Addressing Telephone Verbal Violence as Part of Workplace Violence

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Learning Objectives

- Recognize that verbal abuse via the phone is a real issue.
- Identify appropriate stakeholders to advocate for and empower staff to professionally manage verbally violent phone events.
- Translate scripting phrases and algorithm tools for use at their organization to help address verbal violence.

Background

- WPV is a pervasive in healthcare and verbal violence is the most prevalent[1]
- Ambulatory staff are at risk of telephone verbal violence due to the many avenues of care provided over the phone (scheduling, triage, care navigation, etc.)
- Verbally violent phone calls have an emotional impact on staff[3]
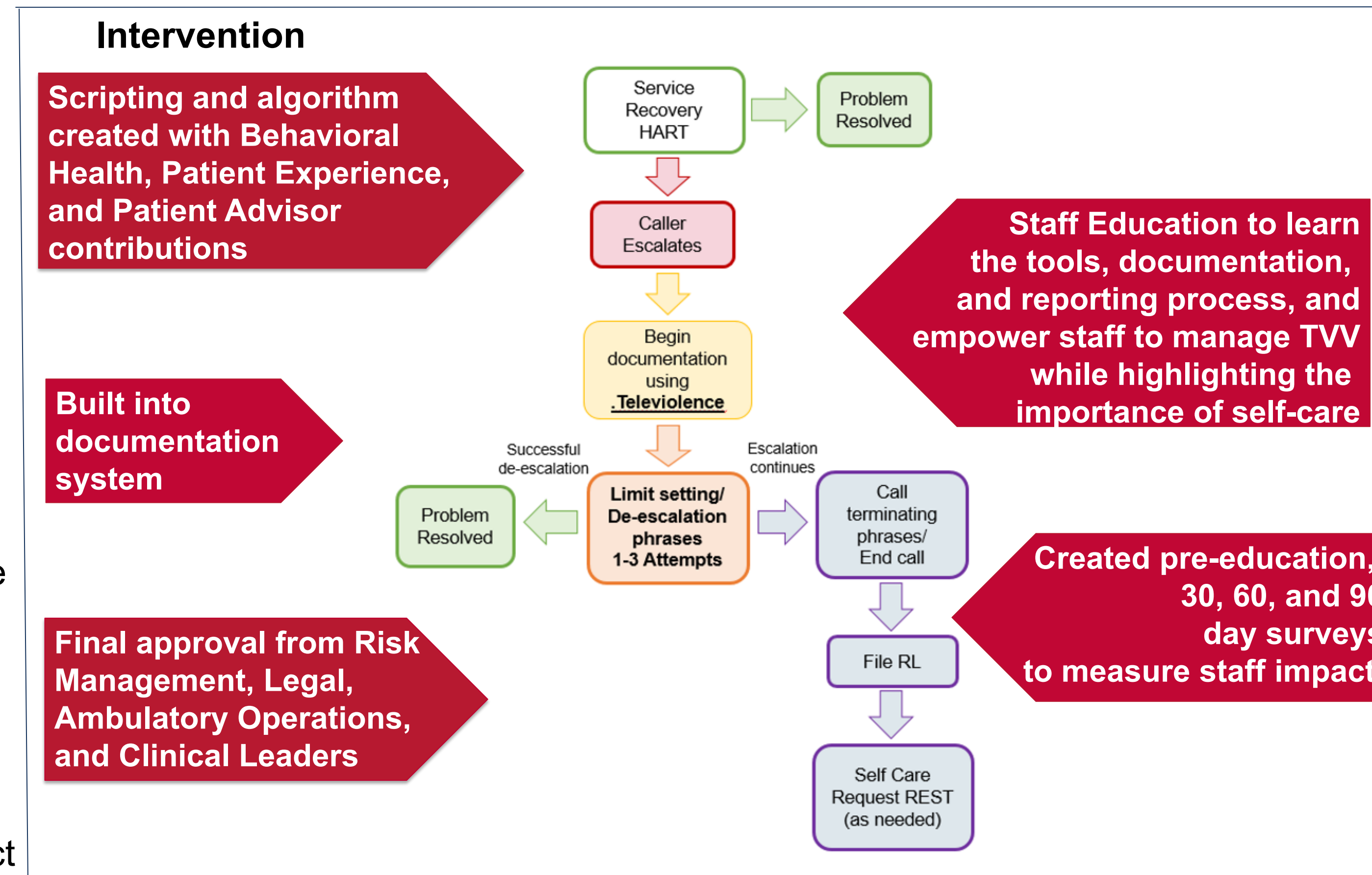- TVV as WPV manifests as:

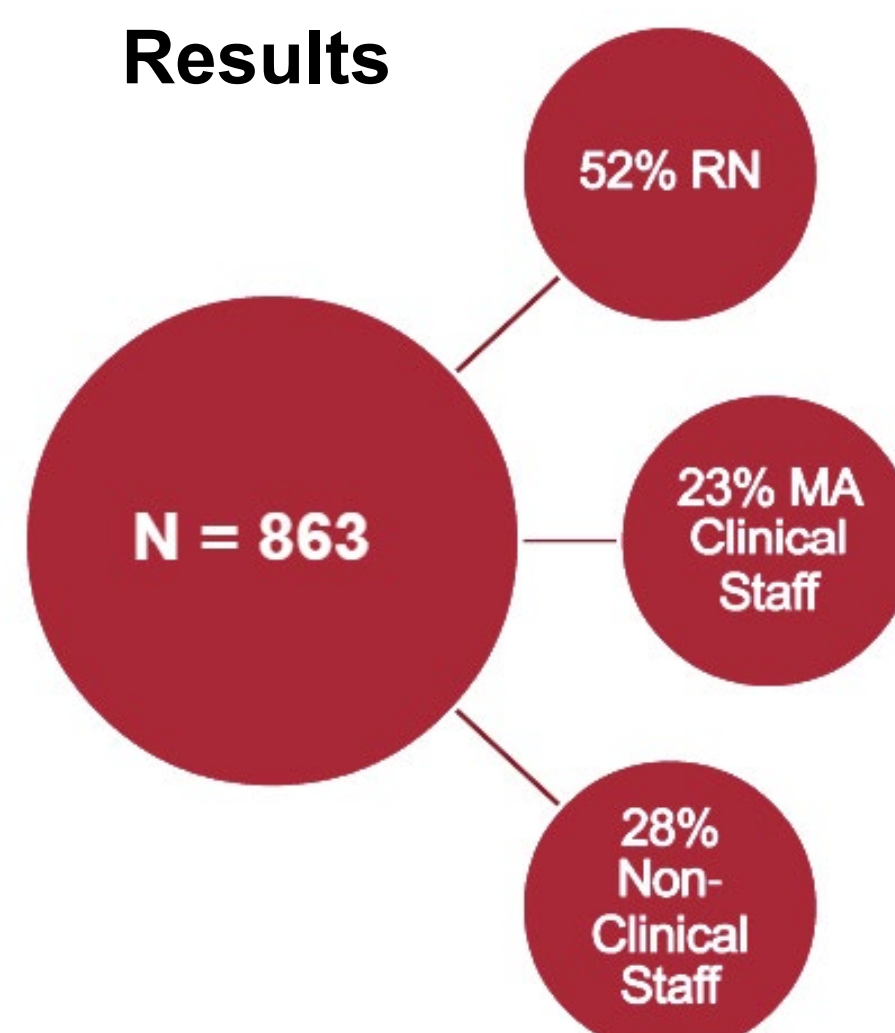| Reactive-Expressive[2]	Passive Aggressive[2]
• Arising from anger or frustration • Yelling, cursing, argumentative language	• Attempting to control or gain power • Snide comments, personal attacks, name calling, demeaning/degrading language, threats, racial/sexual slurs

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Intervention

- Scripting and algorithm created with Behavioral Health, Patient Experience, and Patient Advisor contributions
- Built into documentation system
- Final approval from Risk Management, Legal, Ambulatory Operations, and Clinical Leaders
- Staff Education to learn the tools, documentation, and reporting process, and empower staff to manage TVV while highlighting the importance of self-care
- Created pre-education, 30, 60, and 90 day surveys to measure staff impact

