

Workplace Violence

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Today's Discussion

- Physical violence in workplace
- Bullying in workplace
- Disruptive behavior in workplace
- Disruptive (aka challenging) student

Prevalence

- Physical violence – leading cause of occupational injury and fatalities in workplace
In 2003: 5,559 fatal work injuries
901 were homicides (US Bureau of Labor Statistics)
- Verbal abuse, incivility and disruptive conduct is rising and has significant financial impact in retention and turnover rates as well as impacting health of subjects

Violence: Behavioral Warning Signs

- Significant change in normal behavior or routine
- Changes in expression, physical activity, or posture
- Dramatic increase or change in voice volume or tone
- Non-verbal expressions of extreme anger or distress; intimidating or threatening
- Communications of despair and hopelessness
- Verbal and/or written threats

Other Red Flags

- Prior hx of violence
- Criminal hx
- Inability to manage stress
- Romance Obsession
- Significant mental illness involving persecutory ideations

Reducing Threat

- Pay attention and trust your instincts
- If concerned about the potential for violence, tell others and insist upon further review, assessment and evaluation
- Assess your environment and minimize risk
- Report to Dean, program director, law enforcement, AZBN, others ...

Case example

- Former student believed professor made sexual comments to & about her
 - 2003 arrest r/t assault
 - Hx of having failed a clinical but overturned
 - Believed CIA following her
 - Work hx reflected numerous counseling r/t distrustful of others, argumentative, lacking critical thinking
 - Terminated (2) nursing jobs resulting in sending of multiple bizarre communications
- Sent numerous emails with bizarre threatening content several years post graduation

Case example

- Family aware but protective of life long dream to be a nurse
- Despite obvious signs and red flags, concerns regarding ability to safely practice not reported to AZBN until behavior had significantly escalated over the course of 2-3 years
- Failing to timely report concerns places the patient/public at risk as well as delayed other opportunities for intervention into individual's health needs.

Child nursery rhyme

True or false?

“Sticks and stones may break my bones but words will never hurt me.”

FALSE

Words possess tremendous power to shape or break relationships. They can humiliate and destroy reputations, careers, friendships, and marriages and thus leave deep, emotional scars and irrevocable damage.

Workplace Bullying

- Workplace bullying is repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators that takes one or more of the following forms:
 - Verbal abuse
 - Offensive conduct/behaviors (including nonverbal) which are threatening, humiliating, or intimidating
 - Work interference — sabotage — which prevents work from getting done
- Actions directed towards an employee(s) which are intended to intimidate, degrade, humiliate, undermine or sabotage

Workplace Bullying

- Is driven by perpetrators' need to control the targeted individual(s).
- Is initiated by bullies who choose their targets, timing, location, methods and audience.
- Escalates to involve others who side with the bully, either voluntarily or through coercion.
- Undermines legitimate business interests when bullies' personal agendas take precedence over work itself.

Numbers

- Bullying may involve:
 - A supervisor bullying an employee
 - An employee(s) bullying their peer(s)
- 2006 Study U.S. Workers
 - 41.4% respondents reported experiencing psychological aggression at work (N=47M)
 - 13% reported experiencing psychological aggression weekly (N=15M)

Bullying

- The bully inflicts pain when and where she or he chooses, keeping the target (victim) off balance knowing that bullying can happen on a whim, but dangling the hope that safety is possible during a period of peace of unknown duration.
- Often directed at someone a bully feels threatened by and may involve covert behavior and isolating actions

Bullying Examples

- A pattern of:
- Unwarranted or invalid criticism
 - Blame without factual justification
 - Being treated differently than others
 - Exclusion or social isolation
 - Exploiting weakness
 - Malicious gossip and rumors
 - May be in the form of humor "jokes" but intent is to humiliate, undermine, divide

Disruptive Behavior in Healthcare

- Interactions among physicians, nurses, other staff, patients, visitors ... that interfere with patient care

Disruptive Behavior Examples

- Disrespectful language
- Refusing to communicate to & with select others
- Sexual comments, racial, ethnic or socioeconomic slurs
- Inappropriate touching
- Angry outbursts such as throwing or slamming charts, doors
- Disrupting meeting (late attendance, monopolize time ...)
- Intentional failure to follow P&P
- Refusal to complete task or duties

Responding to Disruptive Behavior

- Intervention determined by frequency and impact of behavior:
 - Isolated event without patient harm may be appropriate for informal intervention
 - Pattern of misconduct need to clearly define behaviors that must improve, consequences of not improving
 - Evaluate whether or not the person is unable or unwilling to modify behavior.
- Disruptive conduct may be a result of substance use disorder, mental health, other stressors ...

