

Heart of Safety Coalition

Insights Huddle recap

April 2025

Strategic approaches to de-escalation to reduce workplace violence

Our sincere gratitude to [**Sarah-Marie Baumgartner, RN**](#), emergency room nurse and host of the Security Nurse podcast, [**Scott L Costello, LCSW**](#), Director of Behavioral Health Services at Synergy Behavioral Health and University of Chicago Medical Center, and [**John Oast, MS, CHPA**](#), Director of Security Services at Geisinger Health System, for sharing their knowledge and experience on our Insights Huddle focused on de-escalation training. Below is a summary of the discussion.

Key premise:

Addressing workplace violence continues to be a top priority for healthcare leaders. In addition to implementing codes of conduct and other policies, procedures and resources to protect team members, many organizations use de-escalation training as a proactive approach to help prevent situations from rising to violence. Because de-escalation is based in human connection and communication, de-escalation training for care team members can help support a culture of respect and safer healthcare experiences for patients, visitors and healthcare workers.

Topic overview:

Industry insights:

- Workplace violence has increased over the past decade, exacerbated by the COVID-19 pandemic.
- Nurses often bear the brunt of violence in healthcare environments due to high patient contact, which can create burnout and frustration.
- There's a growing national conversation about workplace violence, but recognition, resources and policies vary by organization and state.
- There's often a disconnect between staff and leadership.
 - Many bedside team members have felt their experiences of violence were invisible to leadership.
 - Recent initiatives are helping bridge this gap, especially with institutional backing and committee structures.
- There are efforts to address workplace violence.
 - University of Chicago Medical Center created a Workplace Response Committee, implemented de-escalation training, and launched a Patient Aggression Care Team for post-incident staff support.
 - Geisinger Health has prioritized de-escalation training since 2011, which includes active shooter training as well as codes of conduct for patients and visitors.

De-escalation overview

De-escalation is a skill, process and goal for reducing patient agitation using specific techniques.

- **Effective techniques:** Active listening, validation, empathy and open-ended questions are core counseling strategies.
- **Key misconception:** It's not about "talking someone down." It's about listening and making them feel heard.
- **Limitations:** Less effective in cases of intoxication or delirium, but still highly valuable overall.
- **Preventive approach:** Best used at early signs of agitation, not during full escalation.
- **Meta-communication:** Beyond words, tone and engagement convey care, which fosters cooperation and reduces violence.

Key considerations

- People who are agitated are often good people having bad days. Simple, empathetic conversations can prevent escalation.
 - Recognize your own emotional responses to help build empathy.
 - Escalation can be a bid for control.
 - Escalation often results from fear. Understand patients' fears and use "co-regulation" to manage escalating emotions.
- Visible leadership engagement and team members supporting one another create a greater environment of safety.
- De-escalation tactics can and should be integrated into routine patient interactions.
 - Proactively identify and address sources of fear during patient assessments to help prevent escalation.
 - Practice empathy, active listening and validation in calm moments to build fluency that serves well during tension.

Training design and accessibility

- Programs that combine in-person role playing with computer-based modules allow broad reach while retaining nuance.
- Include clinical voices in training to help with scenarios or other ways to integrate de-escalation into clinical practice.
- To gain support and resources, refer to regulatory mandates that require health systems to report and address workplace violence systematically.

Bias awareness

- Implicit bias is a form of emotional reactivity (fear, anger, anxiety). Teaching clinicians to identify and interrupt these responses with objective measures like the behavioral anchored rating scale (BARS) scale helps reduce bias in assessing risk.
- Bias can influence reporting—what one person tolerates, another might report. Build cultural and racial humility into training and encourage consistent standards.
- De-escalation training should reference implicit bias, but the topic is too large to address fully in the context of de-escalation training.

System support

- De-escalation isn't a skill solely for security personnel or clinicians providing patient care. It's a system responsibility.
- Process inefficiencies, staffing shortages, tech challenges, etc. can increase the likelihood of frustration that may escalate to verbal or physical violence for patients, visitors and staff.

- Incidents may be underreported.
 - Provide meaningful support.
 - Make reporting part of the culture, and make it easy.
 - Use passive data collection.
 - Geisinger links information from multiple reporting systems (MIDAS reports, security reports, duress alarms, injury reports from worker's compensation and employee health, etc.) to get a more complete picture of trends and risks.

Discussion overview:

Our discussion centered on protecting a broad range of care team members. We recognized that additional approaches are needed to support people in behavioral health environments where dysregulation is more common, or in home health, where care team members have less control over their environments and no easy recourse for help. We also discussed finding organizational partners whose work aligns, including HR, offices of employee wellbeing development, communications and marketing. This cross-fuctional collaboration can be especially helpful to build connections and reduce training fatigue. Finally, we touched on the need for collecting data from multiple sources to see the full picture, including periodic assessments of team member wellbeing. Workplace violence should never be considered just part of the job. Even if a verbal threat and seemingly small incidents tend to “roll off your back,” the cumulative impact over time can make an impact one's psychological, emotional and physical safety.

Additional resources:

- Report: [Patient code of conduct](#)
- Report: [The three pillars of care team safety](#)
- Podcast: [A nurse-security liaison supports safer healthcare environments](#)
- Podcast: [Security personnel as an extension of the care team](#)
- [Insights Huddle: Trauma-informed leadership](#)

If you have topic ideas or best practices you want to share to improve the safety and wellbeing of healthcare team members, email HeartofSafetyCoalition@stryker.com.

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About the Heart of Safety Coalition

The Heart of Safety Coalition places care team member safety and wellbeing at the heart of healthcare. This national community of leaders, learners and advocates ensures that voices are heard, connections are made, and standards are raised to inspire systemic, team and individual change that improves working and healing environments. The Coalition's three pillars of care team safety advance the Heart of Safety Declaration, which intersects the essential wellbeing principles of dignity and inclusion, physical safety, and psychological and emotional safety. Driven by its mission to make healthcare better, Stryker supports and manages the Coalition.

Learn more at www.HeartofSafetyCoalition.com.