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Special Commentary

Violence at the bedside is not always avoidable, so a no tolerance policy should be enforced by the Illinois State Legislature.

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INTRODUCTION

The burden of workplace violence is high; “nearly two million American workers are victims of workplace violence each year”.¹ Workplace violence (WPV) has been defined by the Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH) as “violent acts (including physical assaults and threats of assault) directed toward persons at work or on duty”.² Violence at the bedside is not always avoidable, so a no tolerance policy should be enforced by the State Legislature.^{3 4} Workplace violence has always been with us. But in recent years, it has grown into what “many are calling a national occupational health and safety hazard of epidemic proportions”.⁵

In this thesis, I will provide a background of healthcare violence, the growth of the violence, the effects of the violence on the victims; healthcare workers. Then define the problem at hand and offer the fix.

DEFINE THE PROBLEM

“The Centers for Disease Control” and “the U.S Occupational Safety and Health (CDC/NIOSH) define workplace violence as “violent acts including physical assaults and threats of assault” directed toward persons at work or on duty.”⁶ An additional definition includes “physical and psychological harassment”⁷ which can include the interactions between co-workers, supervisors, patients, families, visitors and others.⁸ The vision of NIOSH is to develop new knowledge in the field of occupational safety and health and to transfer that knowledge into practice.⁹ The Occupational Safety and Health Act established NIOSH, December 29th, 1970 as a research agency focused on the study of worker safety and health, and empowering employers and

¹ Health Hazards to Healthcare workers, Melissa A. McDiarmid, MD, MPH, Chapter 11, P. 185.

² Violence in the Workplace, Page W. Black, BSN, RN, Annie M. Bruck, DNP, MN, RN, COHN-S.

³ Senate Bill 1299, Workplace Violence Prevention Plans introduced by Congressman Joe Courtney (D-Conn).

⁴ ACT HR 1309; June 11th, 2019. Workplace Violence Prevention for Healthcare and Social Service Workers Act, Recorded June 24th, 2019.

⁵ Dealing with Workplace Violence, McCarthy, Kevin M. The Practical Lawyer. Vol. 41 No. 4, 1995.

⁶ Workplace Violence in Healthcare: Recognized but not Regulated, K. McPhaul & J. Lipscomb. September 30th, 2004.

⁷ Workplace Violence in the Health Sector; State of the Art, Cary Cooper & Naomi Swanson, January 2002.

⁸ Id., K. McPhaul & J. Lipscomb. September 30th, 2004.

⁹ <https://www.cdc.gov/niosh/about/default.html>.

workers to create safe and healthy workplaces.¹⁰ NIOSH set-up the guidelines to guide employers' how to protect the employee's at their workplace.¹¹

"The University Iowa Injury Prevention Research Center classifies most workplace violence into one of four categories."^{12 13} The following table , shows the four types/categories of violence that were developed by Iowa University by their prevention research center, to assist researchers and policy makers to target interventions appropriately.¹⁴

Types of Workplace Violence ¹⁵
<ul style="list-style-type: none">• Type I (Criminal Intent): Results while a criminal activity (e.g., robbery) is being committed and the perpetrator has no legitimate relationship to the workplace.• Type II (Customer/client): The perpetrator is a customer or client at the workplace (e.g., healthcare patient) and becomes violent while being served by the worker.• Type III (Worker-on-Worker): Employees or past employees of the workplace are the perpetrators.• Type IV (Personal Relationship): The perpetrator usually has a personal relationship with an employee (e.g., domestic violence in the workplace).

An example of workplace violence would be: "hostile behavior such as psychological violence (verbal abuse, intimidation, harassment and threats) and physical violence (use of force against persons or property, which produces material, physical sexual or psychological damage)".¹⁶ It is very possible that a Healthcare worker may be exposed to all four types of violence during their work day.¹⁷ Placing emphasis on the majority of threats and assaults against

¹⁰ <https://www.cdc.gov/niosh/about/default.html>.

¹¹ <https://www.cdc.gov/niosh/about/default.html>.

¹² California Occupational Health and Safety, Guidelines for Workplace Security, March, 30th, 1995.

¹³ Id., K. McPhaul & J. Lipscomb. September 30th, 2004.

¹⁴ Id., K. McPhaul & J. Lipscomb. September 30th, 2004.

¹⁵ Workplace Violence- A report to the Nation, Iowa City, IA; Iowa University, UIIPRC, 2001.

¹⁶ Violence in Mental Health Services; Adaptation of an Instrument; Healthcare-Workers' Aggressive Behavior Scale(HABS-U), Jose Antonio Ruiz-Hernandez, Maria Sanchez-Munoz, Jose Jimenez-Barbero, David Pina Lopez, Immaculate Galian-Munoz, Bartolome Llor-Esteban, Laura Llor-Zaragoza. March 4th, 2019.

¹⁷ Id., K. McPhaul & J. Lipscomb, September 30th, 2004.

the caregivers coming from patients, which is described as Type II of Iowa’s University workplace violence Chart.¹⁸

BACKGROUND

There is no sector of our society that would be immune from such violence, “stories about workplace violence have inundated the media...shock has supplemented hysteria about crime in the streets.”¹⁹ “According to data from three federal datasets Government Accountability Office (GAO) reviewed, worker in health care facilities experience substantially higher estimated rates of nonfatal injury due to workplace violence compared to worker overall.”²⁰

It was cited on the OSHA webpage, by the Assistant Secretary of Labor for OSHA, Dr. David Michaels, “noting that most injuries to healthcare workers are preventable” and OSHA is providing these resources [i.e., the webpage] to help combat incidents and raise awareness that violence does not need to be part of the job.”²¹ There is no reason that an employee should ever think they are immune from the problem of workplace violence. That is why it is so important for companies to develop in house plan and/or strategies to address workplace violence with a clear message of a “Zero Tolerance” policy, which states that violence is forbidden and wrong.²²

GROWTH OF VIOLENCE

“The origin of violence can be described along a continuum that often begins as latent dissatisfaction and escalates to open conflict and ultimately violence.”²³ In the following case study, which is more than seventy years old, I would like to show that workplace violence has always been with us. In the late 1950’s, an assault of a care taker was tried in a court with regards to healthcare violence. This was a time when nurses and any other healthcare worker, not including doctor’s, were not covered by liability insurance or Workers’ Compensation insurance by a hospital.²⁴ This was due to an absence of an employer-employee relationship between the hospital and nurse. Thus, this may entitle her/him to sue the hospital and /or doctors for common law for

¹⁸ Workplace Violence in Healthcare: Recognized but not Regulated. K. McPhaul and J. Lipscomb. September 30th, 2004. Journal of Issues in Nursing, Vol. 9. No.3: Manuscript 6.

