



POSITION STATEMENT

Preventing Workplace Violence: The Occupational and Environmental Health Nurse Role

INTRODUCTION

Workplace violence (WPV) is a significant occupational health and safety issue that continues to be a major concern for employees and employers across the United States (National Institute for Occupational Safety and Health [NIOSH], 2014, 2019; Occupational Safety and Health Administration [OSHA], (n.d., 2002). It can occur inside or outside the workplace and may involve criminal intent. Violence resulting from a client/customer relationship is the most common type of WPV in healthcare settings, however it may also occur in a worker-on-worker type relationship or result from a personal relationship.

The American Association of Occupational Health Nurses (AAOHN) along with other professional healthcare associations support a culture of safety and a zero-tolerance policy toward WPV.

RATIONALE

The impact of WPV ranges from psychological to physical injury and may involve fatal or non-fatal injury (NIOSH, 2019). WPV occurs when there is an act or threat of violence directed toward workers. This may include:

- harassment,
- intimidation,
- threatening or disruptive behavior including threats and verbal abuse,
- physical assault, and
- homicide.

Workplace violence may involve employees, clients, customers, and visitors (OSHA, n.d.). Despite underreporting of WPV, acts of violence and other injuries was listed in 2019 as the third-leading cause of fatal occupational injuries in the United States, with 453 of intentional fatal injuries resulting from homicide (U.S. Bureau of Labor Statistics, 2019).

No one is immune to WPV as it can impact all types of industries. Certain workers and worksites may have an increased risk of violence. These include worker or worksites that (OSHA):

- exchange money with the public,
- work with volatile, unstable people,
- work alone or in isolated areas,
- provide services and care where alcohol is served,
- operate at atypical times of day or locations, such as working late at night/early in the morning, or in areas with high crime rates.

Higher-risk workers include: delivery drivers, healthcare professionals, public service workers, customer service agents, law enforcement personnel, and those who work alone or in small groups (OSHA).

Preventing and mitigating violence in the workplace requires a systematic framework based on OSHA's five major elements:

- management commitment and employee involvement,

- worksite analysis,
- hazard prevention and control,
- safety and health training, and
- recordkeeping and program evaluation.

The best protection employers can offer is to establish a zero-tolerance policy toward WPV against or by their employees by establishing a comprehensive WPV prevention program.

The American Association of Occupational Health Nurses, Inc. (AAOHN) is committed to supporting a culture of health and safety in the workplace and endorses the implementation of an evidence-based workplace violence prevention program to ensure that no incidence of violence is tolerated. The Occupational and Environmental Health Nurse (OHN) is poised to lead the workplace violence prevention team by implementing a comprehensive WPV prevention program that includes policy, advocacy, and education to encourage endorsement by all stakeholders. AAOHN has implemented several programs and resources to support this objective.

RECOMMENDATIONS

To support the objective of implementing effective, evidence-based workplace violence prevention programs to protect workers from all types of WPV, AAOHN has initiated several programs. These include promotion of legislation, regulatory and workplace policies, advocacy, research, and education as well as the use of clinical practice tools such as the Workplace Violence Prevention Resources. OHNs can reduce WPV by adopting these strategies and resources to prevent and mitigate WPV and promote a culture of safety and respect within their practice settings.

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