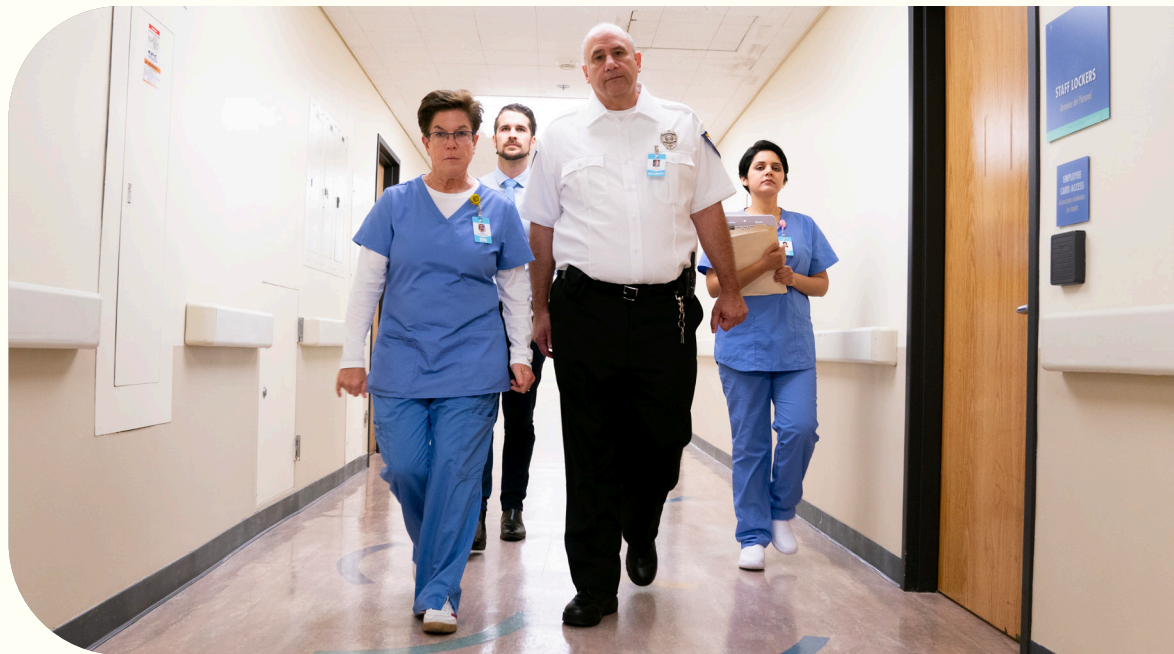


Safe Healing Environments:

Addressing Workplace Violence in Healthcare Through Legislation, Prevention, and Strategic Solutions



Introduction

Purpose

This white paper covers why healthcare workplace violence is on the rise, who is taking action, what is being done about it, and how you can help implement solutions at your organization.

Background

Workplace violence in the U.S. is an epidemic, and 80% of all reported incidents target healthcare workers.¹ A 2022 study found that an average of 57 nurses are assaulted every day.² Among healthcare professionals, doctors and nurses working in emergency departments are most at risk, with over 50% of emergency doctors reporting some form of assault during their careers. A startling 70% of emergency nurses say they have been hit or kicked.³ Unfortunately, these statistics and recent events are just the tip of the iceberg, as workplace violence incidents are grossly underreported.⁴ Other high-risk medical environments include pediatric hospitals, psychiatric units, and critical care settings.

By addressing the unique risks and challenges faced in healthcare settings, organizations can create a safer environment for staff and patients.

96%

of healthcare workers experienced or witnessed workplace violence during a one-month span alone last year.⁵ And

2 nurses

were assaulted, on average, per hour.⁶



To fully address the growing issue of workplace violence, it's essential that healthcare organizations today provide their staff with comprehensive solutions, tools and processes necessary to prevent and respond to workplace violence.

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New Workplace Violence Requirements

Workplace violence can encompass a range of aggressive behaviors. The Joint Commission newly defines workplace violence as, "...an act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors."⁷

The high incidence of workplace violence caused the Joint Commission to create new and revised accreditation requirements that took effect January 1, 2022 for all Joint Commission-accredited hospitals and critical access hospitals.⁸ The new Joint Commission requirements include conducting a worksite assessment to identify safety and security risks and taking necessary steps to reduce these risks through a comprehensive workplace violence prevention program.

