



ROBIN J. VOS

SPEAKER OF THE WISCONSIN STATE ASSEMBLY

Support for Assembly Bill 960

Chairman Spiros and members of the Assembly Committee on Criminal Justice and Public Safety, thank you for taking the time to hear AB 960, which will do more to protect our frontline healthcare workers.

Last session, 2019 Wisconsin Act 97 was signed into law, which enhanced penalties for battery to a nurse. This bill expands beyond this important first step by including other types of healthcare professionals and others who work in a health care setting. Additionally, in order to better deter and prevent any physical harm to these health care workers, this bill also enhances penalties for the threat of battery to one of these individuals or their family members. These penalties are in line with penalties for violence and threats of violence committed against other critical public safety personnel and officers of the court.

Over the past decade, health care providers across the nation and in Wisconsin have experienced increased incidents of workplace violence. According to US Bureau of Labor Statistics (BLS) data, violence-related health care worker injuries have increased by 63% from 2011 to 2018. This trend has surely become all the more detrimental over the past two years where we have seen unprecedented stress and pressure on our health systems and workers.

I'm proud of the investments we have made to our hospitals and those working in healthcare, and this bill sends another clear message that we support those on the front lines of our healthcare system.

Thank you for your consideration of this important legislation.



GAE MAGNAFICI

STATE REPRESENTATIVE • 28th ASSEMBLY DISTRICT

TO: 2021 Assembly Committee on Criminal Justice and Public Safety

FROM: Representative Gae Magnafici

DATE: February 9th, 2022

SUBJECT: Written Testimony in Support of Assembly Bill 960

Good afternoon Chairman Spiros and members of the Committee, and thank you for taking the time to hear my testimony on Assembly Bill 960 (AB 960). I want to thank the Committee for hearing Assembly Bill 175 (AB 175) last session, as it was signed into law as Wisconsin's 2020 act 97. AB 960 broadens AB 175 to include and increases the penalty for a threat of battery to health professionals.

Under this bill, it will become a Class H felony to commit a battery against a person who is a health care provider, a staff member of a health care facility, or a family member of a health care provider or staff member, or to threaten such a person, if the battery or threat is in response to an action taken by the health care provider in his or her official capacity, or in response to something that happened at the health care facility.

Over 40 years ago, when I became a nurse, I never considered that I'd be putting myself in harm's way. The thought of working in a caregiving profession and yet facing threats of violence while on the job is disheartening and demoralizing.

Healthcare workers should not be afraid to go to work. They work every day to provide excellent patient care, achieve quality outcomes, and make a positive difference in people's lives. They don't expect to be victims of verbal abuse from patients, family members, visitors, or coworkers. As healthcare workers, they place the safety and well-being of patients over our concern for ourselves. They see people and their loved ones at some of their most difficult moments and vulnerable states.

There are several factors associated with verbal abuse against healthcare workers. Some of these include stressful situations for patients or families such as long waits to see medical staff, receiving bad news about a loved one, decreased security staff available, gang activity, and understaffing of nursing personnel.

In the 35 years I worked as a registered nurse, I saw many violent encounters. Occasionally we would deal with "drug seekers" who would try almost anything to get what they wanted. There were instances when a patient, family member, or visitor would arrive severely impaired by drugs or alcohol. Under emotional stress from separation or divorce, other parents would resort to berating nurses about small things that had set them off. These unstable situations often felt like my colleagues, and I were walking on eggshells. The police were no stranger to our hospital, as they were often called to handle and defuse the volatile situations we faced.

Reporting workplace abuse was a low priority compared to caring for our patients. By providing a harsh penalty for these types of abuses, I hope nurses across our state are reminded of how vital their work is and that they must take whatever steps necessary to provide a safe environment for their patients and colleagues.

Covid, specificity has left our healthcare workers overworked and our patients on edge, leading to even more stressful and difficult situations with verbal abuse encounters.



GAE MAGNAFICI

STATE REPRESENTATIVE • 28th ASSEMBLY DISTRICT

I'm proud to be a co-author of this bill because I believe it will help improve the safety of healthcare workers and patients across Wisconsin. I am confident this bill will empower those in my profession to have the courage to report the verbal abuse that too many of them experience. The public must know that our state stands behind its nurses and that abusive behavior towards those who provide care will not be tolerated. As the nursing and other healthcare profession faces significant workforce shortages, supporting our current frontline caregivers for years to come is critical. A safer environment for nurses will also mean a safer environment for patients and a higher quality of care.

Thank you again for taking the time to hear my testimony today. I'd be happy to answer any questions you might have.

GUNDERSEN HEALTH SYSTEM®

February 9, 2022

Representative John Spiros, Chair

Room 212 North
State Capitol
PO Box 8953
Madison WI 53708

Representative Cody Horlacher, Vice-Chair

Room 214 North
State Capitol
PO Box 8952
Madison, WI 53708

Re: Support for Assembly Bill 960

Dear Chair Spiros, Vice-Chair Horlacher, and members of the Assembly Committee on Criminal Justice and Public Safety:

My name is Clark Draxler. I work at Gundersen Health System as the Clinical Manager in Medical Oncology and the Heritage Unit. Gundersen is an integrated healthcare delivery system serving twenty-two counties in Wisconsin, Minnesota, and Iowa; this includes our primary hospital in La Crosse, six critical access hospitals, and about 70 care sites. We employ over 9,000 people.

