

SITUATION/ASSESSMENT

Staggering Statistics

A literature review confirms that workplace violence (WPV) is not only a problem within our community, but around the world.

- The incidence rate of WPV per 100,000 healthcare workers has increased 62.5% since 2011
- Healthcare workers account for 73% of all nonfatal injuries related to violence in 2018 and are five times more likely to be victims of WPV
- Nurses have the highest incidence of WPV related injuries
- Nurses face 1.7 times more risk of injury related to WPV than other health care workers
- The perpetrators of these WPV incidents largely consist of patients and their families

Workplace violence is an international problem; a pandemic.

Current Challenges Associated with WPV

In the MICU at OHSU, from 4/2022 - 11/2023, 466 of those 609 days nursing dealt with volatile situations, a total of 77% of the time.

Current challenges or assessments are significant for:

- A palpable and unique burnout
 - Specific WPV events correlated to increased sick calls.
 - Comparatively, lower call-out rates during the previous year, 2021 COVID.
 - Research shows that nurse's experience of WPV is associated with increased depression and burnout, decreased job satisfaction, and reduced retention.
 - Severe compassion fatigue contributes to patient safety risks. Research demonstrates that abuse is associated with increased medical errors and adverse events
- Perceived lack of administrative support and follow through, leaving nursing staff to manage on their own.
 - Patient Advocate supports the patient
 - Ethics and Legal - helps to protect patient and hospital
 - All administrative resources are catered to the patient and hospital needs, but not the nursing staff
- Public safety, as it is structured now, is not a sufficient resource to assist in escalating situations.
 - Public safety is short staffed, and maintains presence where they are needed most; the emergency department
 - Code Green – delayed response, cannot intervene in escalating circumstances unless the patient is on a medical hold, resulting in zero intervention for visitors or family
 - Little follow through or follow up – adding to the unease and anxiety of the unit

The pulse of nursing is steady, unstable, and constantly wavering in relation to these events. We are not only concerned for our future in nursing, but for the long-term effects these events have on patients and their care.



Your Silence, More Violence

Workplace violence (WPV) events, unacceptable behavior, and complicated volatile social situations are increasing in the critical care setting. The response to these situations needs **reconstruction**.

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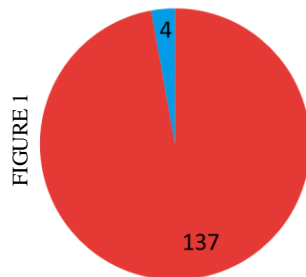


References

Workplace violence needs strategic, effective interventions from institutional administration. The time for implementation is now!

Survey of OHSU Critical Care Staff, n = 141; October 2023

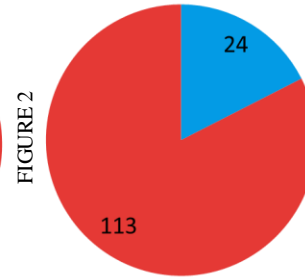
Have you experienced workplace violence [...] within healthcare?



■ Yes ■ No

97% of participants have experienced WPV

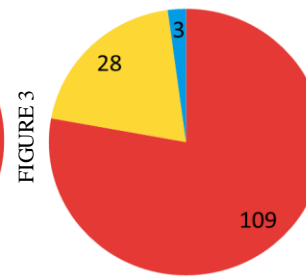
In your experience was there accurate resolve or follow up to the situation?



■ Yes ■ No

Of that 97%, 83% of staff felt that there was not adequate resolution or follow up

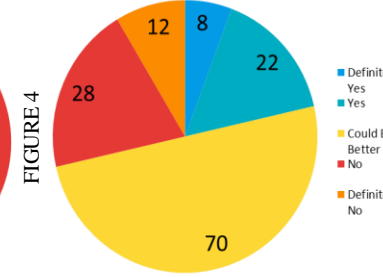
Question assessing support of implementation of a "Nursing Staff Advocate and Rep."



■ Yes ■ Maybe ■ No

77% supported implementing this role and thought that this could be a positive intervention in addressing WPV

Do you feel safe and supported at work in relation to workplace violence?



■ Definitely No
■ No
■ Could Be Better
■ Yes
■ Definitely Yes

79% of participants reported they either did not feel safe/supported, or that there was room for improvement in the administrative response to WPV

RECOMMENDATIONS

1. Employ a Nursing Staff Advocate & Representative

Employ a critical care "Nursing Staff Advocate and Representative."

- Evaluate socially difficult situations, provide resources, documentation, follow-up, educate and advocate for staff and culture
- Go with patient advocate, legal, ethics, etc. at first initiation to represent staff, set precedent
- Work closely with public safety
- Educate critical care staff and leadership on de-escalation conversational tactics.
- Broaden scope to all units in need

Research shows that follow up on an organizational level improves reporting and emotional wellbeing of staff. A dedicated role to provide clear and consistent follow-up is paramount.

2. Changing the Tone

- Set the precedent of what will not be tolerated.
 - Utilize posters to clearly identify expectations
- Prioritize staff safety.
 - Tools such as door barricades and window coverings
 - Panic buttons
- Prepare and train staff for violent emergencies
 - A clear safety plan in place if imminent threats such as active shooters present.
 - Leadership with a confident knowledge of a safety plan and practiced it.
 - Ability to quickly limit access and clearly communicate.
- Prepare and train staff for an evacuation

We are in a state of reaction in a time when we need to be proactive. The staff who maintain this facility, and the families who count on them, deserve proactive plans regarding their safety and well-being.

3. Adopt Safety Plan

Implement a hospital wide protocol or plan to reference when inappropriate behavior or violence persists.

- Hold patients, visitors, and staff accountable for safety
- Clearly identify examples of violent behaviors
- Define the consequences, ie an administrative discharge
- Define both nurse and physician role for implementation – associated job aide
- Describe role of visitors and expectations around their visit.

Having something to reference and clearly enforce supports the staff and advocates for safety of the units