

Workplace Violence

Overview

According to the U.S. Bureau of Labor Statistics, health care and social services industries experience the highest rate of injuries caused by workplace violence. The World Health Organization's (WHO) **Attack on Health Care** initiative's (2019-2022) three-year aim is to ensure that "health care workers everywhere are able to provide health care in a safe and protected environment without disruption from acts of violence."

This course will provide an overview of workplace violence and how it is evidenced in health care settings, including the signs and symptoms that preclude a violent episode, the types and levels of violent escalation as well as de-escalation skills to prevent violence.

[View Media Disclaimer](#)

Workplace Violence

Learning Outcome

Upon course completion, participants should be able to:

Describe workplace violence, identify measures to decrease violence and utilize de-escalation skills to prevent violence according to current standards of evidence-based practice.

[View Objectives](#)

Objectives

- ✓ Discuss workplace violence and how it is evidenced in health care settings.
- ✓ Examine the four types of workplace violence and the six levels of escalation.
- ✓ Identify factors that preclude a violent episode.
- ✓ Review guidelines and strategies for preventing workplace violence.
- ✓ Apply de-escalation skills to prevent violence.

Workplace Violence

Let's define some terms associated with workplace violence before beginning our discussion of the occurrence, risk factors and preventive measures associated with violence in the workplace.

Use the navigation arrows or dots to review definitions used to describe workplace violence.

Workplace setting

The workplace is defined as a place where a person performs his or her job, such as an office, parking lot, home or health care setting.



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Violence

Violence is defined as any act of aggression that causes physical or emotional harm.



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Workplace violence

Workplace violence can range from verbal agitation or disruption to a physically dangerous event.

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "acts directed toward persons at work or on duty. Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting. It is not only physical violence but also psychological violence, abuse, bullying, harassment (racial, sexual) which happens during work/at the workplace."



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Disruptive event

A disruptive event is any direct or indirect action or communication by an individual(s) that interferes with an employee doing his or her job.



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Dangerous Event

A dangerous event is any direct or indirect action or communication by an individual(s) that poses an understood or actual threat to others.



Violence in Health Care Settings

The majority of serious violent incidents in health care settings occur during interactions with patients. According to the Bureau of Labor Statistics, in 2018 over 20,000 workers in the private industry experienced trauma from nonfatal workplace violence. This report indicated that:

- 73% were in health care and social assistance employment
- 71% were female
- 64% were between the ages of 25 and 54 years of age
- 21% required three to five days away from work
- 20% required more than 31 days away from work



Impact

Experiencing violence in the workplace impacts everyone and can have a lasting negative impact on an individual and the organization.

Direct Effects

Direct effects of violence can range in intensity, depending on the incident, from minor injury to psychological trauma to death

Indirect Effects

Indirect effects include low morale, stress, reduced trust in co-workers/managers and increased turnover.

Impact on the Organization

Workplace violence can be very costly due to lost productivity, lawsuits and damage control.



Types of Workplace Violence

Research in the field of occupational health has identified four types of workplace violence: criminal intent, customer/client, worker-on-worker and personal relationship. Recognition of the types of violence that occur in the workplace can assist employers and employees to anticipate, intervene and prevent actual or potential incidents of workplace violence.

Select each tab below to review the types of workplace violence.

Type I Criminal Intent

Type II Customer/Client

Type III Worker-on-Worker

Type IV Personal
Relationship

In Type I criminal intent the perpetrator has no association with the workplace or employee.

- Eighty-five percent of workplace homicides are result of criminal intent
- The violent act happens during criminal activity such as burglary or vehicle theft
- Increased risk for people who exchange cash with customers, work in areas that distribute prescription drugs, work late hours or work alone, or who walk to cars in dimly lit areas



Immediately notify security or law enforcement.



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In Type II customer/client violence the perpetrator is a customer or patient of the workplace or employee.

- A violent act occurs while the perpetrator (who becomes violent) is being cared for by the employee, health care facility or business.
- Health care workers are more at risk due to working in close proximity to clients, high emotional and physical stress, and sometimes unrealistic expectations or misperceptions.

If you experience customer/client violence seek assistance, notify your manager and/or follow organizational policy.



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**Type III Worker-on-
Worker**

Type IV Personal
Relationship

In Type III worker-on-worker violence the perpetrator is a current or former employee of the workplace who may attack and/or threaten current or former employees.

