Workplace Violence

How a Comprehensive Communications System Can Improve Nurse Safety

RAVE
MOBILE SAFETY

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RAVE MOBILE SAFETY

Introduction

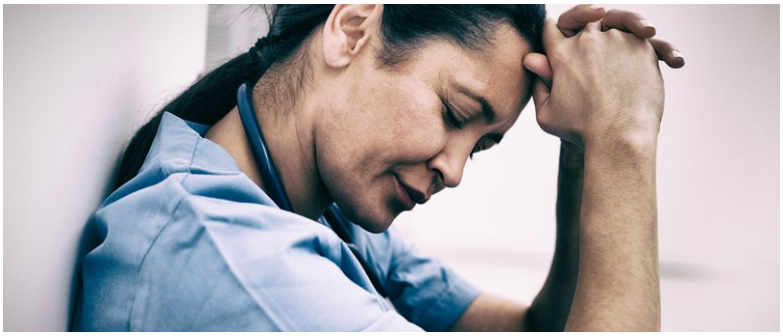
Kicked in the face. Punched. Bitten. Screamed at. Stabbed with pens and knives. Groped. Propositioned. Almost strangled with IV tubing and stethoscopes. And even killed.

These are just some of the recent reports of violent workplace incidents that nurses have endured while on the job. Nurses, both male (96%) and female (84%), have been physically threatened by their own patients, according to **Medscape**. The high rate of incidents is partially due to the unique dynamic between a patient and a nurse: nurses ethically must treat a sick patient.

A growing yet dangerous profession

Numerous studies report the healthcare industry is one of the fastest growing sectors in the U.S. economy. It currently employs more than 18 million workers, with registered nurses (RNs), licensed practical nurses (LPNs), nurse practitioners (NPs), licensed vocational nurses (LVNs), personal/home health aides and other nursing professionals making up the largest part of the healthcare industry. There are currently **3.9 million RNs**, **4 million home care aides**, **270,000 NPs** and **724,500 LPNs/LVNs** in the U.S., and women account for **87% of the overall nursing workforce**. Though their main responsibility is patient care, nurses endure staggering amounts of physical and verbal abuse often by the very people they're caring for.

The Occupational Safety and Health Administration (OSHA) reports that workplace violence is **four times** more common in healthcare than in the private industry. OSHA defines **workplace violence** as "any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite. It ranges from threats and verbal abuse to physical assaults and even homicide."



Workplace violence includes homicides, assaults, stalking, verbal threats, harassment (including sexual), intimidation and emotional abuse. These incidents are committed by patients, patient's family members, supervisors, coworkers and others. (See Types of Workplace Violence.)

Nurses, both male (96%) and female (84%), have been physically threatened by their own patients, according to Medscape.

U.S. healthcare workers experience the most nonfatal workplace injuries compared to other professions, according to the New England Journal of Medicine. Even though healthcare and social assistance workers make up only 12.2% of the workforce, nearly 75% of workplace assaults occur in the healthcare industry. This review also included data from the Bureau of Labor (BLS), which revealed healthcare workers are four times as likely to require time off as a result of violence as they are from other injuries on the job.

Types of Workplace Violence

Criminal Intent

These incidents are committed by criminals who have no other connection with the workplace other than to enter to commit robbery or another crime. The criminal is often carrying a gun or other weapon, increasing the likelihood that the victim will be killed or seriously wounded.

Patient, Patient's Family Member or Client

Violence is directed at employees who work for an organization that provides services by patients, clients, family members or others. The act occurs as workers are performing their normal tasks, and in some cases, dealing with dangerous people is part of their job. Violent reactions are triggered by an argument, anger at the denial of service, delays or some other reason. These types of incidents are the most common in the healthcare industry.

Employee-on-Employee

The perpetrator is a current or former employee who attacks or threatens another or past employee(s).

Personal Relationship

The perpetrator usually has a personal relationship with the intended victim and doesn't have a connection with the organization. This includes victims of domestic violence assaulted or threatened at work. Four out of 10 supervisors are aware of at least one employee who is suffering from ongoing domestic violence. Domestic violence issues that move into the workplace costs $727 million in lost productivity.

Source: OSHA

Here are other statistics about registered nurses and workplace violence:

- 61% of RNs work in private hospitals
- **Violent events accounted for only 12.2% of all injuries to RNs**, but the incident rate (12.7 cases per 10,000 full-time workers) was approximately **three times greater than the rate of violent events for all occupations** (3.8 cases per 10,000 workers)
- Nurses between the ages of 20–24 (15.4%) and 25–34 (15.1%) experienced the most violent incidents
- **RNs who worked at nursing and residential care facilities experienced the most violent events** (16.2%), followed by hospitals (13.5%) and ambulatory healthcare centers (4.7%)

A complex working environment

Injuries caused by workplace violence in the healthcare industry have skyrocketed in the past decade or so, spiking up to 110% in private industry hospitals and 102% in private psychiatric and substance abuse hospitals. The increase of workplace violent incidents can be attributed to various factors, ranging from the after-effects of the Great Recession (December 2007–June 2009), longer wait times for patients to seek medical treatment, budget cuts resulting in less security staff, states cutting funding for preventative mental health services, psychiatric patients going to emergency rooms for treatment, and staff unsure what constitutes violence. (See Risk factors that may lead to violence.)

