

## Stop The Bleed:

### How a Standardized Policy and Reporting May Assist Healthcare Organizations with Tackling the Workplace Violence Crisis

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#### Abstract

Workplace violence in healthcare settings is a growing concern, with healthcare workers facing significantly higher risks of physical and verbal assaults compared to other professions. Despite the prevalence and severity of these incidents, there remains a critical lack of standardized policies across institutions and jurisdictions to address and mitigate workplace violence. This inconsistency contributes to underreporting, inadequate preventive measures, and insufficient support for affected staff. This article highlights the urgent need for comprehensive, evidence-based national standards and policy frameworks to ensure the safety and wellbeing of healthcare workers, improve reporting mechanisms, and foster a culture of zero tolerance for violence in healthcare environments.

Violence against nurses and healthcare workers has become increasingly prevalent within the United States, as evidenced by the recent tragic assaults in both Pennsylvania and Florida. Only 33% of nurses report feeling safe within their work environment,<sup>1</sup> with many experiencing long-term impacts, including PTSD, anxiety, and depression. National Nurses United (NNU) conducted a survey of nearly 1000 nurses, with data gathered between January 1 and December 31, 2023.<sup>2</sup> More than 67% of nurses surveyed responded they were verbally threatened, and 38.7% reported being physically threatened.<sup>2</sup> Currently, no standardized national system for tracking and reporting incidents exists within the United States, posing challenges to reporting, tracking, and follow-up systems.<sup>1</sup> Has a societal shift occurred that contributed to the acceptance of violence against healthcare workers, or is the lack of policy and tracking systems creating that perception?

While no federal law currently exists to protect healthcare workers from workplace violence (WPV), legislation has been established at the state level. Federal policy has been established in WPV prevention efforts by encouraging security protections, recognition of behavior indicators, employee assistance, and education initiatives.<sup>3</sup> However, they do not *require* WPV protections, though some states have sought legislative solutions, including mandatory establishment of a comprehensive prevention program for healthcare employers, and increased penalties for those convicted of assaults of a nurse and/or other healthcare personnel. Delaware Nurses Association supported DE *House Bill 324*, which was enacted in June 2022 making it an assault in the 2nd degree, class D felony, to intentionally cause physical injury to an ambulance operator, a rescue squad member, licensed practical nurse, registered nurse, paramedic, or licensed medical doctor while such person is performing a work-related duty.<sup>4</sup>

The Joint Commission also developed WPV prevention standards because of increased violent attacks within the healthcare setting, often attributed to inadequate staff training, lack of follow-through regarding threatening behaviors, and lack of standardized policies to address these events. The WPV standards serve as a framework that organizations may apply based on their

interpretation and available resources. However, variations in how the framework is implemented can occur. An urban hospital located in a major metropolitan area will have access to additional resources (i.e., increased staff and revenue) when compared to more rural hospitals. Thus, the framework does not account for disparities despite similar threats and potential for WPV.

A standardized policy with a streamlined reporting capability would allow organizations to collect data and analyze trends. The lack of a centralized database makes it challenging to track incidents. The collection of robust data, or “data dashboards,” would better allow organizations to identify opportunities for the implementation of prevention and de-escalation practices that better promote the safety and wellbeing of staff. In addition, the data would allow organizations to identify trends or culminating factors that may enable them to better prepare and prevent violence from escalating.

According to the Occupational Safety and Health Administration (2023), 75% of all reportable workplace violence events occur in healthcare.<sup>5</sup> Without a standardized system for tracking and reporting, there is no way to accurately trend occurrences of violence in the workplace. Opportunities exist to develop and implement reporting standards, both physical and non-physical, when they occur. Multiple barriers exist that do not allow for appropriate reporting and follow-up actions. Barriers may include fear of retaliation, financial burden of missed work, and perceptions that reporting will not lead to change. Reporting can also be time-consuming and tedious, particularly when staff feel overwhelmed with daily tasks. Reporting can also be viewed as “*just one more thing*” to add to a daunting list of things to do. Leadership may overcome reporting barriers by engaging and encouraging staff to report incidents and providing supportive resources. Staff should receive regular education and updates regarding reporting and follow-up policies and procedures. Reporting should not simply identify an incident but lead to meaningful change within the organization. Once staff begin to observe positive changes in workplace safety, they may feel more empowered and inclined to report future incidents. As policies are further developed, increased engagement and improved staff perception regarding workplace safety may be realized.

It is also critical to identify potential violent behavior through early intervention and de-escalation strategies, as well as implementing follow-up protocols. It is not enough to simply say there is a “no tolerance policy” without any implementation and adherence to consequences. Nursing is a team sport, and WPV requires a hands-on approach to empower staff to use their voices. As nursing burnout rates continue to increase, the negative impacts can be observed in patient safety, quality of care, provider wellbeing, and nurse retention.<sup>6</sup> A NCSBN 2023 survey reported nearly half of surveyed nurses experienced stress and burnout, with over 600,000 expected to leave the workforce by 2027 because of these factors.<sup>6</sup> It would be irresponsible and foolish to assume that the perceived or actual threat of violence is not a contributing factor to feelings of burnout. According to an article from Clinical and Transitional Research regarding workplace violence against nurses, “more than 70% of nurses are constantly worried about being a victim of WPV. These stresses decrease job satisfaction and increase constant psychological stress, which negatively affects nurses’ work and personal life. All forms of violence result in psychological stress.”<sup>7</sup>

Workplace violence against nurses is a serious and growing concern that demands immediate and unified action. Without standardized national policies and effective reporting systems, healthcare workers remain at risk, and meaningful change is delayed.

While I was generally aware of WPV, the Nursing Research Fellowship in Robotics and Innovation at ChristianaCare provided me with an opportunity to grow as a leader and gain new knowledge that can be applied to this topic. My fellowship mentors helped me to explore the issue, which led to my ability to recommend strategies to address WPV in my workplace environment.

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## References

1. American Organization for Nursing Leadership. (2024, December 12). *Workplace Violence Prevention Leadership Symposium*. <https://www.aonl.org/foundation/workplace-violence-prevention-symposium>
2. National Nurses United. (2024, Feb 5). *NNU report shows increased rates of workplace violence experienced by nurses*. <https://www.nationalnursesunited.org/press/nnu-report-shows-increased-rates-of-workplace-violence-experienced-by-nurses>
3. American Nurses Association. (2025, Mar 13). American Nurses Association position statement on workplace violence. <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/incivility-bullying-and-workplace-violence/>
4. Delaware, H. B. 324. An Act to Amend Title 11 of the Delaware Code Relating to Assault. 2022. <https://legis.delaware.gov/BillDetail/79181>
5. Security Magazine. (2023, Apr 28). Delaware hospital cited by OSHA for failing to stop workplace violence. <https://www.securitymagazine.com/articles/99273-delaware-hospital-cited-by-osha-for-failing-to-stop-workplace-violence>
6. National Council of State Boards of Nursing. (2023, Apr 13). NCSBN research projects significant nursing workforce shortages and crisis. <https://www.ncsbn.org/news/ncsbn-research-projects-significant-nursing-workforce-shortages-and-crisis>
7. Kafle, S., Paudel, S., Thapaliya, A., & Acharya, R. (2022, September 13). *Workplace violence against nurses: a narrative review*. U.S. National Library of Medicine. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9536186/>

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