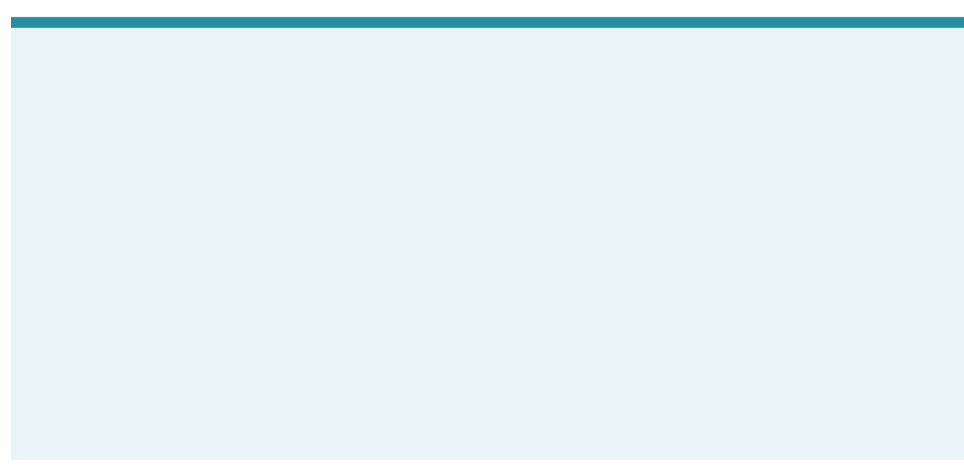


New Requirements for Preventing Workplace Violence

Despite ongoing efforts to increase awareness and improve care and social service workers prevention of workplace violence, the problem is not improving. The [U.S. Bureau of Labor Statistics](#) reports a worsening trend, with health care and social service workers five times more likely to require time away from work due to workplace violence than in other industries.



Note: A work site analysis includes a proactive analysis of the work site, an investigation of the hospital's workplace violence incidents, and an analysis of how the program's policies and procedures, training education, and environmental design reflect best practices and conform to applicable laws and regulations.

Standard EC.04.01.01 The hospital collects information to monitor conditions in the environment.

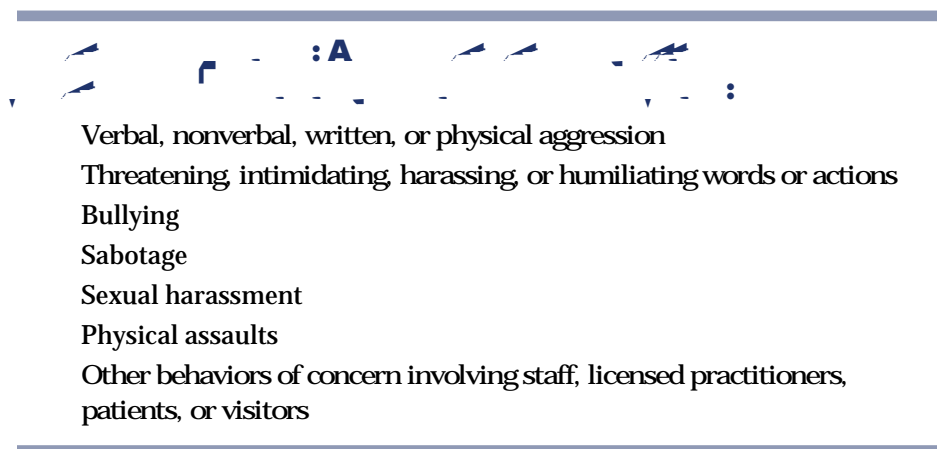
Benefits of a Workplace Violence Prevention Program

Reducing workplace violence in health care and strengthening the safety culture provide obvious and unseen benefits for health care organizations, their workers, and patients. Says Kokalias, "Exposure to workplace violence can impair effective patient care, and lead to psychological distress and physical injuries, which in turn can lead to job dissatisfaction and absenteeism. On an organizational level, this causes high turnover and high costs. If you consider the potential financial impact related to workplace violence injuries and the rate of staff turnover, it is concerning."

