Management of Workplace Aggression & Violence (WAV)

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Management of Workplace Aggression & Violence

This course is endorsed by APEC No 061122359 as authorised by *Australian College of Nursing* (ACN) according to approved criteria.

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Management of Workplace Aggression & Violence

All Healthcare Australia (HCA) healthcare workers; Registered Nurses (RN), Enrolled Nurses (EN) Endorsed Enrolled Nurses (EEN) and Assistants in Nursing (AIN) being always mindful of their individual practice parameters, should after completing this package, be able to:

1. Plan responses:

- To instances of difficult or challenging behaviour
- To ensure the safety of self and others

**planned responses may be based on own ability and experience; established organisational procedures and knowledge of individual persons and underlying causes*

2. Apply responses:

- To reflect organisational policies and procedures
- Assistance is sought as required
- Promptly, firmly and diplomatically
- By using effective communication to achieve desired outcomes

3. Report and review incidents:

- Incidents are reviewed with appropriate staff and suggestions offered appropriate to area of responsibility
- Debriefing mechanisms and other activities are accessed and participated in
- Advice and assistance is sought from legitimate sources as and when appropriate

MANAGEMENT OF WORKPLACE AGGRESSION AND VIOLENCE GUIDELINES 2010

- All staff are required to contribute to and foster a harmonious and equitable work and study environment;
- All staff should be aware of their responsibilities for maintaining a workplace where everyone is treated with dignity and respect;
- Take measures to identify, assess and control the potential risk factors associated with workplace aggression and occupational violence;
- Report all inappropriate behaviours. Healthcare Australia staff is encouraged to report any incidences of possible or actual bully or occupation violence.

The World Health Organization (WHO; Krug, Dahlberg, Mercy, Zwi & Lozano 2002) has defined violence according to both the intent of the behaviour and the outcome it produces for the victim as:

The intentional use of physical force or power, threatened or actual against ones self, another person, or against a group or community, that either results in or has a likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. (Krug et al 2002 p.5)

Aggression and bullying are unacceptable

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Detect early signs of aggression and bullying, so that you can use preventative techniques to avoid it.

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Identify and minimise triggering factors

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Be aware of both your perpetuator's and your own verbal and non-verbal cues

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Document and report all aggressive and bullying behaviour

What is Occupational Violence?

Occupational Violence is defined as any incident where a worker is physically attacked or threatened in the workplace or during workplace activities.

Within this definition:

A **threat** is a statement (verbal), or behaviour that causes a reasonable person to believe they are in danger of being physically attacked.

A **physical attack** is the direct or indirect application of force by a person to the body of, or to clothing or equipment worn by, another person where that application creates a risk to health and safety.

- The number of physical attacks at the workplace is lower than the incidences of threats;
- **Occupational violence should NOT be considered as simply part of the job**;
- Occupational violence is not acceptable, no matter how frequently or infrequently it occurs.

The term 'occupational violence' applies to all forms of physical attacks on workers:

Verbal abuse	Bullying amongst workers
Threats	Bullying between managers and workers
Physical Violence	Behaviours that leads to stress or avoidance behaviour
Homicide	Stalking
Behaviour that creates an environment of fear	

Categories of Workplace Violence

There are three categories of workplace violence:

- ***'External'* violence:** violence perpetrated by persons outside the **organization;**
- **'*Client-initiated'* violence: violence inflicted on workers by their customers or clients;**
- **'*Internal*' violence: violence that has occurred between employees within an organisation, such as between supervisors and employee or employees** and apprentices.

External Violent Incidents

- Incident is proportionally higher in rural and remote areas, and in lower socio-economic localities;
- Greater numbers of perpetrators are young man affected by alcohol or other substances. Assaults were disproportionately committed by males aged between 18-19, followed by those aged 20-24;
- Link between intoxication and violence;
- If the catchments area for a hospital is close to a number of licensed premises, then the healthcare facility may be exposed;
- Risks of external violence increase in healthcare facilities where drugs are held in poorly secured places.

