

# Workplace Violence Prevention for Healthcare Workers—An Online Course

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## KEY WORDS

education  
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**Purpose:** Workplace assaults against healthcare workers originate from many sources, but are predominantly committed by patients. Therefore, training in strategies for preventing patient-on-nurse violence is very important throughout a nurse's career.

**Methods:** The online course described in this article presents prevention strategies from the institutional and individual levels. These are reinforced by video case studies of five real-life incidents with key learning points discussed.

**Results:** The physical and psychological consequences of workplace assaults can result in higher absenteeism, increased turnover, decreased job satisfaction, lower productivity, and a host of other negative outcomes.

**Discussion:** Preventing these negative outcomes is beneficial to the nurse, the patients, and the organization. This course provides a convenient interactive tool that uses units approximately 20 minutes in duration with stop and pick up where you left off capabilities.

**Conclusion:** The free online course will be available starting in the summer or fall of 2012.

## Introduction

Violence against nurses is a pervasive issue in every healthcare setting (Mohr, Warren, Hodgson & Drummond, 2011; National Institute for Occupational Safety & Health [NIOSH], 2002; Occupational Safety & Health Administration [OSHA], 2004; Peek-Asa et al., 2009). Among healthcare workers, nurses report one of the highest rates (8.1 per 1,000 employed persons age 16 or older) of violent victimization (Harrell, 2011). This rate is 1.5 times greater in magnitude than the total employed population rate of 5.1 per 1,000 (Harrell, 2011). This equates to just over 30,000 reported incidents of violence against nurses annually in the United States. This estimate may be as high as 100,000 per year considering that many researchers have concluded that violence against nurses is underestimated by as much as 60%–80% (Findorff, McGovern, Wall & Gerberich, 2005; Lanza, 2006; Stokowski, 2010).

The verbal and physical assaults inflicted on individuals, who chose to enter their profession to care for and nurture those with health-related needs, are an important matter that demands attention throughout a nurse's career. The physical and psychological effects of workplace violence directed at nurses are often detrimental to the nurse's health, may increase absenteeism, may impact the level of care that the nurse can provide to patients, and

may ultimately result in increased turnover (Child & Mentis, 2010; Gates, Gillespie & Succop, 2011; Gates, Ross & McQueen, 2006; Gerberich et al., 2004; Stokowski, 2010). It can also have a profound effect on the entire healthcare staff (Gerberich et al., 2004).

The NIOSH defines workplace violence as "violent acts including physical assaults and threats of assault, directed toward persons at work or on duty" (NIOSH, 1996). Threats are nonphysical expressions of intent to cause harm and may be articulated through spoken words, threatening body language, or words written on paper or sent electronically. Physical assaults are placed on a continuum that ranges from pinching, slapping, beating, or kicking, to rape or homicide. In the healthcare setting, the majority of assaults are non-fatal and are perpetrated by patients, patients' family members, their visitors, and other staff members (Gacki-Smith et al., 2009; McPhaul & Lipscomb, 2004; NIOSH, 2002).

According to a 2007 report by National Advisory Council on Nurse Education and Practice (NACNEP, 2007, p. 2) "Psychological consequences resulting from violence may include fear, frustration, lack of trust in hospital administration, and decreased job satisfaction. Incidences of violence early in nurses' careers are particularly problematic as nurses can become disillusioned with their

profession. Violence not only affects nurses' perspectives of the profession, but it also undermines recruitment and retention efforts which, in a time of a pervasive nursing shortage, threatens patient care."

Training nurses to prevent workplace violence, to respond to workplace violence when it happens, and to deal with the post-incident psychological and physical trauma is a complex topic that needs to be reiterated throughout a nursing professional's career (OSHA, 2004). In the 2004 OSHA publication "Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers," OSHA includes safety and health training as an element of an effective violence prevention program. The guidelines state that initial orientation training should be provided for all new and reassigned employees before they receive their new assignments. The guidelines further state that refresher training should be conducted at least annually. The training should include at least a discussion of the site-specific workplace violence prevention policy, facility security measures, facility reporting procedures, and post-event assistance (OSHA, 2004). There are indicators, however, that nurses do not receive workplace violence prevention training on a consistent basis (Peek-Asa et al., 2007).

With all of the demands for nurses' time, it is often difficult to allocate time for training. In response to the need for a readily available workplace violence prevention training, NIOSH partnered with Vida Health Communications, Inc. (Vida) to develop an online workplace violence prevention best practices program for nurses to raise awareness about the magnitude of workplace violence and existing prevention measures, provide prevention basics, and describe response techniques to decrease the number of workplace violence-related injuries and illnesses. This training satisfies two requirements faced by many nurses and other healthcare professionals: the need for completing initial workplace violence training or refresher training; and earning continuing education units to maintain their licensure.

