

ACEP EMERGENCY DEPARTMENT VIOLENCE POLL RESULTS

Prepared For:

American College of Emergency Physicians



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PROJECT BACKGROUND

ACEP engaged Marketing General Incorporated (MGI) to replicate a brief polling survey originally conducted in 2018. The purpose of the survey is to gather data from its member physicians to better understand their experiences regarding the level, type, frequency, and impact of violence experienced in the emergency department. This online survey consisted of approximately 20 closed-ended questions.

RESEARCH METHODOLOGY

Marketing General Incorporated (MGI) sent invitations to participate in the poll on July 25, 2022, to a list of 32,714 current ACEP members.

Of the 31,165 email invitations sent, 410 emails bounced, resulting in a net total of 30,755 invitations sent. To boost response rates, MGI sent reminder emails to non-responders and non-completers on July 27 and July 29.

The poll officially closed on August 1. A total of 2,712 responses were completed, providing a response rate of approximately 9% and a margin of error of +/- 1.9%. The margin of error, or standard of error, is a statistical term used to measure the random fluctuations inherent in samples—the smaller the standard of error, the more accurate the measurement of the population or universe.

This study's significance level of .05 carries with it a 95 percent confidence interval. The confidence interval is established as the likelihood that the same results would be achieved in a similar study, meaning that if we were to conduct this study 100 times, then the same results plus or minus the margin of error (1.9%) would occur 95 out of 100 times.

Sample Characteristics

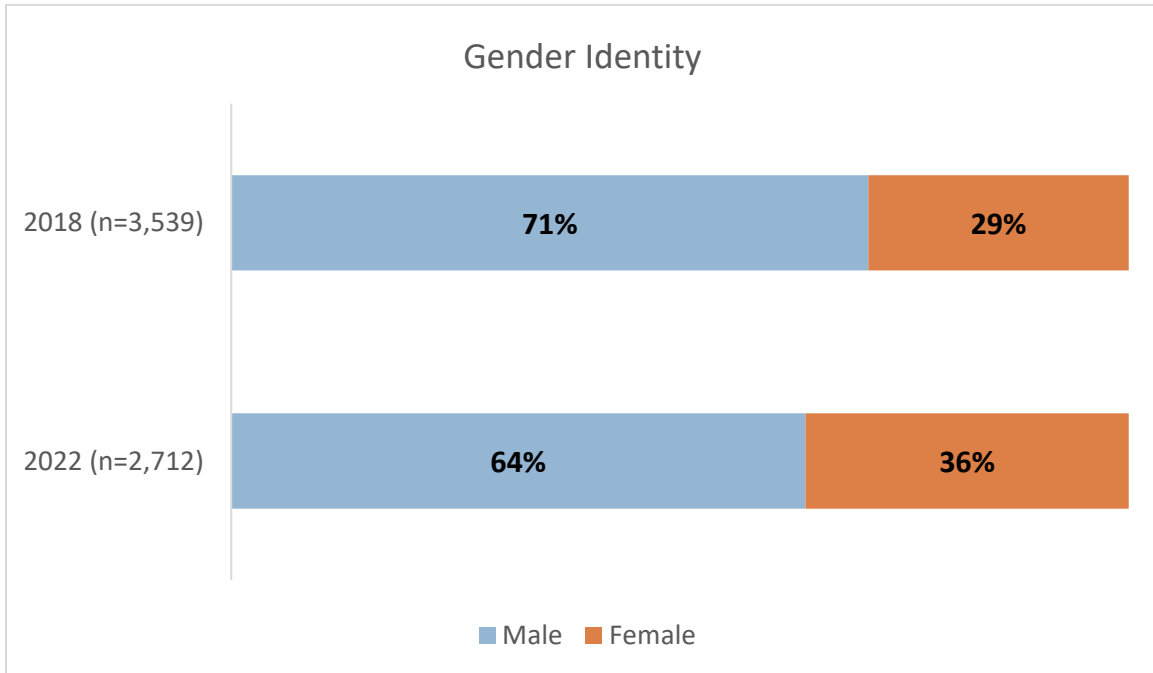
Number of Responses per State					
STATE	COUNT	PERCENT	STATE	COUNT	PERCENT
Alabama	29	1%	Nebraska	18	0.7%
Alaska	2	0.1%	Nevada	27	1%
Arizona	39	1%	New Hampshire	26	1%
Arkansas	18	0.7%	New Jersey	81	3%
California	255	9%	New Mexico	18	0.7%
Colorado	59	2%	New York	214	8%
Connecticut	36	1%	North Carolina	100	4%
Delaware	18	0.7%	North Dakota	5	0.2%
District of Columbia	17	0.6%	Ohio	107	4%
Florida	120	4%	Oklahoma	28	1%
Georgia	67	3%	Oregon	34	1%
Hawaii	15	0.6%	Pennsylvania	127	5%
Idaho	13	0.5%	Rhode Island	12	0.4%
Illinois	95	4%	South Carolina	46	2%
Indiana	63	2%	South Dakota	6	0.2%
Iowa	12	0.4%	Tennessee	24	0.9%
Kansas	14	0.5%	Texas	202	7%
Kentucky	23	0.8%	Utah	39	1%
Louisiana	27	1%	Vermont	12	0.4%
Maine	15	0.6%	Virginia	85	3%
Maryland	55	2%	Washington	66	2%
Massachusetts	88	3%	West Virginia	14	0.5%
Michigan	127	5%	Wisconsin	46	2%
Minnesota	66	2%	Wyoming	9	0.3%
Mississippi	16	0.6%	Guam	1	0%
Missouri	57	2%	Puerto Rico	6	0.2%
Montana	12	0.4%	U.S. Virgin Islands	1	0%

The top 10 participating states include:

- | | | | |
|-----------------|--------|-------------------|--------|
| 1. California | 255—9% | 6. Michigan | 127—5% |
| 2. New York | 214—8% | 7. Ohio | 107—4% |
| 3. Texas | 202—7% | 8. North Carolina | 100—4% |
| 4. Florida | 120—4% | 9. Illinois | 95—4% |
| 5. Pennsylvania | 127—5% | 10. Massachusetts | 88—3% |

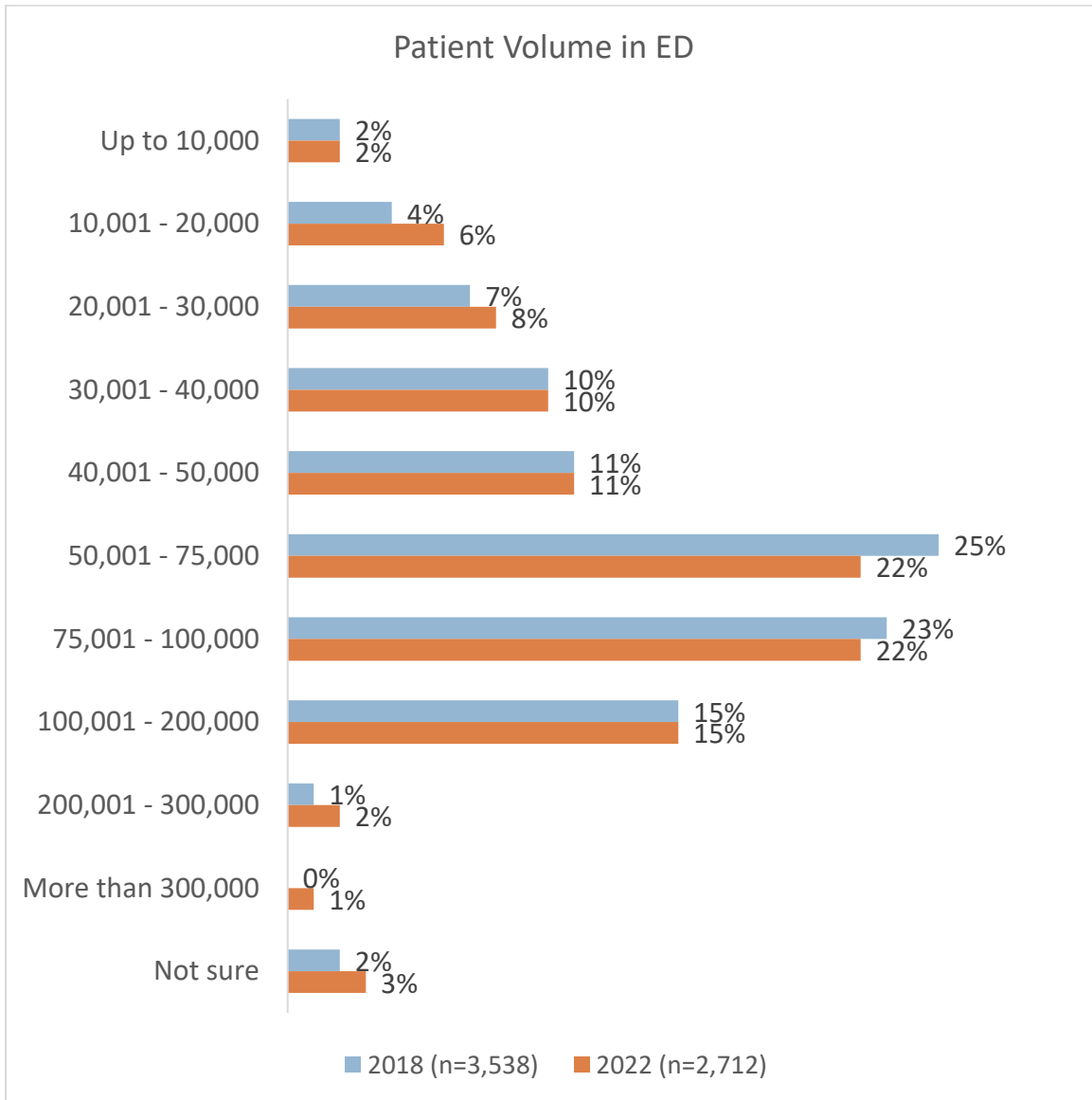
Overall Findings

Q2. With what gender do you identify?



As in the previous research, a majority of respondents are male. However, a larger part of the current sample is female (36%).

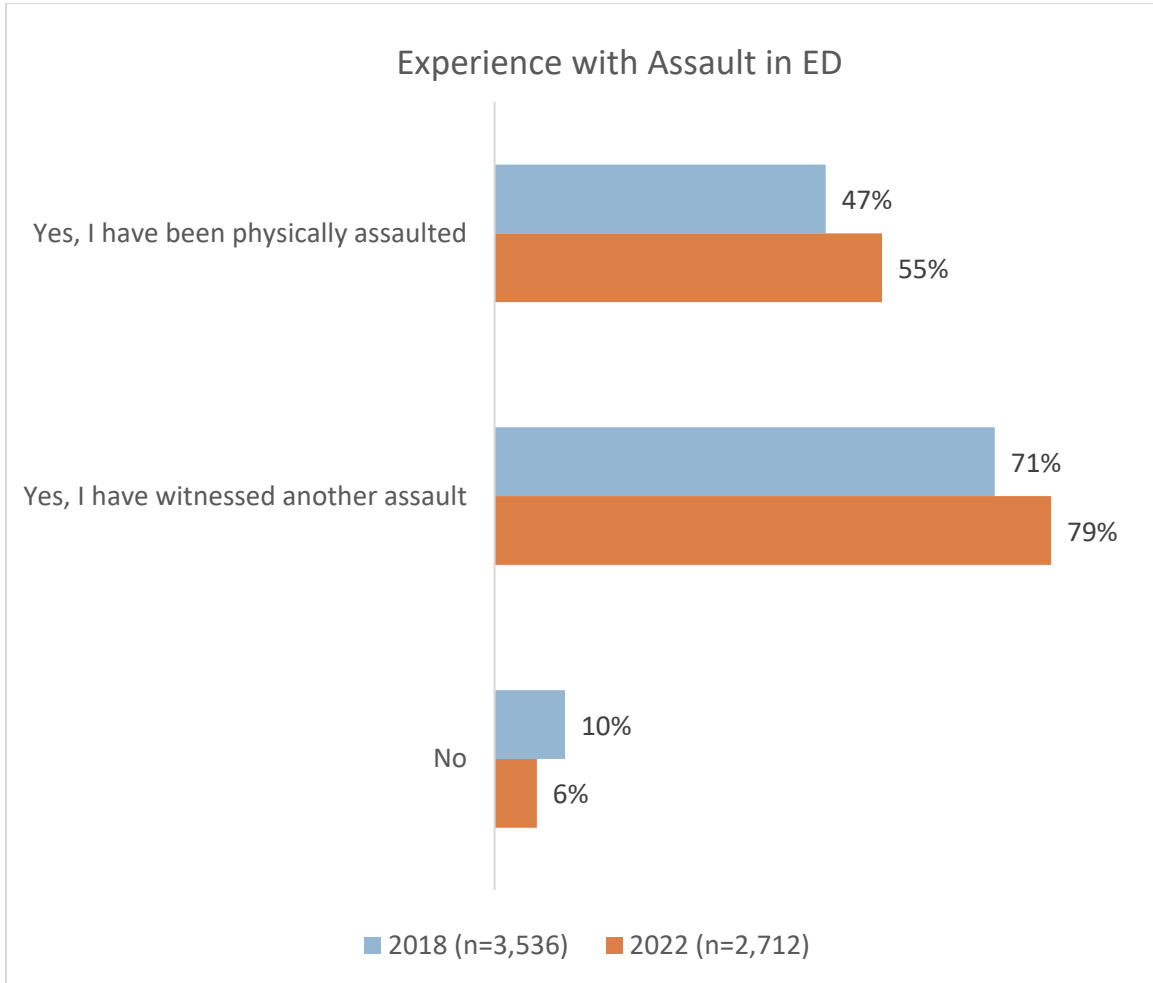
Q4. What is the annual emergency department patient volume where you work most of your time?



