

American Nurses Association Position Statement on Workplace Violence

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Written By: ANA National Workplace Violence Prevention Committee

I. Purpose

This statement articulates the American Nurses Association (ANA) position regarding responsibilities of nurses and employers to share and sustain a culture of respect, which is free from workplace violence (WPV). Employers across the health care continuum, including academia, have an ethical, moral, and legal responsibility to provide a healthy and safe work environment ‘free from recognized hazards that are causing or likely to cause death or serious physical harm’ (Occupational Safety Health Act [OSH Act], 1970) for nurses and all members of the healthcare team. Patients, their families, and the surrounding community also deserve access to safe health care environments.

II. Statement of ANA position

ANA’s *Code of Ethics for Nurses with Interpretive Statements* details that nurses are required to “create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect” (ANA, 2025). Thus, the nursing profession will not tolerate violence of any kind, including physical, verbal, or sexual from any source.

All nurses and employers in all settings, including practice, academia, and research, must collaborate to create a culture of respect. The best evidence-based practices must be implemented to prevent and mitigate workplace violence; to promote the health, safety, and wellness of nurses; and to ensure optimal outcomes across the health care continuum.

This position statement, although written specifically for nurses and employers, is also relevant to other health care professionals and decision makers who collaborate to create and sustain a safe and healthy interprofessional work environment.

III. Workplace violence

Definition

Workplace Violence is any act or threat (intentional or non-intentional) of physical violence, harassment, intimidation or other threatening, disruptive behavior from any individual including care recipients, students, family members, colleagues or co-workers,

and outside individuals. It includes but is not limited to verbal, physical, sexual, and psychological assaults

The Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health (NIOSH) classifies workplace violence into four basic categories. These workplace violence types are relevant to nursing and the broader healthcare sector.

- **Type I:** Involves “criminal intent.” In this type of workplace violence, “individuals with criminal intent have no relationship to the business or its employees.”
- **Type II:** Involves a customer, client, or patient. In this type, an “individual has a relationship with the business and becomes violent while receiving services.”
- **Type III:** Violence involves a “worker-on-worker” relationship and includes “employees who attack or threaten another employee.”
- **Type IV:** Violence involves personal relationships. It includes “individuals who have interpersonal relationships with the intended target but no relationship to the business” (NIOSH, 2006, 2013)”.

IV. Background

The term workplace violence is well known in the nursing community. Healthcare and social assistance workers (including nurses) are at six times more risk of workplace violence events in comparison to all other industries (OSHA, 2023). Workplace violence, including physical and verbal violence by care recipients and co-workers, has steadily increased, rising in tandem with the staffing crisis that predates the pandemic. The Bureau of Labor Statistics (BLS) (2020) data shows that the rate of violence jumped 175% in hospitals, 95% in psychiatric and substance abuse facilities, and 63% in home health facilities in 2020 compared to 2019 (BLS, 2020). Press Ganey (2022) released data indicating an increase in reported assaults in the acute care setting to an average of two nurses every hour. Workplace violence is vastly underreported due to the misguided perception that violence is “part of the job” and employers’ reluctance to admit that there is a problem (ANA, 2019). Employers choose not to report if the employee is not injured during the incident. Other reasons for underreporting include whether the employee is injured after the violent incident, the perceived intent of the patient, someone other than the victim reports the incident, complicated reporting systems, lack of supervisor support, fear of retaliation, and fear of reporting due to peer or administrative pressure (ANA, 2019; Spencer et al., 2023).

The extent of workplace violence has a profound negative effect on the nursing community. Those who have experienced workplace violence know how physically and emotionally detrimental these events are. The negative outcomes related to these events and ongoing risks of violence include burnout, depression, and dissatisfaction with their workplace (Kim et al., 2022). Inadequate nurse staffing, burnout, and patient safety are all cyclically linked to workplace violence. The Occupational Safety and Health Administration (OSHA) lists inadequate staffing as an organizational risk factor for workplace violence, especially

during mealtimes and visiting hours. (OSHA, 2016). Addressing staffing and patient safety holistically can reduce burnout and decrease the likelihood of workplace violence. (Kim et al, 2022).

