



Massachusetts Nurses Association
Congress on Health and Safety
And
Workplace Violence and Abuse Prevention Task Force

2004 Survey on Workplace Violence

Summary of Results
Released on August 24, 2005

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Introduction

Violence is *NOT* Part of the Job

Comments overheard by a Massachusetts Nurses Association member and attributed to a Massachusetts District Court Magistrate asserting that violence is part of the job in healthcare settings has sparked several years of work by MNA members and others. MNA members believe that “Violence is *NOT* part of the Job” and have spent time, energy and resources to promote that concept.

Workplace violence prevention activities began with developing a Mission Statement emphasizing education of members, legislators and the judiciary on the problem of workplace violence, its’ causes and the results of this violence in healthcare settings.

This survey was conducted to capture data on the experiences of MNA members in relation to violence and to learn of their suggestions to change working conditions and environments to help to reduce this violence.

Survey results are presented here.

Methodology

In order to gauge the degree to which violence is a problem in the workplace for MNA members, the MNA Workplace Violence and Abuse Prevention Task Force and the MNA Congress on Health and Safety worked with researchers at the University of Massachusetts Amherst Labor Center to design a survey.

The survey asked about several areas of concern:

1. Incidence of workplace violence/abuse: Frequency and types of assaults
2. Reporting and follow-up: How nurses report violence and employers follow-up with solutions
3. Solutions: Nurses’ suggestions for workplace violence prevention and support for injured workers.

The survey also assessed the demographics of the respondents, as well as issues related to employer policies. The survey was limited to events and issues of workplace violence and abuse within the two year period prior to the survey.

A pilot survey was administered in October of 2003 at the MNA Annual Convention. The survey was then distributed by local union representatives to MNA members in three acute-care hospitals. A total of one hundred seventy-two surveys were completed and returned to the University of Massachusetts-Amherst Labor Center for statistical analysis.

Pilot Group – 80 respondents, representing multiple hospitals with MNA affiliation

Group A - 40 respondents – community hospital

Group B - 25 respondents – an inner-city teaching hospital

Group C - 27 respondents – community hospital

The majority of respondents were female, only seven percent were male.

Age distribution of respondents included:

15 % - 31 to 40 years of age

36 % - 41 to 50 years of age

37 % - 51 to 60 years of age

Respondents represent twenty-nine specialty areas of nursing practice. (Table 1)

Survey Results

Incidence and understanding of workplace violence

We first report results for all surveys received, including the pilot group, followed by reports of groups A, B, and C.

The survey began by assessing respondent's understanding of the term "workplace violence/abuse." Virtually all respondents agree that the term includes verbal abuse and threats as well as sexual harassment, sexual assault, and physical violence with or without a weapon. It appears that the term is well-understood by everyone who participated in the survey.

The problem of workplace violence and abuse

68% - Serious or very serious problem

50% - Punched - At least once in the past two years

44% - Verbal threats and abuse - Regularly or frequently*

31% - Verbal abuse - Regularly

30% - Feared or anticipated violent/abusive events happening in the past two years

30%- Physical threats - Regularly or frequently*

25 to 30% - Pinched, scratched, spit on, or had their hand or wrist twisted - Regularly or frequently*

8% - Transferred to a new worksite because they felt unsafe related to an incident of workplace violence or abuse

Only 16% consider that workplace violence and abuse is not at all serious.

* Regularly = 9 or more times in the past two years

* Frequently = 4-8 times in the past two years

Other incidents of violence

7 respondents - strangled

8 respondents - sexually assaulted

7 respondents - assaulted with a weapon

5 respondents - beaten

2 respondents - intentionally stuck with a contaminated needle

Respondents report similar patterns of workplace violence/abuse when asked about what their co-workers have experienced. Prevalent types of assaults on co-workers include: pinching, scratching, hand/wrist twists, verbal abuse and verbal assault. A strikingly large number of nurses report that co-workers have been victims of every kind of workplace violence/abuse at least once during the past two years. (Table 4).

Perpetrators of violence

The majority of violent acts are committed by patients and include scratching, hand/wrist twisting, and pinching (Table 3/Figure 2). Yet others are identified as well.

Physicians as perpetrators of violence:

- 22 respondents - Verbally assaulted
- 5 respondents - Sexually harassed
- 4 respondents - Groped
- 6 respondents - Verbally threatened, and
- 5 respondents - Having objects thrown at them by physicians

Family or friend of patients as perpetrators of violence

- 21 respondents - verbally assaulted
- 17 respondents - verbally threatened

Supervisors as perpetrators of violence

- 15 respondents - verbally assaulted
- 11 respondents - verbally threatened

In terms of assaults from peers, the most common was verbal assault and there were ten reported cases.

