AONL FOUNDATION | FOR NURSING LEADERSHIP RESEARCH AND EDUCATION™

Preventing Workplace Violence in Health Care

Proceedings from AONL Foundation's 2024 Leadership Symposium

December 12, 2024

INTRODUCTION

Twenty-five years after the publication of To Err is Human, workplace safety remains an urgent priority in health care. The COVID-19 pandemic, which is correlated with increased violence against health care workers[1], exacerbates existing safety concerns. Recent data[2] shows that only 33 percent of nurses report feeling safe at work, with many experiencing long-term behavioral health impacts from workplace violence.

The AONL Foundation Leadership Symposium on Workplace Violence Prevention in Healthcare convened experts from nursing, security, and healthcare administration to examine three critical aspects: the current state and impact of workplace violence, policy and regulatory frameworks, and implementation of prevention strategies. Led by distinguished moderators Renee Thompson, of the Healthy Workforce Institute, AONL board member Rachel Culpepper and Brad Goettl, of the Emergency Nurses Association – this symposium addresses one of health care's most pressing challenges.

The following proceedings highlight important themes and recommendations presented across three expert panels, providing guidance for nursing leaders in protecting their workforce. Organizations must integrate reporting systems; promote psychological safety; customize training to specific roles; and ensure executive accountability. Security teams in urban academic medical centers face different challenges than their counterparts in rural critical access hospitals, requiring leaders to tailor their approaches. However, all successful violence prevention programs share two elements: organization-wide commitment and data-driven decision-making.

Chronic violence is a systemic issue that requires foundational changes. For health care leaders, this means embedding safety into the culture of their organizations. Nurse leaders' voices matter here as they can drive the adoption of practices that safeguard staff, patients, families and visitors.

[1]Violence Escalates against Surgeons and Other Healthcare Workers
American College of Surgeons
https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/bulletin/2024/october-2024-volume-109-issue-9/violence-escalates-against-surgeons-and-other-healthcare-workers/#:~:text=Healthcare%20violence%20is%20on%20the%20rise%2C%20and,of%20the%20violence%2C%20which%20includes%20verbal%20abuse%2

[2]American Nurses Foundation
Three-Year Annual Assessment Survey: Nurses Need Increased Support from their Employer
https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/annual-survey--third-year/contentassets/anf-impact-assessment-third-year_v5.pdf

PANEL 1

Workplace Violence Prevention: Current State and Impact

MODERATOR

Renee Thompson
Healthy Workforce Institute

PANELISTS

Eric Clay
Vice President of Security Memorial
Hermann Health System
and
President
International Association for Health Care Security and Safety

Vicki Good
Chief Clinical Officer
American Association of Critical Care Nurses

Ruth Francis
Senior Policy Advisor
American Nurses Association

Patricia McGaffigan
Senior Advisor
Patient and Workforce Safety Institute for Health Care Improvement

Panel 1 addressed the current state of workplace violence in health care settings and its impact on the workforce. Panelists discussed reporting challenges, barriers to prevention and emerging solutions for protecting workers.

Current State of Workplace Violence

- Workplace violence is an urgent and widespread issue in health care, with the Occupational Safety and Health Administration (OSHA) reporting[3] that 75 percent of all reportable incidents occur in this field. According to Press Ganey[4], 57 nurses are assaulted daily in the acute care setting, while the International Association for Healthcare Security and Safety data shows[5] 22 incidents of simple assault per 100 hospital beds annually.
- Only 33 percent of nurses report[6] feeling safe in their work environment, with many experiencing long-term impacts including PTSD, anxiety and depression following incidents.

[1]Violence Escalates against Surgeons and Other Healthcare Workers, American College of Surgeons, https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/bulletin/2024/october-2024-volume-109-issue-9/violence-escalates-against-surgeons-and-other-healthcare-workers/#:~:text=Healthcare%20violence%20is%20on%20the%20rise%2C%20and,of%20the%20violence%2C%20which%20includes%20verbal%20abuse%2

[2]American Nurses Foundation, Three-Year Annual Assessment Survey:Nurses Need Increased Support from their Employer, https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/annual-survey--third-year/contentassets/anf-impact-assessment-third-year_v5.pdf

[3]"Trends, Policies, and Protocols Related to Healthcare", https://files.asprtracie.hhs.gov/documents/trends-policies-and-protocols-related-to-healthcare-workplace-violence.pdf , Workplace Violence Occupational Safety and Health Administration (OSHA)

