



Preventing violence against rural health care workers

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Introduction

The health care and social service industries have the greatest rates of workplace violence injuries, with workers five times more likely to be injured than in other industries.¹⁴ The Occupational Safety and Health Administration (OSHA) defines workplace violence as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at work.²² Furthermore, workplace violence in health care settings appears to be on the rise nationally and globally, with “simple assault” rates against health care workers increasing from 10.9 incidents per 100 beds in 2019 to 22 per 100 beds in 2022, the highest rate recorded.¹

Despite these alarming rates, workplace violence in health care settings — particularly in rural areas — is believed to be significantly underreported, with data often incomplete.^{3,14} Various factors contribute to this underreporting, including the widespread belief among health care workers that violence is simply “part of the job” and that a patient may not be able to be held accountable for their actions, including individuals under the influence of drugs or alcohol or suffering from mental illness, cognitive impairment, dementia, or delirium. Furthermore, varying definitions of what comprises violence, including lack of physical harm to another person or the environment, can also lead to underreporting. In rural health care settings, underreporting is further exacerbated by lack of administrative support, limited staff capacity, and fear of retaliation or causing harm to others in tight-knit communities. Reporting might be considered too time-consuming, futile if reports never lead to improvement or change, and/or too difficult in high-stress, urgent, and/or psychologically unsafe settings.

Addressing and preventing violence against rural health care workers requires a coordinated community response involving policymakers, law enforcement, health care administrators, and other partners knowledgeable about and focused on ensuring safety in rural health care facilities and communities.⁹

Analysis

Workplace violence poses a significant threat to the health, safety, and well-being of health care workers and has negative implications for productivity, retention, and the quality of care they can provide to patients.³ Physical injury and/or psychological harm from events in the workplace have increased, along with extended leaves of absence from the workplace.¹⁴ Delays in transfers to the appropriate level and setting of care mean that violent and potentially violent patients are being boarded in rural health care facilities with fewer staff and resources.¹⁷ Rural areas are already designated staffing shortage areas and may be disproportionately impacted by fear or experience of harm driving staff away from emergency department, inpatient, and other care settings.^{9,14}

Most violence against health care workers is perpetrated by patients, making it difficult to report in small, close-knit communities for several reasons.^{9,11,14} Patients are known to health care workers and are frequently family and friends.¹⁴ Additionally, small communities are very closely networked, meaning health care workers may be concerned about offenders inflicting additional harassment, violence, or threats on them and their family members if reports are made.⁹



Local supporting resources are limited in rural facilities and communities, including funding to employ security, redesign physical environments, invest in and provide de-escalation and other safety training to existing staff, complete and respond to mandatory security audits, and stay on top of changing rules and regulations. Further, law enforcement response to violent episodes may be limited or delayed due to smaller departments, fewer officers, and large geographic distances.¹¹

The lack of community-based organizations and specialty care to support violent and potentially violent patients, community members, and staff can impact the workplace. This includes limited access to mental and behavioral health care and treatment, substance use disorder programming, SDOH resources, and resources for individuals experiencing interpersonal and/or domestic violence.^{8,13,19} Rural communities have high rates of interpersonal and/or domestic violence, which often escalates into repeated and more violent abuse.^{2,20}

In many cases, the COVID-19 pandemic uncovered the pervasive violence that occurs in health care settings.²³ Even with policies in place at health systems to detect and minimize violence, incidents persist, with as many as two nurses per hour reporting being victims of violence in the U.S.²³ Initiating interventions to bolster reporting and putting protocols in place to address violence can help reduce health care worker violence, but there is no standardization or requirement to implement interventions, and rural hospitals may lack resources and infrastructure to do so.⁴

In general, policies at the health system level have proven insufficient to address this issue, and a more comprehensive approach is needed. Many states have implemented more comprehensive plans to curtail health care violence. For example, in 2021 Wisconsin introduced changes to Wisconsin Act 209 that would change violent acts toward health care workers from the offense of battery to class H felonies.²¹ In California, section 3342 of the Violence Prevention in Health Care standard requires health care facilities to have workplace violence prevention plans in place. Starting in 2024 as part of Senate Bill 553, this ruling requires virtually all employers to adopt and implement a workplace violence plan.^{10,16} Although these policy actions are important steps to reducing health care violence, they do not consider resources and funding to implement these plans, especially in rural areas where capacity is limited. Further, many states in the U.S. do not have similar provisions in place to minimize health care worker violence, limiting the overall impact that can be made on a national level in reducing violence.

