Workplace Violence
The Role of the Executive Leader To Stop The Epidemic

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

• Identify high risk situations for violence in the healthcare
• Discuss the culture of acceptance and its impact on workplace violence
• Discuss strategies to mitigate workplace violence
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

• “I am completely committed to eliminating violence against nurses”
  – 55% agreed
Of Concern to Hospital Leadership

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

• 1/3 of nurses who experienced WPV considered leaving their job or their profession as a result
  – 33% chance of losing $65,000
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

• Why does it seem we can’t make it stop?
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
What Can I Do To Address The Issue In My Organization?
Leading the Change

• Culture of acceptance v. culture of zero tolerance
• Direct and indirect costs of WPV
• Lateral violence and bullying
• Mandatory reporting
• Ongoing training and education
Getting Started

• Assess the culture in your organization
  – Formally
  – Informally

• Create a multidisciplinary steering committee including bedside leaders

• Commit to moving away from a culture of acceptance towards a culture of zero tolerance
Tools You Can Use

• ENA Workplace Violence Toolkit
  • http://www.ena.org/practice-research/Practice/ViolenceToolKit/Documents/toolkitpg2.htm

• OSHA Healthcare Safety and Health Topics
  • https://www.osha.gov/SLTC/healthcarefacilities/violence.html

• International Association of Healthcare Safety and Security
  • https://www.iahss.org
Getting Started

• 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
Topics to Consider

• 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
The Role of Hospital Security

• Presence in the ED/clinical units
• Visibility
• Training
• Integration into the clinical team
• Trust
• Clear understanding of their role
When Violence Does Occur

- SAFETY
- Lockdown
- Effective containment
- Roles and actions of each team member
- Code Silver
- Panic buttons
- ED/hospital leadership
- Debriefing
- Post incident support
When Violence Does Occur

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

• Support systems
  – Is leadership on board?
  – Is there support for victims post incident?
    • Post incident counseling
    • Paid time to appear in court
When Violence Does Occur

- 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 hospital
• Decreasing violence within an organization takes a committed, multidisciplinary team
• Efforts need to be sustained and improvements ongoing
• Changing the culture is vital
• Together, we WILL make a difference!