Violence Prevention and Control at Hospital

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INTRODUCTION

The problem of peace is common to almost all the development on developing countries of the world. More jobs, effective manpower utilization, higher productivity, higher profits, better working conditions, quality education and health facilities will remain mere slogan, if peace does not prevail in the industry, institutions, hotels and hospitals. A developing economy cannot afford frequent strikes, lockouts, stoppages of work, violence and hence the importance of peace is even more for such an economy. Permanent peace cannot be achieved unless those within whose hands power lies realize that the right cannot be divorced from the duties.

The prevention of workplace violence has emerged as an important safety issue in and around hospitals and healthcare facilities in Nepal, recently. Workplace violence such as physical assault or threatening or violent behavior or damaging buildings, infrastructure or claim for compensation is a growing problem in the workplace. According to the 1999 Bureau of labor statistics, the rate of nonfatal assaults on hospital workers is 8.3 assaults per 10,000 workers which is much higher than the rate of nonfatal assaults for all private-sector industry, which is 2 per 10,000 workers.[1] So, even the data shows that the incidence of workplace violence is more in the hospitals than any other sectors.

THE RISK FACTORS

Health care and social service workers face an increased risk of work related assaults and violence may be because of the following reasons:[1-3]

- Dealing with combative, disoriented, uncooperative patients.

- Factors such as the unrestricted movement of the public in the clinics and hospitals and long waits in the emergency or clinic areas that lead to client frustration over an inability to obtain needed service promptly.

- Lack of staff training in recognizing and managing escalating hostile and assaultive behavior.

- Solo work, often in remote locations with no backup or way to get assistance, such as communication devices or alarm systems.

- Low staffing levels, high turnover rates and stress.

VIOLENCE PREVENTION PROGRAMS

A written program for job safety and security concerning organization's overall safety and health program offers an effective approach for larger organizations. What is needed are clear goals and objective to prevent workplace violence suitable for the size and complexity for the workplace operation. While determining the goals, it should be SMART (where: S=Specifc, M=Measurable, A=Accurate, R=Realistic and T=Time-bound).[4] Employee should communicate about prevention programs.

At a minimum, workplace violence prevention programs should:

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- Create and disseminate a clear policy of zero tolerance for workplace violence, verbal and nonverbal threats and related actions. Ensure that managers, supervisors, coworkers, clients, patients and visitors know about this policy.

- Ensure that no employee who reports or experiences workplace violence faces reprisals.

- Encourage employees to promptly report incidents and suggest way to reduce or eliminate risks. Require records of incidents to assess risk and measure progress.

- Outline a comprehensive plan for maintaining security in the workplace. This includes establishing a link with law enforcement representatives and others who can help indentify way to prevent and mitigate workplace violence.

- Assign responsibility and authority for the program to individuals or teams with appropriate training and skills. Ensure adequate resources are available for this effort and that the team or the responsible individuals develop expertise on workplace violence prevention in health care and social services.

- Affirm management commitment to a worker-supportive environment that places as much importance on employee safety and health as on serving the patient or client.

- Set up a company briefing as part of the initial effort to address issues such as preserving safety, supporting affected employees and facilitating recovery.

ELEMENTS OF AN EFFECTIVE VIOLENCE PREVENTION PROGRAM

The main components of effective safety and health program also apply to the prevention of workplace violence:[5-7]

1. Management commitment and employee involvement:

Management commitment, including the endorsement and visible involvement of top management, provides the motivation and resources to deal effectively with work place violence. It should include:

- Demonstrating organizational concern for employee emotional and physical safety and health.

- Equal commitment to the safety and health of workers and patients/clients.

- Allocating appropriate authority and resources to all

responsible parties.

- Maintaining the system of accountability for involved managers, supervisors, and employees.

- Establishing a comprehensive program of medical and psychological counseling and briefing for employees witnessing assaults and other violent incidents.

- Supporting and implementing appropriate recommendation from safety and health committees.

Employee involvement should include:

- Participating in safety and health committees that receive reports of violent incidents or security problems.

- Make facilities inspections and respond with recommendations for corrective policies.

- Taking part in a continuing education program that covers techniques to recognize escalating agitation, assaultive behavior or criminal intent and discuss appropriate responses.

- Participating in employee complaint or suggestion procedures covering and safety and security concerns.

2. Hazard prevention and control: Engineering and administrative work place control can effectively prevent or control work place hazards. The selection of any measure should be based on the hazards identified in the workplace security analysis of each facility.

Some options employers may chose to:

- Use a closed circuit video recording for high risk areas.

- Install and regularly maintain alarm system and other security devices, hand-held alarms or noise devices.

- Provide metal detectors at the entrance to detect weapons.

- Provide safe room for employees during emergencies.

- Provide comfortable client or patient waiting rooms designed to minimize stress.

- Keep automobile well maintained if they are used in the field.

- State clearly about the rules and regulation to clients, patients and employees that violence is not

permitted or tolerated.

- Provide management support during emergencies. Response promptly to all the complaints.

- Supervise the movement of psychiatric clients and patients throughout the facility.

- Establish link with local police, report all incidents clearly.

- Transfer assaultive clients to acute care units, criminal units or other more restrictive settings.

- Ensure that nurses or physicians are not alone when performing intimate physical examination of patients.

- Advise staff to exercise extra care in elevators, stairwells and unfamiliar residences; leave the premises immediately if there is a hazardous situation; or request police escort if needed.

- Provide staff with identification badges, preferably without last names, to readily verify employment.

3. Safety and health training:

 The training should cover following topics:

- The workplace violence prevention policy.

- Risk factors that cause or contribute to assaults.

- Ways to prevent or diffuse volatile situations or aggressive behavior, manage anger.

- Ways to deal with hostile people other than patients and clients, such as relatives and visitors.

- Ways to protect one self and coworkers, including use of the close associates.

- Policies and procedures for reporting and record keeping.

So, all the hospitals need to bring some strong policy so as to make the hospitals violence free place. Even the doctors should maintain their professional ethics and their top most priorities should be proper patient care. Both doctor and patient should understand each other positively. Hence, the management should review program effectiveness, and re-evaluate policies and procedures according to the changed circumstances as well as keep the best knowledge of new trends to reduce the workplace violence and such increasing incidence have made policy maker to consider to improve patient-physician relationship by enhancing effective communication and besides this government should be prompt to enforce law and order in the country by bringing culprit to the justice.

REFERENCES

1. Michael A. A Handbook of Human Resource Management. New Delhi: Aditya Books Pvt. Ltd; 1992.

2. Robbins SP. Organizational Behavior. 11th ed. New Delhi: Prentice Hall of India Pvt. Ltd; 2006.

3. Decenzo DA. Robbins SP. Personnel/Human Resource Management. New Delhi: Prentice Hall of India Pvt. Ltd; 1993.

4. Desseler G. Human Resource Management. New Jersey: Prentice Hall; 1984.

5. Dunlop JT. Industrial Relations Systems. Boston MA, USA: Harvard Business School Press; 1993.

6. Brewster C. Harris H, editors. International HRM: Contemporary issues in Europe. London: Routledge; 1999.

7. Carrell MR. Heavrin C. Collective Bargaining and Labour Relations: Cases, Practice and Law. NewYork: MacMilan Publishing Co.; 1991.