Preventing Violence in Health Care: Essential Strategies for Nurses and Other Frontline Caregivers. West Virginia Hospital Association 2026.

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Preventing Violence in Health Care: Essential Strategies for Nurses and Other Frontline Caregivers

Webinar 1
Workplace Violence in Healthcare: Understanding Scope, Impact, and Effective Prevention Programs

West Virginia Hospital Association

Feb 26, 2026

Presented by:
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Author of the 'Stop Violence in Health Care' Toolkit

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Preventing Violence in Health Care: Essential Strategies for Nurses and Other Frontline Caregivers

- Session 1: Workplace violence (WPV) in healthcare: Understanding scope, impact, and effective prevention programs (Feb 26, 2026)

- Session 2: Evidence-based strategies to control and prevent violence in Health Care (March 26, 2026)

- Session 3: Empowering nurses and other caregivers to facilitate implementation of effective WPV programs while promoting personal safety and self-care practices (April 23, 2026)
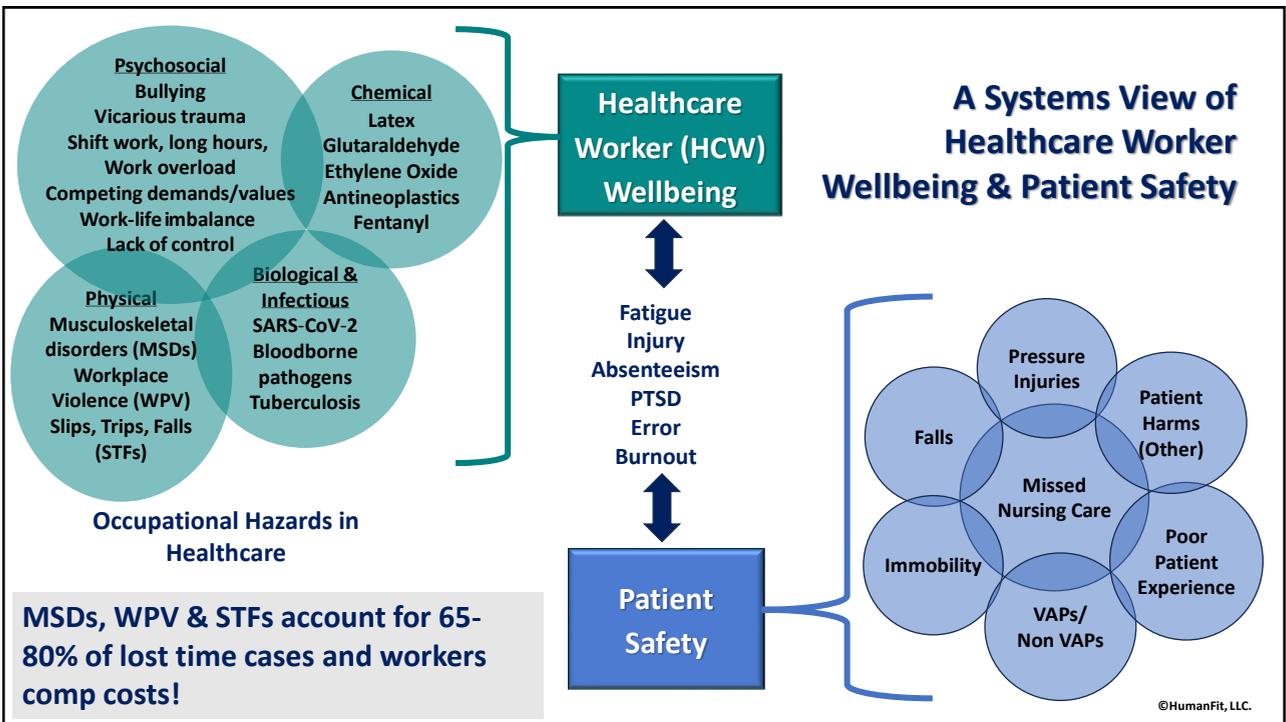
Handouts – PowerPoint slides with Resources; WPV Toolkit Oregon Additional Refs and Resources July 2025; WPV Prevention Tips for Nurses & Other Caregivers

