



**Kansas Hospital  
ASSOCIATION**

# **Workplace Violence in Kansas Hospitals**

**Assessing the Challenges and  
Creating Safety-Focused Solutions**

**April 2019**

Workplace violence in health care is a significant and growing concern. From 2002 to 2013, the rate of serious workplace violence incidents was more than five times greater in health care than in private industry, according to the General Accounting Office.<sup>1</sup> Additionally, between 2011 and 2013, the number of workplace assaults averaged more than 24,000 episodes annually, with over 70 percent occurring in health care and social service settings.<sup>2</sup>

Nursing assistants and nurses are at highest risk of workplace violence episodes. A study of surveillance data submitted by 106 US hospitals in the Occupational Health Safety Network during 2012 to 2013 found that nursing assistants and nurses had the highest workplace violence injury rates per 1,000 full time equivalent workers.<sup>3</sup> Physicians also are frequent targets of workplace violence. A national survey of emergency medicine residents and physicians published in the Journal of Emergency Medicine in 2011 found that 78 percent of emergency medicine physicians reported being targets of workplace violence in the prior year.<sup>4</sup> While our work did not specifically study health workers in the psychiatric setting, it is well-documented in the literature that inpatient psychiatric environments are a risk factor for workplace violence.

To better understand and quantify the extent of workplace violence in Kansas hospitals, the Kansas Hospital Association convened a multi-stakeholder focus group in spring 2018. In addition to defining workplace violence in health care by adapting the Missouri Hospital Association workplace violence definition (see sidebar), the focus group provided specific examples, including:

- The threat or use of physical force, sexual assault, battery, harassment, bullying or intimidation, which may be verbal or non-verbal, against a caregiver or employee that results in or has a high likelihood of resulting in injury, psychological trauma or stress, regardless of whether the employee sustains a physical injury.
- An incident involving the threat or use of a firearm or other weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.
- An incident involving a patient, operating under an acute mental illness, significant cognitive impairment or an acute medical condition, who may be unable to understand the effects or the results of their actions. (This type of incident is still considered a reportable event.)

## Workplace Violence in Health Care

“An act or threat of violence involving an explicit or implicit challenge to personal safety, wellbeing or health; and/or, other threatening disruptive behavior that occurs within health care facilities. The term “workplace violence” shall not include lawful acts of self-defense or the defense of others.”

- Definition developed by KHA workplace violence focus group, 2018.

The KHA focus group also categorized types of workplace violence as the following:

- Violent acts by individuals who have no connection with the health care facility but enter to obtain drugs, commit theft, or commit other criminal acts.
- Violence directed at employees or other persons present by customers, clients, patients, visitors, students, inmates or any others for whom an organization provides services (this category is most common in health care).
- Violence against coworkers, supervisors, managers or other persons by a current or former employee.
- Violence committed in the health care facility by a nonemployee who may have a personal relationship with an employee, such as a relative, spouse or domestic partner.
- Violence not involving a health care worker but occurring in a health care facility or on its property. This may include patient-patient, visitor-patient or visitor-visitor violence.

Additionally, the KHA workplace violence focus group assisted with the development of a workplace violence survey, which was sent to all 124 KHA member hospitals in the fall of 2018. Hospitals were encouraged to share the survey and have multiple staff members respond based on their varying perspectives. Two hundred and fifty one individuals at 109 Kansas hospitals and clinics responded. The majority of responses came from Critical Access Hospitals, as these represent the majority of KHA members; however, all hospital types (urban, rural, CAH, specialty and prospective payment system hospitals) and some clinics participated.

This white paper highlights key findings from the KHA Workplace Violence survey, as well as areas of focus where more education and resources are needed as Kansas hospitals and KHA work to reduce and prevent workplace violence in health care.

## Key Findings from Kansas Hospitals\*

# 46.2%

said patients, visitors or others commit acts of workplace violence at least 1-3 times a year. Some reported more frequent occurrences:

- 1-3 times per month: 21.3%
- 1-3 times per week: 12.7%
- At least once daily: 6.6%

# 72.7%

said patients most often initiate workplace violence in their facilities.