- Worker-on-worker violence is responsible for seven percent of workplace homicides
- May be referred to as "lateral violence"
- Includes actions such as bullying, sexual harassment, intimidation, direct threats or social media threats

If you experience worker-on-worker violence, **immediately** notify your manager or human resources.



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**Type IV Personal
Relationship**

In Type IV personal relationship workplace violence, the perpetrator has a personal relationship with an employee/employees. There is **no** relationship with the workplace.

- Examples include domestic violence or intimate partner violence that plays out in the workplace

If this occurs, discuss with your manager, security, law enforcement and/or local domestic violence organization or employee assistance program to ensure your protection as well as co-workers' protection.



Let's Apply

Now that we have defined the types of workplace violence you might encounter in your job, let's practice identifying each type, as that will be the first step in taking the right action.

Select the card to view the type of workplace violence for each scenario.



Sue has her purse stolen while walking to the hospital parking lot



Jane is angry that the medication isn't making her baby feel better



John becomes explosive during a team planning meeting



Melissa receives a threatening text message from her boyfriend while at work

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Let's Apply

Sometimes workplace violence can be avoided or prevented from escalating by responding quickly and appropriately. Let's think about each of the types of workplace violence identified on the previous page and identify an appropriate response.

Select the card to view the appropriate response for each scenario.



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**Report to security
immediately**

**Ask another provider to help
assess**

Contact manager immediately

**Assist in finding
protection/support**

Factors That Increase Risk

Risk of workplace violence to health care workers can be found both inside and outside the hospital.

Use the navigation arrows or dots to learn about workplace violence risks.

Risks Outside the Hospital

Employees in settings outside the hospital commonly report workplace violence.

- First responders often report physical violence while on the job.
- Office-based services report increased expectations of the patient/customer which leads to reports of violence.
- Home health care workers experience increased risk while in uncontrolled environments often exposed to drugs, weapons, family violence and theft.



Factors That Increase Risk

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Hospital Risks

Violence in health care frequently involves a patient or patient's family member who feels vulnerable, frustrated and at a loss of control. Caregivers of children experience these feelings when their child is sick.



Individuals with direct patient contact and those responding to high-stress situations are at increased risk of workplace violence.



Factors That Increase Risk

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Hospital Violence

Hospital violence occurs more frequently in

- Psychiatric units
- Geriatric units
- Emergency departments
- Waiting rooms

This may be due in part to:

- Lack of staff training in recognizing and handling difficult situations
- Low staffing levels during meal breaks and shift change
- High worker turnover resulting in inexperienced staff
- Limited hospital security
- Crowded waiting rooms with long wait times
- Unrestricted public access
- The belief that violence "is part of the job"



Prevention Guidelines

Health care workers have a significant risk of experiencing injury from job-related violence. Every employee of an organization can help prevent workplace violence. The Occupational Safety and Health Administration (OSHA) addresses these risks with guidelines developed for prevention of workplace violence. The guidelines are divided into five categories:

**Leadership Commitment
Worker Participation**

**Worksite Analysis
Hazard Identification**

**Hazard Prevention and
Control**

**Safety and Health
Training**

**Record Keeping
Program Evaluation**



Additional resources for workplace violence prevention can be accessed via [The Joint Commission](#) resource portal.

Let's look at each of the OSHA categories in more detail.

Leadership Commitment and Worker Participation

It is the responsibility of everyone to create an effective workplace safety program. This includes leaders, managers and employees.

Leadership Commitment

Leadership will:

- Provide systems, personnel and resources for a workplace safety program.
- Communicate workplace safety to everyone: staff, patients, visitors, students and contract workers.

