WSNA WASHINGTON STATE NURSES ASSOCIATION

POSITION PAPER

VIOLENCE IN THE WORKPLACE

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INTRODUCTION

Across occupational settings, workplace violence is a significant concern. Employees within health care settings, particularly nurses, are at risk. The American Nurses Association, the National Institute for Occupational Safety and Health, the Occupational Safety and Health Administration, The Joint Commission, and the Washington State Department of Labor and Industries each have recognized violence as a significant problem in all health care settings and have enacted, or advocated for research, laws, standards, policies and position statements aimed at risk reduction to promote safe health care environments. This position statement serves as a foundation for action, joining Washington State Nurses Association with these prominent agencies in seeking solutions to workplace violence in health care settings.

BACKGROUND

The concept of workplace violence carries varying definitions that have evolved over time. In 1996 it was defined by the Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH, 1996) as "violent acts (including physical assaults and threats of assault) directed toward persons at work or on duty" (para. 4). In 1999, Washington State used that same definition in RCW 49.19, a legislative act that then required health care settings to implement plans to protect employees from workplace violence (Washington State Legislature, 2015). More recently, OSHA (2016) has broadened their definition to include "any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite" (para. 2).

To further characterize workplace violence as it relates to the different work settings, NIOSH (2013) delineates four types:

Type I: Criminal Intent
No legitimate relationship between perpetrator and the business or employees; typically related to other crime being committed (like robbery or shoplifting) and is less common in health care settings.

Type II: Customer/Client
Includes patients as well as their family members and visitors; most common source of WPV in health care settings.

Type III: Worker-on-Worker
Includes bullying and typically involves verbal/emotional abuse but can also manifest as physical assaults and homicides.

Type IV: Personal Relationship
Perpetrator and employee have relationship outside of the workplace and violent behaviors follow worker into the business setting.

From the broad lens encompassing physical, psychological and property impacts, violence in health care settings calls attention to a problem that dramatically impacts America's front-line caregivers and their patients. OSHA (2015) evaluated data from the Bureau of Labor Statistics and found "incidents of serious workplace violence were four times more common in health care than the private industry on average" (p. 1). OSHA (2015) also found 80% of violent incidents were caused by interactions with patients. Within Washington's Health Care and Social Assistance industry sector, over half of all claims submitted were workplace violence-related claims, despite employing less than 15% of the working population (Washington State Department of Labor & Industries, 2015; Foley & Rauser, 2012). The rates of these assaults correlate with time spent in direct patient-contact, making nurses, nurses' aides, and other health aides the most frequent victims of violence (Phillips, 2016).

While state and national data reveals a majority of workplace violence in health care is a result of patient interactions, it is important to note that not all workplace violence is caused by patients. Type III workplace violence, or violence between employees, is also a significant problem which can manifest differently. The American Nurses Association (ANA, 2015) has identified incivility and bullying as two major types of disruptive behaviors within the health care setting. Incivility includes discourteous actions and attitudes, some of which do not quality as workplace violence. However, these behaviors are consequential as incivility can be a precursor to more serious disruptions (ANA, 2015). Bullying is defined as "repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient (ANA, 2015, p. 3). Similar to other forms of workplace violence, these behaviors undermine organizational culture, and the element of teamwork therein. These are both noted to be among factors affecting the safety and health of workers and patients (American College of Occupational and Environment Medicine, 2017). As such, bullying and incivility can disrupt teamwork, organizational culture and consequentially overall worker and patient safety.

Spanning across all worksites and workplace violence typologies is that of violence from firearms. Firearm violence, in worksites or communities, delivers far-reaching impacts. Across Washington state, the total costs are estimated in the billions of dollars for firearm injuries and deaths (Giffords Law Center, 2018). Despite that hospital-based active shooting events are relatively rare, there is nonetheless the need to anticipate and prepare (Gorlinick & Walls, 2015). Moreover, caring for victims of firearm violence exacts an emotional toll (Masiakos & Griggs, 2017; Nelson, 2016). Given the potential for firearm violence events occurring in health care settings, as well the emotional trauma in caring for victims, anticipation and preparation for all is essential.

Movements such as #MeToo and #TimesUpNow have cast a light on sexual harassment and violence across industries. The health care field has several elements identified by the U.S. Equal Employment Opportunity Commission (2016) placing it at an increased risk for harassment, including but not limited to, homogenous workforces, workplaces where some workers do not conform to workplace norms, workplaces with "high value" employees, workplaces with significant power disparities, as well as workplaces that rely on customer service/satisfaction (section E). Worldwide about one in four nurses experience sexual harassment with even higher rates in Anglo countries like the United States and Canada (Spector, Zhou, & Che, 2014).

