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PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

Nursing Safety on the Job: Workplace Violence and Personal Protection

Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) maintains that nurses have the right to work in safe and respectful environments free from workplace violence, including physical or verbal abuse, harassment, intimidation, bullying, or other disruptive behavior that occurs at the worksite. Furthermore, AWHONN strongly supports and encourages policy initiatives, safe staffing levels, training, and equipment needed to protect nurses on the job and their patients.

Background

Workplace violence prevalence in health care settings is a significant public health issue (International Association of Healthcare Security and Safety, n.d.). According to the Occupational Safety and Health Administration (OSHA), approximately 75% of nearly 25,000 workplace assaults reported annually occurred in health care and social service settings, and workers in health care settings are four times more likely to be victimized than workers in private industry (The Joint Commission [TJC], 2018). Workplace violence is any act or threat of physical violence; harassment; intimidation; bullying; or other threatening, disruptive behavior from patients, patients' family members, external individuals, and hospital personnel occurring in the work setting that creates an explicit or implicit challenge to safety, well-being, or health (American Nurses Association, n.d., 2015b; National Institute for Occupational Safety and Health [NIOSH], 2020). The most common type of violence in the health care setting is a physical or verbal assault against a health care worker by a patient or visitor (Phillips, 2016; TJC, 2018).

The acts of workplace violence against a nurse may exact a heavy physical and emotional toll. The consequences can range in intensity from minor to serious bodily injuries, from temporary to permanent disability, and from psychological trauma to death (NIOSH, 2020). The consequences for organizations and health care systems include harm to staff, loss of team cohesiveness, decreased staff morale, lost productivity, absenteeism, job dissatisfaction, professional burnout, and increased employee turnover (Gates et al., 2011). Furthermore, workplace violence fosters medical errors and contributes to poor patient satisfaction and otherwise preventable adverse outcomes (NIOSH, 2020; TJC, 2008).

Health care settings and underlying health conditions can create an extreme level of stress for patients and their families, friends, and employees. Illness, fear, loneliness, and seclusion are significant contributors to agitation and aggression from patients. Evidence suggests that the implementation of national and local workplace violence prevention policies, situational awareness, environmental assessment training, and building organizational trust reduces the incidence and effect of workplace violence.

The OSHA Act of 1970 requires that, in addition to compliance with hazard-specific standards, all employers provide a work environment for employees that is "free from recognized hazards that are causing or are likely to cause death or serious physical harm" (OSHA, n.d.). Employers have the responsibility, stated in the OSHA Act of 1970, to lessen the hazard. OSHA's five elements of an effective workplace violence prevention program are the following:
1. management commitment and employee involvement
2. worksite analysis
3. hazard prevention and control
4. safety and health training
5. recordkeeping and program evaluation

It is important to note that these guidelines are not enforceable regulations. The guidelines are intended to help organizations implement effective workplace violence prevention programs.

Training and education ensure that employees are aware of potential security hazards and behavioral triggers and how to protect themselves and their coworkers through established policies and procedures. Frequent, evidence-based training also can reduce the likelihood of being assaulted (NIOSH, 2020; Rodrigues

Pereira et al., 2019; Stephens, 2019). In addition to training, there continues to be an overwhelming amount of academic research that demonstrates that workplace violence can contribute to staffing turnover for several reasons. Employees may feel unsafe and stressed, leading to a decline in job satisfaction. Frequent exposure to violence can negatively affect mental health, increasing the likelihood of burnout. Additionally, a perceived lack of organizational support in addressing and preventing violence may erode employees' confidence in their workplace, prompting them to seek more secure employment opportunities elsewhere (International Association of Healthcare Security and Safety, n.d.; Nelson & Baumann, 2021; TJC, n.d.).

Role of the Nurse

Nurses enter the health care field with a strong desire to care for patients and alleviate their physical or psychological suffering. However, Dr. Howard, the Director of the National Institute for Occupational Safety and Health, pointed out that many health care workers experience violence at the hands of the very people they are trying to help and comfort (NIOSH, 2020). Understanding and abiding by the principles and provisions within the Nursing Code of Ethics and Nurses Bill of Rights (American Nurses Association, 2015a) promotes a supportive environment for both patients and staff. Being actively involved in the shared governance of nursing units (Ayaad et al., 2018) and engaging in staffing conversations following professional organizations' guidelines can improve nurses' working environments (AWHONN, 2022).