Worker Participation

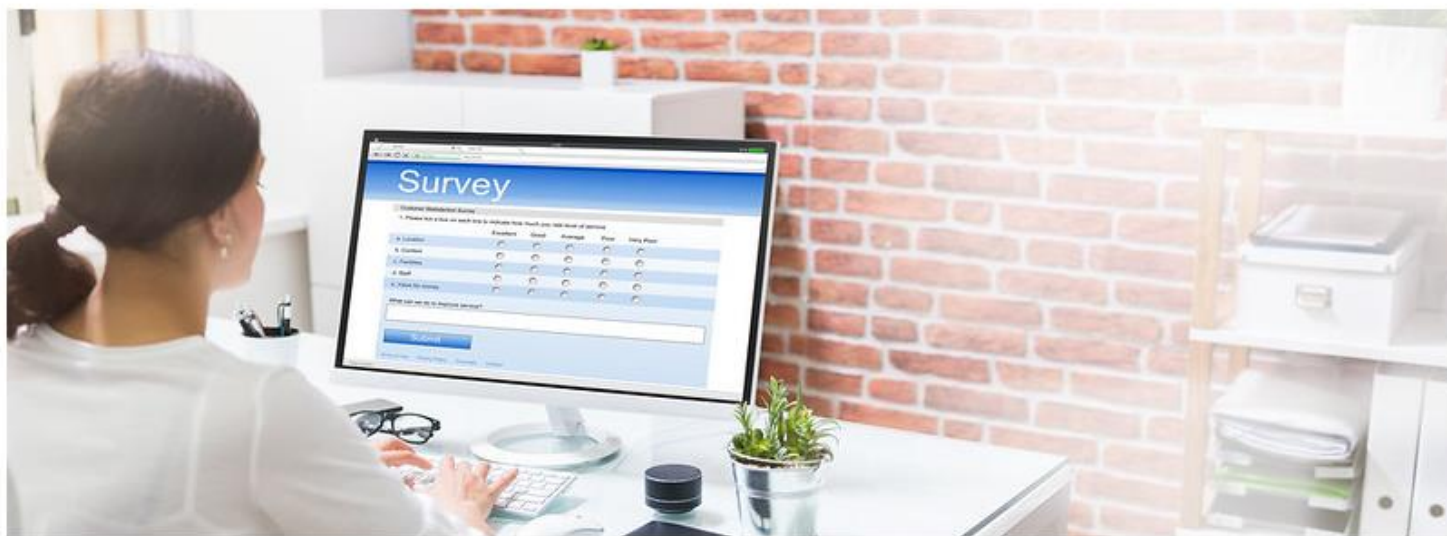
Workers will participate in:

- Workplace violence prevention programs
- Safety and health committees
- Facility inspections
- Policy and procedure revisions to improve safety and security
- Communicating situations that place employees at risk

Worksite Analysis and Hazard Identification

Cooperation between workers and employers in identifying and assessing hazards is the foundation of a successful violence-prevention program. The assessment should be made by a team that includes senior management, supervisors and workers. Assessment information is conducted through:

- Analysis of existing records and reports
- Walkthrough assessment
- Job hazard analysis
- Employee surveys
- Patient/client surveys



Specific checklists for identifying workplace and hazard areas within your organization can be found in the OSHA publication titled [*Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*](#).

Hazard Prevention and Control

Improving safety through prevention is the **most effective** step in improving safety in the workplace. There are three general categories of interventions for prevention: substitution, engineering controls and administrative/work practice controls. Let's take a look at each of these.

Substitution

Often the ideal choice is to eliminate a hazard altogether or to substitute a safer work practice.

Example:

- Identify a safer location to provide care
- Transfer individuals with a primary mental health diagnosis and violent behavior to a facility better equipped to provide care

Engineering Controls

Engineering controls are physical changes to the workplace that either remove a hazard or create a barrier between workers and the hazard.

Example:

- Floor plans with easy exits
- View of patient rooms and hallways for staff
- Lighting in remote areas or outdoor spaces
- Mirrors to improve visibility
- Security technologies such as metal detectors, surveillance cameras, or panic buttons
- Controlled access to certain areas with locked doors
- Enclosed nurses' station or deep counters
- Furniture replaced with heavier or fixed alternatives that cannot be easily used as weapons

Administration/Work Practice Controls

Administrative and work practice controls are changes to the way staff members perform jobs or tasks that reduce the likelihood of violent incidents and to better protect staff members, patients and visitors should a violent incident occur.

Example:

- Adequate staffing
- Frequent assessment of patients for potential violent behavior
- Procedures for tracking and communicating information regarding patient behavior
- Identified procedures for patients with a history of violent behavior
- Emergency procedures that are routinely reviewed and practiced
- Policies and procedures that minimize stress for patients and visitors
- Training in de-escalation techniques, workplace safety practices and trauma-informed care

Safety and Health Training

Employee education is a key piece of a successful workplace violence prevention program. It helps health care workers recognize potential hazards and learn how to protect themselves, co-workers, patients and others.

Participating in education will provide strategies to help reduce the likelihood of violent incidents occurring. It will also increase your confidence in handling potentially violent incidents should they occur.



