


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


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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
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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
- “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!