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Workplace Violence: A Growing Concern

For over two decades, nurses have consistently earned the distinction of being the most trusted professionals in the United States (National Nurses United, 2025). However, behind the respect and admiration lies a stark contradiction: the individuals we rely on for healing and support face daily threats to their safety and well-being.

Two nurses are assaulted every hour in acute care settings (National Nurses United, 2025). Workplace violence (WPV) against nurses is an increasingly urgent issue that causes physical, emotional, and financial harm, jeopardizing the stability of the healthcare system. Despite their expertise, skills, and compassion, systemic failures often expose nurses to danger. Nursing is a challenging profession; it requires attention to detail, adaptability to changing medical conditions, and the ability to care for multiple patients (and their family members) in high-stress situations.

The escalating violence against nurses by patients has reached a critical point, demanding immediate and decisive action. This rise in violence not only jeopardizes the safety and well-being of healthcare professionals but also undermines the quality of patient care and the overall stability of the healthcare system. In alignment with the North Carolina Board of Nursing's (NCBON) mission to protect the public by regulating nursing practice, it is imperative to implement comprehensive measures to address and mitigate this pressing issue.

An Increase in Violence

Workplace violence is a well-documented occupational hazard in healthcare. Data from the U.S. Bureau of Labor Statistics (BLS) show that 12.2% of nonfatal injuries from violence occur among nurses, compared to just 4.2% across all other professions. Nurses experience physical injury from violence at three times the rate of other full-time workers (Dressner & Kissinger, 2018). Although healthcare workers represent only 10% of the workforce, they account for 48% of nonfatal workplace violence injuries (Bureau of Labor Statistics, 2025).

The American Nurses Association has sounded the alarm: violence against nurses is on the rise, with one in four nurses experiencing some form of abuse (National Nurses United, 2023). Despite these numbers, the true scope of WPV remains underreported. Menendez et al. (2024) referred to cultural and systemic barriers that contribute to the underreporting of WPV, and nurses believe violence is simply "part of the job." In other cases, unclear policies or time-consuming reporting procedures discourage incident documentation during already demanding shifts (Menendez et al., 2024).

Workplace Violence and Forms Defined

The Joint Commission defines workplace violence as any threatening or aggressive behavior involving staff, clients, or visitors (National Nurses United, 2024). The Occupational Safety and Health Administration (OSHA, 2024) expands this definition to include acts or threats of violence ranging from verbal abuse to physical assault and homicide occurring within or outside of the workplace. The World Health Organization (WHO, 2022) classifies violence as a public health issue involving the intentional use of force or power that can result in physical or psychological harm.

Workplace violence in healthcare takes many forms. Arnetz et al. (2018) found that nurses most frequently experience verbal threats (67.8%), followed by physical threats (38.7%) and being pinched or scratched (37.3%). These are not isolated incidents; they occur frequently and are often tolerated or accepted as the norm.

The Toll on Nurses and Healthcare Systems

The consequences of workplace violence extend far beyond immediate harm. Nurses subjected to violence may suffer from anxiety, depression, burnout, and post-traumatic stress disorder (PTSD). The World Health Organization (2019) describes burnout as a syndrome resulting from chronic, unmanaged workplace stress, characterized by exhaustion, cynicism, and reduced professional effectiveness.

Nurses may leave the profession when they feel unsafe in their work environment. This choice contributes to the nursing shortage and strains healthcare systems. Their departure affects their colleagues, lowers morale, and jeopardizes client outcomes. Additionally, it increases the financial costs to the healthcare industry associated with treatment, employee turnover, and the onboarding of new staff (National Nurses United, 2024). Most importantly, client outcomes may decline due to a shortage of nurses or a lack of experienced nursing staff.

Addressing the Crisis

However, some progress has been made. In 2015, North Carolina enacted House Bill 560 (Session Law 2015-97), elevating the assault of healthcare workers on hospital property to a felony offense. This legislative milestone was championed by the North Carolina Nurses Association, which continues to advocate for more vigorous enforcement (Ingram & Grant, 2022).

The high incidence of workplace violence prompted the creation of new Joint Commission accreditation requirements, which were implemented in 2022. These requirements provide a framework to guide organizations in developing effective workplace violence prevention systems, including leadership oversight, policies and procedures, reporting systems, data collection and analysis, post-incident strategies, training, and education to decrease workplace violence (The Joint Commission, n.d.).

