Healthcare professionals, including physicians, have historically accepted bad behavior from patients and even family. Sometimes the bad behavior can come from a coworker. Patients and sometimes visitors have screamed at, punched, spit on, and verbally threatened healthcare professionals. Imaging professionals have not been immune from this. Traditionally, healthcare professionals have been forced to accept this bad behavior as being “part of the job.” The tide appears to be changing and there is less tolerance for bad behavior against the healthcare team. Healthcare managers have been and need to continue to support their teams when workplace violence occurs. In order to address these types of situations, it is important to be knowledgeable about workplace violence and be able to take steps to mitigate it. OSHA defines workplace violence as: “Violence or the threat of violence against workers that can occur at or outside the workplace.” OSHA states that workplace violence can range between threats and verbal abuse to physical assaults and homicide. According to OSHA, workplace violence is one of the leading causes of job-related deaths for women.²

According to the National Crime Victimization Survey (NCVS), in 2009, approximately 572,000 nonfatal violent crimes (rape/sexual assault, robbery, and aggravated and simple assault) occurred against persons age 16 or older while they were at work or on duty. See Figure 1. This accounted for about 24% of nonfatal violence against employed persons age 16 or older. Nonfatal violence in the workplace was about 15% of all nonfatal violent crime against persons age 16 or older. The rate of violent crime against employed persons has declined since 1993. In 2009, an estimated 4 violent crimes per 1000 employed persons age 16 or older were committed while the victims were at work or on duty, compared to 6 violent crimes per 1000 employed persons age 16 or older in 2002. In 1993, the rate of nonfatal violence was 16 violent crimes
per 1000 employed persons while at work, a rate 75% higher than in 2009.2

Overall, 767 workers were killed as a result of violence and other injuries by persons or animals, including 463 homicides and 225 suicides. The work-related suicide total for 2012 declined 10% from the 2011 total and the homicide total was also slightly lower. Shootings were the most frequent manner of death in both homicides (81%) and suicides (48%). Of the 338 fatal work injuries involving female workers, 29% involved homicides.3

A breakdown of homicides by industry for 2010 is shown in Figure 2.

In the last 17 years, deaths resulting from workplace violence have ranked among the top four causes of occupational fatalities in American workplaces.
In response to this serious threat to worker safety, OSHA released a new compliance directive on September 8, 2011 that offers procedures for agency staff who respond to workplace violence cases or complaints. These guidelines are found in a document entitled “Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents DIRECTIVE NUMBER: CPL 02-01-052.” Management should review this document to assure compliance in their facilities.

Healthcare professionals are not immune to workplace violence, including those working in the imaging profession. Healthcare workers, historically, have given care despite the demeanor of patients, often putting up with aggressive behavior including sexual harassment and physical assault. Employees often are unaware that these behaviors constitute workplace violence and/or don’t know how or where to report this behavior. Sometimes, the employee’s failure to report is based on a fear of retaliation from a supervisor or the organization. Often, employees minimize the behavior due to patient dementia or mental illness.

Imaging employees can experience workplace violence from a variety of situations: threatening behavior from another employee, assault while performing an exam from a patient whose thought process is altered due to a mental condition, drugs, and/or alcohol; patient families who are stressed and are not getting the answers they want; an unwanted visitor who is contemplating violence for indiscernible reasons. These can all come in the form of verbal threats and/or physical violence.

While no data is available specifically for imaging centers or hospital imaging departments, the International Association for Healthcare Security & Safety (IAHHS) conducted a 2012 Crime and Security Trends Survey; 208 facilities from the United States and Canada completed the survey. These facilities reported 178,377 incidents of crime. There were 38 incidents of homicide, 515 incidents of rape/sexual assault, and 28,000 incidents of simple or aggravated assaults. Hospitals may be particularly vulnerable due to:

- Large infrastructures with 24/7 access
- Presence of controlled medications
- Drug and alcohol addiction
- Anxiety of patients and families
- An increased use of weapons in criminal activity
- De-institutionalization of mentally ill who become unstable
- Right to healthcare of prison inmates

**Regulatory Concerns**

Healthcare facilities are subject to regulatory oversight including assuring safety in the environment. These include OSHA, Centers for Medicare and Medicaid (CMS), Joint Commission, AAHC, and state agencies. OSHA guideline relative to workplace violence is as follows:

OSHA requires that employers are required to provide their employees with a place of employment that is free from recognizable hazards that are causing or likely to cause death or serious harm to employees. The courts have interpreted OSHA’s general duty clause to mean that an employer has a legal obligation to provide a workplace free of conditions or activities that either the employer or industry recognizes as hazardous and that cause, or are likely to cause, death or serious physical harm to employees when there is a feasible method to abate the hazard.