Results

N = 863
- 52% RN
- 23% MA Clinical Staff
- 28% Non-Clinical Staff

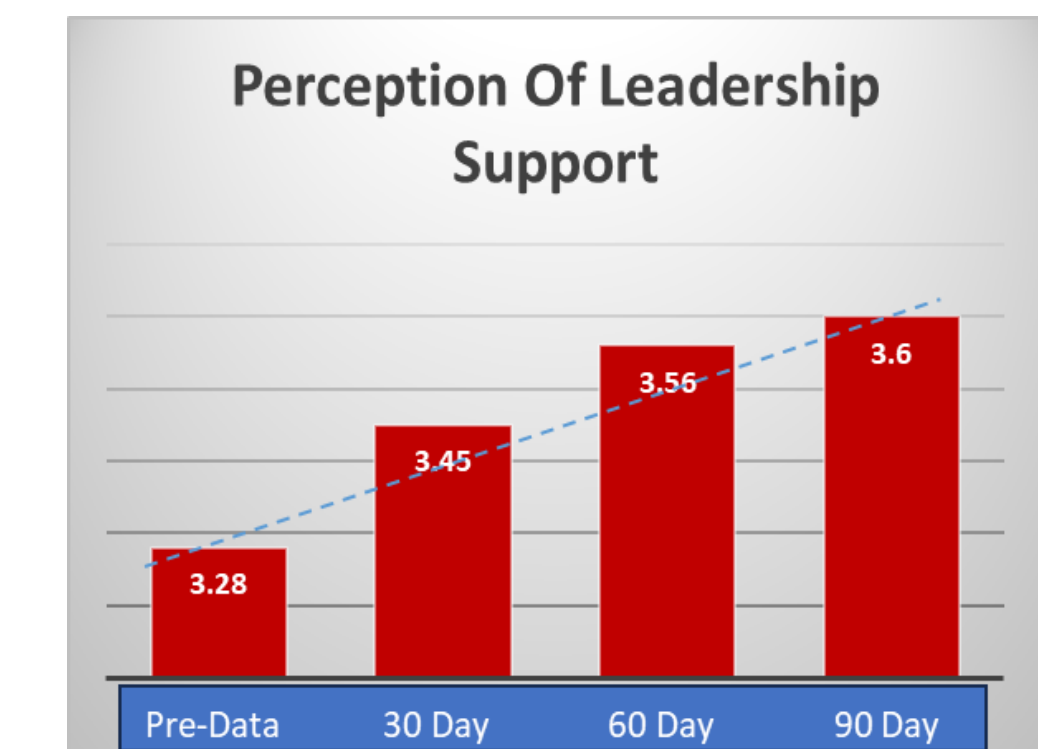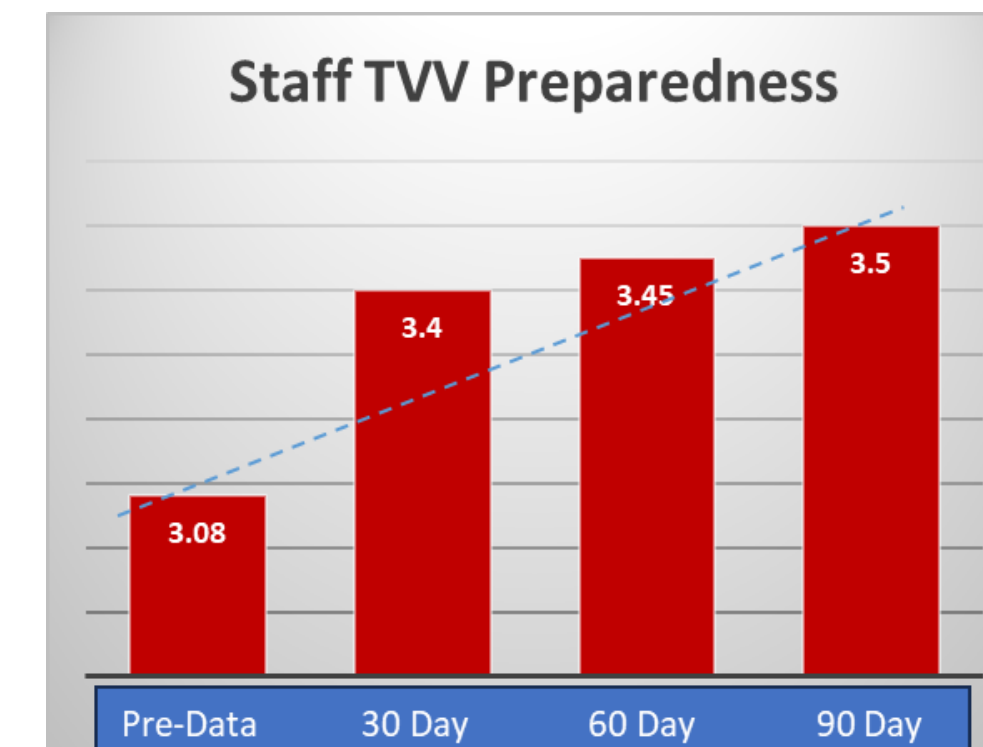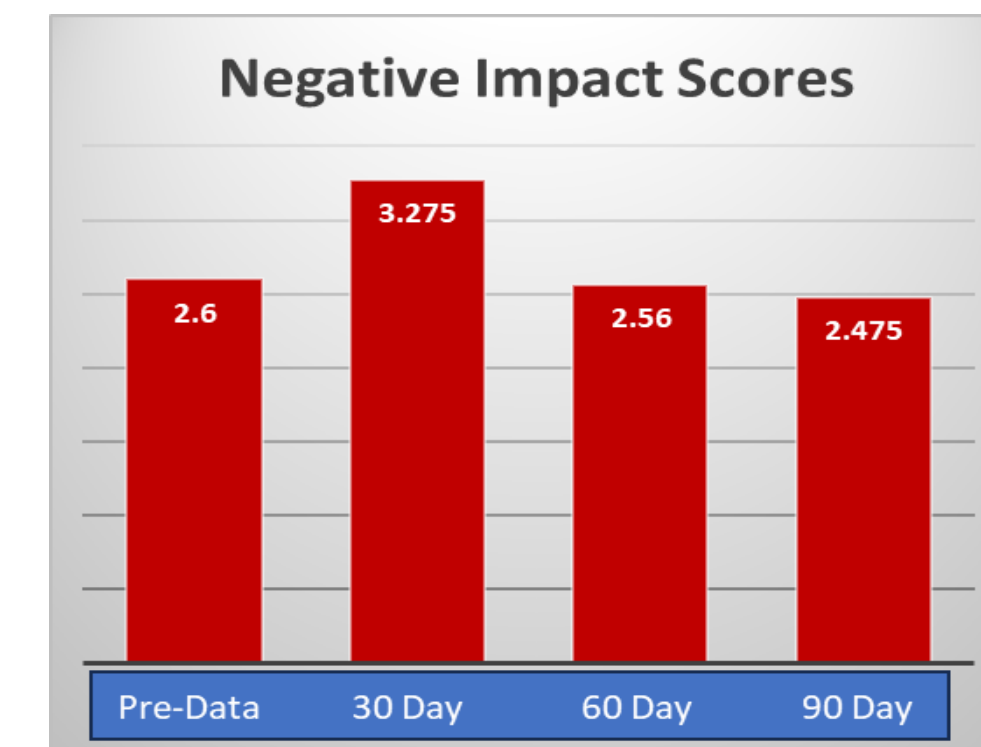N= # of attendees of the education offerings

