Hospital workplace violence prevention programs: how medical librarians can contribute

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What is Workplace Violence (WPV)?

The National Institute for Occupational Safety and Health (NIOSH): "… any physical assault, threatening behavior, or verbal abuse occurring in the work setting" (1).

The World Health Organization (WHO) and the International Council of Nurses (ICN): " … incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health" (2).

Type of Violence Experienced in the Past Year	Nurses Reporting
Verbally threatened	67.8%
Physically threatened	38.7%
Pinched or scratched	37.5%
Slapped, punched, or kicked	36.2%
Objects thrown at you	34.6%
Verbally harassed based on your sex or appearance	33.3%
Spat on or exposed to other bodily fluids	29.9%
Groped or touched inappropriately	19.8%
I have not experienced WPV	18.4%
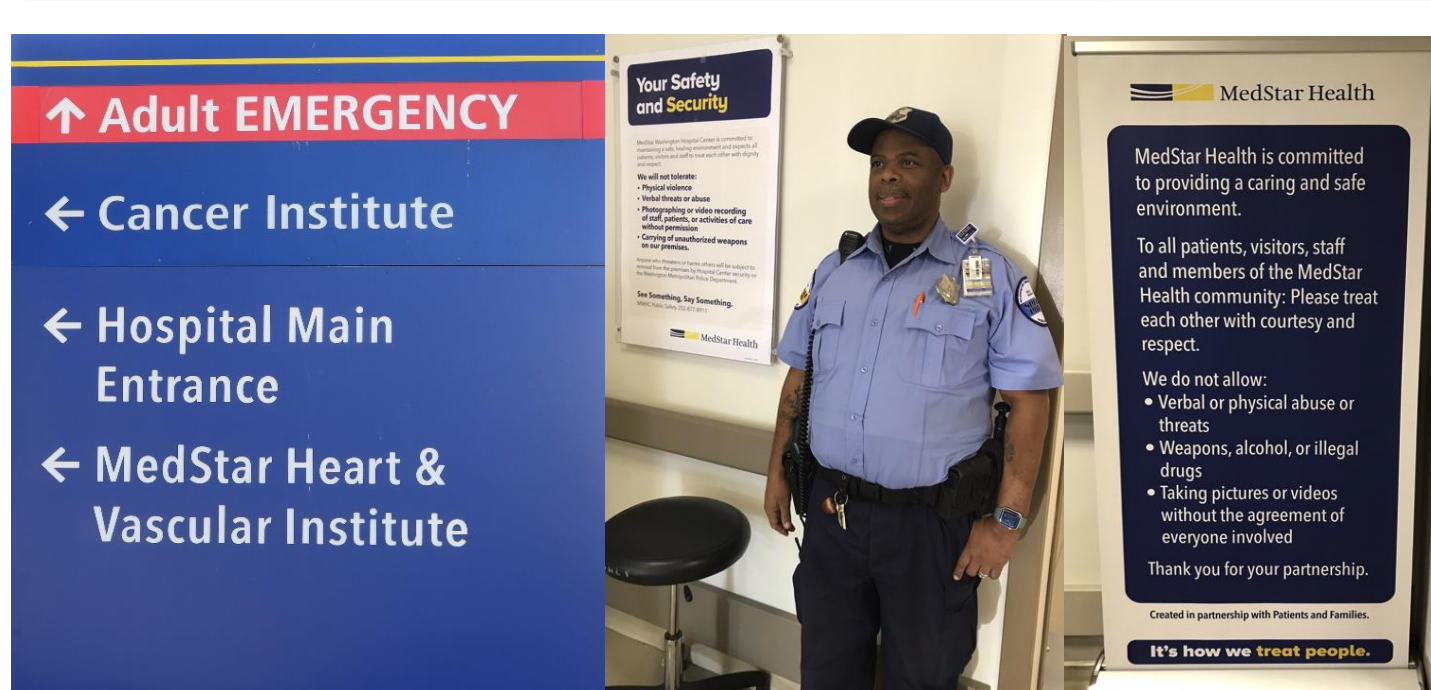
WPV takes its toll

