WORKPLACE VIOLENCE AT MASSACHUSETTS HEALTHCARE FACILITIES:

An Untenable Situation & A Call to Protect the Workforce
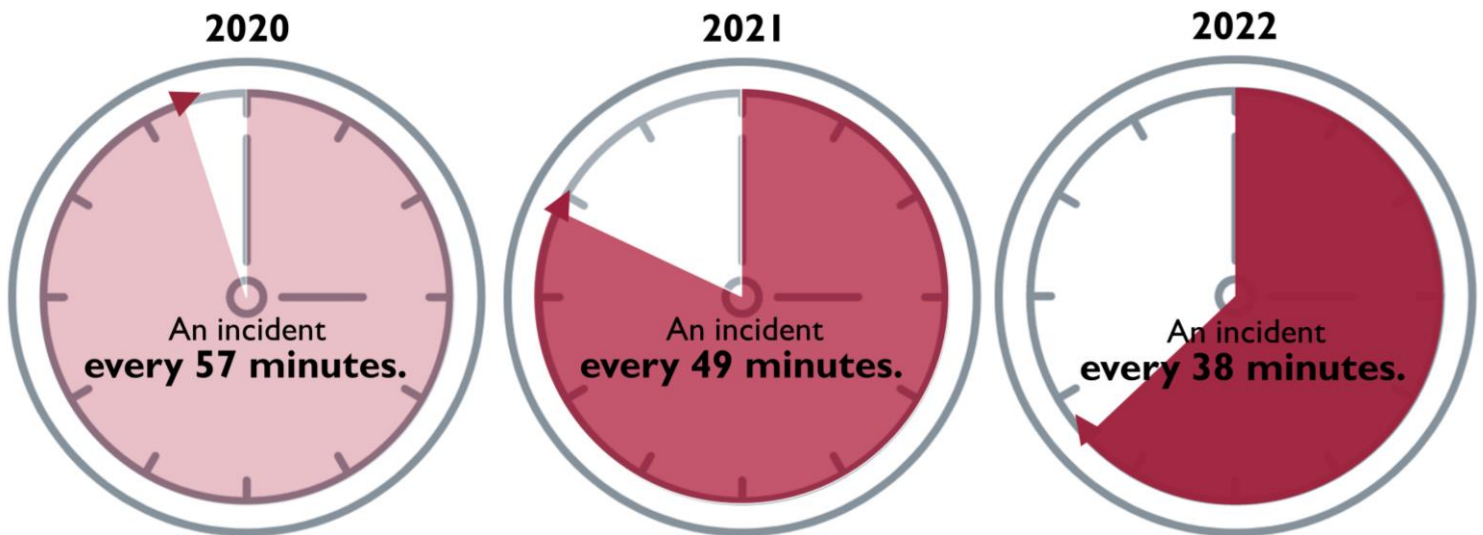
IN THIS REPORT:

MHA MASSACHUSETTS Health & Hospital ASSOCIATION

January 2023

Every 38 minutes in a Massachusetts healthcare facility, someone – most likely a clinician or employee – is either physically assaulted, endures verbal abuse, or is threatened.

A STEEP CLIMB: Frequency of abusive incidents at Massachusetts healthcare organizations; 2020-2022

2020

An incident **every 57 minutes.**

2021

An incident **every 49 minutes.**

2022

An incident **every 38 minutes.**

The consequences cannot be ignored. Due in part to the trauma brought on by violence and harassment, healthcare professionals are choosing to leave the field and sever their exposure to harm. And they are exiting at a time when an estimated 19,000 full-time vacancies already exist across hospitals and when capacity pressures remain historically high. Abusive incidents do more than harm those who have devoted their careers to saving lives; they affect access to compassionate, timely care for patients in need.

The healthcare community is committed to addressing the issue of healthcare violence and is devoting extensive time, training, and resources to confront it. **Given the disturbing escalation of incidents in facilities across the nation, the members of the Massachusetts Health & Hospital Association (MHA) are issuing an urgent call for additional support from the general public. In doing so, they have endorsed a common set of principles to be adopted across their Patient and Visitor Codes of Conduct and are continuing to advocate for statewide solutions to the problem as the new legislative session begins** (*see page 6*).

The Massachusetts healthcare community, through MHA, has come together in a unified call to action to protect our healthcare workers and the patients they care for. We are taking a stand, and we are asking you to stand with us. Please hear us clearly: abuse in all its forms, against those whose very mission is oftentimes to heal those affected by violence, has no place within our hospitals and care settings.