The bulk of participants work in emergency departments with 50,000 to 100,000 patients annually (44%). However, compared to findings from 2018, this represents a decline in participants serving in emergency departments of this size.

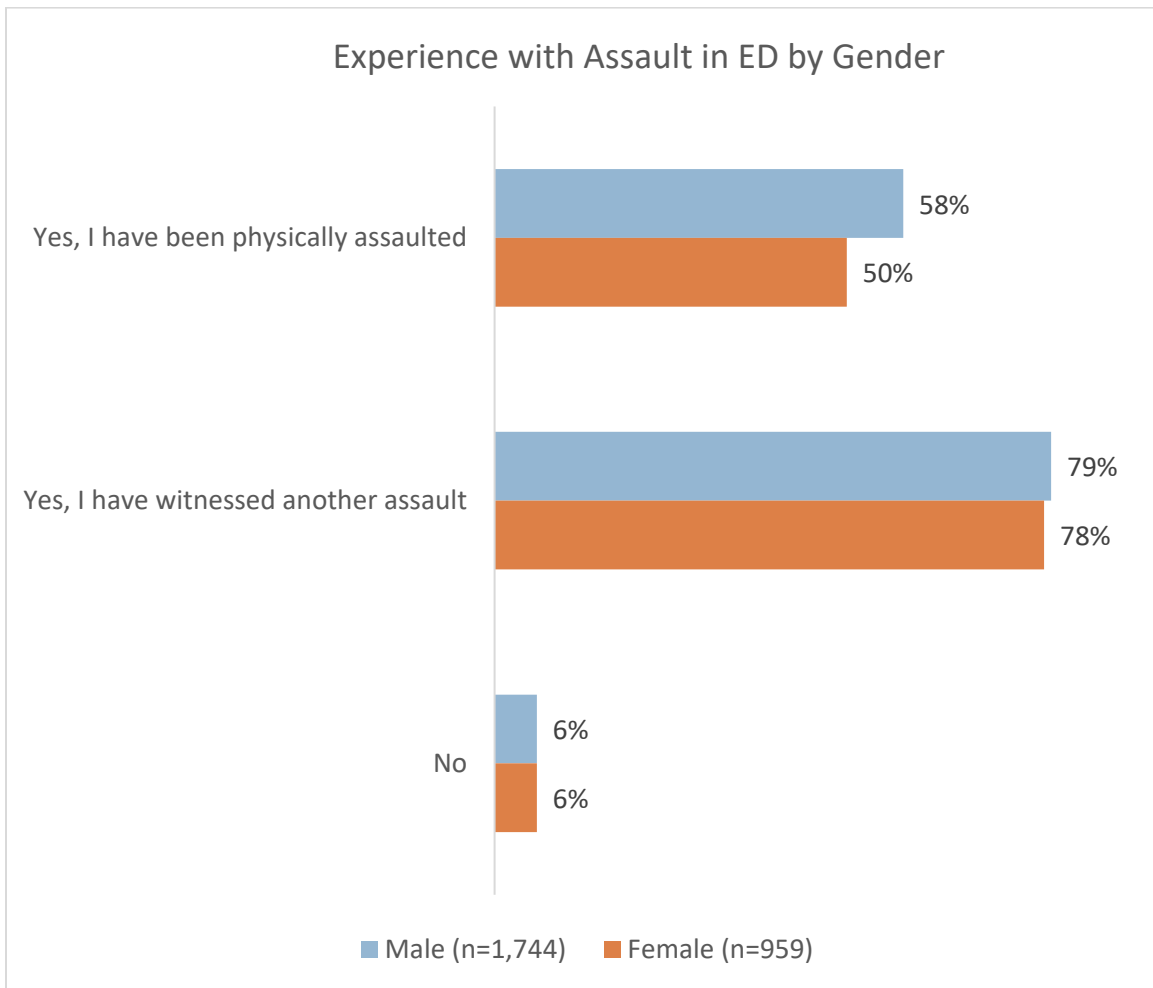
There is a slight increase in participants working in larger EDs (over 200,000 patients annually) and a slight increase in participants working in smaller EDs (10,000 to 30,000 patients annually).

Q5. Have you ever been physically assaulted or witnessed another assault while at work in the emergency department? (Check all that apply.)



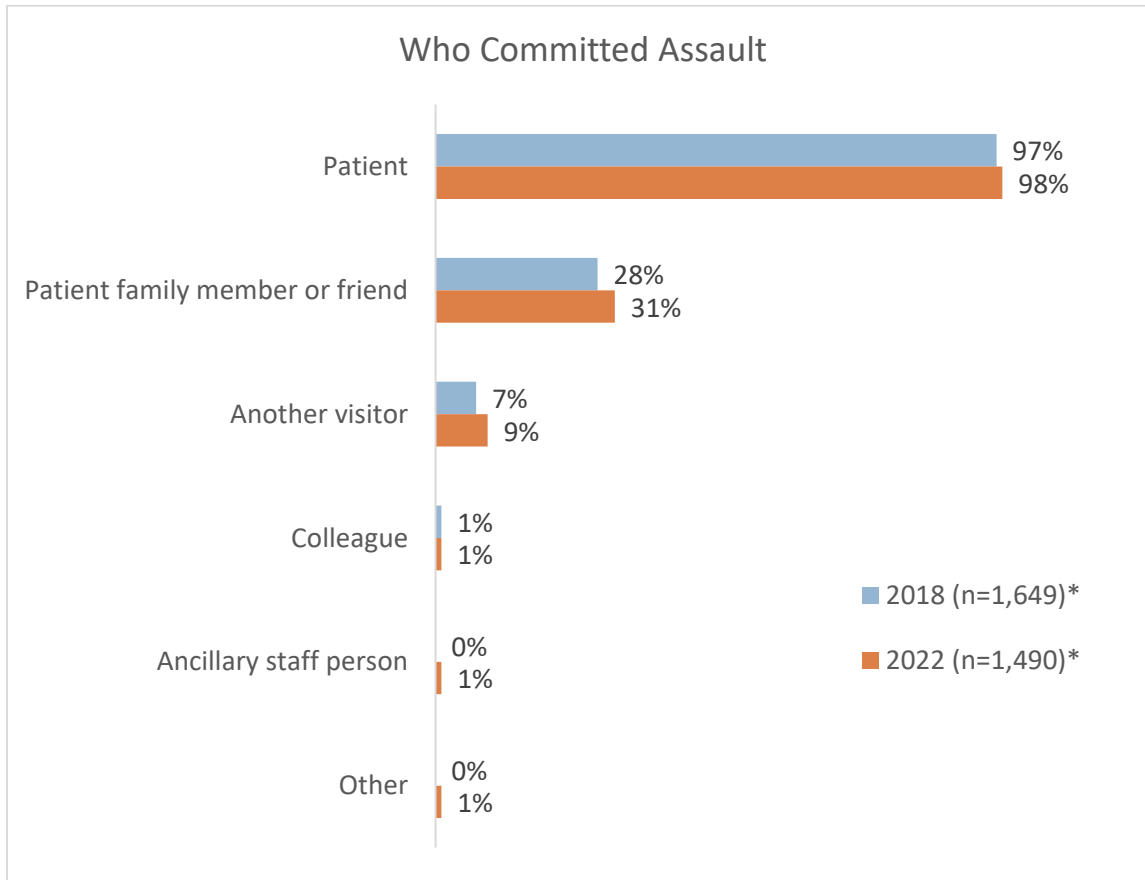
Compared to findings from 2018, more emergency physicians have been physically assaulted in the ED (55%), and a higher percentage have witnessed assault of another individual (79%).

Fewer emergency physicians indicate they have not experienced or witnessed assault while at work.



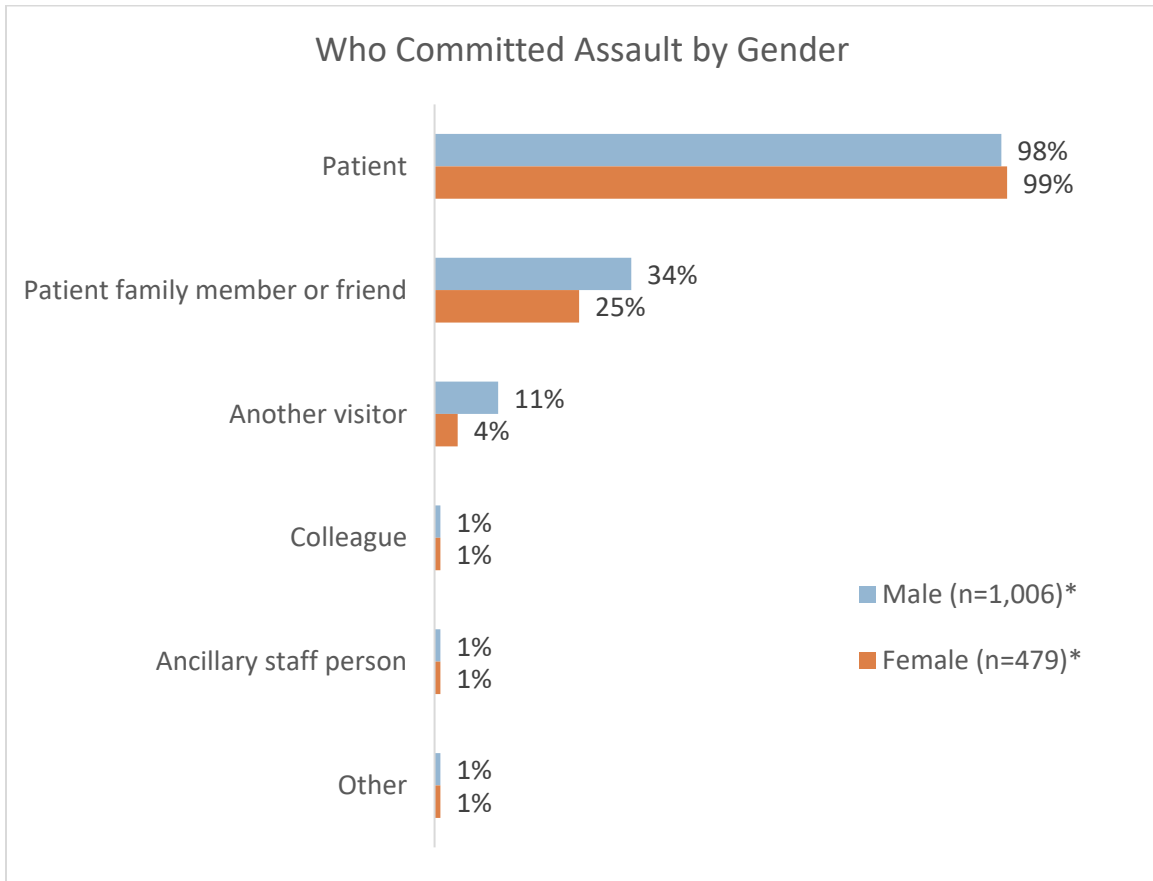
Men are more likely than women to report having been physically assaulted in the emergency department while at work (58% vs. 50%).

Q6. Who committed the assault? If more than one assault, please answer for the most recent incident. (Check all that apply.)



** Among those who have been physically assaulted*

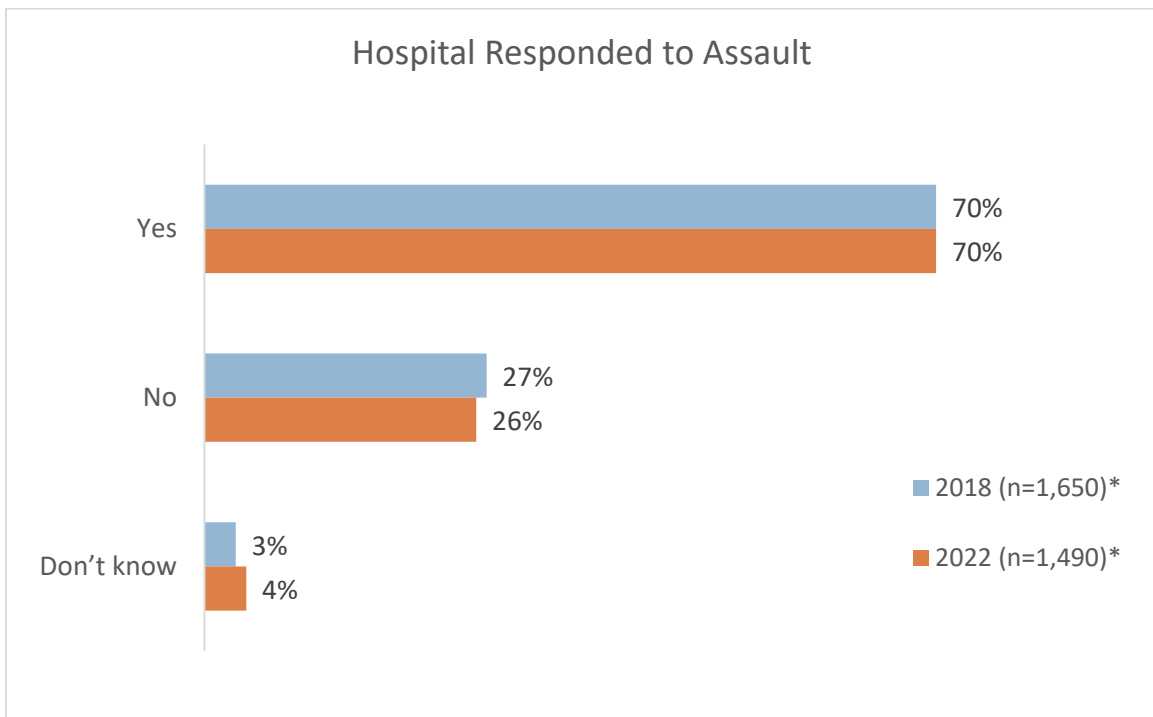
Results mirror those from 2018. Similar to previous findings, almost all physical assaults against emergency physicians were committed by patients. Around three in ten assaults were committed by family or friends of the patient being treated by the physician (31%).