To start this conversation, I asked myself why? Why am I driving to Madison for this? Why is this important? It's not about me, it's not about the verbally or physically abusive patient; this is about my nursing team, peers who have left their jobs and sought professional help for being too scared to enter a certain patient's room. It's also about patients whose care & recovery are impacted by the bad apples.

Healthcare providers are held to the highest standards ethically and legally. This means the *Emergency Medical Treatment and Labor Act*, the issue of physician abandonment, or charges of neglect if we ignore a patient's needs. We cannot discharge patients until we have ensured a safe discharge plan. Thus, we are in a position where we must treat patients, regardless of their actions.

Recently I followed up on a complaint about a patient who was upset we do not have locks on patient bathrooms. As I entered the unit, he stormed off to find a lobby toilet with a door that locked. Walking with the patient back to his room I explained industry regulations do not allow

Gundersen Lutheran Medical Center, Inc. | Gundersen Clinic, Ltd.

External Affairs Department 1900 South Ave., Mailstop: SIMS-000, La Crosse, WI 54601

patient bathrooms to lock. The patient told me “If I ever see your f***ing face again, I’ll punch you in the face,” accompanied by him mimicking a punching motion. Security was present but couldn’t do anything because he never touched me. This patient still calls our service department with threatening comments. This is the exact scenario you can help address by passing AB960.

Another example: in the spring of 2020 a patient arrived to Gundersen’s emergency room with a gunshot wound. His major injuries were to his liver, pancreas, and lower spinal cord—which resulted in paralysis of his lower body—this limited his mobility and required frequent interventions. Up to his discharge in late June of 2020, my team endured nonstop verbal harassment.

This abuse was **EVERY** time we entered the room. Some of the comments were slights just to get under our skin—if we were unable to answer his light quickly enough or get exactly what he wanted on his timeline. There was sexual harassment as well—derogatory comments to our staff I won’t repeat here. If we stepped out of the room to set boundaries, we might hear him screaming profanities down the hall—certainly impacting the recovery of nearby patients.

The patient threatened to post the nurses’ names online (so his people could *take care of them*) and threats to have his friends shoot up the hospital when he could not get opiate pain meds as fast as he wished. *Physical abuse included throwing items at staff such as water pitchers and cups.* One night he grabbed a nurse’s duress tag and threw it at the TV, breaking the screen.

During all this we had an interdisciplinary team who met daily to plan for how to best care for the patient, this team included the MD, RN, manager, nurse leader, and ethicist to determine the best route for care. These professionals’ time and talents were certainly needed elsewhere to serve other patients. As the unit manager, the attending and I would meet with the patient frequently; we issued warning letters and a subsequent no trespass order to no avail.

To close, I want to highlight what this legislation is really about—healthcare workers—RNs, CNAs, MDs—the dietary aide who is too scared to deliver a meal to a patient’s room. These are the *professionals who are leaving healthcare because threats and abuse cannot be washed off with soap and water as you leave the patient room.*

This isn’t about just about the wellness of healthcare workers, this is also about everyone’s ability to access high quality care when they need it, without enduring abusive and violent behavior from others. We need to continue to engage, retain, and recruit high quality staff in the health care field. Gundersen Health System thanks legislative leaders for authoring this bill. We ask you to please support AB960 and pass it as soon as possible. Health care workers and the patients we serve need and deserve these added protections.

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Assembly Committee on Criminal Justice and Public Safety

2021 Assembly Bill 960

Battery or Threats to a Health Care Provider or Staff Member of a Health Care Facility and Providing a Penalty February 9th, 2022

Good morning Chairman Spiros and the members of the Assembly Committee on Criminal Justice and Public Safety. SSM Health thanks the committee for the opportunity to submit written testimony in support of Assembly Bill 960, also known as the “Protect the Frontline” Act, which would make it a Class H felony to commit battery or make a threat to a health care worker, health care facility staff, or a family member of a health care worker or facility staff member. We also appreciate the bill’s authors for bringing this important piece of legislation forward and the numerous members of this committee who signed onto the bill as co-sponsors.

SSM Health is a Catholic, not-for-profit health system serving the comprehensive health needs of communities across the Midwest through a robust and fully integrated health care delivery system. The organization’s more than 40,000 employees and physicians, including approximately 14,500 in Wisconsin, are committed to providing exceptional health care services and revealing God’s healing presence to everyone they serve.

Unfortunately, like many other health care facilities, SSM Health must balance between providing care to those most in need and ensuring our staff remains safe from aggressive and threatening behavior from patients, families and visitors. The threats are not just focused on care staff, such as physicians or nurses. We are seeing threats against the full spectrum of employees within our walls – including registration staff, clinical technicians, nurses, physicians, environmental services workers, and chaplains.

