Work-related Violence on Emergency Room Providers and Burnout

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Chapter 1: Introduction

Workplace violence adds considerable stress to individuals exposed to it. Workplace violence or aggression has been defined as "behavior by an individual or individuals within or outside an organization that is intended to physically or psychologically harm a worker or workers and occurs in a work-related context" (Belayachi, Berrechid, Amlaiky, Zekraoui, & Abouqal, 2012, p. 2). In the emergency department of medical facilities, violence against providers is a daily occurrence and can lead to many complications for the provider and the department as a whole. Emergency room providers deal with verbal abuse, verbal threats, and physical violence from patients or their family members for any number of reasons. Because the conditions and work environments of emergency rooms are similar worldwide, the violence towards providers is the same in almost every emergency room around the world.

The Emergency Nurses Association has identified the following as risk factors for violence in the emergency room: patient access to firearms, patients' substance use, working directly with potentially dangerous people, uncontrolled movement of the public, poor security, delays in service, crowded and uncomfortable surroundings, lack of staff training, inadequate staffing, and transportation of patients (Copeland & Henry, 2017). These factors are daily issues emergency department providers face in the workplace that affect not only their work, but also their ability to remain satisfied with their jobs.

Workplace violence is an issue for many reasons; the main concern is the added stress the violence places on the providers. The problem is not simply that emergency departments are particularly stressful work environments, but also that the stressful environment can have a devastating effect on the providers' physical, psychological, and emotional wellbeing (Healy &

Tyrrell, 2011). For that reason, the stress that comes from workplace violence can lead to job burnout.

The Problem

Burnout among emergency department providers directly affects the kind of care they provide patients; it reduces the patient-centered nature of the care. Focus on patients declines as burnout affects providers' personal health, causing "increased rates of illness, fatigue, substance misuse, depression, anxiety, and irritability" (Abdo, El-Sallamy, El-Sherbiny, & Kabbash, 2015, p. 906). The added stress from workplace violence affects the emergency department as a whole because it reduces providers' effectiveness at their job. The inadequate care affects wait times in the emergency room, emergency room flow from triage to admission or discharge, and the morale of the staff providing the care. Also, workplace violence and resultant burnout increases provider turnover, which makes it hard for hospitals to keep their emergency departments adequately staffed. According to a study done in an emergency department in Tanta University in Egypt, "Burnout has been associated with absenteeism from work, ineffectiveness, interpersonal conflicts, lower productivity, job dissatisfaction, reduced organizational commitment, and staff turnover" (Abdo et al., 2015, p. 906).

Work-related violence occurs in emergency departments on a daily basis. In a study conducted in emergency departments in Morroco, 48% of staff stated they had been exposed to verbal abuse, 30% stated they had been exposed to verbal threats, and 3% stated they had been exposed to physical violence (Belayachi et al., 2012). In this study, 70% of the emergency department doctors reported exposure to some form of violence. After conducting a literature review dealing with healthcare professionals, Healy (2017) concluded, "The second most

stressful aspect of working in the ED was aggression and violence from patients and families." (p. 35).

The reasons for the episodes of aggression have been well documented in the study done in emergency departments in Morocco: "a delay of consultation or care in 31 (52%) cases, acute drunkenness in 10 (17%) cases and neuropsychiatric disease in 3 (5%) cases" (Belayachi et al., 2012, p. 3) Whatever the reason for the violence, the stress it is creating in the providers is greatly affecting the providers, the patients, the emergency departments, and the healthcare institutions.

Purpose of the Study

Although research has been published on the different stressors providers face in the emergency department, the topic of how workplace violence affects burnout rates needs to be more thoroughly examined. The workplace violence is not going to go away as long as emergency medicine is necessary. Understanding how workplace violence leads to burnout can generate discussion about the types of solutions that might prevent exposure to work-related violence to affect providers in such a profound way that it leads to burnout. To contribute to that understanding, I conducted this integrative literature review examining how workplace violence against providers in the emergency department affects burnout rate.

Methods

This integrative literature review was conducted to answer the following research question: How does workplace violence against providers in the emergency department affect burnout rates among the providers?

Design

Whittemore and Knafl (2005) described an integrative review of literature as the "broadest type of research review method allowing for the simultaneous inclusion of experiment and non-experimental research in order to more fully understand a phenomenon of concern" (p. 547). Utilizing this methodological framework allowed me to examine multiple studies on the subject of work-related violence and burnout rates in the emergency department to answer my question. This methodology guided me to use a well-specified clinical question, explicit methods, and a comprehensive search for relevant primary studies. I followed the five stages of review described by Whittemore and Knafl: problem identification, literature search, data evaluation, data analysis, and presentation.

Setting

A literature review is an academic rather than an experimental exercise. Therefore, the primary settings of the research were a home and the academic classroom.