[4]"On average, two nurses are assaulted every hour, new Press Ganey analysis finds", PressGaney, https://www.pressganey.com/news/on-average-two-nurses-are-assaulted-every-hour-new-press-ganey-analysis-finds/

[5]"IAHSS Foundation Releases Findings from US Healthcare Crime Survey", International Association for Healthcare Security and Safety, https://www.iahss.org/news/659081/IAHSS-Foundation-Releases-Findings-from-US-Healthcare-Crime-Survey.htm

[6]American Nurses Foundation, Three-Year Annual Assessment Survey:Nurses Need Increased Support from their Employer, https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/annual-survey--third-year/contentassets/anf-impact-assessment-third-year_v5.pdf

Is Violence Actually Increasing – or Are We Just Better at Tracking It?

- Workplace safety is inextricably linked to patient safety. Unless caregivers are given the protection, respect, and support they need, they are more likely to make errors, fail to follow safe practices, and not work well in teams[7].
- Without a standardized national system for measuring and reporting incidents, it's hard to know.
- While there are some obligatory reporting standards for physical harm, there is no such expectation for non-physical incidents.
- Current voluntary reporting systems only capture about 5-10 percent of actual patient safety events and the same likely applies to workplace violence incidents, panelists say.
- The Institute for Healthcare Improvement (IHI) is working to address this gap by developing and sharing best practices to improve how we track and respond to violence.

Barriers to Reporting and Prevention

- Staff may hesitate to report violent incidents due to multiple concerns, including: fear of retaliation or job loss; worry about being blamed; the financial burden of missing work for recovery or court appearances; and the cost of potential legal fees if they have to pursue charges.
- Reporting incidents can be cumbersome and time-consuming, often perceived as an additional burden on already overextended nurses.
- Additionally, nurses sometimes rationalize not reporting when patients' medical conditions (like dementia or acute distress) may have contributed to violent behavior.

"The injuries from these workplace violence incidents aren't immediately apparent. What we have seen with our membership across the Critical Care Association is, they're suffering from PTSD, anxiety, and depression, post-incidents."

– Vicki Good, the American Association of Critical-Care Nurses

- When administrators don't follow-up after documented incidents, employees may feel that reporting won't lead to meaningful change, further discouraging reporting.
- Patient safety and workforce safety are deeply interconnected, but current reporting systems may be separate for reporting patient and workforce safety concerns and workforce safety data is often not integrated into visible safety dashboards. We need integrated approaches

[7]Lucian Leape Institute. Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care. Boston: National Patient Safety Foundation; 2013.

to safety that recognize how protecting staff and protecting patients are part of the same goal, rather than treating them as separate issues with separate systems.

- Violent encounters tend to be higher within behavioral health units, intensive care units and emergency departments. Travel and contingent nurses may also feel more vulnerable than nurses on staff, as they are typically less familiar with local protocols and support systems.
- Injuries may not be immediately apparent following a violent incident. Some nurses report long-term impacts such as post-traumatic stress disorder (PTSD), anxiety and depression following incidents or after repeated exposure to violence.
- Measurement and collection of data should be used for improvement, and not simply reporting. When staff see their reports leading to real changes that make their workplace safer, they're more likely to feel valued, report risks and incidents, and meaningfully engage in improvement.
- To maintain staff confidence and encourage reporting, organizations should provide ample resources, including peer support programs, 24/7 employee assistance, crisis response resources and regular follow-up with affected staff and implement measurement and monitoring systems to evaluate effectiveness and drive improvement.

Team-Based Violence Prevention

- Addressing workplace violence requires a team-based approach. While nurses often draw attention to the issue due to the size of the nursing workforce, the focus must be on creating a healthy work environment for the entire health care team.
- For example, some hospitals have formed broad workplace violence prevention committees that include representation from nursing teams, security leaders, behavioral health specialties and administrators.
- Many organizations now include all team members in de-escalation and TeamSTEPPS training, utilizing simulation exercises to tackle workplace violence collaboratively.
- Some organizations have developed immediate response protocols, including post-incident huddles to assess impact on staff and patients and determine necessary interventions.
- There's growing recognition that prevention requires addressing both verbal and physical violence, with increased focus on early intervention and de-escalation training.
- Staff may need prevention training to recognize early signs of violence and address escalating situations.

