

Episode 148 - Dr. Erin Kelly: Workplace Violence and Staff Well-Being: Everyday Hassles and Acute Crises

[00:00:08] Welcome to in social work. The podcast series of the University at Buffalo School of Social Work at www.insocialwork.org. We're glad you could join us today. The purpose of social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice to research. We're in social work. Hello I'm Charles Sims your host for this episode of in social work in 2005 a survey of over 1000 members of the National Association of Social Workers found that almost 86 percent reported experiencing psychological aggression at some point in their careers. Just over 30 percent of those members reported experiencing a physical assault while working at an inpatient psychiatric facility. Early in her career today's guest became interested in workplace violence. She reported being struck by the tension of maintaining staff and patient safety in such a challenging setting. And perhaps more significantly she recognized the importance of building relationships with individual patients while being aware that a person might act in an aggressive manner Dr. Erin Kelly received her Ph.D. from the University of California Irvine in 2012. She is currently a post-doctoral fellow in the Department of Psychiatry and Behavioral Sciences at the University of California Los Angeles. Semmel Institute she is also a visiting scholar at the University of Southern California's School of Social Work in its serious mental illness cluster. Dr. Kelly's work has focused on how public institutions deal with mental illness and violence in those institutions as well as the community at large.

[00:02:13] She has also studied the development of bottom up strategies for improving health and the quality of life for those with serious mental illnesses. Currently she is testing whether individuals with mental illness in conjunction with a peer health navigator can leverage a personal health record to improve their communication with medical and mental health providers. In this podcast Dr Kelly discusses her research on the impact of workplace violence on staff. Any large psychiatric hospital in the study. Dr. Kelly examined a number of variables that assessed rates and types of conflict and assault the frequency of conflict. Staff experience with fellow staff members and patients as well as how they reacted to that conflict and the impact of conflict on staff emotional and physical well-being and sense of safety. Dr. Kelly goes on to suggest a number of strategies to ameliorate staff conflict as one method of reducing staff patient conflict. She also makes suggestions for individual clinicians working in settings with elevated levels of conflict. Finally Dr. Kelly offers some ideas for future research in this area. Dr. Kelly was interviewed in June of 2014 by Steven Schwartz a research associate at the University at Buffalo School of Social works. Buffalo Centre for Social Research we want to welcome today Dr. Erin Kelly. We're going to talk about the research that you've done on workplace violence and staff well-being work that you did in New York and California. Can you tell us how you first got interested in the subject of workplace violence. Sure. I first became interested in workplace violence when I began working at Eden Kline Institute in upstate New York after finishing my bachelor's and Nathan Kline Institute has a 24 patient unit and it was my first real exposure to psychiatric inpatient care.

[00:04:29] And while I was there I was really struck by the tension of trying to maintain a secure unit that still respected patients rights thinking both about staff safety and patient safety. And it's a really hard balance to maintain and that experience really affected me because we were constantly reminded to be aware of where you were but you still need to build the report patients and finding that right balance takes a lot of vigilance and even with all the precautions that we took. I still saw patients become agitated in the cells at the time. And I saw how staff really responded in that moment. Both leading up to those incidents during them and after. And I was really struck by the differences in how some staff were really good at the escalating situation or jumping in appropriately when they needed to. And then some of the staff kind of struggled with it and it really

does explain experience stuck with me. How extensive is the problem of workplace violence particularly in mental health settings. Well it's a really serious issue. And unfortunately psychiatric staff tend to bear the brunt of that as the majority of violent incident and target staff and other the great senders differ across inpatient and outpatient setting is usually about a 40 per 60 percent rate of death that resulted in any given year. And when you talk about over the course of her career breaks of about 75 percent have been found. So it's a pretty serious issue. So it sounds like working in a mental health setting particularly an inpatient setting is really a high risk. And I know that you've talked with me about attempts from federal agencies to monitor issues of assault.

[00:06:14] Yes. In California I began looking into the California Psychiatric Hospital because they became under a human rights violation lawsuit with the Department of Justice. And it was largely because there were concerns about patient violence. The patients were being harmed and Saffer being harmed and they were very concerned about the situation in the hospital. But unfortunately the oversight that they brought in to deal with that issue they brought in a bureaucrat who increased the amount of paperwork and really sort of missed the boat in terms of realizing that this was a great opportunity to improve care till they improve their reporting but they didn't improve their incidence of assault. You've also talked about the impact of conflict in the work environment not just assaults by patients. Yes. The vast majority of situations that escalate into violence are related to the fact that there are usually some sort of buildup of aggression or tension between staff and patients but also having the sort of a high conflict environment where staff aren't getting along well because they are having disagreements about treatment or they're in conflict with management that can sort of create sort of chaotic environment is not very conducive to a therapeutic environment which in turn can increase the likelihood of violence by patients. So you're saying that staff conflict unintentionally increases the likelihood of patient staff conflict. Exactly. And does how an individual clinician reacts to the conflict make a difference in their own wellbeing and mental health and likelihood of assault. So in terms of their reaction to sort of verbal aggression if you have someone who doesn't really react a lot to conflict it can have maybe two possible outcomes.