Case Study Scenario

A young man aged 19 has been drinking all day at the pub, and then goes on drinking at the local bowling club. The bowling club is in the vicinity of Murphy Base Hospital. After leaving the club he enters the small Accident and Emergency Department with a mate and demands drugs, from the drug cupboard which is located on the wall behind the nurses' station.

Client-Initiated Violence

- Healthcare staff working in Emergency departments, waiting rooms, and psychiatric hospital are at the greatest risk of *Client – initiated violence* followed by those working with clients with behavioral problems;
- Specific events have been reported to trigger unprovoked violence for example, denial of services, over crowding, too much activity at one time, inadequate facilities, and insufficient staff resources;
- Aggression was found to be worse in the evenings, weekends, public holidays and late-shopping nights.

Case Study Scenario

At a large busy hospital in a lower socio-economic area, a young pregnant woman with back pain has been waiting in Accident and Emergency with her husband for 45 minutes. Both the husband and the wife have limited English and they are told that a doctor will not see them for at least another 30 minutes. It is about 7.30pm on Friday night and the department is short staffed and busy. The husband of the pregnant women becomes very agitated, starts pacing around the unit and then becomes quite loud and abusive to the triage sister.

Occupational violence is defined without consideration of the attacker's intent. The definition, therefore, covers situations where a worker is attacked by a person who may not be able to form intent, but who is capable of violence. For example, a nurse is physically attacked by a patient with an acquired brain injury. It is unclear whether the patient made a conscious decision to physically attack the nurse.

'Internal' Violent Incidents (including Bullying)

- Employees within the same organisation commit internal violence. The incidents are usually repeated and escalate in intensity over time;
- 'Internal' violence has a quite different profile;
- Tactics are usually subtle and covert strategies;
- Multiple perpetrators may be involved ('mobbing');
- The research indicates that "internal violence is most common in organisations where dominant/subordinate hierarchical relationships exist.

The Five Categories of Workplace Bullying

- Threats to professional status (e.g. belittling and humiliation);
- Threats to personal standing (e.g. teasing, insults);
- Isolation (e.g. withholding of information);
- Overworking (e.g. impossible deadlines, unnecessary disruptions);
- De-stabilisation (e.g. meaningless tasks, shifting of goal posts).

Bullying may manifest itself in discriminatory behaviour, and may therefore be unlawful; under a number of Acts, including:

- Anti-Discrimination Act 1977(NSW);
- Human Rights and Equal opportunity Commission 1986 (Commonwealth);
- Sex Discrimination Act 1984 (Commonwealth)
- Discrimination Act 1992 (Commonwealth)
- Age Discrimination Act 2004 (Commonwealth)

What is Workplace Bullying?

The following definition is included in section 55A (1) of the Occupational Health, Safety and Welfare Act 1986:

"Workplace bullying means any behaviour that is repeated, systematic and directed towards an employee or group of employees that a reasonable person, having regard to the circumstances, would expect to victimise, humiliate, undermine or threaten and which creates a risk to health and safety"

Reducing the Risk of Violence at Work

All health services must identify, assess and control the risk of workplace violence. The recommended approach to managing violence at work is firstly to eliminate the opportunity for violent or threatening behaviour. If that is not possible, the potential for violence should be isolated, managed and minimised. Finally, additional personal protection, such as duress alarms and training in handling confrontational behaviour and diffusing aggression, may help minimise the risk of injury or harm to health.

The cost of workplace aggression includes:

- Financial costs of absenteeism;
- Lost productivity;
- Higher workers' compensation insurance premiums and medical expenses;
- Also personal costs of emotional trauma suffered by victims and their families.

Even the risk of violence, threats or abuse in a workplace can cause stress and emotional suffering. Both employers and employees benefit from reducing the risk of violence at work.

Difficult or challenging behaviours may include:

- Aggression;
- Confusion or other cognitive impairment;
- Noisiness;
- Manipulation;
- Wandering;
- Self-destructive;
- Intoxication;
- Intrusive behavior;
- Verbal offensiveness.

