

# Violence in Healthcare: Know the Signs, Know What to Do

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*The Author declares no financial conflict of interest  
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this presentation*

 Washington  
University in St. Louis  
SCHOOL OF MEDICINE

# Objectives-We Should Be Able To:

- Identify where in the hospital violence is most likely to occur
- Identify which personnel in the hospital are most at risk of being victims of violence
- Recognize signs of increasing aggression
- Identify at least five “do’s and don’ts” when dealing with verbally aggressive individuals



# Why Does Aggression Occur?

- Competition for mates
- Scarce resources
- May enhance status
- Often results in short term benefits-long term too, if tolerated

# Healthcare Facilities See Rise in Crime Rates

Joel Griffin

Source: [SecurityInfoWatch.com](http://SecurityInfoWatch.com)

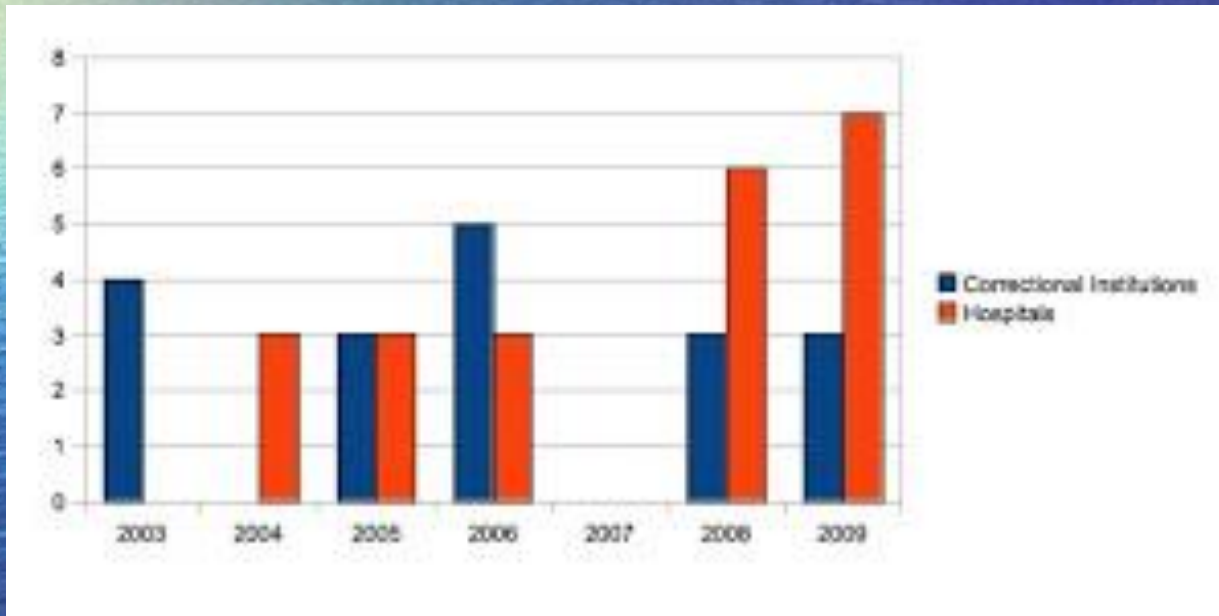
Created: February 6, 2013

A survey found the number of crimes increased by nearly 37 percent between 2010 to 2012.



