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From Verbal Insults to Death: The Reality of Workplace Violence in Healthcare

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Healthcare professionals are five times more likely to encounter violence on the job than workers in other fields.[1] These acts of violence compromise the safety and well-being of healthcare workers and patients not only in America but also worldwide.

According to the Occupational Safety and Health Administration (OSHA), "Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide."[2]

Numerous media headlines from the United States over the past few years show that violence is a persistent issue in healthcare settings. For example:

- Tennessee surgeon fatally shot in "targeted attack" by patient in exam room, police say
- Police open investigation after a Knoxville nurse was pushed by a patient and later died
- Dentist attacked while working at Louisiana practice may lose an eye
- Nurse stabbed by combative patient at Jackson Hospital
- Delaware hospital security officer run over by patient driving stolen SUV

The unfortunate reality is that healthcare workers are vulnerable to violence. It can occur in any geographic location and any type of facility, and violence can affect patients, doctors, allied health professionals, administrative staff, and families/caregivers. Although many incidents do not rise to the level of gunfire, they are considered violence nonetheless.

Further, according to the Agency for Healthcare Research and Quality (AHRQ), underreporting of workplace violence is a problem, and the incidence of workplace violence is likely even higher due to underreporting.[3] For example, verbal assaults, threats, and assaults that do not cause

permanent injuries (like spitting, slapping, pinching, kicking, etc.) might not be reported for various reasons, such as:

- Many healthcare workers accept violence as one of the risks of the job.
- Often times, patients or their families are under extreme levels of stress, creating an element of acceptance of bad behavior.
- Reporting structures are either not in place or are prohibitive because they are so complex and time consuming.
- Healthcare workers may fear the possibility of negative effects on their licenses, reputations, and/or employment.

The seriousness of this issue has prompted some states to pass laws that make the consequence of physical assault on a healthcare worker a felony. Additionally, proposed federal legislation — the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 2663 and S. 1176) — would require the U.S. Department of Labor to address workplace violence in the healthcare and social service sectors and issue an occupational safety and health standard that requires certain employers to take actions to protect workers from workplace violence. However, it has not yet become law.

Unfortunately, laws do not always stop violent situations from occurring and do not address all types of violence. Therefore, healthcare organizations — regardless of size — must be prepared for hostile or aggressive situations.

This article discusses important elements of a violence prevention program and offers strategies for preventing or managing violence before, during, and after an incident.

Key Elements of a Violence Prevention Program

A first step in preparedness for healthcare organizations is developing written violence prevention programs. OSHA describes five major elements of an effective workplace violence prevention program, as follows:

1. **Management commitment and worker participation.** Teamwork is essential in a crisis situation. A well-trained team needs to be in place before an incident occurs so that team members are able to effectively execute the plan as needed.

2. **Worksite analysis and hazard identification.** Worksite analysis consists of a methodical evaluation of the hazards within your environment, which may include hazards related to human factors and the physical building. Every facility has a unique set of hazards that should be addressed. Simply put, ask yourself “Where am I vulnerable?”
3. **Hazard prevention and control.** After the worksite analysis is completed, a team should review the information and develop a response plan to address vulnerabilities. The plan might include fixing a broken lock, making staffing modifications, installing video surveillance, developing policies, educating staff, implementing drills, or even changing workflow patterns. Again, each facility is different — what works for one might not be appropriate for another.
4. **Safety and health training.** All staff members should be properly trained on the security measures developed for their facility. They need to be familiar with their roles and have an opportunity to practice. Tabletop drills have some value in educating staff initially, but physically practicing with drill activity is where the most value lies. The goal is to save lives, and everyone should be prepared.
5. **Recordkeeping and program evaluation.** Recordkeeping is an essential element of any business. Accurate recordkeeping allows an organization to stay on top of relevant issues. Whether it is incident reports, training history, or drill records, you need to have an accurate pulse on your facility to properly plan for the safety of your patients and staff. Program evaluation should be incorporated into the plan to capture the things you can improve on and the things you are doing well.[4]

ECRI, an organization dedicated to safe, high-quality, equitable care, explains that “Although it is difficult to completely eliminate violence in healthcare settings, and although there is no ‘one-size-fits-all’ approach for prevention, there are many ways to reduce the potential for violent occurrences and to minimize the impact if violence does occur.”[5]

The next few sections of this article will cover some strategies to consider when developing or evaluating violence prevention policies and plans.

