

REVIEW ARTICLE

What is the impact of patient violence in the emergency department on emergency nurses' intention to leave?

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Abstract

Aim: To examine the impact that patient violence, experienced in the emergency department, has on emergency nurses' intention to leave their job.

Background: Emergency departments have become known for their overcrowding, chaos, unpredictability and violence. Emergency nurses are at high risk of experiencing workplace violence, which is cited in the literature as having a direct effect on general nurses' intention to leave. A high rate of nursing turnover may lead to short staffing, jeopardize the quality of patient care and increase overcrowding and wait times.

Evaluation: A systematic review was undertaken in CINAHL, Medline and Psych INFO databases using published data until November 2021. Six articles were included, and PRISMA guidelines were adhered to.

Key Issues: Workplace violence in the emergency department had a direct impact on emergency nurses' intention to leave and decreased their job satisfaction. Verbal abuse is the most experienced form of workplace violence.

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Conclusions: Workplace violence experienced by emergency nurses in the emergency department had a direct positive impact on their intention to leave and subsequently negative impact on their job satisfaction.

Implications for Nursing Management: This review may inform clinical decision-making and aid in the development of clinical practice guidelines for a workplace violence prevention programme, specific to the emergency department.

KEYWORDS

emergency department, intention to leave, job satisfaction, types of workplace violence, violence

1 | BACKGROUND

The World Health Organization defines workplace violence (WPV) as the act or the threat of violence while a person is at work (WHO, 2019). WPV is a major global problem which appears to be growing (Chang & Cho, 2016; Jafree, 2017; Zhang et al., 2017) with staff subjected to verbal abuse, racial abuse, threatening behaviour, or physical assault (WHO, 2019). Nurses are seen as having the highest risk of facing WPV than any other hospital employee and are four times more likely to suffer an assault (Vogel, 2016). This is perhaps due to nurses accounting for the largest frontline discipline and having the closest proximity to direct patient and family contact (Angland et al., 2013; Scott, 2003). Hassankhani et al. (2018) describe WPV against nurses as a silent epidemic. The most common WPV experienced by nurses are verbal or emotional abuse, threats, sexual harassment and acts of physical abuse, for example, punching, kicking and slapping (Boyle & Wallis, 2016; Lanctt & Guay, 2014).

WPV is most prominent in the emergency department (ED) setting (Gacki-Smith et al., 2009; Jeong & Kim, 2018; Li et al., 2019). Notorious long wait times, unpredictability, overcrowding, high stress levels, misconceptions about staff behaviours, intoxicated patients, patients experiencing pain and discomfort, family and patient anxiety, anger and stress are just a few examples of why the ED is susceptible to violence (Jeong & Kim, 2018; Li et al., 2019, 2020). Coupled with a lack of staff training to recognize and respond to potentially dangerous patients, lack of security staff and lack of training to manage actual and potential aggression makes the ED an intimidating workplace (Gacki-Smith et al., 2009).

Concerningly, Pich et al. (2010) noted that nurses working in ED are so frequently subjected to both physical and verbal abuse while at work; it is becoming seen as a normal part of the job. Kelley (2014) found that in a single week, half of ED nurses had experienced WPV. Eighty percent of nurses who have experienced WPV did not report it (Abualrub & Al-Asmar, 2011; Esmailpour et al., 2011). Gacki-Smith et al. (2009) note lack of support and fear of retaliation as the main reasons for not reporting WPV. This underreporting of WPV reinforces the already difficult task of recording and tracking WPV (Taylor & Rew, 2010).

Being exposed to WPV can leave staff with feelings of frustration, fear, shock, stress, anxiety, depression and mental exhaustion and cause sleep disturbances while also having a detrimental effect on performance (ALBashtawy, 2013; Roldán et al., 2013). Nurses who have experienced WPV may provide incomplete care or withhold care altogether (El Ghaziri et al., 2014; Gates et al., 2011). WPV has been shown to potentially jeopardize the quality of care provided and lead to increased absenteeism, decreased staff morale and decreased job satisfaction (JS) (Cai & Zhou, 2009; Gates et al., 2003; Hesketh et al., 2003). Roche et al. (2009) noted that patient falls, delays in treatment and medication errors have all been linked to environments where nurses were subjected to threatening or intimidating behaviour.