Examples we have seen reported in our health system include verbal threats, letters being sent to the homes of providers that contain threatening or abusive language, and calls to our facilities threatening violence against staff. And we all too often see this threatening behavior escalate into physical attacks.

Perhaps even more concerning is the number of threats, verbal abuse, and physical attacks against health care workers have increased over the past decade and began before the pandemic. In 2021, staff reported 117 incidents of physical assault at SSM Health St. Mary’s Hospital – Madison, which is just one of our seven hospitals in Wisconsin.

The stated purpose of the “Protect the Frontline” Act is to both prevent further threats of violence against healthcare workers and provide additional tools that will hopefully stop threats from becoming acts of violence. This legislation complements efforts by Laura Kaiser, SSM Health president and CEO, who is a founding member of the CEO Coalition - a group dedicated to addressing the medical industry’s worsening pattern of violence.

SSM Health remains dedicated to creating policies that increase safety, educate staff on how to spot threats and train them on violence prevention. Additionally, SSM Health also has formed a System Workplace Violence Team focusing on efforts to mitigate violence and aggression events against healthcare professionals. With the growing trend of assault directed at health care workers, staff in



health care facilities, and even their families; AB 960 takes a vital step toward protecting our frontline workers and supporting the important work they do.

Thank you again for the opportunity to provide comments in support of Assembly Bill 960. If you have any questions please feel free to reach out to SSM Health's Director of Government Affairs, Ben Van Pelt, at benjamin.vanpelt@ssmhealth.com.

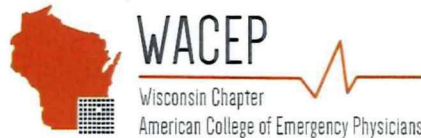
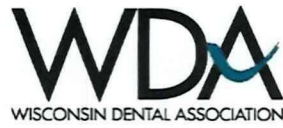
Benjamin Van Pelt
Director of Government Affairs
SSM Health
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314.254.2000

SSM Health is a not-for-profit organization that is committed to providing high-quality, patient-centered care. We are proud to be a part of the community and to support our frontline workers who are the backbone of our organization. We believe that our frontline workers are the heart of our organization and that they deserve the support and resources they need to do their jobs safely and effectively. We are committed to providing our frontline workers with the training, resources, and support they need to do their jobs safely and effectively. We are committed to providing our frontline workers with the training, resources, and support they need to do their jobs safely and effectively.

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To: Members of the Assembly Committee on Criminal Justice and Public Safety

From: Coalition of Wisconsin Health Care Organizations

Re: Support of AB 960 – Battery and Threats of Violence to Health Care Providers and Staff

Date: February 9, 2022

Over the last decade, threats of violence and acts of violence against health care workers continues to rise at a concerning rate. Data from the US Bureau of Labor Statistics shows that nonfatal workplace injuries resulting from violence disproportionately impact people working in health care settings. In 2018, 73% of all nonfatal workplace injuries and illnesses in the United States occurred to staff working in health care related jobs. And the number of nonfatal workplace violence injuries has grown from a rate of 6.4 injuries per 10,000 full-time workers in 2011 to 10.4 injuries per 10,000 full-time workers in 2018, a rate five times higher than workers overall.¹

A study by Milliman for the American Hospital Association found that hospitals spent approximately \$1.5 billion in 2016 on prevention, preparedness, and post-incident costs for violence within hospitals. While health care organizations have substantially increased efforts to protect their staff from acts of violence, more needs to be done to deter violent behavior by patients and others.

The effects of these actions by a select few impacts the availability of health care to the rest of our state. Health care providers are burned out and growing threats of violence in the workplace are forcing them to make difficult career decisions to protect themselves and their families. In the

¹ <https://www.bls.gov/iif/oshwc/foi/workplace-violence-healthcare-2018.htm>

first five months following the fall 2020 surge in COVID cases, health care workers “quit rate” increased by 30%. Data from national organizations representing critical care nurses shows that two out of every three critical care nurses have considered leaving their jobs due to their experience over the last two years. Each threat experienced or witnessed takes an emotional toll on clinicians.

In a recent interview with the Wisconsin State Journal, Dr. Chris Eberlein, an emergency medicine physician at Gundersen Health System, spoke to the very real dilemma facing health care providers today. “It’s a difficult job at base line. You do it ... to take care of your community and to help others,” Eberlein said. “When you’ve got people that are acting that way, either verbally or physically assaulting you, it really will make people question whether this is the right thing for them.”²

“The stress, pressure, and violence the health care profession has endured over the past two years is unprecedented and has contributed to higher attrition rates among nurses and hospital staff when we can least afford to lose them,” said Majority Leader LeMahieu, Speaker Vos, Senator Wanggaard and Representative Magnafici as they circulated this legislation. We strongly agree regarding the need to protect health care providers and staff from threats and acts of violence.

We respectfully ask for your support of Assembly Bill 960.

