July 9, 2020

Senate Committee on Ways and Means

Honorable Michael J. Rodrigues, Chair  
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24 Beacon St., Room 212  
Boston, MA 02133

Honorable Cindy F. Friedman, Vice Chair  
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Re: SB 2752 An Act requiring health care employers to develop and implement programs to prevent workplace violence.

Dear Senator Rodrigues, Senator Friedman and members of the Senate Committee on Ways and Means:

The American Nurses Association Massachusetts (ANAMASS) respectfully submits testimony regarding SB 2752 An Act requiring health care employers to develop and implement programs to prevent workplace violence. We urgently request that this compromise bill be advanced for passage during this legislative session.

ANA Massachusetts is the largest voluntary professional nursing organization in Massachusetts, representing all nurses in the Commonwealth and advocating on behalf of their safety and wellbeing in the workplace. We are a constituent member association of the American Nurses Association, which represents the nation’s 4 million Registered Nurses.

Nursing is a profession of caring, empathy and compassion. Nurses care for patients regardless of race, religion and creed, and do so without judgement or bias. However, violence towards nurses and other healthcare professionals has become far more prevalent and more tolerated in recent years. We understand that patients with acute illness or unique circumstances may lead to behaviors beyond their control. However, violence against healthcare workers should never be tolerated, and employers of health care workers must unfortunately be compelled by legislation such as SB 2752 to develop and implement programs to prevent workplace violence.

For years, ANA has led the charge to end nurse abuse, raising awareness about this issue and pushing for administrative and legislative solutions. Yet few health care employers have developed suitable plans to prevent workplace violence, putting nurses and others at risk daily, just for doing their job.

Data and statistics on workplace violence are staggering. Nurses working in the Emergency Department and psychiatric units are most susceptible, but nurses in all areas of care are at risk. Violence can range from intimidation, verbal threats, and harassment to physical assault to homicide. Accounts from nurses on “general care units” include stabbings, punching, attempts at strangulation—the terrifying list goes on. One of our ANAMASS members, a Gerontological Nurse Practitioner, recently shared that she was unable to return to her car at the end of her day.
in a primary care practice, as a patient whom she had determined was not in medical need and thus refused to give an opioid prescription, was waiting at her car with a baseball bat after smashing her bumper and taillights.

The New England Journal of Medicine\(^1\) cited one large study which highlighted that 46% of nurses reported some type of workplace violence within their previous five shifts, and of these nurses, approximately one third were assaulted. Additionally, in the previous year, 100% of emergency room nurses surveyed reported verbal assaults and 82.1% reported being the victims of physical assault. Furthermore, rates of assault often go underreported.

It is our duty in the Commonwealth to ensure that nurses and healthcare workers are protected. We cannot afford to lose exceptional nurses and healthcare workers who have been affected by violence and are hesitant to come to work, afraid of what could happen to them on any given day. The majority (67%) of all nonfatal workplace violence injuries occur in healthcare, but healthcare represents only 11.5% of the U.S. workforce.\(^2\) The American Nurses Association Massachusetts appeals to healthcare institutions to foster a change in culture and adopt a zero-tolerance policy to workplace violence. Perhaps only then will barriers to reporting be lifted and tolerance to the situations be mitigated. Maintaining safe work environments is the duty of nursing leadership and hospital administrators, however, strong and sound legislation is necessary to bring attention to this matter.

Workplace violence consists of physically and psychologically damaging actions that occur in the workplace or while on duty (National Institute for Occupational Safety and Health [NIOSH], 2002). Examples of workplace violence include direct physical assaults (with or without weapons), written or verbal threats, physical or verbal harassment, and homicide (Occupational Safety and Health Administration OSHA, 2015).

Incivility, bullying, and violence in the workplace are serious issues in nursing, with incivility and bullying widespread in all settings. Incivility is “one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them”. ANA defines bullying as “repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient.” Such acts of aggression – be they verbal or physical – are entirely unacceptable, whether delivered by patients or colleagues. These incidents not only have a serious effect on the wellbeing of the nurse in question but also their ability to care for their patients. Attached you will find the ANA position statement on Incivility, Bullying, and Workplace Violence, effective July 22, 2015.

At this time, OSHA does not require employers to implement workplace violence prevention programs, but it provides voluntary guidelines and may cite employers for failing to provide a workplace free from recognized serious hazards. A recent study identified that after implementing a violence prevention training program, there was an increase in nurses’ perception and confidence in dealing with aggressive and violent events.\(^3\) Some states have legislated that employers develop a program while the majority of states have advanced laws
that amend existing statute for assaults of first responders by adding nurses and /or increasing
the penalty associated with such behavior. There is variation between states as to which settings
the law applies.

- Requires employer run workplace violence programs: CA, CT, IL, MD, MN, NJ, OR, WA. NY is limited to public employers only.
- Reporting of incidents: WA.
- A MD ID Tag and Badges law has added staff protections by relaxing the requirement of
using full names.

Those state with laws designating penalties for assaults that include "nurses" are reflected below:
- Establish or increase penalties for assault of "nurses": AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, KS, KY, LA, MS, MO, NE, NV, NM, NY, NC, OH, OK, OR, RI, SD, TN, TX, UT, VT, VA, WV, and WI.

In conclusion, we hope that the Senate Committee on Ways and Means will join ANAMASS in
ending the cycle of violence in healthcare and holding healthcare facilities and employers
responsible for developing and implementing evidence based workplace violence prevention
programs.

Please feel free to contact us at 617-990-2856 if you have any questions or wish to speak to one
of us directly. Please also consider taking the pledge to #endnurseabuse

Respectfully submitted,

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https://www.americannursetoday.com/patient-violence/