



Toolkit for Mitigating Violence in the Workplace







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Introduction

The American Organization for Nursing Leadership and the Emergency Nurses Association in 2015 jointly released Guiding Principles on Mitigating Violence in the Workplace. These principles provide a framework to systematically reduce violence in health care settings. In 2022, AONL and ENA worked together to update the guiding principles and this toolkit to provide a step-by-step approach to mitigating violence in the workplace.

This toolkit provides nurse leaders with resources that support the following six steps that can be taken to mitigate violence in the workplace.

- 1 Understand workplace violence
- 2 Create a culture of nonviolence
- Assess and mitigate risk factors
- Develop a workplace violence prevention program
- STEP 5 Continuously train and deploy staff
- Evaluate and measure impact





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Understand workplace violence

How is workplace violence defined?

Occupational Health and Safety Administration: "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?

The Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.

Four types of workplace violence have been classified by NIOSH:

Type 1: Criminal Intent

• In Type 1 violence, the perpetrator has no legitimate relationship to the business or its employees, and is usually committing a crime in conjunction with the violence (robbery, shoplifting, trespassing).

Type 2: Customer/Client on Worker

• In Type 2 violence, the customer/client includes patients, their family members and visitors. Type 2 is the most common in health care settings.

Type 3: Worker-on-Worker or "Lateral" Violence

 Type 3 violence between coworkers is commonly referred to as lateral or horizontal violence. It includes bullying, and frequently manifests as verbal and emotional abuse that is unfair, offensive, vindictive, and/or humiliating.

Type 4: Personal Relationship

 In Type 4 violence, the perpetrator has a relationship to the health care worker outside of work that spills over to the work environment.





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Resources:

Occupational Safety and Health Administration

- Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers (2016)
- Preventing Workplace Violence: A Roadmap for Healthcare Facilities (2015)
- Workplace Violence and Related Goals: The Big Picture (2015)
- Workplace Violence in Healthcare: Understanding the Challenge executive summary (2015)

Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health

- Workplace Violence Prevention Training Course for Nurses (2016)
- Violence: Occupational Hazards in Hospitals publication (2002)

U.S. Bureau of Labor Statistics

• Fact Sheet: Workplace Violence in Healthcare (2018)

International Labour Office, the International Council of Nurses, the World Health Organization and Public Services International

 Framework Guidelines (2002) for addressing violence in the health sector with an accompanying training manual (2005)

International Association for Healthcare Security and Safety

• Guidance on healthcare security incident categories and data analysis, security incident category framework and healthcare security glossary of terms (2022)



Create a culture of nonviolence

Creating a workplace culture of nonviolence sends a message to everyone working in the hospital that all threats or incidents of violence are a priority. Leaders that foster a culture of nonviolence help to create psychological and physical safety for the workforce, patients and visitors.

Start by developing an organizational/departmental policy with a zero-tolerance framework that clearly defines what acts the organization considers to be violent behavior and what consequences will ensue if the policy is broken.

Resources:

American Hospital Association Advertorial

 A message from America's Hospitals & Health Systems: Supporting the Health Workers Who Support All of Us (2022)

American College of Healthcare Executives

Healthcare Executive's Role in Mitigating Workplace Violence policy statement (2018)





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Joint Commission

• Sentinel Event Alert on Physical and Verbal Violence Against Health Care Workers and infographic (2018)

American Nurses Association

Violence, Incivility & Bullying resources, infographics and position statement (2015)

OSHA

New OSHA publication helps prevent violence in the health care setting



Assess and mitigate risk factors

What are potential risk factors?

Risk factors are multidimensional and include elements such as:

- Individual behavior (e.g., history of violence or disruptive behavior)
- Environmental conditions (e.g., poorly lit or isolated work zones)
- Organizational culture (e.g., permissive culture; lack of protocols and training)
- Personal characteristics (e.g., high stress, previous trauma)

How can workplace violence hazards be reduced?

Together we can assess, identify and reduce hazards for violence in our workplace by committing to:

- Complete an assessment to examine your organization's vulnerability to incidents of violence
- Analyze and track incidents of violence
- Identify and implement hazard prevention and controls
- Survey employees to gather and incorporate ideas and input
- Minimize access to facilities through secured entrances
- Periodically inspect the worksite to identify environmental and design risk factors that could contribute to injuries related to violence

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 organization. The findings from the assessment tools should be used to determine what needs to change in your facility.

