Risk Factors that Increase the Risk of Type II Workplace Violence

The following factors are identified in the professional literature as being associated with an increased risk of violence between patients or visitors and health care professionals (ENA, 2010, NIOSH 2013, Arnetz, 2015, OSHA 2015, Philips 2016, Raveel et. al, 2018, The Joint Commission, 2018)

Risk factors for violence vary from hospital to hospital and between non-acute health care settings. Risk factors should be identified so that a workplace violence prevention program is customized to address risk factors that are specific to the care setting.

The cause of WPV is often multifactorial and is typically broadly categorized as patient related, societal, environmental and organizational related. Patient related factors are sometimes referred to as pre-disposing factors for violence while societal, environmental, and organizational factors are precipitating factors or triggers to patient violence.

The following Risk Factors are not all inclusive.

Risk Factors
Patient Related

Altered mental status associated with:
 	
- Active intoxication/withdrawal
- Poorly managed, decompensated and/or undiagnosed mental illness
- Current illness with physiological imbalances or disturbances such as,
    o Head trauma/Brain injury
    o Encephalitis, meningitis, infection encephalopathy
    o Metabolic derangement: hyponatraemia, hypocalcaemia, hypoglycaemia, hypoxia
    o Thyroid disease
    o Seizure (postictal)
    o Exposure to environmental toxins
- Degenerative disease of the brain e.g. Alzheimer's disease
- Toxic levels of medications/physiological reaction to medication e.g. anesthesia, medication induced delirium
- Pain
 	
Psychosocial stressors
 	
- Patients with a mismatch between their expectations and the reality of the services offered
- Loss of situational control/sense of powerlessness
- Frustration, perception not being respected, not being listened to or being treated unfairly
- Having questions unanswered regarding medication or about incorrect administration of medication/ dissatisfaction with treatment

Risk Factors

- Previous poor experiences with health care services
- Unexpected or high costs of health care
- History of stress
- Personality, interpersonal style of control or dominance

Other

- Past history of violence *(note research to support this factor is mixed)*
- Wait times
- Change of shift
- Lack of communication; inability to communicate (e.g., hearing impairment)
- Loss in care plan continuity, and or lack of provider continuity
- Being given "bad news" related to a diagnosis or prognosis
- Patients in police custody

Patient care and/or situational related

Staff providing patient care/working in close proximity with the patient e.g.

- Manual patient handling - Physically assisting patient, e.g. from bed to wheelchair, chair to examination table, repositioning in bed
- Physical procedures causing direct pain/discomfort to patient, e.g. intubation, x-ray; placing intravenous lines, giving injections
- Situations infringing on patient freedom of mobility
- Holding or physical/chemical restraints applied to patient
- Attempts to stop a patient from acting out or harming others
- Patient demanding and/or attempting to leave the hospital before being discharged
- During transitions in care such as, hospital admission process; post-op/recovery

Societal

- Poverty, unemployment and social dislocation
- Reduced respect for authority, patients are having a greater sense of entitlement than in the past and as a consequence frustration in not getting response to demand potentially leads to violence
- 'Bowling for Columbine effect': spiral of fearfulness, suspicion leading to pre-emptive defensiveness, confrontation and ultimately a greater risk of violence
- Population density
- Language barriers
- Cultural differences
- High levels of family disruption/complex family relationships/ domestic disputes among patients and/or visitors
- Lack of community mental health care Perception that the health care facilities are sources of money and drugs

Risk Factors

- Access to firearms
- The presence of firearms or other weapons
- Gang activity

Note there is no conclusive evidence linking workplace violence with demographic groups or with urban versus suburban or rural emergency departments so care should be taken that related assumptions do not lead to discrimination against particular types of patients (The Joint Commission, 2018)

Environmental/Workplace Design

- Poor delineation and control between staff-only area and patient area/unrestricted movement of the public
- Overcrowded, uncomfortable or noisy waiting rooms
- Poor access to exits, toilets and amenities
- Poor lighting, restricted vision in corridors, rooms, parking lots and other areas without surveillance
- Unsecured furnishings that can be used as weapons
- Inadequate security systems and access to emergency communication e.g. alarms, surveillance, etc.
- Poor workspace design e.g. no easy egress or shelter in place
- Inadequate security and mental health personnel on site

Organizational Risk Factors

Safety Culture
- Poor safety culture for patients and workers (including lack of management commitment and support and meaningful employee engagement)
- Lack of staff empowerment and shared governance/teamwork
- Perception that violence is tolerated, and victims will not be able to report the incident to police and/or press charges
- Inconsistent response to 'undesirable' behavior/ lack of follow-up of violent episodes by management
- Tolerance of verbal violence (Type II and Type III) is associated with high rates of physical violence
- Ineffective mechanisms to warn and ultimately deny service to patients with repeated behaviors of concern

Staffing/Work Organization
- Inadequate staffing levels especially during mealtimes and visiting hours and evening/night shifts; or inadequate skills mix
- Staff fatigue
- High staff turnover

Risk Factors

- High workloads; working over 40 hours/week
- Working alone in isolation or in situations in which they can be trapped without an escape route.
- Working with cash and/or narcotics
- Inadequate presence of security and mental health personnel on site
- Increased waiting times
- Poor customer services from staff

Policy and procedures

- Lack of violence-prevention program and policy
- Lack of staff training in recognizing and managing escalating hostile and assaultive behaviors from patients, clients, visitors, or staff;
- Lack of staff training in cause and contributing factors and treatment of various pathologies associated with violent behavior
- Use of physical restraints

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