Guest editorial

Peter O'Meara and Evelien Spelten

Violence against emergency healthcare workers: everyone's concern

Peter O'Meara is based at the Department of Paramedicine, Monash University, Melbourne, Australia. Evelien Spelten is based at Violet Vines Marshman Research Centre, Rural Health School, La Trobe University, Melbourne, Australia.

This special issue of *Journal of Aggression, Conflict and Peace Research* aimed to provide a forum for scholars to discuss the wider context of violence against *emergency health-care workers*.

While this special issue's focus was on emergency health-care workers, violence against *all* health-care workers has become an all-too-common experience across the world, in rich and poor nations. Whether we are talking about nurses, doctors, paramedics or other health workers it is a common experience, with its prevalence and severity documented and reported across the academic and professional literature, as well as in the mass and social media (Spelten *et al.*, 2020).

What is lacking are coherent evidence-based responses that seek to prevent or mitigate future verbal and physical violence. The most common interventions seem to be educational programs directed at health workers, who are the victims (Geoffrion *et al.*, 2020). Common and popular interventions are a range of punitive measures instituted after incidents have occurred such as "zero tolerance" policies that lead to prosecution of perpetrators of violence (Beattie *et al.*, 2020); a related example is the increasingly widespread use of body cams and other video evidence of violence that are designed to aid in the criminal prosecution of the perpetrators of violence (Premier of Victoria & Andrews, 2017; Wilson *et al.*, 2022). Despite the popularity of punitive responses, there is a distinct lack of evidence that this has any significant impact on the prevalence or severity of violence abuse or physical attacks on health-care workers.

The six papers in this special issue all contribute to the much-needed evidence-based approach, using different research methodologies. There are four research-based papers, a systematic review and a narrative review. The six papers come from across the world (Europe, Canada, Australia) indicating the widespread approach to tackle this issue. Most contributions (4) focus on the paramedicine profession as one of the professions working in emergency health care, while one considered hospital-based workers and the final contribution is more focussed on the problem of violence in health care in general. Interestingly, most papers consider the organisation as a crucial factor in addressing violence.

In their evaluation of hospital control procedures, Barchielli *et al.* found that public procedures on preventing violence against health-care workers in Italian hospital are scarcely compliant with ministerial recommendations. In addition, they found that the lack of support provided to health-care workers is a weak point in the effective management of workplace violence.

Mausz *et al.* equally focussed on the wider organisational aspects of violence in their manuscript that addressed the role of organisational culture in paramedic exposure to violence. They found that not only were violence incidents underreported but the same lack of support of management (as mentioned by Barchielli) and an equal lack of consequences for offenders implicitly positions the ability of paramedics to "brush off" violent encounters as an expected professional competency. This was to such an extent that disclosing emotional or

psychological distress invited questions as to whether the individual was suited to the job. In our summary, the responsibility for dealing with incidents is put back, by the organisation, onto the individual who we would still consider to be the victim.

On the subject of victims and perpetrators, Spelten *et al.* held focus groups with emergency health-care workers and found that they can consistently distinguish between types of perpetrators of violence, which they then use as one factor in the clinical and situational assessment that informs their overall approach. This finding supports the need to move the focus away from the worker to the perpetrator and to an organisational rather than individual approach to help minimise violence against emergency health-care workers.

In their quest for evidence, Simpson *et al.* undertook a systematic review. They looked at the evidence on the deterring effect on perpetrators of the before mentioned increased use of body cams. Their systematic search of eight databases initially identified 125 studies; however, following full text review, there were not one study included in the review, thus finding no evidence. They concluded that the introduction of interventions should be supported by evidence and analysis of associated health economics. The authors argue that evaluation data from ambulance services should be made publicly available to inform decision-making.

Rees *et al.* were the third research group looking at ambulance service staff and take an organisational perspective. Their paper reports on a multi-agency approach in Wales (UK) to reduce violence and harm from violence. The report on a changed climate in which tackling violence and aggression directed towards emergency workers has become a priority, resulting in much needed collaboration, policy development and changes in legislation. They conclude that their study not only highlights the complexity of the issue but also the need for further high-quality research.

And finally, focussing strongly on the issue of violence, Jacob *et al.* consider the wicked nature of what they call the "disease" of violence against health-care workers. Their paper illustrates (like Rees *et al.*) the complexity of the problem that violence is. The authors conclude that the only way to address this complex issue is to step away from incidental or single actor approaches and develop multi-facetted approaches to violence prevention, including better recognition and understanding of the perpetrators of violence.