Urbanek and Graham (2022) highlight a critical disconnect in healthcare environments. While supervisors may believe they are fostering a culture of safety, nurses often perceive their actions differently. Many nurses reported feeling unsupported or fearing retaliation when voicing concerns about workplace violence (Urbanek and Graham, 2022). To combat this, Urbanek and Graham (2022) suggest that management starts by reflecting on what is already in place and identifying the gaps. After reviewing these gaps, organizations should reevaluate their policies and procedures regarding WPV.

Underreported

Research indicates that WPV is underreported primarily due to the complex documentation and forms required following an incident (ANA, 2024). An essential part of reporting is streamlining the documentation process, enabling nurses and staff to complete it more swiftly and effectively. Strong support from management and leadership will inspire nurses and staff to accurately document and report WPV. Management and administration must openly oppose WPV and safeguard their employees (OSHA, 2024).

Collaboration with management, nurses, and staff to develop policies and procedures for WPV is essential for improving reporting effectiveness. Structured communication strategies should enhance interaction between management and nursing staff.

Structured communication, such as morning huddles and end-of-shift debriefings, should be used to identify clients who may pose a risk of violence (Lim, et al, 2022). Once high-risk individuals are identified, a plan should be developed to ensure the safety of both the client and the nurse. When agitation arises, staff trained in de-escalation techniques should respond promptly. Standing orders for managing client agitation should be established and readily accessible (NCBON, 2022).

Unit management should conduct regular daily rounds to handle unforeseen challenges or complications effectively. Restricting visitors for clients showing escalating behavior will foster a safer environment. Ongoing safety courses and education in de-escalation techniques are essential to ensure safety while maintaining high-quality client care.

Looking to the Future

As the demand for nurses continues to grow, which is projected to increase by 6% between 2023 and 2033, with over 190,000 job openings annually (BLS, 2025), the urgency of addressing workplace violence cannot be overstated. The BLS (2025) anticipates that the advanced practice registered nurse (APRN) workforce will grow by 38% during this period, underscoring the vital role nurses will play in the future of healthcare.

In environments with insufficient staffing, one of the most significant dangers is violence from clients directed at nurses, encompassing both physical and verbal aggression that threatens staff and other clients (ANA, 2024). Low staffing levels not only undermine the quality of care but also increase the chances of agitation among clients who may feel overlooked or frustrated, thereby

raising the potential for violence.

The NCBON (2019c) [Staffing and Patient/Client Safety Statement](#) states, "RNs and LPNs have a duty to care for clients and have a professional responsibility not to abandon or neglect them. It is possible, however, that a nurse may have to choose between the duty to provide safe client care and the responsibility to protect the nurse's own life."

Sometimes, these lines blur when a nurse must choose between providing safe care for a client and protecting their own life. Nurses need to understand the laws and regulations that govern their scope of practice. To review the scope and responsibilities, refer to the [Nursing Practice Act](#) (1981/2019) and the [Components of Nursing Practice for Registered Nurses](#) (2019a) and [Licensed Practical Nurses](#) (2019b). Nurses need more than recognition; they need protection, support, and systemic reforms. Addressing workplace violence must be a collective priority for healthcare leaders, policymakers, and communities to ensure the safety of those who care for us.

Conclusion

In conclusion, nurses deserve more than acknowledgment; they require comprehensive protection supported by enforceable policies. Addressing workplace violence must become a standardized expectation, not an afterthought. Healthcare systems must adopt zero-tolerance policies against violence, provide comprehensive training, and ensure adequate staffing to reduce risks (American Nurses Association, n.d.). Healthcare administrators must establish clear safety protocols, while legislators should enact stronger protective laws (OSHA, 2024). Additionally, communities must advocate systemic reforms that prioritize the safety of nurses. Protecting our nursing workforce is not only essential but also a vital investment in the overall health of society.

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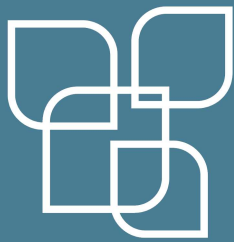
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