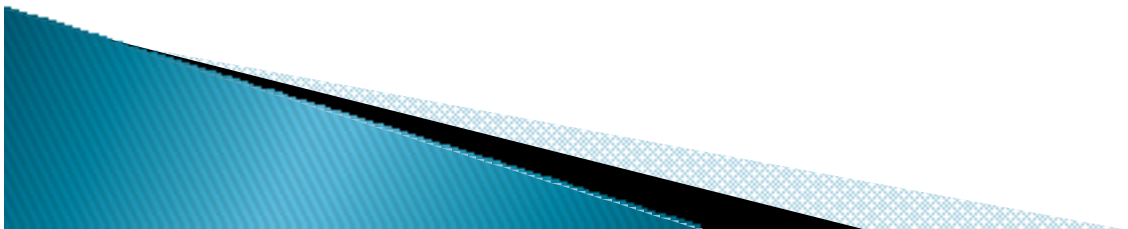# ANA – NDNQI Conference

January 27 and 28, 2011

Title: Workplace Violence—An Unfortunate Reality

Nurses as "Wounded Healers"

Presenter: Lee Ann Hoff, PhD, MSN, RN

Descriptor:

Workplace violence (WPV) is never acceptable; however, it is a confirmed critical world-wide issue. WPV erodes a culture of safety and affects healthcare personnel and patients. The problem and solutions will be presented.

Learning Objectives:

1. Discuss the problem of workplace violence (WPV), including bullying

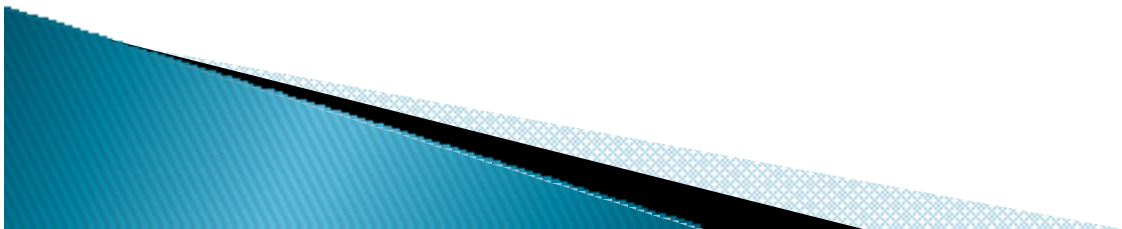2. Discuss solutions to staying safe from WPV on the job in healthcare

Overview:

Underlying assumptions, key points, and questions

▸ Nurses already know basics of Crisis Intervention (C.I.) in hostile or life-threatening encounters at work

▸ HOWEVER: C.I. skills necessary but NOT SUFFICIENT for effective WPV response

▸

▸ WPV -- More complex than individual skills or unenforced safety policies

▸ Individual efforts alone-- like "plugging a hole in a leaking dike" without examining origins of the leak

▸ Informing this session-- Wisdom from historian Santayana: Those who do not know history are doomed to repeat it.

KEY QUESTIONS

1. Why, for over a 100 years, are nurses facing similar problems of exploitation and abuse?

2. What can individual nurses and the profession do to end the cycle of workplace violence and exploitation?
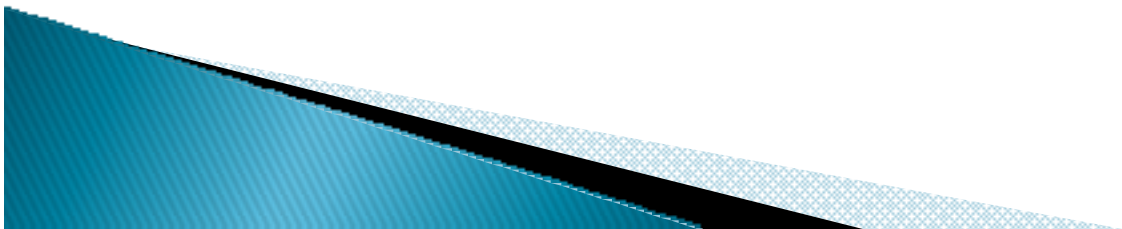
Content Review and Key Points

1. Consider workplace violence against nurses in current, historical, and cross-cultural context

▸ Nurses rank just after police and firefighters in rates of injury and/or death on the job

▸ History: Gordon– Journalist (2010); Ehrenreich & English—Women's Studies Scholars (1973); Ashley--Nurse (1976); Reverby--Historian (1987)

▸ Similarity with other female-dominated professions: Gender, Race, and Class interface
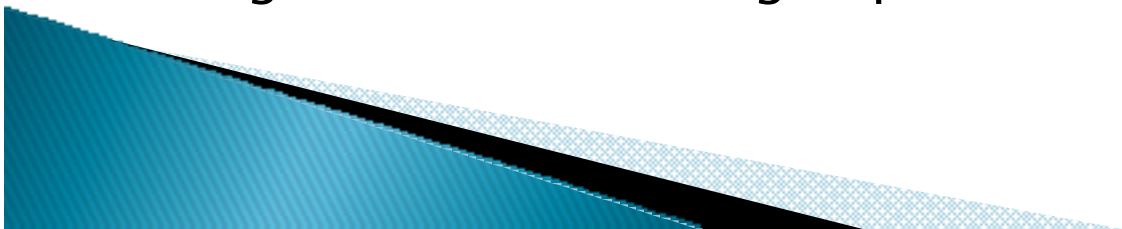
▸ Vignettes from nursing experience

2. **Identify the personal, epidemiological, and socio-economic consequences of workplace violence and abuse**

▸ Long-term physical, psychological, and personal economic consequences

▸ Negative impact on patient care outcomes: Injured nurses hindered in healing role

▸ WPV connections to nurse drop-out rates, national shortage of nurses, and preventable costs to individuals and healthcare industry

▸ Need to interrupt vicious cycle: Abuse, drop-out, re-train, abuse new recruits

▸ Bullying behavior and "oppressed group behavior"

▸ New nurses and students at high end of risk for bullying

▸ Vignettes from nursing experience

3. Review risk assessment, prevention, and crisis intervention skills in hostile, dangerous, and/or life threatening situations

- Evidence-based danger assessment criteria

- Application of key indicators of danger in diverse clinical situations

- Crisis care and follow-up service for injured nurses

- Dismissing abuse and injury as "part of the job" vs. result of failed policies and historical expectations and exploitation of female workers

- Class, race, gender interface: Female ethnic minority CNAs pay highest price of injury rates and disempowerment

- Vignettes from nursing experience

4. Identify individual, institutional, professional, and educational strategies to promote safety and lasting change in the healthcare workplace

- Engage front-line nurses in drafting and enforcing OSHA and NIOSH safety standards and agency policies

- Beware of "cooptation" of nurse managers in policies that shortchange worker safety

- Collaborate with nurse educators to better prepare nurses in C.I. skills, workplace policy and safety issues, and social change strategies

- Think "outside the box," engage allies, and NEVER WORK ALONE on an issue that is essentially socio-economic, political, and cultural

- Vignettes from nursing experience

INVITATION

Conference participants are invited to send examples of "best practice" and/or questions which might serve as "real life" discussion points following the formal presentation in this session. Such examples will be considered as well for the article planned for publication on this topic.

Thank you.

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