# 35.9%

said only one in four (or fewer) workplace violence incidents are reported.

# 83.8%

said verbal threats are most common, though other types of threatening behavior are also prevalent:

- Physical: 71.2%
- Emotional: 65.2%

# 66.7%

said incidence of workplace violence has remained about the same during the last 12 months.

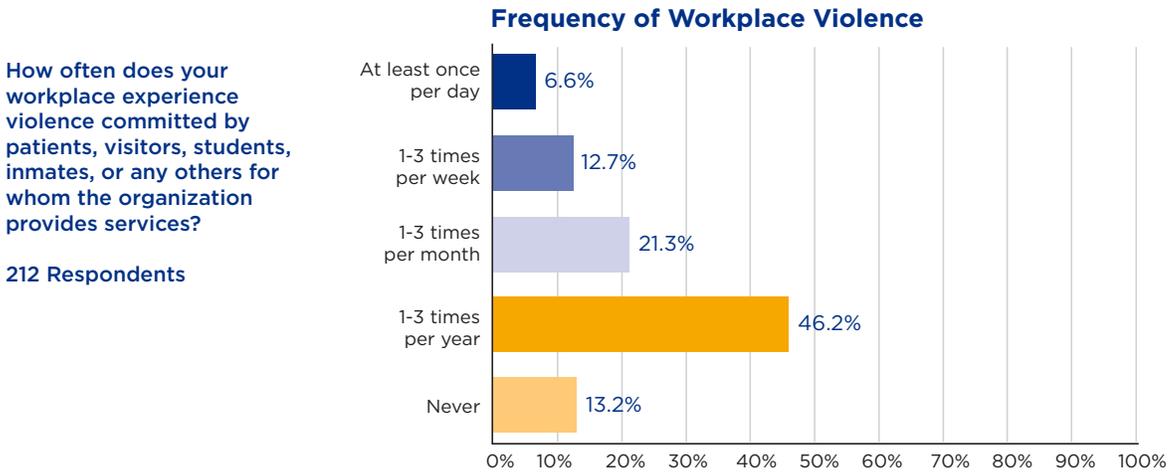
# 89.7%

found no pattern to the day of the week in which workplace violence occurs, and 72.3% found no pattern in time of day.

\* In 2018, KHA collected 251 survey responses from staff members at 109 Kansas community and specialty hospitals and clinics.

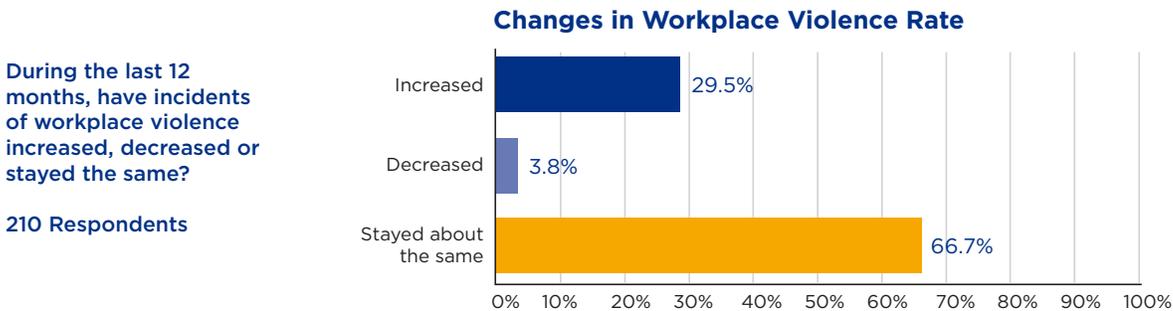
# Frequency and Timing

To determine if there are trends in frequency or timing of workplace violence episodes, the survey included questions regarding how often violence occurs, as well as days of the week and times of day that violent incidents take place. The majority of respondents indicated that workplace violence events occur at their facility 1-3 times per year. There is not conclusive evidence that workplace violence occurs more frequently in urban or suburban areas, but OSHA does identify location in a high-crime area as a risk factor for workplace violence.



