

Violence in the Emergency Department: An Observational Study

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The majority of emergency department (ED) health care workers experience at least one incident of physical assault by a patient or a patient's visitor during their career. Studies aimed at characterizing these events are frequently retrospective, relying on subjective recall via surveys and delayed interviews. This research aims to better understand violence in the ED by prospectively gathering information about violent events and by assessing ED crowding at the time of these events.

We conducted a prospective, observational study to characterize violent events perpetrated against ED healthcare workers. We developed an Observation Tool (OT) for ED workplace violence. The OT includes information related to time, location, event duration, violence predictors, violent behaviors, staff involved, and event resolution. A trained observer conducted direct observations in 3 EDs, rounding hourly on care teams to screen for potentially violent behavior. The National Emergency Department Overcrowding Score (NEDOCS) was calculated for each event at two of the sites. The NEDOCS is currently being collected for the third site. All measures are summarized descriptively.

A total of 107 violent events were captured during 340 hours of observation. The most common violent behaviors exhibited were yelling (71%) and directing profanity at staff (55%). The majority of events (70%) had an element of physical violence, including kicking, slapping, biting, and spitting. Weapons included a screwdriver and darts. The median event duration was 13.5 (IQR 5-33.75). The most common predictor of violence was care team concern (41%). Nurses (41%) and security (16%) were the most frequently involved personnel. The median NEDOCS scores were 167 (IQR 153-199) for site 1 (n=60) and 80 (IQR 48-99) for site 2 (n=24). These levels correspond to "severely overcrowded" and "extremely busy but not overcrowded" conditions respectively.

Violence against ED healthcare workers is common yet not well understood. These data describe this phenomenon without the limitation of recall bias present in prior work. Both verbal and physical abuse was common. The ED is often crowded when violence occurs. More work is needed to understand the precipitants and predictors of ED violence, including the role of ED crowding.