Risk factors that may lead to violence

The following are some contributing factors that impact the safety and security of nurses:

- Long wait times or crowding in clinical environments
- Behavioral patients admitted to emergency departments with little or no information, and no intake facility willing or able to take the patient
- Patients being given bad news related to a diagnosis or prognosis
- Uptick of hospitals being used to treat acutely disturbed individuals in lieu of jail or holding at police departments
- Unrestricted public access to hospital rooms and clinics
- Prevalence of firearms entering buildings
- Inconsistent adherence to security protocols
- Lack of organizational policies and training for security and staff to recognize and de-escalate potentially violent behavior
- Domestic disputes among patients or visitors
- Inadequate security and mental health personnel on-site
- Having no access to emergency communication, such as a call button
- Entering a home or location where there's a prevalence of firearms, knives and other weapons among residents and their families and friends
- Working at a certain time of day and location, such as late at night, in poorly lit settings or in areas with high crime rates
- Caring for people who have a history of violence, abuse drugs or alcohol, as well as relatives of patients or clients

Sources: OSHA *and* The Joint Commission

This is compounded by the vast majority of hospital violence that is perpetrated by patients, their family members or visitors. Some patients are in an altered mental status, associated with dementia, delirium and substance intoxication, as well as decompensated mental illness (someone who was maintaining their mental illness well but then starts

to worsen). Sometimes, changes to the law impact how people who are incapacitated are treated. For example, a section of Massachusetts' protective customer statute was amended in 2016 to include language on how police must handle the treatment of people incapacitated by controlled substances, such as heroin. As a result, police are bringing more patients to emergency rooms instead of jails. Patients in police custody within a healthcare setting are involved in 29% of shootings in emergency departments, with 11% occur during escape attempts, The Joint Commission said.

Virtually all types of nursing professionals have been victims. Incidents often occur inside a patient's room, as well as in emergency departments and geriatric and psychiatric environments, according to a survey conducted by the American Journal of Nursing.

Regardless of the healthcare setting, it's also widely known that most violent incidents go unreported.

Protecting themselves against workplace violence can be more complicated for personal/home health aides, nurses and other traveling workers. They go on the road to provide hands-on, long-term care and personal assistance to patients in the comfort of their own homes. Home healthcare personnel often work in isolation and without the typical protections and benefits that nurses in traditional healthcare settings receive. Their days can last for hours, going to multiple locations in a day or they may be on assignment at one location for weeks.

According to reports, traveling healthcare workers have experienced various violent incidents, including:

- **61% of home care nurses** have experienced some form of workplace violence
- **18%–59%** reported verbal aggression as the most common form of violence
- **30%** of home care workers reported being sexually harassed

A costly impact

The causes of workplace violence is starting to impact hiring nurses. This shortage of nursing professionals is affecting the daily business operations of many hospitals and healthcare facilities. Even though nursing employment opportunities will grow at a faster rate (15%) than any other occupation from 2016 to 2026, there's a gap in the number of nursing professionals available. According to numerous reports, the nursing shortfall will reach epidemic proportions in the coming years due to workplace violence incidents, the influx of patients into the healthcare system, an aging workforce, and educational bottlenecks. The American Nurses Association (ANA) predicts more than 1 million new registered nurses will be needed by 2022 to fulfill healthcare needs in the U.S.

Other positions in the nursing profession are also expected to have staff shortages. A **recent study by Mercer**, a global healthcare staffing consultant, reports there will be a deficit of home health aides (446,300) and a combined shortage of nursing assistants and nurse practitioners (125,000) by 2025.

Compounding the problem is nursing school enrollment isn't growing fast enough to meet the projected demands for nursing professionals. Nursing schools in 2017 turned away more than **56,000 qualified applicants** from undergraduate nursing programs because there were not enough openings, ANA reports. For the last decade, these schools annually reject about 30,000 qualified applicants. And nursing schools are struggling to hire more qualified teachers; the annual national faculty vacancy rate is more than 7%.

Various reports found that the majority of registered nurses, who are currently employed either full-time or part-time, range in age from 45 to 50. There are currently about **1 million registered nurses older than 50**, which means one-third of the workforce will reach retirement age in the next 10 to 15 years.

Injuries related to occupational musculoskeletal disorders (MSDs) are common with nurses, nursing aides and other related positions. Sprains and strains are the most often reported injuries, while shoulders and lower back are the most affected body parts. The **BLS** reports there are more than 35,000 back injuries among nursing professionals every year.

And there's a cost for these injuries, both financially and emotionally. Back injuries in the healthcare industry are estimated to total **more than $7 billion** every year. The direct and indirect costs associated with back injuries are estimated to be **$20 billion annually**. These injuries are also costly in terms of chronic pain, absenteeism and turnover, as well as higher employer expenditures due to medical expenses, disability compensation and litigation.