Nearly 90 percent of respondents indicated no particular pattern to the day of the week that workplace violence events occur in their facilities; 72.3 percent reported no pattern to the time of day.

In order to determine if violent episodes are increasing or decreasing in frequency over time, survey respondents were asked if incidence of workplace violence has increased or decreased over the last 12 months. Two-thirds of all respondents stated that incidence of workplace violence has stayed about the same during the last twelve months - of the remaining one-third, the vast majority said it has increased (fewer than four percent indicated a decrease).



# Characterization of Violence Experienced

National studies demonstrate a prevalence of workplace violence in health care. In a 2014 American Nurses Association survey of registered nurses and nursing students, 25 percent reported being physically assaulted and over 50 percent verbally abused over a 12-month period.<sup>5</sup> In another survey by the Emergency Nurses Association, 12 percent of emergency department nurses experienced physical violence—and more than 42 percent experienced verbal abuse—during a seven-day period.<sup>6</sup> And the most recent data (2016) from the General Accounting Office shows workplace violence injuries for inpatient health care workers are five times higher than private sector workers.<sup>1</sup>

To determine the types of violence occurring in Kansas hospitals and assess whether those types match national trends or published data, several questions related to the types of violence experienced were included in the survey.

A large majority of respondents indicated that verbal threats were the most common type of threatening behavior exhibited during violent incidents in their facilities. Physical assault (such as kicking, punching or biting) was ranked as the next most common type of threatening behavior exhibited during violent incidents, followed by emotional violence, such as bullying, manipulation or intimidation.

## Types of Workplace Violence

**83.8%**

Verbal threats

**71.2%**

Physical assaults

**65.2%**

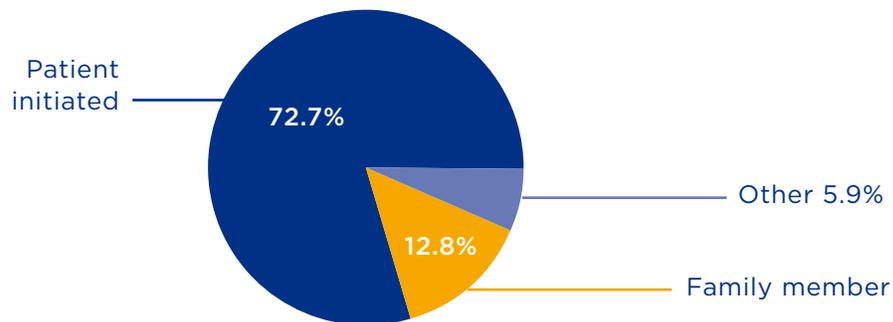
Emotional violence

Respondents were asked to indicate who was the most frequent initiator of workplace violence in the hospital setting. Nearly three-quarters of respondents indicated the patient was the initiator of violence in their facilities, followed by family members of patients or others.

## Most Frequently, Patients Initiate Workplace Violence

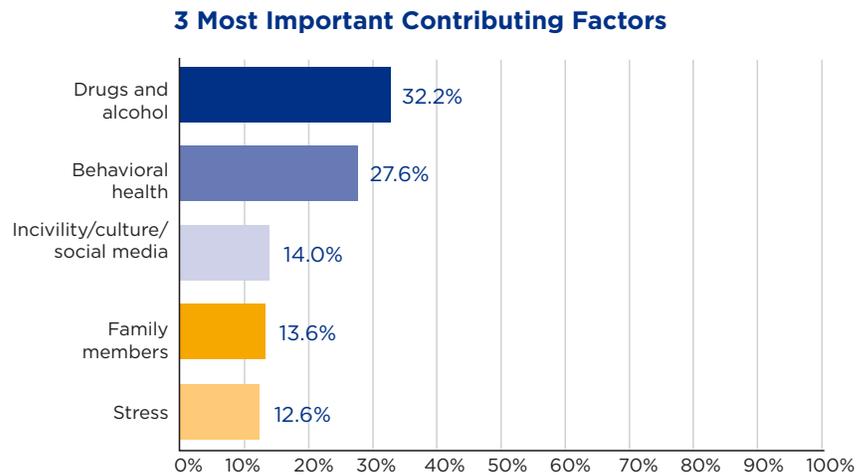
Who has initiated violence in your facility most often?