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Webinar 1 - Objectives

1. Define the scope and cost of WPV in healthcare for nurses, patients, and healthcare organizations

2. Identify key aspects of organizational culture that hinder or support effective WPV program implementation

3. Define the core components of a program to manage and prevent WPV

Please practice self-care if you find content of this session is disturbing or triggering

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The Big Picture

A Systems View of Healthcare Worker Wellbeing & Patient Safety

Occupational Hazards in Healthcare

Psychosocial
Bullying
Vicarious trauma
Shift work, long hours,
Work overload
Competing demands/values
Work-life imbalance
Lack of control

Chemical
Latex
Glutaraldehyde
Ethylene Oxide
Antineoplastics
Fentanyl

Physical
Musculoskeletal disorders (MSDs)
Workplace Violence (WPV)
Slips, Trips, Falls (STFs)

Biological & Infectious
SARS-CoV-2
Bloodborne pathogens
Tuberculosis

Healthcare Worker (HCW) Wellbeing

Fatigue
Injury
Absenteeism
PTSD
Error
Burnout

Patient Safety

Falls
Pressure Injuries
Patient Harms (Other)
Immobility
Missed Nursing Care
Poor Patient Experience
VAPs/ Non VAPs

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MSDs, WPV & STFs account for 65-80% of lost time cases and workers comp costs!

Workplace Violence

- *It's NOT "normal"*
- *It's NOT "part of the job"*
- *It's NOT "OK"*

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Defining Workplace Violence (WPV)

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Defining Workplace Violence (WPV)

- **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 (ANA, 2025).**

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Defining Workplace Violence: Type III - Bullying

- **Workplace bullying (also referred to as lateral or horizontal violence) is repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators.**

- **Bullying is abusive conduct that takes one or more of the following forms:**
  - **Verbal abuse**
  - **Threatening, intimidating or humiliating behaviors (including nonverbal)**
  - **Work interference – sabotage – which prevents work from getting done**

(The Joint Commission, 2016)

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Defining Workplace Violence

- **Type I (Criminal Intent):** Results while a criminal activity (e.g., robbery) is being committed and the perpetrator has no legitimate relationship to the workplace.

- **Type II (Customer/client):** The perpetrator is a customer or client at the workplace (e.g., health care patient) and becomes violent while being served by the worker.

- **Type III (Worker-on-Worker):** Employees or past employees of the workplace are the perpetrators.

- **Type IV (Personal Relationship):** The perpetrator usually has a personal relationship with an employee (e.g., domestic violence in the workplace).

(NIOSH, 2013)

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The Scope of WPV in Health Care

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WPV in Health Care – Scope of the Issue

- **Healthcare & social assistance workers are nearly <u>six times</u> more likely to be injured as a result of WPV vs. all other industries (OSHA, 2023)**

- **In 2023-2024, 72% of WPV incidents reported to OSHA that resulted in days away from work, restricted duty, or job transfers (DART) occurred within the Healthcare & Social Assistance sector**

- **Highest rates of WPV in hospitals usually in the ED & Behavioral Health, but also the ICU, Med-Surg, & Pediatric units**

- **Lack of data about WPV in health care in non-hospital settings**

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WPV in Health Care – Scope of the Issue

- **Some professionals more at risk**

- **2 nurses per hour are assaulted in US hospitals (in 2Q 2022)** *Press Gainey Sept 2022*
  https://www.pressganey.com/news/on-average-two-nurses-are-assaulted-every-hour-new-press-ganey-analysis-finds/

- **2023 - Reported assaults against nursing personnel jumped 5% (***Press Gainey 2024***).**
  https://info.pressganey.com/e-books-research/safety-2024

- **Perpetrator mostly the patient (verbal & physical abuse)**

- **High level of underreporting**

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WPV in Health Care – Scope of the Issue

Type III Violence (Bullying).

