



National Nurses United
Workplace Violence
Prevention

Eva Schultz and Kaitlin Simpson



**National
Nurses
United**

Workplace Violence and Occupational Health

- Surge in workplace violence among nurses nationally. 81.3% of nurses have experienced violence on the job within the past year.
- Employer's have a responsibility to prevent workplace violence.
- Federal Workplace Violence Prevention Standard
- Nurses are the experts.



Project Objectives

1. Analyze workplace violence survey data

2. Conduct nurse focus groups

3. Giveback products

- ✓ Story Database
- ✓ NNU Report
- ✓ 2 Fact Sheets

🍷 NNU Workplace Violence Surveys and Cal/OSHA Data

🍷 Workplace Violence Surveys

- Analyzed over 2000 workplace violence survey responses to create a story database to support advocacy for a federal workplace violence prevention standard
- Created a story database including stories from three different surveys

🍷 Cal/OSHA Data

- Updated existing data with new reports
- Analyzed workplace violence incident data reported by hospitals to Cal/OSHA, as required by the CAN/NNU-sponsored bill
- Analyzed updated Cal/OSHA data to create common themes and takeaways regarding nurses' experience with workplace violence

Study 5 | Study 6 | WPV Survey

Disproportionately higher incidents (13.3 percent) against nurses came from patients (see Table 6.1). The most common assault against nurses by family or patients (3.9 percent) occurred in 10 percent, and managers (0.9 percent).

When submitting a report of a violent incident, hospitals are required to report the types of violence that occurred, such as punching, kicking, hitting, etc. The three most common types of aggression include punching/kicking (30.9 percent), hitting or slapping (28.2 percent), and grabbing or pinning (26.6 percent).

Aggression	2013-2015	2016-2017	2018-2019	2020-2021	2022
Punching/kicking	34.2%	31.7%	30.4%	27.0%	26.7%
Hitting or slapping	28.2%	28.0%	27.0%	26.0%	26.0%
Grabbing or pinning	26.6%	26.6%	26.6%	26.6%	26.6%

Table 6.1: Type of Aggression Reported by Hospitals

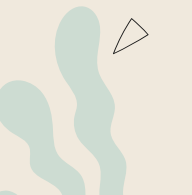
Aggression	2013-2015	2016-2017	2018-2019	2020-2021	2022
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Hitting or slapping	28.2%	28.0%	27.0%	26.0%	26.0%
Grabbing or pinning	26.6%	26.6%	26.6%	26.6%	26.6%
Other	10.9%	13.7%	16.0%	21.4%	20.7%

