



Violence and Aggression Towards Nurses

Purpose

The purpose of this statement is to confirm the NZNO position that violence and aggression towards nurses is never acceptable in any context or in any health setting.

Introduction

NZNO definitive statement acknowledges the unacceptability of violence and aggression towards nurses and acknowledges the damage it does to those who experience it. Those directly affected include members of the health care team and other witnesses to these events such as health consumers and their family or whānau. Other individuals and groups may also experience secondary effects as a result of supporting colleagues who have experienced violence and aggression.

Definition

For this statement, violence and aggression towards nurses is defined as: physical assault; verbal abuse; threats and aggressive behaviours; including physical contact, threats of a sexual nature, and/or the use of a weapon (Australasian College for Emergency Medicine, 2017).

Background

The International Council of Nurses (2017) report considerable research and evidence-based material outlining the escalating incidence, impact, and implications of health workplace violence and aggression and that nurses are the most at risk group in the health sector. The Aotearoa New Zealand literature includes a “zero tolerance” to violence position statement published by the NZNO College of Emergency Nurses (2016).

New Zealand Aotearoa context

Richardson et al., (2018) audited instances of violence and aggression towards nurses in an emergency department (ED) in Aotearoa New Zealand, and highlighted a number of issues including:

- failure to report incidents of violence and aggression;
- high levels of verbal abuse, contributing to a culture which normalises violence;
- nurses as the health professionals most likely to be targeted and at greatest risk of violence and aggression;
- female staff more likely to be abused than male;
- days and times of day when violence is more likely to occur are Friday and Saturday afternoons and evenings; and
- alcohol intoxication is a significant contributing factor in many incidents of violence and aggression in ED.



Culture of under- reporting of violence and aggression

It is no longer acceptable that nurses tolerate and excuse acts of violence and aggression toward them as “just part of the job”. Under-reporting of such incidents has contributed to violence and aggression being underestimated, normalised and its implications minimised across the whole of the health service.

This is also exacerbated by inadequate or inefficient reporting systems, the design of physical environments and management approaches that do not meet the requirements of the Health and Safety at Work Act (2015). The Act unequivocally puts the responsibility on employers for the health and safety of their workers.

Ford et al., (2018), in another audit in the same ED, collected data in 2013 and 2017. The health consumers who attended the emergency department who had consumed alcohol in the four hours before attending ED:

- had purchased the alcohol from community retail outlets and consumed it at home or other private venues;
- stated that a specific drinking episode contributed to their attendance;
- were assessed by ED clinical staff who judged that alcohol consumption causally contributed to the condition which prompted their visit to ED; and
- exhibited outward signs of alcohol intoxication, using a standardised intoxication scale developed by the New Zealand Health Promotion Agency.

Violence and aggression in health settings

Violence and aggression in mental health settings has been investigated for a number of years in Aotearoa New Zealand. Ng, Kumar, Ranclaud and Robinson (2001) found patient, staff and environmental factors, along with staff-patient dynamics, created a complex set of triggers that precipitated violence in inpatient settings. The risk of violence and aggression towards health-care workers in primary and community care, aged care and inpatient services is also increasing. This is a symptom of under-resourced services, in which the safety and well-being of health consumers, nurses and other staff is dangerously compromised.

NZNO members highlight the link between violence and abuse, and substance use - including alcohol and, increasingly, methamphetamine and synthetic drugs - by health consumers and visitors to health-care facilities.

There is a growing body of academic literature exploring the prevalence, origins and impact of violence in New Zealand health care, and its relationship to nurses in particular (Baby, 2013; Ball, 2016; Marshall, Craig & Meyer, 2017; Rolls, 2006; Singh, 2015). Growing levels of physical violence, and recognition of intolerable conditions in the health service, including overcrowding in facilities (Ng et al 2001), have been reflected in a flow of media reports which have highlighted society’s concern (Manch & Desmarais, 2019; Davidson, 2018; Leaman, 2018; Russell, 2018; Tapaleao, 2018).

NZNO’s recommendations

The safety of health consumers and their family or whānau, and nurses and other health workers is a primary concern of NZNO. To this end, NZNO will lobby the Government:

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- for adequate resourcing of the whole health sector, so those whose violent and aggressive behaviour is a result of a mental health or medical condition must receive treatment in an environment where they and others, including staff, are safe;
- to instruct and resource WorkSafe to establish a national working group to oversee co-ordinated and standardised responses, make recommendations and report on progress regarding violence and aggression in the health sector;
- for nurses to participate, at all levels and sectors of the health service, in discussions and innovations aimed at preventing, responding to and managing violence and aggression;
- to initiate a national campaign highlighting workplace violence and a zero-tolerance approach;
- to honour its obligations under the recently-signed International Labour Organization's Violence and Harassment Convention 2019;
- for legislation (mirror-ing other countries' laws) which includes mandatory reporting, imposes greater accountability and penalties on those found guilty of perpetrating violence and aggression towards nurses and other health workers, and which specifically includes nurses (the group most at risk but which is not covered) in the Protection for First Responders and Prison Officers Bill, currently before the House; and
- research into the incidence and prevalence of violence towards nurses and other health workers and the management and prevention of violent incidents.

NZNO will ensure that employers of nurses and other health workers:

- identify, assess and minimise risks of violence and aggression in the health service, and report and investigate incidents using a just and fair culture approach (HQSC, 2019);
- manage incidents and provide tangible solutions;
- where an employer fails in this duty of care, WorkSafe investigates, using its powers and applying the penalties available under the Health and Safety at Work Act (2015);
- review existing systems and reporting processes, to ensure they are responsive to the needs of the whole health sector; and
- provide nurses requiring sick leave with an employer top-up of Accident Compensation Corporation (ACC) payments for injury, so nurses are not financially disadvantaged following such an injury.