Accurately collecting and analyzing health care workplace violence data has proven to be a challenging task and the actual prevalence is likely much higher than reported. The Bureau of Labor Statistics only accounts for incidents that result injuries severe enough to require time away from work, and even these causes have been found to occur more frequently than this agency reports (OSHA, 2015; Wuellner & Bonauto, 2014). Furthermore, different organizations use varying definitions and methodologies to research workplace violence which makes comparisons difficult (Phillips, 2016). It's also been found that most WPV incidents within health care settings go unreported. NIOSH (2013) highlighted some common reasons caregivers choose not to report, including but not limited to: perception that workplace violence is part of the job; insufficient policies, procedures, staff training or support; unnecessarily time-consuming, complex reporting practices; fear of victim blaming or retaliation, and the belief that some patients are not responsible for their violent behavior. Without accurate and robust data, solutions to workplace violence will be difficult to implement and evaluate.

Much like workplace violence prevalence data, the range of impacts and associated costs of workplace violence within health care settings are also difficult to fully estimate. There are the direct and immediate effects to the caregiver, possibly including physical injury and absenteeism, but also the psychological consequences, such as increased stress, fatigue, mental health issues, and irritability. Even after the physical injuries have healed, these psychological wounds can have detrimental effects on workplace cultures as well as patient safety. Employers also share some of the costs of workplace violence through increased workers compensations claims, increased rates of absenteeism, lower patient satisfaction scores, higher rates of employee turnover, and greater numbers of adverse patient events (ANA, 2015).

The causes of workplace violence are multifaceted and vary considerably between the different workplace violence categories and health care settings. OSHA (2015) recognized the follow common factors: working with people with a violent history or altered mental status; lifting, moving, and transporting patients; working alone; unsafe environment designs; poor lighting; insufficient means of emergency communication; presence of weapons; working in neighborhoods with high crime rates; lack of training and policies; understaffing; high employee turnover rates; inadequate security staff; long wait times and overcrowding; unrestricted public access; perception that violent is tolerated and reporting will have no impact. This list is far from exhaustive and is included only to highlight the complexity of workplace violence.

Seeking solutions to, and mitigating the impacts of, violence in health care settings entails the elimination or reduction of exposure to hazardous conditions. Achieving this goal is particularly challenging in consideration of the violence that often comes as a result of caring for patients with diseases, such as dementia or psychosis. Beyond assuming and accepting that these and other events "come with the territory of nursing", solutions to workplace violence in health care settings call for a comprehensive and multifaceted approach. To this point, Yragui, Demsky, Hammer, Dyck, and Neradilek (2017) determined particular managerial behaviors helped decrease the impact of patient-initiated physical aggression. Management commitment is vital, and facility, organizational and community assessments are foundational pieces for determining risks and an organization's capabilities for reducing the identified risks. Building on this assessment framework, an effective plan provides for and assures proactive environmental controls, administrative work policies and practices, and/or use of personal protection. Ongoing evaluation of each dimension of the plan, and the solutions implemented, is key to identifying barriers, verifying successes and strategizing future directions.

Nurses are faced with multiple hazards (person, place or environments capable of causing harm) that place them at risk for workplace violence. Violence in health care settings is a pressing occupational problem for nurses and all health care employees. WSNA's Occupational and Environmental Health and Safety Committee determined the need to assess the multidimensional problem of workplace violence nurses. This paper serves to define and address workplace violence in health care, state WSNA's position on this issue, and provide a framework for workplace violence policy development.

POSITION

WSNA endorses the development of a human-centered workplace culture based on safety, dignity, non-discrimination, tolerance, equal opportunity and cooperation.

WSNA supports that all nursing personnel have the right to work in healthy environments free of abusive behavior such as incivility, bullying, violence, sexual harassment, intimidation, abuse of authority and position, and reprisal for speaking out against abuses.

WSNA recognizes that nurses have a personal responsibility to themselves and their profession to demand a culture where violence is not tolerated. Nurses can take the lead in demanding and creating safer work environments.

WSNA believes that violence in the health care setting threatens the delivery of effective patient services and therefore, patient safety. If quality care is to be provided, nursing personnel must ensure a safe work environment and respectful treatment. Excessive workloads, unsafe working conditions, and inadequate support can be considered contributing factors to violence and incompatible with good practice

WSNA supports maintaining vigilance and taking action to bring about social change collectively on issues such as violations of human rights.

WSNA supports registered nurses as advocates for policies and programs that advance abuse free, harassment free and violence-free workplaces through a comprehensive workplace security and violence prevention program.

WSNA condemns discrimination, harassment and other forms of abuse based on age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, or sexual orientation in all work environments.

WSNA recognizes that improvement in working conditions for nurses and direct care staff through involvement in workplace design and development of health care processes and staffing systems is key to "protecting patients and staff from violence" and establishing an organizational "culture of safety."

WSNA supports the identification of patients upon admission to health care services who have a history of violence, without violating their privacy as provided by legislation.

WSNA supports initiatives and legislation at the local, state, and national levels that promote comprehensive and collaborative approaches to addressing violent in health care settings and that support system and individual practice improvements in health care.

WSNA endorses the implementation of and compliance with any current and future health care safety goals as established by governmental and regulatory agencies that are consistent with WSNA health and safety positions.

