WORKPLACE VIOLENCE—RESOLUTION IN PROCESS

GOAL: To increase awareness of existing and potential healthcare violence in the workplace.

OBJECTIVES: To reiterate statistics and considerations related to healthcare violence.

        To recognize the most vulnerable areas of healthcare violence.

        To identify national statistics related to workplace violence.

        To consider optional preventative behaviors and safety measures to minimize workplace violence.

        To identify possible prevention efforts to improve healthcare safety.

The time has come to consider more aggressively the safety of all nurses who risk their own lives to care for the health care of others!

Let us begin our journey to new-found attempts for a nurse's safety in the home and facility by recognizing Joyce Grayson of Connecticut, a 63-year-old mother of six who quite recently entered a home for sex offenders to administer medication. Police found her body in the basement and have named her patient as the suspect in her killing. It was one of the many awakenings and unpredictable happenings for every healthcare person from any healthcare organization, corporation, or administration who has as their mission to care for the patient in a myriad of healthcare settings. As a previous in-home nursing administrator, it brings forth personal memories of potentially harmful situations for nurses as we attempt to alleviate pain and suffering!

Let us be realistic and not just consider the in-home patient in this unfortunate homecare incident! There are also violent episodes and opportunities for violence in every aspect of the healthcare industry. Why be concerned? Because nursing, as a profession, depicts the qualities of one of the most profound caring professions in the world! Our mission is to provide comfort and healthcare to humanity in numerous facilities and healthcare settings here, now, and always.

NATIONAL STATISTICS & CONSIDERATIONS

- The U.S. Census Bureau of Business Patterns (CBP) claims there are 907,426 healthcare and social assistance businesses in the U.S.
- Healthcare is known to be the largest U.S. employer. In 2018, 1.0 trillion healthcare providers were on the healthcare payroll.
- Nursing is the nation's largest healthcare profession, with nearly 5.2 million registered nurses nationwide.
- Nurses are approximately 89% of the national healthcare professionals, with 85% involved in the active practice of professional nursing.
- The turnover nurse rate nationally is 25.9 %, with violence being only one turnover factor.

- There is a 17% increase in reports of verbal and physical abuse against nursing staff and a 9% increase in staff injuries.
- Historically, while in the healthcare setting, R.N.s experienced 3X more violent events than all other occupations.
- In the past five years, home care providers were 95.5 voluntary and without training in violence prevention.
- National statistics show instability in continued nursing employment.
- Personal skills related to managing and preventing potential and actual workplace violence have the potential to increase the retention of nursing staff.
- In 2022, the National Retention and R.N. Staffing Report claimed that healthcare staff turnover could cause a healthcare corporation/organization to lose 3.6 to 7.1 million annually.
- The largest corporations in the U.S. by revenue in 2021 included 77 healthcare companies—(Fortune 500 May 2023)
- The U.S. Healthcare System (overall) ranked sixth worldwide in 2022.

With these overwhelming statistics and concerns for healthcare providers, it is obvious that the potential for violence and danger is present.   Education and devices are needed for healthcare worker safety.

PREVENTION EFFORTS

Congress has attempted to respond to how to recognize and react to patient violence by passing H.R. 1195, known as Workplace Violence Prevention for Health Care and Social Service Workplace Staff Violence Prevention. This prevention program provides nursing violence prevention in-service content. The American Nurses Association encourages a database related to instances of violence.

The Overall Goals of Healthcare Violence Prevention are:

1. Prevent and stop violence before it occurs.
2. Give immediate emergency care after a violent episode.

A SAFE PLACE VIOLENCE PROTECTION SYSTEM is a duress system in healthcare settings that helps healthcare staff through the access and use of small and discreet safety options. The system provides an immediate real-time location of healthcare staff members in times of potential or actual episodes of violence. The items for additional protection include (but are not limited to) a keyring, lanyard, pendant clip, or watch.

AVADE is a workplace violence prevention program (WPV). The acronym AVADE stands for Awareness, Vigilance, Avoidance, Defense, and Escape. It is designed for agencies to prevent and mitigate the risk of violence toward individuals in all healthcare workplace environments. It meets the requirements of the Occupational Safety & Health Association (OSHA), Centers for Medicare & Medicaid Services (CMS), State WPV (threatening or disruptive behavior) Health Authority Laws, and the Joint Commission. It is stated to be nationally recognized and court-defensible.