"Verbal violence usually precedes physical violence. Are we equipping our health care employees with the skills to recognize when a patient is starting to escalate, and intervene before it reaches the point of violence?"

– Renee Thompson, Healthy Workforce Institute

Making Sense of Data

- When working with multiple incident reporting systems, organizations should look for ways to streamline reporting. For example, when Clay and Good worked together in Missouri, they focused on bridging separate reporting systems so nurses wouldn't have to report the same incident multiple times while ensuring security could access the information.
- Data analysis has proven valuable. Clay's team discovered that many workplace violence incidents could be attributed to a small handful of individuals. This insight allowed them to focus on these particular patients and identify what triggered their aggressive behavior, helping to reduce incidents.
- Many organizations gather data but don't use it. To improve safety, there's a critical shift that's need to move beyond collecting data to use of data for continuous improvement.

PANEL 2

Policy and Regulatory Considerations for Violence Prevention

MODERATOR

Rachel Culpepper
Board member
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PANELISTS

Kathryn Petrovic
Vice President, Global Accreditation and Certification Product Development
The Joint Commission

Patricia Noga
Vice President of Clinical Affairs
Massachusetts Health & Hospital Association

Christi Barney
Vice President of Quality and Patient Safety
Emerson Health

Panel 2 examined current and emerging policy frameworks for workplace violence prevention, exploring both regulatory requirements and organizational governance structures.

Standards as Tools, Not Mandates

- The Joint Commission developed workplace violence prevention standards after seeing an increase in violence-related events reported to their quality and safety office. Their analysis of these incidents revealed key problems: inadequate staff training, complacency toward threatening behaviors and lack of standardized policies.
- Joint Commission standards serve as a framework but are intentionally non-prescriptive, allowing organizations to implement core principles in ways that fit their specific services and resources.
- The standards may be implemented differently across facility types. What works for a major teaching hospital with extensive resources differs significantly from what is feasible for a critical access hospital.

Making Violence Prevention a Legislative Priority

- While there is growing concern about fragmented state-by-state regulations, many organizations have implemented programs at the local level rather than waiting for national standards.

- The Pennsylvania House recently passed legislation requiring disclosure of the use of artificial intelligence to patients, highlighting how quickly new technological solutions are outpacing regulatory frameworks.

- The push for federal legislation faces resistance because low prosecution rates of health care violence incidents make it difficult to justify upgrading offenses from misdemeanors to felonies.

"For the first time, [this data] really showed the public, the media and legislators what the status of workplace violence is in our hospitals – and that it is a crisis. [We need help as we] try to mitigate and prevent these violent events."

– Patricia Noga, Massachusetts Health & Hospital Association

- The Massachusetts Health & Hospital Association coordinates 60 hospitals through its Health Care Safety & Violence Prevention Workgroup, established in 2017. Its systematic data collection revealed violence occurring every 36 minutes across their hospitals – evidence that helped change workplace violence from an internal hospital problem to a publicly recognized crisis requiring legislative and community support.

Core Implementation Challenges

Emergency departments face a practical challenge with "zero tolerance" policies. While hospitals may post these policies, they conflict with EMTALA requirements to perform medical screening exams.

PANEL 3

Best Practices for Violence Prevention Implementation

MODERATOR

Brad Goettl
Emergency Nurses Association

PANELISTS

Karen Doyle
Senior Vice President of Patient Care Services
University of Maryland Medical Center

Karen Garvey
Vice President, Safety & Clinical Risk Management
Parkland Health

Leslie Ogden
CEO
Samaritan North Lincoln Hospital and Pacific Community Hospital

Panel 3 focused on how different health care environments are implementing practical violence prevention strategies.

Urban, Rural and Specialized Safety Measures

- Urban academic centers such as University of Maryland Medical Center use security dogs to defuse tense situations without force. Their mere presence has proven highly effective in managing volatile situations without escalation.
- Parkland Memorial Hospital, the nation's busiest standalone emergency department[8], created a unique visual alert system – a hand up symbol on patient doors – after discovering 50 percent of staff lack EMR access and couldn't see electronic violence risk alerts.