WSNA fosters nurse-based research and education that improves nursing practice with regard to workplace violence, creating an awareness of safety issues and best evidence-based practice.

WSNA promotes education of health care students, staff, and recipients of health care in health care safety and prevention of violence and supports the development of nursing education programs which integrate workplace safety and violence prevention content across the nursing curriculum.

WSNA endorses collaborative efforts by health care organizations and nurses to develop blame-free systems for reporting and analyzing workplace violence to promote an organization reflective of a "culture of safety."

WSNA shall support and assist nurses who report unethical, incompetent, illegal, or impaired practice and to protect the practice of those who choose to voice their concerns.

RECOMMENDATIONS

The recommendations set forth by WSNA focus on the prevention of violence and on the following key areas to be addressed at the national, state and local levels:

- Research.
- Legislation.
- Work environments: Creating a "culture of safety."
- Education.

Recommendations for research

WSNA recommends and supports research that focuses on:

- Engaging stakeholders in health care settings to establish a clear, shared definition of workplace violence which, at a minimum, complies with Washington's RCW 49.19.
- Utilizing processes of root cause analysis to identify, study, analyze and respond to health care violence.
- Identifying the impacts of staffing and organization of work on violence in a health care setting.
- Determining the effectiveness of current and future legislation on workplace violence rates.
- Designing and achieving safe nursing work environments and work processes.
- Developing a standardized approach to both measuring patient acuity and the determination of safe staffing levels for various types of patient care units.
- Assessing the relationship of employee fatigue to organizational and interpersonal effectiveness and the risk for workplace violence.
- Evaluating the efficacy of workplace violence prevention programs and their impact on incidence and injury rates.
- Examining how the physical and psychosocial environment of the work setting influences, either by increasing or preventing, the occurrence of workplace violence.

Recommendations for legislation

WSNA recognizes and supports the Patient Safety Act and endorses legislation that focuses on:

- Coordinating and maintaining collaboration between WSNA and other nursing and health care organizations, producing a united nursing voice with regard to health care violence.
- Enacting timely, appropriate and supportive bills that assure:
  - Inclusion of staff nurses in staffing decisions.
  - Reduction of the unsafe practice of mandatory overtime and missed breaks.
  - Provision of sufficient funding for workforce development.
  - Assessment of work settings for risk of workplace violence, and development and evaluation of interventions intended to prevent workplace violence incidents.
  - Training about workplace violence, its risk factors and strategies at the organizational level to protect health care workers.
- Passing, enforcing and/or strengthening workplace violence and bullying prevention legislation.

Recommendations for work environments

WSNA supports work environments that focus on creating a "Safety Culture" as evidenced by:

- Promoting collaborative educational efforts between professional organizations, academic institutions and other research-based groups to support health care organizations in the identification and adoption of evidence-based violence prevention strategies.
- Complying with applicable laws, regulations, and codes set forth by Washington State Department of Labor & Industries.
- Implementing an organizational "Code of Conduct" explaining the obligations as well as the rights of patients, relatives and friends, and including sanctions in response to violence against personnel.
- Assuring a fair and just system for reporting and managing health care violence and near violent events, including whistle-blower protections.
- Instituting a management practice that is open, encourages communication and dialogue and demonstrates caring attitudes and respect for the dignity of individuals.
- Providing organizational support to those affected by workplace violence which must include: follow-up care, provision of paid leave, costs for related legal support and providing information and other support to the families of those affected.
- Collaborating with community and professional organizations, trade unions and employers in trainings for violence prevention and providing representation and legal aid to employees in need.
- Guaranteeing a worksite "Core Safety Plan" that is designed to promote a safe work environment, health care without harm, and violence prevention per Washington regulations and guidelines (WAC 296-800 & RCW 49.19). To be included are the following key components:
  - › A mission statement and declaration by management of commitment to promoting worksite safety.
  - › The identification of hazards and risks.
  - › The development of plans for hazard reduction, inclusive of policies, procedures, engineering controls and employee training.
  - › The delineation of an incident chain of command/Emergency Response Team.
  - › An assurance of communication to employees on policies, procedures, and incidents pre-, post – and during events.
- Attention to and addressing staff concerns and stressors that may be contributing factors to workplace dissatisfaction, frustrations and hostile environments.

Recommendations for education

WSNA recommends educational approaches for nurses that focus on:

- Developing multiple and diverse skills to assess and reduce organizational and personal risks for workplace violence and high-risk situations, including but not limited to: support, and training in advocacy, interdisciplinary collaboration and conflict resolution.
- Integrating the concepts of best, evidenced-based practices of patient safety and prevention of health care violence into basic nursing curriculum, including but not limited to: advocacy, assertiveness training, self-defense, de-escalation, sensitivity to issues involving gender and multicultural diversity, and discrimination.
- Increasing awareness and utilization of existing organizational structures such as safety committees, confidential "call lines" to identify and report concerns/issues, and protected leave laws, including the Leave for Victims of Domestic Violence, Sexual Assault, and Stalking covered in RCW 49.76 (Washington State Legislature, 2008).

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