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Workplace Violence During COVID-19 A Transaction Process for Nurse Retention

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WPV in Health Care

The National Crime Victimization Survey estimates the rate of workplace violence in health care is 20% greater than in any other field (OSHA, 2016). One study showed 88% of health care workers experienced a workplace violence event but had not reported it (Arnetz et al., 2015). The following are the reasons for not reporting, including policies that are either ineffective or non-existent, poor training of staff, a lack of clearly established standards of behavior, and management's inability to take appropriate action (Dressner & Kissinger, 2018). For health care workers, workplace violence and the continual threat of violence are concerns are a primary source of workplace distress (Healthy Work Campaign, 2019).

Statistics

There are 20,000,000 health-care employees in the United States (Bureau of Labor Statistics, 2019). In 2019, WPV in health care was 20 percent greater than in any other industry (Bureau of Labor Statistics, 2019). No current nationwide policy exists requiring facilities to protect health care workers from violence at work (ANA, 2021). Nurse retention will be aided by the provision of protective measures. The COVID-19 pandemic has brought attention to the inadequacies of the United States' healthcare system in terms of WPV (Lasater et al., 2021). Chronic nurse understaffing has existed in a large percentage of US hospitals for decades, endangering patients and staff, particularly during the COVID-19 outbreak (Lasater et al., 2021). Before the first instances of COVID-19 were reported, hospital personnel were already exhausted and understaffed (Lasater et al., 2021). While patient-to-nurse ratios vary significantly from hospital to hospital, higher ratios are detrimental to patients and are associated with a higher incidence of WPV (Khera et al., 2021; Lasater et al., 2021).

King's Transaction Process

All stakeholders potentially have a common interest in raising awareness of WPV and concentrating on its prevention, protection, and recovery (Busch et al., 2021; Fewster-Thuente & Velsor-Friedrich, 2008; King, 2007). According to research, patient-centered healthcare that also emphasizes nurse protection from WPV enhances nurse retention outcomes (Boyle & Steinheiser, 2021; DeClerck, 2017; Rodrigues et al., 2021; Wright, 2020). An open-access WPV prevention toolkit provided by OSHA with practice recommendations may serve as a universal safeguard and aid in mutual goal setting by providing evidence-based practice guidelines for all stakeholders (Allen et al., 2019; OSHA, 2016).

WPV may be mitigated by establishing justice-focused goals during the crucial period of COVID-19, and the sense of urgency in sustaining staff may provide an opportunity for all stakeholders to consider protective measures (Boyle & Steinheiser, 2021). Nurses will benefit from a reduction in WPV. Nurses, employers, and patients set mutual goals that influence their individual and collective quality of life (King, 2007). The King's transaction process reflects respect and justice for all individuals (2007). During the COVID-19 epidemic, there continues to be a lack of justice regarding WPV (Boyle & Steinheiser, 2021). King's transaction process empowers individuals and groups to identify WPV reduction objectives for improved outcomes using evidence-based practice (2007).

Overview of Potential WPV Reduction Initiatives

The following are examples of proposals for decreasing WPV occurrences in accordance with OSHA's evidence-based plans. Facilities may implement WPV programs that are unique to their units. One of the proposed items enlists facilities to implement WPV programs that are unique to their units and include direct care workers' expertise and direction. Specific staff processes are included that are put in place to provide a fast reaction time to incidents. The Healthy Work Campaign provides facilities with hands-on training. King demonstrates that respectful, just, and mutually collaborative efforts are the foundation for the transition of nurses toward a culture of safe workplaces (2007).

Future Efforts and Conclusion

The literature reflects that OSHA guidelines for WPV prevention do not reduce incidence without the opportunity for nurses and employers to engage in robust discussion on advocacy efforts (ANA, 2019). This collaborative process for WPV reduction builds on small sustainable gains across care delivery settings and can improve safety, implementation, and overall quality of care (Busch et al., 2021). One of the ANA goals is for facilities nationwide to uphold prevention programs protecting all health care workers from workplace violence (2019). Another ANA suggestion is for nurses and other healthcare workers to inform local legislators of personal accounts of assaults or injuries caused by WPV, as well as any aftermath created by the violence (2019). Apart from these resources, there is evolving legislation and regulation for WPV prevention efforts. These WPV prevention tools have been compiled by the Joint Commission to assist certified hospitals and critical access hospitals in meeting the new 2022 criteria, which are specifically focused on WPV prevention (The Joint Commission, 2021). WPV reduction efforts promote safe working environments for everyone, by placing theories into action.

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Title:

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Keywords:

Imogene King, Health, Violence, Transaction Theory, Workplace, COVID-19, Prevention, Nurse Retention, Nursing Theory, Justice

References

Abstract Summary:

Workplace violence [WPV] in health care is 20% greater than in any other field, and this information was documented prior to the additional intensity brought on by COVID-19 (Bureau of Labor Statistics, 2019). WPV can lead to high nurse turnover and burnout rates, as well as low nursing retention. As a collaborative framework for WPV justice, King's transaction process is useful (2007). Nurses' awareness of WPV during COVID-19 can positively influence retention.

Learning Outcomes

At the conclusion of this presentation, you will be able to compose two priority goals for nurse protection from workplace violence [WPV] in the healthcare setting. Making use of the transaction structure developed by King, we will compare two mutual objectives to decrease WPV in the health care environment. Participants will be able to prioritize the risk of precursor events that may lead to high nurse turnover and burnout rates based on their importance. King's Transaction Process King's transaction process provides a framework for stakeholders, including nurses, employers, and patients, to set mutual goals that influence their individual and collective quality of life (2007). Nurses' work with and for people sets them apart from other health professionals (King, 1981). Nurses place a strong focus on the interaction of human beings with their environment, which ultimately results in an individual's state of health. Nurses help individuals stay healthy so they can do their work effectively. perceptions of the nurse and patient impact the interpersonal process. The transaction process is influenced by King's views on the environment, health, nursing, people, and nurse-patient interactions.

Content Outline:

Introduction

- I. WPV awareness for nurses throughout COVID-19 and beyond, and its impact on nursing retention.
- II. King's transaction process for WPV justice.

Presentation:

Three learning outcomes for the presentation

- I. Compose two priority goals for nurse protection from WPV in the healthcare setting.
- II. Compare two mutual goals to reduce workplace violence [WPV] in the health care setting, using King's transaction framework.
- III. Rank in priority of risk for precursor events that lead to high nurse turnover and burnout rates.

Key topics to be covered:

- I. King's transaction process as collaborative framework for WPV justice.
- II. Awareness of WPV for nurses during COVID-19 and foreseeable future, and the impact of WPV on nursing retention.

Learning engagement strategies for each topic:

- I. King's transaction process for WPV justice -
 - a. Power-point unfolding case study analysis.
 - b. Power-point presenter-directed, presenter-paced: Narrative
- II. COVID-19 impact for WPV and nursing retention -
 - a. Learner engagement through unfolding case study analysis with post-test prioritization of risk for precursor events that lead to high nurse turnover and burnout rates.

Conclusion:

- I. King's transaction process for WPV justice
- II. COVID-19 impact for WPV and nursing retention

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