¹⁹ A Conventional Framework for a Multi-Factor Analysis of the Origins of Workplace Violence, Litwin Bini, 8 ILSA J. Int’l & Comp. L 825, 2002.

²⁰ GAO United States Government Accountability Office; Report to congressional requestors; Workplace Safety and Health. Additional efforts needed to help protect Healthcare workers from Workplace violence; March 2016.

²¹ Healthcare and Social Service Setting in OSHA’s Crosshair’s, Florida Bar Journal, Vol. 90, Issue 5, 2006; PP. 42-45.

²² Workplace Violence Consideration for Employees, Preventive Law Reporter, Simao Avila and Amy J. Lambert, 1997.

²³ Id., Litwin Bini, Int’l & Comp. L 825, P. 827, 2002.

²⁴ Gregory v. Cott, 59 Cal. 4th 996, 176 Cal. Rptr. 3d 1, 331 P.3d 179 (2014).

damages of injuries sustained at work. The nurse would then have the same remedy against the institution as any other third party injured as a result of the hospital's negligence, provided the hospital in the State is subject to liability for such injuries. The patient developed ideas that the nurse was attempting to poison him. He became restless and excitable, and hurled a telephone at her, striking her head. There were no prior acts of violence by the patient and no evidence that he was likely to become assaultive. The court dismissed the action against the hospital and doctor on the ground that they did have actual knowledge of the patient.²⁵

In order to see the growth of the violence, approximately twenty-four thousand workplace assaults have occurred with nearly seventy-five percent within the healthcare setting between 2010 and 2013, resulting in major physical injury, psychological harm and temporary or permanent physical disability and death.^{26 27} The Joint Commission analyzed thirty-three homicides, thirty-eight assaults, and seventy-four rapes in the healthcare workplaces from 2013-2015.²⁸ An investigation by The Provincial Medical and Surgical Journal (BMJ), found a rise over nine percent from the previous year, in the overall number of crimes recorded by police committed in general practitioner surgery centers and healthcare centers.²⁹ The risk of workplace violence is greater in certain industries and occupations, such as in healthcare and retail establishments, but the problem has occurred in a multitude of settings, from libraries to law offices.³⁰ Even more importantly, "seventy-four percent of workplace assaults happen in the healthcare setting".³¹

There are several studies that have reviewed the correlation between severe mental illness and violence, and the results were conflicting.³² Such feelings of anxiety, fear, pain and loss are usually associated with visits to a healthcare facility, which may result with patients both and without mental health illness, becoming more easily frustrated, violent and/or aggressive than they usually would be.³³

The National Institute of Mental Health (NIMH) examined the rates of various psychiatric disorders in a representative sample of 17,803 subjects in five United States communities."³⁴ It was discovered that patients diagnosed with serious mental illness (e.g., schizophrenia, major depression, or bipolar disorder) were two to three times as likely as people without such illness to

²⁵ Hayte, E, 1958 Law of Hospital and Nurses.

²⁶ Guidelines for Preventing Workplace Violence for Healthcare and Social Services Workers, Occupational Safety and Health Administration (OSHA), OSHA 3148-04R, 2015.
www.osha.gov/Publications/osha3148.

²⁷ Workplace Violence against Healthcare workers in the United States, J.P. Phillips, N England J Med., Vol. 374, No. 17, PP. 1661-1669.2016

²⁸ Sentinel Event Data, the Joint Commission, Oakbrook Terrace, Illinois, 2016.

²⁹ Violent Crimes at GP Surgeries is on the Rise, G. Lacobucci, BMJ; 358;j4236, 2017.

³⁰ Workplace Violence Consideration for Employees, Kerry M. Parker 1999 N.J Law 18(1999).

³¹ My Job: A courtroom victim impact statement, Annuals of Emergency Medicine; Vol. 73, No. 2, February 2019.

³² Epidemiologic Catchment Study, 1980-1985, March 11, 2011.

³³ Improving Patient Experience in A&E, London, UK, 2004.

www.designcouncil.org.UK/resources/guide/improving-patient-experience-ae.

³⁴ Id., Catchment Study, March 11, 2011.

be assaultive, as stated by the United States Department of Health and Human Services, National Institute of Mental Health.³⁵ “One primary cause of increasing point-of-care violence is the growing number of patients with behavior health and substance abuse disorders.”^{36 37 38} Two additional contributing causes to this growing pattern of violence in the health care environment would include the aging population and an increased number of patients struggling with drug addiction.³⁹ These two particular groups of patients often have acute clinical needs along with cognitive impairment, confusion and anxiety.⁴⁰ “As a result, patient and family behaviors are more prone to escalation which often leads to verbal or physical violence directed to the nurse.”⁴¹