Items observed as being used as weapons in healthcare settings

- 33% - furniture
- 30% - pencils, pens and medical equipment
- 11% - scissors
- 9% - knives
- 5% - syringes
- 2% - guns

Workplace violence **reporting** to management

If nurses did report the violence/abuse at all, they most frequently reported to management.

- 39% - Reported of all incidents to management,
- 43% -Reported only some incidents.
- 18% - Did not report at all.

70% - Who reported an incident of violence to management reported that the management was supportive

The majority of the group that said management was supportive also noted that nothing was done to solve the problem.

Management actions toward workers reporting and injured by violence

Six percent reported that management intimidated or discouraged them from reporting incidents to police and four percent said that management harassed or blamed them when they reported the incident.

Additionally:

- 20 respondents - contacted the union
- 7 respondents - called the police or district attorney
- 3 respondents - consulted a lawyer

Management commitment/concern for the safety of nurses

Respondents report their belief of employer concern for their safety:

- 20% - very concerned
- 58% - somewhat concerned
- 22% - not very concerned

Nurses relieved of duty following a violent incident

Most nurses continue to work after incidents of violence or abuse. Less than one percent refused to keep working and less than two percent were sent home. Fewer than a quarter were offered relief so that they could stop working if they needed to.

Post-traumatic stress symptoms are identified by victims

The survey results suggest that workplace violence/abuse has important and negative, lingering consequences for some respondents. They identify symptoms that are included in the definition of post-traumatic stress disorders (PTSD). Just over half of those reporting said they later had difficulty concentrating on the job. Others report psychological symptoms, such as being easily startled, being fearful, having difficulty working in an environment that reminds them of the past incident (flashbacks), and physical symptoms such as headaches. They also noted that the incident(s) had an actual impact on their ability to work due to these psychological symptoms and physical injuries related to the violent events.

Workers' Compensation

Fourteen percent of respondents have filed a Workers' Compensation claim for injuries sustained as a result of a violent incident. Nearly half of those filing for Workers' Compensation had their claims rejected. (Figure 4).

Improving staffing ratios is the number one solution identified by respondents for reducing violent events

88% of respondents - increasing staffing ratios would be somewhat or very likely to improve conditions and help to prevent workplace violence and abuse. (Table 5/Figure 5).

Current ranges of RN to patient ratios were noted as:

- | | |
|-------------|--|
| Group A | 1 RN -10 Patients in a medical/surgical unit |
| Group B | 1 RN -7 Patients in a medical/surgical unit |
| Group C | 1 RN -1 Patient in pre-admission testing |
| Pilot Group | 1 RN - 26 Patients in a psychiatric unit |
| | 1 RN - 33 Patients in a geriatric unit |

Respondents have many ideas for solutions that could help to reduce violent events.

Other solutions include that were identified as very likely to improve conditions include:

- 52% identify - legal rights training about violence,
- 51% identify - adequate time to assess and intervene with patients and families to prevent a crisis from escalating into violence
- 51% identify - unit-based protocols addressing violence
- 48% identify - policy and procedures addressing violence

Training and Education

Just fifty percent of those surveyed reported that they have had training related to workplace violence prevention that was provided by their employers. Most say that the training was somewhat or very appropriate.

Fifty-five percent say they know their legal rights related to workplace violence/abuse, and almost half in this group say they learned their rights from the union, the MNA.

Respondents' belief in their own control for their own safety

- 9% - lot of control
- 69% - some control
- 22% - no control

Groups A, B, and C

When we look at the results by group, we find that the groups are fairly similar on some questions, such as how respondents define workplace violence/abuse. However, the groups vary quite a bit on how serious the problem has been in their individual work settings over the past two years that the survey addresses. (Table 6)

Results show that respondents from Group A and Group B find workplace violence/abuse to be very serious and somewhat serious more frequently than those in Group C. Yet the fear of violence is reported at sixty eight to seventy three percent of all those in all groups. (Figure 6)

	Group A	Group B	Group C
Very Serious	25%	4 %	8 %
Somewhat Serious	27%	48%	21%
Fear of violence	68%	71%	73%

This distribution is also reflected in the frequency of violent events reported by the groups. Groups A and B reported more events occurring frequently or regularly than did those in Group C.

For Groups A and B the general pattern of violence is reported most commonly as verbal abuse, verbal threats, and physical threats.

For Group C these behaviors were not common. Instead, the most common occurrences were pinching, scratching, and hand/wrist twists.

In Group C there were no reported events of violence from peers or supervisors and only one case of verbal assault from a physician. Four respondents reported verbal assaults and three reported being verbal threats by a patient family member or friend.

Group B had no incidences of any kind from any group other than patients.

Group A identified a wider range of violent incidents from varied groups, including five respondents who were verbally assaulted, three that were groped, and two that had objects thrown at them

by physicians. This group also identified five respondents verbally assaulted and four verbally threatened by patient family or friend. Group A also reported similar frequencies of these behaviors by supervisors.