Nursing professionals also may suffer a variety of consequences to their actual physical injuries, including short- and long-term psychological trauma; fear of returning to work; feeling incompetent, guilty and powerless; and even fear of being criticized by supervisors or managers.

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They may be less productive and attentive, as well as less likely to effectively care for their patients.

These issues are fueling burnout and frustration among nursing professionals, causing an increase in turnover rates. About **20% of nurses** who leave direct patient care do so because of the work-related risks. And the **American Hospital Association (AHA)** reports it costs between $37,700 and $58,400 to replace each nurse.

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For hospitals and healthcare facilities, the nursing shortage is also resulting in practitioner and patient dissatisfaction, as well as negative patient outcomes, such as higher readmissions, medication errors and increased patient mortality. Some states are using various methods to address the nurse staffing shortage. **Fourteen states**, including California, Massachusetts, Ohio and Texas, currently address the nurse staffing issues in hospitals through laws and regulations. California is the only state that requires a minimum nurse-to-patient ratio maintained at all times by any hospital unit. Massachusetts' law mandates ICUs to have a 1:1 or 1:2 nurse-to-patient ratio, depending on the patient's stability.

Legal gaps remain to protect nurses

Hospitals and healthcare facilities are inherently open to everyone, with multiple entry points to monitor and protect.

Some organizations have taken steps to change floor plans to make exits more accessible and/or improve sightlines for staff; improve lighting in remote areas or outdoorspaces for better visibility; install mirrors and security technologies (such as metal detectors and surveillance cameras); control access to certain areas (e.g., the ICU, emergency department, birthing center and pediatric unit) with locked doors; enclosing the nurses' station or installing deep counters; and replacing furniture with heavier or fixed alternatives that can't be easily used as weapons.

These physical precautions are helpful to protect nurses as they care for patients, but more work needs to be done in the legal arena.

As of now there's no federal law that requires hospitals and healthcare facilities to implement workplace violence prevention programs. A federal bill has been introduced, mandating the federal OSHA create a national standard requiring healthcare and social service employers to develop and implement a comprehensive workplace violence prevention plan, including physical changes to their environments and staffing for patient care and security. Hospitals, nursing homes, rehab centers, mental health providers and jails would also have to record and investigate all complaints of violence, and they couldn't retaliate against employees who call 9-1-1 for assistance.

OSHA currently provides voluntary guidelines and may cite healthcare organizations for failing to provide duty of care. Though it hasn't outlined any specific standards for workplace violence, hospitals and healthcare facilities have obligations under the General Duty Cause of the Occupational Safety and Health Act of 1970, which states that every employer "shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."

Healthcare organizations could be held liable if a victim or a victim's family can prove they knew or should have known the situation was likely to cause serious bodily harm or death, as well as prove there was a feasible way to eliminate the situation. **OSHA penalties** start at $13,260 per violation and increases to $132,598 for willful and repeat violations.

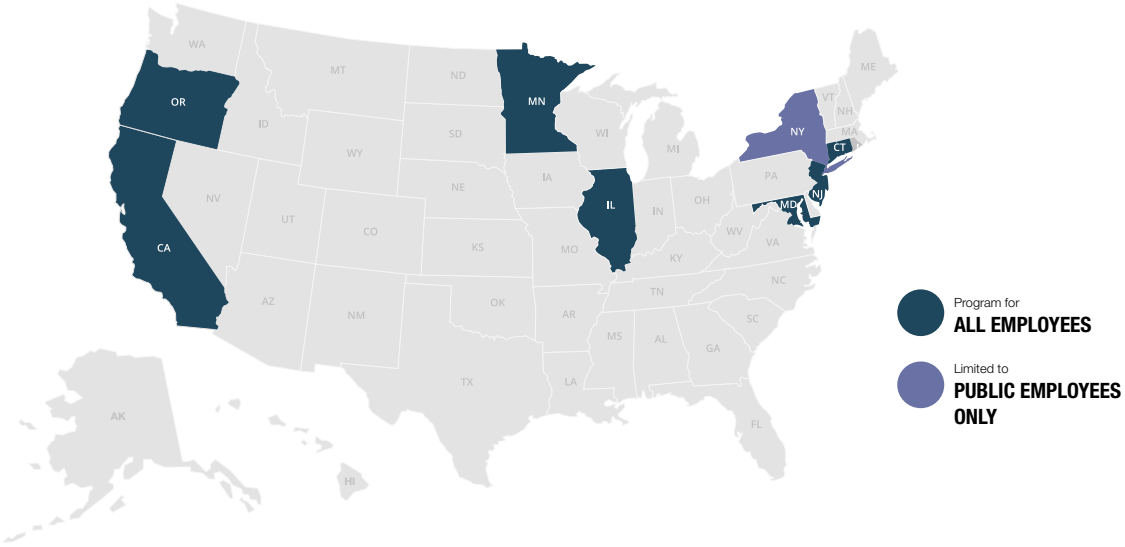
Currently, 42 states including Arizona, California, Delaware, Montana and Texas have laws designating penalties when nurses are assaulted.

