

## Letters to the editor

### Violence in the accident and emergency department

Sir

Violence is endemic in present day society. A recent report by the National Union of Public Employees showed that 87% of respondents to a questionnaire were worried about violence in their work. We conducted a questionnaire survey of the Royal College of Nursing Accident and Emergency Association, Essex Branch Conference on 1.6.91 to ascertain current observations and procedures on violence within A&E departments around the country.

Demographic details were asked for and the frequencies of physical and verbal violence. Types of verbal violence were identified. The characteristics of assailants associated with physical and verbal violence and of features of the department e.g. waiting time, time of day, staffing level, department under pressure, medication and substance abuse relating to violence. Questions on property and on the police were included. The opportunity to discuss incidents and the presence of a staff support group and training on physical and verbal violence was ascertained.

Fifty-eight questionnaires were returned ( $\frac{58}{100}$ ). The average age was 32 years and there were a majority of women, a majority of Caucasians and they were mostly grade E. A total of 17.3% had never experienced physical violence; 44.8% had rarely experienced physical violence; 32.8% had sometimes and 5.2% had often experienced physical violence. No-one said they had never experienced violence and only 1.7% rarely experienced verbal violence. A total of 55.1% had sometimes and 43.2% often experienced verbal violence. A total of 1.7% had received many injuries; 31% some injuries 67.3% no injuries. Of these only 6.9% required treatments and none needed time off work.

The verbal violence most frequently encountered was obscenities 45.4%; non-specific threats 35%; threats to person 24.8%; and sexual harassment 9.4%. The majority thought physical assailants were men ( $n = 45$ ) and between the ages of 15–40 years. Their status was variable: medical patients, 34%; psychiatric patients, 51%; relatives, 34%; and others, 17%. Verbal violence was attributed to both men ( $n = 50$ ) and women ( $n = 32$ ) i.e. there was some overlap. The age range was most commonly 15–40 years. The majority of verbal abuse came from relatives then medical and then psychiatric patients.

Factors thought to be related to physical violence were as follows: waiting time, definitely (58.4%) and maybe (33.9%); time of day, maybe (50.9%) and definitely (32%); staffing levels, maybe (62%) and definitely (26%); department under pressure, maybe (56%) and definitely (44%); medication, maybe (70.5%); and

substance abuse, definitely (65.3%). Factors thought to be associated with verbal violence were as follows: waiting time, definitely (88.4%); time of day, maybe (52%); staffing level, maybe (52%); department under pressure, definitely (80.7%); medication, maybe (57.4%); and substance abuse, definitely (71%).

Fifty per cent stated violence often occurred in relation to property. A total of 15.5% thought the police backup was adequate and 12.5% felt they helped the situation. Fifty-six per cent had the opportunity to discuss incidents but only 9% had a support group. A total of 39.2% had received training in physical violence and 30% in verbal violence. In most cases this training was in physical violence and 30% were trained to deal with verbal violence. In most cases this was a day course or a lecture. Sixty-three per cent of the respondents worked outside London.

Our response rate was 58%. Some of the non-responders may not have encountered violence as a problem and it is possible therefore that the results obtained overstate the problem. However, there remains cause for concern as the majority did respond. A further, more comprehensive study is currently being conducted by the authors. Our results concur with other studies that serious physical violence is rare in hospital (Fottrell, 1980; Convey, 1986). Staffing levels and stress in the department may effect violence. An association has been shown between violence and agency staff levels in psychiatric hospitals (Fineberg *et al.*, 1988). Infantino & Mustingo (1985) found training in aggression control techniques decreased the number of staff assaulted. A standardized method of recording verbal violence needs to be developed (Fottrell 1980; Palmistierna & Wistedt, 1987). Videotape recordings could be helpful in identifying visible cues prior to assault. These issues need urgent consideration to improve safety at work and enhance training and hopefully morale.

V. SCHNIEDEN & U. MARREN-BELL  
University College Hospital  
London

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## Accident – an anachronism?

Sir

I applaud the vision of the newly formed International Federation for Emergency Medicine for the inclusion in its Charter of Prevention as one of its purposes.