

TOOLKIT FOR MITIGATING VIOLENCE IN THE WORKPLACE

The American Organization of Nurse Executives (AONE) and the Emergency Nurses Association (ENA) in 2015 jointly released [Guiding Principles on Mitigating Violence in the Workplace](#). These principles provide a framework to systematically reduce lateral, and patient and family violence in hospital settings.

Research Conclusions:

- There are clear predictors and antecedents to violence, both personal and environmental.
- There are varying levels of commitment to eliminating workplace violence.
- There is an underlying culture of acceptance in health care that may contribute to the incidence and prevalence of violence, as well as difficulty in deriving solutions.
- The costs to nursing in terms of physical injury and financial loss are significant.
- The culture of acceptance may contribute to the difficulty in enacting and enforcing felony laws related to the assault of health care workers.

Five focus areas critical to a successful workplace violence prevention program:

1. **Necessary Foundational Behaviors** - *What is the social environment of the institution or unit?*
 - How do nurses relate to each other?
 - What is the hierarchical structure of a given unit? The entire institution?
 - Is there a sense of collaboration, or are disciplines working in silos?
2. **Essential Elements of a Zero-tolerance Policy** – *How should environmental hazards be addressed?*
 - A code of conduct that defines and manages disruptive or inappropriate behavior by all staff, health care providers and administrators
 - An identification system for potential violence, response to threats or violent events, and constructive support procedures after the event
 - Threats of violence are acknowledged by hospital administration
3. **Ensuring Ownership and Accountability** – *Does the institution embrace the [Just Culture](#) concept?*
 - Develop institutional and individual response protocols
 - All staff understand the overall culture around violence in the workplace and the specific behavior that comprise violence in its myriad forms (i.e. lateral (staff – staff); organizational (administration – staff); and external (patients/visitors – staff))
4. **Proper Training and Education** – *What are evidence-based training techniques?*
 - Evidence-based training in violence recognition and mitigation
 - De-escalation techniques; communication strategies and security strategies
5. **Outcome Metrics** – *How can a hospital measure success?*
 - Increased reporting of violent incidents
 - Interventions in place to reduce escalation and assault
 - Tracking of the nature and number of incidents institution-wide

This toolkit provides nurse leaders with the resources needed to:

1. [Understand workplace violence](#)
2. [Develop a zero-tolerance policy](#)
3. [Assess the risk factors in your facility](#)
4. [Develop a workplace violence prevention plan](#)
5. [Train and deploy staff](#)
6. [Evaluate the changes and identify next steps](#)

The toolkit's templates and tools provide an easy step-by-step procedure for customizing a violence prevention plan that will meet the needs of your health care facility. It also includes reporting templates to document your efforts.

Step 1 - Understand workplace violence

How is workplace violence defined?

[Occupational Health and Safety Administration \(OSHA\)](#): "Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide."

[International Labour Organization](#): "Any action, incident or behavior that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work."

[World Health Organization](#): "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has the likelihood of resulting in injury, death, psychological harm, mal-development or deprivation."

What types of workplace violence exist in hospitals?

Violence by Patients or families – act committed by a person who is a patient in the hospital, family member of the patient or visitor at the hospital

Violence by Co-workers (lateral) – act committed by a colleague or another employee of the hospital (e.g. current or former employee, supervisor or manager)

Step 2 - Develop a zero-tolerance policy

Instituting a zero-tolerance workplace violence policy sends a clear message to everyone working in the hospital that all threats or incidents of violence will be taken seriously. The policy should clearly define what acts the organization considers to be violent behavior and what consequences will ensue if the policy is broken.

What are some sample zero-tolerance policies?

- [Nonprofit Risk Management Center](#)
- [OSHA](#)
- [The American Society of Healthcare Risk Management Toolkit](#)
- [Suffolk Mental Health Partnership NHS Trust](#)

Step 3 - Assess the risk factors in your facility

What are potential risk factors?

- High stress in the workplace
- Lack of appropriate training for supervisors
- Lack of appropriate management protocols for disciplinary actions
- Individual with a history of violent behavior

How can workplace violence hazards be reduced?

- Complete an assessment to examine your facility/department's vulnerability to incidents of violence
- Analyze and track records of violence at work
- Examine specific violence incidents carefully and note the location of the incident
- Survey employees to gather ideas and input
- Minimize access by outsiders through identification badges, electronic keys and security guards
- Periodically inspect the worksite to identify risk factors that could contribute to injuries related to violence
 - *Where should security personnel, mirrors, panic buttons, video surveillance, etc... be deployed?*
 - *Where are points of entry?*
 - *Where are patients/visitors likely to be frustrated by wait time, crowding or uncertain patient outcomes?*

How do I assess my facility?

