Workplace Violence

I. Purpose

This statement articulates the American Nurses Association (ANA) position regarding individual and shared roles and responsibilities of registered nurses (RNs) and employers to create and sustain a culture of respect, which is free of incivility, bullying, and workplace violence. RNs and employers across the health care continuum, including academia, have an ethical, moral, and legal responsibility to create a healthy and safe work environment for RNs and all members of the health care team, health care consumers, families, and communities.

II. Statement of ANA Position

ANA’s Code of Ethics for Nurses with Interpretive Statements states that nurses are required to “create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect” (ANA, 2015a, p. 4). Similarly, nurses must be afforded the same level of respect and dignity as others. Thus, the nursing profession will no longer tolerate violence of any kind from any source.

All RNs and employers in all settings, including practice, academia, and research, must collaborate to create a culture of respect that is free of incivility, bullying, and workplace violence. Evidence-based best practices must be implemented to prevent and mitigate incivility, bullying, and workplace violence; to promote the health, safety, and wellness of RNs; and to ensure optimal outcomes across the health care continuum.

This position statement, although written specifically for RNs and employers, is also relevant to other health care professionals and stakeholders who collaborate to create and sustain a safe and healthy interprofessional work environment. Stakeholders who have a relationship with the worksite also have a responsibility to address incivility, bullying, and workplace violence.

III. Workplace Violence Spectrum

Workplace violence can be seen as a spectrum with non-verbal, uncivil actions at one end, leading to verbal, physical violence and even death at the other end. Whether the intent is to harm or not, all actions are workplace violence and should not be tolerated.
Definitions

▪ **Incivility** is “one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them”.

▪ **Bullying** as “repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient.”

▪ **Workplace Violence** is any act or threat of physical violence, harassment, intimidation or other threatening, disruptive behavior from patients, patient's family members, external individuals, and hospital personnel. It includes physical, sexual, and psychological assaults.

NIOSH classifies workplace violence into four basic categories. These workplace violence types are relevant to nursing and the broader healthcare sector. Note that an armed intruder can fall into any of these categories.

Types II and III are the most common in the healthcare industry. Types I and IV will not be addressed in this position statement.

▪ **Type I**: Involves “criminal intent.” In this type of workplace violence, “individuals with criminal intent have no relationship to the business or its employees.”

▪ **Type II**: Involves a customer, client, or patient. In this type, an “individual has a relationship with the business and becomes violent while receiving services.”

▪ **Type III**: Violence involves a “worker-on-worker” relationship and includes “employees who attack or threaten another employee.”

▪ **Type IV**: Violence involves personal relationships. It includes “individuals who have interpersonal relationships with the intended target but no relationship to the business” (Iowa Prevention Research Center, 2001; NIOSH, 2006, 2013). (ANA, 2021)

In some circles discussions are taking place regarding a fifth type of violence: that being ideological violence. **Ideological workplace violence**, often motivated by violent extremism, is directed at an organization, a particular group of people within the organization, and/or its property for ideological, religious, or political reasons. Active shooter incidents (when not perpetrated by a patient or their family) are most often in this category. Issues like reproductive rights, access to gender-related health care, and ongoing divisions on past COVID protocols and vaccinations have accentuated social and political divisions, and stoked fears among some violent extremists. Being aware and prepared is essential for all health care facilities.

**IV. Background**

Incivility, bullying, and workplace violence are phrases that are unfortunately becoming too common amongst the nursing community. Healthcare and social assistance workers (including nurses) are six times more likely to be injured, requiring time away from work as a result of violent events in comparison to other industries (OSHA, 2023). Workplace violence, including physical and verbal violence by patients, clients, and co-workers, has been recognized as an occupational hazard that leads to increased stressors for nursing staff (Kafle et al., 2022). Press Ganey (2022) has released data that shows on average, two nurses are assaulted every hour. Data from Q2 of 2022 from analysis of 483 U.S. facilities shows that about 57 nursing personnel were assaulted a day, 1,739 assaults were reported per month, and 5,217 assaults reported per quarter (Press Ganey, 2022). Considering that workplace violence is vastly underreported it is likely that these numbers are higher. There are several reasons for underreporting, the top reasons being: if the employee is injured after the violent incident; the perceived intent of the patient; someone other than the victim...
reports the incident; complicated reporting systems; lack of supervisor support; and fear of reporting due to peer or administrative pressure, or other reasons (Spencer et al., 2023).

