



Work Violence in Hospitals: Main Role of Healthcare Security Officers in Management Condition.

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Abstract:

Background: Workplace violence (WPV) in hospitals is a significant issue, particularly affecting emergency department staff. Some Health system, has implemented various strategies to address WPV, including staff education, cultural shifts, and interdisciplinary collaboration.

Aim: To evaluate the effectiveness of interventions designed to mitigate WPV in healthcare settings and highlight the critical role of healthcare security officers in creating a safe environment for staff and patients.

Methods: This study examines WPV incidents and preventive measures implemented Hospitals. It analyzes the hospital's adoption of evidence-based practices, legislative advocacy, and multidisciplinary task forces. Data from incident reporting systems, dashboards, and staff feedback were integrated to identify trends, challenges, and areas for improvement. Root Cause Analyses (RCA) and subcommittees were established to address specific concerns, including staff training and resource accessibility.

Results: WPV incidents increased during the COVID-19 pandemic due to heightened stress and patient volumes. Root causes included insufficient documentation, inadequate training, and a culture normalizing violence. Interventions such as staff education, awareness campaigns, and de-escalation training reduced WPV incidents in high-risk units. The formation of subcommittees led to a streamlined response framework, improved reporting processes, and the development of accessible resources through digital platforms.

Conclusion: Despite persistent challenges, the hospital's multidisciplinary approach has demonstrated progress in addressing WPV. Empowering staff with clear guidelines, robust training, and a zero-tolerance policy is critical for sustainable improvement. The role of healthcare security officers, alongside organizational leadership, is vital in fostering a culture of safety and accountability.

Keywords: Workplace violence, healthcare security officers, hospital safety, zero-tolerance policy, staff training, de-escalation strategies.

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Introduction:

The University of Colorado Health (UCHealth) has been actively working to establish a culture of zero tolerance toward workplace violence (WPV). In 2011, prior to becoming part of the UCHealth system, Memorial Hospital, a city-run healthcare facility, acknowledged the profound effects of WPV incidents on its employees, particularly emergency nurses. Surveys conducted at that time indicated that approximately 70% of Memorial staff had encountered physical abuse, while 90% reported experiencing verbal abuse or threats during their work in the emergency department. These findings paralleled the 2011 Emergency Nurses Association (ENA) study, which revealed that half of the 6,504 nurses surveyed online reported experiencing verbal or physical abuse from patients or visitors within a one-week timeframe [1]. In response to these statistics at both local and national levels, Memorial Hospital created an interdisciplinary task force to evaluate and implement safety measures for staff. At that point, the hospital had already instituted a multidisciplinary behavioral health (BH) emergency response code in the emergency department, referred to as a "Code Gray," to address escalating patient-related emergencies. Furthermore, inspired by the 2013 ENA Safe Work Environment Intensive event, a team comprising UCHealth Memorial emergency nurses and behavioral health staff introduced additional WPV prevention strategies. Building on these efforts, representatives from UCHealth Memorial joined statewide advocacy in 2015 to promote legislation making assaults on healthcare providers a felony. The compelling testimony of emergency nurse Heather B. Finch played a significant role in securing the passage of Senate Bill 15-067. However, despite these dedicated efforts, UCHealth continues to confront persistent challenges associated with WPV.

In 2018, UCHealth Memorial Central achieved Level I trauma center designation, becoming the busiest trauma center in Southern Colorado and consistently ranking among the top three facilities in the state for patient volume. This increased patient load, coupled with the challenges posed by the COVID-19 pandemic, has exacerbated WPV-related issues, including higher staff turnover, a culture of acceptance, and an increase in violent incidents. Consequently, UCHealth initiated a project aimed at sharing the hospital's experiences and actions to mitigate WPV. In February 2022, a literature review was undertaken to explore current best practices, evidence-based toolkits, and position statements from multiple organizations, including the American Nurses Association, Occupational Safety and Health Administration, American Organization for Nursing Leadership, ENA, The Joint Commission, and the International Association for Healthcare Security and Safety. The review reinforced the importance of driving cultural change to eliminate the acceptance of WPV [2,3,4]. One critical finding emphasized that the responsibility for WPV awareness and prevention lies with every member of the organization, necessitating leadership support at all levels [2,3,5,6]. Key focus areas identified in the review included conducting risk assessments, establishing outcome metrics, and developing guiding policies and protocols. Staff-oriented interventions, such as fostering a reporting culture and enhancing education and training programs, were also highlighted as essential components of a robust WPV prevention framework [2,3,4,5,6]. The ENA and American Organization for Nursing Leadership WPV toolkit provided a practical, user-friendly framework for prioritizing the committee's efforts [5].

