Reporting Behaviors and Perceptions of Violence Against Healthcare Workers: A Mixed Methods Study

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April 17-19, 2023
For the following example scenarios, think of “reporting” as: recording or documenting, using a mechanism which is discoverable to your department or facility leadership.

You are measuring a blood pressure on your 52 year-old patient. Would you report workplace violence if...

... the patient begins yelling in general about being dissatisfied with his care?

**Likert scale**
1. Highly unlikely
2. Somewhat unlikely
3. Neither likely nor unlikely
4. Somewhat likely
5. Highly likely
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... the patient grabs your hand when the blood pressure cuff inflates?

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... the patient grabs your hand when the blood pressure cuff inflates, and shouts, “You don’t know what you’re doing!”

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What factors influence the likelihood that healthcare workers in the Emergency Department will report workplace violence?

<table>
<thead>
<tr>
<th>Types of Violence</th>
<th>Mode of Aggression</th>
<th>Mitigating Factors</th>
<th>Appropriateness of ED visit</th>
<th>Personal Nature of Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Direct (involved)</td>
<td>Examples: Patient just had a seizure and was post-ictal</td>
<td>Examples: Presented to the ED for... A work note</td>
<td>Examples: Starts throwing food on the floor</td>
</tr>
<tr>
<td></td>
<td>Indirect (witness)</td>
<td>Tried to hit you but missed</td>
<td>Chest pain</td>
<td>Starts throwing food at you</td>
</tr>
<tr>
<td>Verbal</td>
<td></td>
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Findings: Quantitative

Factors influencing likelihood of reporting

- Physical violence
  - Presented to ED for inappropriate reason
  - Personal nature of the violence

- Verbal violence
  - Patient intoxicated or altered
  - Indirect violence
Findings: Quantitative

Factors influencing likelihood of reporting
Findings: Qualitative

Factors influencing likelihood of reporting: Qualitative

When it's already really busy and we're behind on so many other things, why would we bother taking the time to report this? Especially when we know they're going to be back again the next night doing the exact same thing.

Even if I do report, there won't be any real consequences for the patient. We're not allowed to turn patients away, even if they've hurt our staff in the past. I'll keep documenting, but it just seems pointless.

I can't expect my management to do anything about it if I'm not documenting the behavior... I record every time so it's clear if there's a pattern with that patient.

It's easy if all I have to do is document it right in the chart.
Findings: Qualitative

Factors influencing likelihood of reporting: Qualitative

When it's already really busy and we're behind on so many other things, why would we bother taking the time to report this? Especially when we know they're going to be back again the next night doing the exact same thing. I can't expect my management to do anything about it if I'm not documenting the behavior... I record every time so it's clear if there's a pattern with that patient.

Themes

• Time required to document
• Role-modeling for other staff
• Response (or lack of) by management
• Culture – Emergency, and healthcare generally
Findings

Beyond studied factors, one major theme emerged

Different definitions of ‘Reporting’

Response vs Record
Different definitions of ‘Reporting’

Ideal reporting mechanism does both!
On average, how many incidents of workplace violence or aggression do you encounter each month while working with patients?

A. Never
B. Less than 10
C. 10-20
D. More than 20
Impact of Findings

How does this apply to your unit or department?

Reporting of workplace violence

Understanding influencing factors
• Improve reporting mechanisms.
• Align priorities.
• Learn from frontline staff about how violence impacts the reality of work.

• Tailored interventions
• Data
• Advocacy
Questions?