



The Pennsylvania Organization of Nurse Leaders Position on Workplace Violence

The Pennsylvania Organization of Nurse Leaders (PONL) is the state organization for nurse leaders and the voice of nursing leadership in Pennsylvania. PONL represents nurse leaders at all levels – chief nursing officers, directors, managers and others responsible for the delivery of safe, effective patient care. PONL functions as a networking and information vehicle for Pennsylvania nursing leaders and is the state affiliate of the American Organization of Nurse Executives (AONE).

Definition and Scope

Workplace violence is defined “as any act or threat of physical assault, harassment, intimidation and other coercive behavior. It includes lateral violence, or bullying, between colleagues (e.g. nurse/nurse, doctor/nurse, etc.).”¹ Workplace violence includes: nonphysical examples such as insults, slurs, and verbal threats and physical examples like pushing, striking, spitting, punching, choking, raping, and shooting.²

Workplace violence is an ever-present threat, and often a reality, across all health care settings. According to the US Bureau of Labor Statistics, 16,890 workers in private industry experienced trauma from nonfatal workplace violence in 2016. Of those victims who experienced trauma from workplace violence: 70% were female, 67% were aged 25 to 54, and 70% worked in the healthcare and social assistance industry.² Healthcare workers in hospitals, nursing homes, and other healthcare settings, are four times more likely to be a victim of violence than other workers and 92% of violent incidents involve patients and/or family members.³ About 3% of violence to healthcare workers is perpetrated by their coworkers.⁴

There are many factors which contribute to violence in a healthcare setting including: patients and family who have a history of violence, altered mental status secondary to drugs, mental illness, dementia or delirium, receiving bad news from healthcare providers, overstressed criminal justice and community mental health services, long wait times, limited security equipment (cameras, lighting, call bells), lack of skill in de-escalation of potentially violent situations, and staff burnout which can alter one’s ability to respond appropriately to difficult people². Healthcare violence accounts for nearly as many serious violent injuries as all other industries combined. Many more assaults or threats go unreported due to the misconception by some that this is “all part of the job”.¹

PONL Position

PONL embraces the American Organization of Nurse Executives (AONE) and Emergency Nurses Association (ENA) Guiding Principles and adaptations to the AONE-ENA Five Priority Focus Areas.⁵ The intent of these is to systematically reduce lateral and patient/family violence in the work setting:

Guiding Principles

1. Recognition that violence can and does happen anywhere.
2. Healthy work environments promote positive patient outcomes.
3. All aspects of violence (patient, family and lateral) must be addressed.
4. A multidisciplinary team, including patients and families, is required to address workplace violence.
5. Everyone in the organization is accountable for upholding foundational behavior standards, regardless of position or discipline.
6. When members of the health care team identify an issue that contributes to violence in the workplace, they have an obligation to address it.
7. Intention, commitment and collaboration of nurses with other health care professionals at all levels are needed to create a culture shift.
8. Addressing workplace violence may increase the effectiveness of nursing practice and patient care.

Five Priority Focus Areas

1. Foundational behaviors to make this framework work:
 - Respectful communication, including active listening
 - Mutual respect demonstrated by all (i.e. members of the multidisciplinary team, patients, visitors and administrators)
 - Honesty, trust and beneficence
2. Essential elements of a zero-tolerance framework:
 - Top-down approach supported and observed by an organization's board and C-Suite Executives
 - Enacted policy defining what actions will not be tolerated, as well as specific consequences for infractions to the policy
 - Policy is clearly understood and equally observed by every person in the organization (i.e. leadership, multidisciplinary team, staff, patients and families)
 - Lateral violence is prohibited, regardless of role or position of authority (i.e. the standard of behavior is the same for doctors, nurses, staff and administration)
3. Essential elements to ensuring ownership and accountability:
 - Personal accountability, meaning everyone in the organization is responsible for reporting and responding to incidents of violence