# Is it Safer to Work in a Prison than a Hospital?

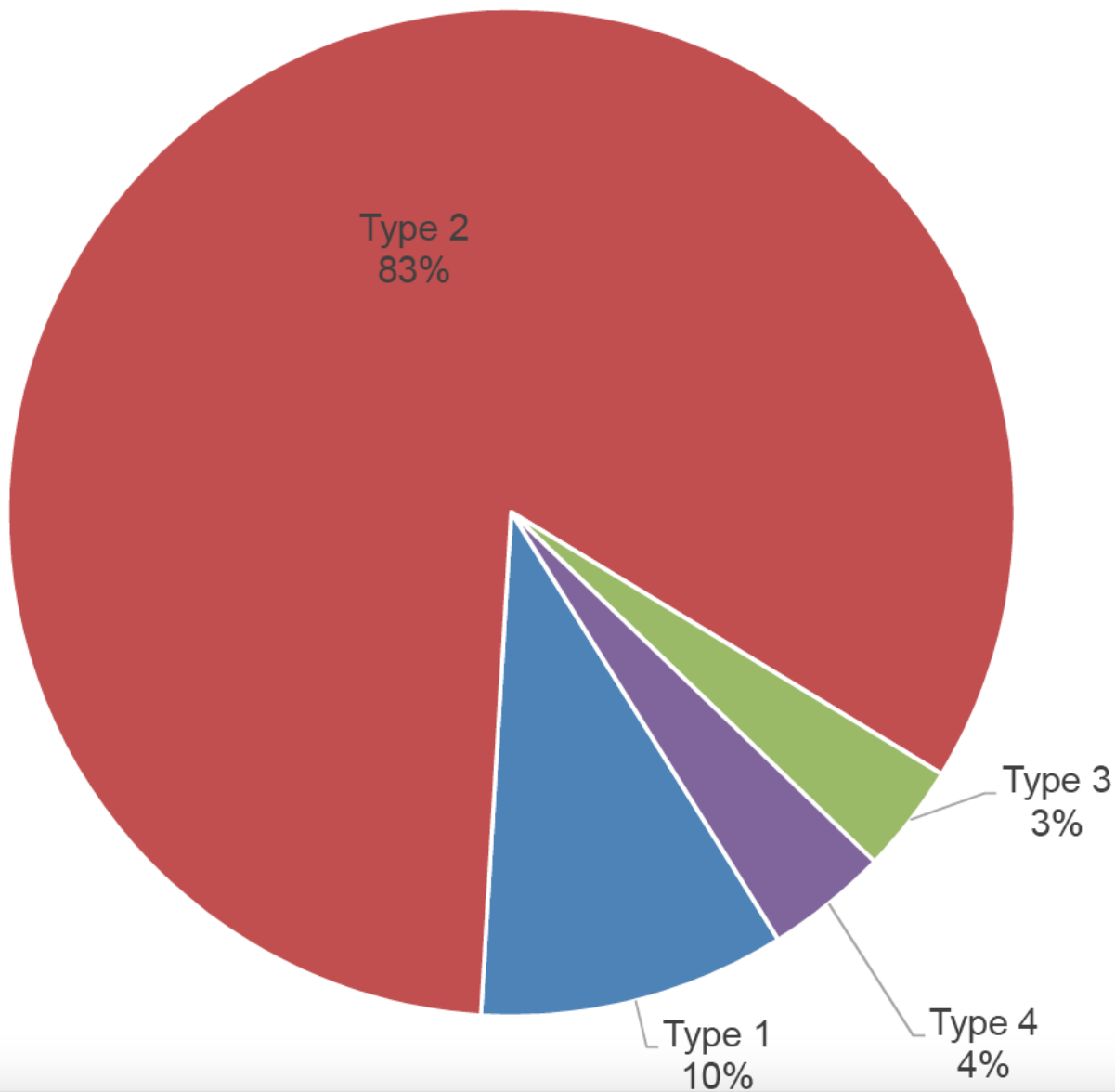
Fatalities by Year



January 21st, 2011 by [AnneHansonMD](#)  
[Better Health Network, Opinion](#)

