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# **Workplace Violence against Healthcare Workers in Health Services Organizations**

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### **Abstract**

The healthcare environment is one of the most complex and dangerous occupational hazards for healthcare workers, especially nurses. The complexity of a culture of patient-related violence and the nature of their jobs place healthcare workers at risk for violence on the job. Workplace violence is a profoundly serious issue and continues to be a growing problem in the United States. This paper is a brief literature review of workplace violence against healthcare workers in health services organizations. These sections will be discussed (a) common workplaces where violence occurs; (b) types of workplace violence; (c) workplace violence against healthcare workers in health services organizations displayed in a conceptual model; (d) mental health and physiological problems of workplace violence on healthcare workers; (e) cost of workplace violence in health services organizations; and (e) strategies for prevention. Healthcare administrators are obligated to provide a safe environment for patients and staff. However, numerous guidelines have been developed, workplace violence continues to be at an increased rate. Continuous research studies are needed to improve the safety of healthcare workers in their diverse work settings. Also, more research is needed in healthcare settings with limited research.

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**Key Words:** workplace violence; healthcare workers; patient-related injuries; healthcare environment; health services organizations; mental health problem; physical health problems; healthcare administrator

## **Introduction.**

The healthcare environment is the most complex and dangerous occupational hazard for healthcare workers, especially nurses (McPhaul, & Lipscomb, 2004). The complexity of a culture of patient-related violence and the nature of their job duties places healthcare workers at risk for violence on the job.

Workplace violence is a profoundly serious issue and continues to be a growing problem in the United States (Kennedy, 2020). It is a recurring and growing problem that must be dealt with on a national level.

Presently, the Occupational and Safety and Health Administration (OSHA, 2019) does not require employers to implement workplace violence programs. However, OSHA (2019) provides voluntary guidelines and may cite the workplace for failing a workplace free from recognized serious hazards. However, some states have developed programs, but many states have advanced laws for penalties for a person convicted of assaulting a nurse.

Healthcare workers consist of 12.2% of the working population (Phillips, 2016). Also, violence is more under-reported in other industries, about 77% of violence occurred in healthcare settings. Workplace violence consists of physical or threats against an employee (Kennedy, 2020). Violence may range from threats and verbal abuse to physical assaults and homicide. Job-related deaths are the result of workplace violence. Healthcare employees are at an increased risk of being assaulted by patients, clients, and family members.

According to the Occupational and Safety and Health Administration (OSHA, 2015c), numerous factors contribute to violence in healthcare. When the patient and family enter the healthcare system, they are more vulnerable and distraught because of the healthcare problem. For example, the hospital is often a stressful environment with 24 hours of access (OSHA, 2015c). Also, the healthcare settings where drugs are housed will be a target for robbery.

Nurses are front-line workers who are at an increased risk of experiencing violence in the workplace (Kennedy, 2020). According to the Occupational Safety and Administration [OSHA, 2015b] nurses are assaulted while at work more than prison guards and police officers, which makes violence in healthcare to be rated for nearly as many injuries as in all other professions/workplace combined.

Certain barriers that create a risk for violence in the workplace for nurses are staff shortage and increased patient acuity (McPhaul, & Lipscomb, 2004). Also, nurses and nursing assistants are more victimized because assaults are associated with patient contact time (Phillips, 2016).

### **Definition**

Workplace violence is defined as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite. It ranges from threats and verbal abuse to physical assaults and even homicide (OHSAs, 2019). It can affect and involve employees, clients, customers, and visitors. Acts of violence and other injuries is currently the third-leading cause of fatal occupational injuries in the United States.

According to the Bureau of Labor Statistics Census of Fatal Occupational Injuries (CFOI, 2019), of the 5,147 fatal workplace injuries that occurred in the United States in 2017, 458 were cases of intentional injury by another person (OHSA, 2019). Some common examples of physical abuse of employees by patients are physical assaults with or without the use of a weapon, verbal threats, and homicide (OSHA, 2015a).

