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Social Worker's Role in Preventing Violence and Aggression in Emergency Department

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The emergency department has a unique role, standing both as the entry point into the health care system for many patients and as the health care provider of last resort. The emergency department serves as, where people go for treatment of an acute injury regardless of their background. As the people approach this particular department regardless of their background there is more chance for the occurrence of violence. Patient might not be known to the care provider, case might not be registered, uncompleted admission procedure, severe injuries or inconsistency in mind set due to substance abuse, withdrawal syndromes and the emergency department is especially susceptible to violence. Due to stressors, including high patient volume, acuity of illness, rotating staff, and late working hours also leads to work pressure to the care provider and emergency department appears like war field. This situation leads to the intervention of professional social worker to prevent violence and aggression in emergency department. Previous studies on violence in emergency departments have predominantly centered on developed countries with established laws and legal repercussions for violence against healthcare providers. In India, Prevention of Violence against Healthcare Professionals and Clinical Establishments Bill, 2022 aims to protect healthcare workers from violence; Hospital Protection Act, 2012 (Kerala, India) hold up the medical practitioners and care givers working in emergency department.

Mounting the number of violence against medical practitioners, attack over hospitals, loss of life of care providers, financial loss to the hospitals demands for developing clear laws, regulations and enforcement mechanisms may be lacking in the emergency department. Not only because of the misunderstanding of the patients and bystanders in the emergency department, that their needs are not satisfied, it may be because of the poor hospital safety force, absence of Social workers can also lead to the risk of violence against health workers. Most of the hospitals in India are not competitive in providing proper security measures even in night time. It's very crucial to address the issue and to find out solutions. Recent studies found the types of violence, experiences of violence, causes of violence, description of violent events, consequences of violence, responsibility for the violence, and proposed prevention strategies in emergency department.

Method of study

Method adopted for the present study is content analysis of an article "Violence in the emergency department: a quantitative survey study of healthcare providers in India" written by Tania Ahluwalia et al. International Journal of Emergency Medicine (2024), they have conducted the study in two different regions in India to find out the extend of violence in emergency department. Hospitals in private sector were selected for the particular study and it may be differ in the financial rates, number of patients and staffing from the public sector hospitals. Private hospitals can hire more officials in security department and most of the hospitals are exempted or the laws regarding the protection of hospitals and preventions of violence in work place seems mostly worthless. Survey had been conducted on 200 care providers such as, physicians, nurses and paramedical staffs who are working in emergency departments. Major findings were,

- Most reported events involved verbal abuse followed by physical abuse
- Patients along with accompanying persons also included in the record of perpetrators
- even though they have been supported by the hospitals, half of the respondents did not report abuse
- A significant portion of participants were early in their clinical practice
- Unarmed security officers, screening visitors for weapons, walkthrough metal detectors, armed security officers, police, and handheld metal detectors were the services provided in the emergency department

They have found the discrepancy in the protection of care providers in the emergency department, that necessitating for further studies to prevent Work place violence. Issues in the reporting of crime rather than the role of enforcement mechanism should be prioritized.
Present study on "Social Worker's Role in Preventing Violence and Aggression in Emergency Department" is an attempt to analyse the role of trained social worker in violence prevention.

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Discussion

Injuries out of violence are prevalent across children elder, although much of the emergency department research to date has focused on each type of violence separately. Intentional injuries are among the top three causes of death for persons between the ages of 10 to 34 years and ranks in the top 10 causes of death for persons between the ages of 1 and 64 years (WISQARS, 2009). Factors led to and the typology of incidence in emergency departments seems more or less same across the world and in India. The patients and accompanying persons in an emergency department visit for several reasons; accidents, victims of violence, patients are in need of emergency care each of these groups will be approaching the hospital or the care provider differently sometimes indifferently. Four times more individuals with violent injuries present to the health care system (particularly to EDs) than to the police. In addition, every homicide in this country represents over 100 violent injuries seen in EDs in the US (Howard R. Spivak 2003). Situation is same in India or else in the world. Might be because of the serous condition of the care seeker, or by the over crowdedness or situational factors the visitors to the emergency department misunderstand the care providers in revealing the actual issue. It is not possible to exercise punishment over the attackers by the emergency department and they needed to hand over to the judicial administration for violence prevention at primary or secondary level.

