

CHAPTER 3 - DEVELOPING, SUSTAINING, AND RETAINING NURSES IN THEIR CAREERS

Strategy 10

Protect nurses from violence in the workplace

Strategy 10.1 Employers of nurses should increase attention to and promotion of workplace safety strategies to protect nurses from experiences of violence in the workplace. These actions should include:

- a) Using appropriate engineering controls to reduce the risk of violence and/or allow for early intervention.
- b) Establishing an evidence-based system within existing electronic health records to alert health care providers about patients with past violent, assaultive, or harassing behaviors in the health care setting and facilitate appropriate precautions for the protection of health care providers and the patient.
- c) Displaying signage that emphasizes the importance of respectful communication and behavior from patients and visitors, as well as other care team colleagues.
- d) Raising awareness among patients and visitors about potential criminal charges for assault on health care providers in hospitals.
- e) Offering or requiring evidence-based de-escalation training.
- f) Providing easily accessible trauma-informed care to employees who experience or witness workplace violence.

Strategy 10.2 The North Carolina General Assembly should help address the significant issue of violence in health care facilities by designating funding to help safety net organizations, critical access hospitals, and other less-resourced providers access evidence-based technology, other workplace tools, and evidence-based de-escalation and self-defense training to reduce the incidence of workplace violence.

Related Recommendations from Other Groups

Nurse Staffing Task Force. Nurse Staffing Task Force Imperatives, Recommendations, and Actions. American Association of Critical-Care Nurses and American Nurses Association; 2023:

Implement safety management systems and programs that create healthy work environments and support the physical and psychological safety and well-being of core and contingent staff.

Desired Result

Nurses will be safe in their workplaces and experience fewer incidences of violence. Nurses will be equipped with the necessary resources and strategies to effectively manage and defuse potentially volatile interactions with patients and their families.

Why does the task force recommend this strategy?

Nurses and other health care providers experience a high rate of workplace violence. These experiences have both direct and indirect impacts on physical and mental health, workforce retention, and patient care. Employers of nurses have a significant role to play in protecting all health care workers from experiences of violence and abuse. An increased focus on workplace safety measures is critical not only for the physical well-being of the nursing staff but also for fostering a secure and supportive work environment conducive to high-quality patient care. By implementing robust workplace safety strategies, employers can mitigate the risks that nurses face in sometimes volatile situations with patients and families. Prioritizing safety can enhance morale, improve job satisfaction, and increase retention rates. Ensuring the safety of nurses is not only a moral obligation for health care employers but also a strategic imperative as the demand for nurses grows.

Context

The Joint Commission defines workplace violence as:

“An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.”¹⁵

“Violence toward nurses has reached an alarming rate, nearing, if not already, an epidemic.”

-PressGaney. On average, two nurses are assaulted every hour, new Press Ganey analysis finds. <https://www.pressganey.com/news/on-average-two-nurses-are-assaulted-every-hour-new-press-ganey-analysis-finds/>

“In 2018, 73% of all nonfatal workplace violence-related injuries involved healthcare workers.”

“[O]ver the course of a year, 39% of healthcare workers experienced violence from patients and families (including physical assaults, physical threats, and verbal abuse), but only 19% of events were reported.”

-Jones et al. Addressing Workplace Violence and Creating a Safer Workplace. <https://psnet.ahrq.gov/perspective/addressing-workplace-violence-and-creating-safer-workplace>



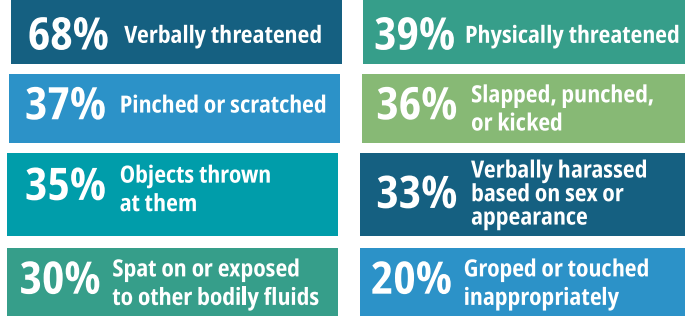
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Workplace Violence



60% of nurses say workplace violence has led them to change jobs, leave jobs, or consider leaving a job or the profession entirely

Percent of surveyed nurses that experienced the following:



Source: Hollowell, A. Violence affects nursing recruitment, retention, National Nurses United report finds. <https://www.beckershospitalreview.com/nursing/violence-affects-nursing-recruitment-retention-nnu-report-finds>.

Health care workers are five times more likely to sustain a workplace violence injury than those in other professions.¹⁶ Nurses are often subject to a variety of violent behaviors due to their frontline position in health care settings, with acts of violence most commonly perpetrated by patients, families, and visitors.¹⁶ The highest number of assaults occurred in psychiatric units, which faced nearly 10 times the rate of nonfatal intentional injury, followed by emergency departments and pediatric units.^{16,17} Among the main reasons for workplace violence were miscommunication, dissatisfaction, and noncompliance with procedures.¹⁸

"In July [2023], a nurse at Atrium Health Carolinas Medical Center in Charlotte was stabbed in the neck with a pen when he tried to help a colleague who was being attacked by a patient, Charlotte-Mecklenburg police said.

