EXECUTIVE SUMMARY

Objective. To provide information on the incidence of workplace violence in the health care setting, outline the landscape of requirements for employers to protect health care workers from violence, and review the interventions to prevent workplace violence in the health care setting and the evidence of their effectiveness.

Methods. English language reports were selected from a search of the PubMed and Google Scholar databases using the search terms “prevalence” and “workplace violence,” “violence” and “health care worker,” “workplace violence” and “health,” “workplace violence” and “prevention,” and “firearms” and “hospitals.” Additional articles were identified by manual review of the references cited in these publications. Further information was gathered from Internet sites managed by relevant federal agencies and health care organizations.

Results. Data from the United States Bureau of Labor Statistics (BLS) confirm that violence is an ongoing threat to workers in health care settings. While significant attention has been directed to workplace homicides, the majority of workplace violence incidents are non-fatal. Between 2011 and 2013, reported workplace assaults ranged from 23,540 to 25,630 annually, 70 to 74% of which occurred in health care and social service settings. While available data indicate that health care workers experience high rates of workplace violence, such events are widely underreported. OSHA has issued guidelines for preventing workplace violence in the health care setting. The guidelines highlight the importance of workplace violence prevention programs and review the major components of these programs. However, OSHA does not currently have a specific, enforceable standard for workplace violence. Ten states have established requirements for health care facilities to adopt workplace violence prevention programs. Workplace violence prevention programs are viewed as model programs. Training in workplace violence prevention, patient record flags, magnetometers in hospitals, and strengthening criminal penalties are also among the interventions utilized to prevent workplace violence in the health care setting. More research is needed to determine the effectiveness of these interventions. However, a number of resources are available to guide employers in addressing this issue; and health care providers should be proactive in seeking out training, becoming familiar with their organization’s policies and procedures, and reporting incidents of workplace violence.

Conclusion. Health care workers face a significant risk of workplace violence and more research is needed regarding the effectiveness of interventions to prevent workplace violence in the health care setting. OSHA has taken steps to encourage employers to enact workplace violence prevention plans to protect health care workers from acts of violence. However, given the risk, these actions do not go far enough. A number of states require health care facilities to implement workplace violence prevention plans. A federal standard would help ensure that health care employers across the country are prepared to address workplace violence.