WPV has even more wide ranging consequences with Jackson et al. (2002) noting how WPV has a major influence on nursing recruitment and retention. WPV has been recognized as being a contributory driver of general nurses' intention to leave (Zhao et al., 2018) not only in the workplace but within the profession itself (Chang & Cho, 2016). Unless this is addressed, it will further add to the global nursing workforce shortage (WHO, 2020).

Turnover intention is described as the prospect that an employee will leave their job within a certain time frame (Chao et al., 2015) and has been noted to be a strong predictor of actual turnover (Kim & Kim, 2014; Sousa-Poza & Henneberger, 2004). A high turnover of nursing staff can increase the workload for those remaining, decrease workplace morale and lead to additional turnover of nursing staff (Chapman et al., 2010). High turnover rates can further have a detrimental effect on already stretched EDs. Short staffing can further prolong wait times, increase overcrowding and negatively impacts the quality of patient care (Sawatzky & Enns, 2012).

Emergency nurses are a scarce resource, who require speciality training to enable them to provide high quality, safe and efficient care to a wide variety of patients presenting with a vast array of complaints. Given the significant issue of WPV in the ED and the fact that no systematic reviews have been published on the impact of patient violence in the ED on emergency nurses' intention to leave, the aim of this review was to examine the impact that patient violence, experienced in the ED, has on emergency nurses' intention to leave their job.

2 | METHODS

A systematic review was undertaken using the Preferred Reporting Items for Systematic Reviews and Meta Analysis (PRISMA) checklist (Figure 1). The PEO mnemonic, shown to improve the search strategy precision and yield decisive results (Boudin et al., 2010), was utilized for this review question to establish the conduct of the review and to guide concept mapping. The population being considered were nurses working in EDs exposed to workplace violence, and the primary outcome was the intention to leave. Secondary outcomes were job satisfaction and forms of violence. A strict and explicit inclusion and exclusion criteria following the PEO components were identified. This provided a clear framework for determining which studies to include or exclude and was strictly applied.

2.1 | Search strategy

A sensitive and specific, comprehensive search strategy was utilized for this review, and a precise record of the search strategy was

recorded to ensure both transparency and reproducibility. The search strategy was undertaken in the CINAHL, Medline and PsycINFO databases up to November 2021 using predetermined key search terms. See Table 1 for key search terms. No restriction was applied to the publication dates to allow all relevant data to be sourced. However, English language filters were applied.

2.2 | Data extraction, quality appraisal and data analysis

Relevant data were extracted to an excel spreadsheet by one author and reviewed by a second. The use of a recognized, validated tool ensures the validity and authenticity of included studies (Glynn, 2006), and the Evidenced-Based Librarianship (EBL) quality appraisal tool was utilized to score and systematically assess the rigor and methodological quality of included studies. A narrative analysis was undertaken due to the heterogeneity of the included studies' research designs, sample sizes and the number of research sites studied. See Table 2 for data extraction table.

