

WORK SHOULDN'T HURT

Workplace Violence in Health Care and Social Services: Prevention Is Possible

***Please Support the Workplace Violence Prevention
for Health Care and Social Service Workers Act
H.R. 2663/S. 1176***

Co-sponsored by Rep. Joe Courtney (D-Conn.) and Sen. Tammy Baldwin (D-Wis.)

May 1, 2023

Workplace Violence in Healthcare and Social Services Is a Serious and Growing Problem

Workplace violence—threats, assaults, sexual assault, and even homicide—has been a problem in healthcare and social services for too long. Healthcare and social service workers experience 76 percent of all reported workplace violence injuries and are nearly five times more likely to be assaulted at work than the rest of the labor force.¹ The problem has been growing steadily worse, rising in tandem with the staffing crisis that predates the pandemic. Bureau of Labor Statistics data show that between 2006 and 2020, the rate of workplace violence jumped 173 percent in hospitals, 95 percent in psychiatric and substance use treatment facilities, and 63 percent in home health agencies. The rate jumped 25 percent in hospitals in 2020 alone.

The assaults can come from patients, clients and visitors, and often result in serious, even career-ending, injuries. Victims frequently suffer from post-traumatic stress disorder, depression or anxiety.² Many assaults are never reported due to the misguided perception that violence is “part of the job.”

Among those at highest risk of assault are direct care providers in emergency departments, intensive care units, acute and long-term psychiatric and substance use treatment centers, residential care facilities for the cognitively impaired, and home-based services. Among emergency department workers, 78 percent report violent assault within the prior 12 months, with verbal abuse even more common.³

Our members, including nurses, nurse practitioners, technicians, physicians, physician assistants and social workers can speak to their own experiences that corroborate the statistics. Some of the serious injuries our members have suffered include:

- Douglas Brant, RN, a home health nurse, was murdered by his patient’s grandson in Spokane, Wash., in December 2022.

The American Federation of Teachers is a union of 1.7 million professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

Randi Weingarten
PRESIDENT

Fedrick C. Ingram
SECRETARY-TREASURER

Evelyn DeJesus
EXECUTIVE VICE PRESIDENT

- A nurse was choked to the point of unconsciousness by a patient in September 2018 in Richland, Wash.
- One nurse was stabbed in Newark, N.J., in 2017. Another was stabbed by a psychiatric patient in Cumberland, Md., in 2013.
- Members have suffered fractures and brain injuries from being thrown against walls or floors by patients, including nurses in Danbury, Conn.; Jefferson City, Mont.; Paramus, N.J.; and Catonsville, Md.
- Judy Scanlon of Buffalo, N.Y., and Elenita Congco of Brooklyn, N.Y., were murdered by patients in 1998 and 2011, respectively.

Prevention is Possible

Since 1996, the Occupational Safety and Health Administration has offered guidance and resources to healthcare and social service employers on programs to prevent violence. Research has shown that these programs can reduce the number and severity of violent incidents.⁴ But because the OSHA guidance is voluntary, employers have either failed to adopt comprehensive programs or only partially implemented programs.

Without an OSHA standard, employers have little incentive to prevent workplace violence. Although OSHA may cite employers using the Occupational Safety and Health Act's general duty clause [Section 5(a)(1)], it has not been an effective deterrent. The general duty clause requires employers to establish a workplace free from recognized hazards causing or likely to cause death or serious harm. Citations under the general duty clause must meet a high legal standard and historically have been difficult to sustain.

Citations also remain relatively rare, even though OSHA issued a directive in 2011 to its field offices on how to conduct investigations into workplace violence and what recommendations should be made to employers. In fact, the Government Accountability Office found that, in spite of increased training and direction given to OSHA inspectors, staff from all 10 OSHA regional offices "said it was challenging to cite employers for violating the general duty clause when workplace violence is identified as a hazard, and staff from four regional offices said it was challenging to develop these cases within the six-month statutory time frame required to develop a citation."⁵

An OSHA Standard for Workplace Violence Prevention Is Imperative

Research has confirmed that comprehensive workplace violence prevention programs can reduce assaults.⁶ These interventions include assessment of the data, implementation of policies and equipment to prevent specific hazards, improved training and regular reassessment.

