

Sexually-harassed
Verbal-threat
Objects-thrown
Stalking
Punched
Name-calling
Threatened
Scratched
Spat-On
Slapped
Blaming

Nursing Under Pressure: Workplace Violence in the Illinois Healthcare Industry

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The Project for Middle Class Renewal’s mission is to investigate the working conditions of workers in today’s economy and elevate public discourse on issues affecting workers with research, analysis and education in order to develop and propose public policies that will reduce poverty, provide forms of representation to all workers, prevent gender, race, and LGBTQ+ discrimination, create more stable forms of employment, and promote middle-class paying jobs.

Each year, the Project will be dedicated to a number of critical research studies and education forums on contemporary public policies and practices impacting labor and workplace issues. The report that follows, along with all other PMCR reports, may be found by clicking on “Project for Middle Class Renewal” at illinoislabored.org

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I. INTRODUCTION

Among those in the healthcare industry, it is common knowledge that threats of violence ranging from verbal to physical to sexual abuse come with the territory. In fact, violence in the healthcare industry “accounts for almost a quarter of all violence at work.” (di Martino, 2003, iii) The Bureau of Labor Statistics (BLS) reports that the healthcare and social assistance industries are “the most common sources of nonfatal injuries and illnesses requiring days away from work.” (Wolf et al, 2014, 305) Yet, there is surprising lack of data that reveals the rates of violence and how frontline workers, such as nurses, believe the industry should be responding.

So it should come as no surprise that the healthcare industry is experiencing a staffing crisis. Nurses make up the largest segment of the health-care workforce and are the fastest growing occupation in the country. Yet, despite the growth, the Bureau of Labor Statistics (BLS) projects that there will be 1.2 million nursing vacancies between 2014 and 2022. By 2025, the crisis will be at rates not seen since the mid-1960s with the introduction of Medicaid and Medicare. (Grant, 2016) This shortage is due in large part to the aging of nurses. In recent years, registered nurses over the age of 50 have made up the fastest growing age group. (Buerhaus, 2009) However, one must also factor in the reality that healthcare settings – not just the Emergency Departments – are volatile and dangerous places to work.

II. METHODOLOGY

In this study, we surveyed 275 nurses who worked in a variety of healthcare settings including hospitals, nursing homes, rehabilitation centers, ambulatory clinics, veterans’ homes, mental health centers, retail health centers, and prisons with the largest percentage (41%) of respondents working in hospitals. Participants completed an online, anonymous survey with 31 multiple-

choice questions that addressed violence in the workplace.¹ The survey was distributed through multiple emails sent from the Illinois Nurses Association (INA) to 75% of their membership with a response rate of just over 10%.² The email clearly stated that the University of Illinois was conducting the survey. The INA is an Illinois based union that bargains collectively on behalf of nurses across the state. For the purpose of this study, we defined workplace violence as: “A statement or course of conduct that causes a reasonable person to fear for the person’s safety at his or her workplace or for the safety of others at his or her workplace.”

The majority (88 percent) of the nurses who answered the survey were women. Survey respondents represented a more racially diverse cross-section of nurses than the national average.³ The racial breakdown of Illinois nurses responding to this survey included:

White – Hispanic, Latino, or Spanish origin	21%
White – no Hispanic, Latino, or Spanish origin	40%
Latino/a	2%
African American or Black	12%
Asian American or Pacific Islander	16%
American Indian or Alaskan Native	0.5%

Nurses in this survey have a broad cross-section of education with more than half (54 percent) having earned a Bachelor’s Degree; 1 in 4 earned a Master’s Degree; 1 in 5 earned an Associate’s Degree, and a few (2.5 percent) held a Doctorate in Nursing.

III. SUMMARY OF THE DATA

Violence at Work: Types and Frequency

The survey questions focused on the past twelve months of work (approximately March 2017-March 2018).

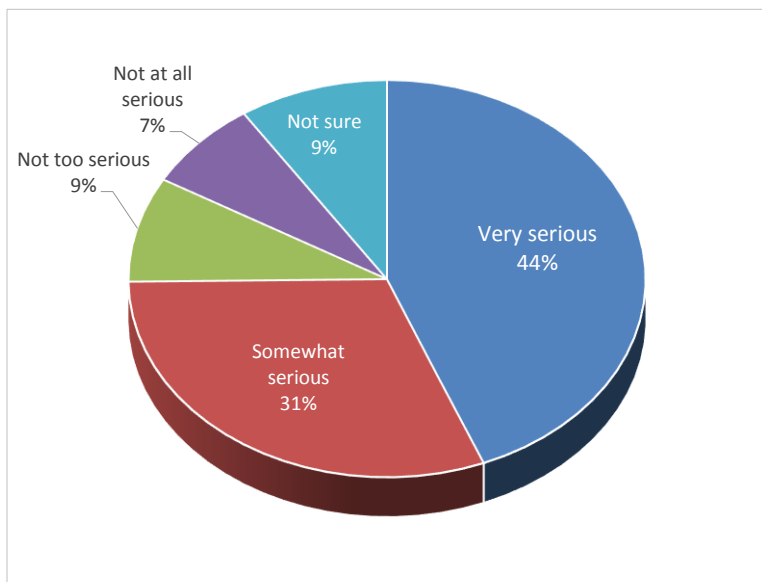


Figure 1: How serious has the problem of violence/abuse been in your workplace within the past 12 months?

