Impact of Gender on Responses to Workplace Violence in the Emergency Department

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Background

- Emergency Departments (EDs) are frequent sites of provider-directed workplace violence (WPV), causing:
  - emotional and physical tolls for providers;
  - losses in productivity and efficiency; and
  - financial costs for administration.[1]
- Few studies[2,3] examine demographic factors (ie, gender) of providers and how they may impact experiences of violence.
- Research in other contexts shows gender shapes differences in social treatment and behavior in private and professional realms,[4] often unconsciously.[5]
- Masculine characteristics are more prized in the medical field, while feminine characteristics are less valued, due to:
  - Historical gender imbalance in medical workforce[6]
    - Nurses: females perform "caring" associated with less valued feminine qualities
    - Physicians: males responsible for diagnosis and oversight of treatment using masculine qualities that are prized
  - Patient care demands male-associated analysis and decisiveness
- Culture of ED influenced by physicians
  - Central role of physician in ED means typically masculine attributes of physician are respected and emulated[7]
  - Performance of masculine qualities by either gender is linked to success and esteem in other workplaces[8]

Study Aims

- Explore providers' experience of, response to, and attempts to recover from WPV
- Better understand the role providers' gender and the gendered environment of the ED may have in shaping responses to violent events and attempts to emotionally recover

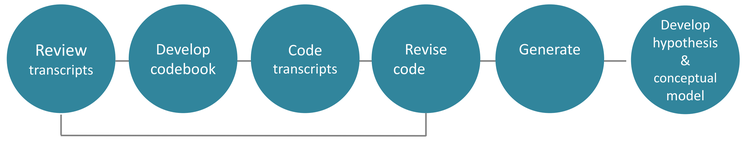
Methods

- Deductive content analysis on transcripts of 23 semi-structured interviews
  - Conducted for Prevention and Reduction of Occupational Violence in the ED (PROVE) study
  - Performed by 1 research assistant
  - Immediately following violent events in EDs at four Washington state hospitals

Of those interviewed, 57% (n=13) were male and 43% (n=10) were female.

Included were physicians (n=2), nurses/nurse practitioners (n=10), security (n=5) and patient services (n=2) personnel, medical assistants (n=2), a social worker (n=1) and a medical surgical technician (n=1).

FIGURE 1: Process of review and analysis[9]

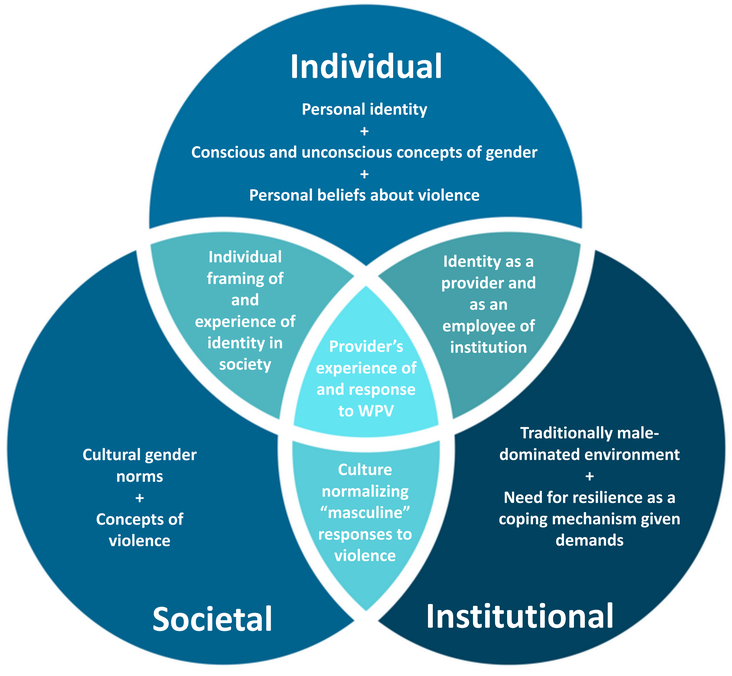


Findings

Analysis of the interviews surfaced themes of:

These themes mirror findings on masculinized work environments elsewhere and demonstrate a similar gendered mindset in response to WPV. We interpreted them as a manifestation of societal, institutional, and individual pressures on providers (Fig. 2).

FIGURE 2: Influences on Providers' Experience of & Response to Violence in the ED



Provider Quotes

"Is that assault? Is that violence? Yeah, I don't know. All the things that we just kind of sweep up and it was like, ah, that's not really … that doesn't really count. "

"She was one of those people...there was nothing I could have done."

"It's normal. Trust me, it's normal."

"I see it as [an] inevitable, occupational hazard [...]When you're called to serve snakes, every now and again, one of them is going to bite you."

"I've worked here for three years, verbal assaults don't typically get me [unlike] when it's verbal coupled with like a threatening stance or like more physical things."

"Nobody could've stopped it. "

"Words don't really hurt."

"It has hardened me a bit."

"It can't impact you if you're going to do it long-term because if you do…I mean, you can't work in an ER and let anything impact you at home."

"It affects me almost zero. "

"It's not even like a maybe, it's a when. When will it happen."

Conclusions

- Attribution of responsibility for violent incidents
  - Both genders equally likely to ascribe internal or external blame
  - Few questioned or assumed personal responsibility
  - Externalized blame: patient characteristics, environmental hazards, staffing concerns
- Defining violence
  - Verbal violence (feminized) not seen as "real" violence, with little impact
  - Physical violence (masculinized) more likely to be seen as "real" violence, treated more seriously
- Normalization of unemotional response to violence
  - Providers repeatedly dismiss need to emotionally recover from WPV
  - Some long-term impacts on professional and personal lives mentioned
  - Ability to cope with violence a necessary prerequisite to employment in ED

Implications

- Suggests previous findings on dynamics in gendered workplaces may guide responses to WPV
- Development of this culture in ED is likely both:
  - Imposed and internalized cultural norm, and
  - Necessary coping mechanism given frequent verbal and physical violence in ED
- Demonstrates need for further research to explore providers' thoughts on and experience of this culture, and understand long-term consequences (if any) of such dynamics in the workplace and in relation to WPV

Limitations

- This study used existing data only: the original interviews were not designed to address gender and workplace culture in particular. Without follow-up interviews to gain additional feedback, this analysis is merely preliminary.
- Use of binary gender identity is problematic. Though somewhat mitigated by the fact that what is being studied here is alignment with/deviance from traditional forms of gender, a more comprehensive analysis may lead to more inclusive conclusions.

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