The extent of workplace violence that continues to occur has a profound negative effect on the nursing community. Those who have experienced workplace violence know how physically and emotionally detrimental these events are. The negative outcomes related to these events and ongoing risks of violence include burnout, depression, and dissatisfaction with their workplace (Kim et al., 2022). Already faced with inadequate nurse staffing, which is a factor that increases the likelihood of workplace violence, it is likely that these linked issues will continue to worsen if these workplace conditions are not improved (Kim et al, 2022).

A nurse takes an oath of doing no harm to patients; however, nurses are put at risk daily while caring for their patients. Violence should not be a part of the job for nursing as well as other healthcare staff. Nurses should not accept violence as part of their job duties and healthcare systems should not tolerate any violence toward staff. Zero tolerance policies for violence amongst staff, patients, and patient visitors need to be in place but are a challenge when patients cannot be denied care. Systems that include a culture of safety; assessment of patients for risk of violence; well defined reporting and communication protocols; response protocols that are customized to address the root cause of violence along with training and educational programs, and post incident support for victims of violence. Speaking up and acting on these issues reflects the moral stance of the ANA Code of Ethics for Nurses with Interpretive Statements (2015).

The nursing profession must unite to push forward the changes needed to put an end to incivility, bullying, and workplace violence.

**Incivility**

The various forms of workplace violence need to be addressed and acknowledged by both nurses and their employers. Differentiating the various forms of violence that occurs and what actions have or have not been taken, is the first step in the nursing profession collectively coming together to begin forming a plan of action to transform the nursing culture to one of safety and respect to prevent these forms of violence.

Workplace incivility has been recognized as a global issue within the healthcare setting that leads to negative consequences in both the professional and personal life of those experiencing incivility. (Mammen et al., 2023). Some examples of incivility include demeaning comments, interrupting others when speaking, ignoring people’s opinions on issues, eye rolls, gossiping, or refusing to help coworkers (Han et al., 2022). Incivility can occur through face-to-face interactions or through emails or other social media outlets. The negative impact of incivility directly impacts peers, workplace environment, and patient outcomes. Research has found that after being a target of incivility, the individual may take their frustration out on patients or peers and their work performance begins to decline due to the impact of poor mental health related to rude comments or gestures (Bar-David, 2018).

Incivility may be a precursor to bullying or workplace violence. Workplace morale is likely to be impacted by incivility as the negativity may begin to spread from person to person and as a result leads to lack of trust and inability to work as a team to provide patient care. Patient care is placed at risk due to staff providing lower quality care, which can lead to increased patient safety risks and poor outcomes (Handzel, 2020).

**Bullying**

Bullying in healthcare remains a persistent issue among nursing staff. It has been defined as repetitive and cumulative negative behaviors that lead to negative impacts on both the victim and healthcare facility (Smith et al., 2020). Bullying occurs amongst peers, between staff and leadership, and from patients and their family members. Bullying that occurs in leadership positions includes condoning bullying within the workplace. Those in leadership positions are to be viewed as leaders and this behavior should not be tolerated as it sets a poor example for others.
Along with the increase of patient violence upon staff due to the nature of the job which is characterized by long work hours and high-stress environments, nurses experience higher forms of tension in the workplace (Gooch & Kayser, 2023). Unfortunately, within the nursing culture, older nurses have been known to “eat their young”. Although nursing schools and employers are doing their best to discourage this behavior, it still exists. This leads to lateral bullying being one of the main aspects of bullying within the workplace.

Bullying can take many forms such as unfair assignments, ignoring peers, withholding important information, taunting, hostile remarks, and humiliation (Smith et al., 2020). The perpetrator is abusing their power toward an individual by purposely doing harmful actions meant to embarrass, intimidate, or humiliate the individual. Bullying is a prevalent concern in many workplaces that needs to be addressed. The culture of the workplace is something that is generally overlooked. Any workplace that has a culture that overlooks bullying and allows rude behaviors to occur, leads to a workplace environment that is at higher risk of experiencing violence (Assi, 2023).

