



## Violence Against Hospital Staff: A Crisis in Care and How Technology Can Help

"I spent 10 years as a critical care RN. I didn't leave bedside nursing because I lacked passion, skill, or dedication—loved my job. But everything changed the day a patient assaulted me, fracturing my orbital bone. That violent incident made me rethink my future in direct patient care." Decades later, what was once seen as a rare event has become a daily risk—and for many healthcare workers, a painful turning point.

### A Growing Crisis

Workplace Violence (WPV) against hospital staff is escalating into a global healthcare crisis. Nurses, physicians, technicians, and support staff are increasingly subjected to verbal threats, physical assaults, and emotional abuse. In Canada, incidents of violence are reported at alarmingly high rates.

According to the Canadian Federation of Nurses Unions (CFNU, 2023), over 61% of nurses reported experiencing physical or verbal abuse in the past year, and healthcare workers are nearly four times more likely to experience workplace violence compared to workers in other industries. The Canadian Institute for Health Information (CIHI) also highlights that healthcare professionals represent one of the highest categories of workers filing lost-time claims related to violence and harassment.

The trend not only endangers frontline staff—it degrades the quality of care, accelerates clinician burnout, drives staff turnover, and inflates healthcare costs. The Canadian Centre for Occupational Health and Safety (CCOHS) estimates that workplace violence incidents can result in costs of hundreds of thousands of dollars when accounting for treatment, lost productivity, legal fees, and turnover. The causes of hospital violence are complex and deeply rooted in systemic challenges. High-stress environments, long patient wait times, mental health issues, substance use, and chronic understaffing all contribute to rising tensions.

### Technology as a Workplace Violence Safety Net

While technology alone is not the answer to WPV, it can provide an important means to mitigate and minimize violence against staff. Nurse call systems, which are already required by code in almost all staff and patient areas within a hospital, are often overlooked for the staff safety tools the systems provide. The latest generation of systems offer layered, real-time communication between patients and care teams. What staff historically refer to as a simple "call bell" has now transformed into a powerful safety hub-enabling staff-to-staff and patient-to-staff communication, wireless device integration, multiple alert modes, and rapid escalation pathways. These tools are not just patient lifelines; they serve as the backbone for staff safety systems by providing streamlined communication to and from each patient room.

For example, Provider Nurse Call System manufactured by Jeron Electronic Systems, Inc. and deployed by PX Solutions Ltd. across Canadian hospitals and long-term facilities, supports multiple modes of alerting to both patient and staff emergencies. These include hallway indicators, nurse consoles and graphic displays in key staff areas, and wireless alerts to mobile caregivers. Multiple alerting modes greatly improve response time to patient requests for help, equipment alarms, emergency situations and de-escalation before WPV occurs. Nurse call systems support real-time situational awareness with passive audible monitoring of a room from the nurse console to improve the safety for a nurse in a high-risk patient room. In addition, when staff are in a patient room, low priority alerts can automatically be upgraded to Staff Emergency alerts ensuring staff duress is prioritized.



When integrated with RTLS (Real Time Locating System), the wireless tags worn by staff include a staff duress button. This button allows staff to instantly alert other staff in the area or the security team to a situation before it escalates into WPV. Canadian hospitals using similar wireless safety technologies have reported significant reductions in violent incidents, with deterrent effects improving response and de-escalation times.

## Upcoming Technology to Address WPV

The latest innovations being piloted in Canadian healthcare facilities include smart video monitoring and smart phone integration. Integrated cameras can detect aggressive body language, elevated voices, or crowding, automatically triggering nurse call alerts to surrounding staff and security teams. Smartphones carried by mobile caregivers operate as extensions of the nurse call system, utilizing its multiple alerting modes to notify nearby staff or security of potential WPV.

## Training and Cultural Change

Technology is only part of the solution. Staff education must evolve too. Virtual reality (VR) training allows clinicians to rehearse de-escalation strategies in a safe, simulated environment. Just-in-time e-learning modules can reinforce recognition of early warning signs and effective use of communication tools. Importantly, every staff member, not just nurses—must be educated on how to use the in-room communication systems. This should be a core component of workforce safety protocols and response plans.

## A Layered Approach: Moral and Financial Imperative

No single technology can eliminate workplace violence, but a layered strategy—combining smart nurse call systems, predictive analytics, and proactive design—offers the best defense. With individual incident costs of \$250,000 CAD and up, prevention must be viewed as both a moral obligation and a strategic investment.

Hospital leaders must commit to a culture shift—one that places staff safety at the heart of patient care. By leveraging technology with intention and urgency, we can create safer, more resilient environments where healthcare teams and patients thrive together.

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