

Keep RNs safe on the job



■ ANA's year of advocacy ■ Patients, RNs, and social media

On unsafe ground

A call for real change and policies to prevent violence against nurses

By Susan Trossman, RN

Healthcare facilities are a microcosm of society, where like the general population, patients, family members, and visitors can have financial difficulties, violent histories, and poor coping skills, as well as struggles with behavioral health and substance use disorders. Add in pain, fear, and interventions involving physical contact, and these factors can create the perfect storm for violence against nurses and other healthcare workers.

“The ER is the front door to the hospital—open 24/7,” said Lisa Wolf, PhD, RN, CEN, FAEN, director of the Institute for Emergency Nursing Research of the Emergency Nurses Association (ENA), an organizational affiliate of the American Nurses Association (ANA). That means that anyone, understandably, can walk in at any time.

“Also, any dynamic or condition that destabilizes [the environment] can lead to workplace violence—understaffing, long wait times, overcrowding, and factors that affect communication,” Wolf added.

The persistence—and some say increased—incidents of violence within healthcare settings has led ANA, specialty and state nurses organizations, and other stakeholders to renew their call for the implementation of effective strategies and policies that address this hazard without further delay. And they want this problem to be treated with the seriousness it deserves for the safety of nurses, patients, and communities.

ANA is encouraging nurses to add their names to #EndNurseAbuse, which calls for zero tolerance when it comes to abuse against nurses, reporting abuse when it occurs, and asking others to sign the pledge. Utah Nurses Association member Alex Wubbels, RN, is helping to lead this initiative. Additionally, ANA is working to bring together nurses, other healthcare stakeholders, and consumers to determine ways to systematically reduce the incidence of violence and abuse within health care. A key area of their focus will be barriers to reporting violence.

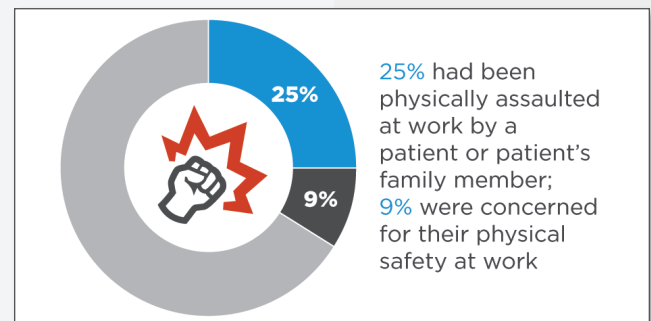
Under the public radar

Periodically, violent assaults against nurses make headlines. In 2017 alone, a jail inmate who was being treated at an Illinois hospital reportedly took two nurses hostage at gunpoint and brutally assaulted one; a patient at a Massachusetts hospital was charged in the near fatal stabbing of an emergency department nurse; and, as captured on a video that



went viral, Wubbels was violently arrested by a Salt Lake City police officer when she refused to allow an illegal blood draw from her unconscious patient.

Beyond the headlines, nurses routinely face verbal and physical violence, such as spitting, punching and kicking, as they try to provide care to their patients. Research and surveys bear that out.



ANA Health Risk Appraisal (for RNs and nursing students), October 2013-October 2016

For example, in a 2015 research article, Lisa Pompeii, PhD, RN, and her colleagues concluded that patient/visitor-perpetrated violence (type II violence), including physical assault, physical threat, and verbal abuse, was pervasive among healthcare workers in the six U.S. hospitals they studied. Specifically, 50.4% of those surveyed experienced type II violence in their careers, with 39% reporting at least one violent event in the prior year. In all, “2,098 workers reported being physically assaulted 1,180 times, physically threatened 2,260 times, and verbally abused 5,676 times” in the previous 12 months.

A personal story

Many factors can lead to aggressive behaviors in critical care populations, including brain injury, metabolic disturbances, chemical substances, and emotional stress, according to Lisa Falcon, MSN, RN, TCRN, NE-BC, director of trauma and injury prevention at Robert Wood Johnson University Hospital.