It is worth noting that H.R. 2663/S. 1176 is not a one-size-fits-all requirement. Hospitals and social service agencies will develop a prevention program tailored to the unique needs of their facilities. They are asked to come up with commonsense solutions that will work for their operations, such as adding security cameras in unmonitored high-risk locations, and ensuring that staff have training so they recognize risky situations and learn techniques for calming agitated patients.

OSHA began work on the workplace violence standard for healthcare and social assistance workers in 2017, but the agency has made little progress. The standard is years away. The average time it takes OSHA to develop a new standard is seven years, but rulemaking often takes much longer, according to the GAO.⁷

State Efforts Are Not Enough

Twelve states (Arizona, California, Connecticut, Illinois, Maine, Maryland, Minnesota, Nevada, New Jersey, New York, Oregon and Washington) have passed laws requiring healthcare employers to develop comprehensive workplace violence prevention programs. The laws range from strong standards enforced by state OSHA plans in New York and California to laws in Maryland and Maine that lack an enforcement mechanism. The New York standard, which only covers public employees and is enforced by the state's Public Employee Safety and Health Bureau, has been rigorously enforced since its implementation in 2006. In California, Cal/OSHA promulgated a standard that went into effect in 2017.

The Workplace Violence Prevention in Health Care and Social Services Act passed the House of Representatives on a bipartisan basis in 2019 and 2021, but did not come up for a vote in the Senate. Since then, the epidemic of violence against healthcare and social service workers has continued nationwide.

It is time for OSHA to protect the workers who care for the sick, the elderly and the mentally ill. It's time for a national, comprehensive standard to prevent violence in healthcare and social services workplaces, through the Workplace Violence Prevention for Health Care and Social Service Workers Act, H.R. 2663/S. 1176.

¹ U.S. Bureau of Labor Statistics, *Survey of Occupational Injuries and Illnesses* (Washington, D.C.: Department of Labor, 2020).

² Havaei F. "Does the Type of Exposure to Workplace Violence Matter to Nurses' Mental Health?" *Healthcare* (January 2021) 9(1):41.

³ "A Qualitative Study of Resident Physician and Health Care Worker Experiences of Verbal and Physical Abuse in the Emergency Department", Lauren B. Querin, et al., *Annals of Emergency Medicine*, Vol. 79, No. 4, (April 2022): 391-396.

⁴ U.S. Government Accountability Office, "Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence," GSO-16-11; (Washington, D.C., 2016).

⁵ "Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence."v (Washington, D.C.: Government Accountability Office, 2016), 27-28.

⁶ *Workplace Safety and Health: Additional Efforts*, 35-38; Judith Arnetz et al., "Application and Implementation of the Hazard Risk Matrix to Identify Hospital Workplaces at Risk for Violence," *American Journal of Industrial Medicine* 57, no. 11 (2014): 1276-1284; Judith Arnetz et al., "Understanding Patient-to-Worker Violence in Hospitals: A Qualitative Analysis of Documented Incident Reports," *Journal of Advanced Nursing* 71, no. 2 (2014): 338-348; Judith Arnetz et al., "Using Database Reports to Reduce Workplace Violence: Perceptions of Hospital Stakeholders," *Work* 51, no. 1 (2015): 51-59; and Judith Arnetz et al., "Development and Application of a Population-Based System for Workplace Violence Surveillance in Hospitals," *American Journal of Industrial Medicine* 54, no. 12 (2011): 925-934.

⁷ U.S. Government Accountability Office, *Workplace Safety and Health: Multiple Challenges Lengthen OSHA's Standard Setting*, GSO-12-33. (Washington, D.C., April 2012).