

# Workplace Violence in Nursing: Protect Yourself, Protect Your Patients



Linda Laskowski-Jones,  
MS, APRN, ACNS-BC, CEN, NEA-BC, FAWM, FAEN, FAAN  
Editor-in-Chief, *Nursing*  
Lippincott / Wolters Kluwer Health

# Objectives

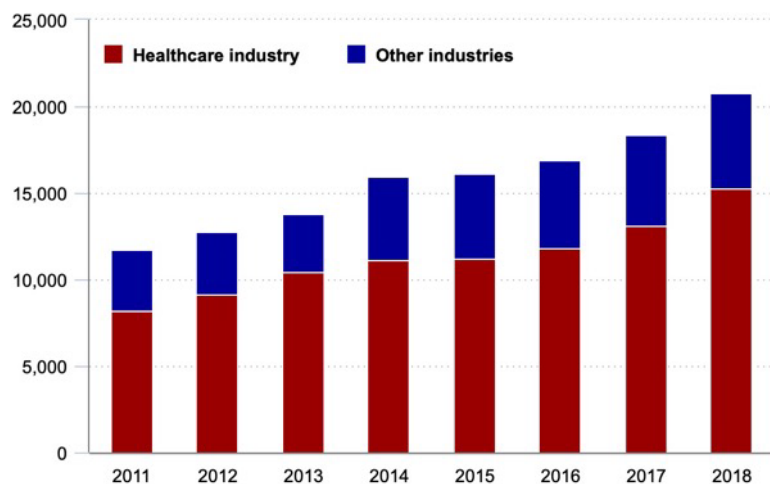
- Discuss the status of today's laws that address workplace violence (WPV) and what legislation is needed
- Discuss OSHA enforcement in hospitals
- Discuss the *civilian* standard vs. the *nursing* standard in relation to WPV
- Discuss how nursing associations are responding to WPV
- Devise strategies for selected WPV scenarios

# Alarming rise in nurse assaults...

- Incidence of healthcare WPV escalated during and after COVID-19 pandemic.
- “The data reveal a troubling upward trend in assaults on nursing staff, with incidents steadily increasing from 14,434 in 2019 to 23,767 in 2023...”. (Pascale et al, 2025).
- Congress has failed to address healthcare worker safety through legislation.
- States have enacted a variety of laws, but many are too weak to make meaningful impact.
- *Nursing WPV “...education and training alone seemed to have minimal effect on preventing WPV.” (Bauersfeld & Majers, JONA, 2023).*

# Bureau of Labor Statistics 2018

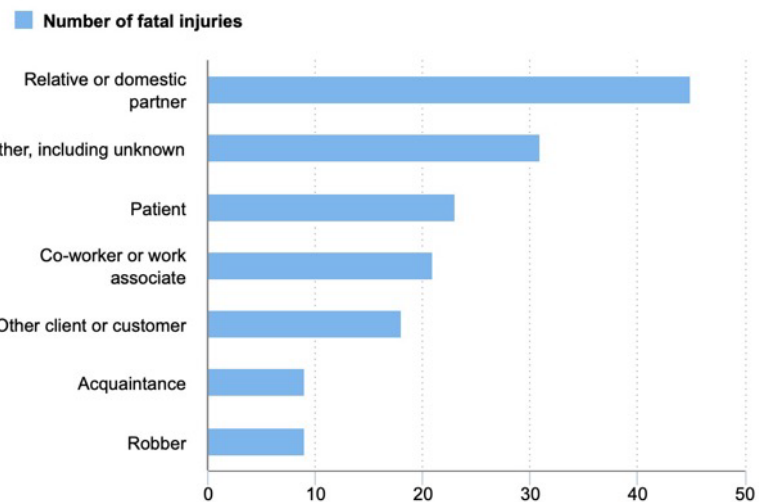
Chart 2. Number of nonfatal workplace violence injuries and illnesses with days away from work, 2011-18



Click legend items to change data display. Hover over chart to view data.  
Source: U.S. Bureau of Labor Statistics.



Chart 3. Workplace homicides to healthcare workers, by assailant, 2011-18



Click legend items to change data display. Hover over chart to view data.  
Source: U.S. Bureau of Labor Statistics.