An employer that has experienced acts of workplace violence, or becomes aware of threats, intimidation, or other indicators showing that the potential for violence in the workplace exists, would be on notice of the risk of workplace violence and should implement a workplace violence prevention program combined with engineering controls, administrative controls, and training.

The Joint Commission’s Sentinel Alert #45 dated June 3, 2010 recommended 13 action items to prevent rape, assault, and homicide:

1. Work with the security department to audit your facility’s risk of violence. Evaluate environmental and administrative controls throughout the campus, review records and statistics of crime rates in the area surrounding the health care facility, and survey employees on their perceptions of risk.

2. Identify strengths and weaknesses and make improvements to the facility’s violence-prevention program.

3. Take extra security precautions in the Emergency Department, especially if the facility is in an area with a high crime rate or gang activity. These precautions can include posting uniformed security officers, and limiting or screening visitors (for example, wending for weapons or conducting bag checks).

4. Work with the HR department to make sure it thoroughly prescreens job applicants, and establishes and follows procedures for conducting background checks of prospective employees and staff. For clinical staff, the HR department also verifies the clinician’s record with appropriate boards of registration. If an organization has access to the National Practitioner Data Bank or the Healthcare Integrity and Protection Data Bank, check the clinician’s information, which includes professional competence and conduct.
5. Confirm that the HR department ensures that procedures for disciplining and firing employees minimize the chance of provoking a violent reaction.

6. Require appropriate staff members to undergo training in responding to patients’ family members who are agitated and potentially violent. Include education on procedures for notifying supervisors and security staff.

7. Ensure that procedures for responding to incidents of workplace violence (e.g., notifying department managers or security, activating codes) are in place and that employees receive instruction on these procedures.

8. Encourage employees and other staff to report incidents of violent activity and any perceived threats of violence.

9. Educate supervisors that all reports of suspicious behavior or threats by another employee must be treated seriously and thoroughly investigated. Train supervisors to recognize when an employee or patient may be experiencing behaviors related to domestic violence issues.

10. Ensure that counseling programs for employees who become victims of workplace crime or violence are in place. Should an act of violence occur at your facility—whether assault, rape, homicide or a lesser offense—follow-up with appropriate response that includes:

11. Reporting the crime to appropriate law enforcement officers.

12. Recommending counseling and other support to patients and visitors to your facility who were affected by the violent act.

13. Reviewing the event and making changes to prevent future occurrences.

State regulatory and justice agencies also have weighed in on workplace violence. With respect to healthcare, many states have enacted legislation that makes violence against emergency workers a felony. Healthcare professionals should research their particular state’s felony positions.

Policies and Procedures

It is essential to have a well thought out process and procedure to mitigate workplace violence; keeping in mind that a goal of eliminating workplace violence is unrealistic.

Policies and procedures should be developed, drilled, and practiced to assure they accomplish the desired outcome. Some policies to consider implementing would include a workplace violence policy, weapons policy, active shooter policy, and a harassment policy. A Threat Assessment Team should be instituted. A Threat Assessment Team’s role is to assess and recommend actions relative to a known threat. Additionally, ongoing review of threat mitigation techniques should be a regular activity of the team. The team should also continually educate themselves on workplace violence.

Conclusion

As can be seen, the cultural acceptance of workplace violence is changing. Management has become more educated on regulatory issues around its tolerance of workplace violence. Events around the country in a variety of settings have raised awareness of the likelihood of a bad event occurring, which has added caution. Management needs to take all possible measures to ensure employees feel safe at work. This needs to include preparing employees in the event a workplace violence event occurs and giving them the tools to handle it. Just as healthcare has changed so has the environment in which care is given. Healthcare managers need to stay on top of the safety of their facilities.

