

WORKPLACE VIOLENCE IN HEALTHCARE

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WORKPLACE VIOLENCE IN HEALTHCARE



WHY THIS?

Workplace violence (WPV) in the Healthcare Setting is on the rise at alarming rates

Hospitals are forced to implement strategies to increase security measures to protect their staff, to include armed security and police presence

Many hospitals have implemented the wearing of devices that track workers that can send a signal in the event of an escalating situation or threat (staff have to be able to hit the “panic” button)

Prevention training and public messaging is becoming necessary to help educate the public on consequences of violence against Health Care Worker (HCW)

Training of staff in Critical Incident Stress Management (CISM) is becoming more necessary to help with the consequences of WPV for staff after an incident takes place

Objectives

Participants will understand the crisis of workplace violence in the healthcare setting.

Participants will identify under what regulatory context safety in the workplace was established and how that is being implemented today

Participants will understand statistically the difference between non-healthcare and healthcare related WPV

Participants will understand the causative factors that are suspect to contribute to this rise.

Participants will understand the risk factors for both unknown perpetrators of violence in the workplace, and co-worker based workplace violence

Participants will learn the warning signs of how to identify an escalating situation identifying strategies to diffuse the situation or self protect

Objectives (continued)

Participants will learn the cost of workplace violence for the victim, their colleagues, the employer, the healthcare system, the community and society as a whole.

Participants will understand safety strategies that will assist in self/ co-worker protection to avoid or diffuse an escalating situation

Participants will identify prevention strategies that healthcare facilities are taking to be more proactive in preventing violence from occurring towards their staff.

Participants will identify guidelines established by our regulatory agencies (OSHA, DHHS, AHRQ) meant to safeguard HCW and others from WPV

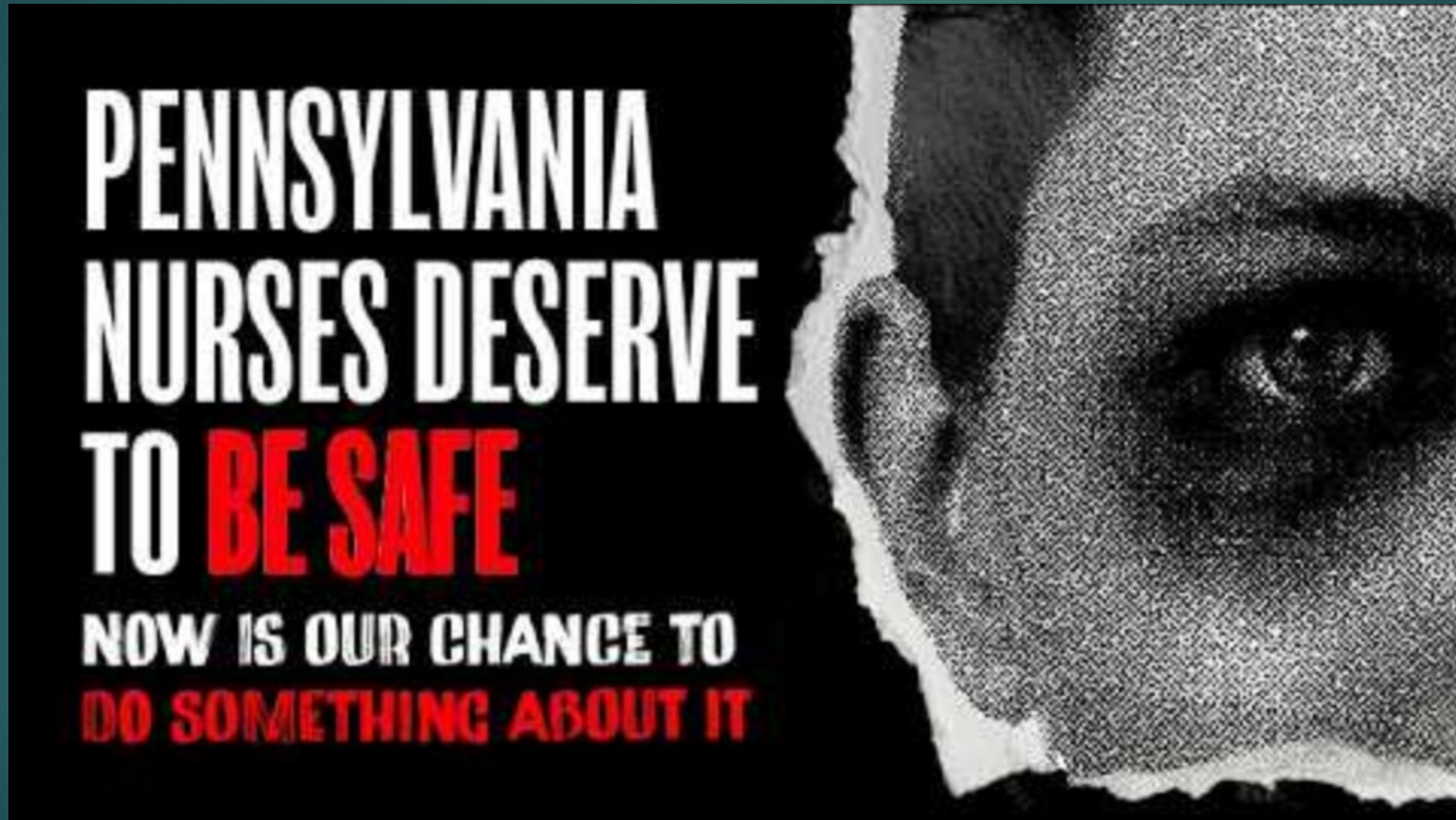
PARTICIPANTS WILL FACILITATE THE IMPLEMENTATION OF SAFETY STRATEGIES IN THEIR WORKPLACE FOR SELF PROTECTION, THE PROTECTION OF THEIR CO-WORKERS, AND FOR PATIENTS