# AHA-Financed WPV Study Executive Summary

Hospital financial impacts from violence:

- Total annual cost of violence to hospitals in 2023: est. **\$18.27 billion U.S. dollars (USD)**.
- Pre-event costs associated with violence prevention in the community and within facilities: est. \$3.62 billion USD
- Post-event costs for health care, work loss costs, case management, staffing, and infrastructure repair: est. **\$14.65 billion USD**.
- **Largest contributor to total annual cost: post-event health care expenses to treat violent injuries.**
  - (Harborview Injury Prevention & Research Center, March 2025).

# Perpetrators of Workplace Violence

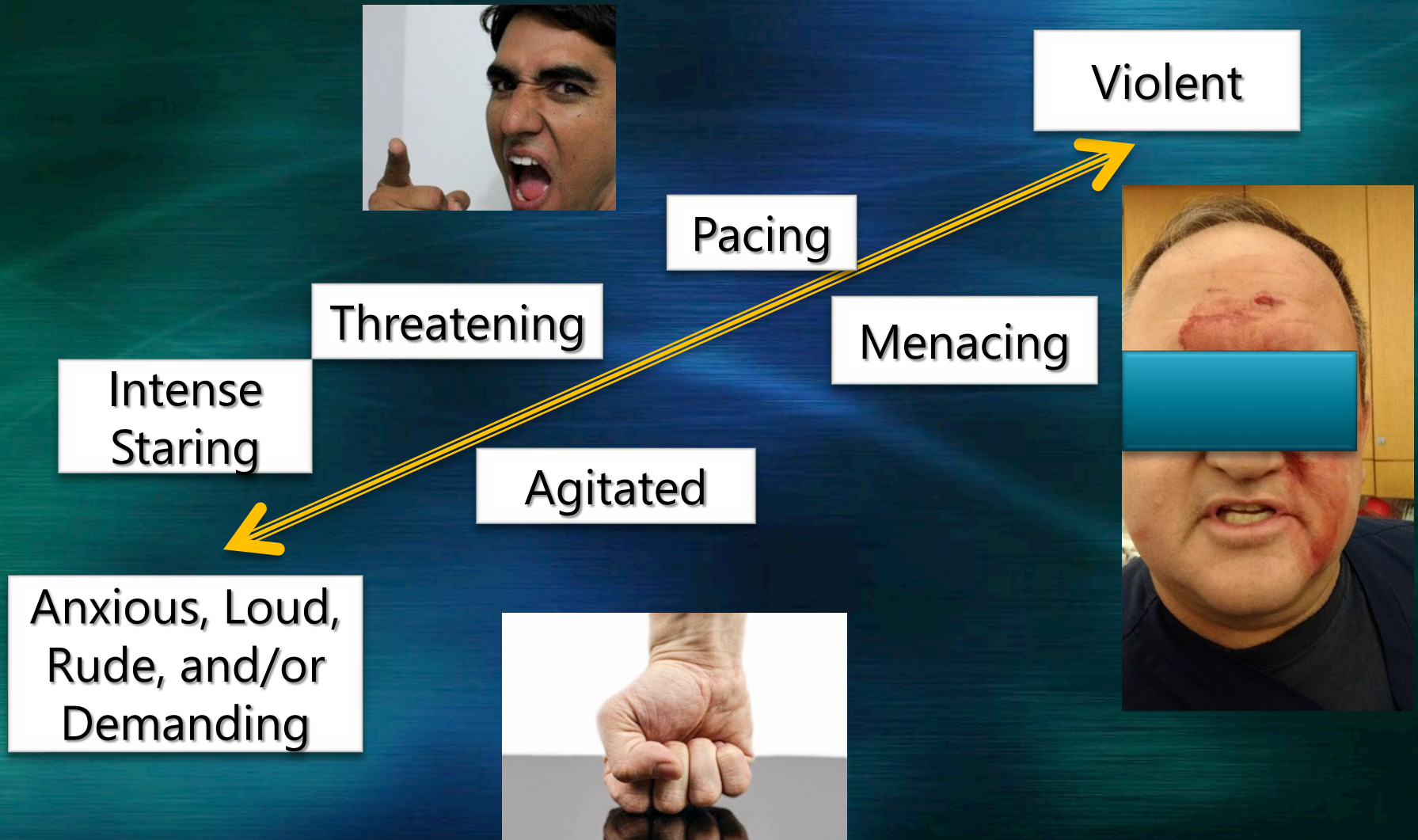
- Patients
- Visitors
- Family members
- Co-workers
- May impact staff, other patients & visitors
- A global concern in healthcare
- Staff & facilities often ill-prepared or under-resourced to manage violence



# Precipitating Factors

- Emotionally-charged situations / poor coping
- Pain
- Substance misuse / abuse / withdrawal
- Access to weapons / firearms
- Long wait times for care / inadequate staffing
- Interpersonal violence
- Inadequate behavioral health resources
- Impulsivity or unpredictable behavior (prior brain injury, autism, dementia, delirium, adverse drug reactions, etc.)

