



## Workplace Violence Prevention

Defined as “violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty,” workplace violence (WPV) is a growing concern.<sup>1</sup> An April 2020 Bureau of Labor Statistics Fact Sheet revealed that healthcare workers accounted for 73% of all nonfatal workplace injuries and illnesses due to violence in 2018. This number has been steadily growing since tracking these specific events began in 2011.<sup>2</sup>

**Now, it is time to act!**

### Why Now?

According to OSHA (2016)<sup>3</sup>, workplace violence rates among healthcare workers between 1993 and 2009 were 20% higher than that for other industries. The COVID-19 pandemic increased the factors leading to workplace violence, such as staffing shortages leading to a decrease in the amount of staffed (available) beds, a high workload causing stressed staff, and frustrated patients and families who feel as though their needs are not being met. A memo to State Survey Agency Directors dated November 28, 2022, states CMS’ continued enforcement of regulatory expectations that patients and staff have an environment that prioritizes their safety while effectively delivering healthcare.<sup>2</sup> To effectively maintain a safe environment for healthcare delivery, hospitals can develop policies and procedures to mitigate the risk of workplace violence.

The HQIC collaborative group consisting of Alliant, Compass, IPRO and Telligen appreciates your interest in the Workplace Violence Prevention series. Access event materials here:

- **Workplace Violence Prevention: Best Practices for Safer Care** – Watch the [recording](#) and access the [slides](#).
- **Key Components of an Effective Workplace Violence Prevention Program: Leadership Engagement and Communication** – Watch the [recording](#) and access the [slides](#).
- **Uncovering Unconscious Bias for Safer Healthcare Interactions** – Watch the [recording](#) and access the [slides](#).

### Review the Data

Workplace violence affects employees, clients, customers, patients and visitors. Workplace violence within medical occupations represents 10.2% of all workplace violence incidents.<sup>3</sup>

## Workplace Violence in Healthcare

Source: AMN Healthcare



<https://whattobecome.com/blog/workplace-violence-statistics/>

### Consider Common Barriers

Review common barriers identified in the implementation of workplace violence prevention strategies and brainstorm ways to mitigate challenges in your organization.

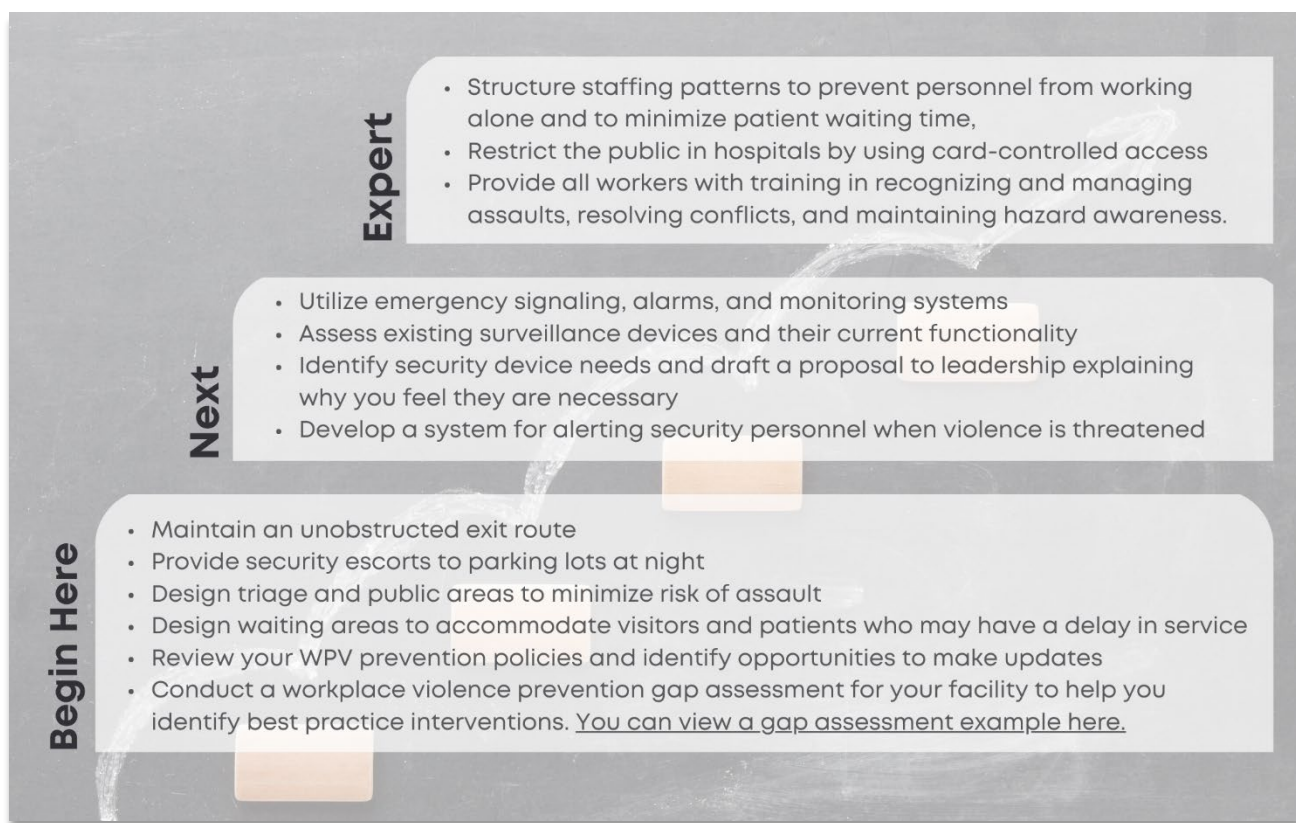
- Inadequate screening of visitors for illicit substances and firearms upon entry into the building
- Working with inadequate security, alone, or when understaffed – especially during mealtimes and visiting hours
- Long waits for service or overcrowded and uncomfortable waiting rooms
- Poor environmental design including poorly lit corridors, rooms, parking lots and other areas with unrestricted movement of the public
- Lack of staff training and policies for preventing and managing crises with potentially volatile patients including those under the influence of drugs or alcohol, those with a history of violence or certain psychotic diagnoses
- Lack of staff training on how to manage residents with cognitive deficits (e.g. Alzheimer's, dementia)
- Insufficient leadership involvement and lack of staff knowledge on what is considered workplace violence
- Lack of communication among staff, patients, families and caregivers