Healthcare workers are not the only ones who face the consequences of the continued increase in workplace violence. Patient safety and workplace violence are inextricably linked issues. Nurses begin to lose motivation and career satisfaction, which ultimately leads to poor quality of care and increased patient safety concerns (Dadfar & Lester, 2021). Kim et al. found that in most instances, a positive patient culture was associated with lower workplace violence and lower workforce burnout scores (Kim, et al., 2022). Nurses who are subject to higher levels of Type 2 and Type 3 violence are more likely to experience patient falls, delays in care, and clinical or medication errors due to working in an unsafe environment (Stafford et al., 2022, Arnetz, et al., 2024). Workplace violence reaches beyond the staff and employer, as the patient's become exposed to staff who are distressed, fatigued, and experiencing mental exhaustion from working in a hostile environment.

Nurses are put at risk daily while caring for their patients. Violence should not be a part of the job for nurses or any other health care staff. Nurses should not accept violence as part of their job duties and health care systems should not tolerate any violence toward staff. Policies should reflect this standard for non-violence among staff, patients, and patient visitors. Systems must include a culture of patient and worker safety; assessment of patients for risk of violence; well defined reporting and communication protocols; and response protocols that are customized to address the root cause of violence along with training and educational programs and post incident support for victims of violence. Speaking up and acting on these issues reflects the moral stance of the *ANA Code of Ethics for Nurses with Interpretive Statements* (2025). The nursing profession must unite to push forward the changes needed to put an end to workplace violence.

Detrimental effects on the nursing profession

Workplace violence can lead to increased job dissatisfaction, reduce the attraction to the nursing profession due to fear of violence, lead to a toxic work environment, and potentially result in more nurses leaving the field (Kafle et al., 2022).

The number of nurses who intend to leave the bedside continues to remain an issue following the COVID-19 pandemic. With a shortage of nurses already being a concern across the country, this poses a risk for the future of nursing. A joint survey conducted in May 2023 by the American Nurses Foundation and McKinsey found that 41% of nurses providing direct care to patients intended to leave their current positions and 30% of nurses in direct patient roles also intended to leave. Along with these findings, 56% of nurses reported feeling symptoms of burnout, emotional exhaustion, and stress all related to their work environment (Berlin et al., 2023). Also, according to a 2023 CDC Vital Signs report, in 2022, more than double the number of healthcare workers reported harassment

than did so in 2018 – rising from 6% in 2018 to 13% in 2022. The impact of this harassment on healthcare workers’ mental health is substantial. Workers who experienced harassment at work were also more likely to report feelings of anxiety, depression, and burnout (CDC, 2023). With these findings, the nursing field is at serious risk, leaving the questions of who will be caring for the future generations of patients and what will be the long-term impact on nursing.

The next generations of nurses are acutely aware of the staffing and workplace violence crises. Nursing students completing clinical hours in any health care setting are subject to the same type of violence that seasoned nurses are facing. The early exposure of students to workplace violence can also leave lasting negative impacts that result in the students deciding to leave the profession (Warshawski, 2021). Recent studies have also shown that students have been facing a significant increase in violence while completing their clinical time (Warshawski, 2021). More training programs are needed to prevent WPV starting at the student level and continuing through the nurses’ careers. Further studies are needed to help determine what impact educational institutions are facing from the potential decrease in the nursing student population.

Financial Ramifications

Decreased productivity can occur following incidents of workplace violence. Employee retention can also become more difficult. Yet the total financial cost of such actions is very difficult to calculate (Laschinger, 2014). According to the National Safety Council “work-related deaths and injuries (for all causes) cost the nation, employers, and individuals \$171 billion in 2019.” (OSHA Business Case). “Workplace violence costs the United States \$151 billion per year, with an average of \$250,000 per incident. These figures do not capture hidden costs of WPV-related incidents such as emotional pain, depression, isolation and anxiety” (U.S. Department of Labor, 2022).

Nurse health and career consequences

Workplace violence can have a negative impact on individuals in both their personal and professional lives. The repeated psychological distress caused by workplace violence has been shown to induce sleep disorders, fatigue, and post-traumatic stress disorder, leading to nursing and healthcare worker burnout (Kafle et al., 2022). Longer-term impact on the nursing profession has previously been noted

Gun violence on the rise

The increase in gun violence in health care settings is another alarming aspect of workplace violence. Although the mortality rate of firearms varies across the United States, gun violence is considered a public health issue across the country (Silver et al., 2023). The surgeon general declared firearm violence a public health crisis in 2024. (U.S. Surgeon General’s Advisory, 2024). Unfortunately, the stories of patients or visitors entering a

healthcare facility and using a firearm to intentionally harm staff are becoming more common. More action needs to be taken at both the federal and state government levels to utilize evidence-based interventions (AAN, 2022). Health care systems can also create zero-tolerance policies based on these evidence-based prevention measures, such as active shooter preparations and hospital-based intervention programs to address the root causes of violence in the surrounding community to keep both health care staff and patients safe (HAVI, 2023).

