

# Quantifying the Effects of Workplace Violence on Burnout and Empathy



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## Background

- Workplace violence (WPV) is reported at alarmingly high rates among healthcare workers (HCWs), with some of the highest rates experienced in the emergency department (ED) (Chakraborty et al., 2022, Liu et al., 2019).
- WPV is associated with reduced quality patient care, increased turnover rates, depersonalization, and burnout.
- Given empathy's inverse relationship with burnout (Ferreira et al., 2020), it is reasonable to assume empathy is also impacted by WPV.
- The correlation between WPV and its effect on empathy is specifically important to analyze in that empathy has been shown to effect patient satisfaction, patient adherence, and clinical outcomes (Derksen et al., 2013).

## Purpose

The purpose of this study was to analyze WPV and it's influence on staff empathy and burnout.

## Methods

- A secondary analysis was completed with cross-sectional survey data from a longitudinal study done in July 2020 (Bales et al., 2021).
- All full- and part-time ED staff members were eligible.
  - Resident physicians, nurses, technicians, and supportive staff
  - Supportive staff included respiratory therapists, chaplains, environmental service, etc.
- Measures
  - Toronto Empathy Questionnaire (TEQ)
    - Empathy
  - Professional Quality of Life version 5 (ProQOL-5)
    - BO
  - WPV questionnaire
    - Physical violence, verbal violence, lateral violence
    - Frequency ranged from Never = 0, to Very Often = 4
  - Demographics
    - Position; years in role; years in specialty; hours worked/week; sex; age

## Results

Of the 400 eligible staff, 98 (24.5%) staff members completed all four survey components:

### Demographics

- Resident/attending physicians (n = 39, 39.8%); nurses/technicians (n = 43, 43.9%); 16.3 % (n = 16) supportive staff.
- Female (n = 55, 56.7%), <35 years old (n = 61, 62.9%), working between 30-50 hours (n = 57, 58.2%), and in their professional role for less than 10 years (n = 84, 85.7%).

### WPV

- 99.0% (n = 97) reported experiencing some sort of WPV in the past six months**
- Nurses/technicians reported the highest rates of frequent physical violence (n = 10, 23.3%), frequent verbal violence (n = 33, 78.8%), and frequent lateral violence (n = 4, 9.5%) (Figure 1).
- Average levels of BO (24.8 ± 5.8) were seen across roles.**
- Higher than average empathy levels were seen overall.**
- Significant differences were seen across roles for BO (p = .04) and empathy (p = .05).
  - Nurses/techs experienced the lowest levels of empathy (45.2±7.5) and highest levels of BO (25.3 ± 5.6) among all the roles.

### Correlational analysis

- Frequency experienced with physical violence and lateral violence had statistical significance on BO and empathy (Figure 2 & Figure 3).
- Frequency experienced with verbal violence had statistical significance on BO

Figure 2. Impact on empathy scores by frequency of reported lateral violence.

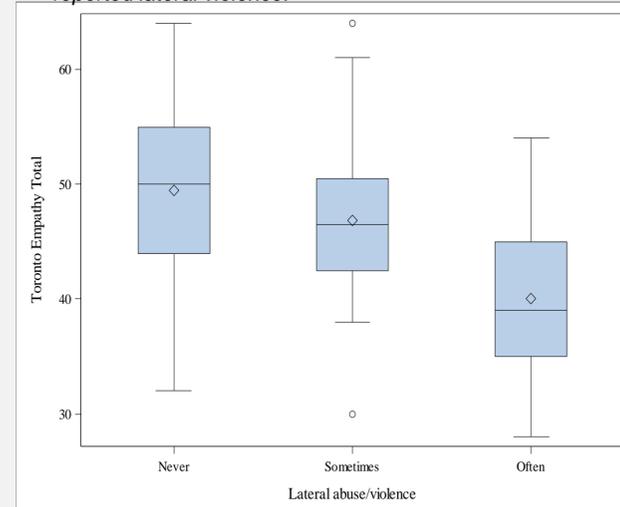


Figure 3. Impact on empathy scores by frequency of reported physical violence.

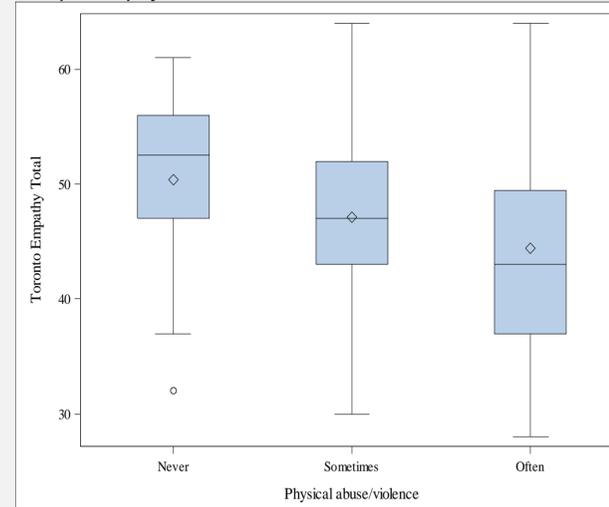
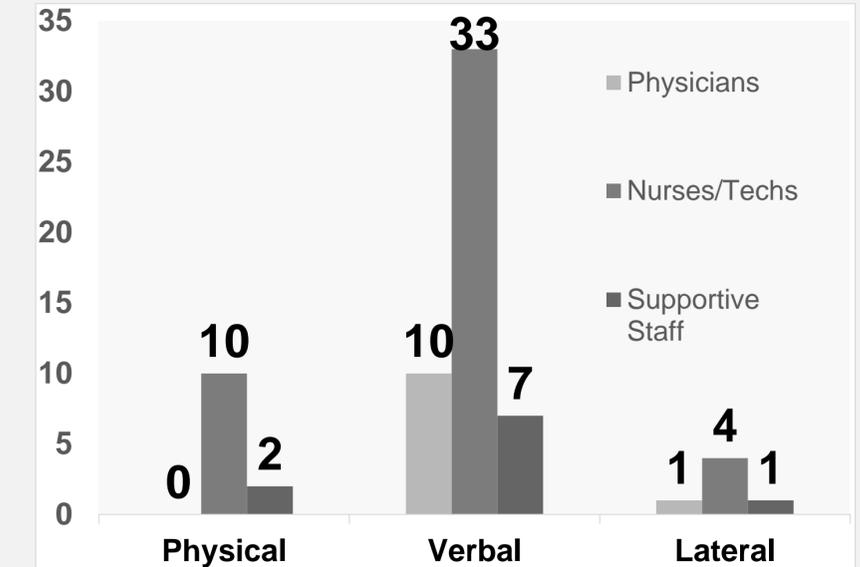


Figure 1. Rates of frequently experienced violence by WPV types.



## Conclusions

- Limitations
  - Single institutional study – lack of generalizability
  - Types of violence were not defined for staff on the questionnaire, which may have underrepresented the true estimates.
- Lateral and physical demonstrated similar impacts on staff's BO and empathy.
- Lateral violence should not be overlooked, as the insurmountable stress healthcare workers have felt working throughout the pandemic has most certainly fueled hostile working conditions.
- Healthcare leadership must not only improve methods for reporting all types of WPV, but also establish and follow through with strong no-tolerance policies for groups who may identify as vulnerable to lateral violence.

## References

Available on request

## Acknowledgements

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