202 Respondents



In your opinion what are the 3 most important contributing factors to violence in your workplace?

156 Respondents



## Perception of Safety

Survey respondents were asked to rate their facilities as very safe, safe, unsafe or very unsafe from workplace violence. While the majority of respondents rated their facilities as very safe or safe, more than one-third rated their workplaces as unsafe or very unsafe from violence.

### Perception of Workplace Safety

Concerning workplace violence, do you think your facility is...?

212 Respondents



## Policies, Procedures and Reporting of Workplace Violence

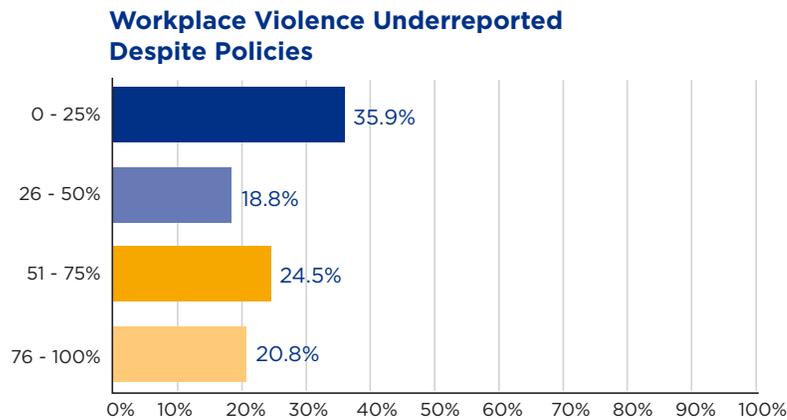
Most respondents (85.5 percent) indicated their facilities have a policy or procedure that addresses workplace violence. However, more than 14 percent indicated that their facilities have no such policies or procedures or they did not know.

Among the respondents who indicated their facilities have a policy or procedure in place to address workplace violence, nearly all (94.4 percent) stated that the policy or procedure instructed employees on how to report concerns or violent incidents.

However, episodes of workplace violence are underreported. It has been documented that only 30 percent of nurses report incidents of workplace violence.<sup>7</sup> Reporting among physicians has been documented to be even lower, at 26 percent.<sup>4</sup>

**What percentage of the time do you believe incidents are reported at your facility?**

**192 Respondents**

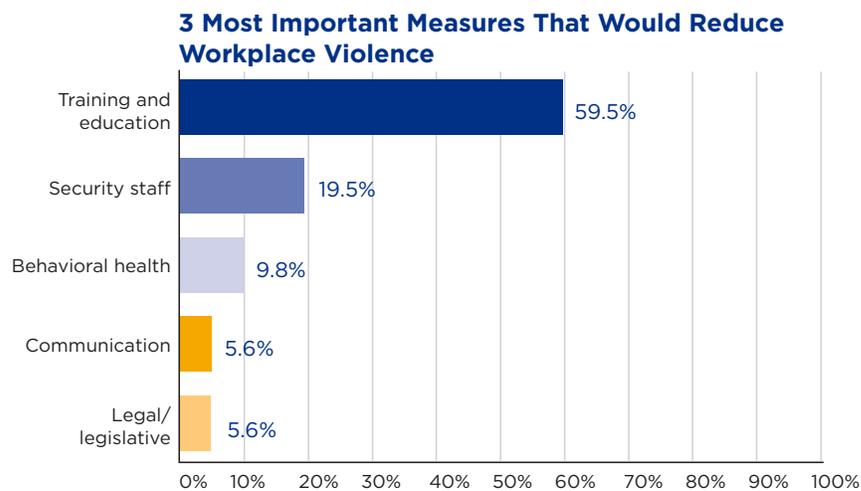


Fewer than 21 percent of respondents indicated that they believe incidents of workplace violence are reported 76-100 percent of the time. In contrast, nearly 36 percent said they felt workplace violence incidents were reported only 0-25 percent of the time.

