

Briefing Note: Preventing and Managing Violence in the Workplace

Preventing, recognizing and managing violent acts in the workplace is urgently needed to secure healthy work environments for nurses and other health care workers. Acts of aggression and violence can be verbal, physical and/or emotional and can range from gossiping, to bullying, harassment, socially isolating others, pushing, throwing things, and any other aggressive behaviour. Perpetrators include health-care professionals, patients or patients' family members.

Many nurses who experience violence don't talk about their experiences for fear of losing their jobs or enduring retaliation and further confrontation. For years, violence against health professionals was rarely discussed; but cases such as the tragic death of Lori Dupont in 2005, a registered nurse at Windsor's Hotel Dieu Grace Hospital who was murdered while on duty by her former boyfriend, an anaesthesiologist at the same hospital, brought the issue poignantly to the forefront.

Ensuring the safety of patients, nurses, physicians, staff, students and volunteers must be made a strategic priority.

Issue: Promoting a workplace free from violence.

RNAO calls for full implementation of RNAO's *Preventing and Managing Violence in the Workplace Best Practice Guideline*,¹ and RNAO's *Position Statement: Zero Tolerance for Violence against Nurses and Nursing Students*² including:

- The enactment and enforcement of legislation¹ that promotes a violence-free workplace, including a review of existing legislation and regulations in consultation with professional associations, regulatory bodies, unions and health service organizations.
- The inclusion in such legislation of mandatory reporting and 'whistle-blower' protection for those who report violence in the workplace, as well as structural changes that equalize power bases which is a key contributor to aggression².
- Specific transformation of legislated *Medical Advisory Committees* into legislated *Inter-professional Advisory Committees* which would allow all health-care providers to participate fully and equally in creating a healthy work environment and excellence in patient care.
- The broad dissemination of resources required to assist with implementation of revised legislation.

¹ In Ontario this would include, but not be limited to, the *Public Hospitals Act*, the *Regulated Health Professions Act*, *Occupational Health and Safety Act*, *Workplace Safety and Insurance Act* and the *Labour Relations Act*.

² 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 Integration Networks (LHINs), and serves as the standard for professional structures in all health care organizations.

- The assurance of adequate funding for staffing, mandatory education and leadership development to prevent, identify and respond to violence in the workplace.
- The modeling of respectful behaviours towards nurses and other health professionals and ensuring that they are involved in planning and decision making processes related to health, safety and wellness issues.
- The development and monitoring of organizational accountability, including but not limited to indicators to measure effectiveness of prevention programs, prevalence and incidence of violence in the work setting, as well as fair and consistent response to the reporting of violence, regardless of the power base of those involved in the violence.
- The review and response to recommendations from coroners' inquests in keeping with the development of a workplace free from violence.
- The development and implementation of standards in the accreditation process that support violence-free workplaces and incorporate recommendations from RNAO Best Practice Guidelines for Health Work Environments.

Background

- Nurses are a vital component in achieving primary health goals identified in the 2000 Federal/Provincial/Territorial First Ministers' Agreement goals. A sufficient supply of nurses is central to sustain affordable access to safe, timely health care. Achievement of healthy work environments for nurses is critical to the safety, recruitment and retention of nurses.
- Numerous reports and articles have documented the challenges in recruiting and retaining a healthy nursing workforce.^{3 4 5 6 7 8} Some have suggested that the basis for the current nursing shortage is the result of unhealthy work environments.^{9 10 11 12} Strategies that enhance the workplaces of nurses are required to repair the damage left from a decade of relentless restructuring and downsizing.
- Workplace violence toward nurses is believed to be on the rise,^{13 14 15 16} despite evidence of significant underreporting.^{17 18 19 20 21}
- Sustained exposure to violence in the workplace, including aggression, abuse, and bullying can have serious physical and psychological consequences^{20 22 23 24} causing some nurses to consider leaving the profession.^{25 26} Clearly,^{18 19 27 28} violence against nurses matters to nurses, the nursing profession, and the health care system as a whole.
- As with other forms of abuse and aggression, violence in the workplace involves misuse of power and control.^{21 29 30} Violence in the workplace includes "incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving explicit or implicit challenges to their safety, well-being or health",³¹ or in the course of their employment.
- Violence in the workplace may take the forms of physical, psychological, emotional, verbal or sexual abuse, but can also be characterized by harassment, teasing, mobbing, bullying, or aggression. It may involve action or withholding action. It may be done unintentionally or intentionally.³² It often involves interactions between people in different roles and power relationships.²⁷

- In Ontario, the health/community care sector has the highest rate of Lost Time Injuries (LTI) due to violence in the workplace compared with any other sector in the province. Healthcare occupies 34% of the LTIs, followed by the Municipal sector (fire and police) at 25%, and the education sector at 12%. In the health and community sector, hospitals have the highest LTI rate at 32%, followed by Nursing Homes at 25% and Group Homes at 20%.³³
- From this rapidly expanding discourse, we know that nurses are more at-risk of violence in the workplace than other health care providers^{20 34} and other workers,²⁷ particularly in relation to violence from patients/clients or their families.³⁵ Nurses working alone or in home health care or community settings may be at even greater risk.
- Violence against nurses is also known to come horizontally from other professionals.³⁶ Nursing students have similar experiences to registered staff including experiencing horizontal violence.³⁷
- The impact on people who are bullied includes a wide range of negative health effects including burnout,³⁸ diminished self-esteem,^{19 39} long term fatigue,⁴⁰ distress and sleep disturbances,^{41 42} depression and other psychological symptoms,^{43 44 45} social isolation,⁴⁶ increased sickness,^{47 48} and physical injury including death.⁴⁹
- Higher levels of physical and psychological stress have been associated with bullying related to sexism, discrimination, and organizational unresponsiveness to sexism.⁵⁰
- In addition to the impact on victims, significant organizational costs of violence in the workplace include increased costs for sick time and health care plans,^{26 38 39} ^{51 52} increased absenteeism, lower productivity, stress-related illness, and high turnover,⁵³ decreased capacity to offer effective nursing care³³, increased costs for recruitment and retention,^{36 39 54 55} and diminished sense of professional competence with potential to compromise patient/client health outcomes.²⁷
- While conflict is not the same as violence in the workplace, unresolved conflict may escalate into violence and may influence nurses' intent to stay in the workplace.^{56 57}
- Difficulty retaining nurses has been associated with conflict in the workplace⁵⁸ and lack of support and joy in work.⁵⁹ Commonly, nurses report feeling unsupported in their practice^{13 60 61} and not prepared in their undergraduate programs to cope with aggression from fellow professionals such as peers, faculty, and preceptors.^{26 27 62}

Conclusion

There is much evidence of violence against nurses in the workplace, most of which is underreported and silenced. This needs to change, so that safe and safety producing cultures are created within our practice settings in contrast to growing evidence of abusive and oppressive workplaces which demoralize and denigrate nurses who are passionate about nursing yet loathe their workplace. Only then can we move solidly beyond our compelling rhetoric supporting “zero tolerance” into actions that prevent and mitigate violence towards nurses.

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