R³ Report | Requirement, Rationale, Reference

Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for email delivery.

Workplace Violence Prevention in Behavioral Health Care and Human Services

Effective July 1, 2024, three new and one revised workplace violence prevention requirements will apply to all Joint Commission–accredited behavioral health care and human services (BHC) organizations. Similar requirements for hospitals and critical access hospitals took effect January 1, 2022.

Prevalence of workplace violence in BHC settings is high (Hawkins, 2022; Liu, 2019; Longton, 2015; Bride, 2015) and has increased in recent years (Zhang, 2023). Workplace violence contributes to burnout and staffing shortages in health care, which further exacerbates the crisis in mental health among behavioral health workers (Yeh, 2020; Kim, 2023; Liu, 2019).

The new and revised Joint Commission requirements provide a framework to guide BHC organizations in developing new and reinforcing existing workplace violence prevention efforts. Requirements focus on leadership oversight, policies and procedures, reporting systems, data collection and analysis, post incident support and follow-up, and staff training and education as means to decrease workplace violence.

Along with the new requirements, *the Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)* Glossary now includes a definition of 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; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors."

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, The Joint Commission sought expert guidance from a Technical Advisory Panel (TAP) of representatives from behavioral health care organizations, academic organizations, professional associations, and health care and government sectors.

To ensure that the new and revised Joint Commission elements of performance (EPs) are supported by consensus opinion from multidisciplinary experts and stakeholders, we asked the TAP to take part in a modified Delphi voting process. The Delphi technique involves multiple rounds of voting and ensures that the voices and viewpoints from all the experts and stakeholders participating in the process are included when examining a topic. The Delphi process is a simple and well-recognized consensus building method (Shang, 2023; Nasa, 2021). Our modified Delphi voting process involved two rounds of voting (one via questionnaire and one during a virtual meeting), with discussion among participants conducted between the two rounds. The final vote occurred during the TAP meeting held in September 2023 to decide whether the proposed EP should move forward as a requirement. The new EPs were individually reviewed. After brief discussion, TAP member voting resulted in 100% consensus on including these EPs in the BHC accreditation requirements.

The Joint Commission

Requirement

Standard EC.02.01.01: The organization manages safety and security risks.
EP 17: The organization conducts an annual worksite analysis related to its workplace violence prevention program. The organization takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis.

Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of the organization'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.

Rationale

Evaluating the effectiveness of a workplace violence prevention program requires a worksite analysis. Organizations then must implement environmental modifications based on findings from the analysis. With best practices and applicable laws and regulations constantly evolving, organizations must also review their incident report data, the outcomes of investigations, program policies and procedures, training, and education for consistency with the latest recommendations.

References:*

- Hill, A.K., Lind, M.A., Tucker, D., Nelly, P., & Daraiseh, N. (2015). Measurable results: Reducing staff injuries on a specialty psychiatric unit for patients with developmental disabilities. Work, 51(1), 99–111. https://doi.org/10.3233/wor-152014
- Ramalisa, R.J., du Plessis, E., & Koen, M.P. (2018). Increasing coping and strengthening resilience in nurses providing mental health care: Empirical qualitative research. Health SA Gesondheid, 23, Article a1094. https://doi.org/10.4102/hsag.v23i0.1094
- Rogerson, M., Haines-Delmont, A., McCabe, R., Brown, A., & Whittington, R. (2021). The relationship between inpatient mental health ward design and aggression. Journal of Environmental Psychology, 77, Article 101670. https://doi.org/10.1016/j.jenvp.2021.101670
- Bride B.E., Choi, Y.J., Olin, I.W., & Roman, P.M. (2015). Patient violence towards counselors in substance use disorder treatment programs: Prevalence, predictors, and responses. Journal of Substance Abuse Treatment, 57, 9–17. https://doi.org/10.1016/j.jsat.2015.04.004
- Arbury, S., Zankowski, D., Lipscomb, J. & Hodgson, M. (2017) Workplace violence training programs for health care workers: an analysis of program elements. Workplace Health & Safety, 65(6), 266–272. https://doi.org/10.1177/2165079916671534.
- Occupational Safety and Health Administration. (2016). Guidelines for preventing workplace violence for healthcare and social service workers (OSHA 3148-06R 2016). U.S. Department of Labor. https://www.osha.gov/Publications/osha3148.pdf
- McPhaul, K.M., London, M., & Lipscomb, J.A. (2013). A framework for translating workplace violence intervention research into evidence-based programs. The Online Journal of Issues in Nursing, 18(1). https://doi.org/10.3912/OJIN.Vol18No01Man04

*Not a complete literature review.

