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TO: Interested Parties
FROM: National Nurses United
DATE: February 5, 2024
RE: Workplace violence is on the rise; prevention, not criminalization, is the solution

As the largest and fastest-growing union and professional association of registered nurses in the United States, National Nurses United (NNU) is seeking to help journalists better understand why workplace violence is increasing in health care settings and why prevention, not criminalization, is the solution.

NNU urges journalists to recognize that health care employers are legally responsible for protecting nurses and other health care workers from all workplace hazards, but they frequently fail to implement measures necessary to protect staff from workplace violence, such as by providing safe staffing and implementing workplace violence prevention plans.

Subjecting nurses and health care workers to violence that can be prevented is not only legally and morally wrong, it causes them to leave these caring professions and harms the sustainability of our entire health care system.

Workplace violence is on the rise

The majority of nurses have experienced workplace violence and nearly half have seen a rise in rates of workplace violence, according to [NNU's national survey](#) of nearly 1,000 nurses, released on Feb. 5, 2024 (data gathered from Jan. 1, 2023 to Dec. 31, 2023 from nearly 1,000 nurses working in 48 states and the District of Columbia).

According to the U.S. Bureau of Labor Statistics' [most recent data](#), the violence-related injury rate for RNs from 2021 to 2022 was *nearly four times* higher than for all workers in the same years.

More than 80 percent of nurses NNU surveyed reported experiencing at least one type of workplace violence in just the past year, including receiving verbal or physical threats; getting slapped, punched or kicked; or having objects thrown at them. (See page 3 of NNU's [survey results](#) for more statistics).

How to prevent workplace violence

Scientific research has documented that unit-specific workplace violence prevention plans created with employee input, safe staffing, and other engineering and administrative controls work to reduce workplace violence. Yet NNU's 2023 analysis found that many health care employers fail to implement these essential protections, such as training and reporting:

- Only 63.5 percent of nurses reported that their employers provide workplace violence prevention training.
- Only 1 in 3 nurses reported that their employers provide a clear way to report incidents.
- Only 17.2 percent of nurses report that their employers place additional staff to reduce the risk of violence.

Workplace violence prevention plans work. A [2017 randomized control trial](#) examined the effectiveness of unit-specific workplace violence prevention plans created with the input of direct care staff. The study randomized 42 inpatient hospital units into intervention and control groups. The intervention units received unit-level violence data to help develop action plans for violence prevention. The control groups received no data. The authors found that intervention units reported:

- *less than half* the violent incident rate of control units at six months post-implementation.
- *only a third* the violence-related injuries of control units at 24 months post-implementation.

Clearly, workplace violence prevention plans significantly reduce incident rates.

The federal bill, the [Workplace Violence Prevention for Health Care and Social Service Workers Act](#), would require employers to establish such plans. (See below for more details.)

Felony laws are ineffective

Research shows that the vast majority of workplace violence experienced by nurses comes from patients and is related to impairment of some kind (either related to disease/illness, prescribed medication, or substance abuse). Violence in health care often occurs when patients act out verbally or physically due to illness, medications, drug/alcohol use, pain, traumatic situations, altered states caused by memory loss or dementia, or other conditions. Delays in care, most often due to short staffing, can also cause patients to act out (see below). Thus, the threat of felony charges is not effective at preventing violence and likely won't be possible in most situations because of the way that criminal intent must be established.

Criminalization only harms patients' health, which is the opposite of a nurse's duty to patients. What is needed is a comprehensive plan to prevent workplace violence that establishes an environment that allows for the provision of safe, therapeutic care.

Rise in workplace violence connected to staffing crisis

The rise in [workplace violence](#) is a direct result of the hospital industry's years of neglect, failure to prioritize nurse and patient safety, and intentional understaffing — and has been exacerbated by changes during the pandemic. Hospital employers make business decisions to routinely schedule too few nurses to care for patients safely and do not fill open positions, instead relying on overtime and temporary RNs. There is [no nursing shortage](#), just a shortage of nurses willing to work in unsafe conditions that lead to increased risks of workplace violence.

Short staffing leads to delays in care, which can escalate problematic situations, leading to agitation, anger, and confusion, which can in turn lead to violence. When there is safe staffing, nurses have enough time to observe and de-escalate a situation before it becomes violent.

NNU's 2023 survey found that **a majority of nurses continue to report unsafe staffing in their facilities.**

Research shows that safe staffing is fundamental to protecting nurses' health and safety.

Multiple studies clearly connect safe staffing to nurse health and safety, finding that:

- **Nurses face high rates of workplace violence, [predominantly from patients](#) (96.8 percent).** Workplace violence contributes to anxiety, post-traumatic stress disorder, moral distress, and turnover for nurses.
- **Workplace violence was significantly more likely to happen when units were [short-staffed](#) and when [nurses](#) had [heavy workloads](#).** Odds of violence were [more than twice as high](#) on units with worse staffing levels.
- **[Interventions](#) that improved staffing as part of a comprehensive workplace violence prevention plan led to reduced rates of violence.**

Physical and psychological impacts of workplace violence

Workplace violence can take an extensive physical and mental toll on nurses. NNU's 2023 survey found that nearly one in ten nurses (9.7 percent) reported the psychological effects of workplace violence have prevented them from working, and 3.7 percent reported physical injuries due to workplace violence have prevented them from working. Additionally,

- A majority of nurses (64.7 percent) reported experiencing anxiety, fear, or increased vigilance as a result of workplace violence.
- More than 1 in 4 nurses (26.7 percent) reported difficulty working in an environment that reminded them of a past incident.

Nurses leave the profession due to workplace violence

NNU's 2023 survey found that **employers' failures to prevent workplace violence are a major contributor to the health care staffing crisis.** Nurses shared that they are changing or considering leaving their jobs due to high rates of workplace violence. This is directly because of the impacts of remaining unprotected at work.

NNU's survey found that:

- 19.2 percent of nurses have changed or left their job due to workplace violence,
- 36.3 percent have considered leaving the profession, and
- 3.5 percent have actually left the profession due to workplace violence.

Why we need a workplace violence prevention standard

NNU has advocated for occupational health and safety standards to require employers to prevent violence in health care settings. Our efforts have resulted in the establishment of some of the most comprehensive state-level standards on preventing and reducing workplace violence for our members and all health care workers in those states. Where state-level standards have not been established, NNU and our state affiliates have won strong protections for our members through collective bargaining.

Despite these strides, protections for nurses and other health care workers will remain piecemeal in light of the Occupational Safety and Health Administration's (OSHA) exclusive jurisdiction in 24 states, making a state OSHA standard impossible in those states. **Only a federal OSHA standard on preventing workplace violence in health care will ensure that all nurses and health care workers are protected.**

We need a comprehensive federal workplace violence prevention standard as detailed in the [Workplace Violence Prevention for Health Care and Social Service Workers Act](#) (S. 1176/H.R. 2663) to protect nurses, health care workers, and patients from workplace violence. This act would mandate that federal OSHA create a standard that would require health care and social service employers to create, implement, and maintain effective workplace violence prevention plans created with direct input from health care workers.

Conclusion

Health care employers must take steps to reduce workplace violence. They have a legal and moral obligation to provide a safe workplace for workers and a safe place for patients to heal. Safe staffing and comprehensive workplace violence prevention plans are key to reducing incidents of workplace violence. Felony laws are not a deterrent. This is why we need a federal workplace violence prevention standard to ensure that *all* health care workers are protected.