Another form of bullying that nurses and employers should be aware of is mobbing. Workplace mobbing is defined as hostile behaviors that may be directed from an individual to another individual or from a group to one individual (Towler, 2020). Mobbing is a tactic used by individuals to get coworkers to attack an individual by using behaviors such as attacks, isolation, hostile interactions and physical violence or threats (Towler, 2020). Mobbing can lead to the same type of negative impacts on the individual as other forms of bullying do.

**Workplace Violence**

Workplace violence consists of any act or threat of physical or verbal abuse, harassment or other forms of disruptive behavior that occurs at a work site (Occupational Safety and Health Administration (OSHA), (n.d.). According to OSHA (n.d.), the third most fatal cause of occupational injuries is a direct result of violence that occurred in the workplace.

In 2020, RNs experienced a 35% and CNAs a 18% increase in rate of intentional and non-intentional violence related injuries involving days away from work per 10,000 full-time workers as compared to 2019 in both Hospitals and Nursing Homes (BLS, 2021). A total of 58,750 nonfatal Workplace Violence (intentional and non-intentional) related injuries and illnesses involving days away from work, restricted activity, or job transfer (DART) were reported for 2021 and 2022 in the private health care and social assistance sector. This represents 70% of all occupational WPV related injuries reported for those years (BLS 2023). This accounts for all healthcare settings including ambulatory health services, hospitals, nursing facilities, and social assistance.

The increase in gun violence within healthcare settings is another alarming aspect of workplace violence. Although the mortality rate of firearms varies across the United States, gun violence is considered a public health problem across the country (Silver et al., 2023). Unfortunately, the stories of patients, or visitors entering a healthcare facility and using a firearm to intentionally harm staff is becoming more common. More action needs to be taken at both the federal and local government levels. Zero tolerance policies need to be set in place and effective prevention measures such as active shooter preparations are crucial to keep both healthcare staff and patients safe.

Although workplace violence exists across all occupations, the prevalence in the healthcare setting is significantly higher and has been shown to leave both immediate and long-term impacts on the staff experiencing it (Bernardes et al., 2021). This type of violence can be experienced anywhere, but is more common in behavioral health units, emergency departments, geriatric units, nursing homes, and the hospital waiting room (CDC, 2014).
**Detrimental Effects on the Nursing Profession**

The impact of workplace violence leaves a detrimental effect on nurses. Various articles have shown that workplace violence can lead to increased nurse burnout. Along with burnout, it can cause lasting mental health issues such as anxiety, post-traumatic stress disorder (PTSD), depression, and low self-esteem (Dadfar & Lester, 2021). Workplace violence leads to increased job dissatisfaction, reduces the attraction to nursing due to fear of violence, and ultimately leads to a toxic work environment resulting in more nurses leaving the field (Kafle et al., 2022).

The number of nurses with the intent to leave the bedside continues to remain an issue following the pandemic. With a shortage of nurses already being a concern across the country, this poses a risk for the future of nursing. A joint survey conducted in May 2023 by the American Nurses Foundation and Mckinsey found that 41% of nurses providing direct care to patients intended to leave their current positions and 30% of nurses in direct patient roles also have the intent to leave (Berlin et al., 2023). Along with these findings, 56% of nurses reported feeling symptoms of burnout, emotional exhaustion, and stress all related to their work environment (Berlin et al., 2023). With these findings, the nursing field is at serious risk of an increased nursing shortage, leaving the question as to who will be caring for the future generations of patients. Being short staffed likely will lead to a decreased culture of safety and is an OSHA-identified risk factor for increased violence within the workplace (OSHA, 2016).

**Financial Ramifications**

Decreased productivity can occur following incidents of workplace violence. Employee retention can also become more difficult. Yet the total financial cost of such actions is very difficult to calculate (Spence Laschinger, 2014). According to one study, lost productivity related to workplace incivility was calculated at $11,581 per nurse annually (Lewis & Malecha, 2011). Another study of a U.S. hospital employing 5,000 nurses estimated the cost of workplace violence treatment at $94,156 annually: $78,924 for treatment and $15,232 for indemnity for the 2.1% of the hospital’s nurses who reported injuries (Speroni, Fitch, Dawson, Dugan, & Atherton, 2014).

The costs of incivility increase when one considers the expenses associated with supervising the uncivil employee; managing the situation; consulting with attorneys; interviewing witnesses; and recruiting, hiring, and training new employees. Studies show that the average turnover cost for a nurse is $46,100, ranging from $40,200 to $64,500 (Hooper, 2023).