** Among those who have been physically assaulted*

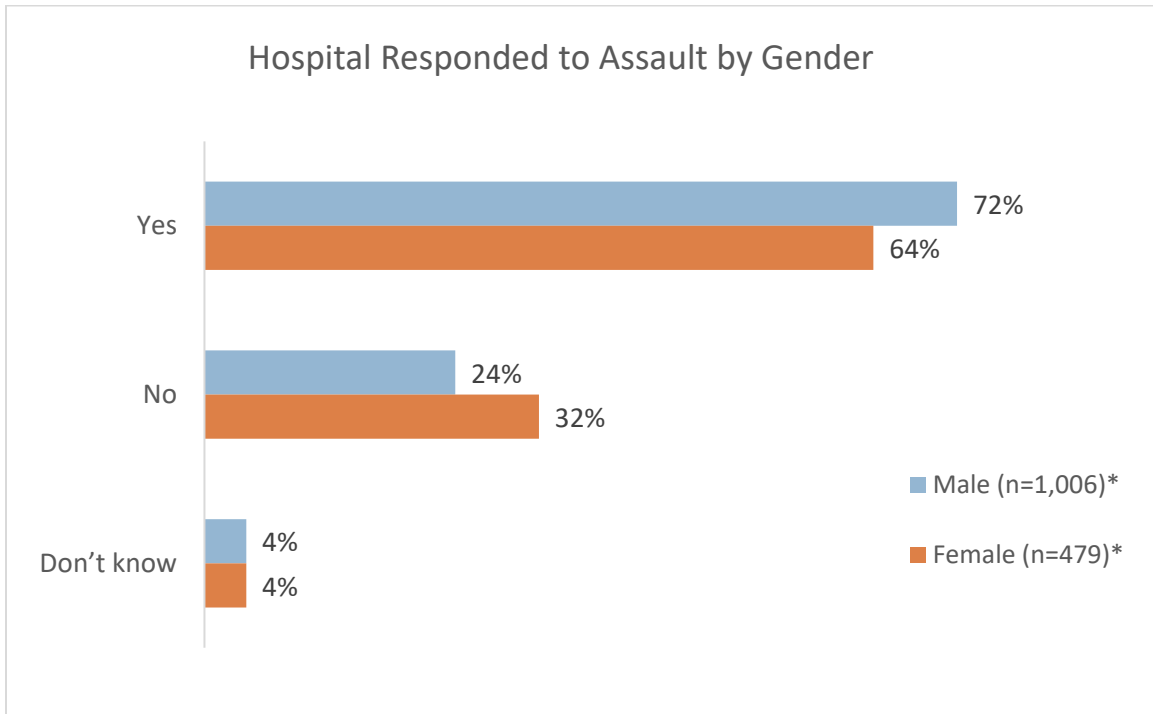
Male physicians are more likely to be assaulted by friends or family members of the patient or another visitor than female physicians.

Q7. Did your hospital administration or hospital security respond to the assault?



** Among those who have been physically assaulted*

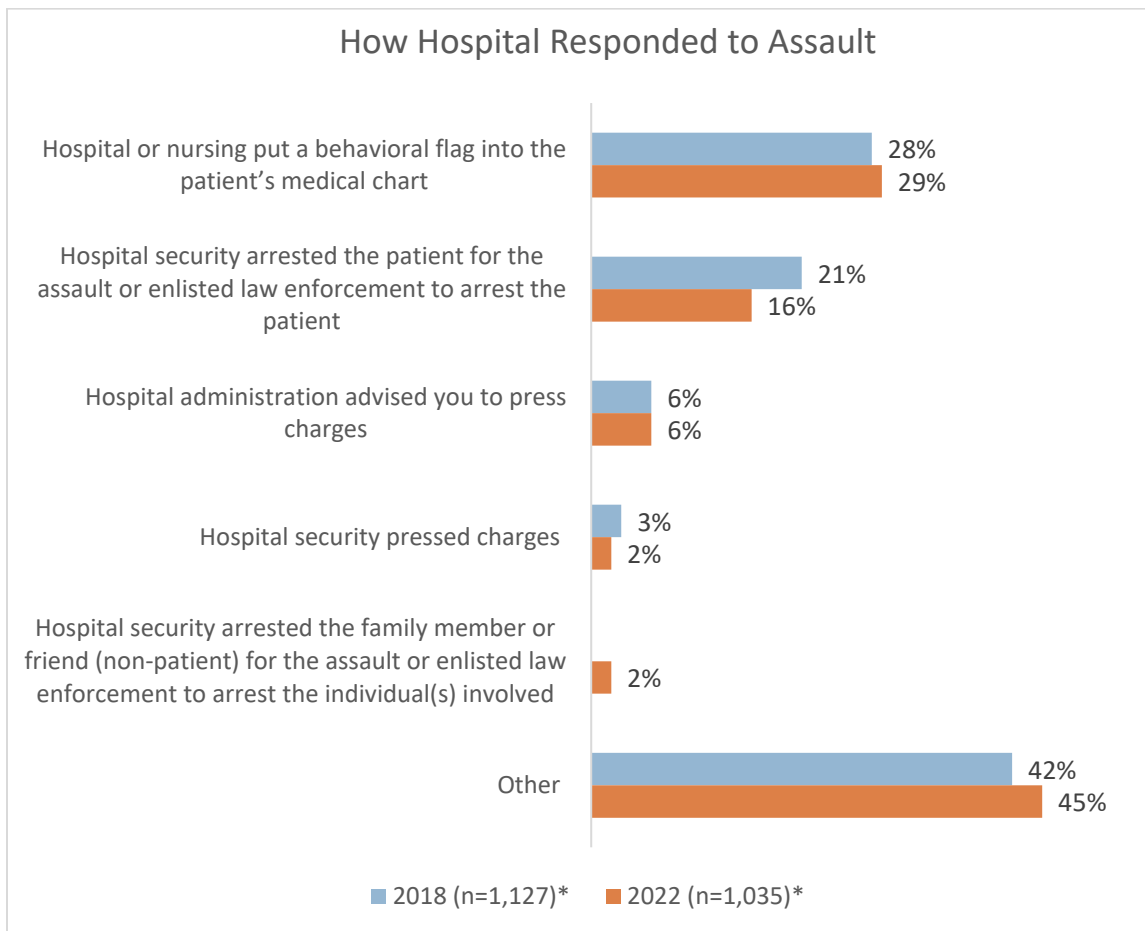
Nearly identical to the previous research, 70% of emergency physicians physically assaulted said that their hospital administration or security responded to the assault.



** Among those who have been physically assaulted*

Results show that hospital administration or security are more likely to respond to an assault with male physician victims than female physician victims. This may be due to the type or severity of the assault, but the discrepancy is noteworthy.

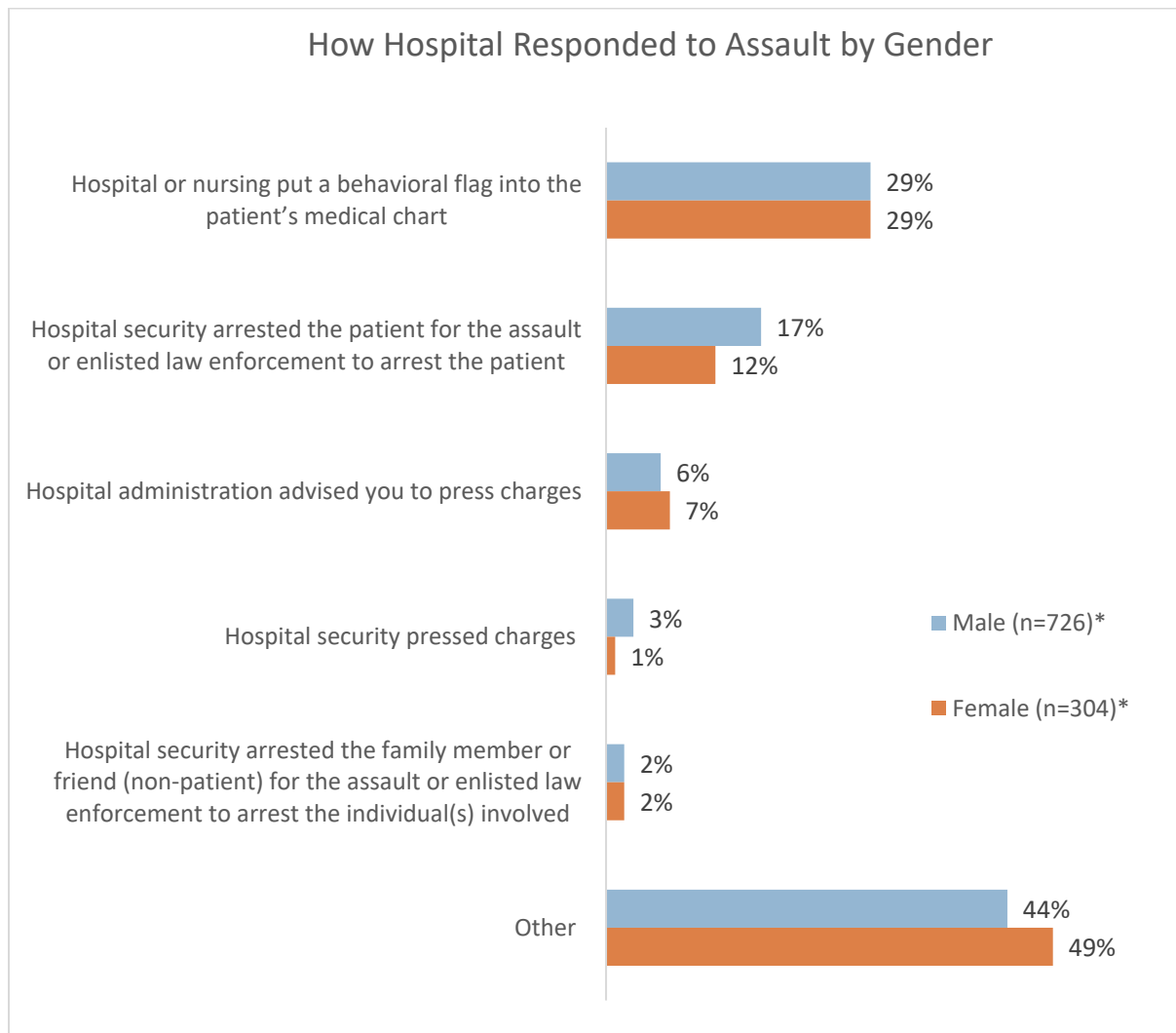
Q8. How did the hospital administration or hospital security respond to the assault?



** Among those who have been physically assaulted and whose hospital responded*

Like findings from 2018, the hospital administration and security’s most common responses to physical assaults are to put a behavioral flag in the patient’s medical chart (29%) or to have the patient arrested, although fewer physicians report in the current research that patients were arrested (16%, down from 21%).

