



Workplace Violence: Healthcare 




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What We'll Discuss 


- Definition of workplace violence
- Examples of workplace violence
- Who is at risk
- Effects of workplace violence
- Risk factors
- Prevention strategies
- What to do




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Workplace Violence Defined 

"A violent act (or acts) including physical assaults or *threats* of assaults directed towards a person at work or while on duty"
 - CDC/NIOSH, Occupational Hazards in Hospitals, 2002




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Facts 

More than 18 million health care workers today are at high risk to experience workplace violence (80 percent are women)
 - CDC National Institute for Occupational Safety and Health (NIOSH)


Of all non-fatal and violent acts that occurred in the workplace, about 70 percent occurred in the health care and social assistance industry
 - Bureau of Labor Statistics, 2010

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Workplace Violence: Examples 

Threats – *intent to cause physical harm*

- Verbal (in person or by telephone)
- Written (by letter, by fax or by telephone)



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More Examples 

Intimidation/Harassment:
 Psychological – Making statements that are:

| | |
|-------------|--|
| False | Disrespectful |
| Malicious | Abusive |
| Disparaging | Obnoxious |
| Derogatory | Insubordinate |
| Rude | Intended to hurt reputation of another |

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More Examples

Intimidation/Harassment
Physical -

- Holding
- Impeding
- Blocking one's movement
- Following
- Stalking
- Touching
- Any other inappropriate contact/advances

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Examples

Assault – causing physical or emotional injury, pain or distress

- Hitting, slapping, punching, pushing, poking and kicking
- Also shouting, name calling, use of derogatory language
- May include use of a firearm, bomb or knife

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Who Is At Risk?

In general, anyone who works in a hospital or health care setting (nursing home, assisted living, health clinic, etc.)

Specifically, nurses and aides with the most direct contact with patients, during:

- Meal time
- Visiting hours
- Patient transportation
- Administering care, including bathing

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Who Is At Risk?

Others at risk include:

- Emergency response personnel (police, fire, ambulance, volunteers)
- Hospital safety/security officers
- Other health care providers

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Where it Occurs





- Waiting rooms
- Emergency rooms
- Psychiatric wards
- Patient rooms
- Geriatric units
- Outside facility (parking lots)


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Types of Workplace Violence


Stranger violence – has no business relationship with the workplace




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Types of Workplace Violence 


Client/Customer violence – recipient of, or providing a service to the workplace



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Types of Workplace Violence 


Employee violence – related to the workplace (may also be ex-employee or associate of an employee)



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Types of Workplace Violence 

Domestic violence – related to employee (family member, spouse, or partner, significant other)



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Examples of Workplace Violence 

Threats – *intent to cause physical harm*




- Verbal (in person or by telephone)

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Examples of Workplace Violence 

Threats

- Written (by letter, by fax, or by e-mail)




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Examples of Workplace Violence 

Intimidation/Harassment-Physical

- Holding
- Impeding
- Blocking one's movement
- Following
- Stalking
- Touching
- Bullying
- Any other inappropriate contact or advances




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Examples of Workplace Violence 

Assault – causing physical or emotional injury, pain, or distress:

- Hitting, slapping, punching, pushing, poking, and kicking




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Examples of Workplace Violence 

Assaults

- Also shouting, name-calling, use of derogatory language
- May include use of a firearm, bomb, or knife




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Direct Effects of Violence 


- Minor or major physical injuries
- Temporary or permanent physical disability
- Psychological trauma
- Death




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Indirect Effects of Violence 

- Low worker morale
- Increase in job stress
- Increase in worker turnover
- Reduced trust of management/co-workers
- A hostile work environment



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Risk Factors 

- Working with volatile people (e.g., those who are under the influence of alcohol/drugs, have a history of violence or are diagnosed as psychotic)
- Working when understaffed/working alone
- Transporting patients
- Long waits for service
- Overcrowded waiting rooms
- Poorly-lit areas (parking lots, corridors)
- Inadequate security
- Unrestricted movement of the public

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Understanding the Angry Person 

- The Angry Person
 - Rules for Dealing with the Angry Public
 - Profile of Affected Population
- Components of Anger
- Life Change Units
- Social Changes and High Tech
- Active Listening



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The Angry Person

Displays a disruption of balance; an intrusive situation occurs in a person's life to which they cannot react or stabilize or one to which they refuse to react

Is unable to rectify or remedy the situation which they feel they did not create or author themselves; they become angry


If this disruption is not properly addressed, if anger results, it may trigger revenge in the extreme

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Angry People

People feel threatened by:

1. Manipulation;
2. Erosion of their self-esteem;
3. Life changes;
4. Challenges to their security.



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Angry People

What makes you angry and why?