Objects used as weapons varied by workplace

Group A - the most common weapon was a syringe, followed by medical equipment and furniture.

Group B - pencils or pens were the most common items used as weapons

Group C - furniture was most commonly used as a weapon (Table 7/Figure 7)

Violence occurring with co-workers

Groups A and B reported more incidences of violence occurring with co-workers than Group C. (Figure 8)

Frequently or regular events for co-workers in Groups A and B include verbal threats, verbal abuse, hand/wrist twist, spit on, pinched, scratched, slapped, bodily fluid thrown, objects thrown, physical threats, punched and kicked.

Four respondents in Group B even reported that co-workers have been strangled frequently or regularly in the past two years.

For Group C the most frequent incidences are verbal and physical threats (Table 8).

Effects of Violence on Work

One person wrote, "I have become less compassionate, more hardened, negative and critical of management" as a result of the attack.

For Group C, 52 percent said the attack influenced their later work.

Control over their own safety

While the majority of respondents in all groups felt they had some control over their own safety, close to twenty-five percent of all groups felt they had no control over their own safety.

	No Control
Group A	26%
Group B	22%
Group C	28%
All respondents	23%

Reporting incidents of violence differs by groups

	All incidents	Some incidents
Group A	44%	44 %
Group B	30%	55%
Group C	18%	53%

Respondents very seldom reported incidences to other parties such as the union, the police or the district attorney.

Management support and help in finding solutions

	Tried to find solutions	Nothing was done to try to solve the problem
Group A	28%	52%
Group B	33%	53%
Group C	47%	35%

Nurses solutions to prevent workplace violence/abuse

	Improved staffing ratios Likely or very likely
Group A	91%
Group B	90%
Group C	87%

Group A and B also identified panic buttons, adequate time to assess and intervene to prevent a crisis, policy and procedures addressing violence, unit-based protocols addressing violence, and training on legal rights about violence as very likely to help.

Additionally in Group C chose better admission procedures that identify risks the second most popular solution.

Training and Education

	Employer provided	Appropriate to work setting
Group A	25%	69%
Group B	37%	77%
Group C	33%	91%

Know legal right in relation to workplace violence/abuse

Group A	47% - yes
Group B	40% - yes
Group C	33% -yes

The largest group in Group A learned their rights from the union, whereas more respondents in Group B learned from the employer and Group C from co-workers.

Overall demographics of respondents by group

Groups A, B and C do not differ much by gender, as the majority of respondents were female. They do differ somewhat by age and retention in the workplace. (Table 9/Figure 9)

Basic demographics of the groups,

	Median years in current work-setting
Group A	6 years
Group B	11 years
Group C	15 years

Employer policies and perceptions of their concern for workers safety (Figure 10)

	Zero tolerance policies	Concern for worker safety	
Group A	yes	11 % very	26% not very
Group B	yes	30 % very	21% not very
Group C	yes	25% very	8% not ver

Conclusions

The results of this survey show that workplace violence is a serious concern for many nurses. The incidences of violence can vary by worksite, but overall, the nurses surveyed experience a high rate of verbal abuse and verbal threats. They are also physically threatened and experience scratching, hand/wrist twisting, and pinching at a high rate. More serious incidences, such as being kicked, spit on, objects thrown at, bodily fluids thrown at, and punched, occur less frequently, but still occur.

Nurses tend to keep working after these events occur. While a large portion of nurses report these attacks to management and feel management is supportive, many feel that management does not follow-up with solutions. Furthermore, a majority report feeling that management is not very concerned for their safety.

Nurses do pursue some options on their own, such as filing Workers' Compensation claims, but the solutions they feel would be most effective require systematic changes. Specifically, eighty-eight percent of respondents report that improved RN to patient ratios would be very likely to help improve safety in the workplace. Other solutions that a majority of respondents surveyed believe would be very likely to help include training on legal rights about violence, unit-based protocols addressing violence, policy and procedures addressing violence, adequate time to assess and intervene to prevent crisis, training on how to prevent violence, better admissions procedures that identify risk and safety equipment such as panic buttons.

Nurses surveyed identify the same solutions that are noted in publications related to workplace violence prevention that have been developed by the U.S. Department of Labor, OSHA and the U.S. Department of Justice, FBI.

This survey points to additional research that should be conducted especially in relation to the effects of workplace violence and abuse on patients who are witnesses to these episodes. Questions should be asked of patients in psychiatric settings, related to post-traumatic stress symptoms they may experience following these events of violence since these symptoms may have a negative effect on their recovery.

Encouraging nurses to call the police and file appropriate charges with the local District Attorney will begin to hold perpetrators of targeted and pre-planned violent episodes accountable for their actions. Through criminal proceedings such as these the problem of this violence will become more easily recognized and may draw public attention to the issue. These reports may also help to hold healthcare employers accountable for failing to provide safe work and/or therapeutic environments.

All responses relate to activities or occurrences within a two year period prior to the survey.

