Workplace Violence: Assault by Patients

Description/Etiology

Violence in the workplace is a widespread problem in the United States. Workplace violence is defined by the United States Department of Labor National Institute for Occupational Safety & Health Administration (OSHA) as “any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.” Healthcare workers (e.g., clinical professionals, social workers) are especially at risk of being physically assaulted by patients or patients’ family members. Physical assault on healthcare workers can include punching, kicking, spitting, slapping, hitting, grabbing, biting, scratching, or throwing objects. Physical assault might be accompanied by verbal abuse, including threats, racial slurs, sexual harassment, and sexual assault, including unwanted kissing, fondling, or attempted or completed rape. Although assaults by patients can occur in any clinical setting, the most frequent sites of occurrence are in inpatient psychiatric or geriatric units, in emergency and admitting departments, and in skilled nursing facilities. It is important to educate healthcare professionals to recognize risk factors for and the behavioral cues/clinical presentation of patient violence. In a 2015 position statement, the American Nurses Association declared that “the nursing profession will no longer tolerate violence of any kind from any source.”

Patient conditions that increase risk for assaulting healthcare workers include personality disorders, psychosis, developmental impairment, dementia, and a history of violence, child abuse, or substance abuse. Occupational environmental factors that increase risk include disproportionate staff-to-patient ratios, being alone with a patient, invasion of a patient’s personal space, use of seclusion/restraints, lack of programs for staff training in reducing assault risk, a high volume of unit activities, long wait times for staff response to patient requests for care, and weapons being brought into healthcare facilities.

Employees who are assaulted by patients can experience shorter long-term psychological distress and develop post-traumatic stress disorder (PTSD). Assaults by patients contribute to staff absenteeism, burnout, and turnover, and increase hospital expenses due to worker’s compensation, disability, litigation, property damage, and lost productivity. Treatment includes crisis intervention, patient stabilization (for both the victim and the assaultive patient), immediate/emergency care of any injuries, and follow-up care (e.g., counseling) to both the assault victim and the assaultive patient.

Facts and Figures

In 2013 in the U.S., an estimated 13% of all days away from work in the healthcare and social assistance sector were the result of violence. Nurses are more likely to sustain nonfatal injuries while at work than workers in any other occupation. An estimated 43% of nurses and nursing students in the U.S. have been verbally or physically threatened by a patient or patient’s family member and 24% have been physically assaulted by a patient or family member. During the period 2012–2014, the workplace violence injury rate for nurses and nurse assistants nearly doubled. Violence in health care is not a problem that is unique to the U.S. In the United Kingdom, during the period 2013–2014, 68,683 assaults were reported against National Health Service staff. Of these 69% occurred in mental health or learning disability settings; the victim was an ambulance worker in 27% of cases, a primary care staff member in 25%, and an acute care hospital staff member in 26%.
Risk Factors
For information on patient-specific factors associated with increased risk for assaulting a healthcare worker, see Description/Etiology, above. Nursing activities that often trigger patient assaults include bathing, dressing, turning, feeding, or toileting a patient. Restricting a patient from activities can also trigger an assault. The authors of a recent systematic review and meta-analysis concluded that female nurses are 21% more likely than male nurses to suffer verbal abuse by patients and family members, whereas male nurses are 18% more likely than female nurses to be physically assaulted. They also found that psychiatric and mental health nurses are three times more likely than nurses in other specialties to suffer physical assault (Edward et al., 2016).

Signs and Symptoms/Clinical Presentation
The clinical signs of a patient who is at increased risk for assaulting a healthcare professional can include agitated, resistant, or aggressive behavior; hallucinations and/or delusions; pacing; intoxication; paranoia; inability to communicate with others due to cognitive impairment; frowning; muttering to self; poor eye contact; mood swings; and poor impulse control.

Assessment
› Physical Findings of Particular Interest
  • Injuries to the victim include bruises; scratches; bites; open wounds; internal bleeding; and/or injuries to bones, tendons, and ligaments
  • The assaultive patient could have physical injuries
› Laboratory Tests
  • Testing varies according to specific patient injury, and various laboratory tests for the assaultive patient can be ordered to rule out medical causes of aggression
› Other Diagnostic Tests/Studies
  • A screening tool (e.g., the M55 Violence Risk Assessment Tool, the Aggressive Behaviour Risk Assessment Tool) can be used to identify potentially violent patients