Resources to Help with Compliance

- The Center for Health Design. (2023). *Behavioral and mental health*. https://www.healthdesign.org/topics/behavioral-mental-health
- New York State Office of Mental Health. (2023, July 31). *Patient safety standards, materials and systems guidelines*, 30th Edition. https://www.omh.ny.gov/omhweb/patient_safety_standards/guide.pdf
- U. S. Department of Veteran Affairs. (2018, July). *Mental health outpatient services design guide*. https://www.cfm.va.gov/til/dGuide/dgMHOP.pdf
- Oregon Association of Hospitals Research and Education Foundation. (2020). *Stop violence in health care, workplace violence in hospitals: A toolkit for prevention and management*, 2nd Edition. https://d1o0i0v5q5lp8h.cloudfront.net/oahhs/live/assets/documents/documents/Workplace%20Safety%202020%20Updates/WPV%20Toolkit%20All%20Sections%202020%20-%20full.pdf
    - Section 3a: Healthcare Workplace Violence Gap Analysis Tool
    - Tools available at https://oregonhospitals.org/safety/

The Joint Commission

- National Institute for Occupational Safety and Health. *Workplace violence worksite analysis*. https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit5_8
- Occupational Safety and Health Administration. (2016). *Guidelines for preventing workplace violence for healthcare and social service workers* (OSHA 3148-06R 2016). U.S. Department of Labor. https://www.osha.gov/Publications/osha3148.pdf
- Henkel, S.J. (2019). *Threat assessment strategies to mitigate violence in healthcare* (IAHSS-F RS-19-02). International Association for Healthcare Security and Safety Foundation Evidence Based Healthcare Security Research Committee. https://iahssf.org/assets/IAHSS-Foundation-Threat-Assessment-Strategies-to-Mitigate-Violence-in-Healthcare.pdf
- The Joint Commission. (2023). *Workplace violence prevention compendium of resources*. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/compendium_final-1.pdf?sc_lang=en&hash=0FB1323AFB6A27F69426F5B66E06DD5B

Requirement

Standard EC.04.01.01: The organization collects information to monitor conditions in the environment.
EP 1: The organization develops and implements a process(es) for continually monitoring, internally reporting, and investigating the following:
- Problems and incidents related to each of the environment of care management plans
- Injuries to individuals served or others within the organization's facilities
- Occupational illnesses and staff injuries
Note: This requirement applies to issues in the workplace, such as back injuries or allergies. It does not apply to communicable diseases.
- Incidents of damage to its property or the property of others in locations it controls
- Safety and security incidents involving individuals served, staff, or others in locations it controls, including those related to workplace violence
- Fire safety management problems, deficiencies, and failures

Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions as well as to the designated leader of the workplace violence reduction effort. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.

Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.

Rationale

Establishing a process to collect data by monitoring, reporting, and investigating workplace violence incidents allows the organization to identify risk factors in vulnerable areas and implement environmental controls, education, and other mitigation strategies. Ongoing data collection can identify trends, patterns, and gaps in the program and can evaluate the effectiveness of the program.

Underreporting of workplace violence incidents can be a major problem. As more organizations adopt standard processes for collecting and reporting data on workplace violence incidents, it will be possible to benchmark the performance of workplace violence prevention programs so BHC organizations can judge the effectiveness of their program and make modifications to further reduce incidents.