- **Prevalent in nursing especially toward new and older nurses.**

- **30% nurses reported bullying by peer in last year (ANA, 2019)**

- **Prevalence rates 4 – 94% in nursing and nursing student population**

- **90% new grad RNs report being bullied - "Nurses eat their young,"**

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The Cost of WPV in Health Care

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The Cost of WPV to Employers & Patients

Direct Costs
(Largely Workers Comp - Medical care/time away from work)

Indirect Costs
(e.g., temp and permanent staff replacement costs)

Operational Losses/Costs

- Impact of physical injury, psychological stress, PTSD, burnout, presenteeism, etc.
  – Increased sick leave & staff turnover
  – Reduced quality of care/service *(missed nursing care)*
  – Decreased efficiency
  – 'Human' error & accidents

- Increased
  – Insurance costs
  – Litigation costs
  – Property damage
  – Security needs – personnel; equipment; modifying facility design
  – Regulatory noncompliance

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The Cost of WPV to Employees

- **Death**
- **Physical injury & disability**
- **Physical symptoms include loss of strength, chronic fatigue, sleeplessness, and stroke and even suicide**
- **Psychological stress e.g., fear, anger, sadness, PTSD**
- **Bullying is especially associated with:**
  o **Poor mental health**
  o **Low self-esteem, hostility, nervousness, hypersensitivity, anxiety, irritability, depression and social isolation, PTSD**
  o **Decrease in cognitive abilities leading to impaired clinical judgement**

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The Cost of WPV to Health Care Organizations

- The total annual financial cost of violence to hospitals in 2023 is estimated at **$18.27 billion** U.S. dollars (AHA, 2025)

- Violence against health care providers in the health care industry, generates at least **$540 million** a year in workers compensation costs. (Liberty Mutual, 2020 Workplace Safety Index)

- Estimated that *incivility* in healthcare costs more than **$4 -7 billion** annually due to turnover of staff, lost time, and productivity, time spent training new employees and lower HCAHPS patient satisfaction scores. (Spiri et al. 2016; Edmonson & Zelonka, 2019)

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WPV Standards & Guidelines ......A Quick FYI

WORKPLACE VIOLENCE

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WPV Legislation & Standards

- **Federal**
  - OSHA – General Duty Clause
    https://www.osha.gov/laws-regs/oshact/section5-duties
  - OSHA – Feb 2023: Proposed Standard 'Prevention of Workplace Violence in Healthcare and Social Assistance'
    https://www.osha.gov/sites/default/files/WPV_SER_Materials-PIRFA_Document.pdf
  - April 2025 - Workplace Violence Prevention for Health Care and Social Service Workers Act (S.1232 and H.R.2531)
  - April 2035 - Save Healthcare Workers Act H.R.3178 and S.1600

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WPV Legislation & Standards

- **State laws**
  - 14 states with laws requiring implementation of WPV programs CA, CT, IL, LA, MD, MN, NJ, NV, OH, OR, RI, WA, VA & NY (public employees only)
  - 40 states with assault protection laws inc.
  - All laws are variable

- **Accreditation entities e.g., CMS, Joint Commission, DNV**

- **Use of Security personnel (state & local)**

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WPV Legislation & Standards – The Joint Commission

- **Jan 2026 – Outcomes Driven Certification Program**
  https://www.jointcommission.org/en-us

- **Workplace Violence Prevention Standards applicable to the following accreditation programs:**
  - **Hospital & Critical Access hospital**
  - **Behavioral health care and human services (BHC) organizations**
  - **Home care**
  - **Ambulatory health care organizations**
  - **Assisted living communities**
  - **Nursing care centers**
  - **Laboratories**
  - **Office-based surgery**

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Why WPV Occurs in Health Care

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Why WPV Occurs in Health Care

Patient Related Risk Factors

- **Patient Behavior e.g.,**
  - Clinical factors - cognitive impairment i.e., substance abuse & mental illness; dementia, neurological trauma
  - Patient demanding and/or attempting to leave
- **Patient Care – pain/discomfort, physical transfers, needles**
- **Situational Events – restraints, transitions, intervening, redirecting**

Source: Tool 1a - Risk Factors for WPV. WPV in Healthcare – A Toolkit
www.oahhs.org/safety [24]

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WPV Occurs in Health Care

Organizational Risk Factors e.g., wait times, communications, under staffing, lack of effective training, working alone, working with narcotics, rotating shifts, late eve/night shifts, lack of situational awareness, lack of/or compliance with policies & procedures

Environmental Risk Factors e.g., noise, crowded waiting areas, open access, poorly lit areas, lack of visibility of provider/caregiver

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Why WPV Occurs in Health Care

Social and Economic Risk Factors e.g.,

financial stress, domestic violence, ethnic conflict, access to weapons

- **"Revolving Door" Syndrome**
  - There is a vicious cycle that sometimes links workplace violence, psychiatric treatment, and the "revolving door"

Workplace Violence Prevention for Nurses CDC/NIOSH, 2012

http://www.cdc.gov/niosh/topics/healthcare/default.html

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Why WPV Occurs in Health Care

- **Lateral Violence/Bullying**

Endemic in organization's culture
- Some organizations' norms might enable bullying while laying the blame on individuals.

