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## Preventing Workplace Violence Against Nurses

### WORKPLACE VIOLENCE AGAINST NURSES

Workplace violence against nurses occurs at an unacceptable rate in many healthcare settings. Over 200,000 assaults take place on hospital workers annually. Yet research and person experience tells us many more stories of violence go untold. How can individuals and healthcare facilities address and prevent workplace violence against nurses? You are listening to ReachMD XM157, The Channel for Medical Professionals. Welcome to a special segment, Focus on Healthcare Policy. I am your host, Dr. Jennifer Shu, practicing general pediatrician in office. My guests are Dr. Diana Mason, Registered Nurse and Editor in Chief of the American Journal of Nursing and Sharlene Richardson, Registered Nurse and advocate for workplace safety.

#### DR. JENNIFER SHU:

Welcome Dr. Mason and Ms. Richardson.

**DR. DIANA MASON:**

Thank You.

**MS. CHARLENE RICHARDSON:**

Thank You.

**DR. JENNIFER SHU:**

Today we are discussing workplace safety for nurses in healthcare settings. Ms. Richardson, let us talk a little bit about nurses. Are they aware of the problem of workplace violence when they go into the profession?

Ms. **CHARLENE RICHARDSON:**

When they go into the profession, I do not believe they are although that seems to be coming alive with all the education that is out there.

**DR. JENNIFER SHU:**

So, Dr. Mason, do you feel that workplace violence is deterring any nurses from entering the profession at this point.

**DR. DIANA MASON:**

I do not think it is deterring them from entering, but it is the factor in retaining nurses and I would like to give the analogy of a revolving door. We are concerned about the nursing shortage; we can never produce enough nurses if we do not stop the revolving door and that means fixing the work environment whether through better staffing, whether through doing what is necessary to reduce workplace violence, whether to improve nurse-physician communications, whatever it is we need to do what is necessary to stop the nurses from leaving before they are retiring.

**DR. JENNIFER SHU:**

Ms. Richardson, from a personal level for a nurse, are there safety tips that you might recommend to try to prevent workplace violence?

**MS. CHARLENE RICHARDSON:**

I think the training that we can get with regard to management of aggressive behavior and deescalation techniques is very important. I think nurses need to practice with extreme caution no matter where they work and I think that this is something that is a problem that people do not like to look at because it is ugly, but it is really I mean to look at in its ugly state and deal with it and it is not an easy thing to do in this profession because we are committed to safe patient care and that commitment reflex is very vulnerable.

**DR. JENNIFER SHU:**

From the list of guidelines that I saw Dr. Mason included such tips as do not carry keys or pens that could be used as weapon, do not wear something around your neck that could turn out being a weapon, only put your first name on the name tag, use a buddy system. How practical do you think these things are and do they work?

**DR. DIANA MASON:**

I do not think they are very practical in most situations and I think what Charlene Richardson was just saying is much more important in terms of nurses learning techniques around deescalating abusive situations. How to identify patient's sure risk of abusive behavior or violence and how to try to minimize the likelihood that violence will occur. I wanted to make a couple of other points. One is this also does happen in home care and I do think there are things that home care agencies have done to reduce the likelihood that nurses will be targets of violence in communities and they have done things like changing the requirements that the nurse wear a uniform and that the nurse carry a bag that is identifiable as a nurse's bag, because people often think that you have drugs in there when you do not. Even things like what kind of car you are driving and some agencies are actually hiring security people to go with the nurses in high crime areas. So, there are steps that certainly home care agencies have been taking because the nurses out there are usually on his or her own, but when you are taking about

a hospital you are talking about an environment that is not just are individual nurse's responsibility and while what the individual nurses does is important and I think every nurse needs to take responsibility for what kind of workplace they work in and how to pay attention to violence and try to prevent it. It really has to be with the full support of the hospital. I think there are things individual nurses can do, but only they are not going to get the full effectiveness of the kind of preventive and management techniques that can be put into place unless they have the full hospital support, so administrative need to take this matter quite seriously and see it as a responsibility of theirs as the employer and as the responsible party for a safe work environment.

**DR. JENNIFER SHU:**

Once an actual violent act has occurred, is there a procedure in place, Ms. Richardson for reporting the incident. Who is supposed to be doing this reporting?

