

Preventing Workplace Violence: Handbook for Healthcare Workers

Preventing Workplace Violence: Handbook for Healthcare Workers is published by HCPro, a division of BLR.

Copyright © 2015 HCPro

All rights reserved. Printed in the United States of America. 5 4 3 2 1

ISBN: 978-1-55645-492-9

No part of this publication may be reproduced, in any form or by any means, without prior written consent of HCPro or the Copyright Clearance Center (978-750-8400). Please notify us immediately if you have received an unauthorized copy.

HCPro provides information resources for the healthcare industry.

HCPro is not affiliated in any way with The Joint Commission, which owns the JCAHO and Joint Commission trademarks.

John H. Palmer, Editor
Rebecca Hendren, Product Manager
Erin Callahan, Senior Director, Product
Elizabeth Petersen, Vice President
Matt Sharpe, Production Supervisor
Vincent Skyers, Design Services Director
Vicki McMahan, Sr. Graphic Designer
Michael McCalip, Layout/Graphic Design
Reggie Cunningham, Cover Designer

Advice given is general. Readers should consult professional counsel for specific legal, ethical, or clinical questions.

Arrangements can be made for quantity discounts. For more information, contact:

HCPro
100 Winners Circle, Suite 300
Brentwood, TN 37027
Telephone: 800-650-6787 or 781-639-1872
Fax: 800-639-8511
Email: customerservice@hcpro.com

Visit HCPro online at: www.hcpro.com and www.hcmarketplace.com



Contents

Introduction	v
Healthcare Violence at a Glance	vi
Factors That Lead to Violence in Healthcare.....	vi
Chapter 1: How to Know Violence Is Imminent.....	1
Verbal and Nonverbal Signs	2
Different Kinds of Patients	3
Chapter 2: Before Violence Strikes	7
Environmental Factors That Affect Security.....	8
Chapter 3: De-Escalating the Situation.....	11
Change the Environment	12
Remove Opportunity for Weapons	12
De-Escalation Tactics.....	13
Determining the Feeling Behind the Anger.....	14
Use Active Listening.....	15
Empathy Goes a Long Way.....	16
Work Out a Solution.....	16
Chapter 4: When Violence Breaks Out.....	19
When All Else Fails.....	20

Chapter 5: Training Scenarios	23
Scenario 1	23
Scenario 2	24
Scenario 3	25
Notes	27
Quiz	31
Answer Key.....	34



Introduction

For the most part, healthcare facilities are safe places. Healthcare itself can be a very rewarding profession. But that reward doesn't come without risk. Unfortunately, patient violence in the healthcare workplace is becoming more commonplace. According to The American College of Emergency Physicians, approximately 60% of all workplace assaults and violent acts occur in the healthcare and social assistance industries.

According to the *Online Journal of Issues in Nursing*, “Workplace violence is one of the most complex and dangerous occupational hazards facing nurses working in today’s health care environment.” More than 53% of about 7,000 emergency room nurses surveyed reported experiencing verbal abuse at work. Thirteen percent reported experiencing physical violence in the past seven days.

And violence isn't just directed at nurses. In November 2013, a nurse at a Texas surgical clinic was killed when she tried to help victims of a man who went on a stabbing spree with a knife. In January 2015, a renowned cardiologist at Brigham and Women’s Hospital in Boston was shot and killed by a man who had an issue with his mother’s treatment. The man was able to walk into the hospital and ask for the doctor by name, and killed himself after shooting the physician.

Unfortunately, many healthcare workers sense that violence in the workplace is an accepted occupational hazard. They perceive the industry is tolerant of violent individuals. But it doesn't need to be this way. You can make a difference while being safe doing your job. This handbook is designed to give you a primer on the problem of violence in the healthcare environment, and to provide handy tips and suggestions on how you can prevent violence before it starts and keep yourself safe if a violent act occurs. Nothing can replace a comprehensive orientation and hands-on training at your workplace, but you can turn to this guide when you need a refresher. A short quiz in the back helps you keep track of your learning and can be used as proof of training completion.

Healthcare Violence at a Glance

Many patients in healthcare facilities experience heightened emotions, ranging from fear to anger and even mental health issues. For this reason, a certain amount of patient aggression is commonly accepted by many in the healthcare field as “part of the job,” and many incidents go unreported.

Violence in healthcare often results in injuries and even death for both patients and caregivers. Sadly, many healthcare workers believe that violence is to be tolerated as a hazard of the profession. Some have put up with dysfunctional behavior for so long that they do not even recognize it as workplace violence.

Factors That Lead to Violence in Healthcare

A variety of factors influence aggressive behavior, including:

- Environment
- Socioeconomic status

- Individual characteristics
- Health conditions
- Medication compliance/noncompliance
- Psychiatric issues
- Societal norms
- Past experiences (including childhood)
- Economic pressures
- Reduction in behavioral health funding
- Chemical dependency/substance abuse
- Overcrowding
- Communication barriers
- Long wait times
- General stress of the healthcare environment

Patients often get angry when they:

- Become frustrated, don't know what to expect, or experience a culture shock in the healthcare arena
- Are afraid of the diagnosis, treatments needed, and/or outcomes of care
- Don't get their way, or have a feeling of loss of personal control
- Feel overlooked, such as when they are not included in discussions about their care
- Are discouraged with themselves when they don't understand something, think they could have done something better, and/or are not recovering as fast as they had hoped

Aggression serves a number of different purposes:

- Express anger or hostility
- Intimidate, threaten, or assert dominance
- Achieve a goal
- Express possession
- Respond to fear, fatigue, confusion, or pain
- Compete with others
- Escape a situation
- Act out from overstimulation

It's important as a healthcare provider that you recognize the signs of violence early, and that you approach your patients with the knowledge that they come from different walks of life. By understanding their situation, you will have a greater empathy and respect for them, and they will likely notice and appreciate your effort.

