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Supervisory Resources & Legislative Efforts to Protect Nurses

WORKPLACE SAFETY IN HEALTHCARE SETTINGS

Our Presidential Election is only days away, 48 million people in America are uninsured and healthcare costs are rising 2 to 3 times faster than our nation's GDP. Where will America's healthcare system be in 5 years. Welcome to ReachMD's monthly series, Focus on Public Health Policy. This month we explored many questions facing healthcare today.

Everyday nurses relate on a personal level with their patient. It can certainly be a rewarding interaction, but too often when patients and/or their visitors are unhappy, nurses bear the brunt of the anger, which too often turns to violence. What administrative resources and legislative efforts protect our safety for nurses and for other healthcare workers.

You are listening to ReachMD XM-157, The Channel for Medical Professionals. Welcome to a special segment, Focus on Healthcare Policy.

I am your host, Dr. Jennifer Shu, Practicing General Pediatrician and Author. 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. SHU:

Welcome Dr. Mason and Ms. Richardson.

DR. MASON:

Thank you.

MS. RICHARDSON:

Thank you.

DR. SHU:

Today we are discussing workplace safety in healthcare settings. Dr. Mason can you talk a little bit about what facilities can do to try to prevent violence in the workplace.

DR. MASON:

One is fairly obvious and that is having adequate security and this includes in emergency departments where you often have victims of violence arrive to the emergency department and their maybe the perpetrators maybe coming in after them to finish the job so to speak, and it is just can often be a volatile situation. Obviously on psychiatric units, I have heard from nurses who said our units are not safe. We are in lock down and yet we are left up here with no security in case violence does happen. So hospitals have to provide adequate security, but I think there is this idea of making sure that our institutions are being respectful places all around and the joint commission for accreditation of healthcare facilities has issued new regulations that will go into place in January calling for every institution to have a code of conduct and that code of conduct applies to the behavior of employees within that organization and I believe that's where this has to start, that if we are expecting patients and family members to be respectful and to not be abusive physically or emotionally, we need to not have a work environment where they witness abusive behavior going on all the time amongst staff. So I think this may help quite a bit. Hospitals can put up no violence signs, hospitals can have a written policy on what do we do, is this institution saying we will do, to try to prevent violence from occurring here and what steps will we take when it happens and I think that Charlene Richardson has some real concrete examples of how Massachusetts Nurses' Association has been trying to do this with hospitals.

DR. SHU:

So Ms. Richardson, once somebody a nurse or administrator recognizes the problem of workplace violence, how do they take it to the next level and advocate for legislative changes.

MS. RICHARDSON:

I have been met and kind of stonewalled on this issue to the extent where I kind of feel like I have fallen on sort of bit with my workplace violence experience. What I can tell you is through our union we have drafted union contract language that stipulates the strict actions that employers must take to prevent workplace violence including increasing security measures, better lighting, escorts to the nurses to the parking lot on the night shift, a process for documenting and responding to workplace violence and the requirement to develop a detailed program to prevent it from occurring and we have also done things at the legislative level also.

DR. SHU:

Ms. Richardson again have you found the legislature to be receptive to your concerns?

MS. RICHARDSON:

I have not and that concerns me.

DR. SHU:

Dr. Mason what is your experience been with legislatures?

DR. MASON:

I have not been actively involved in trying to push legislation or regulations around this issue. I actually would be interested in why Charlene thinks they have not responded and whether there is enough pushback from the hospitals to not have policies mandated that the legislature is going along with that.

DR. SHU:

Ms. Richardson why do you think they are not being responsive and what could change that?

MS. RICHARDSON:

Well first of all, a lot of the problems that we have and lateral violence that goes on and the stressful environment that we have and that we live and breathe daily is whole in part due to unsafe staffing, which the legislature has looked at, but not reacted in a way that is conducive to change. Secondly, I have been on the front line with trying to be involved with legislation that would allow for a safer work environment for nurses to include a Workplace Violence Prevention bill that did move along and got to Senate Ethics and Rules this year, which was definite movement, however, it has gone nowhere this year, so we will have to re-file it next year and more importantly, I have been very actively involved in filing an assault bill at the level of the legislature and I have been involved in that for 5 years and I cannot even get that out of committee. Now this is a non-controversial bill that just changes the present law and just increases the safety for nurses and adds them to a present law that protects EMTs and firefighters out of the hospital and then it brings the safety into the hospital for the nurses with regard to assault in the workplace.

DR. MASON:

And Dr. Shu if I could point out that I think what may be a factor here may actually be some gender discrimination. We know in New York City nurses here have been trying to get designated a physically hazardous profession as firemen and policemen are because nursing has this almost same rate of injury, physical injury as well as they are exposed of course to infectious diseases and other kinds of hazards in the workplace including violence and so they wanted to get the city to and the state has to do it as well to pass new policy saying that nurses would be considered having hazardous duty and would be able to retire after 25 years in the New York City Healthcare System and unlike firemen and policemen, the nurses were billing to bear the burden, the full cost of this change, so they would just proactively pay more into their own pension and be able to retire at 25. They have been unable to get that passed and I am convinced that it is because we are predominantly women's profession still and we are not seen with the same power, even though there are more of us. There are 3 million nurses in this country. We do have voting power, but I don't think that we are seen in the same light as male-dominated professions.