- Zero-tolerance policy is developed with input from staff at every level in the organization, thus ensuring staff co-own the process and expectations
 - Universal standards of behavior are clearly defined and every person in the organization (including patients and families) is held equally accountable
 - The physical environment of healthcare facilities is examined to improve safety which might include: elimination of blind spots and blind corners, limiting open access to some clinical areas, clear sight in waiting rooms for easy monitoring by staff, and securing patient care areas with card readers and metal detectors.
 - Organizational policies and procedure clearly delineate who is responsible to respond to prevent violence, intervene, and what intervention might entail.
 - Incidents of violence are reported immediately to persons of authority, through the chain of command, to ensure immediate enforcement of the zero-tolerance policy
4. Essential elements of training and education on workplace violence:
- Organizational and personal readiness to learn
 - Readily available, evidence-based and organizationally-supported tools and interventions
 - Skilled/experienced facilitators who understand the audience and specific issues
 - Training on early recognition and de-escalation of potential violence in both individuals and environments
 - Health care specific case studies with simulations to demonstrate actions in situations of violence
5. Outcome metrics of the program’s success:
- Top ranked staff and patient safety scores
 - Incidence of harm from violent behavior decreases
 - Entire organization (staff) reports feeling “very safe” on the staff engagement survey
 - Patients and families report feeling safe in the health care setting
 - Staff feels comfortable reporting incidents and involving persons of authority
 - The organization reflects the following culture change indicators: employers are engaged, employees are satisfied and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores increase.

Healthcare settings are, by their nature, meant to be places of caring and healing. Patients, families, and staff have the *right* to expect a safe environment in which to work and receive needed services. Promoting safety is EVERYONE’s responsibility – administrative officers, board members, staff at all levels and from all departments, security personnel, physicians, patients and families.

References:

- ¹ United States Dept. of Labor, Occupational Health and Safety Administration (OSHA), *Worker Safety in Hospitals: Caring for Our Caregivers*. Retrieved from https://www.osha.gov/dsg/hospitals/workplace_violence.html

- ²The Joint Commission, “Physical and Verbal Violence Against Healthcare Workers”, *Sentinel Event Alert*, April 17, 2018. Retrieved from https://www.jointcommission.org/assets/1/18/SEA_59_Workplace_violence_4_13_18_FINAL.pdf (Infographic attached - for display at healthcare organization)
- ³Bureau of Labor Statistics (2016). *TABLE R4. Number of Nonfatal Occupational Injuries and Illnesses Involving Days Away from Work by Industry and Selected Events or Exposure Leading to Injury or Illness, Private Industry, 2016*. Retrieved from <https://www.bwc.ohio.gov/downloads/blankpdf/SOII/CandDTable4%20-%202016.pdf>
- ⁴The National Institute for Occupational safety and Health (NIOSH). Centers for Disease Control and Prevention, “Workplace Violence Types”, Workplace Violence Prevention for Nurses Course. Course No. WB1865-NIOSH Pub. No. 2013-155. Page last updated: August 12, 2013; Page last reviewed: January 27, 2016. Retrieved from https://www.cdc.gov/niosh/topics/violence/training_nurses.html
- ⁵American Organization of Nurse Executives and Emergency Nurses Association, *Guiding Principles Mitigating Violence in the Workplace*. Copyright 2014 by the American Organization of Nurse Executives (AONE).

-Additional Resources-

Workplace Violence Prevention

AHRQ- Joint Commission. https://www.jointcommission.org/wpv_ahrq. AHRQ Webinar: Reducing Workplace Violence with TeamSTEPPS®, December 14, 2016.

OSHA Safety and Health

Workplace Violence <https://www.osha.gov/SLTC/workplaceviolence/>
Enforcement <https://www.osha.gov/SLTC/workplaceviolence/standards.html>

NIOSH (CDC) <https://www.cdc.gov/niosh/programs.html> (number of workers at risk for a particular injury or illness, seriousness of a hazard or problem, and the chance that new data or approaches can make a difference).

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