Despite these measures, the frequency of WPV events increased during the COVID-19 pandemic, reflecting a trend observed at other institutions, where higher coronavirus positivity rates correlated with increased violence [10]. Various factors contributed to this rise in violent incidents, but a common theme was the need for a cultural shift within the organization. Staff often normalized violent incidents, refraining from documenting or notifying leadership, which hindered understanding of the true extent of WPV events. To address this, staff require clear guidance on documenting incidents, escalating concerns, and, when appropriate, involving law enforcement. Without such measures, staff risk continued exposure to verbal and physical violence, further perpetuating the acceptance of WPV as part of the job. In early 2022, UCHealth Memorial launched a "zero tolerance" campaign to reduce violent events. This initiative included placing signs in patient rooms and banners in lobbies to inform patients and visitors of unacceptable behaviors. However, insufficient education about the campaign's principles led to confusion and frustration among care teams. Additionally, many violent incidents involve patients with cognitive impairments such as dementia or delirium, adding complexity to managing WPV. Addressing these challenges requires

comprehensive preparation, education, training, and documentation to equip staff with the necessary tools to manage such situations effectively. Without this, the perception that violence is an inherent part of the job persists, perpetuating a culture of acceptance.

In March 2021, UCHHealth Memorial began restructuring its approach to WPV. The nurse administrator initiated a review of occurrence reports during daily safety huddles, identifying an increase in violent incidents resulting in staff injuries. This review highlighted the need to overhaul WPV policies, protocols, and the committee structure. In August 2021, the Chief Nursing Officer (CNO) assumed responsibility for leading the WPV committee as an executive sponsor. Recognizing the importance of bedside nurses' involvement, the CNO appointed an emergency nurse to co-chair the committee. The cochairs reviewed the committee's membership, retaining passionate members while incorporating key stakeholders to ensure a multidisciplinary perspective. The committee expanded its representation to include off-site facilities such as urgent care centers, outpatient clinics, and free-standing emergency departments. Additional members included security personnel, human resources staff, professional development educators, clinical nurse specialists, behavioral health specialists, forensic nurse examiners, and both clinical and nonclinical leaders. This comprehensive restructuring aimed to create a nimble, well-rounded committee capable of addressing WPV effectively and implementing changes promptly.

Community Partners

In March 2022, the WPV (Workplace Violence) committee recognized the pivotal role of community partnerships in educating clinical staff about WPV. During post-incident reviews, staff expressed feeling overwhelmed by the procedural complexities following the filing of a report with law enforcement. Many staff members reported receiving delayed communication, often years after the initial event, which discouraged further reporting. Acknowledging the systemic challenges within the justice system, the committee prioritized staff education regarding procedural expectations. Senior executives, including the Chief Nursing Officer (CNO), Associate CNO, and Vice President of Operations, engaged with the local district attorney to relay staff feedback. This collaboration led to the development of an educational document outlining the justice system's processes, ensuring managers and staff were better equipped to navigate post-incident protocols. The committee also sought enhanced support from local law enforcement to address staff concerns when filing criminal reports. As a result, partnerships with community leaders continue to evolve, fostering improved engagement and collaboration informed by ongoing committee insights.

