WORKPLACE VIOLENCE IN HEALTHCARE

WHY FRONTLINE HEALTHCARE WORKERS AND PATIENTS NEED LEGISLATION TO PROTECT THEM FROM WORKPLACE VIOLENCE. **NOW.** THERE'S NOT A MOMENT TO LOSE.

Workplace Violence Is More Prevalent in Healthcare Than in Any Other Industry

According to the U.S. Bureau of Labor Statistics, healthcare workers accounted for 73 percent of all nonfatal workplace injuries and illness due to violence in 2018 and were five times more likely to be punched, kicked, bitten, beaten, choked and assaulted on the job than all other workers.

Some have even faced far worse, including stabbings and shootings.

Despite what hospital execs may say, the crisis of workplace violence in health care – which affects both workers and patients – is not getting better. In fact, staffing shortages precipitated by the pandemic have made matters much, much worse. This observation is not anecdotal; it has been borne out in study after study after study. Healthcare workers need legislators to act.

Hospital staff experience 1.17 aggressive events — verbal and/or physical — for every 40 hours worked, according to the AIM study, published in November 2023. In the study, more incidents of aggression occurred when staff had significantly greater numbers of national assigned to them. In fact, "weiting for ears"

"In addition to being verbally abused, I have been hit, kicked, spat on, pushed, and had my arm pulled. I had a patient who threatened to hurt my children. I have been threatened by patients and their family/friends that they will come back to shoot me. I have found knives and needles without caps on patients."

 Medical Surgical Nurse, Jeanes Hospital, Philadelphia

of patients assigned to them. In fact, "waiting for care" was one of the most common precipitants of aggression in the study.

Source: The Aggressive Incidents in Medical Settings (AIMS) Study: Advancing Measurement to Promote Prevention of Workplace Violence. Joanne DeSanto Iennaco, PhD, APRN, PMHNP-BC, FAAN; Elizabeth Molle, PhD, RN; Mary Allegra, DNP, RN, NPD-BC, NEA-BC; David Depukat, PhD, RN, PMH-BC; Janet Parkosewich, DNSc, RN, FAHA. Published November 25, 2023.

This "Deadly Cycle of Violence" Is Not Simply Part of the Job

"It's the employer's responsibility to ensure workplace safety and security, but sadly, in many healthcare settings, nurses are experiencing violence at alarming rates. Too many of my fellow nurses' lives have already been lost to workplace violence. We need to act now to break the deadly cycle of violence against health care professionals."

American Nurses Association President Jennifer Mensik Kennedy, PhD, MBA, RN, NEA,
FAAN, when briefing congressional staffers in March 2024 about the frequency and severity of workplace violence in health care

IN FACT, EMPLOYERS ARE A BIG PART OF THE PROBLEM

National Nurses United, the largest labor union and professional association for RNs in the United States, conducted seven surveys in 2020 and 2021, collecting more than 83,000 responses from RNs and other healthcare professionals in every state. They published "Workplace Violence and Covid-19 in Health Care: How the Hospital Industry Created an Occupational Syndemic" in November 2021. Key findings include that employers are a big part of the problem:

- Profit-driven staffing cuts such as reducing the hours of techs and aides, which means there are often not enough aides to sit with patients who need a sitter and not enough staff to respond appropriately when an incident of workplace violence occurs can lead directly to increased workplace violence. Frequent verbal and occasional physical abuse; combative, confused patients; and low staffing numbers, especially on evenings and weekends, all contribute to increased stress levels of patients and staff. If a nurse isn't available to meet an agitated patient's needs, the patient's agitation is accelerated. This is called increasing profits at the expense of caregiver health and safety and patient outcomes.
- Well over a third of nurses and other healthcare workers (42%) reported that their employer ignores nurses' reports of workplace violence incidents.
- Less than half (39%) of nurses and other healthcare workers report that their employer investigates what happened after a workplace violence incident.
- The majority (59%) of nurses and other healthcare workers report that their employer fails to change practices to reduce the risk of violence following an incident.
- One quarter (25%) of nurses and other healthcare workers report that their employer blames or reprimands employees who report workplace violence incidents.

Source: "Workplace Violence and Covid-19 in Health Care: How the Hospital Industry Created an Occupational Syndemic." National Nurses United. November 2021. https://www.nationalnursesunited.org/sites/default/files/nnu/documents/1121_WPV_HS_Survey_Report_FINAL.pdf

MORE STORIES FROM THE BEDSIDE

"We are threatened and attacked almost every day and our security team does nothing. Every time they assist us, one of them gets hurt, written up or fired. We have no protection. Our cameras have been broken, our metal detectors were broken and now they are ineffective because of where they are placed. We have brought this to the attention of the security supervisor and nothing..."

- Emergency Department Nurse, Mercy Fitzgerald Hospital, Delaware County

"My floor often gets psych patients from the ED that "are not appropriate for our hospital's psych ward" because they are too violent or aggressive. We are not psych nurses. We are med-surg/ortho/peds nurses. We don't have the resources to care for patients who cannot be properly cared for in our designated psych wards. Our management does not advocate for us or for proper placement of these patients."

- Butler Memorial Hospital Nurse, Butler County

Two-Thirds of PASNAP Members Have Personally Experienced Workplace Violence

66% of PASNAP members

internal survey said they

have personally experienced

violence in their workplace – that's up from 50% in 2021.

72% of respondents said their

hospital or facility does NOT

do a good job of protecting

them from workplace

violence.

responding to a 2024

At the start of every year, the Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP), representing more than 10,000 nurses and healthcare professionals across the commonwealth, surveys its membership about issues of critical importance, including workplace violence.

The 2024 survey revealed both how prevalent and how undertreated by employers workplace violence is for frontline healthcare workers in Pennsylvania:

- 66% of respondents said they have experienced workplace violence.
- In answer to the question, do you believe your hospital/facility does a good job of protecting you from workplace violence?: 72% of PASNAP members said "no."
- In answer to the question, did management take measures to mitigate incidents or concerns of workplace violence after being informed?: 36% said "no" while just 33% said "Yes." (31% said "not applicable.")
- In answer to the question, did management hold a meeting, debriefing, or formal review of the incident after it took place?: 48% said "no." Just 15% said "yes." (37% said "not applicable.")

WORKPLACE VIOLENCE IS BAD FOR PATIENTS AND HOSPITALS, TOO

- Workplace violence experienced by nurses has been associated with decreased productivity⁴ and increased employee turnover⁵, which is especially concerning during the middle of a nationwide staffing crisis.
- Workplace violence reduces the quality of patient care. A study involving work environment and quality of care found that violence experienced by healthcare staff is associated with lower patient quality of care ratings a clear indication that violence isn't merely an occupational health issue, it's a quality of care issue, too.

Sources:

- 4. Gate, D et al. Violence Against Nurses and Its Impact on Stress and Productivity. Nursing Economic\$. Vol. 29:2, 2011, pp. 59-67.
- 5. Sofield, L, Salmond SW. Workplace Violence: A Focus on Verbal Abuse and Intent to Leave the Organization. Orthop Nurs. 2003: 22:274-283.
- 6. Arnetz JE, Arnetz BB. Violence Toward Health Care Staff and Possible Effects on the Quality of Patient Care. Soc Sci Med. 2001;52:417-427.