How do you handle your anger?




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Profile of Affected Population

1. Age
2. Mind Set
3. Awareness and Perception
4. Physical & Mental Needs





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Age

Children
Adults
Elderly

Differences in the way anger is caused and handled may be a generational thing.





Boomers: 1946-1964
Gen X: 1965-1979
Gen Y: 1980-2000

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Age

| Present workforce | Born |
|----------------------------|-----------|
| The Veterans | 1922-1945 |
| Baby Boomers | 1946-1964 |
| Generation X | 1965-1979 |
| Generation Y – Millennials | 1980-2000 |



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Generational Considerations




| Present workforce | Born |
|----------------------------|-----------|
| The Veterans | 1922-1945 |
| Baby Boomers | 1946-1964 |
| Generation X | 1965-1979 |
| Generation Y – Millennials | 1980-2000 |

Communication

- > WWII Generation
 - > Logical, linear, conservative
- > Baby Boom Generation
 - > Personable, Information = Reward
- > Generation X
 - > Direct, straightforward, results-oriented
- > Millennial Generation
 - > Positive, motivational, personal goal-oriented

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Generational Considerations



Generational Dislikes:

WWII Generation:
Profanity, slang, poor grammar, disrespect

Baby Boom Generation:
Brusqueness, one-upsmanship


Generation X:
Using time poorly, corporate-speak

Millennial Generation:
Cynicism, sarcasm, condescension*


*Phyllis Cohn, Project Manager, AARP, "The Aging Workforce: Moving Forward in a New Age," (Turn-offs), OSHA Small Business Forum, July, 2009.

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Generational Differences in:



1. Philosophy
2. Reasoning
3. Tolerance
4. Judgment
5. Aptitude
6. Spirituality
7. Morality
8. Work Ethics



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Mind Sets




| | | |
|-------------|-------------|---------------|
| Altruistic | Egotistical | Messianic |
| Questioning | Spiteful | Arguer |
| Detached | Complaining | Belligerent |
| Introverted | Extroverted | Uncooperative |
| Retreating | | |
| Phobic | | |




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Awareness & Perception



... Of a problem and its remedy is determined by a person's:

- Education;
- Training;
- Experience;
- Lack of information or interest;
- Technical Barriers to Understanding;
- Nonconformity;
- Political or personal agendas.



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Physical & Mental Needs



- Dependencies interfering with understanding and
- Factors impacting mental health:
 - Weight;
 - Family Health;
 - Rising Prices;
 - Full schedules;
 - Misplacing/losing things;
 - Outside yard/home maintenance;
 - Property, investments & taxes;
 - Crime;
 - Personal/physical appearance.



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Components of Anger

Like the "3 mirror images of Self"

1. How the complainant views the situation
2. How you view the situation
3. What the situation really is



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Life Change Units

Established from studies conducted by Dr. T. H. Holmes and Dr. R. H. Rahe

Addresses changes to a person's life within the last 24 months.

Values assigned may provide an indication whether a person may incur an illness in the next year if not properly handled.

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Life Change Units

Areas considered to impact a person and health risks assigned include the areas of:

- Work Events;
- Personal Issues;
- Financial State;
- Social Condition;
- Family Concerns.




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Social Changes & High Tech

"Doublespeak Quiz"

"Technological changes and their new terminology may confound, confuse and anger those required to work with these systems"




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Types of Complaints

Types of complaints from the angry public may be directed at:

- Products;
- Services;
- Individuals within your organization;
- Company performance overall or specifically.

These could be based on a lack of understanding of your operation or false presumptions. (The public's perception and expectations).




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The Eternal Victim Mystique


Profile

"Always pitiful and always in the middle of a crisis for all kinds of complicated reasons, which you'll feel compelled to explore and try to fix, if you aren't careful."