# Escalating Behaviors



# Many Significant *Safety Risks* (read “weapons”) in the Healthcare Environment



# The Joint Commission & WPV...

- The Elements of Performance:
  - Requirements for worksite analysis
  - Data collection and continuous monitoring
  - Identification of risks
  - Hospital staff education and training
  - Establishment of a workplace violence prevention program
    - (Arnetz, 2022).

# OSHA Enforcement (Federal Law)

- **OSHA General Duty Clause** (Congress enacted 1970) *interpreted* to include workplace violence:
  - “...employers must protect employees from any serious hazard once they're aware of it – whether OSHA's rules specifically address it or not.”
- To cite Section 5a1, OSHA must prove:
  - Employer failed to keep workplace free of hazard to which employees were exposed
  - Cited hazard was recognized.
  - Hazard was causing or likely to cause death or serious physical harm
  - A feasible & practical method to correct risk was available

# Best Practice Strategies for Workplace Safety

- Staff training in WPV prevention, behavioral emergencies, **active shooter / bomb drills**
- Conflict resolution/ de-escalation methods
- **Zero tolerance policy**
- Signage
- **Mandatory reporting**
- Event debriefing
- **Violence flag** in EMR
- Key card door access
- Monitored access points/**high visibility security**
- Alternate entrance/egress
- Bullet-proof glass
- Panic buttons
- Lock-down capability
- Video surveillance
- Magnetometer wands / metal detectors
- Secure prisoner/custody area
- Canine security

# Patient & Visitor Strategies

- Do not place rival gangs or those involved in violence in same general area!
- Does visitor escalate patient behavior?
- Does patient escalate visitor behavior?
- Are visitors bringing patient contraband items or illicit substances?
- Do certain visitors need to be limited or restricted?

# Best Practices

- Be situationally aware, seek additional assistance
- Have an escape route
- Self-check personal behavior: do not contribute to escalation!
- Set tone: speak in a low, calm voice; make expectations & limits clear
- Treat patient with dignity & respect; show empathy
- Identify cause of escalation
- Allow patient limited, appropriate choices to provide sense of control
- Use **self-defense techniques as last resort**

# Staff Self-Defense Training

'I do have rights to protect myself': Health workers learn self defense to protect against violence



NURSING CE CENTRAL

Course Library Help Center Resources

NURSING NEWS

### Self-Defense for Nurses? How Hospitals, Universities Help Staff Feel Safe

- A Maryland hospital is teaching self-defense for nurses in partnership with a local trainer to prepare them for potentially violent situations.
- Colleges and universities are also holding similar sessions for students planning to enter the nursing field.
- More than 80% reported experiencing workplace violence in the past year, according to National Nurses United.

KARI WILLIAMS  
Nursing CE Central

APRIL 11, 2025




Updated: 8:06 PM EDT Mar 27, 2025 | Editorial Standards

Lisa Robinson

RANDALLSTOWN, Md. — A study by the National Institutes of Health said workplace violence is

# Staff Self-Defense Training



The screenshot shows a YouTube video player interface. The video content depicts a group of healthcare staff members in a training room. Some are wearing blue scrubs, while others are in civilian attire. They are engaged in various self-defense exercises, including blocking and striking techniques. The room has a patterned carpet and several chairs.

**UCI Health x Gracie Medical Defense (GMD)**


**GracieBreakdown**  
934K subscribers [Subscribe](#)


👍 262    💬    ➦ Share    ✂️ Clip    📌 Save    ⋮

4.9K views 6 months ago

We had a chance to pilot Gracie Medical Defense (GMD) at UCI Health in California. Prior to GMD only 26% of clinicians surveyed felt that their training adequately prepared staff members to deal with realistic threats from physically aggressive patients. Whereas after only 4 hours of training, 100% of clinicians surveyed felt that Gracie Medical Defense adequately prepared staff for these very same threats. ...more

**14 Comments**    ≡ Sort by

 Add a comment...

