WORKPLACE VIOLENCE IN HEALTH CARE

Health care workers are at four times higher risk than private industry for incidents of serious workplace violence causing physical injury requiring days off from work.¹

Creates significant cost to hospitals and health systems:²

- $2.7 billion spent on workplace violence
- $280 million on preparedness and prevention
- $852 million in unreimbursed medical care for victims
- $1.1 billion on security and training costs
- $429 million in medical care, staffing, indemnity, and other costs.

Health workers who were victims of violence averaged 60.4 more hours per year of sick, disability, and leave time (excluding long- and short-term disability) than those who had not experienced workplace violence.

Of ER physicians, 80% reported that workplace violence reduces staff productivity, increases emotional trauma, and extends wait times, and 51% report patients have been physically harmed.³

In Texas, 32.8% of hospitals do not track costs of workplace violence.⁴

POLICY AND AWARENESS TRAINING IS NOT ENOUGH

What’s working: Most hospitals have a workplace violence prevention policy, provide awareness training, require reporting, and investigate incidents of workplace violence.

Opportunities for improvement: Only half of hospitals evaluate the effectiveness of their policy annually, screen patients for risk of violence, have a multidisciplinary response team, provide training on evasion techniques, and encourage reporting to law enforcement.

1 Occupational Safety and Health Administration (2015). Workplace Violence in Healthcare.
4 Texas Department of State Health Services (2019). Workplace Violence Against Nurses Survey.

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According to the results of the 2016 Workplace Violence Against Nurses Individual Nurse Survey, 83% of nurses had experienced some type of workplace violence. Creating a culture of safety shows nurses that management is concerned for their welfare and takes incidents of violence seriously.

Encourage nurse staffing committees to consider incidents of workplace violence. Only 37.6% of hospitals reported that their staffing committees consider workplace violence in nurse staffing plans. Safety needs to be incorporated into every step of planning.

Underreporting is a serious issue. Only 40.5% of nurses reported the most recent violent event through the incident reporting system, largely because it was viewed as “an accepted/expected part of the job” or they did “not expect anything to change.”

Establish and maintain ongoing surveillance. Because of the culture of under-reporting workplace violence, facilities should establish and maintain an ongoing surveillance of workplace violence and regularly evaluate preventive measures.

For more information, contact tna@texasnurses.org. Visit texasnurses.org.