### **Course Description**

Vida was awarded a Small Business Innovative Research grant by NIOSH to develop, evaluate and distribute Workplace Violence Training for Nurses. The training program is a two-part multimedia educational package for professional nurses working in a hospital setting, consisting of (1) a self-directed web-based learning curriculum and (2) a workshop leader's toolkit on DVD.

NIOSH researchers, separately, were awarded internal Public Health Practices funding through a

competitive process to develop a workplace violence prevention best practices online course for healthcare professionals.

Through mutual partners, NIOSH and Vida are collaborating to develop a web-based training program and evaluate its effectiveness in assisting with the reduction of workplace violence incidents directed at healthcare workers. The online course uses a mix of text, videos, and graphics to create an interactive learning experience for healthcare professionals. The course is available for access from any computer with an Internet connection at the convenience of the healthcare worker. It includes start and stop capabilities that allow the healthcare worker the flexibility of logging out of the training to attend to patients' needs and then returning to continue the training from the previous stopping point. Additionally, the course is segmented into manageable modules to allow for an entire module to be completed in a reasonable time period (approximately 20 minutes per module). The entire course is the result of a collaborative effort that enlisted the input and assistance of several experts in the field of healthcare violence prevention.

### **Course Content**

The course starts with definitions of workplace violence and a brief overview of the extent of the problem. While the fatality data are comprehensive, the nonfatal data are presented with the caveat that most researchers believe workplace violence in the healthcare setting is underreported (Child & Mentis, 2010; Gacki-Smith et al., 2009; OSHA, 2004). One of the main reasons cited for the underreporting is the prevailing misperception in the healthcare industry that violence is "part of the job." Other common reasons for underreporting include the lack of required workplace violence reporting at facilities; the complexity of reporting procedures; the perception that reporting incidents by patients or co-workers will reflect badly on the employee reporting them; and the belief of healthcare workers that some patients do not realize they are committing a violent act (Gacki-Smith et al., 2009; OSHA, 2004).

The typology of workplace violence and its relationship to the healthcare industry is then discussed. Although type I Criminal Intent (e.g., Robbery) incidents occur, they are not common in the healthcare industry. Type II, Customer/Client workplace violence, is when the perpetrator has a legitimate relationship with the business (e.g., healthcare facility) and becomes violent during routine provision of services (CAL/OSHA, 1995;

## Workplace Violence Prevention for Healthcare Workers—An Online Course

Howard, 1996; Injury Prevention Research Center [IPRC], 2001). These customer/client incidents occur in hospitals, clinics, psychiatric facilities, nursing homes, and all other types of healthcare facilities. Type III violence is defined as worker-on-worker violence or lateral violence as it is commonly known in the healthcare industry. This type of violence is committed by an employee or past employee. Several motivating factors are behind many of these violent incidents including a work-related dispute (IPRC, 2001), staffing levels, and issues of control, hierarchy, and communication. The work relationship for these incidents can involve supervisor on subordinate, subordinate on supervisor, or actions between same level co-workers (CAL/OSHA, 1995; Howard, 1996; IPRC, 2001). Type IV, Personal Relationship violence, generally involves a perpetrator who does not have a relationship with the business, but does have a relationship with an employee of the business. The targets for this type of violence are women more often than men and in a predominantly female workforce such as the healthcare industry, it is believed to be an underreported type of violence (IPRC, 2001). Because type II events are the most prominent forms of violence in healthcare, the online course has a unit dedicated to exploring risk factors for this type of violence and presents prevention strategies throughout the other modules. The course also includes a unit about worker-on-worker violence and abuse. The other forms of violence are discussed but with less detail.

Each type of violence may result in physical and/or psychosocial consequences for the affected healthcare provider. The impact on the healthcare professional may become evident on both a personal and professional level. The extent that violent incidents have a long-term impact on healthcare professionals' job performance may depend greatly upon their social support at work as well as at home. Other determinants of the impact include whether the source was a patient or a co-worker and if it was a single incident or an ongoing series of events. The consequences of workplace violence often go beyond the individual level and may result in a direct impact on the healthcare facility in the form of increased absenteeism, productivity issues, morale problems, and healthcare workers leaving the field before retirement age (McCoy & Smith, 2001). A workplace violence prevention policy is one of the first steps in preventing workplace violence and its associated negative effects on the individual and establishment, and therefore, on the quality of patient care. This course emphasizes that prevention strategies depend on the healthcare

facility's institutional policies as well as on what individual nurses/healthcare workers can do.