Organizational factors include:
- **Organizational volatility,**
- **Leadership styles (i.e., authoritative and laissez faire/autocratic, productivity and financial focus only), and the**
- **Hierarchical nature of workplaces**
- **The lack of autonomy; high workload/demand in nursing**
- **Lack of perceived competency (nursing)**

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The Relationship Between Type II & Type III Violence

- **Increase prevalence of Type II and Type III violence where there is a poor organizational climate of safety**

- **New and early-stage research indicates a greater occurrence of patient physical aggression to injury in behavioral health facilities where coworker bullying is prevalent and tolerated as part of the work culture**

- **Health care workers who are exposed to Type II and Type III violence suffer long-term negative health in organizations where there is lack of post exposure support**

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The Relationship Between Patient Handling & WPV

Research shows that being close to the patient may increase the risk for injury from intentional or non-intentional physical violence or combative behavior e.g.,

- **Grabbing, hitting, pinching, spitting, biting and kicking**

- **Some evidence that violence by patients and/or co-workers is related to development of MSDs**

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The Relationship Between Workplace Culture and Violence in Health Care

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Barriers to Implementing Effective WPV Programs (or any Safety program) - Organizational Culture

- Leadership style

- Patient safety focus vs. worker safety

- Competing demands - reimbursement, regulatory, resources

- Lack of systems approach to services provided (silos) & to worker safety programs

- Problem solving approach = blame the worker (human error)

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Barriers to Implementing Effective WPV Programs (or any Safety program) - Organizational Culture

- Facilities underestimate of full scope and cost of occupational hazards, worker injuries, and the relationship to patient safety and delivery of care

- Approach to safety is reactive (fighting fires) vs. proactive

- Underreporting of employee injuries

- Staff turnover

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Barriers to Implementing Effective WPV Programs - Organizational Culture

Barriers to reporting WPV:

- The severity of the incident (did staff get injured)
- The condition of the patient/perception of what is 'violence' by workers
- Whether someone else reported the incident
- No clear policy
- Complicated reporting process
- Fear of retaliation

- Poor management response
- Personal barriers – stigma by coworkers, normalizing
- Response by law enforcement & legal system

Overall
Is exposure to violence/getting hurt at work just part of the job for health care workers?

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Creating a Culture of Worker & Patient Safety: The Precondition for Successful Safety Programs

Safety is a Core Value

Leadership & Management Commitment

Resources

Employee Involvement & Empowerment

Continuous Improvement

Safety Culture

Communication

Training

Reporting & Accident Analysis

Performance Monitoring System & Standards

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Creating a Culture of Safety in Health Care

"Workforce safety is inextricably linked to patient safety. Unless caregivers are given the protection, respect, and support they need, they are more likely to make errors, fail to follow safe practices and not work well in teams."

- **Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care. The Lucian Leape Institute at the National Patient Safety Foundation Feb 2013**

- **IHI Workforce Well-Being and Joy in Work** https://www.ihi.org/library/topics/workforce-well-being-and-joy-work

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Health Care Worker Safety = Patient Safety

Safer Together: A National Action Plan to Advance Patient Safety (IHI, 2020 – Rev 2024)

4 foundational and interdependent areas prioritized as essential to create total systems safety

1. Culture, Leadership, and Governance

2. Patient and Family Caregiver Engagement

3. Workforce Safety and Well-Being:

   ▪ Ensuring the safety and resiliency of the organization and the workforce is a necessary precondition to advancing patient safety; we need to work toward a unified, total systems-based perspective and approach to eliminate harm to both patients and the workforce

4. Learning System

*Safer Together: A National Action Plan to Advance Patient Safety (*2020) &. Online Self-Assessment Tool(2024). Boston, Massachusetts: Institute for Healthcare Improvement. www.ihi.org/SafetyActionPlan