V. Responsibilities of nurses and employers

The physical, psychological and emotional safety of nurses is linked to better patient care outcomes and care experience (Institute for Healthcare Improvement (IHI), n.d.). The IHI recognizes that effective collaboration and communication in the workplace relies on the psychological, physical, and emotional well-being of the staff members. When workplace violence enters the workplace, staff are less likely to effectively collaborate with one another due to a lack of trust and emotional distress. This has a spiral effect and ultimately patients suffer the consequences.

To create a safe environment, a holistic policy with evidence-based interventions must be installed at the health care facility. Along with effective interventions to prevent and control workplace violence, there needs to be commitment from both the employer and the employee to establish a safe work environment. Creating an environment that promotes a culture of safety and dignity is necessary to prevent workplace violence (ANA, 2025). The goal shared by everyone is to create an environment that is safe for nurses, other health care workers, patients, and visitors.

The ANA's position statement on Just Culture states that forming a "just culture" relies on having competencies in place that creates an open and fair system for appropriately holding individuals accountable for their behaviors (ANA, 2018). Respect has been consistently ranked as an important and desirable work value (Robotham & Cortina, 2021). Efforts of employers as well as of nurses among their colleagues are needed to form a culture of respect in the workplace.

Through the OSH Act of 1970, the general duty clause requires employers to keep a safe place of employment and for each employee to comply with safety standards and all rules (OSH Act, Section 5(a)(1)). OSHA enforces the OSH Act and recognizes that in the health care industry, workplace violence is a hazard, and it holds employers to the same expectations as for other hazards regarding keeping employees safe (OSHA 2017).

The following sections include recommendations for both the employer and the employee on how to mitigate workplace violence. The goal is that both employee and employer can work together and form a culture of safety and that leads to reducing violence. The term "employer" refers to the health care organization, agency, system, corporation, academic setting, business, or any person that employs or contracts the nurse (ANA, 2025). Nurse

leaders are also part of this definition as they are responsible for education and the application of policies and procedures for all nurses (ANA, 2025) The term “employee” is specified for nurses. However, these recommendations may be used for all healthcare professionals and stakeholders who collaborate to form a culture of safety in the workplace or interact with patients.

VI. Recommendations for addressing workplace violence

Recommendations for nurses

The following interventions should be used by the nurses to address vulnerabilities and improve interprofessional relationships, reduce the incidents and their consequences, and decrease the negative impacts associated with workplace violence.

How nurses treat each other

1. As a nurse you should commit to working with peers to establish healthy interprofessional relationships with all healthcare team members.
2. Nurses must be aware of how they communicate with peers. To strive for excellent communication skills, the nurse must be self-aware, participate in conflict resolution training, work on active listening skills and therapeutic communication, attend diversity training, and participate in communication courses offered by their employer, an academic institution or continuing education courses.

Workplace violence policies

1. Nurses are responsible for being familiar with their organization’s workplace violence policies and procedures. If there are none in place, nurses should work with other colleagues to form them.
2. Nurses should act civilly to each other with respect, kindness, and dignity. Nurses of all levels should participate in their facility’s Workplace Safety Committee, providing input regarding policies, procedures and reporting; giving guidance to other staff in combatting workplace violence; and continually evaluating and improving workplace violence prevention initiatives.
3. Nurses should encourage their peers to be alert and aware of their surroundings, quickly recognize situations that can evolve into an incident, and report all workplace violence incidents, based on the facility policies.
4. The nurses should participate in workplace violence programs, training or educational opportunities offered by their employer or health care organization.
5. Nurses should use and encourage their peers to use existing environmental controls that are integrated into the policies and procedures (panic buttons, visitor access badge, employee badge, security personnel, code words, de-escalation, crisis teams, etc.)

6. Nurses should use the appropriate tools when reporting workplace violence incidents and participate in any post-incident meetings.

