

# Workplace Violence Prevention

## Committee Updates and Survey Results

### Our Work, Our Goal

**We shouldn't fear  
being hurt when  
we come to work**

The Health Professionals and Allied Employees Local 5091 workplace violence prevention committee has been meeting regularly over the past year. Our committee is working to make Bergen Regional Medical Center safer for workers and patients, and our goal is to create a workplace violence prevention plan that genuinely ends the threat of violence for all.

We recently sent out a survey to members regarding workplace violence at BRMC. What follows is a summary of the results and some ideas for improving working conditions for our members.

### SPECIAL REPORT





## Making Bergen Regional Medical Center A Safer Place


**Ending the threat of violence for  
both workers AND patients**

The survey summary that follows details our members' **thoughts, concerns** and **experiences** about working conditions at BRMC. The focus of the survey was concerning **workplace violence** and **assaults**.  
**Thanks to all who completed the survey.**

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# SURVEY RESULTS

## Workplace Violence at Bergen Regional Medical Center

### DEMOGRAPHICS

- **Overall, 106 out of 520 members completed the survey.** The majority of those responding were full-time (79 percent) employees. Part-time (10 percent) and per diem (11 percent) staff responses were evenly split.
- **Of those responding, 43 percent provided their unit.** Of those, 51 percent worked in psychiatry, 27 percent worked in long-term care and 22 percent worked in acute care.

### TOP SAFETY AND HEALTH ISSUES IDENTIFIED

Respondents were asked for their top safety and health concerns, and were asked to rank their concerns in order of priority. **"Assaults or threats"** led the way, with 60 members choosing it as one of their top concerns. Those who chose the "other" category were asked to fill in a response. Comments included "Supervisors don't know how to help staff when there is a shortage of staff," "Where or to whom do I report without being punished?," and "Not enough OT/RT staff—patients

have too much unstructured time, which leads to boredom and dissatisfaction."

### ASSAULTS

**Twenty members reported on the survey that they were assaulted on the job within the last 12 months,** with assaults including hair pulling, pinching, punches to the head, kicks, verbal abuse and spitting.

- Of the 20 members who were assaulted, 25 percent required medical treatment.
- Only 65 percent of those assaulted reported the incident to a supervisor. Reasons for not reporting an assault included "Too much paperwork," "Time restraints and retribution," "It's a norm already and administration won't do anything," and "Too discouraged to even report."
- On a related question, of those responding (87 members), 15 percent have been discouraged from reporting incidents of violence through hospital procedures, and 14 percent have been discouraged from reporting incidents to outside authorities.
- Of those responding (88 members), 74 percent were aware of others who have been assaulted while performing their duties.

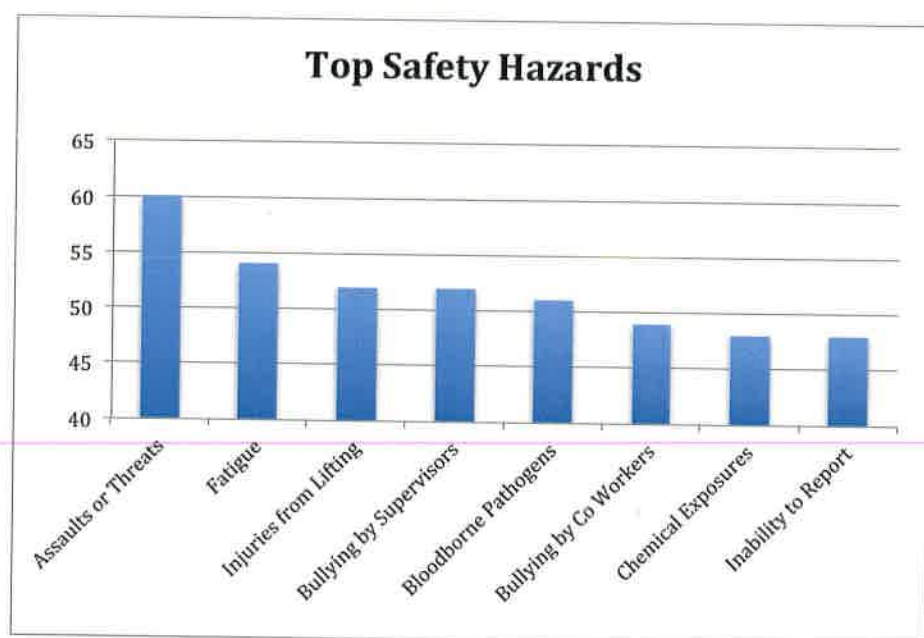
**Of particular concern, 33 percent of those responding (83 members) stated that the process for reporting assaults is unclear to them.**

Also, 75 percent of respondents (82 members) stated that there are **more assaults at BRMC now than in the past.** When asked why this is, respondents said:

- **STAFFING-RELATED ISSUES: 40 PERCENT**

"Lack of staffing, not only to provide therapeutic groups but to be able to sit 1:1 with patients to provide a listening ear/therapeutic interaction."

