WORKPLACE VIOLENCE

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MASSACHUSETTS NURSES ASSOCIATION

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INTRODUCTION

The Massachusetts Nurses Association (MNA), members of the Congress on Health and Safety and the Workplace Violence and Abuse Prevention Task Force appreciate this opportunity to share materials and information we have developed during the past ten years related to Workplace Violence and Abuse Prevention in healthcare settings.

In addition to developing and distributing these materials, MNA has presented a multitude of educational sessions for our members and others to increase awareness and promote advocacy and activism to improve working conditions for nurses and others by reducing the potential for violence where they work. We believe that the violence that occurs in healthcare settings also negatively affects both the delivery of care and the speed of recovery for our patients.

At the MNA, we consider violence in healthcare a hazard to the health and safety of both staff and patients.

MNA is pleased to provide these documents and to encourage that others use them in their activities to address the issues of violence at work.

All documents are available at the MNA website, www.massnurses.org click on Health and Safety. The documents for this booklet can be found specifically at www.massnurses.org/health/workplace_violence/index.htm.

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WORKPLACE VIOLENCE PREVENTION IN HEALTHCARE: AWARENESS AND EDUCATION PROGRAMS OF THE MASSACHUSETTS NURSES ASSOCIATION (USA)

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Rosemary O'Brien, RN, Chairperson
MNA Workplace Violence and Abuse Prevention Task Force

The **Massachusetts Nurses Association** (MNA) took a stand against Workplace Violence in Healthcare Settings before the turn of the 21st century. MNA members reported being assaulted at work and being denied the process for holding the perpetrators accountable in the court system. Their attempts to open a dialogue with their employers to initiate violence prevention activities were largely ignored.

In 1999, actions by the MNA Cabinet on Labor Relations and Board of Directors created a Task Force to draw attention to the problem of Workplace Violence and Workplace Violence Prevention. The Task Force was charged with assisting nurses injured by violence, learning the true nature of violence in their works settings, and developing contract language and a position statement for nurses to use when confronting their employers about violence prevention. Additionally, legislative initiatives were proposed to address violence prevention in healthcare settings.

With the creation of the Task Force, a very dedicated group of nurses came together to begin the dialogue, support the activism and further the concept that violence at work in healthcare settings is unacceptable. Many of these nurses were survivors or witnesses of violent attacks at work. They continue to be ready at a moment's notice to talk with others who have been victimized and to support them through their recovery.

Task Force members developed a mission statement that has continued to ring true as their work continues almost ten years later. The mission statement reads: *In order to eliminate violence, there must be awareness that the problem exists. Education of nurses, healthcare workers and administrators is necessary. Prevention programs that address the violence continuum are essential. Efforts must be directed at legislators, members of the judiciary and society at large to assure the safety of all healthcare workers. The Task Force advocates a Zero Tolerance Policy for violence in health care settings.*

An early initiative of the Task Force members was to meet personally with key members in the Massachusetts Judicial system. Judges and court administrators spoke openly that "violence was part of the job" when nurses filed criminal charges against patients who had assaulted them. The judges believed the perpetrators were helpless victims of illness and could not be held accountable due to their medical and psychiatric conditions. In truth, MNA learned that many of these acts of violence were targeted against specific nurses or their colleagues. The perpetrators purposely waited until few other staff members were available to help the victim before carrying out their well planned crimes. Other assaults were the result of patient's drug or alcohol use, actions that would have been considered crimes if they had happened on the street or in other locations. Additionally, visitors and family members were involved in many of these assaults. Over time, attitudes changed in many judicial minds.

MNA believed the same standard of accountability for criminal behavior should apply in any setting, including healthcare. Thus, the MNA slogan was born: **In Healthcare or Anywhere: Violence is *NOT* part of the job.**

An educational session with the same title **In Healthcare or Anywhere: Violence is NOT part of the job** was developed by the MNA staff and Task Force members and presented to more than 60 nurses and others. Speakers at this event included a local District Attorney and a nurse who was working at the time as a Lieutenant in the Massachusetts State Police. She had been a victim of workplace violence during her clinical work. The information from this session empowered several nurses to involve the police with a patient who had long been abusive and violent to the staff in the hospital where he was receiving care and had injured several nurses and others. The patient was soon transferred to a prison hospital unit, an action the nurses had requested of their employer on many previous occasions.

This Workplace Violence Prevention educational event and others have been chronicled in the local and national media, including television, radio and print. MNA staff and members have brought educational sessions, participated in labor negotiations to promote violence prevention and provided support for injured workers in local bargaining units, insurance companies, other unions, nursing schools and professional organizations.

Local District Attorneys across Massachusetts have been strong supporters of the rights of nurses and other healthcare workers to be safe from violence at work. These men and women and their competent staff members, have been frequent speakers at educational events on workplace violence prevention. One District Attorney in particular, William R. Keating, of Norfolk County, MA convened a community response team including representatives from hospitals, hospice and home care agencies, local police and the nurses union to look at the need for an organized response to protect all healthcare workers from violence. A booklet entitled **Protecting Our Caregivers from Workplace Violence** was developed by the group. The booklet addresses the criminal behavior aspect of workplace violence and the value of involving local police in prevention as well as being called at the time of the crime.

This community group and their publication emphasizes the importance of educating workers to recognize the potential for violence by reporting all events including offensive and violent gestures and verbal threats to their employer. These early warning signs often result in more serious acts of violence that can be prevented when nurses and their colleagues at work are trained to report violence and work in supportive environments. **Protecting Our Caregivers from Workplace Violence** includes sample forms for worksite safety assessments and for reporting violent incidents at work. A sample police reports for filing criminal charges against a perpetrator is included. Information on locating the sex offender registry in local communities is provided as a safeguard for nursing personnel who must enter private homes to provide care. Many of the materials contained in this booklet were obtained directly from Massachusetts public documents, U. S. Department of Labor, Occupational Safety Administration (OSHA) guidelines and Centers for Disease Control (CDC) National Institute of Occupational Safety and Health (NIOSH), as well as forms and policies from local hospitals. The District Attorney and his staff repeatedly emphasized that the police must be involved in these violent events to assure that perpetrators are held accountable and workplace safety is improved.

Task Force members determined that there must be readily available written materials for use by victims of violence at work. These materials would also be use by union representatives, lawyers for injured workers and even by managers to implement violence prevention strategies and programs. The first document developed was the pamphlet entitled **Workplace Violence – Prevention and Intervention: Being assaulted is not part of the job no matter where you work**. Thousands of these

pamphlets have been distributed during educational sessions and when requested by victims and/or their advocates.

The next document developed by the Task Force members was the **MNA Position Statement on Workplace Violence and Abuse Prevention** which can be used to develop a recognition and prevention program in healthcare and other settings. The Position Statement references the U. S. Department of Labor, OSHA, Guidelines on Preventing Workplace Violence for Healthcare and Social Service Settings. Additionally, those using this policy are encouraged to support workers injured by violence with words such as "this was not your fault", "you did not cause this to happen" and "you did not deserve to be treated like this". This is in direct opposition to the phrase most often used by employers and workers' compensation insurance companies "what did you do to cause this to happen" or "what would you do next time so this would not happen". Victims of violence in healthcare are often blamed for the behavior of their attackers and thus hold fast to the concept that maybe they are to blame or "violence is part of the job".

The next document developed addresses **Model Labor Contract Language** related to workplace violence and violence prevention. This model language has been used by many MNA units to bring violence and violence prevention to the table in labor contract negotiations. In one unit, negotiations resulted in metal detectors being installed at the entrance to methadone treatment clinics where weapons had been detected. In the first several days of use, more than thirty seven (37) sharp instruments such as knives, screw drivers and box cutters were detected and confiscated by security personnel. It was not surprising that other clients were the most satisfied by the use of the metal detectors and shared that they felt safer coming for treatment with this technology in place. Telephone calls to a multitude of other methadone treatment clinics could find no other facility in the state using this protective technology to improve workplace safety.

Several other documents have been developed and provided to members and others, including **10 Steps a Nurse Should Take if Assaulted at Work** and **How to Recognize and Respond to Bullying at Work/ How Bullies Pick their Targets**. Labor union representatives and local union committee members as well as victims of violence and their legal representatives use these documents.

A survey of violence was conducted in 2004 in local hospitals where nurses are represented in collective bargaining by the MNA. When results were reviewed, it was learned that violence is common and when incidents were reported, although managers were sympathetic, nothing changed in the work settings. Weapons including hypodermic needles, blood soaked dressings and bodily fluids were used as weapons by patients against nurses who cared for them. The MNA survey tool has been requested for use by nursing organizations and other groups across the United States.

In 2006, the MNA began on-line continuing nursing education programs and the initial offering was Workplace Violence. To date, more than 450 nurses and others have learned about Workplace Violence from this on-line offering. Comments from participants after completing the program prove the value of this educational offering including "I will be more careful at work", "I will recognize violence and report these incidents," and "I am more aware of the dangers now".