Schools of nursing

Nurses should advocate for robust education about WPV in all schools of nursing as students should be familiar with workplace violence policies and procedures, how to advocate for their safety, and what to do if they are a victim of or witness to WPV.

Post incident actions

1. Nurses should support or express empathy to colleagues, patients, visitors, or bystanders affected by workplace violence.
2. Nurses should use resources offered by the employer such as counseling, stress reducing programs, and trauma, grief or bereavement services as needed.

Recommended resources

- a. American Nurses Association. (2025). *Code of Ethics for Nurses with Interpretive Statements*
- b. American Association of Critical-Care Nurses. (2016). *Standards for Establishing and Sustaining Healthy Work Environments*
- c. Workplace Bullying Institute (N.d.). “3-Step Target Action Plan”. (Purchase required for action plan)
- d. American Academy of Ambulatory Care Nursing. (2023). *Position Statement on Workplace Violence, Incivility, and Bullying in Ambulatory Care*
- e. National Institute of Occupational Safety and Health. (2013). Online training titled “Workplace Violence Prevention for Nurses”

Recommendations for employers

The following interventions should be used by employers to promote a culture of safety that can facilitate effective workplace violence programs within the workplace. The organization’s mission, vision, philosophy and values should align with a culture of safety and respect that mitigates workplace violence.

Comprehensive prevention program

Employers must develop a comprehensive violence prevention program that aligns with “Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers” and state WPV and accreditation regulations as applicable. Program elements should include the following:

1. The commitment of the employer is the foundation of an effective workplace violence prevention program. Health care workers should be involved in all elements of program planning, implementation, and evaluation as they have the frontline expertise to recognize violence and identify solutions.
 - a. Establish an interprofessional safety committee or workplace violence prevention committee that contains both employer and employee involvement in planning, implementing, evaluating and sustaining the prevention program.
 - b. Provide a thorough worksite analysis to identify trends and risk factors for violence.
 - i. Plan to use all available data sources, which may include OSHA logs, injury reports, workers' compensation data, safety or security incident information, and employee surveys.
 - ii. Conduct an analysis of each unit or department within an organization; pay special attention to those areas where incidents of WPV have occurred.
 - iii. Develop a mechanism or plan to review and track incidents of violence by organizational-, environmental-, patient-, unit-, and employee-level risk factors.
 - iv. Schedule regular walk-throughs of all areas of the organization and enlist clinical employees who will identify potential vulnerabilities related to the physical design, security procedures and work processes and develop a plan to address them.
 - c. Repeat the analysis at least annually or as needed.
2. The prevention and control measures should be designed in accordance with the result of the worksite analysis.
 - a. All engineering controls may include modifying the physical layout of admissions areas, nurses' stations, and rooms; ensuring adequate lighting; limiting access to certain areas to improve line of sight, providing barriers and reducing noise; monitoring systems such as close-circuit video surveillance systems and doors with windows in treatment rooms; and securing or eliminating furniture or equipment that may be used as weapons.
 - b. The engineering controls may also include the use of personal alarm devices, panic buttons, and cellular phones that can be used to access assistance quickly. Those items must be made available to employees in work areas with a high risk of violence.
 - c. The administrative controls may include developing policies and procedures, establishing facility wide codes (such as active shooter or disruptive patient codes), and conducting training and education sessions.
 - d. Establish work practice controls should include an effective injury reporting system; an assessment to determine patient risk of violence and risk communication protocols; violence response procedures that are

- customized to the cause of violence; use of behavioral health rapid response teams to support early intervention to avoid WPV; post-incident investigation and staff debriefing to determine the cause of violence and to determine how to prevent future incidents; physical and psychological support of staff who are victims or witnesses of violence.
3. Provide training and education for all employees and relevant stakeholders to ensure familiarity with elements of the workplace violence prevention program. The employer should allow staff on all shifts the time to attend training.
 - a. Training will occur at least at employee time of hire and annually. Other occasions for training include starting a WPV program, when changes occur regarding the WPV prevention program, or when employees move to a new department/unit
 - b. Trainings need to be tailored to the type of setting the employees work in
 - c. Information regarding the frequency of violence in health care settings and risk factors; techniques such as conflict resolution, de-escalation, self-defense, and situational awareness, and how to report incidents should be included in the training.
 - d. Training should help employees become self-aware of what work stressors are impacting them
 - e. Consider mock drills of crisis situations for employees
 - f. WPV education and training should be customized for the needs of the employees and based on the hazards or risk of violence in their work area