Nurses have a role in optimizing a respectful workplace and on-the-job protection by doing the following:

- understanding infection prevention personal protective equipment policies and procedures
- understanding and complying with the workplace violence prevention program and other safety and security measures
- participating in employee complaint or suggestion procedures covering safety and security concerns
- reporting violent incidents promptly and accurately
- participating in safety and health committees or teams that receive reports of violent incidents or security problems, make facility inspections, and respond with recommendations for corrective strategies
- taking part in a continuing education program that covers techniques to recognize escalating agitation, assaultive behavior, or criminal intent and discusses appropriate responses (OSHA, n.d.; NIOSH, 2020)

Recommendations

AWHONN recommends implementing comprehensive training programs, policies, equipment, and clear communication channels to proactively address and prevent workplace violence. This will better protect the safety and well-being of health care professionals; create a more secure environment for both staff and patients; and uphold a culture of inclusivity, support, and respect (Fricke et al., 2023).

Additionally, AWHONN recommends following OSHA's aforementioned elements of effective workplace violence prevention.

Acknowledgments

Check for updates

References

American Nurses Association. (n.d.). *Workplace violence/#EndNurseAbuse*. https://www.nursingworld.org/practice-policy/work-environment/end-nurse-abuse/

American Nurses Association. (2015a). *Code of ethics for nurses with interpretive statements*. https://www.nursingworld.org/coe-view-only

American Nurses Association. (2015b). *Incivility, bullying, and workplace violence* [Position statement]. https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/incivility-bullying-and-workplace-violence/

Association of Women's Health, Obstetric and Neonatal Nurses. (2022). *Standards for professional registered nurse staffing for perinatal units*.

Ayaad, O., Alloubani, A., Thiab, F., Yousef, D., & Banat, B. (2018). Adopting a shared governance model to improve nurses' working environments. *British Journal of Healthcare Management, 24*(12), 594–602.

Fricke, J., Siddique, S. M., Douma, C., Ladak, A., Burchill, C. N., Greysen, R., & Mull, N. K. (2023). Workplace violence in healthcare settings: A scoping review of guidelines and systematic reviews. *Trauma, Violence, & Abuse, 24*(5), 3363–3383. https://doi.org/10.1177/15248380221126476

Gates, D. M., Gillespie, G. L., & Succop, P. (2011). Violence against nurses and its impact on stress and productivity. *Nursing Economic, 29*(2), 59–66. https://pubmed.ncbi.nlm.nih.gov/21667672/

International Association of Healthcare Security and Safety. (n.d.). *The rise of workplace violence: Addressing healthcare's biggest threat*. CriticalArc. https://criticalarc.com/the-rise-of-workplace-violence-addressing-healthcares-biggest-threat/

The Joint Commission. (n.d.). *Workplace violence prevention resources*. https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/

The Joint Commission. (2008). *Sentinel Event Alert 40: Behaviors that undermine a culture of safety*. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-40-intimidating-disruptive-behaviors-final2.pdf

The Joint Commission. (2018). *Sentinel Event Alert 59: Physical and verbal violence against health care workers*. https://www.jointcommission.org/resources/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-59-physical-and-verbal-violence-against-health-care-workers/

National Institute for Occupational Safety and Health [NIOSH]. (2020, February). *Occupational violence: Workplace violence for nurses*. Centers for disease control and prevention. https://www.cdc.gov/niosh/topics/violence/training_nurses.html

Nelson, S., & Baumann, A. (2021). Not part of the job: An analysis of characterization of workplace violence against nurses in Canada by unions

and professional organizations. *Nursing Research, 34*(14), 45–59. https://doi.org/10.12927/cjnl.2021.26455

OSH Act of 1970. Pub. L. No. 91-596 84 Stat. 1590(1970). https://www.osha.gov/laws-regs/oshact/completeoshact.

Phillips, J. P. (2016). Workplace violence against health care workers in the United States. *New England Journal of Medicine, 374*(17), 1661–1669. https://doi.org/10.1056/NEJMra1501998

Rodrigues Pereira, C. A., Borgato, M. H., Barreto Colichi, R. M., & Mangini Bocchi, S. C. (2019). Institutional strategies to prevent violence in nursing work: An integrative review. *Revista Brasileira de Enfermagem, 72*(4), 1052–1060. https://doi.org/10.1590/0034-7167-2018-0687

Stephens, W. (2019). Violence against healthcare workers: A rising epidemic. *American Journal of Managed Care*. https://www.ajmc.com/view/violence-against-healthcare-workers-a-rising-epidemic