At present, the MNA is involved with two legislative initiatives to protect healthcare workers from violence at work. One proposed law would require that all healthcare employers in the state develop Workplace Violence Prevention Programs that include Post Traumatic Stress Debriefing (PTSD) and psychological counseling for nurses and other workers injured by violence at work. The second proposed law will increase penalties for perpetrators who assault any healthcare worker and require that criminal charges will be filed by the police rather than the victim.

The MNA Task Force on Workplace Violence and Abuse Prevention continues to provide advocacy and assistance to victims of violence. Until, it becomes the law of the land that perpetrators are held accountable, that all workers are trained to recognize the potential for violence in the situations where they are working and employers improve working conditions to include assessment and prevention of violence, the Task Force will continue to advocate on behalf of nurses and their colleagues at work in healthcare settings.

All documents, surveys, survey results and on-line continuing nursing education are available on the MNA website at www.massnurses.org. Their use and reprint is encouraged with acknowledgement of the Massachusetts Nurses Association. There is no charge to anyone who utilizes any of the MNA on-line continuing nursing education programs.

POSITION STATEMENT ON WORKPLACE VIOLENCE AND ABUSE PREVENTION

Prepared by members of the MNA Workplace Violence and Abuse Prevention Task Force

STATEMENT OF THE PROBLEM

Violence pervades many aspects of American society as well as the international community. Health-care facilities known as "caring places", and once considered immune, are now frequently the site of violence.

The National Institute of Occupational Safety and Health (NIOSH) at the U. S. Department of Health and Human Services, Centers for Disease Control, defines workplace violence as violent acts, including physical assaults and threats of assaults, directed toward persons at work or on duty.[1] The U. S. Department of Justice defines a threat as a statement or expression of intention to hurt, destroy, punish, etc. as in retaliation or intimidation.[2] It is widely recognized that following these violent events, many nurses and other healthcare workers often leave their jobs in healthcare and never return.

The healthcare setting was once perceived as a refuge from the elements outside, as a place to treat the sick and injured. Now it has joined the many workplaces that experience more than 1,000,000 assaults annually. In fact, healthcare and social service workers have the highest incidence of injuries from workplace assaults. Emergency departments and psychiatric units have always witnessed violence. Current trends in patterns indicate that violence now pervades throughout the hospital.

PREVALENCE OF VIOLENCE IN HEALTHCARE SETTINGS

The U.S. Department of Labor, Bureau of Labor Statistics (BLS) data reveal that healthcare and social service workers are at high risk of violent assault at work. In 2000, heathcare and social service workers overall had an incidence rate of 9.3 per 10,000 for injuries resulting from assaults and violent acts. This compares to an overall private sector injury rate from assaults and violent acts of 2 per 10, 000 full time workers .[3]

Between 1993 and 1999, violent victimization, in the workplace and against nurses reached 429,100 reported events. Workplace violence and victimization rates for nurses were 72% higher than for medical technicians and more than twice the rate of other medical field workers.[4]

According to the U. S. Department of Justice, Federal Bureau of Investigation, "of greater concern is the likely under-reporting of violence and a persistent perception within the healthcare industry that assaults are part of the job. Under-reporting may

reflect a lack of institutional reporting policies, employee beliefs that reporting will not benefit them, or employee fears that employers may deem assaults the result of employee negligence or poor job performance ".[2]

TRAUMATIC EFFECTS OF VIOLENCE ON PATIENTS

According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision,* post traumatic stress disorder (309.81) is identified as a disorder that affects a person who has: "1, experienced, witnessed, or were confronted with an event or events that involve actual or threatened death or serious injury or a threat to the physical integrity of self or others and 2, the person's

response involved intense fear, helplessness, or horror".[5]

These events are known to precipitate a multitude of persistent and debilitating responses. "The traumatic event is re-experienced in one or more of the following ways, recurring and intrusive distressing recollections (and dreams) of the event, intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event or physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event."[5]

MNA Task Force members believe that patients suffer secondary traumatization in the same manner and from the same causes as nurses and other healthcare workers who experience or witness workplace violence or abuse.

ASSOCIATION POSITION ON PREVENTION

The MNA believes that employers have a responsibility to provide safe and healthful working conditions in accordance with the Occupational Safety and Health Act of 1970. This includes preventing and addressing conditions that lead to violence and abuse and by implementing effective security and administrative work practices to protect the safety and health of workers.

THE MNA recommends that all healthcare employers implement a Workplace Violence Prevention Program that is consistent with OSHA *Guidelines for Preventing Workplace Violence to Health Care and Social Service Workers*.[4]

OSHA identifies the following key components of a Workplace Violence Prevention Program:

1) Management commitment and employee involvement
2) Worksite hazard analysis
3) Hazard prevention and control
4) Safety and health training for workers, managers and supervisors including where and how to report injuries
5) Post incident debriefing activities including appropriate evaluation and treatment of all workers affected by an incident of violence
6) Accurate recordkeeping and frequent evaluation of the program by employees and management

Additionally, MNA believes the Workplace Violence Prevention Program should include:

7) Policies that address harassment and bullying
8) Methods for detection, confiscation and control of firearms and weapons from anyone (other than law enforcement officers) who enter the facility.
9) Security guards trained according to national standards

Once workplace hazard analysis has identified incidents of violence and risks for violence, engineering, administrative and work practice controls must be developed to protect workers (and patients). Because incidents and hazards associated with actual or potential violence and abuse differ from one facility to another, each employer must develop an individualized plan.

Each facility should develop a defined plan for the agency's response to any incident of violence, including the right and protection to call the police and file criminal charges against assailants.

Nurses and others should become familiar with their employers' guidelines including policy recommendations, reporting procedures and suggested methods to help prevent and/or reduce workplace violence and abuse.

WHAT THE UNION CAN DO TO HELP VICTIMS OF WORKPLACE VIOLENCE AND ABUSE

MNA bargaining units are encouraged to address workplace violence and abuse prevention in contract language with their employers. Sample contract language is available by contacting the MNA health and safety program.

Plan a system for addressing Workplace Violence and Abuse and helping those who have become the victims.

Encourage the victim to:

Report the incident
Talk about the incident
Follow the steps outlined below in *Ten Actions a Nurse Should Take if Assaulted at Work*
Contact the MNA Health and Safety Program for support

Show that you care by:

Providing non-judgmental listening
Deflecting self blame
Helping with police reports
Keep in contact by phone or visiting

Massachusetts General Law (M. G. L. c. 258 B) contains the Massachusetts Victim Bill of Rights, to assure that rights of individuals who are victims of assaults and aggression at work are protected. A copy can be obtained from the Massachusetts Office of Victim Assistance. The Massachusetts Office of Victim (and witness) assistance is available to all who file police or court reports of violence.

SUMMARY

It is the firm belief of the MNA Workplace Violence and Abuse Prevention Task Force members that a Workplace Violence Prevention Program is one step in the process of protecting nurses and other healthcare workers from violence and abuse. Violence and Abuse Prevention Programs must be supportive to workers and avoid blame and retaliation. MNA further recommends that violence aftercare plans identify a debriefing process that includes all workers impacted by a violent incident whether or not they were personally involved in the incident.

Resources For Assistance And Information

Massachusetts Office of Victim Assistance
One Ashburton Place, Suite 1101
Boston MA 02108
617-727-5200
627-727-6552
email at mova@state.ma.us

U.S. Department of Labor OSHA
Springfield Area OSHA Office
1441 Main St. Rm550
Springfield, MA 01103
413-785-0123
www.dol.gov/osha

Massachusetts Victim Compensation and Assistance Division Office of the Attorney General
617-748-3140

U. S. Attorney's Office Victim/Witness program
617-727-2200

Massachusetts Department of Industrial Accidents
600 Washington Street
Boston, MA 02111
617-727-4900

Members of the MNA Workplace Violence and Abuse Prevention Task Force have prepared informational materials for nurses and others to assist with issues of workplace violence and abuse. These materials can be obtained by contacting:

Massachusetts Nurses Association
Health and Safety Program
340 Turnpike Street
Canton, MA 02021
781-821-4625
or 800-882-2056
www.massnurses.org
ebain@mnarn.org or cpontus@mnarn.org

REFERENCES

(1) U.S. Dept. of Health and Human Services, Centers for Disease Control, National Institute of Occupational Safety and Health, (NIOSH) Violence, Occupational Hazards in Hospitals, April 2002

(2) U. S. Department of Justice, Federal Bureau of Investigation, *Workplace Violence, Issues in Response*, 2004 p 24, p 54

(3) U. S. Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers*, (OSHA 3148), 2003

(4) U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Special Report, National Crime Victimizations Survey, Violence in the Workplace*, 1993-99, December 2001 190076

(5) American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*, 2000

MODEL CONTRACT LANGUAGE
Congress on Health and Safety

Preventing Workplace Violence and Assisting Nurses Who Become Victims of Workplace Violence

Section D

Violence is aggressive and abusive behavior from patients, visitors, other workers, supervisors, managers, or even patient's family members. Violence is defined as, but not limited to, physical and verbal assaults, battering, sexual assaults, or verbal or non-verbal intimidation.