[00:08:06] It could be that that person should ideally suited to jump into a conflict situation because they're not going to get that worked up about it and they can keep everybody calm. But alternatively if you have someone who maybe isn't very reactive to conflict because they're just not picking up on social cues then that could mean that they're at higher risk. And so it's really about trying to find that right balance about how reactive people are to these situations really hit that right sweet spot for having a therapeutic approach and jumping in appropriately. Well maybe this is a good time for you to introduce the study that you did and identify some of the major aims of your study. Sure. So I did a study a major psychiatric hospital in California at Patton State Hospital. Actually the largest psychiatric hospital in the country and I wanted to examine the rates of conflict and assaults within the hospital. I also wanted to look at the frequency that conflict was happening with patients and with fellow staff and how people were reacting to those conflicts and how that related to their risk of assault. And then lastly I wanted to look at the sort of come end of conflict and assaults and people's reactions to those experiences and how that related to how staff are functioning in terms of their mental health their physical health and their sense of safety. And you had a pretty large sample. Yes. I sent out the survey to the entire hospital staff and of those who responded they had about a 66 percent response rate in over 300 participants has been reported about their violent and their conflict experiences.

[00:09:41] And the reaction and entered to study that I measured them established factors and the extent to expect that male staff are a little bit more likely to get assaulted less experienced staff are likely to be more assaulted and also people like psychiatric technicians and nurses who tend to spend the most time on the unit and interacting with patients. Those are people who are typically seen as most at risk. I also measured the rate of conflict with fellow staff with patients. I measured their reactivity to social conflict so are they someone who tend to have a conflict and get angry and

they can't let it go or are they someone who is not a big deal. They can just walk away from it. It doesn't really affect them. And we also look at the frequency that people are assaulted how people felt about those assault experiences that are not affected or did they feel overwhelmed by them and then we looked at how safe that they felt at work. And the museum established measures of mental health screening. So she did THQ 12 and their physical health using the Hopkins checklist. And you also asked about their own perceptions of safety. I recall. Yes. Important to see how they felt about being in their workplace. Because if you're in a sort of fear state and when you walk into work to making connections with patients either. Any surprises understudy. Lol I was really struck by the rates of violence in this hospital. 70 percent of staff reported at least one physical assault and in the last year.

[00:11:13] And so we're seeing much higher rates than we would expect in a single year. And that's also reported a great deal of verbal conflict. They had 94 percent of the sample reported some sort of conflict with their fellow staff member though only a fifth of them reported having conflict often or very often but that's still a pretty serious rate of conflict to be having with your co-workers. The highly tense environment that's happening in many of these had to take time off. I found that 11 percent of my sample ended up having to take time off due to their assault. So even though that's a split with every small fraction of people being celibate it's actually a pretty serious number of people that are having to take time off from work because they've been fired. And it's not just about the impact of people personally being injured. It's also about issues related to seeing their co-workers being injured. If you see someone who's injured in a severe enough manner that they have to take time off from work that the experience is probably going to stay with your co-workers as well. So makes it a very difficult place to work and to maintain a sense of well-being. What other kinds of findings did you have. Well I found that entirely a 91 percent of the staff felt that they needed more protection for their work and 45 percent of them reported that they were unsafe or very unsafe at work. So concerned about safety you were really quite serious and that was related to both the levels of conflict with fellow patients and with fellow staff and their reaction to all of these things mattered for people not feeling very safe for work.

[00:12:56] You and I have spoken about the kind of dilemma about reactivity. Can you describe what happens to people who are really particularly low reactive. What are the other risks for people who are particularly highly reactive to conflict. So I find sort of interesting relationship with stretch of activity and it's also conflict because in terms of their risk for being assaulted I found that people that were experiencing a great deal of conflict with their fellow staff and that patients were actually at a much higher risk for being assaulted if they were less reactive to conflict. So people who were not reacting to the conflict were actually much more likely to get assaulted. And it's unclear whether or not that's due to the very people who are sort of jumping in or if there are some that people that may be missing out on social cues have something to look into in the future. But I also found that there do appear to be other factors as well though in terms of people who are experiencing a lot of stap conflict that they're very reactive to conflict and they're experiencing a lot of conflict. Then there are the people who are having a lot more mental health issues. So even though they're not the people that are being voted the most are still paying the price in terms of their mental health. And it really seems that we need to find this right balance between how reactive people are to conflict so that they are able to avoid being assaulted. But they're also not paying sort of psychological toll because.

