

Health Care Workplace Violence Prevention: One State's Journey

Patricia M. Noga, PhD, RN, NEA-BC, FAAN

Violence against health care workers continues to rise across the country. The Bureau of Labor Statistics reports that in 2018, workers in the health care and social service sectors experienced the highest rates of workplace violence-related injuries. Several national organizations and oversight agencies have implemented violence prevention initiatives and published risk assessment tools, violence prevention toolkits and standards and/or regulations (See Figure 1).

As health care leaders and caregivers in Massachusetts noted increasing incidents of violence across their care settings, the Massachusetts Health & Hospital Association (MHA), Burlington, led the creation of the Healthcare Safety & Violence Prevention Workgroup (HSVPW) in 2017.

The comprehensive and progressive work of the HSVPW has led the way across the commonwealth and beyond to offer guidance on developing violence prevention programs. This workgroup has labored on initiatives to collect data on violent events, inform health care leaders of incidents in their organizations, rally facilities around consensus solutions, and provide resources and education. In addition, workgroup members used their united might to develop code of conduct principles for all facilities to adopt. The group also contributed to a violence report calling on the general public to respect health care workers. Further, the workgroup continues to advocate for proposed workplace violence prevention legislation at the state level.

The HSVPW, which meets every two months, is composed of more than 85 security and safety, emergency preparedness, risk management, quality and patient safety, human resources, behavioral health, nursing and other clinical professionals from MHA member hospitals and health systems. Since its inception, the workgroup has pursued meeting its goals (see Figure 2) through four key actions: collaboration and education, data collection, leadership and guidance, and public advocacy.

Collaboration and education

Early in the formation of the HSVPW, members shared best practices in violence prevention and collaborated on the development and release of *Guidance on Developing Healthcare Safety & Violence Prevention Programs in Hospitals* (2019). At the recommendation of the HSVPW the MHA Workforce

FIGURE 1: Violence Prevention Resources and Toolkits

- American Hospital Association. (2020). *Violence Prevention Initiatives*. [aha.org/system/files/media/file/2021/06/HAVhope_2021_infographic.pdf](https://www.aha.org/system/files/media/file/2021/06/HAVhope_2021_infographic.pdf)
- American Organization for Nursing Leadership & Emergency Nurses Association. (2022). *AONL & ENA Guiding Principles: Mitigating Violence in the Workplace*. [aonl.org/system/files/media/file/2022/10/AONL-ENA-workplace_guiding_principles.pdf](https://www.aonl.org/system/files/media/file/2022/10/AONL-ENA-workplace_guiding_principles.pdf)
- American Society for Health Care Risk Management. (2023) *Workplace Violence Toolkit*. [ashrm.org/resources/workplace_violence](https://www.ashrm.org/resources/workplace_violence)
- Bureau of Labor Statistics (2018). *Fact Sheet Workplace Violence in Healthcare*. [bls.gov/iif/factsheets/workplace-violence-healthcare-2018.htm](https://www.bls.gov/iif/factsheets/workplace-violence-healthcare-2018.htm)
- Centers for Medicare & Medicaid (2022) Memorandum on Workplace Violence in Hospitals. [cms.gov/files/document/qso-23-04-hospitals.pdf](https://www.cms.gov/files/document/qso-23-04-hospitals.pdf)
- International Association for Healthcare Security & Safety Foundation. (2023) *Effective Controls on Emergency Department Violence*. [iahssf.org/research/effective-controls-on-emergency-department-violence/](https://www.iahssf.org/research/effective-controls-on-emergency-department-violence/)
- The Joint Commission. (2021). New Requirements for Preventing Workplace Violence. *The Source*. [jointcommission.org/-/media/tjc/documents/resources/workplace-violence/ts_10_2021_preventing-workplace-violence.pdf](https://www.jointcommission.org/-/media/tjc/documents/resources/workplace-violence/ts_10_2021_preventing-workplace-violence.pdf)
- The Joint Commission. (2022). *R3 Report Issue 30: Workplace Violence Prevention Standards*. [jointcommission.org/standards/r3-report/r3-report-issue-30-workplace-violence-prevention-standards/](https://www.jointcommission.org/standards/r3-report/r3-report-issue-30-workplace-violence-prevention-standards/)
- Occupational Safety & Health Administration. (2023). *Workplace Violence Prevention Programs*. [osha.gov/workplace-violence/prevention-programs](https://www.osha.gov/workplace-violence/prevention-programs)

Well-being Workgroup was formed in 2018 and meets monthly with the mission to advance the well-being of health care workers in Massachusetts by acknowledging their valued contributions and supporting them with resources.