The hospital will initiate strong violence and abuse prevention programs including:

1. develop and implement policies and procedures for the prevention of violence or potential violence.
2. provide training programs on violence prevention and verbal de-escalation.
3. develop a trained Response Team, available 24 hours and 7 days a week that, similar to a code team, can be immediately called to assist a nurse in any situation that involves violence.
4. report injuries or illnesses to the appropriate agencies i.e., Department of Industrial Accidents, police, etc.
5. provide the affected nurse(s) with medical and psychological services as necessary
6. assure that ID badges will not reveal the nurse's last name.
7. develop and implement policies and procedures relating to the detection, removal, storage and disposition of any weapons found on patients, family members, visitors or others
8. provide security surveillance of hospital grounds and parking areas. Both will be well-lighted. Upon request, the hospital will provide escorts to cars and physical protection to workers if necessary.
9. provide workers injured by workplace violence with all necessary medical and psychological services.
10. assure that all employees have the right to police protection (call 911) if an assault is being/has been committed. The employer will support the employee in this endeavor, and throughout the police/court process.
11. assure that all affected employees are provided with copies of any documents relating to any incident of violence that affects them whether as victims or witnesses of the incident.
12. assure that all incidents of violence will be reported to the facility Safety Committee for review and appropriate intervention.

Existing contract language:

Workplace Violence
The Medical Center will initiate a policy and procedure for the prevention of violence or potential violence. It will also give training programs on how to safely approach potential assaults and prevent aggressive behavior from escalation into violent behavior. The Medical center will endeavor to form a trained Response Team, available 24 hours a day and 7 days a week that, similar to a code team, can be immediately called to assist a nurse in any situation that involves violence. The employers will report the injury or illness to the appropriate agencies, i.e. Department of Industrial Accidents, police, etc. The employee also has the right to notify the police if he/she is being physically assaulted. Incidents of abuse, verbal attacks or aggressive behavior which may be threatening to the nurse

but not result in injury, such as pushing or shouting or acts of aggression towards other clients/staff/ visitors will be recorded on an assaultive incident report. The incident will be reported to the Safety Committee for review and appropriate intervention. Copies of any documents relating to the incident will be given to the nurse affected. The employer will provide or make available to workers injured by workplace violence medical and psychological services. *

* Mercy Medical Center, Article XI Section 11.03 3 Workplace Violence 2004

Information for This Proposal

1. Definitions:
    Assaulted nurse: One who is reasonably put in fear of being actually or potentially physically harmed while at work from a patient, co-worker, or visitor. This includes menacing gesture.
    Battered nurse: One who experiences actual physical contact from another (whether or not a physical injury occurred.)
    Physical Assaults: Violent acts of unwanted physical contact towards others. This includes slapping, pushing, kicking, punching, biting, scratching, deliberately throwing an object at a staff member, drawing a potential or actual weapon on a nurse.
    Sexual Assaults: Unwanted sexual acts toward a nurse. This includes unwanted embraces, touching, exposures, or rape.
    Verbal or non-verbal Intimidation: Verbal includes conversation, written, email, or voice mail communication that is meant to threaten, slur, harass or frighten. Non-verbal includes acts meant to frighten or threaten a nurse such as throwing an object at a wall, pounding walls or doors, stalking, tampering with data systems, stealing, etc.

2. Workplace Violence is one of the most underreported crimes. Reasons include: 1. Lack of knowledge of what, where, how and when to report. 2. Fear of repercussions on self and perpetrator. 3. Tolerance at the workplace 4. Embarrassment 5. Blaming of self 6. Belief that they will not be taken seriously.

3. In 2001, the American Nurses Association released its *Bill of Rights for Registered Nurses*, which set forth the tenet that nurses have the right to work in an environment that is safe for themselves and their patients. However, studies have shown that between 35% and 80% of hospital staff have been physically assaulted at least once and that nurses are at great risk for violence while on duty (Arnetz & Arnetz, 2001; Bruser, 1998; Kinross, 1992; Lanza, 1996; Shepard, 1996; Whitehorn & Nowland, 1997; Williams & Robertson, 1997). Workplace violence in health care settings is not limited to physical assault. NIOSH (2003) has defined workplace violence as any physical assault, threatening behavior, or verbal abuse occurring in the workplace. The definition includes, but is not limited to, such events as beatings, shootings, rape, suicide or suicide attempts, and psychological traumas, such as threats to harm, obscene phone calls (also known as *scatalogia*), intimidation, or harassment, including being followed or sworn at. (Nursing Economics, *Workplace Violence and Corporate Policy for Health care Settings*, Clements, DeRanierei, Clark, Manno, Kunn, 2005:23(3):119-124 – from Medscape)

4. *Legal:* Employers can be held liable for negligent hiring, supervision, and negligent retention. Massachusetts Law, GL c.151, provides for the payment of benefits for work related injuries. These benefits include payment of medical expenses and lost wages. The extent of an employ-

er's obligation to address workplace violence is governed by the General Duty Clause (Section 5 (a) (1) or P.L. 91-596. "If there is a violence hazard in the workplace and employers do not take feasible steps...the employer can be cited." (OSHA).

5. OSHA identifies insufficient staffing as a risk factor for Workplace Violence including but not limited to:
    a. Low staffing levels especially during time of specific increased activity such as meal times, visiting times, and when staff are transporting patients.
    b. Isolated work with clients during examinations or treatment.
    c. Lack of training of staff in recognizing and managing escalating hostile and assaultive behavior.

6. *Elements of a Violence Protection Plan (OSHA).* 1. Management commitment 2. Employee involvement 3. Written program 4. Worksite assessment 5. Prevention of hazards 6. Training and education 7. Prompt recognition, control and monitoring, 8. Record keeping 9. Evaluation. 10. a program to assist employees injured in violence.

7. To attract and retain RNs in the profession, it is necessary to assure an interpersonal work environment that is safe. "Violence in the workplace is a significant public health problem but one that can be addressed by recognizing the factors that put employees at risk and taking appropriate preventative actions," CDC Director David Satcher, MD.

Resources

U. S. Dept. of Labor, OSHA Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers, Document, # 3148 (2003) www.osha.gov

U. S. Department of Justice, Federal Bureau of Investigation, Workplace Violence, Issues in Response, Pg, 53, A Special Case: Violence Against Health Care Workers

Medscape , www.medscape.com view article /508158 –Nursing Economics, *Workplace Violence and Corporate Policy for Health care Settings*, Clements, DeRanierei, Clark, Manno, Kunn, 2005:23(3):119-124 – from Medscape)

Update 11/05

TEN ACTIONS A NURSE SHOULD TAKE IF ASSAULTED AT WORK

1. Get help. Get to a safe area.

2. Call 911 for police assistance,
   (it is your civil right to call police).

3. Get relieved of your assignment.

4. Get medical attention.

5. Report the assault to your supervisor and union.

6. Get counseling or assistance for Critical Incident Stress Debriefing (CISD) to address concerns related to Post Traumatic Stress Disorder (PTSD).

7. Exercise your civil rights, file charges with the police.

8. Get copies of all reports and keep a diary of events.

9. Take photographs of your injuries.

10. Return to work only when you feel safe and supported.

HOW TO RECOGNIZE AND RESPOND TO BULLYING AT WORK

Bullying is a form of abuse and harassment. The bully at work could be your co-workers, managers, supervisors, doctors, patients and/or their families.

Examples of Bullying include:

- Verbal and physical threats/often behind closed doors
- Unfair use of discipline
- Blocking promotions or requests for time off
- Excessive supervision
- Undermining responsibility or being set up to fail
- Spreading malicious rumors
- Physical Isolation from co-workers
- Verbal abuse such as:
  Swearing, racial or sexual slurs, angry intimidating words, verbal humiliation and/or de-meaning comments in public or private

Don't ignore the behavior-Don't suffer alone

Tell others you trust and ask for help to develop a plan to address the bullying

Suggested responses include:

- Keep a diary with dates, incidents, behaviors and comments
- Ask people you trust for help: co-workers, union representatives, your manager, human re-source personnel, the worker ombudsman if available
- Address the situation by speaking to the bully
  Let it be known that the behavior is unacceptable
- For additional direction and emotional support contact an available Employee Assistance Pro-gram through your employer or through your personal health insurance company
- Learn all you can about workplace bullying one very useful resources is www.bullybusters.org

Fact Sheet prepared by the MNA Workplace Violence and Abuse Prevention Task Force
in cooperation with Chris King, RN Student, Regis College

MNA

HOW BULLIES PICK THEIR TARGETS

Research shows that bullies find their targets systematically. That system follows the dynamics of power and control, i.e. the need to exert power over someone they believe they can control.

Bullies often believe themselves empowered due to size, gender or societal or work related authority. Research identifies the frequent roles of big/small, male/female, doctor/ nurse, supervisor/worker as frequent bully/target dynamic.

It is important for the person who is the target of the bully whether at work, at home or on the street, to understand the dynamic that is at work in their situation as they attempt to work through and eliminate this abuse.

Co-worker Response

As with any event of workplace violence it is important to listen to the victim, encourage reporting and developing a response plan and most of all, be kind and available when the victim needs to talk.

Employer Response

Currently bullying, in and of itself does not reach to the level of a legal punishable offense. Your employer's sexual harassment and workplace violence prevention policies may apply in some situations.

