



Editorial: Who cares for the carers? Looking after emergency healthcare professionals



The pressures placed on emergency departments and their staff on a daily basis is a worldwide phenomenon. In the UK over the past month, we have had the one-year anniversary of the Manchester Arena, Westminster Bridge and London Bridge terrorist attacks. This has placed renewed attention on emergency services who treated people at the scene and at the various emergency departments who received the injured. However, sometimes the day-to-day stresses of emergency work are often overlooked where pre-hospital and emergency staff are threatened, verbally and physically abused and in some instances assaulted. Although all healthcare professionals appreciate the emotional distress faced by patients and their relatives who require emergency treatment and when attending an emergency department; all staff have the right to work without worrying about possible verbal and physical threats.

This special issue focusses on emergency personnel and the presents a series of papers examining the various issues around workplace violence and the wellbeing of the workforce from across the globe. This issue starts with three reviews examining workplace violence from Italy, the UK and Iran. Ramacciati and colleagues have used a narrative review to examine the theories and frameworks around violence towards emergency nurses, while Ashton and colleagues have undertaken a qualitative meta-synthesis. Hassankhani and colleagues have explored the consequences of violence in their qualitative study.

Of course, perceptions of safety are another important factor and Copeland and colleagues examine this from an American perspective and how professional quality of life is affected by workplace violence. Another paper from the US by Wolf and colleagues, considers the impact of workplace bullying with development of a grounded theory

approach using situational analysis. Unfortunately, one of the consequences of workplace violence and bullying is for emergency personnel to work in another setting and this is explored in Taiwan by Li et al. while Hong 'Li et al and colleagues explore quantifying burnout in emergency nurses in their systematic review.

However, we know how resourceful emergency personnel are and clearly, there is also a need to develop different models to deal with workplace violence. Resiliency is emerging as an important concept in dealing with this and Oginska-Bulik & Zadworna-Cieslak examine the role of resiliency in Polish medical rescue workers. Could we adopt some of their ideas into the emergency setting? A paper from New Zealand by Anderson and colleagues, examines how emergency ambulance personnel manage challenging decision-making in resuscitation while Yuwanich et al., propose a Stressor Scale for emergency nurses.

As overcrowding can be a major source of workplace stress, Niels and colleagues have designed an emergency department crowding dashboard.

The issue of workplace violence is clearly universal as shown in this special issue but there is also evidence on how we can identify stress earlier and adopt better ways of working and coping within the emergency care setting. We hope you enjoy this special issue. The wellbeing of emergency personnel should be a workforce issue that is a daily priority in the workplace. Otherwise, who cares for the carers?

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