Preventing Workplace Violence
The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as any physical assault, threatening behavior or verbal abuse occurring in the workplace.

Violence includes overt and covert behaviors ranging in levels of aggressiveness from verbal harassment to murder.

It can affect and involve healthcare workers, patients, customers, and visitors.
Workers in healthcare and social assistance settings are five times more likely to be victims of nonfatal assaults or violent acts than the average worker in all other occupations, according to the Bureau of Labor Statistics.

Healthcare workers experience the most nonfatal workplace violence compared to other professions by a wide margin.

80% of nurses surveyed had experienced violence.

Psychiatric aides experienced the highest rate of violent injuries that resulted in days away from work, at approximately 590 injuries per 10,000 full-time employees. Some will put their own safety and health at risk to help a patient, and many in healthcare professions consider violence to be “part of the job.”

There is also often a cultural bias from many sources both inside and outside the industry including law enforcement officials, managers, and sometimes even co-workers. Some of these cultural factors include:

- many injuries caused by patients are unintentional, and are therefore likely to accept them as routine or unavoidable
How Prevalent is the Problem? (cont.)

- unwillingness among healthcare workers to stigmatize the perpetrators due to their illness or impairment.
- because of reduced funding for mental health services, severely ill patients with violent tendencies are increasingly using emergency departments rather than more specialized facilities for treatment.
- overly complex reporting procedures can create a disincentive for reporting.
- concern that violence happens so frequently that it's time-consuming to report every event.
- lack of response when time is taken to report.
- fear that reporting will reflect poorly on the healthcare worker (victim blaming).
The High Cost of Workplace Violence

- Consequences can be both acute (short-term) and chronic (long-term) and range in intensity from minor to serious physical injuries; from temporary to permanent disability; and from psychological trauma to death.

- Negative outcomes may also include low morale and productivity that result from lack of trust in management, loss of team cohesiveness, and a sense that the work environment is hostile and dangerous. Workplace violence may also result in increased job stress, absenteeism, family turmoil, and worker turnover.

- There can be a financial impact on the individual due to lost time at work and other out-of-pocket costs of care, or legal expenses.

- One does not need to be the direct target of a violent act to be affected by it. Witnesses, bystanders and coworkers often suffer emotional and psychological trauma no less significant than that of the victim.
The High Cost of Workplace Violence (cont.)

- Consequences for the Healthcare Profession
  - Health and safety concerns played a major role in nurses' decisions about whether to remain in the profession.
  - 30% of nurses want to leave their positions because of worker-on-worker violence and abuse.

- Consequences for Healthcare Organizations
  - OSHA Act of 1970 requires all employers to provide a work environment "free from recognized hazards that are causing or are likely to cause death or serious physical harm."
  - Healthcare workplace violence leads to increased absenteeism by nurses, increased use of sick-leave, lower productivity, low morale and increased requests for transfers.
  - Violence is a major disruption to job satisfaction and has a negative impact on treatment plans, and the reputation of the healthcare facility within the community.
  - It can result in added costs - from Workers' Compensation, to patient lawsuits, to costs associated with hiring and training replacement nurses due to staff turnover.
When nurses leave the profession it makes an already critical nursing shortage and the cost of hiring nurses rises.

Consequences for Patients

- Higher patient satisfaction levels in hospitals where fewer nurses are dissatisfied or burned out. Caregiver fatigue, injury, and stress are also tied to a higher risk of medication errors and patient infections.
Types of Violence

- **Type 1: Criminal Intent.** The perpetrator has no legitimate relationship to the business or its employees, and is usually committing a crime in conjunction with the violence (robbery, shoplifting, trespassing).

- **Type 2: Client-on-Worker.** Includes patients, their family members, and visitors. This type of violence occurs most frequently in emergency and psychiatric treatment settings, waiting rooms, and geriatric settings, but is by no means limited to these. Customer/Client workplace violence risk factors vary by healthcare setting, but common factors include the following:
  - Working with people who have a history of violence or who may be delirious or under the influence of drugs
  - Lifting, moving, and transporting patients
  - Working alone
  - Poor environmental design that may block vision or escape routes
  - Poor lighting in hallways or exterior areas
  - Lack of means of emergency communication
Types of Violence (cont.)

- Presence of firearms
- Working in neighborhoods with high crime rates
- Lack of training and policies for staff
- Understaffing in general, and especially during meal times and visiting hours
- High worker turnover
- Inadequate security staff
- Long wait times and overcrowded waiting rooms
- Unrestricted public access
- Perception that violence is tolerated and reporting incidents will have no effect

**Type 3: Worker-on-Worker.** Violence between coworkers is commonly referred to as lateral or horizontal violence. It includes bullying, and frequently manifests as verbal and emotional abuse that is unfair, offensive, vindictive, and/or humiliating though it can range all the way to homicide.

- **Work Behavior:** Incidents in the Work Behavior category were often sparked by unprofessional behavior, disagreement over responsibilities for work tasks or methods of patient care, and dissatisfaction with a co-worker's performance.
Types of Violence (cont.)