As a result of a lack of federal guidelines, many states have stepped in to pass laws around workplace violence against nurses. Currently, 42 states including Arizona, California, Delaware, Montana and Texas have **laws designating penalties** when nurses are assaulted. (**See States taking lead to protect nurses**.)

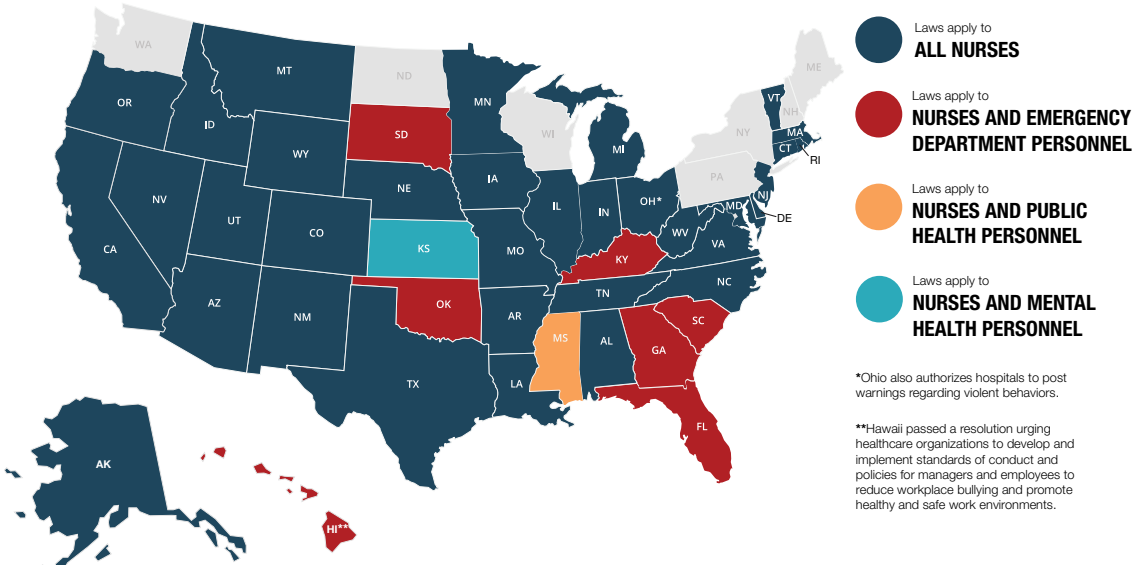
States taking lead to protect nurses

No federal law requires hospitals and healthcare facilities to implement programs to prevent workplace violence. As a result, various states have enacted laws and guidelines to protect nurses and other healthcare personnel.

States that require employer-run workplace violence programs



States with laws that designate penalties for assaults against nurses and other personnel



*Ohio also authorizes hospitals to post warnings regarding violent behaviors.

**Hawaii passed a resolution urging healthcare organizations to develop and implement standards of conduct and policies for managers and employees to reduce workplace bullying and promote healthy and safe work environments.

Source: American Nurses Association

California has passed the toughest guidelines in the U.S., obligating hospitals and healthcare facilities to develop tailored violence prevention plans for each workplace with input from their employees. It also requires organizations to keep a record of all violent incidents. Hospitals are also required to have unit-specific plans to identify risk and deal with any violent incidents, including training employees, ensuring proper lighting and using security alarms.

Under current California law, an assault or battery against a physician or nurse rendering emergency medical care outside of a hospital, clinic or healthcare facility is punishable by a fine of up to $2,000, one year of jail time or both. If an assault or battery occurs inside the healthcare facility, the crime is punishable with a maximum of six months in jail.

- In Oregon, **assaulting a nurse is considered a class C felony**, punishable by up to five years in prison and $125,000 in fines
- **A physical attack against an RN or LPN on duty in New York is a Class D felony**, subject to a maximum of seven years in prison
- **It's a felony to assault a healthcare worker in Idaho**, and if someone is convicted, they can serve up to three years in a state prison

Organizations are increasingly being held liable for not making their premises and operations safe for their employees. Potential lawsuits could be based on negligent hiring, retention, training or supervising of an employee who went on to commit violence. They could also be sued for negligence if a customer or someone else made threats before carrying out a violent act and management failed to take action. The **average out-of-court settlement** for a workplace violence lawsuit is about $500,000, while the average jury award is approximately $3 million. And negligent lawsuits awards average about $2 million.

Meanwhile, the annual cost of workplace violence for employers is about $121 billion, according to the DOJ and the **National Institute for Occupational Safety and Health (NIOSH)**.

The benefits of preparation

Being prepared ahead of time for "what if" can help organizations protect their nursing personnel and handle workplace violent incidents. But more can be done. According to Rave Mobile Safety's **Emergency Preparedness and Security Trends in Healthcare (Healthcare Survey)**, 29% of emergency managers and other supervisors said workplace violence was their biggest safety concern, yet only 32% ran drills once a year while 33% never ran drills.

As for healthcare workers, 31% weren't aware of emergency plans for workplace violence, according to Rave's **Workplace Safety and Preparedness Survey (Workplace Survey)**.

