

VIOLENCE AND AGGRESSION FROM PATIENTS AND THEIR ATTENDANTS
CAUSES BURNOUT AMONG HEALTHCARE PROFESSIONALS OF EMERGENCY
DEPARTMENT

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ABSTRACT

Background: Emergency department (ED) workplace violence is increasingly recognized as an important issue for ED providers. Most studies have occurred in developed countries with established laws and repercussions for violence against healthcare providers. There is a paucity of data on workplace violence against ED providers in less developed countries. **Aim of study:** To explore the frequency of violence by patients and accompanying relatives and determinants of burnout among emergency healthcare workers working at emergency departments. **Methodology:** In this cross-sectional study, healthcare professionals of Emergency and Acute Medicine were surveyed. The investigation of risk factors, particularly experiences of verbal and physical violence, as well as exhaustion and stress, was carried out. **Results:** A total of 349 staff from emergency departments took part in the survey, 87% of whom had experienced physical violence by patients and 64% by relatives. 97% had been confronted with verbal violence by patients and 94% by relatives. Violence by relatives had a negative effect on perceived stress. High resilience or effective preparation of employees for potential attacks was shown to have a protective effect with regard to the burnout risk and perceived stress. Therefore, management staff play a major role in preventing violence and its impact on employees.

KEYWORDS: workplace violence; emergency department staff; burnout.

INTRODUCTION

Workplace violence (WPV) against emergency department (ED) healthcare workers (HCWs), including physicians, nurses, advanced practice providers and support staff, is a widely acknowledged problem within the emergency medicine professional community. Recently, the phenomenon has received renewed attention, and there are calls to action by a collaboration of the Emergency Nurses Association and the American College of Emergency Physicians (ACEP).^[1] In the United States, the Government Accountability Office reported that rate of non-fatal workplace injuries due to WPV against HCWs is 5e12 times higher than rates for US workers overall.^[2] These higher rates denote an increased toll on HCWs. In 2013, these rates of WPV translated to 14.7 days away from work per 10,000 workers for hospital employees and 35.3 days away from work per 10,000 workers for nursing and residential care facilities, compared with 2.8 days away from work for all non-governmental, non-HCWs.^[2]

Studies have shown that they experienced higher prevalences of physical (31%) and non-physical (62.3%) violence in the past twelve months than employees in

most other areas of medical care (e.g., primary care 7.1% or general hospital 54.6%).^[3] A further meta-analysis on experiences of violence in emergency departments included 26 articles resulted that there were 9072 cases of WPV in the ED; 6575 (72%) cases involved verbal violence and 1639 (18%) related to physical abuse. Among the ED workers involved, 2112 (36.5%) were physicians, 3225 (55.7%) were nurses and 455 (7.8%) other ED staff. There were 2578 instigators, of whom 1340 (52%) were family members, 700 (27%) were patients and 538 (21%) were other relatives/friends. The overall prevalence of verbal violence was 0.77 (95% confidence interval [CI]: 0.72e0.82, I2 ¼ 87%), suggesting 77% of ED staff reported exposure to WPV. The prevalence of violence from patients as instigators was 0.24 (95% CI: 0.18e31, I2 ¼ 93%).^[4]

The actual figures may be much higher because—as various studies have shown—violent workplace incidents experienced by emergency department staff are systematically under-reported.^[5] In qualitative studies, employees themselves described workplace violence as “normal” and part of the job.^[6] Risk factors for violent incidents in emergency departments include, for example, alcohol and drug consumption, patients’

psychiatric/neurological diseases and painful diseases and high numbers of patients with longer waiting times as a result.^[7,8] In addition to physical injuries, violence (such as verbal abuse) may also have serious consequences for the staff with regard to their mental health and wellbeing, as well as posing a higher risk of burnout.^[9]

There is a lack of evident consensus regarding the factors related to burnout, so, it is difficult for institutions to predict which members of their team are going to be burned out. Clear understanding of the relationship between these factors and burnout could help responsible people in healthcare facilities emergency departments to take precautionary steps to build an effective workforce. Preventive measures could help employees feel well prepared for dealing with potential violence from patients or their relatives and thus strengthen the employees' feeling of security in the workplace. They are categorized as preventive, protective and post-incident approaches. While post-incident approaches aim to reduce the negative impact of violent incidents, preventive and protective approaches aim to reduce the risk of violence or to provide better ways of handling violence.

METHODOLOGY

The cross-sectional study was conducted in the form of an online survey. They comprise doctors, including in

senior positions, nursing staff and paramedics and non-medical professionals that work in the field of emergency medicine. All members received a WhatsApp invitation to participate in the online survey. The invitation contained an information flyer about the study objective and procedure, the conditions of participation and data management. The link to the online survey was also included in the message. The members were asked to take part in the survey, as well as to forward the invitation to their colleagues in emergency medicine. The data was collected from September to December 2021.

Study participants had to be at least 18 years of age, work in emergency departments of hospitals or in the emergency services and have direct contact with patients and/or their relatives as part of their work. They included doctors, nursing staff and emergency responders, as well as non-medical staff, such as receptionists.

Statistical Analyses

Categorical variables are given as absolute values with associated proportion values. Continuous variables were stated with means and standard deviations (\pm SD) or 95% confidence intervals (95% CI) where it was deemed appropriate.

