



**BC NURSES'
UNION**

Standing up for health care

POSITION STATEMENT



VIOLENCE PREVENTION IN THE HEALTH-CARE WORKPLACE

www.bcnu.org

BC NURSES' UNION BELIEVES THAT:

- Violence against nurses is unacceptable.*
- No partner, child or parent of a nurse should have to worry that their loved one may be assaulted while they are at work.
- Continued pressure on all employers and all levels of government is required to ensure nurses are safe at work.
- The perpetuated myth that violence is part of a nurse's job is unacceptable. Awareness of the significant impact of violence in health care must be increased.
- Violence is a complex issue that requires inter-professional, organizational and government approaches to address causes of violence and implement prevention strategies.
- Violence risk is significantly related to organizational factors, such as heavy workloads and unsafe staffing levels. Employers must heed evidence and ensure appropriate work conditions as part of their comprehensive violence-prevention strategy.
- Employers have a legal responsibility to actively include nurses in risk assessments and investigations, and meaningfully engage them in the development of policies and procedures that promote safe environments and safe patient care.
- Nurses are well-positioned to identify risk and develop violence-prevention strategies in clinical practice.
- Nurses are well-positioned to participate in violence-prevention activities via joint occupational health and safety committees and other organizational violence-prevention initiatives.

* BCNU believes that these statements apply to all direct care staff in health-care workplaces.

BACKGROUND

Violence is defined as "incidents where persons are abused, threatened or assaulted in circumstances related to their work, involving a direct or indirect challenge to their safety, well-being or health."¹ Workplace violence does not have to occur on a job site; it is any violent act that "arises out of a worker's employment."²

Violence is a leading cause of workplace injuries in health care,¹ and nurses are particularly vulnerable due to their close contact with patients and the nature of nursing care.³ Workplace violence against nurses is a global phenomenon. In a 2013 review of nursing violence literature overall violence rates were approximately 36% for physical violence, 40% for bullying and 25% for sexual harassment, while 33% of nurses reported physical injuries. The highest rates of physical violence and sexual harassment were in Anglo countries, including the US and Canada.⁴ In BC, WorkSafeBC statistics reveal that over the last ten years, nurses accounted for 31% of all injuries due to workplace violence. In contrast, security and law-enforcement personnel accounted for 14% of these types of injuries. Twenty-six nurses per month suffer from violent injury at work. The cost in dollars is estimated to be \$35,000 per day!⁵

Violence-prevention legislation was enacted in 1993 for all sectors in BC, recognizing violence as an occupational hazard. The legislation requires employers to assess the risk of injury to workers and to establish policies, procedures and work environment arrangements to

1. Provincial Violence Prevention Initiative Final Report (2012). Available at: www.heabc.bc.ca/public/HSIA/HSIA_Initiative4_FinalReport.pdf
2. WorkSafeBC Take Care: How to Develop and Implement a Workplace Violence Prevention Program (2012). Available at: www.worksafebc.com/en/resources/health-safety/books-guides/take-care-how-to-develop-and-implement-a-workplace-violence-prevention-program?lang=en
3. International Council of Nurses Position Statement: Prevention and Management of Workplace Violence (2017). Available at: www.icn.ch/images/stories/documents/publications/position_statements/ICN_PS_Prevention_and_management_of_workplace_violence.pdf
4. Spector, P. E., Zhou, Z. E., & Che, X. X. (2014). Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: A quantitative review. *International Journal of Nursing Studies*, 51(1), 72-84.
5. WorkSafeBC Annual Report (2015). Available at: www.worksafebc.com/en/resources/about-us/annual-report-statistics/2015-annual-report/2015-annual-report-and-2016-2018-service-plan?lang=en

eliminate the risk to workers from violence; if elimination is not possible, as is the case in the health-care and social services sector, employers must minimize the risk to workers.^{2,6}

