


Workplace Violence

The Role of the Bedside Leader


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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
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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
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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
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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?
 - <http://www.ena.org/government/State/Documents/StateLawsWorkplaceViolenceSheet.pdf>

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!