

## **Workplace Violence**

### **Statement of the International Society for Psychiatric Mental Health Nurses**

#### **Introduction**

The International Society for Psychiatric Mental Health Nurses (ISPN) recognizes the need to promote mental health and well-being for all individuals, families, and communities across the world. ISPN's mission is "To support advanced-practice psychiatric-mental health nurses in promoting mental health care, literacy, and policy worldwide." In this policy statement, ISPN aims to provide recommendations directed at reducing the occurrence of workplace violence (WPV) affecting nurses and healthcare workers on a global scale.

#### **Background**

WPV directed against healthcare workers is a global issue, impacting up to 62% of workers or more on an annual basis (Liu et al., 2019). WPV is defined as "Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health (International Labour Office, International Council of Nurses, World Health Organization, Public Services International, 2002, p.3)." The National Institute for Occupational Safety and Health (NIOSH) classifies WPV into one of four categories (NIOSH, 2006):

- Type 1 Criminal Intent: the offender typically lacks a genuine association with the business or its employees and often commits a crime alongside acts of violence.
- Type 2 Customer/Client: the offender is either the recipient or the target of a service offered by the affected workplace or the victim.
- Type 3 Worker-on-Worker: also known as lateral or horizontal violence, in which the offender has some employment-related relationship within the workplace .
- Type 4 Personal Relationship: The perpetrator of violence involves a personal relationship and is unrelated to the workplace.

While all types of violence occur within the healthcare sector, customer/client-perpetrated and worker-on-worker are the most prevalent forms. Verbal abuse (58%) is the most common form of non-physical violence, followed by threats (33%) and sexual harassment (12%) (Liu et al., 2019). One in four healthcare workers reported experiencing physical violence within the past year (Liu et al., 2019), with 35-80% of healthcare staff reporting having been physically assaulted at least once during their careers (Clements et al., 2005). In turn, over 80% of nurses surveyed reported feeling unsafe in their current work environments (Peek-Asa et al., 2009).

The incidence of WPV is rising. The Bureau of Labor Statistics (U.S. Bureau of Labor Statistics, 2020) reports that healthcare workers accounted for 73% of all nonfatal workplace injuries and illnesses due to violence in 2018. In addition, the occurrence of violence towards healthcare workers has increased by 62% from 2011 to 2018 (U.S. Bureau of Labor Statistics, 2020). Provisional data suggests these numbers have continued to increase, having been driven by the extreme hardships of the COVID Pandemic (Nowrouzi-Kia et al, 2019).

#### **Risk Factors**

Given the wide number of different environments healthcare workers practice in, the risk factors for violence can vary significantly. Common risk factors identified tied to increased incidence of

violence across healthcare institutions include staffing shortages, exposure to violent individuals, increasing client morbidity, and an absence of protective programs, laws, and regulations directed at curbing violence (NIOSH, 2002; NIOSH 2006). In addition, other risk factors identified as placing healthcare workers at increased risk for violence include working with the public, handling money, transporting or delivering passengers or items, working with people who are more likely to be violent, working in the community setting, working in high crime areas, working during nighttime or early morning hours, guarding valuables, and working alone (Gillespie et al., 2010).

Given the rapid rise of violence perpetrated against healthcare workers, it is imperative legislators, major industry stakeholders, healthcare staff, and the public act to help reverse this distressing trend. This pattern is exacerbated by both the reluctance to report WPV as well as the lack of effective mitigation strategies, for many healthcare workers accept WPV as an occupational hazard inherent to the job (Chakraborty et al., 2022).

### **Prevention Strategies and Recommendations**

1. **Education and Training:** All healthcare providers, educators, and incoming students affiliated with healthcare services be trained on the following: identifying the four types of violence, verbal de-escalation, violence prevention strategies, self-protection, and recovery resources available should they become a victim of violence. Training against WPV needs to be more than an industry recommendation, but a requirement to practice.
2. **Environment of Care:** Increased efforts need be made to translate environment of care interventions targeted at improving safety and security to all areas at increased risk for violence.
3. **Trauma Informed Care:** Healthcare agencies educate and implement a culture of trauma informed care aimed at reducing incidence and recurrence of traumatic events for clients and staff alike.
4. **Protective Policy:** More action is needed to be taken at local, state, and federal levels to better protect healthcare workers from violence.
5. **Industry Oversight:** Administrative organizations claiming industry stewardship roles (Occupational Safety and Health Administration, The Joint Commission, Centers for Medicare and Medicaid Services) increase oversight of healthcare agencies not doing enough to prioritize healthcare worker safety.
6. **Accreditation:** Reduction of violence incidents become a part of the requirements for healthcare organizations seeking accreditation (i.e. Magnet Status, The Joint Commission, Global Health Alliance, etc.) status.
7. **WPV Data Collection and Reporting:** Healthcare organizations make efforts to both standardize data collection and evaluate the efficacy of WPV mitigation strategies with the aim of increasing industry transparency.

### **Summary**

In light of the urgent concern surrounding workplace violence (WPV) and its detrimental impact on healthcare workers, ISPN is steadfast in its commitment to identifying effective strategies to combat this distressing trend. Information on WPV should be disseminated to the public at large to reinforce the notion violence of any form against healthcare workers will not be tolerated. This statement offers essential recommendations to address the prevailing deficiencies in practice that have contributed to the heightened incidence of violence against healthcare professionals. Through implementing education, training, advocacy, oversight, and enhanced transparency, ISPN endeavors to make healthcare worker safety a top priority worldwide.

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