Managing aggressive behaviour situations may be difficult depending on the individual involved and the surrounding circumstances.

Signs Indicative of Possible Aggression

- Restlessness, agitation, increased motor activity;
- Changes in mood e.g. anger and frustration, visible signs of anxiety;
- Patient's verbal threats of violence eg. slamming doors, punching walls and pushing people, argumentative, irritable, shouting;
- Expressed or visible disorder of perceptions.

Prevention of Aggression

- Attempt to establish rapport with the patient;
- Acknowledge the patient's rights, dignity and individuality;
- Reduce level of noise in the wards;
- Maintain an orderly, clean and tidy environment;
- Provide a well organised, structured ward routine known to the patient;
- Reduce crowding;
- Where possible consult all members of the clinical treating team for alternative treatments to prevent patients aggressive behaviour;
- Consult family and/or significant others in order to offer assistance or ideas in relation to controlling behavior;
- Develop a care plan for the use of sedative medication if appropriate.

All staff are required to contribute to and foster a harmonious and equitable work and study environment.

All levels of management are required to be proactive in the promotion of appropriate workplace behaviour.

Staff are encouraged to report any incidences of possible or actual bullying or occupational violence using the relevant complaints procedures.

No one is exempt from the emotion of anger, so treat the client/resident/patient/relative, as you would wish to be treated…

Defusing Angry People (Remember LASSIE)

Listen
Acknowledge them
Separate from others
Sit them down
Indicate what you can do
Encourage them to focus on possible solutions

Response to Aggressive Behaviour

- Maintain Emotion Control and adopt a calm accepting approach;
- Use problem solving language:
    - Communicate clearly;
    - Get to the basis of the issue and explain what you see the problem is;
    - Listen to the patient's views;
    - Project positive issues rather than dwelling on the negative and suggest solutions;
    - Agree on action;
    - Follow up;
- Do not respond to anger with anger;
- Allow the patient to vent feelings in an appropriate manner;
- Lead the patient into a secluded area, as people may need personal space when angry, well away from other patients;
- Approach the patient with a sense of control, talking quietly and calmly with confidence;
- Alert other staff to activate Code Black, for back up staff e.g. other nursing staff, medical staff and/or wards person.

Any physical restraints used to control aggressive behaviour should be the minimum necessary to ensure that the patient is safe from self harm and that others are prevented from harm by the patient.

Phases of Aggression

Triggering (Phase 1):

This is an occurrence perceived by the individual as a serious threat to them.

Triggering events fall into two main types, those of fear and frustration:

- Fear inducing events give the person the perception that they are under threat or are to be deprived of something they value;
- Frustrating circumstances give the person the idea that their efforts or demands have been useless or ignored.

Escalation (Phase 2):

The person's body and mind prepare to fight. They take a physical stance ready for action and may taunt the perceived threat. The person may exhibit signs of escalation e.g. raised voice, inappropriate language, pacing, flushed face, dilated pupils.

Crisis Point (Phase 3):

The aggressor explodes into violent acts against the threat.

Recovery (Phase 4):

The body relaxes and the mind decreases its vigilance, the confrontation is seen to be over, even if only temporarily.

Post-Crisis Depression (Phase 5):

While the body and mind try to return to a stable state, the physical and emotional aspects of the crisis reappear in this phase often as fatigue, depression, embarrassment, regret and guilt.

- The cycle may not necessarily be followed right through by the aggressor to the post-crisis depression stage. It may be short circuited by intervention at any prior phase, or in the recovery phase further violent behaviour may be re-triggered.

- Some personality types do not seem to feel the guilt and depression aspect of the last phase, but may be further aroused by the incident.

This model is a useful way of examining violent behaviour in order to plan an appropriate response. It is important for workers to know what is initially motivating a person's violent behaviour as well as perceive what level of violence the person has reached, by picking up on relevant cues, to prevent becoming into the target of an already angered person.