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The Eternal Victim Mystique




Profile

- They hold others "hostage"
- Not responsible
- Everyone's out to get them
- Not my fault . . . It's everyone else's fault




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Handling Anger




4 Principles for Dealing with People

1. Build trust and rapport - eliminate the threat;
2. Determine and meet the person's needs;
3. Communicate on all levels -
Read the cues - verbal, visual, tones;
4. Solve the problem.



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Handling Anger



1. Assess the Anger - Determine the level

Low: normal tone/pitch; little/no swearing; context (is it anger?).


Moderate: higher pitch; swearing; crying; gesturing; face flushed.



High: sustained high pitch (voice cracking); personalized vulgarity; "fingerprinting"; repeating basic concept; stammering.


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Handling Anger




2. Assess your reaction: (Pro-active or Reactive)

- Realize your abilities/limitations;
- Cope;
- Assert appropriate assertiveness;
- Don't talk yourself into a corner;
- Relax on cue;
- Fog (agree with any truth, probability of or general truth).




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Handling Anger




3. Calm the anger through:

- Active Listening;
- Allowing the person to "vent";
- Sectoring anger toward true (real) cause;
- Reflecting;
- Asking/answering questions



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Handling Anger



4. Solve the problem
Keep people feeling good about themselves.

Objectives:

- Get them off defensive;
- Reflect their concern, do not immediately answer complaint;
- Discover reasons behind their problem;
- Involve person in finding a solution.

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Handling Anger

Types of Questions:

- What in particular troubles you?
- What specifically do you feel we need to correct?
- What stands in the way?
- How do you feel our past performance was better?
- What do you think is the first step in resolving this problem?

Handling Anger


Other Goals:

- Provide acceptable alternatives;
- Empathize: see the situation from their perspective;
- Dovetail: resolution summary of event showing how alternative solutions merge with demands or requests;
- Your agency is a facilitator to remedy problems!

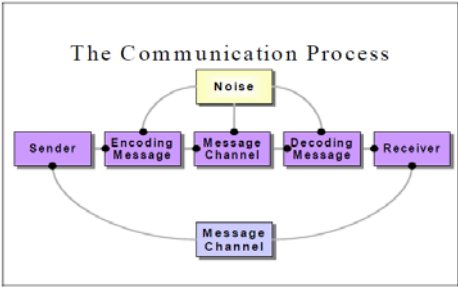
Dealing with Angry Public

Strategies:

- The communications process;
- Listening/speaking skills;
- Telephone techniques;
- Knowing your people;
- Administrative policies & procedures.



1. The Communication Process



Communications Process

| <u>Sender</u> | <u>Message/ Medium</u> | <u>Receiver</u> |
|---------------|----------------------------|-----------------|
| Experience | Verbal/non- | Experience |
| Attitudes | written | Attitudes |
| Skills | Email | Skills |
| Perceptions | Web | Perceptions |
| | Pictures | |

Communications Process

| <u>Input</u> | <u>Feedback</u> |
|----------------------|------------------------------|
| Personality/Style | Climate |
| View of others/self | Complainant's Behavior |
| Communication skills | How well you handle feedback |

Communications Process

Coping abilities or defensiveness

Your predetermined outcome:

- Lose/Lose
- Lose/Win (Altruistic. Reasonable?)
- Win/Win (Optimum result)
- Win/Lose (Temporary Victory) Result may be perpetual Halloween- You'll see this 'ghost' again.



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Anger Vocabulary

| Mild | Moderate | Strong | Intense |
|--------------|--------------|--------------|-----------|
| Moody | Unhappy | Very Unhappy | Bitter |
| Concerned | Discontented | Frustrated | Angry |
| Disappointed | Disturbed | Fed Up | Disgusted |
| Worried | Sullen | Indignant | Outraged |
| Dissatisfied | Troubled | Irate | Furious |

Some words, by their very construct, may sound harsh (hard and soft sounds)

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Phrasing Questions

Open Questions
Phrased so they can NOT be answered simply with yes or no

Begin With
What Who When
Where How Which

Closed Question (Avoid)
Phrased so they can be answered by a yes or no reply

Begin With
Is Can Do
Will Has Shall

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2. Listening/Speaking Skills

- Effective Listening;
- Active Listening;
- Persuasion;
- Types of Responses and their Result.



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Effective Listening

Listening is 1/3 of communication

- Listen for ideas-not facts;
- Judge content (first); not delivery (secondary);
- Be an optimistic listener, from the beginning;
- Listen to the full message-don't jump to conclusions;
- Be flexible-take notes;
- Concentrate on the speaker.