### **Incidence and Prevalence**

Approximately, 2 million of the United States workers are victims of workplace violence (OSHA, 2015a). In 2016, 17% of workplace deaths occurred because of workplace violence. It is reported that 25% of workplace violence is unreported( Phillips, 2016). Workplace violence in healthcare professional is underreported and understudies (Phillips, 2016).

The incidents of workplace violence in health services organizations are prevalent in a variety of settings (McPhaul, & Lipscomb, 2004). Agitated clients in diverse settings can result in injury to healthcare workers such as mental health facilities, patients with dementia in medical and geriatric settings, nursing homes, and rehabilitation centers. A patient in healthcare services with a history of assaults is a source of verbal or physical abuse to nurses and other healthcare professionals (McPhaul, & Lipscomb, 2004).

Hospitals have accounted for 75% of the aggravated assaults and 95% of all assaults against healthcare workers (Phillips, 2016). In hospitals, the most common reason for violence outbreak was the long waiting times and dissatisfaction with treatment (Nevo, Peleg, Kaplan, & Freud, 2019).

Approximately, 46% of nurses reported some form of workplace violence during their five most recent shifts( Phillips, 2016).

In the emergency department, approximately 80% of healthcare workers have been attacked by a patient (Phillips, 2016). In the emergency departments, physicians are usually the target of workplace violence(Nevo, Peleg, Kaplan, & Fredu, 2019; Phillips, 2016). Reports of violent attacks by a patient in the emergency department within the last year consist of 78% physicians and 100% nurses (Phillips, 2016).

In the home care workers, homicide is the leading cause of workplace deaths (Hanson, Perrin, Moss, Laharnar & Glass , 2015; Phillips, 2016). This group is particularly at risk because these healthcare workers provide care in the clients' homes with an uncontrollable environment. In some cases, homecare workers enter homes where patients or family members may keep weapons or drugs (Violence in Healthcare Facilities, 2017). Also, the patients' home may be in high crime areas that increase their risk of experiencing violence on the job.

Healthcare workers working within mental health facilities are at risk for verbal and physical assaults (McPhaul & Lipscomb, 2004). It is reported that inpatient psychiatric environments are at high risk for violence in comparison to other healthcare workers (Phillips, 2016).

Psychiatrists working in psychiatric settings have a higher assault rate in comparison to physicians working in the emergency department (Phillips, 2016).

In psychiatric settings, the annual incidence of physical assault is 70% (Phillips, 2016).

Nursing assistants working in a nursing home with patients with Alzheimer's disorder are more likely to be injured to include bites from residents (Tak, Sweeney, Alteration, Baron, & Calvert, 2010). In the nursing home with dementia units, about 59% of nursing assistants reported being assaulted by patients weekly, and 16% daily (Phillips, 2016).

During the period between 2000 and 2011, there were 154 shootings with injury either inside or on the grounds of American hospitals (Phillips, 2016). Healthcare employees are nearly four times the most likely to require time away from work because of violence (Phillips, 2016).

This paper is a brief literature review of workplace violence against healthcare workers in health services organizations. These sections will be discussed (a) common workplaces where violence occurs; (b) types of workplace violence; (c) workplace violence against healthcare workers in health services organizations displayed in a conceptual model; (d) mental health and physiological problems in healthcare workers caused by workplace violence; (e) cost of workplace violence in health services organizations; and (e) strategies for prevention. workers in their diverse work settings. Also, more research is needed in healthcare settings with limited research.

