

Code Black and Blue

Why patients turn violent and how to recognize it before it happens

Violent behavior toward nurses, physicians, and hospital staff is an occupational hazard that every health care organization will encounter. Do these scenarios sound familiar?

- *A nurse leans over to examine a postsurgical patient just as he starts waking up from anesthesia. The patient, confused, grabs the nurse around the neck.*
- *A patient arrives at the emergency department in police custody. The officer removes the handcuffs, and the patient becomes combative and bites a hospital security officer.*
- *As a nurse attempts to insert a urinary catheter, the patient becomes agitated and kicks the nurse in the face.*

A hospital environment can be stressful for patients; they may be in pain, afraid, confused, frustrated, or any combination of these. Certain areas of a hospital are especially prone to these risks than others—the emergency department and psychiatric wards, for example—but patient violence can happen anywhere. Staff, particularly frontline staff, need to be aware of the risk and know how to deal with it. This includes preventing incidents, knowing what to do when a patient becomes violent, and following procedures for reporting an incident.

“Education is where prevention starts,” says Judith E. Arnetz, PhD, professor of public health services at Wayne State University School of Medicine and lead researcher on a recent patient violence study. Workers must know exactly which situations carry elevated risk of patient violence. Most experienced health care workers know this in general terms. However, effective policies and procedures can minimize the risk when the situations are specifically defined.

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Every health care organization should expect to encounter violent behavior toward nurses, physicians, and hospital staff.

Getting to the source

Arnetz led a team of researchers at Wayne State University School of Medicine in Detroit, Michigan, on a study to identify circumstances that carry an increased risk of violence from patients.¹ Researchers looked at a year's worth of reports of violent incidents at a large midwestern health care system, encompassing seven hospitals with 15,000 employees. The study used data about incidents classified under Occupational Health Services (OHS) as Type II (customer/client) workplace violence, which in a health care environment means a patient or patient visitor was the perpetrator. This research is part of a larger, multipart study on workplace violence funded by the National Institute for Occupational Safety and Health (NIOSH).

This study identified three main underlying themes related to patient-to-worker violence: patient behavior, patient care, and situational events. (See "Patient Violence—Common Causes," above.)

Patient behavior

Most often, the patient's behavior is the direct reason for the violence. Patients with cognitive impairment may act violently precisely because they are cognitively impaired—regardless of the cause, such as intoxication, dementia, or emergence from anesthesia. In other cases, patients become violent when they demand to leave the facility before they are discharged.

Patient care

Patient violence can be triggered by the care being provided, especially when the staff member is physically close to the patient. Needles are a common source of anxiety for patients, and some may react violently when a needle is needed for an injection or IV line. Any situation that causes pain or discomfort, such as intubation or catheterization, can cause

Patient Violence—Common Causes	
Main Theme	Subtheme
Patient behavior	Cognitive impairment
	Demanding to leave
Patient care	Needles
	Pain/discomfort
	Physical transfers
Situational events	Restraint
	Transitions
	Intervening
	Redirecting

patients to lash out. Similarly, moving a patient can put workers at risk of patient violence. A nurse helping a patient move from a wheelchair to an examining table, for example, is close enough to be bitten.

Restraining a patient to keep him or her from self-harm or harm to others can actually cause further violence as the patient resists the restraint.

Situational events

Sometimes, patient violence occurs in particular situations, such as when the patient is between points of care or his or her movement is restricted. Patients who experience complications during the admission process or long wait times in the emergency department may take out their frustration or anger on security staff. Patients who are restrained physically or chemically can still behave violently and injure hospital workers. In fact, restraining a patient to keep him or her from self-harm or harm to others can actually cause further violence as the

patient resists the restraint. Even helping patients back to their rooms can carry a risk of patient violence, especially when other factors (dementia, demanding to leave) are at work.

A start for leadership

Most often there is little a hospital can do to proactively address individual patient characteristics—or, in many cases, the type of care being provided. However, considering risk factors for violence is important as hospital leaders write and revise the organization's policies and procedures, according to Arnetz. A hospital should conduct its own risk assessment to pinpoint the types of triggers staff are most likely to encounter. Then, policies and procedures can be tailored to meet its specific needs. Staff actions and behavior can then be directed by these policies and procedures to avoid or avert violence before it happens.