FIGURE 2: Massachusetts Hospital Association's Healthcare Safety & Violence Prevention Workgroup Goals

- Improve overall communication and coordination among healthcare providers to advance ongoing violence prevention efforts.
- Share best practices in maximizing safety and violence prevention within health care settings.
- Inform MHA to develop statewide standards for safety and violence prevention that can be adopted in health care settings across the commonwealth.
- Assist MHA with the development of health care safety and violence prevention legislation.
- Establish baseline data and the ability to confidentially trend violence data over time.
- Identify and promote best practices and industry standards in violence prevention programming via periodic evaluation surveys of health care organizations.

The HSVPW's foundational work on safety and well-being informed the efforts of MHA's Caring for the Caregiver Task Force and report (2021). A section on Caring for the Caregiver was built on MHA's PatientCareLink website and serves as a public resource repository for materials under its safety pillar. In addition, email management software is used and a resource library was created for HSVPW members to share resources, questions and information.

Workgroup members also collaborated to develop and host the first-ever Healthcare Safety Summit, a full-day education event in 2018. Collaboration and education forums continued with the second and third Healthcare Safety Summits in 2022 and 2023.

Data collection

With member input, a survey to collect monthly data on violent incidents in Massachusetts hospitals was developed and launched in 2019. The tool is considered a living resource and has been revised numerous times. Data points included date of incident, time of incident, type of incident, location of incident, major contributing factor, level of injury, and aggressor and victim, among others.

Regular – usually monthly – data collection of violent incidents has continued since its inception, with the survey tool adjusted to include detailed definitions for injury scale and major contributing factor(s). Further refinements included additional terminology and some definitions, with a data submission subgroup of the HSVPW advising on these changes.

With a revised tool and a full year's worth of data, the first hospital-specific Healthcare Violence Reports were sent to each hospital CEO in 2020. These reports informed them of the scope of violence reported in their hospitals and compared their respective hospitals to the state average. These annual data reports were again sent to hospital CEOs in both 2022 and 2023. Many organizations shared this data with their hospital boards, safety committees, workplace violence committees and staff. These reports are utilized for in-depth analysis of violent incidents, with some members examining incidents through a health equity lens to gain insights. The HSVPW also oversaw a series of qualitative surveys, including one on strategies to prevent and mitigate violence in hospitals in 2020, and a pandemic lookback survey to examine how COVID-19 affected violent incidents at hospitals in 2021. A second evaluation survey on prevention training and strategies was fielded in 2022 to

learn what had changed from the initial survey. Aggregate data from these surveys were shared with HSVPW members.

Leadership and guidance

With abusive incidents continuing to escalate, members of the HSVPW collaborated with the MHA team to develop a united set of principles that could be adapted within each member's patient and visitor code of conduct. The principles are organized under the areas of promotion of a safe and respectful environment, code of conduct violation examples, potential consequences and code of conduct maintenance.

The MHA Board of Trustees unanimously recommended adoption of the code of conduct principles in January 2023 and its members are actively endorsing these principles on a voluntary basis for inclusion in their respective patient and visitor codes of conduct. Subsequently, Massachusetts hospitals have used the opportunity by publicly releasing their policies with patients, visitors and community members. Codes of conduct have been posted through highly visible signage within health care facilities, shared via online patient portals and social media, and included in patient information materials.

Health care leaders have also been educating their colleagues about the code of conduct expectations and their responsibilities in its implementation. The principles call for patients, families and visitors to treat caregivers with trust and respect at all times. Those individuals who do not abide by the code of conduct principles will be subject to consequences as determined by the individual organization and its review of the violent incident.

Public advocacy

After collecting workplace violence incident data, MHA members took the bold step of sharing the alarming trends and issuing a call for public support. The information was published through a first-of-its-kind report, *Workplace Violence at Massachusetts Healthcare Facilities: An Untenable Situation & A Call to Protect the Workforce*. It showcases cumulative MHA hospital violence incident data from October 2019 to September 2022, the MHA Member United Code of Conduct Principles, and solutions being championed across the state – including comprehensive violence prevention legislation.