**MS. CHARLENE RICHARDSON:**

The employee report the incident to the employer and there is supposed to be sort of like an algorithm or lack of a better word that the employer goes down, you know with regard to critical stress, incident debriefing and all that. However, my experience is that it is on paper but it does not actually take place.

**DR. JENNIFER SHU:**

Why do you feel that a lot of reporting is going missed?

**MS. CHARLENE RICHARDSON:**

The employee feels bullied. First of all, there is this misconception we discussed with regard to assaulted part of the job and the employer is afraid of the bad publicity. So, they will do anything in my experience to try to make the incident go away and to quite the employee.

**DR. DIANA MASON:**

And if I could add to that 15 years ago, when I was working in a hospital in the New York City, there

was a report of an incident of a surgeon actually throwing instruments at a nurse and when I confronted the clinical director of nursing in the OR with the issue and said we cannot tolerate that. She said to me, Diana, have you ever been an OR nurse and I said no and she said, well that you just do not understand our culture. She said this is the OR and so there has been this attitude, that it is okay and if the nurse did the reporting now, I do not have experience of the nurse reporting violence by a patient and having administration not act but in the case of a physician being the perpetrator of the violence then the administration historically has looked the other way because the physician admits the patient and is the source of revenue for the hospital. I think that is trying to shift and certainly within the VHA system, there used to be voluntary hospital association network; there is the CEO of the hospital who has started zero tolerance of abusive behavior policy that every single person in the hospital must sign on. Obviously, if you are a patient you are not signing this when you come in. So, it does not deal with patients and families, but it does deal with the issue that Charlene lays down, horizontal or lateral violence within the work place and people find this code of conduct saying if I am abusive the first time I will be counseled, the second time I will be dismissed and they are dismissing even the revenue generating physicians who continue to be abusive. So, it is really having somebody at the top saying we need a respectful environment and I am holding everybody to this expectation.

**MS. CHARLENE RICHARDSON:**

And since the patient turned to be committing the bulk of these assaults, a code of conduct for patients might not be such a bad idea either.

**DR. DIANA MASON:**

And in some institutions they are trying to post signs saying no violence tolerated and particularly in environments like an emergency department.

**It sounds like a good start. If you have just joined us, you are listening to a special segment focussed on healthcare policy on ReachMD XM157. I am your host, Dr. Jennifer Shu. Our guests are Dr. Diana Mason, Registered Nurse and Editor in Chief of the American Journal of Nursing and Charlene Richardson, Registered Nurse and advocate for workplace safety.**

**DR. JENNIFER SHU:**

Ms. Richardson, if a nurse is a victim of workplace violence how can coworkers provide some support for them. How should coworkers respond?

**MS. CHARLENE RICHARDSON:**

The way that co-workers need to respond is as you would respond to any patient who signs in, who has been a victim of violence no matter what that level of violence is. It is so important because you can re-injure the victim where there is a domestic violence incident. How you approach that person you can definitely re-injure the victim and you re-victimize them and I have experienced that first and it is very painful. So, I am very sensitive to that and you know, may be a better nurse today.

**DR. JENNIFER SHU:**

Ms. Richardson, you were talking earlier about critical incident, stress debriefing and just some kind of followup to the incident. Other than physical injuries are there may be some emotional or psychological symptoms that might be seen in a victim of violence?

**MS. CHARLENE RICHARDSON:**

Absolutely, the post effect of any type of violent incident be it verbal, physical can come with a range of symptoms and level of injury to include, you know, posttraumatic stress disorder. They are victims are they need to be treated as such.

**DR. JENNIFER SHU:**

Dr. Mason, any thing to add regarding critical incidents, stress that might follow such incidents?

**DR. DIANA MASON:**

This is related, but I want to just point out that one of the problems that we as nurses deal with when

we are talking about physical violence, I think we need to remember the violence also can be emotional and nursing is notorious for this lateral violence, its bullying and it is a huge problem. It is a problem that exists particularly for new nurses. They are leaving in rows. They will not put up with what some of us put up with years ago and so there are a number of efforts going on to try to raise nurse's awareness about how to stop the bullying behavior, how to name it when you see it and again trying to create a workplace that says we are a place of respect, mutual respect for everybody and we do not put up with violence and abuse from any one and it has to start I think with

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