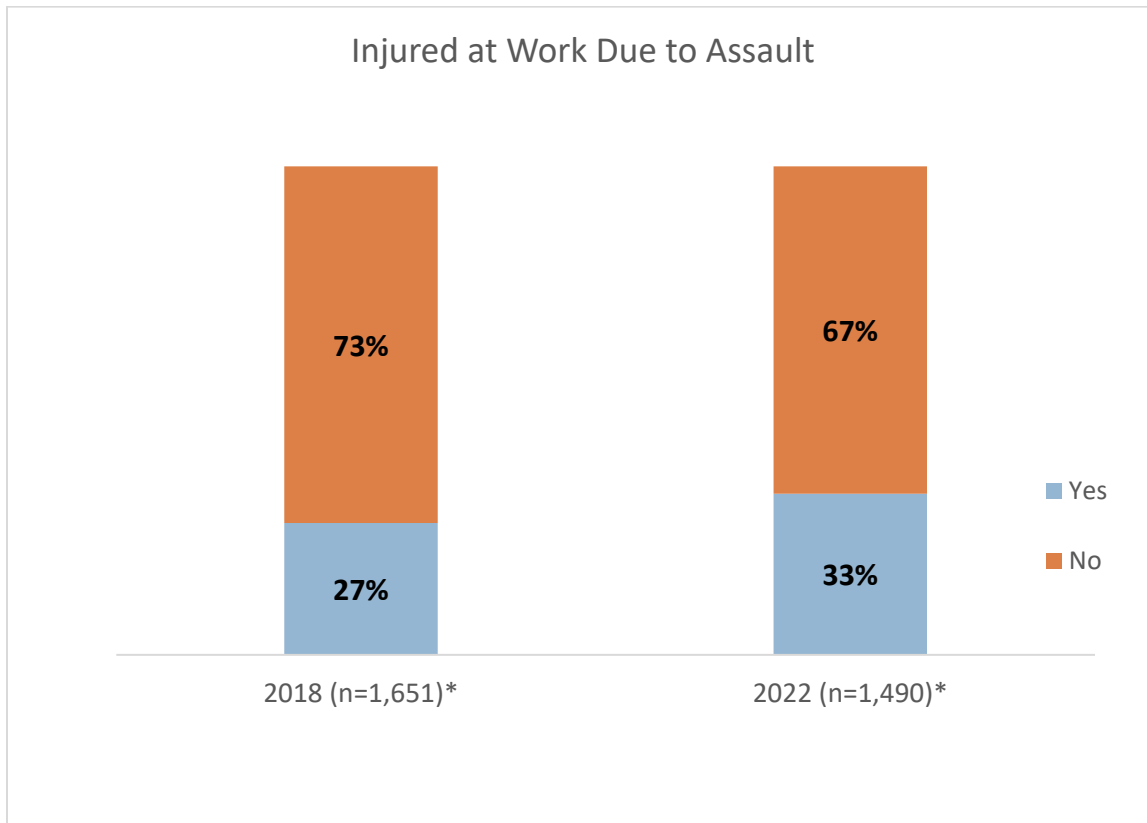
Among those who gave “other” responses (45%), many indicated that the hospital’s reaction is minimal: escorting the patient off property, restraining the patient, or in many cases, doing nothing. “The administration rarely gets involved.” When they do get involved, physicians note that it is often to “de-escalate” the situation in a way that will appease the family or patient, and not the physicians or staff. Several physicians indicate that they have been encouraged NOT to press charges for fear that it would promote a negative perception of the hospital.



** Among those who have been physically assaulted and whose hospital responded*

Male physicians are more likely than female physicians to report that hospital security arrested the patient for the assault or enlisted law enforcement to arrest the patient. This may be due to the severity or type of assault inflicted on the male physician.

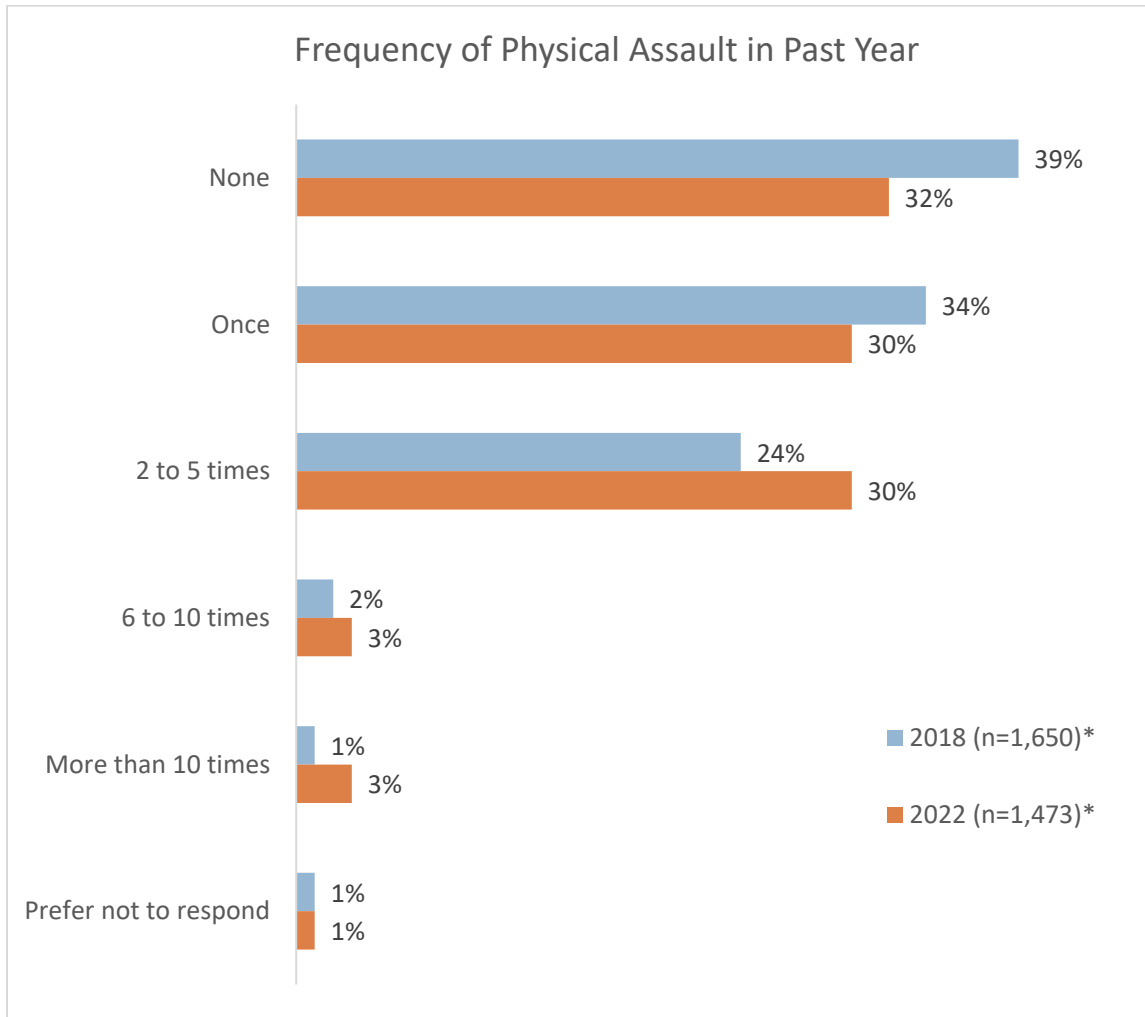
Q9. Have you ever been injured at work because of an assault?



** Among those who have been physically assaulted*

One-third of physicians who have been assaulted have been injured as a result, an increase since 2018. The percentages are exactly the same for male and female physicians: 33% have been injured as a result of the assault endured.

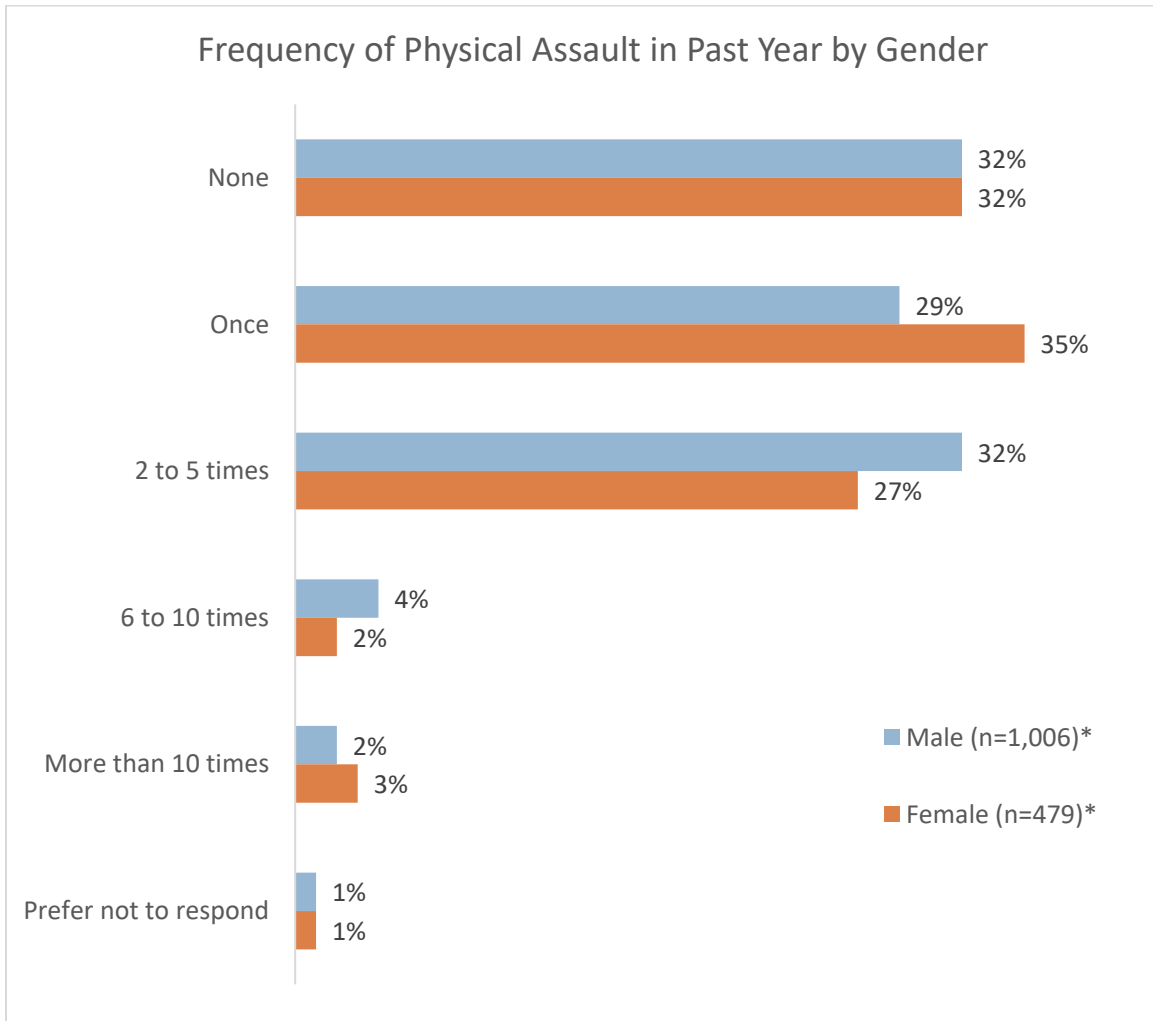
Q10. How many times have you been physically assaulted in the emergency department in the past year?



** Among those who have been physically assaulted*

Two-thirds of assaulted physicians have been assaulted in the past year alone (66%). More than one-third of emergency physicians have been assaulted more than once during that time (36%).

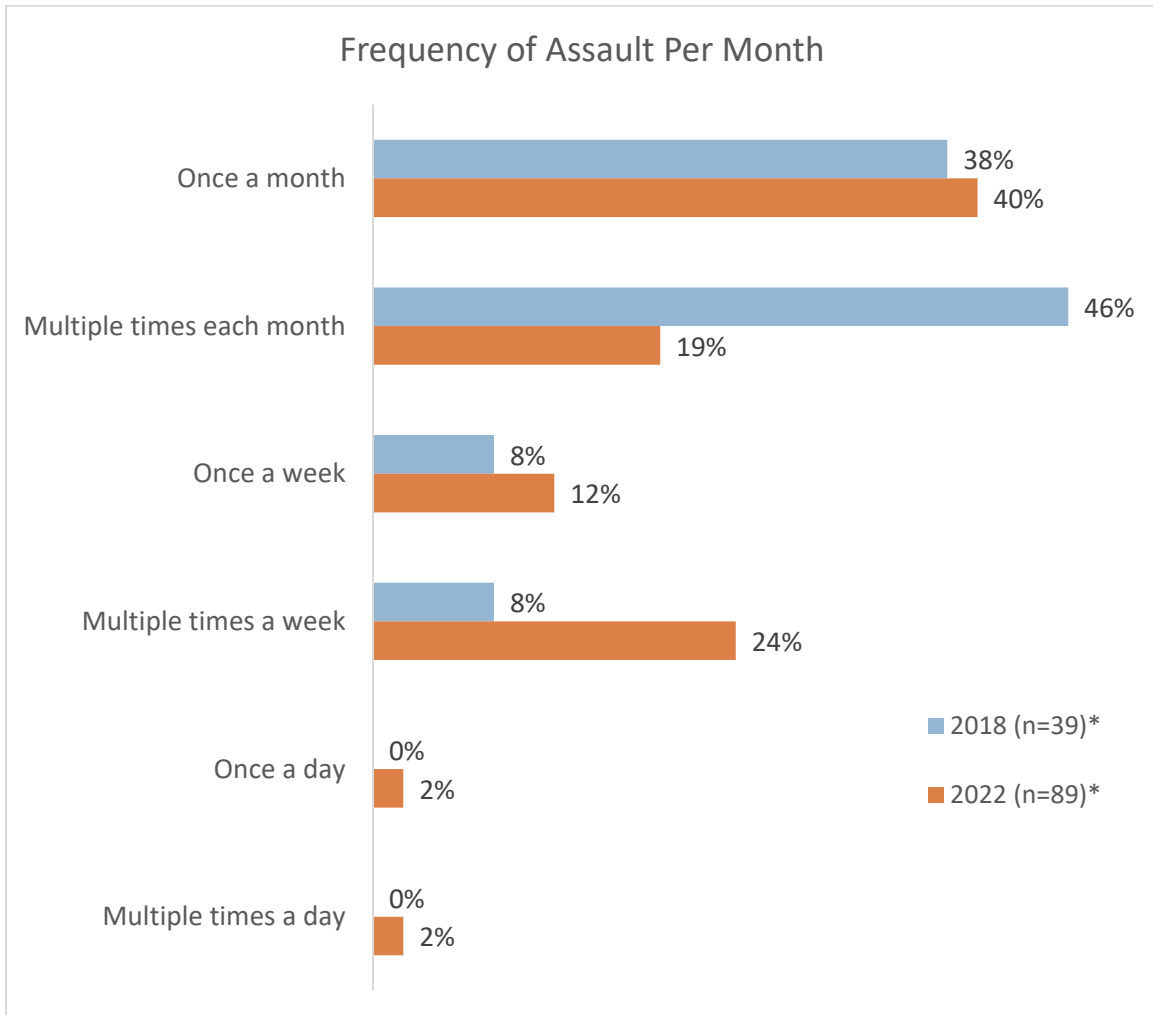
Compared to results from 2018, the frequency of assault on physicians has increased.