The report noted that in 2022, someone — most likely a clinician or employee — was physically assaulted, endured verbal abuse or was threatened every 38 minutes. This is up from every 49 minutes in 2021 and every 57 minutes in 2020. The survey reported that about 96% of all violent incidents at hospitals are carried out by patients, visitors or non-hospital employees. The most common victims of violence in hospitals are nurses, followed by security officers and other health care team members. The most common location for violent incidents is the emergency department, followed by inpatient units and psychiatric units.

This call to action captured widespread attention from the public and the press. It has served as a tool to educate local legislators and emphasize the need for stricter laws to protect health care workers and continue to advocate for statewide solutions to the issue. Following the report release, health care colleagues across the country have sought advice on how to build their own data collection tool, interventional strategies to prevent or mitigate violence and code of conduct principles to ensure a safe working environment for staff.

In 2019, MHA and its members introduced state legislation to address violence in health care settings, a proposal that has been strengthened in each legislative session since. HSVPW members have advocated for stronger local policies, provided input to the proposed legislation and testified at state-level hearings on the proposed legislation.

Key components of current proposed legislation include:

- Develop and monitor new statewide standards for evaluating and addressing hospital security risks, while ensuring inclusivity of patient health equity considerations and the needs of patients in a behavioral health crisis.
- Implement hospital workplace violence prevention and training programs based on those standards.
- Increase penalties for those who intentionally assault caregivers or knowingly and deliberately disrupt the conduct of a hospital.
- Increase support for employees who are pursuing legal action related to an incident of violence.
- Implement regular reporting of all assaults to the Massachusetts Department of Public Health.
- Facilitate robust information sharing between the health care and public safety communities for those with intent.
- Expand care access for patients experiencing a violent behavioral health episode, as well as for patients in need of care from the state's Executive Office of Health and Human Services.

Importantly, criminal charges would be reserved only for patients or visitors who *intentionally* impede the ability of workers to safely deliver care services. MHA and its members believe strongly that behavioral health, a patient's medical condition and equity circumstances must be taken into account as individual incidents are reviewed.

HSVPW members are strongly supporting federal legislation backed by the American Hospital Association and AONL that would provide caregivers with the same protections as aircraft and airport workers. The proposal would make it a federal crime to assault or intimidate health care workers and interfere with their job responsibilities.

The HSVPW has mobilized hospital colleagues at the grassroots level and is leading the way in efforts to reduce violence and protect the health care workforce and communities across Massachusetts. Through data collection, education, leadership and advocacy, identified strategies can be trialed, implemented and customized in health care organizations, with the aim of improving safety for patients, staff and visitors. ♦

References

- Massachusetts Health & Hospital Association. (2023). PatientCareLink. <https://patientcarelink.org/>
- Massachusetts Health & Hospital Association (2023). Workforce Councils & Workgroups. <https://www.mhalink.org/workforce-councils-workgroups/>
- Massachusetts Health & Hospital Association. (2023). *Workplace violence at Massachusetts healthcare facilities: An untenable situation & a call to protect the workforce*. <https://www.mhalink.org/reportsresources/workplaceviolencereport/>
- Massachusetts Health & Hospital Association. (2021). *Caring for the Caregiver Task Force Report*. <https://www.patientcarelink.org/wp-content/uploads/2021/03/Caring-for-the-Caregiver-Task-Force-Report.pdf>
- Massachusetts Health & Hospital Association. (2019). *MHA security guidance: Developing Healthcare Safety & Violence Prevention Programs within hospitals*. <https://www.patientcarelink.org/mha-developing-healthcare-safety-violence-prevention-programs/>
- Noga, P.M., Dermenchyan, A., Grant, S.M., & Dowdell, W.B. (2021). Developing statewide violence prevention programs in health care: An exemplar from Massachusetts. *Policy, Politics, & Nursing Practice*, 0(0) 1-9.
- Occupational Safety & Health Administration. (2016). *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*. https://www.osha.gov/sites/default/files/enforcement/directives/CPL_02-01-058.pdf

ABOUT THE AUTHOR



Patricia M. Noga, PhD, RN, NEA-BC, FAAN, is vice president, clinical affairs at the Massachusetts Health & Hospital Association, Burlington.