There are two types of aggression that the front line healthcare worker could encounter. The first is *affective violence*, which is any voluntary physical response due to autonomic arousal of anger or fear.⁴² “Although it manifests as anger and aggressiveness, it is a response to a perceived threat or danger.”⁴³ Often a healthcare worker will notice warning signs of yelling or cursing before the violent episode happens.⁴⁴ Many warning signs of violence are the result of sympathetic nervous system (SNS) activation, which is an individual’s altered perception and the body’s “fight or flight” response.⁴⁵ The patient feels an increased sense of urgency and danger, but has a decreased ability to understand and rationalize what is happening.⁴⁶ The approach of a healthcare worker wanting to draw blood, as medically necessary, but the patient perceives this to be a threat. The second is *predatory violence*, which premeditated behavior intended to cause injury to another individual.⁴⁷ Unlike, affective violence, it is cognitively planned without autonomic arousal and characterized by the absence of emotion and threat.⁴⁸

We see that the attention to violence in the workplace, started to spark the interest of the public. An example of a violent attack was in the news recently of a nurse that was raped, tortured at gunpoint, and held hostage by a patient at Delnor Hospital, in Geneva, Illinois. The attacker

³⁵ [Violence against Mental Health Professionals: When the Treater Becomes the Victim.](#) Ashleigh Anderson DO and Sara G. West, MD, InnovClinNeurosci. 2011 March, Vol. 8, No. 3, P. 34-39.

³⁶ United States v. Scott, No. CR-09-0131-EFS, U.S. Dist. LEXIS 51694, E.D. Wash. Apr. 7, 2011.

³⁷ [State v. Nelson, No. 48728-4-II, 2017 Wash. App. LEXIS 1316 \(Ct. App. June 6, 2017\).](#)

³⁸ [State v. Valino, 2012-NMCA-105, 287 P.3d 372.](#)

³⁹ [A Call to Action on Point-of-Care Violence in Hospitals and Health Systems,](#) Carol Fleidshauer, JD, MS, BSN, JONA, Vol. 49, No. 3. March 2019.

⁴⁰ Id., Carol Fleidshauer JD, MS, BSN, March 2019.

⁴¹ Id., Carol Fleidshauer JD, MS, BSN, March 2019.

⁴² Id., Carol Fleidshauer JD, MS, BSN, March 2019.

⁴³ [When Students become Dangerous,](#) Muscari, ME., 2012.

www.medscape.com/viewarticle/763201_3.

⁴⁴ [Violence in the Healthcare Workplace,](#) Mary Annette Gary, PhD, RN; Nursing Made Incredibly Easy! Vol. 17, No. 2, page 6–10, March/April 2019.

⁴⁵ Id., Mary Annette Gary, PhD, RN; March/April 2019.

⁴⁶ Id., Mary Annette Gary, PhD, RN; March/April 2019.

⁴⁷ Id., M.E. Muscari, 2012. www.medscape.com/viewarticle/763201_3.

⁴⁸ [As Patient’s Turn Violent, Doctors and Nurses try to Protect Themselves,](#) Tedeschi, B., STAT., 2015. www.statnews.com/2015/11/20/patients-violence-hospitals.

was fatally gunned down by police; the incident has jolted all who have heard this story.⁴⁹ Also “a nurse protecting her unconscious patient from an illegal blood draw was physically assaulted and arrested by the detective she prevented from assaulting that patient.”⁵⁰

I have personally been affected by the violence in the healthcare setting. I have had my nose broken in two places by a patient, two years ago. The first court date left me speechless. It was said by the Public defender, “Well, this is part of her job”. After, one year, I do have a protection order set by the Judge that heard the combined counts from the prior year. It seems the Defendant’s DUI was the priority of the State Prosecutor. It does not make me feel safer going or coming from my work place; ideally my spouse or daughter will drive me to work. When I do drive myself I tend to change my parking place on a daily basis. I still find it difficult to be in the presence of a combative patient within the Critical Care Department. I must work through my PTSD on a daily basis at work; it is an ongoing struggle when I find myself alone.

Unfortunately, management and/or administration at my facility have not approached me to console or to counsel me about the violent incident. It is true that the violent act has brought me unwanted attention from different parts of the medical center, but I do not want to turn away questions that may help other clinical staff.

EFFECTS OF VIOLENCE

At the front line of the healthcare industry, nurses are in direct contact with the workplace violence. This violence could lead nurses experiencing fear, frustration, lack of trust with hospital administration, and decreased job satisfaction.⁵¹ “Nurses who experience workplace violence exhibit compromised care quality and decreased work morale, which may increase their turnover rate.”⁵² For all these reasons, nurses can become disenchanted with the nursing profession and as the result of this, the healthcare organizations can be affected directly due to lost work day and cost of injury; this then would contribute to a shortage of nurses that threatens patient care, increases legal liability and increases the workers’ compensation claims.⁵³ Apart from cuts, bruises and broken bones, aggression and abuse leave many victims mentally traumatized. Some for example develop post-traumatic stress disorder (PTSD), anxiety and sleep disturbances.⁵⁴ “As

⁴⁹Delnor nurse was tortured, raped during hostage situation, Sarkauskas, S. Attorney. The Daily Herald May 25, 2017). www.dailyherald.com/news/20170525/attorney-delnor-nurse-wastortured-raped-during-hostage-situation.

⁵⁰Violence against nurses: Casualties of care, Ladika, S., 2018.

www.managedcaremag.com/archives/2018/5/violence-against-nurses-casualties-caring.

⁵¹ Management of Aggressive patients: Results of an Educational Program for Nurses in Non-Psychiatric Settings, Cynthia Casey, DNP, RN, MedSurgNursing, January-February 2019, Vol. 28, No. 1, P.9.

⁵² Id., PLOS ONE, Vol. 14, No. 1, January 24th, 2019.

⁵³ Id., Cynthia Casey, DNP, RN. MedSurgNursing, January-February 2019, Vol. 28, No. 1, P.9.