Table 6.2: Type of Aggression Reported by Hospitals by State

State	2013-2015	2016-2017	2018-2019	2020-2021	2022
Alabama	34.2%	31.7%	30.4%	27.0%	26.7%
Arizona	34.2%	31.7%	30.4%	27.0%	26.7%
California	34.2%	31.7%	30.4%	27.0%	26.7%
Colorado	34.2%	31.7%	30.4%	27.0%	26.7%
Connecticut	34.2%	31.7%	30.4%	27.0%	26.7%
Delaware	34.2%	31.7%	30.4%	27.0%	26.7%
District of Columbia	34.2%	31.7%	30.4%	27.0%	26.7%
Florida	34.2%	31.7%	30.4%	27.0%	26.7%
Georgia	34.2%	31.7%	30.4%	27.0%	26.7%
Hawaii	34.2%	31.7%	30.4%	27.0%	26.7%
Idaho	34.2%	31.7%	30.4%	27.0%	26.7%
Illinois	34.2%	31.7%	30.4%	27.0%	26.7%
Indiana	34.2%	31.7%	30.4%	27.0%	26.7%
Iowa	34.2%	31.7%	30.4%	27.0%	26.7%
Kansas	34.2%	31.7%	30.4%	27.0%	26.7%
Kentucky	34.2%	31.7%	30.4%	27.0%	26.7%
Louisiana	34.2%	31.7%	30.4%	27.0%	26.7%
Maine	34.2%	31.7%	30.4%	27.0%	26.7%
Maryland	34.2%	31.7%	30.4%	27.0%	26.7%
Massachusetts	34.2%	31.7%	30.4%	27.0%	26.7%
Michigan	34.2%	31.7%	30.4%	27.0%	26.7%
Minnesota	34.2%	31.7%	30.4%	27.0%	26.7%
Mississippi	34.2%	31.7%	30.4%	27.0%	26.7%
Missouri	34.2%	31.7%	30.4%	27.0%	26.7%
Montana	34.2%	31.7%	30.4%	27.0%	26.7%
Nebraska	34.2%	31.7%	30.4%	27.0%	26.7%
Nevada	34.2%	31.7%	30.4%	27.0%	26.7%
New Hampshire	34.2%	31.7%	30.4%	27.0%	26.7%
New Jersey	34.2%	31.7%	30.4%	27.0%	26.7%
New Mexico	34.2%	31.7%	30.4%	27.0%	26.7%
New York	34.2%	31.7%	30.4%	27.0%	26.7%
North Carolina	34.2%	31.7%	30.4%	27.0%	26.7%
North Dakota	34.2%	31.7%	30.4%	27.0%	26.7%
Ohio	34.2%	31.7%	30.4%	27.0%	26.7%
Oklahoma	34.2%	31.7%	30.4%	27.0%	26.7%
Oregon	34.2%	31.7%	30.4%	27.0%	26.7%
Pennsylvania	34.2%	31.7%	30.4%	27.0%	26.7%
Rhode Island	34.2%	31.7%	30.4%	27.0%	26.7%
South Carolina	34.2%	31.7%	30.4%	27.0%	26.7%
South Dakota	34.2%	31.7%	30.4%	27.0%	26.7%
Tennessee	34.2%	31.7%	30.4%	27.0%	26.7%
Texas	34.2%	31.7%	30.4%	27.0%	26.7%
Utah	34.2%	31.7%	30.4%	27.0%	26.7%
Vermont	34.2%	31.7%	30.4%	27.0%	26.7%
Virginia	34.2%	31.7%	30.4%	27.0%	26.7%
Washington	34.2%	31.7%	30.4%	27.0%	26.7%
West Virginia	34.2%	31.7%	30.4%	27.0%	26.7%
Wisconsin	34.2%	31.7%	30.4%	27.0%	26.7%
Wyoming	34.2%	31.7%	30.4%	27.0%	26.7%

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Vermont	34.2%	31.7%	30.4%	27.0%	26.7%
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Nurse Focus Groups

- Created focus group script and tool with background on NNU's fight to end workplace violence.
- Facilitated discourse with nurses around the issue of workplace violence.
- Collected and transcribed stories for use in legislative advocacy.
- Conducted via Zoom to enable participation from 7 different states

	<p>Please use the raise hand function if you would like to answer. To raise your hand, select Reactions from the zoom menu and click Raise Hand.</p> <p><i>Follow up questions ONLY IF NEEDED:</i> NNU's surveys show an increase in workplace violence incidents. Have you seen an increase or decrease in the last year/since Covid began?</p> <p>Have you seen any colleagues leave or consider leaving the bedside due to workplace violence?</p>
<p>Finish this question by 7:48pm [Question 2] -Were there any measures in place to help protect against workplace violence during the past 2-3 years? -Did they help? If not, what were the barriers? -What measures would have helped prevent the incident?</p>	<p>2. Thinking about the workplace violence you've encountered in the past 2-3 years, were there any measures in place to help prevent workplace violence? Did they help? If not, what were the barriers? What measures would have helped prevent the incident?</p> <p><i>Follow up question ONLY IF NEEDED:</i> What are some risk factors that you believe contribute to an increased risk for WPV (i.e., Physical infrastructure or lack of training)?</p>
<p>Finish this question by 8:07pm [Question 3] -What is staffing like on your unit? -How have you observed this affecting workplace violence on your unit</p>	<p>3. What is staffing like on your unit? How have you observed this affecting workplace violence on your unit?</p> <p>When answering this question, think about patient care staffing on your unit- RNs, aides, techs. But also think about other staff like pharmacy, security, housekeeping, behavioral health etc and how when those departments are short staffed, it impacts workplace violence on your unit.</p>
<p>IF 8:20pm OR LATER, USE BACK UP QUESTION!</p>	<p>4. Have nurses on your unit/facility conducted a campaign to win workplace violence prevention measures? If so, could you please share your experiences.</p>