- 1. 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.
- 2. Conduct a detailed hazard assessment of specific violence incidents including an analysis of contributing factors such as the location, personnel involved, availability and use of mitigation and control measures and institutional response and outcomes.
- Assess your own organization's status in a variety of ways staff, culture, environment— to create an action plan targeted at your department's specific needs.





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Resources:

American Society for Healthcare Risk Management

Workplace Violence Risk Assessment Tool

AHA's Hospitals Against Violence and the International Association for Healthcare Security and Safety

• Creating Safer Workplaces Guide (2021)

OSHA's etool Workplace Violence Checklist and Forms

Contains a checklist to help identify present or potential workplace violence problems

OSHA's Workplace Violence eTool

• Components of a successful WPV prevention program



Develop a workplace violence prevention program

What should your workplace violence prevention program include?

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."

Considerations when creating a workplace violence prevention program:

- 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 an interdisciplinary response team and remember that you need to work within institutional policy and with administrative approval and support; build these steps into your action items.
- Prioritize your outcomes and design 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?

Both hospital and health system management and staff have a responsibility to report threatening behavior and incidents of violence according to organizational policies and procedures. It is necessary for leadership to support the reporting of violence incidents, including anonymous reporting when appropriate.

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





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All 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 hospital security and/or local law enforcement. Hospitals and local law enforcement may find it beneficial to establish a joint agreement about their respective roles and responsibilities for responding to incidents of workplace violence.

Resources:

AHA's Hospitals Against Violence

• Creating Safer Workplaces case study series

American Nurses Association

• Reporting Incidents of Workplace Violence issue brief

Stop ED Violence

No Silence on ED Violence Campaign

WORKPLACE VIOLENCE PREVENTION TOOLKITS

Virginia Hospital and Healthcare Association

Hospital Workplace Violence Prevention Toolkit (2022)

Tennessee Hospital Association

Developing a Workplace Violence Prevention Program Toolkit (2021)

Oregon Association of Hospitals and Health Systems

Workplace Violence in Hospitals: A Toolkit for Prevention and Management (updated in 2020)

Nebraska Hospital Association

Addressing Workplace Violence in our Hospitals: A Toolkit for healthcare professionals (2020)

Massachusetts Health & Hospital Association

Developing Healthcare Safety & Violence Prevention Programs Within Hospitals Toolkit (2019)

Alaska State Hospital Association & Nursing Home Association and Washington State Hospital Association

Preventing Health Care Workplace Violence Toolkit (2017)





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Continuously train and deploy staff

How can I train staff?

Provide regular 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 themselves, co-workers and patients/visitors. Workplace violence prevention training and education may include active shooter training, de-escalation training, simulation training and specialized training for those at higher risk of violence in the workplace.

Resources:

Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

Workplace Violence Prevention Training Course for Nurses

Administration for Strategic Preparedness and Response

Incorporating Active Shooter Training into Healthcare Facilities Emergency Operations Plan report (2014)

Cybersecurity and Infrastructure Security Agency

Action Guide for Hospitals and Healthcare Facilities: Security Awareness for Soft Targets and Crowded Places

FBI Active Shooter Resources

Run. Hide. Fight. Surviving an Active Shooter Event

Crisis Prevention Institute

De-escalation top 10 tips (2022)



Evaluate and measure impact

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 organization.

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.





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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 prevention program. Share the summary information you collect with these groups:

- 1. Workplace Violence Prevention Interdisciplinary Team: Helps this group define the direction they will take with the original plan they devised and look towards ongoing and future goals.
- 2. Leadership/Governance/Administration: Documentation of findings and connecting the re-evaluation results to the project plans will demonstrate the benefits of your workplace violence prevention program.
- **3.** Workforce: Share findings with all staff. Documenting progress through a re-evaluation demonstrates willingness to incorporate perspectives and recommendations to achieve a successful workplace violence prevention program.

Resources:

American Hospital Association

• Strengthening the Health Care Workforce: Strategies for Now, Near and Far navigation guide (2022)

National Quality Partners

Action Team to Prevent Healthcare Workplace Violence issue brief (2022)

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