Risk-Reduction Strategies: Before an Incident

The key to handling a violent incident is being prepared. Preparation involves assessing your facility, developing a response plan, educating your staff, and practicing your response.

Assess Your Facility

When assessing your facility, have a realistic view of the processes that are already in place. Reviewing policies, historical data, and community data related to violence can help you understand challenges and limitations as you begin developing a response plan.

However, you should not stop there. A physical assessment of your building and the established workflow also are very important in identifying your risk exposures. More details about the value, focus, and components of a worksite analysis are available in OSHA's *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*.

Including staff that work in particular areas is vital during the assessment. They will be able to provide insight on risk exposures that might not be apparent while doing a walkthrough.

Develop a Response Plan

Research what other organizations similar to yours have done to respond to violent situations. Many good resources are available — but remember, you need to adapt them to meet your organization's needs. For example, some facilities have "panic buttons" and have incorporated the use of those buttons into their response plans.

Although panic buttons are a good resource to incorporate into a plan, you may not have the funds or technology to implement them. In this situation, try to think outside the box on how to make a "panic button" concept work in your facility, and then modify your plans accordingly. As you develop a response plan, include all levels of staff on your team. This will foster engagement as you implement the plan.

Educate Your Staff

You can have a very well-written plan, but if you do not educate your staff on the process, it is meaningless. In an emergency situation, staff members need to be able to respond without having to look up policies or read the violence prevention plan. The aggressor will not wait as your staff learns how to respond. Preparing your staff in advance is your best defense.

Practice Your Response

Practicing your response goes hand-in-hand with educating your staff. Once your staff members have been taught the concepts, give them the opportunity to work through the scenarios using a hands-on approach.

As noted earlier, table top exercises are good for learning concepts, but drills are where the real learning begins. Often times, steps are skipped or not well thought out when talking out a plan using the table top technique. Hands-on drills are valuable in (a) determining whether the plan has gaps, (b) identifying logistical issues, and (c) testing equipment along the way.

If staff members have the opportunity to walk through the scenario, there is a greater chance they will identify shortcomings in the response and retain the skills for when they are needed most.

Simulation Scenarios

MedPro's *Simulation Training: Sample Scenarios* booklet includes a behavioral health de-escalation scenario and an aggressive patient in an office practice scenario. Organizations can incorporate these scenarios into practice drills.

If staff members have the opportunity to walk through the scenario, there is a greater chance they will identify shortcomings in the response and retain the skills for when they are needed most.

Risk-Reduction Strategies: During an Incident

Understanding that no single response will work in every situation is crucial. An article from the *Western Journal of Emergency Medicine* notes four main objectives when working with an agitated person. They include:

1. Ensuring the safety of the patient, staff, and others in the area
2. Helping the patient (a) manage their emotions and distress, and (b) maintain or regain control of their behavior
3. Avoiding the use of restraint when possible
4. Avoiding coercive interventions that escalate agitation[6]

De-escalation is one technique that staff can be trained to use. The aforementioned article lists 10 domains of de-escalation, as follows:

1. Respect personal space while maintaining a safe position.
2. Do not be provocative.
3. Establish verbal contact.
4. Be concise; keep the message clear and simple.
5. Identify wants and feelings.
6. Listen closely to what the person is saying.
7. Agree or agree to disagree.
8. Lay down the law and set clear limits.
9. Offer choices and optimism.
10. Debrief the patient and staff.[7]

For more details about these domains, see MedPro's article *Tips and Strategies for De-Escalating Aggressive, Hostile, or Violent Patients*.