It was the opinion of 59.5 percent of survey respondents, that training and education would reduce violence in the workplace.

**In your opinion what are the 3 most important measures that would reduce violence in your workplace?**

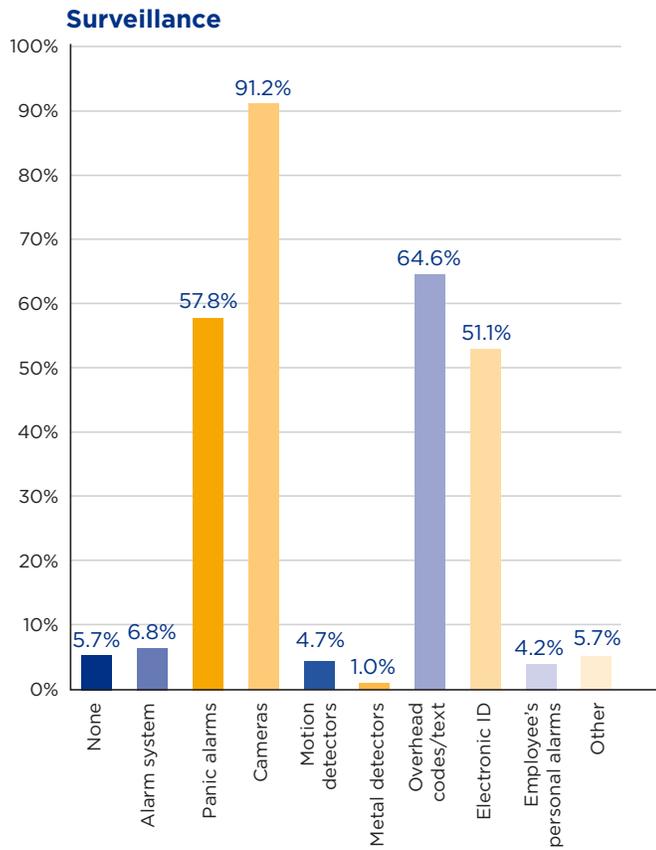
**147 Respondents**



# Security and Surveillance Methods

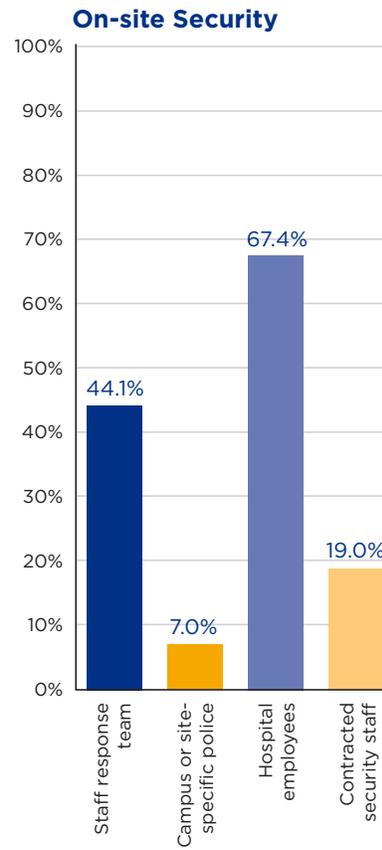
Most survey respondents indicated that their facilities have implemented some type of electronic surveillance to deal with workplace violence. According to their responses, the most commonly implemented types of electronic surveillance include surveillance cameras, overhead code or plain text messages, panic alarms, and electronic badge or ID scanners. A small percentage of respondents (22.4 percent) indicated that security staff are available at their facilities.

## Electronic Surveillance and Security Staff



What electronic surveillance security measures have been implemented at your facility to deal with workplace violence?

