New Legislation to Address Workplace Violence in Health Care Facilities  
H.R. 7141

A mericans have consistently ranked nurses as the most trusted professionals for the past 16 years (Brenan, 2017). Paradoxically, nurses are the most assaulted workers in the health care industry. Approximately 75% of all workplace violence (WPV) occurs in health care settings (Phillips, 2016). Unfortunately, this statistic underestimates WPV in health care settings because many incidents go unreported (Phillips, 2016), with affected individuals experiencing either direct or vicarious trauma.

The proliferation of WPV among health care workers has led some states to legislate employers to develop WPV prevention programs. On April 1, 2018, California fully implemented Senate Bill 1299 (“SB 1299,” 2013-2014) Workplace Violence Prevention Plans: Hospitals. This law defines WPV broadly to incorporate actual and threatened acts of violence, emphasizing prevention instead of criminalization, and requires employers to develop a comprehensive WPV plan including prevention, training, and workers’ participation (National Nurses United [NNU], 2018). Unfortunately, not all health care facilities are covered by SB 1299 in California.

Using California’s SB 1299 as a foundation, Congressman Joe Courtney (D-Conn) along with 21 co-sponsors introduced a new bill called Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 7141) to Congress on November 16, 2018. If passed into law, it will empower the Occupational Safety Hazard Administration (OSHA) to enforce standards requiring all health care employers and social service industries in the United States to develop and implement a comprehensive WPV prevention program. This bill has received support from various nursing and employee organizations (NNU, 2018).

Presently, there are no challenges raised against H.R. 7141. However, it is bound to face similar challenges that legislators faced in California before the passage of SB 1299. One difficulty that H.R. 7141 will face is that OSHA already has jurisdiction to investigate, remedy, and enforce situations involving WPV. Although OSHA has issued guidelines for preventing WPV, they are merely guidelines that are not enforceable (WPV for Health Care and Social Service Workers Act, 2018). The absence of enforcement means that employers lack mandatory requirements to implement a WPV prevention program.

The opposers of H.R. 7141 will claim that this bill merely duplicates existing laws, requiring hospitals to provide annual training for staff. Although every state has rules governing the implementation of WPV prevention programs, some rules are more comprehensive than others. Moreover, the current laws regarding WPV prevention have not improved the assaults experienced by health care workers, and the current data on WPV (Phillips, 2016) proves beyond a reasonable doubt the necessity to enact H.R. 7141 into law.

Many health care organizations frown upon health care workers who involve outside agencies after incidents of WPV. The argument is that the involvement of agencies such as law enforcement can be detrimental to patient care in settings like psychiatric units (“SB 1299,” 2013-2014). The logic of internalizing WPV is one reason for the gross underestimation of its prevalence. Health care workers who involve outside agencies are often ostracized, bullied, and blamed for being assaulted, which results in only 30% of nurses and 26% of physicians reporting incidents of WPV (Phillips, 2016).

As health care professionals, it is imperative that we embrace H.R. 7141, as this is a chance to pass a law that will protect us from WPV. Some requirements of H.R. 7141 that will be imposed on health care facilities if enacted as law are:

- Develop, implement, and maintain an effective written WPV prevention plan that is specific to the hazards that employees will experience in the health care setting.
- Provide training and education to all health care employees, where employees have an opportunity to ask questions, give feedback on training, and request additional instructions, clarification, or other follow up.
- Keep records of all violent incident logs for at least 5 years. Each violent incident log must contain detailed information such as the date, time, and location of the incident; identification of the alleged individual who committed the violent act; and nature and extent of injury.
- Adopt policies prohibiting employees from discrimination or retaliation for exercising their right to report or seek assistance from outside agencies.
such as law enforcement, local emergency services, or government agencies.

Media reports of WPV offer a grim reminder of our vulnerability as health care professionals in the health care setting. As a psychiatric nurse, WPV is of personal interest to me, as a colleague of mine recently sustained a head injury and possible broken ribs due to a physical assault by a patient. The silence in response to my colleague’s incident indubitably proves that management believes “violence is part of our job.”

As health care professionals, we are ethically obligated to apply Maslow’s hierarchy of needs when caring for our patients, yet our basic need for safety is ignored. I am using this opportunity to implore all readers of this journal to write your Congress representative, highlighting your personal experience of WPV, and encourage them to support H.R. 7141. This nonsensical idealism that violence is part of our job must end. I encourage you to have discussions about WPV with your coworkers with the intention of inspiring them to write to their Congress representatives. The journey is not over after H.R. 7141 passes Congress, as it must also pass the Senate. The same zeal is needed to convince our respective senators to support H.R. 7141. The ultimate goal is the enactment of H.R. 7141 into law. We must combine our efforts as health care professionals to help pass this important piece of legislation.

REFERENCES

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The author has disclosed no potential conflicts of interest, financial or otherwise.

doi:10.3928/02793695-20190114-01