Figure 1: Frequencies of particular types of violence directly experienced frequently or regularly by the respondent (Total number of respondents reporting)

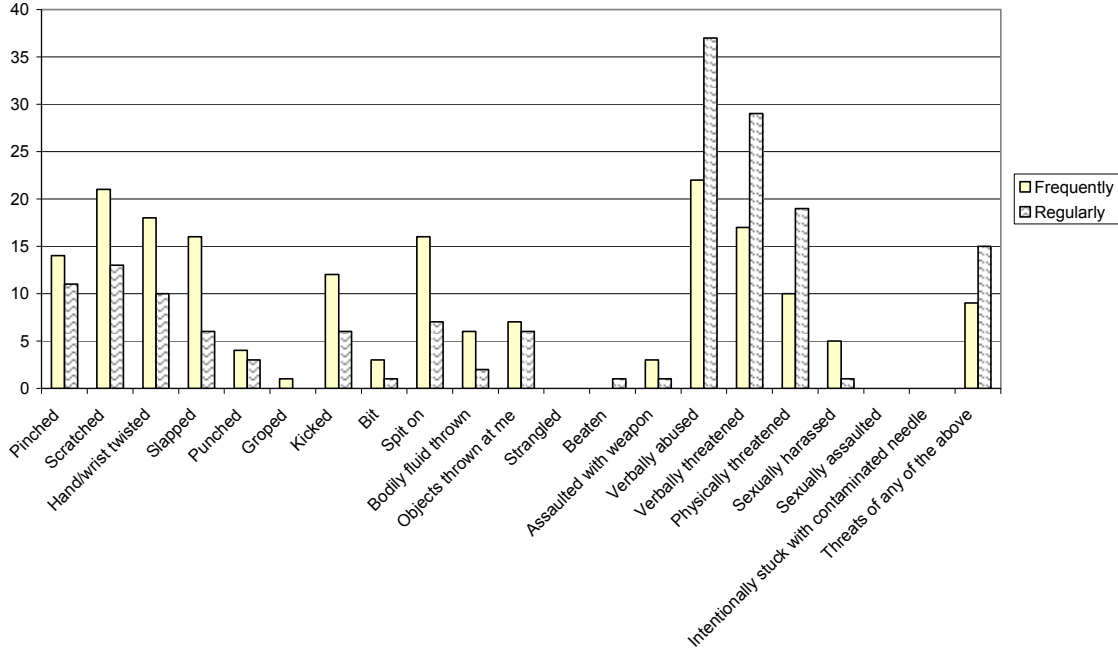


Figure 2: Frequencies of particular types of violence perpetrated by patients (Total number of respondents reporting)

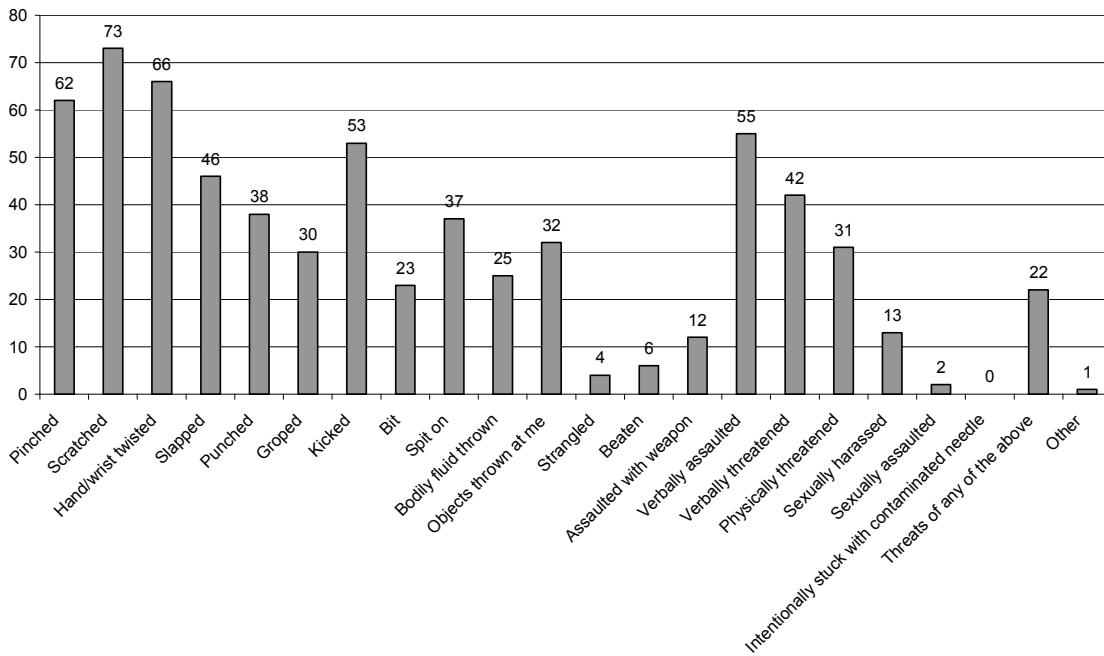


Figure 3: Frequencies of particular types of violence experienced frequently or regularly by respondent's co-workers (Total number of respondents reporting)

