**EDITORIAL** 

# This is Not Part of the Job: **Mitigating Healthcare Workplace Violence**



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How many times have you heard about a workplace violence incident, whether verbal or physical against nurses that went unreported or unrecognized? How often have you heard someone say, "This is just part of the job"? Workplace violence against nurses is a critical issue that is not part of the job, and that threatens both their well-being, and the quality of care provided to patients.

Healthcare workers are five times more likely than other professionals to experience workplace violence-related injuries, accounting for 73% of all nonfatal workplace violence injuries, according to the U.S. Bureau of Labor Statistics (2018). In Maryland, a 2019 survey by the Maryland Hospital Association (MHA) reported 181 incidents of patient violence against hospital staff over a twoyear period, with 40% of these incidents occurring in emergency departments (MHA, n.d.).

Nurses often operate in high-pressure environments where physical, verbal, and psychological violence has become an alarming norm. Poor work environments exacerbate workplace violence, leading to burnout and negative work attitudes which can negatively impact nurse retention and safety (Edmonson et al., 2021; Wu et al. 2020). Without a proactive approach, healthcare systems risk not only the well-being of their nurses but also the safety of their patients.

The Joint Commission (2021) introduced new safety standards that require hospitals to actively assess and implement plans to prevent workplace violence. This new change could significantly lessen the burden of potential assault and abuse that nurses often face on the job by proactively addressing these

risks through established protocols and training programs. Numerous hospitals in Maryland have already established protocols and resources to recognize and de-escalate potentially violent situations (MHA, n.d.)

## **Key Strategies for Mitigating Workplace Violence in Healthcare**

Mitigating workplace violence and fostering a healthy environment for nurses require evidence-based strategies that address systemic issues, leadership engagement, and organizational culture.

An excellent framework designed to improve workplace culture and optimize outcomes for nurses and patients is the American Association of Critical Care Nurses (AACN) Healthy Work Environment Standards (HWES), which includes six essential standards: skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership (AACN, n.d.). Implementing these standards has shown superior results in cultivating a positive workplace culture and achieving better outcomes (AACN, n.d.).

The American Nurses Association (ANA, 2015) issued a comprehensive position statement on workplace violence, offering valuable tools and guidelines to help nurses enhance workplace environments and promote safety. Building on the ANA's recommendations and insights from key studies, the following strategies provide actionable steps to create safer, healthier work environments for nurses.

### 1. Strengthening Leadership and **Managerial Support**

Leadership plays a critical role in shaping workplace culture and mitigating violence (Edmonson et al. 2021; Mabona et al., 2022). Nurse leaders must:

- **Establish Zero-Tolerance Policies:** Develop and enforce strict policies against all forms of workplace violence, including verbal abuse, physical assault, and bullying (ANA, 2015).
- **Demonstrate Visible Support:** Model respectful behavior and actively address incidents of violence. Leaders must engage with staff to create trust and ensure that reporting mechanisms are both accessible and non-punitive.
- Incident Reporting Systems: Encourage reporting of violence by establishing confidential and efficient reporting systems. Edmonson et al. (2021) stress the importance of creating a non-punitive environment where nurses feel empowered to report incidents without fear of retaliation.

## 2. Enhancing Work Design and Resources

Improving work design is crucial for addressing workplace violence and alleviating workforce pressures.

- Adequate Staffing Levels: Wu et al. (2020) highlight the connection between inadequate staffing and increased workplace violence. Overburdened nurses are more likely to encounter aggressive behaviors from patients and colleagues. Ensuring appropriate staffing levels reduces stress and mitigates risks.
- Flexible Scheduling and Resources: Mabona et al. (2022) recommend implementing flexible scheduling and access to wellness resources to promote resilience among nurses.
- 3. Education and Training Programs

Regular and targeted education programs equip nurses with the skills to recognize, prevent, and respond to workplace violence.

- Conflict De-Escalation Training: Training sessions on effective communication, emotional intelligence, and de-escalation techniques prepare nurses to handle potentially volatile situations effectively (Mabona et al., 2022; Munro & Hope, 2020).
- Cultural Sensitivity: Paguio et al. (2020) suggest incorporating cultural competency training to address the diverse needs of patients and colleagues better.
- **Continuous Learning:** ANA (2015) encourages organizations to provide ongoing education tailored to the unique challenges faced by nurses in high-pressure settings.
- 4. Promoting a Supportive Culture of Well being

Creating a culture of safety and support is essential for reducing violence and fostering collaboration.

