Addressing Workplace Violence through Mutual Care and Mutual Respect

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Presentation Overview

Present overview of current state in workplace violence in nursing

Describe Hartford HealthCare's culture and expectations

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Present tools and strategies to promote a safe work environment

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Key Terms Defined

Incivility

• is "one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them".

Bullying

• ANA defines **bullying** as "repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient."

Workplace Violence ¹

 is any act or threat of physical violence, harassment, intimidation or other threatening, disruptive behavior from patients, patient's family members, external individuals, and hospital personnel. It includes physical, sexual, and psychological assaults.





Current State Nursing Statistics

According to the Journal of Nursing Administration, each year, nurses are subject to violence four times more than any other civilian domain, including law enforcement and corrections officers ¹ According to Press Ganey, more than two nursing personnel were assaulted every hour in O2 2022. That equates to roughly 57 assaults per day, 1,739 assaults per month and 5,217 assaults per quarter ².

In September of 2022, Press Ganey's CNO referred to violence against nurses an epidemic, and called on leaders to declare a zero tolerance for hostility toward healthcare workers. The APA found **29% of** healthcare workers admitted to worsening mental health issues, and **75% needed more** emotional support, and relied on unhealthy habits to cope³

Literature-based Solutions

Steps that healthcare organizations can take to mitigate violence against nurses:

Implementing reporting systems

Ensuring caregiver safety is a core value

Setting expectations

Enacting formal policies and procedures

Implementing de-escalation training

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Start Here

Our Journey to Mutual Care Mutual Respect



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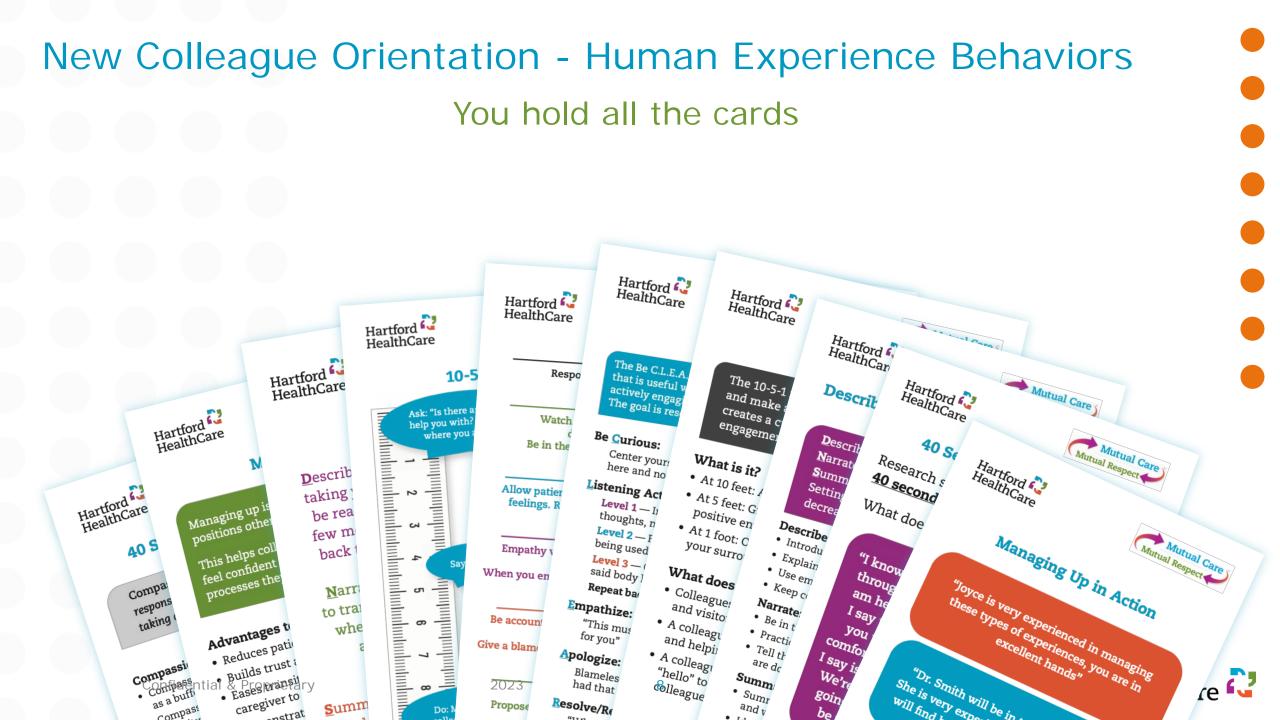


"Not an Initiative, a Culture Change"