Additional Resources

- www.bullybusters.org

- *The Bully at Work*, Gary Namie, Ruth Namie, April 2000, available in paperback

- *Power Freaks*, David L. Weiner, Robert E. Lefton, September 2002, available in paperback

- *Your Boss is Not Your Mother*, Debra Mandel, PhD, March 2006, available in paperback

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WORKPLACE HAZARDS TO NURSES AND OTHER HEALTHCARE WORKERS: PROMISING PRACTICES FOR PREVENTION

Preventing Workplace Violence • June 8, 2007

Speaker: *Jane Lipscomb PhD, RN, University of Maryland, Department of Family and Community Health*
MNA Facilitators: *Rosemary O'Brien RN, Noreen Hogan RN, Janice Homer RN*

Statement of the Problem

The Department of Justice National Crime Victimizations Survey (NCVS) for the years 1993 through 1999 found, on average, 1.7 million episodes of victimization at work per year (Duhart, 2001) the health care sector continues to lead all other industry sectors in the incidence of nonfatal workplace assaults. In 2000, 48% of all nonfatal injuries against workers occurred in the health care sector (BLS 2001). Nurses, nurse's aides and orderlies suffer the highest proportion of these injuries. Non-fatal assaults on health care workers include assaults, bruises, lacerations, broken bones and concussions…*

*McPhaul, PhD(c), RN, MPH, Lipscomb, Jane PhD, RN September 30, 2004
http://www.mursingworkd.org/ojin/topic25/tpc25_6.htm

JCAHO Regulation that relates to this topic: *EC.1.10 Hospitals must manage safety risks, EC 1.20 Hospitals must maintain safe environments*
OSHA Guideline/Standard that address this topic: *Preventing Workplace Violence in Healthcare and Social Service Settings, General Duty Clause 5A-1- Employers must furnish a place of employment free from recognized hazards*

OSHA recommended steps to provide a safe work environment - A. Management support and worker involvement, B. Hazard assessment and control, C. Training and education, D. Program evaluation

Items considered by the breakout session participants:

1. How are patients, visitors or others affected?
   • Restraint reduction policies can cause increased risk of injuries for other patients and staff
   • Vicarious traumatization can occur in those who witness violence

2. What are some good practices that you have seen in your workplace?
   • Earlier intervention training
   • Task force to analyze the problem
   • More secure environment
   • Shuttle services to protect staff in parking lots
   • Culturally sensitive/competency programs

What are some of the barriers and opportunities associated with change?

Barriers:
- Insufficient time to interact with patients effectively
- No laws to protect staff
- Lack of understanding of HIPAA – misuse of HIPAA as a reason to prevent reporting violence to authorities, Visitors are not covered by HIPAA
- Management unwilling to address the problem
- Erroneous assumption that "It's part of the job"

Opportunities:
- Not addressed in this session

What are some concrete steps that could be taken to address this problem?
- Organize a team to look at the problem
- Collect data, assess work area, analyze the findings, evaluate all to develop prevention strategies
- Consider patient safety as well as staff safety when collecting data and assessing work area
- Develop educational and prevention programs that are site/department specific
- Develop post response programs – Critical Incident Stress Management
- Work with local police, District Attorney and patient advocacy groups
- Collaborate with legislators for new laws related to workplace violence education and prevention
- Contact OSHA
- Support MNA Workplace Violence Prevention and Felony to Assault a Healthcare Worker legislative efforts
- Utilize external expert resources – Dr. David Yamada at Suffolk University – Bullying, OSHA Compliance Assistance – Workplace Violence Prevention Guidelines, MNA Workplace Violence and Abuse Prevention Task Force, MNA Health and Safety Staff, MA Victim Bill of Rights, MA Victim and Witness Advocacy Program

Who are the management people at your workplace who are responsible for worker health and safety and who are 5 people in your workplace who would help to address the issue?
- Occupational Safety Professionals
- Human Resource Management
- Supervisors, Department Managers

Those who would help:
- Nurses and others who have been affected
- Union representatives

1/7/2008 3:10 PM
To Mass Nurse Advocate/EB 1/7/2008 3:11 PM

LEGISLATIVE INITIATIVES SUPPORTING WORKPLACE VIOLENCE AND ABUSE PREVENTION

The MNA has been involved in legislative initiatives to reduce workplace violence and abuse in healthcare settings and to hold perpetrators assaulting nurses and other healthcare workers accountable for their actions.

The MNA proposed the bill: Senate No. 1345 – An Act requiring health care employers to develop and implement programs to prevent workplace violence and provide care to injured workers.

House Bill No. 1700 – An Act relative to assault and battery on health care providers, was introduced at the request of an MNA member to her legislative representative.

MNA members and others have provided testimony at hearings related to the bills.

At the time of this publication, the outcome of the legislation is uncertain.

MNA will persist with efforts to introduce legal requirements for healthcare employers to improve the health, safety and working conditions related to workplace violence and abuse.

As nurses we believe that conditions that allow workplace violence in healthcare settings to go unchecked contributes to unsafe conditions for the patients we care for and adversely impacts their recovery.

Senate bill No. 1345 and House bill No. 1700 are included here.

SENATE, No. 1345

By Mr. Barrios, a petition (accompanied by bill, Senate, No. 1345) of Jarrett T. Barrios, Brian P. Wallace and Cleon H. Turner for legislation to require requiring health care employers to develop and implement programs to prevent work place violence. Public Safety and Homeland Security.

The Commonwealth of Massachusetts In the Year Two Thousand and Seven.

AN ACT REQUIRING HEALTH CARE EMPLOYERS TO DEVELOP AND IMPLEMENT PROGRAMS TO PREVENT WORKPLACE VIOLENCE

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 149 of the General Laws is hereby amended by inserting after section 129 D, the following new section:-

Section 129E. (a) As used in this section, the following words shall have the following meanings:-

"Health care employer", any individual, partnership, association, corporation or, trust or any person or group of persons employing five or more employees.

"Employee", an individual employed by a health care facility; including any hospital, clinic, convalescent or nursing home, charitable home for the aged, community health agency, or other provider of health care services licensed, or subject to licensing by, or operated by the department of public health; any state hospital operated by the department; any facility as defined in section three of chapter one hundred and eleven B; any private, county or municipal facility, department or unit which is licensed or subject to licensing by the

department of mental health pursuant to section nineteen of chapter nineteen, or by the department of mental retardation pursuant to section fifteen of chapter nineteen B; any facility as defined in section one of chapter one hundred and twenty-three; the Soldiers' Home in Holyoke, the Soldiers' Home in Chelsea; or any facility as set forth in section one of chapter nineteen or section one of chapter nineteen B.

(b) Each health care employer shall annually perform a risk assessment, in cooperation with the employees of the health care employer and any labor organization or organizations representing the employees, all factors, which may put any of the employees at risk of workplace assaults and homicide. The factors shall include, but not be limited to: working in public settings; guarding or maintaining property or possessions; working in high-crime areas; working late night or early morning hours; working alone or in small numbers; uncontrolled public access to the workplace; working in public areas where people are in crisis; working in areas where a patient or resident may exhibit violent behavior; working in areas with known security problems and working with a staffing pattern insufficient to address foreseeable risk factors.

(c) Based on the findings of the risk assessment, the health care employer shall develop and implement a program to minimize the danger of workplace violence to employees, which shall include appropriate employee training and a system for the ongoing reporting and monitoring of incidents and situations involving violence or the risk of violence. Employee training shall include education regarding reports to the appropriate public safety official(s), body(s) or agency(s) and process necessary for the filing of criminal charges, in addition to all employer program policies. The employer program shall be described in a written violence prevention plan. The plan shall be made available to each employee and provided to an employee upon request and shall be provided to any labor organization or organizations representing any of the employees. The plan shall include: a list of the factors, which may endanger and are present with respect to each employee; a description of the methods that the health care employer will use to alleviate hazards associated with each factor, including, but not limited to, employee training and any appropriate changes in job design, staffing, security, equipment or facilities; and a description of the reporting and monitoring system.

(d) Each health care employer shall designate a senior manager responsible for the development and support of an in-house crisis response team for employee-victim(s) of workplace violence. Said team shall implement an assaulted staff action program that includes, but is not limited to, group crisis interventions, individual crisis counseling, staff victims' support groups, employee victims' family crisis intervention, peer-help and professional referrals.

(e) The Commissioner of Labor shall adopt rules and regulations necessary to implement the purposes of this act. The rules and regulations shall include such guidelines as the commissioner deems appropriate regarding workplace violence prevention programs required pursuant to this act, and related reporting and monitoring systems and employee training.

(f) Any health care employer who violates any rule, regulation or requirement made by the department under authority hereof shall be punished by a fine of not more than two thousand dollars for each offense. The department or its representative or any person aggrieved, any interested party or any officer of any labor union or association, whether incorporated or otherwise, may file a written complaint with the district court in the ju-

risdiction of which the violation occurs and shall promptly notify the attorney general in writing of such complaint. The attorney general, upon determination that there is a violation of any workplace standard relative to the protection of the occupational health and safety of employees or of any standard of requirement of licensure, may order any work site to be closed by way of the issuance of a cease and desist order enforceable in the appropriate courts of the commonwealth.

