Workplace Violence

by LINDA McROY

"...the trend in downsizing parallels an upward incline in workplace violence."

When we think of workplace violence in the healthcare setting, it is easy to conjure up assaults by a psychotic patient, or outbursts from patients who have been admitted to the emergency room in an alcohol- or drug-impaired state. But two common sources of violence are often overlooked: a current or previously employed worker, and a domestic quarrel that has spilled over to the healthcare facility.

"Although statistics do not distinguish co-worker or employee violence in healthcare settings," says Carol Distasio, an R.N., "lack of such data does not warrant ignoring this escalating problem. Neither does it justify a lack of appropriate organizational policies and procedures to cope with such a situation when the aggressor is a co-worker, former employee, or family member — in other words, someone other than the patient."

On the job aned vulnerable "Catherine," a registered nurse, was engaged to be married, a fact that made her former boyfriend intensely jealous. She had told her co-workers that he had threatened her and she was afraid for her safety. One morning, the aggrieved boyfriend walked into the intensive care unit where Catherine was working and shot her dead.

In another incident, "Bernice," a hospital aide, had worked for eight years with an exemplary record, and his supervisors considered her unfailingly courteous and helpful. Unbeknownst to her superiors, however, she was feared by her co-workers and, on several occasions, had threatened them with physical violence. In fact, to make sure she always worked the shift she desired, she had gone so far as to show them a variety of knives that she kept in her locker.

Finally, several of her co-workers mustered up the nerve to tell administration of this problem. On further investigation, it was found that Bernice had been abusing patients as well.

Organizational responsibility. In 1992, workplace violence was declared an "epidemic" by the Centers for Disease Control and Prevention in Atlanta, Georgia. Today, state and federal laws require companies to provide a safe workplace.

Workplace violence is clearly defined as a hazard, thus companies are responsible for having policies and protocols in place for potential incidents. A company found to be negligent can be fined $7,000 by the Occupational Safety and Health Administration (OSHA), and can be held liable for millions in civil damages.

On top of legal costs, companies that ignore or fail to take action against workplace violence can sustain damage in the areas of morale and productivity, property destruction, the loss of valued workers with years of experience, and the cost of compensation.

Preventing workplace violence. In order to avert trouble, it is important for healthcare workers to know what factors contribute to the likelihood of internal workplace violence.

- **Stress**. Healthcare is a notoriously stressful profession, especially for nurses and doctors. In today's healthcare setting, R.N.s are particularly vulnerable to stress, since they are expected to juggle the demands of severely ill patients with fewer staff.

- **Downsizing**. In the name of "cost containment," many hospitals, starting in the 1980s, began to slash their workforce in order to turn larger profits. According to *The American Nurse*, "Despite posting some of the highest profit margins of the last two decades, hospitals continue to reduce staff and increase workloads, jeopardizing quality care and patient safety."

Downsizing naturally creates unreasonable work demands that lead to a disregard of safety procedures. Not surprisingly, the trend in downsizing parallels an upward incline in workplace violence. Employees feel betrayed when they believe their institution's profits are gained at the expense of patient safety — this is one powerful motivating factor for perpetrators of violence..

- **Gender**. At least one out of ten women is reportedly the victim of violent relationships. "Catherine's" experience is familiar to many R.N.s, since 97 percent of the nursing profession is comprised of females.

In addition, numerous studies show that many men feel threatened by the presence of women in the workplace, and will choose them as targets. In a recent Canadian study of nurse abuse, 20 percent of the nurses reported that the abuse came from doctors, still a predominantly male group.

Women often do not report violence against them, believing that it "comes with the job." But failing to bring violent incidents to the attention of administration — or lawyers — leads to an escalation of such occurrences.

- **Supervisory styles and policies**. An authoritarian management style that is rigid and overly critical — and that fails to recognize accomplishment — can foster workplace violence by creating resentment and pent-up anger among workers. To encourage vigilance and curb violence, one hospital supervisor told me he recommends "a high level of suspicion." But this may be a cure that is worse than the disease.

The work team, itself, can prevent violence. It is in the best interest of companies to train their supervisors to recognize potential violence and to create an atmosphere of openness in which employees feel comfortable reporting threats or actual events.

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Nurses at Risk

"One morning, the aggrieved boyfriend walked into the intensive care unit where Catherine was working and shot her dead."

A Video to Help Prevent or Cope With Workplace Violence

The healthcare industry can — and should — utilize resources that are currently available to corporate America about how best to respond to the epidemic of violence in the workplace.

A consortium of 35 corporations, including Kaiser-Permanante and CIGNA, has collaborated with Peerless Video to create a training program entitled *Call to Action: Managing Violence in the Workplace*. It includes the following scenarios:

1. When a new supervisor learns that the behavior of a employee, who is frightening co-workers with his angry outbursts, is unusual, she *takes action*, invites him to her office, and learns that he is undergoing a personal crisis.

2. When an employee's bullying and intimidating behavior frightens his co-workers and dampens morale, an administrator *takes action* to resolve the situation.

3. When the ex-husband of a nurse threatens her safety in the hospital, a supervisor *takes action* to protect the nurse and the other employees.

4. When an employee becomes violent, and fails to heed warnings, the supervisor *takes action* to terminate the employment — but not before a series of security systems are utilized.

In all cases, the fears of employees are allayed, "how to" action is advised, and non-authoritarian styles of intervention are suggested.

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Workplace Violence-Nurses at Risk
By Linda McRoy
Synopsis -Stress, downsizing, authoritarian supervisors— all make nurses vulnerable to the "epidemic" of violence in hospitals across the country.