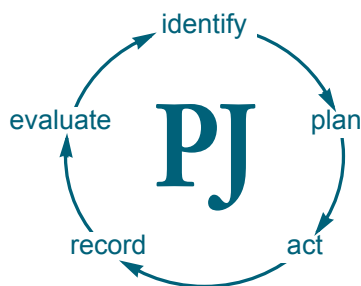


HOW TO DEAL WITH ABUSE AT WORK

By Ruth McGuire, BSc

Any service that involves contact with the public presents some element of risk to employees and according to the British Crime Survey there are around 1.3 million incidents of work-related violence a year. This article looks at what pharmacy managers can do to ensure a safe working environment for their staff



identify gaps in your knowledge

1. List three signs of aggressive behaviour.
2. List three things you can do to reduce the risk of violence at work.
3. What details should you include when recording conflicts at work?

Before reading on, think about how this article may help you to do your job better.

The Royal Pharmaceutical Society's areas of competence for pharmacists are listed in "Plan and record" (available at: www.rpsgb.org.uk/education). This article relates to "health and safety" and "security" (see appendix 4 of "Plan and record").

As a result of new government guidance, more people who have been violent or abusive towards National Health Service workers are being prosecuted by NHS trusts. In addition, in March 2003, a nationwide campaign was launched to raise awareness in doctors' surgeries about the need for safety at work. Although pharmacies were not specifically highlighted in the campaign, the key message about safety in the workplace is still relevant. Pharmacy staff, like many other health sector workers, are at risk of threats and assaults and need to know how to deal with violent situations. The most common incidents in which staff are assaulted are robberies. Some incidents may be related to the fact that pharmacies hold Controlled Drugs. Other risk factors include late-night opening or being located in a high crime area.

The Health and Safety Executive's definition of work-related violence is "any incident in which a person is abused, threatened or assaulted in circumstances relating to their work." Front line staff in the pharmacy often have to deal with rudeness and threats, making work unpleasant and upsetting. For example, a customer who is irritable and has to wait in a queue could take out his or her anger on staff. In the worst cases, physical violence is involved. However, violence is not limited to the behaviour of patients or customers. Workplace violence can also involve the behaviour of other employees.

Under the Health and Safety at Work Act 1974, employers have a duty to "ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees." In fulfilling these legal obligations, employers also need to consider safety in terms of managing the risk of conflict. In addition, the Management of Health and Safety at Work Regulations 1999 require employers to protect employees from reasonably foreseeable violence. This can be achieved by assessing risks to employees through effective planning, organisation, control and monitoring and review.

Violence should be dealt with in two ways: steps must be taken to prevent violence and, if violence does occur, support must be given to minimise any harm that has been done.

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IDENTIFYING PROBLEMS

The first step in addressing conflict in the workplace is to find out whether or not there is a problem. Regular "threat assessments" should be conducted to establish who might be harmed and the level of risk that they face. Staff in regular contact with the public (eg, pharmacy assistants) are probably most at risk. However, most pharmacy staff will have some contact with the public and need to be aware of how best to deal with conflict. Staff should be consulted either formally (eg, using questionnaires) or informally (eg, through discussions) and asked if they ever feel frightened or threatened at work and why. At the end of any consultation, it is important to share the outcomes with staff.

The pharmacy should have a system in place to record all incidents of violence and staff should be encouraged to report all violent incidents in order for an accurate risk assessment to be completed. Sometimes, staff are reluctant to report incidents because they feel it will reflect badly on them. They should however be made aware that abuse and threats from members of the public are unacceptable and are not part of their job. Staff need to be reassured that if incidents are reported, action will be taken to ensure their safety. In fact, just as the employer has a duty to go to reasonable lengths to protect staff, members of staff also have a duty to take reasonable care and act responsibly towards their own personal health and safety, for example, by reporting violent incidents.

The Health and Safety Executive¹ suggests that records of workplace incidents contain:

- An account of the incident
- Details of the victim(s), the assailant(s) and witnesses
- Details of the location of the incident
- Outcomes, including working time lost by both the individual(s) affected and the organisation
- Classification of incidents (eg, fatal injury, major injury, injury or emotional shock requiring first aid, out patient treatment, counselling, absence from work and number of days absent and feeling of being at risk or distressed)

Records should reflect all incidents even if the abuse is only verbal. This is because even verbal abuse could result in an employee suffering stress, especially if the abuse is persistent.