References:*

- Hawkins, D., & Ghaziri, M.E. (2022). Violence in health care: Trends and disparities, Bureau of Labor Statistics survey data of cccupational injuries and illnesses, 2011–2017. *Workplace Health & Safety*, 70(3), 136–147. https://doi.org/10.1177/21650799221079045
- Parveen, S., Birkeland Nielsen, M., Endresen Reme, S., & Finne, L.B. (2023). Exposure to client-perpetrated violence in the child welfare service: Prevalence and outcomes using two different measurement methods. *Journal of Interpersonal Violence*, 38(7-8), 5963–5992. https://doi.org/10.1177/08862605221127216
- Arnetz, J.E., Hamblin, L., Essenmacher, L., Upfal, M.J., Ager, J., & Luborsky, M. (2015). Understanding patient-to-

worker violence in hospitals: A qualitative analysis of documented incident reports. Journal of Advanced *Nursing*, 71(2), 338–348. https://doi.org/10.1111/jan.12494
- Morphet, J., Griffiths, D., & Innes, K. (2018). The trouble with reporting and utilization of workplace violence data in health care. *Journal of Nursing Management*, 27(3), 592–598. https://doi.org/10.1111/jonm.12717

*Not a complete literature review.

Resources to Help with Compliance
- Occupational Safety and Health Administration. (2016). *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers* (OSHA 3148-06R 2016). U.S. Department of Labor. https://www.osha.gov/Publications/osha3148.pdf
- Oregon Association of Hospitals Research and Education Foundation. (2020). *Stop violence in health care, workplace violence in hospitals: A toolkit for prevention and management*, 2nd Edition. https://d1o0i0v5q5lp8h.cloudfront.net/oahhs/live/assets/documents/documents/Workplace%20Safety%202020%20Updates/WPV%20Toolkit%20All%20Sections%202020%20-%20full.pdf
- American Society of Safety Professionals. (2019, December). *ASSP GM-Z10.101-2019 Guidance Manual: Keep Your People Safe in Smaller Organizations*. https://store.assp.org/PersonifyEbusiness/Store/Product-Details/productId/201243100?_ga=2.255723656.1662396782.1696349487-1994192864.1680878102.
  - The document is free, but registration is required. It is also a guidance manual for ANSI/ASSP Z10.0.
- Joint Commission. (2023). *Workplace violence prevention compendium of resources*. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/compendium_final-1.pdf?sc_lang=en&hash=0FB1323AFB6A27F69426F5B66E06DD5B

Requirement
Standard HRM.01.05.01: Staff participate in education and training.
EP 17: As part of its workplace violence prevention program, the organization 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 organization 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

Rationale
Recognition of what constitutes workplace violence begins with awareness of the different types of physical and nonphysical acts and threats that are occurring in the workplace. In addition, education and training should focus on de-escalation and intervention techniques when confronted with incidents of workplace violence. Incorporating violence prevention tools and encouraging the use of a simple and accessible reporting process can ultimately reduce the likelihood of staff being victims of workplace violence.

References:*
- Gadegaard, C.A., Andersen, L.P., & Hogh A. (2018). Effects of violence prevention behavior on exposure to workplace violence and threats: A follow-up study. *Journal of Interpersonal Violence*, 33(7), 1096–1117. https://doi.org/10.1177/0886260515614558
- Andersen, L.P.S., Hogh, A., Gadegaard, C., & Biering, K. (2019). Employees exposed to work-related threats and violence in human services sectors: Are any employees members particularly exposed to violence and threats and what role do supervisors play? *Work*, 63(1), 99–111. https://doi.org/10.3233/WOR-192911
- Shier, M.L., Turpin, A., Nicholas, D.B, & Graham, J.R. (2019). Dynamics of a culture of workplace safety in human service organizations: A qualitative analysis. *International Social Work*, 62(6), 1561–1574. https://doi.org/10.1177/0020872819858744
- Ramalisa, R.J., du Plessis, E., & Koen, M.P. (2018). Increasing coping and strengthening resilience in nurses

providing mental health care: Empirical qualitative research. *Health SA Gesondheid*, 23, Article a1094. https://doi.org/10.4102/hsag.v23i0.1094