In the event that a situation does become violent, the response should be twofold: (1) isolate the aggressor in as limited an area as possible (such as locking the waiting room door to prevent access to the patient care area), and (2) evacuate as quickly as possible by all means of egress available. Determining a location to regroup is not necessary in this situation; escape from the dangerous environment is the goal. If possible, call law enforcement before a situation turns violent. Doing so sooner rather than later allows the police time to respond to the scene.

For more information on planning for violent incidents, including active shooter situations, see MedPro's *Risk Resources: Emergency Preparedness and Response*.

Risk-Reduction Strategies: After an Incident

After an incident, it is essential to bring the involved staff together to discuss it. This meeting not only offers a cathartic element by allowing staff to talk freely about the situation, but it also is a valuable method for improving incident response in the future.

AHRQ has developed a debrief method that can be applied to any incident response situation. The essential questions to ask include:

- Was communication clear?
- Were roles and responsibilities understood?
- Was situational awareness maintained?
- Was workload distribution equitable?
- Was task assistance requested or offered?
- Were errors made or avoided?
- Were resources available?
- What went well?
- What should improve?
- What is one thing that could be done differently next time?[8]

For additional guidance, see *MedPro's Risk Tips: Implementing Effective Debriefings*.

The effects of violence can be earth shattering and linger for those involved. ECRI notes that the consequences of violence in healthcare settings may include injuries, low morale, increased absenteeism and turnover, suboptimal patient care, litigation, and loss of reputation.[9] Providing for the physical safety and emotional support of staff members involved in a violent incident is an essential part of recovering from the incident and retaining these employees.

In Summary

Healthcare organizations should have well-defined plans to address violent behavior. Preparing for violence emergencies requires an investment of time to develop and implement a comprehensive program. The program does not need to be complex or expensive to implement, but it should be thorough and practiced regularly. This investment of time far outweighs the loss that can occur if staff members are not alert and prepared to respond appropriately.

Endnotes

[1] American Hospital Association. (2024, February 2.). *Protecting the health care workers who care for us.* Retrieved from www.aha.org/news/perspective/2024-02-02-protecting-health-care-workers-who-care-us

[2] Occupational Safety and Health Administration. (n.d.). *Workplace violence*. Retrieved from www.osha.gov/SLTC/workplaceviolence/

[3] Jones, C. B., Sousane, Z., & Mossburg, S. E. (2023, October 31). *Addressing workplace violence and creating a safer workplace*. Agency for Healthcare Research and Quality. Retrieved from https://psnet.ahrq.gov/perspective/addressing-workplace-violence-and-creating-safer-workplace

[4] Occupational Safety and Health Administration. (2015). *Guidelines for preventing workplace violence for healthcare and social services workers* (OSHA 3148-04R 2015). U.S. Department of Labor. Retrieved from www.osha.gov/Publications/osha3148.pdf

[5] ECRI. (2017, May 24). Violence in healthcare facilities: Executive summary. *Health System Risk Management.* Retrieved from www.ecri.org/components/HRC/Pages/SafSec3.aspx

[6] Richmond, J. S., Berlin, J. S., Fishkind, A. B., Holloman, G. H., Zeller, S. L., Wilson, M. P. . . . Ng, A. T. (2012, February). Verbal de-escalation of the agitated patient: Consensus statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *Western Journal of Emergency Medicine, 13*(1), 17–25.

[7] Ibid.

[8] Agency for Healthcare Research and Quality. (2023). *Pocket guide: TeamSTEPPS® 3.0: Team strategies & tools to enhance performance and patient safety.* Retrieved from www.ahrq.gov/teamstepps-program/resources/pocket-guide/index.html

[9] ECRI. (2018, July 23 [last updated]). Patient violence. *Health System Risk Management.* Retrieved from www.ecri.org/components/HRC/Pages/MenH2.aspx