

WORKPLACE ADVOCACY

2018-2019 Policy Positions

The practice environment for nurses has a major effect on the ability of nurses to do their job and achieve positive patient outcomes. Nurses care for people during their most vulnerable moments—during times of great joy and great sorrow, triumph over adversity, and life-changing illness. As the care providers who spend the most time with the patient, nurses advocate for their patients to ensure safety comes first, the right care is provided at the right time, and patient wishes are respected. When nurses are supported in doing what they do best, patients benefit.

WORKPLACE VIOLENCE	2
FATIGUE	4
SAFE STAFFING	5

However, not all nurses have this support. Nurses who “rock the boat” have faced retaliation for patient advocacy activities. Nurses work long hours and are often asked to work overtime or extra shifts which can increase their risk for fatigue and related consequences. In addition, perhaps surprising to most, nurses are at great risk for on-the-job injury.

The most recent data from the U.S. Department of Labor (2016) shows people working in health care have a higher rate of musculoskeletal injuries than those in manufacturing or retail industries.¹ Back injuries are a serious problem for nurses, with up to 12% leaving the profession annually due to back injuries and approximately 50% report chronic back pain.² The number of injuries in the U.S. resulting in time away from work is higher for the health care industry than either the construction and manufacturing industries.³ Fortunately, health care employers are working hard to institute evidence-based strategies and engineering controls to support and protect nurses and other health care workers.

In addition to being at risk for musculoskeletal injuries on the job, nurses also face the potential for violence-related injuries. In 2015, OSHA reported health care workers have a four-times greater risk for a violence-

¹ U.S. Department of Labor, Bureau of Labor Statistics: *Injuries, Illnesses, and Fatalities (2018)*. Retrieved from https://www.bls.gov/iif/oshwc/osh/case/cd_r1_2018.htm.

² Tariq, R.A. & Toney-Butler, T.J. (2019). *Back Safety*. StatPearls Publishing. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK519066/>.

³ U.S. Department of Labor, Bureau of Labor Statistics: *Injuries, Illnesses, and Fatalities (2018)*. Retrieved from https://www.bls.gov/iif/oshwc/osh/case/cd_r65_2018.htm.

related injury than those in the overall workforce.⁴ This OSHA report did not include the verbal abuse and aggression experienced by nurses, which can be damaging to nurses and affect their ability to care for patients.⁵

When nurses are supported in doing what they do best, patients benefit.

The Texas Nurses Association (TNA) has long advocated for safe and positive practice environments for nurses. The Texas Hospital Association has been a partner in these efforts. Texas leads the nation in workplace protections with statutes on nursing peer review, safe nurse staffing, safe patient handling, prohibitions on mandatory overtime, and patient advocacy protections.

The nursing shortage mandates that Texas continue to take care of its nurses so they stay in the workforce to take care of its citizens. We must ensure nurses are able to practice in environments that promote their safety—by preventing injuries due to violence and other causes—and support their patient advocacy efforts so patients are given the best care possible.

WORKPLACE VIOLENCE

ISSUE BACKGROUND

Workplace violence is a pervasive issue in the health care industry and has been for many years. From 2002-2013, most injuries from assaults at work that required days away from work occurred in health care and social services settings.³ Patients are the most common perpetrators of violence against health care workers. Often, this violence could have been prevented if proper safety measures had been in place.

WHAT IT MEANS FOR TEXAS

Workplace violence has a far-reaching negative effect on the nurse practice environment. In a recent study of Texas nurses, approximately half of the respondents (49.8%) reported they experienced physical violence over the course of their career and just over 80% reported experiencing verbal abuse.⁶ Violence affects not only the person assaulted but bystanders as well. Nurses who experience workplace violence often experience post-traumatic stress responses, and many are unable to return to the same work environment; some leave the profession altogether. Texas must adopt policies to reduce the risk of violence in health care work environments.

⁴ Occupational and Safety and Health Administration (2015). Workplace violence in healthcare. Retrieved from <https://www.osha.gov/Publications/OSHA3826.pdf>.

⁵ American Nurses Association (2015). Incivility, bullying and workplace violence. Retrieved from <http://www.nursingworld.org/Bullying-Workplace-Violence>.

⁶ Texas Department of State Health Services (2016). Workplace Violence Against Nurses in Texas. Retrieved from <https://www.dshs.texas.gov/legislative/2016-Reports/DSHS-Report-HB2696.pdf>.