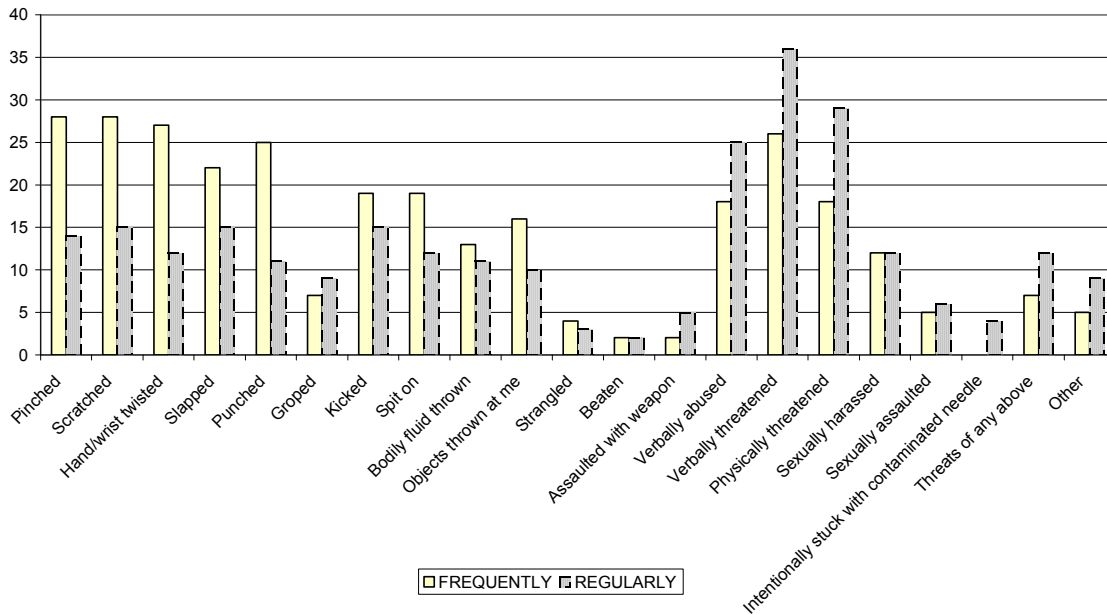


Figure 4: Have you filed any Workers' Compensation claims?

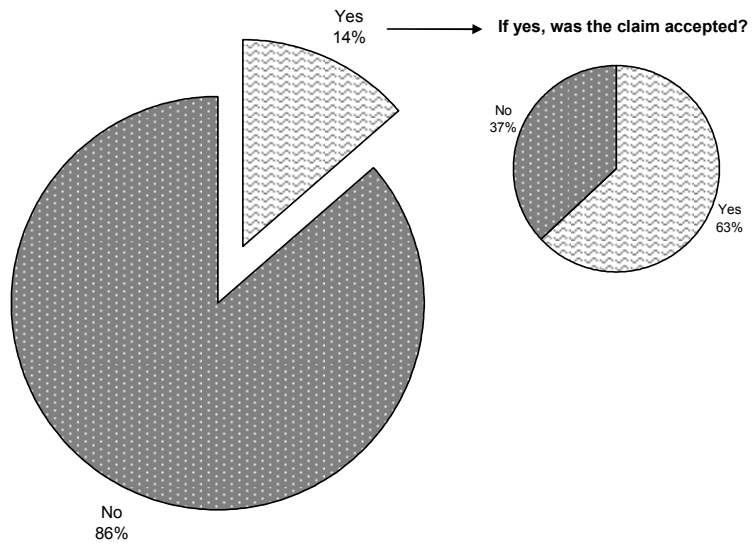


Figure 5: Effectiveness of possible solutions
(Total number of respondents reporting tactic is very likely to help)