Bonnie Michelman, CPP, CHPA, executive director of Police, Security and Outside Services, Massachusetts General Hospital & Mass General Brigham

Chair, MHA Healthcare Safety & Violence Prevention Workgroup

The Numbers Behind the Crisis

For the past three years, MHA has conducted a monthly survey of Massachusetts hospitals to track the frequency, location, and types of violence committed on their campuses, which may include outpatient clinics and affiliated physician practices, among other care sites.

Eighty-eight percent of acute and post-acute hospitals within MHA's membership (a total of 56 facilities) respond to the monthly survey. The data in *Figure 1* shows that assaults against healthcare workers leveled out throughout most of 2020, when the COVID-19 pandemic led to a drop in patient and visitor volume at hospitals, but rose steadily throughout 2021 and 2022.

Figure 1: *Total Number of Reported Incidents of Violence by Month, October 2019 to September 2022 (among a consistent cohort of reporting of hospitals)*
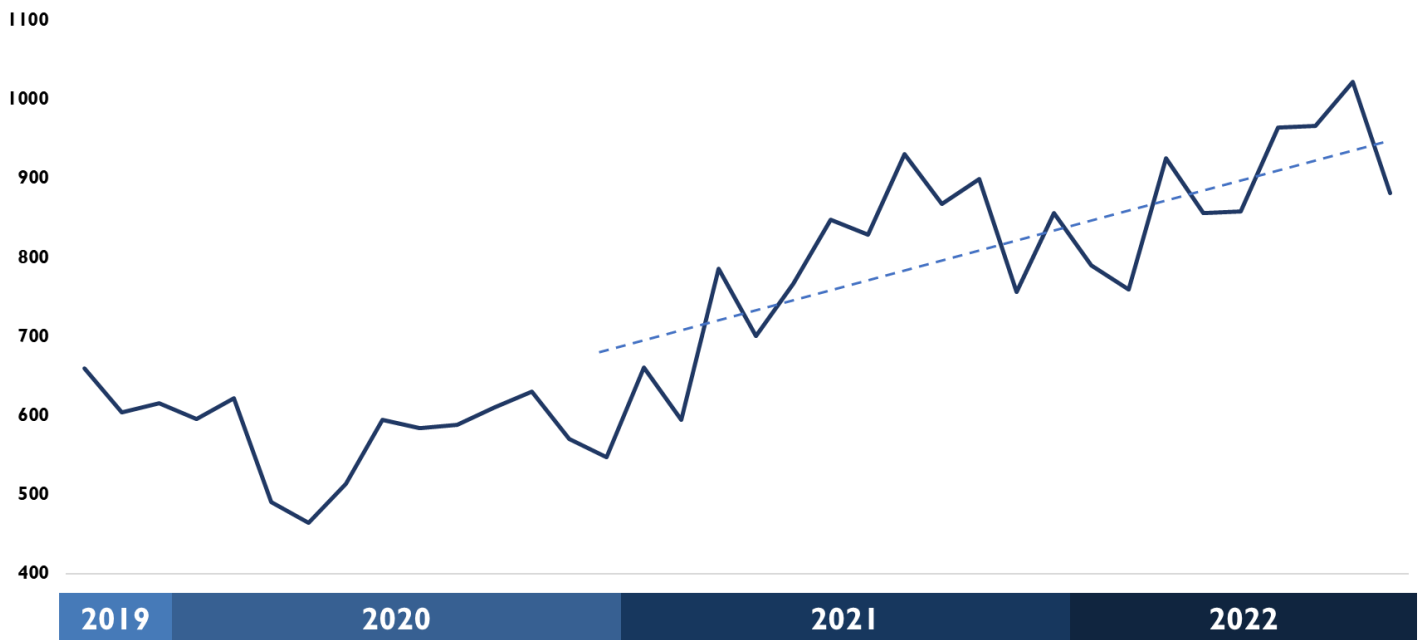
The issue is not unique to Massachusetts and there always has been an element of risk associated with healthcare jobs. Because of the emotionally charged, fast-paced, and often unpredictable nature of healthcare, members of the workforce have encountered unacceptable incidents of violence and harassment while on the job.

According to data from the Bureau of Labor Statistics[1], workers in the healthcare and social service sectors experience the highest rates of injuries from workplace violence.