RESULTS

Variables	N	%
Age		
- 20 to 29 years	100	28.7
- 30 to 39 years	98	28.1
- 40 to 49 years	80	22.9
- 50 to 59 years	59	16.9
- \geq 60 years	11	3.2
- N/A	1	
Gender –		
Female	202	57.9
- Male	146	41.8
- N/A	1	
Occupation - Doctor	85	24.3
- Nurse	208	59.6
- Paramedic	25	7.2
- Other	31	8.9
Type of institution - Private	63	18.1
- Public	183	52.4
- Independent	102	29.2
- N/A	1	
Experiences of physical violence from patients - Yes	305	87.4
- No	42	12.0
- N/A	2	
Experiences of physical violence from relatives - Yes	225	64.5
- No	121	34.7
- N/A	3	
Experiences of verbal abuse from patients - Yes	339	97.1

- No	8	2.3
- N/A	2	

A total of 349 employees (doctors, nursing staff and emergency responders) from emergency departments took part in the survey. Of these, 115 held senior positions (33%). A total 87% of employees reported that they had experienced physical violence from patients in the past twelve months, and 64% stated that they had experienced physical violence from relatives. Ninety-seven percent of respondents had been confronted by verbal abuse from patients, and 94% by verbal abuse from relatives. Regarding the question of whether the frequency of violent incidents had changed during the pandemic and the related access restrictions, 28.4% said that the number of violent incidents had decreased, 45.0% said that they had remained the same and 25.8% said that they had increased. More than half of the respondents (58%) stated that the violent incidents and aggression had affected their work. In terms of the emotional impact, 73% of employees stated that they felt annoyed, and 53% stated that they felt angry. Forty percent felt helpless and 26% reported experiencing anxiety. The institutions do offer some measures regarding how to handle violence. For example, responses included guidelines on dealing with difficult patients (27%), case discussions and supervision (24%) and technical alarm systems (31%). Twenty-four percent of respondents stated that they were unaware of any measures being available. Overall, 9.7% of respondents felt that their workplaces had prepared them well for such incidents. Support after violent incidents was primarily provided by colleagues (73.9%). Of the 115 senior staff, 45 (39%) stated that their management took a clear stance against violence.

Forty-two percent of respondents had a moderate to high work-related burnout risk. For patient-related burnout, 17% of respondents had a moderate to high burnout risk. A total of 22.6% of employees stated that they felt under high stress as a result of the violence experienced.

DISCUSSION

According to the World Health Organization (WHO), up to 38% of HCWs encounter physical violence at some point in their careers, which causes psychological distress and burnout and in turn affects healthcare delivery.^[6] In Pakistan, one third of all HCWs have reported aggression directed towards them, with the most common being in verbal form.^[9] Emergency department staff are frequently exposed to verbal abuse and physical violence from patients and their relatives. This has already been well documented in numerous studies.^[3, 5, 10] This study also found high prevalence rates of both physical violence and verbal abuse. The study distinguished between violence from patients and from their relatives. The proportion of violence from relatives was recorded as being very high, where 64.4% of respondents had been affected by physical violence from relatives, and the proportion having experienced verbal

abuse was 94%, which was not much lower than the figure for verbal abuse from patients. A study on the frequency of violent incidents in emergency departments in Oman came to a similar conclusion. A total of 87.4% of respondents stated that they had been the victim of a violent attack in the past 12 months. In 84% of cases, this took the form of verbal abuse, while 18.4% suffered a physical attack. It was established that the majority of attacks were perpetrated by relatives and visitors to the emergency department.^[12] In a systematic review of 104 articles that in the studies that measured the prevalence throughout an entire career, between 57% and 93% of emergency response staff reported having experienced verbal abuse and/or physical violence at least once in their career.^[12] Another review of the prevalence of physical violence against health workers found a pooled annual prevalence of physical attacks by patients of 19.3% (95% CI 16.5–22.5%).^[14]

Several common patterns of violence emerged throughout the course of these interviews. While most of the reported violence is verbal abuse, almost one in five providers reported experience with physical abuse. This is also consistent with prior studies conducted in higher resource settings, which demonstrate similar incidents of both verbal and physical abuse.^[7, 14, 15]

In the study on violent attacks and burnout in emergency departments in Chile, employees were severely affected by violent incidents. 71% of the 565 respondents had been the victim of violence in the past 12 months. The burnout level was measured at 10.5%. Being a victim of a violent attack was highly associated with emotional exhaustion (OR 1.7, 95% CI 1.1–2.8) and depersonalisation (OR 2.0, 95% CI 1.3–3.3).^[16] In a study from Palestine, experiencing physical violence was significantly associated with a high degree of burnout (OR 2.0, 95% CI 1.12–3.6, $p = 0.002$). However, no association between verbal abuse and burnout was proven (OR 1.8, 95% CI 0.87–3.39, $p = 0.115$).⁵ A study from the US, however, showed that exposure to verbal abuse can have a significant impact on burnout, job satisfaction and secondary stress among emergency department staff.^[17] One German study investigated the correlation between violent experiences and the development of burnout in the emergency services. The sample size ($n = 358$) did not show higher burnout rates but 97.5% reported that they had already been insulted or spat at during the course of their work. The experience of feeling threatened was found to be a significant predictor of emotional exhaustion. The authors concluded that specific violent experiences by the emergency services could be associated with burnout symptoms.^[11]

CONCLUSIONS

Verbal abuse and physical violence and aggression targeting employees in emergency departments are very

common and may pose a health risk to those affected. Aggression may be perpetrated by patients or by their relatives. Violent experiences in the workplace may increase the risk of burnout and perceived stress by those affected. Violence by relatives had a particularly negative effect on perceived stress. High resilience or effective preparation of employees for potential attacks were shown to have a protective effect with regard to the burnout risk and perceived stress. Management staff play a major role in preventing violence and its impact on employees. The senior management should take a clear stance against violence in the workplace and strengthen the resources of their staff and managerial staff.

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