

INSIGHTS: Summarizing Recent Research on Workplace Violence in Hospitals

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Publication: Five Topics Overlooked in Workplace Violence Discussions in Health Care Settings ([link](#) to original article)

Key Findings

Five key gaps are identified. First, **professional role ambiguity**: many nurses view WPV prevention as outside their core clinical duties, leading to underreporting and increased stress. Second, **ethical tensions** arise when staff must balance patient care responsibilities with personal and team safety, particularly when dealing with aggressive or high-risk patients. Third, **engagement is underutilized** as a proactive strategy; building trust, demonstrating empathy, and maintaining a calm presence can prevent escalation but are often deprioritized in fast-paced environments.

Fourth, **organizational constraints**—including staffing shortages, task-driven workflows, and siloed care models—limit the ability of staff to engage meaningfully with patients or respond collaboratively to emerging threats. Finally, the article warns of unintended consequences from **risk-averse environments**, where strict “zero tolerance” policies and overreliance on security responses may escalate situations, increase patient distress, and undermine therapeutic relationships.

Nurses’ de-escalation efforts should be viewed within the broader context of organizational factors that may limit their effectiveness and directly influence nurses’ responses.

The authors emphasize that WPV is not solely a behavioral issue but a systemic one shaped by culture, workflow, and leadership priorities. **Effective prevention requires a shift from technique-based training to a broader, principle-based approach grounded in trauma-informed care, relational competence, and organizational culture change.** Integrating these elements can improve both staff safety and patient outcomes.

Why This Matters

- **Workforce stability:** WPV contributes to burnout, psychological distress, and staff attrition.
- **Patient safety and experience:** Escalation events disrupt care and damage trust.
- **Operational risk:** Overreliance on reactive security measures can worsen incidents and increase liability.
- **Strategic alignment:** WPV reflects broader organizational culture, staffing, and care delivery models.

Strategic Implications & Recommended Actions

Area	Recommendation	Practical Actions
Professional Role	Integrate WPV into duty of care	Clarify expectations; include WPV in competencies and evaluations
Ethics & Decision-Making	Address ethical tensions explicitly	Provide ethics training and structured debriefs after incidents
Engagement	Emphasize proactive communication	Train staff in presence, empathy, and active listening techniques
Operations	Reduce structural barriers	Adjust staffing models; allow time for patient engagement
Team Response	Strengthen collaboration	Implement team-based response models vs. isolated staff handling
Culture	Move beyond zero tolerance	Balance safety policies with context-sensitive, trauma-informed approaches
Risk Management	Avoid over-reliance on security	Use security as support, not default; prioritize de-escalation first
Leadership	Build a safety culture	Align policies, reporting, and support systems with frontline realities