



Violence in the Workplace: Optimizing Worker Safety

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WHY THIS TOPIC?

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- Increase in violence against home and hospice field workers
- Increase in violence in the U.S.
- Increase in street violence
- Much civil unrest
- Impacts patient care and staffing



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PRESIDENTIAL ELECTION

What do you think will happen election night? And following?



INCREASE IN VIOLENCE AND AGGRESSION

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Increasing number of acute and chronic mentally ill patients for whom adequate inpatient and follow-up care is not available- mental health assistance is a maze

Supply shortage of medication, particularly opioids amidst a national opioid crisis- especially after natural disasters

Increase in recreational marijuana use

Political Violence is becoming acceptable



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EFFECTS OF VIOLENCE ON WORKPLACE AND WORKFORCE

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Physical

Psychological- PTSD

Emotional

Organizational morale

Recruitment and Retention

Financial



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PATIENT AND FAMILY AGGRESSION

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As part of its [2024 Nurse Salary and Job Satisfaction Report](#), Nurse.com surveyed 1,635 nurses across the post-acute care setting. The survey revealed that 3% of home healthcare nurses experienced weekly instances of workplace violence, and 4% reported experiencing monthly incidences. Nurses shared that they experienced the following forms of violence from a patient or the patient's family member:

59% experienced verbal abuse

38% experienced intimidation

16% experienced physical assault or abuse

7% experienced sexual assault or abuse



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NOT MUCH INDUSTRY DATA

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In 2016 and 2018, a homecare worker was sexually assaulted in the home of a patient who had already been reported to the same agency for a sexual assault on a previous homecare worker (OSHA 2016).

On December 1, 2022, **Doug Brant**, an *RN* in Spokane was shot and killed in the home of a patient.

Joyce Grayson, a Connecticut home care nurse was murdered on October 28, 2023, in the home of a patient where she was providing services.



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PATIENT AND FAMILY AGGRESSION

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In a 2020 study on violence in home health care a staggering 70% of nurses reported patient and family aggression as well as racism and sexual misconduct.

_ A different study from 2020 found that health professionals were roughly 50% more likely than other community members to have been harassed, bullied or hurt as a result of the COVID-19 pandemic.



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WORKPLACE HIGH RISK FACTORS

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Carrying out inspection or enforcement duties (e.g. CPS).

Providing service, care, advice or education (e.g., health care staff, teachers).

Working with unstable or volatile persons

Working alone, in small numbers

Working in community-based settings (e.g., nurses, social workers and other home visitors).

Having a mobile workplace (e.g., taxicab, salesperson, public transit).

Working during periods of intense organizational change (e.g., strikes, downsizing). **Presidential election 2024**



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NEW REGULATIONS COMING?

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OSHA- Violence Prevention Workplan

Joint Commission- Safety Standards

State Laws-21 states

Federal- EEOC, OSHA, Labor Department



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WHY HAVE A PLAN?

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OSHA believes that a well written and implemented workplace violence prevention program combined with engineering controls, administrative controls and training, can reduce the incidence of workplace violence. (2017)

Increase in whistleblower cases against agencies.

The industry is on the radar screen (OSHA) since COVID complaints

Increase in states developing regulations for prevention programs

WORKFORCE PROTECTION



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AGENCY AND WORKFORCE RESPONSIBILITY

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A VWP clearly outlines reporting responsibility and actions.

In 2016 and 2018, a homecare worker was sexually assaulted in the home of a patient who had already been reported to the same agency for a sexual assault on a previous homecare worker (OSHA 2016).

OSHA gave the agency multiple citations.

OSHA fined the Connecticut agency \$163,000 for the death of the nurse and the family is suing the agency.

Staff has a responsibility to report all incidences.



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WORKPLACE VIOLENCE REPORTING

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What type of form do you have?

Does it list the OSHA 4 categories?

When is the last time you reviewed your statistics?