Record Keeping and Program Evaluation

Record keeping and evaluation are important for assessing the effectiveness of workplace violence-prevention programs, identifying overlooked hazards and determining what additional preventive measures are needed.

Use the navigation arrows or dots to review record keeping and evaluation tips.

Reporting

Accurate records of incidents, assaults, hazards, corrective actions, patient histories, and training can help employers to:

- Identify trends or patterns in particular locations, job categories or departments
- Evaluate methods of hazard control currently being used
- Determine which programs are working best
- Identify training needs



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Record Keeping

OSHA requires many employers, including many health care organizations, to record and report work-related injuries or illnesses that result in:

- Death
- Days away from work
- Restricted work
- Transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness



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Program Evaluation

Program evaluation should be utilized:

- To identify interventions to decrease workplace violence
- To be certain the organization is in compliance with OSHA standards for preventing workplace violence



Prevention Strategies

It is important for organizations to develop and implement prevention strategies and enforce standards to address workplace violence. Remember, there are four types of workplace violence: criminal intent, customer/client, worker-on-worker and personal relationship. Let's take a look at prevention strategies for each of these types.

Use the navigation arrows or dots to review prevention strategies.

Type I Criminal Intent

In criminal intent the perpetrator has no association with the workplace or employee.

Prevention strategies include:

- Attempt to balance staff safety, patient safety and satisfaction
- Collaborate with local law enforcement to plan and facilitate drills



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Type II Customer/Client

In customer/client violence the perpetrator is a customer or patient of the workplace or employee.

- The patient and family often feel anxiety, a lack of control, and fear of the unknown.

Prevention strategies include:

- Build rapport – greet visitors with good eye contact; ensure the individual feels they matter
- Provide information – update the patient and visitor on wait times, explain procedures at the patient's level of understanding, recognize repeat questions may be the result of anxiety



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Type III Worker-on-Worker

In worker-on-worker violence the perpetrator is a current or former employee of the workplace who may attack and/or threaten current or former employees.

Additional factors that contribute to worker-on-worker violence in the hospital include:

- High patient acuity
- Low staffing levels
- Long working hours
- Lack of closed-loop communication skills
- Entitled experienced staff members feeling, "the new guy/gal has to pay their dues"
- Disgruntled former staff members

Prevention strategies include:

- Maintain clear closed-loop communication to allow for increased productivity and better patient outcomes



The Escalation Ladder

The Escalation Ladder is a six-step visualization of how violence can escalate. Let's take a look at each step with corresponding de-escalation skills.

Ladder Step

Response



Step 1: Calm and non-threatening

Individual may be frustrated but shows no signs of agitation.

Interact in a normal matter as you would any other person.



Step 2: Verbally agitated

Individual may express verbal and non-verbal frustration.

"This is ridiculous. I have been waiting for 30 minutes to see the doctor," as he or she paces in the waiting area.

Seek to clarify the individual's need or concern.



03

Step 3: Verbally hostile

Individual's words become unkind with increased agitation and more focused on the issue.

"This office is so poorly run! None of you know what you are doing!"

Recognize emotions are rising.

Remain calm and non-confrontational.



04

Step 4: Verbally threatening

Individual has glaring eye contact and may angrily point his/her finger while directing statements to a specific employee.

Continue to build rapport.

Mobilize support from peers or security.



05

Step 5: Physically threatening

Individual takes a stance that may indicate a fight (i.e., wide stance, hands fistted)

Do not square off.

Remain in your personal space.

Maintain eye contact.

Continue to speak calmly but more directly.



Step 6: Physically violent

Individual attempts to injure employee(s)

