

THE IMPACT OF VIOLENCE ON GENERAL PSYCHIATRY PRACTICE

Ryan C. Wagoner, MD
University of South Florida

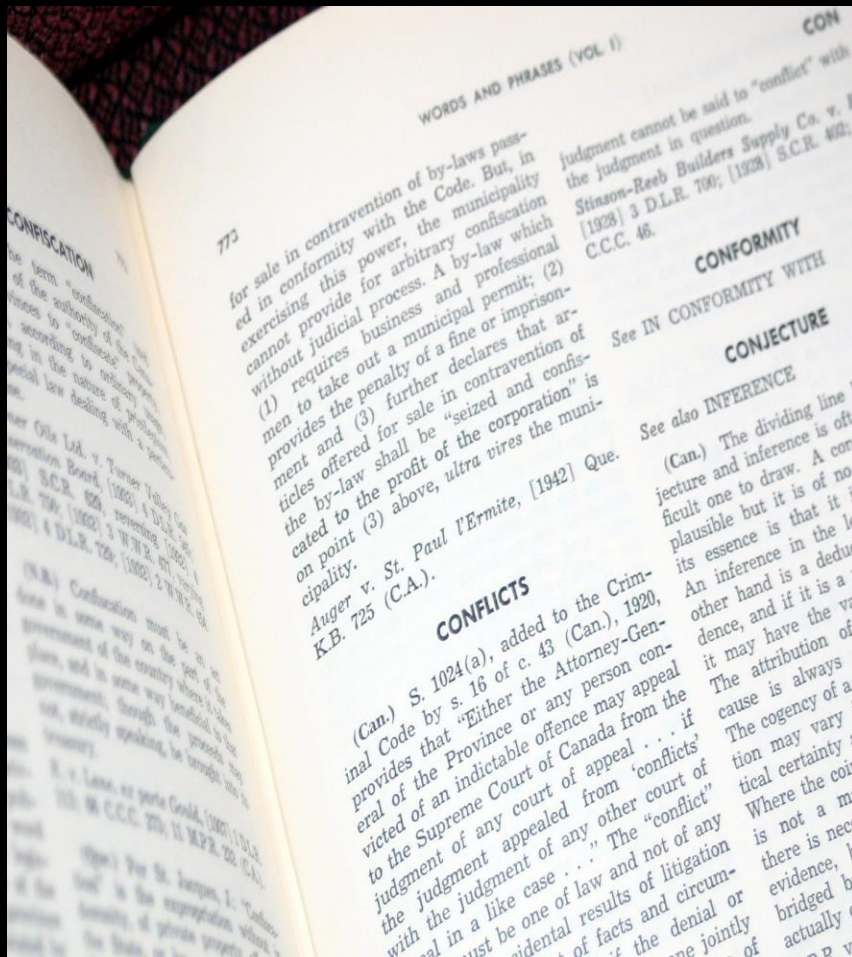


March 8th, 2012

ROADMAP

- Discuss what workplace violence is and learn how it applies to healthcare
- Effects of workplace violence
- Ways to prevent it in general psychiatric practice
- What to do after violence has occurred

WORKPLACE VIOLENCE



- Any act or threat of physical violence, harassment, intimidation, or threatening behavior that occurs at a work site

TYPES OF WORKPLACE VIOLENCE

EMPLOYEES

Routine

Big Event

PATIENTS

Routine

Big Event

HEALTHCARE STATISTICS

- Healthcare workers suffer 50% of all workplace assaults
- Mass shootings occur 4 times more at workplaces than schools
- Highest rate of workplace violence in health is reported in Emergency and Psychiatry wards.

WORST OUTCOME?

