Using database reports to reduce workplace violence: Perceptions of hospital stakeholders

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"Using a System-Wide Database to Reduce Workplace Violence in Hospitals"

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Background

- Workplace violence (WPV) towards health care workers is a significant problem in general hospitals
- Certain environments (e.g., emergency departments) at increased risk
- Nursing staff at increased risk compared to other professional groups

Implications

- WPV can adversely affect:
  - employee & patient safety
  - employee health & well-being
  - work productivity
  - work performance & the quality of patient care

U.S. Statistics 2010*

- Vast majority of workplace violence incidents in the healthcare sector are non-fatal (CDC/NIOSH 2002)
- Hospitals have among the highest rates of non-fatal workplace assault injuries (Peek-Asa et al 1997)

* events involving days away from work (Bureau of Labor Statistics 2010)
Problem 1: Lack of systematic surveillance and analysis of violent events

- Many hospitals do not monitor violent events continuously
- Hospitals lack practical and sustainable systems for WPV surveillance, risk assessment and prevention

Problem 2: Lack of Data

- Data may be collected, but are not summarized and studied systematically
- Many hospitals review data on violent events on an incident-by-incident or case basis
- No data = no problem!

Strategy: the current project

- Surveillance using a system-wide WPV reporting system
- Data-driven intervention and prevention
- Mixed-methods participatory action research
- First step: Producing database-generated reports for hospital stakeholders/end-users

Project Setting

- Urban hospital system
  - 9 hospitals, 15,000 employees
- Environment of Care database collects staff reports of occupational exposures/injuries
- Includes reports of all types of WPV, including physical and non-physical violence
- Collecting data continuously since 2003

Current Study

- Focus Group with hospital system stakeholders (Project Phase I)
  - First step in developing reports which serve as foundation for rest of project
- End-user perspectives guide report development to increase likelihood of continued use

**PROJECT TIME PLAN**

2011 to 2015

CDC/NIOSH R01OH009948
Study Aims
1. Explore and describe hospital system stakeholder views regarding workplace violence incident reports
2. Develop prototype reports using stakeholder preferences gathered from the focus group

Methods
- Participants
  - 8 representatives of key hospital system stakeholders
  - Human Resources, Security, Occupational Health Services, Quality & Safety, Labor, and Nursing

Methods
- Focus Group
  - Structured question guide used to identify group preferences for content and format
    - Questions began broadly and, using a funnel design, became more specific
  - One researcher facilitated while another researcher documented
  - Two digital recording devices used
  - Focus group lasted approx. 60 minutes

Methods
- Qualitative Analysis
  - Digital recordings were transcribed verbatim and processed as text
  - Stepwise Content Analysis
    - Two researchers individually read the transcript and coded recurring themes
    - Discrepancies were discussed and agreement was reached
  - A third researcher verified results

Findings
- Five Themes, each with 2 sub-themes:
  1. Concerns
  2. Etiology
  3. Customization
  4. Use
  5. Outcomes

Category 1: Concerns

<table>
<thead>
<tr>
<th>Concerns</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Concerns</td>
<td>Safeguards for employees and the organization against misuse of this reporting system.</td>
</tr>
<tr>
<td>Obstacles</td>
<td>Issues that may threaten the function of this workplace violence reporting system.</td>
</tr>
</tbody>
</table>
Findings: Concerns

- Legal Concerns
  - "We have another responsibility to safeguard the image of our organization and how we represent the findings of our data."

- Obstacles
  - "What is your definition of workplace violence? I mean is it threatening tones, employee to employee, is that workplace violence? Is it physical altercations? Where’s the line that we’re gonna draw here? Because some things don’t get reported."

Category 2: Etiology

<table>
<thead>
<tr>
<th>Etiology</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parties Involved</td>
<td>How individuals involved in each incident are related to the hospital system and each other.</td>
</tr>
<tr>
<td>Description</td>
<td>Details from the incident that provide a better picture of why and how the incident occurred.</td>
</tr>
</tbody>
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Findings: Etiology

- Parties Involved
  - "So if it involved a registered nurse and a physician in a verbal conflict, you know it’s a nurse and a physician in a staff member to staff member conflict."

- Description
  - "What created the interaction? ... A discontent with the service? ... Or is it... me and my coworker are talking about something completely outside of the workplace and then it becomes an internal struggle as well?"

Category 3: Customization

<table>
<thead>
<tr>
<th>Customization</th>
<th>Definitions</th>
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<tbody>
<tr>
<td>Format</td>
<td>A description of information the reports should contain and how they should be structured.</td>
</tr>
<tr>
<td>Delivery</td>
<td>Through what medium the incident reports should be available and presented.</td>
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Findings: Customization

- Format
  - "You might want to see this month, this point in time, on a pie chart: this is where all the issues happened. You might want to see bar charts or comparisons between the hospitals."

- Delivery
  - "General, standardized reports that get sent to you are fine: but the ability to go in and maybe hit some custom screens so I can go do whatever I need, to extrapolate what I need, is great."

Category 4: Use

<table>
<thead>
<tr>
<th>Use</th>
<th>Definitions</th>
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</thead>
<tbody>
<tr>
<td>Identification</td>
<td>Using rates of occurrence to highlight and compare high risk work sites.</td>
</tr>
<tr>
<td>Strategy</td>
<td>Using identification of problem areas in order to intervene or prevent workplace violence at these problem sites.</td>
</tr>
</tbody>
</table>
Identification
- "I will want to know the location because if...this issue or this theme is down at [Hospital X] and it’s up at [Hospital Y], I want to look at: what’s the difference? What is [Hospital X] doing that I can take from here and go over to [Hospital Y] and educate?"

Strategy
- "And this tells me that at [Hospital Y], obviously, security is the main target. Maybe some de-escalation training might be in order for my people"

Consequences
- "This is the victim, this is the perpetrator; victims typically get some type of care, perpetrators usually get some type of discipline."

Severity
- "And if you have an injury that needed medical attention and time off from work, that is also on your OSHA report, so OSHA recordability might be another measure of severity."

Outcomes for both the perpetrator and victim, including discipline and care.

Whether injuries were sustained and compensation costs, including time off and medical care.

Exploring stakeholder perceptions:
- Provides concrete guidelines for preferred content, format, and use of WPV reports
- Increases researchers’ understanding of stakeholder perceptions of this system
- Informs stakeholders of usefulness of system
- Increases likelihood that reports will be used after study completion

Database reports of WPV
- Critical to the development of data-driven violence reduction and prevention measures
- Provide the foundation for hazard and risk assessment and violence prevention efforts (Project Phases II-IV)

In order to create practical and sustainable systems for reducing workplace violence:
- We must translate research results into worker health and safety practices
- Working with stakeholders in the development and implementation of WPV reduction systems is key
Thank you!
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