

## 2012 WNA Reference Report Proposal #2

**Subject:** Addressing Workplace Violence  
**Submitted by:** WNA Board of Directors  
**Strategic Imperative:** 5.3 Advocate for health and safety for workers in healthcare

Summary: For many of the nation's three million registered nurses, workplace violence is not an isolated incident. Wisconsin's 77,000 RNs are not exempt in this statistic. As the largest group of health care providers in a myriad of practice settings, nurses are frequently at risk for workplace violence, including verbal and physical assaults from patients and visitors. Statistics indicate that violence against nursing professionals is one of the most dangerous workplace hazards facing nurses today. Health care leads all other industries in the number of non-fatal assaults resulting in lost work days in the United States. Workplace violence also has a significant effect on the victim and the health care system. Nurses who have been assaulted report physical and emotional suffering with residual effects including stress, anxiety and loss of employment. Health care workers who leave because of assaults and threats of violence contribute to a health care workforce shortage. Health care leads all other industries in the number of non-fatal assaults resulting in lost work days in the United States (Campbell et al., 2011).

In early 2012 OSHA cited a Wisconsin healthcare facility for exposing employees to workplace violence at health care facility and treatment center, a Wisconsin Hospital reported several nurse injuries related to patient violence and personal stories by Wisconsin nurses regardless of work position report increases in violence against nurses in the health care setting. In New York, a psychiatric nurse who was assaulted at her place of work continues to wait for the police to begin the investigation of the incident so that charges can be filed.

In most states, assaulting a nurse is a misdemeanor and health care employers are not required to deter or prevent violence in health care work settings. California, Washington, New York, New Jersey and Connecticut have laws requiring comprehensive workplace violence prevention which include data collection, hazard assessment, hazard controls, training, environmental controls, front line employee involvement, post assault support and transparent recordkeeping.

A study conducted in 2009 by the Emergency Room Nurses Association revealed that Wisconsin is one of the states where there is an absence of statutory language addressing workplace violence and no criminal laws specifically addressing the penalties for assaulting nurses and other health care workers. Health care employers have access to voluntary guidelines for workplace violence programs with limited implementation. States that have mandatory, comprehensive workplace violence laws also have more workplace violence programming in their health care facilities.

ANA has model workplace violence prevention legislative language that is available to states.

To further call attention to this issue, the 2012 ANA House of Delegate passed a Resolution which states *"Petition the U.S. Occupational Safety and Health Administration to promulgate code language requiring health care and social services employers to develop comprehensive workplace violence prevention programs which include: management commitment and employee involvement; risk assessment and surveillance; and hazard controls that include environmental, architectural and security controls, training and education, post assault programs and recordkeeping."* It was recommended that the individual states work with their state Attorney General to pursue greater criminal charges against the perpetrator of violence against nurses.

### **Recommendations: That the Wisconsin Nurses Association**

- 1. Form a Task Force to identify the prevalence of violence against nurses and other health care workers in the workplace in Wisconsin.**
- 2. Develop a Wisconsin legislative or regulatory strategy that increases the criminal charge/penalty for those perpetrators committing acts of violence against nurses and other health care workers.**
- 3. Develop a tool kit of best practices for identifying and deescalating potential workplace violence.**

**WNA Goal:**

Goal 2. Assure that the registered nurse is an essential provider in all practice settings through education, research, workplace advocacy, legislation, and regulation

**Implementation Strategy and Fiscal Note (Estimate)**

Recommendation	Activity	Responsible	Cost
1. Form a Task Force to identify the prevalence of violence against nurses and other health care workers in the workplace.	1. WNA Board of Directors will appoint members to the Task Force that include Nursing Practice & Quality Council, Workforce Advocacy Advisory Council and interested members. 2. The Task Force will identify and invite associations representing other health care workers to be part of the Task Force.	1. WNA Board and Task Force. 2. WNA Staff	6 – 1 hour Conference Calls = \$100 2 - Face-to-Face Meeting at WNA Office = \$400.00  Total= \$500.00
2. Develop a Wisconsin legislative or regulatory strategy that increases the criminal charge/penalty for those perpetrators committing acts of violence against nurses and other health care workers.	1. Task Force will provide a report of issues and concerns that require statute or regulatory changes to WNA’s Public Policy Council. 2. Public Policy Council will form a coalition comprised of the associations representing other health care workers to develop legislative and/or regulatory strategy. (Coalition)	1. WNA Board and Task Force. 2. WNA Public Policy Council 2. WNA Staff	1 Face-to-Face meeting with Task Force = \$200  Meeting with political strategist consultant = part of retainer.  Face-to-Face Coalition meeting = \$200  WNA Public Policy Council Meetings = already addressed in Council budget. Total = \$400.00
3. Develop a tool kit of best practices for identifying and deescalating potential workplace violence.	1. Task Force will identify best-practice tools for identifying and deescalating potential workplace violence. 2. Publish best-practice toolkit.	1. WNA Board and Task Force. 2. WNA Nursing Practice & Quality Council 3. WNA Workforce Advocacy Advisory Council. 4. WNA Staff	1. 1 Face –to-Face meeting with Task Force and Councils = \$200 2. Joint meetings with NP&Q and WFA Advisory Councils 1 Face-to-Face - \$100 3 Conference Calls = \$100 3. Printing and on-line publishing of toolkit = \$50 Total = \$450
	Develop Report and Recommendations	1. WNA Board and Task Force. 2. WNA Nursing Practice & Quality Council 3. WNA Workforce Advocacy Advisory Council. 4. WNA Staff	1. Publish Final Report and Recommendations – Practice and Policy. Printing and on-line publishing = \$100
<b>Total</b>			<b>\$1450.00</b>