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We are Built for This



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H3W Leadership Behaviors

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Look in the Mirror First -Be Accountable

Key Questions to Ask Yourself Everyday

- A What more can I do right now to be a role model for those around me?
- B What more can I do right now to achieve the outcome I/we desire?
- C What more can I do right now to prevent something undesired from occurring?
- What expectations or feedback can I deliver right now to make a positive difference in individual or team performance?
- What more can I do right now to seek or provide the clarity that I think doesn't exist?
- F What more can I do right now to make this meeting more productive?
- G What more can I do right now to say what needs to be said that no one else is saying?
- When someone or some outcome has not met my expectations ask, "How did I contribute to that?" and "What more will I do next time to make it successful?"

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Purpose: To support the health and wellness of our customers and colleagues by fostering a culture of mutual care and mutual respect.

Mutual Care Mutual Respect is the presence of a positive, interactive relationship between people.

From a colleague perspective,

we each own the quality of our relationships with each other.

From a **patient perspective**,

excellent care is a shared responsibility among the patient, their family and our colleagues and providers.

The quality of our workplace and care outcomes are based on the willingness of **all** parties to work on behalf of common outcomes and shared goals.

MCMR Operating Committee



Setting Expectations for Mutual Care Mutual Respect Interactions

<u>Step 1:</u>

Highlight, bring forward and live by our revised* HHC Bill of Rights statement.

<u>Step 2:</u>

Revisit and reinforce our responsibility as physicians, caregivers and colleagues to treat each other and or patients/customers with the same expectations, through living our values and exhibiting our Leadership Behaviors.

<u>Step 3:</u>

Deliver and implement signage and communication, along with appropriate training for all colleagues on the principles above, supporting our ability to be humanistic and patient-centered in how we communicate these expectations.

Mutual Care Mutual Respect Signage What To Know

Signage regarding behavior **may** serve as a deterrent, but the priority is understanding **how** to communicate to help prevent these unwanted behaviors

Colleague

We each own our behaviors that contribute to the quality of our relationships with each other and our patients

Patient/Customer

Excellent care is a <u>shared</u> responsibility among the patient, their family, our colleagues and providers





Mutual Care Mutual Respect Sign and Agreement

Mutual Care/Mutual Respect

At Hartford HealthCare, we believe a caring, healing environment is a shared responsibility among colleagues/team members, patients and visitors.

We do not tolerate:

- Discrimination
- Sexual Harassment
- Violent Behavior
- Abusive Language
- Weapons

Failure to support this safe and inclusive environment may result in:

- being asked to leave the HHC facility unless it is unsafe or you are seeking emergency care
- the discontinuation of the patient/physician relationship
- engagement of external authorities



Violent Behavior

Abusive Language

Weapons

Failure to support this safe and inclusive environment may result in: Balag saked to leave the HHC factility unless it is unsafe or you are saiding emergency cara. Discontinuation of the patient/physician relationship. Engagement of extremal submitties.



En Hartford HealthCare creemos que un ambiente de cuidado y recuperación es una responsabilidad compartida entre colegas/miembros del equipo, pacientes y visitantes.

NO toleramos: Discriminación Acoso Sexual Comportamiento Violento Lenguaje Abusivo Armas La falta de apoyo a este entorno seguro e inclusivo puede resultar en: A sub telagono sali o casta bacando atolecino da semagone. Puentación de la ratación de senagone. De termación de senagone.

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For this reason, we will not tolerate the following:

- Discrimination based on race, ethnicity, gender identity, sexuality, religion, language, or any other
- protected class
 Aggressive or violent behavior such as abusive language, threatening and physical assault
- Intentionally disrupting the care environment
- Sexual Harassment
 Weapons
- Weapons
 Photographing/videotaping inside facility
- Photographing/videotaping inside facility
 Audio recording, without the consent of all parties

