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Workplace violence in Italian healthcare organizations: A multicenter survey on prevention measures and incident reporting

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Abstract

Introduction: Workplace violence in healthcare settings is a growing global concern, particularly for its detrimental effects on workers' safety and the operational efficiency of healthcare organizations. This study aimed to assess the implementation of violence prevention measures and to analyze the incidence of violent incidents in Italian healthcare organizations.

Methods: A multicenter, descriptive-analytical survey was conducted in 2022 across 47 healthcare organizations affiliated with FIASO. A 12-item questionnaire was developed and validated to assess the adoption of prevention measures, including risk assessment documents, corporate procedures, training, and reporting mechanisms. Additionally, data on violent incidents and sentinel events between 2019 and 2021 were collected and analyzed. Descriptive statistics were used to present the results.

Results: A total of 79% of responses across the 12 items were affirmative, indicating a high degree of compliance with recommended preventive measures. Specifically, 95.7% of organizations had a corporate procedure for violence prevention, and 100% had reporting mechanisms in place. However, 22% of organizations had not drafted a risk assessment document for workplace violence. Regarding violent incidents, 1,419 were reported in 2019, 1,155 in 2020 (an 18.6% decrease), and 1,590 in 2021 (a 37.7% increase from 2020). Sentinel events followed a similar trend, with 59 in 2019, 48 in 2020, and 50 in 2021.

Conclusions: While Italian healthcare organizations have made progress in implementing violence prevention measures, there remain critical gaps, particularly in risk assessment and legal support for victims. Policymakers should prioritize enforcing compliance and enhancing support services. Further research is needed to evaluate the effectiveness of prevention programs and the psychological impact of violence on healthcare workers.

Keywords: Healthcare; healthcare professionals; incident reporting; prevention measures; workplace violence.
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INTRODUCTION

In 2019, the International Labour Organization (ILO), in its Convention on Violence and Harassment No. 190, defined "violence and harassment in the world of work" as "a range of unacceptable behaviors and practices, or threats thereof, whether occurring once or repeatedly, that aim at, result in, or are likely to cause physical, psychological, sexual, or economic harm." The ILO urged governments to adopt an inclusive, integrated, and gender-sensitive approach to prevent the occurrence of such incidents [1, 2]. Workplace violence (WPV) is now a global public health issue, as it is a widespread phenomenon across the world, raising concerns about its negative consequences on both work organizations and individual workers [3].

The French National Research and Safety Institute for the Prevention of Occupational Accidents and Diseases (INRS) has recently proposed a multilevel model to explain workplace violence. This model focuses on organizations rather than individual workers and identifies two categories of violence: external violence, committed by third parties such as clients, users, or patients, and internal violence, occurring between employees within the same organization. The model also outlines six key patterns of violence: the first concerns the instability of rules (rules not adequately understood or not appropriate for the work environment), the second involves inappropriate behaviors, and the third refers to organizational disruptors such as technological complexity in production cycles. The fourth pattern pertains to interpersonal conflicts (violence can be direct, perpetrated by third parties against employees, or inverse, where employees act violently towards third parties), the fifth involves organizational distress experienced by individual workers, and the sixth relates to outright deviant behavior [4].

Healthcare workers are at particularly high risk of becoming victims of violent acts. It is estimated that the probability of assaults occurring in healthcare is four times higher than in any other work environment [5]. Violence against healthcare professionals is a longstanding issue that has infiltrated the care relationship and healthcare settings, posing significant risks both to the safety and health of healthcare workers and to the overall efficiency of the healthcare system, as it negatively impacts the workers' motivation [6]. The risk of WPV is particularly concentrated in organizational sectors dealing with mental health and in emergency care settings [5]. WPV in healthcare is recognized as a social problem resulting from complex interactions between psychosocial and biological factors related to aggression [7].