DEATH

PSYCHIATRIC EFFECTS



- Long-term exposure
- Major events

LONG-TERM EXPOSURE

- 88% of psych ward nurses experienced verbal violence
- 56% experienced physical
- Job stress, not the violence itself, impacted professional quality of life



LONG-TERM EXPOSURE

- Anger
- Frustration
- Feelings of hopelessness
- Hyper-vigilance
- Development of PTSD, anxiety disorders, or major depressive disorder
- Leave the profession

DECREASING WORKPLACE VIOLENCE



- Individual
- System
- Society

INDIVIDUAL

- Awareness
 - Clothing, setting, patient themselves
- Seek assistance immediately...or at least get out of the area
- Follow the rules

STAMP



- Staring and eye contact
- Tone and volume of voice
- Anxiety
- Mumbling
- Pacing

SYSTEM

- Strict policies against violence
 - Let people know what the policies are!
- If there is a problem that is known, fix it
 - You don't have to conceive of every possible eventuality
- Identify people who are struggling and get the necessary resources
 - If still persists, may need to discharge or terminate

SOCIETY

- Much more complex
- Identifying people in advance
 - Danger of overidentifying
- Limiting access to weapons
 - Switch to different types of weapons
- Quit making it an incentive
 - Decrease in ratings...who will give in first?



ADDRESSING AN ASSAULT

- Seek immediate care
- Remove the patient from your care
- Ease back into the environment
- Find long-term support



SEEK IMMEDIATE CARE

- Go get checked out!
 - Physical or mental
- Debriefings are not uniformly recommended
- WHO recommends Psychological First Aid:
 - Safe and supportive environment
 - Listening to needs
 - Information sharing
 - Promoting self-care
 - Connecting with others

REMOVE THE PATIENT FROM YOUR CARE

- Violence is not okay!!!
- In an ideal world, removal from care is preferred
 - Alternatives if you must
- Consider if filing charges is appropriate

EASE BACK INTO THE ENVIRONMENT



- When?
- Provide empowerment to the employee
- Perceived organizational support

FIND LONG-TERM SUPPORT

- Access to tangible resources
- Accommodations for time off or other temporary reassignments
- Follow-up to make sure an employee is receiving sufficient support
- Fostering the overall culture

SUMMARY

- Different emotions can develop for different people undergoing a workplace violence incident
- Interventions for reducing workplace violence can take place at the individual, system, and societal level

SUMMARY

- Practical ways to address an assault:
 - Seek immediate care
 - Remove the patient from your care
 - Ease back into the environment
 - Find long term support

CITATIONS

- Arimatsu M, Wada K, Yoshikawa T, Oda S, Taniguchi H, Aizawa Y, et al. An epidemiological study of work-related violence experienced by physicians who graduated from a medical school in Japan. *J Occup Health*. 2008;50(4):357–61.
- Edward, K.L., Ousey, K., Warelow, P. & Lui, S. (2014). Nursing and aggression in the workplace: A systematic review. *British Journal of Nursing*, 23, 653–659. doi:10.12968/bjon.2014.23.12.653
- Flannery, Farley E, Rego S, et al. Characteristics of staff victims of psychiatric patient assaults: 15-year analysis of the assaulted staff action program (ASAP). *Psychiatric Quarterly*. 2007;78(1):25-37.
- Gispén F & Wu AW. Psychological first aid: CPR for mental health crises in healthcare. *Journal of Patient Safety and Risk Management*. 2018;23(2): 51-53.
- Giummarra MJ, Cameron, PA, Ponsford J, et al. Return to work after traumatic injury: Increased work-related disability in injured persons receiving financial compensation is mediated by perceived injustice. *Journal of Occupational Rehabilitation*. 2017;27: 173-185.
- Itzhaki, M., Bluvstein, I., Peles Bortz, A., Kostistky, H., Bar Noy, D., Filshinsky, V., & Theilla, M. (2018). Mental Health Nurse's Exposure to Workplace Violence Leads to Job Stress, Which Leads to Reduced Professional Quality of Life. *Frontiers in psychiatry*, 9, 59. doi:10.3389/fpsy.2018.00059
- Weltens I, Bak M, Verhagen S, et al. Aggression on the psychiatric ward: Prevalence and risk factors. A systematic review of the literature. *PLoS ONE*. 2021;16(10):e0258346.

QUESTIONS?

- Ryan C. Wagoner, MD
- ryanwagoner@usf.edu
- (813) 974-3968