Lisa Falcon

Throughout her career, Falcon has experienced workplace violence while working with geriatric patients with altered mental statuses, and has known colleagues who've been subjected to violent incidents.

"During the first incident, I was kicked in the chest with such force that I was thrown back against the wall," said Falcon, who also is director of the American Association of Critical-Care Nurses (AACN) Certification Corporation board of directors. "After I caught my breath, I was in disbelief that the frail, sweet lady I had taken care of for hours had the power to kick me across a room. It was early in my career and the first time I realized the potential for nurses and others to be hurt at work as a result of aggressive behavior from patients."

She also has been hit in the face with a telemetry pack, and, while attempting to prevent a patient from falling, jabbed with scissors. Those incidents, said Falcon, taught her to be more alert to subtle changes in patients' behaviors that can lead to aggression.

Falcon said that she also considers herself fortunate to work in an environment that has a leadership team and culture that supports true collaboration and effective decision-making, and where bedside nurses are actively involved in addressing issues, including leading teams focused on mitigating workplace violence.

Not part of the job

Although no healthcare setting is immune from violence, EDs and mental health facilities are two high-risk areas.

Diane Allen, MN, RN-BC, NEA-BC, has seen a rise in violence in both society and in inpatient psychiatric settings. "We're seeing more people coming from the criminal justice system with histories of violence and substance use disorders," said Allen, assistant director of nursing, acute psychiatric services at New Hampshire Hospital in Concord, about potential contributors to workplace violence.



Diane Allen

Added Richard Ray, MS, RN, PMH-BC, a primary nurse coordinator at Northwestern Memorial Hospital in

#EndNurseAbuse
It's not acceptable, it's ABUSE

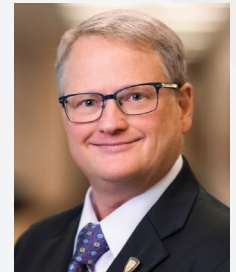
TEXT PLEDGE TO 52886
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1 IN 4
NURSES
has been assaulted at work



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Chicago, "Often we [mental health facilities] are pushed to discharge patients back into the community more quickly than 15 or 20 years ago. Because many of these patients also have fewer outside supports, they are often readmitted and their symptoms have worsened."



Richard Ray

That said, Allen described a "tradition of toughness" in psychiatric settings where workplace violence can be considered just part of the job. "It's something we really need to change," said Allen, chair of the council for safe environments of the American Psychiatric Nurses Association (APNA), an ANA organizational affiliate. "It turns away nurses with bright minds who are interested in helping people—not getting hurt."

Allen has been helping to lead that transformation at her own hospital and across the state. Several years ago, she launched the Staying Safe program to address an increase in assaults and injuries against direct care employees.

Nurses and other staff were being injured when they tried to physically intervene in dangerous situations by themselves. The Staying Safe program emphasizes getting help and having a clear plan before physically intervening or delivering bad news, and considering staff safety as well as patient safety.

"We told staff that they are not expected to be superheroes," Allen said. Results from the program show that the number of assaults and staff injuries have steadily decreased while calls for help have increased.

Ray, associate chair of APNA's council for safe environments, emphasized that another strategy to prevent violence is to avoid initial conflict through effective

patient engagement and treating patients with dignity and respect, and not trying to control them. “If they are agitated, what they really need is a place where they can de-stimulate,” he said. “Sometimes the best intervention is to leave the patient alone to self-soothe. Nursing interventions need to focus on meeting the patient’s needs and demonstrating that the nurse cares about the patient. This helps establish a relationship in which the patient understands that the nurse has his or her best interest in mind. When this relationship is established, de-escalation can be more easily accomplished when the patient becomes violent or agitated.”

Added Allen, “Nurses who become afraid of patients tend to think that being directive and putting on a façade of authority will make them safe. But sometimes expecting violence can lead to violence. What really keeps nurses safe is their ability to connect with patients and earn their trust.”