192 Respondents

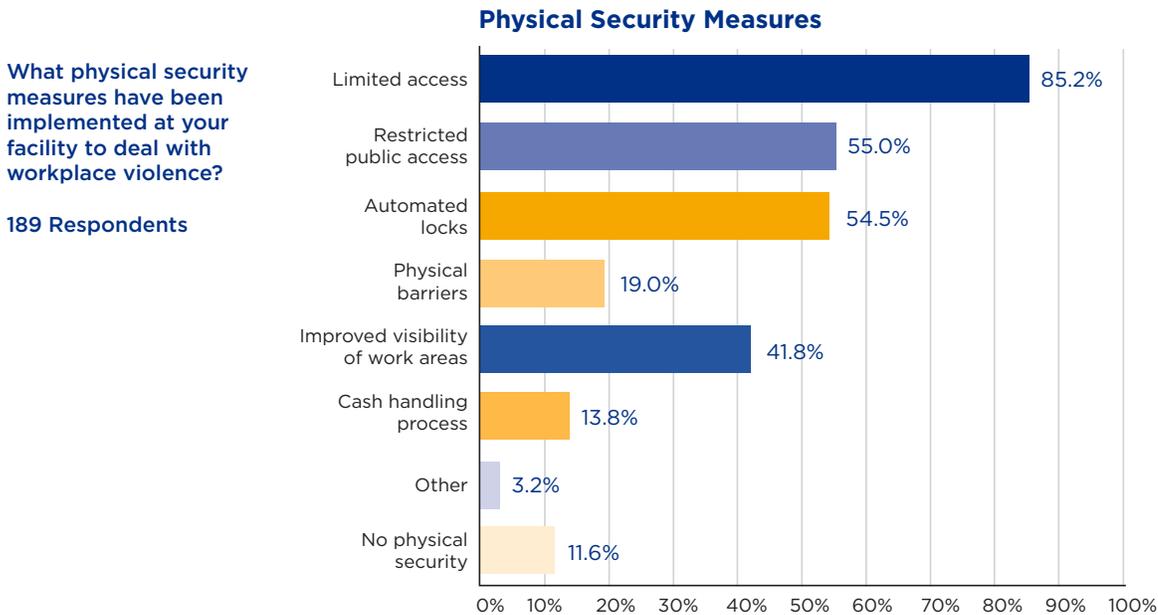


Of the 22.4 percent of respondents that noted security staff, we asked what type of security staff are available at their facility to deal with workplace violence?

43 Respondents

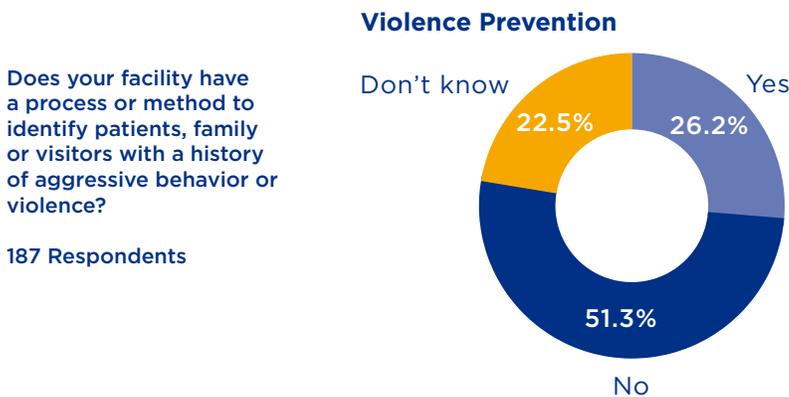
When asked about other physical security measures for dealing with workplace violence, the top measures that have been implemented, according to survey respondents, include: limited access, restricted public access, automated locking for controlled access and improved visibility of work areas. Fewer

respondents indicated that physical barriers or changes to cash handling processes have been implemented. More than one in 10 respondents indicated that their facilities have not implemented any physical security measures to deal with workplace violence.



Having a relationship with community law enforcement is an important component of addressing workplace violence. Most respondents (92.6 percent) indicated their facilities have excellent or good relationships with local law enforcement.

