

# VIOLENCE Due to Unsafe Staffing Drives Nurses from the Bedside



In 2022, MNA conducted a survey of 950 nurse members about the challenges of violence against nurses and patients in Minnesota hospitals. Nurses in the survey reported that:

- **97 percent** of nurses **observed workplace violence** in the last two years, including verbal abuse, intimidation, harassment, and physical violence.
- **Only 47 percent reported** these incidents to their employer, citing a **lack of time, inadequate staffing, and lack of management action** as the top barriers to reporting.
- **75 percent of nurses cited chronic under-staffing** as a top risk factor for an unsafe work environment, second only to the risks that specific patients might present.
- **62 percent of nurses** believe **patient safety is at risk** due to violence in Minnesota hospitals.
- **65 percent of nurses** believe **hospital executives** have **not adequately prepared** them to prevent or respond to violence.
- **Over half** of all nurse respondents – 53 percent – **have considered leaving** their job or nursing entirely due to violence





March 14th, 2024

Professional Distinction

Personal Dignity

Patient Advocacy

Chair Becker-Finn  
MN House Judiciary Finance and Civil Law  
Minnesota State Office Building  
100 Rev. Dr. Martin Luther King Jr. Blvd.  
Saint Paul, MN 55155

Chair Becker-Finn and Committee Members,

Chair and conferees:

With 22,000 members, the Minnesota Nurses Association (MNA) represents 80 percent of all active bedside hospital nurses in Minnesota and is the largest voice for professional nursing in the state. We are a leader in nursing, labor, health care and social justice communities and a voice for nurses and patients on issues relating to the professional, economic, and general well-being of nurses and in promoting the health and well-being of the public.

Healthcare in Minnesota used to be about taking care of each other. Our system of nation-leading care was built by passionate providers and community members working together to build up and sustain community hospitals across our state. But in recent years, we've seen the focus drift away from the bedside to the bottom line.

These misplaced priorities result in fewer critical care staff levels at the bedside, with serious consequences for care and working conditions in our hospitals. Healthcare workers face moral distress and leave the bedside in increasing numbers; patients wait longer for medicine or care, and experience more adverse outcomes; and the risk of violence goes up for patients and workers in our hospitals.

Hospitals are now one of the most dangerous places to work in Minnesota. In 2021, 97 percent of surveyed Minnesota nurses had observed violence in the workplace, including verbal and physical intimidation and assaults, and 62 percent reported that they consider patient safety to be at risk at their hospital due to management inaction.

That is why nurses ask your support for HF 4210, the Improving Safety in Hospitals Act. Until the crisis of retention and care is addressed in a systemic way in our hospitals, Minnesotans need protection and support so they can feel safe on the job, and in the place they go for care when they are at their most vulnerable.

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AFL-CIO

This bill would set up crisis intervention teams on each hospital floor, consisting of at least four medical professionals trained in responding to patients in crisis, plus any additional care staff needed to meet patient needs and to interrupt and de-escalate situations that could be potentially violent for patients or staff. The bill would also require hospitals to train all staff in safety and de-escalation.

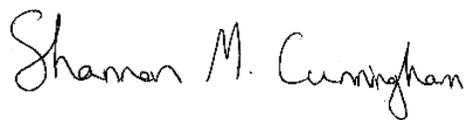
It is tragic when patients or workers suffer violence in our hospitals. Even more tragic is that, all too often, these incidents occur when a patient is not receiving the care, attention, or support they need and deserve. That is why the bill would ensure that crisis intervention teams are trained in psychiatric care, crisis intervention, substance use treatment services, trauma-informed care, and linguistically and culturally competent care. The bill would also direct that patients' care plans be reviewed and revised after a crisis incident, to ensure patient needs are better met and to protect the safety of patients, staff, and the hospital community going forward.

Violence is increasing in our hospitals because staff and service levels are decreasing. This bill would take critical steps to bridge the gap left by hospital cutbacks and would ensure that hospital executives with the most power to make changes and decisions bear responsibility for the outcomes, not the overburdened care staff and under-serviced patients struggling to make it work at the bedside.

We will all need care in a hospital someday. Nurses stand ready to work with you to ensure that when that day comes, you and your loved ones will be safe in the place you go for your most critical care.

Thank you for your consideration of HF 4210. We appreciate and are grateful for the work of this committee and look forward to your support for this important legislation.

Thank you,

A handwritten signature in black ink that reads "Shannon M. Cunningham". The signature is written in a cursive, flowing style.

Shannon M. Cunningham  
Director of Governmental and Community Relations  
Minnesota Nurses Association