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Health Care Worker Safety = Patient Safety

- **NIOSH -** *Total Worker Health* ® Program
  https://www.cdc.gov/niosh/twh/default.html

- **NIOSH - Impact Wellbeing™ Guide 2024**
  https://www.cdc.gov/niosh/docs/2024-109/default.html

- **National Academy of Medicine. National Plan for Health Workforce Well-Being**
  https://nam.edu/our-work/programs/clinician-resilience-and-well-being/national-plan-background/

- **Health Workforce Well-Being Day March 18 2026 Resources** https://nam.edu/initiatives/clinician-resilience-and-well-being/health-workforce-well-being-day/

Source: www.nam.edu

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Components of Effective, Sustainable WPV Programs in Health Care

Prevent

Respond

Care & Support

Learn

The Health Care Continuum & WPV Prevention

Hospitals - General Med-Surg/ Psych & Substance Abuse/Specialty

Emergency Services (EMS)

Ambulatory Surgical Centers

Physician Offices/Rehabilitation

Nursing Homes/SNFs

Residential Care & Assisted Living Facilities/Memory Care

Home Health/Home Care & Hospice

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Components of Effective & Sustainable WPV Programs in Health Care *(We Think!)*

Program Foundation and Management

A. **Management Commitment & Leadership**

B. **Employee Participation**

C. **Written Policies*** *Zero-Tolerance Policy*

D. **Program Management**

- **Program Champion**
- **Program Manager/Coordinator***
- **WPV Committee/Team***
- **Program Plan***

E. **Communications/Social Marketing**

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*Required by TJC

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Components of Effective & Sustainable WPV Programs in Health Care *(We Think!)*

F. **Ongoing Hazard Identification/Assessment *& Program Evaluation***

  i. **Data analysis**
  - **Injury/Incident Data Analysis**
  - **Worker/Patient Surveys**
  - **Gap Analysis**
  - **Assessment of Physical Work Environment, Tasks, Work Practices, and Patient Population**

  ii. **Program Process Evaluation**

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Components of Effective & Sustainable WPV Programs in Health Care *(We Think!)*

G. **Hazard Prevention & Control to Address Risk Factors for WPV* i.e.**

Patient Related   **Environmental**

Organizational   **Social and Economic**

Using:

- **Engineering Controls - Building design, security & surveillance**

- **Administrative & Work Practice Controls - reporting, risk assessment for WPV, response & support, staffing & work organization**

(To be discussed in Sessions 2 & 3)

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Components of Effective & Sustainable WPV Programs in Health Care *(We Think!)*

H. Education & Training*
- **Have a plan** *(sample in OR WPV Toolkit)*
- **Tailored to staff groups/disciplines & stratified risk levels related to work roles within the organization**
- **Have clearly defined goals with measurable outcomes**
- **Measure effectiveness of training (can and do staff use skills taught)**

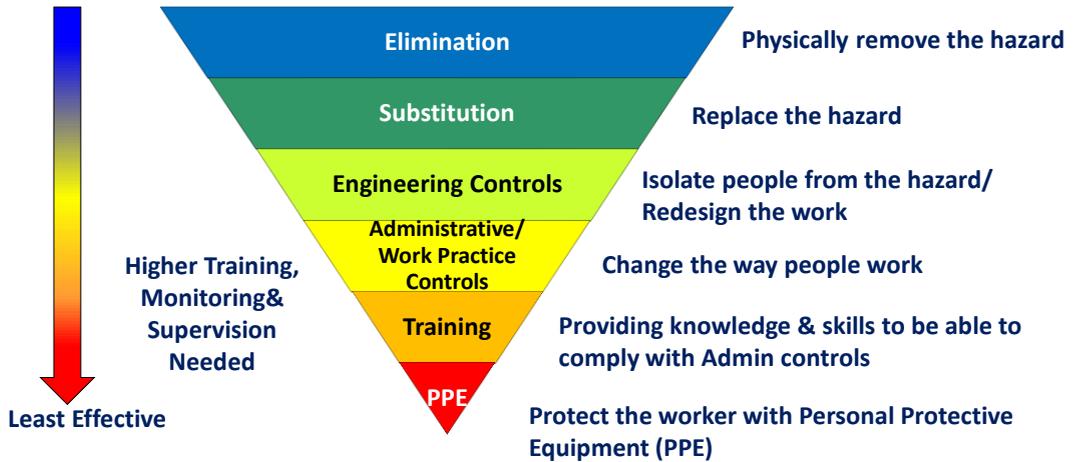**I.**   **Ongoing Program Evaluation & Proactive Hazard Prevention***