As for the magnitude of the phenomenon, it is known that underreporting biases the data on the number of violent incidents. This often correlates with healthcare workers' belief that reporting such incidents will not lead to positive outcomes or the perception that being assaulted is part of the job

[8]. Nevertheless, data released by the Italian National Institute for Insurance against Accidents at Work (INAIL) report that the number of confirmed workplace injuries in 2022 was over 1,600, a slight increase compared to 2021 (with approximately 100 more cases) and 2020 (around 1,400 cases), when the phenomenon contracted due to restricted access to healthcare facilities during the COVID-19 emergency. However, in 2018 and 2019, such injuries exceeded 2,000 cases per year. In healthcare, about 10% of workplace injuries recognized by INAIL are due to assault, while in industry and services, this figure stands at 3% [9].

Bagnasco et al. (2022) conducted a descriptive observational analytical multicenter study involving 6,079 nurses. Of the participants, 32.4% (equivalent to 1,969 workers) reported experiencing violence in the last 12 months. Verbal threats were the most common form of violence, affecting 84% of the respondents. Statistically significant differences emerged between those who did not experience violence and those who did, based on professionals' characteristics, patient characteristics, organizational and professional factors, preventive measures in place at work, and workplace environment characteristics [10].

To counteract violence in healthcare, Italy issued Ministerial Recommendation 8/2007, which outlines a prevention program, analyzes work situations, defines and implements preventive and control measures, and provides staff training [11]. Several years later, on September 24, 2020, Law 113/2020 came into force, explicitly linking violence against healthcare workers with occupational safety regulations. This law mandates that healthcare facilities sign specific operational protocols with law enforcement to ensure a prompt response to violent incidents. It also established the "National Observatory on the Safety of Healthcare and Socio-Healthcare Professionals," tasked with monitoring the implementation of preventive and protective measures to ensure workplace safety in accordance with Legislative Decree 81/2008 [12-14].

Law 113/2020 also introduced the "National Day of Education and Prevention against Violence towards Healthcare and Socio-Healthcare Workers," aimed at promoting a culture that rejects all forms of violence [12]. This day is observed annually on March 12, with various initiatives held to discuss and address the safety of healthcare workers in care settings. Among these are the conferences held in Piacenza on March 11, 2022, and March 9, 2023, organized by the Italian Federation of Healthcare and Hospital Companies (FIASO) and the Piacenza Local Health Authority (AUSL) [15, 16]. Regarding the risk of violence in healthcare, FIASO has, for about ten years, established a specific working group that has analyzed and estimated the phenomenon in all its dimensions, proposing interventions to institutions, including the formation of civil parties alongside healthcare companies in legal proceedings against those responsible for assaults on healthcare workers. A FIASO representative also participates in the activities of the National Observatory on the Safety of Healthcare and Socio-Healthcare Professionals [17]. Nevertheless, since 2002, six Italian regions (Lazio, Abruzzo, Umbria, Friuli Venezia Giulia, Veneto, and Puglia) have introduced specific laws for managing stress, bullying, and psychosocial risks, which include integrating competent professionals for managing and preventing psychosocial risks (stress, harassment, and violence) both in individual cases and in workplace redesign and reorganization [18]. Additionally, regions such as Emilia Romagna, Tuscany, and Umbria have produced regional guidelines addressing the risk of violence in healthcare [19, 20].

Although it is a widespread and potentially severe phenomenon, workplace violence in

healthcare remains poorly understood, and risk containment strategies are still underdeveloped [21].

Based on these premises, the present study aimed to investigate the implementation of violence risk containment measures outlined in the "Guidelines for Preventing Violence Against Healthcare and Socio-Healthcare Workers," issued by the Emilia Romagna Region in 2019 [19], in a sample of 47 Italian healthcare companies affiliated with FIASO. The study also aimed to examine violent incidents against healthcare workers through a quantitative analysis of episodes occurring from 2019 to 2021.

METHODS

Study design

This descriptive cross-sectional study aimed to evaluate the implementation of violence risk containment measures in healthcare organizations, based on the "Guidelines for Preventing Violence Against Healthcare and Socio-Healthcare Workers" issued by the Emilia Romagna Region in 2019 [19]. The study was conducted in a sample of 47 healthcare companies affiliated with FIASO, representing a diverse geographical distribution across northern, central, and southern Italy.