Subcommittee Development

Recognizing the extensive work required, the committee convened biweekly between March and June 2022 and implemented a strategic approach to address their objectives efficiently. During a brainstorming session in March 2022, the group identified four critical areas for development:

1. **Awareness and Algorithms:** This initiative aimed to enhance staff awareness about the committee's activities and provide a structured response framework for violent incidents. An electronic resource was created for bedside staff and leaders, detailing the process and expectations after an event. This included accessible policies emphasizing the hospital's zero-tolerance stance on bullying and incivility.
2. **Response Team:** A proactive team comprising behavioral health (BH) specialists and other key personnel was established to identify escalating situations with patients, families, or visitors, thereby reducing the need for BH emergency response codes.
3. **Case Review:** A dedicated team was tasked with reviewing and analyzing BH emergency event responses to derive actionable insights.
4. **Data Review:** This group developed a comprehensive dashboard integrating the National Database of Nursing Quality Indicators benchmarks and internal data sets to identify trends and opportunities for improvement.

By March 2022, the working groups transitioned into functional subcommittees, each led by a chair and co-chair to prioritize tasks and ensure accountability. These interdisciplinary teams comprised 5–7 members, including frontline staff, security personnel, and BH specialists, enabling focused and effective project implementation. Monthly committee meetings facilitated progress updates and feedback from subcommittee chairs, ensuring alignment with overarching goals.

Root Cause Analysis

A significant rise in WPV incidents was observed between 2020 and 2021, with three severe cases reported in June 2021 via the RL Datix Safety Incident Management system. These cases prompted a Root Cause Analysis (RCA2) led by the Patient Safety and Quality Team. Interviews with affected staff revealed recurring trends: previous violent behaviors by patients were often omitted during handoffs, early signs of aggression (e.g., verbal abuse, physical threats) were overlooked, and staff lacked adequate training and resources to manage aggressive patients. Additionally, staff were hesitant to report incidents involving patients with dementia or cognitive impairments. To address these issues, a questionnaire was developed to gather insights from staff following each reported incident. Quality and human resources departments also provided support and solicited feedback to refine preventive strategies. By February 2022, staff responses underscored the profound emotional impact of WPV incidents, inspiring the committee to invite staff victims to share their experiences. These testimonials reinforced the committee’s mission, motivating further efforts to support victims and foster a safer workplace.

Awareness and Algorithm Committee

Despite the availability of numerous hospital resources, staff often struggled to locate or utilize them effectively. To address this, the awareness and algorithms committee centralized all relevant resources on the hospital’s SharePoint platform. In September 2022, QR-coded flyers were distributed across units to ensure seamless access. This innovation enabled staff to register for de-escalation training, review policies and procedures, and enroll in the hospital’s peer support program directly from their mobile devices.

Case Review Subcommittee

In August 2022, a case review subcommittee was formed, initially comprising two patient safety specialists (PSS). This team reviewed all WPV incidents reported in the safety incident management system, prioritizing cases involving significant violence, staff harm, or repeated offenses. A recommendation to integrate these reviews with the Behavioral Health Review Committee led to a unified review process. Cases are now subjected to a multi-tiered review, with findings and trends presented to the WPV committee for resource allocation and policy enforcement. Key issues discussed during case reviews include strategies for addressing bullying and incivility, particularly among visitors, and the enforcement of the hospital’s zero-tolerance policy. Nursing administrators play an active role in communicating policy expectations to staff, patients, and families, further reinforcing the organization’s commitment to a safe and respectful environment.

Data Review Subcommittee

The Workplace Violence (WPV) committee prioritized analyzing data and identifying trends to monitor outcomes, challenges, and successes. In April 2022, a comprehensive dashboard was developed, integrating data from multiple sources, including safety reporting systems, security logs, and employee health records. A key challenge was estimating the frequency of WPV incidents within the hospitals. The dashboard facilitated data categorization by clinical units, enabling the identification of high-risk areas. Additionally, data from the National Database of Nursing Quality Indicators (NDNQI) and related benchmarks provided insights into the organization’s standing compared to similar institutions. As new interventions were implemented, the committee focused on displaying data effectively and tracking the impact of these measures. Despite acknowledging underreporting as a significant issue, establishing a baseline and monitoring trends remained a primary objective for the workgroup. Notably, specific trends emerged from

the data review. The emergency department and a medical unit specializing in treating patients with substance abuse and mental health disorders reported the highest incidences of WPV. Consequently, targeted educational initiatives, including de-escalation training, simulation exercises, and mock scenarios, were introduced. It was also observed that patients with dementia were involved in some WPV incidents. In response, the professional development department collaborated with a dementia care specialist to train staff in managing such patients effectively. The committee continues to evaluate trends and develop strategies to reduce staff exposure to WPV.

