Addressing Violence Against Nurses

A Policy Analysis of HR 5223

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Introduction

- Review: Background of the problems that have created a need for HR 5223
- Analyze: HR 5223 within the policy analysis framework of Malone, as well as the National Collaborating Centre for Healthy Public Policy
- Interpret: Ethical principles and codes most relevant to HR 5223
- Apply: Spiritual & personal considerations within this context

Background

- Rate of workplace violence is higher for nurses and healthcare workers, especially in emergency department environments, than other occupations (NNU, 2019)
- More than half of all nurses have experienced violence or threats of violence within the last year (BLS, 2018)
- This negatively impacts job performance & retention (Edgar, 2016)



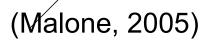
(Modernhealthcare.com, 2019)

FRAMEWORK I: MALONE'S PUBLIC POLICY ANALYSIS

Consideration of important aspects of patient situations, nurse efficacy, and institution survival

Salient factors in the creation of planning development and training implementan boosts effectiveness

No burdensome resources of time and money required



FRAMEWORK II: NATIONAL COLLABORATING CENTRE FOR HEALTHY PUBLIC POLICY (NCCHPP)

- Promote the development of violence prevention plans that boost nurse and patient safety
- Eliminate a strong barrier for current underreporting in workplace violence incidents through mandatory incident reporting
- Technical feasibility allowing a greater amount of autonomy in creation of specialized safety plans within each hospital.

(NCCHPP, 2012).

Ethical Principles: Justice & Accountability

- Fair treatment and accountability of the nurse within the clinical setting remains central to their operation
- Egalitarian theory stipulates the moral exactitude of all participants & their innate rights within a system regardless of relation
- Violence against nurses who are attempting to fulfil their duties by assisting patients is a failure of justice



(Registerednursing.org, 2019) (Beauchamp & Childress, 2013)

Ethical Principles: Autonomy

- Patient Self-Determination: recognition that patients are unique individuals with innate rights
- To advise patient, and respect their healthcare decisions (even if they decide to forsake all care)
- Care free from harm and maltreatment
- Protecting nurses and nonviolent patients from harm within the clinical setting



(Registerednursing.org, 2019) (Beauchamp & Childress, 2013)

Code of Ethics: Provision 4

- ✓ A nurse holds authority, accountability, and responsibility for the clinical practice
- ✓ A practicing nurse's self-efficacy can have a viable influence on practice standards of care & patient health outcome levels
- ✓ Continued violence in the workplace will prevent nurses from achieving the standards of this provision

(American Nurses Association, 2015)

Code of Ethics: Provision 5

- ✓A nurse holds a duty towards themselves and their health
- ✓Incidents of violence, threat of violence, and lack of accountability hinder this provision
- ✓ Standards, training, and violence reduction plans must address this concern

(American Nurses Association, 2015)

Spiritual & Personal Considerations

A robust contributing factor for nurse job efficacy is the desire to help others



- * "Loving thy neighbor as thyself" provides a strong basis for helping those who may initially be hostile or overwhelmed in their emergency medical situation
- ✤ HR 5223 offers additional resources to help protect nurses in their care-based jobs
- ✤ HR 5223 creates positive benefits for nurses, patients, and clinics
- Better outcomes through the integration of administrative and employee planning & training
- Stem workplace violence through the adoption of national safety standards in healthcare settings

(Edgar, 2016) & (Koenig, 2010)

Conclusion

- Nurses should not be treated less for putting themselves in harms way to help and care for others at their most vulnerable (Coble, 2016).

- Nurses should be given as much legal protection as other professionals, if not receive greater legal protection in some instances due to intimate care roles (Coble, 2016).

- Public policy analysis indicates that this policy will provide tangible benefits without unnecessary resource expenditures (NCCHPP, 2012).



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