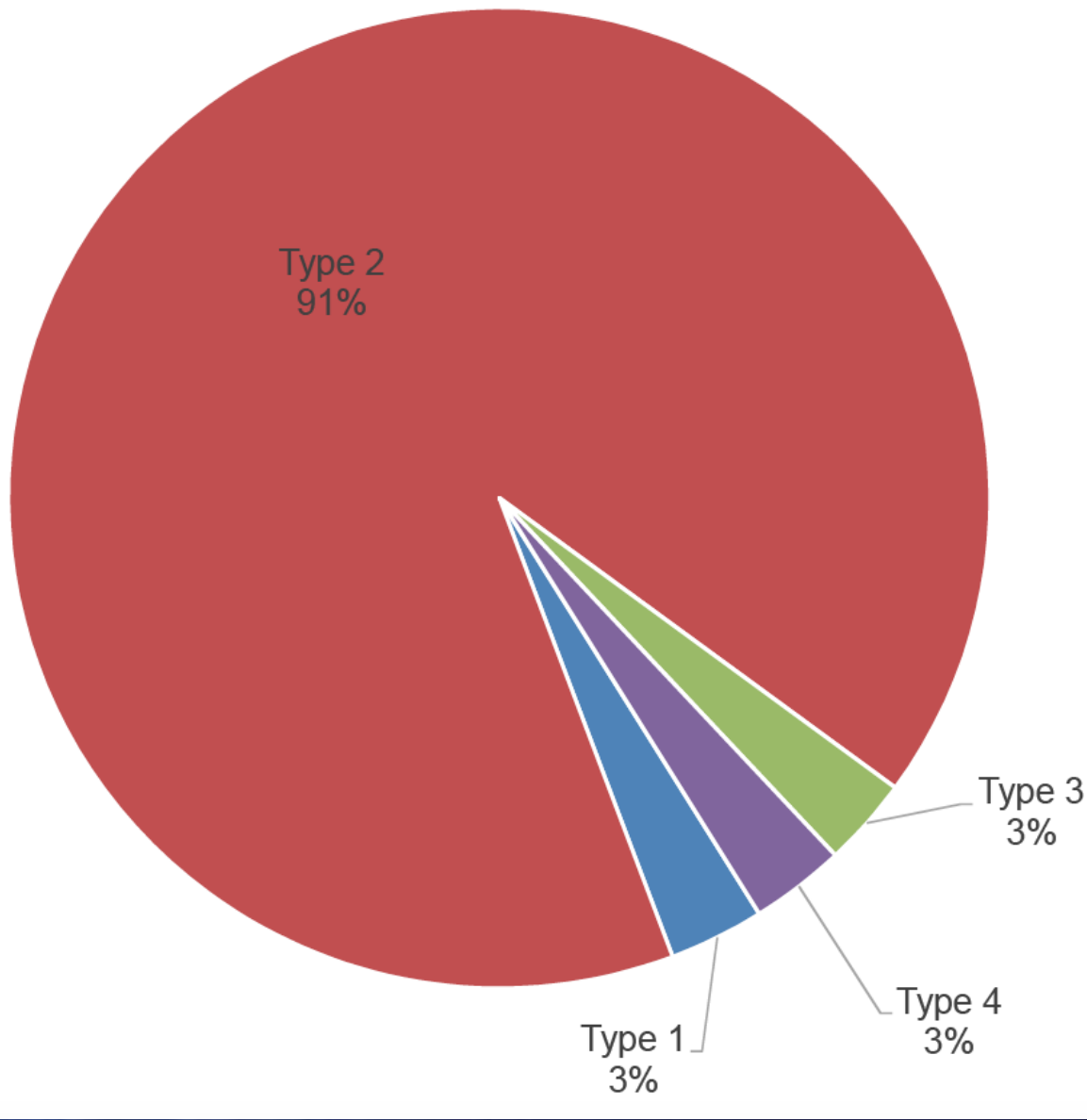
# Aspects of Healthcare Violence

- Where does healthcare violence occur?
  - Psychiatric wards (especially intake)
  - ER
  - Forensic units
  - Other areas (OR, general wards, parking lots)
- Who gets aggressive?
  - Strangers (Type 1)
  - Patients and their families (Type 2)
  - Co-workers (Type 3)
  - Intimates (Type 4)



