

# New Requirements for Preventing Workplace Violence

Despite ongoing efforts to increase awareness and improve prevention of workplace violence, the problem is not improving. The [US 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.



“An important caveat to this is that workplace violence is known to be underreported; therefore, the actual rates are much higher,” says Antigone E. Kokalias, MBA, MSN, RN, Project Director–Clinical, Department of Standards and Survey Methods at The Joint Commission. Barbara I. Braun, PhD, Associate Director, Department of Research, The Joint Commission, echoes this and adds, “Another reason true workplace violence rates are unknown is there are no nationally standardized measurement systems for reporting all types of workplace violence that occur in the health care industry.”

For years The Joint Commission and Joint Commission Resources have collaborated with the US Occupational Safety and Health Administration (OSHA) through an [alliance](#) designed to address issues related to workplace safety. To expand on these efforts and address the worsening trend of violence in health care, The Joint Commission has added three new elements of performance (EPs) and two revised EPs to its requirements. These EPs, which fall within the “Environment of Care” (EC), “Human Resources” (HR), and “Leadership” (LD) chapters, directly address workplace violence and become effective January 1, 2022, for Joint Commission–accredited hospitals and critical access hospitals. The standards box below lists these new and revised requirements.

## **New and Revised Joint Commission Requirements for Workplace Violence Prevention**

*These requirements are applicable to hospitals and critical access hospitals and become effective on surveys beginning January 1, 2022. Revisions to existing requirements are underlined.*

**Standard EC.02.01.01** The hospital manages safety and security risks.

**NEW EP 17** The hospital conducts an annual work site analysis related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based on findings from the analysis. (See also EC.04.01.01, EP 1.)

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.

**REVISED EP 1** The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Injuries to patients or others within the hospital's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others
- Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical or laboratory equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

**REVISED EP 6** Based on its process(es), the hospital reports and investigates the following: Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence.

**Standard HR.01.05.03** Staff participate in ongoing education and training.

**NEW EP 29** As part of its workplace violence prevention program, the hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:

- What constitutes workplace violence
- Education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement
- Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
- The reporting process for workplace violence incidents

**Standard LD.03.01.01** Leaders create and maintain a culture of safety and quality throughout the hospital.

**NEW EP 9** The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:

- Policies and procedures to prevent and respond to workplace violence
- A process to report incidents in order to analyze incidents and trends
- A process for follow-up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary
- Reporting of workplace violence incidents to the governing body

## 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.”

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### **Workplace Violence: 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
  - ▶ Other behaviors of concern involving staff, licensed practitioners, patients, or visitors
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## 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 address and mitigate those risks,” says Kokalias. “It is important to remember that a hospital’s journey to a culture of safety is not only about establishing a safe workplace but also about maintaining it.”

### ***Continuous Monitoring***

A proactive, annual analysis of the workplace violence prevention program aligns with continuous monitoring for incidents of workplace violence. Revised EP 1 under Standard EC.04.01.01 ensures that hospitals continuously monitor safety and security incidents related to workplace violence. “Continuous monitoring allows for real-time intervention and mitigation. Addressing incidents in real time increases awareness of workplace violence, improves the ability to collaborate with stakeholders, and provides an opportunity to assess the effectiveness of the program,” says Kokalias.

### ***Reporting and Investigating***

Several new requirements focus on reporting and investigating workplace violence incidents, including revised EP 6 under Standard EC.04.01.01, new EP 29 under HR.01.05.03, and new EP 9 under LD.03.01.01. Given that workplace

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.”

### ***Education and Training***


A new EP 29 under HR.01.05.03 requires accredited hospitals and critical access hospitals to train health care workers on pertinent workplace violence issues, including how to recognize them, how to react when they occur, and how to report workplace violence incidents. Training must occur annually, at the time of hire, and whenever changes occur with the workplace violence prevention program.

“Training and education go hand in hand with awareness that workplace violence exists. It can also provide transparency about the prevalence of workplace violence within an organization and in health care in general,” says Kokalias. “Providing leaders and staff with tools and resources for establishing a safe work environment, along with education and training about how to manage incidents, are key to maintaining safety.”

### ***Leadership’s Role in Safety Culture***

A new EP 9 under LD.03.01.01 requires hospitals to have a multidisciplinary team led by a designated individual to manage the workplace violence prevention program. “In a more global sense, leadership should pay attention to workplace safety issues and recognize the relationship between staff safety and patient safety,” says Braun. This has become increasingly important as burnout among health care workers, which affects patient safety, worsens.

These new and revised requirements should spur the creation of robust workplace violence prevention programs that are designed to help leaders stay informed and, when necessary, react in real time to violence within their organizations.

“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***

- The Joint Commission’s [R3 Report](#) on Workplace Violence Prevention Standards
- [Workplace Violence Prevention Compendium of Resources to Support Joint Commission Accredited Hospitals in Implementation of New and Revised Standards](#)
- The Joint Commission’s Workplace Violence Prevention [Resources](#)
- US Occupational Safety and Health Administration’s (OSHA’s) [Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#)
- OSHA’s [Alliance](#) with The Joint Commission and Joint Commission Resources
- International Association for Healthcare Security and Safety Foundation Evidence Based Healthcare Security Research Committee’s [Threat Assessment Strategies to Mitigate Violence in Healthcare](#)