

ISSUE BRIEF

Workplace Violence Prevention

Health, Hope & Healing: Prevent Violence Against Health Care Heroes

THE ISSUE:

Health care workers are bravely serving on the frontlines of the COVID-19 pandemic. Maryland's more than 117,000 hospital caregivers work 24/7 to keep their communities safe. Yet, they continue to face the threat of workplace violence.

COVID-19 presents unprecedented challenges for hospitals as their dedicated caregivers work tirelessly to save lives and keep Marylanders healthy and hopeful.¹

As hospitals work to keep their most valuable asset, their staff safe from the effects of this pandemic, a long-standing challenge remains. Changes in visitor access and limitations on elective procedures temporarily decreased the volume of violence because there were fewer patients. Serious incidents of violence continue at hospitals across the state.

Violence takes a toll on individuals and communities. When that violence extends into the workplace, it results in increased staff turnover, lost productivity, absenteeism, poor employee morale, and burnout.^{2,3}

*The rate of serious workplace violence incidents is **4x** greater in the health care field than in private industry.*

Violence in the Hospital: By the Numbers

The American College of Emergency Physicians 2018 Survey⁷

- 47%** Emergency physicians that have been physically assaulted at work
- 97%** Of assaults committed by patients; 28% also involved a patient's family member/friend
- 83%** Emergency physicians that say a patient threatened to return and harm them or others
- 71%** Emergency physicians have witnessed an assault at work

There are four types of workplace violence. The type is defined based on the relationship between the perpetrator and the victim:⁸

Type I: No legitimate relationship exists (criminal intent)

Type II: Visitor, family member or patient on worker

Type III: Worker on worker

Type IV: A personal relationship exists

88% of all hospital assaults were Type II— by patients against workers⁹

THE IMPACT:

Violence harms the physical and emotional well-being of staff, patients, visitors, and the community.

Workplace violence is more common in health care compared to other industries. Levels of violence within hospitals were near "epidemic" levels pre-COVID, and the combination of anxiety and fear associated with the pandemic could worsen the problem.

The pandemic is taking a toll on health care workers with some experiencing circumstances similar to a war zone.⁴ A 2020 Mental Health America study found that 93% of health care workers are stressed. Anxiety, emotional exhaustion, and burnout are also reported. Although stress and exhaustion are not new concerns for frontline health care workers, the pandemic accelerated the negative consequences on the workforce.^{5,6}

Hospitals use every tool possible to ensure a healing environment. In a 2019 MHA survey, 92% of hospitals reported spending more on security over the past five years. Many hired additional security officers for evening and weekend shifts, installed security cameras in key locations, and issued personal panic alarms to staff.

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THE RESPONSE:

Hospitals strive to maintain a safe and healing environment for patients, visitors and staff, but have limited access to legal remedies to protect their campuses.

Many Maryland hospitals have protocols and resources to identify and de-escalate potentially violent situations. Some use identifiers in the electronic medical record to ensure patients get specialized help and alert staff to take extra safety precautions.

Hospitals use symbols and signage within or outside of a patient's room to alert staff, so they engage appropriately and prevent escalation to the best of their ability. Hospitals encourage staff to report all incidents and promote a culture of zero tolerance.

However, hospitals are seriously limited in how they can legally protect their campuses. Many issue trespass notices to individuals who cause harm and/or threaten to return to incite violence. However, the notice only applies to the hospital and may not result in an arrest by law enforcement if violated.

Employees assaulted or threatened at work, who live in the same community as the perpetrator, often fear pursuing legal action. An employee could encounter this individual on public transportation or at the local grocery store. A trespass notice offers no protection outside of the hospital grounds.

SOLUTIONS:

Tackling workplace violence is a multi-stakeholder process. We need our partners—law enforcement, members of the legal system, elected officials, and others—to raise awareness and help us prevent and prevent workplace violence.

We need a legal remedy to keep hospital workers safe from those threatening to return and cause harm. These protections should extend outside of the workplace to protect employees who may be stalked or victimized.

Now is the time to pass legislation to help our health care heroes.

Impact of violence in one Maryland community hospital

Maryland Hospital Association Survey

181 Incidents of patient violence against hospital employees over two years

40% Occurred in the emergency department

Maryland Hospitals Keep Employees Safe

- **Identify high-risk individuals and establish a preventive plan of action**
- **Increase security coverage, especially at night and the weekends**
- **Reduce entry points and require visitor identification bands**
- **Modify unit layouts to better protect staff, provide clear lines of sight**
- **Build multi-disciplinary team responses to emergency codes**
- **Review each incidence of violence to determine contributing factors**
- **Establish and evaluate evidence-based quality improvement initiatives**
- **Train all staff in de-escalation, self-defense and active shooter**
- **Host community townhalls**
- **Create peer-to-peer support programs**
- **Use trespass notice as needed to warn individuals who may return to the hospital with the sole intent to cause harm**

For footnotes and sourcing: mhaonline.org/workplace-violence-issue-brief