Comprehensive workplace violence programs should include:

- Leadership oversight
- Policies and procedures
- Reporting systems
- Data collection and analysis
- Post-incident strategies
- Training and education to decrease violence in the workplace
- Environmental design to conform to local, state, and federal laws

The requirements also provide guidance in performing annual assessments, developing prevention systems and processes, and continually monitoring, reporting, and investigating incidents. In addition, the Joint Commission is proposing to add workplace violence prevention requirements to the Behavioral Health Care and Human Services accreditation program, similar to those implemented in the Hospital program in 2022.



The new Joint Commission standards are filling a gap in that they represent a first step in prevention of workplace violence in hospitals on a national scale. The new requirements underscore the fact that workplace violence is an organizational issue that necessitates a systems' approach.⁹

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Sources of Violence

Violence can come from patients, family and friends of patients, other healthcare workers, and outsiders. To effectively prevent violence, all potential sources must be addressed.

01

Patient-to-Staff

In patient-to-staff violence, a patient exhibits aggressive behavior toward healthcare workers such as verbal abuse, physical assault, or sexual harassment.

02

Colleagues

Violence can occur between colleagues. Conflicts between staff members can escalate and create an unhealthy environment that negatively impacts staff well-being and patient care.

03

Patient's Family Members

A patient's family member or friend can become violent toward healthcare workers, such as during a stressful situation or when there is disagreement.

04

Intruders

Violence to patients or staff can come from intruders who are not associated with the facility. Gang violence, for example, can follow conflict into the emergency department.

Patient-related Risk Factors for Violence

Patient-related risk factors for violent behavior can include mental health issues, drug and alcohol use, and certain demographics.



Mental health problems

Premier recently conducted surveys in which 27% of respondents ranked mental illness as the top factor responsible for aggressive behavior. Reduced public funding for behavioral healthcare has limited mental health service access.¹⁰



Substance use

Drugs and alcohol play a significant role, with 24% of respondents citing drugs as a contributing cause.¹¹ The opioid epidemic has had a profound impact, as patients can become agitated when seeking drugs or facing withdrawal symptoms.



Demographic characteristics

Research has shown that most verbally violent perpetrators are men (73%) between the ages of 35–65 (54%). Physical violence was also most often enacted by men (59%) and persons 66 years or older (64%).¹²

Environmental Risk Factors

According to the American Nurses Association, healthcare workers are **four times more likely** to be exposed to workplace violence than other professions.¹³ Environmental risks for violence in healthcare include factors such as the recent pandemic, lack of visible security personnel, uncontrolled access to patient areas, and long wait times.

- In 2019, the COVID-19 pandemic exacerbated the existing workplace violence challenges, as patients flooded healthcare facilities. Restricted visits to patients caused loved ones distress and potentially misplaced anger. Disinformation surrounding COVID-19 vaccinations also contributed to tensions, with healthcare professionals facing hostility from vaccine opponents.
- Patients, visitors, and intruders may perceive a facility as an easy target if it doesn't have visible security personnel. Staff may feel ill-equipped to manage aggressive incidents without quick access to security support. When unauthorized individuals can freely enter a facility, it is difficult to protect patients and staff.¹⁴
- Long wait times can contribute to violence. Patients and their families may become increasingly anxious while waiting for medical attention. A heightened emotional state, combined with the stress of health concerns, can lead to verbal outbursts or even physical aggression toward healthcare staff.¹⁵
- Additional factors such as unmonitored entrances, poor lighting, temperature and noise can put staff at risk or limit staff from taking appropriate action.

A survey conducted by National Nurses United in 2022 of 2,500 U.S. nurses found that

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experienced an increase in workplace violence between 2021 and 2022.

According to a 2022 survey by the American College of Emergency Physicians, "85% of emergency physicians believe that the rate of violence experienced in emergency departments has increased over the past five years."¹⁶ A survey conducted by National Nurses United in 2022 of 2,500 U.S. nurses found that 48% of respondents experienced an increase in workplace violence between 2021 and 2022, up from a 30.6% increase reported the prior year.¹⁷

The statistics on the next page underscore the alarming trajectory of violence, which can negatively impact staff well-being, patient care, and staff turnover.

