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Workplace Violence: A Policy Brief and Case Study

What is the issue?

Each year, millions of American workers are affected by workplace violence (also known as occupational violence). Workplace violence is the fourth leading cause of workplace deaths (National Safety Council [NSC], n.d.). In 2020, the Bureau of Labor Statistics (BLS) reported 20,050 injuries and 392 fatalities due to assaults (NSC, n.d.).

Unfortunately, it is often hard to pinpoint the exact number of victims because there is no single definition for workplace violence. This may leave some victims out and others confused if their circumstance is, in fact, considered workplace violence. In addition, without a standard definition, it becomes difficult to accurately measure the frequency of workplace violence and how it contributes to worker health and well-being, limiting the development of adequate protections for workers. In July 2022, the U.S. Department of Justice (DOJ), along with the U.S. Department of Labor (DOL) and the National Institute for Occupational Safety and Health (NIOSH), published a special report titled "Indicators of Workplace Violence, 2019" (Harrell et al., 2022). The report called on researchers to "establish reliable indicators of the nature and level of the problem across the nation" (Harrell et al., 2022, p. 5), indicating that even our justice system sees the problem.

The Occupational Safety and Health Administration (OSHA), NIOSH, the World Health Organization (WHO), DOL, and the Joint Commission define workplace violence differently.

Definitions may be broad:

"violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty"

– NIOSH, 1996

May include detailed examples:

"verbal, nonverbal, written, or physical aggression … sexual harassment; physical assaults"

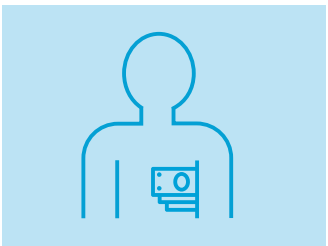
– The Joint Commission, 2021

Or go even further:

"...includes any act of violence that occurs while commuting to and from work"

– International Labour Office, International Council of Nurses, WHO, and Public Services International, 2002

OSHA has categorized workplace violence into four types based on the relationship between the perpetrator and the victim:*



Type 1

Criminal Intent: Violent acts committed by a person who enters the workplace to commit a criminal act before the violence. Examples include robbery, shoplifting, and loitering.

Type 2

Customer/Client/Patient: Violent acts committed by customers, clients, patients, students, inmates, and any others to whom the workplace provides a service to.

Type 3

Worker-on-worker: Violent acts committed by a current or former employee(s) targeted towards a current or former employee(s).

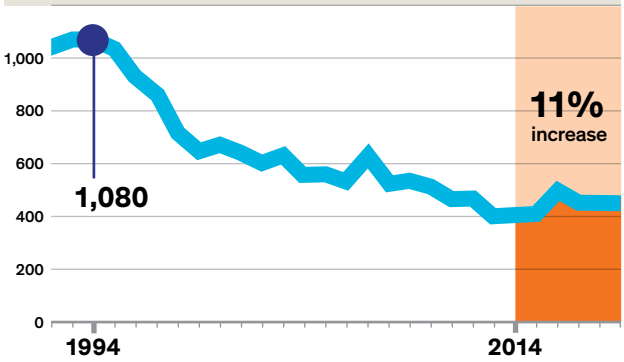
Type 4

Personal Relationship: Violent acts committed by someone who is not an employee but has a personal relationship with an employee at the workplace.

*OSHA, 2017; Peek-Asa et al., 2001

What is the incidence of workplace violence?

FIG. 1 NUMBER OF WORKPLACE HOMICIDES, 1992 – 2019



Workplace Homicide Trends

There has been a total of 17,865 victims of workplace homicides from 1992 to 2019. Workplace homicides peaked in 1994, with a record 1,080 homicides recorded by the Census of Fatal Occupational Injuries (CFOI). Since then, there has been a 22% decrease in homicides from 1994-2019. Unfortunately, workplace homicides increased by 11% from 2014-2019, so even though long-term progress has been made, the current trajectory suggests that workplace homicides and violence are increasing (Harrell et al., 2022). In 2020 there was a decrease in workplace homicides; however, this could be due to fewer people in the workplace because of COVID-19 (BLS, 2021).

