A Position Statement on Workplace Violence in the Perianesthesia Setting

The American Society of PeriAnesthesia Nurses (ASPAN) has the responsibility for defining the practice of perianesthesia nursing. An integral part of this responsibility is to promote a safe, appropriate workplace environment for perianesthesia healthcare team.

Background

A healthy work environment is imperative for patient safety and overall job satisfaction. Attributes of a healthy and dynamic work environment include respectful and cooperative relationships. There are four primary types of workplace violence which include the following[1]:

- Criminal intent such as stealing, trespassing, theft, assault
- Customer/client such as patient violence against a member of the healthcare team
- Worker on worker such as violence against co-workers
- Personal relationships such as a former life partner conducts violent behavior against an employee

One form of workplace violence, known as horizontal hostility, has become prevalent in the healthcare setting. Individuals at risk for being targeted include individuals who are, in no particular order[2]:

- Competent and self-assured
- Ethical and moral
- High performers in the workplace
- Highly educated
- Independent
- More technically skilled than the bully
- New graduates/novices
- New to the workplace
- Non-aggressive and non-confrontational
- Perceived as a threat by the bully
- Shy or meek
- Well liked

Horizontal hostility is evidenced by disruptive behaviors among healthcare professionals, especially the nursing workforce.[3] Observed behaviors include bullying, harassment, intimidation, condescending attitudes, outbursts, lateral, or horizontal violence.[4,5] The behaviors consistent with horizontal and lateral violence "can range from overt behavior manifestations such as infighting among nurses; sabotage (where pertinent information is intentionally withheld); passive aggressive behavior; eye rolling in response to a question; or verbal remarks that are snide, rude, and demeaning, to more covert behaviors

including failure to respect confidences and privacy."[5] Workplace incivility is another form of workplace violence that can negatively impact the targeted person, but also individuals in the care environment and the organization.

These disruptive behaviors and contributing factors adversely impact the foundation of a safety culture along with effective communication and patient well-being. This is a particular concern in the healthcare setting because these actions disrupt relationships and create barriers to communication needed to effectively care for patients. In addition to the deleterious effects of disruptive behaviors on members of the healthcare team, patient safety can be compromised by distraction. The experience of violence against one's welfare can perpetuate a fear of ongoing horizontal hostility which can interfere with the willingness or ability to communicate effectively.[6] In response to concerns raised by findings associated with negative workplace behaviors, The Joint Commission has implemented standards which require accredited facilities to define and address all forms of disruptive behavior.

Definitions[7]:

- *Bullying* is defined as behaviors that are purposefully intended to cause the recipient offensive humiliation and harm.
- *Cyberbullying* involves sending or posting harmful or cruel messages or images and using the Internet or other digital devices such as cell phones.[8]
- *Harassment* is a conduct which is unwanted that affects dignity and well-being and creates a hostile or ineffective work environment. This conduct can be directed towards age, sex, race, color, language, sexual orientation, religion, political, physical abuse or contact, verbal or written abuse, offensive language or jokes, or other association of abuses.[9,10]
- *Horizontal/Lateral Violence/Horizontal Hostility* (demeaning and/or intimidating others) is individual or group behavior described as hostile and aggressive behavior towards another member or groups of members of the larger group.[11]
- *Intimidation* includes, but is not limited to, stalking, or engaging in actions intended to frighten and coerce.
- *Physical Attacks* are unwanted or hostile physical contact such as hitting, fighting, pushing, shoving, or throwing of objects.
- *Property Damage* is intentional damage to property.[11]
- *Sexual Harassment* is "unwelcome advances, requests for sexual favors and other verbal or physical conduct of a sexual nature, when submission to or rejection of this conduct explicitly or implicitly affects a person's employment or education, unreasonably interferes with a person's work or educational performance, or creates an intimidating, hostile or offensive working or learning environment."[13]
- *Threat* is the expression of intent to cause physical or mental harm.
- *Workplace Incivility* is an insidious form of workplace violence defined as "low intensity deviant behavior with ambiguous intent to harm the target."[14]

- *Workplace Violence* is an umbrella term which includes, but is not limited to, intimidation, threats, physical attacks, property damage, and sexual harassment.

Position

It is, therefore, the position of ASPAN that all members of the perianesthesia healthcare team must educate and mentor others, empowering them to manage perceived or actual workplace violence and create a culture of no tolerance for incivility or violence. Leaders must develop guidelines within their own settings to incorporate this position statement into their daily practice in order to provide a safe work environment for all healthcare professionals.

Perianesthesia registered nurses are responsible for reporting any disruptive behavior in the workplace to the appropriate leadership team. Early recognition and prevention are critical to creating a safe and therapeutic environment for patients and a safer workplace for healthcare workers.

The following principles and guidelines should be followed:

1. Perianesthesia nurses need to seek out continuing professional development and strategies to help manage workplace violence.[a]

2. The confidentiality and privacy of involved healthcare workers shall be maintained.

3. Perianesthesia nurses should work collaboratively with the leadership or administrative team to establish and implement policies on zero tolerance regarding abuse or violence in the workplace.

4. Education and training programs in horizontal hostility prevention for perianesthesia nurses should be promoted.

5. Violence and/or hostility in the workplace should not be tolerated in any healthcare organization.

6. Upper leadership's involvement in the infrastructure of two-way communication, ability to speak up without fear (just culture) of retaliation, and consistency in the implementation of zero tolerance policy on workplace violence is promoted.

7. Clear guidelines are in place to protect those reporting workplace violence and/or harassment.

8. Mechanisms are in place to identify patients with concerns for domestic or personal violence.

9. Workplaces should have a defined code of conduct which addresses hostility and workplace violence.[1]

[a]Some suggested strategies include[15]:
- *Support a formal workplace violence policy and prevention program*
- *Attend regular prevention training*
- *Foster a climate of trust and respect*
- *Engage methods to reduce negativity and stress in the workplace*
- *Establish procedures and avenues for employees to report threats, other violence, or if there's imminent danger*
- *Document any threats and subsequent responses*
- *Evaluate security systems regularly including alarms, ID keys, and passcodes*

Expected Outcomes

Perianesthesia registered nurses need to familiarize themselves with this position statement and inform and educate colleagues and other healthcare professionals.

Following the principles outlined in this position will result in:

1. Improved and open communications among healthcare workers.

2. Decisive actions against workplace violence, hostility, and incivility.

3. Open door policies and easy access to nursing leadership.

4. Improved professional development opportunities through in-services, seminars, or continuing professional development for the healthcare team on how to manage bullying.

5. Development of policies and procedures on workplace violence and how to resolve conflict.

6. Development of standards for leadership teams to follow-up when complaints are made.

7. Availability of support systems for victims and bystanders of workplace associated violence (e.g., peer support, employee assistance).

Approval of Statement

This position statement was reviewed and recommended by the ASPAN Safety Committee in February 2009.

This position statement was recommended by a vote of the ASPAN Board of Directors on April 18, 2009, in Washington, DC, and approved by a vote of the ASPAN Representative Assembly on April 19, 2009, in Washington, DC.

This position statement was updated and revised at the October 2019 meeting of the Standards and Guidelines Strategic Work Team in Dallas, Texas.

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