**RN Health, Patient Safety, and Career Consequences**

Workplace violence has a negative impact on individuals in both their personal and professional life. The repeated psychological distress caused by workplace violence has been shown to induce sleep disorders, fatigue, and post-traumatic stress disorder, leading to nurse and healthcare worker burnout (Kafle et al., 2022). Unfortunately, some of the violence becomes so severe that it ends in the individual taking their own life. Workplace violence has become so common that most just accept it as an unpleasant part of the job, and they learn to tolerate behaviors that should never be tolerated.

Healthcare workers are not the only ones that face consequences from the continued increase in workplace violence. Patient safety and workplace violence are inextricably linked issues. Nurses begin to lose motivation and career satisfaction, which ultimately leads to poor quality of care and increased patient safety concerns (Dadfar & Lester, 2021). Nurses who are subject to higher levels of workplace violence, bullying, or incivility are more likely to experience patient falls, delays in care, and clinical or medication errors due to working in an unsafe environment (Stafford et al., 2022). Workplace violence reaches beyond the staff and employer, as the patients become exposed to staff that is distressed, fatigued, and experiencing mental exhaustion from working in a hostile environment.
Workplace violence also has an impact on the future of nursing. Nursing and medical students completing clinical hours in any healthcare setting are subject to the same type of violence that the seasoned nurses are facing. The early exposure to workplace violence on students can also leave lasting negative impacts that result in the students deciding to leave the profession (Warshawski, 2021). Recent studies have also shown that students have been facing a significant increase in violence while completing their clinical time (Warshawski, 2021). It is believed that workplace violence accounts for 17.2% of nurses leaving their job (Al-Qadi, 2021). More training programs are needed to prevent WPV starting at the student level and continuing through the nurses’ careers. With potential future nurses and other healthcare students dropping out of their programs due to fear, and nurses leaving the profession, public safety is at risk due to not having adequate healthcare personnel to care for them.

The consequences to RN Health, patient safety, and future healthcare careers will continue to worsen if proper measures are not put in place. More regulations, policies, and laws need to be enacted to protect nurses and other healthcare workers. More training programs are needed at educational institutions along with all healthcare institutions. Further studies are needed to help determine what impact educational institutions are facing by having qualified faculty members resign on both the student and the institution.

A Culture of Respect

Nurses are the largest body of employees within a hospital institution and if the nursing staff is not thriving in their work environment, the healthcare institution will also begin to deteriorate (Kafle et al., 2022). A positive and respectful work environment must be established to ensure the safety and quality of patient care is not jeopardized.

The ANA’s *Code of Ethics with Interpretive Statement* (2015), states that to fulfill nursing’s professional obligations, nurses should do their best to provide quality care to their patients and communities while also making sure to support their colleagues. Working in toxic work environments that are exposed to violence jeopardizes the nurse’s ability to carry out their ethical and professional duties. The support between colleagues and other nurses is lacking and patient care in turn begins to suffer. Nurses are to maintain accountability, create an ethical environment, a culture of civility and should maintain a professional relationship between other colleagues, students, and patients (ANA, 2015).

Nurses may be exposed to multiple threats however, any form of harassment, violence, disrespect, or threatening actions should not be tolerated (ANA, 2015). Nurses need to be involved in processes that promote health and well-being of nurses within their healthcare system and within regulating agencies (Johnson, 2022).

The ANA’s position statement on Just Culture states that forming a “just culture” relies on having competencies in place that creates an open and fair system for appropriately holding individuals accountable for their behaviors (ANA, 2018). This same system should also be used to hold individuals accountable that contribute to any bullying, incivility, or violence within the workplace. Respect has been consistently ranked as an important and desirable work value (Robotham & Cortina, 2021). Efforts from employers, as well as nurses between their colleagues, are needed in order to form a culture of respect within the workplace.

V. Responsibilities of Registered Nurses and Employers

Physical, psychological, and emotional safety is linked to better patient care outcomes and care experience (Institute for Healthcare Improvement (IHI), n.d.). The IHI recognizes that effective collaboration and communication within the workplace relies on the psychological, physical, and emotional well-being of the staff members. When workplace violence enters the workplace, staff are less likely to effectively collaborate with one another due to a lack of trust and emotional distress. This has a spiral effect and ultimately the patients suffer the consequences.
To create a safe environment, a holistic policy with evidence-based interventions needs to be instated at the healthcare facility. Having a mandated policy at both the state and federal levels may lead to better success rates at the facility level. Along with effective interventions, there needs to be a commitment from both the employer and employee to establish a safe work environment. Creating an environment that promotes a culture of safety and dignity is necessary to prevent workplace violence across the spectrum (ANA, 2015, p. 6). The shared goal between everyone is to create an environment that is safe for nurses, other healthcare workers, and the patient.