DR. SHU:

What about actually placing police officers in the hospital setting.

DR. MASON:

Well actually that's what some hospitals in very high crime-ridden areas have done, usually though they hire their own security. There are conflicts around that though too. Hospitals have to have really good policies or else in some situations the security people have actually interfered with care when the should not have, but I think it is a must for hospitals to make sure that they have a secure, safe environment, and if that means hiring additional security, they need to do that. However, if you are talking about hiring more staff, I think they should look very carefully at do we have this problem because we don't have adequate nurse staffing. If we have better nurse staffing, which by the way we have the research to show that adding more RNs does not necessarily cost the hospital more in the long run, that you can actually save money by hiring some more RNs and so if you are going to add security, you really should give thought to why do we have such a violent situation. Is it because our nurse staffing is inadequate and should we try to do something about that first and some other develop good policies around preventing and managing violence.

DR. SHU:

Ms. Richardson in your experience, has inadequate staffing contributed to workplace violence?

MS. RICHARDSON:

Absolutely. I have to agree with you 100%, yes I would answer that absolutely.

DR. SHU:

So other than advocating for staffing changes, are their guidelines that a hospital can follow or resources that they can turn to, to try to make improvements in the situation, Ms. Richardson again.

MS. RICHARDSON:

From the perspective of the nursing union, the mass nurses association, the largest nursing union in the state, we spend enormous resources educating the nursing community that workplace violence is not acceptable, it is not part of the job, the nurses can call 911 and they can demand to be safe and we were always looking to work with the hospital and there are hospitals out there that do a great job with this, but they are the minority, right now when we want to make them the majority, so maybe spotlighting those hospitals that are doing a great job is the answer.

DR. SHU:

Dr. Mason do you feel that there are different challenges for large hospitals versus smaller office-based practices and what would they be.

DR. MASON:

I think more so it has to do with the communities that these hospital and practices are located in. I think any practice in a high-crime area is a risk and you need to pay very close attention to how will the crime in our community spill over into this practice, whether a

hospital or an office-based practice. However, I also think that particularly larger hospitals are so bureaucratic and there are so many problems that they have to deal with that this often is low on their scale of interest, although there are some very top-performing hospitals that are large hospitals that have safe and secure environments and good safe workplaces. I think some smaller community hospitals actually there is this more of a sense of community. You know you have a community that thinks, this is my hospital, we need to be very careful and the nurses are part of the community and the physicians are part of the community and so violence within that setting is seen as violence against your own, and so I think part of it depends upon the extent to which the people in the community who if you are talking about patients and families, the extent to which they are seeing the practice or they are seeing the hospital as part of their family, part of their community. When it is just seen as a BMF, that is buying up all the property in the neighborhood and doesn't really care about the concerns of the community, I think the anger towards that institution gets played out against some of the workers.

DR. SHU:

Now when a hospital worker or healthcare worker is a victim of a violent act, what is the hospital's role in providing medical and psychological services, Ms. Richardson.

MS. RICHARDSON:

There is supposed to be the options to get medical care obviously and with regard to followup or critical incident debriefing, there is supposed to be something that takes place, but I honestly have to tell you that I saw everything but that. It looks really good on paper, but if it is not there and it doesn't happen, what good is that and that was my experience.

DR. SHU:

Dr. Mason do you have any experience with passable success stories where the hospital actually did provide adequate services following an incident.

DR. MASON:

Not a hospital, but a home healthcare agency, and sorry I am not going to remember the name, but I believe it was in New Jersey where a nurse was assaulted on a home visit. I don't know remember that is was by a patient or family or somebody in the community, but I think was left unconscious and they were very assertive in taking a look at, first of all responding right away to making sure that anything she or her family needed was provided. They were not to worry about bills, they continued her pay, they reassured them that we are here for you which I can think is really, really important. Second is that they cooperated with the police in terms of trying to determine who the perpetrator was and have cooperate in anyway they could including trying to get messages out to the community. They have been willing to pursue legal action and support legal action in anyway possible. The set up groups for the staff to meet and talk about, how were they responding to this, what was their fear and concern and then they put together a policy on here is what we will do to prevent violence from occurring, here is what you can expect from us in terms of responding to violent situations. So you are a home care nurse, you are about to go on a visit, you don't feel safe. You are expected to tell the agency, I feel like I need a companion on this trip and they will provide it.

DR. SHU:

I would like to thank our guests Dr. Diana Mason and Ms. Charlene Richardson, we have been discussing workplace safety in healthcare settings.

I Dr. Jennifer Shu, you have been listening to a special segment, Focus on Healthcare Policy on ReachMD XM-157, The Channel for Medical Professionals. Be sure to visit our web site at reachmd.com featuring on-demand podcasts of our entire library. For comments and questions, please call the toll free at (888-MD-XM157) and thank you for listening.

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