The articles published in this special edition provide a window through which we can see how some organisations, researchers and health professionals have used a combination of evidence-based practice and public health approaches to approach the issue of violence in the emergency health-care workplace. They provide hope for the future and are a step towards evidence-based solutions, rather than continuing to rely on knee jerk reactions to reports in the popular and the social media that tend to focus on outrage and demands for instant action. All too often, organisations, unions and government authorities appear to grasp at "solutions" because they seem popular and are likely to attract additional resources. As a result, we see interventions being undertaken for the sake of acting without enough consideration given to the likelihood of real and sustainable success. In other words, where is the evidence?

A compounding factor is that too many organisations appear to be reluctant to commission and share independent evaluations of interventions (Spelten *et al.*, 2020). Irrespective of whether this omission is through ignorance or by design, the lack of rigorous evaluation denies others the benefit of learning from the experiences of others facing similar challenges. It condemns others to repeat futile and sometimes very expensive interventions.

One suggestion is that some interventions to violence perpetuated against health-care workers are designed to protect the reputation of the organisations or governments, rather than preventing violence directed towards health-care workers. At the same time, it needs to be acknowledged that some of these unproven interventions do appear to help some workers feel safer, even when from an empirical standpoint there might be no real change in violent incidents. Cynically, popular interventions might be eventually viewed as a means for

organisations and governments to be seen to do something and absolve themselves of ongoing responsibility.

Within health care, long-established public health principles and a strong tradition of evidence-based practice provide the tools to collectively address the challenge of reducing the burden of verbal and physical violence against health-care workers. While individual health-care workers need to be adequately prepared for aggressive situations, especially when patients suffer from medical and environmental situations beyond their control, individual health-care workers lack the agency to solve issues that are the result of system failures and those embedded within our social fabric. Organisations, professional associations, unions and government could take a systems approach to the problem of verbal and physical violence against health-care workers and confront the underlying causes of the phenomena in society.

A major challenge is to work together and in partnership communities to address this pervasive phenomenon in health-care facilities and in the community where frontline health-care workers, such as paramedics, interact with the community in relatively uncontrolled settings (Campeau, 2008). The ongoing COVID-19 pandemic has highlighted that verbal and physical violence is common across many sectors of society and extends beyond health care (Bergeron, 2020; McGuire *et al.*, 2022). While much needs to be done in the workplaces of health-care workers, the long-term and sustainable solutions are more likely to be found within the social, economic and political fabric of our societies.

References

Beattie, J., Innes, K., Griffiths, D. and Morphet, J. (2020), "Workplace violence: examination of the tensions between duty of care, worker safety, and zero tolerance", *Health Care Management Review*, Vol. 45 No. 3, pp. E13-E22., doi: 10.1097/hmr.0000000000000286.

Bergeron, P. (2020), "Preventing workplace violence inspired by COVID-19", available at: www.shrm.org/resourcesandtools/hr-topics/risk-management/pages/preventing-workplace-violence-inspired-by-covid-19.aspx

Campeau, A.G. (2008), "The space-control theory of paramedic scene-management", *Symbolic Interaction*, Vol. 31 No. 3, pp. 285-302.

Geoffrion, S., Hills, D.J., Ross, H.M., Pich, J., Hill, A.T., Dalsbø, T.K., Riahi, S., Martínez-Jarreta, B. and Guay, S. (2020), "Education and training for preventing and minimizing workplace aggression directed toward healthcare workers", *Cochrane Database of Systematic Reviews*, Vol. 2020 No. 9.

McGuire, S.S., Gazley, B., Majerus, A.C., Mullan, A.F. and Clements, C.M. (2022), "Impact of the COVID-19 pandemic on workplace violence at an academic emergency department", *The American Journal of Emergency Medicine*, Vol. 53, pp. e281-285 285. e285.

Premier of Victoria and Andrews, D. (2017), "New body cams to protect paramedics on the job", available at: www.premier.vic.gov.au/new-body-cams-protect-paramedics-job (accessed 07 March 2022).

Spelten, E., Thomas, B., O'Meara, P.F., Maguire, B.J., FitzGerald, D. and Begg, S.J. (2020), "Organisational interventions for preventing and minimising aggression directed towards healthcare workers by patients and patient advocates", *Cochrane Database of Systematic Reviews*, No. 4, doi: 10.1002/14651858.CD012662.pub2.

Wilson, K., Eaton, J., Foye, U., Ellis, M., Thomas, E. and Simpson, A. (2022), "What evidence supports the use of body worn cameras in mental health inpatient wards? A systematic review and narrative synthesis of the effects of body worn cameras in public sector services", *International Journal of Mental Health Nursing*, Vol. 31 No. 2, pp. 260-277, doi: 10.1111/inm.12954.