Federal regulations to prevent and manage workplace violence have lagged behind state-level initiatives. Currently, the only federal regulation to protect health care workers from violence is the General Duty Clause of the Occupational Safety and Health Act of 1970.³ More recently, federal regulation to reduce health care violence has been proposed through the Safety from Violence for Health Care Employees (SAVES) Act in the 118th Congress, making it a federal crime to purposefully assault a health care worker in the line of duty. Prosecution would include fines, imprisonment, or both for assaulting a health care worker. While legislation that criminalizes violence can deter violent behavior, it should be combined with infrastructure to support reporting violence and sustaining prevention plans and community-based programs that address upstream causes of violence.



Policy recommendations

- **Clarify exemptions to HIPAA for protected health information disclosures:** While HIPAA provides exceptions for information sharing related to criminal conduct occurring on the premises of a health care facility, health care workers are generally reluctant to disclose protected information. Clarification on what is allowable under HIPAA would enable health care facilities to support their workforce while being compliant with the law.^{14,17}
- **Provide safe-harbor information sharing opportunities between health care providers and community organizations at local, state, and national levels:** Currently, health care providers, community-based organizations, and law enforcement agencies have difficulty sharing information about community members at risk for violence. Providing safe-harbor mechanisms for these organizations to work together could help identify and create shared-care prevention plans to help individuals before violent acts occur.
- **Remove barriers to reporting health care worker assaults within the organization and law enforcement:** Encourage standardized and comprehensive reporting to obtain more complete and reliable data related to health care worker violence.^{14,17} Support law enforcement to meet staff at their place of work when interviewing and/or pressing charges related to a health care worker violence incident. Develop and follow best practice reporting methods for health care providers. Incentivize health care providers to report violence and risk for violence when it is observed.
- **Pilot innovative programs and demonstration projects for community care management teams, community-based organizations, and law enforcement discussion and collaboration.** Create shared-care and prevention plans for community prevention and to support community members at high risk for experiencing or perpetrating violence.
- **Support additional funding to increase rural access to mental and behavioral health care and other community-based services including:**
 - Specialty care to support violent and potentially violent patients, community members, and staff
 - Substance use disorder programming
 - Decreasing disparities and addressing social drivers of health and health-related social needs
 - Resources for individuals experiencing interpersonal and/or domestic violence

Recommended actions

- **Support Safety from Violence for Healthcare Employees Act (SAVE) Act (S.2768/ HR. 2584** in the 118th Congress) to boost the capacity of hospitals to enhance security systems and procedures and more effectively coordinate with law enforcement, as well as subject anyone who knowingly assaults a hospital employee or contractor to up to 10 years of imprisonment.
- **Support funding for further research to better understand prevalence, scope, causes, and effective preventative actions for health care worker violence in rural health care settings and communities.** Increase focus and subsequent funding for research specific to rural health care settings from government entities such as CDC's Injury Center and Office of Rural Public Health.

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- **Advocate for dedicated funding to improve the security posture of health care providers related to the five foundational pillars of health care workforce safety:⁶**
 - Workplace violence prevention and prediction
 - Workplace violence key indicator prioritization and measurement
 - System designs for physical and psychological safety
 - Leadership and policy dedicated to reducing workplace violence
 - Community partnerships and strategic relationships
- **Create and promote nationwide resources and marketing and education campaigns to the public regarding violence prevention in health care settings.**

Conclusion

Workplace violence in health care settings is rising, which is especially difficult to address in rural health care settings and communities. NRHA aims to ensure rural health care providers have the legislative support to bring criminal charges as necessary, to fund efforts to create a safe physical environment for patients and staff, and to educate providers, law enforcement, judicial staff, and the general public about how to prevent, mitigate, and respond to incidents of workplace violence in health care settings.



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