How can I tell when a person is angry?

Here are some common anger signals. Look for these signs to address the anger (or the feeling behind the anger) before the person acts out inappropriately:

- Stomping away or acting short-tempered
- Becoming quiet and not talking
- Breathing faster or becoming red in the face
- Clenching teeth, making fists, or tensing other muscles
- Complaining of headache or stomachache



How to Know Violence Is Imminent

Waits in the hospital can be long, and people don't always understand the concept of triage—no one wants to endure a five-hour wait to get a loved one help. But people are generally reasonable, and keeping them calm could be as simple as recognizing their frustrations. If waiting times are long, perhaps it's time to get out and greet people, apologize, explain the reason for the delay, and maybe offer some coffee or pizza for those waiting.

Something as simple as providing a brief update on the status of a loved one or giving a person a reassuring smile and greeting can be enough to defuse an escalating situation. Eye contact can also indicate genuine concern and alleviate anxiety. In an overcrowded ED, speaking to an agitated person with a calm voice and offering to help him or her find a more comfortable place to wait can be a welcome gesture.

Sometimes these measures don't work, though. If that's the case, it's time to put your security department on alert. Extra patrols from uniformed officers could send the message that violence won't be tolerated, but you also don't want to create the illusion of a police state. At the very least, having a security officer present can help reassure people.

Verbal and Nonverbal Signs

As much as 70% of communication is nonverbal, so there's a good chance that if someone is going to get aggressive, you'll see it in his or her actions first.

The pathway to violence begins with so-called “behaviors of concern,” which may be obvious but can sometimes be very subtle. For the untrained individual, these signs of pending violence can go unnoticed, especially in the busy healthcare environment.

In most cases of imminent violence, there are plenty of warning signs. Look for some of the following:

- Rapid, uneasy eye movements that dart back and forth, or a wide-open, focused stare.
- Constant questioning. This is often an attempt to gain understanding of the situation.
- Pacing in the hallway. This can be a way to work off anxiety.
- Rapid breathing—usually a reaction to stress.
- Clenching of jaws and fists, another common stress reaction.
- Verbalized threats of aggression. These should never be ignored, as verbal threats can be the last sign that physical violence is about to occur.

Different Kinds of Patients

Hospitals are a microcosm of society, and people of all ages and

walks of life are found there. It's important to recognize who they are, their special needs, and the chance that they will act out. But always remember that patients are human beings who deserve to be treated with respect, dignity, and privacy. Here are some examples of patient types, followed by things to look out for when dealing with them:

- **Forensic patients (prisoners).** Most hospitals have protocols that help them handle forensic patients, and they usually start with making sure that the police or sheriff's department gives the security department a heads up about who is coming through the doors. In addition to the usual signs of impending violence, it's a good idea to have security check the patient for signs of intoxication and weapons—there have been many instances where a patient brought a knife or gun into the ER that a police officer never found. In extreme cases, ask security to use handcuffs, ankle restraints, or other methods of restraint, especially if the patient is entering the hospital already agitated. Depending on their risk assessment, officers may choose to ensure a safe and secure environment by deploying law enforcement officers to guard the patient's room.
- **Intoxicated patients.** These patients either show up at the hospital drunk and looking for a place to sleep it off, or are looking for a hit of their favorite drug—usually painkillers—and posing as a patient to get it. Substance abuse—particularly of heroin and other opiates—has become such a problem in some states that hospitals have started to form in-hospital “intervention teams” designed to identify substance abuse problems in patients and get them to treatment quicker.

- **Behavioral health patients.** Some patients enter the hospital following suicide attempts, or at the urging of family and friends due to suicidal thoughts. But many patients who attempt suicide in the hospital do not have a known history of suicidal tendencies. Unfortunately, the increased number of behavioral health patients creates a dilemma for clinical staff when they can't attend to patients quickly enough—often leaving these patients alone and afraid—and as such, healthcare security officers may be the first to observe behaviors of concern. Behavioral health patients should be treated just like any other patient when it comes to their clinical team, but they may require additional security support and management.

While it's not always easy to spot someone who is addicted to drugs, there are plenty of signs to look for in intoxicated patients. First of all, many people under the influence get brought in through the ambulance bays, and returning patients may already be known to hospital staff to have an addiction. Look for people who are either combative or withdrawn and have trouble focusing, standing, or sitting up straight. You may also detect an odor of alcohol or slurring of speech. Also, patients who insist on being prescribed a certain drug—OxyContin, for instance—may be there just in the hopes of getting more of that drug. Think de-escalation and isolation. It's often impossible to reason with an intoxicated individual, so approaching him or her in a threatening way can escalate the situation.

Establish a separate room or area within the ED for treatment of behavioral health patients. The area should be clearly visible to staff, including security. All items that could be used as weapons should be removed or carefully secured. This includes any items that could be used for self-injury. Never allow a potentially vio-

lent patient to get between you and a door, to ensure you have an escape route from the situation.

Preventing Workplace Violence

Handbook for Healthcare Workers

Reviewed by Tony York, CPP, CHPA

Learn how to deal with difficult patients and de-escalate situations with angry patients and families in this easy-to-read handbook.

Packed with real-world advice, this handbook will guide you through steps to stop violence before it happens and how to keep your patients, your colleagues, and yourself safe. It also includes information on what to do if a violent event occurs, such as an active shooter incident.

HCPPro
a division of BLR

100 Winners Circle, Suite 300
Brentwood, TN 37027
www.hcmarketplace.com

VPH

ISBN-13: 978-1-55645-492-9

9 0000



9 781556 454929