Monitoring for Effectiveness

In May 2022, the UCHHealth system implemented the Broset Violence Checklist (BVC) to identify patients at risk of escalation or those exhibiting physical or verbal aggression. Emergency department nurses conducted screenings for at-risk patients based on behavioral assessments, while inpatient screenings were performed during admission and at least once per shift. Once flagged, visual indicators and electronic alerts enhanced staff awareness and interdisciplinary communication. The BVC implementation provided a new perspective on WPV data collection, revealing discrepancies between safety reporting system entries and BVC documentation in electronic health records. A comparison of data from April to June 2022 highlighted the underreporting of WPV incidents, underscoring the need for further initiatives to support bedside staff.

Next Steps

The subcommittee's analysis and case reviews identified opportunities to prevent violent events or behavioral emergencies. As a preventive measure, the subcommittee designed a behavioral health (BH) specialist-led response team comprising a smaller group that could be quickly activated when patients showed signs of escalation or agitation. This pilot program aims to address agitation proactively, thereby reducing the likelihood of WPV incidents. If successful, the program will be expanded for broader implementation. To standardize support for staff after WPV events, the response team and awareness and algorithms subcommittees developed a comprehensive resource for managers. This resource, available on the hospital's internal network, includes an electronic post-WPV huddle tool designed to document incidents, notify leadership, implement safety measures, and follow up with affected staff. The tool also provides guidance on supporting staff through legal processes, such as filing law enforcement reports and navigating district attorney decisions. Developed in collaboration with BH experts, hospital risk management, legal teams, employee health, and forensic nurse examiners, the tool undergoes continuous refinement based on feedback. Adapting these interventions for outpatient settings presented unique challenges due to limited security presence and response team availability. Verbal abuse, including telephone aggression, was identified as a prevalent issue in these settings. To address such challenges, the WPV committee emphasizes the importance of ongoing employee satisfaction surveys with questions specific to WPV. These surveys aim to ensure that staff feel supported, safe, educated, and heard in their work environments. By continuously assessing staff safety and satisfaction, the committee seeks to validate the effectiveness of implemented interventions and drive ongoing process improvements. Although significant progress has been made, the WPV committee remains committed to evolving its strategies to address these critical issues comprehensively.

Common Work Violence in Hospitals:

Workplace violence (WPV) in hospitals has emerged as a critical concern due to its pervasive nature and profound impact on healthcare professionals. WPV encompasses physical assaults, verbal threats, and psychological abuse directed toward healthcare workers, often from patients, visitors, or even colleagues. This phenomenon significantly compromises the safety, mental health, and job satisfaction of staff while potentially affecting patient care outcomes. Among healthcare settings, hospitals are particularly vulnerable due to the high-stress environment, diverse patient population, and frequent interactions with individuals experiencing physical or mental distress.

Categories and Incidence of WPV

WPV in hospitals is typically classified into four types: Type I, involving external perpetrators with no legitimate relationship to the workplace; Type II, involving patients or visitors; Type III, involving worker-on-worker incidents; and Type IV, involving personal relationships. Among these, Type II violence, often perpetrated by patients or their family members, is the most common in healthcare settings. Emergency departments, psychiatric units, and intensive care units are hotspots for WPV due to the high acuity of cases, the unpredictability of patient behavior, and heightened emotional responses. Studies consistently indicate that nurses and frontline staff are at the highest risk of experiencing WPV, with verbal abuse being reported more frequently than physical assaults.