Other key strategies and messages

Nurse experts stressed that “workplace violence” should be considered a public health issue deserving of greater attention.

“Violence isn’t only related to mental health issues,” Allen said. “It’s prevalent in society, and we need to develop and fund resources to address it.” APNA’s position paper on violence prevention also notes that psychiatric-mental health nurses are well-positioned to identify risks, provide counseling and education, and work to change cultural norms related to violence, which in turn, will help “make the world a safer place to live.”

Pompeii, a member of the American Association of Occupational Health Nurses (AAOHN), also sees it as beyond a workplace issue, because violence does not occur in a silo. Hospitals and clinics serve communities—with all their inherent issues and potential for violence—and nurses interact within those environments 8 to 12 hours a day. Further, when a violent episode occurs, other patients and visitors can be negatively impacted.

Another critical strategy is education and training, according to nurse experts. These programs should help

nurses identify high-risk patients, such as those who are intoxicated, and situations, such as numerous casualty events; recognize behavioral cues and precursors to violence; understand and ideally role-play de-escalation techniques; and learn to effectively communicate with patients who may be violent due to varying causes, such as dementia or substance use disorder.



ENA has a toolkit and other resources that can help nurses assess their individual units to determine the unique constellation of factors that can lead to and prevent violence, Wolf said. “When it comes to solutions, it’s not a one size fits all. Maybe it requires adding staff or making changes to the physical environment.”

Reporting incidents is crucial, as well. Nurses need to know when, how and where to report an abusive event or threat, Pompeii stressed. “Hospitals need to own

this issue,” she said. They need to have policies that define workplace violence, support staff in preventing and reporting incidents, and ensure that there will be an investigation and follow-up to any incident.

Wolf added, “The dynamics of a workplace environment can make external [type II] violence more or less probable. Staff working in collegial and supportive environments share information about patient histories and current stays that can alert a nurse to incipient violence.”

Said Falcon, “It’s imperative that we continue to work collaboratively within our institutions to increase awareness of workplace violence, develop plans and processes to mitigate risks, and support our nurses and healthcare team members if they experience workplace violence.”

— Susan Trossman is a writer-editor at ANA.

Helping RNs to address violence in the workplace

ANA position statement on bullying, incivility and workplace violence, video and key documents: nursingworld.org/Bullying-Workplace-Violence

#EndNurseAbuse pledge: anacapitolbeat.org/2017/10/31/will-you-endnurseabuse

APNA position paper, toolkit, and safe environments components:

apna.org/i4a/pages/index.cfm?pageID=6072

apna.org/i4a/pages/index.cfm?pageid=3636

ENA online course, “Know Your Way Out” and other violence prevention tools: ena.org/practice-resources/workplace-violence

AACN Nurses Healthy Work Environment standards, assessment tool, and other resources: aacn.org/nursing-excellence/healthy-work-environments

AAOHN position statement on preventing workplace violence: aohn.org/page/position-statements



Advocacy at the bedside and beyond

By Janet Haebler, MSN, RN, and Matthew Fitting, MPS

Advocacy means leveraging one's position to support, protect, or speak out for the rights and interests of others. Long before the American Nurses Association (ANA) defined nursing as including advocacy in the care of individuals, families, communities, and populations, the nurse's role as advocate had been well established by nurses throughout history.

While Florence Nightingale did not directly name advocacy as a nursing responsibility, her actions and writings consistently focused on advocating for change. Lillian Wald and her nursing colleagues advocated for care of immigrants on New York's Lower East Side, which led to the establishment of the Visiting Nurse Service. Early ANA founders sought formation of state nurses associations to create standards for the practice of nursing, resulting in nurse practice acts.

While nurses embrace the advocacy role for patients, the expectation for advocacy on behalf of one's nursing colleagues, the profession, and even one's self is less clear and not necessarily the norm. This area of policy development has traditionally been one of the slowest to advance in nursing, according to a 2011 report from the World Health Organization on strengthening nursing and midwifery services. All too often, nursing's role has been to implement policies and programs, rather than to participate in and bring the nursing perspective, experience, knowledge, and skills to policy formulation and healthcare planning.