Investing in emergency preparedness may be expensive, but the damage done to healthcare organizations is more costly. The AHA estimates that U.S. hospitals spend $233 million a year on emergency preparedness training, with approximately $174.6 million of that amount being focused on violence-related issues. The cost for hospitals to provide uncompensated or insufficiently compensated care and treatment to victims of violence totaled $852.2 million. In addition, absenteeism related to workplace violence cost hospitals $53.7 million per year, while disability costs related to workplace violence is $90.7 million.

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Plus, hospitals and healthcare organizations can incur more losses when they lose the public's trust. An organization's failure to address a known or recognizable risk of violence from patients, visitors or others can negatively affect the perception of its community, potentially damaging its reputation for years.

Hospitals and healthcare facilities must maintain a continuity of operations on a daily basis. But their obligation and need to protect their nurses as they care for patients has drastically changed and intensified in the last decade. Though they're prepared for a public health emergency, these organizations and their nursing personnel need to know what to do when a workplace violence incident occurs. This includes how nurse supervisors, emergency managers and other officials can ensure there's two-way communication with all of their nursing personnel in these situations. There are several ways they can keep in touch during these incidents.

Keeping Two-Way Communication Part of the Job

Hospitals and healthcare facilities encounter numerous challenges, both internally and externally, and they need to maintain their continuity of operations every day. The size and the inherent open nature of these organizations make it particularly challenging to get messages out to their personnel, especially during a public health emergency or critical event.

It becomes more difficult when a situation with a patient quickly escalates into a confrontation with RNs and other nursing professionals. A message can be sent out to alert other staff members, but the communication methods they're using might not be working.

Some healthcare organizations rely on mass text messaging, emails and phone tree/automated voicemail to get the message out to their personnel. Mass text messaging (92%), email (91%), and phone tree/voicemail (89%) are the top modes of communication hospitals and healthcare facilities use when they need to reach their personnel about workplace emergencies, including violent incidents, according to the **Healthcare Survey**.

The lack of communication also occurs between healthcare supervisors and their nursing staff and other traveling personnel. Respondents in the **Healthcare Survey** report that 66% of their staff travel for work to another location at least weekly, while 50% had staff who travel daily. To keep in touch with traveling personnel, administrators use email (68%), mass text messaging (51%) and phone tree/voicemail (49%).

Email is the number-one option for **Healthcare Survey** respondents to connect with their healthcare community during a workplace emergency. Sending an email to nursing personnel is often the easiest way for hospitals and healthcare facilities to communicate. But most nurses aren't sitting at a desk checking their email, rather they're focused on caring for their patients either in exam rooms or their homes. So they may misplace or not even see a specific email with a crucial piece of information.

The Workplace Survey reported 59% of employees prefer mass text messages for emergency communications.

It may be difficult for home health aides and other traveling staff to be updated about events, especially in an emergency. Or traveling nurses might be in a difficult situation where they can't respond to email. But email isn't necessarily the preferred method for traveling healthcare staff to be notified about emergencies. The **Workplace Survey** reported 59% of employees prefer mass text messages for emergency communications while they're off-site, while 41% say their employees use mass text messaging to inform them about emergencies.

Even though phone trees or automated voicemail systems are simple to use and cost-effective, their success depends on whether the key callers are available to keep the continuous chain going. If a key caller isn't available to call the next person in line, then the message won't reach the necessary nursing personnel. Phone tree systems also require constant updating, so nursing staff and their contact information will need to be maintained often.

Healthcare organizations may also use multiple channels to alert their workers, but these channels work independently of each other. When a workplace violence incident occurs, nursing professionals who get this information may get confused because it's incomplete or redundant. Getting insufficient or delayed information about an emergency will put them at risk and cause anger and confusion, which is likely to have a negative impact on business operations and increase organizational risk and liability.

In addition, some hospitals may use intercom or public address systems to alert employees during an incident. But the problem becomes getting nurses' attention and, in some cases, not alerting the intruder. For example, an intercom would not only alert nurses in the nearby vicinity, but also the assailant. These systems also only alert certain staff in the immediate vicinity, rather than the entire staff.

