



KEY POINT SUMMARY

OBJECTIVES

This study investigated whether financial resources, size, and background community crime rates impacted ED security programs and ED employee assault rates.

DESIGN IMPLICATIONS

A safe environment in today's healthcare workplace incorporates both patient safety and worker safety. Reducing medical errors for patients includes addressing systemic risk factors. Some of these factors include persistent health and safety hazards that also affect healthcare workers. Occupational hazards such as workplace assaults of direct care staff result in lost work time, leading to reduced staffing, increased employee turnover, and a perception by employees and the public of a decreased level of safety and quality in the healthcare institution.

Emergency Department Security Programs, Community Crime, and Employee Assaults

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Key Concepts/Context

Violence against healthcare workers is a serious occupational health hazard, particularly for Emergency Department (ED) employees. Injuries from non-fatal assaults are estimated to be four to 12 times higher among healthcare workers when compared to the overall rate for all private sector employees in the United States. Nationally, only voluntary guidelines exist from the Occupational Safety and Health Administration (OSHA) for the protection of healthcare workers. The ED has been identified as one of the highest risk areas for violence within the hospital.

Methods

A random cross-sectional survey was conducted from 2003 through 2005 among New Jersey large and small hospitals located in communities with low or high rates of community crime. The survey was sent to 71 hospitals; around 50 agreed to participate in the survey. Hospital financial data were collected through the state health department, and employee assault data were abstracted from hospital OSHA logs. Statistical comparisons were made using a chi-squared or Wilcoxon test.

Findings

The perception that small hospitals in seemingly safe towns are not at risk of assault against their employees, when in fact the risk may be significant, is widespread and may affect the implementation of adequate security programs. Due to the high stress and intrinsic workplace characteristics of EDs, the risk of assault is universal among all sizes of hospitals in all types of communities. Therefore, a comprehensive security program is needed in all hospital EDs.



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Limitations

The authors used convenience sampling, wherein facilities that were interested in participating in the study responded to the survey. This might lead to participant bias. Also, generalizations of this study should be done with caution, as the surveys were restricted to a geographical region of New Jersey and might not hold true for any other region. In addition, only OSHA-recordable injuries were analyzed, and therefore the assault rates used in this study were likely an underestimate of the total number of violent acts against ED employees. There were some other limitations with the data, including assault data that were not available for eight of the hospitals in the study; should that data have been available, more accurate assault rates may have resulted.