(g) No employee shall be penalized by a health care employer in any way as a result of such employee's filing of a complaint or otherwise providing notice to the department in regard to the occupational health and safety of such employee or their fellow employees exposed to workplace violence risk factors.

HOUSE....... No. 1700

By Mr. Rodrigues of Westport, petition of Michael J. Rodrigues and others relative to assault and battery on health care providers. The Judiciary.

The Commonwealth of Massachusetts PETITION OF:

Michael J. Rodrigues Bruce E. Tarr Edward M. Augustus, Jr. Christine E. Canavan David B. Sullivan Louis L. Kafka Thomas P. Kennedy Robert L. Hedlund Cleon H. Turner

In the Year Two Thousand and Seven.

AN ACT RELATIVE TO ASSAULT AND BATTERY ON HEALTH CARE PROVIDERS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Chapter 265 of the General Laws is hereby amended by striking out in Section 13I, as appearing in the 2000 Official Edition, and inserting in place thereof the following section:—

Section 13I. Whoever commits an assault or assault and battery on an emergency medical technician, an ambulance operator, registered nurse, registered nurse psychologist, physical therapist, occupational therapist, or an ambulance attendant, while said technician, operator, registered nurse, registered nurse psychologist, physical therapist, occupational therapist or attendant is treating or transporting, in the line of duty, a person, shall be punished by imprisonment in the house of correction for not less than ninety days nor more than two and one half years, or by a fine of not less than five hundred nor more than five thousand dollars, or both.

MNA^{SM}
MASSACHUSETTS NURSES ASSOCIATION

Massachusetts Nurse's 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

Prepared in co-operation with:
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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 rations 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 serous 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.

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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)
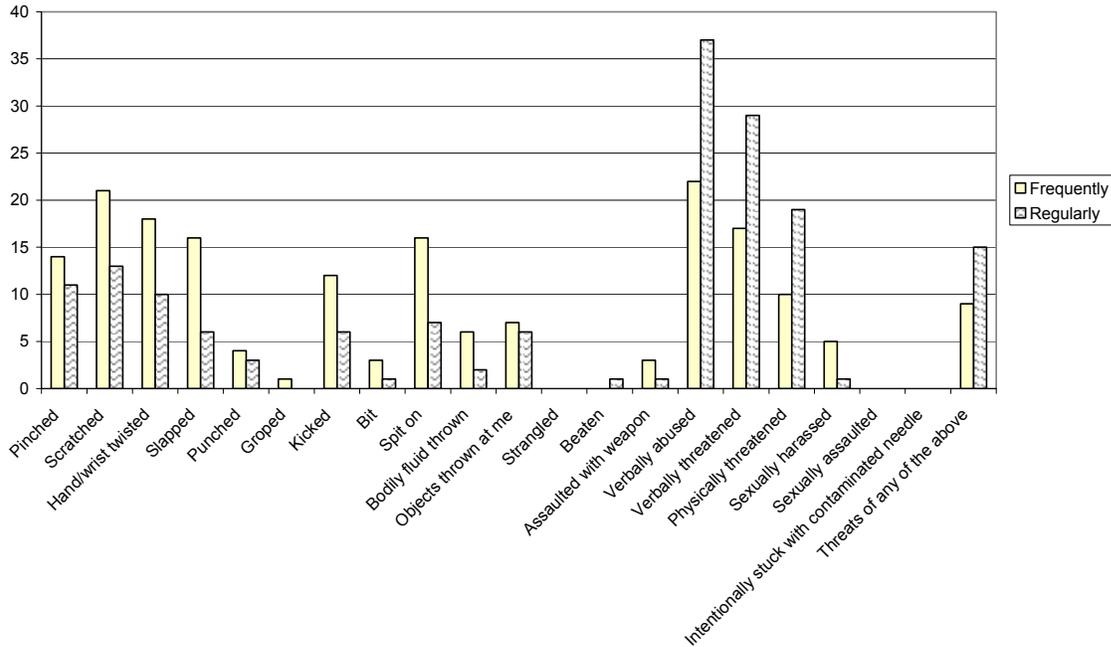
Figure 2: Frequencies of particular types of violence perpetrated by patients (Total number of respondents reporting)
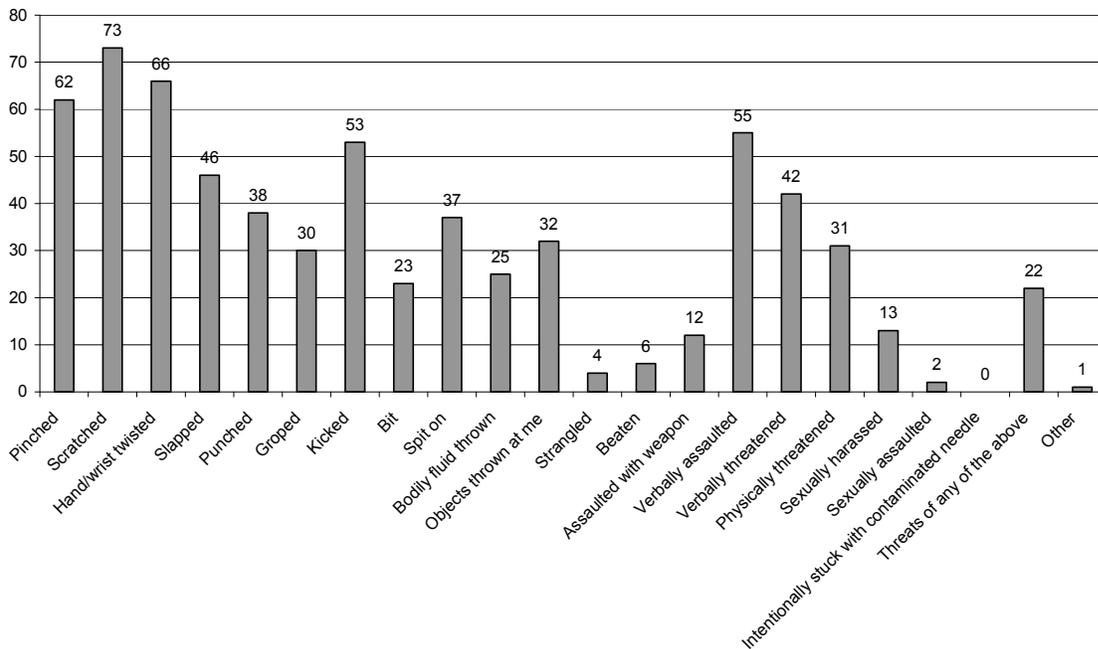
Figure 3: Frequencies of particular types of violence experienced frequently or regularly by respondent's co-workers (Total number of respondents reporting)
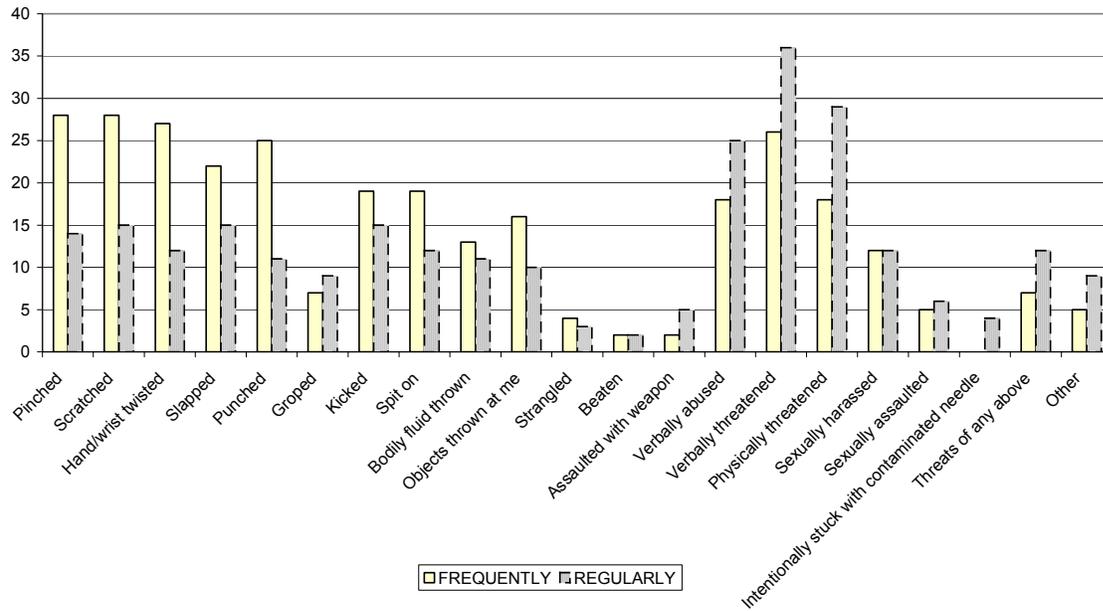
Figure 4: Have you filed any Workers' Compensation claims?
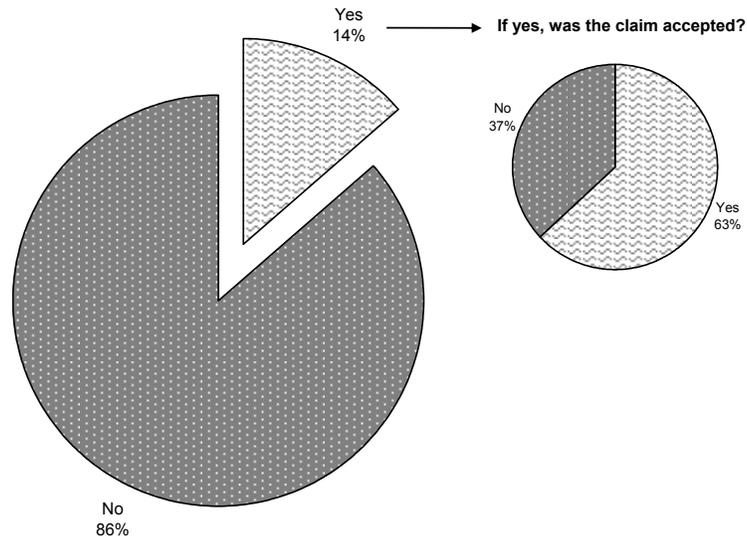
**Figure 5: Effectiveness of possible solutions
(Total number of respondents reporting tactic is very likely to help)**