Target population

The study population comprised healthcare organizations associated with FIASO. These organizations were selected based on their affiliation with FIASO and represented a diverse range of geographical regions and healthcare settings, including hospitals and outpatient services.

Sampling and study procedure

On April 15, 2022, FIASO sent the questionnaire to the strategic management of its 141 affiliated healthcare organizations, requesting that it be completed and returned by May 15, 2022. A total of 47 healthcare companies responded, representing a 33% response rate.

Instrument development

The primary data collection tool was a structured questionnaire developed specifically for this study. The questionnaire was designed to assess compliance with the "Guidelines for Preventing Violence Against Healthcare and Socio-Healthcare Workers" and was structured into 12 items. Each item corresponded to a key area of violence prevention, such as the existence of a risk assessment document, the establishment of a corporate group for violence prevention, the presence of training programs, and the availability of psychological and legal support services.

The development of the questionnaire followed a multi-step process:

1. *Literature Review and Expert Consultation:*
   Items were derived from a comprehensive review of the existing literature on workplace violence and prevention measures in healthcare settings. The content of the questionnaire was then reviewed by a panel of experts in occupational health, healthcare management, and violence prevention to ensure content validity.
2. *Pretesting and Pilot Study:*
   The initial version of the questionnaire was pretested in a pilot study involving five healthcare organizations not included in the final sample. The pilot aimed to assess the clarity, relevance, and comprehensiveness of the items. Based on feedback from the pilot study, minor adjustments were made to improve the wording and structure of the questions.
3. *Validation:*
   To ensure the reliability and validity of the questionnaire, a confirmatory factor analysis was

conducted on the pilot data to test the internal consistency of the items. Cronbach's alpha was used to measure the reliability of the instrument. The overall Cronbach's alpha for the 12-item questionnaire was 0.88, indicating good internal consistency.

4. *Questionnaire Structure:*
   The final version of the questionnaire comprised 12 closed-ended questions with three response options for each: "Yes," "No," and "Not applicable." In addition, two questions were included to assess the number of violent incidents reported in 2019, 2020, and 2021, as well as the number of incidents classified as sentinel events.

Table 1. Summary of compliance with workplace violence prevention measures in Italian healthcare organizations.

Question	Yes	No	Not applicable
1. Has a risk assessment document for workplace violence been drafted?	37	10	0
2. Has a corporate group been established to combat violence?	41	6	0
3. Has a corporate procedure been developed for preventing violent acts?	45	2	0
4. Has a plan been drafted to prevent violent acts?	33	13	1
5. Are training programs for healthcare staff in place?	42	4	1
6. Is there a procedure for reporting violent incidents?	47	0	0
7. Is there a corporate form for reporting violent acts?	45	2	0
8. Has a registry been established to collect data on violent incidents?	42	4	1
9. Is there a procedure for assisting victims of violence?	32	15	0
10. Is psychological support available for affected workers?	38	8	1
11. Is legal assistance provided for workers involved in violent incidents?	17	28	2
12. Has a communication plan been developed for healthcare staff and the community?	28	18	1

Data collection and ethical considerations

The questionnaire was distributed electronically to ensure timely and efficient data collection. Participation was voluntary, and respondents were assured of the confidentiality of their responses. All organizations provided informed consent prior to completing the questionnaire. The study adhered to the ethical guidelines outlined in the Declaration of Helsinki, and data were anonymized to protect the identity of the participating healthcare organizations.

Statistical analysis

Descriptive statistics were used to summarize the responses to the questionnaire, including the number and percentage of affirmative ("Yes"), negative ("No"), and "Not applicable" responses for each of the 12 questions. Data were presented as counts and percentages in tables to provide a clear overview of compliance with the "Guidelines for Preventing Violence Against Healthcare and Socio-Healthcare Workers."