⁵⁴ Violent Protest: Squaring up the unacceptable face of healthcare, Greener, Mark, August 2008; Management in Practice.

healthcare professionals, we are ethically obliged to apply Maslow's hierarchy of needs when caring for our patients, yet our basic need for safety is ignored."⁵⁵

"Up to sixty-one percent of assaulted healthcare workers report symptoms of post-traumatic stress disorder and commonly feel a loss of confidence in their professional competence and appropriateness for the job."⁵⁶ Encountering aggression also potentially undermines their performance and productivity, and increase absenteeism, security costs, the risk of litigation and staff turnover.⁵⁷ This is then consistent with the idea that patient safety outcomes goals are associated with the quality of the nursing practice work environment and that burnout/engagement process play an important mediating role.⁵⁸ "The results also suggest, healthcare workers are more likely to engage in their work, thereby ensuring safe patient care, when they feel safe in the environment."⁵⁹

"The style and structure of management, common beliefs, myths and rituals as well as organizational commitment to truth, honesty and respect for others creates an environment that encourages or negates conflict".⁶⁰ "How clear the beliefs are and how strongly they are shared will influence the harmony and stability of the organization."⁶¹

Robinson and Kraatz note "organizational culture can often serve the same function as formal structure by generating informal pressures for compliance and organizational norms."⁶² "Once a hospital sets a policy regarding reporting violence within its gates, it is important for the facility to follow its policy. A policy should not be aspirational--it should be easy to follow, easy to understand, and reflective of the hospital's culture."⁶³

Accurately collecting and analyzing health care workplace violence data has proven to be a challenging task and the actual prevalence is likely much higher than reported. "The Bureau of Labor Statistics only accounts for incidents that result injuries severe enough to require time away from work", and even these causes have been found to occur more frequently than this agency

⁵⁵ New Legislation to Address Workplace Violence in Healthcare Facilities, Kingley Ayoola, BSN, Journal of Psychological Nursing, Vol. 57, No. 2, 2019.

⁵⁶ Agitation in the Inpatient Psychiatric Setting: a Review of Clinical Presentation, Burden and Treatment, C.S. Hankin, A. Bronstone, L.M. Koran, J Psychiatr Pract, Vol. 17, No. 3, PP.170-185, 2011.

⁵⁷ Work-Related Factors and Violence among Nursing Staff, Camerino D. Eslyrn-Behar; Conway PM; Intl Nursing Study, P.45, 2008.

⁵⁸ Workplace Violence in Health Care: Recognized but not regulated, K. McPaul and J. Lipscomb. Journal of Issues in Nursing, Vol. 9, No. 3, Manuscript 6, September 30th, 2004.

⁵⁹ Id., K. McPaul and J. Lipscomb, Journal of Issues in Nursing, September 30th, 2004.

⁶⁰ Id., Litwin Bini, P. 839, 2002.

⁶¹ Constructing the Reality of Normative Behavior: the use of Neutralization Strategies by Organizational Deviants, Sandra Robinson & Matthew Kraatz, 1998.

⁶² Id., Sandra Robinson & Matthew Kraatz, 1998.

⁶³ Six Steps to Manage Violence against Hospital HealthCare Workers, Christopher Cheney, Health Leaders Analysis, March 27, 2019.

reports.⁶⁴ Furthermore, different organizations use varying definitions and methodologies to research workplace violence which makes comparisons difficult.⁶⁵ ⁶⁶It's also been found that most workplace violence incidents within the healthcare settings go unreported.⁶⁷ "It is important to recognize that a higher distribution of assault across certain occupations (professionals), workplace (healthcare), as well as employers (government) may be attributable to the mandate for a violence-free environment and hence may have better reporting policies when compare with other occupations and employers where an unacceptable incidence such as assault may be stigmatized and not reported."⁶⁸

There are several factors that may have contributed to the under-reporting and lack of follow-up of sentinel events such as violence.⁶⁹ There will be some professionals who just don't want the attention centered on them, or some may not want to complete complicated or inappropriate forms.⁷⁰ Some healthcare professionals may worry that management may view the incident as reflection of their incompetence.⁷¹ The healthcare organizations could offer the professional reassurance that this is not the case and promote the positive facts for reporting the event.⁷²

The fact that violence against nurses is understated is because it is often underreported.⁷³ Reporting the violent incidents is crucial to provide to supply clinicians the data to understand trends and patterns in the healthcare industry.⁷⁴ GAO recommends information to assist inspectors in developing citations, develop policy for following up on hazard alert letters concerning workplace violence hazards in health care facilities, and assess its current efforts. Occupational

⁶⁴ Workplace Violence in Healthcare: Understanding the Challenge, OSHA Publication No. 3826-12/2015.

www.osha.gov/Publications/OSHA3826.

⁶⁵ Workplace Violence against the Healthcare Workers in the United States, Phillips J.P, New England Journal of Medicine, Doi:10.1016/j.ijnurstu.2013.01.010, 2016.

⁶⁶ Exploring the Relationship between Employer recordkeeping and underreporting in the BLS survey of Occupational Injuries and Illnesses, S. E. Wuellner, D.K. Bonauto, American Journal of Industrial Medicine, Vol. 57., No. 10, PP. 1133-1143, 2014.

⁶⁷ Violence in the Workplace, Page W. Black, BSN, RN and Annie M. Bruck, DNP, MN, RN, COHN-S., Washington State Nurses Association;P.2, 2008.

⁶⁸ Federal Registry/Vol.81, No. 235, December 7th, 2016; proposed rules: Washington Labor and Industries/ RCW 49.19: All nine States (require healthcare employers to record incidents of violence that apply specifically to healthcare setting), these nine States are: Illinois, California, Main, Connecticut, New York, Maryland, New Jersey, Oregon and Washington.

⁶⁹ Violent protest: Squaring up to the Unacceptable Face of Healthcare, Mark Greener, Management in Practice, August 29th, 2008.

⁷⁰ Id., Mark Greener, Management in Practice, August 29th, 2008.

⁷¹ Id., Mark Greener, Management in Practice, August 29th, 2008.

⁷² Id., Mark Greener, Management in Practice, August 29th, 2008.