Increase in Disruptive Students?

- Anecdotal accounts are appearing more frequently in the literature
- Underreported as the behavior may be ignored in hopes that it will spontaneously resolve
- Limited by lack of standardized reporting systems and requirements

If Increasing, Why?

- Advances in health care has allowed for an increase in the number of emotionally and medically compromised students attending higher education institutions
- Psychiatric and conduct disorders may be intensified by the additional stress of university/college life
- Economic uncertainty
- Seeking employment where the openings are

If Increasing, Why?

- Increased social tolerance of *bad* conduct
- Student-as-consumer
 - Expectation of passing grade

Warning Signs

- Termination from another nursing program
- Excessive absences
- Lack of participation
- Inability to focus
- Drowsiness or sleeping
- Disoriented responses when questioned
- Vacant staring
- Lack of cleanliness, sloppy appearance

Warning Signs

- Symptoms of impairment such as slurred speech, lack of coordination, smell of alcohol
- Written assignments reveal problems
- Compulsive speaking or frequent interrupting of class
- Unprovoked crying or giggling
- Inability to sit still, pacing
- Sarcastic and hostile remarks

Warning Signs

- Pressured and calculated speech
- Fails to follow proper safety procedures and is non-responsive to directions
- Defensive and angry when receiving feedback
- Concern expressed by fellow students
- Threats of violence
- Physically acts out

Managing Challenging Students

- Clear expectations and limits – academic and behavioral
- Timely – do not delay
- Plan the meeting
- Effective communication – active and respectful listening
 - “The most important thing in communication is to hear what isn't being said.”

■ [Peter F. Drucker](#)

Managing Challenging Students

- Effective communication - verbal and written
- Provide resources and options
- Communicate with others –
 - Other faculty/Dean
 - Campus security/police
 - AZBN

A Regulatory Issue?

- AZBN's purpose and mission is protection of the public

Certification/Licensure - implies that an individual has attained and maintains a minimal degree of competence to assure public protection



A Regulatory Issue?

- Education and regulation have a shared responsibility for assuring safe entry into practice



Common Questions of AZBN

- A student arrives for clinical and smells of alcohol but does not otherwise appear unsafe.
 - Can I allow them to continue with their assignment and just watch them closely?

Substance Abuse: Nursing

- Incidence rate estimated 10-20%
- Alcohol remains most common drug abused
- Increased incidence of prescription drug abuse
- Substance abuse policy imperative
- Untreated addiction places patients at risk
- Signs and symptoms are often present before and during entry into the profession

Common Questions

- Student is disruptive in class, rude to the instructor and uses inappropriate language. Fellow students have also complained about the student's conduct. How should I deal with this behavior?

- Confront behavior and set limits. Be respectful, offer resources for assistance. Use judgment, don't make judgment.
- Avoid involving fellow students but do involve appropriate faculty/dean/campus police.
- Document specific conduct and responses to interventions.
- Inability to control impulses with authority figures often plays out with others, including patients.

Common Questions

- A student with inappropriate conduct, disruptive behavior and threats towards faculty or fellow students was terminated from the program – what is the obligation to report to AZBN?

Why Report?

- Difficult to predict future behavior however the best predictor is past behavior
- When one fails to take accountability and responsibility, they are at risk to re-offend
- Although faculty and fellow students *may* be able to take evasive actions, patients may not



Why Report?

- ARS § 32-1664(B)
 - A regulated party and a health care institution as defined in section 36-401 shall, and any other person may, report to the board any information the licensee, certificate holder, health care institution or individual may have that appears to show that a regulated party or applicant is, was or may be a threat to the public health or safety.

Why Report?

- Unresolved problems/deficiencies will manifest in other arenas
- Being "bright" is not enough. Passing a test is not enough
 - There is no substitute for the ability to critically think and responsibly act

Tips for Educators

- Although uncomfortable, never allow the person to “fail” and not be confronted with honest feedback
- Clearly communicate your concerns verbally and in writing to the student
- Assess and provide for corrective learning opportunities
- Utilize resources – for them and you
- Unsafe students/graduates place patients at risk

Questions???