*Aggravated Assaults by Workplace Violence Type  
in U.S. Hospitals, 2012 -2015, IAHS 2016 Healthcare Crime Survey*

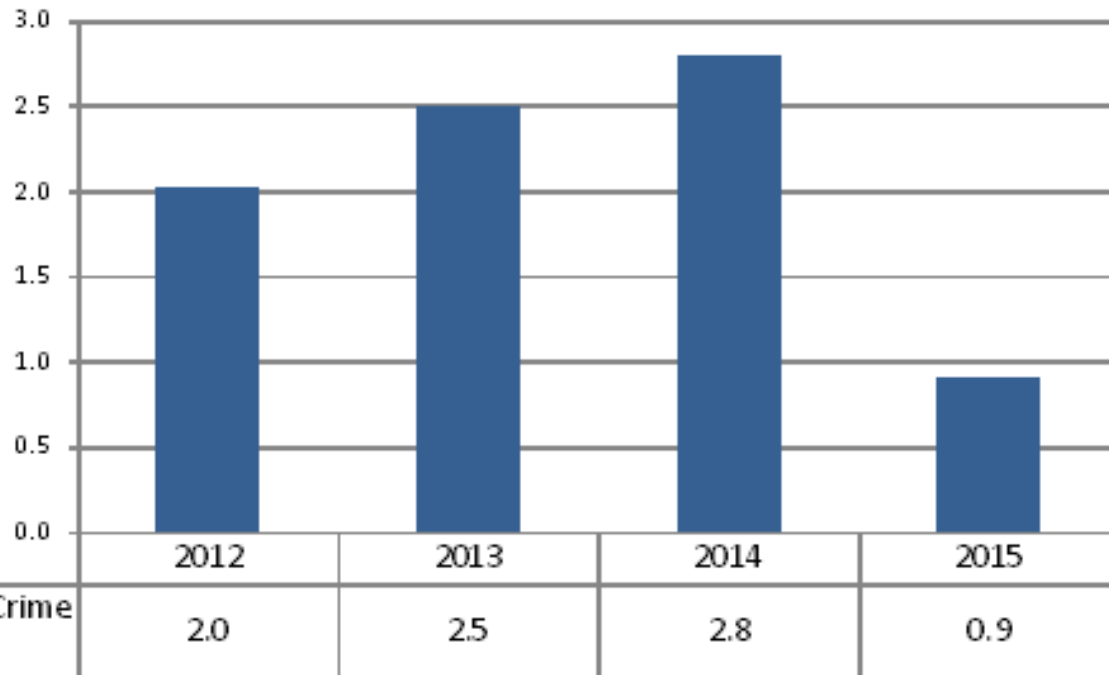




*Assaults by Workplace Violence Type in U.S. Hospitals, 2012 -2015, IAHS 2016  
Healthcare Crime Survey*