Key Findings

****The majority of nurses experience workplace violence.**

Nurses are subjected to various impacts of workplace violence such as stress, burnout, PTSD, and anxiety.

****Nurses are significantly more likely to experience violence due to the staffing crisis.**

Lack of employer response allows environments where violence takes place to continue.

It is the employer's responsibility to instate adequate and effective prevention measures.

Nurse organizing and campaigning will win safer working conditions.

Types of Workplace Violence

- The three most common types of violence:
 - Verbally threatened (67.3 percent),
 - Physically threatened (38.3 percent), and
 - Slapped, punched, or kicked (35.3 percent).
- Repeated acts of violence may result in:
 - Severe psychological harm
 - Time off work
 - Consideration of leaving the profession

"Had my wrist nearly broken by a patient who grabbed me and twisted my arm until someone else pulled him off of me Had a patient kick me in the chest Had a male patient ejaculate into his hand and then he called me into the room and wiped it on my pants Had a patient bite me and break skin Had a patient throw their full urinal at me."



Locations of Violent Incidents in Non-Patient Care Areas

- “[...]Also, I was coming home at 4am and the underground parking lot was mostly empty except for a few cars parked against the wall. My car was in the middle. I just about made it to my car and a guy got up from between a car and the wall and intently started walking toward me. [...] He turned around and went back where he was hiding. I got in the car, locked doors, and called security who came and got him. (There were a bunch of reported assaulted nurses when they left work at that time. I wasn't gonna be one) [...]”
- “I have worked in emergency medicine for over ten years. The VA has no security measures in place. No active presence in the ER waiting room. Slow response times from the police and when they do arrive staff needs to be hurt for them to intervene. Staff trained to save lives are held responsible for safe takedowns, not the police that are trained to handle it in a better way. I have personally seen my coworkers injured to the point of being early retired. I have taken care of our own employees with broken bones, concussions, bite marks, bicep tears, etc [...]”
- “[...] I had another patient follow my tech down the hallway and trap her at the end before security arrived, threatening her the whole way and throwing objects and scaring the other patients.”

Employer's Neglecting Prevention

Table 5: NNU Survey of Nurses' Experience of Workplace Violence: Employers' Prevention Measures, Data gathered January 1, 2023 to August 8, 2023

Employer prevention measures	Nurses reporting
Provides training on workplace violence	63.50%
Places additional staff to reduce the risk of violence (e.g., sitters, additional nurses, additional techs, security staff)	17.15%
Uses a charting or room-flagging system to indicate patients with increased risk for violence	27.00%
Provides a clear way to report incidents	32.21%
Has staff available at all times to respond to violent incidents (e.g. security guards)	30.13%
Uses metal detectors	7.30%
Uses security cameras	24.91%
Limits visiting hours	15.64%
Includes nurses and other employees in violence risk assessments	12.40%
I'm not sure	13.56%

Safe Staffing Saves Lives



“There was almost always a correlation between that and staffing. And not having enough staff to address those people's needs because people have just a low threshold, and if things aren't met right away [...] they maybe lash out. And of course, we're the first ones there.”

“I have been threatened to be strangled with a pulse oximetry cord. The patient was also bleeding out of her IV site. Blood everywhere as she came at my neck with the cord. It was in an isolated room. I screamed as loud as I could.”