References


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Continuing Education

Workplace Violence: Managing a Culture of Acceptance

Home-Study Test

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Carefully read the following multiple choice questions and take the post-test at AHRA’s Online Institute (www.ahraonline.org/onlineinstitute)

QUESTIONS

Instructions: Choose the answer that is most correct.

1. Bad behavior can come from:
   a. Patients
   b. Family of patients
   c. Coworkers
   d. All of the above

2. Traditionally, healthcare professionals have considered bad behavior as:
   a. Unacceptable
   b. Being part of the job
   c. A non issue
   d. Something handled by managers

3. Which of the following defines workplace violence as: “Violence or the threat of violence against workers that can occur at or outside the workplace?”
   a. NCVS
   b. IAHHS
   c. OSHA
   d. JC

4. According to the National Crime Victimization Survey, in 2009, approximately how many nonfatal violent crimes occurred against persons age 16 or older while they were at work or on duty?
   a. 1000
   b. 87,450
   c. 398,400
   d. 572,000

5. According to Figure 1, from 2002 to 2009 the rate of nonfatal workplace violence has declined by:
   a. 35%
   b. 43%
   c. 62%
   d. 75%

6. The work-related suicide total for 2012 declined from 2011 by:
   a. 10%
   b. 15%
   c. 24%
   d. 35%
7. According to Figure 2, in 2010 workplace homicides due to shootings from the education and health services industry was:
   a. 3%
   b. 4%
   c. 5%
   d. 6%

8. In the last 17 years, deaths resulting from workplace violence have ranked among the top ____ causes of occupational fatalities in American Workplaces.
   a. 50
   b. 24
   c. 15
   d. 4

9. Sometimes the employee’s failure to report workplace violence is based on fear of retaliation from a supervisor or the organization.
   a. True
   b. False

10. Imaging employees can experience assault while performing an exam from a patient whose thought process is altered due to:
    a. A mental condition
    b. Drugs
    c. Alcohol
    d. All of the above

11. The International Association for Healthcare Security & Safety (IAHHS) conducted a 2012 Crime and Security Trends Survey of 208 facilities from the United States and Canada. What was the number of reported incidents of crime?
    a. 38
    b. 28,000
    c. 178,377
    d. 572,000

12. Which of the following is NOT one of the reasons hospitals are vulnerable to crime?
    a. Large infrastructures with 24/7 access
    b. Anxiety of patients and families
    c. A decreased use of weapons in criminal activity
    d. Right to healthcare of prison inmates

13. Which of the following regulatory agencies provides oversight, including assuring safety in the environment, to healthcare facilities?
    a. OSHA, CMS, JC, AAHC, and state agencies
    b. NCVS, IAHHS, OSHA, and JC
    c. JC, CMS, AAHC, and state agencies
    d. IAHHS, OSHA, NCVS, and CMS
    e. CMS, JC, NCVS, and state agencies

14. An employer that has experienced acts of workplace violence, or becomes aware of the potential for violence in the workplace, would be on notice of the risk of workplace violence and should implement a workplace violence prevention program combined with:
    a. Engineering controls
    b. Administrative controls
    c. Training
    d. All of the above

15. What year did The Joint Commission’s Sentinel Alert #45 recommend 13 action items to prevent rape, assault, and homicide?
    a. 2008
    b. 2010
    c. 2012
    d. 2014

16. What action item of The Joint Commission’s Sentinel Alert #45 states “Encourage employees and other staff to report incidents of violent activity and any perceived threats of violence?”
    a. Number 2
    b. Number 5
    c. Number 8
    d. Number 13

17. What action item of The Joint Commission’s Sentinel Alert #45 states “Reviewing the event and making changes to prevent future occurrences?”
    a. Number 2
    b. Number 5
    c. Number 8
    d. Number 13

18. With respect to healthcare, many states have enacted legislation that makes violence against emergency workers a misdemeanor.
    a. True
    b. False

19. To mitigate workplace violence, policies and procedures should be:
    a. Developed
    b. Drilled
    c. Practiced
    d. All of the above

20. To assess and recommend actions relative to a known threat is the role of:
    a. Hospital security
    b. Treat Assessment Team
    c. Violence Prevention Program
    d. Hospital administration