Documentation

- Be specific and concise;
- Objective (actual words/actions used);
- Times and dates;
- Witnesses;
- Document only what happened in this incident and not what happened before;
- Report incident to allocations staff.

All incidents of WAV need to be reported to ensure:

- Accountability at all levels;
- Employer knows the reality of the problem;
- Action is taken to correct or prevent recurrence;

- Incidents resulting in workers compensation are validated;
- Accurate data can be used in resourcing ongoing safety strategies (e.g. duress alarms, training opportunities, engineering barriers).

Confidentiality

During processes involving workplace issues and grievances confidentiality is vital to the integrity of the procedures. A breach in confidentiality may jeopardise the investigation.

There may be situations that necessitate exceptions to these principles e.g.:

- If risk to themselves
- If risk to others
- If criminal act

The majority of workplace issues between people are best resolved by the individuals... talking together!

Relatives and/or Visitors

Where a relative or visitor exhibits aggressive behaviour of any nature, e.g. threats of physical abuse, verbal abuse or exhibits behaviour that is causing concerns to other relatives, visitors or patients, appropriate actions should be taken
The following strategies should be used:

- **DO NOT PUT YOURSELF AT RISK;**
- Adopt a calm confident approach;
- Do not respond to anger with anger;
- Lead the person into a quiet area well away from patients and visitors;
- Ensure that there is enough staff in the vicinity to provide help;
- Inform the person involved that you will call for the immediate supervisor and/or security.

If these strategies fail ALERT staff to call for backup by:

PASSIVE: Request immediate responses from security staff and after hours shift coordinator to attend ward area.

AGGRESSIVE: Call **code Black (or Code Grey)** to (state area where assistance is required). If the situation is serious also request attendance of police

Staff (either the senior nurse or the security officer) has the right to ask the visitors/relatives to leave the premises if appropriate. Document the incident using a hospital Incident Report Form

Appropriate Workplace Behaviour

Assertiveness

- It is important to set boundaries on unacceptable behavior;
- Setting boundaries can also protect you;
- If work or task related boundaries are difficult to set, seek advice to ensure your not breaching your employment responsibilities;
- Approach a difficult situation or problem in a constructive non-accusatory manner;
- If you and a colleague have a conflict that could interrupt work efficiency than a supervisor may be involved. It is always better if you have made an effort to discuss and resolve things first.

Choosing your Reactions

- Do you give yourself time to choose your reactions?
- Train yourself to create thinking time, thinking time will aid a more considered response;
- “Now let me consider this” or a simple silence while you count to ten.

Defusing Anger

Difficult people can be angry people and we can get angry in response. But experience teaches us that permanent damage to any relationship can be done through anger.

To deal with others professionally, anger is inappropriate. When confronted by anger, the alternatives are not simply fight or flight. Here are some alternative responses to anger:

- Letting the individual get if off their chest by letting them know you have heard their point of view and their frustration. The majority of people calm down when they feel understood;
- An outburst to achieve a particular outcome can be diverted and the issue approached and reopened for discussion from another perspective. Diversions can include distractions and breaks;
- Naming the behaviour e.g. "*you appear annoyed right now…"*

Understanding

- Understanding of yourself and others empowers you, as you regain perspective on a relationship;
- Becoming more aware of the fears and frailties of a difficult person may give you a new insight, aid you in your dealings with them and restore your confidences;
- Difficult personalities can lead to misunderstandings and tensions unless we learn to appreciate and respect each other;
- A greater understanding of others may also make you more aware of, and able to diffuse social or cultural differences;
- Relationships are ongoing; understanding and improved communication requires ongoing work.

Neither verbal nor physical aggression is acceptable

Avoid any words or actions which may antagonize further

Maintain personal safety and safety of others

Congratulations

You have completed the reading for this part of the course.

You should now complete the multi-choice assessment quiz to successfully complete the **Management of Workplace Aggression and Violence (WAV)** course online.

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