Summary of the Recommendations for Preventing and Managing Violence in the Workplace

The following recommendations are organized using the key concepts of the Healthy Work Environments Framework:

- System recommendations,
- Organizational recommendations, and
- Team/Individual recommendations.

RECOMMENDATIONS	
SYSTEM RECOMMENDATIONS	**1.0 Governments**
	1.1 Governments promote a workplace[1] free from violence by:
	a. Enacting and enforcing legislation that promotes a violence-free workplace. This would include a review of existing legislation[2] and regulations in consultation with professional associations, regulatory bodies, unions and health service organizations. Such legislation must include mandatory reporting and whistle-blower protection for those who report violence in the workplace. It must also include structural changes that equalize power bases, as this is a key contributor to aggression.[3] Specifically, it must transform legislated Medical Advisory Committees into legislated Interprofessional Advisory Committees that will allow all health-care providers to participate fully in creating a healthy work environment and excellence in patient care. This does not preclude the utilization of discipline-specific professional practice committees to address discipline-specific practice issues.
	b. Disseminating broadly the resources required to assist with implementation of revised legislation.
	c. Ensuring adequate funding for staffing, mandatory education and leadership development to prevent, identify and respond to violence in the workplace.
	d. Role modeling respectful behaviours towards nurses and other health-care professionals and ensuring that they are involved in planning and decision-making processes related to health, safety and wellness issues.
	e. Developing and monitoring organizational accountability. This would include, but not be limited to, indicators to measure effectiveness of prevention programs, prevalence and incidence of violence in the work setting, as well as fair and consistent responses to the reporting of violence, regardless of the power base of those involved in the violence.
	f. Reviewing and responding to recommendations from coroners' inquests in keeping with the development of a workplace free of violence.
	1.2 Governments fund, and engage with communities in developing and implementing multisectoral strategies that address the root causes of violence, including the social determinants. These strategies must improve health and strengthen communities.[4]

Notes:

1. In this guideline the term workplace is defined as all service and academic settings.

2. In Ontario this would include, but not be limited to, the *Public Hospital Act*, the *Regulated Health Professions Act*, *Occupational Health and Safety Act*, *Workplace Safety and Insurance Act,* and the *Labour Relations Act*.

3. In Ontario this would include transforming the Medical Advisory Committee (MAC) into an Inter-professional Advisory Committee (IPAC). This structure already exists in the Local Health Intergration Networks (LHINs) and serves as the standard for professional structures in all health-care organizations.

4. In Ontario this can be facilitated by the LHINs.

RECOMMENDATIONS

SYSTEM RECOMMENDATIONS

2.0 Research

2.1 Researchers partner with governments, professional associations, regulatory bodies, unions, health service organizations and educational institutions, to conduct research into workplace violence. The goal is to increase understanding of preventive measures, early identification, occurrences of violence and their impact on staff and staffing, retention and recruitment of nurses and other health-care professionals, and organizational performance.

2.2 Interprofessional researchers study the:

a. Prevalence and incidence of violence in workplaces throughout all types of organizational settings and in all sectors.

b. Nature of mitigating factors influencing violence in the workplace including incivility experienced by nurses and other health-care workers, nursing students and educators in academic and clinical practice settings.

c. Range of impacts of bullying and violence in the workplace (including health effects, career, financial and professional effects) on targeted nurses and other health-care workers, and on patient/client, organizational and system outcomes, including quality of care.

d. Existence and effectiveness of current management philosophies and practices to assess risk, prevent and manage violence in the workplace.

e. Efficacy of programs to assess the nature and prevalence of violence and prevent it, evaluating the effectiveness of existing and future workplace violence training and education programs.

2.3 Researchers develop, implement and evaluate research on the conceptual model constructed for these guidelines to assess its fit with the concept of workplace violence.

3.0 Accreditation

3.1 Accreditation bodies develop and implement standards in the accreditation process that support violence-free workplaces and incorporate recommendations contained in this guideline into their standards.

4.0 Education

4.1 Education for all health-care professionals includes:

a. Formal and informal opportunities for discipline-specific and interprofessional students to develop and demonstrate the ability to recognize, prevent and manage violence in the workplace.

b. Opportunities for students to learn how to protect themselves from violence in the workplace.

c. Appropriate communication strategies for responding to conflict and/or "escalating aggression" in the workplace from patients, peers and other health-care professionals, supervisors and faculty.

d. Learning related to how, and when, to use formal reporting methods for addressing violence in the workplace.

e. Supporting students in recognizing the impact of violence in the workplace on health, career and life, and encouragement to seek individual, organizational and systemic solutions.

f. Opportunities for participants to examine the workplace culture using critical social theory perspectives.