People and Resources

The primary people and resources used were the library staff from the Fresno Pacific University Hiebert library. The library staff aided in the data search. I developed a project committee consisting of a faculty advisor from Fresno Pacific University, a mentor, and a content expert to guide and assist in the review of data collected and the content of the paper. Finally, I used an editor to revise the rough draft of the report.

Sample

The specific literature selected for evaluation consisted of studies on work-related violence against emergency providers and burnout rates among these providers. The articles included quantitative, qualitative, mixed-method, and meta-analysis studies. A total of 15 articles were reviewed, all published between 2010 and 2018.

Ethical Approval

No ethical approval was needed for this study because it was a systematic review of literature and did not involve human subjects.

Data Collection

Most of the data collected for this study came from Fresno Pacific University's Hiebert Library Encore program, which is an integrative database for scholarly articles and electronic content. Other sources used to collect data were the Cumulative Index to Nursing and Allied Health Literature database, PubMed, Google Scholar, and Agency for Healthcare Research and Quality. The keywords and terms used to search for appropriate literature were *work-related violence, violence against emergency department providers,* and *burnout rates in the emergency department*.

Instruments

The theoretical framework of Whittemore and Knafl (2005) was in developing the methodology portion of the integrative literature review. The CASP literature appraisal tool was used to appraise each piece of literature considered in the study.

Data Analysis

The data collected for this research were ordered, coded, categorized, and summarized into a unified and integrated conclusion on the question of work-related violence and burnout

among emergency department providers. Each piece of literature considered in the study was appraised with the CASP literature appraisal tool and given a quality score. Once this quality score was obtained, information about the study was placed in a literature review matrix (Table 1), which summarizes the important features of the appraised studies. The matrix provides an overview of the quality and conclusions of the studies as well as other characteristics. A synthesis of the studies was performed. Finally, conclusions, recommendations, and data gaps were discussed.

Chapter 3: The Literature

The following is an integrative literature review on the prevalence of work-related violence against emergency department providers and the effects the violence has on burnout rates among these providers. This integrative literature review follows the five stages of review outlined by Whittemore and Knafl (2005): problem identification, literature search, data evaluation, data analysis, and presentation. The identified problem was the burnout rate associated with high levels of workplace violence against emergency department providers; more specifically, how the violence affects the burnout rate. The literature search methodology was described in the previous chapter. This chapter describes the data evaluation and analysis.

The data consisted of 15 studies. They were categorized according to the type of emergency department personnel who were the main focus of the particular research: physicians only; resident physicians; physicians and nurses; and physicians, nurses, and ancillary staff. The studies are discussed below and summarized in Table 1, the literature review matrix, presented at the end of the chapter.

Physician Studies

Belayachi et al. (2012) studied the frequency of exposure, characteristics, and psychological impact of violence toward hospital-based emergency physicians in Morocco. The design for this study was a survey given to 60 emergency physicians who had worked during the preceding fortnight in Ibn Sina University hospital in Western-North Morocco. The survey results showed that 70% of the physicians had been exposed to some form of violence; 47% reported experiencing verbal abuse, 30% reported verbal threats, and 8.3% reported physical assault. Most of the violence had been experienced at night. The researchers found two major reasons for the violence: delay of consultation or care (52%) and acute drunkenness (17%).

As to the impact of the violence, Belayachi et al. (2012) found “the anxiety regarding repetition of exposure to violence was increased approximately ten-fold in participants who reported having been exposed to violence” (p. 5). The researchers also noted that “violence may have negative organizational outcomes in the form of low worker morale, increased job stress, increased worker turnover, and reduced trust of management and co-workers, and a hostile working environment (p. 5) The researchers suggested promoting awareness of the risks and destructive impact of workplace violence might prevent some of the violence and providing psychological support to persons exposed to violence might be an effective intervention strategy. The results of this study can be applied locally because physicians deal with workplace violence on a daily basis and experience psychological damage as a result of the anxiety the violence produces.

In a cross-sectional study conducted to assess the prevalence of workplace violence on physicians in emergency departments in Turkey and identify the factors influencing such violence, Bayram, Cetin, Oray, and Can (2016) surveyed 713 physicians. They found that 78.1% of physicians reported being subjected to violence in the past year and 65.9% reported being subjected to violence on more than one occasion during that year. Of the types of violence, 94.5% were insults, 76.4% were threats, 31.1% were physical violence, and 5.6% were assaults with firearms or sharp objects. As to the reasons for the violence, the researchers stated, “Alcohol and drug use among patients and patient waiting periods have been cited as the most important causes” (Bayram et al., 2016, p. 8). The lack of security for emergency department physicians and the high rates of violence directed at them were cited as important reasons new physicians do not choose to practice in the emergency setting. This article is relevant to my study in that it shows how much physicians are exposed to violence in the emergency department and

demonstrates that the violence not only contributes to burnout, but also discourages physicians from going into emergency medicine.