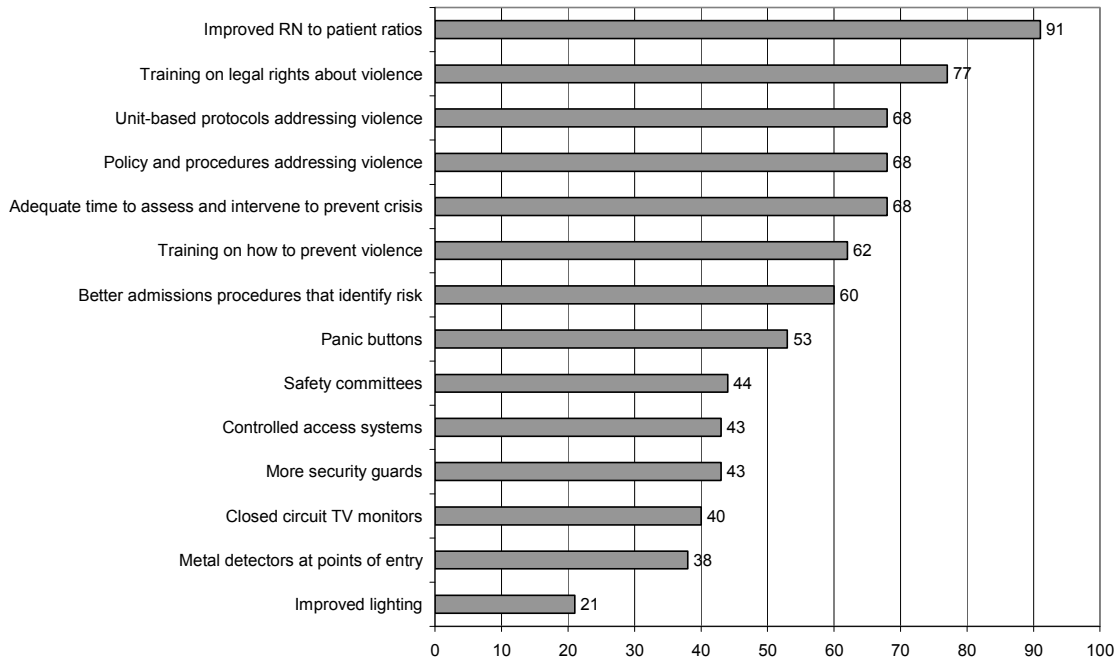


Figure 6: Seriousness of workplace violence/abuse in the workplace in the past two years, by worksite

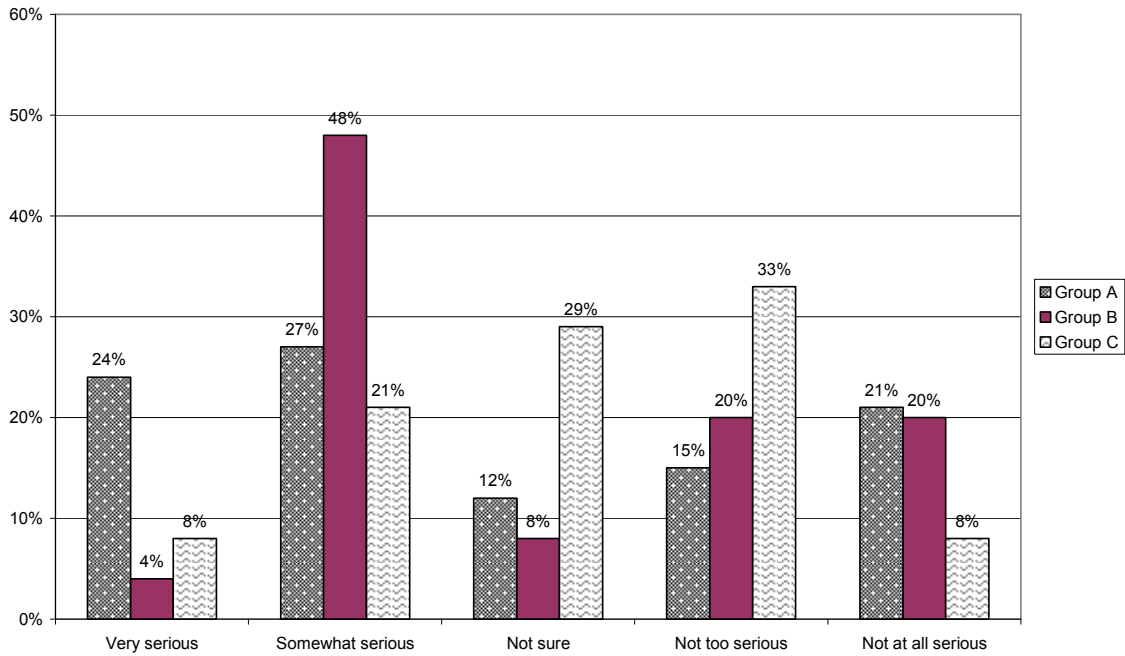


Figure 7: Types of weapons used in the workplace in the past two years, by worksite (Total number of respondents reporting)