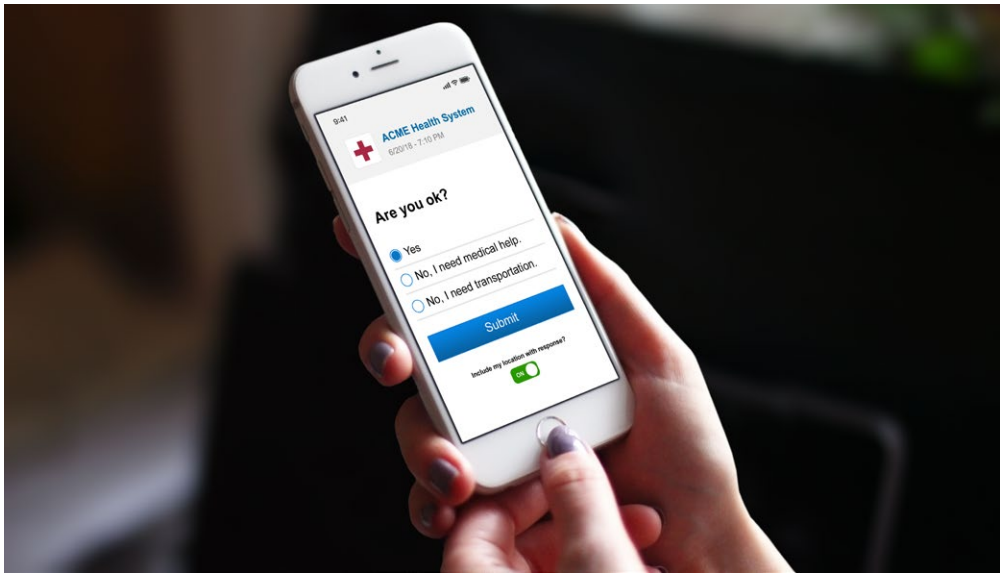
The key to communication is using methods that nurses prefer during these emergency situations. Emergency alerts through mass text messaging is the number-one preferred communication method whether healthcare professionals are working off-site or in the office, the **Workplace Survey** said. Even though email is the most common emergency method currently in place, it ranks third of the most preferred methods.

So having a system that allows hospitals and healthcare facilities to communicate with all of their personnel, whether they're on-site, working in the field or traveling to different locations, is vital so they can continue business operations, especially during an emergency.

Some hospitals and healthcare facilities are opting for a multifaceted mass notification system. The organization-wide notification system would also allow for two-way communications over multiple channels with all nursing personnel wherever they're located, such as at the hospital, on another part of campus or in a patient's home. It would also help an organization respond to a nurse's needs, offer them guidance and keep them safe.

Having a system that enables nursing supervisors, emergency managers, other officials and their nursing staff to communicate with each other before a workplace violence incident occurs or seconds after is important to ensure everyone's safety and security. A mass notification system would allow administrators to send notifications over any Internet-connected device wherever they're located.

If an incident occurs and a healthcare organization needs to do a wellness check on traveling staff, it can use an automated poll through SMS text, email and voice to determine where the workers are located and if they are safe.



Security personnel and other administrators would be able to send emergency notifications through text, email, voice, desktop alerts, sirens and digital signage simultaneously, and in the method that fits the emergency. Plus, the system would allow security staff and nursing personnel to have two-way communication during an incident or even discuss a situation before an act occurs.

When a workplace violence incident occurs, it's unexpected and causes confusion and stress. Security personnel and others need to be able to react in this situation, while keeping staff safe, secure and informed. In preparation, they can create preset templates for codes, such as domestic violence, active shooter and combative person, with directions and other information to prevent confusion.

It's imperative for healthcare organizations to stay connected and engaged with their nursing personnel during these incidents. Organizations need to inform them, wherever they're located, about what's happening as quickly as possible, which actions they need to take, and find out if any personnel need additional resources and assistance.

An automated polling module, a feature within a mass notification system, can be used to assist nurses, especially those who travel to care for patients. The polling feature adds an extra layer of protection for traveling nursing personnel, who often work in isolation and may need to resolve issues without immediate help from their employers or coworkers. If an incident occurs and a healthcare organization needs to do a wellness check on traveling staff, it can use an automated poll through SMS text, email and voice to determine where the workers are located and if they are safe. When traveling staff respond to this poll, they can automatically share their real-time location, even if nursing personnel haven't downloaded an employee safety app.

For example, a healthcare organization wants to do a wellness check to traveling staff following a shooting incident in a neighborhood. It can send the following message to nursing professionals who are traveling:

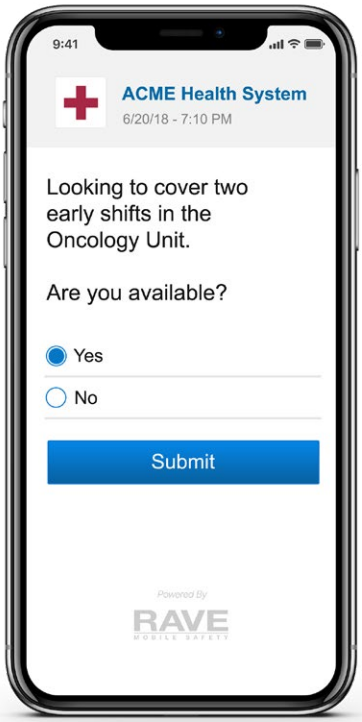
> ***"Are you safe?"***

Each employee will be prompted to choose one of three required answer fields: "Yes," "No" or "I don't know." The healthcare organization can also require location data with each poll response, so it can view the nurses' locations on a map.

If a nurse responds either "No" or "I don't know" to the poll, a follow-up question is automatically sent asking if additional assistance is required. From these reports, a hospital or healthcare facility can determine the location of specific traveling personnel affected by a critical event and respond accordingly.