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OSHA/CDC/NIOSH LEVELS OF VIOLENCE

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Type	Description	Example
I	Perpetrator has no association with the workplace or employees	Person with criminal intent commits armed robbery
II	Perpetrator is a customer or patient of the workplace or employees	Intoxicated patient punches nursing assistant
III	Perpetrator is a current or former employee of the workplace	Recently fired employee assaults former supervisor
IV	Perpetrator has a personal relationship with employees, none with the organization	Ex-husband assaults ex-wife at her place of work



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WHAT NEEDS TO BE IN THE PLAN

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A well written and implemented workplace violence prevention program should include:

Safety officer

Risk Assessment

Policies and Procedures

Intervention



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PLAN COMPONENTS

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Documentation

Recordkeeping

Communication

Training and Education

Post event follow up- counseling, EAP programs



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DEFINITION

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Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.



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WHEN DOES VIOLENCE MOST LIKELY OCCUR?

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Initial Stages of Care- Little/No familiarity

Cross the Line- become more tolerant of abuse

In a recent study (NIH), patients most likely to become violent are those with **mental health issues, limited mobility, cognitive impairment and substance abuse**

Staff who are drug dependent

Disgruntled/distraught family members and patient workers in unique family situations



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TOTALITY OF CIRCUMSTANCES

19

Personal life history

Coping history

Triggers

Stressors

Family Life

Work Life

Mitigating factors

Patients, Family Members all experiencing this but

SO ARE WE AS HEALTH CARE DELIVERY TEAM



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INTERNAL WORKPLACE VIOLENCE

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PHYSICAL ALTERCATIONS

bullying

harassment

racism

sexual harassment

active shooter- tend to be

Office settings are at

**risk for active shooter- do you know if
any staff are victims of domestic
violence.**

Regardless of how bullying is manifested -- either verbal assaults or strategic moves to render the target unproductive and unsuccessful -- it is the aggressor's desire to control the target that motivates the action



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WHO IS AN ACTIVE SHOOTER?

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Based on an FBI Behavioral Study:

Can't be identified by demographics

77% spend a week or more planning the event

Typically experiencing multiple stressors

Usually male

Showing 4-5 concerning behaviors prior to attack

Most have obtained their weapons legally

In about 64% of the events, one victim/target was specifically sought out



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WHO IS AN ACTIVE SHOOTER

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Significant percentage had "leakage" prior to the event

More than half had mental health issues

Some leave a legacy token such as a manifesto

Can't have tunnel vision when making a field visit



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PATHWAY TO VIOLENCE

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LATERAL VIOLENCE/OFFICE TOXIC BEHAVIOR

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Higher rate among healthcare workers especially nurses. This is co-worker to co-worker

Vertical violence is what we normally think of in the workplace.

There is evidence that nearly 60% of new nurses leave their job due to some form of verbal abuse from a co-worker in their first 6 months of work and that violence is generally strongly related to the intention to leave the nursing profession, change institution, and burnout. (NIH 2021)

Leadership is responsible for creating a safe environment.

A culture of safety and respect.



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BULLYING

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Nearly one-third of adult Americans (30%) said they directly experienced abusive conduct at work.

<https://www.eeoc.gov/laws/guidance/enforcement-guidance-harassment-workplace>

Source: 2021 WBI U.S. Workplace Bullying Survey



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EXTERNAL IN CARE IN THE COMMUNITY

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Intimidation/stalking/bullying

Muggings/car hijackings

Weapons

Drugs/Alcohol Abuse

Verbal Abuse/false claims against staff

Sexual Harassment/**Assault**

Gang Activity/High crime area?

Animals/pets- most identified variable in the industry

Family issues/domestic abuse



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UNIQUE TO HOME CARE

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In the home alone –no control over environment

Must be able to size up situations quickly

Requires a skillset to problem solve alone

Become more acclimated to be a “guest” in someone’s home thereby allowing more behavior as acceptable- part of the job

“Patient abandonment” can cloud our judgment

Institutional Environments

Volunteers



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VARIABLES IN IDENTIFYING HIGH RISK SITUATIONS

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Making assumptions

Afraid to look biased

Cognitive biases-*an error in thinking that occurs when people are processing and interpreting information*

Optimistic bias



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SITUATIONAL AWARENESS

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LEVELS OF SITUATIONAL AWARENESS

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- Unaware
- Aware
- Alert
- Alert and Threat

Situational awareness is your perception of the environment and nearby events together with your assessment of how your actions will affect your immediate and near future