In collaboration with its members, NZNO will facilitate:

- members reporting any and all instances of violence and aggression they experience, using a violent incident reporting mechanism(s) in their workplace, along with mandatory reporting to WorkSafe;
- nurses initiating, and being involved in, developing policies and procedures to minimise and manage violence in their workplaces, including the design of physical work spaces, and dealing with overcrowding and understaffing; and
- ongoing research, via NZNO's biennial employment survey of members, to establish a database of incidence and prevalence.

Conclusion

This position statement is part of NZNO's response to members' urgent concerns about the escalating incidence of violence and aggression at work. Members' duty of care to health consumers and whānau remains central to clinical practice. However, members are now asserting their right to be safe from harm at work and with the support of NZNO will use all available legislated and regulatory mechanisms to ensure their safety. Ultimately, this will ensure the safety of everyone in health-care environments.

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References

- Australasian College for Emergency Medicine. (2017). *Violence in Emergency Departments*. Retrieved June 20, 2019, from <https://acem.org.au/getmedia/a3358b1b-f126-4e49-8a8b-0a718275c148/P32-Policy-on-Violence-in-EDs-Mar-11-v02.aspx>
- Baby, M. (2013). *Mental Health Nurses' Experiences of Patient Assaults*. Unpublished master's thesis, University of Otago, Dunedin, New Zealand
- Ball, C. (2016). *Are we ready yet? New graduate nurses' experiences of workplace violence and aggression and their sense of readiness*. Unpublished master's thesis, University of Otago, Dunedin, New Zealand.
- College of Emergency Nurses New Zealand. (2016). *Position Statement: Zero Tolerance of Violence Towards Nurses*. Retrieved from <https://www.nzno.org.nz/Portals/0/Files/Documents/Groups/Emergency%20Nurses/CENNZ%20Position%20statement%20on%20violence%20in%20EDs.pdf>
- Davidson, I. (2018, June 8). Emergency department violence hugely under-reported as nurses don't have time to make complaints. *New Zealand Herald*. Retrieved from https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12066289
- Ford, K., Foulds, J., Coleman, O., Ardagh, M., Pearson, S., Droste, N., Newton-Howes, G., & Sellman, J. D. (2018). Alcohol-related emergency department attendances after the introduction of the Sale and Supply of Alcohol Act 2012. *New Zealand Medical Journal*, 131(1483), 40-49. Retrieved from <http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2018/vol-131-no-1483-5-october-2018/7710>
- Health Quality and Safety Commission. (2019). *Just and fair culture*. Retrieved from <https://www.hqsc.govt.nz/our-programmes/medication-safety/publications-and-resources/publication/3651/>
- International Council of Nurses. (2017). *Position Statement: Prevention and management of workplace violence*. Retrieved from https://www.icn.ch/sites/default/files/inline-files/PS_C_Prevention_mgmt_workplace_violence.pdf
- Leaman, A. (2018, July 15). Increase in abuse, assaults on hospital staff. *Stuff National*. Retrieved from <https://www.stuff.co.nz/national/health/105417324/increase-in-abuse-assaults-on-hospital-staff>
- Manch, T., & Desmarais, F. (2019, June 11). Bashed nurses fed up with inaction following Hutt Hospital assaults. *Stuff National*. Retrieved from <https://www.stuff.co.nz/national/health/113367785/bashed-nurses-fed-up-with-inaction-following-hutt-hospital-assaults>
- Marshall, B., Craig, A., & Meyer, A. (2017). Registered nurses' attitudes towards and experiences of aggression and violence in the acute hospital setting. *Kai Tiaki Nursing Research* 8(1), 31-36.
- Ministry of Justice. (2015). *Health and Safety at Work Act*. Retrieved from <http://www.legislation.govt.nz/act/public/2015/0070/52.0/DLM5976660.html>
- Ng, B., Kumar, S., Ranclaud, M., & Robinson, E. (2001). Ward crowding and incidents of violence on an acute psychiatric inpatient unit. *Psychiatric Service* 52(4), 521-525. <https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.52.4.521>



- Richardson, S., Grainger, P., Ardagh, M., & Morrison, R. (2018). Violence and aggression in the emergency department is under-reported and under-appreciated. *New Zealand Medical Journal*, 131(1476), 50-58. Retrieved from <http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2018/vol-131-no-1476-8-june-2018/7584>
- Rolls, S. L. (2006). *An exploration of workplace violence in the Emergency Department: Are emergency nurses safe?* Unpublished master's thesis, Victoria University of Wellington, Wellington, New Zealand
- Russell, E. (2018, July 16). New Zealand hospital staff abused daily: 'It's time to talk'. *New Zealand Herald*. Retrieved from https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12086372
- Singh, R. (2015). *Workplace violence against psychiatric nurses and the impact on nursing practice: an integrated review*. Master's thesis, University of Otago, Dunedin, New Zealand. Retrieved from <https://acem.org.au/getmedia/a3358b1b-f126-4e49-8a8b-0a718275c148/P32-Policy-on-Violence-in-EDs-Mar-11-v02.aspx>
- Tapaleao, V. (2018, November 29). Nurse suffers second-degree burns after mental health unit patient throws boiling water over her. *New Zealand Herald*, Retrieved from https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12168627

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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