### **Common Workplaces Where Violence Occurs**

A workplace may be any location either permanent or temporary where an employee performs any work-related duty(s) (Kennedy, 2020). These locations

include but are not limited to the buildings and the surrounding perimeters, including the parking lots, field locations, clients' homes, and traveling to and from assignments (Kennedy, 2020). The common settings for violence in healthcare are as follows: (a) acute care settings, (b) emergency room, (c) critical care units, (d) psychiatric inpatient units, (d) community health agencies, (e) homes for special care, and (f) nursing homes (Kennedy, 2020). Also, violence can occur at or outside the workplace

### **Types of Workplace Violence**

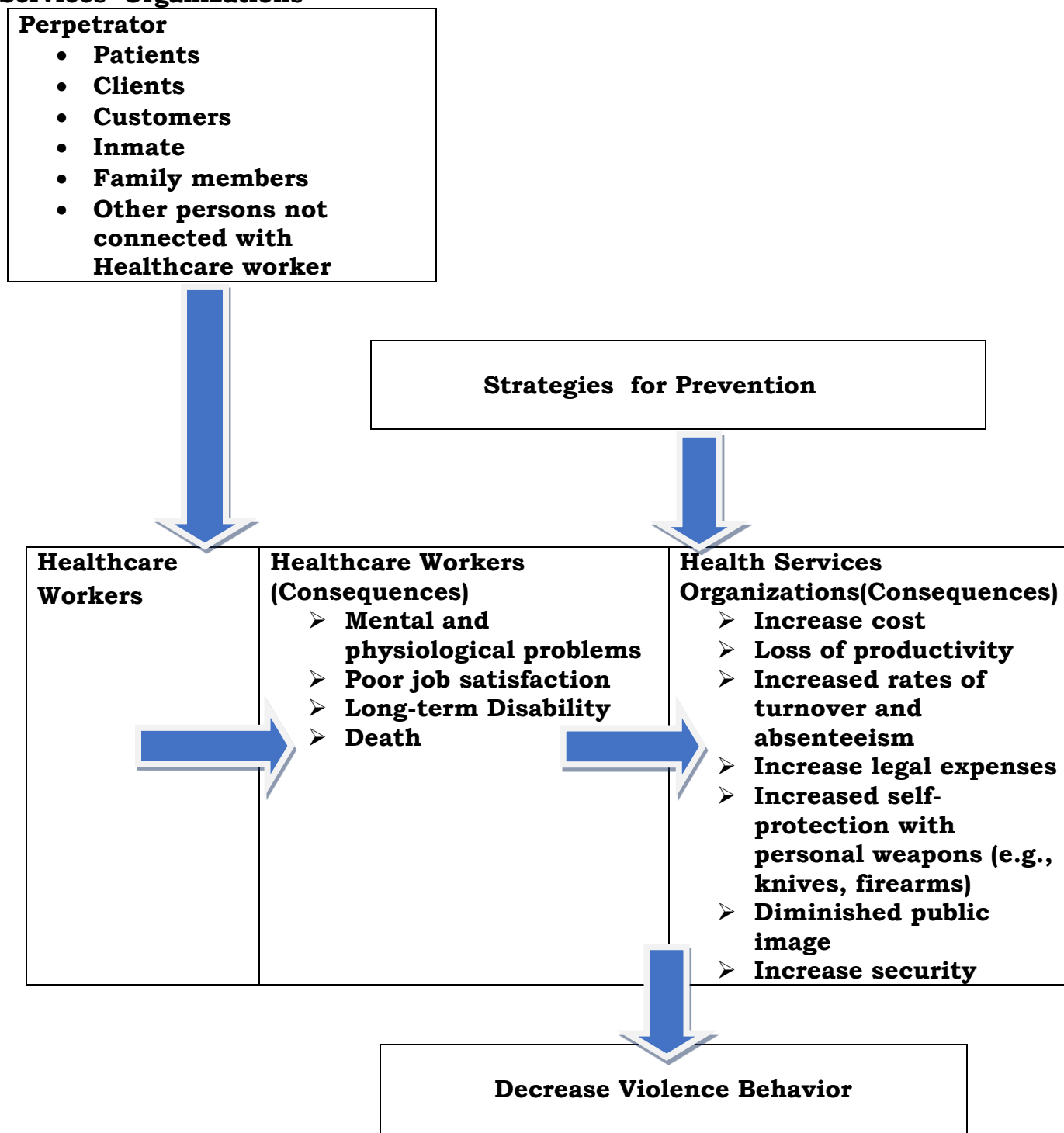
The U. S. Department of Justice Federal Bureau of investigation (2001) presented a report on workplace violence titled *Response of Workplace Violence* in which they outlined four types of workplace violence. They are as follows:

- **Type I violence** is described as violent acts by criminals who have no connection with the workplace but entered to commit robbery or other crimes.
- **Type II violence** is violence directed at employees by customers, clients, patients, students, inmates, or any others for whom an organization provides services.
- **Type III violence** is described as violence against co-workers, supervisors, or managers by a present or former employee.
- **Type IV violence** is described as violence committed in the workplace by someone who does not work there but has a personal relationship with an employee an abusive spouse or a domestic partner.



Figure 1: Workplace Violence Against Healthcare Workers in Health Services conceptualized the violence against employees in health services organizations.

**Figure1: Workplace Violence Against Healthcare Workers in Health Services Organizations**



This holistic model provides a conceptualization of workplace violence on healthcare workers, the impact of violent behavior on this group, and the need for preventive strategies. As you can see, in *Figure 1*, the perpetrators can be in *Type I Violence through Type IV Violence* of violence against, healthcare workers to include patients, clients, customers, students, inmates, family members, and other persons not connected with the healthcare workers. Workplace violence has mental health and physiological effects on healthcare workers.

*Type I Violence* accounts for only a small number of healthcare workplace violence incidents (Violence in Healthcare Facilities, 2017). *Type II Violence* is the most common cause of physical violence in healthcare settings, and *Type III Violence* is the most prevalent type of healthcare workplace violence. *Type IV Violence* is the most frequent domestic violence perpetrated against women because of the large number of females working in health services organizations.

### **Mental Health and Physiological Problems in Healthcare Workers Caused by Workplace Violence.**

In some cases, persons who observe the violence may experience stressors to include PTSD, depression, anxiety, etc. (Kennedy, 2020). The co-worker or customer may need counseling after an incident of violence (Kennedy, 2020). The cost of violence and conflict in healthcare manifested through increase absenteeism, high rate of staff turnover, feeling of hopelessness, poor work performance, and increase healthcare cost (AbuAlRub, 2004; Dijkstra, Van Dierendonck, & Evers, 2005; Dionne & Dostie, 2007; Jones & Gates, 2007).

The consequence of violence on employees may have psychological and socio-economic effects leading to stress, burnout, decrease productivity, and increase rates of nurses' turnover (Almost, 2006; Merecz, Drabek, & Moscicka, 2009; Phillips, 2016). Overall, healthcare workers are affected emotionally by violence to include behaviors such as fear, anxiety, anger, frustration, low self-esteem, depression, and decrease job satisfaction (Grenyer, Ilkiw-Lavalle, Biro, Middleby-Clements et al., 2004, p. 804); and physiological effects such as high blood pressure, diabetes, physical injuries, and gastrointestinal dysfunctions.

Consequently, after work-related injuries, each subsequent interaction with the offender is a source of stress; impairment in social and professional life leading to change in relationships with coworkers and increase interpersonal conflicts (Merecz, Drabek, & Moscicka, 2009).

Employees who experience violence usually have symptoms of severe distress after the traumatic event (Kennedy, 2020). Some results of violence are victims may have a long-term disability and others may never return to work (AbuAlRub, 2004; Dijkstra, Van Dierendonck, & Evers, 2005; Dionne & Dostie, 2007; Jones & Gates, 2007). As mentioned, in severe cases, job-related deaths are the result of workplace violence (Phillips, 2016). For example, in homecare workers, homicide is the leading cause of death.