Organizational culture

1. Employers will commit to having a work environment that promotes kindness and dignity between colleagues with respectful communication between everyone in the organization. A nonpunitive work environment encourages reporting of events and encourages employees to offer input on changes to the system. A zero-tolerance policy may not be appropriate. If a zero-tolerance policy is instated for any form of workplace violence, an explanation of what these entails should be included.
 - a. The policy must outline where and how to report incidents
 - b. The policy must state that there will be no repercussion for reporting events. OSHA provides guidance regarding the protection for whistleblowers (OSHA, 2022)
 - c. The investigation must follow the policy protocol. The investigation must be conducted by a designated person or a multi-disciplinary committee.
 - d. The policy must outline who will be involved with the enforcement of zero-tolerance rules (ex: management, human resources staff, leadership etc.).
2. Employers must ensure that human resources personnel follow procedures to minimize any possibility of retaliation and to enforce organization policies and professional codes.

3. Employers will also provide the same level of resources, interventions, planning, and any other tools to instill evidence-based gun safety policy and procedures within the organization. (ANA, 2014).
4. Employers must always have appropriate staffing to instill a healthy work environment and patient safety.
5. Employers must accommodate employees who refuse to provide healthcare to recipients or should reassign them if a care recipient or a family member assaults them.
6. Employers must continue to evaluate and conduct continuous improvements to the workplace violence prevention programs as needed.

Education

Employers must provide all employees on all shifts with educational sessions and resources that address workplace violence, conflict resolution, prevention strategies, and respectful communication and discuss all applicable policies at these sessions. Details of the consequences of not following the organization's policies also should be discussed.

Reporting

1. Employers develop a method for reporting, tracking, and evaluating all WPV incidents including near misses.
2. Employers must investigate all reports and all suspicious activity or threats
3. Employers must review all workplace violence reports with the interprofessional safety or WPV committee to identify program and/or process weaknesses and then develop, implement and evaluate strategies to prevent the problem from recurring. Findings from incident analysis, including strategies to mitigate future risk, must be shared with all employees.
4. The Employer and the committee will conduct a root cause analysis following all violent events.

After incident support

1. Employer will arrange coverage immediately for any nurse or other individuals who needs to be relieved of their work duties following any violent incident (e.g., to speak with law enforcement, seek health services, or report an incident).
2. Employers will provide continuous support, including reassignment or accommodation to employees who have experienced a violent event.
3. Employers will provide support, bereavement or grief services to all employees, patients, bystanders, and survivors of violent events.
4. Employers will acknowledge any loss of persons involved in a workplace violence event.

Academic setting

Academic nursing leaders also have a duty to educate and notify student nurses of workplace violence, its impact, and prevention theories. Nursing leaders and academic faculty should work together to integrate this education into the student curriculum.

Recommended resources

- a. Occupational Safety and Health Administration. (2016). “Guidelines for preventing workplace violence for healthcare and social service workers” (Publication No. OSHA 3148-06R 2016). Retrieved from <https://www.osha.gov/sites/default/files/publications/osha3148.pdf>
- b. Clark. (2018). Development and Psychometric Testing of the Workplace Civility Index: A Reliable Tool for Measuring Civility in the Workplace.
- c. Agency for Healthcare Research and Quality (2023). “Team Strategies and Tools to Enhance Performance and Patient Safety” (TeamSTEPPS) program.
- d. American Nurses Association. (2014). Position Statement “Addressing Nurse Fatigue to Promote Safety and Health: Joint Responsibilities of Registered Nurses and Employers to Reduce Risks”.
- e. American Nurses Association. (2010). Position Statement “Just Culture”. Retrieved from https://www.nursingworld.org/~4afe07/globalassets/practiceandpolicy/health-and-safety/just_culture.pdf
- f. Berlin, et al., (2023). Understanding and prioritizing nurses’ mental health and well-being.
- g. American Nurses Association. (2020). Principles for Nurse Staffing, 3rd ed.
- h. American Organization of Nurse Leaders & Emergency Nurses Association. (2022). Toolkit for Mitigating Violence in the Workplace.
- i. The Joint Commission. (2021). Workplace Violence Prevention Standards and resource pages.
- j. U.S. Department of Labor (n.d.). Workplace Violence Program.
- k. American Nurses Association. (2025). Code of Ethics and Interpretive Statements.
- l. Institute for Healthcare Improvement. (2022). Preventing Verbal and Physical Violence across the Health Care Workforce.