Health Care Work-Place Violence



Health care workers have been experiencing a surge in workplace violence rates nationally since the onset of the Covid-19 pandemic, building on already rising rates in previous years.

Health Care Work-Place Violence



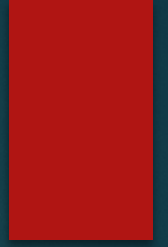
Workplace Violence Defined



OSHA (Occupational Safety and Health Administration) defines workplace violence as:

ANY act or threat of violence against workers, which can range from **verbal abuse and threats** to **physical assaults and homicide**.

Workplace Violence Defined



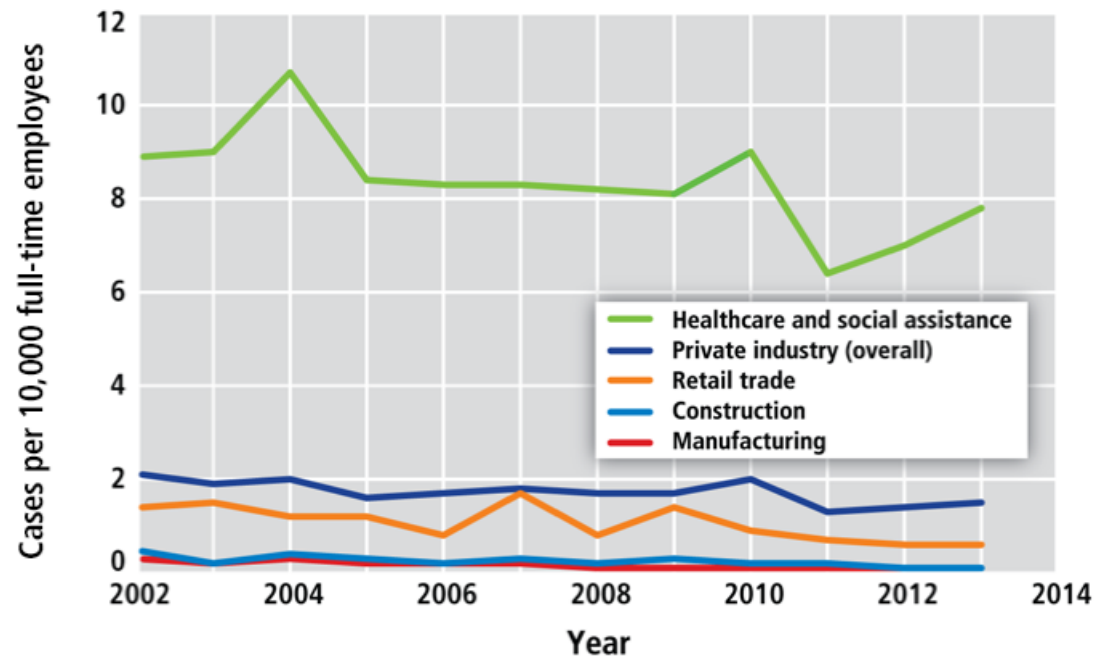
It can involve employees, clients, customers, or visitors

In the setting of healthcare, it can involve any and all health care providers, patients, their families, visitors, and co-workers (as victims or perpetrators.) Statistics show that the majority of incidents are directed at nurses

It may occur at or outside the workplace if it affects the work environment or employee safety

Psychological abuse, harassment, and intimidation are also considered forms of workplace violence, even if no physical harm occurs

WHAT ARE THE NUMBERS?



Data source: Bureau of Labor Statistics data for intentional injuries caused by humans, excluding self-inflicted injuries.