Successes



FOCUS GROUPS

Good turnout and good responses from nurses, gained experience on drafting focus group tools and facilitating discussion

NNU SURVEY

Sorted through nurses' stories of workplace violence to create a database of over 500 stories

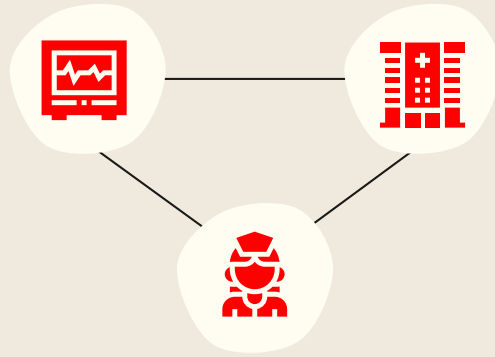
CAL/OSHA DATA

Analyzed and updated 2017-2022 data, gained experience inputting and transferring data, recognizing which data is necessary to draw which conclusions

Limitations

ONLINE FOCUS GROUPS

Nurses were gathered from different states, resulting in using Zoom for focus group sessions



Absence of worksite visit

Observe first hand the environment wherein the issue occurs

No 1-on-1 Interviews

More detailed responses from nurses

Recommendations

01

OSHA to adopt S. 1176

Create protections for nurses nationwide



02

Increased enforcement of Cal/OSHA standard

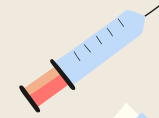
Gaps in enforcement regarding hospital reporting requirements



03

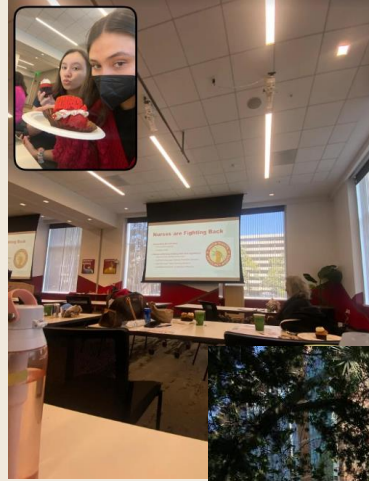
Nurse Campaigning

Nurses should continue to campaign and organize to bring awareness to the issue of workplace violence within their facilities



Eva Schultz

- Solidifying long-term interest in social, labor, and health justice
- Learning about workplace violence and issues nurses face daily
- Seeing the reality of working towards and advocating for worker protections
- Gained work experience
- Learning the innerworkings of a union job
- Preparation for life outside of college

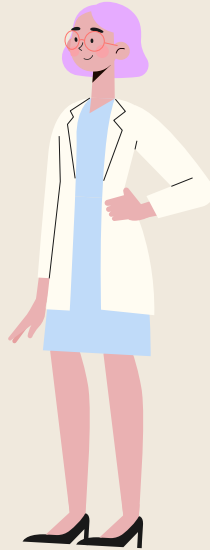


Kaitlin Simpson

- Learned the daily workplace violence incidents that nurses face
- Learned about risk analysis, worker rights, and the importance of a federal workplace violence prevention standard
- Fulfilling and educational experience
- First time working in a union setting
- Living in a new city, work experience, lifelong skills from NNU and LOHP mentorship