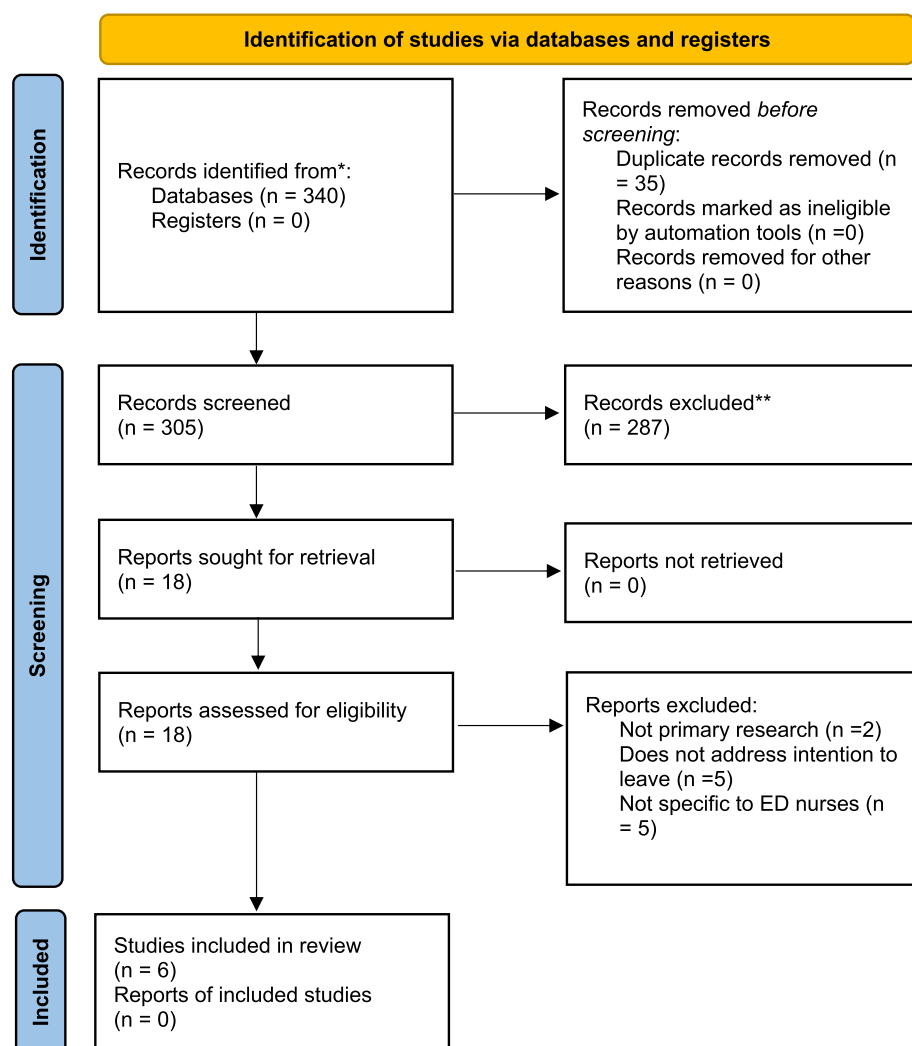


FIGURE 1 Overall PRISMA 2020 flow diagram

TABLE 1 Key search terms

Population	Exposure	Outcome
Emergency nurse	Patient aggression	Intention to leave
Emergency nursing	Patient violence	Intention to resign
ED	Workplace violence	Retention
A&E	WPV	Resign
Accident and emergency	Hostility	Resignation
Casualty	Violence	Turnover
ER	Violent	Turnover intention
Emergency department	Aggressive behaviour	Intend* to leave
Emergency room	Aggressive behaviour	Intent* to leave
		Attrition
		Job change

3 | RESULTS

A total of 340 studies were identified during the systematic search. Duplicated studies were removed, and the remainder were screened resulting in 287 being excluded. Eighteen studies with relevant titles and abstracts underwent full text review with 12 excluded and 6 original research studies being included in the review (Bordignon & Monteiro, 2019; Jeong & Kim, 2018; Li et al., 2019, 2020, 2018, 2021).

Sample size in the included studies ranged from 123 participants to 415 with the overall number included in the review being 1536. The included studies were conducted in Beijing (Li et al., 2019, 2020), Taiwan (Li et al., 2018, 2021), South Korea (Jeong & Kim, 2018) and Brazil (Bordignon & Monteiro, 2019).

3.1 | Quality appraisal

The results of the quality appraisal are presented in Figure 2. As can be seen, the mean score for the quality appraisal was 88.5% (SD: $\pm 2.44\%$; min 80%, max 100%). All studies were deemed valid.

The primary outcome for this SR was the intention to leave for emergency nurses after experiencing WPV; all six studies addressed this outcome, and all found a direct correlation. Li et al. (2019) reported that 89.9% of participants had experienced WPV in the previous year, with 70.6% reporting being threatened while at work. Turnover intention scores were also high at 2.75 ± 0.58 (mean \pm standard deviation).