According to the Bureau of Labor Statistics Census of Fatal Occupational Injuries (CFOI), of the 5,283 fatal workplace injuries that occurred in the United States in 2023:

740 fatalities (14%) were due to violent acts

Homicides (458) accounted for 61.9 percent of violent acts and 8.7 percent of all work-related fatalities.

From 2002 to 2013, the rate of serious workplace violence incidents (those requiring days off for an injured worker to recuperate) was more than FOUR TIMES GREATER IN HEALTHCARE than in private industry on average. In fact, healthcare accounts for nearly as many serious violent injuries as ALL OTHER INDUSTRIES COMBINED.

Bureau of Labor Statistics: Quick Facts and Stats

INJURIES

20,050 workers in the private industry experienced trauma from nonfatal workplace violence in 2020

Of those victims who experienced trauma from workplace violence:

- ▶ 73% were female
- ▶ 62% were aged 25-54
- ▶ 76% worked in the healthcare and social assistance industry
- ▶ 22% required 31 or more days away from work to recover
- ▶ 22% involved 3-5 days away from work

DEATHS

According to the Bureau of Labor Statistics, 392 U.S. workers died from workplace homicide in 2020.

Of those victims who died from homicide:

- ▶ 81% were men
- ▶ 44% were aged 25-44
- ▶ 28% were Black
- ▶ 18% were Hispanic
- ▶ 30% performed retail-related tasks (e.g., waiting on customers)

Workplace Violence



In 2010, the Bureau of Labor Statistics (BLS) data reported healthcare and social assistance workers were the victims of approximately 11,370 assaults by persons; a greater than 13% increase over the number of such assaults reported in 2009. Almost 19% (2,130) of these assaults occurred in nursing and residential care facilities alone. Unfortunately, many more incidents go unreported.

Workplace Violence and Healthcare

Workplace violence is the act or threat of violence, ranging from verbal abuse and threats to physical assaults directed toward persons at work or on duty.

Workplace violence offsite incidences occur when perpetrators stalk victims in anger and revenge.

The two types of violence that most often lead to nonfatal injuries in the healthcare industry are:

Violence that is directed at a healthcare worker from the patient, patient's family member, or visitors, and

Violence that is directed at a healthcare worker from a colleague, supervisor, or other co-worker.

Health Care Employment Demographics

- ▶ 15 million healthcare workers employed in the United States. This includes home health aides and nursing assistants, physicians, nurses and nurse practitioners, mental health counselors, massage therapists, and pharmacy and emergency medical technicians
- ▶ Estimates for 2022 reveal women make up 85% of the almost 5 million employed as healthcare support workers (e.g., home health aides, nursing assistants, psychiatric aides)
- ▶ 50% of physicians and dentists are women.
- ▶ Nearly 25% of healthcare support workers are Black,
- ▶ A large proportion of healthcare workers are between 25 and 34 years old
- ▶ 28% were born outside of the United States.
- ▶ It is important that workplace violence prevention programs benefit the entire health workforce, including all ages, sexes, and racial and ethnic backgrounds, and those who come to the U.S. to provide patient care.

Health Care Work-Place Violence



Workplace Violence and Healthcare

Workplace violence in the healthcare industry accounted for a rate of 14 nonfatal injuries involving days away from work per 10,000 full-time equivalents (FTEs) in 2021-2022

This is more than triple the overall rate for all industries combined (4.3 per 10,000 FTE)

While healthcare workers make up 10% of the workforce, they experience 48% of the nonfatal injuries due to workplace violence

Healthcare workers experiencing workplace violence may experience suicidal ideation, posttraumatic stress disorder, depression, anxiety, burnout, and continue to feel anger and fear and other emotions

In addition to understanding the perpetrator's relationship to the healthcare worker, it is also critical to identify the triggers and the goals of the violence (i.e., determining if it is reactive or predatory) to prevent recurrence

WHY IS THIS HAPPENING??

Patient Related
Factors

Organizational
and
Environmental
Factors

Coworker and
Intruder
Violence

Societal and
Cultural Factors

Underreporting
and Cultural
Acceptance



Risk Factors Contributing to Work Place Violence

Workplace Violence Risk Factors

- ❑ Working with people who have a history of violence or who may be delirious or under the influence of drugs
- ❑ Lifting, moving, and transporting patients
- ❑ Working alone
- ❑ Poor environmental design that may block vision or escape routes
- ❑ Poor lighting in hallways or exterior areas
- ❑ Lack of means of emergency communication
- ❑ Presence of firearms

Workplace Violence Risk Factors

- ❑ Working in neighborhoods with high crime rates
- ❑ Lack of training and policies for staff
- ❑ Understaffing in general, and especially during mealtimes and visiting hours
- ❑ High worker turnover
- ❑ Inadequate security staff
- ❑ Long wait times and overcrowded waiting rooms
- ❑ Unrestricted public access
- ❑ Perception that violence is tolerated and reporting incidents will have no effect

National Nurses United (NNU)

The largest labor union for registered nurses (RNs) in the United States

They regularly survey nurses — both union members and nonmembers — regarding health and safety conditions in their workplaces.

