

## **Establishing a Culture and Practice of Zero Tolerance toward Workplace Violence**

**Background:** There is much variability in resources offered to healthcare caregivers to prevent and respond to workplace violence, as there are no specific federal regulations mandating workplace violence prevention programs. Educating employees on preventing and responding to workplace violence may help prepare staff to prevent episodes of violence or reduce employee injury; however, there has not been extensive research on this topic.

**Local Problem:** A culture and practice of zero-tolerance toward workplace violence by frontline caregivers and leadership is needed as a baseline for meaningful change. The zero-tolerance culture includes reporting every incident followed by a response by leadership for every incident. This will allow for solid baseline data on the frequency of events and injury, which provides leadership with metrics to analyze the success of workplace violence prevention programs. The education for staff on a zero-tolerance policy and associated resources can have a positive impact, as seen in the literature.

**Methods:** This project will take place at a level one trauma, academic medical center. The project will focus on establishing a culture and practice of zero-tolerance toward workplace violence in the health system. The project was approved through the organization and JMU IRB. A pretest posttest design will be used to measure outcomes. Descriptive statistics will be used and collected data will provide baseline metrics for the workplace violence prevention program to utilize and trend. Data sources will include: Behavioral Emergency Response Team (BERT) call data, Threat Assessments performed by the organization's Security and Police, use of private security officers, and reports of assaults from the quality reporting system and Employee Health documentation. The data will focus on frequency of events. The National Database of Nursing Quality Indicators (NDNQI) nursing sensitive quality indicator for assaults on nursing personnel will be incorporated as part of the health system's dashboard of metrics. The NDNQI quality indicator will provide unit-level data and comparatives for workplace violence that leads to assaults on nursing personnel. The results of the combined metrics will include all patient-facing employees.

**Interventions:** Patient-facing employees will be educated on: a new and revised zero-tolerance policy, frequency of events, disruptive behaviors as early-warning signs, and the reporting and response to events as imperative. This will ultimately support fostering the culture of zero-tolerance toward workplace violence as everyone throughout the health system will have access to the NDNQI metric and may respond accordingly.

**Results:** Results pending. The data will be trended during and post-project implementation, and it is anticipated that the data related to resource use (BERT, threat assessments, and private security) will increase as the culture of zero-tolerance is spread.

**Conclusions/Implications:** This project will provide the opportunity to change the culture toward workplace violence, increase reporting, and educate employees on the frequency of violent events and available resources for prevention and response. This will allow the workplace violence prevention program to focus efforts on identified areas of improvement and prevent injuries related to workplace violence from occurring.