

INBRIEF

Summarizing the Evidence

Interventions to Address and Prevent Violence Toward Health Care Workers in the Emergency Department

Key Messages

- Findings were inconsistent regarding education and training interventions for preventing violence in the emergency department. Most findings from relevant primary studies found no difference in the occurrence of violence. A few primary studies reported a reduction in the occurrence of violence; however, statistical significance of the difference was not reported. It is possible that the inconsistencies in these findings may be due to variations in education and training.
- Pharmacological interventions with haloperidol, lorazepam, droperidol, risperidone, olanzapine, or quetiapine were effective in reducing aggressive behaviour and side effects were generally minimal.
- Implementation of restraint documentation tools was associated with a decrease in the use of physical restraints to manage aggressive behaviours. When physical restraints were used for a short duration, complications were minimal.
- No evidence-based guidelines were identified.
- The systematic reviews identified had a broad focus. The included studies within the systematic reviews that were relevant for this report were few and generally of low quality. There was also a lack of details regarding the characteristics of the population within the studies. Therefore, these findings need to be interpreted with caution; more research is needed.

Context

The prevalence of workplace violence (WPV) in the health care setting is increasing and has detrimental consequences for the health care worker, the patient, and the organization. Emergency departments are considered high-risk areas, with high incidences of violence against health care workers being reported (with a range of between 60% and 90%). Few affected people report WPV and fewer seek help. Causes of violence and aggression vary and are not always clear. Common causes include distress and frustration, physiologic imbalances, substance misuse and abuse, intoxication, and mental health issues. WPV may result in physical injury and mental stress to the health care worker, which could lead to absenteeism, staff turnover, decreased productivity, and compromised care.

Technology

Various interventions can be implemented to prevent the violence experienced by health care workers in the emergency department. These interventions include education and training programs, various pharmacological interventions, and physical restraint procedures.

Issue

Violence toward health care workers in the emergency department is a longstanding problem that has reportedly worsened during the COVID-19 pandemic. A review of the clinical effectiveness evidence, and a review of evidence-based guidelines regarding the interventions for the prevention of violence toward health care workers in the emergency department, is needed to make informed decisions regarding the implementation of preventive measures.

Methods

A limited literature search was conducted of key resources, and titles and abstracts of the retrieved publications were reviewed. Full-text publications were evaluated for final article selection according to predetermined selection criteria (population, intervention, comparator, outcomes, and study designs).

Results

The clinical evidence from 7 systematic reviews was summarized. No evidence-based guidelines were identified.

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