⁷³ Holding the Line against Workplace Violence, Molly F. Toon, DNP, RN, CPNP-PC; Christy Weaver, DNP,RN,FNP-C; Nora Frasier, DNP,MBA,RN,NEA-BC, FACHE; Kristie L. Brown, DNP, RN, ENP-C,FNP-BC, Vol. 49, No. 3, P.62, March 2019.

⁷⁴ Id., Molly F. Toon, DNP, RN, CPNP-PC; Christy Weaver, DNP,RN,FNP-C; Nora Frasier, DNP,MBA,RN,NEA-BC, FACHE; Kristie L. Brown, DNP, RN, ENP-C,FNP-BC; March 2019.

Safety and Health Administration (OSHA) agreed with GAO's recommendations and state that it would take actions to address them⁷⁵.

At the federal level, the Department of Labor's (DOL) Occupational Safety and Health Administration (OSHA) is agency primary responsible for protecting the safety and health of the nation's workers."^{76 77} The Joint Commission recommendations for management of healthcare facilities to address and respond to workplace violence in these four steps; 1) describing and recognizing, 2) reporting, 3) data and planning, 4) response and prevention.⁷⁸ Describing and recognizing an event is the essential first step. The event would need a general description. It would be any situation that a staff nurse felt unsafe, regardless of harm, should trigger an investigation.⁷⁹ The reporting of the event would allow individuals to report using clear and inclusive definitions and the report would make data gathering and strategic planning possible for the healthcare facility.⁸⁰ There are nine States required to report any healthcare employers' incidents of violence that apply specifically to the healthcare setting. These nine States are: Illinois, California, Maine, Connecticut, New Jersey, Maryland, Oregon and Washington.⁸¹

FIX THE PROBLEM

Violence at the bedside is not always avoidable, so a no tolerance policy should be enforced by the State Legislature.^{82 83} A zero tolerance policy for violent and aggressive acts and early warning programs that identify potential violent behavior should be reflection of an organizations beliefs and its culture.⁸⁴ "Unexpected situations of workplace violence are occurring in the United

⁷⁵ OSHA Section 5(a) (1) General Duty Clause; the OSHA act against employers that expose their workers to a recognizable hazard. The section states that employers have a general duty to furnish to each of its employees' employment that is free from recognizable hazards that are causing or are likely to cause death or serious physical harm to its employees (29 U.S.C 654(A) (1).

⁷⁶ Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence, GOA 16 11 1(20160317), 2018.

⁷⁷ Health Facilities and Regulation, (210 ILCS 160); Healthcare Violence Prevention Act, 2019.

⁷⁸ Holding the Line against Workplace Violence, Molly F. Toon, DNP, RN, CPNP-PC; Christy Weaver, DNP,RN,FNP-C; Nora Frasier, DNP,MBA,RN,NEA-BC, FACHE; Kristie L. Brown, DNP, RN, ENP-C,FNP-BC, Vol. 49, No. 3, P.62, March 2019.

⁷⁹ The Joint Commission. Sentimental Event Alert: Physical and Verbal Violence against Healthcare Worker, 2018. www.jointcommission.org/sea_issue_59/.

⁸⁰ Id., Joint Commission. Sentimental Event Alert, 2018.

⁸¹ Federal Registry, Vol. 81, No. 235, proposed rules, December 7th, 2016.

⁸² Senate Bill 1299, Workplace Violence Prevention Plans introduced by Congressman Joe Courtney (D-Conn).

⁸³ ACT HR 1309; June 11th, 2019. Workplace Violence Prevention for Healthcare and Social Service Workers Act, recorded June 24th, 2019.

⁸⁴ Id., Litwin Bini, P. 850, 2002.

States at increasing rates in healthcare environments, warranting attention to processes supporting safety for the healthcare workers.”⁸⁵ “Tragic events are often the impetus for legislation”.⁸⁶

Prior to 1989, there had been no State legislation or Federal regulations to specifically address the prevention of workplace violence. In the early 1990s, OSHA attempted to include potential risks of violence in its “general duty clause” for employers to reduce or eliminate recognized workplace hazards.⁸⁷ However, the loss of a first-level appeal before the OSHA Review Commission may have contributed to a more conservative posture by OSHA with respect to workplace violence, which since that time has focused on publishing voluntary guidelines for employers in late-night retail, health care, and taxicab businesses”.⁸⁸

The Healthcare Workplace Violence bill has not moved beyond the U.S. Subcommittee on Health and is a second of its kind.^{89 90} “A prior version of this bill was House Resolution 7141, but did not move forward.”⁹¹ Nevertheless, the preceding indicates that the current bill may not suffer the same fate.⁹² “Like its predecessor, the current bill would force the Occupational Safety and Health Administration (OSHA) to issue an occupational safety and health standard that requires covered employers within the healthcare and social service industries to develop and implement compressive workplace violence prevention plans.”⁹³ “The core of the bill centers on giving teeth to OSHA’s Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers.”⁹⁴ At the State level, the Illinois General Assembly has passed the Workplace Violence Prevention for Healthcare and Social Service Workers Act.⁹⁵ “The Act sets forth detailed rights and obligations of health care providers (defined as hospitals, veterans’ homes and retail health care facilities) and health care workers, and is aimed at both ensuring personal safety and providing additional guidance regarding the provision of care to patients who are “committed persons” in custody.”⁹⁶ This would also empower Illinois municipalities to accept healthcare workers requests to file a report with law enforcement against a patient and no management of a healthcare

⁸⁵ Using a Potentially Aggressive/Violent Patient Huddle to Improve Health Care Safety, the Joint Commission Journal on Quality and Patient Safety; Vol. 45, No. 2, PP. 74-80, February 2019.

⁸⁶ Federal Registry, Vol. 81, No. 235, P.88151, December 7th, 2016.

⁸⁷ OSH Act of 1970, <https://www.osha.gov/laws-regs/oshact/section5-duties>.