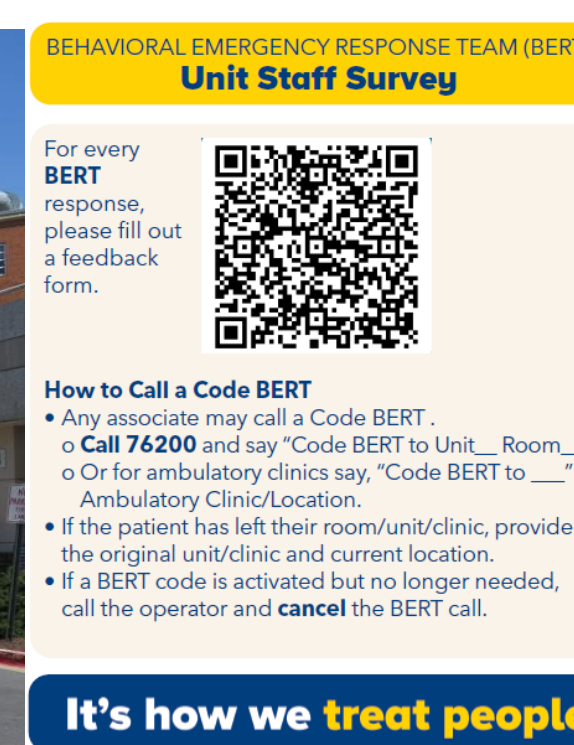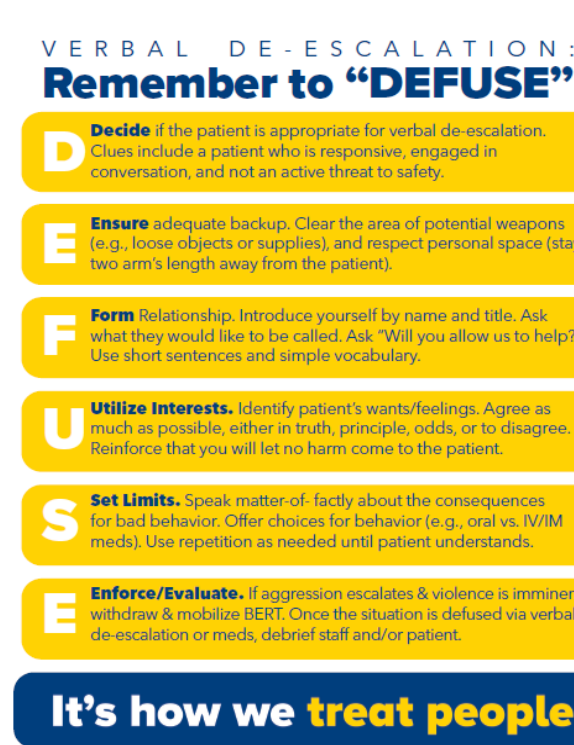| Impacts of Workplace Violence	Nurses Reporting
Anxiety, fear, or increased vigilance	63.5%
Considered leaving the profession	37.2%
Physical injury or other physical symptoms (headaches, stomach aches, etc.)	33.4%
Difficulty working in environment that reminds me of past incident	27.4%
Took time off work or reduced work	22.9%
Changed or left job	19.2%
Psychological effects prevent me from working	9.7%
Applied for workers' compensation	5.0%
Physical injury prevents me from working	3.7%
Left profession	4.1%
No injury/no effect	18.5%

Healthcare can be Dangerous!

According to the Bureau of Labor Statistics, 20,050 workers in the private industry experienced trauma from nonfatal workplace violence in 2020. These incidents required days away from work.

Of those victims who experienced trauma from workplace violence:
- 73% were female
- 62% were aged 25 to 54
- 76% worked in the healthcare and social assistance industry
- 22% required 31 or more days away from work to re-cover, and 22% involved 3 to 5 days away from work (3)

How can medical librarians assist with hospital workplace violence prevention efforts?

The dearth of evidence-based interventions in healthcare workplace violence prevention presents significant opportunities for medical librarians to facilitate data collection, tool creation, and program development. At MedStar Health, a non-profit healthcare organization with 10 hospitals and over 100 care sites serving the Baltimore-Washington area, medical librarians play a significant role in the system's workplace violence prevention program and on the system's multi-disciplinary workplace violence prevention committee.

- **During program development:** provided regulatory literature from government agencies overseeing workplace safety.
- In protocol implementation, provided materials reflecting methods and implementation guidance.
- Provided foundational literature and tools on physical assault risk in patients with mental illness. Literature has served to provide structure for policy protocol implementation and the tools found are being incorporated into the electronic medical record.
- Acquired books relevant to Workplace Violence prevention.

- **Currently:** perform targeted literature searches on topics and programs of discussion and in planning.
- Set up autoalerts to look for workplace violence-related Medline and Embase articles.
- Provided evidence-based tools for consideration and implementation.
- Discuss and disseminate literature and articles for review both at local and system workplace violence prevention committees.
- Facilitate data collection and publication of work and findings.
- Serve as "eyes and ears" in identifying trends and research in healthcare violence prevention.

We don't know the extent of the problem.