Factors Contributing to WPV

Several factors contribute to the prevalence of WPV in hospitals. First, overcrowding and long waiting times often exacerbate patient and visitor frustrations, leading to aggressive behaviors. Second, the presence of patients with mental health disorders, substance abuse issues, or cognitive impairments increases the likelihood of violence. Third, healthcare staff shortages and high workloads can result in delayed responses or perceived neglect, triggering confrontations. Additionally, cultural and communication barriers between staff and patients can escalate misunderstandings. The lack of robust security measures and inconsistent reporting mechanisms further perpetuate WPV by failing to deter or adequately address incidents.

Impact of WPV on Healthcare Workers

The repercussions of WPV extend beyond physical injuries, encompassing psychological trauma, emotional distress, and burnout among healthcare workers. Victims of WPV often report symptoms of anxiety, depression, and post-traumatic stress disorder (PTSD). These outcomes can result in reduced job satisfaction, increased absenteeism, and higher turnover rates, further straining the healthcare workforce. Additionally, the fear of recurring violence may lead to a decline in staff engagement and efficiency, adversely affecting patient care quality.

Strategies for Mitigation and Prevention

Addressing WPV in hospitals necessitates a multifaceted approach. Preventive strategies include implementing de-escalation training programs, enhancing security measures, and establishing clear policies for reporting and responding to incidents. The use of tools such as the Broset Violence Checklist (BVC) allows staff to identify and monitor high-risk patients, enabling proactive interventions. Creating a supportive organizational culture that prioritizes staff safety and well-being is equally critical. This includes offering counseling services, conducting post-incident reviews, and fostering open communication to address staff concerns. Regular employee satisfaction surveys focusing on WPV can provide valuable insights into the effectiveness of implemented measures and areas requiring improvement. In conclusion, workplace violence in hospitals is a complex issue with far-reaching implications for healthcare professionals and organizational outcomes. Recognizing the factors that contribute to WPV and implementing comprehensive prevention strategies is essential to safeguarding the health and safety of healthcare workers while maintaining the quality of patient care. Efforts to mitigate WPV must be ongoing, adaptable, and informed by continuous evaluation and staff feedback.

Strategies of Healthcare Security Officers in Managing Workplace Violence in Hospitals

Workplace violence (WPV) in hospitals has become an escalating concern, necessitating specialized strategies to ensure the safety and security of healthcare workers, patients, and visitors. Healthcare security officers play a pivotal role in mitigating and managing WPV through a combination of proactive and reactive approaches. These professionals not only respond to violent incidents but also implement measures to prevent their occurrence, ensuring a secure environment conducive to high-quality patient care. This discussion outlines the essential strategies employed by healthcare security officers to address WPV in hospital settings.

Proactive Risk Assessment and Surveillance

Effective WPV management begins with proactive risk assessment and surveillance. Security officers routinely assess the physical layout of hospitals to identify potential vulnerabilities, such as poorly lit areas, unsecured entrances, and crowded spaces. Advanced technologies, including video surveillance systems and access control mechanisms, are deployed to monitor high-risk areas like emergency departments, psychiatric units, and waiting rooms. Regular patrols further enhance the visibility of security personnel, serving as a deterrent to potential aggressors. By identifying patterns of incidents and hotspots for violence, security officers can allocate resources strategically and implement targeted interventions.

Training and Preparedness

Training is a cornerstone of WPV management for healthcare security officers. These professionals undergo specialized training in conflict resolution, de-escalation techniques, and crisis intervention. De-escalation training equips security officers with skills to manage volatile situations by calming agitated individuals through effective communication and non-threatening body language. Crisis intervention training focuses on addressing acute behavioral emergencies, particularly involving patients with mental health disorders or substance abuse issues. Regular simulation exercises and mock scenarios are conducted to ensure readiness in handling various types of WPV incidents. These exercises not only build confidence but also foster collaboration with clinical staff, enhancing overall preparedness.