FIG. 2 RATE OF NONFATAL WORKPLACE VIOLENCE, BY TYPE OF CRIME, BASED ON 2-YEAR ROLLING AVERAGES, 1994 – 2019

Nonfatal Workplace Violence Trends

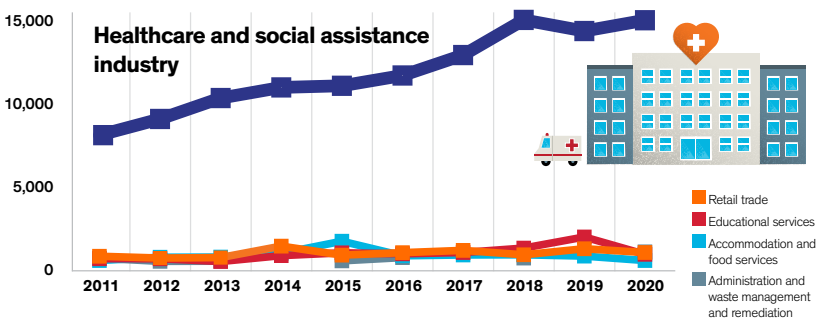
Nonfatal workplace violence is also increasing. In 2019, the rate of nonfatal workplace violence was 9.2 crimes per 1,000 workers, a 70% decrease since 1994 (31.0 per 1,000 workers), but the rate has increased 25% since 2015 (7.4 per 1,000 workers). This means there was an annual average of 1.3 million nonfatal violent crimes in the workplace from 2015 to 2019 (Harrell et al., 2022).

The National Crime Victimization Survey (NCVS) defines simple assault as "an attack or attempted attack without a weapon that results in no injury, minor injury, or undetermined injury requiring fewer than two days of hospitalization" and violent crime excluding simple assault, which is traditionally called serious violent victimization, as "rape/sexual assault, personal robbery, or aggravated assault," which excludes simple assault (BJS, n.d.). As seen in Figure 2, there has been no significant change in the rate of violent crime excluding simple assault from 2015-2019; however, the rate of simple assault has increased by 34%. Overall, the rate of simple assault from 1994 to 2019 is, on average, 2.5 times higher than nonfatal violent crimes, indicating that not all workplace violence results in a major injury or hospitalization (Harrell et al., 2022).

Which industries are most at risk?

When the number of nonfatal occupational injuries and illnesses involving days away from work is separated by industry, it is clear that the healthcare and social assistance industry (e.g., ambulatory health care services, hospitals, nursing and residential care facilities, and social assistance) (BLS, 2022) has the highest number of nonfatal workplace violence incidents (Harrell et al., 2022). On January 1, 2014, the Illinois Workplace Violence Prevention Act went into effect, and 5 years later, on January 1, 2019, the Illinois Health Care Violence Prevention Act took effect. The act, geared specifically towards healthcare workers, was passed to combat the regular occurrence of violence in healthcare settings. The Health Care Violence Prevention Act requires healthcare facilities to design a workplace prevention program and train staff, along with several more safeguards (Health Care Violence Prevention Act, 2019). In accordance with the law, the University of Illinois Hospital and Clinics developed a Workplace Violence Policy and Procedure to guide the organization and employees on how to prepare for, respond to, recover from, and mitigate workplace violence incidents.

FIG. 3 NUMBER OF NONFATAL OCCUPATIONAL INJURIES AND ILLNESSES INVOLVING DAYS AWAY FROM WORK: TOP 5 INDUSTRIES



CASE STUDY:

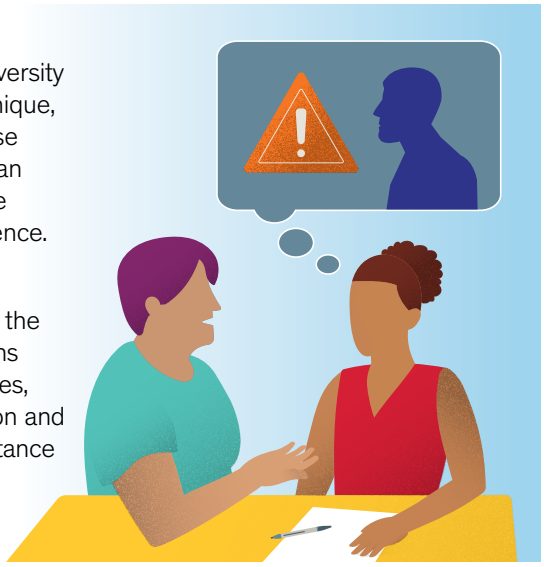
University of Illinois Hospital and Clinics Management Policy and Procedure:

Workplace Violence Prevention

On October 9, 2019, the University of Illinois Hospital and Clinics' Management Policy and Procedure for Workplace Violence Prevention went into effect. Its objective is to "promote a safe and secure environment for staff, patients, families, and visitors at the University of Illinois Hospital and Clinics (Hospital), as well as clearly define, prevent, and manage workplace violence" (The University of Illinois Hospital and Clinics, 2019).

