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Maintaining a Culture of Safety in the Face of Workplace Violence Trends in Health Care

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With workplace violence incidents prominent in health care, fostering a safe environment for staff and patients has become increasingly urgent. Health care workers are disproportionately affected by workplace violence incidents, a troubling trend that was almost certainly exacerbated by the COVID-19 pandemic. According to the U.S. Bureau of Labor Statistics (BLS), employees in the health care and social service sectors are five times more likely to experience a workplace violence injury than workers in other industries. [1] Several factors unique to health care can contribute to this heightened risk. These include working directly with individuals in emotional and high-stress environments, relatively open and accessible facilities, poor lighting or environmental design, isolated work situations, understaffing, and inadequate or ineffective security measures.

As workplace violence remains a persistent issue in health care, it is essential for health care employers to recognize not only the risks, but also their obligations under applicable federal and state laws and regulations as well as the significant practical implications that the failure to appropriately manage and mitigate workplace violence can have on their organizations.

Federal Agencies Addressing Workplace Violence

Federal agencies including the Occupational Safety and Health Administration (OSHA), the Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services (HHS) have used their regulatory enforcement tools to address workplace violence in health care settings.

OSHA defines workplace violence as "any act or threat of physical violence, harassment, intimidation, or other threatening behavior that occurs at work." [2] Workplace violence incidents in health care can affect and involve patients, family members, visitors, employees, or others. Although OSHA maintains no federal workplace violence standard specific to health care, OSHA has for years held employers accountable under the General Duty Clause of the Occupational Safety and Health (OSH) Act. This clause requires all private employers to provide a workplace free from hazards that may cause death or serious physical harm to employees. [3] In May 2024, OSHA cited an employer that operated psychiatric and rehabilitation facilities for repeatedly exposing employees to workplace violence acts caused by patients and for failing to report an employee's work-related hospitalization within 24 hours. [4] The employer faced over $100,000 in proposed penalties for its violations. [5]

In addition to enforcing the General Duty Clause, OSHA has released voluntary guidelines for preventing workplace violence in the health care and social services sectors. [6] OSHA's voluntary guidelines identify organizational and patient-related risk factors, such as working directly with individuals who have a history of violence, drug, or alcohol use; working alone; poor environmental or architecture design; or lack of security personnel on site, that may increase the risk of violent incidents in health care. [7] The guidelines also outline essential components for an effective workplace violence prevention program, including leadership's commitment and employee participation, risk assessment of the worksite, hazard prevention, and training. [8]

CMS has also addressed workplace violence through its regulatory tools and oversight mechanisms. [9] In November 2022, CMS' Center for Clinical Standards and Quality issued a

memorandum to State Survey Agency Directors reiterating its expectation that both patients and staff "have an environment that prioritizes their safety to ensure effective delivery of healthcare." [10] In its memorandum, CMS points to the following three regulatory obligations under the Medicare Hospital Conditions of Participation (CoPs) and Medicare Emergency Preparedness CoP:

- 42 C.F.R. § 482.13(c)(2) (Patient Rights: Privacy and Safety): "The patient has a right to receive care in a safe setting."
- 42 C.F.R. § 482.15(a) (Emergency Preparedness: Emergency Plan): Medicare-certified hospitals are required to develop and maintain an emergency preparedness plan that is "based on, and include[s], a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach."
- 42 C.F.R. § 482.15(d)(1) (Emergency Preparedness: Training Programs): Medicare-certified hospitals must also train staff and volunteers on their emergency preparedness policies and procedures.

CMS also reiterates that it has previously cited hospitals that failed to meet their obligations regardless of whether patients or staff are placed at risk. [11]

Most recently, in May 2025, the HHS Administration for Strategic Preparedness and Response issued its Healthcare and Public Health Sector Advisory Bulletin. The Advisory Bulletin provides recommendations for improving security protocols and emergency preparedness, supporting staff mental health and retention, and promoting information sharing to combat workplace violence in health care. [12]

Federal Legislation Addressing Workplace Violence in Health Care

Although federal lawmakers have previously introduced legislation to address workplace violence in health care, no such federal laws have been enacted to date. There are, however, two related bills currently under consideration.