Solution	Count
Improved RN to patient ratios	91
Training on legal rights about violence	77
Unit-based protocols addressing violence	68
Policy and procedures addressing violence	68
Adequate time to assess and intervene to prevent crisis	68
Training on how to prevent violence	62
Better admissions procedures that identify risk	60
Panic buttons	53
Safety committees	44
Controlled access systems	43
More security guards	43
Closed circuit TV monitors	40
Metal detectors at points of entry	38
Improved lighting	21

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

	Very serious	Somewhat serious	Not sure	Not too serious	Not at all serious
Group A	24%	27%	12%	15%	21%
Group B	4%	48%	8%	20%	20%
Group C	8%	21%	29%	33%	8%
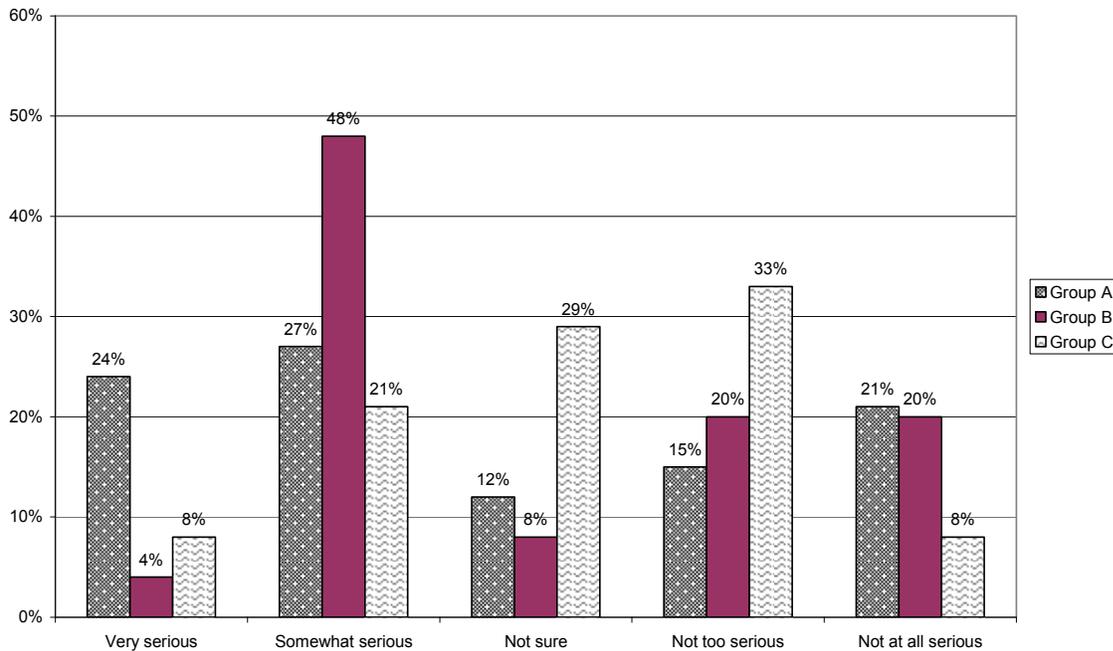
**Figure 7: Types of weapons used in the workplace in the past two years, by worksite
(Total number of respondents reporting)**
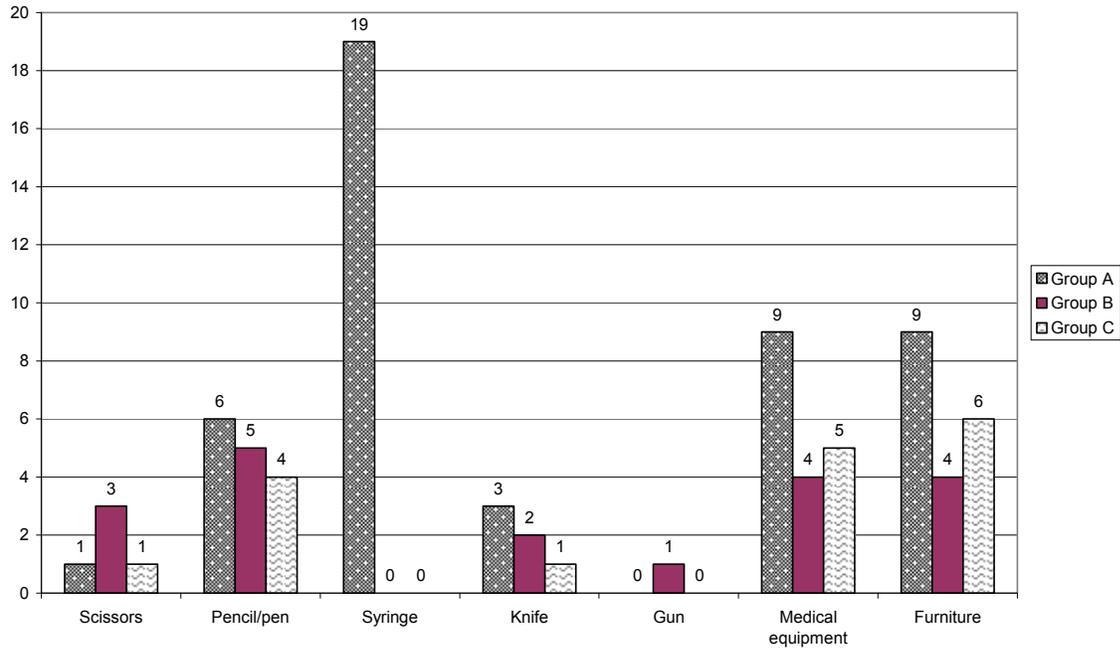
**Figure 8: Actions of violence/abuse that co-workers have experienced frequently or regularly,
in past two years, by worksite (Total number of respondents reporting)**
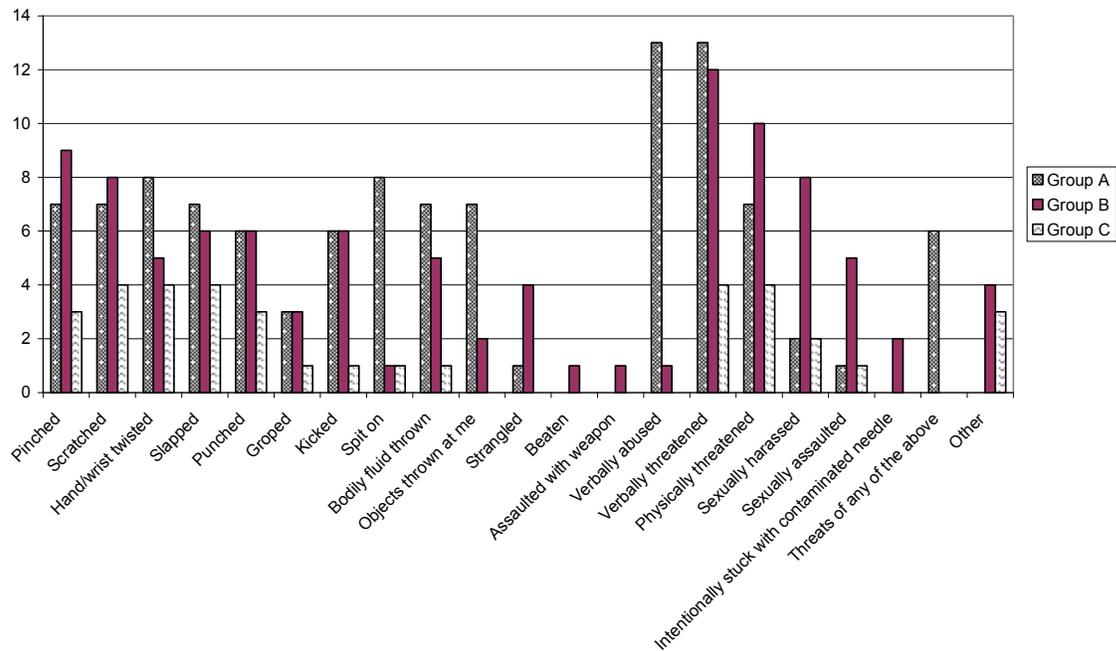
Figure 9: Demographics of respondants by worksite and age
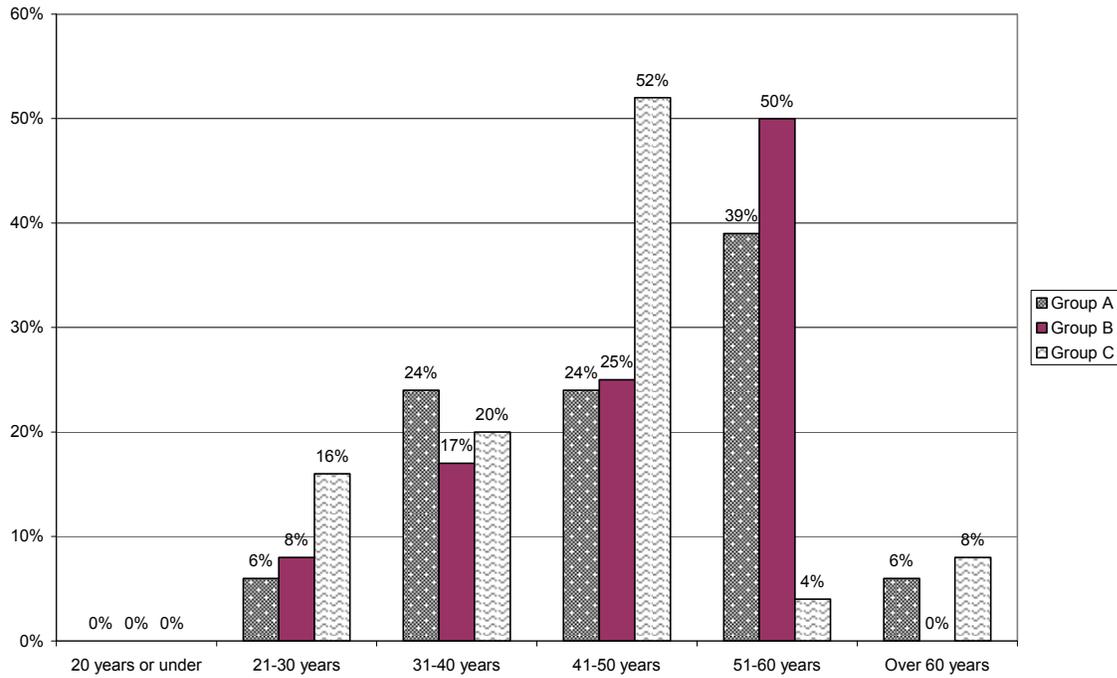
Figure 10: How concerned is your employer about your safety at work?
(Reported by worksite)
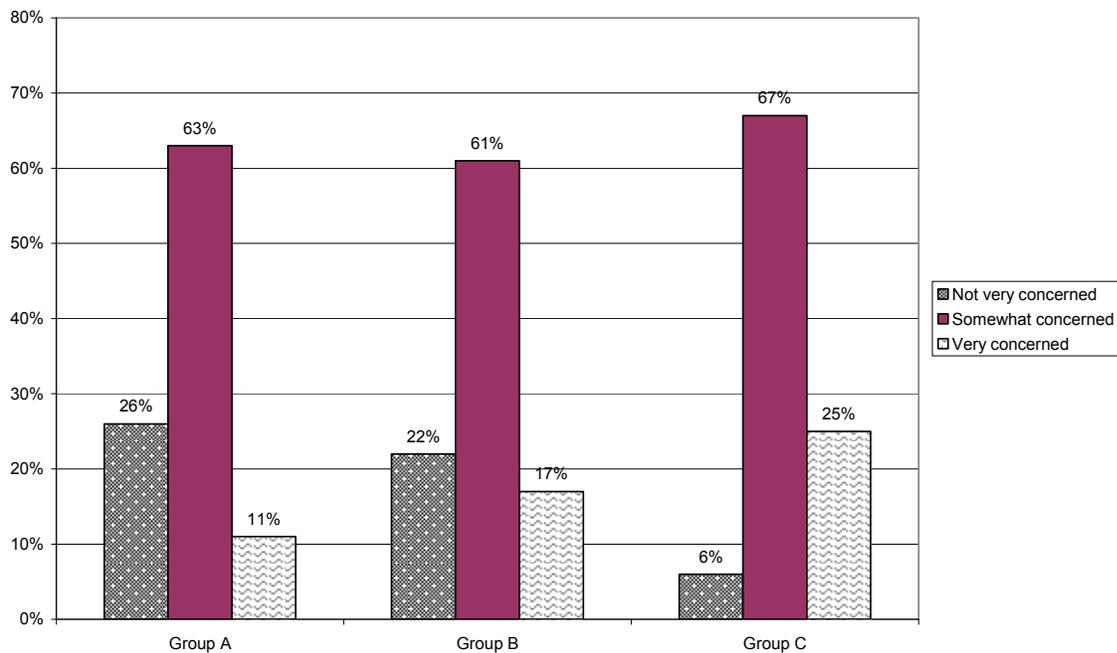
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Massachusetts Nurse's Association
Survey on Workplace Violence/Abuse

