

Proposal 2009-1

Workplace Violence

Subject

Workplace Violence

Proposed by

Nebraska Nurses Association (NNA) District 5 and District 2

Contact Persons

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Type of Proposal

New Action Proposal

Rationale

Assaults on healthcare workers are the result of an increase of violence spilling over from the community. May and Grubbs (2002) reported that “the incidence of assaults against health care workers has increased in the US hospitals. This increase in violence is thought to reflect the escalation of violence in our society as a whole.” The Bureau of Justice reports that up to 429,100 nurses were victims of violent crimes each year from 1993 to 1999 (2000). Erickson and Williams-Evans (2000) reported that 82% of nurses surveyed had been assaulted during their careers. Workplace violence has an impact on the person who is the victim of the violence, the persons who witness the violence, people who work with victims of violence, and the patients of those who are victimized either by watching the violent act, or by being involved in the violent act.

The victim of the violent act may present with emotional problems, post-traumatic stress disorder (PTSD), depression, self doubt, and decreased ability to function at work, all of which may impact their ability to provide the best patient care possible. Persons who witness violence may also present with like symptoms, wondering if and when they will be the next victim. The morale of the entire department or organization may be impacted by those who work in an environment where violence is prevalent, again, impacting the outcome of patient care (Barrett, 1997). Organizations are impacted financially by allowing violence in the workplace because this creates increased job stress, increased turnover, lower worker morale, and finally mistrust among workers (NIOSH, 2002). In response to the 2007 Nebraska Workplace Violence Survey, of the 154 respondents, 11% experienced physical violence at work in the past two years. Twenty-six percent experienced verbal abuse and 17% did not report any incidence of violence to management. Despite the documentation of the increasing acts of violence against nurses, specific legal deterrents for assaulting nurses are found in few states (ANA, 2002).

The occupational Safety and Health Act of 1970, Section 5(a)(1), requires employers to “furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees” (OSHA, 2004). ANA (2002) has published a Bill of Rights for Registered Nurses which identifies that “Nurses have the right to work in an environment that is safe for themselves and their patients”.

It is incumbent upon nurses and health care organizations to become knowledgeable about workplace violence, to create methods and programs to prevent workplace violence, and intervene on behalf of the worker, patient, and organization. This will demand a multidisciplinary approach (AAON, 2004).

Recommendations

The NNA shall form collaborative and coordinated efforts with professional organizations to:

- (a) advocate for safe environment policies in all health care settings,
- (b) support legislation that provides protection for all health care providers.

Past House Actions

Task Force established; study conducted and results presented to Nebraska Nurses Association House of Delegates in 2007.

Relation to Mission and Vision Statements

Directly relates to ANA’s and NNA’s core issue of Patient Safety/Advocacy and Center for Occupational and Environmental Health

References

American Association of Colleges of Nursing (2004). Workplace Violence Prevention Position Statement, available at www.aacn.org.

American Nurses Association (ANA) 2002. Know your rights: ANA’s Bill of Rights for Registered Nurses. Available at <http://www.nysna.org/practice/positions/position39.htm>.

American Nurses Association (ANA) 2002. Preventing workplace violence. ANA, Washington, DC

Barrett, S. (1997). Protecting against workplace violence. *Public Management* 79 (8), 9-12.

Erickson, L. & Williams-Evans, S. 2000. Attitudes of emergency nurses regarding patient assaults. *Journal of Emergency Nursing* 26 (3), 210-215.

May, D.D., & Gurbbs, L.M. (2002). The extent, nature, and precipitating factors of nurse

assault among three groups of registered nurses in a regional medical center.
Journal of Emergency Nursing, 28 (1), 11-17.

U. S. Bureau of Justice "Violence in the Workplace, 1993-1999" (NCJ-190076):
<http://www.ojp.usdoj.gov/bjs/pub/press/vw99pr.htm> Retrieved 7/27/09

U.S. Department of Labor, Occupational Safety & Health Administration: *Guidelines for preventing workplace violence for health care & social service workers*.
Occupational Safety and Health Administration, Wash., D.C., 1996.

Proposed Implementation Activities

1. Creation of a task force to develop a workplace violence educational program that is multidisciplinary in nature.
2. Collaborate with hospital and health care focused organizations and health care facility administration on educating Nebraska health care workers about workplace violence.
3. Develop in collaboration with above said groups to implement a violence prevention program that is managed by nurses from each institution.

Range of Direct Cost

For the educational component: Sue Howard (an RN from Wyoming whose specialty is workplace violence) would be willing to present a workshop across the state (originating from Omaha) for approximately \$1000 (includes honorarium and travel expenses). The work of the task force would be on a volunteer basis. In addition, there could be costs up to \$500 incurred for advertising and web posting.

Funding Available From Alternative Sources

Not known at this time.