- Baby, M., Glue, P., & Carlyle, D. 'Violence is not part of our job': A thematic analysis of psychiatric mental health nurses' experiences of patient assaults from a New Zealand perspective. *Issues in Mental Health Nursing*, 35(9), 647–655. https://doi.org/10.3109/01612840.2014.892552
- Arbury, S., Zankowski, D., Lipscomb, J., & Hodgson, M. (2017). Workplace violence training programs for health care workers. *Workplace Health & Safety*, 65(6), 266–272. https://doi.org/10.1177/2165079916671534
- The Joint Commission Division of Healthcare Improvement. (2019). *Quick safety issue 47: de-escalation in health care*. https:/www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-47-deescalation-in-health-care/
- Shulman, A. (2020). *Mitigating workplace violence via de-escalation training* (IAHSS-F RS-20-01). International Association for Healthcare Security and Safety Foundation. https://iahssf.org/assets/IAHSS-Foundation-De-Escalation-Training.pdf
- McPhaul, K.M., London, M., & Lipscomb, J.A. (2013). A framework for translating workplace violence intervention research into evidence-based programs. *The Online Journal of Issues in Nursing*, 18(1), 1–13. https://doi.org/10.3912/OJIN.Vol18No01Man04

*Not a complete literature review.

Resources to Help with Compliance

- National Institute for Occupation Safety and Health. (2013). *Online workplace violence prevention course for nurses* (NIOSH Publication Number 2013-155). Centers for Disease Control and Prevention. https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Home
- American Psychiatric Nurses Association. *Staff resources, education and training*. https://www.apna.org/staff-resources-education-and-training/
- Association of Threat Assessment Professionals. (2023). *Resources*. https://www.atapworldwide.org/page/member-resources
  - This site provides resources for many topics and the group offers training.
- Occupational Safety and Health Administration. (2015, December). *Preventing workplace violence: A roadmap for healthcare facilities*. https://www.osha.gov/sites/default/files/OSHA3827.pdf
- Oregon Association of Hospitals Research and Education Foundation. (2020). *Stop violence in health care, workplace violence in hospitals: A toolkit for prevention and management*, 2nd Edition. https://d1o0i0v5q5lp8h.cloudfront.net/oahhs/live/assets/documents/documents/Workplace%20Safety%202020%20Updates/WPV%20Toolkit%20All%20Sections%202020%20-%20full.pdf.
  - Section 6: Education and Training
  - Section 5g: Behavioral Health Rapid Response Teams (New Tool)
  - Section 5h: De-escalation Techniques (New Tool)
  - Tools available at https://oregonhospitals.org/safety/
- Joint Commission. (2023). *Workplace violence prevention compendium of resources*. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/compendium_final-1.pdf?sc_lang=en&hash=0FB1323AFB6A27F69426F5B66E06DD5B

Requirement

Standard LD.03.01.01: Leaders create and maintain a culture of safety and quality throughout the organization.
EP 9: The organization 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, and to analyze incidents and trends
- A process for follow-up and support for victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary
- Reporting of workplace violence incidents to governance

The Joint Commission

Rationale

Identifying an individual to lead an organization's workplace violence prevention program establishes clear lines of accountability. In addition, having policies and a standardized process to report and follow up on events or near-misses decreases variation in the program. Underreporting may be greater in BHC as often clients are being treated for conditions that include violent behaviors. Staff in these settings may not recognize the need to report incidents in this population as it is considered part of the job. Regardless of intention, it is important to report all instances of violence without judgement. Data collection and simple, accessible reporting structures show organization commitment to providing a safe and secure work environment and encourage staff to report incidents. Regularly reporting incidents and trends to governance promotes transparency and further establishes accountability for the program.