Children, pregnant, women victims of domestic violence, accident cases, suicide attempt, persons with violent injuries is extremely concerning and calls for serious action and the greatest concern of care provider is the mortality. Even without known to the reality that lead to the situation, care provider has to attend the case and denial of medical attention in an emergency situation can be result in death of the patient and a chaotic situation in the emergency department. Most of the studies suggested judicial administration on violence prevention and strengthening of security system by increasing the number or proper implementation and execution of laws. An additional suggestion is only covers the role of trained social worker in the emergency department, that will be helpful for the medical practitioners to understand the condition of the patient, situation led to the injury; consoling the accompanying persons and patient than the doctor.

In emergency department majority of the patients will be for a short time, most of them will not be registered like in patients. Within this span of time the doctor cannot even go through the case history that necessitates the intervention of social worker into the case through the accompanying persons. Cases reported like the patients visit only the emergency department regularly, sometimes several times. Sometimes patients not are ready to get proper treatment form a specialist, recheck even for suture removal. Certain cases not require hospital admission, and no additional information was noted in the record. Sometimes the visitors to the emergency department might have presence of drugs and may be in violent mode and there will not be any acknowledgement or recognition of pattern of injuries.

Circumstances lead to violence in emergency department requires presence of trained social workers along with strong security system, to address the violent behaviour of the patient as well as the accompanying persons. More attention should be given to the case of children, women victims of violence and to the accident survivors. Apart from doctors, major responsibility of the social worker is to put a cost to the effects of youth violence by giving huge emotional and social implications. Risk factors like substance abuse and suicidal attempts must discuss and studies with respect to the violent behaviour rather than violent crime. That will be the best mechanism to screen for victims of violence in the emergency department. Care provider should focus on the most effective elements of the intervention, it's appropriate dose and duration, and the client characteristics that are associated with stronger effect sizes with the help of the social worker.

Emergency department can be effective with case management by specific types of trained interventionists (i.e., paraprofessionals, social workers, physician, and psychologists) to determine who is appropriate to deliver which elements of the intervention. As each ED is unique, it is also paramount to study ED staff and system barriers and facilitators to the implementation of violence intervention programs (WISQARS, 2009). Incorporation of specialists in emergency department for case management, integrating the role of medical and non medical professionals in emergency department can intervene in hostility in emergency department. Improving the efficacy in case management, referrals, conflict resolution are found to be more effective in decreasing risk of violence in emergency department and its can be switch in to the responsibility of social workers. Intervention of social worker in emergency department can help to build confidence among the patients and accompanying persons as well as fosters sense of control over violent situation. Role of social worker is evident over a harmful situation that leads to death following excited delirium. Social worker' intervention will be helpful to overcome career burnout, depression, fear, post traumatic stress disorder (PTSD), decreased job satisfaction, reduced performance, or even career quitting.

Ziael et al. 2019 has pointed out that, the first task when confronting a patient with violent and agitated behavior is the evaluation and improvement of the environmental setting to increase the security of people on stage. Author has postulated twelve rules and following can be assumed under the responsibility of social Worker like, Assuring patient's physical safety, reducing environmental triggers and isolating the patient, reducing the patients waiting time, observing and evaluating the used approach by healthcare staff toward the patient, making efforts toward establishing a safe,

private, and care giving communication with the patient, and staying calm, Maintaining safe distance with the patient Identifying possible causes of patients violence, Respecting and maintaining the privacy of the patient. Proper intervention of social worker can mitigate the aggressive behaviour of the patients, and it is considered as the first reaction for controlling it, should always be verbal de-escalation.

Conclusion

Intervention of social worker should include; participation in the development, implementation, evaluation, and modification of the workplace violence prevention program; participation in safety and health committees that receive reports of violent incidents or security problems, making facility inspections and responding to recommendations for corrective strategies; providing input on additions to or redesigns of facilities; Identifying the daily activities that employees believe put them most at risk for workplace violence; discussions and assessments to improve policies and procedures—including complaint and suggestion programs designed to improve safety and security; ensuring that there is a way to report and record incidents and near misses, and that issues are addressed appropriately; Ensuring that there are procedures to ensure that employees are not retaliated against for voicing concerns or reporting injuries; and equipping employee training and continuing education programs.

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