J.   **Processes to improve the patient or client experience**

Multifaceted programs are more effective than any single intervention

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Hierarchy of Controls to Reduce Risk of WPV in Health Care

Most Effective & Sustainable

Level	Description
Elimination	Physically remove the hazard
Substitution	Replace the hazard
Engineering Controls	Isolate people from the hazard/ Redesign the work
Administrative/ Work Practice Controls	Change the way people work
Training	Providing knowledge & skills to be able to comply with Admin controls
PPE	Protect the worker with Personal Protective Equipment (PPE)

Higher Training, Monitoring& Supervision Needed

Least Effective

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Adapted from NIOSH, 2018 44

Benefits of Employee Safety Programs in Health Care

...for Employees & Patients

Health Safety Comfort Satisfaction

Less absenteeism and labor turnover. More involvement and commitment to change

Well-being of Employees & Patients

...for Health Care Organizations

Improved
Quality Performance
Efficiency
Flexibility
Recruitment (Larger Labor Pool) & Retention
Reg. Compliance
Reduced
WC Injury Costs & Liability
Human Error & Accidents

Well-being of Organization

Enos 2013. Adapted from: Corlett, 1995; Nelson 2008; Gallagher, 2009.

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WPV Prevention & Control
What can Nurses Do?

Assisting in creating effective sustainable WPV programs

WPV Prevention & Control - What can Nurses Do?

- **Know and follow your facility's WPV policy and prevention, control, response & reporting procedures**

- **Report all occupational injuries, incidents, hazards, or concerns, including near misses**

- **Seek medical treatment immediately if physically injured**

- **Use employer provided resources for support following an WPV incident e.g., employee assistance program (EAP); employee health services; trauma counselors.**

- **Provide feedback to improve usability of reporting system and follow-up support if necessary**

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WPV Prevention & Control - What can Nurses Do?

- **Participate in WPV program activities e.g., committee, safety audits & walkthroughs, surveys etc.**

- **Provide feedback on safety solutions, WPV safety equipment and processes and share all ideas!**

- **Learn how to manage conflict and de-escalation skills – ask for resources if your facility doesn't provide training**

- **Attend WPV education & training**

- **Encourage & participate in 'Safety' huddles and 'After Action' reviews**

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WPV Prevention & Control - What can Nurses Do?

- **Maintain situational awareness to anticipate, prevent and respond in crisis situations**

- **Know where panic and duress alarms, emergency telephones, and other communications are located**

- **If you are provided with a personal alarm – wear it and check it is working**

- **If working alone with a patient communicate your location to co-workers**

- **Have an exit plan e.g., a clear path of exit from a patient's room**

We'll discuss these topics further in Session 3

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WPV Prevention & Control - What Can Nurses Do?

Where to find information about WPV in your facility

- Your Manager/Supervisor
- WPV Coordinator and WPV Committee
- Employee Health and Safety Staff
- Employee Safety & Health Committee
- Patient Safety Manager/Quality & Risk Depts.
- Human Resources
- Security Manager/Coordinator
- Labor Representative
- Behavioral Health dept.

Use the 'Stop Violence in Health Care' toolkit and other resources provided in this presentation

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WPV Prevention & Control - What Can Nurses Do?

- **You can call OSHA for workplace safety and health complaints**
  https://www.osha.gov/workers/file-complaint

- **22 states have an OSHA approved state plan** *(Enforcement & Consultation)*
  https://www.osha.gov/stateplans/faqs

- **OSHA whistleblower protection**
  https://www.osha.gov/sites/default/files/publications/OSHA3638.pdf

- **OSHA Workers' Right to Refuse Dangerous Work**
  https://www.osha.gov/workers/right-to-refuse

- **Know your state's felony laws and reporting rights related to workplace assault**