The Safety Sign Sample:

[8]"39 hospitals with the most ED visits"
Becker's Hospital Review
https://www.beckershospitalreview.com/rankings-and-ratings/hospitals-with-the-most-er-visits.html

- Rural hospitals have shifted from relying on distant police responses, where help could take a long time to arrive due to limited local law enforcement coverage, to implementing 24/7 on-site security. For example, in critical access hospitals, this includes measures like panic buttons, wearable technology, and break-proof glass, even in facilities with fewer resources.
- Violence prevention requires intervening before patients reach the hospital doors. Parkland Health's "Right Care" program embeds psychiatric social workers with Dallas police and fire teams to manage behavioral health crises in the community, helping avoid hospitalizations and jail time.

Behavioral and Visitor Safety Protocols

- When hospitals clearly document and communicate behavior issues to their patients, it reduces repeat incidents. When Parkland Health sent formal letters to disruptive patients detailing specific incidents and expectations, 95 percent of recipients ceased their disruptive behavior entirely in the following year.
- Security protocols must address visitor violence, not just patient violence. When University of Maryland Medical Center faced recurring aggressive family behavior in labor and delivery, they used security footage to create and circulate photo alerts ensuring staff could identify known threats.

"Being the busiest ED in the nation, we have seen the trends increase but with increased reporting, it has enabled us to take organizational action to make a positive impact to improve the safety of our workforce."

— Karen Garvey, Parkland Health

Leadership and Staff Protection Considerations

- Recent high-profile violence against health care executives has forced organizations to reevaluate leadership protection, from securing office areas to reconsidering the practice of signing patient grievance responses.
- Security policies can unintentionally affect staff safety beyond the hospital. For instance, at the University of Maryland Medical Center, implementing weapons detection systems revealed a challenge: nurses who relied on public transit carried mace for their personal safety during commutes.

Data-Driven and Role-Specific Training Approaches

- Parkland Health found that staff report incidents more consistently when they see concrete changes result from their reports.
- Emerson Health found that their data-driven approach revealed dementia as a major risk factor, leading them to study high-performing units' successful practices and replicate them across the organization, while providing clear justification for resource allocation.
- De-escalation training must be role specific. Parkland's tiered approach provides basic awareness training to all staff but enhanced training for high-risk areas, with senior executives now participating to understand frontline challenges.

Key Take Aways:

1. **Consolidated, simplified reporting systems can improve safety**. Most hospitals have separate reporting systems for patient safety incidents vs. workplace violence incidents. This separation makes it harder to see and address the full picture of how safety issues impact both groups. (Panel 1)

2. **Psychological safety encourages incident reporting**. For data systems to be meaningful and valuable, we must create conditions that encourage reporting and use. (Panel 1)

3. **Training should be customized to the role**. De-escalation training approaches are more relevant when based on specific staff needs and risk areas. (Panel 2)

4. **…and setting**:
   Urban and rural hospitals are adapting strategies based on their specific needs and resources. (Panel 2). Organizations Clinics and facilities are also customizing security plans based on incident rates and layouts. (Panel 3)

5. **Executive accountability matters**. It falls on C-suite leaders to ensure safety measures are supported, implemented and sustained. (Panel 3)

6. **But, workplace safety still takes a village**. Workplace violence is not just a nursing issue; it's an interprofessional and societal challenge that requires collaboration across all roles. (Panel 1)

7. **Data can make all the difference, if used correctly**. Systematic data collection has helped hospitals demonstrate the scope of workplace violence to legislators and the public, allowing them to target improvements while building the case for broader policy changes. It can also provide insight into how to best target interventions. (Panel 2)

Related Resources

AHA Hospital Against Violence Initiative

AONL & ENA Guiding Principles: Mitigating Violence in the Workplace

AONL & ENA Toolkit for Mitigating Violence in the Workplace

ANA Workplace Violence Resources

Workplace Violence Against Nurses: What You Can Do (Free Webinar) (Youtube link)

ASHRM Workplace Violence Toolkit

Workplace Violence at Massachusetts Healthcare Facilities: An Untenable Situation & Call to Protect the Workforce

Joint Commission Workplace Violence Resources

State of Oregon Workplace Violence Resources

MHA's Workplace Violence Prevention Journey: A Timeline

MHA Member United Code of Conduct Principles

IHI Framework for Improving Joy in Work

IHI Preventing Verbal and Physical Violence across the Health Care Workforce

Safer Together: A National Action Plan to Advance Patient Safety

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