Violence in the workplace

Workplace violence refers to "incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health" (1).

There is a continuum of violence that nurses may experience in the workplace. Workplace violence includes actual and attempted incidents of physical and psychological violence which may be in the form of sexual, physical, and/or verbal assault or abuse, bullying and harassment in circumstances related to work. In healthcare settings, the source can be any person, including patients and their families other healthcare workers, assistants in nursing, work colleagues and managers.

Violence against healthcare workers is a widespread problem that occurs globally (2). Violence not only affects nurses directly, but negatively affects patient outcomes, can cause barriers in access to healthcare, increases healthcare costs and undermines the functioning of health systems.

Workplace violence has multifactorial causes that go beyond factors related to the perpetrator or victim. These include situational, organizational, interactional, structural, and societal factors. High workloads; low participation in decision making; low job control; inadequate staffing; a lack of training and professional development; minimal and/or minimum terms and conditions of employment; and closed, hierarchical organizational structures and cultures can all trigger and exacerbate incidents of workplace violence. Factors related to health systems, such as long waiting times, can also lead to violence against healthcare workers from patients and families (2, 3).

Staffing patterns, inadequate support, shift work, lack of security in health settings and during home visits, the nature of nursing care, demanding workloads, and poor work relationships are significant factors in the working environment that should specifically be considered and addressed as part of risk assessment systems and processes.

As the majority of the nursing workforce is female, discrimination and gender inequality in the workplace remain very significant challenges in the health sector as well as in society at large.

Under-reporting of workplace violence has hampered the development and implementation of effective prevention and management strategies. Other barriers include the lack of proof in the absence of physical injuries, inconvenient and time-consuming reporting systems, lack of support from management and health leaders.
and fear of retribution, blame or less favourable treatment from managers and/or colleagues (4-6).

Workplace violence negatively affects both the victims and observers, and similar behaviours can be adopted as a social norm or coping strategy by those nurses who are the victims or observers (7). The effects of workplace violence can extend beyond the workplace affecting both the victims’ and observers’ family and social lives. It can result in a range of psychological and physical symptoms that may range from mild to severe. Workplace bullying is associated with lower levels of staff satisfaction and morale, increased absenteeism and attrition rates and intention to leave one’s job and nursing as a profession (8).

Violence experienced by healthcare workers may also result in adverse events for patients including falls, medical errors, and delay in administration of medication. In addition to diminished safety, the quality of care and the patient’s experience of care can be negatively affected which may deter people from accessing care.

Workplace violence can also increase healthcare costs including direct (lost productivity, absenteeism, increased turnover) and indirect (loss of expertise and management time devoted to investigation) financial costs and qualitative (effects on standards of care, impact on staff morale, and loss of organizational reputation) and human (safety and welfare of staff and patients) costs (6, 9).

**ICN Position & Recommendations**

The International Council of Nurses (ICN) strongly condemns any form of violence against nurses and other healthcare professionals and staff. Such actions violate the human rights of nurses and of all other persons who are all entitled to freedom from harm in the workplace and in health settings.

ICN condemns acts of violence perpetrated by anyone, including nurses, against any person, including other health care professionals, colleagues, patients, children, older persons, and members of the public.

Nurses are a category of healthcare worker at particular risk and should therefore be considered a priority group in ensuring risk assessment system and processes are in place alongside strategies to mitigate risk and protect staff (10).
ICN firmly believes that violence in the health workplace threatens the delivery of effective patient services and, therefore, patient safety. If quality care is to be provided, nurses must be ensured a safe work environment and respectful treatment.

ICN promotes and assists in the development of policies that reflect a “zero tolerance” of violence of any form from any source in any workplace. ICN extends this zero tolerance to violence and abuse perpetrated by nurses themselves. ICN urges all organizations that employ, regulate, educate, represent or support nurses to promote and actively work to ensure “zero tolerance” of any forms of workplace violence. However, ICN also recognises that incidents of violence in the workplace remain widespread, the causes are often complex and multi-faceted and that there is a risk that zero tolerance alone can result and under reporting.

ICN therefore calls for a genuinely systems-wide approach to creating safe working and care environments for everyone. This should include prevention strategies, education and training, open, no blame and respectful rights-based organisational cultures, “facts not faults” investigation and leadership that models behaviours and both supports and encourages reporting. In addition, healthcare systems and environments should be designed with the patient at the centre and have open and clear communication systems in place. Cooperation and partnerships with other organizations across both health and non-health sectors are important to achieving this along with adequate resources.

ICN believes that every nurse has a personal responsibility to report and effectively intervene when incidents of violence and abuse occur in the workplace. Equally, employers must ensure reporting mechanisms and support systems are in place.

In conflict and war zones healthcare staff and facilities must be respected by all and ICN endorses the United Nations Universal Declaration of Human Rights (1948) as well as the Geneva Conventions (1949).

**Nursing professional and regulatory organizations and trade unions are called on by ICN to:**-

- Develop and disseminate policies in relation to workplace violence prevention throughout all healthcare professions and among all workers in the health sector, and advocate for good practices
- Raise awareness among the public and the nursing community of the signs and symptoms of violence against nurses and other healthcare professionals and workers in the health sector
• Negotiate the introduction and maintenance of appropriate legislative and regulatory protections, violence reduction strategies, security measures, grievance procedures and systems to raise concerns in both work and learning environments based on the no blame principle
• Support nurses, including facilitating access to legal aid when appropriate
• Contribute to a set of reliable data on violence in the health sector
• Lobby and work with health leaders to build partnerships to introduce and campaign for safe and respectful work and learning environments
• Monitor, challenge and highlight organizations that fail to meet occupational health and safety obligations
• Support educational institutions and providers of healthcare to introduce formal training with regard to workplace violence

**Governments are called on by ICN to:**

• Support healthcare professionals and all workers in the health sector to collaborate to promote and sustain a safe and healthy work environment without violence
• Ensure comprehensive and effective legal standards and protections are in place
• Ensure adequate investments in healthcare to maintain the adequate number of healthcare professionals and better working conditions
• Commit to the principle of zero tolerance and no blame

**Employers are called on by ICN to:**

• Ensure access to counselling services for nurses (victims and perpetrators of violence), including support during reporting/compensation and claim procedures
• Ensure awareness of and access to existing resources available to nurses to deal with workplace violence
• Create or facilitate user-friendly, confidential and effective reporting mechanisms
• Comply with all occupational health and safety obligations, including developing adequate staffing levels, work methods that support quality care, and promoting safe behavioural patterns
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• Ensure appropriate and effective risk management systems, policies and procedures are in place and regular auditing to determine compliance
• Provide and advocate for improved education and on-going training in the recognition and management of workplace violence

Nurses and all other healthcare professionals are called on by ICN to:-

• Participate in the development and implementation of violence prevention strategies
• Report formally the incidents of violent behaviours
• Behave respectfully to colleagues, managers, patients, residents and their families
• Share the experience of violence in the workplace to improve risk assessment of dangerous or potentially dangerous situations
• Participate in the development and implementation of workplace violence prevention and management training.

Formerly “Abuse and violence against nursing personnel”
Adopted in 2000
Reviewed and revised in 2006 and 2016

References


