

Statement on Violence in the Workplace The Council on Surgical & Perioperative Safety

Introduction

The Council on Surgical & Perioperative Safety (CSPS) has agreed on many safe surgery principles concerning the safe care of surgical patients and the promotion of a caring workplace environment for the entire perioperative team. One of these principles is that violence in the workplace must not be tolerated under any circumstances. Thus, the CSPS proposed a Statement on Violence in the Workplace that was approved in October 2007.

The CSPS is a unique, multidisciplinary coalition of seven professional organizations whose members (over 250,000 members representing over two million healthcare practitioners) are involved in the care of surgical patients. The mission of the CSPS is to promote excellence in patient safety in the surgical and perioperative environment. The CSPS envisions a world in which all patients receive the safest surgical care provided by an integrated team of dedicated professionals.

Voting members from the following organizations serve as the CSPS Board of Directors: the American Association of Nurse Anesthetists; the American Association of Surgical Physician Assistants; the American College of Surgeons; the American Society of Anesthesiologists; the American Society of PeriAnesthesia Nurses; the Association of periOperative Registered Nurses; and, the Association of Surgical Technologists.

The goals of the CSPS are as follows:

- Raise awareness of surgical patient safety and perioperative workplace environment issues.
- Serve as an expert knowledge resource on surgical patient safety.
- Collaborate with external organizations to advocate for surgical patient safety and a caring perioperative workplace environment.
- Provide or facilitate joint educational opportunities for members of the perioperative/surgical team.
- Endorse, support, and utilize quality research initiatives in surgical patient care.

The Statement

The mission of the Council on Surgical & Perioperative Safety is to promote excellence in patient safety in the surgical and perioperative environment. Creation of a violence-free culture of mutual respect, dignity and fairness¹ among individuals and professional disciplines is essential for the teamwork and communication necessary for patient safety.

The *Occupational Safety and Health Act of 1970 (OSH Act)*² mandates that all employers have a general duty to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.³ Violence in the healthcare environment is of growing concern.⁴ Nurses are at particularly high risk. Twenty-five of every 10,000 full-time nurses were injured in workplace assaults in the year 2000. Injuries due to workplace assaults occur in only two of every 10,000 employees in most private-sector industries.³ These statistics represent only a portion of the incidents because many healthcare workers believe that workplace assaults are part of the job and do not report them.⁵

Definitions

- **Workplace Violence** includes, but is not limited to, intimidation, threats, physical attack, property damage and sexual harassment.
- **Intimidation** includes, but is not limited to, stalking or engaging in actions intended to frighten and coerce.
- **Threat** is the expression of intent to cause physical or mental harm.
- **Physical Attack** is unwanted or hostile physical contact such as hitting, fighting, pushing, shoving, or throwing objects.
- **Property Damage** is intentional damage to property.⁶
- **Sexual Harassment** is “unwelcome advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when submission to or rejection of this conduct explicitly or implicitly affects a person's employment or education, unreasonably interferes with a person's work or educational performance, or creates an intimidating, hostile or offensive working or learning environment”.⁷

Risk Factors for Violence

The risk factors for violence vary from hospital to hospital depending on location, size, and type of care. Common risk factors for hospital violence include the following:

- Working directly with volatile people especially if they are under the influence of drugs or alcohol or have a history of violence or certain psychiatric diagnoses
- Working when understaffed especially during meal times, visiting hours, and when on call
- Transporting patients
- Long waits for service
- Overcrowded, uncomfortable waiting rooms
- Working alone

- Poor environmental design
- Inadequate security
- Lack of staff training and policies for preventing and managing crises with potentially volatile patients
- Drug and alcohol abuse
- Access to firearms
- Unrestricted movement of the public
- Poorly lit corridors, rooms, parking lots, and other areas⁸

Position

It is the position of the Council on Surgical & Perioperative Safety that:

- Violence or the threat of violence in the workplace must not be tolerated under any circumstances.
- Violence directed towards members of the perioperative health care team interferes with the provision of safe, competent and ethical care.
- The responsibility for providing a perioperative practice environment free of violence is shared among the organization, members of the perioperative health care team, patients, and their families.
- Organizations should implement policies that support violence-free workplaces through a comprehensive workplace violence prevention program including education and training in violence prevention.⁹
- The confidentiality of the individuals involved should be taken into consideration but not interfere with an aggressive approach to the issue.

Recommendations

The Council on Surgical & Perioperative Safety recommends that all healthcare organizations establish a health and safety committee to monitor, address and evaluate violence through a comprehensive workplace violence prevention program, which includes the following criteria:³

1. Creation and dissemination of a policy on workplace violence including the following provisions:
 - a) Stipulating “zero tolerance” for violence.³
 - b) Communicating expectations to all individuals providing and receiving services in the facility.

- c) Ensuring that no employee who reports an incident will experience reprisal.
 - d) Requiring prompt reporting and leadership evaluation of records of incidents to assess risk and progress towards establishing a violence-free environment.
2. Perform a comprehensive and confidential analysis of all workplace violent events to determine:¹⁰
 - a) If the cause(s) of a violent event are individual and/or system issues.
 - b) The priority of potential solutions or changes.
 - c) The timely implementation of individual and/or system improvement/process improvement actions.
 - d) The success in reducing violence based on evaluation of outcomes.
 3. Maintain a comprehensive plan for ensuring effective safety and security measures.
 4. Require management commitment and employee/staff involvement.
 5. Provide access to support services for victims of violent incidents.
 6. Assist victims through the legal process.
 7. Establish worksite analysis to view facilities records, trends, workplace security, and surveys for staff to identify hazards.^{3; 9}

References

1. National Association of Letter Carriers, AFL CIO. Joint Statement on Violence and Behavior in the Workplace. Available at:
<http://www.nalc.org/depart/safety/jstate.html>. Accessed August 16, 2007.
2. Public Law 91-596, December 29, 1970; and as amended by P.L. 101-552, Section 3101, November 5, 1990.

3. Occupational Safety and Health Administration. *Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers*. 2004. Available at: <http://www.osha.gov/Publications/OSHA3148/osha3148.html>. Accessed January 27, 2009.
4. Leymann H. Mobbing and psychological terror at workplaces. *Violence Vict.* 1990;5(2):119-126.
Available at: <http://www.leymann.se/English/12210E.htm>. Accessed March 7, 2007.
5. Barthel VA, Roman L. We stop aggression as soon as it starts. *RN*: 2004;67(10):33-36.
6. The University of North Carolina at Greensboro. Violence in the Workplace Policy Statement, 2003. Available at: <http://www.uncg.edu/hrs/policy/section11/violence.html>. Accessed August 20, 2007.
7. UCLA Sexual Harassment Office. What Is Sexual Harassment? Available at: http://www.sexualharassment.ucla.edu/what_is.html. Accessed August 16, 2007.
8. NIOSH Violence. Occupational Hazards in Hospitals. DHHS (NIOSH) Publication No. 2002–101, April 2002. Available at: <http://www.cdc.gov/niosh/2002-101.html#whatis>. Accessed August 20, 2007.

9. NY State Nurses Association Position Statement on Violence in the Workplace.

Available at: <http://www.nysna.org/practice/positions/position39.htm>. Accessed August 20, 2007.

10. Berry K, Krizek B. Root cause analysis in response to a “near miss.” *J Healthc Qual.* 2000;22(2):16-18.

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