The International Association for Healthcare Security and Safety (IAHSS)[2] reported a record rate of simple assaults per 100 hospital beds in 2021, according to a survey of security leaders throughout the nation *(Figure 2)*.

---

[1] Bureau of Labor Statistics (2020). *Fact Sheet Workplace Violence in Healthcare, 2018.* Accessed from https://www.bls.gov/iif/factsheets/workplace-violence-healthcare-2018.htm.

[2] IAHHS Foundation (2022). *2022 Healthcare Crime Survey.* Accessed from https://iahssf.org/crime-surveys/2022-healthcare-crime-survey/.

A poll conducted by the American College of Emergency Physicians[3] showed that more than 80% of emergency physicians reported that the rate of violence in their workplaces has increased, with 45% noting a spike in incidents in the past five years.

The pandemic has exacerbated the situation, as has the worsening behavioral health boarding crisis, longer wait times, and required limits on visitations. Some of the uptick in incidents can also be explained by the increase in overall reporting among employees as their organizations work to instill a "culture of reporting."

Figure 2: *Simple Assault Per 100 Hospital Beds Nationally; 2012-2021*
(International Association for Healthcare Security and Safety)

IAHSS did not produce a Crime Survey in 2017
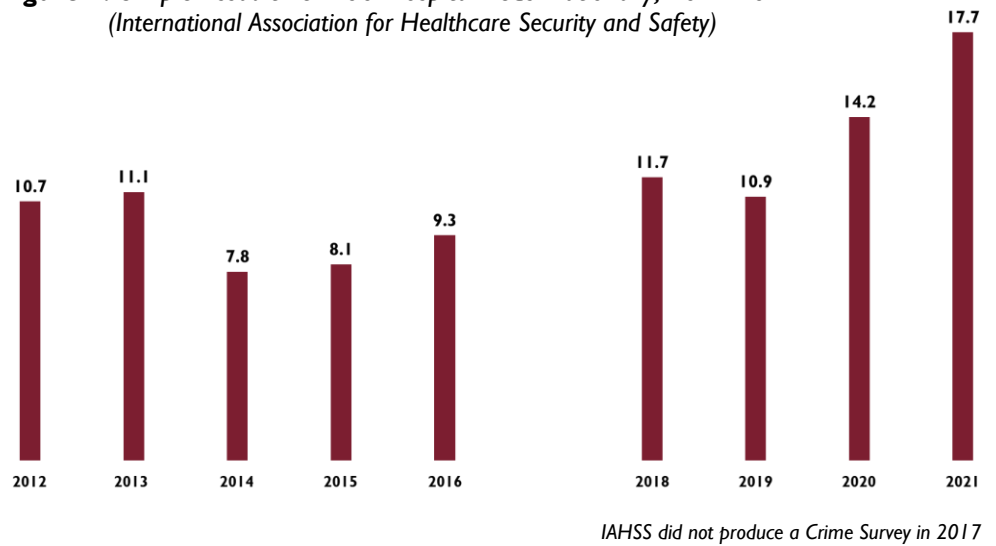
In the MHA survey, the most frequently reported incidents of aggression within facilities were completed physical assaults (44%), followed by verbal abuse (23%), threats of harm (19%), and attempted physical assaults with no contact (12%) *(Figure 3)*.

While the number of *recorded* incidents is disturbing, the actual number of assaults against healthcare workers is likely *underreported*. That is because verbal abuse and threats of harm have too often been considered "business as usual" in the provision of care. That perception must change.

Figure 3: *Leading Types of Reported Incidents in Massachusetts Healthcare Facilities*

Completed Physical Assault: 44% | Verbal Abuse: 23% | Threat of Harm: 20% | Attempted Physical Assault, No Contact: 13%