Through the Occupational Safety and Health Act of 1970, the General Duty Clause requires employers to keep “a place of employment... free from recognized hazards that are causing or are likely to cause death or serious physical harm to... employees.” (29 USC 654). OSHA enforces the OSH Act and recognizes that within the healthcare industry, workplace violence is a hazard and holds employers to the same expectations as other hazards in regard to keeping employees safe (OSHA, OSH Act of 1970).

The following sections include recommendations for both the employer and employee on how to mitigate workplace violence. The goal is that both employee and employer can work together and form a culture of safety and that leads to reducing and possibly eliminating all violence. The term “Employer” refers to the healthcare organization, agency, system, corporation, academic setting, business, or anyone that employs or contracts the nurse (ANA, 2015, p. 7). Nurse leaders are also part of this definition as they are responsible for education and the application of policies and procedures for all RNs (ANA, 2015, p. 7) The term “employee” is specified for RNs. However, these recommendations may be used for all healthcare professionals and stakeholders who collaborate to form a culture of safety within the workplace or interact with patients.

VI. Recommendations for Addressing the Workplace Violence Spectrum

Recommendations for Registered Nurses

The following interventions should be used by the RNs to address vulnerabilities and improve interprofessional relationships, reduce the incidents and consequences, and decrease the negative impacts associated with workplace violence.

- As an RN you should commit to working with peers to establish healthy interprofessional relationships with all healthcare team members.
- RNs must be aware of how they communicate with peers. To strive for excellent communication skills, the RN must be self-aware, participate in conflict resolution trainings, work on active listening skills, therapeutic communication, attend diversity trainings, and participate in any of the following communication courses either offered by their employer, academic institution or through continuing education course (ANA, 2015b).
- RNs are responsible for being familiar with their organization’s workplace violence policies and procedures. If there are none in place, RNs should work with other colleagues to form a policy (ANA, 2015b).
- RNs should advocate for robust education in all schools of nursing as these students will one day be their peers and should be familiar with workplace violence policies and procedures, and how to address it (ANA, 2015b).
- RNs will act in a respectful and professional manner to reinforce civility through the following practices:
Clear verbal, nonverbal, written communication including social media posts.

Treat others with respect, kindness, and dignity. Treat others as you would like to be treated and apologize when indicated.

Consider how your own words or actions could impact others.

Avoid gossiping or spreading nonfactual information. Rely on facts and not opinions.

Collaborate and share information with others when necessary.

Accept constructive criticism from others.

Offer assistance when needed, accept refusal of assistance.

Take full accountability for your own actions.

Recognize abuse of power and address the issue through chain of command.

Speak directly to any individual when an issue arises.

Respect the view of others including their perspectives, experiences, and ideas.

Offer support and encourage others through mentorships including students, new nurses, and experienced nurses (ANA, 2015b).

RNs of all levels should participate in their facilities’ WPV Safety Committee, providing input regarding policies, procedures and reporting, guidance to other staff in combatting workplace violence, and continually evaluate and improve the workplace violence prevention initiatives.

RNs should encourage their peers to be alert of their surroundings, quickly recognize situations that can evolve into an incident, and report all workplace violence incidents, per the facility WPV policies.

RNs should participate in workplace violence programs, training or educational opportunities offered by the employer or healthcare organization.

The RN should use and encourage their peers to use existing environmental control that is integrated into the policies and procedures (panic buttons, visitor access badge, employee badge, security personnel, code words, de-escalation, crisis teams, etc.)

RNs should support or express empathy to colleagues, patients, visitors, or bystanders affected by workplace violence (ANA, 2015b).

The RN will use the appropriate reporting tools when reporting workplace violence incidents and participate in any post-incidence meetings.

The RN will use resources offered by the employer such as counseling, stress reducing programs, trauma, grief, or bereavement services as needed.

RNs should always aspire to uphold the Code of Ethics for Nurses with Interpretive Statements (ANA, 2015).