Li et al. (2020) report similar results with 50% of participations reporting experiencing moderate frequency of WPV in the previous year and 90.2% reporting a high level of turnover intention. Up to 89.8% of participants in the study undertaken by Li et al. (2018) had experienced WPV in the previous 6 months, with the average turnover intention score was 2.81 ± 1.402 .

Participants in the study by Jeong and Kim (2018) reported their experience of WPV from both patients and relatives; results showed that 17.3% had been verbally abused once a day by their patients and

15.9% by patient's relatives. Of the 214 participants, 61% reported that WPV had a direct impact on their intention to leave. Worryingly, Jeong and Kim (2018) also reported that 97.2% of participants endured WPV and did not report it.

Similarly, Bordignon and Monteiro (2019) reported how WPV had a direct effect on their participants' intention to leave, with 19.8% reporting medium or high intention to leave post WPV. Likewise, Li et al. (2021) report how 57.6% of participants experienced WPV in the previous year. The average turnover intention score was 15.43 ± 4.76 with a direct correlation again between WPV and intention to leave.

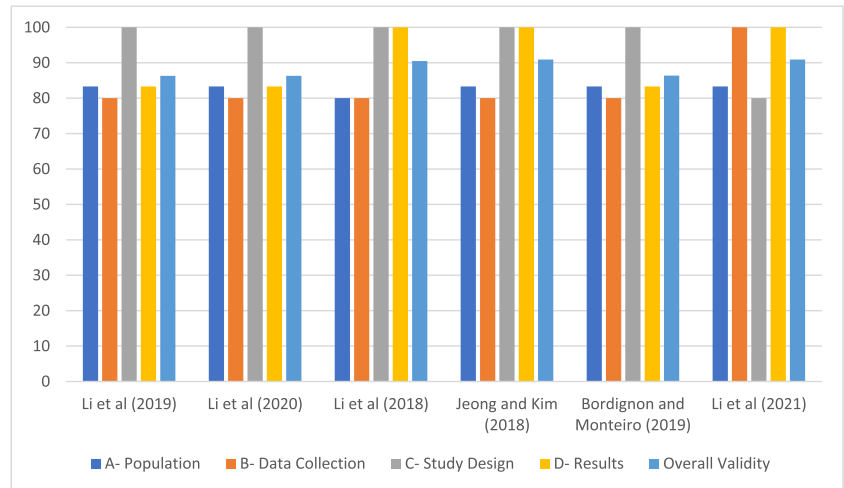
The first secondary outcome for this SR was the JS of emergency nurses post experiencing WPV; four of the studies addressed this phenomenon, and all four found that WPV had a direct negative effect on emergency nurses JS (Bordignon & Monteiro, 2019; Jeong & Kim, 2018; Li et al., 2019, 2020). In both Li et al. (2019) and Li et al. (2020), the average score for JS of emergency nurses was below 3.03, which dictates a low level of JS; both studies also found that WPV had a direct negative effect on JS. Jeong and Kim (2018) presented similar results, with the mean JS score of 24.37 out of 40; WPV was also noted as having a negative effect on JS. Likewise, results from Bordignon and Monteiro (2019) indicate that WPV had a direct negative effect on emergency nurses JS with the average score being 2.9 (SD 3.4).

The second secondary outcome for this SR was the types of WPV experienced by emergency nurses, and four of the included studies discussed this (Jeong & Kim, 2018; Li et al., 2018, 2019, 2021). Up to 89.8% of participants in Li et al. (2018) had experienced WPV in the previous 6 months, and of these, 94.3% experienced verbal abuse, 65.8% threats of violence and 26% were victims of physical violence. Li et al.'s (2019) results are very similar with 89.9% reported experiencing verbal abuse, 70.6% had been threaten while at work, 20.5% reported being physically assaulted and 3.9% sexually harassed. Li et al. (2021) report similar results with 53.8% of participants having experienced verbal abuse, 20.5% threaten at work and 12% physically assaulted. Jeong and Kim (2018) were the only study to address participants' experience of WPV from both patients and relatives; 87.9%