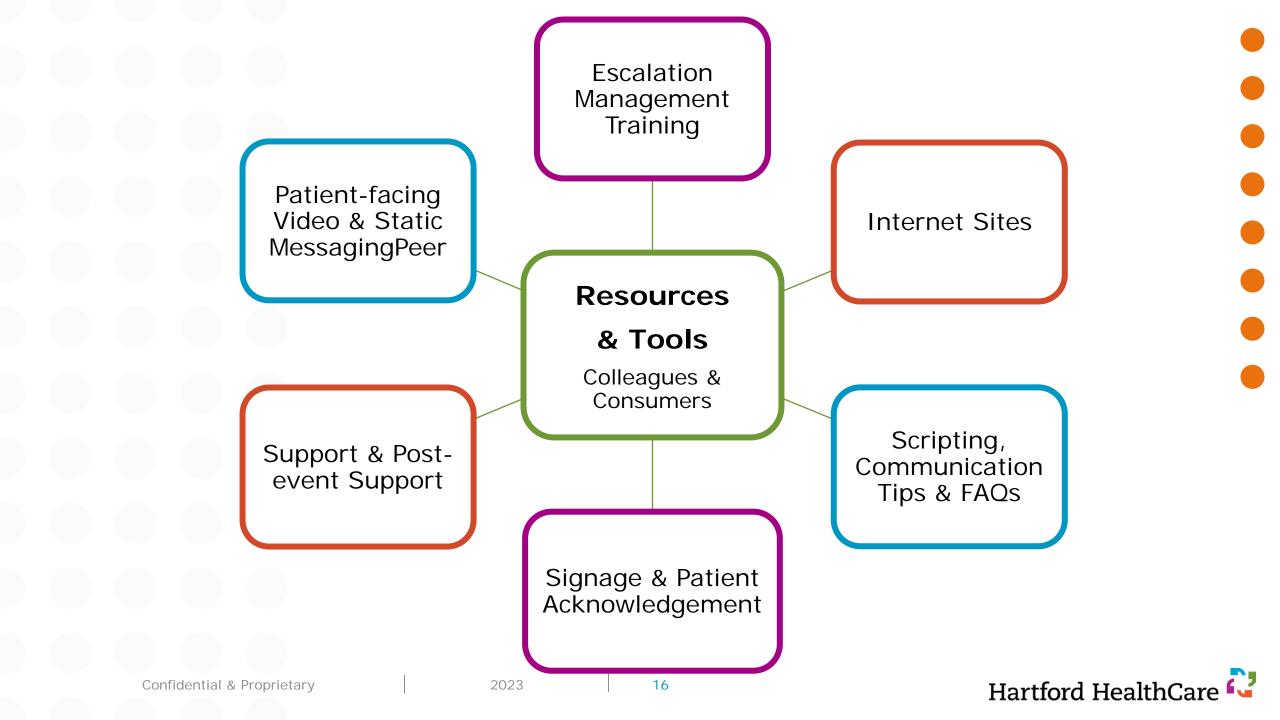
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HHC Form 572731 N 07-2022 Printed by the DPC at HH

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Escalation Management

In support of Mutual Care Mutual Respect





What are the things that make you most anxious about escalating issues?