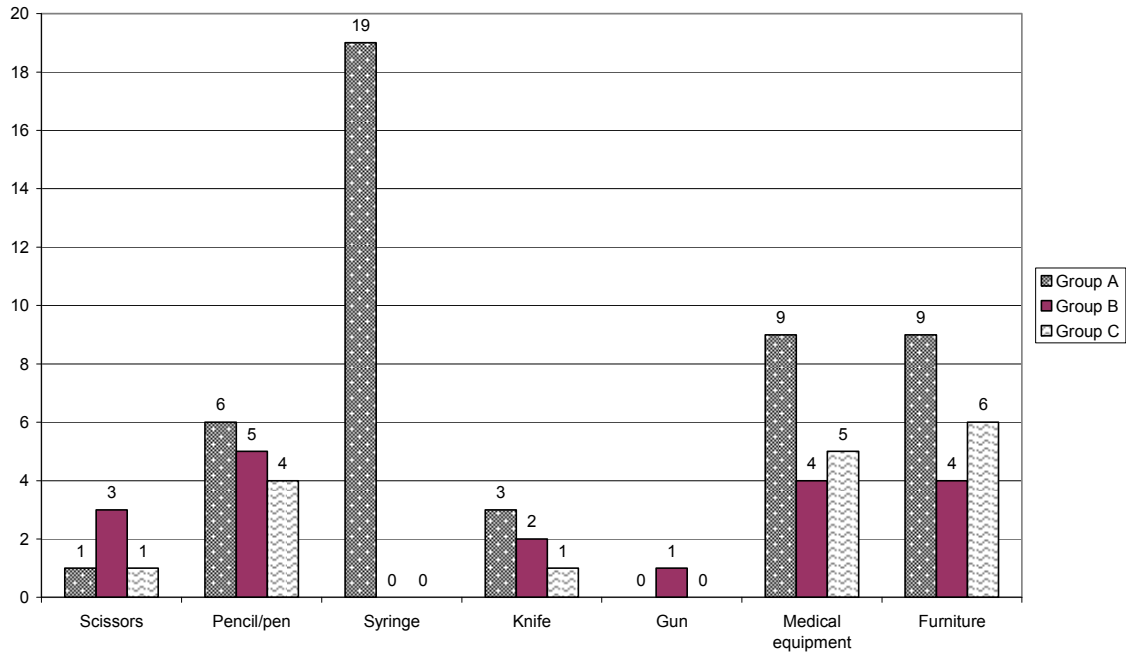


Figure 8: Actions of violence/abuse that co-workers have experienced frequently or regularly, in past two years, by worksite (Total number of respondents reporting)