First, U.S. Representative Joe Courtney (D-CT) and Senator Tammy Baldwin (D-WI) introduced the "Workplace Violence Prevention for Health Care and Social Service Workers Act" in April 2025. [13] If enacted, this bill would:

- Require OSHA to create an interim final standard in one year and a final standard within 42 months on workplace violence prevention that requires employers in health care and social services sectors to develop and implement a comprehensive workplace violence prevention plan. [14]
- Cover a wide variety of employers, including hospitals, residential treatment facilities, non-residential treatment settings, medical treatment or social service settings in correctional or detention facilities, psychiatric treatment facilities, substance use disorder treatment centers, community care settings such as group homes and mental health clinics, and federal health care facilities, as well as field work settings such as home care and home-based hospice, and emergency services and transport services. [15]

- Set minimum requirements for the final standard and for employers' workplace violence prevention plans, which would include unit-specific assessments and implementation of prevention measures, such as physical changes to the environment, staffing for patient care and security, employee involvement, hands-on training, robust record keeping requirements including a violent incident log, and retaliation protections for employees who report workplace violence to their employer and law enforcement. [16]

Also in Spring 2025, U.S. Representative Madeleine Dean (D-PA) and Senators Cindy Hyde-Smith (R-MS) and Angus King (I-ME) re-introduced the Save Healthcare Workers Act. [17] Under this proposed bill, persons convicted of assaulting hospital personnel would be fined and subject to up to a ten-year federal prison sentence. Such penalties would provide hospital personnel with similar existing federal protections provided to flight attendants and airport workers.

State Legislation Addressing Workplace Violence in Health Care

In the absence of federal legislation specifically addressing workplace violence prevention in health care, numerous states have enacted their own laws in an effort to tackle this important issue. A variety of state-level approaches has emerged as illustrated through the following representative overview:

- *Colorado*: This legislation requires that the Colorado Healthcare Affordability and Sustainability Enterprise develop workplace violence metrics by September 1, 2025. [18] Hospitals will be required to adopt its workplace violence policies and reporting requirements by July 1, 2026. [19] The legislation also modifies the hospital reimbursement process to include performance metrics, with potential additional payments of up to 7% of total hospital reimbursements from the previous years. [20]
- *Maryland*: In 2022, legislation required that a workgroup be assembled to develop a public awareness campaign on preventing workplace violence in health care. [21]
- *Michigan*: An amendment to Michigan's Penal Code went into effect March 5, 2024, which doubled the financial penalty imposed on persons who harass and/or assault health care professionals and medical volunteers on the job. [22]
- *North Carolina*: Effective October 1, 2024, hospitals with emergency departments must conduct a security risk assessment and develop and implement a security plan that ensures the presence of a law enforcement officer at all times unless the hospital requests an exemption from the state. [23]
- *Texas*: Effective in September 2023, this legislation requires that health care facilities develop and maintain a written workplace violence prevention plan and set up a workplace violence prevention committee that includes at least: one registered nurse who provides direct patient care, one physician licensed in Texas who provides direct patient care, and one facility employee who performs security services. [24]

Workplace Violence Related Legal Risks

Workplace violence can subject health care entities to legal risks in a variety of forms. According to a January 2024 poll from the American College of Emergency Physicians, 91% of emergency physicians said that "they or a colleague were threatened or attacked within the prior year." [25] More than two-thirds of those physicians indicated that they did not feel their employer's response was appropriate. [26] Such a poll is startling, particularly when considered with the obligations of Medicare-participating hospitals that provide emergency services under the Emergency Medical Treatment & Labor Act (EMTALA). Because aggressive or even violent patient behavior may be caused by an underlying medical condition (e.g., a psychiatric disturbance or drug overdose), such behavior does not relieve a hospital of its EMTALA obligations. These include providing an appropriate medical screening examination to *any* individual, including a potentially violent patient, who comes to the emergency department seeking emergency services, determining the presence or absence of an emergency medical condition, and providing appropriate stabilizing treatment and/or transfer. [27] Failure to satisfy the EMTALA obligations, if they are triggered, may subject both the physician and hospital to civil monetary penalties and potential exclusion from federal health care programs. [28]

Workplace violence incidents resulting in injury to others can give rise to legal liability in the form of negligence or workers' compensation claims. Discrimination claims are also possible in response to harassing, disruptive, or violent behavior by employees, patients, visitors, or vendors. Indeed, health care employers that fail to take reasonable preventative and corrective actions in this area are vulnerable to significant liability under state and federal employment discrimination laws.