All of these factors that culminate in violence negatively affect the healthcare workers who are abused. Violence decreases job performance, job satisfaction, contributes to poor mental health, and creates a hostile work climate; the result is suboptimal care of patients (Abdellah & Salama, 2016). This article illustrates how workplace violence affects emergency providers personally as well as the work they are providing.

Resident Physician Studies

In a study conducted in hospitals in New York City, Schnapp et al. (2016) explored the subject of violence experienced by emergency medical residents. The study was a cross-sectional survey of residents at three emergency medical residency training programs. Of the 142 residents who were given the survey, 119 participated. The researchers found that 65.5% of the residents reported experiencing physical violence in the emergency department committed by a patient and 11.8% reported experiencing violence committed by visitors. Regarding verbal violence, 96.6% of the residents reported being exposed to verbal harassment from patients and 78.2% reported experiencing verbal threats from patients. When asked to identify factors that contributed to the physical abuse, 95% reported alcohol abuse and 94.1% reported drug use. When asked about safety in the emergency department, "almost half (58/119, 48.7%) felt "very dissatisfied" or "somewhat dissatisfied" with the current security" in their emergency department (Schnapp et al., 2016, p. 570). These findings show the added stress emergency providers in training have to deal with in preparing to work in emergency medicine. The stress of workplace violence added to the stress typically associated with residency in the emergency department can lead to early

burnout. This study can be applied to the current research because there are emergency medicine residency programs at two major trauma hospitals in the area.

Another study of workplace violence against medical residents in the emergency department was conducted by Emam, Alimohammadi, Sadrabad, and Hatamabodi (2018). The researchers examined the reasons residents sometimes neglected to report the violence. In a cross-sectional study in three educational hospitals in Tehran, Iran, 280 emergency department residents completed a questionnaire. More than 90% of the residents reported having experienced at least one type of verbal, physical, or racial-ethnic violence during their shift. (Emam et al., 2018, p. 4) The residents stated they believed there was no use in actually reporting these events.

The authors noted several negative consequences of the workplace violence: "Violence in EDs could interfere with residents' concentration during practice, increase the amount of medical errors, and result in losing a shift, frequent absences, disregard to the patient, loss of job satisfaction, worrying about work, refusal to attending in stressful conditions and even leaving the job, which impose a high cost on health care systems" (Emam et al., 2018, p. 5). The authors also suggested some steps that can be taken to combat the negative effects of the workplace violence: use of police forces, implementation of safety measures in emergency department, and establishing the presence of security. This study can be applied locally because we have multiple teaching hospitals in the area that employ multiple residents every year who are being affected by workplace violence.

Physician and Nurse Studies

Hamdan and Hamra (2017) assessed the level of burnout among physicians and nurses working in 14 different emergency departments in Palestine. In a cross-section study that utilized

a self-administered questionnaire, they collect data from 596 workers. Of the participants, 216 were nurses, 201 were physicians, and 179 were administrative/supportive staff. The researchers measured burnout with the Maslach Burnout Inventory-Human Services Survey. The results of the study were that "64% reported high levels of burnout on emotional exhaustion, 38.1% on depersonalization and 34.6% on the reduced personal accomplishment subscales" (Hamdan & Hamra, 2017, p. 3). The emergency department workers expressed feelings of hopelessness, disappointment, fear, and anxiety following exposure to violent incidents. The study also showed that the physicians had a higher level of emotional exhaustion (72.3%) than the nurses and the administrative staff. Workers who had been exposed to physical violence in the previous year were two times more likely to experience a high degree of burnout. The researchers concluded, "The psychological and emotional consequences of exposure to work-place violence, such as burnout, anxiety and depression are considerable" (Hamdan & Hamra, 2017, p. 5). This study is relevant to the current study because it demonstrates how exposure to workplace violence or aggression affects the emergency department provider and how it can lead to burnout for the provider. This study can be applied locally because emergency departments all over the world face the same types of issues.

Burnout rates were also the focus of a study at the hospital of Tanta University in Egypt. Abdo, El-Sallamy, El-Sherbiny, and Kabbash (2015) used a cross-sectional design to discover the rates of professional burnout among healthcare workers at the emergency hospital. The sample size for this study was 523 participants: 239 physicians and 284 nurses. The participants completed a self-administered questionnaire. The study showed that the majority of physicians and nurses reported being exposed to verbal violence at work. Nurses were more exposed to physical violence than physicians were. Participants exhibited some indications of burnout:

46.9% of respondents scored high on emotional exhaustion, while 44.9% had average levels of depersonalization and a majority (97.7%) had high levels of reduced personal accomplishment. Regarding the total burnout scale, most of the study subjects (66%) were classified as having moderate level of burnout and 24.9% as having high burnout." (Abdo et al., 2015, p. 910-911)

The study concluded with a warning about the effects of burnout on emergency department workers: "Burnout has been associated with absenteeism from work, ineffectiveness, interpersonal conflicts, lower productivity, job dissatisfaction, reduced organizational commitment and staff turnover. It predicts increased rates of illness, fatigue, substance misuse, depression, anxiety, and irritability" (Abdo et al., 2015, p. 912). The level of burnout goes hand in hand with the amount of workplace violence and aggression to which an employee is exposed. This study can be applied locally due to the fact that emergency departments all over the world operate similarly and have to deal with most of the same issues regardless of location.

