



# Violence in the ED

## Issue Brief for ENA Members

### **ISSUE**

Results from the U.S. Department of Justice's **2001 National Crime Victimization Survey – 1993 to 1999** state that the average annual rate for nonfatal violent crime for all occupations was 12.6 per 1,000 workers, compared to 21.9 for nurses. Data released by the U.S. Bureau of Labor Statistics in 2004 show that among health care practitioners, 46% of all nonfatal assaults and violent acts involving days away from work were committed against registered nurses.

One effective way to reduce violence in the ED setting is to have strong state laws that significantly penalize individuals who assault nurses and other health care workers. The Emergency Nurses Association (ENA) has drafted model legislation that, if passed, would ensure that these penalties are in place.

### **ENA POSITION**

The Emergency Nurses Association supports the need to reduce violence in emergency departments and other health care employment settings. Its position statement, **Violence in the Emergency Care Setting**, states, "Health care organizations have a responsibility to provide a safe and secure environment for their employees and the public." In addition, the statement continues, "[e]mergency nurses have the right to take appropriate measures to protect themselves and their patients from injury due to violent individuals."

### **RATIONALE AND BACKGROUND INFORMATION**

The National Institute for Occupational Safety and Health at the Centers for Disease Control and Prevention has reported that factors related to an increased risk for workplace violence include routine face-to-face contact with large numbers of people. A majority of the non-fatal assaults are reported from the service and retail sectors. In the service sector, 38% of non-fatal assaults occurred in health care settings, while 13% occurred in social service settings.

Emergency nurses are particularly vulnerable to workplace violence. Verbal abuse has been found to affect up to 100% of emergency nurses in some facilities. Physical abuse is a significant risk as well. A survey of 1,000 ENA members conducted in October 2006 found that 86% had been the victim of workplace violence in the preceding three years, with family members and visitors as likely to perpetrate abusive behavior as patients. Nearly 20% reported that they experience workplace violence frequently.

The stress of workplace violence can contribute to job dissatisfaction. Among nursing staffs, it can cause low worker morale, high rates of sick time, and shorten lengths of employment. In an era of nursing shortages, this added stress may make certain workplaces less desirable for nurses to select for employment.

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## **KEY QUESTIONS AND ANSWERS**

### **What are the risk factors for violence in the workplace?**

Ten factors are known to increase a worker's risk for assault in the workplace:

- Contact with the public
- Exchange of money
- Delivery of passengers, goods, or services
- Having a mobile workplace such as a taxicab or police cruiser
- Working with unstable or volatile persons in health care, social service, or criminal justice settings
- Working alone or in small numbers
- Working late at night or during early morning hours
- Working in high-crime areas
- Guarding valuable property or possessions
- Working in community-based settings<sup>1</sup>

### **What are the specific factors that may promote violence in the emergency department?**

The emergency department has a number of additional risk factors due to the type of services provide and the overall stressful environment that describes these care settings. Those factors include:

- 24-hour accessibility of the emergency department
- Lack of adequately trained, armed, or visible security guards
- Patient pain and discomfort
- Family member stress due to patient's condition and fear of the unknown
- Family member anger related to hospital policies and the health care system in general
- Cramped space
- Long wait times<sup>2</sup>

### **What is the difference between a misdemeanor and a felony?**

Each state's criminal code will specifically define a misdemeanor and a felony and set out the penalties associated with these crimes. Generally, a misdemeanor is a less serious crime that is punishable by less than one year in jail. This type of crime typically does not result in substantial bodily injury. A felony is a more serious crime. Crimes which are commonly considered to be felonies include: aggravated assault, arson, burglary, murder and rape. Those who are convicted of a felony are know as felons. ENA is interested in increasing the penalty for assault of a health care provider from a misdemeanor level crime to a felony. It is believed that this will bring more serious consideration of these crimes and act as a deterrent.

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<sup>1</sup>Centers for Disease Control and Prevention. (1996). Violence in the workplace, risk factors and prevention strategies. Available at <http://www.cdc.gov/niosh/violcont.html>.

<sup>2</sup>Emergency Nurses Association. (2006). Emergency Nurses Association, Position Statement, Violence in the Emergency Care Setting. Available at <http://www.ena.org/about/position/PDFs/CFAC59534C2B4BFF8C23F1972A2E00FF.pdf>

### **What research indicates that violence in the emergency department is a problem?**

In addition to the Bureau of Justice Statistics that describe the extent of violence against health care professionals, ENA has done a survey of its membership to define the issue. An October 2006 survey conducted by ENA found that 86% of respondents indicated that they were victims of workplace violence in the previous three years. In addition, there are two studies published in the *Journal of Emergency Nursing*.

Catlette, M. A descriptive study of the perceptions of workplace violence and safety strategies in nurses working in Level I trauma centers. *Journal of Emergency Nursing* 2005;31:519-25

Peek-Asa, C., Cubbin, L., Hubbell, K. Violent events and security programs in California emergency departments before and after the 1993 hospital security act. *Journal of Emergency Nursing* 2002;28:420-6.

### **What other nursing associations are working on this issue?**

In addition to ENA, the International Council of Nurses, the American Nurses Association, and the American Association of Critical-Care have positions and initiatives related to reduction of workplace violence. Specific information on their work can be found at:

<http://www.aacn.org/AACN/hwe.nsf/vwdoc/HWEHomePage> – American Association of Critical-Care (AACN)

<http://www.nursingworld.org/coeh/wpviolence.htm> – American Nurses Association (ANA)

<http://www.icn.ch/seeworkplace.htm> – International Council of Nurses (ICN)