ED	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Triage	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Exam (e.g. non-critical area)	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Crash (e.g. critical care/trauma area)	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Pediatric	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Psychiatric holding	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Quick care (e.g. fast track)	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

Workplace Violence Staff Assessment Survey

- **How long ago did you receive training on preventing and/or mitigating ED workplace violence?**

Never ①
0-3 months ②
4-6 months ③
7-9 months ④
10-12 months ⑤
More than 12 months ⑥

- **If you have experienced workplace violence while working at this facility, did you formally report the occurrence(s)?**

No, I did not formally report the occurrence(s) ①
Yes, I formally reported some of the occurrences ②
Yes, I formally reported any occurrence of workplace violence ③

- **Have you been instructed to report physical or verbal abuse regardless of the level of severity or harm?**

No ①
Yes ②

- **How do you report workplace violence?**

- **If an incident of workplace violence occurs and is reported, what typically happens?**

- **Why do ED staff members not report workplace violence?**

Workplace Violence Staff Assessment Survey

- From the actions listed below, indicate which of the following items you believe to constitute workplace violence. Additionally, indicate whether you have personally experienced any of the items.

	I consider this action to be workplace violence		I have personally experienced this action while at work in this ED	
	Yes	No	Yes	No
Bitten	①	②	①	②
Called names	①	②	①	②
Hair pulled	①	②	①	②
Harassed with sexual language/innuendo	①	②	①	②
Hit (e.g., punched, slapped)	①	②	①	②
Hit by thrown objects	①	②	①	②
Kicked	①	②	①	②
Pinched	①	②	①	②
Pushed/shoved	①	②	①	②
Scratched	①	②	①	②
Sexually assaulted	①	②	①	②
Shot/shot at	①	②	①	②
Spit on/at	①	②	①	②
Stabbed	①	②	①	②
Sworn/cursed at	①	②	①	②
Threatened with physical harm	①	②	①	②
Verbally intimidated	①	②	①	②
Voided on/at	①	②	①	②
Yelled/shouted at	①	②	①	②
Other (describe):	①	②	①	②
Other (describe):	①	②	①	②
Other (describe):	①	②	①	②

- How prepared do you feel to manage aggressive or violent behavior?

Not at all Prepared Completely Prepared

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

- Do you feel that workplace violence from patients and/or visitors is simply a "part of the job" in the ED?

Workplace Violence Staff Assessment Survey

No ①

Yes ②

- Do you feel that workplace violence has increased, remained the same or decreased over the past year?

Increased ①

Remained the same ②

Decreased ③

- Please rate how effective our hospital's security personnel is in preventing violence against ED staff in our ED.

Not at all
Effective

①

②

③

④

⑤

⑥

⑦

⑧

⑨

Extremely
Effective

⑩

- Please rate how adequate the amount of time security is provided in our ED is in preventing violence against ED staff:

Not at all
Adequate

①

②

③

④

⑤

⑥

⑦

⑧

⑨

Completely
Adequate

⑩

- What types of violent situations do you feel most and/or least prepared to handle?

Most prepared:

Least prepared:

- What other suggestions do you have for improving how workplace violence is handled in this emergency department (before, during, and after incidents occur)?