

INCIVILITY AND VIOLENCE IN THE WORKPLACE

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WORKPLACE INCIVILITY

Low-intensity deviant behavior with ambiguous intent to harm the target.

Rude, discourteous, displaying a lack of regard for others



WORKPLACE INCIVILITY- BEHAVIORS

Covert Examples:

- Giving somebody a “dirty look”
- Rolling of the eyes
- Asking for input and that person ignoring your request
- “Forgetting” to share credit for collaborative work
- Speaking with a condescending tone
- Interrupting others
- Not listening
- Side conversations during a formal business meeting/presentation

Overt Examples:

- Sending a nasty or demeaning note
- Talking behind someone’s back
- Emotional put-downs
- Disrespecting co-worker based on race, religion, gender, etc
- Making demeaning comments about someone’s professional competence
- Undermining credibility



WORKPLACE INCIVILITY



"All this talk about civility is interfering with my constitutional right to yell at my co-workers."

SYMPTOMS OF LONG TERM INCIVILITY

EMPLOYEE

Physical symptoms

- Weight gain or loss
- Hypertension, cardiac palpitations
- Headaches
- Sleep disturbances
- Fatigue
- Irritable bowel syndrome

Psychological symptoms

- Increased stress
- Fear, PTSD
- Anxiety and Depression
- Mistrust
- Nervousness

PATIENT & CORPORATION

- Increased errors
- Increased accidents
- Poor work performance
- Increased patient complaint
- Turnover expense
- Litigation
- Increased cost for illness and workers compensation
- Bad workplace reputation
- Staff discontent

WORKPLACE INCIVILITY

Steps to Take to Minimize Incivility in the Workplace

- Prevention policy
 - Zero tolerance
- Train all staff to recognize and report
- Report to chain of command
- Educate leaders to recognize behaviors and symptoms
- Confidential reporting system with surveillance of reports and trends
- Annual culture of safety survey
- Clear, transparent peer review and other accountability structure
- Provide and encourage use of EAP to deal with potential stressors

WORKPLACE INCIVILITY

STEPS TO MINIMIZE INCIVILITY IN THE WORKPLACE

Disciplined or Terminated Employees

- Consistent enforcement of expectations and fair disciplinary procedures
- Pre-discipline warnings re: consequences
- Establish safety plan for highly disgruntled or violent employees
 - Security escort
 - Exclusion from campus

ZERO TOLERANCE TO INCIVILITY


Any behavior that threatens the mission of the organization, including patient safety and professional values need to be reported and addressed.


In order to enforce a zero tolerance policy, leadership of the organization must support the policy and be held accountable to address behaviors and actions.



INCIVILITY IN THE WORKPLACE

EFFECTIVE BEHAVIORS

- Compassionate
 - Respectful
 - Responsive
 - Promotes teamwork
 - Effective communication
 - Accountable
 - Agile
 - Proactive
 - Resourceful
 - Responsible
 - Safe & Reliable
 - Continual Learner
 - Performance driven
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**“IF WE COULD SEE
INSIDE OTHERS’
HEARTS”**

VIOLENCE IN HEALTHCARE



VIOLENCE IN THE WORKPLACE


VIOLENCE TO A HEALTHCARE WORKER IS A FELONY A.R.S. 13-1204



Defined by Occupational Safety & Health Administration:

- Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting.
- A workplace may be any location either permanent or temporary where an employee performs any work-related duty

VIOLENCE IN THE WORKPLACE

- Beatings
 - Stabbings
 - Shootings
 - Threats
 - Obscene phone calls
 - Harassment of any nature
 - Being followed
 - Being Sworn at
 - Being shouted at
 - Intimidation
 - Coercion
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VIOLENCE IN THE WORKPLACE

Statistics on Workplace Violence:

- Homicide is the second leading cause of death in the workplace
- Assaults and threats of violence number almost 2 million a year
 - 1.5 million are “simple assaults”
 - 396,000 are aggravated assaults
 - 51,000 are sexual assaults
 - 84,000 are robberies
 - 1,000 are homicides

Only 47% of workplace victimization is reported to the police

VIOLENCE IN THE WORKPLACE

Economic Impact- DIRECT AND INDIRECT

- 500,000 employees lose 1,175,100 work days each year
- Lost wages: \$55 million annually
- Lost productivity
- Stress related illness/medical leave/psychological counseling
- Time for managers and other administrators to address and be involved in investigations
- Legal expenses, property damage, diminished public image, increased security

BILLIONS OF DOLLARS A YEAR



VIOLENCE IN THE WORKPLACE

Violence should be expected but can be avoided or mitigated through preparation.