- Team Collaboration: advocate for fostering teamwork and collaboration among nurses to build resilience against workplace stressors. Supportive team dynamics can alleviate conflicts and prevent escalation (Mabona et al., 2022; Munro and Hope (2020).
- Counseling and Peer Support: Wu et al. (2020) recommend offering access to counseling services and peer support networks to help nurses recover from workplace violence.
- **Promoting Resilience:** Wellness programs that address stress management and mental health build resilience and improve nurse retention (Mabona et al., 2022).
- 5. Policies, Advocacy, and **Legislative Action**

Effective policies and advocacy at the organizational, state, and federal levels is necessary to protect nurses and improve workplace conditions.

Support Legislative Initiatives: Ad-

- vocate for stronger protections for healthcare workers, such as Senate Bill 700 in Maryland which established a public awareness campaign workgroup to develop a plan to prevent workplace violence in healthcare settings (Maryland General Assembly, 2022).
- Organizational Advocacy: Leaders must push for system-wide changes to reduce violence and support staff well-being (Edmonson et al., 2021). Organizations should adopt the ANA's recommendations for creating healthy work environments, including the implementation of zero-tolerance policies and systems for tracking workplace violence incidents (ANA, 2015; ANA, n.d.). You can also find more tools and resources here: https://www. nursingworld.org/practice-policy/ nursing-excellence/official-positionstatements/id/incivility-bullying-andworkplace-violence/

#### The Path Forward

Transforming the healthcare work environments is a strategic necessity. We, nurses are an integral part of the healthcare system, and our shared responsibility is to lead initiatives and actively create a healthy work environment where everyone can thrive. No matter your role, you can contribute to building a culture of safety and respect within healthcare settings. Achieving this requires collaboration at all levels of the organization, alongside investments in leadership development, resource optimization, and targeted interventions to address workplace violence, prevent burnout, and empower nurses in their roles.

#### References

American Association of Critical-Care Nurses. (n.d.). Healthy Work Environments. https:// www.aacn.org/nursing-excellence/healthy-workenvironments?tab=Patient%20Care

American Nurses Association. (n.d.). End nurse abuse. Retrieved January 14, 2025, from https:// www.nursingworld.org/practice-policy/work-

#### environment/end-nurse-abuse/

American Nurses Association. (2015). Incivility, Bullying, and Workplace Violence. https:// www.nursingworld.org/practice-policy/nursingexcellence/official-position-statements/id/incivilitybullying-and-workplace-violence/

Edmonson, C., Marshall, J., & Gogek, J. (2021). Creating a healthier workplace environment in an era of rising workforce pressures. Nursing Administration Quarterly, 45(1), 52-57. https:// doi.org/10.1097/NAQ.0000000000000448

Mabona, J. F., van Rooyen, D., & Ten Ham-Baloyi, W. (2022). Best practice recommendations for healthy work environments for nurses: An integrative literature review. *Health SA = SA* Gesondheid, 27, 1788. https://doi.org/10.4102/ hsag.v27i0.1788

Maryland Hospital Association (n.d.). Workplace Violence Prevention. https://mhaonline.org/ building-a-healthy-workforce/workplace-violence/

Maryland General Assembly (2022). Legislation. https://mgaleg.maryland.gov/mgawebsite/ Legislation/Details/SB0700?ys=2022RS

Munro, C. L., & Hope, A. A. (2020). Healthy work environment: Resolutions for 2020. American Journal of Critical Care, 29(1), 4-6. https://doi. org/10.4037/ajcc2020940

Paguio, J. T., Yu, D. S. F., & Su, J. J. (2020). Systematic review of interventions to improve nurses' work environments. Journal of Advanced Nursing, 76(10), 2471-2493. https://doi. org/10.1111/jan.14462

The Joint Commission (2021). Workplace Violence Prevention Standards. R3 Report: Requirement, Rationale, Reference. https:// www.jointcommission.org/-/media/tjc/documents/ standards/r3-reports/wpvp-r3 20210618.pdf

U.S. Bureau of Labor Statistics. Workplace Violence in healthcare, (2018). https://www.bls.gov/ iif/factsheets/workplace-violence-healthcare-2018. htmL

Wu, Y., Wang, J., Liu, J., Zheng, J., Liu, K., Baggs, J. G., Liu, X., & You, L. (2020). The impact of work environment on workplace violence, burnout and work attitudes for hospital nurses: A structural equation modelling analysis. Journal of nursing management, 28(3), 495-503. https://doi.org/10.1111/jonm.12947