To assess the internal consistency of the questionnaire, Cronbach's alpha was calculated, with a

value of 0.88 indicating good reliability across the 12 items. This measure of internal consistency provided confidence that the questionnaire items were sufficiently related to assess the key areas of workplace violence prevention.

For the analysis of the number of violent incidents reported across the three years (2019, 2020, 2021), frequency distributions were calculated. The percentage change in the number of reported incidents between the years was also computed to observe trends over time. Sentinel events were analyzed similarly, and the relative percentage change year-over-year was calculated.

All statistical analyses were performed using SPSS version 27.0 (IBM, Armonk, NY), with significance set at $p < 0.05$. Descriptive statistics were displayed using tables and charts where necessary to highlight trends and differences among the participating healthcare organizations. No inferential statistics were used as the focus of the study was to describe compliance and reporting patterns across organizations rather than to draw conclusions about population differences.

RESULTS

As of May 15, 2022, 47 healthcare organizations affiliated with FIASO (24 from northern regions, 16 from central regions, and 7 from southern regions and islands) returned the completed questionnaire, which had been sent out on April 15, 2022, to 141 organizations (yielding a response rate of approximately 33%).

Questionnaire responses (Questions 1-12)

All 47 participating healthcare organizations provided answers to all 12 questions. A total of 564 responses were collected, consisting of 447 affirmative responses (79%), 110 negative responses (20%), and 7 "not applicable" responses (1%).

Table 2. Responses to key questions on violence prevention measures.

Question	Yes	No	Not Applicable
1. Has a risk assessment document for workplace violence been drafted?	37	10	0
2. Has a corporate group been established to combat violence?	41	6	0
3. Has a corporate procedure been developed for preventing violent acts?	45	2	0
4. Has a plan been drafted to prevent violent acts?	33	13	1
5. Are training programs for healthcare staff in place?	42	4	1
6. Is there a procedure for reporting violent incidents?	47	0	0
7. Is there a corporate form for reporting violent acts?	45	2	0
8. Has a registry been established to collect data on violent incidents?	42	4	1
9. Is there a procedure for assisting victims of violence?	32	15	0
10. Is psychological support available for affected workers?	38	8	1
11. Is legal assistance provided for workers involved in violent incidents?	17	28	2
12. Has a communication plan been developed for healthcare staff and the community?	28	18	1

Table 3. Percentage of affirmative responses per question.

Question	Affirmative responses (%)
1. Has a risk assessment document for workplace violence been drafted?	78.7%
2. Has a corporate group been established to combat violence?	87.2%
3. Has a corporate procedure been developed for preventing violent acts?	95.7%
4. Has a plan been drafted to prevent violent acts?	70.2%
5. Are training programs for healthcare staff in place?	89.4%
6. Is there a procedure for reporting violent incidents?	100%
7. Is there a corporate form for reporting violent acts?	95.7%
8. Has a registry been established to collect data on violent incidents?	89.4%
9. Is there a procedure for assisting victims of violence?	68.1%
10. Is psychological support available for affected workers?	80.9%
11. Is legal assistance provided for workers involved in violent incidents?	36.2%
12. Has a communication plan been developed for healthcare staff and the community?	59.6%

Reported violent Incidents (Questions 13-14)

In 2019, 1,419 violent incidents were reported, followed by 1,155 in 2020 (an 18.6% decrease from the previous year), and 1,590 in 2021 (a 37.7% increase from the previous year and a 12.1% increase compared to 2019).

A total of 59 sentinel events were reported in 2019, 48 in 2020 (a 15.8% decrease), and 50 in 2021 (a 4.2% increase compared to 2020, but a 15.3% decrease compared to 2019).

Table 4. Reported violent incidents and sentinel events (2019-2021).

Year	Total Violent Incidents	Percentage Change from Previous Year	Sentinel Events	Percentage Change from Previous Year
2019	1,419	N/A	59	N/A
2020	1,155	-18.6%	48	-15.8%
2021	1,590	+37.7%	50	+4.2%

Additional notes from responding organizations

Sixteen organizations provided additional notes in the optional comments section. Key themes included ongoing efforts to develop risk assessment documents and violence prevention plans, challenges related to staffing for psychological support, and initiatives to raise awareness of workplace violence.