---
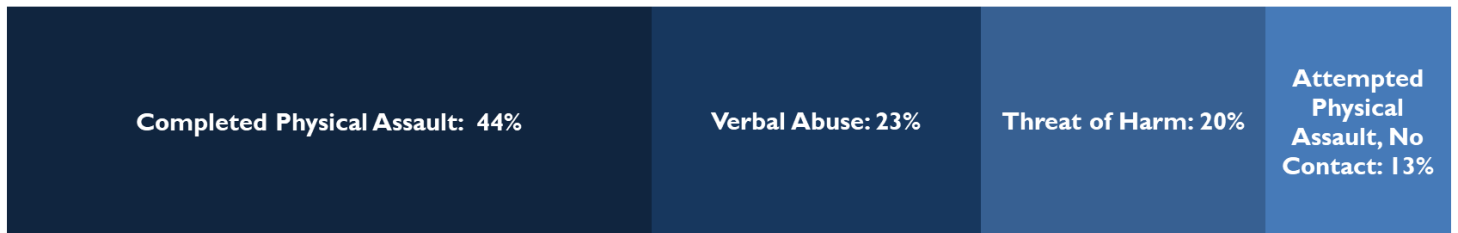
[3] American College of Emergency Physicians (2022). *Poll: ED Violence is on the Rise.* Accessed from
https://www.emergencyphysicians.org/article/er101/poll-ed-violence-is-on-the-rise.

MHA's survey shows that approximately 96% of all violent incidents at hospitals are carried out by either patients, visitors, or non-hospital employees (*Figure 4*). Healthcare workers committing violence against their peers or patients is rare. The survey also found that 33% of incidents are committed by repeat offenders.

The most common victims of violence in hospitals are nurses, followed by security personnel, and other healthcare workers (*Figure 5*). Approximately 4% incidents of violence are committed against patients.
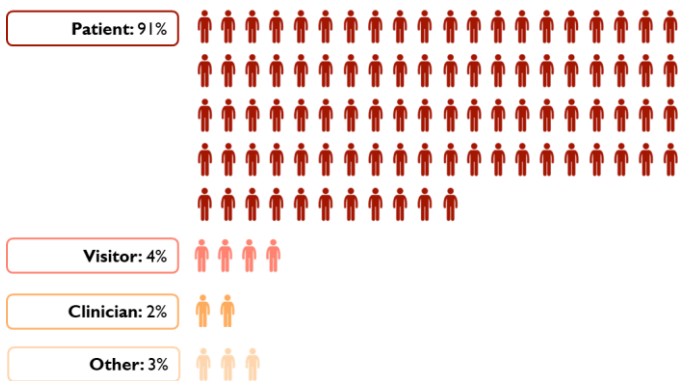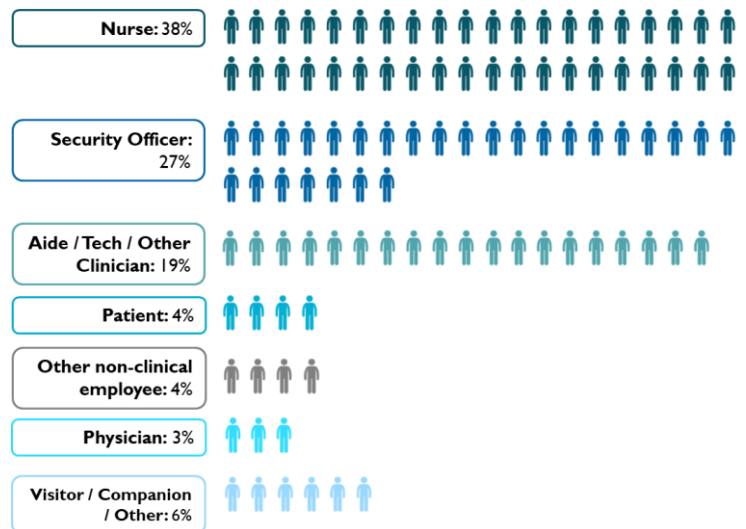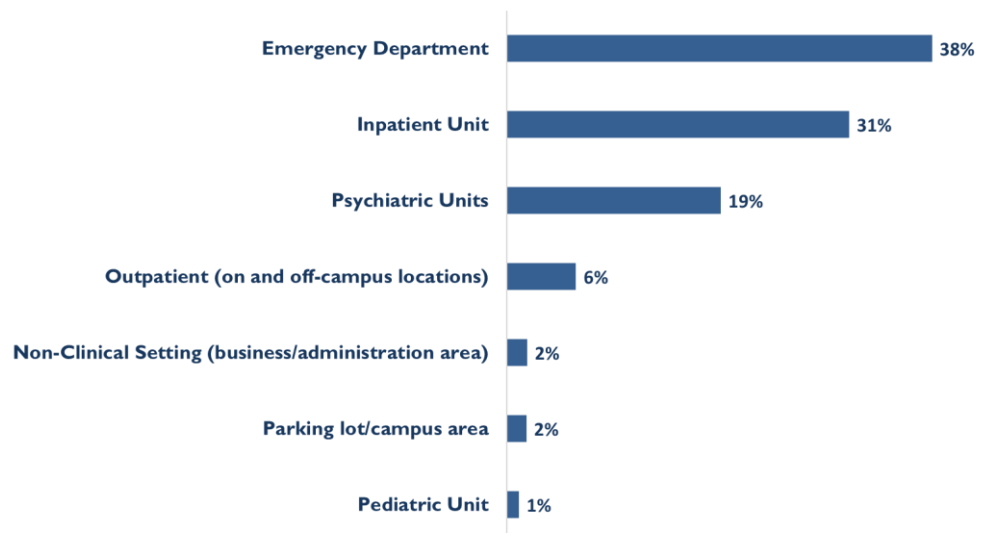
Figure 5: *Victims of Reported Incidents*

