



AACN Public Policy

Position Statement

Workplace Violence Prevention

Issue

There is growing concern over the increase in violent incidents in the healthcare workplace and the resulting negative effects of current cultures that tolerate violence toward nurses and other healthcare workers. A perception within the healthcare industry that "assaults are part of the job" leads to underreporting of violent incidents and barriers to the institution of effective programs to assess and manage workplace violence. Violence undermines the healing mission of the healthcare organization, jeopardizes the physical and emotional safety of patients and caregivers and interferes with the ability of the healthcare team to optimally contribute to positive patient outcomes.

Definition

Workplace violence ranges from offensive or threatening language to homicide. The National Institute for Occupational Safety and Health defines workplace violence as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty. Workplace violence can be divided into four categories including violence by strangers, clients (patients), co-workers, and personal relations.

Evidence

According to the Bureau of Labor Statistics, healthcare and social services workers have the highest rate of nonfatal assault injuries in the workplace and nurses are three times more likely to experience violence than other professionals. Erickson and Williams-Evans reported that 82 percent of nurses surveyed had been assaulted during their careers, and that many assaults go unreported. ^{2, 4}

It is estimated that more than 80 percent of all assaults on registered nurses go unreported. Despite the findings of recent studies which document growing incidents of assaults against the country's nurses, hospital violence is still little known to the general public and few states offer specific legal deterrents for assaulting nurses. ¹

Studies have shown that working conditions in healthcare environments place nurses and other healthcare personnel at greater risk of violence. Characteristics such as demanding workloads, inadequate staffing levels, interventions demanding close physical contact, emotionally charged environments, shift work, highly accessible worksites and poor security measures have been associated with increased incidents of violence. ^{5, 7}

Violence has been shown to have negative organizational effects such as low worker morale, increased job stress, increased worker turnover, reduced trust of management and coworkers, hostile working environments as well as significant costs associated with lost workdays and wages. ⁶

Research reveals that most workplace assaults occur in healthcare service settings. Forty-eight percent of nonfatal assaults in the workplace are committed by patients. ⁶

Research suggests that violence, like many other healthcare problems, can often be prevented if approached strategically. Much like the nursing process, a concerted, multidisciplinary planning approach to prevention is needed to combat violence. ⁵



Summary

Violence in the healthcare workplace threatens the delivery of effective, quality care and violates individual rights to personal dignity and integrity. Assaults on nurses and other healthcare workers occur in all areas of practice and constitute a serious hazard. Current literature suggests that to ensure a safe and respectful workplace environment, mandatory protections must be provided such as zero-tolerance policies against violence in the workplace, as well as comprehensive prevention programs, reporting mechanisms and disciplinary policies.

Policy Position

Given strong evidence that violence in the workplace threatens the delivery of effective, quality care and violates individual rights to personal dignity and integrity, the American Association of Critical-Care Nurses condemns acts of violence perpetrated by or against any person and calls upon healthcare institutions to create organized programs to prevent and combat workplace violence. It is the responsibility of every nurse and every employer to take immediate measures to address and prevent workplace violence.

AACN Calls to Action

For Institutions

All facilities must:

- Provide a safe workplace, including written policies, employee training, proper staffing and follow-up of any incidents.
- Implement a comprehensive policy for preventing and managing workplace violence that establishes clear expectations of employee behavior and a course of action for employees and managers to take when incidents of violence occur. The policy should include confidential reporting, freedom from reprisals and disciplinary action for violations.
- Ensure full administrative support for policies.
- Develop and implement a violence prevention program that includes management commitment, employee participation, hazard identification, safety and health training and hazard prevention, control and reporting.
- Listen closely to concerns of staff, especially those regarding staff morale and patient safety and outcomes, and involve staff in resolving these issues.

For Nurses

All nurses must:

- Actively develop a culture where violence is not tolerated, incidents are promptly addressed and managed, and comprehensive support for coworkers who experience violence is provided.
- Advocate for enforceable violence management policies in the workplace and hold others accountable for their behavior.
- Participate in educational training on violence awareness and prevention.
- Mentor colleagues on how to respond when incidents of violence occur.



AACN Actions

AACN:

1. Endorses the National Institute for Occupational Safety & Health (NIOSH) and the Occupational Safety & Health Administration (OSHA) Guidelines for preventing workplace violence.
2. Will lobby for mandatory federal workplace violence standards and enforceable legislative and regulatory protections.
3. Endorses the International Council of Nurses (ICN) position statement: *Abuse and Violence Against Nursing Personnel*.

References

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4. International Council of Nurses (ICN). 2001. *Anti-violence tool kit*. ICN. Geneva, Switzerland.
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6. National Institute for Occupational Safety and Health. (NIOSH) 2002. *Violence: Occupational hazards in hospitals*. NIOSH Publication Number 2002-101. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention. Washington, DC.
7. Occupational Safety & Health Administration. (OSHA). 2003 (revised). *Guidelines for preventing workplace violence for healthcare and social service workers*. U.S. Department of Labor, Occupational Safety & Health Administration. Washington, DC.
8. Sofield, L. and Salmond, S. W. 2003. *Workplace violence: A focus on verbal abuse and intent to leave the organization*. Orthopaedic Nursing, 22(4), 274-283.