According to a recent [article](#), the negative consequences of violence in health care have reached high levels worldwide. Violent incidents frequently directed toward nurses and physicians cause life-threatening injuries and death, reduced work interest and impaired work functioning, increased adverse clinical events and reduced patient safety, job dissatisfaction, decreased staff retention and increased staff burnout, more sick days, depression, post-traumatic stress disorder, and more. And in the wake of workplace violence, staff retention and turnover can be costly to health care organizations. The [2021 National Healthcare Retention & RN staffing Report](#), found the average cost for replacing one bedside nurse to be \$40,038. In addition, each 1% increase in nurse turnover could potentially cost a hospital an additional \$270,800 per year.

Creating a Definition

In addition to creating new requirements for a workplace violence prevention program, The Joint Commission has also developed a definition of *workplace violence*. "If you look at the literature, one universally recognized definition of workplace violence does not exist," says Kokalias. "The Joint Commission has taken the position of formally defining workplace violence to increase understanding. This new definition is the foundation on which we built the new requirements."



The Rationale for New and Revised Requirements

According to Kokalias, the intention behind these requirement changes is not only to provide guidance for developing workplace violence prevention programs but also to promote a culture of safety within organizations. "The requirements are a

starting point, or an outline, if you will, for programs that should be designed and developed by each organization according to its needs," says Kokalias. "From our literature review and discussions with key stakeholders, we focused on six key topics essential to addressing violence in the workplace. We used these key topics, along with the new definition, to develop and revise requirements." The six key topics are the following:

1. A comprehensive workplace violence prevention program
2. Safety culture through leadership
3. Work site analysis and risk assessment
4. Policies and procedures
5. Training and education
6. Data collection, analysis, and reporting

A [Workplace Violence Prevention Compendium of Resources to Support Joint Commission Accredited Hospitals in Implementation of New and Revised Standards](#) complements the new requirements. It can guide development of a Joint Commission–compliant program, with the goal of creating and maintaining a healthy work environment. The compendium of resources addresses each of the six key topics as it relates to the new or revised requirement. Requirements are summarized below:


Proactive Annual Analysis

The new EP 17 under Standard EC.02.01.01 requires hospitals to conduct a proactive, annual analysis of their workplace violence prevention program. "The annual analysis designates a time for leadership to evaluate risks and to

violence is known to be underreported, leaders must train staff to recognize and report workplace violence incidents. According to Kokalias, one reason for underreporting is a lack of understanding about what constitutes a violent incident. Workplace violence is not only physical but may be verbal, nonverbal, and/or written and include humiliating words or actions. Staff members who fail to understand that words or actions fall within the definition of workplace violence may also be unaware of the effects of humiliating words or actions on others.

“When staff clearly understand what workplace violence is, and can recognize such incidents when they occur, heightened awareness can move an organization closer to a safer work environment and a culture of safety,” says Kokalias. “Increased awareness requires clear communication, training, and education and can lead to increased comfort with staff reporting. Increased comfort with reporting—combined with an easy and accessible reporting system—provide more opportunities for reporting and decrease reluctance with reporting.”

“Health care workers must feel safe and secure when reporting incidents, and they must feel that their organization supports reporting of these incidents,” says Braun. “It is also important for health care workers to see that reporting is used for improvement, that incidents are mitigated, and that loops are closed. If follow-through is not common practice in an organization, the value of reporting these incidents diminishes.”

“When there is a lack of transparency, there is an increased chance that health care leaders are unaware of workplace violence within their organizations,” says Kokalias. “We would like leadership to drive workplace violence prevention efforts and promote their safety culture. Monitoring workplace violence, conducting annual work site analyses, instituting a multidisciplinary prevention program, and requiring incidents to be reported to the governing body offer opportunities for open communication and collaboration with leadership and promote transparency.” 

Additional Resources for Developing a Workplace Violence Prevention Program

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