National Nurses United (NNU) Survey

Surveyed 1,267 RNs working in 28 states and D.C. between July 2025 and May 2026, regarding nurses' recent experiences of workplace violence.

The results of NNU's 2025–26 Workplace Violence Survey confirm that workplace violence continues to be a serious hazard impacting a majority of the nation's nurses and patients, underlining the need for additional action to protect nurses, other health care workers, and their patients.

Survey Results

- ▶ **Prevalence:** 84.8% of nurses reported experiencing at least one type of workplace violence in the past year.
- ▶ **Trends:** 36.4% said violence increased on their unit in the past year, while only 6.8% reported a decrease.
- ▶ **Verbal threats:** 70.3% reported being verbally threatened in the past year.
- ▶ **Staffing gaps:** Only 35.5% said staff were available at all times to respond to violence; 28.5% said additional staff were placed to reduce risk.
- ▶ **Contributing factors:** Nurses cited short staffing, inadequate security, lack of management support, and patient/family frustration with the health care system as major drivers of violence. Many noted that violence drops when staffing improves, e.g., with sitter cases.

Survey Results

Common Types of Assaults:

Verbal threats (67.8%), physical threats (38.7%), and physical harm (pinching, scratching, slapping, punching, objects thrown)

Over 60% reported anxiety, fear, or increased vigilance; 33.4% experienced physical injuries or symptoms

Many nurses (37.2% considering leaving, 19.2% having changed/left jobs) cited workplace violence as a reason for career changes

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STAFFING

“Short staffing, delays in care or brevity of care (nurse can't stay to do all the things a patient/family wants or needs) causing frustration leading to violence. Also, patient/family with health care system: unable to get appointments, navigating the system, denial of coverage/treatment, etc.”

STAFFING

“Lack of staff, lack of concern by the hospital... security is a joke! I was just recently assaulted, and it all could have been prevented...”

“The decrease [in workplace violence] is always when we have staffing available, especially with sitter cases. If we can get a sitter, patients improve significantly.”

History of Violence

Working with persons with a known history of being violent

Working with unstable or volatile individuals in certain healthcare settings (mental health settings, nursing homes or Dementia/ Alzheimer dedicated homes.)

Lack of access or adequate resources for mental health services.



CLINICAL RISK FACTORS



Substance use or misuse

Patients who are in pain

History of violence by the patient

Cognitive impairment

ENVIRONMENTAL RISK FACTORS

Accessibility to
healthcare workers

Increased stress (such as
confusing signage or
disturbing noise levels in
the facility)

Security measures that
limit staff's ability to
respond appropriately to
violent incidents



ORGANIZATIONAL RISK FACTORS:

Complacent attitudes towards workplace violence prevention

Inadequate security procedures and protocols

Lack of staff training and preparedness





RISK FACTORS FOR CO-WORKER-BASED WORKPLACE VIOLENCE:

Individual Risk Factors:

- ❑ Stressful and emotional work
- ❑ Fatigue
- ❑ Inadequate interpersonal, coping or conflict management skills

RISK FACTORS FOR CO-WORKER-BASED WORKPLACE VIOLENCE:

Systemic Risk Factors:

- ❑ Productivity demands
- ❑ Cost containment requirements
- ❑ Embedded hierarchies
- ❑ Changing professional roles
- ❑ Staff and schedule changes

Cost of Workplace Violence

- ▶ Healthcare workers experiencing workplace violence may experience suicidal ideation, posttraumatic stress disorder, depression, anxiety, burnout, and continue to feel anger and fear and other emotions. In addition, various health issues can result from the incident itself and from the listed mental health consequences.
- ▶ The impact of harassment on healthcare worker mental health is substantial. Workers who experienced harassment at work were more likely to report feelings of anxiety, depression, and burnout.
- ▶ The costs associated with workplace violence include (not limited to): workers' compensation insurance that typically pay the cost of a workplace injury in treatment and lost wages, the replacement of a healthcare worker, lower patient satisfaction, and reduced patient safety (e.g., medication errors, patient infections)

