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MNA 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. Historically emergency departments and psychiatric units have experienced violence, but in general, the healthcare setting was once perceived as a refuge from outside elements, as a place to treat the sick and injured. Healthcare facilities, known as “caring places” and once considered immune, are now frequently the site of violence. According to the Joint Commission, a major accrediting body for health care organizations, institutions that were once considered to be “safe havens” are now confronting “steadily increasing rates of crime, including violent crimes such as assault, rape, and homicide.”¹

Current trends in patterns indicate that violence now pervades throughout the hospital system. It has now 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.²

The National Institute of Occupational Safety and Health (NIOSH) at the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, provides a working definition of workplace violence as the act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty.³ It is widely recognized that following these violent events, many nurses and other healthcare workers often leave their jobs in healthcare and never return.

Prevalence of Violence in Healthcare Settings

The New England Journal of Medicine published a comprehensive review that included data from the Bureau of Labor Statistics showing healthcare workers are nearly four times as likely to require time away from work as a result of violence as they are because of other types of injury (the most common being back injuries, needle stick injuries, exposure to blood and body fluid, and smoke inhalation). The review also reported that, although employees in the healthcare and social assistance sectors account for 12.2% of the working population, nearly 75% of workplace assaults occurred in a healthcare setting.⁴

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 2018, healthcare and social service workers had an incidence rate for nonfatal occupational injuries and illnesses involving days away from work resulting from intentional injury by other person was 10.4 per 10,000 full-time workers, compared to the all-worker incidence rate of 2.1 per 10,000 full-time workers. The number of nonfatal occupational injuries and illnesses involving days away from work resulting from intentional injury by another person in healthcare and social services workers accounts for nearly three times as many days away from work compared to all other industries combined.⁵

The problem is likely worse than the statistics demonstrate as there is little to no data collection or standardized reporting of workplace violence in healthcare

settings. Within a U.S. Department of Justice, Federal Bureau of Investigation report, “of greater concern is the likely under-reporting of violence and a persistent perception within the health care 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.”⁶ One research article reported victims of workplace violence in medical settings underreport these incidents with just 30% of nurses and 26% of doctors reporting incidents.⁷

Traumatic Effects of Violence

The current Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) added a chapter on Trauma- and Stressor-Related Disorders. Posttraumatic Stress Disorder (PTSD) is an integral part of this new chapter. The move from the DSM-IV edition, which addressed PTSD as an anxiety disorder, is among several changes approved for this diagnosis that is increasingly at the center of public as well as professional discussion.

The diagnostic criteria for PTSD in the DSM-V identifies the trigger to PTSD as exposure to actual or threatened death, serious injury or sexual violation. The exposure must result from one or more of the following scenarios, in which the individual: directly experiences the traumatic event; witnesses the traumatic event in person; learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental); or experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related).

According to the DSM-V, “PTSD is associated with high levels of social, occupational, and physical disability, as well as considerable economic costs and high levels of medical utilization. Impaired functioning is exhibited across social, interpersonal, developmental, educational, physical health, and occupational domains. In community and veteran samples, PTSD is associated with poor social and family relationships, absenteeism from work, lower income, and lower educational and occupational success.”⁸

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

Association Position on Prevention

The MNA believes that employers have a responsibility to provide at a minimum 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 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 for Healthcare and Social Service Workers.⁹

Following the “Identifying and Assessing Workplace Violence Hazards”, OSHA recognizes the following key components of a Workplace Violence Prevention Program.

1. Management Commitment and Worker Participation
2. Worksite Analysis and Hazard Identification
3. Hazard Prevention and Control
4. Safety and Health Training
5. Recordkeeping and Program Evaluation

OSHA also provides Workplace Violence Program Checklists that assist in identifying risk factors and worker preparedness.

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

6. Post incident debriefing activities including appropriate evaluation and treatment of all workers affected by an incident of violence
7. Annual or more frequent evaluation of the program by employees and management
8. Policies that address harassment and bullying
9. Methods for detection, confiscation and control of firearms and weapons from anyone (other than law enforcement officers) who enter the facility.
10. 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 with their employers. Plan a system for addressing Workplace Violence and Abuse and helping those who have become victims.

Encourage the victim to:

1) Follow the steps outlined in the "Actions You Should Take if Assaulted at Work":

1. Get help. Get to a safe area.
2. Call 911 for police assistance. Inform responding officer you will require a copy of the report. (It is your civil right to call police).
3. Get relieved of your assignment.
4. Get medical attention. Go to the E.R. ASAP. Follow up with your PCP ASAP.
5. Take photographs of your injuries.
6. Report the assault to your supervisor and union.
7. Identify and ask for witness statements.
8. Request a referral from your PCP for counseling regarding the assault.
9. File charges with the Local or State Police or Court Magistrate. (It is your civil right to file charges).
10. Get copies of all reports (medical, police and workplace) and keep a detailed diary of events, including your emotions and fears.
11. Consult with attorneys. You may need advice related to Workers' Compensation, accidental disability, retirement, etc.
12. Have your attorney deal with your employer's Human Resources Department. Return to work only when you feel safe and supported and on the advice of your attorney.