References:*

- Gadegaard, C.A., Andersen, L.P., & Hogh A. (2018). Effects of violence prevention behavior on exposure to workplace violence and threats: A follow-up study. *Journal of Interpersonal Violence*, 33(7), 1096–1117. https://doi.org/10.1177/0886260515614558
- Andersen, L.P., Hogh, A., Biering, K., & Gadegaard, C.A. (2018). Work-related threats and violence in human service sectors: The importance of the psycho-social work environment examined in a multilevel prospective study. *Work*, 59(1), 141–154. https://doi.org/10.3233/WOR-172654
- Shier, M.L., Nicholas, D.B., Graham, J.R., & Young, A. (2018). Preventing workplace violence in human services workplaces: Organizational dynamics to support positive interpersonal interactions among colleagues. *Human Service Organizations: Management, Leadership & Governance*, 42(1), 4–18. https://doi.org/10.1080/23303131.2017.1363842
- Andersen, L.P.S., Hogh, A., Gadegaard, C., Biering, K. (2019). Employees exposed to work-related threats and violence in human services sectors: Are any employees members particularly exposed to violence and threats and what role do supervisors play? *Work*, 63(1), 99–111. https://doi.org/10.3233/WOR-192911
- Shier M.L., Turpin, A., Nicholas, D.B., & Graham, J.R. (2019). Dynamics of a culture of workplace safety in human service organizations: A qualitative analysis. *International Social Work*. 2019, 62(6), 1561–1574. https://doi.org/10.1177/0020872819858744
- Baby, M., Glue, P., & Carlyle, D. (2014). 'Violence is not part of our job': A thematic analysis of psychiatric mental health nurses' experiences of patient assaults from a New Zealand perspective. Issues in Mental Health *Nursing*, 35(9), 647–655. https://doi.org/10.3109/01612840.2014.892552
- Farkas, G.M., & Tsukayama, J.K. (2012). An integrative approach to threat assessment and management: security and mental health response to a threatening client. *Work*, 42(1), 9–14. https://doi.org/10.3233/WOR-2012-1323
- Bride, B.E., Choi, Y.J., Olin, I.W., & Roman, P.M. (2015). Patient violence towards counselors in substance use disorder treatment programs: Prevalence, predictors, and responses. *Journal of Substance Abuse Treatment*, 57, 9–17. https://doi.org/10.1016/j.jsat.2015.04.004
- Lipscomb, J.A., London, M., Chen, Y.M., Flannery, K., Watt, M., Geiger-Brown, J., Johnson, J.V., & McPhaul, K. Safety climate and workplace violence prevention in state-run residential addiction treatment centers. *Work*, 42(1), 47–56. https://doi.org/10.3233/WOR-2012-1330
- Andersen, L.P.S., Biering, K., & Conway, P.M. (2023). Negative acts as risk factor for work-related violence and threats from clients towards employees: A follow-up study. *International Journal of Environmental Research and Public Health*, 20(4), 3358. https://doi.org/10.3390/ijerph20043358
- Occupational Safety and Health Administration. (2016). *Guidelines for preventing workplace violence for healthcare and social service workers* (OSHA 3148-06R 2016). U.S. Department of Labor. https://www.osha.gov/Publications/osha3148.pdf
- McPhaul, K.M., London, M. & Lipscomb, J.A. (2013). A framework for translating workplace violence intervention research into evidence-based programs. *The Online Journal of Issues in Nursing*, 18(1), 1–13. https://doi.org/10.3912/OJIN.Vol18No01Man04References

*Not a complete literature review.

Resources to Help with Compliance

- American Society for Healthcare Risk Management. (2023). *Healthcare facility workplace violence risk assessment toolkit*. https://www.ashrm.org/resources/workplace-violence-download