This step is focused on directing an initiative to obtain a comprehensive evaluation of the current status of workplace violence in your facility/department. The tools below provide resources to conduct a multifaceted assessment that documents objective data (observations and facts) and subjective information acquired from your staff (bias and beliefs). The findings from the assessment tools should be used to determine what needs to change in your facility.

- [Haddon's Matrix](#): identify the factors that contribute to workplace violence and corresponding mitigation strategies that can be implemented before, during and after the event that may influence the outcomes.
- ENA's [Workplace Violence Toolkit](#): assess your own department/facility's status in a variety of ways--staff, culture, environment-- to create an action plan targeted at your department's specific needs.
- Minnesota Hospital Association's [Preventing Violence in Health Care Gap Analysis](#): help health care facilities to implement best practices in order to prevent violence from patients to staff.
- OSHA's [Workplace Analysis](#): Contains a checklist to help identify present or potential workplace violence problems.

Step 4 - Develop a workplace violence prevention plan

[OSHA Workplace Violence Prevention Plan](#) says, "A comprehensive organizational violence prevention program should include a reporting and documentation system for acts of violence and a workplace violence prevention policy that includes specific strategies that can be instituted system-wide in the event of a violent incident, as well as post-event support and adequate training of personnel for pre and post-event incident management".

What should your workplace violence prevention plan include?

- Examine your stated outcomes and define what would need to be done within your department to move towards accomplishing these goals.
- Be cognizant of budget constraints or have a plan to work around these limitations.

- Create a response team comprised of various members of the multi-disciplinary team and departments. Remember that you need to work within institutional policy and with administrative approval and support; build these steps into your action items. ([MN Metro Compact - Incident Response Team Make-Up](#))
- Prioritize your outcomes and designing action items for a few initiatives to start; choose a few action items that meet a stated outcome quickly with visible improvement that will help build cooperation and collaboration among team members and staff.
- Choose new goals and design new action items once outcome measures are met. Amend action items as more of the details are exposed and additional actions are needed.

How will reported threats or incidents of violence be handled?

In addition to a zero-tolerance policy, the hospital can create procedures to tell employees and volunteers how they are expected to handle specific threats.

All hospital employees should notify management of any threats that they've witnessed, received or were told that another person has witnessed or received. All hospital employees should also report any behavior they've witnessed or messages they have received that they regard as threatening or violent.

Employees are responsible for making this report regardless of the relationship between the individual who initiated the threat or threatening behavior and the person/persons who were threatened or were the focus of the threatening behavior.

Employees should report the presence of a weapon immediately to a manager, a supervisor, or if appropriate, to law enforcement.

What are example responses to threats or incidents of violence?

- [The American Society of Healthcare Risk Management](#)'s tool kit helps facilities to prevent workplace violence and to respond appropriately when faced with an immediate situation. The links below include a check list to ensure you are prepared to prevent violence against staff and a separate tool to address incidents. ([Colleague to Colleague Violence/Harassment](#); [Patient to Staff Violence](#); and [Visitor/Family to Staff Violence](#))
- [NIOSH/CDC - Violence: Occupational Hazards in Hospitals](#)
- [NIOSH/CDC - Workplace Violence Prevention Strategies and Research Needs](#)

When should law enforcement be contacted?

If a person threatens and immediately follows through, hospital staff should be instructed to call law enforcement. If the threat is not eminent, the hospital chain of command should be followed.

Step 5 - Train and deploy staff

How can I train staff?

Provide safety education for employees so they know what conduct is not acceptable, what to do if they witness or are subjected to workplace violence, as well as how to protect them.

- [ENA's Violence Prevention Tools](#)
- [OSHA's Workplace Violence Prevention for Nurses](#)
- [Video: Run. Hide. Fight. Surviving an Active Shooter Event - FBI](#)
- [Course: ENA's " Know your way out" training module](#)
- Crisis Prevention Institute [De-escalation tips](#) and training [video](#)
- OSHA's [Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers](#).

How can I better deploy staff?

Use the findings from [Haddon's Matrix exercise](#) as a debriefing tool to examine incidents of workplace violence that occur in your department/facility. What are the knowledge and communication deficits, cultural and physical barriers and lack of personnel?

