

**Workplace Violence  
and Its Impact  
on the  
Emergency Nurse  
Position Statement**





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## Workplace Violence and Its Impact on the Emergency Nurse

### Description

Violence in the workplace affects almost all sectors and groups of workers. However, it is a significant risk in healthcare settings (Lim et al., 2022). Workplace violence (WPV) in healthcare settings has steadily increased over the last decade, yet healthcare workers are still reluctant to report incidents of WPV (Jones, 2021). Globally, verbal and physical violence against healthcare workers has reached alarming levels, and WPV against healthcare personnel has been defined by the World Medical Association as an international emergency (The World Medical Association, 2020). Rates of injuries for WPV against healthcare professionals has grown by over 60% since 2011, with escalations during the COVID-19 pandemic (Boyle, 2022). According to The Joint Commission (TJC) (2021), healthcare workers incur 73% of all nonfatal workplace injuries.

The Joint Commission (2021, June 18, p. 1) defines WPV 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.” Beginning in 2018, TJC recommended that accredited healthcare organizations find meaningful and up-front ways to create a supportive environment that promotes a physically and psychologically safe workplace for healthcare workers. In 2015, the U.S. Occupational Safety and Health Administration (OSHA) issued guidelines for creating a zero-tolerance for WPV environment. The safety of a workplace is dependent on healthcare administration and healthcare staff working together to identify and mitigate hazards. The guidelines also included a component for training administrative personnel and staff on the hazards. Each healthcare organization is required to keep records and perform audits to gather data that can be used to increase safety in the working environment. Most importantly, in creating a zero-tolerance environment, healthcare organizations must create an environment that encourages reporting of incidents and an environment free of harassment or retaliation for reporters. Emergency nurses are specifically trained to differentiate between medical and mental health conditions and behavioral issues that would be appropriate to report (Luong & Green, 2023).

Recent strategies with potential to mitigate WPV include screening patients for risk of violence and implementation of behavioral emergency response teams (Brucoli, 2023; Cabilan et al., 2023; Quinn & Koopman, 2023). Improving the working environment can improve staff morale and retention, while decreasing WPV frequency (Press Ganey, 2022). WPV can have detrimental consequences for emergency nurses’ physical and mental health. Research shows that infrequent support is given to victimized staff (Gillespie & Berry, 2023). The consequences can negatively affect productivity, retention, and quality of patient care (Arnetz, 2022; Gillespie & Berry, 2023; Park & Song, 2023). Frustration with staffing shortages, job dissatisfaction after WPV, increased absenteeism, and emotional and physical exhaustion have resulted in many nurses leaving or contemplating leaving the nursing profession, compounding staffing shortages and job dissatisfaction (Amal et al., 2023).

### ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. Emergency nurses are at a significant occupational risk for WPV and have the right to a workplace free of violence.

2. The mitigation of WPV requires a zero-tolerance environment instituted and supported by healthcare organizations and leadership.
3. Emergency nurses have the right to education and training related to the recognition, management, and mitigation of all types of WPV.
4. Emergency nurses have the right and responsibility to report incidents of WPV to their employer and law enforcement without harassment, retaliation, or threats of disciplinary action.
5. Emergency nurses have the right to the expectation of privacy, appropriate injury care, and the option for debriefing and professional counseling immediately after a WPV incident.
6. Protection against acts of WPV includes effective and consistent administrative, environmental, educational, data collection, reporting, and security components.
7. Emergency nurses advocate for adoption and continued enforcement of state, provincial, and federal legislation focused on the prevention of WPV and protection of emergency nurses.
8. Emergency nurses have a vested interest in, and a responsibility to conduct and participate in, research and quality improvement initiatives aimed at preventing, mitigating, and reporting all types and forms of WPV.
9. Emergency nurses receive additional education and training in the care of potentially violent patients.
10. Emergency nurses have the right and responsibility to screen patients for violence.

## Background

A myriad of laws in almost 40 states have addressed either harsher punishments for those convicted of violence against a healthcare worker or additional training for healthcare professionals to respond to violence in the workplace (Falcone, 2023). Yet one of the largest barriers continues to be reporting incidents of violence (Cabilan et al., 2023; Quinn & Koopman, 2023). Nurses who responded to various surveys have stated that they fear retaliation, lack clear reporting processes, and experience ambivalence or reluctance on the part of law enforcement or prosecutorial staff to pursue charges (Jones, 2023). Since 2018, healthcare professional organizations, unions, and hospitals have advocated for a federal law that would address the increasing violence, yet no federal laws currently exist (Falcone, 2023).

The Joint Commission requires that accredited hospitals comply with new standards aimed at reducing violence in healthcare. These standards include staff training, consistent methods of reporting and active investigation of and reviews from each incident, as well as environmental surveillance and creation of a culture of safety where healthcare providers feel supported in reporting WPV (TJC, 2021). The Joint Commission's broad and encompassing definition will enable researchers to evaluate the effectiveness of laws, policies, and practices based on a consistent definition (Arnetz, 2022). Emergency nurses are stakeholders in violence prevention efforts in their practice. As experts, emergency nurses play a pivotal role in hospital preparedness, prevention strategies, screening of patients for violence, training, and evaluation of the culture of safety in their hospitals (Arnetz, 2022; Cabilan et al., 2023; Quinn & Koopman, 2023). Healthcare organizations must demonstrate their willingness to prioritize and commit to preventing and responding to workplace violence.

## Resources

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