Achieving impact with research informed policy development

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Introduction

- Challenges:
  - Addressing workplace violence and aggression towards nurses
  - achieving impactful policy by translating research into:
    - understanding
    - resourcing
    - practice
    - action
Violence against health workers hitting the headlines

‘Having been assaulted yesterday, I reflected on the events that happened prior. It is so easy to normalise what happens, saying to ourselves that it comes with the job. I've noticed that some nurses have been assaulted so many times that they would go off ... then right back to work and carry on like nothing happened although you can see the emotional scars. No one is encouraged to lay assault charges or undergo a robust debrief session amongst staff so that everyone is aware of what's happening in order to work as a team to reduce assaults. It is a great opportunity during the debrief sessions to formulate new safety parameters/ideas in consultation with the mdt.

I realize that it is a public holiday today but not one manager has contacted me to find out if I'm ok. There needs to be more accountability and a show of equal and mutual respect, and dare I say compassion for all involved.

Regards

(ANONYMOUS) for now anyway’
Duty of care?

‘At times those with dementia express both physical and verbal abuse and violence towards those caring for them - due to their dementia it would be wholly inappropriate to respond to the person in the same manner as for a patient that is intoxicated and not be added into the stats’

HQSC zero seclusion infographic
NZNOs work programme includes:

- Questions in biennial NZNO member survey to establish the frequency of violence against nurses and other healthworkers
- Position statement developed and now being edited for publication
NZNO member survey 2019

FREQUENCY OF VERBAL ABUSE, PHYSICAL THREAT OR SEXUAL INNUENDO

<table>
<thead>
<tr>
<th>Category</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>A few times a year</th>
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</thead>
<tbody>
<tr>
<td>Verbal abuse or threats from a patient</td>
<td>7</td>
<td>16</td>
<td>13</td>
<td>43</td>
</tr>
<tr>
<td>Verbal abuse or threats from a patient’s accompanying person</td>
<td>3</td>
<td>10</td>
<td>12</td>
<td>43</td>
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<tr>
<td>Physical assault or threat from a patient</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>31</td>
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<td>Physical assault or threat from a patient’s accompanying person</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>21</td>
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<tr>
<td>Sexual innuendo, abuse or threat from a patient</td>
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<td>4</td>
<td>7</td>
<td>30</td>
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<tr>
<td>Sexual innuendo, abuse or threat from a patient’s accompanying person</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>14</td>
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</tbody>
</table>
VERBAL ASSAULT FROM PATIENTS OR ACCOMPANYING PERSONS

![Bar chart showing the percentage of verbal assaults from patients and their relatives, friends, or accompanying persons over daily and weekly periods.](chart.png)

- **Patient**
- **Patient's relative, friend, or accompanying person**

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www.nzno.org.nz
PHYSICAL ASSAULT OR THREAT FROM PATIENTS OR ACCOMPANYING PERSONS

<table>
<thead>
<tr>
<th></th>
<th>Weekly ALL</th>
<th>Weekly ED</th>
<th>Weekly MH</th>
<th>Weekly ARC</th>
</tr>
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<tbody>
<tr>
<td>Patient</td>
<td>5.6%</td>
<td>10.5%</td>
<td>20.5%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Patient's relative, friend or accompanying person</td>
<td>2.3%</td>
<td>11.9%</td>
<td>2.9%</td>
<td></td>
</tr>
<tr>
<td>Reason for not reporting violence and aggression</td>
<td>%</td>
<td>n</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>----</td>
<td>-----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The patient did not know what he/she was doing</td>
<td>45.7</td>
<td>300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The patient was confused/demented</td>
<td>54.3</td>
<td>356</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It's just part of the job</td>
<td>33.1</td>
<td>217</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The reporting system takes too long</strong></td>
<td>20.1</td>
<td>132</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I didn't have time to report it</td>
<td>25.5</td>
<td>167</td>
<td></td>
<td></td>
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<tr>
<td>I did not think anything would happen</td>
<td>22.3</td>
<td>146</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I did not know how to report it</td>
<td>1.8</td>
<td>12</td>
<td></td>
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<tr>
<td>I thought I might be blamed for the incident</td>
<td>5.2</td>
<td>34</td>
<td></td>
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<tr>
<td>No one reports this type of incident</td>
<td>12.3</td>
<td>81</td>
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<tr>
<td>I wasn't physically injured</td>
<td>25.0</td>
<td>164</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I didn't want to look weak or as if I can't cope</td>
<td>8.1</td>
<td>53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It might make me look as if I can't do my job</td>
<td>9.1</td>
<td>60</td>
<td></td>
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</table>
NZNOs work programme cont.

- Collaborate with WorkSafe – the agency tasked with implementing the requirements of the Health and Safety at Work Act (2015)
- A project plan developed including:
  - Professional development for NZNO staff
  - Adaption of Australian Nursing and Midwifery Federation (ANMF) 10-point plan
  - NZNO call centre triage pathway
  - Internal and external comms campaign
Australian Nursing and Midwifery Federation 10 point plan (ANMF, 2017)

1. Improve security
2. Identify risk to staff & others
3. Include family in the development of care plans
4. Report, investigate & act
5. Prevention through workplace design
6. Education & training for staff
7. Integrate legislation policies & procedures
8. Provide post incident support
9. Apply across all health disciplines
10. Empower staff to expect a safe workplace
3 levels of engagement to achieve impactful policy

- **Government** lobbying – for resourcing and legislation change
- **Employer** accountability – expect compliance with legislative obligations to keep care recipients *and* staff safe
- **Organisational** engagement – education (reporting) and professional development for members
Conclusions

• How will the success of an impactful policy on violence and aggression towards nurses be measured?

• A ‘culture change’ has been promoted – what does that look like and how is it achieved?

• How can this policy development experience influence other organisational responses that demand research informed impactful policy development?
References


Marshall, B; Craig, A. & Meyer, A. (2017) Registered nurses attitudes towards and experiences of aggression and violence in the acute hospital setting. Kai Tiaki Nursing Research 8 1 31-36