TNA POSITION

Texas can improve workplace safety for nurses and other health care workers in Texas. HB 280 (2017) created a grant program for reducing workplace violence against nurses. The funds from this program will be used to find new and innovative ways to protect nurses from physical and verbal violence in hospitals, freestanding emergency medical care facilities, long-term care facilities, and home health agencies.

TNA believes bullying or incivility of any kind in any workplace is intolerable and unacceptable.

TNA believes bullying or incivility of any kind in any workplace is intolerable and unacceptable. This includes bullying of nurses and bullying by nurses. The workplace must be a place free from physical, emotional, and verbal violence, and TNA supports a no-tolerance stance by employers against bullying and incivility in the workplace.

TNA supports requiring health care facilities to establish Workplace Violence Prevention Committees to adopt facility-wide workplace violence prevention plans that are regularly evaluated for effectiveness in reducing incidents of violence. Texas needs minimal statutory requirements for the plans to include regular staff training and mandatory reporting of incidents of violence internally with a system for responding to and investigating incidents. Retaliation for reporting or filing charges should be prohibited. The Texas Department of State Health Services should include a question in their annual survey of hospitals regarding whether the plans have been implemented.

LEGISLATIVE HISTORY

HB 280 (2017)

- Created the Workplace Violence Prevention Grant Program; state funds were provided to various types of facilities to encourage innovative efforts at workplace violence prevention, including the Texas Center for Nursing Workforce Studies to fund innovative approaches for reducing verbal and physical violence against nurses

HB 2696 (2015)

- Authorized the Texas Center for Nursing Workforce Studies to conduct a study and publish results on workplace violence against nurses

HB 705 (2013)

- Enhanced the penalty for assault against emergency services personnel from a Class A misdemeanor to a third-degree felony

FATIGUE

ISSUE BACKGROUND

The link between nurse fatigue and patient safety was stressed in the [2004 Institute of Medicine Report, Keeping Patients Safe: Transforming the Work Environment of Nurses](#). Extended work shifts and inadequate rest periods result in increased nurse fatigue, which affects patient care and increases health problems among nurses.^{7,8}

Nurses need to become more aware of the risks associated with fatigue and their responsibility for fitness for duty.

The culture of nursing is challenging when trying to reduce fatigue—most nurses work 12-hour shifts, and when units are short staffed, nurses are asked to extend hours or add additional shifts. Critical care areas also often place off-duty nurses “on-call” so they may be required to come in when patient demands are urgent. Additionally, because patients need around-the-clock care, nurses work multiple shifts, which plays havoc with their natural [biorhythms](#). Nurses may not even be aware of the effect fatigue may have on their performance.

WHAT IT MEANS FOR TEXAS

With the nursing shortage in Texas, nurses continue to feel pressure to work extended and additional hours. Nurses need to become more aware of the risks associated with fatigue and their responsibility for fitness for duty. Likewise, employers need to acknowledge the inherent risks of extended and additional work hours on nurse fatigue and patient care. Employers should collaborate with nurses to develop staffing and scheduling practices that prevent and mitigate fatigue.

TNA POSITION

TNA believes nurses and employers must collaborate to reduce the risks of nurse fatigue associated with shift work and long hours. Employers should implement strategies to proactively address nurse fatigue by utilizing staff committees effectively and implementing innovative solutions. Promoting the health, safety, and wellness of nurses through evidence-based strategies ensures optimal patient outcomes.⁹

In 2016, TNA adopted a Resolution on Fatigue that encourages educational efforts, including targeted continuing nursing education and media campaigns to build greater awareness of this issue. TNA urges all

⁷ Geiger-Brown, J., Rogers, V. E., Trinkoff, A. M., Kane, R. L., Bausell, R. B., & Scharf, S. M. (2012). Sleep, sleepiness, fatigue, and performance of 12-hour-shift nurses. *Chronobiology International*, 29(2), 211–219. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22324559>.

⁸ Ungar, L. (2015). Nurse fatigue's dangers targeted by new policy. *Courier Journal*. Retrieved from <http://www.courier-journal.com/story/news/local/2015/01/23/american-nurses-association-targets-fatigue-new-policy/22212309/>.

⁹ American Nurses Association (2014). Addressing Nurse Fatigue to Promote Safety and Health: Joint Responsibilities of Registered Nurses and Employers to Reduce Risks. Retrieved from <https://www.nursingworld.org/~49de63/globalassets/practiceandpolicy/health-and-safety/nurse-fatigue-position-statement-final.pdf>.

nurses to be aware of their professional responsibility to practice healthy behaviors that reduce the risk of working while fatigued.

