



POSITION STATEMENT ÉNONCÉ

Nurses Association of New Brunswick • L'Association des infirmières et infirmiers du Nouveau-Brunswick

VIOLENCE IN THE WORKPLACE

“Violence occurs when an individual, a group or an organization undermines by action or threat, intentionally or unintentionally, the integrity, security, dignity or physical or mental health of an individual or another group.” Forms of violence may range from verbal expression, through to harassment, physical action or harm, or abuse of power (CÉGEP de Saint-Hyacinthe, 2002; p. 2). The Chair in Occupational Health and Safety Management at the Université de Laval adds killing and terrorism to the list of forms (2003).

A safe and secure work environment is an undeniable right of every nurse and is an essential element of providing quality care. Violence against nurses is not acceptable and must not be tolerated; a position of **zero tolerance** to violence is the only approach. Nurses, employers, governments and nursing organizations have a shared responsibility for ensuring a safe workplace.

Nurses work in a wide variety of settings providing care to individuals and families who may be mentally or chemically impaired, experiencing stress, or in danger of losing control. Sickness and potential life-threatening factors as well as staffing shortages raise levels of destabilizing stress in patients, their family members and personnel in the healthcare workplace. Such stress is seen to aggravate the factors which lead to violence (International Council of Nurses [ICN], 2006a). Aggressors are more likely to be male while recipients of aggression are more likely to be female (Schneider, 2002); most nurses are female (although gender is not necessarily a protection). Nurses make up the largest portion of healthcare workers. Workplace violence, as a special area of study, is increasing in frequency, with nurses estimated to be between 4 and 16 times at higher risk for violent crime than most other occupational categories, in or out of healthcare (Anderson, 2006; Ferns, 2006).

Research shows that nurses experience high rates of verbal and emotional abuse, physical violence and sexual harassment in the course of their work from a variety of sources including patients, families of patients and co-workers (including administrators and other healthcare professionals). Of great concern, however, is the under reporting of incidents of violence due to a persistent perception within health care institutions that assaults are part of the job. Nurses must assertively 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. **Zero tolerance** to violence and the reporting of violence in the workplace must be encouraged by peers and administrators; victims must be treated with dignity and respect. The entire process must be free of the threat of reprisal to the victim of violence. Additionally, there must be a process in place to promote change when the perpetrator is a co-worker (Anderson,

2006; Clements, DeRanieri, Clark, Manno & Kuhn, 2005; Ferns, 2006; New Brunswick Nurses Union [NBNU], 2001).

The responsibility to ensure positive client care and a safe, satisfying workplace is shared by:

- **Individual nurses:** Nurses must increase their knowledge and skills regarding the issues of low-level conflict through to clear violence, and take a proactive stance in refusing to tolerate harassment and violence. Skills should include the ability to assess potentially violent situations, and to prevent, defuse or cope with escalating situations; for example, non-violent crisis intervention training (Canadian Nurses Association [CNA], 2005; ICN, 2006a; NBNU, 2001). While it should be the aim of professional nurses to prevent a situation from escalating to the point of *physical* harm to self or others, citizens of Canada may protect themselves or others from harm or the immediate threat of harm, using only that amount of force absolutely necessary to stop the harm (Criminal Code, 1985, Section 37). Everyone should recognize, however, that violent situations cannot always be predicted or prevented (Lewis, Thomas & Hersen, 2004).

- **Employers:** It is the responsibility of employers to provide administrative support and structures to assure the safety of all employees, including nurses. Violence-related illness or injury impose both a hindrance and a substantial economic burden upon the health care system, therefore, it is incumbent upon employers to address violence issues. Policies, procedures and worksite analysis are the first step in ensuring a safe workplace. Security equipment and personnel should be provided, as well as education in preventing and responding to violence. Workspaces should be planned or modified to discourage aggressive behaviour. Clear documentation processes and follow-up mechanisms that support the nurse should be in place. Among other things, follow-up would include appropriate medical treatment, access to Employee Assistance Programme (or Employee & Family Assistance Programme; EAP and EFAP, respectively) or other counselling, group and individual check-in with managers, operational debriefing, and, if necessary, support for the nurse who pursues legal recourse (Anderson, 2006; CNA, 2005; Clements et al, 2005; Government of New Brunswick [GNB], 1983; ICN, 2006a & 2006b; Lewis, Thomas & Hersen, 2004; NBNU, 2001).

- **Governments:** Governments must provide legislative mechanisms and adequate resources to ensure a safe workplace (ICN, 2006b). In New Brunswick, for example, the *Occupational Health and Safety Act* states that employers shall "...take every reasonable precaution to ensure the health and safety of his employees,..." (GNB, 1983, SS 9(1)(a)).

- **Nursing organizations:** It is the responsibility of nursing organizations to provide advocacy and information. This emphasizes the belief that nurses have the right to safe workplaces to provide client care. Nurses have a role to play in promoting changes in societal attitudes regarding violence. Health care and the delivery of nursing services are best carried out in a climate of mutual respect. Every health care employee is entitled to be treated with dignity and respect (CNA, 2005; ICN, 2006a; NBNU, 2001).

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