TABLE 2 Data extraction table

Author(s)	Country	Study design	Sample and site(s)	Primary outcome: Intention to leave	Secondary outcome: Job satisfaction	Secondary outcome: Types of WPV experienced
Li et al. (2019)	Beijing	Cross-sectional study	n = 385 13 sites	89.9% had experienced WPV in previous year. 61% were verbally abused on 3+ occasions. WPV had a positive effect on intention to leave.	JS is low at <3.03. WPV had a negative effect on JS.	89.9% verbal 70.6% threats 20.5% physical 3.9% sexual harassment
Li et al. (2020)	Beijing	Cross-sectional study	n = 415 13 sites	50% experienced moderate frequency WPV. 90.2% express high turnover intention. WPV had a positive effect on intention to leave.	JS is low at <3.03. WPV had a negative effect on JS.	N/A
Li et al. (2018)	Taiwan	Cross-sectional study	n = 123 8 sites	89.8% experienced WPV. WPV had a positive effect on intention to leave.	N/A	94.3% verbal 65.8% threats 26% physical abuse
Jeong and Kim (2018)	South Korea	Cross-sectional study	n = 214 7 sites	17.3% verbal abuse once a day from pts and 15.9% from relatives. 7.5% physical threat once a day from pts and 7% from relatives. 61% report intention to leave post WPV.	JS is low at 24.37/40. The lower the JS, the higher the turnover intention post WPV.	Patients: 87.9% verbal 77.6% threats 26% physical Relatives: 89.3% verbal 73.9 threats 18.3% physical
Bordignon and Monteiro (2019)	Brazil	Cross-sectional study	n = 267 7 sites	WPV had a significant positive effect on intention to leave. 19.8% medium-high intention to leave post WPV.	WPV had a direct negative effect on JS.	N/A
Li et al. (2021)	Taiwan	Cross-sectional study	n = 132 1 site	57.6% experienced WPV in the last year. Direct correlation between physical violence and intention to leave.	N/A	53.8% verbal 20.5% threats 12% physical

FIGURE 2 Evidenced-based librarianship results



and 89.3% of participants reported experiencing verbal abuse from patients and relatives, respectively, while physical threats were 77.6% and 73.9% and physical assault 26% and 18.3%.

3.2 | Discussion

EDs, psychiatric facilities and intensive care units are seen as the health care environments with the highest exposure for WPV (Gerberich et al., 2005; Taylor & Rew, 2010). Overcrowding, delays, uncomfortable environments, understaffing, poor security and patients under the influence of alcohol or illicit drugs are all risk factors for WPV (Emergency Nurses Association, 2008). WPV is not just experienced in busy urban or metropolitan areas with Opie et al. (2010) showing similar results among nurses working in remote areas. Opie et al. (2010) report that 80% of their participants, in the previous year, had been verbally abused, 29% physically assaulted and 23% experienced sexual harassment.

WPV is one of the most arduous concerns for health care worldwide (Taylor & Rew, 2010). Li et al. (2019) and Li et al. (2020) both noted how WPV can evoke feelings of anger, cause low work productivity, leave emergency nurses feeling unsafe and fearful while at work and decrease their overall JS. These results are consistent with those of Arnetz et al. (2015) and Blanchar (2011) who report that WPV has a negative influence on nurses' job performance, increases absenteeism and burnout and leads to increased staff turnover.

All six studies found a high turnover intention of emergency nurses post experiencing WPV in the ED. Having an intention to leave after experiencing WPV is not just pertinent to emergency nurses; WPV is cited as having a direct impact on general nurses' intention to leave (Chang et al., 2018; Choi & Lee, 2017; Zhao et al., 2018). Up to 90.2% of emergency nurses in Li et al. (2020) had a high or very high turnover intention. In the study by Jeong and Kim (2018), 61% of emergency nurses had intention to leave post experiencing WPV; interestingly, their study also found that nurses who had a low JS and were female had the highest turnover

intention. This is a worrying result as nurses account for the largest health care discipline and work in closest proximity to patients and relatives (Campbell et al., 2011). Li et al. (2019) also note how emergency nurses are very easily re-employable due to this advanced skill set and training. This is a worrying result, due to the speciality and advanced skill set required to work in an ED, the expense incurred to retrain new nurses and the increased workload placed on those remaining (McNamara, 2010).