Nurse: 38%	
Security Officer: 27%	
Aide / Tech / Other Clinician: 19%	
Patient: 4%	
Other non-clinical employee: 4%	
Physician: 3%	
Visitor / Companion / Other: 6%	

Figure 4: *Aggressors of Reported Incidents*

Patient: 91%	
Visitor: 4%	
Clinician: 2%	
Other: 3%	

MHA's survey further reveals that the most common location of healthcare violence are hospital emergency departments (38%) followed by inpatient units (31%) and psychiatric units (19%) (*Figure 6*).

Figure 6: *Reported Incident Location Distribution*

Location	%
Emergency Department	38%
Inpatient Unit	31%
Psychiatric Units	19%
Outpatient (on and off-campus locations)	6%
Non-Clinical Setting (business/administration area)	2%
Parking lot/campus area	2%
Pediatric Unit	1%

A Comprehensive Approach

The healthcare community is devoting significant time and resources to address workplace violence and harassment. All Massachusetts hospitals have violence prevention programs, and all are required, as a condition of their accreditation, to institute worker training to address violence.

Hospitals' collective efforts have been led by **MHA's Healthcare Safety & Violence Prevention Workgroup**, launched in 2017, and composed of more than 70 security and safety, risk management, quality & patient safety, human resources, nursing, and other clinical professionals from MHA member hospitals and health systems.

In November 2018, the Massachusetts healthcare community united and collectively addressed workforce challenges through the creation of a first-of-its-kind collaboration – the **Caring for the Caregiver Task Force –** to address worker safety, engagement, wellbeing, and development. The aim of the safety area of focus was to "prevent and manage issues that result in harm to an employee, including physical, mental, and emotional harm. This includes both workplace violence and worker injury."

In 2019, MHA prepared a guidance document entitled _Developing Healthcare Safety & Violence Prevention Programs Within Hospitals_ to provide best practices to assist facilities create effective healthcare violence prevention programs.

The **2021 Caring for the Caregiver task force report** endorsed nine key recommendations, including that organizations foster a culture of reporting for incidents of workplace violence and worker injury, implement regular violence risk assessments to inform facility policies and procedures and employee training, and provide

comprehensive post-incident support to employees who are subject to violence or injury while on the job.

In 2022, MHA conducted a survey in which 100% of respondents reported having a safety and violence prevention policy in place, with a range of elements and criteria.

Safety efforts underway in healthcare facilities include:

✓ Alarms and monitors (including panic buttons)
✓ Alerts for repeat offenders
✓ Restricted access to certain areas
✓ Present or rounding security personnel
✓ Signage
✓ Huddles
✓ Focused and evolving employee training
✓ Safety drills
✓ Exit strategies
✓ Availability of escorts (e.g., in parking lots or treating high-risk patients)
✓ Personal protective equipment
✓ Emergency response teams
✓ Incident debriefing and peer support

Elements of hospital violence prevention policies include:

✓ Security procedures
✓ Employee support following incidents of violence
✓ Employee training
✓ Data collection
✓ Emergency response protocols
✓ Data reporting
✓ Arrangements with local law enforcement

A Call to Action: Patients & Visitors

Healthcare leaders are working daily to create safer work environments for employees. But their efforts are only as effective as the support their organizations receive from everyone who enters their facilities – including patients and visitors.

The significant rise in incidents within healthcare organizations has prompted MHA member hospitals to issue their strongest message yet to the general public.