² Wahlberg, D. (2022, February 5) Wisconsin bill would make violent threats against health care workers a felony. *Wisconsin State Journal*. https://madison.com/news/local/health-med-fit/wisconsin-bill-would-make-violent-threats-against-health-care-workers-a-felony/article_c59dcd15-8f3d-522a-bdef-b8f2bd0d2dd1.html



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TO: Members of the Assembly Committee on Criminal Justice and Public Safety

FROM: Ann Zenk, RN BSN MHA, Vice President Workforce and Clinical Practice

DATE: February 9, 2022

RE: WHA Supports Assembly Bill 960 to Protect the Health Care Frontline

On behalf of our 140 hospital members and the more than 100,000 employees working in our state's hospitals, the Wisconsin Hospital Association (WHA) supports Assembly Bill 960 and the goal of protecting health care providers and staff from threats and acts of violence. Over the past decade, threats and violence against those working in health care have continued to rise. Increasing threats to our health care worker's safety, increased burnout, and increasing workforce shortages make it imperative to provide every strategy possible to turn the tide, including the important and appreciated prevention strategy the Assembly Committee on Criminal Justice and Public Safety is considering in AB 960.

Health care leaders and health care teams continue to provide support, education and action to not just de-escalate high risk situations, hospitals and their workforce are now focusing on "pre-escalation", understanding that the best-case scenario is heading off the threat of violence before it occurs. AB 960 has the potential to provide another pre-escalation strategy for hospitals, health care teams and law enforcement to prevent physical violence.

AB 960 will create an opportunity to not just react to violence after it occurs, but to act on threats against those providing essential health services to their communities before physical harm occurs. This legislation will send an important signal to the health care workforce and those who may contemplate threatening this workforce: it's not part your job to receive and tolerate threats of physical harm. This legislation also provides law enforcement with a clear option to take when serious threats of violence are reported and will help encourage reporting of serious threats when all else fails.

Realizing the goal of preventing threats of physical violence through this legislation is important to protecting the physical, mental, and emotional well-being of our health care workforce. Unlike the sudden and horrifying impact actual physical violence has, threats and intimidation take a more insidious toll on healthcare clinicians and support staff. The cumulative impact of continuing to bounce back from scary and hurtful statements made by individuals they care for, and will continue to care for, is a source of stress and burnout that saps the energy, joy and motivation from caregivers.

Hospital and health system leaders have witnessed the resilience of a workforce that provides compassionate care in the face of great challenge, including threats of violence. These health care heroes pull on a reserve of empathy that seems bottomless, but is not, and should not be strained with unacceptable threats and actions.

Wisconsin citizens deserve and expect high quality health care and rely on our highly-skilled and exceptional health care workforce. Threats of violence against health care workers pose a risk to individual safety that cannot be tolerated, and a risk to keeping and recruiting clinicians, technicians and support staff to health care teams.

WHA and our members ask for your support of Assembly Bill 960 to help protect frontline health care workers from battery and threats of violence.



AB 960

Report of the Survey Results:

Verbal Abuse Toward Nurses by Patients/Clients, Families and Visitors

**Wisconsin Nurses Association
Workforce Advocacy Council**

Bre Loughlin, MSN, RN Chair of WNA Workforce Advocacy Council
Suzanne Marnocha PhD, RN, MSN, CCRN ret., Council Member
Hilary Boyd, MSN, RN, APNP, PMHNP-BC, Council Member
Marcie Jascor, RN, BSN Completion Student, Council Invitee
Gina Dennik-Champion, MSN, RN, MSHA, WNA Executive Director

December 5, 2021

Results of WNA Verbal Abuse Toward Nurses Survey November 27, 2021

Overview

During the past year, reports of verbal abuse toward nurses by patients/clients, family members and visitors of health systems has increased. The Wisconsin Nurses Association (WNA) Workforce Advocacy Council is interested in offering support and strategies to nurses that are being confronted with these unacceptable behaviors. This factor will contribute to nurses decreasing their stress levels and dissatisfaction in their workplace.

Purpose

A survey was developed by the WNA Workforce Advocacy Council. The Workforce Advocacy Council is a structural unit of WNA. The purpose of the survey was to better understand WNA members and other licensed nurses in Wisconsin experience, impact, and thoughts on how to address the issue of verbal abuse by patients/clients, family members and their visitors. The results of the survey will be reported to nurses and key stakeholders so that strategies can be developed for decreasing the incidents and improving nurses' well-being and practice satisfaction.

Survey

Electronic messages were forwarded to WNA members and other nursing associations requesting their participation in the online survey. The survey was available from November 7, 2021 until November 16, 2021. The responses to the survey were tabulated using frequencies and percentages. Open-ended responses were categorized into four major categories: responding to patients, responding to family/visitors, employer action, and tools for nurses.

Results

The number of nurses responding to the one-week survey was 346.

The nurses with the highest response worked in schools, followed by clinic and hospital care settings. It is worth noting that the nurses responding, practiced in a variety of settings. Figure 1. shows the information below.

