

Violence at Emergency Room: Reasons, Perceptions and Consequences

Ahed J Alkhatib^{1,2*}

¹Department of Legal Medicine, Toxicology and Forensic Medicine, Jordan University of Science and Technology, Jordan ²International Mariinskaya Academy, Department of Medicine and Critical Care, Department of Philosophy, Academician Secretary of Department of Sociology, Jordan

*Corresponding Author: Ahed J Alkhatib, Department of Legal Medicine, Toxicology and Forensic Medicine, Jordan University of Science and Technology, Jordan and International Mariinskaya Academy, Department of Medicine and Critical Care, Department of Philosophy, Academician Secretary of Department of Sociology, Jordan.

Received: June 30, 2021; Published: July 19, 2021

Workplace violence (WPV) is a severe problem all around the world. ED violence generates severe physical and mental discomfort, which has an impact on work productivity and patient care. Violence at emergency room against medical staff including physicians and nurses. Violence can be classified into physical violence and verbal violence.

Emergency departments (EDs) have been recognized as a high-risk venue for violence against health-care employees in epidemiological research. The "open-door" policy, which is unrestricted 24 hours a day, the volume of patients, the severity of disease, and the political focus all render ED employees vulnerable to assault.

WPV is defined as everything from disrespectful or threatening words to homicide, according to the National Institute for Occupational Safety and Health. It is impossible to properly document violence, owing to a lack of a standard measurement instrument and institutional reporting rules, as well as the stigma associated with being a victim of violence. However, a comprehensive analysis of the findings from all research reveals that the level of violence in EDs is concerning. In some cases, we found that WPV is perceived as a norm of the medical occupation. However, WPV at ED has escalated globally to the degree that working at ED is not considered safe.

We recommend taking several measures to reduce WPV at ED including establishing better leadership strategies at ED to be aware of motives of WPV. One of the main factors is to control the number of relatives of patients who attend to the ED with the patient, and make the ED crowded. Another factor implies future reconstruction of ED to be an integrative unit providing comprehensive medical services to minimize the number of steps and procedures. In some cases, the public do not recognize emergency situations from other situations that can be seen in out clinics. Finally, better interactions between the staff and visitors can absorb the feelings of visitors to the ED. Painful feelings are subjective experience and it would be a good policy to show understanding of the others.

Volume 5 Issue 8 August 2021 ©All rights reserved by Ahed J Alkhatib.