 @Alpha\_Omega\_1541 6 months ago

# Self-Defense Civilian Standard (state specific)

- A healthcare worker may use “reasonable force” in self-defense, but no more than is necessary.
- Excessive force can lead to civil & criminal liability.
- Some states have “No duty to retreat” or “Stand your ground” laws removing duty to retreat before using self-defense.
- No guaranteed protection from liability.
- Altered mental capacity of patient: Standard of care calls for de-escalation and minimizing harm

# Even when acting in self-defense...

- Nurses must use self-defense only as **last resort** after de-escalation has failed
- Nurses can face **civil, criminal, professional regulatory, and employment** consequences
- Liability risk based upon specific circumstances & applicable state laws
- State prosecutor, perpetrator, & employer may pursue legal action against nurse
- Some states offer civil immunity for *justified* use of self-defense
- Thoroughly document event, patient history of violence, all actions taken, status of patient, & follow workplace reporting policies

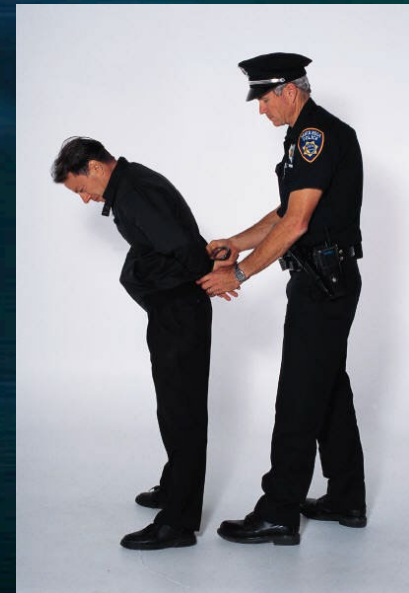
# Workplace Culture: Are Leaders Allies?

- Leaders promote **patient satisfaction**
- Difficult patients *push or ignore boundaries* of acceptable behavior
- When patient, family, or visitor behavior is aggressive, threatening, or violent...
- How supportive is leadership in:
  - Assuring staff safety & well-being?
  - Instituting effective control measures?
- Or, do “patient satisfaction” concerns eclipse effective actions?



# Culture Question:

- Will leaders support staff in filing a police report and pressing criminal charges if perpetrator (patient, family member, or visitor) engages in terroristic threatening or physical assault ?



# What would influence this decision?

- Patient diagnosis (e.g., dementia, delirium)?
- **Intent?**
  - If a patient impaired by illicit drugs or alcohol harms a nurse, is the act intentional or unintentional?
  - But it's **more than “intent”** ...
    - Impaired drivers are criminally liable for injuries or deaths.
    - Should a patient be granted a “pass” on criminal charges if, when sober, the patient would not have committed the act?

# Workplace culture will influence...

- Staff willingness to report workplace violence
- Staff perception of workplace safety
- Staff morale & engagement
- Staff retention
- Incidence of workplace violence
- Employee injury rate
- Patient and visitor perceptions of safety
- Overall patient safety!

# Institutional & Professional Risks:

- Inadequate screening procedures...weapons?
- Failure to provide a safe treatment environment
- Inadequate staff education / training
- Lack of monitoring / surveillance capabilities

## Can Result in...

- Patient self-harm or death
- Elopement
- Staff, patient, visitor & reputational harm
- Property damage

# Facility-Wide Planning Approach

- “After action” debrief and defined employee support mechanism(s):
  - Staff need assurance leaders “have their backs” and will not blame them for attack
  - Staff may state desire to leave job or profession
  - Consider employee assistance programs
  - Encourage employee health follow-up for injuries
  - Support / assistance from willing peers

# Role of Nursing Organizations

- ANA, ENA, AACN, AAN and other national/state nursing groups promote various federal and state workplace violence-related legislation:
  - Federal protections for nurses against WPV
  - Felony charges for assaulting nurses / HCWs
  - Mandated OSHA WPV standards
  - Standardized, mandated reporting / databases
  - Workplace safety & WPV prevention plans
  - Safe nurse staffing
  - Reporting and retaliation protections
- What else do we need in addition to above?
  - Civil and professional immunity for self-defense

# Scenario 1: What Should You Do?

- A young adult male patient, angry because he didn't get an opioid prescription at discharge, shoves a nurse into a wall and states, "I'm going to get you later. I know your name." He punches a hole in wall with his fist next to nurse's head as he leaves area.



