

Hospital Workers Face a Growing Tide of Workplace Violence

The increase in violence in the healthcare workplace is a concerning phenomenon. In 2020 front-line hospital workers were being hailed from coast to coast as healthcare heroes as they selflessly tended to the needs of hospitalized COVID patients. In New Jersey these front-line workers were directly responsible for treating over 106,000 COVID patients who were successfully discharged home. While the high stress and high stakes in acute care settings have always created a potential for rising tensions, the recent increases in workplace violence incidents from 2019 to 2021 are discouraging.

New Jersey hospitals have reported a 14.6 percent increase in violent incidents in the workplace over the last three years, increasing steadily from 8,691 in 2019 to 9,202 in 2020 to 9,962 last year. More than half of these incidents are related to physical abuse (an 11 percent increase in incidents between 2019 and 2021), and 44 percent are associated with verbal abuse (a 25 percent increase in incidents between 2019 and 2021). Less common incidents such as sexual harassment, racial harassment, and bullying are also on the rise.

With its 24/7 public access, the most common location for workplace violence in the hospital is the emergency department, although hospitals report incidents occurring on various units.

Background – What is Workplace Violence

Violence has long been recognized as a hazard in the healthcare workplace. The U.S. Bureau of Labor Statistics tracks a rising trend since 2011, with the most recently available data showing a rate of nonfatal workplace violence incidents in healthcare settings of 10.4 per 10,000 full-time employees.

According¹ to the U.S. Occupational Safety and Health Administration (OSHA), workers in hospitals, nursing homes, and other healthcare settings face significant risks of workplace violence. OSHA defines workplace violence as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite. It can affect and involve workers, clients, customers, and visitors. The specific types are:

Physical Violence – The use of physical force against another person or group that results in physical, sexual, or psychological harm.

Assault/Attack – Intentional behavior that harms another person physically, including sexual assault.

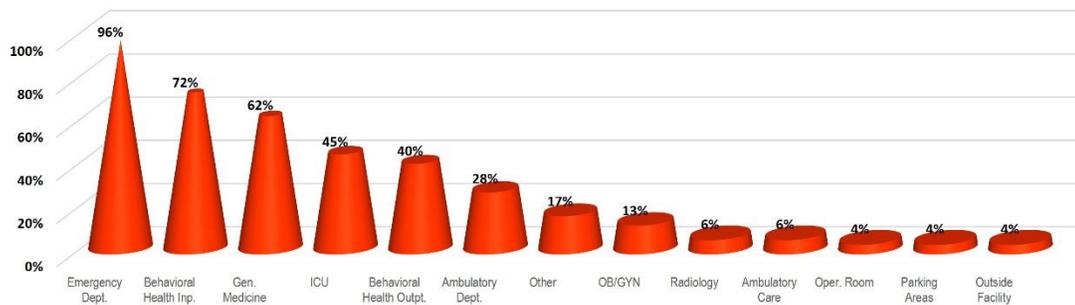
Psychological Violence (aka Emotional Abuse) – Intentional use of power, including threat of physical force, against another person or group that can result in harm to physical, mental, spiritual, moral, or social development. (Includes verbal abuse, bullying, harassment, and threats).

¹ <https://www.njha.com/quality-patient-safety/mental-health-and-substance-use-disorder/mental-health/>

Violence Against Healthcare Workers Rises During Pandemic

In 2021 there were approximately 10,000 incidents of workplace violence at New Jersey's acute-care hospitals, based on survey responses from two-thirds of the state's acute care hospitals and extrapolated to reflect all 71 hospitals. On any given day, 27 hospital workers report some form of verbal or physical workplace violence. The increase in healthcare workplace violence is a disturbing phenomenon and is widespread throughout the healthcare industry. One of the most common areas of aggression is the hospital emergency department. Most emergency departments provide an access point for patients in dire need to enter the facility and receive emergent and stabilizing care. Unfortunately, the emergency department is also the most prominent location for healthcare worker violence, with 96 percent of New Jersey hospitals reporting the emergency department as one of the areas within the hospital where violent incidents most often occur. Additional areas within the hospital setting that are reported as sites for workplace violence are inpatient and outpatient behavioral health units, the inpatient setting, intensive care units, and ambulatory settings.

