Workplace Violence During COVID-19

A Transaction Process for Nurse Retention

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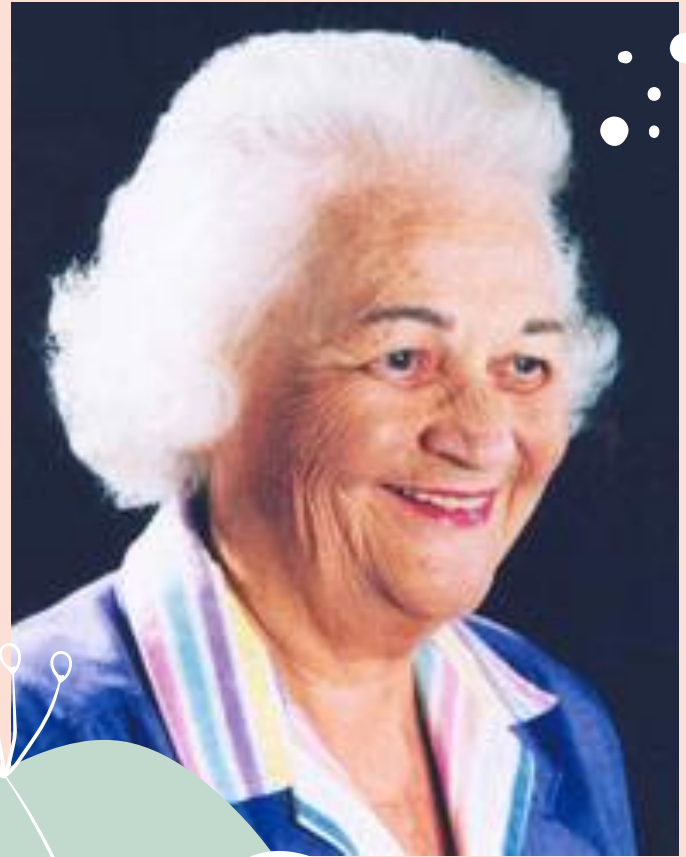For K.I.N.G. Conference 2021
Contemporary Applications of Imogene King's work and Related Theories

Dr. Imogene King:
Key Topics Covered

1. King's transaction process as collaborative framework for workplace violence [WPV] justice.

2. Awareness of WPV for nurses during COVID-19 and foreseeable future, and the impact of WPV on nursing retention.

LEARNING OUTCOMES:
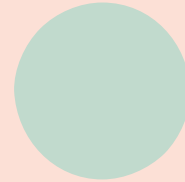## at the conclusion you will be able to –

Compose

two priority goals for nurse protection from workplace violence [WPV] in the healthcare setting.
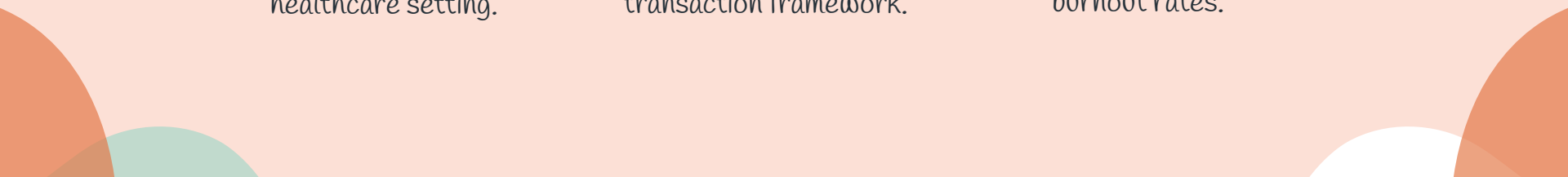
Compare

two mutual goals to reduce WPV in the health care setting, using King's transaction framework.

Rank

in priority of risk for precursor events that lead to high nurse turnover and burnout rates.