Treatment Goals
› Stabilize Assault Victim/Assaultive Patient and Minimize Risk for Recurrence
  • Administer first-aid/emergency treatment of injury to the victim or assaultive patient as needed; assess all physiologic systems (of both assault victim and assaultive patient, as appropriate) for potential complications; immediately report abnormalities and treat, as ordered
  • Request a psychiatric consultation and/or admission/transfer to a psychiatric unit for the assaultive patient, as appropriate
  • Administer psychotropic medications (e.g., lithium, trazodone, valproic acid, risperidone, carbamazepine), as ordered, for hallucinations, delusions, aggression, agitation, or sedation
  • Use verbal de-escalation techniques (e.g., speak in a calm voice, empathize with patient, encourage expression of feelings, attempt to decrease patient anxiety, avoid provoking, humiliating or threatening the patient, assist patient with problem solving, and set clear boundaries). Limit the use of chemical or physical restraints and/or seclusion
    –Follow facility protocols to maintain patient safety if restraints/seclusion must be employed
  • Follow facility protocols for contacting facility security or the local police department, and for incident reporting
    –Clearly communicate risk for assault to other staff members; place assaultive patient near the nurses’ station and provide increased staffing to reduce risk, if possible
› Provide Crisis Intervention Support to Assault Victim and Involved Individuals
  • Request referral to a social worker and mental health clinician specialist for individual and group counseling to achieve the following:
    –Assist the assaulted individual to describe the event, including his or her role in it
    –Encourage expression of feelings
    –Educate about PTSD and discuss symptoms
    –Provide a longer-term supportive environment to promote recovery and increase staff members’ feeling of safety and security in the work environment
    –Reduce assault risk by reviewing patient-specific risk factors; providing continued in-service training; using verbal de-escalation and/or physical restraint/seclusion techniques such as the Mandt system, which aims to reduce workplace violence via positive behavior support; and demonstrating nonviolent crisis intervention, professional assault response training, or other therapeutic strategy options
Create Awareness Among Healthcare Workers and General Public
• Policies and legislations must be implemented to address the possibility of workplace violence against healthcare workers

Assess, Be in Control, Contain, and Communicate
• It is important for healthcare workers to assess the situation as a whole to develop possible escape plans or plans of actions
• By having control of a situation, a healthcare worker can know his or her own boundaries, limitations, and be able to properly assess how to handle the situation at hand
  – Healthcare workers should understand not only the legal or lawful limitations of patient care or care protocol, but also their physical limitations as well
• Communication and containment is key to ensuring that unnecessary escalations do not occur, and more importantly, do not affect others as well as those directly involved

Establishing a Foundation for a Workplace Violence Prevention Program
• The building blocks for workplace violence prevention include
  – management commitment and employee participation
  – worksite analysis
  – hazard prevention and control
  – safety and health training, and
  – recordkeeping and program evaluation

Food for Thought
• Many employees do not report incidents of abuse to their employers or the police. Two reasons suggested for this underreporting are lack of agency/administrative support and a belief that abuse is “part of the job”
• In a cross-sectional descriptive study of Ghanaian nurses, it was found that a majority of perpetrators were actually relatives of patients rather than the patients themselves
  • Among the aforementioned forms of abuse, another common abuse pattern is the threat of a lawsuit
    – Studies found that 55.8% of workplace violence and abuse to healthcare workers are in the form of threatening for a lawsuit
• A majority of workplace violence studies do not include nonclinical staff and do not address the expectations of violence, tolerance to violence, or perceptions of safety
• Among various age groups, studies found that healthcare workers ranging from ages 31-40 have the highest cases of workplace violence or abuse
• In regards to workplace violence or abuse in relation to work shift, studies found that those with day shifts are nearly twice as likely to be abused than those working evening or night shifts

Red Flags
• When caring for patients assessed as high assault risks, avoid wearing ties or scarves that can be grabbed and used for choking and remain alert to physical surroundings and patient location at all times
• Healthcare staff should be trained in physical techniques (e.g., restraints) for self-protection and control of a violent situation; however, physical techniques should be approached as a team and as a last resort

What Do I Need to Tell the Patient/Patient’s Family?
• Join a support group for contact with others who face similar workplace challenges
• Collaborate with other employees and administrative staff to
  • implement workplace/environment changes that reduce risk for patient assault and establish a system that records workplace violence assault by patients (e.g., requiring training/educating of staff about workplace violence, installing metal detectors, safety alarms, panic buttons, and video surveillance systems; improving staff-to-patient ratios; removing items that can be easily thrown or used for hitting; developing debriefing teams for victims; flagging records of patients with history of violence; developing protocols for close supervision of psychiatric patients)
  • provide training to healthcare professionals to recognize risk factors for and the behavioral cues/clinical presentation of patient violence
• Exercise patience and understanding with the patient’s family, given they are more likely than the patients to commit abuse, whether verbal or physical
• Communication is crucial to establishing a sense of security for the patient and patient’s family, especially if either of them have a history of assault or abuse
– Detail out the procedures and protocols to the patient’s family members that are allowed by the healthcare facility or organization, minimizing abuse caused by confusion, misunderstanding or panic

› Encourage your staff to report workplace violence assault by patients (For more information, see Evidence-Based Care Sheet: Incident Reports: Patient Assault)

References