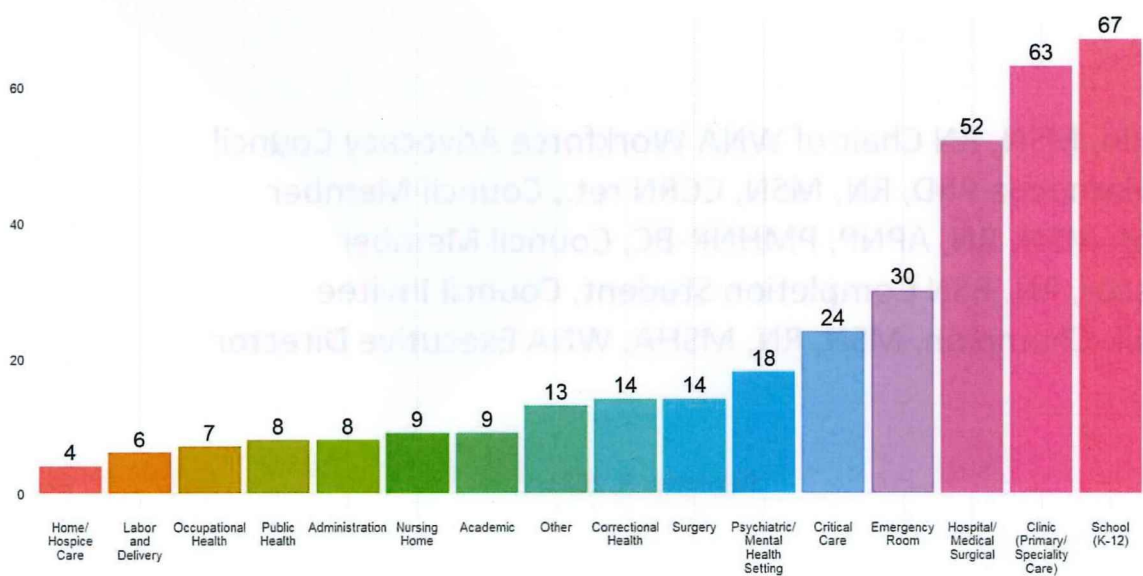


Figure 1. Number of Nurses Responding by Work Setting

Nurses reported that the most frequent verbal abuse behavior exhibited by patients/clients, family members and/or visitor was swearing, berating, insults, or criticism. The other responses by highest numbers were, making false accusations, and yelling slanderous comments. Other behaviors reported by the nurses included: threatening to cause physical harm, legal threats, sexual innuendos, threatening loss of license, and inappropriate racial comments. Refer to Figure 2.

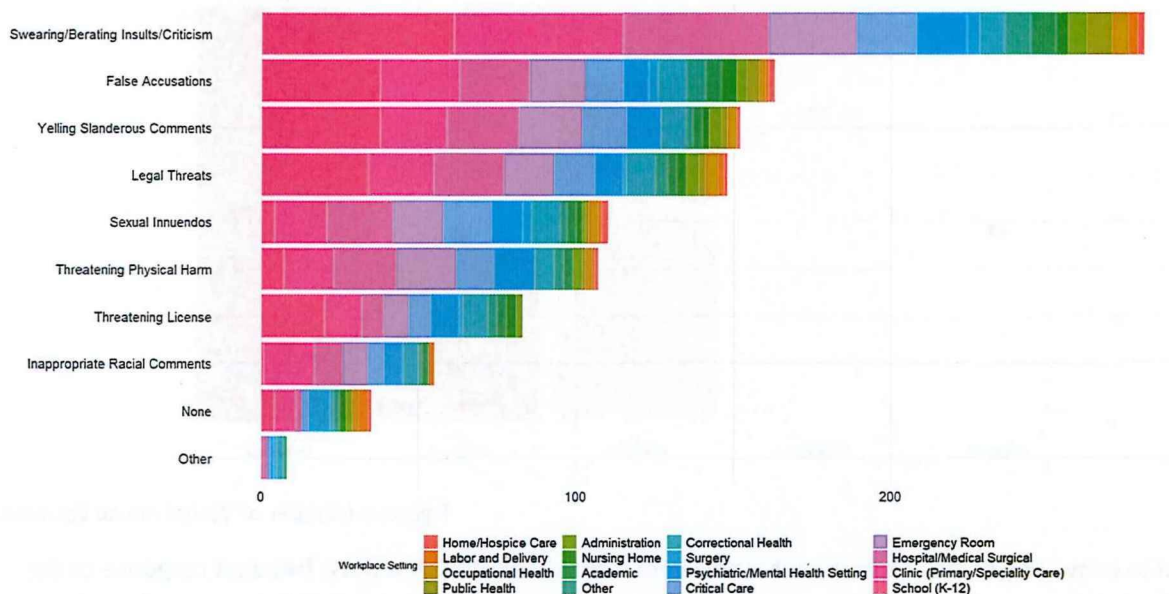


Figure 2. Type of Verbal Abuse by Work Setting

WNA wanted to know if nurses saw a change in number of episodes of verbal abuse toward them by patients/clients, families or visitors over the past year. 193 or 56% of the nurses responded that episodes of verbal abuse toward them increased. Figure 3 shows the responses below.