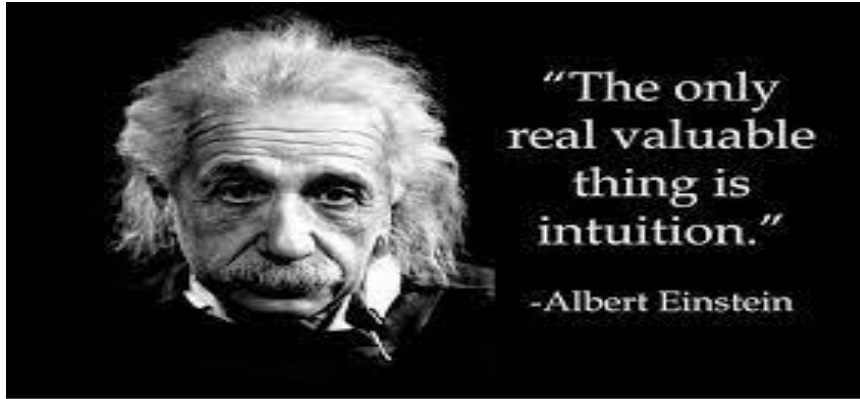


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WHAT ARE WE NOT GOOD AT?

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UNDERSTANDING “FORCED TEAMING”

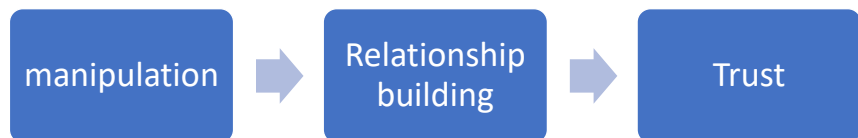
32

Important to listen to words

Make someone think they are in the same situation as you

when a person implies that they have something in common with their chosen victim, acting as if they have a shared predicament when that isn't really true.

It is simply making an implied connection between two parties when there, in reality, is none!



Source: Gift of Violence



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START WITH UNDERSTANDING THE REACTION AND BRAIN PROCESSES

All experiences especially traumatic ones are imprinted in our brain.

10-80-10 Theory

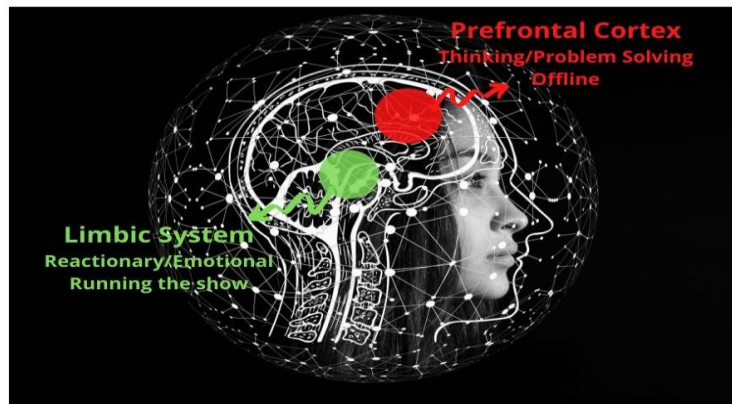
8-10 seconds for the brain to begin processing new information.



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Fight/Flight/Freeze Our System In "Survival Mode"



Source: Harvard University

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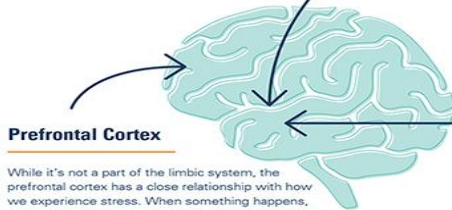


LIMBIC SYSTEM

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The Limbic System: Processing stressful events in the brain

These components in the Limbic System help process stressful events. They work together to help the brain determine whether something is stressful and triggers stress responses in the body.



Prefrontal Cortex

While it's not a part of the limbic system, the prefrontal cortex has a close relationship with how we experience stress. When something happens, information gets sent here for us to process the event on a more intellectual level - with logic and evaluation skills. Using those, we develop a response. But stress can disrupt the prefrontal cortex, making it harder to make good decisions.