- 33% of the calls de-escalated
- 38% of calls terminated by Caller
- 28% of calls terminated by staff (80% by RNs)

> I've been called "lazy", "stupid", and "incompetent" and I just had to get through it. This is a real game-changer.

> We have already seen huge benefit from it in our clinic. I think before, nurses were concerned that setting boundaries would negatively impact the "patient experience" and feared they'd get in trouble for trying to set boundaries.

Negative Impact Scores

Pre-Data	30 Day	60 Day	90 Day
2.6	3.275	2.56	2.475

Staff TVV Preparedness

Pre-Data	30 Day	60 Day	90 Day
3.08	3.4	3.45	3.5

Perception Of Leadership Support

Pre-Data	30 Day	60 Day	90 Day
3.28	3.45	3.56	3.6

Key Takeaways and Lessons Learned

- Verbally violent calls are not "part of the job," staff need to be empowered to de-escalate and disengage from TVV
- WPV initiatives need to include strategies to address TVV so staff feel prepared to de-escalate in various situations
- Early stakeholder engagement and approval is imperative to ensure staff are empowered to take appropriate action against TVV

References
[1]Pompeii, L. A., Schoenfisch, A. L., Lipscomb, H. J., Dement, J. M., Smith, C. D., & Upadhyaya, M. (2015). Physical assault, physical threat, and verbal abuse perpetrated against hospital workers by patients or visitors in six U.S. hospitals. American Journal of Industrial Medicine, 58(11), 1194–1204. https://doi.org/10.1002/ajim.22489
[2]Ramirez, J.M., & Andreu, J.M. (2003). Aggression's typologies. Revue Internationale De Psychologies Sociale, 16(3), 125-141. https://core.ac.uk/download/pdf/19713116.pdf
[3]Spencer, C., Musenero, R., & Fouse, F. (2022). Prevalence and determinants of violence in Ambulatory care via the telephone. ViewPoint, 44(2), 5–8.

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