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Confronting workplace violence in emergency care: insights from global research

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The "Violent crimes in the prehospital and hospital setting" collection in BMC Emergency Medicine was created with a specific set of aims, scopes, and objectives in mind [1]. The primary aim of this collection was to offer a dedicated platform for clinicians, researchers, and healthcare professionals globally to share their latest discoveries, insights, and experiences related to the management of violent crimes in both prehospital and emergency department settings. We aimed to foster a collaborative dialog to enhance our understanding of this critical and complex issue.

To achieve this, the scope of this collection was broad, encompassing all aspects of the epidemiology and management of violent crimes in the specified settings. It sought to shed light on diverse topics, including but not limited to, the physical impact of violence on victims, the role of healthcare professionals in recognizing and responding to these crimes, and the implementation of policies and strategies to mitigate such incidents.

The key objectives of this collection were threefold. First, to establish a robust, evidence-based foundation on which healthcare professionals can form strategies to recognize, address, and manage the effects of violent crimes on patients. Second, to stimulate further research and innovation in this area, advancements in practice, and policy that can lead to improved patient care and safety. Finally, it is important to raise awareness and promote dialog among the healthcare community and the public at large about the challenges and complexities of dealing with violent crimes in the healthcare environment. By pursuing these objectives, we hope to make tangible contributions to the critical issue of violent crime in prehospital and hospital settings, ultimately improving patient outcomes and healthcare provider safety.

The collection, which has now concluded, includes eight papers that provide valuable insights into various aspects of workplace violence (WPV) in healthcare settings.

Lyver et al. conducted a rapid review to identify and compile quality indicators for measuring WPV in healthcare settings. Their study identified 229 quality indicators sorted into structure, process, and outcome categories, providing a foundation for healthcare organizations to address WPV through systematic approaches informed by quality indicators. The use of indicators shows promise for characterizing WPV and measuring the efficacy of interventions. The authors, however, suggested that further research be conducted and focused on expanding the list of quality indicators [2].

Babkair et al. reported the prevalence of workplace violence against emergency medicine physicians in military and nonmilitary hospitals in Jeddah. Their cross-sectional study revealed higher levels of violence experienced by physicians in nonmilitary hospitals, with substantial underreporting of incidents because the personnel felt it was useless to report them. Training healthcare workers, educating the public, and raising awareness

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were identified as essential measures to decrease work-related violence [3].

Afshari et al. investigated specific factors contributing to WPV in the prehospital context via sequential explanatory mixed methods. Their study which was conducted in Iran highlighted the importance of organizational support, communication, collaboration, and training in de-escalation techniques. According to the authors, addressing the root causes of WPV at the macro level, such as poverty and lack of education, is crucial for creating a safer environment for patients and staff [4].

Doohan et al. conducted a qualitative study to explore the experiences of Swedish ambulance clinicians encountering threats and violence during their work. Through semistructured interviews, they identified key categories such as police cooperation challenges, strategies for a safe care environment, and impact during and relief after stressful events. The study emphasized the need for comprehensive training, effective communication, and organized support systems to help clinicians cope with threats and violence [5].

Paulin et al. explored the rate and predictors of violent behavior targeted at EMS personnel via electronic patient care records documentation. Their retrospective cohort study in Finland revealed low rates of reported violence, mostly verbal, with predictors including urban areas, weekend nights, male patients, and alcohol influence. The study concluded that EMS personnel safety is challenged by multidimensional factors, necessitating a balance between safety margins and patient treatment [6].

Schulz-Quach et al. addressed the rise in workplace violence in healthcare, particularly in EDs, through a comprehensive quality improvement project. Guided by the SEIPS 3.0 framework, their multiintervention initiative led to the development of a 12-step framework to address WPV, incorporating trauma-informed strategies and fostering a culture of mutual respect. The framework offers actionable strategies for minimizing WPVs and promoting a safer work environment [7].

Reißmann et al. conducted a cross-sectional study to compare perceptions of working conditions and violence prevention climates among different groups in German emergency departments (EDs). Their findings revealed significant differences in perceptions among groups, with nurse employees reporting the highest social and emotional demands and pressure from unsafe practices. The study concluded that tailored preventive measures and strengthened supervisor support are needed to improve working conditions and prevent violence [8].

Viking et al. conducted a qualitative study in Sweden examining workplace violence in ambulance services from the offender's perspective. By analyzing court trial transcripts from 2013 to 2023, they identified key themes behind violent incidents, including misunderstandings, perceived disrespect, offender vulnerability, and unmet expectations. The study emphasized the influence of healthcare professionals' actions on the risk of violence and highlighted the value of this understanding in informing training programs [9].

In summary, the collection highlights the prevalence and impact of WPV in healthcare settings, the factors contributing to WPV, the importance of preventive measures and strategies, and the need for systematic approaches to measure and evaluate WPV. The studies collectively emphasize the need for tailored preventive measures, comprehensive frameworks, and continued research and innovation to improve patient care and healthcare provider safety.

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