** Among those who have been physically assaulted*

Female physicians are more likely to have been assaulted only once in the past year, while male physicians are more likely to have been assaulted two to five times in the past year.

Q11. In a typical month, how frequently have you been physically assaulted in the emergency department?

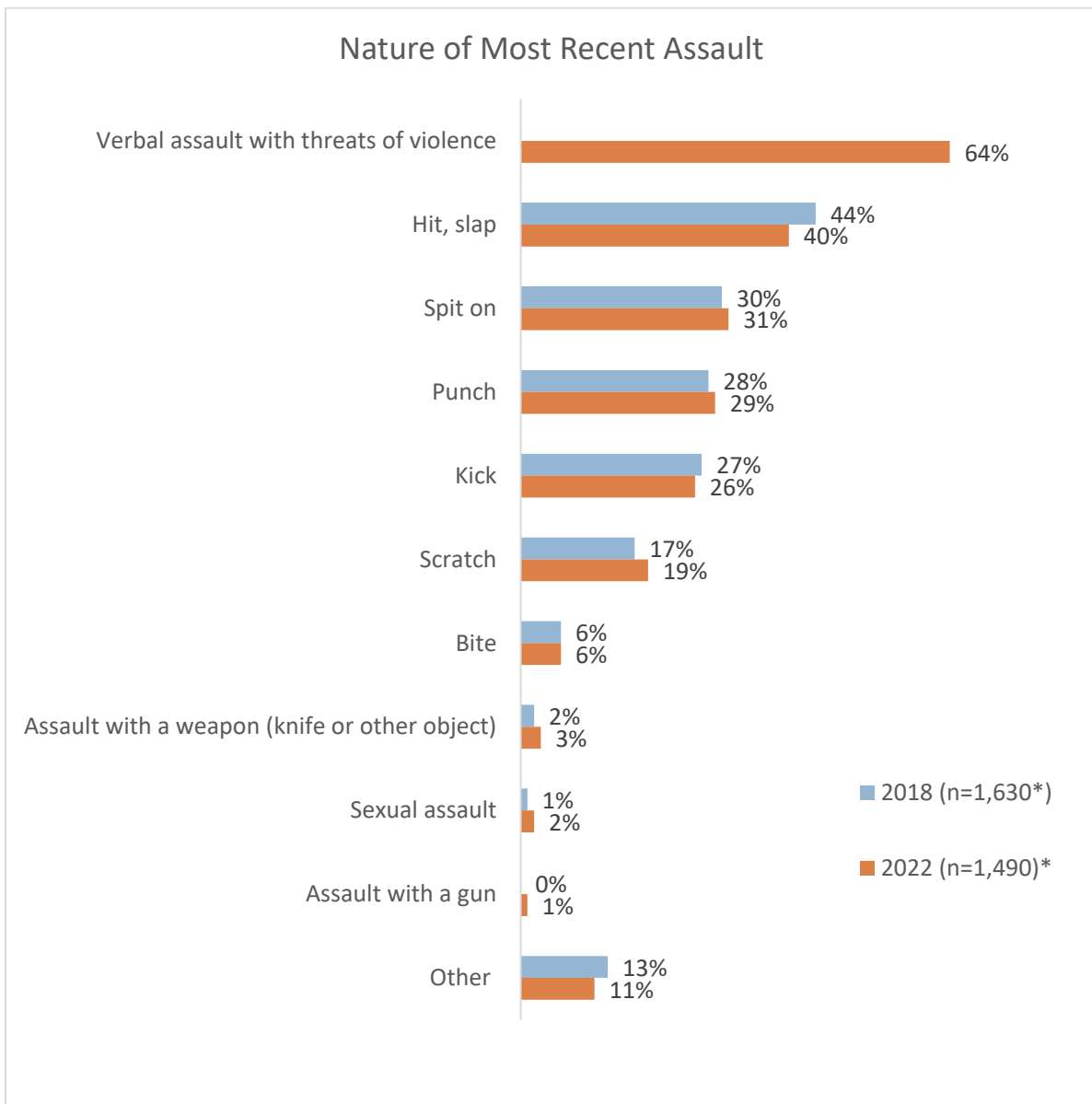


** Among those who have been physically assaulted 6+ times in the past year*

Among emergency physicians who have been assaulted six or more times in the past year, more than half have been assaulted several times each month (59%). In fact, 36% were assaulted on a weekly basis and 4% were assaulted on a daily basis.

Compared to the previous research, the frequency of assaults has increased.

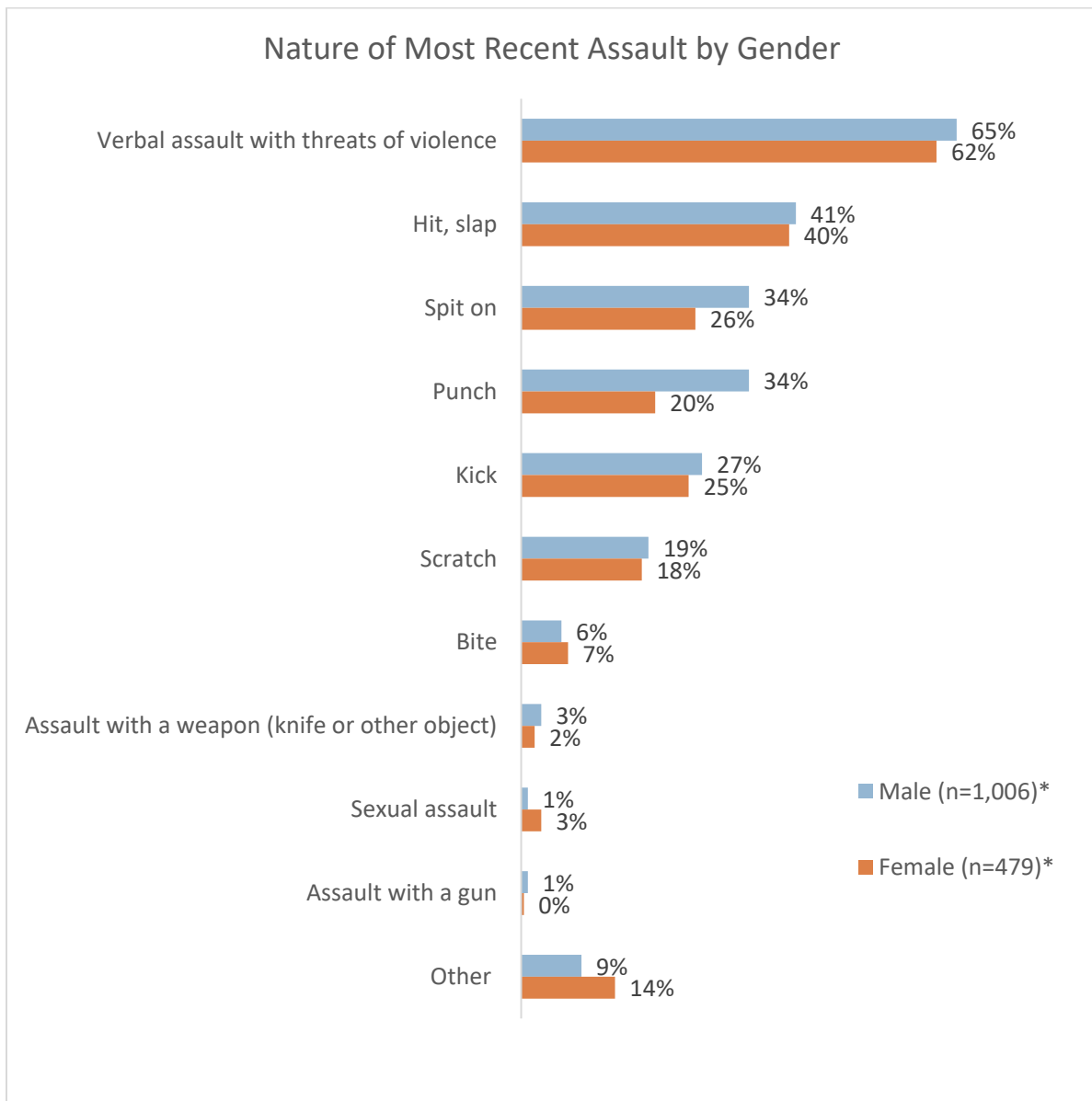
Q12. What was the nature of your most recent assault? (Check all that apply)



** Among those who have been physically assaulted*

Verbal assault, with threats of violence, are the most common form of assault (64%), followed by a hit or slap (40%). Emergency physicians also report being spit on, punched, or kicked.

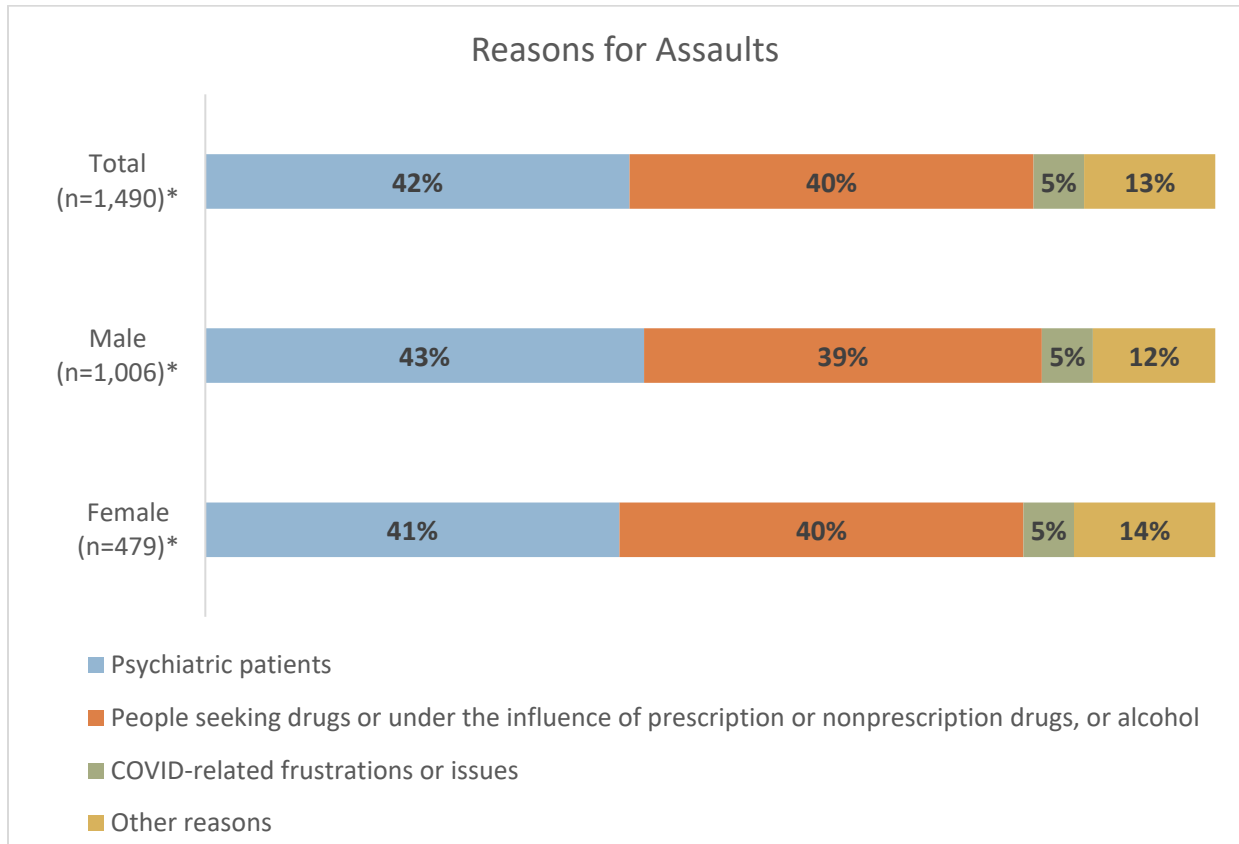
The type of assaults reported are similar in frequency to findings from 2018, with a slight drop in the percentage of physicians reporting being hit/slapped.



** Among those who have been physically assaulted*

Male physicians are more likely to be spit on or punched than female physicians.

Q13. Please indicate what percentage of the attacks are from each of the following. Total percentage should add to 100%.