# Key Actions

- Contact security / law enforcement
- Specifically document patient's words & property damage in medical record & event report
- If surveillance cameras in use, provide event time & request video review
- Flag patient's potential for violence in medical record for future encounters
- **Perpetrator must be held accountable**
- Prosecution necessary for restitution
  - Police report with intent to prosecute
  - Do not allow police to "talk you out of" charges

# Scenario 2: What Should You Do?

- Your unit clerk gets a call from an emotional man who claims he's planted a bomb in the emergency department.



# Key Actions

- Institute hospital bomb checklist immediately
- Keep caller on phone & request details
- Quietly summon additional help to quickly notify security / law enforcement & hospital administrator
- Activate hospital code for bomb threat
- Consider placing ED on total divert / closed status
- Consider relocating or evacuating patients to an alternative location
- **Do not use cell phones or electronic communication devices;** can detonate certain types of bombs

# Key Actions

## ● Phoned threat:

interrogate caller:

- Time call received / When will it go off?
- Where is it?
- What does it look like?
- What kind of bomb is it --how is it detonated?
- Did you place it? Why?
- Description of caller's voice --Note caller ID if not blocked

## ● Suspicious package:

- Establish perimeter (police / public safety)
- Do not use cell phones or electronic communication devices
- Thoroughly describe package
- Bomb squad needed / bomb sniffing canines



# Scenario 3: What Should You Do?

- Active shooter

A man enters the facility through the main lobby and starts shooting people



# Key Actions

- Pre-Event: Active shooter policy & training essential:
  - Address staff notification, lockdown & concealment
  - “Run, Hide, Fight” education
  - Train through drills
- Doors locked, lights out, people quiet, concealed along inside wall, prepared to fight

# Key Actions

- Law enforcement agency response:
  - Initial officers enter facility with goal to locate & eliminate active shooter
  - Will not help evacuate or care for injured
- “Pause in action” concept:
  - **Survivalist attitude essential**
  - Take control of situation

# Questions / Discussion



Linda Laskowski-Jones  
LindaLJ2622@comcast.net

## Selected References

- Adashi, E.Y., O'Mahony, D.P., Cohen, I.G. Congress' Failure To Address Violence Against Health Care Workers. (2024). *Health Affairs Forefront*. <https://www.healthaffairs.org/content/forefront/health-care-violence-epidemic-and-congress-s-failure-act>. Accessed: September 28, 2025
- Arnetz J. E. (2022). The Joint Commission's New and Revised Workplace Violence Prevention Standards for Hospitals: A Major Step Forward Toward Improved Quality and Safety. *Joint Commission journal on quality and patient safety*, 48(4), 241–245. <https://doi.org/10.1016/j.jcjq.2022.02.001>
- Bauersfeld S, Majers JS. Addressing Workplace Violence With Evidence. *J Nurs Adm*. 2023;53(11):615-620. doi:10.1097/NNA.0000000000001354
- Harborview Injury Prevention & Research Center. (March 2025). The Burden of Violence to U.S. Hospitals: A Comprehensive Assessment of Financial Costs and Other Impacts of Workplace and Community Violence. Research report. *American Hospital Association*. <https://www.aha.org/costsofviolence>. Accessed September 28, 2025.

# Selected References

- OSHA. (Posted January 12, 2023). What is the OSHA General Duty Clause? <https://www.osha.com/blog/general-duty-clause#:~:text=Section%205a1%20of%20the%20OSH%20Act%20is%20known%20as%20the,specifically%20address%20it%20or%20not.>
- Pascale, A., George, N., Potter, C., Warshawsky, N. E. (2025). Alarming rise in nurse assaults: Urgent call for action. *Nurse Leader*, 23(3), 321 – 327. <https://doi.org/10.1016/j.mnl.2024.12.012>
- US Bureau of Labor Statistics. Fact Sheet: Workplace Violence in Healthcare, 2018. Published April 2020. <https://www.bls.gov/iif/factsheets/workplace-violence-healthcare-2018.htm>. Accessed September 28, 2025.