- Includes a readiness survey for leadership and a checklist for proactive prevention and reactive response to different types of workplace violence
- American Society of Safety Professionals. (2019, December). *ASSP GM-Z10.101-2019 Guidance manual: Keep your people safe in smaller organizations*. https://store.assp.org/PersonifyEbusiness/Store/Product-Details/productId/201243100?_ga=2.255723656.1662396782.1696349487-1994192864.1680878102
  - The document is free, but registration is required. It is also a guidance manual for ANSI/ASSP Z10.0.
- Oregon Association of Hospitals Research and Education Foundation. (2020.) *Stop violence in health care, workplace violence in hospitals: A toolkit for prevention and management*, 2nd Edition. https://d1o0i0v5q5lp8h.cloudfront.net/oahhs/live/assets/documents/documents/Workplace%20Safety%202020%20Updates/WPV%20Toolkit%20All%20Sections%202020%20-%20full.pdf
  - Comprehensive toolkit includes worksheets, tips, and examples of forms, policies and plans.
- Occupational Safety and Health Administration. (2016). *Guidelines for preventing workplace violence for healthcare and social service workers* (OSHA 3148-06R 2016). U.S. Department of Labor. https://www.osha.gov/Publications/osha3148.pdf
- Joint Commission. (2023). *Workplace violence prevention compendium of resources*. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/compendium_final-1.pdf?sc_lang=en&hash=0FB1323AFB6A27F69426F5B66E06DD5B

Cited References

Bride, B.E., Choi, Y.J., Olin, I.W., & Roman, P.M. (2015). Patient violence towards counselors in substance use disorder treatment programs: Prevalence, predictors, and responses. *Journal of Substance Abuse Treatment*, 57, 9–17. https://doi.org/10.1016/j.jsat.2015.04.004

Hawkins, D., & Ghaziri, M.E. (2022). Violence in health care: Trends and disparities, Bureau of Labor statistics survey data of occupational injuries and illnesses, 2011–2017. *Workplace Health & Safety*, 70(3), 136–147. https://doi.org/10.1177/21650799221079045

Kim, S., Kitzmiller, R., Baernholdt, M., Lynn, M.R., & Jones, C.B. (2023). Patient safety culture: The impact on workplace violence and health worker burnout. *Workplace Health & Safety*, 71(2), 78–88. https://doi.org/10.1177/21650799221126364
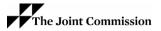
Liu, J., Gan, Y., Jiang, H., Li, L., Dwyer, R., Lu, K., Yan, S., Sampson, O., Xu, H., Wang, C., Zhu, Y., Chang, Y., Yang, Y., Yang, T., Chen, Y., Song, F., & Lu, Z. (2019). Prevalence of workplace violence against healthcare workers: A systematic review and meta-analysis. *Occupational & Environmental Medicine*, 76(12), 927–937. https://doi.org/10.1136/oemed-2019-105849

Longton, J. (2015). A look at violence in the workplace against psychiatric aides and psychiatric technicians. *Monthly Labor Review,* U.S. Bureau of Labor Statistics. https://doi.org/10.21916/mlr.2015.4

Nasa, P., Jain, R., & Juneja, D. (2021). Delphi methodology in healthcare research: How to decide its appropriateness. *World Journal of Methodology*, 11(4), 116–129. https://doi.org/10.5662/wjm.v11.i4.116

Shang Z. (2023). Use of Delphi in health sciences research: A narrative review. *Medicine*, 102(7), e32829. https://doi.org/10.1097/MD.0000000000032829

Yeh, T.F., Chang, Y.C., Feng, W.H., Sclerosis, M., & Yang, C.C. (2020). Effect of workplace violence on turnover intention: The mediating roles of job control, psychological demands, and social support. *Inquiry*, 57. https://doi.org/10.1177/0046958020969313

The Joint Commission

A special thanks to the following contributors:

Technical Advisory Panel (TAP) Members

Judith E. Arnetz, PhD, MPH, PT
Kacie Chase, MBA
John Dahunsi, DNP, MPH, PMHNP-BC
Tara Delmonico, LICSW
Lynda A. Enos, RN, BSN, MS, COHN-S, CPE
Jonathan Hochmuth, PhD
Gretchen Johnson, DNP, MSN, RN-BC
Tyler Kerns, LPC
Amelia Roeschlein, DSW, LMFT
Kelly Ryan, PsyD
Clifford A. Smith, PhD
Dustin Tibbits, LMFT
Lynn Van Male, PhD, CTM
Marian Weaver, BA