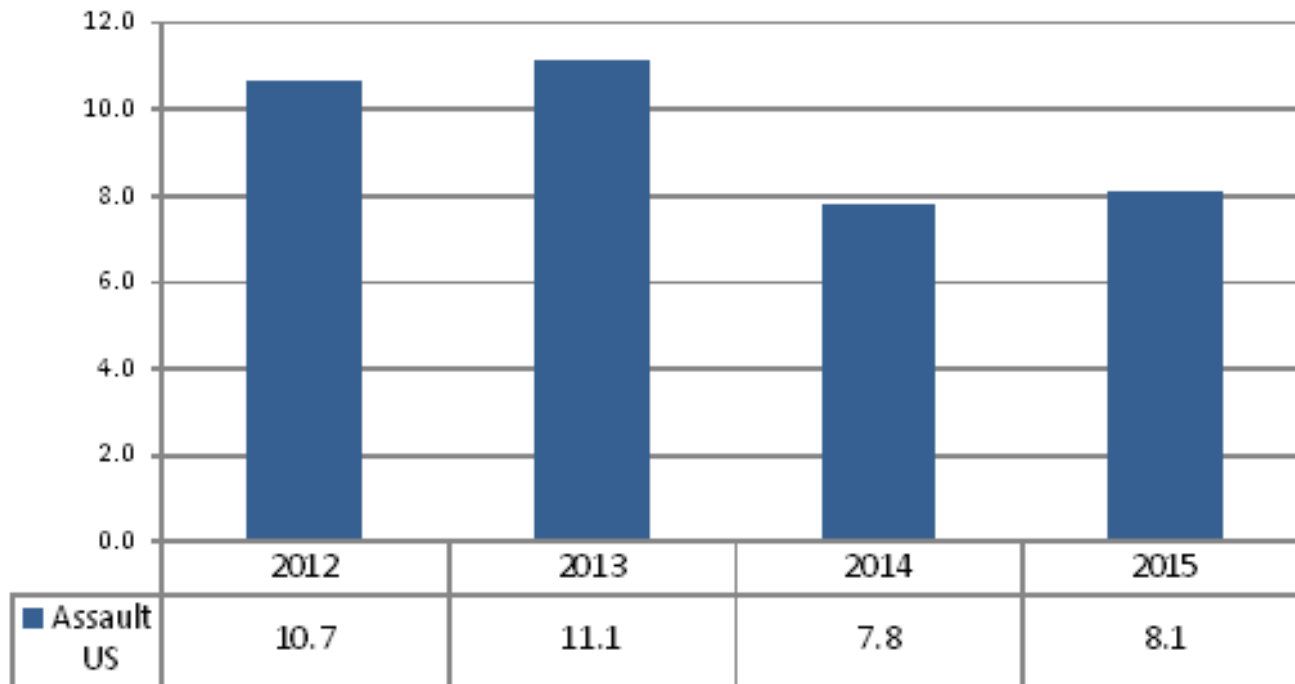
## Violent Crime Rate per 100 Beds



IAHSS 2016 Healthcare Crime Survey

\*Violent Crime=Murder, Rape, Robbery, or Aggravated Assault

## Assault Rate per 100 Beds





# Healthcare Workplace Violence

**75%**

of all workplace assaults happened in a healthcare setting



**80%**

of emergency medical workers will experience violence during their careers

**54%**

of surveyed nurses reported physical and verbal abuse during the previous seven days

In 2016 hospitals averaged

**37.9**  
**CRIMES**

per **100 BEDS** per year



**83%** occurred in patients' rooms

# Differences from Community Violence

- Healthcare workers are restricted in allowed responses to violence
  - We are the “face” of the hospital
  - Expected to act “professionally”
  - Neither hospital (nor us) wants to get sued
- Expectation of availability of assistance exists
  - Employer has obligation to provide a safe environment



# Workplace Violence and Healthcare

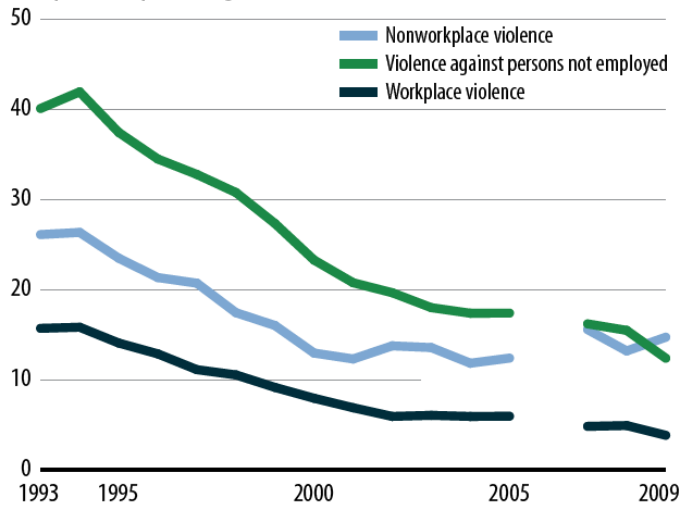
- OSHA considers a major problem and has advisory
- From 1996-2000, 69 homicides in healthcare facilities
- In 2000, 48 percent of all non-fatal injuries from occupational assaults and violent acts occurred in health care and social services
- Annual rate for non-fatal violent crime (1993-1999)\*
  - All occupations-12.6/1000 workers
  - Physicians-16.2/1000
  - Nurses-21.9/1000
  - Mental Health Professionals-68.2