For frontline healthcare workers such as the Illinois nurses surveyed, the expectation of violence is a fundamental part of the job.

The overwhelming number of nurses, 75 percent, felt that workplace violence was a problem. During the past 12 months, 44 percent of the nurses surveyed felt that the problem was “very serious” and 31 percent felt it was “somewhat serious.” (Figure 1)

78 percent of nurses showed up to work each shift “fearing or anticipating” workplace violence that may or may not have occurred. (Figure 2) This type of work-related stress can have a detrimental impact on workers both at work and at home.

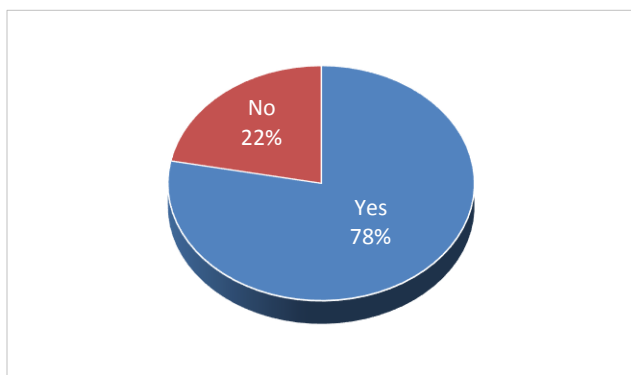


Figure 2: Have you feared or anticipated violence/abusive events which may or may not have occurred in the past 12 months?

The physical and emotion toll that workplace violence takes on Illinois nurses plays out in a variety of ways. According to surveyed nurses, 1 in 4 nurses suffered from “psychological symptoms such as anxiety, sleeplessness” and 1 in 10 nurses endured “physical symptoms such as headaches, stomach aches.” At work, over 1/3 of nurses reported “difficulty concentrating on the job” reporting examples such as “distraction,” “mental exhaustion and fatigue,” “avoidance,” and “low morale.”

Of those surveyed nurses who experienced workplace violence, **90 percent experienced violence at least once in the past 12 months with 50 percent experiencing it 6 or more times.** (Figure 3)

The types of violence nurses experience range from verbal abuse such as name calling, verbal threats, and blaming to physical assaults such as pinched, punching, kicking, objects thrown to sexual assault and threats such as stalking, groping, and sexual harassment. (Figure 4). Some of the anecdotal evidence shared by surveyed nurses included:

- “insulted and cursed by patients and family members;”
- “I was a victim of aggravated assault in the ED [Emergency Department];”
- “staff yelling at me;”
- “Patient attempted to throw a punch by did not make contact;”
- “Urine thrown at me;”
- “Threatened to kill my family ‘when I get out of here...’;”
- “Damage to [his/her] car.”