DISCUSSION

The findings of this study highlight that many Italian healthcare organizations have implemented important measures to address workplace violence, including reporting systems,

training programs, and preventive procedures. The high percentage of organizations with procedures for reporting violent incidents (100%) and the significant number offering training programs (89.4%) suggest a growing recognition of the need to address workplace violence in healthcare. However, despite these advancements, several critical areas remain insufficiently addressed, particularly in terms of risk assessment and legal support for affected workers.

Approximately 22% of the surveyed organizations have not yet drafted a formal risk assessment document, a legal requirement under Legislative Decree 81/2008, which raises concerns about compliance and the potential for unaddressed risks within these organizations. The absence of such a document means that healthcare workers in these institutions may face heightened exposure to workplace violence without a comprehensive plan to mitigate these risks. Moreover, only 36.2% of organizations provide legal assistance to workers involved in violent incidents, leaving many victims without the support they need to pursue justice and protect their rights.

The increase in reported violent incidents from 2020 to 2021—particularly following the challenges of the COVID-19 pandemic—emphasizes the urgency of addressing workplace violence. While some of this rise may be attributed to improved reporting mechanisms, it also reflects the ongoing stress and strain within healthcare environments, where pandemic-related factors such as worker burnout, high patient loads, and heightened tensions have exacerbated the risks of aggression. These findings align with other literature indicating that healthcare workers have faced increased exposure to violence in the post-pandemic period [9,22].

Implications for policymakers and research

Given these results, several implications arise for policymakers and future research. First, there is a clear need for stronger enforcement of existing regulations, particularly the requirement for comprehensive risk assessments [23]. Policymakers must also address the gap in legal support services by ensuring that healthcare workers have access to the necessary legal protections when facing violence. At a national level, the standardization of reporting protocols across regions could improve the comparability of data and allow for more targeted interventions where they are most needed [24-30].

For researchers, this study highlights the need for further investigation into the effectiveness of the violence prevention measures currently in place. While many organizations have implemented training programs and reporting systems, little is known about how these interventions impact the actual incidence of workplace violence or the long-term outcomes for affected workers [31-38]. There is also a need to explore the psychological effects of violence on healthcare professionals and assess whether existing support services adequately address their needs [39-53].

In addition, regional disparities in how workplace violence is managed and reported present an important area for future research. Understanding these variations could help identify best practices and promote greater consistency across the country in how violence prevention efforts are implemented.

Strengths and limitations

One of the strengths of this study is its broad geographical scope, encompassing healthcare organizations from northern, central, and southern Italy, providing a comprehensive overview of the implementation of violence prevention measures across diverse regions. The inclusion of organizations from different healthcare sectors (e.g., hospitals, outpatient care) further enhances the

generalizability of the findings.

However, several limitations must be acknowledged. The response rate of 33% limits the representativeness of the sample, and the self-reported nature of the data may introduce bias, particularly with regard to underreporting or overreporting of violent incidents. Additionally, differences in reporting mechanisms across organizations may have contributed to inconsistencies in the data, as highlighted by the notes provided by respondents. Further research with a higher response rate and standardized reporting protocols is needed to build on these findings.

CONCLUSIONS

In conclusion, this study demonstrates that while progress has been made in Italian healthcare organizations to address workplace violence, critical gaps remain, particularly in terms of compliance with legal requirements and support for victims. The findings underscore the need for stronger enforcement of risk assessments and enhanced legal protections for healthcare workers. For policymakers, addressing these gaps is essential to ensure safer work environments and better protection for healthcare professionals. For researchers, the results point to important areas for further investigation, particularly in evaluating the effectiveness of prevention programs and understanding the psychological impact of violence on healthcare workers. Strengthening these measures will be key to improving the safety and well-being of healthcare professionals in the future.

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