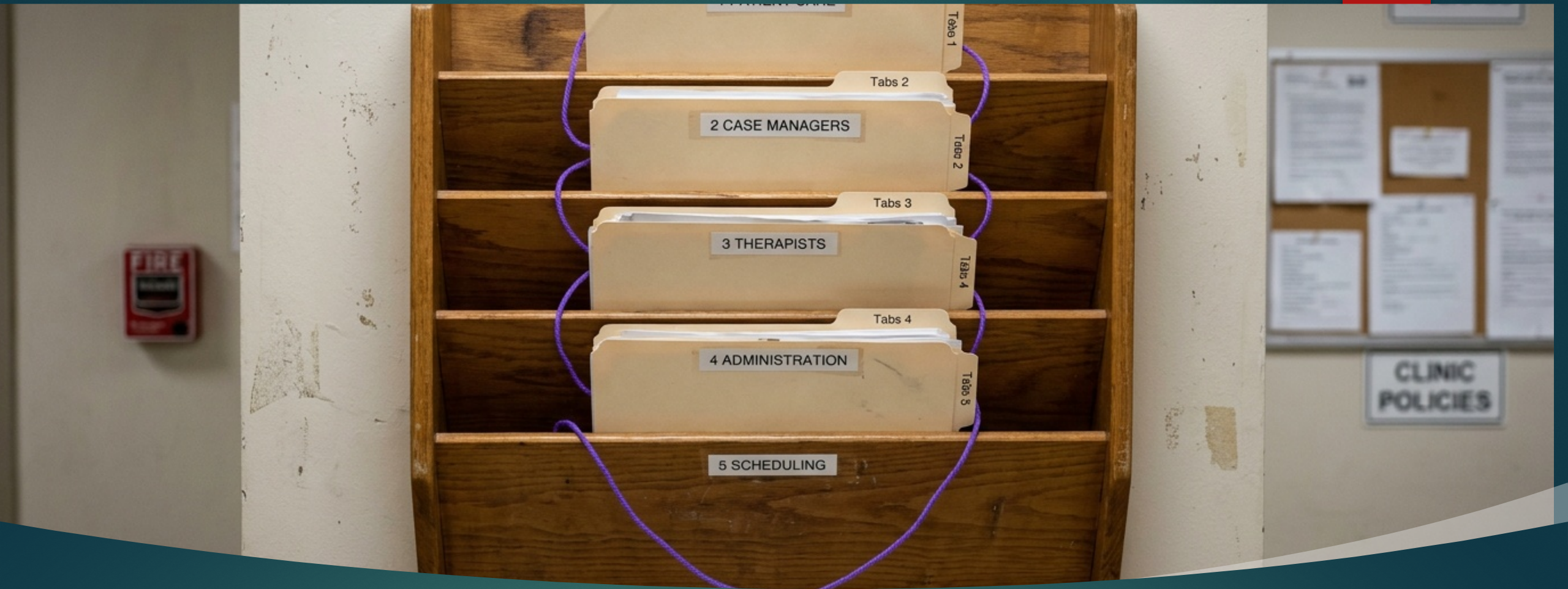
Cost of Workplace Violence

- ❑ Workplace violence impacts the mental health and wellbeing of the healthcare workforce.
- ❑ Impacts local and institutional morale
- ❑ Trickle down affect impacts patient safety and satisfaction
- ❑ Loss days of work
- ❑ Workman Comp Claims
- ❑ Health/ injury related treatment





ONE OF THE BEST PROTECTIONS
HEALTHCARE EMPLOYERS CAN
OFFER THEIR WORKERS IS TO ESTABLISH A
ZERO-TOLERANCE POLICY
TOWARD WORKPLACE VIOLENCE



The Financial Impact of Workplace Violence

PRODUCTIVITY LOSS

Time Lost Due to Work-Related Injuries - 2024

DAYS LOST



total in 2024 ----- **102,000,000**



due to injuries in 2024 ----- **69,000,000**



due to injuries in prior years ----- **33,000,000**



in future years from 2024 injuries ----- **54,000,000**

Days lost estimates do not include time lost by people with nondisabling injuries or other people directly or indirectly involved in the incidents.

The True Cost of an Unsafe Workplace

STAGE	WHAT HAPPENS	WHAT IT COSTS
INCIDENT	Staff member is threatened or hurt	Worker's comp claim, lost shift
DEPARTURE	Affected employee (or witness) leaves	Recruiting, training, temp coverage
OVERTIME	Remaining staff cover the gap	Payroll spike, schedule disruption
BURNOUT	Overworked staff loss focus and resilience	Slower response, more sick days
NEXT INCIDENT	Burned-out team is less prepared	The loop restarts, faster

Regulatory Context

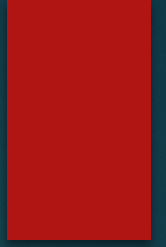


OSHA enforces protections under the **General Duty Clause** of the Occupational Safety and Health Act of 1970.

This clause requires employers to **provide a workplace free from recognized hazards likely to cause death or serious harm**, which includes risks of violence.