⁸⁸ Workplace Violence Intervention Workshop, James A. Merchant, MD, DrPH., American Journal of Preventive Medicine, Vol. 20, Issue 2, February 1, 2001; PP. 135-140.

⁸⁹ Illinois Hospitals to Face Requirements Designed to Reduce Violence Against Nurses, Dishman, Neil & Casey Leech, The National Law Review, December 28, 2018.

⁹⁰ Caring for our Caregivers: House Subcommittee Holds Hearing on Healthcare Workplace Violence Bill, Dee Anna Hays, The National law Review, March, 14th, 2019.

⁹¹ Id., Dee Anna Hays, March, 14th, 2019.

⁹² Id., Dee Anna Hays, March, 14th, 2019.

⁹³ Id., Dee Anna Hays, March, 14th, 2019.

⁹⁴ Id., Dee Anna Hays, March, 14th, 2019.

⁹⁵ The Workplace Violence Prevention for Healthcare and Social Service Workers Act HR 1309; June 11th, 2019.

⁹⁶ The Illinois workplace violence Protection Act: What Hospitals need to Know, Sandra M DiVarco, September 21, 2018.

provider may discourage a healthcare worker from exercising his or her right to contact law enforcement or file a report with law enforcement because of workplace violence.⁹⁷ Finally, specifically referencing the Illinois Whistleblower Act⁹⁸, the Health Care Violence Prevention Act expands whistleblower protections to employees of healthcare providers who take action with the intent of implementing or enforcing compliance with the Health Care Violence Prevention Act.⁹⁹
¹⁰⁰ “Assaulting a nurse in Illinois will be classified as aggravated battery – a third-degree felony carrying a prison sentence of two to five years – under legislation signed into law.”¹⁰¹

The State of Illinois, Healthcare Violence Prevention Act mandates hospitals and other healthcare providers to comply with requirements aimed at protecting their workers from violence.¹⁰² As of January 1, 2019, healthcare providers in Illinois had to implement specific violence-prevention policies outlined in the Healthcare Violence Prevention Act.¹⁰³

The Healthcare Violence Prevention Act also imposes certain duties on employers of healthcare workers, including creating workplace violence prevention programs and providing services to those affected by incidents of violence.¹⁰⁴ The Compliance with Healthcare Violence Prevention Act added “training” in the section heading; and added “and shall provide an appropriate level of training for its officers concerning the Healthcare Violence Prevention Act.”¹⁰⁵ “Response and prevention is the ultimate outcome. Healthcare facilities should offer the appropriate follow-up with every incidence of workplace violence.”¹⁰⁶ Employee assistance programs (EAP), would be readily available to assist the victim of the violence. This would include counseling to process and work through the violent incident.^{107 108}

The workplace Violence prevention Act (WVPA) is a radical departure from the past efforts of both the state and federal government.¹⁰⁹ This Act effectively broadens the scope of the Illinois Domestic Violence Act of 1986 and was adopted to remedy society’s failure to protect battered women. The express purpose of the Domestic Violence Act was stated in the Act itself.¹¹⁰ To begin with, the legislature acknowledged a historical “widespread failure to appropriately

⁹⁷ Workplace Prevention Act (100-1051), January 1st, 2019.

⁹⁸ Whistleblower Act (740 ILCS 174), Effective January 1st, 2004.

⁹⁹ Illinois Hospitals to Face Requirements Designed to Reduce Violence Against Nurses, The National Law Review. December 28th, 2018.

¹⁰⁰ Id., Sandra M DiVarco, September 21st, 2018.

¹⁰¹ <https://www.safetyandhealthmagazine.com/articles/9273-illinois-increases-penalties-for-assault-against-nurses>, August 16th, 2013.

¹⁰² Illinois Hospitals to Face Requirements Designed to Reduce Violence Against Nurses, Neil H. Dishman, & Casey Leech, the National Law Review, 2018.

¹⁰³ Id., Dishman & Leech, 2018.

¹⁰⁴ Id., Dishman & Leech, 2018.

¹⁰⁵ The 2019 amendment by P.A. 100-1186, effective April 5th, 2019.

¹⁰⁶ Id., Joint Commission. Sentimental Event Alert, 2018.

¹⁰⁷ Id., Litwin Bini, P. 850, 2002.

¹⁰⁸ Id., Sandra M. DiVarco, September 21st, 2018.

¹⁰⁹ Workplace Violence Protection Act in Context, David Kirchak, Illinois State Bar Association; Labor and Employment. Vol. 51, No. 6, January 2014.

¹¹⁰ 750 ILCS 60/102; Illinois Domestic Violence Act of 1986.

protect and assist victims and condemned the legal system that had ineffectively dealt with family violence in the past.¹¹¹ “The hospital needs to balance supporting its employees without creating a chilling effect on those who want to seek care at the hospital.”¹¹² There are times when it is not the hospital that presses charges against the family member or patients who have had a violent incident.¹¹³ The Hospital can offer support to its employee who has pressed charges or the employee can be given time off from work to testify in the criminal case and should not be limited to legal aid.¹¹⁴

“It is equally important to recognize that better reporting policies are only part of the solution. There are inherent differences in how males and females report assault across workplace industries.”¹¹⁵ An example of this would be within a female’s psychiatric-ward nurses may under-report assault as it may be perceived as an “expected” outcome of the job or because it brings into question competency,¹¹⁶ while all police personnel and firefighters are mandated to report all assaults due to the documentation requirements of their job and the “global perception of heroism after surviving an assault”.^{117 118}

“Qualitative findings revealed two main themes, “focusing on the staff” by improving their work conditions training them to deal with violence, providing a sense of security and “focusing on the public” by teaching tolerance, raising awareness of zero tolerance to violence, and punitive measures”.¹¹⁹

“The historical relationship an organization has with its external environment is often indicative of the shared with its internal constituency.”¹²⁰ When the healthcare industry has

¹¹¹ Id., David Kirchak, January 2014

¹¹² Christopher Cheney, Health Leaders Analysis, March 27th, 2019.