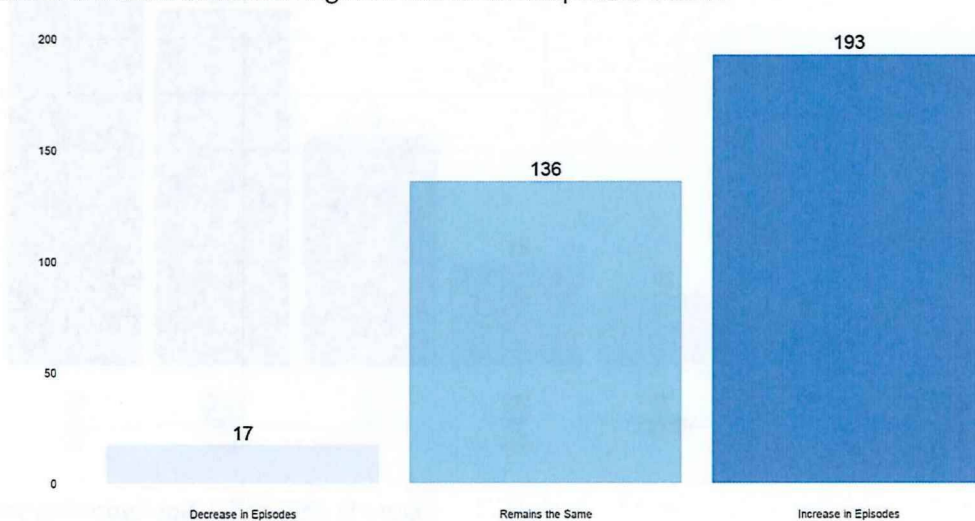


Figure 3. One Year Change in Episodes of Verbal Abuse

Other than a change in the frequency of verbal abuse, WNA also asked nurses the number of episodes that they experience over the year period. The most frequently reported episodes were eight episodes or more this was reported by 102 responders. There 44 of the responders reporting no episodes. Refer to Figure 4 below.

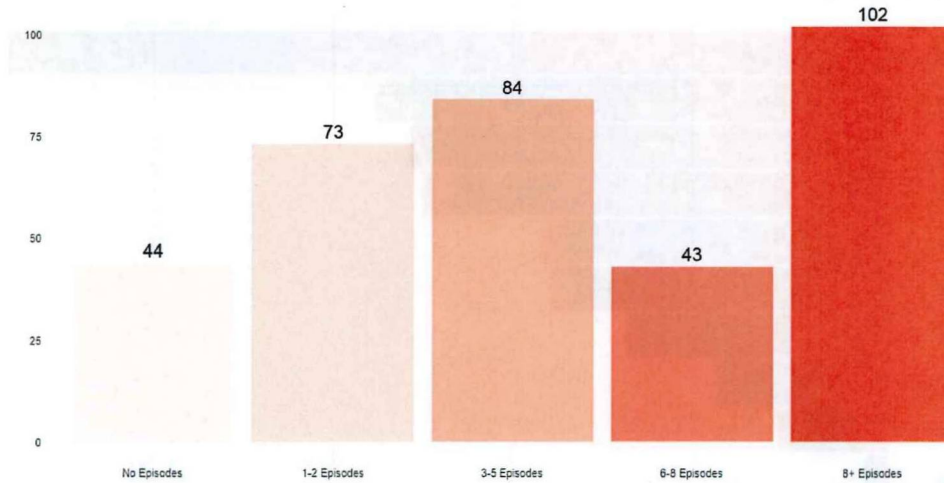


Figure 4. Number of Verbal Abuse Episodes

WNA wanted to know why nurses chose to not report verbal abuse incident. The most frequent response to the question; *“If you did not report verbal abuse toward you by patient/client, parents, or visitors, was it due to any of the following?”* The most frequent response 169 or 31% was, *“It is part of the job”* followed by 26% or 141 reporting, *“Thought nothing would be done”*, and 91 or 16% reporting *“Lack of time”*. Refer to Figure 5 to view all of the responses.