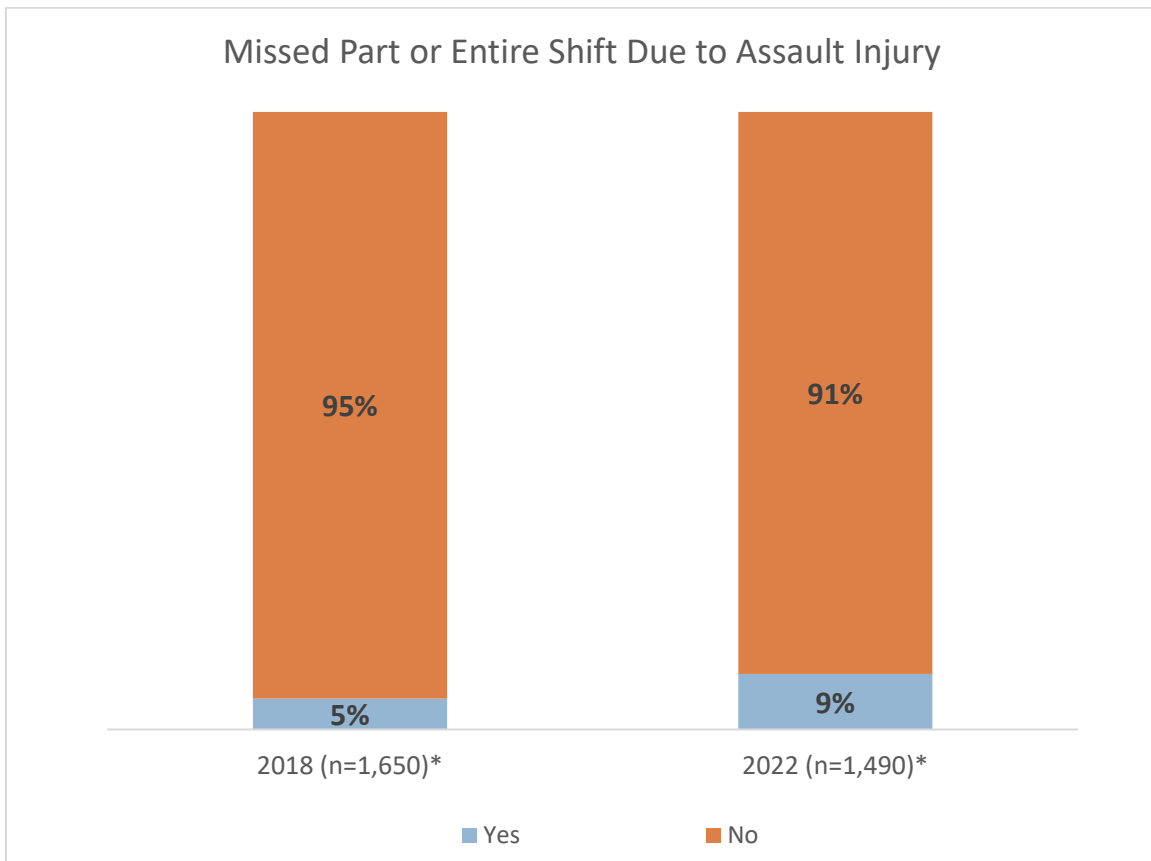


** Among those who have been physically assaulted*

Emergency physicians report that psychiatric patients and those seeking drugs or under the influence of drugs or alcohol are most often responsible for the assaults experienced (42% and 40%, respectively).

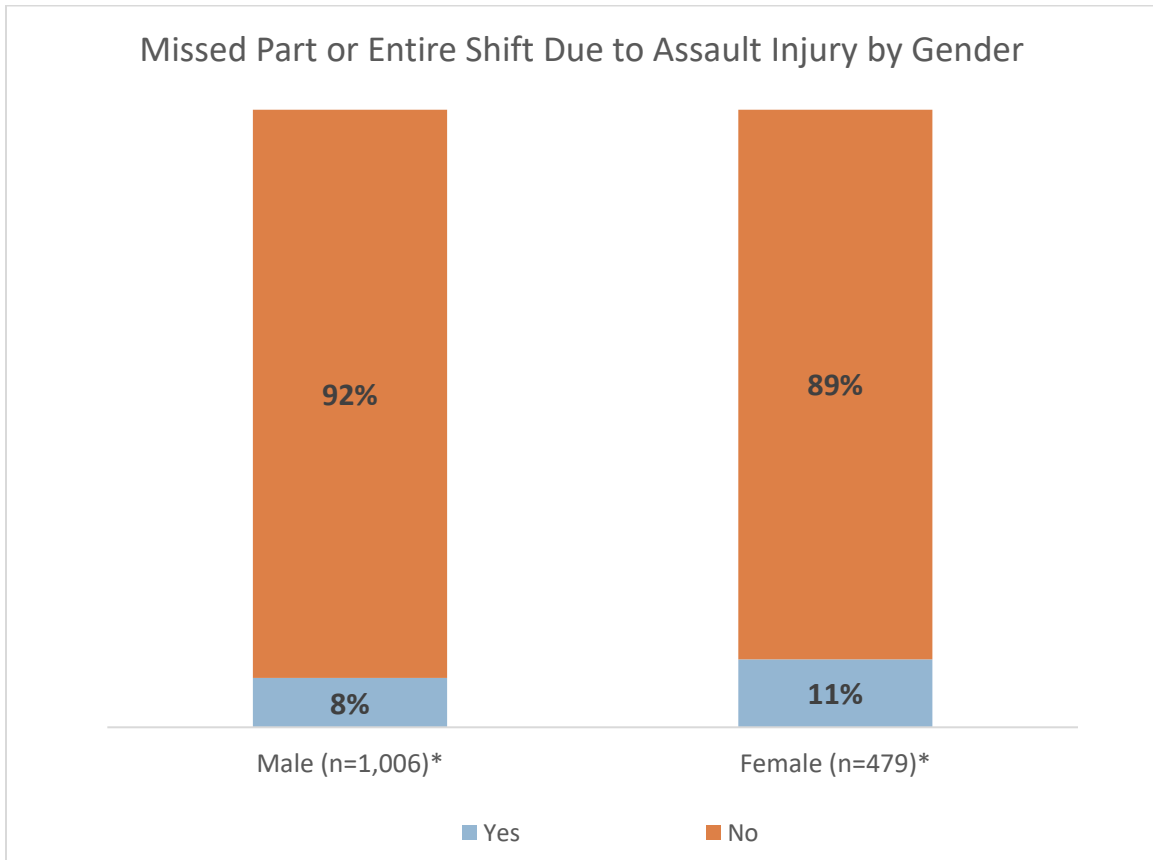
There are virtually no differences between male and female physicians for the reasons attributed to the assaults.

Q14. Have you ever missed part of or your entire shift due to an injury from an assault in the emergency department?



** Among those who have been physically assaulted*

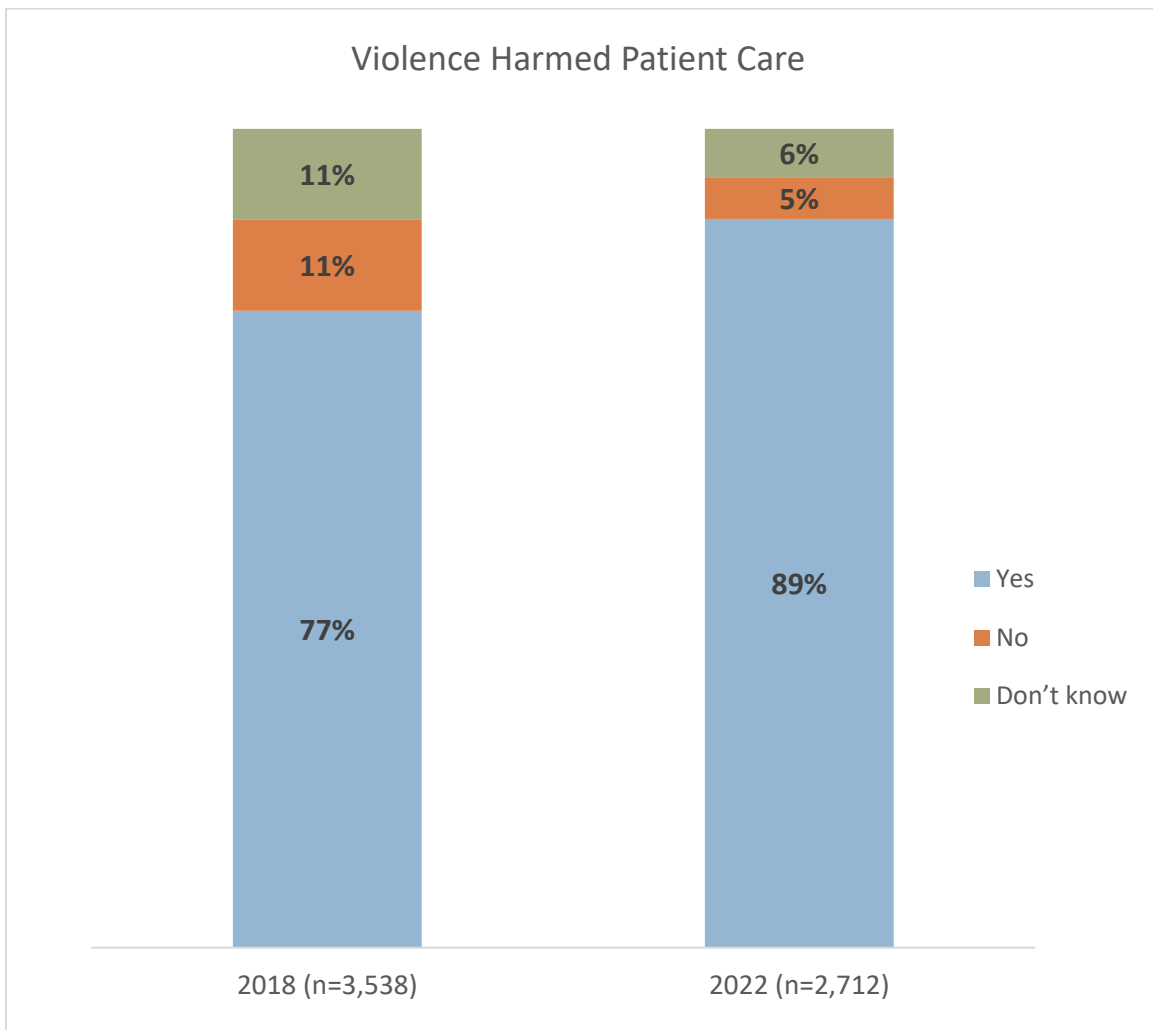
Few (9%) emergency physicians who have been assaulted have missed either a part of or an entire shift due to an assault. However, this percentage has increased since 2018 (5%).



** Among those who have been physically assaulted*

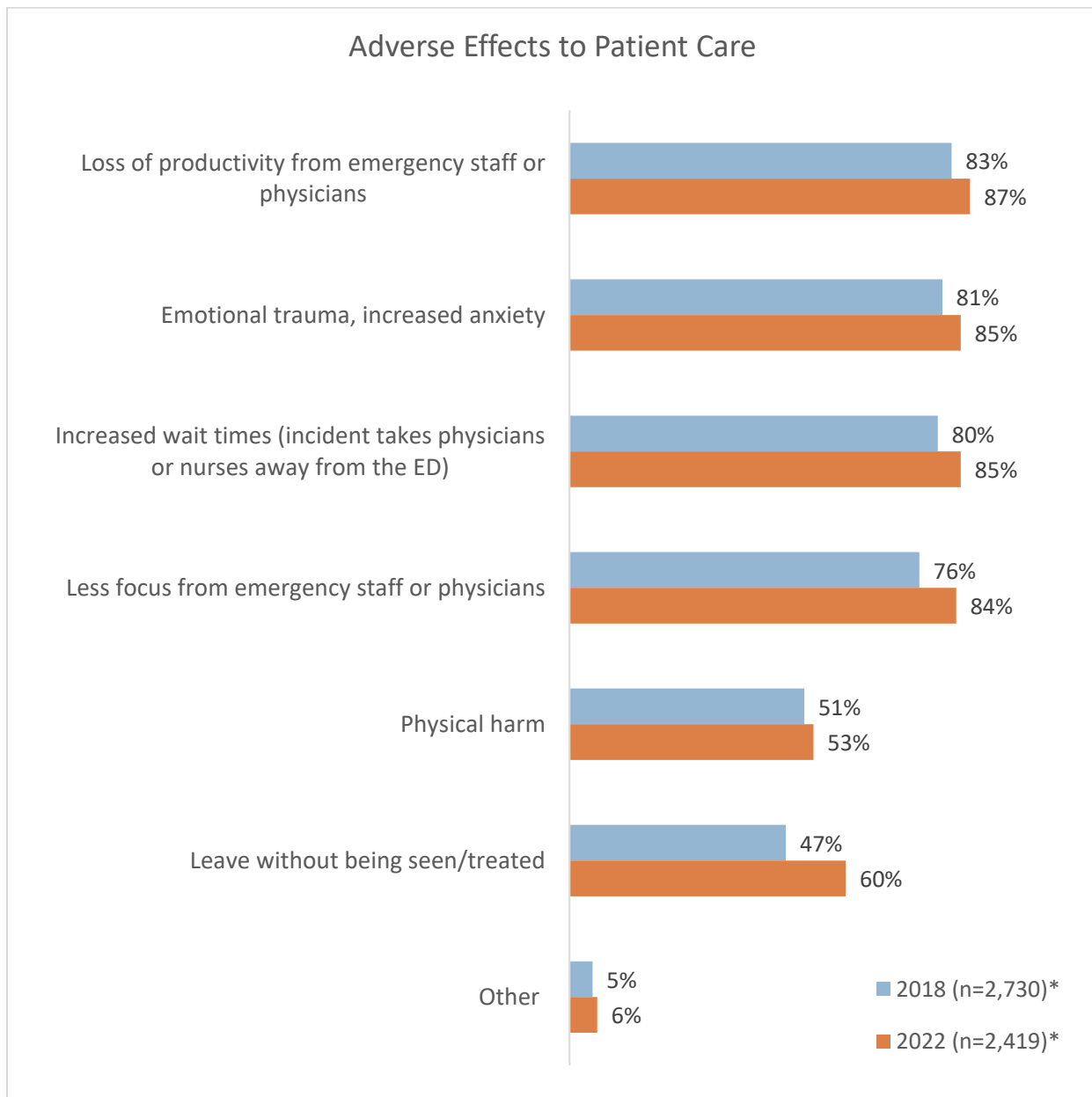
Female physicians are slightly more likely to report missing part or all of a shift due to an injury sustained during an assault (11%).