- **Work Organization.** Incidents in the Work Organization category involved conflicts or aggression arising from failure to follow protocol, patient assignments, limited resources and high workload. Incidents of worker-to-worker violence and incivility stemmed from dissatisfaction with employee behavior or from organizational practices or work constraints.

- **Type 4: Personal Relationship.** The perpetrator has a relationship to the healthcare workers outside of work that spills over to the work environment. For example, the husband of a nurse follows her to work, orders her home and threatens her, with implications for not only this nurse but also for her coworkers and patients.
Accurate records of incidents, assaults, hazards, corrective actions, patient histories, and training can help employers to:

- Determine the severity of their workplace violence problems
- Identify any trends or patterns in particular locations, job categories, or departments
- Evaluate methods of hazard control
- Determine whether programs are working
- Identify training needs
- OSHA has a regulation (29 CFR 1904) that requires private sector employers and many public sector employers, including many healthcare establishments, to record and report all work-related fatalities to OSHA within eight hours. Additionally, employers must report all work related inpatient hospitalizations that require care or treatment, all amputations, and all losses of an eye to OSHA within 24 hours.
Employers covered by Part 1904 must record work-related injuries and illnesses that result in:

- Death
- Days away from work
- Restricted work
- Transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness (e.g., cancer, chronic irreversible disease, fractured or broken bones, or a punctured eardrum) diagnosed by a physician or other licensed healthcare professional
Employers keep records using three different forms:

- **The OSHA Form 300**: Log of Work-Related Injuries and Illnesses is used by employers covered by this regulation to record each recordable injury or illness.

- **OSHA Form 301**: For each case recorded on the 300 Log Injury and Illness Incident Report, employers must also prepare a 301 Incident Report. This form provides additional detailed information about each case entered on the 300 Log.

- **OSHA Form 300A**: The OSHA Form 300A Summary of Work-Related Injuries and Illnesses is used at the end of each year by employers who are required to prepare a summary report of all injuries and illnesses on the 300 Log. Employers must post this form from February 1 through April 30 of the following year.
OSHA's recordkeeping rule includes a provision that allows the employer to substitute “privacy case” for the employee’s name in cases that involve:

- An intimate body part or reproductive system
- A sexual assault
- A mental illness
- A case of HIV, hepatitis, or tuberculosis
- A needle stick injury or cut from an object contaminated with blood or potentially infectious material
- An employee voluntarily requesting that his or her name not be entered
Protecting Yourself

While victims of WPV are not at fault nor should they be blamed, there are some things you can do to protect yourself and try to avoid becoming the victim of such an attack, such as:

◦ Actively participating in any training or violence prevention programs offered by your employer.
◦ Dressing for safety. Having items about your person that could be used as a weapon, used to grab you, or clothing that may restrict your movement making escape difficult.
◦ Being aware of your working environment.
◦ Report all incidents as soon as possible through recognized reporting procedures.
◦ Take note of exits and emergency phone numbers if you change work areas.

If you work outside the hospital, such as in home care settings:

◦ Review agency files to confirm that a background check was done on a patient regarding any history of violence or crime, drug and alcohol abuse, and mental health diagnoses.
If entering a situation already assessed by telephone by your employer as potentially dangerous, you should be accompanied by a team member who has training in de-escalation and crisis intervention.

- Have a mobile phone with you and ensure someone knows where you are
- Have a code word so you can call your office and use the code word to let them know you're in trouble, assuming you can't call the police.

Verbal cues that can lead you to think somebody might be on edge are fairly obvious and include speaking loudly or yelling, swearing, and using a threatening tone of voice.

Some physical cues you might notice include
- Arms held tight across chest
- Finger pointing
- Obscene gestures
- Clenched fists
Protecting Yourself (cont.)

- Heavy breathing
- Pacing or agitation
- A terrified look signifying fear and high anxiety
- A fixed stare
- An aggressive or threatening posture
- Throwing objects
- Sudden changes in behavior
- Indications of drunkenness or substance abuse

If you find yourself in a situation that you think might be escalating, there are some verbal and non-verbal tactics you can use to help lessen the likelihood of a situation escalating into violence:

- Allow the person to express concern.
- Use a shared problem solving approach.
- Be empathetic.
- Avoid being defensive or contradictory.
- Apologize if appropriate.
Follow through with their problem.
Avoid blaming others or "It's not my job".
Be calm, or at least act calm. Maintain non-threatening eye contact, smile, and keep hands open and visible.
Listen. Nod your head to demonstrate that you are paying attention.
Respect personal space. Maintain arm/leg distance away from the individual. Avoid touching the upset individual as it may be misinterpreted.
Approach the patient from an angle or from the side.
Convey that you are in control, by demonstrating confidence in your ability to resolve the situation.
Demonstrate supportive body language.
Avoid threatening gestures, such as finger pointing or crossed arms.
Avoid laughing or smiling inappropriately.