- Lack of a safe space for staff to raise awareness of potential domestic conflicts that could affect the workplace

## Perform a Root Cause Analysis

Utilize the [Fishbone Diagram](#) to identify root causes of your facility's workplace violence incidents and identify opportunities for improvement.

## Identify Promising Practices<sup>4</sup>



*Not an exhaustive list.*

## Patient and Family Engagement & Health Equity Promising Practices

- Provide staff with tips and tricks for therapeutic communication. For example:
  - Acknowledge the person's feelings
  - Explain, update and apologize – be sincere and express empathy
  - Avoid behavior that may be interpreted as aggressive (i.e. hands on hips, arms crossed)
- Place signage in waiting rooms and patient areas regarding organizational violence policies
- Provide education to patients and family members on organizational violence policies as needed

## Craft Your AIM Statement

Identify your organization's goals related to workplace violence prevention. Fill in the blanks with your AIM.

“By \_\_\_\_\_, the team at \_\_\_\_\_ will implement \_\_\_\_\_ to improve \_\_\_\_\_ by \_\_\_\_\_ to benefit \_\_\_\_\_.”

### Example AIM Statement:

*By June 30, 2024, the WPV prevention team will ensure unit exit routes are free of obstruction by reorganizing equipment, providing staff education and conducting routine monitoring to benefit our facility's overall emergency preparedness.*

## Next Steps

Not sure how to identify your organization's root cause? Need help getting started on implementing your selected intervention? Seeking feedback on your AIM statement? **Reach out to your quality improvement facilitator or hospital association for assistance!**

## Additional Resources

- Tool for Tracking Violent Patient Behaviors: [The Broset Violence Checklist](#)
- Free training available from the CDC: [Workplace Violence Prevention Course for Nurses](#)
- Hazard Vulnerability Assessment: [Kaiser Permanente Hazard Vulnerability Analysis – Emergency Risk Assessment Tool | Telligen QI Connect](#)
- [Workplace Violence Prevention Coaching Package from Alliant](#)

## References

<sup>1</sup>[Caring for Our Caregivers: Preventing Workplace Violence: A Road Map for Healthcare Facilities](#)

<sup>2</sup>[Center for Clinical Standards and Quality: Ref: QSO-23-04-Hospitals](#)

<sup>3</sup>[Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers \(osha.gov\)](#)

<sup>4</sup>[OSHA Workplace Violence](#)

<sup>5</sup>[CDC NIOSH](#)