As the largest group of health professionals in America, and consistently the highest ranked for ethical behavior by the public, nurses are in a unique position to influence the direction of both the profession and health care. (Nurses' professional responsibilities to work with colleagues to promote safe practice environments are described in ANA's foundational documents, including *Nursing: Scope and Standards of Practice* [2015] and *Code of Ethics for Nurses with Interpretative Statements* [2015].)

In keeping with this tradition, ANA has declared 2018 as the Year of Advocacy. You are invited to exercise your influence to shape and bring about change, both at the bedside and beyond. Nurses contribute professional expertise in every setting and at every level of care delivery and policy development. Throughout the year, ANA will feature examples of nurses engaged in a variety of advocacy efforts.

Issues for advocacy can be global or local, including environmental health, human trafficking, health inequities, emerging infectious diseases, or maldistribution of the healthcare workforce. Removing barriers to scope of practice, reducing incidents of workplace violence, and implementing safe nurse staffing policies are initiatives that dominate ANA's and many state nurses associations' agendas. Additionally, the call to serve on boards allows nurses to provide a unique perspective to promote change and advance health, as noted in a 2016 article by Stalter and Arms in *OJIN: The Online Journal of Issues in Nursing*. Nurses also serve in state legislatures and Congress, bringing their distinctive leadership, analysis and communication skills. The possibilities are limitless.



Nurses often say they're not involved in advocacy beyond the bedside due to time constraints or not knowing where to begin. With this in mind, ANA will offer strategies and tools for being an effective advocate in whatever capacity you choose, including in-person and digitally based opportunities to get educated and get involved. Knowledge, as we know, is power; it begins here. We look forward to sharing more about the Year of Advocacy in 2018, and embracing the opportunity to make every subsequent year one in which advocacy is at the top of ANA's and every nurse's agenda.

— Janet Haebler is senior associate director in State Government Affairs at ANA.

Matthew Fitting is advocacy and engagement specialist in Federal Government Affairs at ANA.

Visit RNAction.org to stay up to date on ANA's Year of Advocacy.

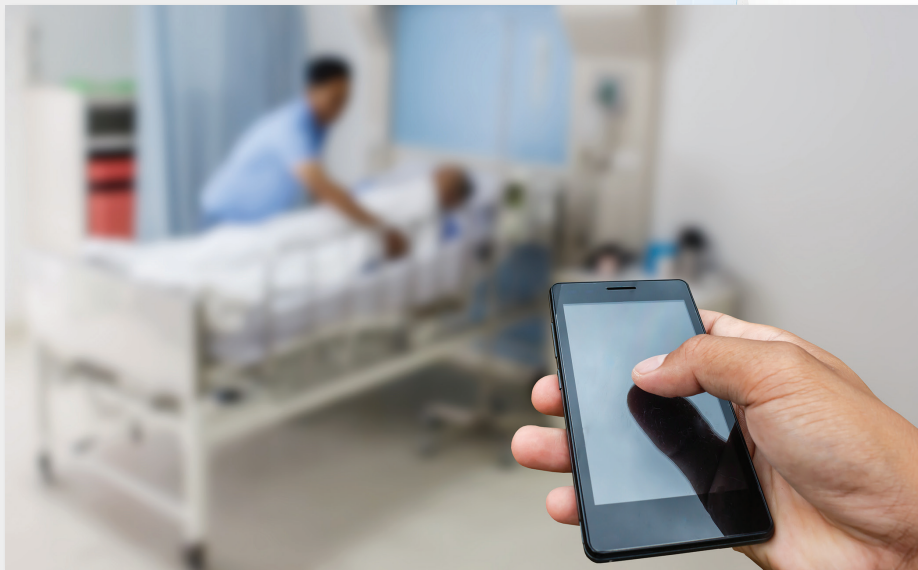
When a nurse's privacy is breached by social media

To: **Ethics Advisory Board**

From: **Concerned nursing professor**

Subject: **Patients recording nurses**

What protects nursing staff and students when a patient livestreams nursing care on Facebook? Should patients ever be permitted to photograph or record nurses while they are working and post it on social media?