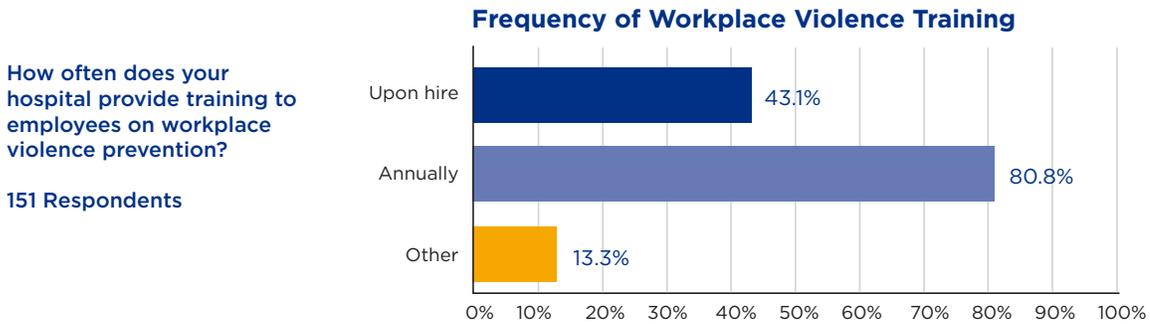
Another key area to include in a workplace violence prevention program is the ability to identify patients, family or visitors with a history of aggressive behavior or violence. Slightly more than half of all survey respondents (51.3 percent) indicated their facilities do not have a process or method for identifying such individuals. Another 22.5 percent did not know if their facility had a process to identify individuals with a history of violent or aggressive behavior.



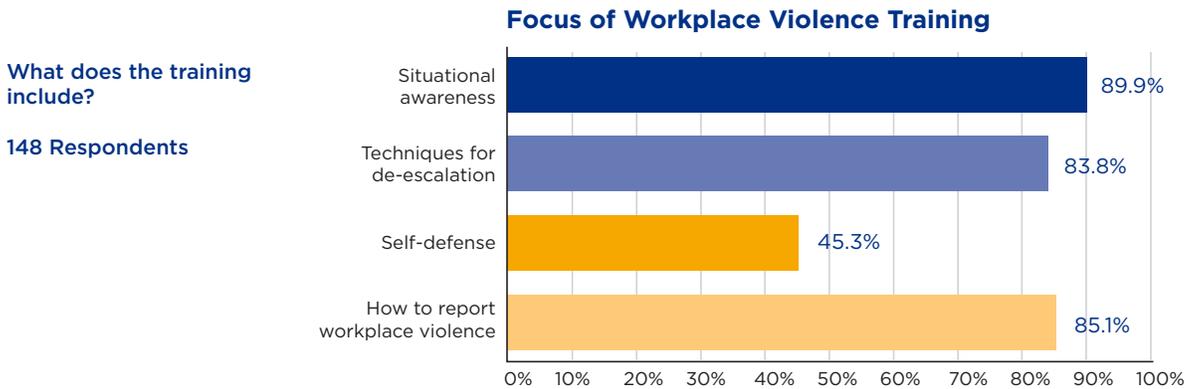
# Training and Resource Needs

To understand how KHA can support member hospitals in preventing workplace violence, the survey included several questions regarding training and resource needs. More than 77 percent of respondents indicated that their facilities provide employee training on workplace violence.

Where workplace violence training is provided to employees, the majority of respondents (80.8 percent) said training is provided annually. However, just over half of respondents (51.1 percent) indicated that the facility does not conduct drills or exercises to prepare staff for a workplace violence event.

