Violence in the Healthcare Workplace

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Abstract

Violence against nurses and other health care providers is a growing concern in health care. The purpose of this paper is to define and examine the incidence of patient assault and to assess current trends by reviewing the available research and statistical data. Consideration will be given to the impact that violence has on the stress of workers and healthcare organizations as a whole. Risk factors for violence will be identified and intervention strategies will be discussed so that an understanding of this modern problem can be attained.

Violence in the Healthcare Workplace

Violence against nurses and healthcare workers has been increasing for the past several years. The American Nurses Association published a study in 2004 in which the researchers concluded that “Workplace violence is one of the most complex and dangerous occupational hazards facing nurses working in today’s health care environment” (McPhaul & Lipscomb, 2004, p.1). The study of violence in healthcare has been complicated for several reasons. There has been reluctance on the part of health organizations to report incidents of violence against their staff for fear that patients would not feel safe. Additionally, there has been a cultural tradition in nursing to accept that patient threats or physical acts were simply an unavoidable part of work. In a changing world, with the incidence and severity of violence in healthcare on the rise, these complexities must be overcome so that safety and security are restored (McPhaul & Lipscomb, 2004).

**Definition**

The National Institute for Occupational Safety and Health (NIOSH) is a part of the CDC and is tasked with conducting research and making recommendations to prevent work illness and injury. The NIOSH offers the following definition: “Workplace violence ranges from offensive and threatening language to homicide. NIOSH defines workplace violence as violent acts (including physical assaults and threats of assaults) directed towards persons at work or on duty” (NIOSH, 2002, p. 1). Violence in healthcare is most common in a hospital setting but is not exclusive of other settings such as clinics, offices, or home care. Although all areas of a hospital

may be at risk, the most common areas are psychiatric units, emergency centers, waiting rooms, and geriatric units (NIOSH, 2002).

The NIOSH provides examples of violent acts which range from threats in various forms and physical assaults including those which employ the use of weapons. The list of weapons included firearms, knives, and bombs or other incendiary devices. The effects can range from minor injuries, to psychological trauma, serious physical injury, disability, or even death. The negative impact on whole organizations may be manifested in low morale, lost time, staff turnover, increased job stress, and reduced trust between management and workers (NIOSH, 2002).

**Incidence**

 In 2002, the NIOSH published a brochure which was directed to healthcare workers and their employers about the risk factors for violence. It was believed that increasing awareness of violence was an essential first step in developing prevention strategies. Similarly, the Occupational Safety and Health Administration in 2004 published guidelines for preventing workplace violence in healthcare. Both the NIOSH and OSHA have taken statistical data from the Bureau of Labor Statistics to report the incidence of healthcare violence. The BLS reported 69 homicides among healthcare workers between 1996 and 2000. In 2000, the BLS also reported that 48% of all non-fatal occupational assaults occurred among health care and social service workers. The assaults occurred at an overall rate of 8.3 per 10,000 workers which is markedly higher than the average rate of 2 per 10,000 in the rest of the private sector (OSHA, 2004, pg 2). The ANA reported that by 2009, there were a total of 2,050 assaults and violent

acts committed against nurses and the overall rate of healthcare assaults had increased to 9.3 per 10,000 workers. The Emergency Nurses Association reported in 2011 that 50% of all Emergency Center nurses had experienced some type of assault in their work environments (ANA, 2011). Clearly, there is an increasing trend of violence against nurses and other care providers.

There is a great difference in the circumstances leading to violence in the hospital setting compared to other workplaces. In those situations, violence is most commonly associated with robbery. “Violence in hospitals usually results from patients and occasionally from their family members who feel frustrated, vulnerable, and out of control” (NIOSH, 2002, pg.2). All hospital workers have potential to be victims of violence but those with the closest direct patient contact, such as nurses or nurse’s aides, are at highest risk (NIOSH, 2002).

**The Impact of Violence**

Anna Gilmore-Hall states in The New Mexico Nursing Association’s publication, *The New Mexico Nurse* that working in the health care setting is the third most dangerous occupation in the United States (2005). When violence erupts, the impact extends from the involved worker collaterally to their peers and organizations as a whole. The impact is not only physical but emotional and psychological. The victims may develop Post-Traumatic Stress Disorder and counseling is often required. After a violent event, critical incident debriefing for affected workers allows time for reflection, processing, and planning for the future. The group process helps to establish supportive relationships among work teams and can assist them to return to normal functioning. The key to protection of healthcare workers is prevention (NMNA, 2005).

**Risk Factors**

The NIOSH and OSHA have identified a number of risk factors that are believed to contribute to the increasing incidence of violence in a hospital setting. They include some of the following:

* Working with volatile patients who may have a history of violence or psychosis
* Long waits for service and crowded, uncomfortable waiting areas
* Working alone or in isolated areas
* Inadequate security
* Lack of staff training to identify, prevent, or manage escalating behavior
* Working when short-staffed
* Drug and alcohol abuse
* Poor lighting in corridors, rooms, and parking lots

 (OSHA, 2004) & (NIOSH, 2002)

**Violence Prevention**

The problem of violence in healthcare is being approached from many directions. Professional organizations like the Emergency Nurses Association (ENA) have been instrumental in calling attention to the issue. The Nurse Associations in multiple states have sponsored legislative bills that call for the protection of healthcare workers and make it easier to prosecute their assailants. Published reports and studies have been helpful in raising the awareness of nurses, physicians, other care providers, and hospital administrators. Hospitals are starting to adopt a “zero tolerance” attitude about violence and more aggressive legal prosecution of those patients who assault their staff members (ANA, 2011).

By using the nursing process, hospitals and health care settings are devising plans to help prevent the occurrence of violence. Assessment of the environment is a priority. Identifying the hazards and events that are known to provoke violence is a crucial first step to preventing

incidents. Procedures for safety improvement are being implemented. Training programs and continuing education are offered to help staff identify and control violent behaviors. Staffing levels are being examined to determine if safe patient to nurse ratios exist. Poor ratios can lead to frustration among patients due to the lack of nursing care attention (NMNA, 2005).

Hospitals may need to make changes to the physical environment to improve the safety of staff and patients. Those clinical areas that demonstrate a risk for patient violence will need to be specially equipped. Security monitoring systems are being installed to help screen for escalating behavior. Metal detectors may be required to observe for weapons or other potentially dangerous items. Strict adherence to the usage of ID badges, will assist employees to recognize the presence of suspicious persons. Panic buttons are being placed in high risk areas, both inside and outside a facility, to help to ensure safety (NMNA, 2005). Ongoing evaluation of safety plans, review of violent incidents, and revision of policies and procedures is important to identify weak areas that need strengthening.

**Conclusion**

Slowly the awareness and attitudes about violence in the setting of health care are shifting. There is a need for much more research to evaluate the incidence of violence and the effectiveness of interventions to promote safety and security. McPhaul and Lipscomb concluded

that, “...nurses acting on their own have very little influence over the level of violence in their workplaces.” Yet when nurses join together with others in committees, professional associations, community health agencies, and management teams then great progress can be made in creating safer workplaces (McPhaul & Lipscomb, 2004, p.9).

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