

# WORKPLACE VIOLENCE

*2023 FORHP FLEX Program*

*Critical Access Hospital Quality Improvement Bootcamp*



Texas Hospital Association Foundation

This workshop is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of the Medicare Rural Hospital Flexibility Grant. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



**TEXAS DEPARTMENT OF AGRICULTURE**  
**COMMISSIONER SID MILLER**

## LEARNING OBJECTIVES

- **Define workplace violence**
- **Identify various types of violence**
- **Describe impact of workplace violence on staff resilience**
- **Recognize ways to improve reporting of workplace violence**

WORKPLACE  
VIOLENCE

Incidence of threats,  
harassment, or assaults in  
the workplace



Takes many forms

Verbal

Physical

Emotional  
/ Mental

Sexual

Other  
forms??

HOW  
PREVALENT IS  
IT?

62% experience workplace violence  
(W.H.O.)

Verbal abuse most common / least  
reported

Why do we not report?

Just part of  
the job

No one will  
do anything

Blame it on  
impairment

Fear of  
retaliation

# IMPACT OF WORKPLACE VIOLENCE

Treatment of  
injuries

Caregiver fatigue /  
injury

Psychological  
trauma / fear of  
workplace

Increased risk of  
error

Loss of confidence  
in organization /  
feelings of being  
unsafe

High turnover

# COST OF WORKPLACE VIOLENCE

National Institute for  
Occupational Safety  
and Health (NIOSH)  
estimates annual cost  
at over \$120 Billion



Workplace violence  
resulted in over 20,000  
injuries and over 300  
fatalities in 2020



Significant increase  
during Covid pandemic

REASONS  
FOR  
VIOLENCE -  
CAREGIVER

- Drug / alcohol impairment
- Drug seeking behavior
- Mental health issues
- Overcrowding



REASONS FOR  
VIOLENCE -  
PATIENTS/FAMILY

Failure to communicate

Lack of resources

Long wait times

Failure to meet expectations

Highly distressed patients / families

# WHO DOES THIS?

## Patient / Family

- distressed about care
- unrelieved pain / symptoms
- mental health
- Cultural component

## Other visitor

- domestic violence
- criminal activity

## Fellow staff

# TEXAS HOSPITAL RESPONSE

- Types of violence required to report
  - Over 90% for physical assault or threats
  - 89% sexual harassment
  - 86% verbal abuse
  - 60% encourage reporting of physical assaults to law enforcement
- Offer support post assault
  - 88% offer follow-up support to nurses
  - 4.3% do not offer follow up support
  - 6.7% of nurses responding have no idea if organization provides support
- 298 hospitals surveyed

Physical assault from patient or visitor	92.7%	80.0%	74.0%
Threat from patient or visitor	91.5%	77.5%	79.2%
Sexual harassment from patient or visitor	89.0%	78.1%	79.2%
Physical assault from staff or health care provider	89.3%	79.1%	70.1%
Threat from staff or health care provider	88.1%	78.1%	72.7%
Sexual harassment from staff or health care provider	87.8%	78.1%	74.0%
Verbal abuse from patient or visitor	86.9%	75.9%	80.5%



## CONSEQUENCES OF NOT ADDRESSING WPV

- Decrease in trust
- Feelings of unsafe work environment
- Added stress and anxiety while at work
- Increased risk of error
- Decreased employee satisfaction
- Higher turnover

# WHAT ABOUT THE PATIENTS?

- What happens when patients witness WPV?
  - Feeling unsafe in healthcare environment
  - Loss of trust in organization
  - Increased anxiety while in your care
  - Decreased patient satisfaction
  - Decreased patient volume
  - Loss of revenue / financial sustainability



WHAT CAN  
WE DO  
ABOUT IT?

WHAT WE  
ARE  
DOING  
ABOUT IT

Increase in investigation of incidents

WPV prevention training

Tracking of incidents

Assessment for risk factors

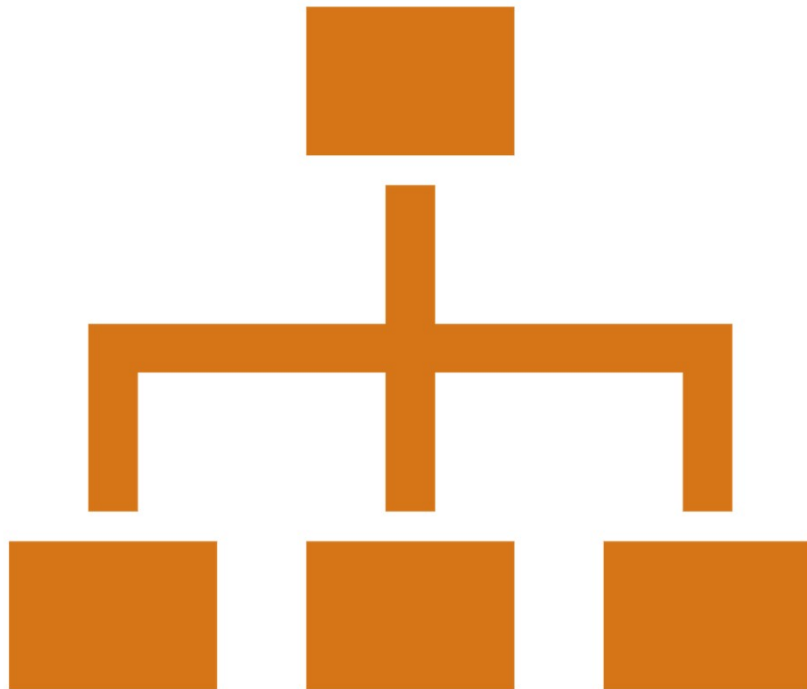
Multi-disciplinary response team

Screening for violence

Signage in facility

Personal alarms





## WHERE ARE YOU AT?

What does your organization require staff to report?

What steps has your organization taken to decrease WPV?

ZERO  
TOLERANCE

Does it work?

What if you don't  
act or follow  
through?

Does it address  
root cause?

# CREATE A CULTURE OF REPORTING



# COMMUNITY AWARENESS

## Cultural awareness

## Know your community and factors that increase risk of violence

- High crime
- Substance / alcohol abuse
- Mental health

## Education on expected behavior

- Make sure they understand what behaviors will be reported

## Education on proper way to address grievances

## STAFF TRAINING

De-escalation  
training /  
techniques

Early activation  
of resources  
rather than after  
escalation

Consider WPV in  
staffing plans

AMERICAN  
ASSOCIATION  
OF CRITICAL  
CARE NURSES

- Position statement encourages hospitals to:
  - Educate staff on recognition of potential for violence, how to de-escalate or seek help
  - Establish clear and consistent reporting structure
  - Encourage pressing of charges for assault
  - Provide resources and support to staff members
  - Evaluate staffing and patient classification systems that can reduce risk
  - Ensure presence of sufficient security systems to include alarms, emergency response and security personnel

WHAT  
AACN  
BELIEVES  
NURSES  
CAN DO

Be involved	Participate in training on violence awareness and prevention
Educate yourself	Maintain knowledge of organization's policies / procedures on safety and crisis plans
Speak Up	REPORT!!!!
ACT	Press charges when necessary
Support	Support co-workers
Participate	Seek solutions as a team and be a part of the process to change



QUESTIONS???