- **Know your state's laws related to WPV programs**

- **State Workers' Compensation Ombudsman**

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Workplace Violence

- *It's NOT "normal"*
- *It's NOT "part of the job"*
- *It's NOT "OK"*

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## WPV in Health Care

Selected Resources

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Resources – WPV

- A Toolkit for Prevention and Management of WPV *2nd edition (2020)* *(Will be revised in 2026)*

- Available at: www.oahhs.org/safety free of charge for non-commercial use

- Multiple tools & resources *(Refer to handout)*
  - *Includes links to OSHA & NIOSH Resources*

- New Toolkit WPV Supplemental References and Resources through Sept 2024 (Provided)

Endorsed by Numerous State Nursing and Physician Professional Associations and Unions

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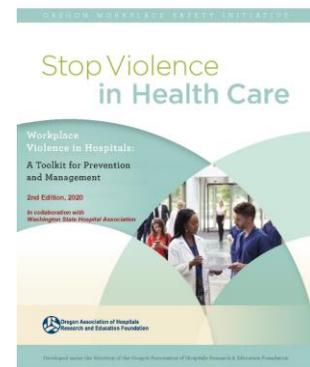
Resources – WPV Training Related

- **Free Online Training - Workplace Violence Prevention for Nurses** (and any HC Worker) **CDC/NIOSH. CDC Course No. WB1865 - NIOSH Pub. No. 2013-155** http://www.cdc.gov/niosh/topics/violence/training_nurses.html

- **OSHA: Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers** https://www.osha.gov/Publications/osha3148.pdf

- **OSHA: Worker Safety in Hospitals** https://www.osha.gov/hospitals

- **FBI Active Shooter Safety Resources** https://www.fbi.gov/how-we-can-help-you/active-shooter-safety-resources

  - **Run Hide Fight Video** https://www.fbi.gov/video-repository/run-hide-fight-092120.mp4/view

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Resources – WPV The Joint Commission

- **The Joint Commission**
  - o **Workplace Violence Prevention Resources.** https://www.jointcommission.org/our-priorities/workforce-safety-and-well-being/resource-center/workplace-violence-prevention/

  - o **Quick Safety 24: Bullying has no place in health care (Updated June 2021) Update June 2021** https://digitalassets.jointcommission.org/api/public/content/21ce061ab4fe4191ba32341a179e0489?v=68777701

  - o **The Joint Commission. Workforce Safety and Well-Being Resource Center** https://www.jointcommission.org/our-priorities/workforce-safety-and-well-being/resource-center/

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Resources – WPV & Caregiver Wellbeing
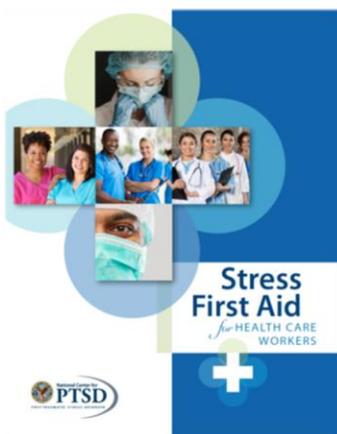
- **Resource Toolkit for the Clinician Well-Being Knowledge Hub, 2022** https://nam.edu/resource-toolkit-clinician-well-being-knowledge-hub/

- **Talking About Burnout, Moral Injury, and Mental Health at Work: Tips for Healthcare Workers** https://www.cdc.gov/niosh/healthcare/impactwellbeing/talking.html

- **Mental Health Resources for Nurses. Oregon State Board of Nursing.** *(Extensive list of resources)* https://www.oregon.gov/osbn/Pages/Nurse-Wellness.aspx

- **Stress First Aid for Health Care Workers (2020). Watson, P., & Westphal, R.J. National Center for PTSD** www.ptsd.va.gov

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Preventing Violence in Health Care: Essential Strategies for Nurses and Other Frontline Caregivers. West Virginia Hospital Association 2026.