*\*Violence in the Workplace, 1993-1999, Bureau of Justice Statistics*

**FIGURE 1**

**Workplace and nonworkplace nonfatal violence against employed and persons not employed age 16 or older, 1993–2009**

Rate per 1,000 persons age 16 or older



- Annual rate for non-fatal violent crime (2005-2009)
  - All Occupations- 5.1/1000
  - Physicians- 10.1/1000
  - Nurses- 8.1/1000
  - Mental Health Workers- 20.5/1000



# The Tip of the Iceberg

- What's reported, and what actually occurs quite different
- Incidence at least three times higher than reported
- 90% of employers not keeping proper records

*Wuellner SE, Bonauto DK. Exploring the relationship between employer recordkeeping and underreporting in the BLS Survey of Occupational Injuries and Illnesses. Am J Ind Med 2014; 57: 1133-43.*

# Phases of Continuum of Violence<sup>1</sup>



- Phase 1-Basically normal. Opportunities to modify environment to decrease chances of aggression or violence



- Phase 2-Signs of deteriorating situation. Opportunity to intervene verbally, but may have little time.



- Phase 3-Loss of control. Physical aggression.



# Risk Factors for Violence

- Working directly with volatile people, especially, if they are under the influence of drugs or alcohol or have a history of violence or certain psychotic diagnoses
- Working when understaffed-especially during meal times and visiting hours
- Transporting patients
- Long waits for service
- Overcrowded, uncomfortable waiting rooms
- Working alone



# Risk Factors for Violence (contd.)

- Poor environmental design
- Inadequate security
- Lack of staff training and policies for preventing and managing crises with potentially volatile patients
- Unrestricted movement of the public
- Poorly lit corridors, rooms, parking lots, and other areas
- Drug and alcohol abuse
- Access to firearms

Centers for Disease Control and Prevention/NIOSH (2002). *The changing organization of work and the safety and health of working people - Knowledge gaps and research directions*

# Preparing for Violence

- Evaluate your workplace
  - physical layout, escape routes, how to obtain assistance
  - Staffing model and SOP' s
- Prepare yourself
  - To recognize aggression and potential violence
  - To deal with it



# Workplace factors

- Physical Factors
  - Lack of controlled access
  - Dark areas
  - Inadequate alarm system
  - Poor room layout (easy to get trapped)
  - Furniture and objects that can be used as weapons