A number of factors, personal and environmental, can contribute to an interaction ending in violence and both the management and staff need to be aware of these factors. Sometimes, simple measures can be taken in order to reduce the risk of an incident. For example, providing a more comfortable waiting area and accurate information about waiting times makes people less likely to lose their tempers. Other preventive measures include having sufficient staff on duty and adapting opening hours.

Safety policies should be supported by training whenever possible. Staff should be made aware of what action to take if an incident occurs. For example, in what circumstances will the police be called? Training should include information about any zero tolerance policy on threatening behaviour and violence.

Staff should also be trained to spot early signs of aggression and to recognise unacceptable behaviour. Examples of behaviours that suggest the potential for violence include:

- Raised voice
- Shaking or clenched fists
- Hand chopping
- Prodding with fingertips or finger pointing
- Excessive pacing about
- Constant staring
- Angry muttering

Recognising the potential for violence allows staff to decide how they want to handle a situation early on. For example, they can choose to get help or to try to diffuse a volatile situation themselves. It might be helpful for staff to be trained by a specialist in conflict resolution or anger management, or by a police trainer so that they become competent at diffusing interactions with aggressive people. Training might involve improving interpersonal skills (being able to empathise and build rapport), learning to assess situations accurately and to recognise human responses to threatening situations and building an awareness of personal safety as well as knowing how to apply guidelines and the law.

Panel 1 gives a few tips for how to deal with a difficult patient or customer. The safety of staff can also be promoted if they are kept

All threatening incidents in the workplace should be recorded to enable accurate risk assessment

The more detailed the recording, the easier it will be to identify patterns of violence. For example, are there particular times when incidents occur such as lunchtime, when there are fewer staff around? Records could highlight a need to change working habits or point out that extra security is needed.

TAKING ACTION TO IMPROVE SAFETY

Having established the level of risk to staff, decisions have to be made about how to ensure their safety. A policy needs to be in place so that staff and the public are aware that threats, harassment, intimidation and other anti-social behaviour will not be tolerated and that all incidents will be taken seriously. The policy may be part of the standard Health and Safety policy or it might be a separate policy that focuses on workplace aggression. Whichever type of policy is used it needs to be more than just a piece of paper — it must be supported by action. For example, if the pharmacy opens late, steps must be taken to ensure the safety of staff either while they are at work or when travelling home late.

PANEL 1: TIPS FOR DEALING WITH DIFFICULT PATIENTS OR CUSTOMERS

- Keep your responses under control — remain calm and friendly
- Avoid using either threatening language or body language
- Show understanding and empathy, eg, tell them you understand how they feel
- Take care not to patronise or belittle
- Maintain eye contact
- Respect “personal space”
- Always focus on solutions rather than blame
- Stay in control and confront unacceptable behaviour assertively
- Do not hesitate to seek help
- Have an “exit strategy” prepared in case things go wrong

PANEL 2: SAFETY CHECKLIST

- Make patients and customers aware of a zero tolerance policy for violence, eg, putting up notices
- Control access to work areas
- Use coded security locks on doors to restrict access to staff areas
- Ensure that visitors to staff areas have identification and sign in
- Ensure good lighting and visibility inside and outside the pharmacy
- Install security devices such as panic buttons, alarm systems, two-way mirrors, surveillance cameras
- Ensure staff know how to use security devices effectively (eg, security cameras)
- Keep keys (eg, Controlled Drugs cupboard key) on your person, but not visible
- Provide adequate staffing, especially during late opening
- Provide escorts to car parks or public transport for staff working late shifts
- Ask local policemen to make periodic visits
- Create coded messages that staff can use to request help or alert other staff to danger
- Ensure lone workers have the means to get help
- Use wide counters and raised floors on the staff side of the counter
- Make sure you have a policy for what to do if an incident arises, eg, do your staff know when to dial 999?

informed of difficult customers or those with a history of violence or aggression.

In addition to developing a policy to protect staff, it pays to review measures that are already in place. Violence is often opportunistic, but the opportunity can be limited by good security procedures. Panel 2 (p451) contains a checklist that identifies steps that could be taken to reduce risk and increase safety levels.

SUPPORTING VICTIMS

Even if you have taken all reasonable steps to protect yourself and your staff, violence can be unpredictable so measures must be in place to deal with the effects of violence. A quick response after a violent incident is helpful — you need to know how you will provide immediate support for the victim and for witnesses, who are indirect victims.

action: practice points

Reading is only one way to do CPD and the Society will expect to see various approaches to CPD in a pharmacist's portfolio.