Vision

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).
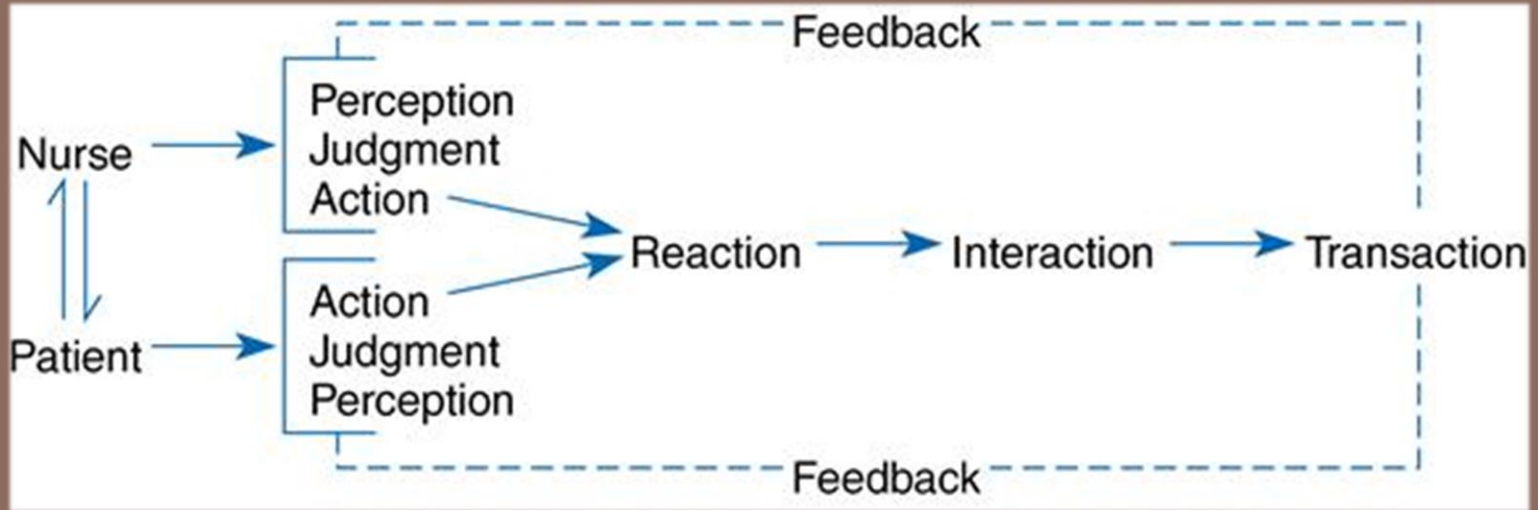
King's transaction process

- Nurses' work with and for people sets them apart from other health professionals.
- Emphasis of nursing is on human beings interacting with their environment, resulting in an individual's state of health.
- Nursing helps individuals stay healthy so they can do their work effectively.
- Perceptions of the nurse and patient impact the interpersonal process.
- Transaction process is influenced King's views on the environment, health, nursing, people, and nurse-patient interactions.

Interpreted from King, I. M. (1981). Interpersonal systems. In *A theory for nursing systems, concepts, process* (pp. 59–112). Wiley.

A process of human interactions that lead to transactions: A model of transaction.

Interpreted from King, I. M. (1981). A process of human interactions that lead to transactions: A model of transaction. Interpersonal systems. In *A theory for nursing systems, concepts, process* (pp. 59–112). Wiley.

Workplace Violence in Health Care

- The National Crime Victimization Survey estimates the rate of **workplace violence in health care is 20% greater than 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).

- Reasons for not reporting:
  - Weak or non-existent policies
  - Inadequate training
  - Lack of clearly defined rules of conduct
  - Management failure to take action (Dressner & Kissinger, 2018)
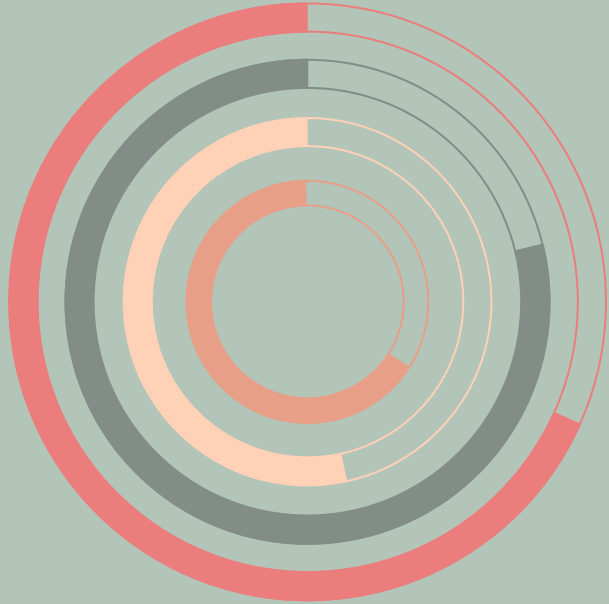
Workplace Violence Impacts

For health care workers,
workplace violence + continual threat
of violence presents:

- Physical health and safety concern
- Source of workplace distress (Healthy Work Campaign, 2019).