Using a descriptive survey design, Healy and Tyrrell (2011) surveyed 90 nurses and 13 physicians in three emergency departments in Ireland regarding their experiences of stress in the workplace and their attitudes toward the stress. Of the 103 respondents, 97% reported experiencing stress in the emergency department in which they worked. The researchers found that the second most stressful aspect of working in the emergency department was aggression and violence from patients and families. In the literature review of this article, an Australian study was cited that ranked violence against staff as the top work stressor among emergency department staff. Also, a separate study found that "ED staff are slower to report aggressive incidents as they are less likely to classify them as such because they occur so frequently" (Healy & Tyrrell, 2011, p. 35). This article shows that aggression and violence are stressors emergency

room workers have to deal with on a daily basis. This study can be applied locally because, just like in Ireland, emergency care in local emergency rooms is stressful.

Medical providers are exposed to workplace violence multiple times. In a systematic analysis of the types of violence, the perpetrators, and the hospital departments in which violence occurs most often, Shafran-Tikva, Zelker, Stern, and Chinitz (2017) conducted research at a university-affiliated medical center that employed 700 physicians and 1000 nurses. They found 700 reported incidents of passive aggressive behavior, 689 incidents of verbal violence, and 81 incidents of sexual harassment over a 6-month period. The researchers also found that the risk that a nurse in the emergency room would be exposed to violence was 5.5 times greater than that of a nurse in the department of internal medicine. As the article illustrated, exposure to violence affects nurses' daily practice, has an impact on stress and productivity, and increases nurses' intention to leave their job. This article can apply to my study in showing how workplace violence is more frequent in emergency departments than in any other area of hospitals. The main point the authors made throughout this article is the importance of implementing interventions to increase the safety of the healthcare environment for both patients and employees; they recommended safety measures for the entire healthcare system, both in term of departments and personnel.

Abdellah and Salama (2016) questioned why the violence was happening. They explored the prevalence, types, sources, and risk factors of workplace violence against healthcare workers in emergency department in Ismailia, Egypt. In a cross-sectional study using a standardized questionnaire developed by the World Health Organization, the researchers surveyed 134 physicians and nurses. Of the respondents, 59.7% reported workplace violence; 58.2% of the incidents were verbal violence and 15.7% were physical violence. The researchers found that

when persons have critical health conditions or are in pain and wait for long times before being seen by a physician or receiving medications, they and their relatives have high stress levels, feelings of anger, and frustrations; they manifest these in the form of violence against others, such as healthcare providers.

Wilson et al. (2017) conducted a cross-sectional study of four tertiary care hospitals in South India to measure the degree of burnout in doctors and nurses working in emergency medicine departments. They found that of the 105 emergency medical healthcare providers interviewed, the prevalence of moderate to severe burnout measured by emotional exhaustion and depersonalization was 64.8% and 71.4%, respectively. They listed the following risk factors for burnout: feeling burdened with work, loss of enthusiasm, witnessing someone die, increased load of patients, being criticized, worrying about infection risk, experiencing violence at the workplace, disturbed sleep, fear of medication, short temper, smoking and alcohol use, and shift work system. The researchers concluded:

> Burnout is more common than generally believed and may affect every aspect of the individual's functioning, have a deleterious effect on interpersonal and family relationships and lead to a negative attitude toward life in general. There remains no doubt that the implications of work-related stress include the effects on worker satisfaction and productivity, their mental and physical health, absenteeism and its economic cost, the wider impact on family function and finally the potential for employer liability. (Wilson et al., 2017, p. 4)

This article is relevant to the overall study because it addresses burnout directly and demonstrates how burnout affects providers in the long term.

Physician, Nurse, and Ancillary Staff Studies

In a study conducted at a Level 1 emergency department trauma center, Renker, Scribner, and Huff (2013) used a cross-sectional mixed-method descriptive design to identify and describe staff experiences, concerns, and perceptions related to violence and abuse perpetrated by patients, patients' family, and non-family visitors. Out of 142 surveys that were administered, 52 were returned. Participants were 42 registered nurses and 10 paramedics. The researchers found that "96.1% of the participants reported experiencing physical violence with 39.2% reporting that they experienced physical violence at least weekly" (Renker et al., 2013, p. 11). They also found that 100% of participants reported experiencing verbal abuse; 52% stated they had experienced assaults on every shift they worked. The most common acts of physical violence were hitting, pinching, spitting, kicking, and scratching. The authors suggested ways to prevent workplace violence: "Be clear with patient/family/visitors that violence is not O.K., remove (them) from ER with exception of critical illness patient" (Renker et al., 2013, p. 14). The findings of this study show that these nurses and paramedics are constantly exposed to workplace violence and aggression. This article can be applied locally because staff in emergency departments in the local area deal with the same situations.