Learning to see the signs

Staff should be trained to recognize the "trigger" situations they may encounter as part of their job. However, knowing is not enough. To effectively prevent or reduce the risk of patient violence, staff must understand the "why" that underlies the behaviors. For example, fear (of needles or pain) may be an underlying cause of violence for many patients. Staff

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who understand this may use a different approach during those situations, perhaps taking time to explain a procedure or otherwise prepare the patient. Similarly, a staff member who recognizes signs of confusion and agitation in cognitively impaired patients will be better prepared to avoid a violent encounter. For additional tips on preventing, recognizing, and dealing with violence, see the sidebar on the right.

Be prepared

Constant awareness of the possibility of violence is critical. A large portion of the cases examined in the Wayne State study described the health care worker being taken by surprise—even with experienced staff who recognize risk as “part of the job.” A hectic environment, fatigue, and other factors can negatively affect the awareness of even a highly experienced health care worker. Imagine a nurse reaching the end of a long, busy shift. She is tired and thinking about getting home to her family as she approaches a patient who is wandering the corridor. Distracted by her fatigue, the nurse is surprised when the patient lashes out in anger and scratches her face.

Regular, repeated training encourages sustained vigilance when interacting with patients, says Arnetz. Recurring training keeps the awareness level consistently high, which allows potentially violent situations to be defused before people are injured. Education on violence should not be limited to health care workers. Patients, their families, and other visitors also need to know that violence is not tolerated in the facility. An organization should not assume that people entering the hospital already know this. The US Occupational Safety and Health Administration (OSHA) recommends that health care organizations create a clear and specific zero-tolerance policy regarding violence.

Tips for Preventing Patient Violence

- Provide comfortable waiting rooms.
- Adopt measures to decrease waiting times.
- Provide sensitive, timely information to people who are waiting.
- Minimize the furniture and accessories (pictures, vases) in interview rooms or crisis treatment areas.
- Establish a system for identifying patients with a history of violence (being conscious of privacy and confidentiality issues).
- Discourage staff from wearing necklaces to prevent strangulation.
- Discourage staff from carrying items that may be used as weapons (keys, pens).
- Ensure that nurses and physicians are not alone when providing care that involves close contact with the patient.
- Treat and/or interview agitated patients in areas that are relatively open but still maintain privacy (rooms with removable partitions, for example).
- Survey the facility regularly to remove items that could be used as weapons, such as maintenance tools or abandoned visitor possessions.

Source: US Occupational Safety and Health Administration. Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers. Accessed Nov 25, 2014. <http://www.OSHA.gov/Publications/OSHA3148/osha3148.html>.


Reporting the right way

Useful data can be hard to find when dealing with often subjective situations like cases of workplace violence. Nurses might talk to their supervisor to report an incident, for example, while security officers in the same hospital might fill out a form. Details may be included in one report that are left out of another, or recorded in different formats in different departments. This makes the data difficult to compile and analyze, and it makes any decisions based on these data potentially ineffective.

A standardized reporting system minimizes these obstacles. Such a system may look different in each hospital, but consistency within the organization is the key. In the case of the hospital system that was part of this study, the reporting process involves a central computerized form that is accessible from any computer in any facility in the system. Hospital policies require employees to report any incidents of violence within 72 hours—while the details of the incident are still fresh. A system like this makes reporting easy and convenient for the staff.

The form itself ensures that all relevant information is collected each time in the same format, adding a layer of detached objectivity to an emotional and stressful experience. Plus, because all reports are made through one central system, it is easy to compile data for analysis.

It is important that staff feel comfortable reporting incidents of violence. The hospital must foster a culture of safety, in which staff are free from any threat of reprisals or retaliation. A computerized reporting system by its very nature significantly lessens the possibility of intimidation or pressure by a supervisor.

Despite being places of healing, hospitals embody a unique mix of stressors that can create an environment with an elevated risk of violence from patients. Identifying and understanding these stressors should inform policy and staff training to minimize patient violence. 

Reference

1. Arnetz JE, et al. Understanding patient-to-worker violence in hospitals: A qualitative analysis of documented incident reports. *J Adv Nurs*. 2014 Aug 4. [Epub ahead of print]