### **Cost of Workplace Violence in the Health Services Organization**

As you can see in *Figure 1*, workplace violence has numerous costs to the organization (Van Den Bos, Creten, Davenport, & Roberts, 2017). Workplace violence has a great impact on the economic growth of health services

organizations (Kennedy, 2020). Also, workplace violence has both direct and indirect financial costs to healthcare workers in the organization and society (McKenna, Smith, Poole, & Coverdale, 2003). The economic impact on workplace violence costs 500,000 employees 1,175,100 lost workdays each year. Lost wages of the organizations on the whole tip \$55 million annually (OSHA, 2018). This in turn will cost the organizations billions of dollars for the loss of productivity, legal expenses, property damage, diminished public image, and increase security. The potential risk of an organization, such as a health care facility includes the prevalence of handguns and other weapons among patients, their families, and friends. The risks of these weapons in these public areas can be lethal to any organization.

According to the Occupational and Safety and Health Administration (OSHA, 2015b) from 2011 to 2013 healthcare workers obtained serious injuries requiring time away from the job, treatment, and recovery consisting of 15, 000 to 20,000 serious workplace violence injuries. The cost associated with workplace violence includes excessive use of sick leave and worker compensation leading to increase overtime spending due to absenteeism and poor work performance (Kennedy, 2020). Personal cost may include physical disabilities related to injuries to co-workers, customers, patients, etc.

Healthcare providers sustained injuries resulting from violence at the workplace twice the rate of employees in other professions (OSHA, 2015c). In a survey of 3,765 nurses and nursing students ( 21%) of registered nurses and nursing students reported being physically assaulted and (50%) reported being

verbally abused (OSHA, 2015c). Also, in this survey 7,169 emergency department nurses (12%) reported experiencing physical violence and (59%) reported experiencing verbal abuse during a seven-day period (OSHA, 2015c). The emergency department, geriatrics, and behavioral health had a high incident of violent injuries with absence from the workplace such as hitting, kicking, beating, and shoving (OSHA, 2015c)

### **Strategies for Prevention**

As you can see in *Figure 1*, a multifaceted approach is needed to address workplace violence against healthcare workers in health services organizations. To address workplace violence, there needs to be a multifaceted, multidisciplinary approach in diverse areas of health care organizations in the specialty areas (Kennedy, 2020; Phillips, 2016). Research needs to investigate the individual needs, triggers of violent behavior, and safety needs in the diverse areas of health services organizations. Implementation of evidence-based practice interventions from research needs to be implemented. Health services organizations need to develop a working relationship with law enforcement. Also, education is needed in anger management training with de-escalation techniques. This training needs to be part of employees' mandatory training and annual reviews for healthcare workers (Kennedy, 2020). Health services organizations need to implement security systems and other protection devices for the protection of employees and the work environment. Also, workplace policies and procedures need to be reviewed and updated on workplace violence

on an annual basis. In addition, it is vital for managers to have a process of reporting workplace violence (Morphet, Griffiths, & Innes, 2018).

### **Conclusion**

Violence in the workplace impacts patient outcomes, productivity, and the quality of work-life for employees. The results of violence in the workplace contribute to the increased cost in organizations. Healthcare administrators are obligated to provide a safe environment for patients and staff. However, numerous guidelines have been developed, workplace violence continues to be at an increased rate. Continuous research studies are needed to improve the safety of healthcare workers in their diverse work settings. Also, more research is needed in healthcare settings with limited research.

### **References:**

- AbuAlRub, R. F. (2004). Job stress, job performance, and social support among hospital nurses. *Journal of Nursing Scholarship*, 36(1), 73-78.
- Almost, J. (2006). Conflict within nursing work environments: Concept analysis. *Journal of Advanced Nursing*, 53(4), 444-453.
- Dijkstra, M. T. M., Van Dierendonck, D., & Evers, A. (2005). Responding to conflict at work and individual well-being: The mediating role of flight behavior and feelings of helplessness. *European Journal of Work and Organizational Psychology*, 14, 119-135.
- Dionne, G., & Dostie, B. (2007). New evidence on the determinants of absenteeism using linked employer-employee data. *Industrial and Labor Relations Review*, 61, 108-120.
- Grenyer, B., Ilkiw-Lavalle, O., Biro, P., Middleby-Clements, J., Comminos, A., & Coleman, M. (2004). Safer at work: Development and evaluation of an aggression and violence minimization program. *Australian and New Zealand Journal of Psychiatry*, 38, 804-810.
- Hanson, G.C., Perrin, N.A., Moss, H., Laharnar & Glass (2015). Workplace violence against homecare workers and its relationship with workers health outcomes: a cross-sectional study. *BMC Health Services Research* 15 (11), <https://doi.org/10.1186/s12889-014-1340-7>