Whistleblower protection statutes and related retaliation claims are another source of legal risk for health care employers. For example, a former charge nurse initiated a lawsuit and sought $810,000 in damages against his employer, alleging whistleblower retaliation after he reported concerns to management regarding "inadequate staffing" and "disproportionate effort by security guards." [29] In another example, a former claims manager brought an action alleging claims of wrongful termination and violations of the Tennessee Public Protection Act (TPPA) for his refusal to remain silent about his employer's failure to comply with new OSHA guidelines on workplace violence prevention. [30] The Tennessee Court of Appeals found in that case that the plaintiff's complaint stated a claim for relief under the TPPA as it alleged "insufficient safeguards against violence by patients against employees." [31]

Workplace Violence Related Operational Risks

In addition to legal vulnerabilities, workplace violence incidents can be costly for health care employers in a number of practical ways. The University of Washington Harborview Injury Prevention and Research Center estimates that the total annual financial cost of violence to hospitals in 2023 was $18.27 billion. [32] This estimate included both pre- and post-incident cost components, with the post-incident costs totaling $16.65 billion, more than four times higher than $3.62 billion of pre-incident costs. [33] Although the main source of post-incident costs is health care expenses to treat related injuries, other associated costs derive from equipment and infrastructure repairs as well as productivity loss resulting from employee absenteeism and staff turnover. [34]

Indeed, according to the BLS, 69% of the workplace violence incidents in health care in 2021 and

2022 resulted in employee absenteeism. [35] Even when employees return to work after sustaining an injury as a result of workplace violence, they can still experience disengagement and low morale, which can directly impact staffing levels and the quality of patient care. The annual turnover rate of nurses in the United States due to workplace violence has been estimated to be between 15% to 36%. [36]

Underreporting of workplace violence incidents is another significant problem in the health care sector. Many employees fear retaliation or believe that reporting will not lead to meaningful changes in the workplace, which may further perpetuate unsafe working conditions.

Employee disengagement, low morale, and a fear for their safety and of retaliation by their employers can create fertile ground for picketing and union organizing efforts. Health care workers under these conditions are more likely to view union representation as a pathway to advocate for safer working conditions, stronger staffing policies, and improved employer accountability. [37] In October 2023, hospital nurses in Seattle picketed, demanding better staffing, higher wages, and increased protections against workplace violence including metal detectors, canine units, and more security personnel. [38]

Recommendations to Address Workplace Violence Risks in Health Care Settings

Health care employers face many challenges today, but none are more important than providing a safe setting for their staff, patients, and visitors. Health care employers should work with their legal counsel, risk management teams, human resources, and other relevant stakeholders such as a workplace violence prevention committee, to understand their legal obligations under applicable federal, state, and local laws, as well as any obligations imposed by applicable accrediting bodies.

In addition to ensuring compliance with applicable legal requirements, health care employers should consider taking the following steps:

- Establishing a zero-tolerance policy for violence or threats of violence;
- Creating a workplace violence prevention plan that incorporates OSHA guidelines and other available resources;
- Conducting an analysis of the workplace to identify potential hazards that could lead to incidents of workplace violence;
- Taking an inventory of existing policies and procedures while assessing their effectiveness and whether there are areas for improvement;
- Providing training and education to help employees recognize potential dangers and deal with them effectively;
- Maintaining an open system of communication where employees are encouraged to make recommendations for improving workplace prevention methods and report incidents of violence or close calls without fear of retaliation;
- Establishing a system for tracking and recording patients with a history of violence or disruptive behaviors so employees may take extra precautions as needed;
- Providing counseling or other support resources as needed to individuals who have experienced

or witnessed incidents of violence; and
- Taking proactive steps to establish and maintain positive relations with local law enforcement and other first responders who can provide assistance during workplace violence incidents.

Conclusion

Health care employers are obligated under applicable federal and state laws and regulations to provide a safe work environment for their employees, and to appropriately manage and mitigate workplace violence. Making a firm, genuine, and visible commitment to a culture of safety for patients and staff will significantly reduce legal risks. Perhaps more importantly, it will enhance patient satisfaction, improve patient care, boost employee morale, reduce staff attrition and minimize union organizing risks. It is critically important that health care employers recognize the risks and take the necessary steps to comply with applicable laws and to provide a safe work environment for their employees and others in the workplace.

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ARTICLE TAGS

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