

Preventing Workplace Violence

According to the U.S. Occupational Safety and Health Administration (OSHA) healthcare workers are 4–5 times more likely to suffer workplace violence injuries than workers in private industry overall.^{i,ii} This violence poses a serious threat to both patient and staff safety, disrupting care delivery and contributing to workforce shortages. As incidents continue to rise, it is essential for hospitals to implement comprehensive prevention strategies. In response to the growing incidence of workplace violence, as well as requests from key stakeholders, Joint Commission led discussions in the field to define “workplace violence” and the components of a strong prevention program.

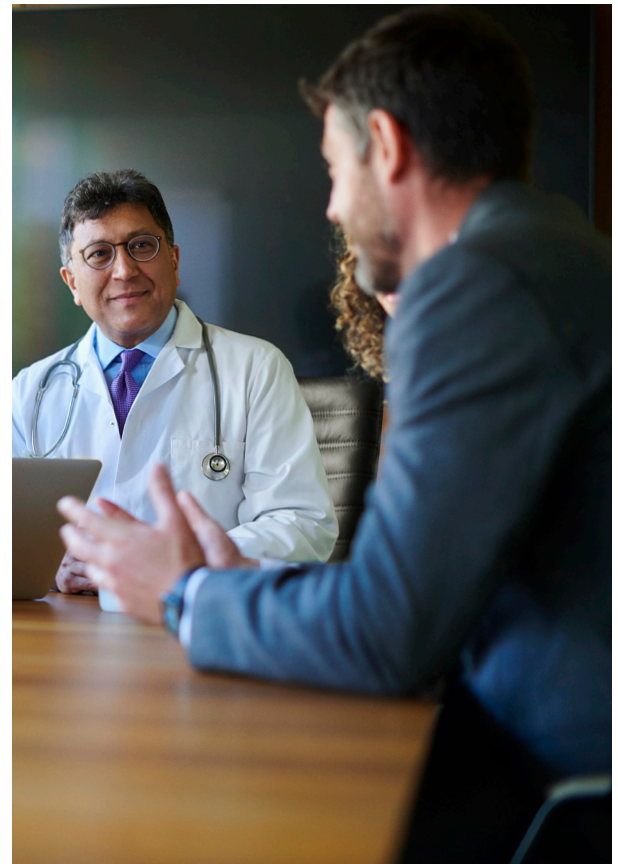
Background

In 2022, Joint Commission issued new and revised consensus-based standards that implement a framework for effective hospital workplace violence prevention systems, including leadership oversight, policies and procedures, reporting systems, data collection and analysis, post-incident strategies, training, and education, extending these workplace violence prevention requirements across all of its accreditation programs.

Standards

Workplace violence is defined by Joint Commission as “an act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.” The Workplace Violence Prevention standards require that hospitals:

- Have a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team
- As part of its workplace violence prevention program, provide training, education, and resources to staff and leadership at time of hire and regularly^{iii,iv,v}
- Establish policies and processes to:
 - Prevent and respond to violence
 - Report incidents to analyze incidents and trends
 - Follow up and support victims and witnesses
 - Report workplace violence to the governing body
- Complete a worksite analysis and take actions to mitigate or resolve the workplace safety and security risks based upon findings^{vi,vii,viii}



Rationale

- Workplace violence adversely impacts employee morale, increases staff turnover and absenteeism, reduces productivity, creates a fearful organization culture, and compromises patient care.^{ix} Due to these risks, Joint Commission added workplace violence prevention to its well-established safety standards.
- From 2019–2020, the incidence of workplace violence in hospitals increased, resulting in:
 - An increase in incidence rates of nonfatal occupational injuries and illnesses involving days away from work due to intentional injury by another person in the private healthcare and social assistance industry from 10.4 per 10,000 full-time workers in 2018 to 15.2 per 10,000 workers in 2020.^x
- Joint Commission launched a comprehensive review of evidence-based actions to address this trend and ultimately led the consensus on a broader definition of workplace violence that fully encompasses the range of incidents: *violent behavior is not limited to acts of physical violence and includes many other “covert” forms of workplace violence (intimidation, harassment, bullying, and sabotage).*
- This definition is consistent with those from national stakeholders such as Institute for Healthcare Improvement (IHI) and the Occupational Safety and Health Administration (OSHA)^{xi,xii} and includes a wide range of potentially harmful behaviors that, when monitored, help hospitals understand the types of violent acts to which their staff are subjected.^{xiii}
- In 2022, Joint Commission expanded its standards to better address this more complete definition and require evidence-based actions to reduce risk.