OSHA provides **guidelines, recommended practices, and resources** to help employers identify hazards, assess risks, and implement prevention strategies, particularly in high-risk industries such as healthcare, social services, retail, and education

States with Laws Requiring Violence Prevention Programs



Key compliance elements in these laws typically include:

- Written violence prevention plans
- Risk assessments
- Employee training (including de-escalation and active shooter response)
- Panic buttons or safety devices in some states
- Incident reporting and recordkeeping
- Anti-retaliation protections

States with Laws Requiring Violence Prevention Programs

As of 2025–2026, notable examples include:

California – SB 553 requires all employers with 10 or more employees to maintain a written workplace violence prevention plan (WVPP), conduct risk assessments, provide training, and keep records for five years. The plan must address hazards like hostile work environments, excessive overtime, and inadequate staffing

Illinois – *Health Care Violence Prevention Act* and SB 1435 require healthcare employers to implement violence prevention programs, conduct risk assessments, and provide panic buttons for hospital employees by July 1, 2025

New York – A203 mandates violence prevention programs for healthcare employers, including security personnel in high-volume emergency departments

Texas – *Senate Bill 240* (effective Sept. 1, 2024) requires healthcare facilities to maintain written workplace violence prevention plans

Washington – HB 1162 (effective Jan. 1, 2026) requires annual review of violence prevention plans, enhanced incident reporting, and safety committee oversight

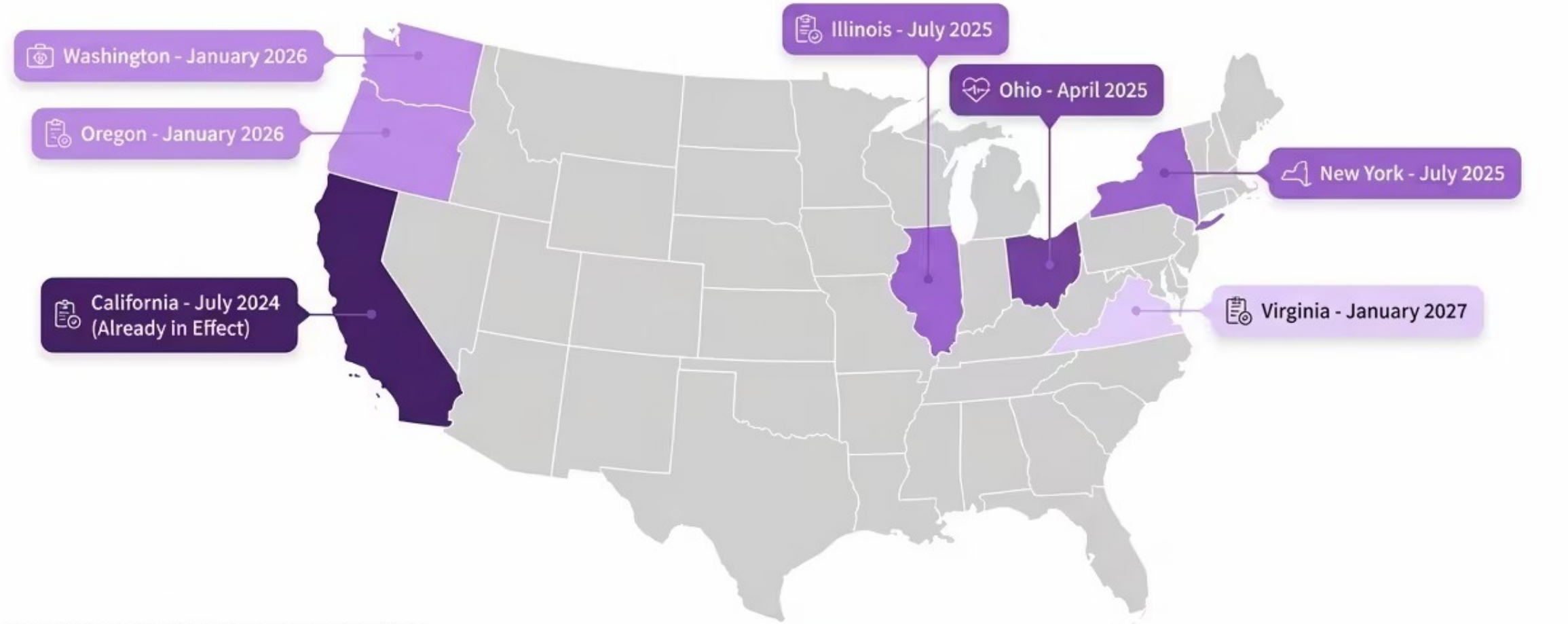
Oregon – HB 2552 (effective Jan. 1, 2026) mandates safety committees, incident data reporting to the state, and funding for prevention programs

Virginia – HB 1919 (effective Jan. 1, 2026) requires WVPPs for employers with 100 or more employees

Ohio – HB 452 (effective April 9, 2025) mandates security plans, de-escalation training in emergency departments/psychiatry, and incident reporting

Pennsylvania – *Senate Bill 240* (effective Sept. 1, 2024) requires healthcare facilities to maintain written workplace violence prevention plans