Hospitals identified the following as areas where violent incidents most often occur...



Need to Identify the Magnitude and Cause

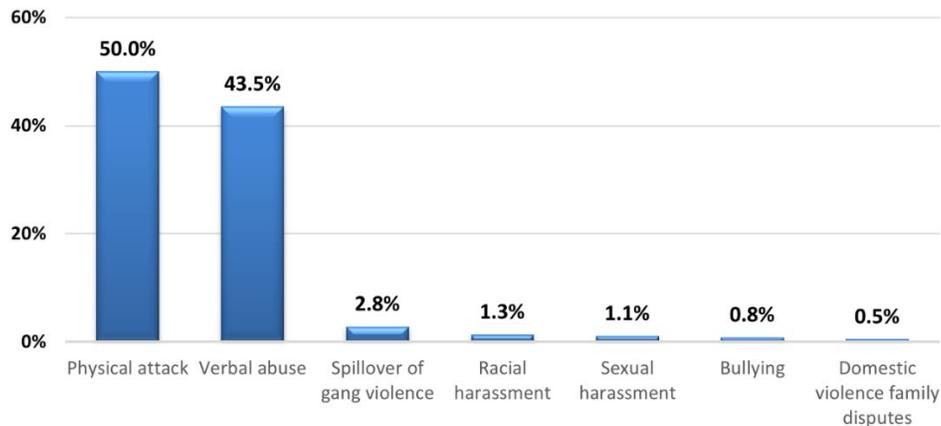
While healthcare workers make all efforts to ease the minds of patients and families, a hospital setting creates elevated levels of stress for both patients and families, not to mention the employees of the hospital. Patients are ill, fragile and vulnerable, and family members are equally under significant stress. This combination can at times lead to erratic and unexpected behavior.

To better understand the extent of workplace violence in hospitals, the New Jersey Hospital Association's research hub, the Center for Health Analytics, Research & Transformation (CHART) issued a survey to the hospitals in New Jersey asking them to quantify acts of workplace violence, both physical and psychological, over a three-year period (2019-2021). The survey sought information related to volume, location and type of workplace violence incidents. It also asked hospitals to identify initiatives, policies and procedures implemented to address workplace violence prevention and response.

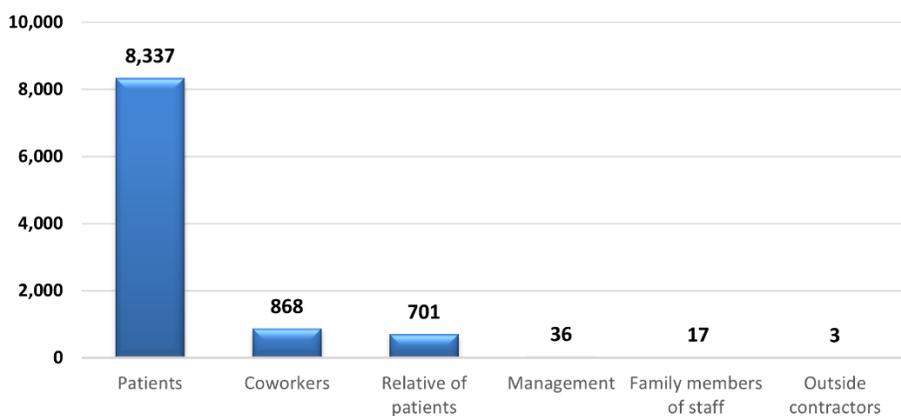
Findings

Physical attacks and verbal abuse were the most common forms of hospital violence. While there are a meaningful number of incidents perpetrated by co-workers and relatives of patients, the overwhelming number of incidents are perpetrated by patients themselves representing 84 percent of all events. However, the percent of co-worker-related incidents increased by 34 percent between 2019 and 2021.

2021 Workplace Violence at N.J. Hospitals: Distribution by Type of Incident



2021 Workplace Violence at N.J. Hospitals: Distribution by Type of Perpetrator



Substance Use and Behavioral Health Issues

Hospitals were asked to report the frequency of workplace violence incidents that occurred involving individuals in need of substance use or behavioral health services. This population represents nearly 50 percent of all reported incidents, a number which increased by 13 percent between 2019 and 2021.