1. Hold a discussion with your staff about aggression in the workplace. Invite a local police officer to attend.
2. Apply the checklist in Panel 2 (p451) to your workplace.
3. Think about an incident of aggression in your workplace. What were the contributing factors? How could it have been handled better?

evaluate

For your work to be presented as CPD, you need to evaluate your reading and any other activities. Answer the following three questions:

What have you learnt?

How has it added value to your practice? For example, have you applied this learning or had any feedback?

What will you do now and how will this be achieved?

Individuals will react to being a victim of violence in different ways, depending on the incident and his or her personality, but typically, support can mean:

- Staying with the victim after the incident
- Allowing the victim to talk to someone about their experience
- Giving the victim time off work
- Directing the victim to sources of counselling
- Providing the victim with a source of legal advice

It should also be remembered that other employees could be indirectly affected and may need guidance to help them act appropriately towards the victim.

CONCLUSION

Apart from the obvious emotional and physical cost to the individual, violence can also have a negative effect on an organisation. Not only can employees become less productive, but the organisation can get a bad image and find it difficult to attract employees. When incidents arise, managers need to ensure that staff are not only informed about the incident but that where necessary, lessons are learnt (eg, ask what factors contributed to the outcome) to reduce future risk.

REFERENCES

1. Violence at Work. Health and Safety Executive. Available at www.hse.gov.uk (accessed 1 September 2003).

FURTHER INFORMATION

- The Home Office leaflet 'Victims of crime' gives useful advice. Available at www.homeoffice.gov.uk/docs/victimsofcrime.pdf
- Victim support schemes exist in many areas. The Victim Support national office is at Cranmer House, 39 Brixton Road, London SW9 6DZ (tel: 020 7735 9166)
- Various books published by the Health and Safety Executive are available. These include 'Violence and aggression to staff in health services', 'Preventing violence to staff' and 'Preventing violence to retail staff'.

THE ROYAL PHARMACEUTICAL SOCIETY'S SPECIAL INTEREST GROUPS

The Royal Pharmaceutical Society has established special interest groups for community pharmacists, for veterinary pharmacists, for industrial, regulatory and technical pharmacists, for hospital pharmacists and for pharmacy academic staff. The groups hold meetings to consider topics of interest within their own fields of practice and they provide a source of advice to the Society's Council on specialist matters.

Each group is administered by a committee, most of whose members are elected by the group, the remainder being members of the Council.

Details of the groups can be obtained from the Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN. The name and direct telephone number of the appropriate contact person is given after each entry below.

Community Pharmacists Group The Community Pharmacists Group, formed at the beginning of 1994, is open to all pharmacists engaged in the practice of community pharmacy. The group committee has the discretion to grant membership to phar-

macists who are not engaged in community pharmacy practice but who have a direct involvement or demonstrable interest in that aspect of pharmacy. Contact: Ann Harrington, practice division (tel 020 7572 2411).

Veterinary Pharmacists Group The Veterinary Pharmacists Group is open to all pharmacists who are engaged in, or actively considering engaging in, the preparation or supply of agricultural chemicals, veterinary medicines and allied products. Other pharmacists may be granted membership at the discretion of the group committee. Contact: Liz Griffiths, practice division (tel 020 7572 2408).

Industrial Pharmacists Group The Industrial Pharmacists Group is for pharmacists who are engaged in industrial practice, those who act as consultants to industry, those whose work is concerned substantially with questions of industrial pharmaceutical practice and those whose work concerns, or who have an interest in, industrial, regulatory or technical matters affecting pharmacy. Con-

tact: Ann Harrington, practice division (tel 020 7572 2411).

Hospital Pharmacists Group The Hospital Pharmacists Group is for pharmacists who work in National Health Service, private or armed forces hospitals and those employed by, or acting as consultants to, NHS health authorities, health boards and trusts. Also eligible are pharmacists working in the prison service, community pharmacists seconded to provide a service within a private hospital and other pharmacists whose work is significantly concerned with matters relating to the practice of hospital pharmacy. Contact: Liz Griffiths, practice division (tel 020 7572 2408).

Academic Pharmacy Group The Academic Pharmacy Group is open to pharmacists and other academic staff who make a significant contribution to pharmacy teaching and research in a United Kingdom school of pharmacy or a recognised pharmacy academic practice unit. Contact: Rachel Ollerearnshaw, education division (tel 020 7572 2375).