2025-2027 Workplace Violence Prevention Compliance



Compliance Timeline Progression



HOUSE BILL 926: HEALTHCARE WORKPLACE VIOLENCE PREVENTION ACT

- ❑ Requires a HCF to establish workplace violence prevention committee
- ❑ Requires the committee to develop a workplace violence prevention plan for each health facility under its purview
- ❑ Perform an annual risk assessment evaluation of the factors that may put a healthcare provider or employee of a health facility at risk for workplace violence
- ❑ Publish a detailed report on the assessment that is publicly available upon request
- ❑ Require the committee to provide workplace violence prevention training to employees and healthcare providers who provide direct patient care at the time of their hire and annually thereafter
- ❑ Make mandatory both the reporting of instances of workplace violence AND the protection of employees and other healthcare providers from retaliatory action for reporting violence.



HOUSE BILL 926: HEALTHCARE WORKPLACE VIOLENCE PREVENTION ACT

- ❑ Provide for the protection of an employee who reports the occurrence of an incident of workplace violence.
- ❑ Require health facilities to keep records and reports of incidences of workplace violence no less than three years
- ❑ Require a facility that violates the act to pay a fine of no less than \$1,000 levied by the Pennsylvania Department of Labor & Industry.

WORKPLACE VIOLENCE: IT'S NOT PART OF THE JOB

THE HEALTHCARE WORKPLACE VIOLENCE PREVENTION ACT FURTHER STATES:

If a healthcare facility has engaged in conduct that causes or maintains a substantial risk of further workplace violence - including failing to implement the recommendations of its workplace violence prevention committee - a court can bar the facility from engaging in the illegal activities and order any other relief that is appropriate, including reinstatement of an employee, compensation for medical distress, and reimbursement for lost wages, medical expenses, and attorney fees.

Federal Legislation for Preventing Hospital Workplace Violence

H.R. 2531 (119th Congress)

The Workplace Violence Prevention for Health Care and Social Service Workers Act

Requiring covered employers to develop and implement comprehensive workplace violence prevention plan

H.R. 3178 and S. 1232

Highlights the economic and public health impact of workplace violence in hospitals, emphasizing the need for federal oversight and penalties for violent acts against hospital employees

OSHA: Occupational Safety and Health

Administration: CPL 02-01-058

- ❑ OSHA's Request for Information: Preventing Workplace Violence in Healthcare and Social Assistance.
- ❑ Published in the *Federal Register*.
- ❑ This RFI solicited information relevant to preventing workplace violence to determine whether a standard is needed to protect healthcare and social assistance workers from workplace violence. The Agency collected comments from the public until April 6, 2017

CPL 02-01-058 provides compliance safety and health officers ("CSHOs") with general enforcement policies and procedures during inspections when workplace violence is identified as a hazard.

OSHA: Occupational Safety and Health Administration

OSHA Instruction CPL 02-01-058:

Enforcement Procedures and Scheduling for
Occupational Exposure to Workplace Violence

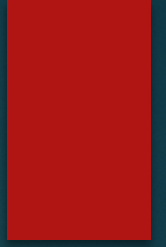
*OSHA believes that a well written and implemented
Workplace Violence Prevention Program, combined
with engineering controls, administrative controls and
training can reduce the incidence of
workplace violence*

OSHA 3148-06R 2016

Guidelines for Preventing Workplace Violence for Health Care and Social Services Workers

Although not legislative- this serves as guidance while emphasizing pre-established legislative guidance employers must recognize and comply with in protecting the employees from workplace hazards, including those hazards that could cause injury, serious physical harm or death.

The U.S. Department of Health and Human services (DHHS)



The U.S. Department of Health and Human services (DHHS) has developed information for Hospital Workers: Violence Occupational Hazards in Hospitals.

U.S. Department of Health and Human Services (DHHS), National Institute for Occupational Safety and Health (NIOSH) Publication No. 2012-118

Agency for Healthcare Research and Quality (AHRQ)

The Five Aims of the National Action Alliance:

Advance Healthcare Organization Safety Strategies Using Safety Self-Assessments

Encourage healthcare organizations to perform safety self-assessments

Support healthcare organizations in their efforts to enact safety strategies based on identified gaps.

Empower the Patient's Voice in Safety Strategy

Allow patients and families to submit safety concerns into healthcare organization event reporting systems.

Encourage healthcare organizations to implement communication and resolution programs.

Engage patients and families in safety event reviews and in safety initiative planning.

Support the Healthcare Workforce by Making Healthcare Safer by Design

Identify and address five high-priority safety engineering needs.

Support the Healthcare Workforce by Strengthening Healthcare Safety Competencies

Ensure all healthcare team members, from administrators to clinical and non-clinical staff, receive training in fundamental safety competencies.

Facilitate a Learning and Research Network

Encourage learning and sharing across network.