LEGISLATIVE HISTORY

SB 476 (2009)

- Established a joint process for nurses and hospital management to make decisions about nurse staffing
- Established reporting requirements to the Texas Department of State Health Services
- Required staffing committees with at least 60% direct care staff membership
- Required increased Board of Trustee involvement and approval of a nurse staffing plan recommended by the staffing effectiveness committees
- Prohibited mandatory overtime or repercussions regarding refusal of mandatory overtime

SB 718 (2003)

- Required hospitals to adopt policies and procedures to improve workplace safety, reduce the risk of injury, reduce violence, and reduce fatigue
- Established prompt reporting requirements for violent acts towards nurses

SAFE STAFFING

ISSUE BACKGROUND

Safe staffing, in hospitals particularly, continues to be a top concern for nurses nationally. While adequate nurse staffing is desirable and necessary for safe and effective patient care, the approach to achieve adequate staffing is strongly contested. Unions, notably National Nurses United, have strongly advocated for strict uniform nurse to patient ratios to achieve adequate staffing (such as were implemented in California in 2004). Other states (including Texas) have adopted statutes requiring hospital-based staffing committees—at least 60% of which must be direct care nurses—to determine appropriate staffing patterns for individual hospitals. Such committees consider the number and unique characteristics of nurses and patients as well as the environment in which care is provided when determining appropriate staffing levels.

A new consideration regarding safe staffing is the complexity presented by changing health care reimbursement models requiring hospital and health systems to be more efficient and cost-effective in providing high quality care and demonstrating quality outcomes with high patient satisfaction. In this changing landscape, hospitals are faced with how to appropriately use RNs, unlicensed personnel, and other members of the health care team to assist in the delivery of care in a high tech environment for patients who are more acutely ill while keeping costs in check, patient satisfaction high, and length of stay low.

WHAT IT MEANS FOR TEXAS

Fifteen years of research consistently demonstrates the positive relationship between adequate nurse staffing and patient outcomes. Hospitals with high patient-to-nurse ratios see higher patient mortality and failure-to-rescue rates as well as burnout and job dissatisfaction among nurses.¹⁰ Implementation of safe staffing protocols deters workplace fatigue, provides a safer working environment, allows nurses to provide optimal patient care, and improves overall quality of life for nurses. Further, nurse staffing committees ensure nurses are involved in decisions about their practice. Studies show that when nurses are engaged in shared governance processes, such as staffing committees, they are more engaged, and hospitals benefit from their experience in the field, leading to reduced injuries and increased patient satisfaction.¹¹

TNA POSITION

TNA believes in an approach to safe staffing in which nurses are empowered to actively participate in determining nurse unit-based staffing plans specific to each unit within their work setting. This approach adapts staffing to local needs, considering factors unique to the facility, patients, and nurses, such as

- Acuity and intensity of patient care
- Patterns of patient admissions, discharges, and transfers
- Nursing staff experience, skills, and competencies
- Unit layout
- Use of assistive personnel
- Resource availability

TNA believes mandated fixed nurse-to-patient ratios offer an inadequate and simplistic approach to a complex situation. Instead, TNA continues to advocate for full implementation of existing statute which requires hospital employers to utilize nurse-driven staffing committees to develop staffing plans and report this work to their board of directors.

TNA believes hospitals must inform their board members of the significance of the staffing committee's evaluation of the staffing plan, especially nurse sensitive patient outcomes, to the hospital's overall plan for quality and safety. As required by law, staffing plans must not be driven solely by budget, rather, budgeted staffing should be derived from staffing committee recommendations.

When nurses are included in staffing decisions, they are more engaged, and hospitals benefit from their experience in the field, leading to reduced injuries and increased patient satisfaction.

¹⁰ Aiken, L.A. (2002). Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction. *JAMA* 288(16), 1987-1993. Retrieved from <https://jamanetwork.com/journals/jama/fullarticle/195438>.

¹¹ Jack Needleman et al., Nurse-Staffing Levels and the Quality of Care in Hospitals, *346 New England Journal of Medicine N Engl J Med* 1715-1722, 1715-1722 (2002).

LEGISLATIVE HISTORY

SB 476 (2009) Established a joint process for nurses and hospital management to make decisions about nurse staffing.

- Established reporting requirements to the Texas Department of State Health Services
- Required staffing committees with at least 60% direct care staff membership
- Required increased board of trustee involvement and approval of a nurse staffing plan recommended by the staffing effectiveness committees
- Prohibited mandatory overtime or repercussions regarding refusal of mandatory overtime