Incidents of workplace violence go unreported for many reasons:

- Workplace violence is "part of the job"
- Poor or non-existent institutional policies, procedures, staff training or supports
- Overly complex reporting procedures create a disincentive for reporting
- Concern that violence happens so frequently that it's time-consuming to report every event, in addition to a lack of response when time is taken to report
  - Fear that reporting will reflect poorly on the nurse (victim blaming);
  - Belief that some patients cannot be held accountable for their violent actions. (4)

There are ways to prevent WPV, but many hospitals have not implemented them

Employer Prevention Measures	Nurses Reporting
Provides training on WPV	62.8%
Provides a clear way to report incidents	31.7%
Has staff available at all times to respond to violent incidents	29.5%
Uses a charting or room-flagging system to indicate patients with increased risk for violence	26.8%
Uses security cameras	24.8%
Places additional staff to reduce the risk of violence (e.g. sitters, additional nurses, additional techs, security staff)	17.0%
Limits visiting hours	15.4%
Includes nurses and other employees in violence risk in violence risk assessments	12.3%
Uses metal detectors	7.1%
I'm not sure	13.7%
None of these	10.8%

MedStar Health is doing **all** of these!

What is MedStar Health doing to prevent WPV?

MedStar Health is taking a multi-pronged approach to violence prevention. The approach involves **education, clinical risk assessment, risk stratification, data analysis, technology, awareness,** and **legal interventions.**

Our comprehensive **education** program encompasses several fronts and includes learning prevention strategies through recognition of risk factors and sound verbal de-escalation skills. We provide physical skills training based on risk of violence in individual workspaces (Emergency Departments, Behavioral Health Units, Home Health Care, etc.). Physical skills training incorporates the basics of verbal de-escalation and risk factor recognition as the foundation for training. Additionally, MedStar Health has online videos of escalating scenarios and both effective and ineffective responses so staff can see how inappropriate response can escalate into physicality.

We have incorporated **clinical risk assessment** tools into our electronic medical records. Admission and triage assessments identify current behaviors or past histories of violence or other risk factors that could lead to violence. MedStar Health's medical librarians identified evidenced based tools to assess patients admitted with mental illness. These tools and associated treatment protocols are automatically initiated on admission and are validated stratified predictors of physical assault in the coming 24 hours. Level of risk initiates various interventions. The tools have been an effective means to communicate risk across shifts and care settings. Our electronic medical record also allows chart alerts that identify patients with histories of violence. These alerts can be seen across care settings throughout our large system.

Our **awareness** campaign also incorporated a code of conduct that is run regularly on our internal TV screens and is front facing on our external websites. We have worked with local and state governments to make officials and the public aware of violence perpetrated in our facilities. And we have comprehensive and system-wide standardized signage on violence prevention.

Violence risk stratification has allowed the system to better drive resources based on identified need. The type of violence in emergency departments requires a robust security presence, hardened infrastructure, and planned emergent responses. Behavioral health units require comprehensive behavioral assessments that drive clinical protocols and both inpatient and outpatient resources to mitigate future admissions. Areas where visitor violence is greatest have been provided with improved signage/messaging, access controls, and upgraded videography.

Data analysis is predicated on reporting and includes reviews of victim self-report, occupational health reports of injuries that reflect lost or restricted workdays and OSHA reportable injuries. We use worker compensation claims dollars spent for victims of workplace violence injuries as an annual metric of the expense of violence on our system. Our safety event reporting system has allowed tracking of security interventions, police contacts, and types of patients who are committing various types of violence.

MedStar Health has upgraded **technology,** including videography capabilities, weapons detection, access controls, and visitor management over the past several years.

Lastly, we support **legal action** when our employees are victims of physical assaults. We provide legal assistance, court escorts, and coaching when completing witness statements. We work with government attorneys who prosecute assailants and encourage cases be adjudicated appropriately. We ask prosecutors to advance cases where the assailant has a known behavioral health illness into behavioral health court. Cases involving assaults while on illicit drugs may be asked to be adjudicated in state drug courts. These alternate courts allow a safe disposition to violence that mandates treatment to prevent criminal convictions and have proven useful in mitigating "revolving doors" of violence.

MedStar medical librarians are on the lookout for new information

MedStar Health has chosen the Dynamic Analysis of Situational Aggression as their framework. The library acquired the relevant publications

Daily autoalerts search for new WPV articles in Medline and Embase

Scan this QR code for more information!

(1) https://www.cdc.gov/niosh/docs/96-100/
(2) https://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVguidelinesEN.pdf
(3) Reported in https://www.cdc.gov/niosh/topics/violence/fastfacts.html
(4) https://www.cdc.gov/WPVHC/Nurses/Course/Slide/Unit_8
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