Q15. In your opinion, has violence in the emergency department harmed patient care?



Nearly nine in ten physicians agree that violence in the emergency department has harmed patient care (89%). This percentage has increased since 2018 (77%).

Q16. How have patients been adversely affected? (Check all that apply.)

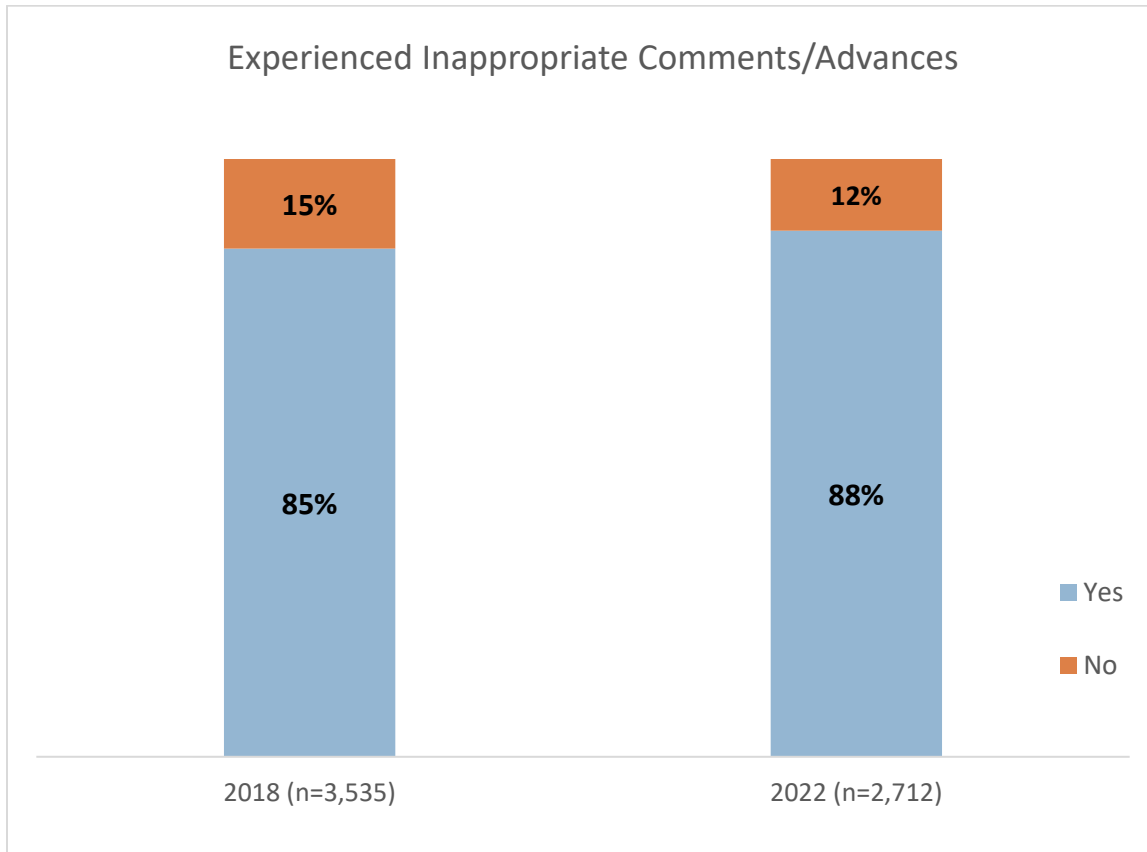


** Among those who believe that violence in the emergency department has harmed patient care*

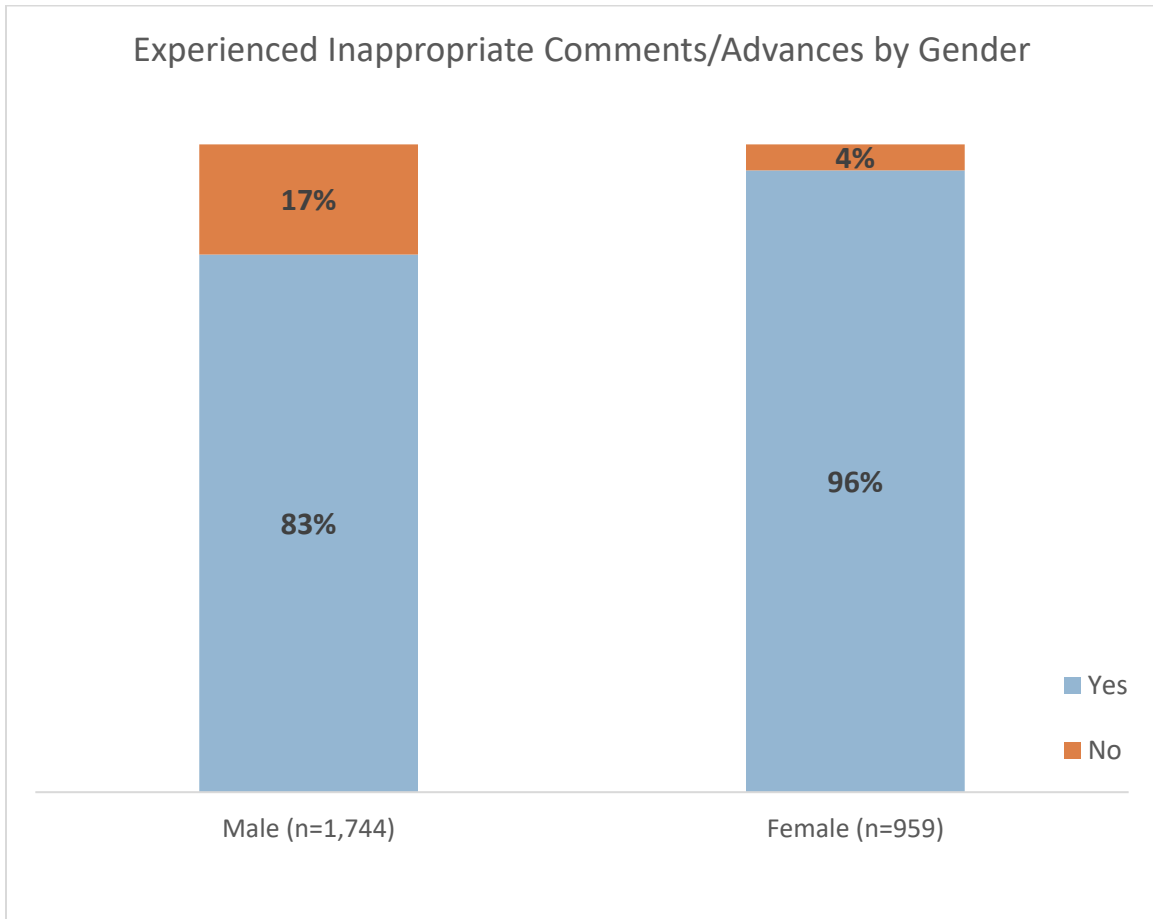
Similar to findings from 2018, loss of productivity, emotional trauma, increased wait times, and less focus are cited as the most common adverse effects on patient care due to emergency department violence.

Compared to 2018, physicians indicate that each of the adverse effects on patient care have increased.

Q17. Has a patient or visitor ever made inappropriate comments or unwanted advances to you?

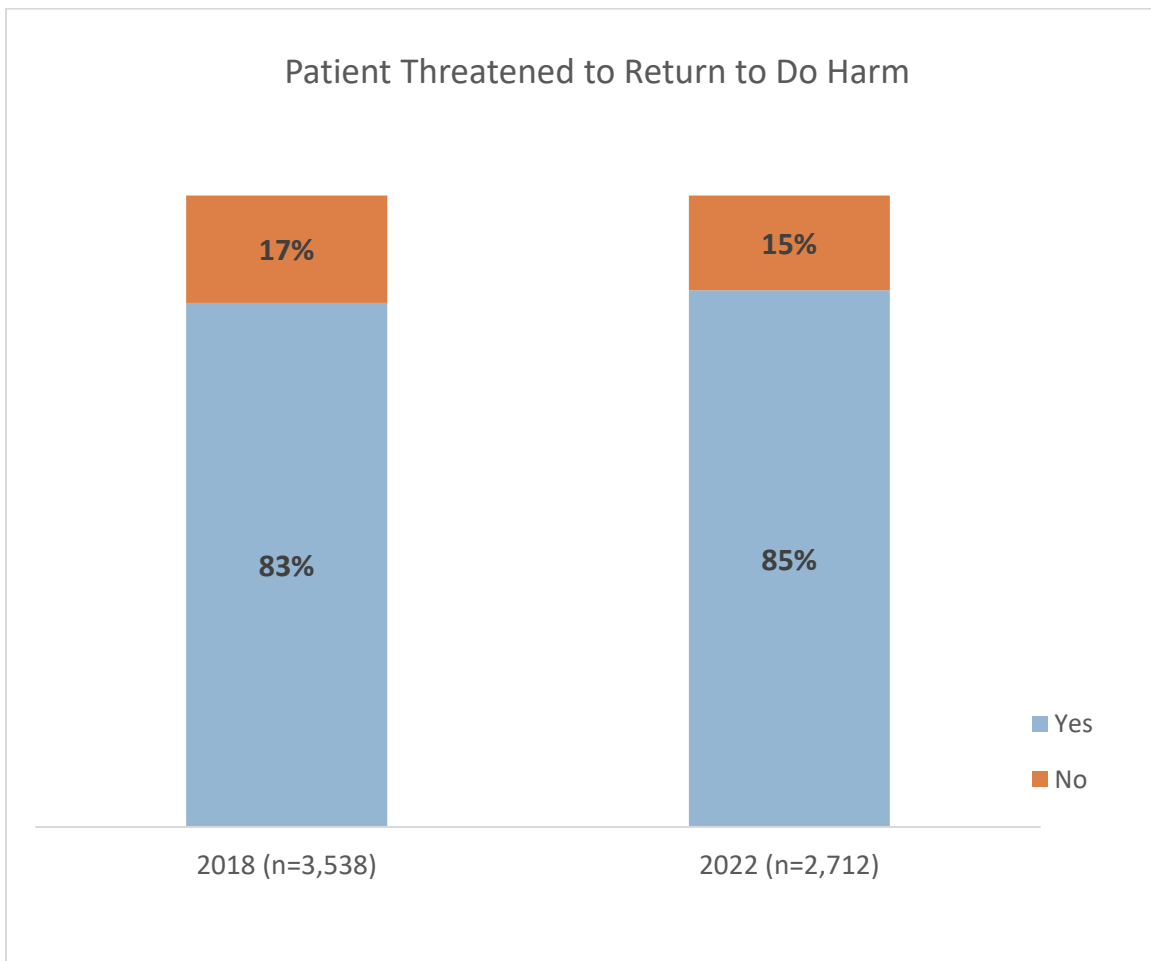


88% of emergency physicians report that patients or visitors have made inappropriate comments or advances toward them, an increase from 2018 (85%).



Female physicians are significantly more likely to experience inappropriate comments or advances from patients or visitors.

Q18. Has a patient ever threatened to return and harm you or emergency department staff?



85% of emergency physicians report that a patient has threatened to return and harm them or emergency department staff, a slight increase since 2018.

When examined by gender, the same percentage of male and female physicians (85%) report that a patient has threatened to return and harm them and/or emergency department staff.

Q19. Rank the most important thing hospitals can do to increase safety in emergency departments. Drag each item below to your desired ranking.