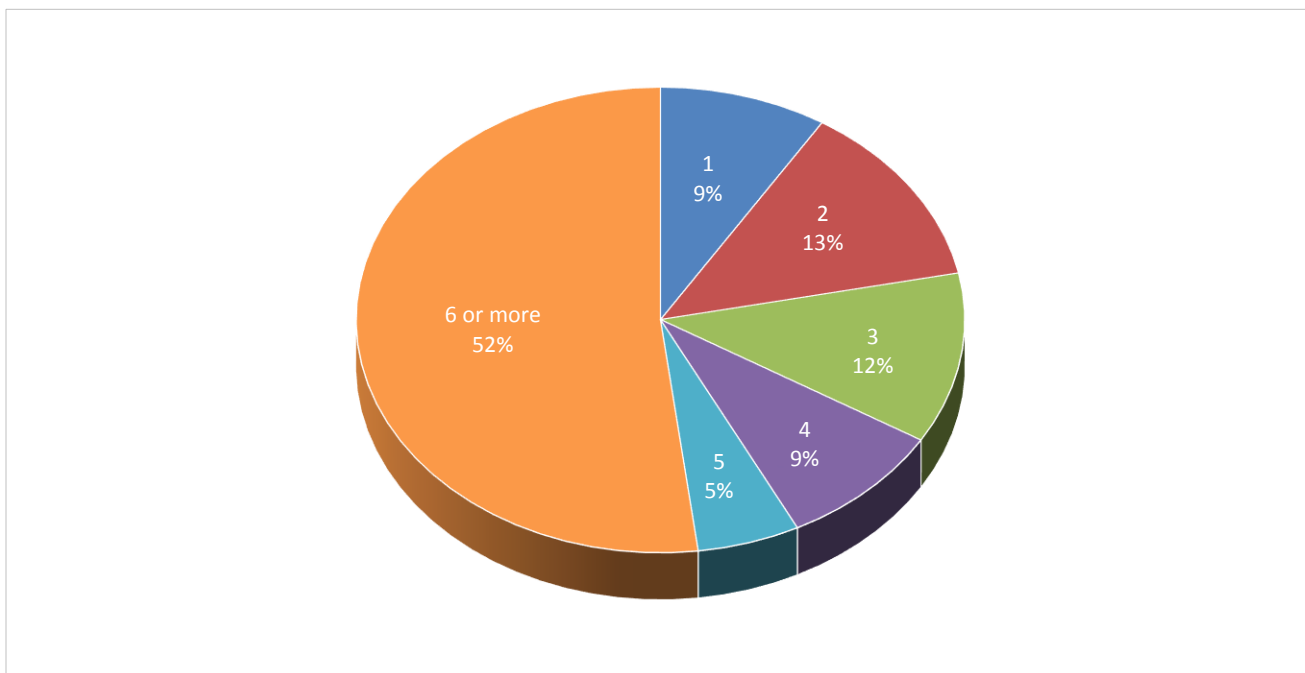


Figure 3: How many times have you experienced...violence/abuse in the past 12 months?

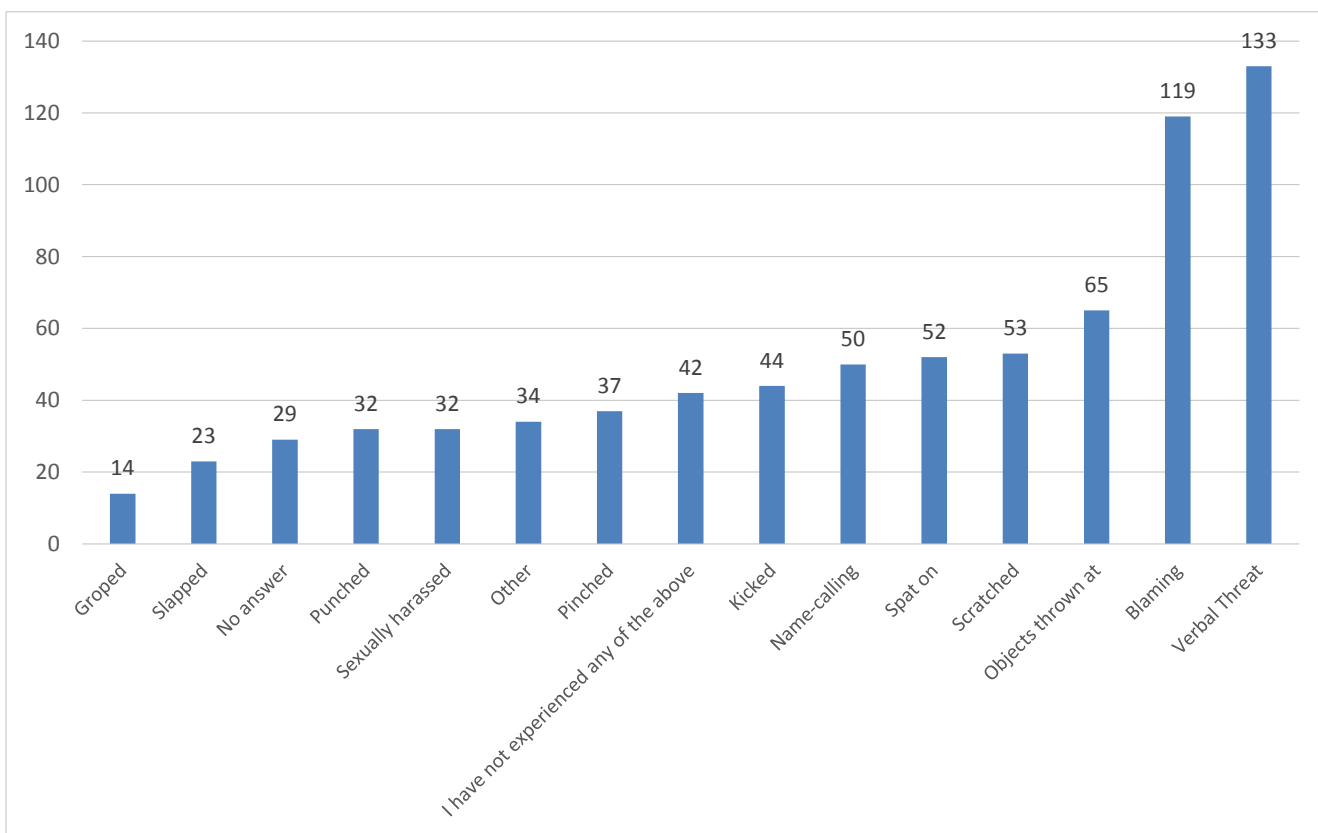


Figure 4: Of 246 respondents, employees reported the following acts of violence/abuse at least once on the job in the past 12 months (more than one answer was allowed per response)

Where Does the Violence Occur?