Thank you for participating in our survey on workplace violence/abuse. This is the pilot survey for a 2004 research project proposed by the Workplace Violence Task Force to the Congress on Health and Safety. Your answers to the following questions will help us determine ways to improve working conditions for nurses. Your answers will be kept confidential.

A.   Incidence of workplace violence/abuse

A1. In your opinion, the term "workplace violence/abuse" includes: (please check all that you believe apply):

- ❏ Verbal abuse, such as threats and foul language
- ❏ Sexual harassment
- ❏ Sexual assault
- ❏ Physical violence, such as kicking, pushing and slapping
- ❏ Physical violence with a weapon
- ❏ Other. Please specify: _____

A2. How serious has the problem of violence/abuse been in your workplace within the last two years?

- ❏ Very serious
- ❏ Somewhat serious
- ❏ Not sure
- ❏ Not too serious
- ❏ Not at all serious

A3. How frequently did you experience these acts of violence/abuse on the job in the past two years?

	Never *0 times*	Occasionally *1-3 times*	Frequently *4-8 times*	Regularly *9 or more times*
Pinched	❏	❏	❏	❏
Scratched	❏	❏	❏	❏
Hand/wrist twisted	❏	❏	❏	❏
Slapped	❏	❏	❏	❏
Punched	❏	❏	❏	❏
Groped	❏	❏	❏	❏
Kicked	❏	❏	❏	❏
Bitten	❏	❏	❏	❏
Spit on	❏	❏	❏	❏
Bodily fluid thrown	❏	❏	❏	❏
Objects thrown at me	❏	❏	❏	❏
Strangled	❏	❏	❏	❏
Beaten	❏	❏	❏	❏
Assaulted with weapon	❏	❏	❏	❏
Verbally abused	❏	❏	❏	❏
Verbally threatened	❏	❏	❏	❏
Physically threatened	❏	❏	❏	❏
Sexually harassed	❏	❏	❏	❏
Sexually assaulted	❏	❏	❏	❏
Intentionally stuck with contaminated needle	❏	❏	❏	❏
Threats of any above	❏	❏	❏	❏
Other	❏	❏	❏	❏

Please specify other: _____

(over)

MNA

A4.   Please indicate which of these acts of violence/abuse you experienced from the following groups within the past two years (check all that apply):

	By Patient	Family or Friend of Patient	Super-visor	Physician	Peer	Other
Pinched	❏	❏	❏	❏	❏	❏
Scratched	❏	❏	❏	❏	❏	❏
Hand/wrist twisted	❏	❏	❏	❏	❏	❏
Slapped	❏	❏	❏	❏	❏	❏
Punched	❏	❏	❏	❏	❏	❏
Groped	❏	❏	❏	❏	❏	❏
Kicked	❏	❏	❏	❏	❏	❏
Bitten	❏	❏	❏	❏	❏	❏
Spit on	❏	❏	❏	❏	❏	❏
Bodily fluid thrown	❏	❏	❏	❏	❏	❏
Objects thrown at me	❏	❏	❏	❏	❏	❏
Strangled	❏	❏	❏	❏	❏	❏
Beaten	❏	❏	❏	❏	❏	❏
Assaulted with weapon	❏	❏	❏	❏	❏	❏
Verbally assaulted	❏	❏	❏	❏	❏	❏
Verbally threatened	❏	❏	❏	❏	❏	❏
Physically threatened	❏	❏	❏	❏	❏	❏
Sexually harassed	❏	❏	❏	❏	❏	❏
Sexually assaulted	❏	❏	❏	❏	❏	❏
Intentionally stuck with contaminated needle	❏	❏	❏	❏	❏	❏
Threats of any above	❏	❏	❏	❏	❏	❏
Other	❏	❏	❏	❏	❏	❏

Please specify other: _____

A5.   Have you feared or anticipated violent/abusive events which may or may not have occurred in the past two years?