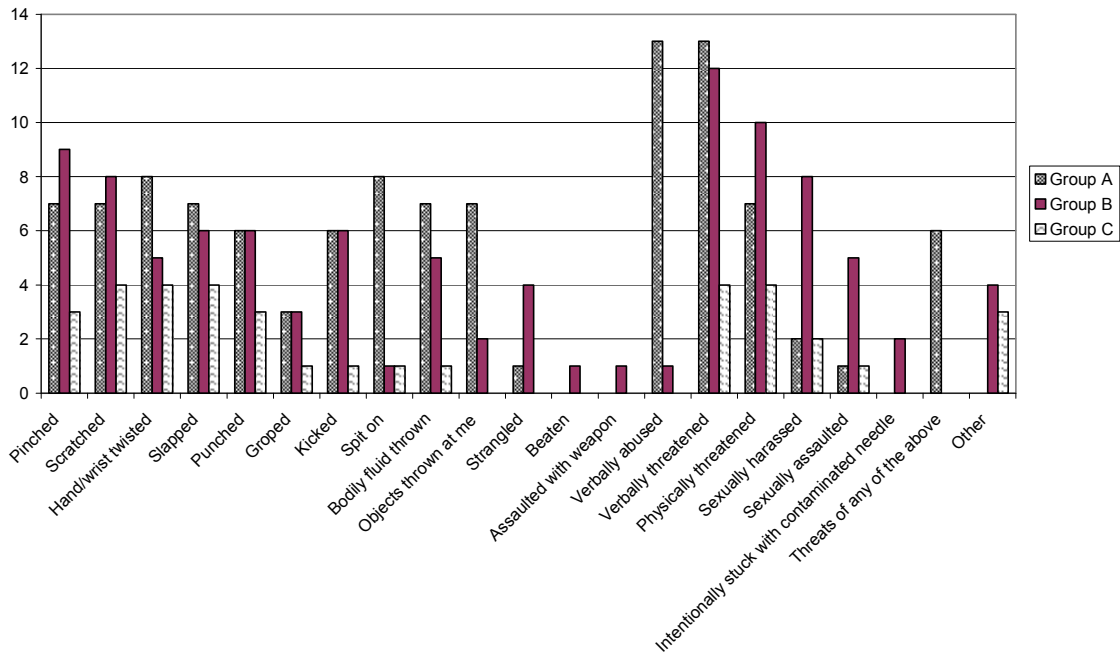
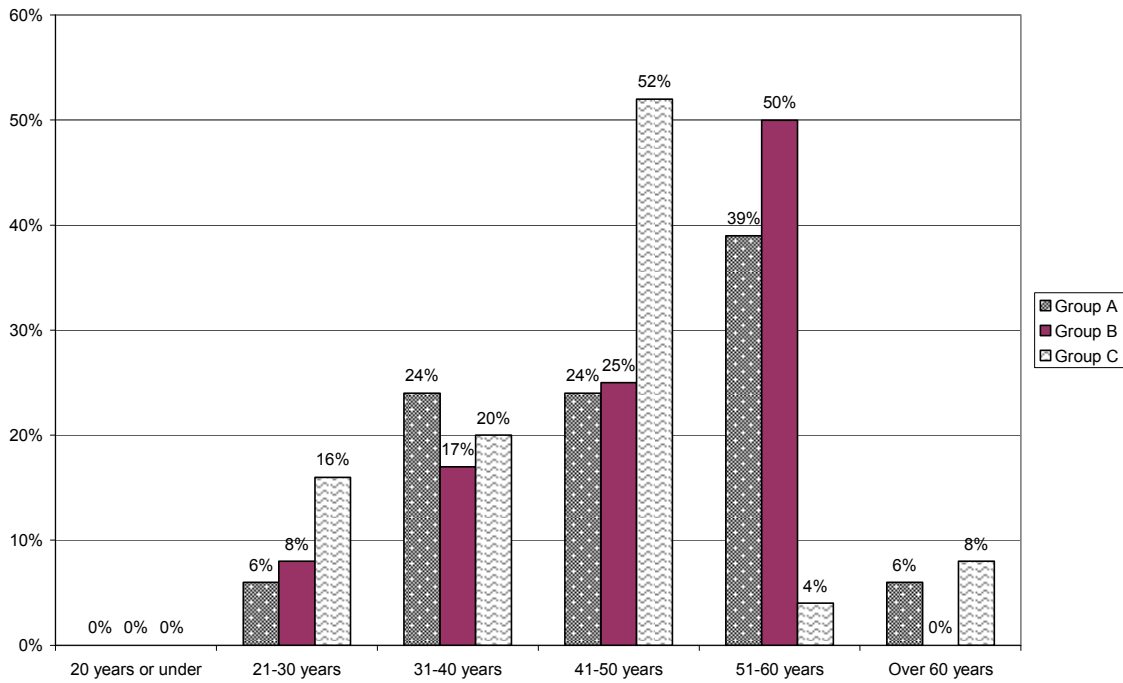
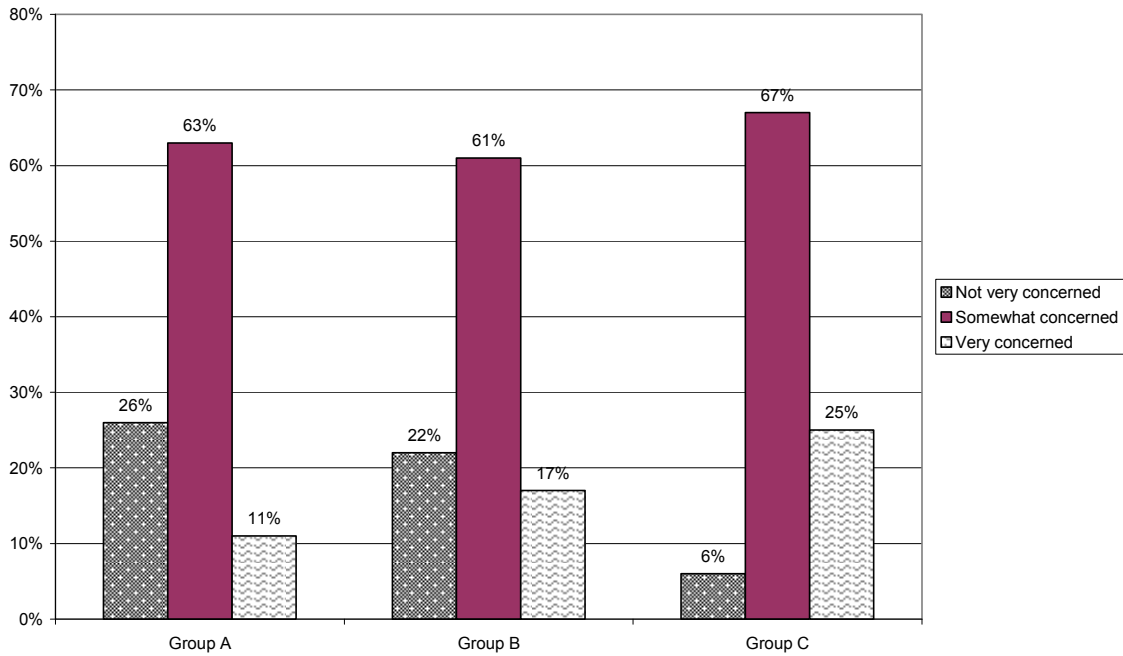


Figure 9: Demographics of respondents by worksite and age



**Figure 10: How concerned is your employer about your safety at work?
(Reported by worksite)**



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