[00:14:31] Do you think this is the character logical trade or do you think this is something that can be modified can reactivity to conflict be moderated by some kind of intervention or training. I suspect that it is something that we could modify I suspect that that requires some additional attention in terms of either selecting people that we bring into the environment. But also there could be some training in terms of stress management or some degree of assistance that could be provided to that so that they can manage these complex more fully. You also had some other clear

conclusions that dealt with staffing as well particularly around staff resiliency. So I think an important message is that staff in these hospitals are pretty resilient even though they were experiencing a great deal of assault in conflict. Most of the staff reported that they were doing OK and that their mental health and their physical functioning. But it's really about this sort of impact of the everyday conflict situations that tend to matter for how well staff are doing. And so we really need to pay much more attention to these relationships between patients and staff and among staff themselves so that we can really see improvements in how these hospitals are run. What do you think we can do to lower or to alter change the level of staff conflict in the institution. Have you seen any worthwhile interventions. Well part of the issue there is that we need to be able to give staff more opportunities to have some control over their experiences in the hospital. You need to give that more autonomy. And we also need to give them more time where they can actually focus on working with patients.

[00:16:19] One of the issues that the external monitor from the Department of Justice is that he really had been focused on increasing their documentation which really didn't give people enough time to really build relationships with patients. And some of the prior research has really shown that it's about the quality of interactions that people have with the patient building therapeutic rapport it can be one of the best ways of preventing violence. But also you've mentioned that building relationships between staff seems to be almost equally important not to reduce the level of conflict. Maybe that's a parallel process that might be able to be followed. Exactly. I don't think we can look at these things as two totally separate entities. I think that we have to think about them as sort of building on each other. And so if we don't really work to improve the interaction not only with patients but also amongst them that they really feel like they're being heard that they're communicating well they're operating together well and that they're making the same sort of effort to improve the environment. I think that that's a really important aspect of improving the general functioning of the hospital. But an important takeaway in the kinds of things you're talking about is that the way in which an individual reacts to us to this kind of violence determines consequences for themselves and also the way workers interrelate with each other also has a major impact so this isn't just about assaultive clients. This is about a situation that makes it either easier or makes individuals vulnerable. So we can't be blaming just the difficulty of dealing with the clients on this. Absolutely.

[00:18:00] I mean this is a cooperation that is always going to be challenging because of the nature of the issues that led them to be put into an inpatient setting in the first place. But once they they're there I've seen some really amazing things that can happen when staff really work together. And they're in a harmonious concentrated effort to really behaviorally and cognitively work with therapeutic approaches to bring a patient back under control. And when you see these teams really operate you can see an amazing thing. Well you've given some good advice for institutions. What advice would you have for the clinicians who are actually working in the settings or advice for some who shouldn't be working in these settings. Well I think that people walk into these types of professions the helping professions because they do want to be able to help people and it can be a little bit jarring for people to realize that people are not just very grateful for them to be there and helping them and people really need to take care of themselves and to find ways to manage their stress and realize that yes conflict will occur in the heading. That's not completely avoidable but the way that you choose to react to that in the way that you deal with that will go a long way in terms of how well you'll be able to stay in that type of position for the long term. And I know you have some general advice for researchers in this topic and some ideas about what you would do for further research. Could you share those with us. Sure.

[00:19:33] So one of the things they talked about at the beginning of describing my study was how we use a lot of sort of static risk factors things such as gender years an experience in or to predict the likelihood of assault within the setting. But there has been a recent meta analysis that really concluded that the types of variables only account for about 10 15 percent of the variance an

assault. So that says to me that we need to be much more expansive in terms of the types of variables that we look at we can't look for these are that easy to identify factors we have to look at the more nuanced relational factors. How well are we talking to each other what types of interactions are happening. He's more escalating situation and we really need to be much more complex in our understanding of the situation. Well you've given us a good idea about how extensive workplace violence is particularly in a psychiatric setting a very particularly in the inpatient setting and really identified for us that there are characteristics that we have as clinicians which can make it more difficult for us either in assault or in our own sense of mental health and that there's some control over that we may be able to affect that or change that. And certainly the institutions can by either helping modify the behavior of staff or being more selective in those that they recruit. I think all of that's been really very helpful. Do you have any final words you'd like to share with us. Sure.

[00:21:04] I want to remind people that people with mental illness are not at higher risk for being assaulted in general that situation that I'm talking about right now are people who are in psychiatric inpatient settings and it can seem that people with mental illness are just a much more violent group. But many studies show that people with mental illness are not more violent than the general population. And so we really need to be careful not to stigmatize people with mental illness and assume that they're going to be violent just because they have an illness. And I think that's a really important message to keep in mind. And a good way to end who. Thank you Dr. Erin Kelly for sharing with us your research and knowledge about workplace violence and staff well-being. Thank you again for joining us. Thank you. You have been listening to Dr. Erin Kelly discuss her research on workplace violence and staff well-being. We hope you have found it enlightening. This is Charles Sims your host. Please join us for another episode of in social work. Hi I'm Nancy Smith professor and dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school our history our programs and what we do we invite you to visit our Web site at www.socialwork.buffalo.edu.