To do so in a united fashion, MHA members have established a set of Code of Conduct principles to be adopted across each of their organizations.

Organizations may alter the language and include additional items as appropriate for their individual facilities, but agree to uphold the principles below as a united, baseline standard.

Taken together, these principles make clear that patients and their visitors must treat caregivers with the utmost respect at all times. And those who engage in abusive behavior will be subject to consequences, as dictated by the individual facility and review of the incident.

MHA Member United Code of Conduct Principles
Approved by the Board of Trustees on January 26, 2023

Promotion of a Safe and Respectful Environment

I. Healthcare organizations are committed to uphold a Code of Conduct to maintain a safe, inclusive, equitable, and respectful environment for patients, staff, and visitors.
II. Healthcare organizations commit to the creation of policies and practices that promote the protection of staff, patients, and visitors.
III. A safe environment promotes patient, visitor, and staff safety.
IV. Offensive, abusive, or discriminatory language or behavior undermines the safety of patients and staff.

Code of Conduct Violations Could Include, but Are Not Limited to:

I. Disrespectful, aggressive, abusive, or violent behaviors or actions towards staff, patients, and visitors.
II. Threatening, discriminatory, bullying, disrespectful, or offensive language towards staff, patients, and visitors.
III. Possession of weapons or firearms.
IV. Disruption of other patients' care or experience.
V. Taking photos or videos of patients, visitors, and/or staff without permission.

Potential Consequences

All violations will be addressed by hospital staff per the organization's policies and procedures.

I. Patients violating the code of conduct may be asked to continue their care plan elsewhere and their future ability to obtain non-emergent care at the facility may require further review.
II. Anyone found violating the code of conduct may be asked to leave and future visits may be restricted.
III. The hospital may report violations of personal conduct to appropriate authorities.

Maintenance of Code of Conduct

I. Alert members of your care team if you witness or are a victim of behaviors or actions that violate the Code of Conduct.
II. Retaliation for reporting a violation is prohibited.
III. Staff will report all observed or experienced violations of the Code of Conduct to the appropriate individual or offices per the organization's violence prevention policy.

Advocating for Legislative Change

MHA and its members continue to champion protections for healthcare workers and violence prevention in their advocacy on Beacon and Capitol hills.

In the upcoming 2023-2024 legislative session, MHA will be seeking priority legislation to:

› Develop and monitor new statewide standards for evaluating and addressing hospital security risks, while ensuring inclusivity of patient health equity considerations (race, ethnicity, language and disability, and sexual orientation and gender identity) and the needs of patients in behavioral health crisis.

› Implement hospital workplace violence prevention and training programs based on those standards.

› Increase penalties for those who *intentionally* assault caregivers or *knowingly and deliberately* disrupt the conduct of a hospital.

› Increase support for employees who are pursuing legal action related to an incident of violence.

› Implement regular reporting of all assaults to the Department of Public Health.

› Facilitate robust information-sharing between the healthcare and public safety communities for those with intent.

› Expand care access for justice-involved patients experiencing a violent behavioral health episode, as well as for patients in need of care from health and human service agencies.

In addition, MHA members are strongly advocating for federal legislation that is modeled after the federal statute protecting aircraft and airport workers, which would make it a federal crime to assault or intimidate healthcare employees and, as a result, interfere with the ability of those employees to perform their duties.

Standing Up Together

Healthcare workers dedicate their lives to their patients and communities, offering care and compassion during what are often the most difficult times of an individual's life. During the pandemic healthcare personnel put themselves at great risk to care for those afflicted with COVID-19. They have remained true to their calling during the current capacity crisis, which has been exacerbated by workforce shortages that have placed enormous strain on the system and challenged access to care.

Abuse and violence are not -- and will never be -- part of the job description. The members of the Massachusetts Health & Hospital Association call on the public to treat those within our healthcare community with respect and compassion any time they enter a medical facility.

MHA wishes to thank the dozens of healthcare leaders, including members of the Healthcare Safety & Violence Prevention Workgroup, who were involved in developing the United Code of Conduct Principles – as well as for their unrelenting commitment to the safety of our patients, caregivers, and visitors.

MHA
MASSACHUSETTS
Health & Hospital
ASSOCIATION

500 DISTRICT AVE.
BURLINGTON, MA 01803
(781) 262 - 6000

MEDIA CONTACT:
communications@mhalink.org
(781) 262 - 6091