

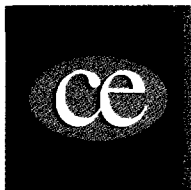
Violence in Health Care

What Nurse Managers Need to Know

BY PAMELA P. ELLIOTT

Abstract: About 10% to 15% of the violence in the United States occurs in the workplace. Health care workers in particular face dramatically higher risks for nonfatal assault. Nonviolent crisis interventions and a detailed violence management and prevention plan prepare nurse managers for any situation. [Nurs Manage 1997;28(12)38-42]

1.5 CONTACT HOURS



APPROXIMATELY 25 million people every year are victimized by fear and violence in the workplace. A

conservative cost estimate of this violence is \$4.3 billion annually or \$250,000 per incident. This does not include hidden expenses from the emotional pain victims, witnesses and families suffer: depression, isolation and anxiety.

In 1988, the National Institute for Occupational Safety and Health (NIOSH) identified homicide as the

clude employees, customers, patients, family members—virtually *anyone* entering the work environment. Violence can occur in any workplace; however, it tends to be clustered in certain settings and occupations.

Health care at greater risk

Workplace homicide in the United States occurs on the average four times a day, 20 times a week, or 1,000 times a year. The majority of these murders are robbery-related crimes and occur in retail trade and service industries. Fatal workplace violence tends to be higher in retail businesses such as jewelry stores, grocery stores,

workers as compared to 38 cases per 10,000 workers in nursing and personal care facilities and 47 cases per 10,000 workers in residential care. Almost two-thirds of nonfatal assaults occurred in service industries, *i.e.*, nursing homes, hospitals and establishments providing residential and other social services. Nonfatal assaults in health care institutions were primarily carried out against nursing staff.

OSHA guidelines

The Occupational Safety and Health Administration (OSHA) has identified health care settings as workplaces at a heightened risk for violence. In March 1996, OSHA issued *Guidelines for Pre-*

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third leading cause of occupational death for all workers in the United States. In 1992, homicide became the leading cause of death in the workplace for women and the second leading cause of death for all workers. During the last decade, violence in the workplace has become a major cause for lost work time, lost productivity, occupational injury and even death.

Workplace violence can range in intensity from verbal threats, assaults and destruction of property, to threats of physical violence, actual physical violence and even homicide. In many cases, violence in the workplace is never reported. Perpetrators and victims of workplace violence may in-

greater risk for violence than other workers.

clude liquor stores and certain service industries including gas stations, police and security, detective/protective and taxicab services.

Nonfatal workplace violence tends to be higher (over 85%) in certain service-oriented work environments such as health care. According to the Bureau of Labor Statistics (BLS) Census of Fatal Occupational Injuries (CFOI), health care providers are at 16 times greater risk for violence than other workers. Health care and social services have dramatically higher rates of on-the-job nonfatal assaults. The incident rate for nonfatal assault in private industry is three cases per 10,000

venting Workplace Violence for the Health Care and Social Service Workers (3148-1996).

A number of key factors in the health care environment correlate with the increased risk of violence in health care. These guidelines identify the following:

1. The 24-hour open door policies for patient access
2. The decrease in available treatment for the mentally ill and substance abuse patients resulting in the increasing number of acute and chronically mentally ill being released from hospitals
3. The availability of drugs and

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