BACKGROUND

BACKGROUND

	RECOMMENDATIONS
SYSTEM RECOMMENDATIONS	g. Ensuring that students are informed and adhere to academic and service health and safety policies and procedures related to the prevention and management of violence in clinical placements.
	4.2 Education programs and educators for all health-care professionals: a. Recognize that intended and unintended forms of incivility, aggression and violence enacted in academic and clinical settings can serve to reproduce and escalate violent behaviours and practices between and among all health-care professionals in academic and health-care organizations. b. Review and respond to recommendations from coroners' inquests to ensure that programs are in keeping with the development of a workplace free of violence.
	4.3 Academic settings role model a violence-free environment and culture by fully adhering to their organizational policies, procedures and practices, and augmenting any gaps in those with recommendations included in this guideline.
	5.0 Professional, Regulatory and Union Bodies
	5.1 Professional, regulatory and union bodies for health-care professionals: a. Serve as role models through the creation of safe, respectful and violence-free environments within their workplace's staff, board of directors, committees and volunteers. b. Establish outreach programs that address violence in the workplace. c. Reflect the importance of safe, respectful, violence-free working environments in all applicable policies, standards, guidelines and educational materials developed by the organizations. d. Develop and collaborate with others to communicate common education and advocacy messages, that advance violence-free working environments. e. Educate health-care professionals and the public regarding violence in the workplace, including systemic, organizational and individual prevention, early detection and management. f. Review and respond to recommendations from coroners' inquests to ensure that standards and educational programs are in keeping with the development of a workplace free of violence.
ORGANIZATIONAL RECOMMENDATIONS	**6.0 Organizational Recommendations**
	6.1 Service and academic organizations promote and support a workplace free of violence by: a. Ensuring that the safety of staff, physicians, volunteers and students is aligned with the organization's values and is a strategic priority which is fully integrated into corporate and service specific goals. b. Developing and implementing a violence prevention policy and program that addresses all forms of violence in the workplace. The policy and program adopts clear codes of behaviour that guide all internal and external stakeholders in addressing all forms of violence or potential violence and institute mandatory reporting as well as whistle-blower protection for those who report incidents of actual or potential violence. c. Identifying situations where there is imbalance of power, such as employer/employee, physician/nurse, student/staff and ensuring structural changes to equalize power bases, as this is a key contributor to aggression.

RECOMMENDATIONS

ORGANIZATIONAL RECOMMENDATIONS

d. Ensuring structures and processes are in place that enable all health-care professionals to have a shared role in organizational and clinical decision making.

e. Adopt patient/family/relationship-centred care models and introduce strategies to promote respect among all members of the health-care team, patients/clients and other stakeholders.

f. Identifying strategies to recognize and respond to employees' personal situations that may expose themselves, and other co-workers to violence danger.

g. Ensuring that any disruptive behaviour by employees, physicians, volunteers and students is addressed in a timely manner through performance improvement/disciplinary processes that include competencies related to promoting a violence-free workplace.

h. Reviewing and responding to recommendations from coroners' inquests in keeping with the development of a workplace free of violence.

6.2 Service and academic organizations introduce the appropriate controls to establish a comprehensive prevention program and continuously monitor the progress towards a violence-free workplace by:

a. Conducting ongoing risk/hazard assessments that include employees, physicians, volunteers and students input to ascertain the risk of potential and actual violence in the workplace including monitoring incidents of actual and potential violence so that specific strategies for ongoing improvement can be identified.

b. Ensuring that appropriate environmental, administrative, work/care and safety practices are implemented to promote a violence-free environment.

6.3 Service and academic organizations ensure all employees, physicians, volunteers and students have the knowledge and competencies related to promoting a violence-free, healthy work environment by:

a. Providing resources for ongoing mandatory education.

b. Educating all administrators, clinicians in all roles, and support staff on how to respond to and manage violence in the workplace, including implementation and evaluation procedures.

c. Creating and delivering a clear communication strategy to ensure that all persons who have a relationship with the organization are aware of the violence-free program including the processes for mandatory reporting and responding to incidents of violence in the workplace.

6.4 Service and academic organizations develop and implement a process to evaluate the violence in the workplace prevention program by:

a. Developing and monitoring organizational accountability. This would include, but not be limited to, indicators to measure effectiveness of prevention programs, prevalence and incidence of violence, as well as fair and consistent response to reported violence regardless of the power base of those involved in the violence.

BACKGROUND

RECOMMENDATIONS	
ORGANIZATIONAL RECOMMENDATIONS	6.5 Service and academic organizations create a strategy for immediate and organized response to direct threats of violence by simultaneously: a. Ensuring safety/security measures are immediately implemented. This includes contacting police when appropriate. b. Immediately investigating all reports of direct threat of violence. c. Securing timely response measures, corrective action, assistance and support to target(s), and appropriate follow up. d. Making workplace accommodations such as, but not limited to, changing staff schedules and/or making work/study re-assignments as necessary.
TEAM/INDIVIDUAL RECOMMENDATIONS	**7.0 Team/Individual Recommendations** 7.1 All employees, physicians, volunteers and students: a. Acquire the knowledge and competencies to prevent, identify, and respond to potential violence. b. Engage in self-reflective practice and examine how one's behaviour impacts others and how the behaviour of others impacts them. c Practice and collaborate with team members in a manner that fosters respect, trust and prevents violence. This includes refraining from as actions such as gossiping, bullying, harassment, socially isolating others, pushing, throwing elements, or any other behaviours that constitute aggression. d. Contribute to the development of organizational strategies to prevent, identify and respond to violence. e. Fully adhere to organizational policies, procedures and practices related to preventing, identifying and responding to workplace violence. f. Follow organizational processes related to mandatory reporting, seeking support and providing support to others when potentially violent situations are identified or violent situations occur.

BACKGROUND