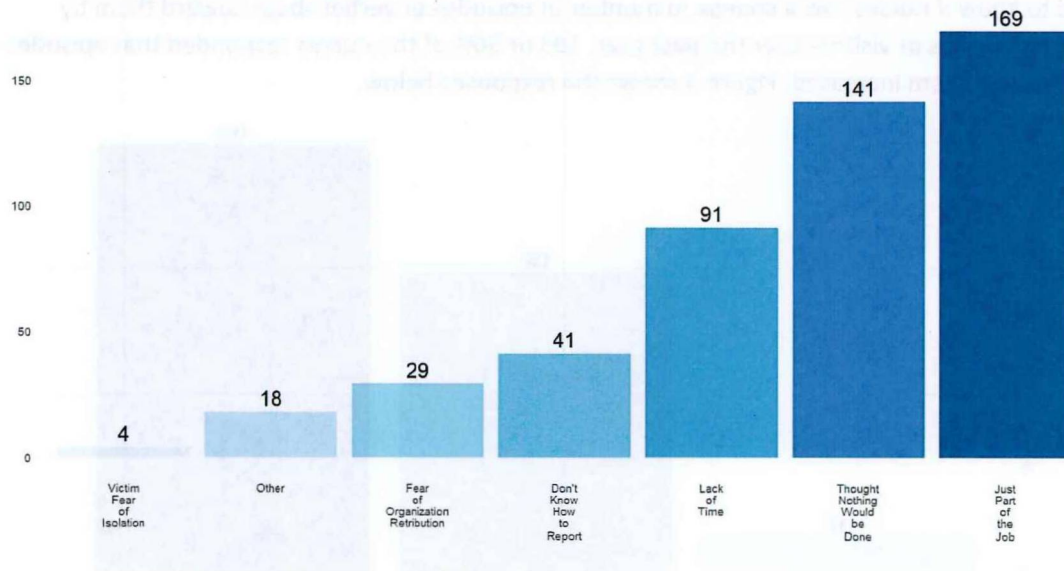


Figure 5. Reason for Not Reporting Verbal Abuse

Figure 5 shows the impact of the verbal abuse on the nurse: Twenty-two (22) percent or 133 responded, “Considered leaving the profession of nursing”, “Hypervigilance in the practice setting” 104 or 18%, followed by “Traumatic stress”, 81 or 13%. The number of nurses reporting “No effect” was also 13% followed by 13% responding to “Difficulty checking on the abuser as much as I should have”. Other reports included seeking mental health services and leaving the practice setting because multiple verbal assault incidents.

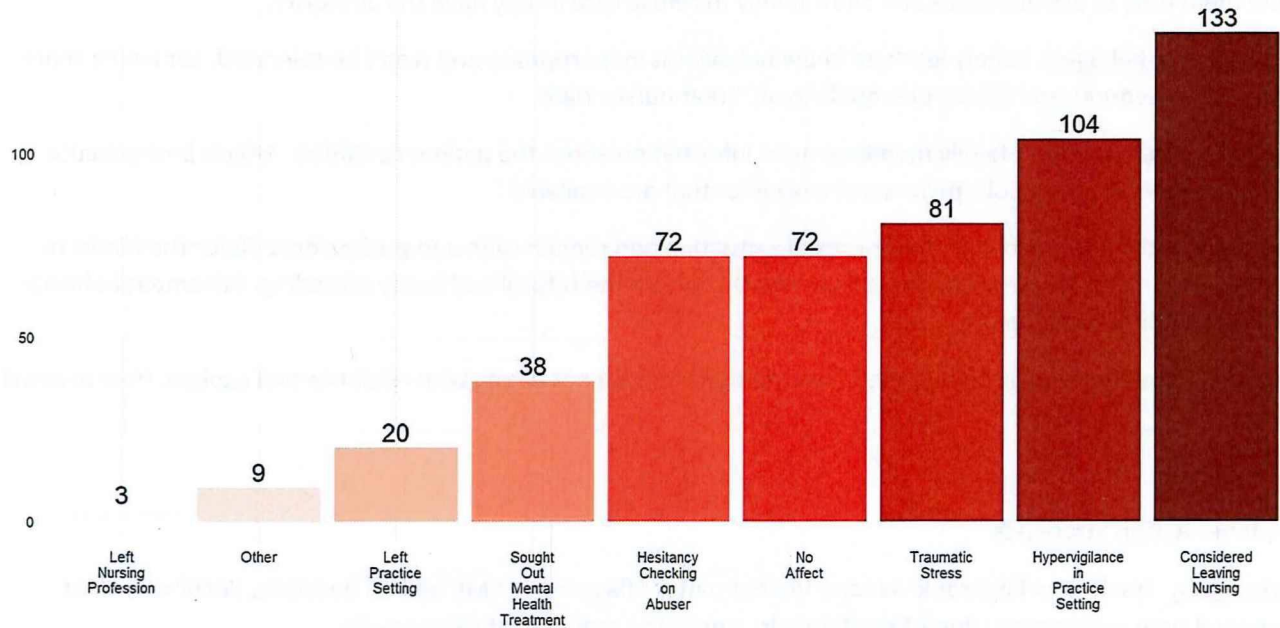


Figure 6. Impact of Verbal Abuse Toward Nurse

The final survey question asked, “Please describe any strategies that can be used to navigate verbal abuse by patients/clients, family members, or visitors.” This was an open-end question. The responses resulted in four main categories, patient approach strategies, family approach strategies, employer action strategies and nurse action strategies. The responses are below.

Strategies for Approaching the Patient

Empathy: Patient vulnerable, other issues going on in the patient’s life, treat with mutual respect and allow them to share frustration.

Unacceptable behavior: Be direct, explain what is unacceptable, set limits if appropriate, redirect as possible, share institutional policies. Articulate boundaries, leave immediate environment if possible if abusive behavior continues.

Communication: Share and explain the patient’s plan of care and update. Allow time to ask questions and respond to questions. Speak in a slow, definitive tone and inform the person of their options for care. Let them know you need to step out of the room and will come back in 5 mins.