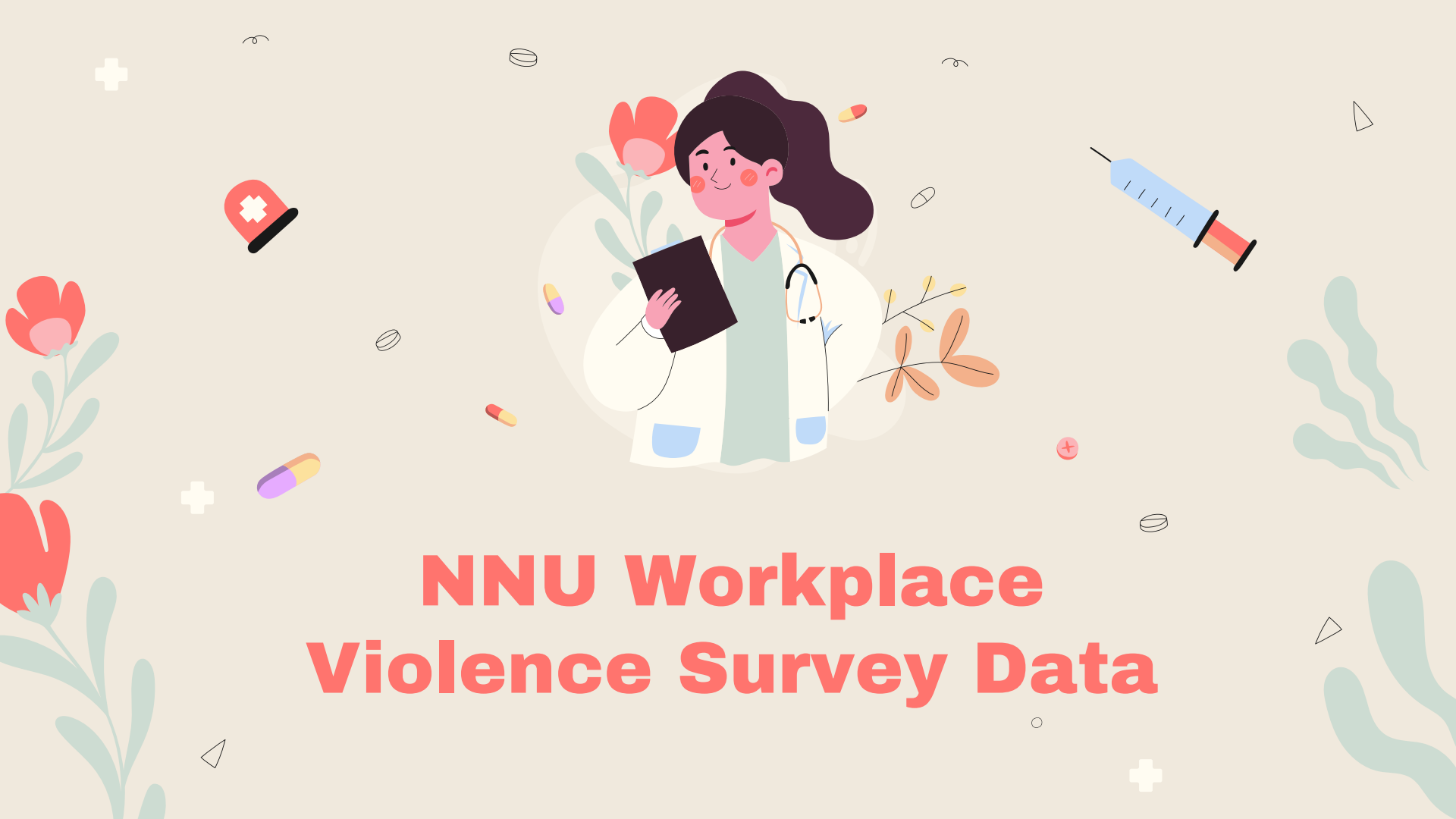
THANK YOU!





Appendix

06



NNU Workplace Violence Survey Data

Table 1: NNU Survey of Nurses' Experience of Workplace Violence: Workplace Violence Changes in the Previous Year, Data gathered January 1, 2023 through August 8, 2023

Has workplace violence increased on your unit in the previous year?	Nurses reporting 2
Increased a lot	25.6%
Increased a little	19.1%
Stayed the same	22.0%
Decreased a little	2.4%
Decreased a lot	1.6%
Not sure	29.2%

Table 2: NNU Survey of Nurses' Experience of Workplace Violence: Types of Workplace Violence

Violence experienced in past year	Nurses reporting 2023
Objects thrown at you	33.95%
Pinched or scratched	37.20%
Slapped, punched, or kicked	35.34%
Spat on or exposed to other bodily fluids	29.32%
Verbally threatened	67.32%
Physically threatened	38.35%
Groped or touched inappropriate	19.35%
Verbally harassed based on your sex or appearance	31.98%
I have not experienced workplace violence	18.66%

Table 3: NNU Survey of Nurses' Experience of Workplace Violence: Impacts of Workplace Violence