At Duke Raleigh Hospital in 2022, a patient punched a nurse so hard that he knocked her unconscious and fractured her nose and eye socket.

At New Hanover Regional Medical Center in Wilmington, a patient was charged with attempted murder in 2022 after he attacked two emergency room staff members, choking one until she fell unconscious and trying to snap the other's neck."

June Onkundi, a psychiatric nurse practitioner and registered nurse, was fatally stabbed at an outpatient clinic in Durham in 2022.

-NC Health News. Cursed at. Shoved. Punched. Bitten. Violence against doctors and nurses is rising. A new N.C. law aims to help protect them. <https://www.northcarolinahealthnews.org/2023/11/06/violence-against-doctors-nurses-is-rising-new-law-aims-to-help-protect-them/>; The News & Observer. WakeMed psychiatric nurse impured after she's killed in Durham. Patient is in custody. <https://www.newsobserver.com/news/local/crime/article2676702.html>

IMPACTS OF WORKPLACE VIOLENCE

Psychological problems and physical injuries are two consequences of workplace violence.¹⁸ These issues can be short-term or long-term and range in intensity from minor to serious physical injuries and/or psychological trauma.¹⁹ The non-physical impacts of health care workplace violence can include:

- Short- and long-term psychological trauma
- Fear of returning to work

- Changes in relationships with coworkers and family
- Feelings of incompetence, guilt, powerlessness
- Fear of criticism by supervisors or managers²⁰

Other consequences of workplace violence include decreased productivity, increased turnover, increased absenteeism, and a decrease in staff morale.¹⁸ **Workplace violence is a leading cause of job dissatisfaction among nurses.**²¹

PREVENTING PHYSICAL VIOLENCE IN THE WORKPLACE

Employers can mitigate workplace violence through actions such as:

- Reduce risk of exposure to violence by identifying facility-specific challenges (e.g., staffing, high occupancy, prevalence of patients with mental and/or behavioral health conditions, patient and family stressors)
- Examining organizational risk factors, such as lack of facility policies and understaffed facilities
- Implementing engineering solutions, including architectural adaptations such as metal detectors, enclosed nurses' stations, limited access to certain areas (e.g., intensive care units, emergency departments, and pediatric units) with locked doors, and furniture affixed to the floor if possible. Alarm systems or other response devices such as panic buttons at nurses' stations are also considered engineering tools.²⁰

An appropriate combination of prevention methods can elicit a balance between providing a safe health care setting and maintaining a welcoming and workable environment for staff, patients, and visitors.²⁰ Engineering controls should be used in tandem with administrative controls to ensure risk is best addressed and appropriate to the health care setting; for example, controls set in place for an urban emergency department may not be suitable for a community care clinic.²⁰

IMPLEMENTING PREVENTION TOOLS IN LOWER-RESOURCED PROVIDER SETTINGS

Along with important administrative and process actions, a variety of environmental controls and strategies can be used to help prevent experiences of violence in health care settings. These can include changing floor plans, improving lighting, installing mirrors, installing security technologies (e.g., metal detectors and cameras), controlling access to certain areas, altering the structure of nurses' stations, and replacing furniture with sturdier alternatives.²⁰

Several large health systems in North Carolina have implemented many of these environmental controls.²² Doing so can come at great cost and those costs can be a barrier for smaller or lower-resourced safety net providers.

What is a Safety Net Provider?

A safety net health care provider is a type of medical provider or institution primarily engaged in delivering health care services to populations or individuals who are underserved, either due to financial hardship, insurance status, or other barriers. Types of safety net health care providers include:

- Community health centers
- Public hospitals
- Free clinics
- Rural health clinics
- School-based health centers

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KEY RESOURCE NEEDS



Best Practices: Associations representing employers should help them address issues of workplace violence by:

- 1) Identifying existing research related to environmental factors (i.e. design, clutter, noise) to reduce stress for health care professionals, patients, and visitors. Best practices should be shared with member facilities.
- 2) Providing resources to help employers understand best practices for enforcing policies that are in place to reduce experiences of violence in the workplace.

Systems change: Major contributing factors to violence against nurses and other health care workers include patient frustrations with long wait times, challenges finding beds for patients with mental health conditions, and understaffing, among many others. These challenges will require a broader approach to addressing health care payment and provider systems and processes. While prevention of violence in the current system is vital, it does not address the underlying factors contributing to the increase in violence in health care settings.



Financial resources: Implementation of environmental controls and other protective policies and procedures will require additional financial resources. Health care organizations that do not receive any outside support for these efforts would have to reallocate existing financial resources or identify additional funding.



Advocacy or public awareness: Trade associations that represent employers, along with groups such as the North Carolina Nurses Association, North Carolina Medical Society, North Carolina Future of Nursing Action Coalition, AARP North Carolina, and the North Carolina Department of Health and Human Services, could create and disseminate public service announcements that emphasize the importance of civility in health care settings, provide patient education about effective communication in health care settings, and raise awareness of the issue of violence toward nurses and other health care workers.