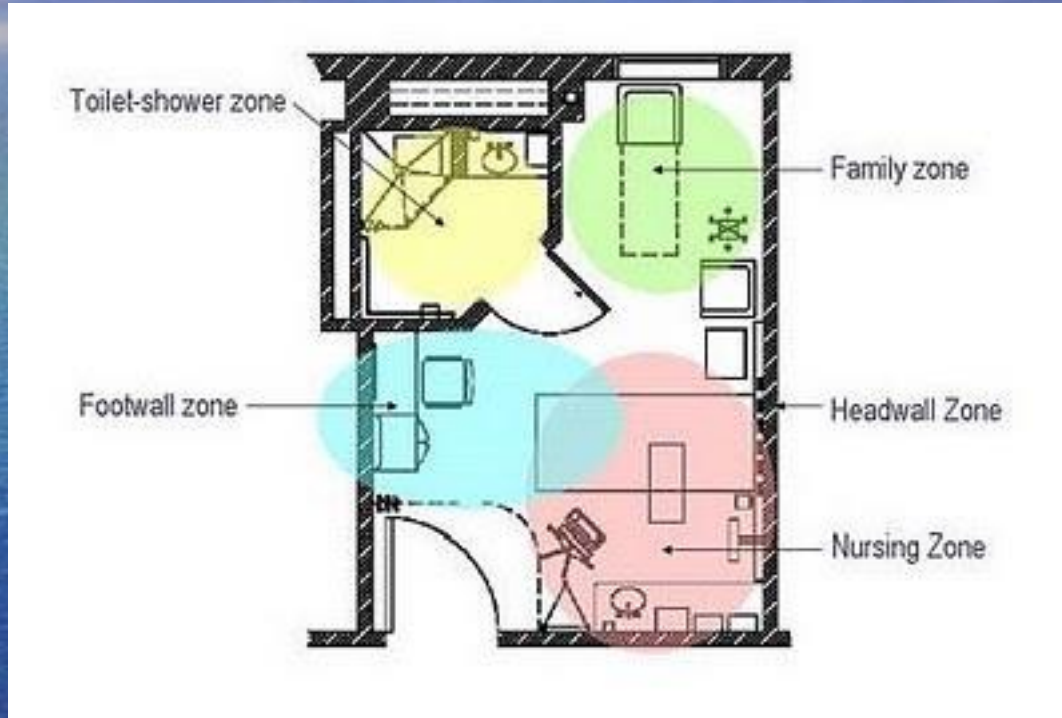
# Workplace Factors (contd.)

- Staffing
  - Short staffed (unable to use “buddy system”)
  - Lack of prompt security response
  - Lack of training in de-escalation











# New This Year



# Indicators and Cues

- Trauma
- Past h/o violence
- Intoxication
- Inappropriate volume/swearing
- Pacing
- Hand motions (clenching/unclenching fists, waving finger in face)
- Verbal threats (specific worse than vague)
- Silence
- Sitting on edge of seat/bed
- Demanding/Arrogant demeanor



# War is diplomacy by other means<sup>1</sup>

- Aggression and violence are types of communication. Your possible responses are
  - Ignore it
  - Verbal
  - Retreat
  - Call for assistance
  - Physical control
  - Pharmacological control

<sup>1</sup> CARL VON CLAUSEWITZ-"ON WAR", 1832

# Things *NOT* to do

- Deny what the person says
- Give orders/ultimatums
- Tell someone to “settle down”
- Touch the person
- Block the exit/corner the person
- Invade their personal space
- Ignore them



# General Principles in Response

- Remain vigilant
- Maintain your safety
- Maintain patient safety
- Do not escalate situation
  - Monitor your own voice and body language
- Summon help as necessary
- Verbal de-escalation
- Support your buddy

# Verbal Response

- Agree (acknowledge), Apologize, Act<sub>1</sub>
  - Empathy is a powerful force
  - People look for accountability
  - Words are worthless without appropriate action

<sup>1</sup> modified, from Sam Horn, "Tongue Fu", *St. Martin's Griffin*, 1996



# Empathy

- Don't put people in their place-Put yourself in theirs
  - You don't have to agree with someone to empathize with them
  - Ask yourself if there is some truth to their statement
  - Reflect, don't refute
  - Look for common ground
  - Don't look to lay blame, but to find solutions

# Take Ownership

- Apologizing acknowledges that both parties have a stake in solving a problem
- Even if you don't feel that you can honestly apologize for what happened, you *can* apologize for how the person feels.



# Actions Speak Louder than Words

- Make a concrete plan with the person-  
stick to it.

# Self Monitoring

- Is your volume appropriate
- Your tone of voice
- Body language
- Sometimes it's better to think a few seconds before responding
- Use positive messages
- If's, ands, but no buts



# Body Language and Physicality

- Best to be on same level, with neither towering over the other
- Speaking distance, but out of arm's reach
- Appear relaxed (as much as you can)
- Protect yourself, without being threatening











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Please Key for Department Chair



NURSE CHARGE





ATTENTION STAFF  
Please Keep Our Department Clean



ANESTHESIA CHARGE











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