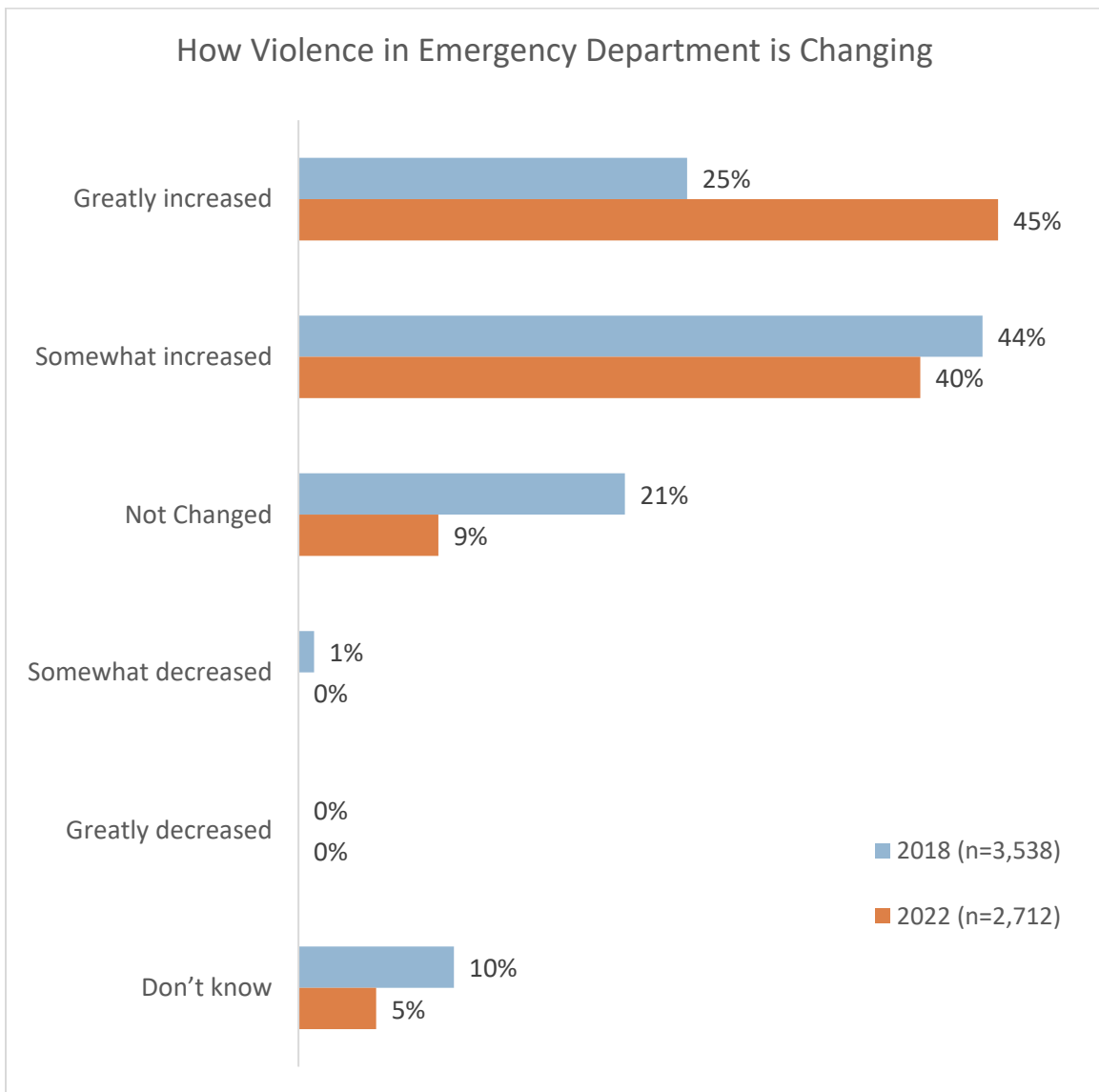
Ranked Importance of Ways to Increase Safety in Emergency Departments				
	2018		2022	
	Mean	Rank	Mean	Rank
Increase security (security guards, security cameras, security for parking lots, metal detectors, screen all visitors)	2.00	1	2.06	1
Establish, communicate, and enforce clear policies	3.32	2	3.37	2
Report incidents to the police	3.48	3	3.51	3
Increase staff in the emergency department	3.85	5	3.55	4
Reduce the number of areas in the emergency department that are open to the public	3.54	4	3.70	5
Offer training in self defense	5.22	6	5.34	6
Other	6.59	7	6.48	7

Emergency physicians indicate that the most important methods for hospitals to increase safety in emergency departments is to increase security; establish, communicate, and enforce clear policies; and report incidents of violence to the police.

Rankings are similar to those in 2018, except that physicians now believe an increase in staff in the emergency department is a better way to increase safety over reducing the number of public areas in the emergency department. (Rankings correspond to means.¹)

¹ A lower mean score is a higher ranking (1=most important factor; 7=least important factor).

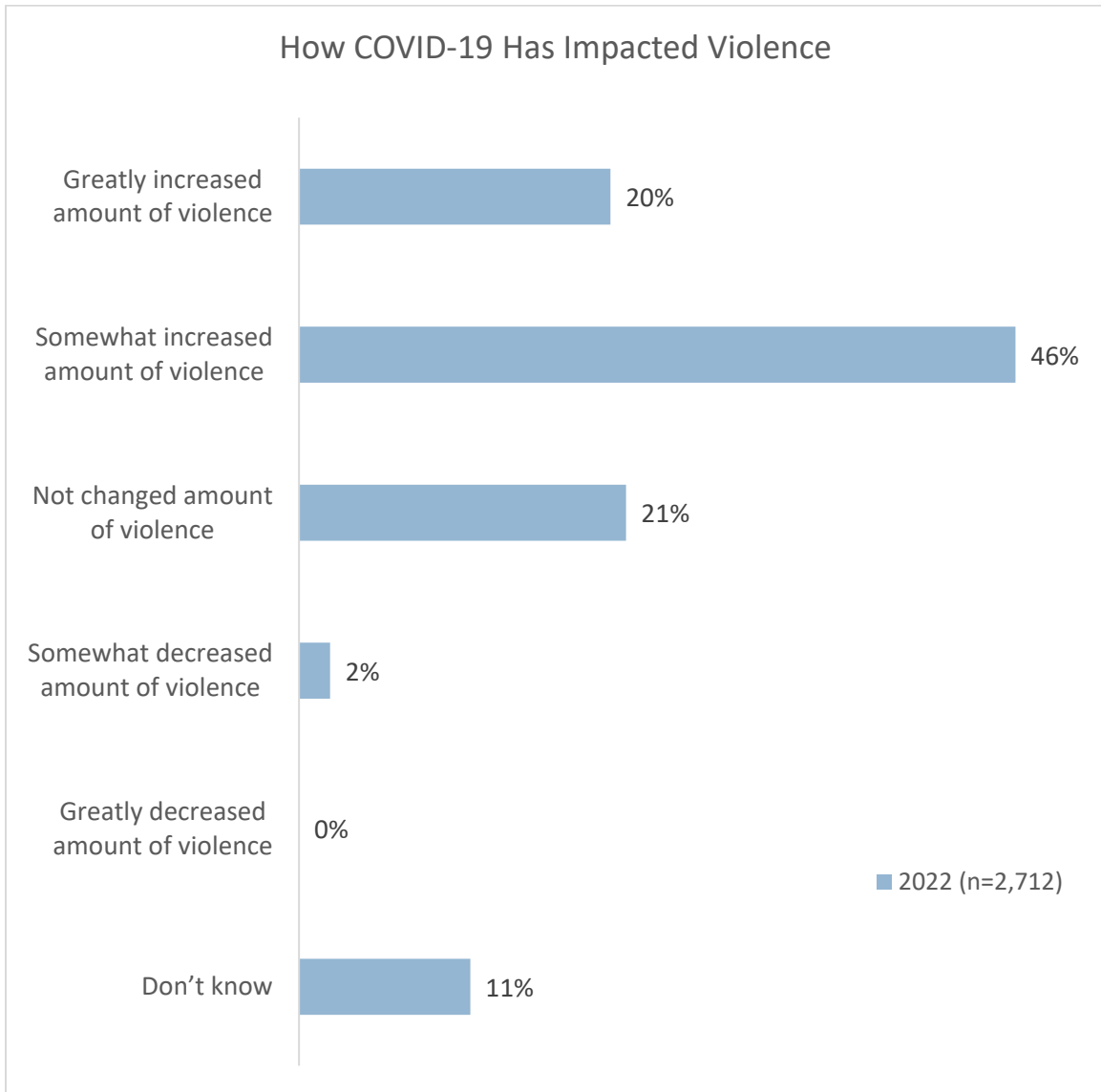
Q20. In your experience, violence in the emergency department in the past five years has:



85% of emergency physicians believe that the rate of violence experienced in emergency departments has increased over the past five years, with 45% indicating it has greatly increased. None of the physicians in the current study believe that the rate of violence has decreased at all.

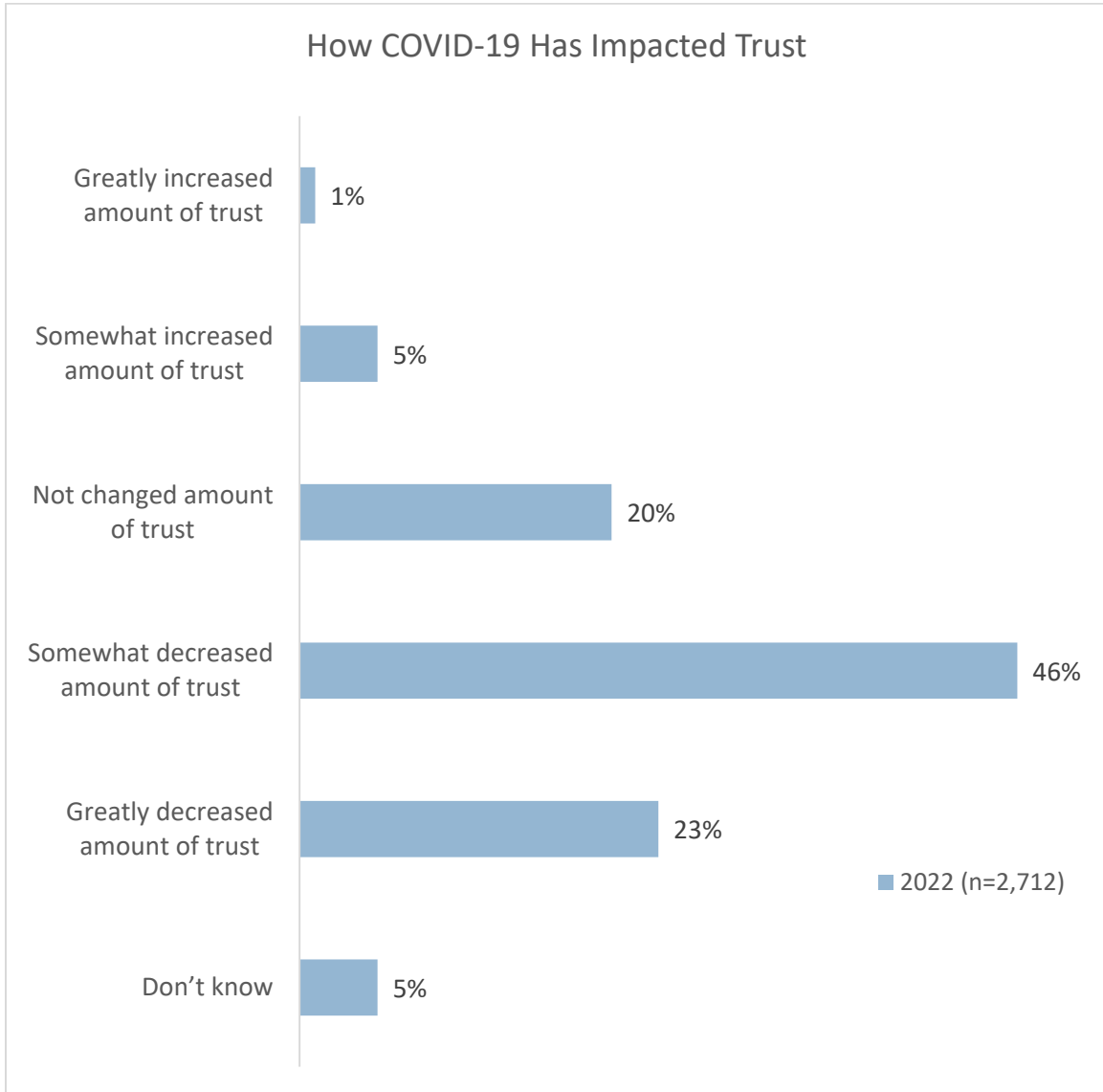
This represents a significant departure from the findings in 2018, with nearly twice as many physicians reporting that violence in the emergency department has greatly increased.

Q21. In your experience, how has COVID-19 impacted the level of emergency department violence?



Two-thirds of physicians indicate that COVID-19 has increased the amount of violence in emergency departments (66%).

Q22. In your experience, how has COVID-19 impacted the level of trust between patients and physicians or emergency department staff?



Results indicate that COVID-19 has had a chilling effect on the trust levels between patients and physicians and staff in the emergency department, with 69% of physicians reporting that COVID-19 has decreased the level of trust between patients and physicians or emergency department staff.

Q23. Rank what you think are the biggest contributing factors to violence in the emergency department. Drag each item below to your desired ranking.

Biggest Factors Contributing to Violence in the Emergency Department				
	2018		2022	
	Mean	Rank	Mean	Rank
No adequate punitive consequence or response towards the attacker	2.64	2	2.66	1
Behavioral health patients	2.62	1	2.87	2
Absence of adequate protective mechanisms for physicians/staff	3.20	3	3.36	3
Emergency department crowding	3.95	4	3.70	4
Emergency department boarding	4.82	6	4.55	5
People seeking prescription opioids	4.18	5	5.30	6
COVID-19	N/A	N/A	6.07	7
Other	6.58	7	7.50	8

Similar to the previous research, physicians believe the biggest factors contributing to violence in the emergency department are a lack of adequate punitive consequences toward the attacker, behavioral health patients, and the absence of adequate protective mechanisms for staff.

According to physicians, the lack of punitive consequences has become a bigger factor than behavioral health patients since 2018. Additionally, emergency department boarding is now a larger factor than people seeking opioids. (Rankings correspond to means.²)

² A lower mean score is a higher ranking (1=most important factor; 7=least important factor).