The policy defines terms such as harm, threat, and assault (as well as many more terms) to facilitate comprehensive and consistent interpretation and management of these events by staff.

Zero Tolerance Policy

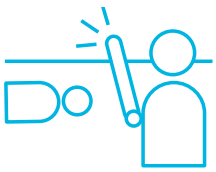


The policy begins with "Zero Tolerance" towards acts of workplace violence. The University of Illinois Hospital and Clinics recognize that each workplace violence situation is unique, requiring innovative strategies to manage and mitigate them. The importance of close collaboration between different areas of expertise within the Hospital, such as Human Resources, University Police, Risk Management, Social Work, Psychiatry, Patient Care Services, physicians, and department leaders, is paramount to abate workplace violence.

First and foremost, the "Zero Tolerance" policy states the intent that the Hospital is committed to avoiding workplace violence incidents whenever possible. However, in the event of an incident, the policy ensures that there will be consistency in investigations and immediate response to in-progress incidents of violence. In support of employees, the policy ensures that individuals who report alleged violence will not face retaliation and that all employees are provided, at minimum, resources such as the Employee Assistance Program (EAP) and domestic violence resources. Recently, the Hospital worked with University legal counsel to provide Workplace Violence Restraining Orders and secure personal restraining/stalking no contact orders if warranted and requested.

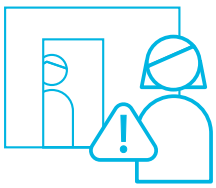
Manifestation of Incidents

Along with the "Zero Tolerance" policy, the University of Illinois Hospital and Clinics has several procedures for when workplace violence incidents manifest themselves. They state three different ways that an incident may manifest:



In progress violent incidents:

Guidelines clearly state everyone's role when a violent incident is in progress.



Slowly escalating and/or past incidents that, on reflection, make a person feel uncomfortable:

In the event of a slowly escalating or past incident, the procedure outlines whom to contact to conduct a situational risk assessment and create an action plan. It also ensures that a high level of communication is maintained with all stakeholders, particularly the victim. There are different guidelines depending on where the incident occurs, the type of violent incident, and who is involved (i.e., spouse, family, health care personnel, etc.).

Incidents/situations that occur in the community which may impact operations due to the victim's relationship with the Hospital:

The last procedure is for incidents that happen outside of the Hospital.

Types of Offenders

Patient **Visitor** **Worker**

As noted, many different types of people can be involved in workplace violence incidents, particularly in healthcare. Not only are there the healthcare employees, but patients and visitors must be taken into consideration. The procedure outlines what to consider based on the type of offender. If the patient is the aggressor, specifically an admitted patient, Risk Management and the Associate Chief Nursing Office (ACNO), in accordance with other stakeholders and care teams, will develop an individualized safety plan for the management of the patient. If the aggressor is a visitor, then law enforcement will manage the aggressor. If an incident involves healthcare personnel, or worker-on-worker violence, Human Resources will work with law enforcement to ensure that appropriate assessments and safety planning take place.

Workplace Violence Training

To ensure that healthcare personnel understand how to manage and mitigate violent incidents, the University of Illinois Hospital and Clinics requires workplace violence training at New Employee Orientation and during their Annual Mandatory Education program. The training includes:

A discussion of workplace violence, types of violence, and the University of Illinois Hospital and Clinics Management Policy and Procedure for Workplace Violence Prevention.	**Roles of hospital security and UIC police, including hospital safeguards such as panic buttons, security cameras, and badges.**	**Basic strategies for recognizing escalating behaviors and risk factors and appropriate de-escalation techniques.**	**Resources for victims and guidance on reporting incidents of workplace violence.**

One of the most integral parts of the University of Illinois Hospital and Clinics' Policy and Procedure is the Workplace Violence Prevention Committee, which comprises a multi-disciplinary group of staff. The Workplace Violence Prevention Committee meets monthly to review all hospital data, discuss trends and ongoing efforts to mitigate the risk of workplace violence and provide guidance to key stakeholders.

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