Efforts to Curb Workplace Violence at Hospitals

Efforts to address violence in New Jersey’s healthcare settings took a more formal approach in the form of licensing requirements signed into law in December 2007. The “Violence Prevention in Health Care Facilities Act” requires facilities to plan for identified workplace risks ranging from environmental design to communication and alarm devices, to administrative controls, to measurement and evaluation. Under the law, facilities have established violence prevention committees, annual violence prevention training and risk mitigation programs that are part of larger violence prevention planning at the governance level.

In 2008, NJHA and its members collaborated on implementation guidelines for health systems and hospitals and shared best practices for improving the workplace environment. This effort included de-escalation techniques, appropriate responses to workplace violence including restraints, reporting requirements and procedures, location and operation of safety devices, resources for post-incident response and data use mechanisms for tracking and mitigating episodes of violence.

In 2021, New Jersey's healthcare provider community successfully pushed for changes in state law regarding the identification badges healthcare workers are required to wear while caring for individuals. These name badges, while still requiring transparency regarding an individual's professional license, now require only employees' first name and first initial of their surname. The change is designed to protect their privacy and safety from individuals who may try to seek them out beyond the workplace.

In addition to these state statutes, all New Jersey hospitals that responded to the NJHA survey reported having multiple forms of policies and practices in place to minimize workplace violence. Below is the percent of hospitals that reported using the following measures to mitigate violence in the workplace:

- Checking employee badges and IDs – 94%
- Stopping entry due to protective or restraining orders – 87%
- Relocating impacted employees – 87%
- Creating more secure parking areas – 80%
- Requiring visitors to register – 81%
- Securing the authority to seize weapons – 51%
- Screening calls for victims – 47%
- Providing panic alarms – 44%
- Creating workstation barriers – 44%
- Securing the authority to arrest or detain perpetrators – 19%

Additionally, hospitals concurrently deliver violence prevention information and training to employees via both in-person and online training and reinforce that training through posters, newsletters and e-mails to staff. Eighty-nine percent of hospitals report conducting violence prevention training to all employees annually, and 49 percent report conducting such training during orientation.

Conclusion

While this paper shows a rise in workplace violence incidents against healthcare workers coinciding with the COVID-19 pandemic, research is just beginning to emerge on aggressions targeting healthcare professionals and colleagues within the context of COVID-19². In anecdotal reports from the field, some healthcare professionals say the stress of the pandemic and frustrations over related mandates and precautions fueled aggression directed at workers. Much more research is needed to fully understand perspectives on pandemic experiences and how they potentially facilitated violence in the workplace. Such studies could help leaders address personal and professional disillusionment among their team members and the tactics and capabilities of organizations to enact sustainable effects.

New Jersey's longstanding history of supporting healthcare facilities in implementing programs to combat physical violence includes not just the collaborative initiatives surrounding the "Violence Prevention in Health Care Facilities Act", but also proposed legislation, the "Health Care Heroes Violence Prevention Act", which seeks to extend the protection against workplace violence by increasing the penalties for threatening or committing violence against healthcare workers.

² Julie A. Ward, Elizabeth M. Stone, Paulani Mui, and Beth Resnick, 2022: Pandemic-Related Workplace Violence and Its Impact on Public Health Officials, March 2020–January 2021 American Journal of Public Health 112, 736–746, <https://doi.org/10.2105/AJPH.2021.306649>

In addition, The Joint Commission has established elements of performance for risk mitigation and staff education related to workplace violence, and the National Institute for Occupational Safety and Health (NIOSH) also recommends that all hospitals develop a comprehensive violence prevention program³.

Despite these layered efforts, no universal strategy exists to prevent violence. The risk factors may vary from facility to facility and from unit to unit within a facility. Employers are advised to form multidisciplinary committees that include direct-care staff as well as union representatives (if available) to identify risk factors in specific work scenarios and to develop strategies for reducing them. All workers should actively participate in safety training programs and be familiar with their employers' policies, procedures, and materials on violence prevention.

Visit www.njha.com/chart for additional resources.

³ https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/wpvp-r3_20210618.pdf