Impacts of workplace violence	Nurses reporting 2023
Physical injury or other physical symptoms (e.g., headaches, stomach aches, etc.)	32.79%
Took time off work or reduced work	22.94%
Anxiety, fear, or increased vigilance	64.66%
Difficulty working in environment that reminds of me past incident	26.65%
Applied for workers' compensation	4.75%
Changed or left job	19.24%
Considered leaving profession*	36.27%*
Left profession*	3.48%*
Physical injury prevents me from working	3.71%
Psychological effects prevent me from working	9.73%
No injury/no effect	19.24%

Table 4: NNU Survey of Nurses' Experience of Workplace Violence: Employers' Prevention Measures

Employer prevention measures	Nurses reporting 2023
Provides training on workplace violence	63.50%
Places additional staff to reduce the risk of violence (e.g., sitters, additional nurses, additional techs, security <u>staff</u>)*	17.15%*
Uses a charting or room-flagging system to indicate patients with increased risk for violence	27.00%
Provides a clear way to report incidents	32.21%
Has staff available at all times to respond to violent incidents (<u>e.g.</u> security guards)	30.13%
Uses metal detectors	7.30%
Uses security cameras	24.91%
Limits visiting hours	15.64%
Includes nurses and other employees in violence risk assessments	12.40%
I'm not sure	13.56%



Table 5: NNU Survey of Nurses' Experience of Workplace Violence: Employers' Response to Workplace Violence Incidents, Data gathered January 1, 2023 to August 8, 2023

Employer response to workplace violence			Nurses reporting		
Investigates what happened	Yes	42.29%	Discourages employees from reporting incidents	Yes	16.22%
	I don't know	25.96%		I don't know	20.16%
	No	31.75%		No	63.62%
Provides access to counseling	Yes	28.39%	Reprimands or blames employees	Yes	27.93%
	I don't know	23.75%		I don't know	20.86%
	No	47.86%		No	51.22%
Trains or retrains employees	Yes	44.61%	Ignores it	Yes	43.22%
	I don't know	18.77%		I don't know	21.44%
	No	36.62%		No	35.34%
Changes practices to reduce the risk of violence	Yes	21.67%			
	I don't know	19.70%			
	No	58.63%			





Focus Group Questionnaire

1. What are some examples of workplace violence that you have encountered in the past 2-3 years? It doesn't have to be the most outlandish incident; policymakers need to understand what you all face on the daily.

As you share, let us know if you reported the incident to your employer. Tell us how your employer responded (or if they didn't). Was the response helpful? What kind of response would have been more helpful?

Follow up questions ONLY IF NEEDED:

NNU's surveys show an increase in workplace violence incidents. Have you seen an increase or decrease in the last year/since Covid began?

Have you seen any colleagues leave or consider leaving the bedside due to workplace violence?

2. Thinking about the workplace violence you've encountered in the past 2-3 years, were there any measures in place to help prevent workplace violence? Did they help? If not, what were the barriers? What measures would have helped prevent the incident?

Follow up question ONLY IF NEEDED:

What are some risk factors that you believe contribute to an increased risk for WPV (i.e., Physical infrastructure or lack of training)?

3. What is staffing like on your unit? How have you observed this affecting workplace violence on your unit?

When answering this question, think about patient care staffing on your unit- RNs, aides, techs. But also think about other staff like pharmacy, security, housekeeping, behavioral health etc and how when those departments are short staffed, it impacts workplace violence on your unit.

4. Have nurses on your unit/facility conducted a campaign to win workplace violence prevention measures? If so, could you please share your experiences.

How did your employer respond to your calls for prevention measures? What has been the impact of prevention measures you've won? Have there been issues with implementation?

Even if you have not been part of a campaign (yet), are there any other prevention measures or unmet needs on your unit/facility that could help prevent workplace violence?

(BACK UP QUESTION IF RUNNING OUT OF TIME) Are there any other prevention measures or unmet needs on your unit/facility that could help prevent workplace violence?

5. Any final thoughts that anyone would like to share?