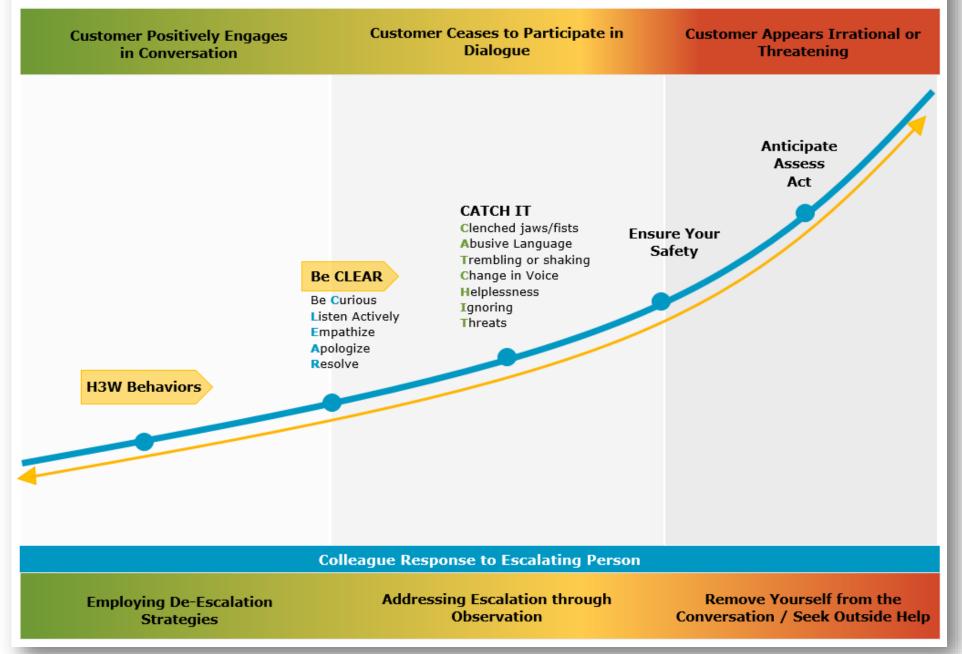






Escalation Management Arc





Signs and Symptoms of Escalation Towards Violence

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C lenched jaws or fists	A busive language	Trembling or shaking	Change in voice or energy	Helplessness	Ignoring	Threats
 Pay attention to the individual's body language to include movements and posture. A clenched jaw or fist(s) can be a pre attack indicator. Be mindful that pre-existing conditions may mimic escalating behaviors 	•Does the individual consistently use obscenities not consistent with their baseline?	 Like other forms of anxiety, escalation can lead to uncontrollable body movements. This may get worse as the individual escalates towards violence. 	•Changes in the individuals tone or volume when speaking can be a sign of pending escalation to violence.	 Individuals who are escalating towards violence may not be able to comprehend reasonable solutions to their conflict. 	 Individuals who may escalate towards violence may suddenly ignore your presence or refuse to make eye contact with you. 	•The obvious verbal threat of physical violence.

MCMR and Trauma-Informed Care go hand in hand!

A trauma-informed approach:

Looks through a lens of "what happened to you?" instead of "what's wrong with you?"

Understands that symptoms are **adaptations** to traumatic events.

Knows that **healing** happens through relationships.



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Safety is Paramount When It Is Time To Remove Yourself from the Conversation

"You are upset and I'm sorry about that. I think this is a really important conversation. I want to continue, so in order to do that we need to commit to speak respectfully to each other" "Your behaviors could be perceived as threatening, or could be frightening to others. I am going to let public safety know that we are working to resolve this."

"I'm starting to feel unsafe...what now?"

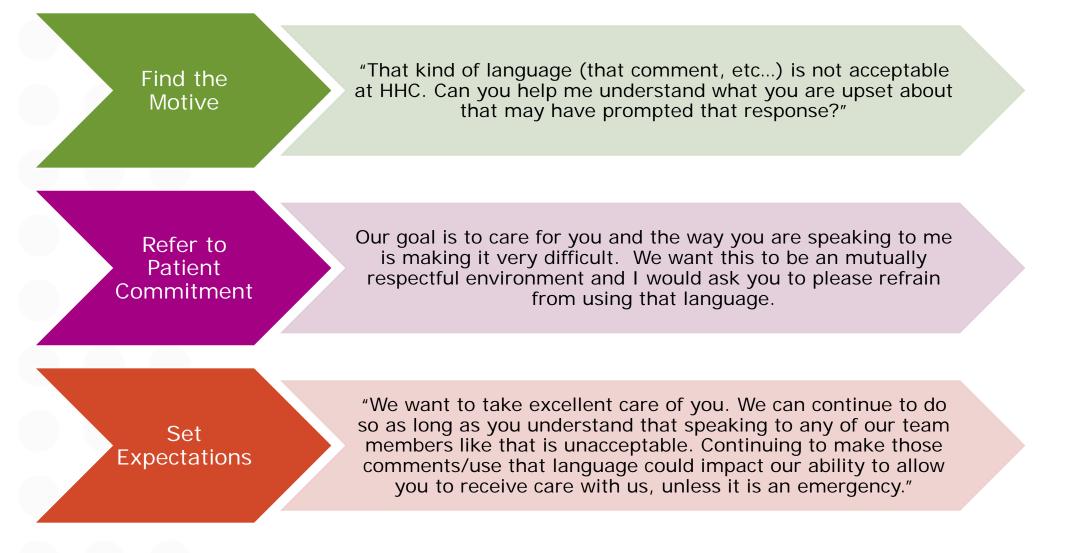
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Patient wanting to involve others:

"You have absolutely every right to make the phone calls that you would like. My job is to make sure you are safe and stable. Can we do that, and then I can get you a phone?" "It seems this conversation is no longer productive and we may not be able to resolve this. At this point, I think we need to engage patient advocacy and clinical leadership to document where we are in responding to your concerns."



Addressing Unacceptable Language



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Anticipate, Assess and Act During an Unsafe Situation

What are the ways you can ensure your safety in the workplace?

Constantly maintain situational awareness to your surroundings	Calculate options Do not hesitate to act upon them	Continually practice training, reaction and responses	Get If applicable, dial the internal emergency number and/or public safety	
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References

- Daniels, C, (2021), Caregiver Crisis: Tackling Workplace Violence and Compassion Fatigue in Healthcare
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- JONA: The Journal of Nursing Administration 52(4): p 222-227, April 2022.
- <u>National nurse survey reveals significant increases in unsafe staffing, workplace violence, and</u> <u>moral distress | National Nurses United</u>, 2022
- Workplace Health and Safety 2022: 70: 412-420

