

Tackling Workplace Violence and Improving Wellbeing of Healthcare Professionals in the Emergency Department: A Rapid Review of intervention strategies and policies

Introduction Workplace violence in the emergency department has detrimental effects on healthcare professional work satisfaction, social, and emotional health. With persisting high prevalence in many countries, this study aims to review and propose key intervention strategies and policies.

Methods PubMed, Embase, and Scopus were searched from inception to April 2021 for studies on intervention strategies for tackling workplace violence or improving the wellbeing of the healthcare professionals in the emergency department. Titles, abstracts, and main texts of the citations that meet the eligibility criteria were determined by two independent reviewers. The extracted data was analyzed through thematic synthesis, and possible intervention strategies and policies were defined and recommended.

Findings A total of 27 papers were included in the study, including 50 intervention strategies. Based on joint ILO and WHO guidelines, Geneva 2002, 50 intervention strategies were categorized into 5 areas: 17 individual-focused, 6 post-incident, 15 pre-incident, 6 organizational, and 6 environmental strategies. For pre-incident intervention, policy and risk assessment are commonly suggested (22%), while staff distribution (11%) is the most common organizational intervention. Additionally, environmental intervention focuses on ED design (22%), and violence incident management training along with self-care approaches (19%) are the most prevalent individual-focused intervention. Lastly, user-friendly reporting systems (15%) are the highlighted post-incident intervention.

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Conclusion Intervention strategies for tackling violence and improving the mental and physical wellbeing of healthcare professionals have been consistently developed worldwide. However, hospitals face challenges in implementation since governments and employers still overlook the issue of occupational violence, making it impossible for guidelines specific to the cultural context of a hospital to be developed. The initiatives in pre-incident strategies including all-level personnel education, effective risk assessment tools, and environmental redesign are recommended, while staff follow-up systems and department protocol developments are suggested as post-incident strategies.