



FLORIDA HOSPITAL ASSOCIATION

POLICY DOCUMENT

WORKPLACE VIOLENCE

ISSUE BRIEF

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Issue

Individuals working in hospitals and health systems experience violence in the workplace in various ways, including harassment (physical and psychological), threats, intimidation, humiliation, shootings and other acts of violence, assault, and bullying. Incidents of violence in health care settings increased during the pandemic. Stronger criminal penalties are needed to send a clear message that violence against health care workers will not be tolerated.

Background

Violence against U.S. health care workers has been on the rise for at least a decade and accelerated during the COVID-19 pandemic, particularly in hospital emergency departments where the combination of a large patient volume and high-stakes, emotionally difficult situations, staff shortages, and at-risk patients creates a challenging environment with tension and frustration that can escalate quickly to physical and verbal threats and violence. The rate of serious workplace violence incidents is four times greater in the healthcare field than in private industry.¹

Recent studies indicate that 44% of nurses reported experiencing physical violence and 68% reported experiencing verbal abuse during the COVID-19 pandemic.² Hospital workplace violence is underreported for a variety of reasons, including, fear of retaliation, no visible harm done, uncertainty around how to report, and dismissing it as a typical workforce hazard.

Workplace violence has severe consequences for the entire health care system. Not only does violence cause physical and psychological injury for health care staff, it makes it more difficult for nurses, doctors, and other clinical staff to provide high-quality patient care. Nurses and physicians cannot provide attentive care when they fear for their personal safety, are distracted by disruptive patients or family members, or are traumatized from prior violent interactions. In addition, violent interactions at health care facilities tie up valuable resources and can delay urgently needed care for other patients. Studies show that workplace violence reduces patient satisfaction and increases staff burnout and contributes to lack of trust and workforce shortages.³

¹ Maryland Hospital Association. *Issue Brief: Workplace Violence Prevention*. mhaonline.org/docs/default-source/resources/workplace-violence-prevention/mha-issue-brief-workplace-violence-prevention.pdf?sfvrsn=4f296f90_6, accessed April 25, 2022.

² (U.S. Bureau of Labor Statistics, 2018), [Fact Sheet | Workplace Violence in Healthcare, 2018 | April 2020](#)

³ (American Hospital Association, 2022), [Fact Sheet: Health Care Workplace Violence and Intimidation, and the Need for a Federal Legislative Response](#)

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FHA encourages hospitals and health systems to implement a comprehensive violence prevention program that includes psychological support, ongoing monitoring of potential threats, and continual education. FHA also supports strong criminal penalties for perpetrators of violence against health care workers. Specifically, FHA supports legislation that would add “hospital personnel” to the list of protected professions from assault and battery while in a work environment. FHA also supports extending enhanced workplace violence protections for health care providers beyond emergency departments.

Prevalence of Violence Against Health Care Workers

More than 20,000 workers in the private sector experienced trauma from non-fatal workplace violence in 2020, according to a study by the U.S. Bureau of Labor Statistics. Of those victims, 76% worked in health care settings. Hospital workers are six times more likely to suffer job violence than private sector workers.⁴ Between 2016–2020 over 200 deaths occurred due to violence in the workplace in the health care and social assistance industry.⁵

Violence Prevention Guidelines

Many hospitals and health systems are taking a proactive approach to preventing workplace violence. The Joint Commission published new and revised workplace violence standards effective January 2022 for accredited hospitals and critical access hospitals.⁶ These include hospitals must conduct an annual on-site analysis on how policies and procedures, required training and education resources for employees, and implementing a prevention program that best reflect best practices and potential risks.

In addition, the American Organization for Nursing Leadership (AONL) and the Emergency Nurses Association (ENA) developed Guiding Principles on Mitigating Workplace Violence. It serves as an outline to guide hospitals in integrating a prevention program to protect their employees and patients.

AONL and ENA leadership identified the following principles for hospital and health systems as they build on their existing violence prevention efforts:⁷

- Ground workplace violence prevention programs using evidence-based strategies.
- Employ comprehensive solutions, recognizing the intersecting layers of intrusive, consumer, relational and organizational violence.
- Mitigate workplace violence by establishing support through the breadth of the organization.
- Promote a culture of safety to create a healthy work environment
- Ensure interprofessional teams (leadership, staff, patients, and visitors) are committed to reporting incidents of violence and acting to prevent workplace violence.
- Emphasize accountability, regardless of role or discipline, to uphold foundational standards of nonviolent behavior.

⁴ (U.S. Bureau of Labor Statistics, 2018), [Fact Sheet | Workplace Violence in Healthcare, 2018 | April 2020](#)

⁵ (U.S. Bureau of Labor Statistics, 2021), [The National Institute for Occupational Safety and Health \(NIOSH\)](#)

⁶ The Joint Commission: [Workplace Violence Prevention Standards](#)

⁷ (American Organization for Nursing Leadership & Emergency Nurses Association, 2022) [Guiding Principles on Mitigating Workplace Violence](#)

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Hospitals creating a prevention program will help establish a culture of safety among staff and leadership. Although legislation can assist in setting a precedent of what will be tolerated legally, violence in the workplace is an organizational issue that can best be managed and prevented by hospitals themselves. Implementing policies and procedures will result in increased employee satisfaction and reduced burnout.

State Legislation

With FHA support, in 2021, Senator Ana Maria Rodriguez introduced [SB 614: Assault or Battery on Hospital Personnel](#), which would add “hospital personnel” to the list of protected professions from assault and battery while in a work environment and extend enhanced workplace violence protections for health care providers beyond the emergency departments. The bill did not pass due to legislators’ concerns about reclassifying misdemeanors as felonies.

Federal Legislation

In June 2022, Reps. Dean (D-PA) and Bucshon (R-IN) introduced the [Safety from Violence for Healthcare Employees \(SAVE\) Act \(H.R. 7961\)](#). This legislation would make it a federal crime for anyone to assault or intimidate a hospital employee during the course of performing their duties, interfere with the performance of their duties, or attempt to interfere. The bill would provide similar protections to those afforded to flight crews, flight attendants and airport workers. The bill would also establish a grant program for hospitals to train personnel to respond to threats, upgrade security systems, and better coordinate with state and local law enforcement.

Key Takeaways

Ensuring the safety of all staff in health care facilities is paramount. Hospitals are best suited to design and implement violence prevention and response programs in accordance with best practices and guidelines. Legislation is needed to strengthen criminal penalties for violence against all hospital workers.

Resources

[AONL & ENA GUIDING PRINCIPLES Mitigating Violence in the Workplace](#)

[Nursing groups update guiding principles for mitigating workplace violence | AHA News](#)