Workplace violence

The issue

The specter of workplace violence in healthcare settings is a growing phenomenon that healthcare facilities have not addressed adequately. In 2002, the World Health Organization defined workplace violence (WPV) as "the use of physical force with or without bodily contact." The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as any physical assault, threatening behavior or verbal abuse occurring in the workplace. Violence includes overt and covert behaviors ranging in aggressiveness from verbal harassment and threatening gestures to kicking, hitting, biting, punching, stabbing, sexual assault, shooting and murder. The rates of work-related assaults and injuries appear to be trending upward, according to limited data gathered by some federal, state and healthcare associations. Yet, few healthcare facilities have adopted comprehensive workplace violence prevention programs and security systems.

Unfortunately, many healthcare workers consider WPV to be "just part of the job," and many don't report assaults and injuries. WPV and related injuries should neither be expected nor accepted as part of anyone's work.
How widespread is physical workplace violence in healthcare?

Healthcare workers are at greatest risk when working with patients who have impaired thinking and judgment secondary to psychiatric problems, when substance abuse is an issue, or when the person is cognitively impaired (delirium and/or dementia).

Settings where workplace violence is most likely to occur include: emergency departments and psych/mental health units in acute-care hospitals, long-term care facilities (including mental health and developmental disability care), skilled nursing facilities (particularly on dementia units), home healthcare and penal institutions.

There currently is no consistent tracking protocol across states and agencies for the incidence of violence in healthcare settings. As a result, measuring the extent is difficult. Limited data are captured from various sources.

The Emergency Nurses Association annual survey of Emergency Department Violence shows that in 2011, more than 12 percent of nurses experienced physical violence within the previous seven-day period, and more than 42 percent experienced only verbal abuse in that same time period. In data from 2007, the Bureau of Labor Statistics reports that nearly 60 percent of all nonfatal assaults and violent acts by persons occurred in the healthcare and social assistance industry, but nearly three-quarters of these were assaults by healthcare patients or residents of a healthcare facility.

The Joint Commission identifies workplace violence as a sentinel event in healthcare facilities, yet it notes that incidents are significantly unreported. Of note, the Joint Commission identifies assault, rape, and homicide as consistently among the top 10 types of sentinel events.

From 2003 to 2009, four registered nurses were shot and killed at work (Bureau of Labor Statistics, 2011).

A 2002 NIOSH study reported that healthcare workers are four times more likely to face workplace violence than other private sector workers.
From 1993 to 1999, approximately 765,000 healthcare workers were assaulted resulting in days away from work (Bureau of Labor Statistics, 2001; BLS, 2006).

Legislation

Nineteen states have taken the initiative to create or strengthen felony assault laws to criminalize assaults of healthcare workers in the line of duty (AL, AZ, CA, CO, CT, DE, HI, IL, NE, NV, NJ, NM, NY, NC, RI, OK, VT, VA and WV).

Legislation requiring employers to provide worker training and protections and/or studies of WPV is in place in nine states (CA, CT, IL, ME, NJ, NY, OR, WA and WV).

Hawaii has a resolution encouraging employers to develop and implement standards of conduct and policies for manager and employers.

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(//www.aft.org/sites/default/files/wysiwyg/map_workplaceviolenc)

Resources
The AFT has educational programs and training available for members. AFT can work with locals to file complaints with OSHA when injuries have occurred.

**AFT resources**

1996: [Prevention of Workplace Violence](https://www.aft.org/resolution/prevention-workplace-violence-0)


2010: [In Support of a Healthy Workplace and Against Workplace Bullying](https://www.aft.org/resolution/support-healthy-workplace-and-against-workplace-bullying)

2012: [Preventing Workplace Violence in All Healthcare Settings](https://www.aft.org/resolution/preventing-workplace-violence-all-healthcare-settings)

2014: [Respect and Dignity at Work: Ensuring Comprehensive Workplace Violence Prevention Programs for All](https://www.aft.org/resolution/respect-and-dignity-work-ensuring-comprehensive-workplace-violence-prevention)

**What do healthcare workers need?**

Healthcare workers need the protection afforded by an OSHA regulation on workplace violence prevention which would guide the development of comprehensive and effective prevention programs in healthcare settings, and provide a more concrete measure by which facilities would be held accountable. To make a more objective case for an OSHA standard, healthcare workers need a [congressional request for](https://www.aft.org/resolution/...

The adequacy of federal and state surveillance data to accurately capture the rates of injuries and assaults associated with work-related violence among healthcare workers in a wide variety of healthcare settings;

The impact of comprehensive workplace violence prevention programs in both the Veterans Administration system and selected states (Connecticut, New York or other states as examples) in reducing rates of assaults and injuries associated with work-related violence in healthcare settings; and

Recommendations that weigh the need for further research:

- On the surveillance of workplace assaults and violence on healthcare workers in private and public healthcare facilities; and

- On the relative impact of current state and federal healthcare workplace violence-prevention guidelines and/or laws on the incidence of work-related assaults and injuries.

Read the congressional request letter to the GAO. (//www.aft.org/sites/default/files/wysiwyg/ltr_gaoviolenceprevention_0213.pdf)

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