

# Keeping Healthcare Workers Safe Through Policy Initiatives

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Before the COVID-19 pandemic, violence against healthcare workers was already on the rise. According to the U.S. Bureau of Labor Statistics (BLS), violent incidents among healthcare and social assistance workers rose from 6.4 per 10,000 in 2011 to 10.4 per 10,000 in 2018 (Jones, 2021). A 2016 Bureau of Labor Statistics report found the violence rate against registered nurses to be three times that of all other occupations (Jones, 2021). One impact of staffing shortages are increasing wait times to access care. These situations lead to frustrating and chaotic environments for patients and their family members, which contributes to increased violence against providers (Willa Ernst, 2022). As part of an ongoing attempt to quell the healthcare workforce shortage, lawmakers and stakeholders are approaching more traditional workforce policy solutions as well as those to address the alarming rate of violence against providers.

## The Issue

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty” (NIOSH, 2002). Workplace violence is broken into four types, with two being most prevalent in the healthcare workforce: (a) an act or threat of violence by a patient who receives services from the professional and (b) violence between coworkers in the healthcare setting (American Nurses Association, 2021).

In February 2020, NIOSH cited staffing shortages and a lack of workplace and regulatory protective measures among the reasons for workplace violence against healthcare professionals (NIOSH, 2020). As workplace violence increases, many nurses cite the dangerous conditions as a reason for leaving the profession or changing jobs (Ernst, 2022). “Nurses are now finding their voice and saying, ‘we shouldn’t have to tolerate this anymore,’ specifically around workplace violence. So some nurses are choosing to leave to go find alternative places to work outside of the hospital setting,” said Texas Nurses Association President Serena Bumpus (Ernst, 2022). A cyclical scenario presents itself—workplace violence deters healthcare workers from remaining in their profession, which exacerbates the workforce shortage that contributes to even more incidents of violence.

## No Single Clear Solution

The American Nurses Association categorizes state law responses to workplace violence into several categories, with many states fitting into multiple categories. The categories include mandated employer-run violence prevention programs, identification tag and badge laws to protect the identity of a nurse and thus prevent targeted or stalking behavior, facility signage, and increased criminal penalties, among others (American Nurses Association, 2021). The increase of staffing shortages linked to the COVID-19 pandemic has brought further attention to this serious issue at both the state and national levels.

## State Legislative Solutions

State lawmakers and stakeholders have been developing and advocating for policy solutions to address the workplace violence crisis, which they hope will in turn ease the shortages. Whether addressing the criminal penalties of patients, family members, and others inflicting violence or mandating that facilities develop policies to address violence against staff, the past several legislative sessions saw many states looking to address the rise in workplace violence in their jurisdictions.

### Rhode Island

In July 2021, Rhode Island enacted Senate Bill 55 and House Bill 6018, also known as the Workplace Violence Prevention Act (State of Rhode Island General Assembly, 2021). State Senate President Ruggerio commented on the bill: “Nurses and other front-line hospital staff deserve no less. They should not have to accept violence or harassment as a routine element of their job” (State of Rhode Island General Assembly, 2021). The bill creates policies for workers to file complaints within the facility and with the Department of Health, provides protections for those workers, mandates facilities to create workplace safety committees to identify existing and potential hazards, and provides training on assault prevention (State of Rhode Island General Assembly, 2021). Lawmakers heard testimony from United Nurses and Allied Professionals, which reported the results of a survey:

*Members working in hospitals found that 42% said their unit had experienced a violent or near miss violent episode requiring interven-*

tion by the local police; 67.8% said they had personally experienced workplace violence on the job; and 63.7% said they have at times felt unsafe working in their unit (State of Rhode Island General Assembly, 2021).

## Louisiana

In Louisiana, two bills were enacted to address workplace violence against healthcare workers. The first, House Bill 312 (2022), called on licensed healthcare facilities to act. The bill mandates that facilities display signs stating that violence against healthcare staff are not tolerated and could result in a felony (H.B. 312, 2022). All facilities must also develop violence prevention plans and are prohibited from taking retaliatory actions against workers who report incidents of workplace violence (H.B. 312, 2022). This protection for workers is important given that the American Association of Critical-Care Nurses cites fear of retaliation as a common reason for nurses failing to report violent incidents (Jones, 2021). The bill also prevents facilities from discouraging reporting and, once a report is filed, from taking any retaliatory action against a complainant: “No regulated entity shall discharge, demote, suspend, threaten, or harass an employee, or discriminate against an employee in the terms and conditions of his employment” (H.B. 312, 2022).

In the Louisiana Senate, State Senator Connick championed Senate Bill 136 (2022). The bill created a new crime of violence to include “battery of emergency room personnel, emergency services personnel, or a healthcare professional” as well as a related crime of assault. The bill also set punishments for repeat offenders (S.B. 136, 2022).

## Maryland and Pennsylvania

In 2018, the Maryland Nurses Association and Maryland Hospital Association (MHA) created a steering committee aimed at preventing violence in hospitals, and in 2020, they successfully lobbied to pass a modification to the state’s healthcare worker identification badge law (MHA, 2020). The bill, House Bill 364, amended a law requiring the full first and last name of the employee to be displayed on their badge (MHA, 2020). In testimony before a house committee, MHA testified that “requiring name badges to show a caregiver’s full name can put them at risk if a patient intends to harm them—physically or emotionally through stalking or cyberbullying” (MHA, 2020). A similar bill passed in Pennsylvania the same year (Warren, 2020).

## Delaware

In states where protection laws were already in place for some healthcare workers, many bills were filed to expand the professionals covered by the laws. In Delaware, House Bill 324 expanded protections for nurses and physicians to include “any person providing health care treatment or employed by a health care provider” (H.B. 324, 2022).

## Policy Through Collective Bargaining

While state lawmakers debate violence prevention legislation, several recent collective bargaining agreements have addressed the issue and mandated facilities take action to protect healthcare staff above and beyond what is mandated in state law. In California, Kaiser Permanente tentatively agreed to a deal with unionized registered nurse and nurse practitioner staff in November 2022 (Landi & Muoio, 2022). Provisions of the deal included the creation of new nursing positions as well as commitments by the employer to combat workplace violence (Landi & Muoio, 2022). Part of the plan will be to extend workplace violence plans to include locations outside of emergency rooms, such as in clinics and parking lots (Landi & Muoio, 2022). The deal would also “create an investigation process for incidents of workplace violence and [a process for] trauma counseling for nurses” (Landi & Muoio, 2022).

Temple University nurses in Pennsylvania also secured specific provisions to address violence prevention in their union contract negotiations (Laughlin, 2022). In addition to reforming a process for fielding complaints and incident reports, Temple University “also agreed to place weapons detectors and security personnel at every hospital entrance” (Laughlin, 2022). The contract provisions came in part due to a violent incident involving a nursing assistant at a nearby hospital (Laughlin, 2022).

## Conclusion

Stakeholders, bargaining agreements, and state lawmakers will most certainly continue to explore and adopt provisions aimed at reducing workplace violence in the healthcare industry as they move into the 2023 legislative session. Pre-filed bills in Texas already indicate the continuation of actions to curb violence. Texas House Bill 112 and Senate Bill 240 would mandate certain facilities form a Workplace Violence Prevention Committee and adopt prevention policies and a plan to protect workers (H.B. 112, 2022; S.B. 240, 2022). If successful, these policies across the country will not only prevent incidents of violence toward workers but also strengthen the nursing workforce, which will aid in preventing resignations and thus lower the rates of violence across systems.

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