From: **ANA Center for Ethics and Human Rights**

In this age of social media, it's common for people to want to use their smart phones to photograph themselves and others in a variety of situations, such as health care. Action can be taken to protect both patients and nurses from perils associated with social media.

Patient protections

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects patient privacy and confidentiality and prevents inappropriate disclosure of patient-protected information. Healthcare providers must obtain written consent and permission from a patient to take a photograph for any purpose, such as for education, research, or public relations.

Further, nurses have a duty to maintain confidentiality of all patient information, according to Interpretive Statement 3.1 of the American Nurses Association (ANA) *Code of Ethics for Nurses with Interpretive Statements* (nursingworld.org/code-of-ethics): "Confidentiality pertains to the nondisclosure of personal information that has been communicated within the nurse-patient relationship." Nurses have faced serious consequences, including termination, for inappropriately posting patient photos on social media, such as Facebook.

Social media guidelines for nurses

ANA and the National Council of State Boards of Nursing (NCSBN) have each published guidelines for the use of social media. ANA's publication, "ANAs principles for social networking and the nurse," is available at nursingworld.org/socialnetworkingtoolkit, and NCSBN's white papers, "A nurse's guide to the use of social media" and "A nurse's guide to professional boundaries," are available at ncsbn.org. Both organizations recognize the inappropriate use of social and electronic media as an ethical violation of patient privacy and confidentiality, as well as a violation of professional boundaries.

Nurse protections

What about the situation where a patient or visitor photographs or videotapes a nurse, either along with a patient or in the process of performing a procedure? The potential for sharing this information on social media is equally concerning. Provision 5 of the Code states the nurse owes the same duty to self as to others. Patients or visitors

should not be allowed to photograph or videotape nurses without explicit permission from the nurse. They should not ever take photos or videos of nurses performing patient care, which carries the risk of misrepresentation.

Just as employers have policies to protect patient privacy and confidentiality, some also have policies related to either requiring explicit permission from a nurse or not permitting it at all. The potential for harm can extend not only to the nurses delivering patient care, but to families or visitors who may be inadvertently included.

It's recommended that you consult your employer policy, and if there isn't one, that it be promoted and developed as a way of advocating for the rights, health, and safety of nurses and other healthcare professionals, as well as for patients and visitors. In this current healthcare environment in which visiting hours in many hospitals are more open and relatives and visitors are allowed in areas not previously accessible, such as postanesthesia care units, it's even more important that there are policies in place related to the use of electronic devices and social media.

Response by Linda L. Olson, PhD, RN, NEA-BC, FAAN, member of the ANA Ethics and Human Rights Advisory Board.

Helping nurses recover from disaster

The power of nursing was truly felt this fall, when nurses everywhere worked tirelessly to care for patients in response to multiple natural disasters, often while being affected by the events personally. Nurses supported each other in many ways, by volunteering their time and expertise and donating funds and goods to help organizations respond.

The American Nurses Foundation and the entire ANA Enterprise expressed care and concern for those affected by the disasters. To assist, the Foundation shared an opportunity to help victims of Hurricane Harvey and encouraged people to donate to the Texas Nurses Foundation, which collected more than \$80,000 that has been distributed directly to nurses living in any one of the Texas counties declared disaster areas.

“It was a privilege to provide a conduit for nurses to contribute and support their colleagues,” said Cindy Zolnierek, PhD, RN, executive director of the Texas Nurses Association. “The many expressions of gratitude affirmed the merit of this effort.”

Subsequently, with hurricanes Irma and Maria affecting our communities, the Foundation activated its own Disaster Relief Fund. The fund collects donations that are then distributed through state nurses associations or other appropriate local organizations. Donations collected will aid nurses in their disaster response and recovery efforts in southeastern Texas, the U.S. Virgin Islands, Florida, Puerto Rico, and other areas affected by recent disasters.