Nurse supervisors can also use the polling module to fill a staffing shortage quickly by sending out a quota poll to nursing personnel that automatically concludes after a certain amount of required responses are reached. An automated message follows informing respondents any necessary steps they need to take next, as well as that the poll closed. The automated poll collects basic text-based responses, which can be organized into reports that allow hospitals and healthcare facilities to make informed staffing decisions.

During workplace violence incidents, push notifications can quickly get messages out to nurses, whether they're on campus or traveling. These notifications get a message to the staff, and be segmented and tailored with relevant information. They can be targeted for nursing personnel located in specific areas, so certain nurses will receive messages based on their real-time locations. These messages help to prevent alert fatigue and ensure nursing personnel will pay attention to the emergency relevant to them. Healthcare organizations can still send these alerts even if nurses don't have cell signals. They will still receive push notifications over Wi-Fi if the messaging data is in a dead zone, down or maxed out.

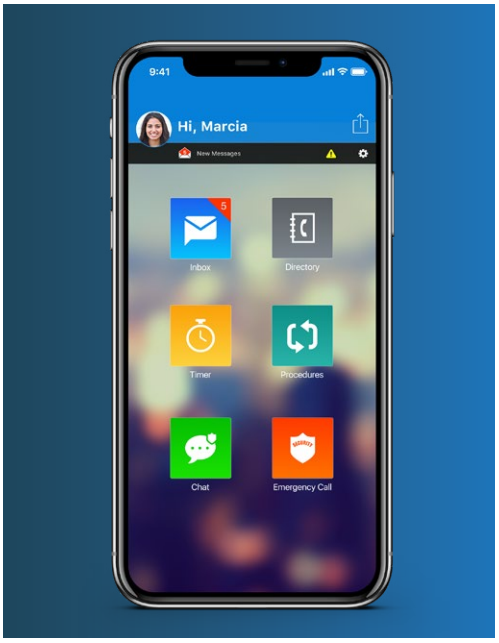


Making Safety More Personal

Safety and security for nurses goes beyond metal detectors, surveillance cameras, controlled access to certain departments and other workplace emergency exercises. It involves their emotional and physical well-being, whether they're in the office, walking to their car in the parking lot, on the road or traveling. Both healthcare organizations and nurses have to be ready for any type of violent incident.

But the problem is compounded because nurses don't always report to their employers when they experience a violent incident, so the true extent of what violence nurses experience isn't known. Many of these workers accept violence as part of the job, and believe they didn't sustain serious injuries, will be ignored, or will get in trouble with supervisors.

Another layer of security for nurses is an employee safety app. Nurses may be in a patient's room, at a different part of a campus or in a patient's home. They need to have an easy way to contact their organization's safety or security personnel if an emergency occurs. An employee safety app would help them feel better connected to their hospital or healthcare facility, and help nurses be prepared if they need to act in an emergency or dangerous situation. Emergency procedures then could begin quicker. An employee safety app also would include an emergency call button, as well as the ability for nurses to discreetly submit two-way tips anonymously such as witnessing a sexual harassment incident, and keep in contact with hospital security through a virtual escort.



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When a workplace violence incident strikes, nurses need to reach help quickly. An emergency call button, also known as a distress call button, in an employee safety app can directly connect to an organization's security staff. A hospital or healthcare facility can also set up the emergency call button for traveling nurses and have it connect to 9-1-1.

During this panic call, security staff receive the GPS coordinates of the caller's exact location. The immediate notification helps security staff dispatch help, coordinates a faster response, and keeps them informed about what's happening. If it's unsafe to speak, nurses can send a text message to security with a click of a button, informing them of the emergency location. Nurses can send a picture and share or stream their locations in real time as the situation unfolds.

Sexual harassment in the workplace came to the forefront in 2017 in reaction to the #MeToo Movement after allegations against Harvey Weinstein, Charlie Rose, Kevin Spacey, Bill O'Reilly and others were made public. The movement spread to various industries, including finance, music, politics and sports worldwide.

The healthcare industry was no different. It's widely reported nurses often experience sexual harassment on the job. A recent survey by **Medscape** found that:

- **33% of nurses and nurse practitioners experienced harassment from physicians**, and 48% said it came from others, including administrators, healthcare-related personnel and patients
- **44% of nurses, personal assistants and nurse practitioners said the perpetrator was a subordinate**, while 30% said the perpetrator was a peer, and 25% said they were a superior
- **Patient care units (35%) and hallways (27%)** were some of the **most common places harassment or abuse occurred**
- Nurses, nurse practitioners and personal assistants also noted harassment **incidents took place in administrative areas not accessible to patients (19%)**
- Only about **25% of the incidents reported resulted in an investigation**, while **74% of those who experienced sexual harassment and reported it said no action was taken**

And then there are the legal costs. If a sexual harassment claim is settled out of court, it can range on average $75,000 to $125,000 for any type of organization. If an organization loses summary judgement, it could cost on average a total of $175,000 to $250,000 to take a case to a jury verdict at trial.

