

# Combative Patients

Preventing and Controlling Violence in  
Healthcare Workplaces

# The Scope of the Problem

- The healthcare industry leads all other industry sectors in incidence of non-fatal workplace assaults.
- In 2000, 48% of all non-fatal injuries from assaults occurred to healthcare workers.
- Median lost days from assaults against healthcare workers is 5. Nearly 25% of assaults against healthcare workers result in more than 20 days lost time.



## FACT:

- US Bureau of Labor Statistics estimates over 2,600 non-fatal assaults on hospital workers in 1999. A rate of 8.3 assaults per 10,000 workers.
- Non-fatal assaults for all private sector industries (1999) is 2 per 10,000 workers.
- Later statistics indicate an increase in the trend.

# Who Is Most at Risk?

- Healthcare workers in solitary settings, such as private-duty nursing
- Home health caregivers
- Emergency room workers
- Workers in mental-health wards and facilities
- Workers dealing with head trauma
- Nursing home employees, especially those working with dementia residents
- Social services workers



# Management of Workplace Violence

- Estimated 85% of workplace violence has clear warning signs
- Elevated-hazard scenarios (see previous slide)
- Patients/residents with prior histories of violence or threats
- Work Environment Factors:
  - Dark, isolated areas
  - Chaotic, emotionally-charged areas (ER during busiest times)
  - Inadequate staff to deal with/manage incipient or manifested violence
- Conflict Dynamics stages (see next slide)

# Dynamics of Violence

Three Stages of Conflict:

1. Anxiety – Manifestations of nervousness, fear
2. Verbal Aggression – Implied threats of violence, or direct threats of aggression
3. Outbreak of Violence – Patient actually commits assault

Recognize that some diminished-capacity individuals may not follow these stages and may resort to violence with minimal warning.

# Management of Conflict Stages

- **Anxiety Stage**

- Offer support, calming talk.
- Use “paralanguage” to repeat or mirror patient’s expressed fears, display empathy with patient/resident

- **Verbal Aggression Stage**

- Let them vent within limits
- Verbal aggression is testing the limits
  - Become assertive, draw a line or boundary of behavior

- **Violence Stage**

- Survival and minimization of injury is most immediate goal
- Control of patient/resident is second consideration
- Minimizing injury to patient/resident is third priority



# OSHA Violence Prevention Plan

- OSHA recommends that employers establish and maintain a violence prevention program.
- Components Include:
  - Management commitment
  - Employee involvement
  - Worksite analysis
  - Hazard prevention and control
  - Safety and health training
  - Recordkeeping
  - Evaluation of program





# Management Commitment

- Emotional as well as physical health of employees
- Allocation of authority and resources
- Equal commitment to worker safety and patient/client safety
- A system of accountability for involved managers and employees
- Medical and psychological support for employees involved in violent incidents
- Clear “No-Reprisal” policy for reporting incidents

# Employee Involvement

- Understand, support, and comply with the workplace violence program
- Participate in employee complaint or suggestion programs and opportunities
- Provide prompt and accurate reporting of all workplace violence
- Participate in and contribute to workplace violence training opportunities

# Reasons Employees Don't Report



- Misperception that violence is “part of the job”
- Lack of administrative reporting policies or procedures



- Fear that employer will think they can't handle the job
- Fear of employer reprisals
- Perception that reporting doesn't seem to improve anything

# Hazard Prevention and Control

- Place convex mirrors to eliminate blind areas
- Control access to work areas
- Provide training for staff in recognizing signs of violence and conflict management
- Provide adequate staffing to manage violent patients/ residents
- Evaluate prior records of patients for violence potential
- Inform patients of zero tolerance violence policy
- Establish tracking and charting system for violent behaviors, including passing on information from one shift to another

# Training Topics

- The facility's violence prevention program
- Reporting requirements
- Dynamics of Violence
  - Conflict Stages
  - Management of Conflict Stages
- Nonviolent responses for aggressive, hostile behavior
- Facility's security procedures
- Techniques and skills (role playing, practical practices, etc.) for conflict resolution
- Techniques for victim support
- Law Enforcement involvement
- Training tools, such as OSHA's training materials for Workplace Violence prevention

# Summary

- Violence is a leading cause of healthcare worker injury
- Estimated 85% of violent incidents had warning signs
- Employers should be aware of categories of patients and scenarios in which possibility of violence is increased
- Employers should implement and maintain a Violence Prevention Plan