FACILITY REMINDERS THROUGH POSTING WITHIN THE CONFINES OF THE BUILDING OF EXPECTED VISITOR BEHAVIOR—SOMETIMES KNOWN AS CULTURE OF CARE is a way to encourage the public to exhibit positive behaviors/standards while visiting a healthcare facility. It is a firm belief that patients

and all caregiving facility staff deserve a safe place to seek healthcare, and caregivers deserve a safe place to work. Some posted signs address the positive behavior expected within a healthcare facility's confines, while others address negative behavior that will not be tolerated. No matter the choice of words or expectations, the words make the behavior expected within the healthcare setting clear.

FACILITY ORIENTATION AND INSERVICE CONTENT provides an atmosphere of learning about recognizing and managing potential and actual violence. It is a learning atmosphere that captures and requires attention to detail. Shared communication between healthcare providers about healthcare violence encourages the attendee's attention to detail. Evaluation (written problem-solving) of learned concepts and problem-solving determines the appropriate listening and personal ability to review violence de-escalation cognitively.

POST-EVENT REVIEW OF POTENTIAL OR ACTUAL VIOLENCE provides a de-escalation effort and learning opportunity to help recognize the events that led to the potential or actual violence. The review encourages the recall of method(s) that promote recognition of pre-eminent violent episodes.

HOME HEALTH CARE can be a particularly vulnerable healthcare setting. Even though a nurse or homecare agency cannot predict or assure the safety within a home, it behooves home care agencies to be responsive to the possibility of home health nurse violence. General policies that encourage pre-assessment of the in-home patient, geographical location, additional individual support by another person(s), or the need to accompany another healthcare provider into the home help identify and respond to otherwise overlooked dangers of potential violence.

IN CLOSING

No one has stated that preventive violence measures for all nurses in each healthcare setting were easy—just that a nurse's injuries and maybe their life are certainly worth the effort! The patient's history, diagnosis, and the type of healthcare environment should be a consideration as to whether the nurse(s) should/can enter the home alone or must have more than one accompanying nurse or maybe a trained safety officer. There should be another person in the home, if possible. All healthcare visitors entering the home must have predetermined warning devices to summon support if needed. Let the happening in Connecticut—as the stated news story in this article represents—be a reminder of the need to think carefully about the ways and means that will promote the safety of all healthcare providers (and accompanying persons if policy requires) in any healthcare setting.

Under certain elevated patient or environmental conditions, it might be helpful to have an elevated violence prevention plan (according to policy) with an associated checklist to be completed before entrance into a potentially violent situation. The outcome of the checklist would dictate preventive measures as needed. Such a policy with an associated checklist might have prevented the death of the previously stated nurse in Connecticut.

Therefore, preventing workplace violence in many forms is beneficial and necessary for the safety of <u>all</u> persons involved. For the healthcare employee experiencing any physical or mental trauma, it could include time for recovery, days unavailable for work, need for job transfers, and a need for job restriction. For the organization, company, or facility, it could mean decreased revenue and increased expenditure.

As an outcome, nurse staff stability, longevity of employment, and the ability to determine potential violence are important outcomes of policy-driven violence prevention. Such recognized total violence awareness promotes known excellence of responsible nursing service. It makes the safety and respect the employer has for the safety of all healthcare providers well-known.

QUESTIONS RELATIVE TO CONTENT:

1. What is the definition used by your healthcare of employment to identify a violent healthcare situation or episode?
2. What has been the history of your healthcare facility of employment related to violence in the workplace?
3. What are you currently doing (or planning to do) to possibly decrease the potential for workplace violence?
4. What is the suspected or actual turnover rate of healthcare employees as an outcome of healthcare violence?
5. What is the most significant type of healthcare violence that occurs in your healthcare situation or facility?
6. What do you believe the workforce turnover has been concerning workplace violence?
7. What are the healthcare facility's plans for improving healthcare safety for healthcare providers?

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