Abuse and violence against nursing personnel

ICN Position:
The International Council of Nurses (ICN) strongly condemns all forms of abuse and violence against nursing personnel, ranging from passive aggression to homicide and including sexual harassment. Such actions violate the nurse’s rights to personal dignity and integrity, and freedom from harm.

ICN condemns acts of abuse and violence perpetrated against any person, including other health care professionals, patients, children, the elderly, and other private citizens. However, within the employment sector, nurses are a category of worker particularly at risk and, thus attention must continue to be placed on eliminating all forms of abuse and violence against nursing personnel.

ICN firmly believes that violence in the health workplace threatens the delivery of effective patient services and, therefore, patient safety. If quality care is to be provided, nursing personnel must be ensured a safe work environment and respectful treatment. Excessive workloads, unsafe working conditions, and inadequate support can be considered forms of violence and incompatible with good practice.

ICN promotes and assists in the development of policies that reflect a “zero-tolerance” of violence, e.g. legislation, staff regulations, judicial sanctions, workplace environment standards, cultural norms. Sanctions should be taken that reflect the seriousness of any particular incident. Cooperation with other organisations having common goals in the campaign against violence is important.

ICN believes that every nurse has a personal responsibility to report and effectively intervene when incidents of violence occur in the workplace. Appropriate security measures must be applied to protect nursing students who are particularly at risk of workplace violence.

ICN urges national nurses associations (NNAs) to actively:

- Sensitize the public and the nursing community to the various manifestations of violence against nursing personnel.
- Ensure access to counseling services for nursing personnel (victims and perpetrators of violence), including supporting nurses during reporting/compensation and claim procedures.
- Negotiate the introduction and maintenance of appropriate security measures and confidential grievance procedures in the work and learning environments.
- Support nurses, including facilitating access to legal aid when appropriate.
Meet with top officials of relevant employer groups, national health and other organisations to gain their assistance in providing safe and respectful work and learning environments.

Work to ensure that employers meet their occupational health and safety obligations, including developing adequate staffing levels, work methods that support quality care, and promoting safe behavioural patterns. This may include monitoring and denouncing employers that fail to meet these obligations.

Ensure awareness of and access to existent resources available to nurses to deal with workplace abuse and violence.

Provide and advocate for improved education and on-going training in the recognition and management of workplace abuse and violence.

Assist in creating a nursing culture that does not perpetuate nurses’ tendency to self-blame for incidents of violence.

Foster positive nursing images and respect for nurses’ rights to dignity and personal safety through role modelling. Integrate courses on the elimination and/or management of violence in nursing curricula.

Assist in the collection of reliable data regarding violence in the health sector.

Assist in the development of work methods that provide quality care, maintain adequate staffing levels and promote safe patterns of behaviour.

Negotiate workplace violence reduction strategies that incorporate organisational and environmental as well as individual-focused interventions.

Create or facilitate user-friendly, confidential and effective reporting mechanisms.

Support educational institutions to introduce formal training with regard to workplace abuse and violence.

**Background**

Sickness and potential life-threatening factors cause stress in patients, their family members, and personnel in the health workplace. Such stress can aggravate factors that lead to violence; the levels of which are reportedly on the increase in society in general, and in the health workplace in particular.
Workplace violence is universal and pervasive. The impact of psychological violence is as great if not greater than physical violence. It is also more widespread.

Working conditions in the health sector place nursing and other health personnel at greater risk of violence, because of:

- Staffing patterns, including inadequate staffing levels and supervision, the use of temporary and inexperienced staff, heavy workloads and being solely responsible for health care units.
- Shift work, including commuting to and from work at night.
- Poor security measures in health facilities.
- Interventions demanding close physical contact.
- Demanding workloads, often occurring in emotionally charged environments.
- Highly accessible worksites with little to no privacy.
- Home visiting with its associated isolation.

Research demonstrates that amongst health personnel, nursing staff are most at risk of workplace violence. The prevalence and impact of violence against nursing personnel, both male and female, is troubling when compared to other professions. The effects of violence extend beyond the workplace affecting the victim’s family and observers, known as third party violence. Verbal abuse must not be minimised - the effects of which are similar to physical assault including its repercussions on care provision.

Traditionally, many cultures have covertly accepted physical violence, sexual harassment or verbal abuse against women although a violation of their human rights. Also, nurses often passively accept abuse and violence as “part of the job” – an attitude sometimes shared by the public and the judiciary. The pressures on female and male victims to remain silent are great and underreporting has hampered the development and implementation of effective strategies to reduce violence in the workplace.

Nurses have been expected to cope with violence, although few programmes train nursing personnel to identify potentially dangerous situations and develop effective mechanisms to deal with aggression.

The consequences of physical and verbal abuse, and sexual harassment include:

- Feelings of shock, disbelief, shame, guilt, anger, depression, fear, self-blame, powerlessness, and exploitation.
- Physical injury and disorders (e.g. migraine, vomiting), and sexual disturbances.
- Increased stress and anxiety.
- Loss of self-esteem and belief in one’s professional competence.
- Avoidance behaviour, which may negatively affect the performance of duties, including absenteeism.
- Negative effect on interpersonal relationships.
- Loss of job satisfaction, low staff morale, and increased staff turnover rate.
Violence is destructive and has a profoundly negative impact on observers, the victims, their family members and ultimately on patient care and safety. Violence may be said to "poison" the work environment.

Reference:


Adopted in 2000
Reviewed and revised in 2006

Related ICN Positions:
- Socio-economic welfare of nurses
- Nurse retention, transfer and migration
- Occupational health and safety for nurses
- Nurses and Shift work
- Health human resources development (HHRD)
- Nurses and human rights

ICN Publications:
- Guidelines on Coping with Violence
- Framework Guidelines Addressing Workplace Violence in the Health Sector

The International Council of Nurses is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.