Resources – WPV & Caregiver Wellbeing

Your Psychological PPE to Promote Mental Health and Well-Being

Individual
- Take a day off and create space between work and home life
- Avoid publicity and media coverage about COVID-19
- Receive mental health support during and after the crisis
- Facilitate opportunities to show gratitude
- Reframe negative experiences as positive and reclaim agency

Team Leader
- Limit staff time on site/shift
- Design clear roles and leadership
- Train managers to be aware of key risk factors and monitor for any signs of distress
- Make peer support services available to staff
- Pair workers together to serve as peer support in a "buddy system"

- **"Psychological PPE": Promote Health Care Workforce Mental Health and Well-Being** https://www.ihi.org/Topics/Joy-In Work/Pages/default.aspx

- **Bullying in the Health Care Workplace** https://www.ama-assn.org/practice-management/physician-health/bullying-health-care-workplace-guide-prevention-mitigation

- **Resiliency Toolkit. A Comprehensive Guide for Health Centers & Their Staff 2022 National Health Care for the Homeless Council (NHCHC) and STAR² Center are HRSA-funded National Training and Technical Assistance Partners (NTTAPs)** https://nhchc.org/wp-content/uploads/2023/01/Organizational-Leadership-and-Resiliency-Toolkit-2022-New.pdf

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Resources – WPV & Caregiver Wellbeing

Chat online at:
online.rainn.org

- **The National Suicide Prevention Lifeline**
  - Call 1-800-273-TALK (1-800-273-8255)
  - Use the online Lifeline Crisis Chat https://suicidepreventionlifeline.org/chat/
  - Text HOME to 741741 to reach a trained 24/7 crisis counselor or call 9-1-1.

- **RAINN (Rape, Abuse & Incest National Network)**
  - National Sexual Assault Hotline: Confidential 24/7 Support Call 1- 800-656-4673

- **Other Hotlines/Helplines**
  - For the Frontlines: Text FRONTLINE to 741741
  - Nurse2Nurse Peer Support Helpline: 1-844-687-7301
  - Mental Health Hotline.org: 1-866-903-3787
  - National Alliance on Mental Illness 1-800-950-6264

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Resources – WPV & Caregiver Wellbeing

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - ○ **SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach**
    https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf
  - ○ **SAMHSA National Helpline: 1-800-662-HELP (4357)**
  - ○ **SAMHSA Disaster Distress Helpline: 1-800-985-5990**
- **US Office for Victims of Crime**
  - ○ **To find local resources https://ovc.ncjrs.gov/findvictimservices/default.html**
  - ○ **The Vicarious Trauma Kit https://ovc.ojp.gov/program/vtt/introduction**
- **Advent Health University**
  - ○ **Vicarious Trauma: Information, Prevention, and Resources**
    https://www.ahu.edu/blog/what-is-vicarious-trauma

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Resources – WPV from Various Nurses Associations

- **American Nurses Association. Workplace Violence - Protect Yourselves, Protect Your Patients. *2025 WPV Position Statement and more.***
  Note: Revised Incivility & Bullying Position Statement to be published in 2026.
  https://www.nursingworld.org/practice-policy/work-environment/wpv/

- **American Nurses Foundation' Well-Being Initiative**

  - ○ **Combating Stress https://www.nursingworld.org/practice-policy/work-environment/health-safety/combating-stress/**

  - ○ **Nurse Well-Being: Building Peer and Leadership Support**
    https://www.nursingworld.org/foundation/programs/nurse-wellbeing/

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Preventing Violence in Health Care: Essential Strategies for Nurses and Other Frontline Caregivers. West Virginia Hospital Association 2026.

Resources – WPV from Various Nurses Associations

- **American Association of Critical-Care Nurses (AACN). Prioritizing Your Well-Being**
  https://www.aacn.org/clinical-resources/well-being

  - **Position Statement: Preventing Violence Against Healthcare Workers**
    https://www.aacn.org/policy-and-advocacy/aacn-position-statement-preventing-violence

- **American Association of Colleges of Nursing (AACN). Developing Nurse Wellbeing and Leadership**
  https://www.aacnnursing.org/our-initiatives/well-being-resilience

- **American Academy of Ambulatory Care Nursing (AAACN). Workplace Safety**
  https://www.aaacn.org/practice-resources/ambulatory-care-nursing/workplace-safety

- **American Psychiatric Nurses Association (APNA). Managing Stress & Self-Care**
  https://www.apna.org/managing-stress-self-care-during-covid-19/

- **Emergency Nurses Association (ENA). Workplace Violence Prevention**
  https://www.ena.org/quality-and-safety/workplace-violence

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Thank You

Questions?

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