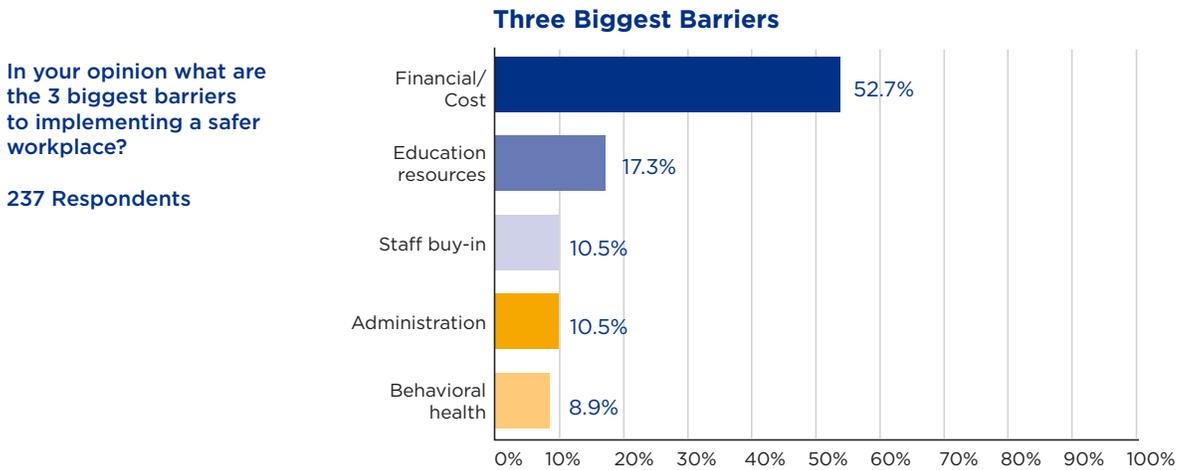


Regarding content of workplace violence training, the majority of respondents indicated that the training includes situational awareness, how to report workplace violence events, and techniques for de-escalation. Fewer than half of respondents indicated that the workplace violence training at their facilities includes self-defense.



More than 92 percent of respondents (92.4 percent) indicated they found training on workplace violence provided by their facilities to be useful.

More than half of respondents felt that costs were the biggest barrier to implementing a safer workplace.



## Conclusions and Next Steps

Every incident of workplace violence in health care is concerning – and with 40.6 percent of respondents reporting a frequency of daily, weekly or monthly incidents, the need for more resources and effective solutions is evident. Based on real-world insights obtained from this survey of Kansas hospitals, KHA has identified the following education and resource needs:



Policies and procedures



Training events and resources



Community and law enforcement partnerships

As a result of these findings, KHA will focus efforts on providing the information and resources identified above to address the critical issue of workplace violence. KHA will continue to seek input on ways to prevent workplace violence in Kansas hospitals.

# Risk factors for workplace violence

- Do employees have contact with the public?
- Do they work alone?
- Do they work late at night or during early morning hours?
- Is the workplace often understaffed?
- Is the workplace located in an area with a high crime rate?
- Do employees perform jobs that might put them in conflict with others?
- Do they ever perform duties that could upset people?
- Do they deal with people known to have or suspected of having a history of violence?

*Source: Occupational Safety and Health Administration*

## Acknowledgments

Special thanks to the hospitals and individuals who provided feedback on the workplace violence survey. Thanks also to the individuals who served on the KHA Workplace Violence Focus Group.

## References

- 1 General Accounting Office. 2016. Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence GAO-16-11 Published: Mar. 17, 2016.
- 2 Occupational Safety and Health Administration (OSHA). 2016. Guidelines for preventing workplace violence for healthcare and social service workers. OSHA 3148-06R-2016.
- 3 Groenewold MR, Sarmiento RFR, Vanoli K, Raudabaugh W, Nowlin S, Gomaa A. Workplace violence injury in 106 US hospitals participating in the Occupational Health Safety Network (OHSN), 2012-2015. *Am J Ind Med.* 2018 Feb;61(2):157-166.
- 4 Behnam M, Tillotson RD, Davis SM, Hobbs GR. Violence in the emergency department: a national survey of emergency medicine residents and attending physicians. *J Emerg Med.* 2011 May;40(5):565-79.
- 5 2014 American Nurses Association's Health Risk Appraisal Survey.
- 6 Emergency Nurses Association. Emergency Department Violence Surveillance Study. November 2011.
- 7 Duncan S, Estabrooks CA, Reimer M. Violence against nurses. *Alta RN.* 2000 Mar-Apr;56(2):13-4.