Step 6 - Evaluate the changes and identify next steps

Recordkeeping and evaluation of the violence prevention program are necessary to determine its overall effectiveness and identify any deficiencies or changes that should be made. Timing is key to the re-evaluation of your facility/department. At the beginning of the project plan, determine a reasonable time frame for re-evaluation with the assessment tools used in Step Three.

Post-intervention re-evaluation should be done using the same tools used to establish the scope of the problem. If you introduce new assessment tools, use the first data collection as a baseline in which to compare other data collected during re-evaluation. Get feedback from your workplace violence team; what do they feel has worked, has the team dynamic been effective and what are the barriers they have encountered.

Documentation of re-evaluation findings is a critical step because this information can be shared with a variety of audiences that are key to the success of your workplace violence initiative. Share the summary information you collect with these groups:

- **Workplace Violence Team:** Helps this group define the direction they will take with the original plan they devised and look towards ongoing and future goals.
- **Administration:** Documentation of interim evaluation of progress is important to show evidence of the quality improvement effort to institutional accrediting and licensing authorities. Documentation of findings and connecting the re-evaluation to the project plans will demonstrate your workplace violence prevention program is a wise use of time, skill and money.
- **Staff:** Sharing findings with the department staff. By documenting progress through a re-evaluation and demonstrating that you are will to take information acquired through this process and make adjustments to achieve a bigger safety impact.

The following is a list of toolkit resources used in Step Three: Assess Risk Factors:

- [Haddon's Matrix](#): identify the factors that contribute to workplace violence and corresponding mitigation strategies that can be implemented before, during and after the event that may influence the outcomes.
- ENA's [Workplace Violence Toolkit](#): assess your own department/facility's status in a variety of ways--staff, culture, environment-- to create an action plan targeted at your department's specific needs.
- Minnesota Hospital Association's [Preventing Violence in Health Care Gap Analysis](#): help health care facilities to implement best practices in order to prevent violence from patients to staff.
- OSHA's [Workplace Analysis](#): Contains a checklist to help identify present or potential workplace violence problems.

Library

- Bowie, V (2010) An Emerging Awareness of the Role of Organizational Culture, in *Workplace Violence in Mental and General Healthcare Settings*
- Emergency Nurses Association, Institute for Emergency Nursing Research. (2011). [Emergency Department Violence Surveillance Study](#).
- International Labour Organisation Sectoral Activities Programme. [Code of practice on workplace violence in services sectors and measures to combat this phenomenon. Meeting of Experts to Develop a Code of Practice on Violence and Stress at Work in Services: A Threat to Productivity and Decent Work](#). International Labour Office, Geneva, Switzerland; 2003.
- Fidelman, M. [How 10 Healthcare Experts View The Future Of Data Analytics in Controlling Hospital Violence](#). *Forbes*, April 1, 2015.
- Gacki-Smith, J., Juarez, A.M., Boyett, L., Homeyer, C., Robinson, L., & MacLean, S.L. (2009). [Violence against nurses working in US emergency departments](#). *Journal of Nursing Administration*, 39(7-8):340-9.
- Haddon W. (1972) [A logical framework for categorizing highway safety phenomena and activity](#), *Journal of Trauma*:12:193--207.
- Marx, D. (2001). [Patient Safety and the "Just Culture": A Primer for Health Care Executives](#). New York, NY: Columbia University.
- Nader, F, [Workplace Violence Prevention a Training Management Commitment](#). *Security Magazine*, Oct. 1, 2010.
- WHO Global Consultation on Violence and Health. [Violence: a public health priority](#). Document WHO/EHA/SPI.POA.2 Geneva, Switzerland: World Health Organization; 1996.
- Wolf, L., Delao, A.M., Perhats, C. (2013). [Nothing changes, nobody cares: Understanding the experience of emergency nurses physically or verbally assaulted while providing care](#). *Journal of Emergency Nursing*
- Wolf, L. (2012) [An integrated ethically driven environment model of clinical decision-making](#). *International Journal of Nursing Knowledge*

Additional Resources

- Association for Community Health Improvement and Hospitals in Pursuit of Excellence, [Hospital Approaches to Interrupt the Cycle of Violence](#).
- Centers for Disease Control and Prevention, NIOSH Publications and Products, [Violence in the Workplace](#).
- Emergency Nurses Association [Workplace Violence Toolkit](#).
- Robert Wood Johnson Foundation Executive Nurse Fellows 2012 program PACERS Team, [Stop Bullying Toolkit](#).
- United States Office of Personnel Management, Office of Workforce Relations Handbook, [Dealing with Workplace Violence](#).
- Washington State Department of Labor & Industries [Workplace Violence Awareness and Prevention for Employers and Employees](#).