In a study conducted in Madrid, Spain, researchers evaluated the psychological consequences of exposure to workplace violence from patients and those accompanying them in the pre-hospital emergency care setting (Bernaldo-De-Quiros, Piccini, Gomez, & Cerdeira, 2014). They used an ex post facto cross-sectional design to identify the psychological consequences of aggression (burnout and poor mental health status) and analyze differences depending on type and frequency of aggression. The sample consisted of 441 health care workers: 135 physicians, 127 nurses, and 179 emergency care assistants. In the study, 47.6% of

the participants had been exposed to only verbal violence and 34.3% had been exposed to physical and verbal violence. The study showed that staff who had experienced insults or threats more than five times reported a higher level of emotional exhaustion and depersonalization than those who had experienced less.

Bernaldo-De-Quiros et al. (2014) began with the premise that “burnout is a psychological syndrome of emotional exhaustion, characterized by feelings of overextension and depletion of emotional and physical resources” (p. 261). They found that “health care workers exposed to physical and/or verbal violence (intimidation or threats) showed high levels of burnout, and statistically significant correlation was observed between exposure to violent incidents and high levels of emotional exhaustion and depersonalization” (p. 261). Finally, they concluded, “Health care staff who have suffered physical and verbal violence presented greater anxiety, emotional exhaustion, depersonalization and higher levels of burnout than those who had not experienced any aggression” (p. 269) This study can be applied locally because emergency room providers in the local area also have to deal with workplace violence and have the same psychological effects from the aggression they experience.

Copeland and Henry (2017) included non-clinical staff in their investigation of workplace violence in a Level 1 shock trauma center. Using a cross-sectional design, they surveyed a total of 147 people, all the full- and part-time staff members of the suburban center that handled 48,000 admissions each year. The sample included nurses, physicians, physician assistants, and ancillary staff. Eighty percent of the participants reported exposure to violence within the 6 months preceding the study. The researchers found that working the night shift was significantly associated with experience of higher levels of violence. When asked their perceptions regarding the expectation of violence, “most respondents agreed with the statement verbal and physical

violence is an expected part of the job" (Copeland & Henry, 2017, p. 71). The researchers suggested a zero-tolerance policy could reduce the less common violence perpetrated by family members of visitors. This study can be applied locally as workplace violence is prevalent in local trauma centers and emergency department providers in the local area deal with the same issues as providers in any other emergency department.

Workplace violence affects not only providers in the emergency room, but also first responders who take patients to the emergency room. Pourshaikhian, Gorji, Aryankhesal, Khorasani-Zavareh, and Barati (2016) conducted a systematic review of the existing literature on the subject of workplace violence against emergency medical service personnel. They found that 90% of the first responders had experienced workplace violence; 8.5% reported violent incidences and 82% reported verbal violence. The violence against the emergency medical service providers resulted in reports of "psychological injuries in the form of stress or PTSD, anxiety, nervousness, sensitization, increased psychological strain, demoralization, mental exhaustion, and depersonalization" (Pourshaikhian et al., 2016, p. 3). These consequences led to job burnout. Pourshaikhian et al. identified psychological illnesses and the use of drugs, alcohol, and opiates by the perpetrators of violence as predisposing factors in the workplace violence. These findings apply to the current study as they demonstrate that not only emergency department providers, but also emergency medical services personnel are affected by violence perpetrated by patients. The violence leads to the possibility of burnout in all providers involved in emergency care.

One question that needs to be answered is whether education or training for dealing with situations of workplace violence reduces the problem. Zhao, Ma, and Jiao (2015) conducted a retrospective cross-sectional study in Heilongjiang Provence, China, to examine healthcare

workers' opinions of preventative workplace violence strategies using social support theory. They also wanted to encourage healthcare organizations and the larger society to offer greater support to healthcare workers by providing empirical evidence for the development of anti-violence policies. Of the 1793 healthcare professionals who responded to the questionnaire, 69.2% reported being exposed to psychological violence and 9.5% reported exposure to physical violence. The study also showed that "healthcare workers received little support from the organizations in which they worked after exposure to workplace violence" (Zhao et al., 2015, para. 12). This study confirmed the findings of many other studies that individual healthcare workers who have experienced violence show signs of depression, anxiety, low job satisfaction, low efficiency in their work performance, and a decrease in the quality of the nursing care they provide.

The reason training is so important for helping healthcare providers deal with these situations is that training can improve workers' problem-solving abilities and coordination skills, helping them predict risk factors for violence and increasing their knowledge of how to avoid situations that are potentially dangerous (Zhao et al., 2015). Ultimately whether the providers getting training or not, the authors emphasized that "society's attitude toward workplace violence should be one of zero tolerance, such that violent behavior is regarded as a crime that is unacceptable and punishable by law" (Zhao et al., 2015, para. 15). This article applies directly to my study in that it shows how being prepared for situations of violence can help providers diffuse the situation and prevent burnout.