Statistics

20,000,000
Health care workers nationwide **(Bureau of Labor Statistics, 2019).**

100K
Cost per incident **direct and indirect to the facility (Dressner & Kissinger, 2018).**

20%
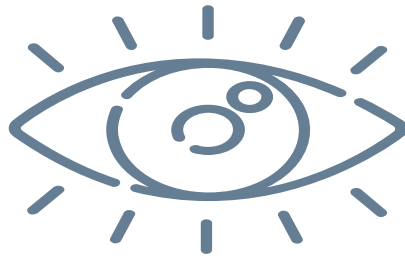Workplace Violence **higher than in any other industry (Bureau of Labor Statistics, 2019).**

69%
Increase in workplace violence incidents **From 2008-2017 (Dressner & Kissinger, 2018).**

Current Policy

No current nationwide policy exists requiring facilities to protect health care workers from violence at work (ANA, 2021).

PURPOSE:

Protection to help with nurse retention

01

Failures

- The COVID-19 pandemic has emphasized the United States' healthcare system's shortcomings (Lasater et al., 2021).
- Chronic nurse understaffing has persisted for decades in a sizable proportion of US hospitals, posing significant risk to patients (Lasater et al., 2021).

02

Impact

- Hospital nurses were burnt-out and understaffed before the first COVID-19 cases (Lasater et al., 2021).
- Patient-to-nurse ratios vary widely between hospitals, and greater ratios harm patients (Khera et al., 2021; Lasater et al., 2021)

KING'S TRANSACTION PROCESS

- Awareness of WPV focusing on prevention, protection, and recovery are mutual goals for all stakeholders (Busch et al., 2021; Fewster-Thuente & Velsor-Friedrich, 2008; King, 2007).

- Research demonstrates patient-centered healthcare that prioritizes nurse protection from WPV, improves nurse retention outcomes (Boyle & Steinheiser, 2021; DeClerck, 2017; Rodrigues et al., 2021; Wright, 2020).

KING'S TRANSACTION PROCESS (continued)

- A WPV prevention toolkit with evidence-based practice guidelines, can serve as universal precautions for mutual goal setting (Allen et al., 2019; OSHA, 2016).

- Justice-focused goal setting gives all stakeholders an opportunity to take actionable steps to mitigate WPV in the critical time of COVID-19 (Boyle & Steinheiser, 2021).

KING'S TRANSACTION PROCESS: WPV Reduction to help retain nurses

- Nurses, employers, and patients to set mutual goals that influence their individual and collective quality of life (King, 2007).

- King's transaction process reflects respect and justice for all individuals (2007).

- During the COVID-19 pandemic, justice for WPV is lacking (Boyle & Steinheiser, 2021).

- King's transaction process empowers individuals and groups to identify WPV reduction objectives for improved outcomes using evidence-based practice (2007).

WPV Reduction Overview

WPV Reduction proposals

Evidence-based plans from OSHA guidelines:

- Facilities can enact unit-specific WPV programs.
- Includes direct care workers' expertise and direction.
- Put in place specific staff procedures for quick incident response.
- Hands-on training for facilities

From Healthy Work Campaign, 2019

Recap

🕐 Urgent Need

WPV is a costly epidemic exacerbated during the COVID-19 pandemic and nurses have the right to expect safe workplaces (Busch et al., 2021).

🕐 Urgent Need

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).

Timing

King demonstrates respectful, just, and mutual collaborative efforts are the foundation for the transition for nurses toward a culture of safe workplaces (2007).
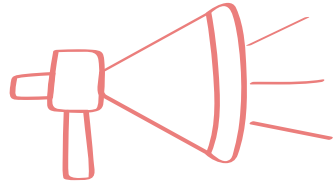
Timing

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).

Call to Action

Facilities nationwide will uphold prevention programs protecting all health care workers from workplace violence.

Share your story:
Please include a personal story about any attack, injury, or the aftermath caused by violence in your department during COVID-19 in an email to your legislator.