"Less staff; no designated dinner coverage that takes RNs off the floor; more floats; less recreational therapists."



- **ACUITY/CHANGING PATIENT POPULATION: 19 PERCENT**

"Patients coming in are more violent; however, staffing ratios have not increased."

- **CHANGES IN POLICIES/NEED FOR NEW POLICIES: 9 PERCENT**

"More patients are non-compliant with meds. Allowed to go long periods without taking meds."

"No current enforceable/3-step med policy in place for aggressive/psychotic patients."

- **LACK OF EDUCATION/NEED FOR NEW EDUCATION: 6 PERCENT**

"More training should be implemented. Psych problems are an evolving problem."

- **OTHER: 26 PERCENT**

"Bergen Regional used to be a teaching hospital, staff ratios were different, frequent management changes, poor leadership."

When asked for **the best way to make units safer** (including policies, procedures and/or equipment), respondents said:

- **SECURITY PERSONNEL: 15 PERCENT**

"Having more security and more staff on detox, especially on 11-3. I have seen patients threaten nurses and approach them, and other nurses had to get involved, no security around or available."

- **EQUIPMENT AND ENVIRONMENTAL CHANGES: 18 PERCENT**

"Personal panic buttons, metal detectors in the lobby."

"Panic buttons in social workers' and counselors' offices, where they meet with patients."

- **EDUCATION AND BETTER COMMUNICATION: 4 PERCENT**

"More education to help staff be more knowledgeable, receptive and equipped to deal with violent situations."

- **NEW SAFETY MEASURE POLICIES: 13 PERCENT**

"Make policies and procedures for handling assaults (who to notify and paperwork involved) clearer and more concise."

- **INCREASED STAFFING: 34 PERCENT**

"We need more security rounding on 11-3 (detox). The patient load is increasing! We have more patients/beds on the unit. We should have another nurse on day shift. 64 beds with 5 nurses, and many times only 4 nurses. Not safe!"

"More staffing/security presence to provide direct patient care, groups and 1:1 for the patients."

- **OTHER: 15 PERCENT**

"More activity for patients, including weekends, not just for patients on level 2 and who are eligible to go off the unit."

Of those responding (82 members), **93 percent agreed** with the statement **"some assaults could be prevented if patients/residents knew they would have to face consequences for assaulting staff or other patients"**.

## NEXT STEPS

Members of the workplace violence prevention committee have received training and are planning to hold a **site inspection in May with a workplace violence expert**. We are also planning to **meet with management**, which is required to hold regular meetings with the committee, made up of equal numbers of frontline workers and members of management. And we are excited to begin **developing a violence prevention program**, in accordance with state law, where we will look at everything **from the placement of panic buttons to improving our training program**. Our committee is meeting regularly and will keep **working to reduce the number and severity of assaults** at Bergen Regional Medical Center.

*Survey conducted from November 2016 through January 2017.*

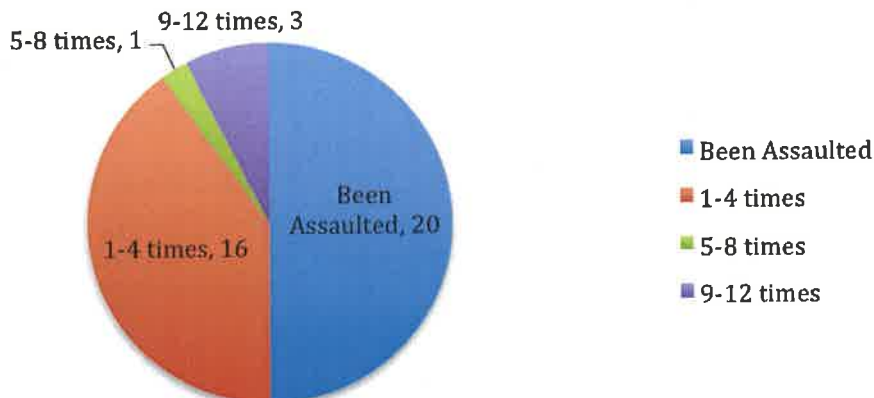
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**Assaults**



## Our Vision, Our Mission

### Committee defines its purpose

#### Vision Statement

Our committee has a common goal to achieve a safe and violence-free workplace that guarantees all workers' and patients' dignity and respect in a satisfying environment.

#### Mission Statement

Our committee seeks to engage and empower our co-workers by educating and illustrating how current working conditions can be improved to minimize the risk of workplace violence.

## Communication is the Key

### Workplace Violence Prevention Committee volunteers

Here are the volunteers who have taken on the challenges facing many of our members on a daily basis and who are working toward improving the way workplace violence prevention strategies are implemented at BRMC:

- Christina Bader
- Bob Davis
- Carole Fitzsimmons
- Delfina Guevara
- Cliff Ogilve
- Jeff Peck
- Carol Quinn
- Joanna Sudol

## Contact Us

Please contact us with any questions, concerns, ideas or recommendations at [clevine@hpae.org](mailto:clevine@hpae.org) or **201-262-5005, ext. 120.**



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