- Jones, C., Gates, M., (2007.) The costs and benefits of nurse turnover: A business case for nurse retention. *OJIN: The Online Journal of Issues in Nursing*. 12( 3) Manuscript 4, DOI: 10.3912/OJIN.Vol12No03Man04
- Kennedy, B. K. (2020). *Workplace violence among employees in Health Services: Promoting Organization Development to improve quality of work-life and patient outcomes (3<sup>rd</sup> edition)*, BRK healthcare Publications, ISBN-13:978-0-9897244-1-8.
- Merecz, D., Drabek, M. & Moscicka, A. (2009). Aggression at the workplace psychological consequences of abusive encounter with coworker and clients. *International Journal of Occupational Medicine and Environmental Health*, 23(3), 243-260.
- McKenna, B., Smith, N., Poole, S., & Coverdale, J. (2003). Horizontal violence: Experiences of registered nurses in the first year of practice. *Journal of Advance Nursing*, 42(1), 90-96.
- Nevo, T., Peleg, R., Kaplan, D. M., & Freud, T. (2019). Manifestation of verbal and physical violence toward doctors: A Comparison between hospital and community doctors. *BMC Health Services Research*, 19 (888), <https://doi.org/10.1186/s12913-019-4700-2>
- Occupational Safety and Health Administration (OSHA). (2015a). Guidelines for preventing workplace violence for healthcare and social service workers. No. 3148-04R
- Occupational and Safety and Health Administration (OSHA, 2015b). Preventing Workplace Violence: A Road Map for Healthcare Facilities, OSHA 3827, <https://www.osha.gov/Publications/OSHA3827.pdf>
- Occupational and Safety and Health Administration (OSHA, 2015c), Workplace Violence in Healthcare, OSHA 3826; <https://www.osha.gov/Publications/OSHA3826.pdf>
- Occupational Safety & Health Administration. (2018). Hospital e-tool, <https://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html#ViolencePreventionwrittenplan>
- Occupational Safety & Health Administration. (2019). Workplace violence, <https://www.osha.gov/workplace-violence>
- McPhaul, K., & Lipscomb, J., (2004). Workplace Violence in health care: Recognized but not regulated, *Online Journal of Issues in Nursing*. 9 ( 3), Manuscript 6. <https://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol92004/No3Sept04/ViolenceinHealthCare.aspx>
- Morphet, J., Griffiths, D., & Innes, K. (2018). The trouble with reporting and utilization of workplace violence data in health care. *Journal of Nursing Management*, 27(3), 592–598. doi: 10.1111/jonm.12717
- Phillips, J.P. (2016). Workplace violence against health care workers in the United States. *New England Journal of Medicine*, 374(17), 1661-1669
- Tak, S., Sweeney, M.H., Alteration, T., Baron, S., & Calvert, G.M.

- (2010). Workplace assaults on nursing assistant in the US Nursing Homes: A multilevel analysis. *American Journal of Public Health*, 100(10), 1938–1945.
- U. S. Department of Justice (2001). Workplace Violence: issue in Response, Federal Bureau of Investigation Critical Incident Response Group National Center for the Analysis of Violent Crime FBI Academy, Quantico, Virginia
- Van Den Bos, J., Creten, N., Davenport, S., & Roberts, M. (2017). Cost of Community Violence to Hospital & Health Systems. *American Hospital Association*.
- Violence in Healthcare Facilities (2017). ECRI,  
<https://www.ecri.org/components/HRC/Pages/SafSec3.aspx?tab=2>

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