
VIOLENCE IN THE WORKPLACE

ISSUE

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

BACKGROUND: DEFINITION, SCOPE, AND PURPOSE

The concept of workplace violence carries varying definitions that have evolved in relation to societal changes and landmark events. As recently as the mid-1990's workplace violence was defined by the U.S. Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH) as "violent acts (including physical assaults and threats of assault) directed toward persons at work or on duty" (NIOSH, 1996). Following September 11, 2001, OSHA and NIOSH (2002) put forth that "violent acts include physical assaults, and threats of assaults directed towards persons at work or on duty. This includes terrorism". More recently in a collaborative study conducted by the American Association of Occupational Health Nurses (AAOHN) and the Federal Bureau of Investigation (FBI), workplace violence was defined as, "any action that may threaten the safety of an employee, impact the employee's physical or psychological well-being, or cause damage to company property" (AAOHN, 2003).

Viewing workplace violence from the broad lens encompassing physical, psychological and property impacts, violence in health care settings calls our attention to a problem that dramatically impacts America's front line caregivers and their patients. According to the Bureau of Labor and Statistics (2001), 48% of nonfatal injuries from violent acts against workers occurred in the health care sector. In Washington State, healthcare settings ranked among the top four locations reporting incidents of workplace violence. Nurses, nurse's aides and orderlies suffer the highest proportion of these injuries (OSHA, 2004). In addition, emergency department (ED) workers voice

increasing concerns about personal safety.

Additionally, lateral violence and bullying have been identified as two types of disruptive behavior seen in the workplace. There have been extensive reports of lateral violence and bullying among healthcare professionals resulting in serious negative outcomes for patients, healthcare personnel, and employers. Lateral violence within the nursing profession has been defined as nurse to nurse aggression. Verbal and nonverbal behaviors associated with this form of violence have included, but not been limited to, verbal abuse, backstabbing, sabotage, and withholding information. Bullying has been defined as insulting or malicious behavior or abuse of power causing an individual to feel threatened, humiliated or intimidated, causing the person to feel stressed and contributing to loss of self-confidence. (Center for American Nurses)

The causes of worksite violence are multifaceted and diverse. In hospitals, clinics, or home health settings, coworkers, family members, patients, visitors, or intruders, may cause or contribute to violent events. The escalating risks in ED environments are reflective of drug and alcohol use by patients and visitors, the presence of weapons, poor patient and visitor coping skills, long wait times, and the increasing number of patients with dementia and psychosis. There is mounting concern that the heightened level of community violence is being brought into and mirrored in the ED, a common entry into the healthcare setting (Gates, 2002). In addition, on a national level, the incidence of domestic violence issues being brought into the workplace has risen. Spouses/partners have been known to arrive at places of employment jeopardizing the life and well-being of not only the targeted individual, but also other employees present.

Other causative factors may include but are not limited to: deficits, omissions, or limitations in organizational structure, policies, procedures, management, and staffing. The aforementioned system and/or individual factors within and about the facility, home health setting, or within the

greater community may make detection and prevention difficult, particularly from the perspective of violence as a range of physical actions, verbal abuse and threatening behaviors. The links between stress, conflict and violence have been documented. Moreover, and as related to both the broad lens definition of violence as well as the organizational, cultural, contextual and individual factors, many incidents of workplace violence go unreported. Under the veil of workplace violence, personal safety, productivity and well-being erode (ANA, 2004).

Seeking solutions to violence in health care settings entails the elimination or reduction exposure to hazardous conditions. Achieving this goal is particularly challenging in consideration of the violence 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. Management commitment is vital, and facility, organizational and community assessment is a foundational piece for determining risks and the 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 healthcare 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 the issue, states WSNA’s position and provides a framework for developing policy on workplace violence.

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 bullying, lateral abuse and 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 agrees with ICN's firm belief that violence in the health workplace threatens the delivery of effective patient services, and, therefore, patient safety. If quality care is to be provided, nursing personnel must be ensured a safe work environment and respectful treatment. Excessive workloads, unsafe working conditions, and inadequate support can be considered forms of violence and incompatible with good practice. WSNA supports the principles contained in the International Council of Nurses Position Statement, "Abuse and Violence Against Nursing Personnel" (International Council of Nurses, 2006).

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

WSNA promotes that registered nurses advocate for policies and programs that support abuse free, harassment free and violence-free workplaces through a comprehensive workplace security and violence prevention program.

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

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 healthcare services who have a history of violence against healthcare workers, without violating their privacy as provided by federal HIPPA laws.

WSNA supports strategies, programs, activities, initiatives, and legislation at the local, state and national levels that promote a comprehensive and collaborative approach to violence identification, prevention, intervention and reduction, focusing on systems and individual practice improvements and recommendations in healthcare and the greater community at large.

WSNA endorses the implementation and compliance with any current and future healthcare 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 healthcare students, staff, and recipients of health care in healthcare safety and prevention of violence and supports the development of nursing education programs which integrate workplace healthcare safety and violence prevention content across the nursing curriculum.

WSNA endorses collaborative efforts by healthcare 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.

WSNA 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 the following:

- Engaging stakeholders in health care settings to establish a clear, shared definition of workplace violence.
- Developing strong discovery systems to identify, study, analyze and respond to healthcare violence such as root cause analysis
- Identifying the impacts of staffing and organization of work on violence in a healthcare setting
- Determining the level of effectiveness of the OSHA guidelines in violence prevention in and how many healthcare employers voluntarily comply
- 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 physical and/or psychological violence
- Evaluating models of care that promote risk reduction, employee collaboration and satisfaction
- Assuring the ethical standards of research to protect the rights of study participants

RECOMMENDATIONS FOR LEGISLATION

WSNA endorses legislation that focuses on the following:

- Coordinating and maintaining collaboration between WSNA and other nursing and health care organizations, producing a united nursing voice with regard to healthcare 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
- Passing Safe Staffing legislation to require health care employers to directly involve staff nurses at the unit level in determining and evaluating staffing needs
- Passing and/or strengthening workplace violence and bullying prevention legislation

RECOMMENDATIONS FOR WORK ENVIRONMENTS: CREATING A “CULTURE OF SAFETY”

WSNA supports work environments that focus on creating a “Safety Culture” as evidenced by the following:

- 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
 - Adhering to OSHA’s General Duty Clause
 - Complying with applicable laws, regulations, and codes set forth by OSHA and Washington State Department of Labor and 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 healthcare violence and near violent events
 - Instituting and /or maintaining 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 organizations and agencies on eliminating violence
- Assuring a worksite “Core Safety Plan” to promote a safe work environment, health care without harm and violence prevention per OSHA and Washington Labor and Industries regulations and guidelines (<http://www.lni.wa.gov/wisha/rules/corerules/default.htm>) 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 the following:

- Developing multiple and diverse skills to assess and reduce organizational and personal risks for of healthcare violence and high-risk situations, including but not limited to: support, and training in advocacy, interdisciplinary collaboration and conflict resolution.
- Integrating the concepts of patient safety and prevention of healthcare violence into basic nursing curriculum, including but not limited to: advocacy, assertiveness training, self-defense, and sensitivity to issues involving gender and multicultural diversity and discrimination.
- Increasing awareness and utilization of existing organizational structures such as safety committees and confidential “call lines” to identify and report concerns/issues.
- Collaborating with professional organizations, trade unions and employers in trainings for violence prevention and providing representation and legal aid to employees in need.

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For references, visit us online at www.wsna.org/practice/position-papers/



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