Response: Wait 15 seconds before replying, remain calm. Pause until they are silent. Hand them a glass of water-often automatic to take a drink, interrupts abuse, allows pause to deescalate.

Reset: Allow patient an opportunity to reset and start over. How we can make this right. Start conversations by being sincere.

Strategies for Approaching Families

Communication: Open communication approach. Describe the care to be delivered by you, keep them updated, allow them time to ask questions and allow family to refuse care if they have the authority.

Unacceptable behavior: Calmly let them know behavior is inappropriate and won't be tolerated. Set limits; share protocol, procedures and those rules apply to all. Treat nurses right.

Education: Guardians and family members need information about the patient condition. Utilize best-practice teaching materials, protocols, polices and resources that are available.

Response: Initial interactions try to de-escalate situation and remain calm and professional. Refer the family to supervisor/administration to handle complaints. Document the refusal and notify attending. Document behavior in the patient's medical record.

Empathy: Allow them to finish, tell them you see that they are not happy with response and explain. How to assist them.

Employer Action Strategies

Technology: Tracking in Electronic Record, Violent patient flags in the EMR and on doorway, document what happened right away so you don't forget details. Ignore the repeated abusive emails.

Personnel: Supervisor availability and action, visible support from administration, security or police availability, human resource, Employee Assistance Program, someone available to speak to the patient, or family other than nurse being affected. Having resources available in the immediacy including other staff present so I am not alone; public safety visible by rounding on units, screening stations, parking lots/structures and informed of consequences. More staffing in areas where the data shows verbal abuse is tied to not enough staff. Assure there are enough team members available to provide support. Provide employee advocates that can support the nurse.

Communication: Report: ASAP, verify that administration is working on this issue, notification of policies at time of admission or first clinic. Putting information in patient rooms which indicates it is not acceptable to be abusive toward staff. Education to the public that insults, and accusations are not the way to communicate. Management involved and addressing the client. Utilize an alert system that can be used for verbal abuse incidents when support is needed. Increased awareness of security protocols/mechanisms to alert others of immediate safety needs. Sending information to insurance carrier regarding the behavior. Termination of patient provider services.

Legal: Documentation of incident, report harassment, document what happened right away so you don't forget details, policies and procedures developed, and followed. Zero tolerance policies. It would be great if counselors and managers didn't excuse the bad behavior of the patients and actually hold the patients accountable for their actions. There should be consequences for verbal abuse and it should not be tolerated in the professional environment. Back up the staff reporting the abuse or wanting to file a police report

Education: Provide de-escalation training regularly and with each episode. Help nurses understand patient satisfaction scores and relevance to verbal abuse. Offer strategies for staff to safely work with physical and verbally abusive patients. Develop and train direct care staff members to develop individualized behavioral care

plans to promote safe care for patient and providers. Crucial conversation training. Using and AIDET model can help. Nonviolent crisis intervention training and de-escalation communication.

Nurse Action Strategies

Personnel: Staff available to help provide a united front. Talking events over with peers, like critical incidence debriefings. Encourage mediation through the charge nurse. May need to involve police. Having another staff member come into the room when approaching the person again. Call security. Talk with colleagues about appropriate response of solidarity regarding verbal abuse while it is happening. Ask for signs. Report to management immediately.

Psychological: You can't let it get to you as a nurse, or don't-take-it-personally. Do not internalize comments. Safe place to discuss incident. We do care for people at some of the most stressful times and understanding that is part of the job.

Legal: Vigilant-documentation of safety concerns/aggressive behaviors in patient chart with auto-alerts for future caregivers. Visual aids on door frames to alert others

Nurse Behavior: Stay calm, show no emotion, acknowledge they have a choice for care or not to receive care. Help patient address their issue in a respectful manner. Acknowledge, validate, and attempt to resolve the issue. Apologize and explain you understand their frustration and anger, listen to them and their concerns. End phone conversation. Ask if they would like to speak with my supervisor. Addressing it immediately with patient/client when it happens and not allowing seemingly small comments slide by. Stop conversation and ask individual that we could resume the conversation once they could discuss in a calm manner. Trying to find common ground, something to bond over. I do not deserve to be spoken to that way and I will return when they can treat me better. Maintain professionalism. Immediately set expectations. Maintain eye contact during communication. Be aware of my body language and tone of voice. Always show respect for concerns/complaints but be honest about what they can expect from me and what I expect from them. Honesty re staffing shortage in the hopes patients/families will understand we are truly doing our best. Stick to the facts, do not engage. Try to de-escalate by empathizing, redirecting. Report, report, report.

Education: Training to new nurses on how to stop the behavior, tips and tricks on language and phrases to use. They don't have to be "patient pleasers".

Conclusion

Nurses are concerned about verbal abuse toward them by patients, families, and/or visitors in their workplace. Nurses need support related to education/training, emotional support, employer action, and public awareness of the impact of this inappropriate behavior.

WNA will share this information with the nursing community and other stakeholders via webinars and scheduled meetings. WNA is interested in partnering with other nursing groups and other stakeholders for reducing or eliminating these incidents of verbal abuse.

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