The Costs of Violence in Healthcare

Healthcare staff who are exposed to violence are

2x-4x
more likely

to experience PTSD, anxiety, and depression.

Staff Wellbeing

The anticipation of violence creates distress for frontline workers, with around 77% of nurses admitting to expecting assault as a part of their job.¹⁸ Workplace violence can result in both immediate and long-lasting consequences, spanning a spectrum of severity from minor to severe physical injuries, temporary to permanent disability, and psychological trauma or loss of life.¹⁹

According to the Center for Disease Control, “The more workplace violence public health workers experienced, the greater the impact on their mental health... Workplace violence was associated with a 21% greater risk of reporting depression or anxiety, 31% greater risk of reporting PTSD, [and a] 26% greater risk of reporting suicidal thoughts.”²⁰ Chronic exposure to violence can lead to mental exhaustion and disengagement.

Patient Care Quality

Among surveyed healthcare professionals, 80% believe that violent incidents harm patients’ quality of care. Violent situations can cause decreased attentiveness, reduced communication, and impaired decision-making that can have a negative impact on patient care.²¹

Organizational Health and Financial Outcomes

Workplace violence also contributes to absenteeism. According to the American Nurses Association, “13% of days away from work were the result of violence in 2013, and this rate has increased in recent years.”²⁴ Healthcare workers who experience workplace violence require an average of 60 more hours of sick, disability, and leave time annually compared to workers who are not exposed to violence. Hospitals lose an estimated \$90 million each year due to workplace violence-related disability.²⁵

Workplace violence also creates potential legal consequences. The treatment and indemnity costs in a single hospital system can be \$330,000 or more annually.²⁶

Reducing Workplace Violence: Improved Clinical, Financial, and Operational Results

While the consequences of workplace violence are clear, the benefits of creating a culture of staff safety in healthcare settings are encouraging. Not only do 27% of nursing staff report enjoying their job more when working in safe environments²⁷ — but building a safe work environment is also statistically the top reason why they’ll decide to remain employed.²⁸



A mid-size hospital can lose
\$5.2 - \$8.1 million
in turnover.²³

Regulations

Legislation to prevent violence in healthcare settings can establish requirements for healthcare organizations. Currently, 40 or more states have already enacted legislation establishing increased criminal penalties for those who assault health care workers and giving hospital security staff the same law enforcement powers as local law enforcement.²⁹

While new federal laws have recently been considered, the only federal regulation regarding workplace violence currently in place in the U.S. is the General Duty Clause of the Occupational Safety and Health Act of 1970. This clause requires employers to provide a work environment, “free from recognized hazards that are causing or likely to cause death or serious physical harm.”³⁰



Newly Introduced Federal Legislation

In 2023, the Workplace Violence Prevention for Health Care and Social Service Workers Act was introduced in the House of Representatives. While it has yet to be passed, the potential impact on the healthcare community is tremendous.³¹ This federal bill mandates that the Occupational Safety and Health Administration (OSHA) create a national standard that would require healthcare employers to develop and implement workplace violence prevention plans.

The bill establishes minimum safety standards including:

- Involving employees in the development, implementation, and evaluation of plans
- Maintaining thorough records to document workplace violence incidents
- Protecting employees who report workplace violence incidents
- Physical changes to the environment to mitigate potential risks of workplace violence
- Comprehensive training programs to equip employees with skills to prevent and respond to workplace violence incidents

Another bill introduced in 2023 is the bipartisan Safety from Violence for Healthcare Employees (SAVE) Act (H.R. 2584). This proposed bill aims to grant healthcare workers the same legal safeguards against assault and intimidation as those afforded to aircraft and airport personnel.³² This federal bill seeks to establish a federal grant program under the Department of Justice.