Related Activities

- Since January 2022, Joint Commission has cited hospitals on more than one hundred requirements for improvement related to workplace violence standards during survey activities and required correction within 60 days.
- Joint Commission published several *Sentinel Event Alerts* to raise awareness about workplace violence.
- At OSHA's request, Joint Commission provided technical assistance to inform policy to address workplace violence across multiple healthcare settings—providing a framework for state-level OSHA reporting requirements.
- Joint Commission maintains a [Workforce Safety and Well-Being Resource Center](#) with dedicated resources, tools, and tips to assist organizations on their workforce wellness journey.

i Fricke J, Siddique SM, Douma C, et al. Workplace Violence in Healthcare Settings: A Scoping Review of Guidelines and Systematic Reviews. *Trauma Violence Abuse*. 2023;24(5):3363–3383. doi: [10.1177/15248380221126476](#)
ii Arnetz J, Hamblin LE, Sudana S, Arnetz B. Organizational determinants of workplace violence against hospital workers. *J Occup Environ Med*. 2018;60(8):693–699. doi: [10.1097/JOM.0000000000001345](#) iii Ming JL, Huang HM, Hung SP, Chang CI, Hsu YS, Tzeng YM, Huang HY, Hsu TF. Using Simulation Training to Promote Nurses' Effective Handling of Workplace Violence: A Quasi-Experimental Study. *Int J Environ Res Public Health*. 2019 Sep 28;16(19):3648. doi: [10.3390/ijerph16193648](#). PMID: 31569382; PMCID: PMC6801794 iv Occupational Safety and Health Administration, 2016. [https://www.osha.gov/sites/default/files/publications/osha3148.pdf](#). Accessed December 2024 v Workplace violence training and prevention in hospital-based healthcare: Implications for Nursing and the Interdisciplinary team in the hospital. International Association for Healthcare Security and Safety (IAHSS) Foundation. 2022. [https://iahss.org/assets/Workplace-Violence-Training-and-Prevention-in-Hospital-Based-Healthcare.pdf](#) vi Hill AK, Lind MA, Tucker D, Nelly P, & Daraiseh N. Measurable results: Reducing staff injuries on a specialty psychiatric unit for patients with developmental disabilities. *Work*. 2015;51(1):99–111. [https://doi.org/10.3233/wor-152014](#) vii Ramalisa RJ, du Plessis E, & Koen MP. Increasing coping and strengthening resilience in nurses providing mental health care: Empirical qualitative research. *Health SA Gesondheid*. 2018;23:Article a1094. [https://doi.org/10.4102/hsag.v23i0.1094](#) viii Rogerson M, Haines-Delmont A, McCabe R, Brown A, & Whittington R The relationship between inpatient mental health ward design and aggression. *Journal of Environmental Psychology*. 2021;77: Article 101670. [https://doi.org/10.1016/j.jenvp.2021.101670](#) ix Arnetz JE. The Joint Commission's New and Revised Workplace Violence Prevention Standards for Hospitals: A Major Step Forward Toward Improved Quality and Safety. *Jt Comm J Qual Patient Saf*. 2022 Apr;48(4):241–245. doi: [10.1016/j.jciq.2022.02.001](#). Epub 2022 Feb 5. PMID: 35193809; PMCID: PMC8816837 x Bureau of Labor Statistics. (2018). Workplace violence in healthcare, 2018 (Chart 2 Data). Available at: [https://www.bls.gov/iif/factsheets/workplace-violence-healthcare-2018-chart2-data.htm](#). Accessed on December 30, 2024 xi Butkowski O, Duncan J, Martinez N. Preventing Verbal and Physical Violence across the Health Care Workforce. *IHI Toolkit*. Boston: Institute for Healthcare Improvement; 2022. (Available at [www.ihl.org](#)) xii Occupational Safety and Health Administration (OSHA). Workplace Violence. Available at: [https://www.osha.gov/workplace-violence](#). Accessed December 30, 2024 xiii Arnetz JE. The Joint Commission's New and Revised Workplace Violence Prevention Standards for Hospitals: A Major Step Forward Toward Improved Quality and Safety. *Jt Comm J Qual Patient Saf*. 2022 Apr;48(4):241–245. doi: [10.1016/j.jciq.2022.02.001](#). Epub 2022 Feb 5. PMID: 35193809; PMCID: PMC8816837



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