

VIOLENCE IN THE WORKPLACE

Violence occurs in all domains of nursing. Resources to prevent and deal with violent situations should be in place for direct care providers, managers, administrators, educators and policy-makers. However, we know more about violence that occurs in the clinical setting than in any other domain.

A fundamental principle of both the Canadian Nurses Association (CNA) and the Canadian Federation of Nurses Union (CFNU) is zero tolerance of any act of violence (see CNA, 2002; CFNU, 1994). While some people think this is an unrealistic position, zero tolerance is a clear and measurable goal and provides a focus for policies and programs. CNA defines violence broadly to include verbal and emotional abuse, physical violence and sexual harassment (2002). Violent actions carry serious consequences for the health of patients, nurses and systems. Whether or not violence is directed at patients, it threatens their safety.

General Facts

- More than 1.6 million people worldwide lose their lives because of violence every year (World Health Organization, 2002).
- As many as 72 per cent of nurses do not feel safe from assault at work (International Council of Nurses [ICN], 2004).
- Health-care professionals are at the highest risk for being attacked at work, even when compared to prison guards, police officers, bank personnel or transport workers (Kingma, 2001).
- Nurses are the health-care workers most at risk, with female nurses considered the most vulnerable (ICN, 2004).
- Canadian nurses reported high rates of emotional abuse as well as threats of and actual assault in a study that collected data from 43,000 nurses in five countries (Aiken et al., 2001).

Types of Violence Affecting Nurses

Other to Other

Nurses are often the first line of contact for victims. These acts of violence can include spousal abuse and child and elder abuse.

Other to Nurse

Violence toward health-care professionals is extensive, and nurses are frequently the victims. The perpetrators can include patients, patients' families and other health-care workers.



Nurse to Nurse

It is difficult for nurses to discuss violence against other nurses. Horizontal aggression is defined as aggressive behaviour that one registered nurse commits against another in the workplace. The aggressive behaviour may be verbal, non-verbal or physical. It may be expressed directly toward another person or indirectly toward their property or work. The behaviour can be expressed openly or in a more subtle manner. If this same behaviour were directed at a patient or another health-care provider, it would be seen as inappropriate and unprofessional (Quick, 2000). Horizontal violence may occur between any peers, for example, between two managers.

Nurse to Other

Violence includes patient abuse and neglect with nurses as the aggressors.

Examples of Violence

Physical violence:

- Physical dismissing, throwing objects, blocking, physical attacking (Quick, 2000)

Verbal/non-verbal violence:

- Lack of respect
- Discrimination
- Verbal
 - being rude, giving non-constructive criticism, condescending, insulting, scapegoating, sabotaging, intimidating, verbally dismissing, cursing, uttering threats, gossiping, nit-picking
- Non-verbal
 - giving the silent treatment, gestures, facial expressions (Quick, 2000)

Neglect:

- Failure to provide care
- Denial of basic needs (College of Registered Nurses of Manitoba, 2002)

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Why Is There Violence?

The following factors help explain why nurses are at a greater risk of violence in the workplace:

- Inadequate staffing levels and supervision, which may create stress and contribute to violence.
- Shift work, including commuting to and from work at night.
- Poor security measures in health facilities as well as unrestricted movement of the public in clinics and hospitals.
- Interventions demanding close physical contact.
- Lack of privacy in health care, which violates people's sense of personal space.
- Home visiting and its associated isolation.
- Long waits in emergency departments or clinics, which increase patients' stress.

(ICN, 2000)

What Are Nurses Doing?

- Nurses refuse to tolerate violence and harassment and support those who have been abused by taking individual and collective action within the workplace and through nursing organizations.
- Nurses officially report incidents of violence when they occur in their workplaces, so that managers are aware of them. Reporting can also ensure that statistics are gathered, trends monitored, research performed and interventions selected. There are laws in some jurisdictions that require the reporting of child and elder abuse.
- Employers take a preventive role by making sure that support programs are in place to promote and maintain the safety and well-being of nurses and all other health-care professionals.
- Nurses are supporting research into best practices in managing and preventing violence, aggression and negligence in a variety of practice settings.
- Provincial/territorial nursing regulatory bodies address complaints about nurses in a serious manner to address public concern and public protection. Contact information for the provincial/territorial bodies is available on the CNA website (www.cna-aiic.ca/CNA/about/members/provincial/default_e.aspx).
- The *Code of Ethics for Registered Nurses* is available to provide guidance to nurses in all roles regarding their obligations.
- Nurse educators address these issues in nursing curricula to facilitate the ability of students and graduates to effectively deal with the issue in their practice (College of Registered Nurses of Nova Scotia, 2002).

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- The International Labour Organization, World Health Organization, Public Services International and the International Council of Nurses have undertaken the Joint Programme on Workplace Violence in the Health Sector, which examines various international guidelines on workplace violence and the relationship between stress and violence. To find out more, please see the following website: www.who.int/violence_injury_prevention/violence/activities/workplace/en/

September 2005

References:

- Aiken, L., Clarke, S., Sloane, D., Sochalski, J., Busse, R., Clarke, H. et al. (2001). Nurses' reports on hospital care in five countries. *Health Affairs*, 20(3), 45-53.
- Canadian Federation of Nurses Unions. (1994). *Violence in the workplace* [Policy statement]. Ottawa: Author.
- Canadian Nurses Association. (2002). *Violence* [Position statement]. Ottawa: Author.
- College of Registered Nurses of Manitoba. (2002). *Nursing practice expectations on professional boundaries for therapeutic relationships*. Winnipeg: Author.
- College of Registered Nurses of Nova Scotia. (2002). *Violence in the workplace* [Position statement]. Halifax: Author.
- Kingma, M. (2001). Workplace violence in the health sector: A problem of epidemic proportion. *International Nursing Review*, 48(3), 129-130.
- International Council of Nurses. (2000). *Abuse and violence against nursing personnel* [Position statement]. Geneva: Author.
- International Council of Nurses. (2004). *Violence: A world-wide epidemic* [Fact sheet]. Geneva: Author.
- Quick, G. (2000). *Horizontal aggression among Manitoba general duty/staff registered nurses: A descriptive study*. Masters thesis, University of Manitoba.
- World Health Organization. (2005). *Framework guidelines for addressing workplace violence in the health sector*. Retrieved July 2005, from www.who.int/violence_injury_prevention/violence/activities/workplace/en
- World Health Organization. (2002). *World report on violence and health*. Geneva: Author.

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