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The Ethics of Hospital Security

Leaders have an ethical responsibility to ensure safety while maintaining organizational values.

Workplace violence in hospitals and healthcare settings is a serious and frequent occurrence. According to a March 2011 report by the U.S. Department of Justice, approximately 10 percent of victims of nonfatal workplace violence (rape/sexual assault, robbery, and aggravated and simple assault occurring while at work or on duty) are employed in medical occupations. And, among the occupations measured, the rate of violence experienced by healthcare workers was exceeded only by law enforcement personnel and persons employed in retail sales, especially bartenders and gas station attendants.

A recent survey by Karen Gabel Speroni, PhD, RN, and colleagues of nurses employed in urban/community hospital systems in the mid-Atlantic region of the United States—as reported in the September 2013 issue of the *Journal of Emergency Nursing*—found that 76 percent of survey respondents reported experiencing verbal or physical abuse in the past year by patients or visitors. Clearly, security and violence prevention is a matter requiring the attention of healthcare executives and board members.

Healthcare organizations pose a unique security challenge. These

institutions must be accessible, frequently 24 hours a day. Patients may be unresponsive upon arrival or may experience periods of temporary or permanently limited capacity throughout their stay. Methods traditionally employed to prevent on-site violence or deter the introduction of weapons (identification and background checks, searches of persons or property, etc.) are often limited by the organization's need to provide rapid care, especially emergency care.

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Furthermore, the condition for which an individual seeks treatment (e.g., substance abuse, trauma associated with criminal behavior) may be unavoidably coupled with the individual's potential for violence. Given these dynamics, what should healthcare executives do to meet their ethical obligation to provide patients and staff alike with a safe, violence-free environment? Let's begin by examining the expectations of key

stakeholders: patients, communities, staff members and organizational leaders.

Stakeholder Expectations

Communities and patients expect that healthcare organizations will provide care that is effective and of quality consistent with generally accepted standards of practice. They expect care to be accessible when needed and provided without prejudice.

Patients expect that family members, domestic partners and close friends are free to visit and provide them physical, emotional and spiritual comfort, and participate in important decisions about their care. They expect information about their illness and treatment will be kept private and shared only with those whom they designate or who need to know. They expect to be free from harm, including willful harm, by those providing care and accidental or unintended harm caused by error. And they expect their care will be provided in a non-violent environment.

Hospital employees generally recognize that there are risks inherent to working in a healthcare institution, but they do not expect to be exposed to unnecessary danger. They expect organizational leaders will take necessary and reasonable steps to keep them, and the patients they care for, free from accidental harm (through programs to monitor and reduce workplace hazard and injury), and free from violence and abuse brought about by patients, visitors and other staff members.

Healthcare leaders have an ethical responsibility to meet community, patient and employee expectations regarding quality, access, privacy and safety. However, they must exercise this responsibility in a manner aligned with the organization's mission and values.

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Examining Conflicts

Unfortunately, meeting one set of expectations often creates conflict with another, posing an ethical dilemma for the healthcare executive. Consider the conflicts created in the following scenarios:

Case 1: An HIV-positive patient with a history of violent behavior and noncompliance with prescribed psychotropic medication is undergoing chronic dialysis. In a recent episode, the patient became agitated and removed and threw IV lines, causing a nurse to be stuck with a contaminated needle. As a result of this incident a number of resident physicians and nurses have refused to care for this patient and demand that the patient be denied further treatment at the hospital. Other providers disagree, stating that the institution and staff have a moral obligation to continue to care for this patient.

Case 2: A recent series of verbal and physical assaults on ED staff occurred while they were conducting triage examinations of patients demonstrating symptoms of psychiatric illness. As a result, ED staff and labor representatives demand that psychiatric examinations in the ED be conducted on these patients in the presence of a hospital police officer or in an examination room furnished with audio and visual observation equipment and monitored by police located nearby and able to respond immediately in the event of a crisis. Many other staff members, including patient advocates, object, noting that such actions are prejudicial to persons with mental illness, a violation of a patient's right to privacy and a violation of the confidentiality of the provider-patient relationship.

Case 3: Hospital executives, concerned about a rise in workplace violence in their community and the particular risks faced by hospitals, plan to install imaging technology at the hospital entrance to scan all staff, patients and visitors, along with their personal property, upon entering the building. In addition, they plan to install hidden surveillance cameras at various undisclosed locations throughout the institution to allow hospital police to monitor activity in areas determined to be at risk for violent behavior. Hospital leaders, security experts and many staff members believe this to be a prudent strategy that is in the best interests of employees and patients. However, many other staff members object, believing it is an unwelcome and unnecessary invasion of the privacy

and confidentiality of both patients and employees.

Resolving Conflict

The cases above describe situations in which multiple expectations of various stakeholders, each of which the healthcare executive has an ethical responsibility to uphold, are in conflict. Resolution requires the following:

- The recognition by stakeholders (staff members, patients and communities) that the nature of services provided by hospitals involves risk, and mitigating risk may require security measures more intrusive than one might expect in their home or in places of commerce with less inherent risk.
- The recognition by leaders that security measures, however necessary, must be respectful of employee, patient, community and organizational values, and be as transparent as possible. Security management must be approached as not simply a matter of crime prevention and law enforcement, but as an ethical responsibility. This requires that security and law enforcement practices be established and carried out with an appreciation of organizational values and divergent but legitimate points of view about the nature and the extent of security measures put into effect.
- A commitment to ongoing education and open communication about security measures planned and in place, and what staff,

patients and visitors alike can do to improve safety and security at the institution.

- These objectives can only be achieved through partnership with all stakeholders. Healthcare executives should initiate a clear and deliberative process by which security policies and measures are offered, established, implemented and regularly re-examined to ensure consistency with the organization's mission and ethical values. The process should be guided by executives, trustees and the organization's ethics committee, and include patients, community leaders, employees and labor officials. And the process must be ongoing.

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It is important to recognize that regardless of the processes established, conflicts will occur. The organization's ethics committee should be available to mediate future conflicts and make recommendations to prevent conflict re-occurrence. ▲

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