Yes, ED Violence is Real — Now What?

Thrown against a wall. Stabbed in the eye with a pen. Pushed to the floor and kicked in the face.

More than 80 percent of emergency nurses have been victims of workplace violence during their careers. ENA's landmark *Emergency Department Violence Surveillance (EDVS) Study,* reported on data collected from thousands of emergency nurses who had experienced incidents of violence in the workplace. Hospitals wince and wrestle with it, but do real-life solutions exist?

Gordon Lee Gillespie, PhD, DNP, RN, CEN, CNE, CPEN, PHCNS-BC, FAEN

"They do," says ENA member Gordon Lee Gillespie, PhD, DNP, RN, CEN, CNE, CPEN, PHCNS-BC, FAEN. He is chair-elect of the Academy of Emergency Nursing Board of Directors and associate professor of the University of Cincinnati School of Nursing, Cincinnati, Ohio. "But instead of doing more studies to prove and describe the problem, we need to study how to stop it." Gillespie points to an avalanche of graduate and post-graduate work generated by emergency nurses who are tackling the subject as thesis or capstone projects. "What we need now are studies that require more statistical expertise. But those studies are also more expensive to undertake."

Experts agree.

"It's such a multifaceted problem that multifaceted solutions are necessary," says ENA member Sheila Wilson, MPH, RN, president of ***StopHealthcareViolence.org,*** a nurse-focused advocacy organization based in Boston, Massachusetts. "Still, there are very simple things that can make a big difference in the meantime."

Gillespie has found just that. One simple yet overlooked way to assess patients' potential for violent behavior before it happens is to better train our registration clerks and receptionists. Usually untrained and unprotected, these gatekeepers to ED services are in a prime position to observe, report and/or assist in de-escalating patients and family members.

"If you really believed that everyone has the ability to assault you, how would you interact with them?"

A Clue in the Crow's Nest

"One registration clerk in his 20s told me, 'I'm in the lobby watching people get more and more anxious. I can always tell when they're ready to go off, but no one asks me.' He's in a perfect position to perform screening. He sees someone pacing, mumbling, giving off verbal and nonverbal cues. Let's train staff to de-escalate these patients before they go off. We're behind the triage door. We don't see people boiling over until it's too late."

Gillespie's recent effort gathered 10 community experts to collectively brainstorm strategies to combat ED violence. The study, funded by the Robert Wood Johnson Foundation, will be published later this year. Selected for the group were nurses, social workers, police and security experts, EMS responders — even a registration clerk.

Continued on page 24

Continued from page 4

"My hope was we could come up with 20 to 30 strategies, but we actually created 127 valuable ideas," says Gillespie. "Some are innovative, some are simple." Analysis of the ideas is the tricky part. While staff may think metal detectors or bullet-proof glass is the answer, those things may offer a false sense of security.

"One hospital ED had everything imaginable in place, but a housekeeper found a gun in a potted plant and they realized they were still at risk. Unless you're going to stop giving chest compressions to search everyone, the risk is still out there."

Universal Violence Precautions?

Both Wilson and Gillespie would support the idea of basic universal violence precautions — training staff to think of all patients or family members as having the potential to become violent.

"We need to really examine how we talk to people," says Wilson. "How we explain things to them so we're not misconstrued is key."

Is It A Felony or Not?

Currently, 32 states have made it a felony to assault a nurse, yet many hesitate to report abuse.

"Many nurses feel they can't report an incident because they see their patients as truly being ill," says Sheila Wilson, MPH, RN, president of *stophealthcareviolence.com*. "Yes, you may have to go to court. Yes, that patient may only get a slap on the wrist, but making it a felony shows nurses they are valued — and tells patients it won't be tolerated."

"If you really believed everyone has the ability to assault you, how would you interact with them? Would you be argumentative? Is that how you'd speak to your spouse or someone you cared about?" says Gillespie.

Inform Not Just Enforce

While nurses often clamor for security guards in their EDs, how those professionals are used can also make a difference. Are they stretched too thin? Are they appropriately trained?

"Have them round through your ED often and at unpredictable times," says Gillespie. "Get them to engage with patients and families. Have them ask staff, 'Is there anyone I need to check on?' or tell people, 'Thanks for being patient.' It's one more person showing a little compassion during a stressful time."

Wilson agrees the waiting can be the hardest part. She's piloted the use of trained patient advocate volunteers, people who are called in to sit with a patient and let them know someone cares.

"It's inexpensive and makes everyone feel better and safer," she says.

Both experts believe safe care of mental health patients is paramount. Along with advocates, Gillespie suggests creating behavioral health EDs, settings specifically geared to care for these patients.

"It's not unlike pediatric hospitals and pediatric EDs," he says. "Let's create centers in areas of high need, not just take patients to any ED and let them board there." Additionally, Gillespie calls for a specialized course teaching staff the 17 points of de-escalation and physical take-downs. "Not just lectures, but skill stations where nurses can get real training."

Getting the Big Gun

Currently, the Occupational Safety and Health Administration's (OSHA's) *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers* includes policy recommendations to prevent and reduce violence.

"We need to see more," says Gillespie. "Let's build on this momentum." ■

By Carrie Farella, MA, RN
ENA *Connection* Contributor