Recommended Resources

- The ANA’s Code of Ethics for Nurses with Interpretive Statements (ANA, 2015).
- AACN Standards for Establishing and Sustaining Healthy Work Environments (American Association of Critical-Care Nurses, 2016).
- “Civility Toolkit: Resources to Empower Healthcare Leaders to Identify, Intervene, and Prevent Workplace Bullying” (Adeniran et al., 2015).
Recommendations for Employers

The following interventions should be used by employers to promote a culture of safety within the workplace. The organization’s mission, vision, philosophy, and values should align with a culture of safety and respect that mitigates workplace violence.

▪ Employers must assess the extent of incivility and bullying in the workplace and develop a plan to address the issue.
  
  o a. Create a multidisciplinary committee to oversee the process, address incidents in the facility, provide after-action reports and follow-up, and amend policies and procedures as needed.
  
  o b. Develop policies and procedures.
  
  o c. Employers must orient all new hires to the policies and procedures.
  
  o d. Established policies should be reviewed and documented at employee’s initial orientation and reviewed as needed.

▪ 2. Employer will commit to having a work environment that promotes kindness and dignity between colleagues with respectful communication between everyone within the organization. A nonpunitive work environment encourages reporting of events and encourages employees to offer input on changes within the system. If a zero-tolerance policy is instated for all forms of workplace violence, an explanation of what this entails should be included. All individuals will be treated and reprimanded equally regardless of title or position within the organization.
  
  o The policy must outline where and how to report incidents.
  
  o The policy must state that there will be no repercussion for reporting events.
  
  o Investigation must be followed through the policy protocol. The investigation will be done by a neutral third-party or designated safety committee.
  
  o The policy must outline who will be involved with the zero-tolerance enforcement (ex: management, human resources, leadership etc.)

▪ Employers will enforce organizational policies and professional codes.

▪ Employers must provide educational sessions and resources for all employees on all shifts that address workplace violence, conflict resolution, prevention strategies, respectful communication, and discuss the zero-tolerance policy at these sessions. Details of the consequences of not following the organization’s zero-tolerance policy will also be discussed.

▪ Academic nursing leaders also have a duty to educate and notify student nurses of any incivility and bullying polices within the educational institution. Nursing leaders and academic faculty should work together to integrate civility education, role modeling, bullying, and policy making procedures into student curriculum.
Academic nursing curriculum should educate students on what interventions are in place at their educational establishment if incivility or bullying is to occur.

- Assisting students to be aware of what is civil and uncivil behavior promotes accountability, respectful behavior, self-efficacy, and responsibility (Rose et al., 2020).
- Providing the student with appropriate care after an incident is vital to ensure the student’s well-being.

Employers and Nurse leaders at all levels must actively work to ensure that they are acting in accordance with established policies on incivility and bullying.

- Clearly communicate the expectations for patients, students, nurses, and staff
- Provide reporting systems that allow units to monthly assess any incivility or bullying.

Employers should develop a comprehensive violence prevention program that aligns with the Occupational Safety and Health Administration’s (2015) “Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers”. Program elements should include the following:

- Employer commitment is the foundation of an effective workplace violence prevention program. Healthcare workers should be involved as they have the skills to recognize violence and identify solutions.
  - Interprofessional safety committee or workplace violence prevention committee that contains both the employer’s and the employee’s involvement in planning and implementing the prevention program phases.
  - Worksite analysis. A thorough analysis is necessary to identify trends and risk factors for violence.
    - Plan to use all available data sources, which may include OSHA logs, injury reports, workers’ compensation data, safety or security incident information, and employee surveys.
    - Conduct an analysis of each unit or department within an organization; pay special attention to those areas where incidents have occurred. Develop a mechanism or plan to review and track incidents of violence by organizational-, environmental-, patient-, unit-, and employee-level factors.
    - Schedule regular walk-throughs of all areas of the organization and enlist clinical employees who will identify potential vulnerabilities and develop a plan to address them.
    - Repeat the analysis annually or as needed.
- Hazard prevention and control. Prevention and control measures should be designed in accord with the result of the worksite analysis.
  - Engineering controls may include modifying the layout of admissions areas, nurses’ stations, and rooms; ensuring adequate lighting; limiting access to certain areas; and securing or eliminating furniture or equipment that may be used as weapons.
  - Engineering controls may also include personal alarm devices, panic buttons, and cellular phones. Those items must be made available to at-risk employees as appropriate.
Administrative controls may include developing policies and procedures, establishing hospital-wide codes (such as active shooter or disruptive patient codes), and conducting training and education sessions.