The American Nurses Foundation’s Disaster Relief Fund for nurses reached \$100,000 during a matching campaign at the 2017 ANCC National Magnet Conference in October. Jeff Doucette, vice president of the Magnet Recognition Program® and Pathway to Excellence® announces the result.

Nurses House, Inc., a charitable organization dedicated to helping RNs in need, chose to pledge an extraordinary \$20,000 to the Foundation’s Disaster Relief Fund. At 2017’s ANCC National Magnet Conference® held in Houston, Texas, in October, attendees were encouraged to “Make a Difference at Magnet” to match this generous gift. More than \$36,000 was

donated in just one hour. Part of these funds will go directly to the charity of choice of the 2017 conference’s host hospitals, Rebuilding Together—Houston.

In total, the Foundation collected over \$104,000 from nurses and supporters of nurses who donated during the fall.

Tim Porter-O’Grady, DM, EdD, APRN, FAAN, chair of the Foundation’s Board of Trustees, said, “Kudos to the thousands of donors to the Disaster Relief Fund, and a sincere thank you on behalf of the board and staff for your generosity. Nurses can do anything they set their minds to, and no one knows as well as nurses the needs of the community in coping with natural disasters.”



Conference attendees pledged their support in a text-to-give campaign to provide disaster relief for nurses.

Call for nominations

Nomination period ends January 22, 2018, 11:59 pm Eastern Time

On December 8, 2017, the ANA Nominations and Elections Committee issued a call for nominations for a slate of candidates to be presented to the Membership Assembly in 2018. The following positions will be elected in 2018.

ANA Board of Directors

Officers

- President
- Secretary

The term of service for both positions is January 1, 2019 – December 31, 2020.

Director-at-large

- Two directors-at-large
- One director-at-large, staff nurse

A staff nurse is defined as one who is nonsupervisory, non-managerial, and includes one or more of the following: (a) is employed by a healthcare institution or agency, (b) whose primary role is a provider of direct patient care, (c) who is collective bargaining eligible under applicable labor law.

The term of service for all three positions is January 1, 2019 – December 31, 2020.



ANA Nominations and Elections Committee

Three member positions

The term of service for all three positions is January 1, 2019 – December 31, 2020.

ANA places high priority on diversity and seeks to encourage and foster increased involvement of minorities and staff nurses at the national level.

Nominations for the initial slate must be submitted via the online nomination form (fs30.formsite.com/ANA_NursingWorld/Elective-Office/form_login.html) by **11:59 pm Eastern Time on Monday, January 22, 2018**. A second call for nominations will be conducted for those elective positions with insufficient nominations. Nominations will also be accepted from the floor of the Membership Assembly.

Preparation of Nomination Materials

1. **READ** the roles and responsibilities for your position of choice to ensure that they match your interests, experience, and qualifications.

2. **ENGAGE** in a voluntary self-reflection of your leadership and governance competencies if you are interested in seeking election to the ANA Board of Directors to (a) determine the degree to which you possess the competencies that have been deemed important to serve successfully and effectively and (b) identify competency areas that you may wish to develop more fully before seeking election to the ANA Board of Directors.

3. **SELECT** a campaign manager and provide his or her contact information where requested on the online nomination form.

4. **COMPLETE AND SIGN/INITIAL** where noted. Nominees for the ANA Board of Directors must also submit the following additional documents, which are included on the online nomination form:

- conflict of interest statement
- financial interest disclosure form
- committee preference.

5. **SUBMIT** all nomination components by **11:59 pm Eastern Time on Monday, January 22, 2018**.

Please note:

- You will need to create a user ID and password before accessing the form.
- Nominations that are incomplete, handwritten, faxed, or submitted after the deadline will not be accepted.
- Biographical information will be posted in the campaign area for qualified candidates who are nominated from the floor of Membership Assembly during the nomination period.

To obtain documents pertaining to the call for nominations, or if you have questions regarding ANA's nomination process or national elections, email nec@ana.org.