# Workplace Violence in the Healthcare Setting

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## Magnitude of Violence in the Healthcare Workplace

Violence against healthcare workers is a recognized, but difficult to quantify, problem in the United States. Many studies have concluded that underreporting, different methodologies, and varied source data (eg, occupation classification and injury severity level) are responsible for the wide range of national estimates of violence against healthcare workers.[1-5] The variation in survey instruments and research designs also compounds the difficulty in making meaningful comparisons among studies. Three diverse data sets will be presented in this article, each using a different measure to report workplace violence against healthcare personnel. Although each of these data sets examines a different level of injury severity, all demonstrate that workplace violence is prevalent in healthcare and that prevention strategies must be in place at all healthcare facilities.

### National Electronic Injury Surveillance System (NEISS-Work Follow-Back Study)

In an effort to collect data specific to circumstances of workplace violence against healthcare workers, the National Institute for Occupational Safety and Health (NIOSH) and the Consumer Product Safety Commission (CPSC) partnered to use the CPSC's NEISS occupational supplement, NEISS-Work (which records only work-related injuries), to conduct a follow-back survey of victims of workplace violence who presented at NEISS-Work hospitals from December 2002 through mid-August 2003 and November 2003 through June 2004.[6] Approximately 700 individuals from various industries were interviewed, 53% of whom worked in the healthcare industry. For this 15-month follow-back study period, the national estimate of assaulted workers for the healthcare service industry, using the Bureau of Census 2000 industry code structure (which includes non-direct care occupations, such as security guards), was 81,000 (95% confidence interval [CI], 46,000-117,000).[6] Assaults on healthcare workers in direct care occupations numbered 69,000 (95% CI, 37,000-100,000), with a rate of 0.64 (95% CI, 0.34-0.93) per 100 workers.[6] Although the number of assaults reported by healthcare workers in this follow-back study was more than double that in the other reportable occupations, the rate for protective service workers of 1.54 (95% CI, 1.01-2.02) per 100 workers was almost 2.5 times greater than that for healthcare workers.

### Bureau of Labor Statistics Data

In 2007, the Bureau of Labor Statistics (BLS)[7] estimated that 9950 assaults on workers in the "healthcare and social assistance industry sector" were severe enough that time off from work was needed to recover from the injuries. This is 59% of the estimated overall private sector incidents (n = 16,840) for this severity of injury. That same year, the rate of assault on healthcare and social assistance workers requiring time off from work as reported by the BLS was 8.3 per 10,000 full-time workers, a rate that was 4.6 times greater than the overall private industry rate of 1.8 per 10,000 full-time workers. The BLS also conducted the Census of Fatal Occupational Fatalities, which recorded an annual average of 21 workplace homicides for the healthcare and social assistance industry sector during 2003 through 2009.[8] These data indicate that although healthcare workers represent only 4% of fatal workplace assaults annually, they account for the majority of nonfatal workplace assaults (59%) in the private sector.

### National Crime Victimization Survey

A 2001 report by the Bureau of Justice Statistics (BJS) using the National Crime Victimization Survey (NCVS) reported that nurses were victims of workplace violence more than 61,000 times per year during 1993 through 1999 (21.9 per 1000 workers).[9] During this same period, physicians were victims more than 10,000 times per year (6.2 per 1000 workers). Medical technicians accounted for just under 14,000 incidents per year (12.7 per 1000 workers). A 2011 report released by BJS indicates that the overall rate of workplace violence decreased 62% between 1993 and 2002 and by another 35% between 2002 and 2009. The overall rate of workplace violence was 5.1 per 1,000 employed persons aged 16 years or older for 2005 through 2009.[10] The estimated number and rate of workplace violence compared with those in different healthcare occupations (on the basis of NCVS data for 2005 through 2009) are presented in Table 1.

**Table 1. Nonfatal Workplace Violence, 2005-2009[a]**

| Occupation | Number | Rate per 1000 Employed Persons Aged 16 Years or Older |
|---|---|---|
| Medical | 393,200 | 6.5 |
| Physicians | 42,100 | 10.1 |
| Nurses | 150,300 | 8.1 |
| Medical technicians | 87,800 | 11.1 |
| Other medical | 113,000 | 3.7 |
| Mental health | 152,300 | 20.5 |
| Professional | 55,900 | 17.0 |
| Custodial care | 27,200 | 37.6 [b] |
| Other mental health occupations | 69,200 | 20.3 |

[a]Source: National Crime Victimization Survey 2005-2009 data.

[b]On the basis of 10 or fewer sample cases.

### Summary of Data

These NEISS follow-back and the BLS nonfatal injury data are nationally representative of the number of assaults on healthcare workers that required treatment in an emergency department and involved days away from work, respectively. These 2 databases represent the more severe cases that required medical treatment (cases that are typically reported). The NCVS numbers demonstrate that many assaults go unreported because they do not require treatment for an injury.

