Workplace Violence

In the report "Nursing Professions in Oklahoma", issued in 2018 by the Healthcare Workforce Subcommittee of the Governor's Council on Workforce and Economic Development, stated that workplace violence needed further policy development.

While violence is an unfortunate reality in modern life, it is occurring at exceptionally and dangerously high rates in the healthcare setting, endangering patients and impairing healthcare workers' ability to provide quality care for these patients. This has become a problem in efforts to retain nurses at the bedside and other needed healthcare workers.

➢ There is a disproportionate incidence of violent assaults in healthcare, adversely affecting health care workers and patients**. Nearly 75% of all workplace assaults occur in health care.**

➢ The U.S. Bureau of Labor Statistics Census of Fatal Occupational Injuries reports at least 58 hospital workers died as a result of **reported** violence in their workplaces in 2014. Violence is increasing annually at a dramatic rate.

➢ Health care workers at inpatient facilities were 5 to 12 times more likely to experience nonfatal workplace violence than workers overall, according to the Government Accountability Office.

➢ 1 in 4 nurses have reported experiencing some kind of workplace violence.

➢ Workplace violence consists of physically and psychologically damaging actions that occur in the workplace or while on duty (National Institute for Occupational Safety and Health [NIOSH], 2002).

➢ This bill expands Oklahoma's existing law addressing the assaults of first responders and those specifically working in Hospital Emergency Departments to include all hospital workers that interact with patients.

➢ Workplace violence is a serious problem affecting the safety and wellbeing of patients seeking care, and all health care professionals who collaborate to sustain a safe and healthy work environment.

➢ Examples of workplace violence include direct physical assaults (with or without weapons), written or verbal threats, physical or verbal harassment, and homicide (Occupational Safety and Health Administration OSHA, 2015).

➢ PTSD and decreased productivity can occur following incidents of workplace violence.
  o The Bureau of Labor Statistics releases an annual report about injuries and illnesses resulting in time away from work in the United States. In the health care and social assistance sectors, 13% of days away from work were the result of violence in 2013, and this rate has increased in recent years (U.S. Department of Labor [DOL], Bureau of Labor Statistics, 2014).

Background

Workplace Violence

Workplace violence consists of physically and psychologically damaging actions that occur in the workplace or while on duty (National Institute for Occupational Safety and Health [NIOSH], 2002). The Bureau of Labor Statistics releases an annual report about injuries and illnesses resulting in time away from work in the United States. In the health care and social assistance sectors, 13% of days away from work were the result of violence in 2013, and this rate has increased in recent years (U.S. Department of Labor [DOL], Bureau of Labor Statistics, 2014). According to a recent ANA survey of 3,765 registered nurses and nursing students, 43% of respondents have been verbally and/or physically threatened by a patient or family member of a patient. Additionally, 24% of respondents have been physically assaulted by a patient or family member of a patient while at work (ANA & LCWA Research Group, 2014).

Workplace violence is referred to by some as endemic, which, from a public health perspective, means it is commonly found in certain settings (Lipscomb & London, 2015). Such settings include emergency departments, psychiatric hospitals, nursing homes, long-term care facilities, and others. Hodgson et al. (2004) describe how employees who float from one unit to another experience assault three times more often than do permanent employees. Wolf, Delao, and Perhats (2014) provide evidence of the prevailing attitude that workplace

violence is a culturally accepted and expected part of one's occupation. Oftentimes patient safety is given priority over employee safety, when in fact both are integral to quality and safe care (Lipscomb & London, 2015).

Workplace violence can lead to emotional distress, temporary or permanent injury, or even death (Tarkan, 2008). Examples of workplace violence include direct physical assaults (with or without weapons), written or verbal threats, physical or verbal harassment, and homicide (Occupational Safety and Health Administration, 2015).

NIOSH classifies workplace violence into four basic types. Types II and III are the most common in the health care industry. (Types I and IV are not addressed in this position statement.)

- Type I involves "criminal intent." In this type of workplace violence, "individuals with criminal intent have no relationship to the business or its employees."

- Type II involves a customer, client, or patient. In this type, an "individual has a relationship with the business and becomes violent while receiving services."

- Type III violence involves a "worker-on-worker" relationship and includes "employees who attack or threaten another employee."

- Type IV violence involves personal relationships. It includes "individuals who have interpersonal relationships with the intended target but no relationship to the business" (Iowa Prevention Research Center, 2001; NIOSH, 2006, 2013).

Financial Ramifications

Decreased productivity can occur following incidents of workplace violence. Employee retention can also become more difficult. Yet the total financial cost of such actions is very difficult to calculate (Berry, Gillespie, Gates, & Schafer, 2012; Chapman, Styles, Perry, & Combs, 2010; D'Ambra & Andrews, 2014; Edward, Ousey, Warelow, & Lui, 2014; Gates, Gillespie, & Succop, 2011; Hegney, Tuckett, Parker, & Eley, 2010; Spence Laschinger, 2014). According to one study of a U.S. hospital employing 5,000 nurses estimated the cost of workplace violence treatment at $94,156 annually: $78,924 for treatment and $15,232 for indemnity for the 2.1% of the hospital's nurses who reported injuries (Speroni, Fitch, Dawson, Dugan, & Atherton, 2014).

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