- Provide training and education for all employees and relevant stakeholders as needed to ensure familiarity with elements of the workplace violence prevention program.
  - a) Training will be done annually and at employee time of hire.
  - b) Information regarding frequency of violence in healthcare settings and risk factors should be included in training.
  - c) Trainings need to be tailored to the type of setting the employees work in.
  - d) Consider mock drills of crisis situations for employees.
  - e) Techniques such as de-escalation, self-defense, situational awareness, and how to report incidents should be included in the training.

- Training should help employees become self-aware of what work stressors are impacting them.
- Education should be done in a variety of methods as each employee may have a different learning style (hands-on, simulation, debriefing, posters, videos) (OSHA, 2015).

- Employer to develop a method for reporting, tracking, and evaluating all incidents including near-misses (ANA, 2015b).
- Employers should make sure that human resources are trained to do thorough background checks on all potential new hires.
- Employers must ensure that human resources personnel follow procedures to minimize any possibility of retaliation from a former employee.
- Employers must always have appropriate staffing to instill a healthy work environment and patient safety.
- Continue to evaluate and make improvements to Workplace Violence prevention programs as needed.
- Investigate all reports and all suspicious activity or threats.
- Review each workplace violence report with the interprofessional committee to identify any weaknesses and improve any processes to reduce future incidents.
- The Employer will conduct a Root Cause Analysis following and violence events.
- Employer will acknowledge any loss of persons involved in a workplace violence event.
- Employer will arrange coverage immediately for any RN that needs to be relieved of their work duties following any violent incident (ex: speak with law enforcement, seek health services, or to report incident).
- Provide continuous support to employees who have experienced a violent event and arrange to return to work when appropriate.
- Employers will provide support, bereavement or grief services to all employees, patients, bystanders, or survivors of violent events (ANA, 2015b).
- Employers will also provide the same level of resources, interventions, planning, and any other tools to instill gun safety policy and procedures within the organization. (ANA, 2014).
**Recommended Resources**

- Development and Psychometric Testing of the Workplace Civility Index: A Reliable Tool for Measuring Civility in the Workplace (Clark, 2018).
- ANA’s Position Statement: “Addressing Nurse Fatigue to Promote Safety and Health: Joint Responsibilities of Registered Nurses and Employers to Reduce Risks” (ANA, 2014).
- ANA’s Position Statement: “Just Culture” (ANA, 2010).
- Understanding and prioritizing nurses’ mental health and well-being (Berlin et al., 2023).
- Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence (OSHA, 2017).
- ANA’s Position Statement: “Just Culture” (ANA, 2010).
- AONL & ENA Toolkit for Mitigating Violence in the Workplace (2022)
- The Joint Commission’s Workplace Violence Prevention Standards and resource pages (TJC, 2021).
- DOL Workplace Violence Program (U.S. Department of Labor, n.d.).

**Recommendations for Registered Nurses – Following Incidents**

- Incidents should be reported immediately following the event. This includes reporting to management, completing a report through whatever reporting system has been designated by the healthcare organization, and reporting to the multidisciplinary Safety Committee.
- Healthcare personnel should be supported to create a detailed report of the incident that includes names of those involved, date & time of occurrence(s), frequency, witnesses, and events leading up to the event. A copy should be kept by the RN (ANA, 2015b).
- RNs should seek support following an incident. Support includes peers, employee assistance programs, and legal counsel. If the RN’s health is directly impacted, file a workers’ compensation case.
- RNs should provide support to peers who have experienced bullying or incivility.
- If the RN contributed in any way to the incivility, self-reflection on their action should be done. Being self-aware and apologizing for any wrongdoing should be done by both parties if both are at fault. The RN should initiate any change needed to resolve the incivility or bullying incident (ANA, 2015b).

**Recommendations for Employers – Following Incidents**

- After any report of incivility or bullying the employer shall start full review of the event following the healthcare organizations policy and procedures (ANA, 2015b).
▪ All written reports and other documentation of events should be kept and reviewed. Events should continue to be monitored to identify if a pattern is emerging. Information given to the employer of the event should be documented and reviewed per policy and procedure.