Incidents of workplace violence occurred during all shifts. About half of the respondents reported working during the day shift (52.4%) when the most serious incident occurred with 1 in 4 nurses reporting the evening (second shift) and 1 in 5 nurses reporting the most severe incident occurring during the overnight (third shift). Almost half (48.57 %) of nurses surveyed work in a hospital setting with the remaining nurses working in one of the following sites:

- Veteran’s Home;
- Retail Health Center;
- Rehabilitation Center;
- Corrections Facility;
- Nursing Homes;
- Mental Health Center; or
- Ambulatory Clinic.

Despite experiencing an incident of workplace violence, **98 percent reported that they continued working** immediately after being a target. 50 percent reported that they chose to continue working and **48 percent reported, “I was not offered the option to leave work.” Only 2.14 percent reported, “I was provided relief so I could go home.”**

The response by management when a nurse reported the incident ranged from “supportive and tried to find solutions” to “management harassed or blamed me when I reported the incident.” **Over 50 percent of the nurses reported that management was ineffective.** 1 in 3 nurses reported that “management was supportive but nothing was done to solve the problem” while 1

in 4 nurses reported that “management was neither supportive or blaming.” Nurses’ comments included:

- “Management does not care and often times conveys to us that what we experience is an expected outcome based upon our job duties.”
- “I was told by my manager that administration did not like me contacting the State Police or Assistant State's Attorney's Office. [W]hat we identified as potential weapons in the debriefing are still there 7 months later. [N]othing changed.”
- “Security was not supportive and made matters worse.”
- “[T]hey don't care.”
- “Management used intimidation. Increasing verbskky [sic] aggressive tone of voice to make me feel like a fool for reporting my incidents of abusive/hostile environment. Management used profanities to reply back to my when [a]buses.”

For many nurses (1 in 3) the severity of the violence indicated whether or not they would report the incident. However, other factors were also considered:

- 10 percent noted that the supervisor in charge impacted their decision;
- 14 percent indicated that the fear of retaliation was a factor.
- 10 percent felt the reporting procedure was unclear.

90 percent of surveyed nurses believe that workplace policies and procedures need to be improved.

Management Responses to Workplace Violence

Overall, there are mixed feelings about the current workplace violence policies in place. Less than half (44 percent) feel that their current workplace policies make a difference in addressing workplace violence. **1 in 3 nurses (34 percent) feel that their current policy is not effective in addressing workplace violence** often commenting that:

- Management is generally ineffective;
- The current policy does not have any “teeth” or “isn’t strong enough;”
- Patient to staffing ratios are unsafe;
- The focus on the patient excludes protecting the nursing staff.

90 percent of surveyed nurses believe that workplace policies and procedures need to be improved.

IV. POLICY RECOMMENDATIONS

The results of this survey make clear two very important facts. First, workplace violence is a chronic issue that is significantly underreported at the workplace level as well as the policy-making level with agencies such as the OSHA and the BLS. And, second, the current policies and procedures are ineffective and in need a

significant overall. It is the recommendation of the study author that the following changes need to occur in order to address workplace violence in the healthcare industry and particularly among front-line workers such as nurses.

Healthcare facilities should:

- Train healthcare providers and management on how to prevent violence;
- Train healthcare providers and management on their legal rights about workplace violence;
- Improving nurse to patient ratios;
- Revamp admission procedures to allow for better identification of potential risk of violence to healthcare providers; and
- Improve policy and procedures within the healthcare setting to address workplace violence so that workers are knowledgeable about the policy and will not suffer management retaliation when reporting.
- Work with healthcare unions to collaborate on workplace violence trainings and improve collective bargaining language that will specifically address strategies to improve health and safety to nursing staff.

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¹ “Nurse” was defined as: registered nurse, advanced practice nurse, license practice nurse, or public health nurse.

² The INA sent the survey to all of the members for which they have emails which equals 75%.

³ According to Minority Nurse, nurses’ racial breakdown is: 75.4% white, 23.6% black or African American, 7.5% Latina, and 3.6% Asian. <https://minoritynurse.com/nursing-statistics/> [Accessed on April 23, 2018]