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Editorial

The Misuse of Emergency Concept and Violence in Emergency Room

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International concern has been raised about the violence and aggression faced by emergency nurses. By analyzing initial, published research reports, this editorial explores the phenomenon of violence encountered by emergency department nursing staff from an international perspective. Researchers may not have captured the reality of clinical practice due to methodological inconsistencies and issues, a lack of systematic research, and chronic under-reporting. Clients who come with guns in an emergency, according to the literature, are more likely to be violent. Excessive verbal abuse is a worldwide issue, and workplace violence can have a major impact on nursing staff and organizations. Abuse against nurses, on the other hand, is also poorly studied and understood [1].

Aggression in the Emergency Department (ED) is a chronic problem that has been identified as epidemic in nature, posing a challenge to staff recruitment, retention and ability to provide quality treatment. The majority of the literature has concentrated on defining (or failing to define) key definitions, attempting to measure the phenomenon, and providing an epidemiological profile. There is a scarcity of evidence-based interventions [2].

Bahadori., *et al*. [3] conducted a study to investigate the causes and implications of non-emergency visits to Iranian emergency rooms, as well as to propose solutions from the perspective of healthcare professionals' point of view. Three overarching themes of non-urgent visits to the emergency room, as well as four proposed solutions, were identified. The causes have included both specialized and non-specialized causes. demand-side factors, emergency room facilities as well as supply-side factors. The consequences have been categorized into three categories: detrimental impacts on patients, healthcare providers, and the general public and emergency rooms, as well as the health-care system as a whole. Regulatory plans, awareness-raising plans, payment-system improvements, and organizational structures were among the potential options for restricting and monitoring non-urgent visits.

Emergency departments (EDs) are built to provide emergency care that is fast, high-quality and available at all times [4]. It means that EDs aren't the most appropriate place to treat non-urgent (NU) illnesses. Patients with NU disorders are those that have three or more of the following symptoms: patients who are not facing a life-threatening situation, problems do not necessitate urgent treatment, but their care can be easily postponed, with no rise in the risk of negative effects [5].

Approximately one-third of patients who attend EDs have NU issues, which can be examined in the outpatient clinic, primary care settings, and a number of other mobile settings. According to some reports, NU accounts for up to half of all ED visits [6-8].

One of the most serious hazards of NU visits is the worsening of stress and conflict between patients and caregivers, as well as between staff members. At the time in question, employees are unable to meet the high standards of patients, because of job overload, it's difficult to fulfill these standards properly, which contributes to tension and conflict. NU visits can result in physical abuse. Providers are unable to deliver adequate treatment when patients demand flawless care [3].

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