Table 1

Matrix of Selected Features of Literature Reviewed

Author (Year Published)	**Study Design**	**Sample Size and Characteristics**	**Methods**	**Results**	**Conclusions**	**Level of Evidence**
Hamdan, & Hamra (2017)	Cross-sectional design	596 emergency department nurses, physicians, and administration staff in Palestine.	Self-administered questionnaire	64% reported high levels of emotional exhaustion, 38.1% high levels of depersonalization, 34.6% reduced personal accomplishment. Workers who had been exposed to physical violence in the last year were 2 times most likely to experience a high degree of burnout.	This study describes the effects of physical violence on emergency department workers and on burnout rates.	**V**
Schnapp et al. (2016)	Cross-sectional survey	119 emergency department residents in New York City	Survey administered at 3 EM residency training programs	65.5% of residents reported experiencing physical violence in the ED committed by a patient, 11.8% reported experiencing violence committed by visitors. 96.6% of residents reported being exposed to verbal harassment, 78.2 to verbal threats from patients. 95% identified alcohol abuse and 94.1% identified drug use as contributing to the abuse.	EM residents are constantly exposed to violence in the ED. Most residents do not feel safe in their place of work.	**V**

Renker, Scribner, & Huff (2013)	Cross-sectional mixed methods descriptive design	41 emergency department RNs and 10 paramedics	Survey elicited descriptive and inferential statistics and ethnographic information	96.1% reported physical violence, 39.2% reported physical violence at least weekly. 100% reported verbal abuse, 52% reported assaults on every shift they worked. The most common acts of physical violence were hitting pinching, spitting, kicking, and scratching.	Nurses and paramedics are exposed to some form of abuse on a daily basis. The study suggests a zero-tolerance policy be put in place.	**V**
Bernaldo-De-Quiros, Piccini, Gomez, & Cerdeira (2014)	Retrospective cross-sectional study	441 health care workers: 135 physicians, 127 nurses, 179 emergency care assistants in pre-emergency care	Survey administered to participants in Madrid	47.6% had been exposed to only verbal violence, 34.3% had been exposed to physical and verbal violence. Staff who had experienced insults or threats more than five times reported a higher level of emotional exhaustion and depersonalization.	Staff exposed to verbal and physical violence are more prone to burnout. Exposure causes psychological issues.	V
Abdo, El-Sallamy, El-Sherbiny, & Kabbash (2015)	Cross-sectional study	523 participants: 239 physicians and 284 nurses	Self-administered questionnaire eliciting data on socio-demographics, work and health, job satisfaction, and assessment of burnout	66% of participants had a moderate level of burnout and 24.9% had a high level. Nurses were more exposed to physical and verbal violence than physicians.	Healthcare providers exposed to work-related violence have moderate to high levels of burnout. There were not many limitations.	**V**
Tyrrell & Healy (2011)	Literature review and descriptive survey	103 respondents: 13 physicians and 90 nurses	Literature review of the subject and a descriptive survey of nurses and doctors who work in three EDs in Ireland	The second most stressful aspect of working in the ED was aggression and violence from patients and families. The most stressful aspect of working the ED was the work environment itself.	The second most stressful aspect of the ER is workplace violence. The stressors place a strain on nurses and doctors that leads to burnout.	**III**

Belayachi, Berrechid, Amlaiky, Zekraoui, & Abouqal (2010)	Survey	60 emergency room physicians, 45% women and 55% men.	Survey given to emergency physicians who had a worked during the last fortnight in Ibn Sina university hospital in Western-North Morocco	70% had been exposed to violence: 48% to verbal abuse, 30% to verbal threat, and 3.3% to physical abuse. Reasons for violence: 52% delay of consultation or care, 17% acute drunkenness, 5% neuropsychiatric disease. Physicians with work-related violence had higher stress levels than those with no exposure.	Physicians exposed to workplace aggression have a high level of stress. Most physicians are being exposed to workplace aggression.	**V**
Copland & Henry (2017)	Cross-sectional design	147 physicians, physician assistants, and ancillary staff	All full-time and part-time ED staff were sent a survey on exposure to workplace violence	74.9% of physicians reported experiencing verbal abuse and 28.1% reported physical abuse. 67% of nurses reported physical abuse and 81% reported verbal abuse. Many cases of abuse were not reported due to fear of retaliation or the idea that verbal and physical violence is an expected part of the job.	There is a high prevalence of violence in the trauma ER; ER physicians expect violence as part of the job.	**V**
Emam, Alimohammadi, Sadrabad, & Hatamabodi (2018)	Cross-sectional study	279 residents: 116 male, 163 females	Surveyed using the National Questionnaire about Workplace Violence in Persian language	90.7% experienced verbal violence. 85.4% of aggression was from patients' associates	More than 90% of residents had experienced at least one type of verbal, physical, or racial-ethnic violence. Residents in EDs must be trained about violence control and also report and follow these issues through legal channels.	**V**
Shafran-Tikva, Zelker, Stern, & Chinitz (2017)	Quantitative	729 physicians and nurses of whom 678 participated in the study	Quantitative questionnaire	700 incidents of passive aggressive behavior, 680 of verbal violence, 81 of sexual harassment in 6 mos. Nurses in ER were 5.5 times at a higher risk of exposure to violence than nurses in the internal medicine department.	Violence occurs in all hospital departments but degree of exposure to violence differs between physicians and nurses and between departments.	**V**