VIOLENCE IN THE WORKPLACE

Risk Factors

- Prevalence of handguns & other weapons among patients, their families, or friends
- Increasing use of hospitals by the criminal justice system for criminal holds & the care of acutely disturbed, violent individuals
- Isolated work
- Lack of training in recognizing & managing escalating hostile & aggressive behavior
- Prolonged wait times
- Increasing number of acute & chronically mentally ill patients
- Availability of drugs & money at facilities increasing the risk of robberies
- Presence of gang members
- Drug/alcohol abusers
- Trauma patients
- Distraught patients & family members
- High patient volume
- Low staffing levels

VIOLENCE IN THE WORKPLACE

Nurses have the highest rates of aggression exposure of all clinical workers

- **WHO:** Patients, family and visitors
- **WHAT:** Half of all clinical workers reported exposure to verbal aggression- TEN times more than physical aggression.
- **WHEN:** Aggressive or combative behavior typically occurs when care is being delayed, delivered, or necessary care is refused.
- **Where:** Most commonly in medical, emergency, & psychiatric settings
- **Why:**
 - Foreign environment
 - stress (fear of the unknown)
 - discomfort
 - medication effects
 - impairment (drugs/alcohol, delirium, confusion)

VIOLENCE IN THE WORKPLACE

Warning signs:

- Angry body posture
- Red face
- Protruding neck veins
- Pacing and walking in an angry way
- Squeezing the hands
- Shouting
- Heaving breathing
- Threats

Things you can do:

- Call for help right away. Call for security
- Move toward an exit. Do not allow the individual to get between you and the door
- Remain calm, speak slowly and do not make any quick movements
- Treat the person with respect and show caring to keep them calm
- Keep a distance. Do not touch the individual
- Actively listen and respond
- Ask the threatening person for solutions
- Call 911



VIOLENCE IN THE WORKPLACE

Ways to minimize risk:

- Inform patients & families that violence is not permitted
- Establish liaison with local police
- Report/document all incidents to help determine future actions that may be needed
- Set up a trained response team
- Provide behavioral history of patients so safety measures can be put in place
- If pt has known history of violence, perform evaluations/care with a witness
- Do not wear necklaces or chains
- Wear ID badges w/o last name
- Remove items that can be used as weapons
- Limit what you carry in your pockets
 - Pens, syringes, car keys
- Utilize security to escort to & from car or use a buddy system
- Notify the police and press charges if necessary
- Be aware of your surroundings
- Complete worksite risk analysis/assessment to identify where the organization may be vulnerable

VIOLENCE IN THE WORKPLACE

What to do if it happens to you or someone you know:

- If you are in imminent danger- call for help, make a commotion, get yourself to a safe destination
- Seek medical care as needed
- Seek services from Employee Assistance Program (EAP)
- Report the incident to your manager and security (create a safety plan)
- Complete an incident report for employee injury
- Document the incident in the patient chart (if a patient).
 - Notify security (should also document incident)
 - Utilize a flagging system
- Report to the police if you feel it is necessary
- Administrative discharge as needed
- Limit visitors
- Contact Risk Management for further resources and tips

VIOLENCE IN THE WORKPLACE

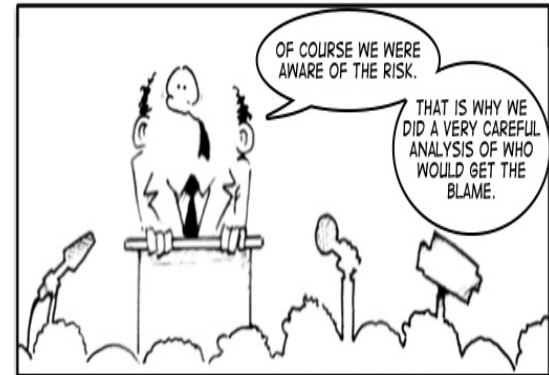
EFFECTS OF WORKER EXPOSURE:

- Psychological repercussions
- Job dissatisfaction
- Decreased job performance
- Increased absenteeism
- Fears of returning to work
- Job transferring
- Quitting
- Restricted work
- Increased stress
- Low morale
- Less respect for staff
- Perceived less supervisory support
- Feelings of concern for safety on the job
- Changed attitudes towards patients

VIOLENCE IN THE WORKPLACE

MEASURING AND MONITORING AGGRESSION:

- Indirect methods to report
 - Hospital-based reporting of restraint and seclusion
- Self Report
 - Incident reports
- Common Measures
 - Observation of Aggression (OAS)
 - Aggressive Incident Record Form (AIRF)
 - Modified Overt Aggression Scale (MOAS)
 - Staff Observation Aggression Scale-Revised (SOAS-R)
 - Retrospective Overt Aggression Scale (ROAS)
 - Patient-Staff Conflict Checklist Shift Report (PCCSR)
 - Perception of Prevalence of Aggression Scale (POPAS)
 - Proxy measures (restraint rates, injury reports, aggression events)



CARTOON BY MICHAEL MITTAS, WWW.COOLRISK.COM

VIOLENCE IN THE WORKPLACE

Advocacy to Address Workplace Violence:

- **State laws**
 - A.R.S. 13-1204
 - Only 30 states have established penalties for assaults on nurses/healthcare personnel.
- **Policies and Procedures**
 - Zero tolerance
- **Educate staff**
 - Training to recognize, diffuse, and deescalate violent behaviors
 - Consider training in a multidisciplinary forum
 - Practice



"WHAT DO YA MEAN? I'VE GOT PLENTY OF MANNERS. I JUST CHOOSE NOT TO USE 'EM."

RISK MANAGEMENT

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THANK YOU