The bill would require:

- Funding for training initiatives for violence prevention
- Fostering coordination with law enforcement
- Enforcement of panic buttons, metal detectors and other physical prevention tools

Protecting Your Facility:

Prevention Strategies

Conducting a thorough risk assessment of the healthcare organization is a first step toward creating a workplace violence prevention plan. Risk assessments will help identify potential areas of vulnerability. The risk assessment should include analysis of past incidents and current security measures. Leadership should involve clinical and non-clinical staff in the assessment process to gain their valuable insights.

Evaluate Existing Safety Measures and Determine if they are Sufficient

Most facilities have one or more safety measures in place, such as visible security presence, fixed hospital panic buttons, hand-held communications devices, video surveillance, and de-escalation training. These are necessary but not sufficient.

Implementation of robust safety measures can include: enhanced surveillance systems, access control mechanisms, weapons detection systems, wearable duress alarms, and proper lighting in all areas, including parking lots and entrances.



Security Officers

- Essential
- Effective
- Expensive
- Can't be everywhere



Video Surveillance

- Essential
- Expensive
- Limited coverage
- Rarely in patient care areas



De-escalation Training

- Essential part of any program
- Must be repeated
- Insufficient without additional tools and support

Optimal Staff Duress System

12 Attributes of an Optimal Staff Duress System

Providing your staff with wearable duress alarms allows them to call for help early in conflict escalation. Local alerting at the first sign of conflict helps promote early intervention and de-escalation. An optimal solution engages nearby staff — in addition to security — to step in and help with de-escalation. Healthcare organizations should consider all attributes of workplace safety solutions before implementation.

Safety Solutions Options

Key Characteristics	Fixed Panic Button	Hand-Held Comms Devices	RTLS Nurse Call System	Optimal Solution
Discreet Silent Alarm	●	●	●	●
Alert Button Easily Reached by Staff	●	●	●	●
Dynamic Location Updates	●	variable	●	●
Identifies Name of Staff in Need of Help	●	●	●	●
Flexibility in Alert Delivery	●	●	●	●
Able to Alert Nearby Staff	●	●	variable	●
Available to All Staff Members	●	●	●	●
Covers Inpatient, Ambulatory, Clinic Locations	variable	●	●	●
Fast and Simple Installation	●	●	●	●
Built for Staff Safety	●	●	●	●
Easy to Support	●	●	●	●
Affordable	●	●	●	●

Reporting Mechanisms

Healthcare systems should recognize that violence can occur anywhere to anyone on-site. Developing an approach for workplace violence must be comprehensive for all staff and working locations. Creating standardized reporting and encouraging staff to report incidents without fear of retaliation is essential to gathering accurate data and identifying patterns of violence. Wearable duress-alert (“panic”) buttons with incident recording capabilities can be instrumental in this effort.

Healthcare organizations should continuously monitor the effectiveness of violence prevention strategies through incident tracking and analysis. Ongoing gathering of feedback can help identify areas that need improvement so the organization can adapt plans accordingly. A data-driven approach to monitoring incidents can help tailor interventions and allocate resources more effectively.

Education/Training

As part of a violence prevention program, there should be continuous and ongoing training for staff to recognize and prevent workplace violence. Training should equip staff with de-escalation techniques and conflict resolution skills.

Culture of Safety and Respect

When staff feel safe, they are more likely to stay at their job and provide high-quality, focused patient care without fear or distraction. Healthcare organizations can foster a culture of safety through regular feedback mechanisms, open channels of communication, and initiatives that prioritize staff safety and well-being.

Collaboration with Law Enforcement

Collaboration between healthcare institutions, government agencies, and law enforcement is vital in tackling violence. Establishing these partnerships can lead to the development of comprehensive intervention strategies and foster a sense of shared responsibility.



Conclusion

Workplace violence in healthcare is on the rise. Healthcare, like most industries, can be too slow in responding to real change.



Legislation and industry quality standards hold hospitals and health systems accountable to create a safer work environment for their teams through initiatives such as comprehensive violence prevention plans, annual workplace violence prevention training, systems to quickly respond to and investigate violence, and more.

Hospitals and other healthcare facilities must perform annual assessments for their site and implement or adjust safety strategies, put reporting mechanisms in place, and maintain a culture of safety. There is no simple solution to ending workplace violence – doing so requires an ongoing, proactive, and multi-faceted approach.

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