Understanding the Scope of Workplace Violence and its Consequences

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Objectives

- Overview of and terms related to Workplace Violence (WPV)
- Review of nursing workforce shortage
- WPV Statistics and trends
- Negative and adverse consequences for all healthcare workers
- Mental health consequences
- Consequences of repeated exposure to violence
- Burnout Syndrome
- Negative consequences for healthcare settings



Overview of Workplace Violence in Healthcare

"Workplace Violence (WPV) is any act or threat (intentional or non-intentional) of physical violence, harassment, intimidation or other threatening, disruptive behavior from any individual including care recipients, students, family members, colleagues or co-workers, and outside individuals. It includes but is not limited to verbal, physical, sexual, and psychological assaults." (ANA, 2025)

4 Categories of WPV Defined by the CDC and NIOSH

- Type I: Involves "criminal intent." In this type of workplace violence, "individuals with criminal intent have no relationship to the business or its employees."
- Type II: Involves a customer, client, or patient. In this type, an "individual has a relationship with the business and becomes violent while receiving services."
- Type III: Violence involves a "worker-on-worker" relationship and includes "employees who attack or threaten another employee."
- Type IV: Violence involves personal relationships. It includes "individuals who have interpersonal relationships with the intended target but no relationship to the business" (NIOSH, 2006, 2013)".

Pre Pandemic Nursing Shortage

- World Health Organization (WHO) in 2020 declared the need for 9 million more nurses (WHO, 2020)
- Nursing school enrollment not keeping up with projected needs (AACN, 2024)
- Shortage of nursing faculty putting constraints on enrollment (AACN, 2024)
- Limited clinical sites (Berry & Bitton, 2020)
- Aging workforce (AACN, 2024)
- Aging population (AACN, 2024)
- Poor staffing raises stress levels, decreases job satisfaction, forces nurses to leave the profession (AACN, 2024)
- "Penn Nursing Study Finds COVID-19 Pandemic Outcomes Were Worse at Hospitals with Prior Years of Poor Staffing Policies" (LDI, 2023)



During the Pandemic

- Highlighted the already worsening issues in the nursing workforce (WHO, 2020)
- Reutilization of staff (Halpern & See Tan, 2020)
- March 2020 35% of college-bound students taking a gap year (Art & Science Group, LLC, 2020)
- Job loss & furloughs affected ability to pay for college (DePietro, 2020)
- Applications to nursing school exploded, but not enough available slots (Shanes, 2020)
- Online & asynchronous learning presented challenges, limitations (Association for Career and Technical Education, 2020)
- At first no clinical placements, then limited clinical placements (OCN, 202)
- NCLEX delays (NCSBN, 2021)



Post Pandemic

- The pre pandemic staffing issues still exist
- In 2021 the RN workforce decreased by 100,000 (Auerbach, 2024)
- There is a measurable association between nurse staffing and safety (AACN, 2024)
- Missed care, associated with inadequate nurse staffing, leads to poor patient care and outcomes (Nantsupawat, et al., 2022)
- 80% of nurses experienced WPV in a single year sighting short staffing as a major factor (NNU, 2024)

WPV National Statistics and Trends

- Bureau of Labor Statistics (BLS) an increase of 175% in hospitals, 95% in psychiatric and substance abuse facilities, and 63% in in home care settings of WPV from 2019 to 2020 (BLS, 2020)
- Press Ganey an increase of reported assaults equaling two nurse per hour (Press Ganey, 2022)
- Healthcare workers are six times more at risk compared to other industries (OSHA, 2023)
- American Nurses Foundation and McKinsey Survey 41% of nurses plan to leave current position; 30% planned to leave nursing; 56% reports symptoms of burnout, emotional exhaustion, and stress related to their work environment (Berlin et al., 2023)

Why is WPV Underreported

- Perception that it is part of the job (ANA, 2019)
- Employers choose not to report employee was not injured
- Employees do not report if not injured
- Perceived intent of patient
- Someone other than the victim reports the incident
- Complicated reporting systems
- Lack of supervisor support
- Fear of retaliation
- Fear of reporting due to administrative pressure (ANA, 20219; Spencer at al., 2023)



Negative and Adverse Consequences for Nurses, Physicians and Healthcare Workers

- OSHA lists inadequate staffing as an organizational risk factor for WPV (OSHA, 2016)
- WPV linked to nurse motivation and career satisfaction which leads to quality of care and patient safety concerns (Dadfar & Lest, 2021)
- WPV leads to job dissatisfaction, reduction of attraction to the profession, toxic work environments, more nurses leaving the profession (Kafle et al., 2022)
- Burnout, depression, dissatisfaction with their workplace (Kim et al., 2022)
- Inadequate staffing, burnout, and patient safety all linked to WPV (Kim, et al, 2022)

Does the Type of Exposure to WPV Matter to Nurses' Mental Health?

- Study looking at type of exposure and the effects of nurse mental health (Havaei, 2021)
- Exposure to WPV may be direct, indirect or both (Havaei, 2021)
- Nearly 85% of study sample reported experiencing some type of WPV over the past year (Havaei, 2021)
- One out if two nurses met the criteria for PTSD (Havaei, 2021)
- Nearly one out of three nurses met the criteria for anxiety, depression, and burnout (Havaei, 2021)



Mental Health Consequences of WPV

- The number of healthcare workers reporting harassment rose from 6% in 2028 to 13% in 2022 (CDC, 2023)
- Harassment leads to anxiety, depression, and burnout (CDC, 2023)
- WPV negatively effects both personal and professional lives of victims (Kafle et al., 2022)
- Repeated exposure has been shown to cause sleep disorders, fatigue, and post-traumatic stress disorder (PTSD), leading to healthcare worker burnout (Kafle et al., 2022)

Burnout Syndrome

- An occupational phenomenon, not a medical condition (WHO, 2025)
- Resulting from chronic workplace stress, not well managed (WHO, 2025)

- Three characteristics
 - Feelings of energy depletion and exhaustion
 - Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job
 - Reduced professional efficacy (WHO, 2025)

My WPV Story

- Victim of verbal & physical assault by an intoxicated patient
- 2 wrist surgeries
- Months out of work on disability
- Months of rehab
- Months of light duty
- Lost my healthcare coverage & financial stability
- Suffer from chronic pain
- Suffer from PTSD
- Resigned from position losing almost 30 years of seniority

Negative Consequences for Healthcare Settings

- Decreased productivity following incidents of WPV (Laschinger, 2014)
- Employee retention (Laschinger, 2014)
- Recent studies have also shown that students have been facing a significant increase in violence while completing their clinical time. The early exposure of students to workplace violence can also leave lasting negative impacts that result in the students deciding to leave the profession (Warshawski, 2021).
- WPV in the U.S. costs \$151 billion per year (U.S. Department of Labor, 2022)
- Average cost \$250,000 per incident (U.S. Department of Labor, 2022)
- Hidden costs emotional pain, depression, isolation, and anxiety (U.S. Department of Labor, 2022)
- Nurses exposed to Type 2 or 3 violence more likely to experience patient falls, delay in care, and clinical or medication errors (Stafford et al., 2022)



WPV and the Future of Healthcare

- Include WPV education in academic settings for nursing students
- Employers provide prevention education programs
- Employers provide policies for reporting, tracking & evaluating incidences
- Employers provide support for victims
- Massachusetts H.2655/S.1718 would require HC employers to develop & implement prevention programs for WVP (MHA, 2025)
- Federal bill looking at tougher criminal penalties



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