❏   Yes
❏   No

A6.   Have you seen any of the following used as a weapon in the workplace in the past two years? (check all that apply)

	Yes	No	Not Sure
Scissors	❏	❏	❏
Pencil or pen	❏	❏	❏
Syringe	❏	❏	❏
Knife	❏	❏	❏
Gun	❏	❏	❏
Medical equipment	❏	❏	❏
Furniture	❏	❏	❏

Other. Please specify other_____

A7. Which acts of violence/abuse have your co-workers experienced on the job in the past two years?

	Never *0 times*	Occasionally *1-3 times*	Frequently *4-8 times*	Regularly *9 or more times*
Pinched	❑	❑	❑	❑
Scratched	❑	❑	❑	❑
Hand/wrist twisted	❑	❑	❑	❑
Slapped	❑	❑	❑	❑
Punched	❑	❑	❑	❑
Groped	❑	❑	❑	❑
Kick	❑	❑	❑	❑
Spit on	❑	❑	❑	❑
Bodily fluid thrown	❑	❑	❑	❑
Objects thrown at me	❑	❑	❑	❑
Strangled	❑	❑	❑	❑
Beaten	❑	❑	❑	❑
Assaulted with weapon	❑	❑	❑	❑
Verbally abused	❑	❑	❑	❑
Verbally threatened	❑	❑	❑	❑
Physically threatened	❑	❑	❑	❑
Sexually harassed	❑	❑	❑	❑
Sexually assaulted	❑	❑	❑	❑
Intentionally stuck with contaminated needle	❑	❑	❑	❑
Threats of any above	❑	❑	❑	❑
Other	❑	❑	❑	❑

Please specify other: _____

A8. For the worst incident you experienced within the last 2 years, if any, please answer the following:

    a. During the time of this incident, how many <u>RNs</u> were on your unit? _____

    b. During the time of this incident, how many <u>patients</u> were on your unit? _____

    c. What was the RN to Patient Ratio during this incident? RN _____/PT_____

    d. Did you continue working after the incident?

        ❑ Yes, I continued working
        ❑ No, I refused to continue working.
        ❑ No, I was sent home.
        ❑ Other. Please explain: _____

    e. Was relief provided so that you could leave after the incident?

        ❑ Yes
        ❑ No

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A9.   If you have been attacked/abused at the workplace, how did that affect your later work performance? (Check all that apply.)

❑ No effect.
❑ Difficulty concentrating on the job.
❑ Hyper vigilance easily startled.
❑ Psychological symptoms such as fear.
❑ Physical symptoms such as headaches, stomach aches.
❑ Difficulty working in an environment that reminds me of past incident.
❑ Not fearful but physical injuries have decreased my ability to work.
❑ Other. Please specify: _____

B.   Reporting and Follow-up

B1.   If you answered yes to any of the items in question A1 above, did you report the incident to management?

❑ I reported all incidents to management.
❑ I reported some incidents.
❑ I did not report any incidents

a.   If you answered yes to any of the items in A1, in general, what response did you get from management when you reported an incident?

❑ Management was supportive and tried to find solutions.
❑ Management was supportive but nothing was done to solve problem.
❑ Management was neither supportive nor blaming.
❑ Management intimidated or discouraged me from reporting incidents.
❑ Management harassed or blamed me when I reported incident.

B2.   Who else have you reported incidents of violence to, if any? (Check all that apply)

❑ Police or District Attorney
❑ Lawyer
❑ Union representative
❑ Other. Please specify: _____

B3.   Have you filed any claims for Workers' Compensation for injuries sustained due to workplace violence/abuse?

❑ Yes
❑ No

a. If yes, was the claim accepted?

❑ Yes
❑ No

B4.   Have you ever transferred to a new unit or worksite because you felt unsafe related to a violent/abusive incident?

❑ Yes
❑ No
❑ Other. Please explain: _____

C.   **Solutions**

C1.   How likely would each of the following be to help improve your working conditions in relation to violence/abuse?

	Not Likely to help	Somewhat likely	Very likely
Training on how to prevent violence	❑	❑	❑
Training on legal rights about violence	❑	❑	❑
Improved RN to patient ratios	❑	❑	❑
Better admission procedures that identify risks	❑	❑	❑
More security guards	❑	❑	❑
Adequate time to assess and intervene to prevent crisis	❑	❑	❑
Improved lighting	❑	❑	❑
Controlled access systems	❑	❑	❑
Metal detectors at points of entry	❑	❑	❑
Panic buttons	❑	❑	❑
Closed circuit TV monitors	❑	❑	❑
Safety committees	❑	❑	❑
Policy and procedures addressing violence	❑	❑	❑
Unit-based protocols addressing violence	❑	❑	❑

Other: Please specify: _____

C2.   Have you had any employer-provided training related to workplace violence prevention?

        ❑ Yes
        ❑ No

    a.   If yes, what kinds of training? Please list:

        _____

(over)

b.   How appropriate was that training for dealing with your current working conditions?

❑   Very appropriate
❑   Somewhat appropriate
❑   Not appropriate

D.   Demographics

D1.   Specialty area: _____

D2.   What shift were you working when the most severe violent/abusive incident occurred? (Check all that apply).

❑   Day   ❑   Weekend
❑   Evening   ❑   Holiday
❑   Night
❑   Other. Please specify: _____

D3.   How long have you been at your current worksite?   _____

D4.   What is your gender?

❑   Male
❑   Female

D5.   What is your age group?

❑   20 and under
❑   21-30
❑   31-40
❑   41-50
❑   51-60
❑   Over 60

E.   Other

E1.   Does your employer communicate a zero-tolerance policy for workplace violence/abuse?

❑   Yes
❑   No

a. If yes, is it enforced?

❑   Yes
❑   No

E2.   Do you know your legal rights related to workplace violence/abuse?

> ❑   Yes
> ❑   No

> a. If yes, where did you learn about your rights?

> ❑   From my employer
> ❑   From employer-provided training
> ❑   From the union
> ❑   From co-workers
> ❑   Other. Please specify: _____

E3.   In your opinion, how concerned is your employer about your safety at work?

> ❑   Not very concerned.
> ❑   Somewhat concerned.
> ❑   Very concerned.

E4.   What degree of control do you feel you have over your safety in your workplace?

> ❑   No control.
> ❑   Some control.
> ❑   A lot of control.

E5.   Are there any issues related to workplace violence that were not addressed in the survey that you would like to comment on?

_____

_____

E6. 1. What suggestions do you have that you feel would help to reduce violence in your work setting?

E7.   Do you know how and where to report incidents of violence in your work setting?
I will do the work to add them if the survey has not gone out?

THANK YOU FOR YOUR TIME AND INTEREST IN COMPLETING THIS SURVEY

Please return your completed survey:

	To your MNA Representative
Or mail to:	**Massachusetts Nurses Association**
	Workplace Violence and Abuse Prevention Task Force
	340 Turnpike Street
	Canton, MA 02021
	1 - 37 cent stamp will do….

Health & Safety

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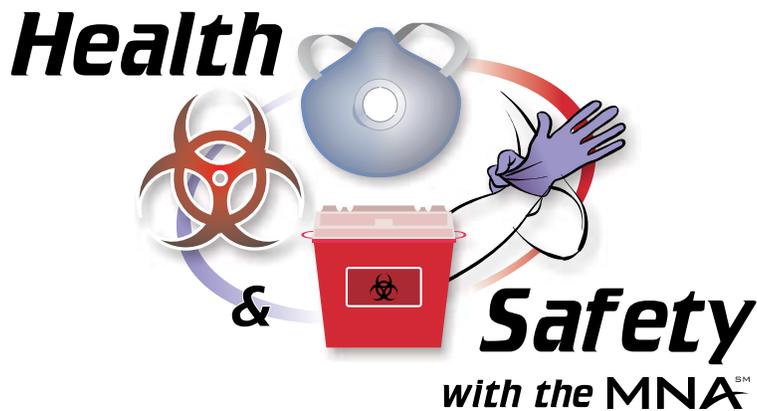
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Programs Available:

- **Workplace Violence**
  The goal of this program is to provide nurses and others with an understanding of the extent and severity of workplace violence in the health care setting, the effects this violence has on nurses and other victims and learn to identify hazardous conditions that can be corrected to prevent violence.

- **Fragrance Free! Creating a Safe Health Care Environment**
  The goal of this program is to ensure a therapeutic environment in which the patient and the nurse can interact, as well as to create a healthy workplace in which employees can practice.

- **Latex Allergy Program**
  The goal of this program is to provide nurses and other healthcare workers with information related to the frequency and severity of latex allergy and prevention strategies to protect themselves and their patients from allergic reactions.

- **Fatigue and Sleeplessness**
  The purpose of the program is to enable nurses and health care providers to recognize the dangers associated with sleeplessness and fatigue on their own health and safety and on that of their patients, and to utilize skills to combat fatigue.

Program Requirements

To successfully complete a program and receive contact hours, you must read the entire program, take and pass the Post-Test and complete the Program Evaluation. To pass the Post-Test, you must achieve a score of 80% or above. Your certificate of completion will be available immediately, from the "My Account Page", upon successful completion of the program.

Accreditation

The Massachusetts Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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