Recommendations for nurses after incidents

1. Incidents should be reported immediately following the event. This includes reporting to management and completing a report through whatever reporting system has been designated by the healthcare organization.
2. Healthcare personnel should be supported in creating a detailed report of the incident that includes names of those involved, date and time of occurrence(s), frequency, witnesses, and events leading to the event. A copy should be submitted to the reporting system and a copy should be kept by the nurse.

3. Nurses should seek support following an incident. Support includes peers, employee assistance programs, and legal counsel, if appropriate. If physical and/or psychological injury/trauma has occurred, they should file a workers' compensation case.

Recommendations for employers after incidents

1. After any report of workplace violence, the employer should start a full review of the event following the health care organizations policy and procedures (ANA, 2025).
2. All written reports and other documentation of the events should be kept and reviewed. Events should continue to be monitored to identify if a pattern is emerging. Information given to the employer regarding the event should be documented and reviewed per the policies and procedures.
3. A designated party - the Safety or the WPV Committee – should review the events. This committee will provide recommendations and an after-action report.
4. The employer will inform employees that there is zero-tolerance for retaliation and consequences (per the policy) will occur if any retaliation occurs.
5. The employer is to follow up with the employee who reported the event. Ensure that the employee has support resources available, and that the health care organization has offered all possible recourse in alignment with the workplace violence policies.

VII. Federal and state policies

Federal

OSHA is responsible for creating a nationwide standard requiring healthcare and social assistance employers to implement and sustain comprehensive workplace violence prevention programs. OSHA has been researching this issue for decades and currently, under the general duty clause, cites employers for lack of preventing known workplace violence risks. However, investigations under the general duty clause require more time to prove the violation and occur only after a serious or even a fatal incident. OSHA must release their workplace violence prevention standard to protect nurses before harm occurs. OSHA's most recent guidelines on how to create an evidence-based prevention program should be the basis of this standard.

Additionally, Congress must pass the Workplace Violence Prevention for Health Care and Social Service Workers Act which would require OSHA to create the workplace violence standard within a reasonable timeframe. Under this act employers would be required to comply with an OSHA standard including interventions, as stated previously.

The Centers for Medicare and Medicaid Services (CMS) have enforcement authority that can mitigate workplace violence in Medicare certified hospitals. As stated in a November 2022 enforcement memo, Medicare conditions of participation require Medicare-certified

hospitals to provide care in a safe setting and to establish emergency preparedness protocols (CMS, 2022). The interpretation in this guidance requires that nurses and all staff also enjoy a safe environment which includes safety from violence. Citations previously have been, and should continue to be, levied when safety requirements are not met to prevent violence and harm to healthcare professionals in these hospitals.

Further research is necessary on the effectiveness of criminal penalties in preventing workplace violence. Legislation establishing or increasing penalties for workplace violence would need to be paired with research efforts showing fewer health care professionals would be harmed and that they would have easy access to pressing charges and safety in navigating the criminal legal system.

In January 2022, the Joint Commission also set new requirements for workplace violence. Any hospital or critical access hospital that is accredited by The Joint Commission is expected to uphold certain workplace violence prevention programs. These standards provide frameworks for hospitals to implement effects prevention systems, policies and procedures, reporting systems, data collection, data analysis, education to decrease violence incidents, and post-incident interventions (The Joint Commission, 2022 and 2024).

State

Some states have enacted legislation that requires workplace violence prevention programs, and some have passed laws establishing or increasing criminal penalties for assaulting first responders, health care providers and nurses (AFL-CIO, 2024). State-mandated prevention programs range from single intervention requirements, such as posting zero-tolerance posters in plain view to full programs requiring site-specific risk assessments and corresponding interventions.

There are gaps in prevention policies at the local, state, and federal levels to protect nurses and other health care providers from workplace violence. Further action is needed by government officials at all levels. We must continue to bring awareness of the issue and the need for prevention programs in a myriad of ways, such as a consensus resolution on workplace violence in health care passed at the National Lieutenant Governors Association in 2024 (NLGA 2024). Workplace violence policies must be evidence-based and involve nurse voices at each step to effectively address this long-standing crisis.

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