Bayram, Cetin, Oray, & Can (2016)	Cross-sectional survey study	713 physicians	Workplace violence in the health sector country case study. Research instrument: questionnaire.	78.1% reported being subjected to violence in the past year, 65.9% reported more than one such incident.	The ED physician's experience of violence is related to personal characteristics such as age and level of expertise, and hospital and ED characteristics such as high patient admission rates.	**V**
Abdellah & Salama (2016)	Cross-sectional study	134 healthcare workers, 48.5% males, 50% younger than 30. 50% nurses, 39.6% physicians	Standardized questionnaire developed by World Health Organization.	Workplace violence reported by 59.7% of healthcare workers. 58.2% of violence verbal, 15.7% physical. The most reported reasons for violence were waiting time and failure to meet patient and family expectations.	WPV is a significant problem facing HCWs in emergency departments. Need to develop protocols for reporting, recognizing, managing, and developing strategies to deal with WPV, and to carry out further control strategies	**V**
Pourshaikhian, Gorji, Aryankhesal, Khorasani-Zavareh, & Barati (2016)	Systematic literature review	23 papers	Data extraction form	90% of personnel have experienced workplace violence: 67% were physical or verbal violence.	Workplace violence and resultant injuries are extensive globally. Causes of violence include the shortage of training programs dealing with violence, lack of violence management protocols, and delays in response times.	**V**
Zhao, Ma, & Ziao (2015)	Retrospective cross-sectional survey	1793 healthcare professionals	Questionnaire	9.5% reported being exposed to physical violence, 69.2% reported psychological violence.	Healthcare workers receive little support from the organizations in which they work after exposure to workplace violence. Their sources of support were themselves, family, friends, and co-workers with whom they had the closest relationships.	**V**

Wilson et al. (2017)	Cross-sectional survey	105 medical professionals	Questionnaire	Prevalence of moderate to severe burnout in the 3 principal components of emotional exhaustion (64.8%), depersonalization (71.4%), and personal achievement (73.3%)	Degree of burnout among doctors and nurses is moderately high in all of the three principal components. Some predictors of burnout: criticism, disturbed sleep, short tempered nature, fear of committing errors, and witnessing death in EMD.	**V**

Chapter 4: Discussion and Conclusion

This integrative literature review was conducted to address the following research question: How does workplace violence against providers in the emergency department affect burnout rates among the providers? Fifteen articles were examined and critically appraised using the CASP literature appraisal tool. The results are presented below.

Synthesis of the Literature

The key point that can be taken from the literature review is that workplace violence affects a large majority of emergency room providers. As illustrated in this review, providers exposed to physical or verbal violence have showed high levels of burnout and a statistically significant correlation has been observed between exposure to violent incidents and high levels of emotional exhaustion and depersonalization. Also, as the literature demonstrates, burnout has been associated with absenteeism from work, ineffectiveness on the job, interpersonal conflicts, lower productivity, job dissatisfaction, reduced organizational commitment, and staff turnover. Finally, violence in emergency departments can interfere with residents' concentration during practice, and the diminishment in concentration can increase the number of medical errors and result in losing a shift, frequent absences, disregard of the patient, loss of job satisfaction, worry about work, refusal to attending in stressful conditions, and leaving the job.

Although we all know that violence as a whole is unaccepted in today's society, we can see it is happening to emergency room providers on a daily basis. Alcohol and drug use among patients and patient waiting periods having been cited as the most common causes of violence in emergency departments. When people are exposed to critical health conditions or are in pain and wait for long periods until they are seen by a provider or receive medications, they and their relatives have high stress levels, anger, and frustrations that frequently manifest in the form of

violence against their healthcare providers. Because of the lack of security for emergency department physicians and the high rates of violence directed at them, new physicians do not choose to practice this specialty of medicine for fear being exposed to violence and becoming burned out as emergency care providers.

Discussion

There needs to be a solution to this work-related violence in order to combat the burnout emergency care providers experience. Society's attitude toward workplace violence should be one of zero-tolerance; violent behavior must be regarded as a crime that is unacceptable and punishable by law. Adopting this zero-tolerance policy for the emergency room would be a complete culture shift. Patients and family members would need time to embrace the necessary change.

