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Reducing Workplace Violence in Healthcare: Understanding and Addressing Threats to Employee Safety

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Healthcare workers face an alarming **fivefold** higher risk of sustaining injuries compared to their counterparts in other industries. In a 2023 **survey** conducted by National Nurses United (NNU), more than 80% of responding nurses indicated they were a victim of workplace violence. In 2018, healthcare workers **accounted** for 73% of all nonfatal workplace injuries and illnesses due to violence. This stark reality was further underscored during the COVID-19 pandemic, with recent studies **referenced** by the American Hospital Association revealing that 44% of nurses experienced physical violence and 68% experienced verbal abuse. However, these figures only scratch the surface, as the Occupational Safety and Health Administration (OSHA) **notes** that workplace violence is often underreported. Nurses often **attribute** this underreporting to ambiguous reporting policies, fears of retaliation, and lack of support from management. Consequently, **many** healthcare workers grapple with the perception that violence is just a part of the job.

This article delves into the complexities of workplace violence in healthcare settings, exploring its sources and trends, as well as its profound impact on healthcare workers and the overall quality of care they provide. Finally, it will suggest strategies your healthcare organization can implement to prevent these incidents, promote de-escalation, and ensure the safety of your employees.

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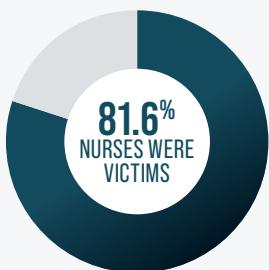
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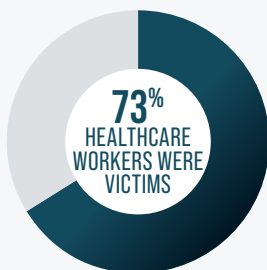
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WORKPLACE VIOLENCE IN HEALTHCARE



2023
NNU SURVEY



2018
U.S. BUREAU OF LABOUR STATISTICS

TYPES OF WORKPLACE VIOLENCE EXPERIENCED

44%
PHYSICAL VIOLENCE

68%
VERBAL ABUSE

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DEFINING WORKPLACE VIOLENCE

The Joint Commission accreditation manual [defines](#) workplace violence as “any 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.” OSHA [defines](#) workplace violence as “violence or the threat of violence against workers.” OSHA emphasizes that such violence can transpire both within and outside the workplace.

PERPETRATORS OF WORKPLACE VIOLENCE

Generally, workplace violence can be broken down into the following sources:

- + In-patients and out-patients against staff
- + Patient family members against staff
- + Colleagues or former colleagues against staff
- + Intruders such as [gang members](#), particularly impacting the emergency department.

A 2014 study revealed that [93%](#) of assaults in healthcare facilities were perpetrated by patients or visitors on healthcare workers, particularly in high-stress environments like emergency departments, inpatient psychiatric settings, home healthcare settings, and long-term care facilities. The Bureau of Labor Statistics reported a [63% increase](#) in injuries from violent attacks against medical professionals between 2011 and 2018. A [nationwide survey](#) conducted by NNU found that nearly half of all nurses surveyed observed increased workplace violence between Jan. 1, 2023 and Dec. 31st, 2023, with over 80% experiencing at least one type of workplace violence within the past year. Perpetrators often display altered mental states.



FACTORS LEADING TO WORKPLACE VIOLENCE

Multiple [factors](#) contribute to workplace violence in healthcare facilities, including:

- + Understaffing, long wait times, and overcrowding in emergency rooms.
- + Unrestricted hospital/clinic access.
- + Inexperienced [staff](#) and staff working in isolated areas.
- + Domestic disputes between patients and visitors.
- + Insufficient security personnel and training.
- + More behavioral health patients and a shortage of mental health professionals.
- + Inflexible visiting hours and cultural/language differences.
- + Patients in [police custody](#).

Violence tends to escalate during emergencies involving large groups. Healthcare workers often become [targets](#) for frustrations, with family members or friends more prone to violence than the patients themselves. Verbal

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assaults commonly [precede](#) physical violence, especially in cases involving dementia, schizophrenia, or substance intoxication. Addressing these factors is essential in crafting strategies to reduce workplace violence in healthcare settings.