Collaboration with Clinical Teams

Collaboration between security officers and clinical teams is critical in managing WPV effectively. Security personnel work closely with healthcare providers to develop and implement safety protocols tailored to the unique challenges of hospital environments. Joint efforts include the use of tools like the Broset Violence Checklist (BVC) to identify high-risk patients and establish appropriate precautions. Security officers also participate in multidisciplinary huddles and case reviews to strategize responses to ongoing risks. Clear communication channels and role delineation during emergencies ensure a coordinated response, minimizing confusion and delays.

Crisis Response and Incident Management

Healthcare security officers are often the first responders to WPV incidents, requiring swift and decisive action to mitigate harm. Crisis response strategies include isolating the aggressor, protecting vulnerable individuals, and de-escalating the situation. Officers are trained to use the least amount of force necessary, prioritizing the safety and dignity of all parties involved. Following an incident, security personnel document the event comprehensively, detailing the actions taken and outcomes achieved. This documentation is crucial for identifying trends, refining protocols, and supporting any legal proceedings that may follow.

Implementation of Preventive Measures

In addition to reactive strategies, healthcare security officers play a significant role in implementing preventive measures. These include enforcing visitor policies, screening for weapons or contraband, and ensuring compliance with hospital rules. Access control systems, such as electronic badges and visitor check-ins, help limit unauthorized entry and maintain a record of individuals within the facility. Security officers also educate staff and visitors on WPV prevention, emphasizing the importance of reporting threats or suspicious behavior. Preventive measures not only reduce the risk of violent incidents but also foster a culture of safety within the hospital.

Post-Incident Support and Follow-Up

The aftermath of WPV incidents can have lasting effects on victims and witnesses, necessitating comprehensive post-incident support. Healthcare security officers collaborate with human resources and clinical leaders to provide emotional support and counseling to affected staff. Post-incident debriefings, facilitated by security officers, allow staff to share their experiences, identify lessons learned, and suggest improvements to existing protocols. Tools like the electronic post-WPV huddle form are used to document

incidents, notify leadership, and track the implementation of safety measures. These activities reinforce the organization's commitment to staff well-being and continuous improvement.

Adaptation to Unique Challenges in Outpatient Settings

Managing WPV in outpatient settings presents distinct challenges due to limited resources and personnel. Healthcare security officers adapt their strategies to these environments by focusing on preventive and educational measures. For instance, they provide training on handling telephone aggression, which is a common form of WPV in outpatient facilities. Additionally, they work with administrators to develop contingency plans for emergencies, ensuring staff are equipped to manage threats in the absence of an on-site security presence. These adaptations highlight the versatility and critical role of security officers in diverse healthcare settings.

Ongoing Evaluation and Improvement

Continuous evaluation is essential to the success of WPV management strategies. Security officers routinely review incident reports, employee feedback, and satisfaction surveys to assess the effectiveness of their interventions. Data-driven insights inform the refinement of protocols, training programs, and resource allocation. By staying abreast of emerging trends and technologies, healthcare security officers ensure that their strategies remain relevant and effective in an ever-evolving landscape of WPV risks. In conclusion, healthcare security officers are indispensable in managing workplace violence in hospitals through their proactive and reactive strategies. By conducting risk assessments, collaborating with clinical teams, and responding effectively to crises, they play a vital role in ensuring a safe and supportive environment for healthcare workers and patients alike. Their efforts, combined with continuous evaluation and adaptation, contribute significantly to mitigating WPV and fostering a culture of safety within hospital settings.

Conclusion:

Addressing workplace violence (WPV) in healthcare settings demands a multifaceted and systematic approach, emphasizing the safety and well-being of staff while maintaining quality patient care. UHealth Memorial Hospital's journey in managing WPV offers valuable insights into effective strategies and the ongoing challenges of fostering a culture of zero tolerance. The introduction of behavioral health emergency response codes, policy revisions, and interdisciplinary committees has significantly contributed to creating a structured framework for WPV prevention. The hospital's efforts to include frontline staff and security personnel in decision-making processes, along with the active involvement of senior leadership, underscore the importance of a united organizational stance against WPV. Moreover, initiatives such as de-escalation training, simulation exercises, and centralized resource platforms have equipped staff with the tools necessary to manage and mitigate violence effectively. Despite these advancements, the persistence of WPV incidents, exacerbated during the COVID-19 pandemic, highlights the need for continued cultural transformation. Underreporting and normalization of violence remain significant obstacles, preventing an accurate understanding of WPV's scope. The integration of Root Cause Analysis (RCA) and a comprehensive data dashboard has been instrumental in identifying high-risk areas, such as emergency departments and units treating patients with substance abuse or dementia. These insights have informed targeted interventions, including mock scenarios and specialized training for staff. Collaboration with community partners, including law enforcement and the justice system, has further strengthened the hospital's response to WPV. Efforts to simplify procedural complexities and provide educational resources have enhanced staff confidence in reporting incidents and navigating post-event protocols. Ultimately, addressing WPV requires sustained commitment at all organizational levels, reinforced by clear policies, continuous education, and robust support systems. By prioritizing a culture of safety and accountability, healthcare organizations can reduce the incidence of WPV, ensuring a secure and respectful environment for both staff and patients. UHealth Memorial's comprehensive approach serves as a model for hospitals worldwide striving to achieve these goals.

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العنف في مكان العمل في المستشفيات: الدور الرئيسي لضباط الأمن الصحي في إدارة الحالة

الملخص:

الخلفية: يعتبر العنف في مكان العمل (WPV) في المستشفيات قضية هامة، تؤثر بشكل خاص على موظفي أقسام الطوارئ، التابع لنظام المستشفيات الصحي، قد تبني استراتيجيات متنوعة للتعامل مع العنف في مكان العمل، بما في ذلك التعليم والتدريب للموظفين، والتحويلات الثقافية، والتعاون بين التخصصات.

الهدف: تقييم فعالية التدخلات المصممة لتقليل من العنف في أماكن العمل في المنشآت الصحية، وتسهيل الضوء على الدور الحاسم لضباط الأمن الصحي في خلق بيئة آمنة للموظفين والمرضى.

الطرق: تدرس هذه الدراسة حوادث العنف في مكان العمل والتدابير الوقائية المتبعة في بعض المستشفيات تقوم بتحليل تبني المستشفى للممارسات المستندة إلى الأدلة، والدعوة التشريعية، وفرق العمل متعددة التخصصات. تم دمج البيانات من أنظمة الإبلاغ عن الحوادث، ولوحات البيانات، وتعليقات الموظفين لتحديد الاتجاهات، والتحديات، والمجالات التي تحتاج إلى تحسين. تم إنشاء تحليلات الأسباب الجذرية (RCA) ولجان فرعية لمعالجة القضايا المحددة، بما في ذلك تدريب الموظفين وسهولة الوصول إلى الموارد.

النتائج: ازدادت حوادث العنف في مكان العمل خلال جائحة كوفيد-19 بسبب الضغط النفسي العالي وزيادة أعداد المرضى. شملت الأسباب الجذرية نقص التوثيق، التدريب غير الكافي، وثقافة تعناد على العنف. التدخلات مثل تدريب الموظفين، حملات التوعية، وتدريب تقنيات الهدئة أسهمت في تقليل حوادث العنف في الأقسام عالية الخطورة. أدت تشكيل اللجان الفرعية إلى تحسين إطار الاستجابة، وتحسين عمليات الإبلاغ، وتطوير الموارد المتاحة عبر المنصات الرقمية.

الخلاصة: على الرغم من التحديات المستمرة، أظهرت منهجية المستشفى متعددة التخصصات تقدماً في التعامل مع العنف في مكان العمل. تمكين الموظفين من خلال إرشادات واضحة، وتدريب قوي، وسياسة عدم التسامح مطلوبة لتحقيق تحسن مستدام. دور ضباط الأمن الصحي، جنباً إلى جنب مع القيادة التنظيمية، هو أمر حيوي في تعزيز ثقافة الأمان والمساءلة.

الكلمات المفتاحية: العنف في مكان العمل، ضباط الأمن الصحي، أمان المستشفى، سياسة عدم التسامح، تدريب الموظفين، استراتيجيات الهدئة.