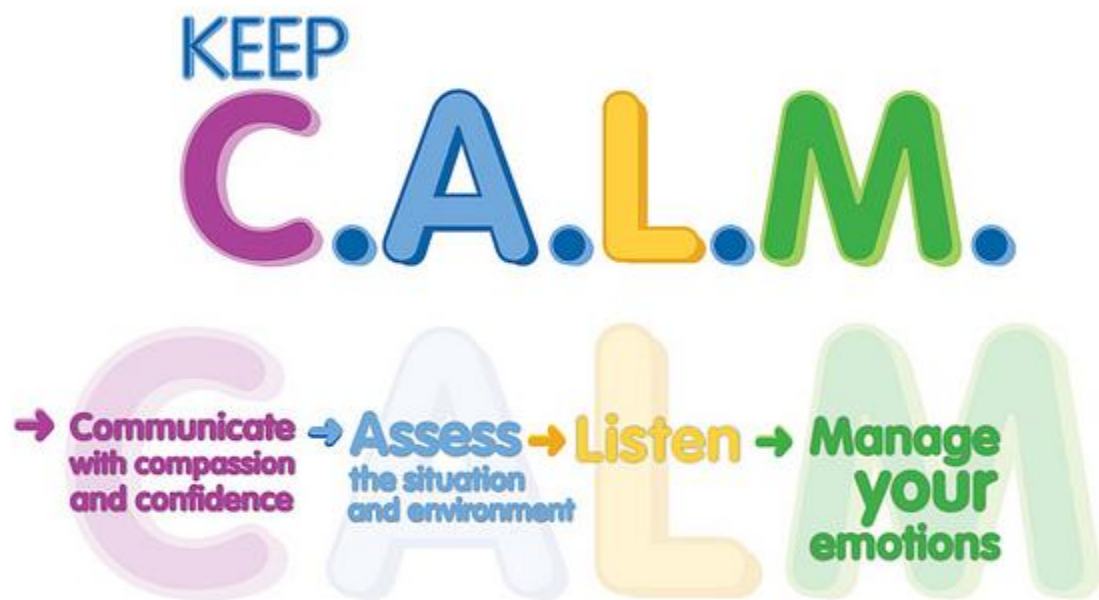
Take cover.

Keep yourself safe.

Keep C.A.L.M.

Another simple way to remember the key components of staff safety when there is a threat of violence is to always “**Keep C.A.L.M.**” This acronym will help you remember four key strategies to follow for any dangerous or disruptive event, although you may not do them in this particular order.

Select the next or previous arrows to review the four steps of “Keep C.A.L.M.”



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KEEP
C.A.L.M.

C → Communicate
with compassion
and confidence



Communicate with Compassion and Confidence

Communicate with **compassion** – this allows the other person to know you are trying to respectfully resolve the issue or find an acceptable compromise.

Communicate with **confidence** – Clearly communicate your role and ability to handle the situation but be cautious through the encounter. Inform all parties of the necessary behavior to resolve the situation.

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Assess the Situation and Environment

Assess risk factors that could escalate the behavior of others.

Assess the environment and physical surroundings, keeping an open path for exiting.

- Be mindful of the effect of your words and actions
- Avoid any behavior that may be interpreted as aggressive (e.g., moving rapidly, speaking too loudly)
- Assess for signs of alcohol or other substance use
- Look for the presence of a weapon (keep in mind that any object can be used as a weapon)
- Recognize verbally expressed anger and frustration and threatening body language
- Do not work alone with a potentially violent person
- Maintain a safe distance

KEEP
C.A.L.M.

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 Children's Mercy



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Listen

Listening involves hearing the words that are said and not said.

Patients and family members are experiencing a lot of emotions including feelings of fear, uncertainty, a sense of loss of control, or just the emotions that flow from hearing disappointing or bad news. It may be difficult to verbalize these emotions and yet they may feel angry when they think they haven't been heard.

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Manage your Emotions

Manage your emotions is a reminder to keep your judgments, biases and personal feelings in check or under control.



Psychological Trauma Post-Incident



Workplace violence programs should provide post-incident counseling to any employee who is affected by an incident of violence at work. Consider working through your employee assistance program, chaplain, critical incident debrief team, or other formal staff support resources for any situation that you find difficult to cope with or just keeps you up at night. It is perfectly normal to be impacted by traumatic events, and effectively processing these situations is important.

Conclusion

Illness and uncertainty can increase anxiety for anyone in the health care setting, which can then lead to anger and possible aggression. Being assaulted or feeling unsafe at work is simply "not part of the job." Recognizing, managing, and preventing workplace violence is the responsibility of everyone.

Our response to the person at risk for violence or displaying violent behavior greatly impacts the "next step" in their actions. Closed-loop communication and respecting roles in health care results in better patient outcomes and staff safety.

ADDITIONAL COURSES



Additional Pediatric Learning Solutions courses* you may find helpful:

- Crisis Prevention through Verbal and Nonverbal De-escalation Strategies
- Intimate Partner Violence
- Trauma-Informed Practice Concepts Goals and Key Principles
- Trauma-Informed Sensitive Practices: Providing Patient and Family-Centered Care

**Note: This module may not be currently available in your organization.*