CONSEQUENCES OF HEALTHCARE WORKPLACE VIOLENCE

Workplace violence significantly impacts the employee experience, leading to increased workers' compensation claims and employee absenteeism. Both physical and psychological injuries from workplace violence make it challenging for providers to focus on patient care. Security personnel also experience stress knowing that they are also likely to be targets of workplace violence. This diverts resources toward employee protection, reducing focus on patient care, reducing productivity, and lowering patient satisfaction. Ultimately, it can drive workers to [leave](#) the healthcare field altogether, resulting in reduced [quality](#) of care and increased potential for adverse events. The 2023 NNU [survey](#) revealed that 6 in 10 nurses reported having considered leaving the profession or changing their jobs due to workplace violence.

Generally, injuries sustained by employees in the course and scope of employment due to workplace violence are covered by workers' compensation insurance. However, there are exceptions. For example, injuries sustained by an [employee](#) who instigates an altercation may not be covered by workers' compensation insurance. Similarly, if an employee is criminally involved with an attacker or if two employees who happen to be spouses engage in a fight, these situations may be exceptions to coverage.

Employers may want to consider a workplace violence insurance policy, which covers costs related to workplace violence, including active shooter coverage under some policies. This coverage attempts to address costs that traditional insurance, such as general liability, may not address adequately. They can also address productivity declines, damage to the organization's reputation, and negative impacts on morale.



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RISK MITIGATION STRATEGIES TO REDUCE WORKPLACE VIOLENCE IN HEALTHCARE SETTINGS

Addressing workplace violence in the healthcare sector is a multifaceted endeavor that demands a comprehensive approach. The Joint Commission [emphasizes](#) the importance of proactive measures and recommends strategies that extend beyond merely enhancing security. Here is a summary of these recommendations:

- 1. Clearly Define Workplace Violence:** Establish a precise definition of workplace violence, ensuring zero tolerance. Encourage staff to report all incidents meeting this definition to prevent inadvertent acceptance of violence.
- 2. Stress the Reporting of Events:** Emphasize the necessity of reporting all events related to workplace violence.
- 3. Organizational Responsibility:** Make it explicit that the organization is responsible for addressing workplace violence, absolving victims from this responsibility.
- 4. Policies for Home Healthcare Visits:** Develop policies for home healthcare visits, specifying conduct, the presence of others during visits, and the worker's right to refuse services in hazardous situations.
- 5. Promote Communication:** Encourage communication about workplace violence during daily huddles to foster awareness.
- 6. Identify Potentials for Violence:** Develop systems, tools, and training for staff to identify potential sources of violence.
- 7. Transparent Reporting Systems:** Create reporting systems that yield transparent outcomes while safeguarding confidentiality by removing personal identifiers.
- 8. Support for Victims:** Provide appropriate support to victims and others affected by violence, including psychological counseling.
- 9. Legal Rights of Victims:** Inform victims of their legal right to prosecute perpetrators and report incidents to local authorities.
- 10. Incident Review Using OSHA Processes:** Review each incident of workplace violence using OSHA-defined processes to identify contributing factors.
- 11. Physical Environment Changes:** Make necessary physical environment changes based on analysis, such as enhancing security, improving exits, installing panic buttons, or upgrading lighting.
- 12. Creation of a Calmer Environment:** Maintain sufficient staffing, create workplace violence response teams, and ensure the presence of mental health personnel on the premises.
- 13. Staff Training:** Train all staff in de-escalation, self-defense, and response to emergency codes. Conduct practice drills for various levels of threats.
- 14. Incident Investigation and Trend Monitoring:** Investigate all violent incidents and threats, monitoring trends to identify potential issues.
- 15. Evaluation and Adjustment:** Continuously evaluate and monitor the results of initiatives, adjusting strategies as needed.

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CONCLUSION

The alarming statistics surrounding workplace violence in the healthcare sector demand urgent attention and concerted efforts to protect healthcare workers.

Leveraging the expertise of your broker's loss control representative, clinical risk management expert, and insurance company partners can collectively help to reduce the risk of workplace violence. These professionals have likely already addressed similar concerns for other clients, and their expertise is typically covered within the insurance premium. Loss control experts can devise tailored solutions and offer off-the-

shelf risk management plans suitable for many employers. Through strategic risk management and collaboration with these experts, healthcare organizations can make substantial strides in reducing the prevalence of workplace violence and enhance financial readiness to overcome such incidents.

Contact an experienced broker to explore these risk mitigation strategies and relevant insurance coverages for these situations.

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