Spotlight change leaders.

Promote robust safety measurement locally and nationally.

Barriers to WPV Prevention Practice

- Denial of the potential for WPV
- The Culture of Violence permeating US society
- Lack of Worker Empowerment
- Lack of Incentive, Disincentives
- Lack of Awareness
- Lack of Information
- Lack of Communication/ Training
- Lack of Reporting
- Lack of Effective Follow up to Reported Events
- Lack of WPV Policy, Definitions and Consequences
- Lack of Teamwork

What Employers Can Do

- ❑ Engage employees in efforts to promote a safe workplace
- ❑ Implement violence prevention programs using guidelines established by OSHA
- ❑ Providing training in workplace violence such as the NIOSH free online training
- ❑ Meet standards for workplace violence prevention set forth by The Joint Commission
- ❑ Collaborate with other institutions, organizations, and other beneficiaries to implement best practices for workplace violence prevention in the healthcare industry
- ❑ Create a formal system for threat assessment after a first incident, to understand the drivers for the assault
- ❑ Incorporate tracking systems in the clinical chart/records management system

Safety Strategies Against Workplace Violence



PREVENTION

KEY TRENDS

Prevention focus: Many laws require risk assessments, training, and prevention programs.

Reporting & transparency: Some mandate incident tracking and public posting of safety measures.

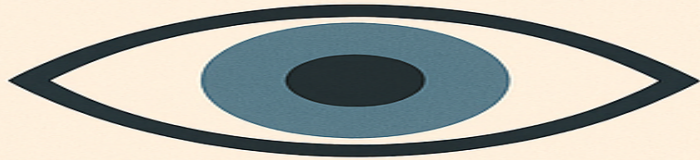
Staffing & safety infrastructure: Certain laws tie violence prevention to staffing plans and physical safety measures (e.g., panic buttons, security personnel).

Anti-retaliation: Several bills explicitly protect staff who report incidents or act in self-defense.

4 TIPS TO ENHANCE SITUATIONAL AWARENESS

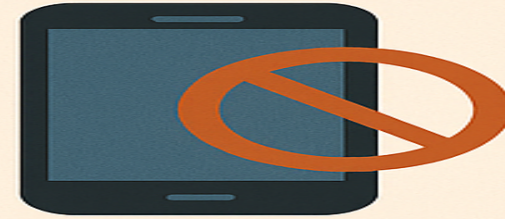
BE OBSERVANT

Pay attention to your surroundings



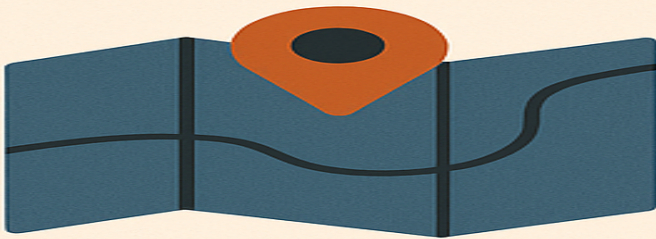
MINIMIZE DISTRACTIONS

Limit use of electronic devices



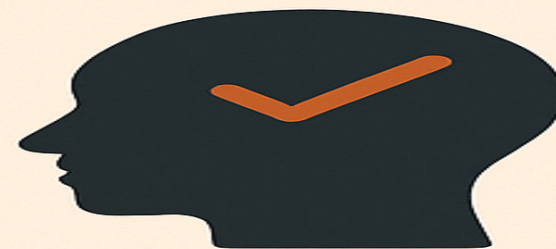
ASSESS THE ENVIRONMENT

Identify potential risks or hazards



TRUST YOUR INSTINCTS

Listen to your intuition or gut feelings



The Workplace Violence Prevention for Health Care and Social Service Workers Act

- ▶ The Workplace Violence Prevention for Health Care and Social Service Workers Act (S. 1232/H.R. 2531) is aimed at protecting nurses, other health care workers, and their patients from workplace violence.
- ▶ These federal bills would mandate that federal OSHA create a standard that would require health care and social service employers to create, implement, and maintain effective workplace violence prevention plans.
- ▶ Under S. 1232/H.R. 2531, such a standard would include all the elements that effectively protect nurses and other health care workers.

Workplace Violence Prevention for Nurses Training

[Workplace Violence Prevention for Nurses.](#)

Award winning training program develop and executed by the U.S. Department of Health and Human Services (DHHS), National Institute for Occupational Safety and Health (NIOSH). (Publication Number 2013-155.)

FREE!!!!

SECURITY MEASURES AND PUBLIC AWARENESS



Public Awareness



THANK YOU! THANK YOU! THANK YOU!
THANK YOU! THANK YOU! THANK YOU!
THANK YOU! THANK YOU! THANK YOU!
THANK YOU! THANK YOU! THANK YOU!

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