¹¹³ Six Steps to Manage Violence against Hospital HealthCare Workers, Christopher Cheney, Health Leaders Analysis, March 27th, 2019.

¹¹⁴ Christopher Cheney, Health Leaders Analysis, March 27th, 2019.

¹¹⁵ State v. Gaylor, No. 37011-5-II, 2009 Wash. App. LEXIS 1077 (Ct. App. May 5, 2009).

¹¹⁶ Differences in Male and Female Nurses’ Responses to Physical Assault by Psychiatric Patients: A Supplemental Finding of a Mixed-methods Study. J Psychological Nursing/Mental Health, Moylan LB, Cullinan MD, Kempel JE, Vol. 52, P. 477, 2014.

¹¹⁷ Assault predicts time away from work after claims for work-related mild traumatic brain injury. Dr. Reema Shafi, Peter M. Smith, Angela Colantonio. OccuEnvironMed 201, Vol. 76, P.477.

¹¹⁸ Constitutional Bill of Rights, Sec 8.1 Crime Victim’s Rights; The right to be treated with fairness and respect for their dignity and privacy and to be free from harassment, intimidation and abuse throughout the criminal justice process.

¹¹⁹ It Takes Two to Tango: Public Attitudes toward Prevention of Workplace Violence against Health Care Staff: A Mixed-Methods Study, Warshawski, S., Amit Aharon, A., & Iixhaki, M. May 3rd, 2019, the Journal of Interpersonal Violence.

¹²⁰ A Conceptual Framework for Multi-factor, Multi-level analysis of the origins of Workplace Violence, Litwin, Bini, 8 Ilsa J. Int’l & Comp. L. 825, P. 839, 2002.

policies and practices internally in line, then the external view can serve as a reflection of the organization's beliefs and established culture of reporting.¹²¹ "A group's cohesiveness and stability is bound to a common culture, with group identity based on a shared vision."¹²²

"The Joint Commission recently emphasized the need for healthcare organizations to recognize and acknowledge workplace violence, prepare staff to handle violent situation, and efficiently address these incidents after they occur."¹²³ From the viewpoint of the organization and/or facilities could support the healthcare workers, the policies would include improvements of their safety, such as a program for reporting an "unsafe" event.¹²⁴ "Each episode of violence or credible threat to health care workers warrants notification to leadership, to internal security and, as needed, to law enforcement, as well as the creation of an incident report, which can be used to analyze what happened and to inform actions that need to be taken to minimize risk in the future".¹²⁵

"The education of nursing on how to manage aggression is important due to the risk of violence on the job."¹²⁶ Nurses in non-psychiatric settings are inadequately trained to manage patients' aggressive behavior, than a nurse who practice in psychiatric setting and use de-escalation techniques daily.¹²⁷ The healthcare organization should provide policies that are based on de-escalation because violence in the workplace can come from different source, and difference level of intensity.¹²⁸ Thus the annual mandatory education plan designed for the nursing staff on de-escalation techniques is one way to promote change in non-psychiatric settings.¹²⁹ A de-escalation model will help nurses and healthcare workers stay safe through increased self-efficacy when caring for violent patients and family members.¹³⁰ "Nursing education provides nurses skills and techniques and builds confidence."^{131 132}

A Multidisciplinary quality improvement team was formed within a medical health facility to address the risk of violent patient events.¹³³ This quality improvement team designed

¹²¹ Id., Litwin, Bini, 2002.

¹²² Blood Lines: From Ethnic Pride to Ethnic Terrorism, Vamik Volkan, 1997.

¹²³ Holding the Line against Workplace Violence, Molly F. Toon, DNP, RN, CPNP-PC; Christy Weaver, DNP,RN,FNP-C; Nora Frasier, DNP,MBA,RN,NEA-BC, FACHE; Kristie L. Brown, DNP, RN, ENP-C,FNP-BC, Vol. 49, No. 3, March 2019. www.Nursing2019.com.

¹²⁴ The Sentinel Event Alert, The Joint Commission, Issue 59, April 17, 2018.

¹²⁵ Id., The Joint Commission, Issue 59, April 17th, 2018.

¹²⁶ Burrows v. Hawaiian Trust Co., 49 Haw. 351; 417, P.2d 816, 1966.

¹²⁷ Management of Aggressive Patients: Results of an Education Program for Nurses in Non-Psychiatric Settings, Cynthia Casay, MEDSURG/NURSING, Vol. 28, No. 1, Jan-Feb 2019.

¹²⁸ Id., Christopher Cheney, March 27th, 2019.

¹²⁹Id., Cynthia Casay, 2019.

¹³⁰ Creating a healthy Work Environment, Julia Mason Jubb, DNP, RN, CNE; 2019.

¹³¹ Id., Kvas & Seljak, 2014.

¹³² Compliance with Healthcare Violence Prevention Act 20 ILCS 2610/45). The amendment by P.A. 100-1186, added "training" in the section heading; and added "and shall provide an appropriate level of training for its officers concerning the Health Care Prevention Act" effective April 5th, 2019.