The online training also provides information for what healthcare facility managers can do at the organizational level to reduce the threat and incidence of violence. Although each of the four types of violence may require different prevention strategies, it is important that the healthcare organization, through policies, address each typology. Risk assessment is one of the first steps in determining what prevention strategies are most likely to be effective in each specific workplace. The first step in conducting a risk assessment is usually a review of current workplace prevention policies and procedures to assess how comprehensive they are with addressing OSHA recommendations. The next step is an assessment of OSHA injury logs, internal incident reports, and workers' compensation records to identify environmental, administrative, and patient risk factors for the violent events and how the organization may be able to prevent similar incidents in the future (OSHA, 2004). Worker surveys and focus groups can be very helpful in gathering information about risk factors and potential prevention strategies. Once hazards are identified, policies can be written and appropriate environmental, behavioral, and administrative prevention measures implemented (OSHA, 2004).

Staff members working in noninstitutional settings will have different risk factors for violence (Galinsky et al., 2010; OSHA, 2004). Many of the prevention strategies that apply to employees working in these settings are situational in nature. For instance, when a healthcare provider is assigned to go on a visit for which there is a known violence concern, then procedures may require a police officer to accompany the healthcare provider, a co-worker to conduct a joint visit, a visit on neutral ground, or a call-in system immediately prior to and following the visit. Training in de-escalation and personal protection techniques is important for healthcare professionals who work in healthcare facilities and noninstitutional settings.

This online training course will also provide information on: (1) personal safety measures that range from self-assessment (e.g., attitudes, biases, and potential danger from articles of clothing or accessories) to communication issues (e.g., knowing how to keep from becoming stressed or angry during certain situations, being aware of verbal and nonverbal reactions), and (2) how to recognize patient, family, and visitor cues that may indicate that they are about to become violent (Blake, 2011; Lanza, 2006; VHA, 2009). Knowing the techniques for communication and recognition of warning

signs that are discussed in this course will prevent many violent situations starting or from becoming physical assaults.

### Case Studies

The online course uses interactive content throughout, including video vignettes, video interviews, and review questions. Additionally, the course has five case studies that are based on real-life incidents. These case studies are presented with notations to highlight key points that reflect back on important course content. Subjects covered by the case studies include: (1) An intervention with an agitated psychiatric patient; (2) Aggression by a patient's family member; (3) A home care setting where a patient threatens homicide of the health-care provider; (4) Responding to injury from a cognitively-impaired patient; and (5) Dealing with patient anger and inappropriate sexual behavior.

### Pilot Test

Vida and NIOSH will have the online training program peer reviewed by individuals with workplace violence prevention experience. They will be asked to comment on the following: (1) accuracy, completeness, and clarity of content, (2) balance of content, (3) appropriateness and usability of the content, and approach for the intended users, and (4) validity of test questions to measure knowledge. A Nurse Advisory Panel (five Boston-area nurses and nurse educators) will review the program after the peer review is completed. They will be asked to comment from their perspectives as nurses on the same four topics that the peer reviewers did. Once this is completed, Vida will have the program pilot tested by six to eight nurses recruited via the Massachusetts Association of Registered Nurses (MARN) and the Massachusetts Nurses Association (MNA). After exploring the program and answering the self-test questions, these nurses will attend a focus group to reflect upon the content and usability of the programs. For the final evaluation step, Vida will test 204 nurses' knowledge of workplace violence, relevant behavior, and four predictors of behavior: attitudes, perceptions, social norms, and behavioral intention. The measurement consists of self-administered surveys at three time points: pre-course (enrollment), postcourse (immediately after completing the intervention, when learning effects are expected to be strong), and a 4-week follow-up (allowing time to initiate some of the behaviors promoted in the course). The surveys will be grounded in the Theory of Planned Behavior (TPB), which explains associations between behavior and attitudes/beliefs, norms, perception, and intentions will

## Key Practice Points

- Between 2005 and 2009, nurses were assaulted at a rate of 8.1 per 1,000 employed persons age 16 or older. This is 1.5 times greater in magnitude than the total employed population rate of 5.1 per 1,000.
- OSHA recommends that all new hires complete workplace violence prevention training.
- OSHA also recommends refresher workplace violence prevention training for all nurses.
- The techniques for communication and early recognition of warning signs discussed in this course will prevent many situations from becoming physical assaults.
- All healthcare workers including staff nurses and managers need to implement strategies to prevent these risks.

be used (Ajzen, 1985, 1991, 2002; Ajzen & Manstead, 2007). The TPB has proved to be an effective foundation for designing and evaluating interventions that promote change in health-related behavior (Webb, Joseph, Yardley & Michie, 2010). Survey items will be closely tailored to the intervention content, reviewed by expert consultants for content validity, and tested for reliability during the pilot testing of the course.

### Continuing Education

Continuing Education Units (CEU) and Continuing Nursing Education (CNE) hours are pending for this online course.

### Expected Launch

The online course is expected to be available to the healthcare industry in the summer or fall of 2012.

### Cost

The online course will be available for free.

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# Workplace Violence Prevention for Healthcare Workers—An Online Course

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