2) File an MNA "Workplace Violence Reporting Form", access here: <https://forms.massnurses.org/forms/workplace-violence-reporting-form/>

3) Contact the MNA Health & Safety Division for support, resources or questions @781-821-4625

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

The MNA is committed to decreasing incidents of workplace violence for the health and safety of all healthcare workers and believes that employers have a responsibility to provide safe and healthful working conditions. 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.

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.

Resources for Assistance and Information

Massachusetts Office for Victim Assistance

1 Ashburton Place, Suite 1101
Boston, MA 02108
617-586-1340

Or

403 Pleasant Street
Northampton, MA 01060
413-387-4300

Call: 800-799-7233

If unable to speak safely, chat online at: thehotline.org or text LOVEIS to 22522

Ask MOVA: 844-878-6682

<https://www.mass.gov/orgs/massachusetts-office-for-victim-assistance>

U.S. Department of Labor – OSHA area offices

Boston North Area Office - Andover

Shattuck Office Center 138 River Road, Suite 102

Andover, MA 01810

978-837-4460

Boston South Area Office - Braintree

639 Granite Street, 4th Floor

Braintree, MA 02184

617-565-6924

Springfield Area Office

1441 Main Street, Room 550

Springfield, MA 01103-1493

413-785-0123

<https://www.osha.gov/contactus/bystate/MA/areaoffice>

Massachusetts, Office of the Attorney General, Victim Compensation and Assistance Division

1 Ashburton Place

Boston, MA 02108

617-727-2200 Ext: 2160

617-727-4765 TTY

<https://www.mass.gov/files/documents/2018/11/13/victim-comp-app.pdf>

Massachusetts Department of Industrial Accidents

2 Avenue de Lafayette

Boston, MA 02111-1750

617-727-4900

800-323-3249 (Mass. Only)

800-224-6196 TDD

<https://www.mass.gov/orgs/department-of-industrial-accidents>

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 Division

340 Turnpike Street

Canton, MA 02021

781.821.4625

or 800.882.2056

www.massnurses.org

References

- ¹ Joint Commission on Accreditation of Healthcare Organizations (2019). Sentinel Event Alert No. 45: *Preventing violence in the health care setting*. https://www.jointcommission.org//media/tjc/documents/resources/patient-safety-topics/sentinelevent/sea_45_preventing_violence_in_hcos_rev_2_14_19.pdf
- ² U.S. Department of Labor, Bureau of Labor Statistics. (2020 - modified). Fact Sheet: *Workplace Violence in Healthcare*. <https://www.bls.gov/iif/oshwc/cfoi/workplace-violence-healthcare-2018.htm>
- ³ National Institute for Occupational Safety and Health (NIOSH). (2020). *Occupational Violence*. <https://www.cdc.gov/niosh/topics/violence/default.html>
- ⁴ Phillips, J.P. (2016). Workplace violence against health care workers in the United States. *New England Journal of Medicine*. 374:1661-1669. Doi: 10.1056/NEJMra1501998. <https://www.nejm.org/doi/full/10.1056/nejmra1501998>
- ⁵ U.S. Department of Labor, Bureau of Labor Statistics. (2020 - modified). *Fact Sheet: Workplace Violence in Healthcare*. <https://www.bls.gov/iif/oshwc/cfoi/workplace-violence-healthcare-2018.htm>
- ⁶ Rugala, E.A., Isaacs, A.R., eds. (2003). Workplace violence: issues in response (p. 54). Quantico, VA: Critical Incident Response Group, National Center for the Analysis of Violent Crime, FBI Academy.
- ⁷ Phillips, J.P. (2016). Workplace violence against health care workers in the United States. *New England Journal of Medicine*. 374:1661-1669. Doi: 10.1056/NEJMra1501998. <https://www.nejm.org/doi/full/10.1056/nejmra1501998>
- ⁸ American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.) (pp. 278-79). Arlington, VA. <https://doi.org/10.1176/appi.books.9780890425596>
- ⁹ Occupational Safety and Health Administration (OSHA). (2016). *Guidelines for preventing workplace violence for health care and social service workers*. (OSHA 3148-06R). Washington, DC: U.S. Department of Labor, p. 5. <https://www.osha.gov/Publications/osha3148.pdf>