Hospitals need to support the zero-tolerance policy in order for it to work. The policy would be effective only with support from local law enforcement; enforcing a policy that violence will not be acceptable at all requires that violence be met with consequences such as arrest if necessary. Initially, hospitals would need to announce this change via signs and handouts to all patients and family members entering the hospital. Hospitals need to be clear with patients, family, and visitors that violence is not acceptable, that any violent person will be removed from the emergency room with exception of critically ill patients. This is a strong stance to take and a hard policy to adopt, but with time and consistency, patients will know that aggression and violence will not be tolerated.

Enforcement of a zero-tolerance policy should greatly reduce violence in emergency departments, but it may not eliminate the aggression entirely. Organizations can take steps to reduce the risk of burnout associated with workplace violence against emergency room

providers. Hospitals should provide training to healthcare workers on ways to interpret and deal with different aggressive situations providers will encounter. The training will improve workers' problem-solving abilities and coordination skills, helping them recognize predictors of violence and increasing their knowledge of how to avoid situations that are potentially dangerous.

Finally, organizations should provide psychological support to employees exposed to workplace violence. All of these actions benefit emergency department providers either by reducing the violence or combating the effects of the violence that would otherwise lead to burnout.

Limitations

One limitation of this study was the lack of research on how to implement policies for zero tolerance of violence in the emergency department. Although the literature contained an abundance of data documenting the problem, data regarding solutions were insufficient; solutions were suggested but their effectiveness were not demonstrated.

The study was limited by an absence of information on the experiences and effects of workplace violence on advanced providers. This study included articles on physicians, residents, nursing staff, and ancillary staff, but none with a primary focus on advanced providers.

Recommendations for Further Study

In a future study, the gaps between suggested procedures for combating work-related violence and resultant burnout and ways to implement those procedures, as well as the effectiveness of the procedures, need to be addressed. A future study could also examine the outcomes of the various procedures once they are in place in different hospitals.

Conclusion

Emergency room providers have to deal with multiple different stressors while working with their patients. One of the many stressors they have to deal with is violence directed towards them from the patients or the patients' families. This workplace violence can be verbal abuse, verbal threats, or physical abuse. As seen from this literature review, a majority of emergency department providers experience this violence, and it takes a toll on them emotionally and psychologically. These effects of workplace violence causes burnout; the providers choose to leave the emergency room and some even leave their profession as physicians and advanced practice providers. This situation is happening around the world in multiple emergency rooms and needs to be combated with a zero-tolerance policy towards violence against medical providers and staff. Adopting this policy may enable us to lower the burnout rates among our emergency room providers by reducing the violence that is directed towards these providers.

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Work Related Violence on Emergency Room Providers and It's Effects On Burnout Rates

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Introduction

- Work place violence or aggression has been defined as "behavior by an individual or individuals within or outside an organization that is intended to physically or psychologically harm a worker or workers and occurs in a work-related context" (Berrechid, Berrechid, Amlaiky, Zekraoui, & Abouqal, 2012, p. 2)
- The added stress from workplace violence affects the emergency department as a whole because it reduces providers' effectiveness at their job.
- According to a study done in an emergency department in Tanta University in Egypt, "Burnout has been associated with absenteeism from work, ineffectiveness, interpersonal conflicts, lower productivity, job dissatisfaction, reduced organizational commitment, and staff turnover" (Abdo et al., 2015, p. 906).

Method

- This study will employ an integrative review of literature. The specific literature that will be evaluated will be studies on work related violence on emergency providers and burnout out rates among these providers.

Results

- According to a study done in emergency departments in Morroco, 48% of staff stated that they had be exposed to verbal abuse, 30% stated that they had been exposed to verbal threat, and 3% stated that they had been exposed to physical abuse. (Berrechid et al., 2012)
- This study also showed that that 70% of doctors had been exposed to some form of violence. (Berrechid et al., 2012) All of these are stressors that emergency department providers have to deal with on a daily basis.
- According to a literature review conducted on healthcare professionals, "The second most stressful aspect of working in the ED was aggression and violence from patients and families." (Henry, 2017, p. 35)
- The reasons for these episodes of aggression have been well documented in the study done in emergency departments in Morocco, "Reasons for violence were: a delay of consultation or care in 31 (52%) cases, acute drunkenness in 10 (17%) cases and neuropsychiatric disease in 3 (5%) cases. (Berrechid et al., 2012, p. 3)

Discussion

- Providers exposed to physical or verbal violence have showed high levels of burnout and a statistically significant correlation has been observed between exposure to violent incidents and high levels of emotional exhaustion and depersonalization.
- Burnout has been associated with absenteeism from work, ineffectiveness on the job, interpersonal conflicts, lower productivity, job dissatisfaction, reduced organizational commitment, and staff turnover.
- Society's attitude toward workplace violence should be one of zero-tolerance; violent behavior must be regarded as a crime that is unacceptable and punishable by law.
- This is a strong stance to take and a hard policy to adopt, but with time and consistency, patients will know that aggression and violence will not be tolerated.

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