BC health-care employers are required to have health and safety programs (e.g., regular risk assessments, incident reporting and follow-up) that are developed and implemented in co-operation with each organization's joint occupational health and safety (JOHS) committee. JOHS committees are a cornerstone for effective health and safety programs, providing a forum for collaboration, consultation, and participation at the workplace. BCNU offers education and research support for members who serve on JOHS committees.⁷ Between 2009 and 2011, BCNU collaborated with BC's health authorities, WorkSafeBC, the Occupational Health and Safety Agency for Healthcare (OHSAH) and other health employee unions to develop a provincial violence-prevention curriculum that consists of online modules (launched in 2010) and in-class education (initiated in 2011).¹ Although progress has been made on violence-prevention curriculum, regular drills and refreshers are needed.

Despite violence-prevention regulations and initiatives, workplace violence continues to plague nurses in BC, across Canada and around the world. Researchers believe that workplace violence is difficult to eliminate or effectively manage because it is deeply embedded within organizations' social structures and cultures. "Structural violence" is the source of many "-isms", including discrimination based on gender, race and age.⁸

Canadian and Swedish researchers compared incidents of structural violence within long-term care settings in their two countries. They defined structural violence as "indirect forms of violence that are built into social structures and that prevent people from meeting their basic needs or fulfilling their potential."⁸ p.390 On a daily basis, 90% of Canadian health-care workers experienced physical violence versus 43% for Swedish workers. The researchers also noted significant differences in the quality of work environments and levels of support between the

two countries. In Canada, heavy workloads, rushed work routines and low status and autonomy were associated with workers' psychological and physical distress. In focus groups, Canadian care workers reported how residents became agitated and more violent when care delivery was hurried. The researchers concluded that workplace violence will only be resolved by asking hard questions about "the effects of macro level social, political and economic choices on the conditions within facilities."⁸ p.395

Structural violence is manifested in many subtle societal and organizational ways. In a report on health-care workplace violence, Lesley Bell, a consultant for the International Council of Nurses, stated that 70-80% of assaults against nurses are never reported due to nurses' acceptance that violence is part of their work, and their fear that reporting or taking legal action could cost them their jobs. "It goes back to how we are valued as a profession. And we are seeing the societal tolerance for violence spilling over."⁹ p.1373

In a recent address on health-care structural violence, Odile Frank, President for the NGO Forum for Health in Geneva, Switzerland proposed four actions to combat structural violence in the health sector: 1) Create physical and virtual "firewalls" to block any type of violence within health-care settings; 2) Designate health-care settings as "safe zones," explicitly indicating what is "kept outside and what is promoted inside;" 3) Build alliances and networks of safety zones to spread a true culture of safety; and 4) Send strong public messages that violence is not tolerated within safe health-care settings.¹⁰

Dr. Jane Lipscomb, a nurse researcher and expert on workplace violence challenges all nurses to rise up collectively. "Our response to the lack of progress in addressing the endemic workplace violence in healthcare is a call to action to make sure that policymakers and healthcare administrators understand that the safety of healthcare workers and the safety of patients are inextricably linked."¹¹ p.7 Within health-care organizations all levels of leadership need to engage with nurses to

6. Barish, R. (2001). Legislation and regulations addressing workplace violence in the United States and British Columbia. *American Journal of Preventive Medicine*, 20(2), 149-154.
7. BCNU Joint Occupational Health and Safety Committee (2016). Available at: www.bcnu.org/a-safe-workplace/health-and-safety/joint-occupational-health-safety-committee
8. Banerjee, A., Daly, T., Armstrong, P., Szebehely, M., Armstrong, H., & Lafrance, S. (2012). Structural violence in long-term, residential care for older people: Comparing Canada and Scandinavia. *Social Science & Medicine*, 74(3), 390-398.
9. Nelson, R. (2014). Tackling violence against health-care workers. *The Lancet*, 383, 1373-1374.
10. Frank, O. Keynote speech: "A metastructure of violence: roles of the health sector. Fifth International Congress of Violence in the Health Sector. Available at: www.researchgate.net/profile/Nico_Oud/publication/309732774_Proceedings_5th_International_Conference_on_Violence_in_the_Health_Sector_-_broadening_our_view_-_responding_together/links/58206d2608ae40da2cb4e4cb/Proceedings-5th-International-Conference-on-Violence-in-the-Health-Sector-broadening-our-view-responding-together.pdf
11. Lipscomb, J. (2015). Not part of the job. How to take a stand against violence in the work setting. Silver Spring, MD: American Nurses Association.