Li et al. (2019) in their research describe JS as a mediator between WPV and turnover intention. When emergency nurses experience WPV, this has a direct impact on turnover intention contrastingly, having experienced WPV results in decreased JS, which too leads to increased turnover intention. Multiple previous studies also found a direct correlation between JS and turnover intention (Burmeister et al., 2019; Coomber & Barriball, 2007; Dutra et al., 2018). JS is a crucial component of nurses thriving in the workplace. When nurses are dissatisfied at work, this may negatively impact productivity, jeopardize the quality and safety of care provided and negatively influence retention (Sherin Aldoski & Aziz, 2010).

The included studies are based in China and Brazil. High levels of verbal abuse towards emergency nurses are not solely related to these countries. Verbal abuse has also been cited as the most common form of WPV experienced by Australian emergency nurses. Studies in Melbourne, Southeast Queensland and New South Wales describe how 60–90% of emergency nurses experience frequent verbal abuse at work (Brookes & Dunn, 1997; Crilly et al., 2004; Lyneham, 2000). Wolf et al. (2014) report similar findings in the United States, Ramacciati et al. (2015) in Italy and Knowles et al. (2013) in the United Kingdom.

WPV is worryingly now a common phenomenon. Bowers (2021) reports that between 2015 and November 2021 in Ireland, 33,341 nurses and 733 doctors have reported being assaulted. This author would question if we need to take caution interpreting these statistics, as they include reported cases only; how many cases go unreported every year?

Nowrouzi-Kia et al. (2019) note how nurses are often reluctant to report WPV as if no injury is sustained; they believe it is not classified as violence and reporting can be burdensome and futile. Measures must be taken to educate staff on methods to recognize, manage and mitigate WPV. Examples seen in the literature include the use of conflict resolution, stress reduction training, de-escalation techniques, simplified reporting methods and behaviour management skills (Ashton et al., 2018; Gillespie et al., 2013; Speroni et al., 2014; Stowell et al., 2016).

3.3 | Limitations

All six included studies used convenience sampling for their participants, which is non-random and may limit the generalization of results. Participants were also asked to recall events of WPV; this long period may lead to recall bias and may reduce the efficiency of some results. A cross-sectional design was also utilized in all studies, which could possibly limit explanations. Bordignon and Monteiro (2019) report a lack of available valid measures to assess WPV in Brazil and have cited this as a study limitation. However, measures were taken to obtain expert evaluation of their WPV questionnaire during the face validity process. Finally, included studies are limited to Asia and Brazil, which may limit the generalization of results.

4 | CONCLUSION

The aim of this review was to examine the impact that WPV, experienced in the ED, has on emergency nurses' intention to leave their job. A pre-defined protocol was utilized, to ensure a structured, transparent and integral approach was taken to appraise and synthesize the best available evidence, to produce trustworthy findings. Results show that WPV is widely prevalent and has negative consequences for those affected. A direct correlation between WPV and emergency nurses' intention to leave was found. WPV positively influences emergency nurses' intention to leave and subsequently has a negative influence on job satisfaction.

5 | IMPLICATIONS FOR NURSING MANAGEMENT

This review highlights the pivotal aspect of a nursing manager's role to encourage a just culture of reporting, where staff is encouraged to report incidents of WPV. Perhaps by having an open reporting culture, where staff feel safe and supported, there may be a positive effect on JS and an increase in retention and organisational commitment.

It is hoped that the results of this review have provided the reader with a comprehensive, structured and transparent synthesis of the best available evidence and of the negative impact of patient violence in the ED on the intention to leave of emergency nurses and aid in the development of clinical practice guidelines for a WPV

prevention programme, specific to the ED. WPV prevention programmes, with clear aims and objectives, should be formed with the aid of an interdisciplinary approach. These programmes would require regular evaluation from participants and require annual revision and adjustment to respond to the changes occurring within the ED.

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CONFLICT OF INTEREST

The authors declare that no conflicts of interest exist with regards to this study.

ETHICS STATEMENT

Ethical approval was not required as this is a systematic review.

DATA AVAILABILITY STATEMENT

Authors do not wish to share the data.

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