Amygdala & Hippocampus

If something is seen as a threat or a stressor, the amygdala triggers the fight-flight response in the brain. Then it tells the hippocampus to remember everything about it, shaping our future response to similar events. Because of this, people who suffer more trauma are more likely to react poorly to stressors.

Hypothalamus

After the Amygdala triggers the fight-flight response, the hypothalamus carries it out. It sends a message to your adrenal glands to release adrenaline and cortisol. Cortisol is a hormone that causes stress reactions throughout the body. If you're constantly in a fight-flight state, these hormones will do great damage to your body.

Source: University of Kansas



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STRATEGY- STAFF TRAINING

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Training in de-escalation

Practice sessions with video taping- focusing on body language, tone, eye contact

Identification of imminent danger

Pre-imminent behavior signs

Precipitating factors

Update plan and policies frequently but remember policies won't mean much if you are/or think you are in danger

Role Playing- is how you prepare the brain to move beyond fight or flight.



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STRATEGIES- TEACHING PROFESSIONAL BOUNDARIES

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Professional Boundaries - Some behavioral indicators can alert nurses to potential boundary issues for which there may be reasonable explanations.

“visitor aura” not a professional one

Set boundaries during initial visit

Use a contract verbal/written with your patient



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SIGNS OF POTENTIAL VIOLENCE

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Pacing

Rapid breathing

Clenching hands intermittently

Cursing



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IDENTIFYING VERY RISKY BEHAVIOR

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Characterized by a visible change in body posture and disposition. Actions include pounding fists, pointing fingers, shouting or screaming.

This signals very risky behavior.

ACTIONS

Utilize venting techniques.

Don't offer solutions.

Don't argue with comments made.

Disengage and prepare to evacuate.

Contact agency.

Lock yourself in a room and call 9-1-1



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DE-ESCALATION TECHNIQUES

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Move to a private area. ...

Be empathetic and non-judgmental. ...

Respect personal space. ...

Keep your tone and body language neutral. ...

Avoid over-reacting. ...

Focus on the thoughts behind the feelings. ...

Ignore challenging questions. ...

Set boundaries.



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LET'S.....

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ANGER/ VERBAL AGGRESSION

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When there are signs of anger or verbal aggression it is important to remember that:

you need to stay calm

anger may be a sign that the person is in distress, experiencing fear or frustrated

it is not possible to reason or problem solve with someone who is enraged

effective communication skills are the key to settling, resolving and de-escalating a situation.



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RESPONDING TO ANGER/VERBAL AGGRESSION

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Use the strategies below to de-escalate a situation:

Listen to what the issue is and the person's concerns.

Offer reflective comments to show that you have heard what their concerns are.

Wait until the person has released their frustration and explained how they are feeling.

Look and maintain appropriate eye contact to connect with the person.

Incline your head slightly, to show you are listening and give you a non-threatening posture.

Nod to confirm that you are listening and have understood.

Express empathy to show you have understood.



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EVERYDAY SAFETY

STRATEGIES

Early am visits

During daylight

Listen to your gut

Peer support/mentoring

Schedules are in order of visits

Keep gas tank filled

Risk assessment prior to visitation(intake)



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STRATEGIES

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Zero tolerance- mixed opinions about this concept and effectiveness

Crime mapping

Classifications for patients based on incidents in the area

Pre-visit Safety

Play out scenarios in your head

Look through a different lens



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STRATEGIES

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Tabletop Exercises

Practice sessions with video taping- focusing on body language, tone, eye contact

Identification of imminent danger

Identify Pre-imminent behavior signs

Precipitating factors

Update plan and policies frequently

Home Safety Assessment for YOUR safety

Role Playing



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DE-ESCALATION IN THE FIELD

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Be self-aware. Try to avoid any physical contact unless absolutely necessary as this may cause provocation. ...

Remain objective. ...

Non-verbal communication. ...

Active listening. ...

Provide solutions.



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PERSONAL STRATEGIES

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Defense Course

Door locked immediately

Carry light

Don't offer information to strangers

Don't be afraid to offend someone

Stay Alert

*****Pepper Spray- know your state regulation Agency Liability***



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STAY SAFE



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