Despite increasing awareness, workplace violence is pervasive in health care settings. Workplace violence is unacceptable and organizations should intentionally and actively adopt a “zero tolerance” approach to all workplace violence as tolerating even low-level violence communicates a tacit approval of more severe forms of violence.\textsuperscript{1,2} TNA supports the implementation of Workplace Violence Prevention Committees in health care organizations. Such committees should include direct care nurses as members and:

- Develop and adopt facility-wide workplace violence prevention plans that are regularly evaluated for effectiveness in reducing incidents of violence.
- Include regular staff training and mandatory reporting of incidents of violence internally with a system for responding to and investigating incidents.
- Prohibit retaliation for reporting or filing charges.

Health care organizations should be required to report the creation of a Workplace Violence Prevention Committees and implementation of Workplace Violence Prevention Plans annually to the Texas Health and Human Services Commission.

\textbf{WORKPLACE VIOLENCE}

Nurses’ practice environments have a major effect on their ability to do their job and achieve positive patient outcomes. When nurses are supported, patients benefit. Unfortunately, nurses face the potential for violence from both physical and verbal abuse—including threats, confrontations, hostility, harassment, discrimination, and bullying—which can negatively affect their wellbeing and ability to care for their patients.\textsuperscript{3,4}

In Texas, around 84\% of nurses surveyed experienced workplace violence, with 80\% reporting verbal abuse and almost 50\% reporting physical violence over the course of their career.\textsuperscript{5} In 2018, the US Bureau of Labor Statistics reported an almost 70\% increase in workplace violence over the previous seven years.\textsuperscript{6} In North America, three quarters of all reported workplace assaults occur in health care settings, and health care workers have a four-times greater risk for a violence-related injury than those in the overall workforce.\textsuperscript{7,8,9}

Patients are the most common perpetrators of violence against health care workers (93\%), due to altered mental status, drug use, anxiety, and fear.\textsuperscript{8,10,11} Often, this violence could have been prevented if proper safety measures had been in place. Workplace violence has a far-reaching negative effect on the nurse practice environment. Nurses who experience
workplace violence often experience post-traumatic stress responses, missed work, burnout, or decreased productivity, and many are unable to return to the same work environment; some leave the profession altogether.\textsuperscript{12,13}

**INNOVATIVE SOLUTIONS**

Workplace Violence Prevention Committees assist organizations in reducing the incidence and severity of workplace violence through episodic investigation by identifying antecedents, patterns, and trends associated with workplace violence events and the provision of support to victims of workplace violence.\textsuperscript{14} Committees require representation from different clinical areas and support departments including human resources, occupational health, and risk management. Effective committees meet at regular intervals and report recommendations to the facility’s executive team.

HB 280 (2017) created a grant program to fund innovative approaches to reduce verbal and physical violence against nurses. Seven organizations received grant awards in 2018–2019, and six additional grants were awarded for the 2020–2021 cycle. Funded projects included equipment purchases (alarms, video or telemonitoring systems), educational programming for staff and leaders, and implementation or peer support, response teams, and a community awareness campaign. Grant recipients presented completed projects and outcomes in a series of webinars which were publicly broadcast. However, findings were limited to short-term outcomes, due to grant scope.

The nursing shortage mandates that Texas continue to take care of its nurses so they stay in the workforce to take care of its citizens. Texas must adopt policies to reduce the risk of violence in health care work environments and promote safety by intentionally implementing measures that prevent violence from occurring.

**HISTORY IN TEXAS**

TNA has an established track record of workplace advocacy for nurses that aims to improve and support their practice environments so they can focus on safely caring for their patients. Texas leads the nation in workplace protections with statutes on nursing peer review, safe nurse staffing, safe patient handling, prohibitions on mandatory overtime, and patient advocacy protections. A workplace free of violence is fundamental to a healing environment in which quality nursing care can be provided.

**LEGISLATIVE HISTORY**

**HB 1146 (2019)**

- Filed amendments to the Health and Safety Code to require health care facilities, including hospitals, free standing emergency centers, nursing homes, and home health agencies, to establish a workplace violence prevention committee to develop and implement a violence prevention plan; did not pass

**HB 280 (2017)**

- Created the Workplace Violence Prevention Grant Program; state funds were provided to various types of facilities to encourage innovative efforts at workplace violence prevention, including the Texas Center for Nursing Workforce Studies to fund innovative approaches for reducing verbal and physical violence against nurses

**HB 2696 (2015)**
• Authorized the Texas Center for Nursing Workforce Studies to conduct a study and publish results on workplace violence against nurses

HB 705 (2013)

• Enhanced the penalty for assault against emergency services personnel from a Class A misdemeanor to a third-degree felony