¹³³ Id., Joint Commission Journal on Quality and Patient Safety, February 2019.

a huddle hand-off communication tool, which would be initiated by a nurse with the first contact of a potentially violent/disruptive patient and would follow the patient through their medical treatment within the facility.¹³⁴ “This agitation hand-off tool provides the receiving inpatient unit a comprehensive plan for managing potential violent episodes and anticipating additional behavior needs to safely deliver care.”¹³⁵ “Health quality experts have increasingly recognized the need to use comprehensive, systemic approaches to target healthcare workplace violence, using the evidence built from patient safety initiatives to similarly improve worker safety.”¹³⁶ Healthcare violence is a growing, pervasive and underreported problem within our healthcare facilities and/organizations.¹³⁷ In a recent study of shift work and workplace violence against emergency nurses, “resulted interconnected; improvement interventions aimed at preventing the workplace violence should consider the characteristics of work shift schedules with the purposes of: 1) limiting the night shifts up to two per week and up to eight per month: 2) adopting constant forward-rotating shift schedules.”¹³⁸ This has not been a popular staffing choice for many health care facilities. The idea of rotating shifts has been found to difficult for staffing purposes due to this negatively affect an individual’s circadian rhythm.¹³⁹

Workers in the health care sector are significantly at a higher risk for verbal and physical assaults in the United States. Almost all of these assaults are perpetrated by patients and/or visitors against health care workers caring for them during the management of agitation, which is labeled as Type II Assault.

In Israeli, the communities believe that to handle the problem of violence in the healthcare system, it is necessary to act simultaneously on “two levels: health staff and the health care system, and the general public”.¹⁴⁰ “In view of these findings, we recommend that policy makers address

¹³⁴ Id., Joint Commission Journal on Quality and Patient Safety, February 2019.

¹³⁵ Workplace Violence in :Healthcare and Agitation Management: Safety for Patients and Healthcare Professionals are two sides of the Same Coin, Ambrose H. Wong, MD, MEd, Jessica M. Ray, PhD; Joanne D. Lennaco; PhD, PNGBO-BC, APRN, The Joint Commission Journal on Quality and Patient Safety, Vol. 45, PP.71-73, February, 2019.

¹³⁶ Id., Ambrose H. Wong, MD, MEd, Jessica M. Ray, PhD; Joanne D. Lennaco; PhD, PNGBO-BC, APRN, February 2019.

¹³⁷ Id., Ambrose H. Wong, MD, MEd, Jessica M. Ray, PhD; Joanne D. Lennaco; PhD, PNGBO-BC, APRN, February, 2019.

¹³⁸ Workplace Violence against Healthcare Workers in Emergency Departments; A Case-Control Study, D’Ettore, G, Pellicani V. Acta Bio Med, March 2019.

¹³⁹ A Comparison of the Effects of Fixed- and Rotating-Shift Schedules on Nursing Staff Attention Levels: A Randomized Trial, Niu, S.-F., Chu, H., Chen, C.-H., Chung, M.-H., Chang, Y.-S., Liao, Y.-M., & Chou, K.-R., Biological Research For Nursing, 2013, Vol. 15, No. 4, PP. 443–450. <https://doi.org/10.1177/1099800412445907>.

¹⁴⁰ Id., Warshawski, S., Amit Aharon, A., & Iixhaki, M. May 3rd, 2019.

this issue by adopting preventive measures, such as increasing the number of healthcare personnel, workshops enforcing appropriate punitive measures against attackers.”^{141 142 143 144 145}

The finding of the low exposure to violence in the oncology departments in Israel, which could be linked to the nature of the relationship between nurse/physician and patients in the case of progressive life-threatening illnesses that require lengthy treatments.¹⁴⁶ Another explanation for the low rate of violence in oncology departments is the comfortable physical conditions provided to the patients and families,¹⁴⁷ which are physical conditions known as violence inhibitors.¹⁴⁸

Due to these findings it might be possible to learn from the success of the oncology staff who has reported low exposure to violence. Thus, in an attempt to further develop and enhance the effectiveness of training programs, and local State legislation, we may find a way to curve the violence at the bedside.¹⁴⁹

CONCLUSION

“The Workplace Violence Prevention Act (WVPA) is in some ways an extension of legislation which has been in effect in Illinois and under federal law for a number of years. The Illinois Workers’ Compensation Act, of course, addresses recovery for victims of workplace violence, including medical expenses, lost income and permanent loss. While this might place a financial burden upon the employer, either directly or indirectly, the system doesn’t directly address the prevention of workplace violence.”¹⁵⁰ My thesis is important due to the growing negative effects violence has on our healthcare system. The voluntary guidelines alone have not been enough to protect those who heal our communities’ day in and day out. Moving forward legislation will enable our society to enforce the law, mandate training to empower our healthcare workers and continue the research of workplace violence which could develop citations and policies for future generations of healthcare workers.

¹⁴¹ Id., Warshawski, S., Amit Aharon, A., & Iixhaki, M. May 3rd, 2019.

¹⁴² Mullen v. Bruce, 168 Cal, App2d 494; March 6th, 1959.

¹⁴³ Criminal offenses (720 ILCS5/12-1); Assault: a) A person commits an assault when, without lawful authority, he or she knowingly engages in conduct which places another in reasonable apprehension of receiving a battery, 2011.

b) Sentence Assault is a Class C misdemeanor; July 11th, 2011.

¹⁴⁴ Criminal offenses (720ILCS5/12-3); Battery: a) A person commits battery is he or she knowingly without legal justification by any means (1) causes bodily harm to an individual or (2) makes physical contact of an insulting or provoking nature with an individual b) Sentence Battery is a Class A misdemeanor ; July 11th, 2011.

¹⁴⁵ [State v. Lopez, 217 Ariz. 433, 175 P.3d 682 \(Ct. App. 2008\).](#)

¹⁴⁶ [Workplace Violence in a Tertiary Care Israeli Hospital- A systematic Analysis of the Types of violence, the Perpetrators and Hospital Departments](#), Shafran-Tikva, S., Zelker, R., Stern, Z. Isr J Health Policy Res Vol. 6 No. 43, 2017. <https://doi.org/10.1186/s13584-017-0168-x>

¹⁴⁷ Id., Shafran-Tikva, S., Zelker, R., Stern, Z., 2017.

¹⁴⁸ [Handbook of Modern Hospital Safety](#), W. Charney, Boca Raton, Florida; 2010.

¹⁴⁹ Id., Shafran-Tikva, S., Zelker, R., Stern, Z., 2017.

¹⁵⁰ Id., David Kirchak, January 2014.