Spread the word:
Health care workers are more likely than prison guards or police officers to be subjected to violence. During the COVID-19 pandemic, the health care setting became even more hazardous and intense (ANA, 2021).
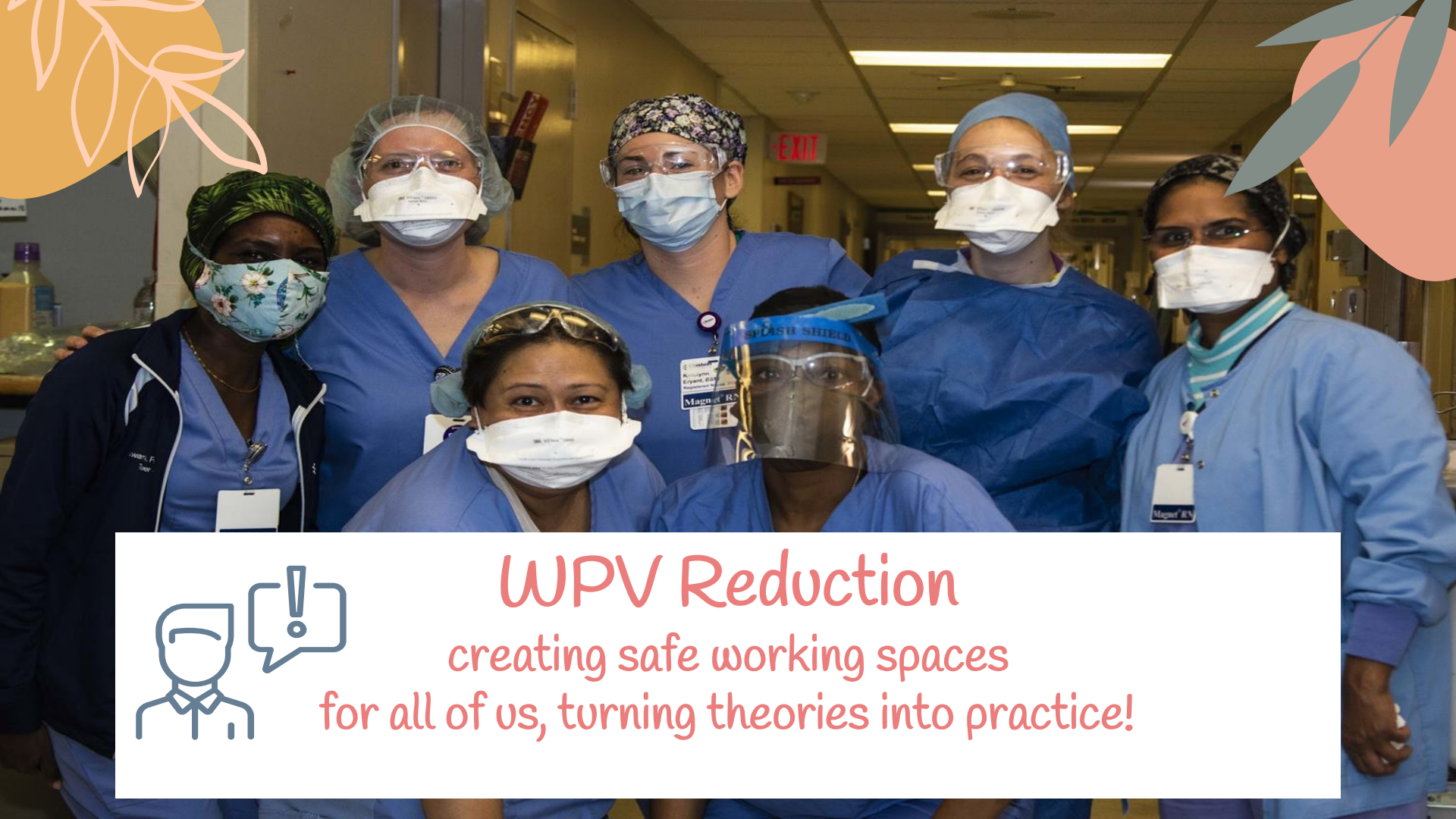
WPV Reduction

creating safe working spaces
for all of us, turning theories into practice!

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Thank YOU!

Do you have any questions?
We do too, and we want to hear from YOU!

Reach out:

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