## Workplace Violence Circumstances

The NEISS-Work follow-back study data indicated that more than 40% of interviewed healthcare workers were injured while working in psychiatric or behavioral units, almost 20% were injured in geriatric units, and just under 10% were working in the emergency department when they were assaulted.[6] This result is consistent with findings from several other publications that reported high rates of physical and nonphysical violence in emergency departments, psychiatric/behavioral units, and long-term care or nursing homes.[11-13] Perpetrators of this violence were mostly patients, their families, and visitors.[2,14] Patients tended to assault healthcare workers while the healthcare worker was addressing their needs.[6] Working in isolated areas or one-on-one situations with patients

places healthcare workers in a position of increased risk for assault.[13,15,16] Although assaults can occur anywhere in a healthcare facility, many take place in patient rooms, emergency department cubicles, or common areas.[6]

#### Typology of Workplace Violence

Healthcare providers should be aware of the different types and sources of workplace violence. The California Division of Occupational Safety and Health developed a typology of workplace violence that describes the relationship between the perpetrator and the target of workplace violence.[17-19] Type 1 -- criminal intent -- is violent acts by individuals who have no connection with the workplace other than to commit a crime (eg, robbery). Violence directed at employees by customers, clients, patients, students, or any others who have a lawful relationship with the business is considered type 2: customer/client workplace violence. Type 3, which is worker-on-worker violence, consist of acts by present or former employees that are directed toward coworkers, supervisors, or managers. Type 4 -- personal relationship violence -- is perpetrated by someone who is not employed by the business but has a personal relationship with an employee. Types 2 and 3 are the most common types of workplace violence in healthcare settings.

## Workplace Violence Prevention Strategies

To prevent violence in the healthcare setting, the Occupational Safety and Health Administration recommends employee involvement that includes, at a minimum:

- Understanding and complying with employer workplace violence prevention programs and other on-site safety and security measures;
- Participating in employee complaint or suggestion procedures covering safety and security concerns;
- Reporting violent incidents promptly and accurately;
- Participating in safety and health committees that receive reports of violent incidents or security problems; and
- Taking part in training that covers early recognition and appropriate responses to potentially violent behavior, increasing levels of agitation, assaultive behavior, and criminal activity.[16]

## Response to Assaults

Reporting and documenting all workplace violence (nonphysical and physical assaults) is critical; therefore, healthcare providers should encourage the injured employee to complete the facility's incident or event report as soon as feasible. All reports should protect employee confidentiality, yet permit root-cause analysis to assist with prevention of similar incidents in the future. Incident investigations should be conducted in a manner that determines the root cause of the incident without blaming or criticizing the victim for assaultive actions by clients.

If an act of workplace violence occurs, the injured employee should receive prompt and appropriate medical and psychological care.[16] Healthcare providers need to be aware of common nonphysical consequences of workplace violence suffered by many victims and witnesses, such as:

- Short- and long-term psychological trauma;
- Fear of returning to work;
- Changes in relationships with coworkers and family;
- Feelings of incompetence, guilt, or powerlessness; and

- Fear of criticism by supervisors or managers.[16]

Some studies have found that nonphysical violence (eg, threats) result in as much as or more stress than physical injuries.[2,3] If necessary, report the incident to the appropriate local authorities (eg, police) as required by applicable laws and regulations.

Education about workplace violence and its associated risk factors can assist with prevention of future incidents. A work environment that encourages employees to openly communicate any verbal, written, or electronic threats by patients, their families, or visitors might prevent future incidents of physical or nonphysical violence before they occur.[13,16]

### Support Services

Postincident debriefings (discussion in a context of group support and education about postevent psychological reactions) are usually led by nurse managers or other staff with counseling by trained individuals, such as psychologists or psychiatrists, and may reduce psychological stress and trauma levels among victims, coworkers, and witnesses of workplace violence.[20] Permitting the victim to share the negative emotional impact of a traumatic event is an important step in recovery.[21] In some situations, it may be necessary to reassign staff temporarily to prevent them from returning to the same unit where they might come into contact or interact with the assailant. This will prevent opportunities for the assailant to repeat the offense.

Employees should also be encouraged to use the employee assistance program to help them cope with these issues and manage or prevent future workplace violence incidents.[16]

## Summary

Assaults in healthcare facilities are all too common. Fortunately, most are not severe enough to result in time off from work, and far fewer are fatal. However, many of these incidents are not reported, so the root causes are never known and do not contribute to the enhancement of violence prevention strategies. To prevent assaults, healthcare facilities should implement workplace violence prevention programs that include training on early recognition of patient agitation, de-escalation techniques, response to violent incidents, and reporting procedures.

### Disclaimer

*The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the National Institute for Occupational Safety and Health (NIOSH).*

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