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Effective Listening


Thought: 4 x faster than speech.

- Analyze message
- Read verbal/non-verbal signs
 - Posture, head positioning
 - Eye movement and contact
 - Hands
 - Proximity (territorial aspect)
 - ✓ Standing/sitting/lounging
 - ✓ Gestures
 - ✓ Word choice and pace of speech
 - ✓ Tonality and intensity
 - Facial expressions



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Effective Listening 

Work at Listening: 


- Provide feedback;
- Keep open mind: don't fall victim to "trigger" words or emotions; heed central theme of message;
- Stretch your mind by experiencing new information, not just that with which you're familiar.

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Active Listening 


Defined: Paying careful attention to content & feelings of message.

Content: What words mean and context of use.

Feeling: Emotions displayed by content. 


Feelings real as disclosed?
Are true feelings masked?

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Active Listening 

Before you reply:

- Attempt to determine core theme;
- Determine content and feeling;
- Consider what you heard;
- Ask for clarification & feedback;
- Reflect before replying;
- Understand speaker's position, then construct your conclusion and reply.



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Active Listening 

Personal Approach and Attitudes

- Realize there is a nobility inherent in people, each has value and a contribution;
- Express care and concern;
- Realize all are unique and different;
- Express empathy. What we view as trivial might be their most significant concern.

Put yourself in THEIR shoes 

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Active Listening 

Components

- Encouraging
- Restating
- Reflecting
- Summarizing



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Active Listening Components 


1. Encouraging

Goal: Project interest; maintain conversation.

Process: Be non-committal; don't agree or disagree; use positive tone of voice.

Listener's comments:

"I see..."
"Uh-huh"
"That's interesting..."



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Active Listening Components 

2. Restating


Goal: Shows your understanding; discloses grasp of facts.

Process: Restate speaker's basic ideas; place emphasis on facts.

Listener's comments:
 "If I understand, your idea is..."
 "In other words, you think..."



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Active Listening Components 


3. Reflecting

Goal: Demonstrates you're listening and understanding; lets speaker know you understand how they feel.

Process: Reflect person's feelings with short replies without being flippant or curt.

Listener's comments:
 "You feel that ..."
 "You were pretty annoyed by this ..."

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Active Listening Components 


4. Summarizing

Goal: Draw together ideas and facts; create basis for continued discussion; review/update progress.

Process: Major ideas are restated, reflected and summarized.

Listener's comments:
 "These seem to be the main ideas you've expressed ..."
 "If I understand you, you feel this way about ..."


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Reflection and Fogging 

Reflection

A restatement, (not a question) of:

- What you understand;
- The speaker said;
- Expressed in your own words;
- Including your understanding of contents and feelings revealed.



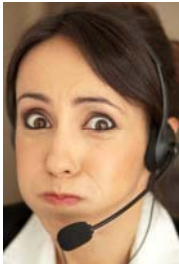
Solutions are not reached at this level. This stage seeks to ensure agreement on the topic between parties.

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Reflection 

Your Approach:

- Be non-judgmental;
- Be non-argumentative;
- Do not evaluate;
- Do not question;
- Repeat your understanding;
- Encourage person to continue.




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Reflection 

Your Goal

- Check your understanding of speaker's statements;
- Promote continued dialog;
- Improve empathetic listening;
- Build rapport;
- Display your caring, and;
- Demonstrate your understanding.




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Reflection and Fogging

Reflection Levels (5):

- Repeating word-for-word;
- Repeating but changing I to You;
- Repeating part of the conversation but not summarizing;
- Summarizing in your own words;
- Summarizing content and feeling of message;

Example: "I can truly understand why this has you ___(feeling)___ particularly due to ___(content)___."



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Fogging

Fogging: Method of reply used when you're under attack or criticism. It's simply agreeing with

- Any truth
- The probability of truth, or
- The general truth or agreeing in principle

Comment: "You never give me a good job evaluation. You don't even know my capabilities."


Fogged Reply: "You're probably right, I should get to know your capabilities better."