Meanwhile, nurses are also experiencing violent incidents from other nurses. Nearly all nurses have been the victims of lateral violence, a pattern of workplace conflict in which confrontational behavior is targeted at one person by a peer. Lateral violence occurs repeatedly over time as emotional, psychological, physical or sexual abuse. In nursing, it generally is psychological abuse and includes targeted personal jokes, ostracism, insults, unwarranted criticism, belittling and verbal aggression. Nurses who are victims also endure excessive scheduling workloads, as well as their privacy violated and confidentiality breached.

Nurses may report more incidents if they know there's more discretion, but they may not have the means. The Workplace Survey said 61% of respondents would be more likely to report a safety issue if they could do it anonymously. As for healthcare workers, 25% of those who experienced a workplace violence incident didn't have a way to report it anonymously.

So nurses may want to come forward about a coworker or a patient, but they're concerned about their privacy or afraid of retaliation. Victims are scared they will not be believed or will be blamed, fired or experience professional retaliation. Colleagues who witness workplace violence often don't report what they've seen because they're

Nearly all nurses have been the victims of lateral violence, a pattern of workplace conflict in which confrontational behavior is targeted at one person by a peer.

- Nearly **half of nursing students** in clinical placements either experienced or observed lateral violence
- Nurses are **likely to leave their employment within six months** after they have experienced lateral violence the first time
- **Hospitals lose anywhere between $300,000 and $4 million**, including the costs of recruiting, hiring, retaining and training each nurse who leaves
- **It costs healthcare organizations more than $4 billion each year** to make up for lost time, productivity and turnover of trained nursing personnel

Sources: The Journal of Nurse Practitioners
National Center for Biotechnology Information (NCBI)

afraid of retribution, too. They may also lack the training or their organization doesn't have policies or procedures.

Sending a confidential tip through a text message allows RNs, NPs, home healthcare workers and others to directly communicate with their organization's security staff or relevant personnel. The two-way messaging feature helps them report any suspicious activity or a violent incident, along with text and images, discreetly through their smartphones. It gives them an opportunity to report an incident without fear of retaliation and puts safety into their own hands.

These two-way messaging sessions can be routed to a specific department or need, so only the designated team will receive these real-time chats. The assigned team can respond instantly to employees with two-way messages.

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While nurses may be on the road to a patient's home, working in a neighborhood or walking to their car late at night, they may want to confirm with their security personnel once they reach their destination safely. For example, parking garages are the third most common place for assaults and homicides after private homes and streets, alleys or sidewalks. Of 5,542 homicides that occurred in 2017, 378 happened in a parking lot or garage, the FBI said. That's more than at bars, gas stations and hotels combined. In general, the most likely time assaults and homicides happen is between midnight and 1 a.m.

A safety timer is another way for healthcare organizations to protect their employees, especially traveling nurses, in-home caregivers, personal care aides and nurses who leave or arrive late at night. They set a fixed time for their departure and arrival, which is tracked by GPS. When nurses reach their destination, their organization's security team or other relevant colleagues are notified that they arrived safely. If the safety timer expires, the GPS feature can be used by emergency services to check on the well-being of the employee.

Another aspect of protection for nurses are safety profiles, which would include their personal contact information and relevant medical information that would be helpful during an emergency situation. They could set up a free profile with additional contact information so their organization would know how to reach them outside of work hours. For example, if security personnel had difficulty contacting or locating a traveling healthcare worker while they're out in the field, they could use the worker's personal contact information if there was a wellness concern.

Security staff or other personnel may want to get an overview of events and other incidents at the hospital or healthcare facility's location.

An incident management dashboard would help the security staff view all incidents and activities happening, including emergency calls, tip submissions, text messages, user locations and 9-1-1 calls. Any tips and texts would be routed based on defined categories, so only security staff, HR and other designated personnel would receive notifications that would require their response. For security personnel, these routed tips and texts would help them immediately attend to emergencies.

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The incident management dashboard offers detailed real-time and historical reporting with key metrics showing past tips and events, as well as audit trails. These reports establish a record that supports incident management and after-action procedures. They provide security personnel with insight into areas with repeated activity, so they can develop proactive programs to respond to these locations or situations and prevent future incidents from occurring.

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Conclusion

Hospitals and healthcare facilities must maintain their daily operations 24/7, but these organizations are grappling with how to protect their nursing personnel as they care for more patients, often in highly volatile and unpredictable situations. These organizations are looking for ways to prepare and implement safety measures to protect nurses and their bottom line.

Though their main focus is the health and well-being of their patients, RNs, LPNs, personal health aides and other nurses want to know their healthcare organization can protect them. As the number of violent incidents have dramatically increased in the last 10 years, nurses are making their personal safety more of a priority. They want to feel comfortable reaching out if their well-being is at risk.

A mass notification system would enable hospitals and healthcare facilities to quickly and efficiently alert their nursing staff about a violent incident, as well as let them know what actions to take to keep them safe and secure. In addition, an employee safety app would be part of a healthcare organizations' notification system. The app would allow nurses to reach out during an incident and have two-way communication with security personnel wherever they're located, such as in the emergency room, on a different part of campus or in a patient's home. Nurses would be more empowered about their personal safety, so they can focus on their main responsibility — taking care of their patients.

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