▪ A neutral third party should be designated to review the events. This should be the Safety Committee if there is one. This committee will provide recommendations and an after-action report.

▪ A Performance improvement Plan (PIP) should be established with the employee to address their actions regarding not acting in accordance with the organization’s incivility and bullying policy. Timeline should be established for the employee to document and demonstrate a change in behaviors. PIP to be reviewed at annual performance evaluation and as needed following initiation of PIP.

▪ The employer must be transparent with all parties involved on what the plan of action is following the incivility or bullying incident.

▪ The employer will inform employees that there is zero tolerance for retaliation and consequences will occur if any retaliation occurs between either party.

▪ The employer is to follow up with the employee who reported the event. Ensure that the employee has support resources available and that no further incidences or incivility or bullying has occurred (ANA, 2015b).

VII. Federal & State Policy

Federal

Nationally Congress must pass the Workplace Violence Prevention for Health Care and Social Service Workers Act (2023) which would require OSHA to create a workplace violence standard. This regulation would require healthcare and social service employers to have workplace violence prevention programs in place. Under this act employers would be required to:

▪ Identify risks and hazards that create the workspace to be vulnerable to violence.

▪ Have protocols in place to document any violence and to investigate violence reports.

▪ Establish non-retaliation policies and create an environment that supports employees reporting violent events.

▪ Hold trainings for employees so that they are able to identify and address workplace hazards that can lead to violence.

▪ Make sure employees are aware of their rights regarding workplace violence. (Workplace Violence Prevention for Health Care and Social Service Act).

Currently, OSHA does not have a specific standard for workplace violence prevention in healthcare. OSHA has a set of voluntary guidelines that employers may use to create prevention programs unique to their size and setting. Regardless of movement on the federal legislation OSHA must complete this rulemaking as soon as possible. A mandatory standard is needed to ensure nurses across the country have access to evidence-based prevention programs from their employers. Until this standard is completed, OSHA must continue to use its current enforcement authority under the General Duty Clause to hold employers accountable when lacking prevention programs allow violence against nurses at work.
Additionally, the Centers for Medicare and Medicaid Services (CMS) have enforcement authority that can mitigate workplace violence in Medicare hospitals. As stated in a November 2022 enforcement memo, Medicare Conditions of Participation require Medicare certified hospitals to provide care in a safe setting and establish emergency preparedness protocols. The interpretation in this guidance requires that nurses and all staff also enjoy a safe environment which includes safety from violence. Citations have previously, and should continue to be, levied when safety requirements are not met to prevent violence and harm to health care professionals in these hospitals.

Further research is necessary on the effectiveness of criminal penalties in preventing workplace violence. Legislation establishing or increasing penalties for workplace violence would need to be paired with research efforts showing fewer healthcare professionals would be harmed and have easy access in pressing charges and navigating the criminal legal system.

In January 2022, the Joint Commission also set new requirements for workplace violence. Any hospital or critical access hospital that is accredited by the Joint Commission is expected to uphold certain workplace violence prevention programs. These standards provide framework for hospitals to implement effects prevention systems, policies and procedures, reporting systems, data collection, data analysis, education to decrease violence incidents, and post-incident interventions (The Joint Commission, 2021).

**State**

Some states have enacted legislation that requires workplace violence prevention programs, and some have passed laws establishing or increasing criminal penalties for assaulting first responders, health care providers and nurses (ANA, 2021). State mandated prevention programs range from single intervention requirements, such as posting zero tolerance posters in plain view, to full programs requiring site-specific risk assessments and corresponding interventions.

There are gaps in prevention policies at the local, state, and federal levels to protect nurses and other health care providers from workplace bullying, incivility, and violence. Further action is needed by government officials at all levels to help combat workplace violence within the healthcare sector. These policies must be evidence-based and involve nurse voices at each step to effectively address this long-standing crisis.
References


*THIS DOCUMENT IS FOR PUBLIC COMMENT USE ONLY AND NOT INTENDED FOR CITATION OR DISSEMINATION*


Towler, A. (2020, February 16). Workplace bullying, mobbing and harassment: What it is, why it matters and how to deal with it: CQ net - management skills for everyone. CQ Net - Management skills for everyone!


%2C%20clients%2C%20customers%20and%20visitors.