identify and eliminate sources of structural violence. Although structural violence is daunting, there are decades of research that demonstrates how organizational efforts to improve nurses' work conditions, including appropriate workloads and safe staffing levels, result in better outcomes for nurses and patients.¹²⁻¹⁶

THE BCNU CAMPAIGN FOR VIOLENCE PREVENTION

BCNU began a province-wide campaign in 2017 to raise awareness of violence against nurses in the workplace. TV and radio ads targeted violence against nurses in acute, residential and community settings. A professional polling firm found that these ads successfully accomplished their goal of gaining attention and support for keeping nurses safe.

Other campaign initiatives included candidate pledges "for a violence-free health-care workplace" before 2017 provincial elections; member surveys and focus groups; "Violence is not part of the job" member postcards to the provincial government; and "Help keep nurses safe" action cards from members and the public to the provincial government. These campaign efforts have focused on lobbying the provincial and federal governments for stronger legislation to protect nurses against workplace violence, and to support Nurses' Bargaining Association contract negotiations for strengthened occupational health and safety standards for nurses.

BCNU EXPECTATIONS

EMPLOYERS:

- > Promote an organization-wide culture of safety via accountable and responsible senior leadership.
- > Comply with legislative and contractual requirements to provide a safe and healthy workplace.

- > Provide violence-prevention education and refreshers, such as Code White drills, to staff and management.
- > Implement evidence-based measures to prevent violence in the health-care work environment and provide resources (e.g., security) necessary to de-escalate such situations when they occur.
- > Involve staff in examining the systemic and organizational causes of workplace violence.
- > Engage staff in immediate investigations of violent incidents.
- > Develop workplace violence solutions with staff and JOHS committees.
- > Address the contribution that low staffing levels and heavy workloads have on increased violence in the health-care workplace.

CLIENTS AND THEIR FAMILIES:

- > Interact with health-care staff in a respectful, non-violent manner.
- > Report any instances of violent behavior to the appropriate persons or authorities.

NURSES:

- > Recognize that violence is NOT part of the job.
- > Report actual and potential violent incidents.
- > Participate in regular offerings of violence-prevention education.
- > Engage in local JOHS committees and violence-prevention strategies and initiatives.

HEALTH AUTHORITIES AND GOVERNMENT:

- > Require organizations to implement and enforce policies and procedures to prevent violence in the workplace.
- > Ensure legislative requirements that prevent and protect nurses from violence in the workplace are enacted and enforced.

12. Gates, D. M., Gillespie, G. L., & Succop, P. (2011). Violence against nurses and its impact on stress and productivity. *Nursing Economics*, 29(2), 59.
13. Roche, M., Diers, D., Duffield, C., & Catling-Paull, C. (2010). Violence toward nurses, the work environment, and patient outcomes. *Journal of Nursing Scholarship*, 42(1), 13-22.
14. Duffield, C., Diers, D., O'Brien-Pallas, L., Aisbett, C., Roche, M., King, M., & Aisbett, K. (2011). Nursing staffing, nursing workload, the work environment and patient outcomes. *Applied Nursing Research*, 24(4), 244-255.
15. Park, M., Cho, S. H., & Hong, H. J. (2015). Prevalence and perpetrators of workplace violence by nursing unit and the relationship between violence and the perceived work environment. *Journal of Nursing Scholarship*, 47(1), 87-95.
16. Shamian, J., & El-Jardali, F. (2007). Healthy workplaces for health workers in Canada: knowledge transfer and uptake in policy and practice. *Healthcare Papers*, 7(Sp), 9-25.