Workplace Violence
The Role of the Bedside Leader

Deena Brecher MSN, RN, APN, ACNS-BC, CEN, CPEN
2014 ENA President
Objectives

• Identify high risk situations for violence in the ED
• Discuss the culture of acceptance and its impact on workplace violence
• Discuss how to use the ENA workplace violence toolkit
What is Workplace Violence?

• Any physical assault, emotional or verbal abuse, threatening, harassing, or coercive behavior in the work setting that causes physical or emotional harm

• Examples
Workplace Violence

• A violent crime that requires targeted responses from employers, law enforcement and the community
• 900 deaths
• 1.7 million nonfatal assaults annually
Workplace Violence is NOT

- Limited to the ED
- Only instigated by patients and families
- Part of your job
- Impossible to mitigate
Emergency Nurses Association

• Mission – to advocate for patient safety and excellence in emergency nursing practice
• Over 40,000 members
• Have been studying WPV since 2005
  – 16 rounds of surveillance data May 2009-November 2012
    • 13,000 participants
  – Qualitative study – December 2012
Key Study Findings

• Overall frequency of physical violence and verbal abuse during a seven day period
  – 56%

• 58% of nurses rated the safety of their ED as a 5 or lower (out of 10)

• 81% reported taking a course on handling WPV
  – 53% of hospitals did NOT provide training
Key Study Findings

• “How prepared are you to handle violence against yourself”
  – 52% rated a 5 or less

• “My hospital administration is ‘completely committed’ to eliminating violence against nurses”
  – 16% agreed

• “I am completely committed to eliminating violence against nurses”
  – 55% agreed
Key Study Findings

• Majority of victims DID NOT FILE a formal complaint
• Presence of reporting policies was associated with lower odds of physical violence and verbal abuse
• Hospital administration and ED management committed to workplace violence control
Why ED Nurses Do Not Report

- “Assaults are part of the job”
- “Reporting will not benefit me”
- Assaults may be viewed as poor job performance
- No institutional policies
Why Are EDs Prone to Violence?

• 24 hour accessibility
• Lack of adequately trained, armed or visible security guards
• Highly stressful environment
• Other thoughts?
Possible Precipitators of ED Violence

• Psychiatric patients in the ED
• Crowding
• Long wait times
• Misconceptions of staff behavior
• Perceptions of staff as uncaring
• Holding/boarding patients
• Shortage of nurses
• Lack of enforced visitor policy
Possible Predictors of WPV

- Alcohol (79%)
- Boarding of admitted patients (43%)
- Acceptance of violence as a coping method (48%)
- Drug seeking behavior (88%)
- Dementia/Alzheimer’s patients (44%)
- Crowding (78%)
Culture of Acceptance

- Nothing changes, nobody cares
- Culture of acceptance
- Unsafe workplace
- Denial of impact
  - 1/3 of emergency nurses consider leaving their job or their profession as a result of WPV
A Question for You

• What mitigation strategies do you think are most successful?
What ENA Is Doing

• Violence from patients and visitors is NOT part of the job!!
• Individual and institutional interventions currently being developed by the IENR
• ED Violence advocacy toolkit available online
• Supporting efforts for felony legislation
• Working with regulators to mandate action
Legislative Efforts – Felony Laws

• Advocacy to make assault on an emergency nurse a felony
• 31 states have current felony laws

• How about where you live?
Legislative Efforts - Education

• Workplace Violence Prevention Programs
• All over the map
• May include
  – Workplace safety committee
  – Prevention and response plan
  – Mandatory reporting
• Some laws only apply to public hospitals
Advocating for Nursing Changes

• I am a bedside nurse, what can I do?
• Each of you is a leader
• You advocate for your patients every day
• You can advocate for your own safety and the safety of those around you
• You can make a difference!
How To Get Started

- PREVENT
- RESPOND
- REPORT
- ENA Workplace Violence Toolkit
PREVENT

• What can we do to prevent violence
  – In the ED
  – In the hospital
  – In the community
  – In the profession
Getting started from the bedside

• Find someone you work with who is as passionate as you are about the issue
• Review the online toolkit.
• Review “talking points”
• Take this to a unit based committee or council
• Find a champion in nursing leadership to mentor you and help remove barriers
PREVENT – In The ED

• Assemble a multidisciplinary team
  – RNs, MDs, housekeeping, radiology, registration, non-licensed personnel

• Assess the current culture in the ED
  – Use assessment tool in ENA toolkit

• Are we all in agreement about what we consider to be “violence”?
  – Use staff assessment tool in ENA toolkit

• Are we ready to make a change?
PREVENT

• Use the results of ED Assessment Tool to identify areas for improvement
  – Policy gaps
  – Organizational opportunities

• Use results of Staff Assessment Tool to design targeted education
  – What is violence?
  – Attitudes and perceptions
PREVENT – In The ED

• Education
  – De-escalation training
  – Recognizing potential for violence
  – Behavioral health emergencies
  – Team training

• Policies
  – Zero tolerance for violence
  – Mandatory reporting
Free Educational Resources

• ENA Workplace Violence Prevention
  – http://www.ena.org/education/onlinelearning/wvp/Pages/default.aspx

• CDC Workplace Violence Prevention for Nurses
  – http://www.cdc.gov/niosh/topics/violence/training_nurses.html
PREVENT – In The ED

• Reporting structure
  – Are incidents tracked
  – What information is included?
  – Can ED incidents be separated out

• Support systems
  – Is ED leadership on board?
  – Is there support for victims post incident?
    • Post incident counseling
    • Paid time to appear in court
PREVENT – In The ED

• Security
  – Presence in the ED
  – Visibility
  – Training
  – Integration into the ED team
  – Trust
  – Clear understanding of their role
PREVENT – In The Hospital

• Take the initiative house wide
  – Senior hospital leadership
  – Zero Tolerance
  – Mandatory reporting
  – Event tracking
  – Debriefing of events
  – Training and education
PREVENT – In The Community

• Community resources
  – Behavior health inpatient beds
  – Positive relationships with law enforcement

• Legislation related to violence incidents
  – Felony laws for perpetrators
  – Legal system willing to prosecute
  – Penalties to match assault of other first responders (including police officers)
RESPOND

• SAFETY
• Lockdown
• Effective containment
• Roles and actions of each team member
• Code Silver
• Panic buttons
• ED/hospital leadership
• Debriefing
• Post incident support
REPORT

• Ongoing quality improvement initiative
• Chain of responsibility
• In hospital reporting
• Reporting to law enforcement
Ongoing Activities

• Incident monitoring
• Post incident debriefing
  – New educational opportunities
  – Policy changes
  – Team behaviors
• Onboarding new staff
• Continuing education
  – simulation
Culture of Safety

- Violence occurs not just between patients and nurses
- Must also consider violence between coworkers
  - Bullying
  - Destructive team behaviors
    - Lack of trust
    - Lack of mutual support
    - No task assistance
Summary

• Violence affects every team member in the ED
• Decreasing violence in the ED takes a committed, multidisciplinary team
• Efforts need to be sustained and improvements ongoing
• Changing the culture is vital
• Together, we WILL make a difference!