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Persuasion

Requires:

| | |
|-------------------------|-------------------------------|
| <u>Listening Skills</u> | <u>Self-Expression Skills</u> |
| Empathy | Stroking |
| Disarming | Tactful Presentation |
| Inquiry | Problem-Solving |



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Persuasion

Listening Skills

Empathy: Attentive listening to feelings. Reflect back in sympathetic, non-judgmental way.

Disarming: Find the core truth, even if it seems to be distorted or illogical.

Inquiry: Question to change vague points into the real issues.

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Persuasion

Self-Expression Skills

Stroking: Be positive. Compliment and reward people.

Tactful Presentation: Express your thinking and feeling in objective, constructive manner.


Problem-Solving: Resolve real problems after above techniques are used now that core truth and reasons are identified.

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Persuasion

General Persuasion Techniques:

- Use home-turf advantage;
- Look your best;
- Identify with your listener;
- Reflect the listener's experience;
- Make a strong case;
- Employ stories and examples



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Substance Abuse

- Substance abuse can also contribute to workplace violence!
- Many times people who are normally calm and cooperative can become angry and violent while under the influence or drugs or alcohol.




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The Unseen Reality

Think PA's workplaces are drug free? **Think again.**


- 75% of drug users are employed
- Almost one in ten employees has a substance abuse problem
- 24% of workers admit to drinking during the workday at least once in the past year
- 15% of U.S. workers report using alcohol or being impaired on the job in the past year



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The Cost of Substance Abuse


- Increased Health Care Costs
- Increased Workers' Compensation Premiums
- Increased Workplace Violence



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Substance Abuse

- Individuals who abuse drugs or alcohol are three and a half times more likely to be involved in a workplace accident compared to individuals who do not abuse drugs or alcohol
- 47% of industrial injuries are directly related to alcohol abuse or alcoholism



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Drug-Free Workplace Policy

Accomplishes two major things:

- Sends a clear message that use of alcohol and drugs in the workplace is prohibited
- Encourages employees who have problems with alcohol and other drugs to voluntarily seek help




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Violence-Signals

- Verbally expressed anger or frustration
- Body language/threatening gestures
- Signs of alcohol or drug use
- Presence of a weapon (firearm, knife, etc.)




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What to Do




- Present a calm, caring attitude
- Don't match the threat
- Don't give orders
- Acknowledge what the person feels
- Avoid aggressive behavior




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What Else




- Evaluate each situation
- Be vigilant
- Do not isolate yourself
- Always keep an open path for exiting



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Unable to Defuse?



- Remove yourself from the situation
- Call security for help
- Report any violent situations to management


For someone with a weapon:

- Stay calm - Maintain eye contact
- Stall for time
- Keep talking...but follow instructions of the person with the weapon
- Don't risk harm to yourself or others
- Never try to be a hero or try to grab a weapon
- Watch for an opportunity to escape safely

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Violence Prevention




Develop a comprehensive prevention program that includes:

- Zero tolerance policy
- Management commitment/enforcement
- Employee participation
- Hazard identification
- Training
- Hazard prevention
- Accurate and timely reporting

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Prevention Strategies




Engineering

Including installation of:

- Emergency alarms
- Signaling and monitoring systems
- Security devices (metal detectors, cameras)
- Better lighting
- Enclosed nurses' stations
- Bullet-proof/shatter-proof glass enclosures at reception areas

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Prevention Strategies



Changing Behavior

- Create "buddy system"
- Provide security escorts to parking lots
- Prevent personnel from working alone
- Restrict movement of public using controlled-access cards


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Prevention Strategies 

Changing Behavior

- Training in hazard awareness, resolving conflicts, recognizing potential signs
- Make counseling available to reduce workers' fear
- Have open communication with workers


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Prevention Strategies 

Administrative Controls

- Comprehensive, written procedures for reporting and for responding to occurrences
- Enforce zero-tolerance policy
- Update program as necessary (continuous improvement)

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References 

OSHA 3148 – Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers (2004)
www.osha.gov

CDC/NIOSH – Workplace Violence – Healthcare Workers
www.cdc.gov

<https://www.osha.gov/SLTC/healthcarefacilities/violence.html>

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Commonwealth References 

House Bill 1992
 - Health Care Facilities Workplace Violence Prevention Act

- Submitted to State Assembly in November 2011 by State Representative Nicholas Micozzie (R-163); joint effort with Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP)

- Pending in House Committee (Health) as of Nov. 16, 2011

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Questions 



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