



## Prevention and management of workplace violence

Varying perceptions of what constitutes violence and a vague borderline of acceptable behaviour has led to a lack of a uniform definition of violence. Workplace violence can be defined as involving “incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health”.<sup>1</sup>

There is a continuum of violence that nurses may experience in the workplace including actual and attempted incidents of physical and verbal violence which may be in the form of sexual, physical and/or verbal assault or abuse, bullying and harassment in circumstances related to work. Bullying is one form of workplace violence that is often overlooked and underreported. It can be defined as “repeated and over time offensive behaviour through vindictive, cruel or malicious attempts to humiliate or undermine an individual or groups of workers”.<sup>2</sup> Bullying is an escalating process in the course of which the person confronted ends up in an inferior position and becomes the target of systematic negative social acts.<sup>3</sup> The source of both of these behaviours can be any person, including patients, patient family members, healthcare workers and managers and can take place between any of these individuals. Furthermore, it is recognised that domestic violence experienced by workers has negative effects on the workplace.<sup>4</sup>

Workplace violence is a widespread problem across healthcare delivery settings and has multifactorial causes that go beyond factors related to the perpetrator or victim. Situational, organisational, interactional, structural and societal factors can all trigger and exacerbate incidents of workplace violence.<sup>5,6</sup> As the majority of the nursing workforce is female, discrimination and gender inequality in the workplace remain very significant challenges in the health sector as well as in society at large. Staffing patterns, inadequate support, shift work, lack of security in health settings and during home visits, the nature of nursing care, heavy and demanding workloads, and poor work relationships are significant factors in the working environment that should specifically be considered and addressed as part of risk assessment systems, processes, and workplace safety plans.<sup>1</sup>

Under-reporting of workplace violence has hampered the development and implementation of effective prevention and management strategies. Other barriers include the lack of proof in the absence of physical injuries, inconvenient and time-consuming reporting systems, lack of support from management and health leaders, and fear of retribution, blame or less favourable treatment from managers and/or colleagues.<sup>7, 8, 9</sup>

Workplace violence negatively affects the health and wellbeing of nurses, other healthcare workers as well as patients and their families. Those directly involved in the incident as well as observers can experience physical and psychological effects ranging

from mild to severe. Violent behaviours can be adopted as a social norm or coping strategy by both victims and observers.<sup>10</sup> The effects of workplace violence can extend beyond the workplace affecting both the victims' and observers' family and social lives. Workplace bullying is associated with lower levels of staff satisfaction and morale, increased absenteeism and attrition rate, and intention to leave one's job and nursing as a profession.<sup>11</sup>

Violence in healthcare settings can lead to adverse events for patients including falls and medical and medication errors and negatively affects patient outcomes. The resulting decrease in quality of care and negative experiences of care may deter people from accessing care.<sup>5</sup> Workplace violence can also increase direct and indirect financial costs and qualitative and human cost. These include but are not limited to decreased productivity, absenteeism, loss of expertise, impact on staff morale, loss of organisational/institutional reputation and decreased safety and welfare of staff and patients.<sup>9, 12</sup>

The International Labour Organization (ILO) considers nurses to be at high risk of workplace violence.<sup>2</sup> Nurses should therefore be considered a priority group in ensuring risk assessment system and processes are in place alongside strategies to mitigate risk and protect staff.<sup>13</sup> Furthermore, student and novice nurses have an increased risk of becoming victims of workplace violence and bullying and are more vulnerable to these behaviours as they may feel powerless to address them.<sup>14, 15</sup>

## ICN Position & Recommendations

As the global voice of nursing, ICN:

- Strongly condemns acts of violence perpetrated by anyone against **any person** including, nurses, other healthcare professionals, patients, family members, and members of the public. Such actions violate the human rights of all persons who are all entitled to freedom from harm in the workplace and in health settings.
- Firmly believes that violence, both in the workplace and at home, puts nurse and patient safety at risk and threatens the delivery of high quality healthcare.
- Supports the development of policies that reflect a “zero tolerance” of violence of any form from any source, including from nurses themselves, in any workplace. ICN urges all organisations that employ, regulate, educate, represent or support nurses to actively work to ensure “zero tolerance” to violence. However, ICN also recognises that incidents of violence in the workplace remain widespread, the causes are often complex and multi-faceted and that there is a risk that “zero tolerance” alone can result in under reporting.
- Supports healthcare organisations to report to legal authorities any criminal acts of violence as appropriate.
- Calls for a genuinely systems-wide approach to workplace violence that includes:



- prevention strategies
- education and training of healthcare professionals and staff
- creating open and respectful rights-based organisational cultures
- “facts not faults” investigation
- leadership that models behaviours and both supports and encourages reporting of incidents of violence and bullying
- designing integrated person-centred healthcare systems and environments that promote clear and open communication
- cooperation and partnerships with other organisations across both health and non-health sectors
- adequate resources.

**ICN encourages national nurses’ associations (NNAs), in collaboration with their respective government, to:**

- Develop and disseminate evidence-based policies on prevention of violence that apply to all healthcare professionals and healthcare workers.
- Raise the awareness of the public and the nursing community to the signs and symptoms of violence against nurses and other healthcare workers and all individuals who may be at risk of violence and/or bullying.
- Negotiate the introduction and maintenance of appropriate legislative regulatory protections and collective agreements clauses, violence prevention strategies, security measures, workplace safety plans and paid leave clauses, grievance procedures and systems to raise concerns in both work and learning environments.
- Provide access to legal, psychological and paid leave supports to nurses as appropriate.
- Lobby and work with health leaders to build partnerships to introduce and campaign for safe and respectful work and learning environments.
- Support pre-registration and continuing nursing education providers and healthcare employers to introduce formal training on violence.
- Lobby governments to ensure comprehensive and effective legal standards and protections are in place.



**ICN calls on employers, to:**

- Ensure access to counselling services for nurses (victims and perpetrators of violence), including support (legal and emotional) during reporting/compensation and claim procedures. Ensure awareness of and access to existing resources available to deal with workplace violence.
- Create or facilitate user-friendly, confidential and effective reporting mechanisms.
- Ensure appropriate and effective risk management systems, policies and procedures, and workplace safety plans are in place and regular auditing to determine compliance.
- Provide and advocate for improved education and on-going training in the prevention, recognition and management of violence.

**ICN calls on individual nurses in their role as clinicians, educators, researchers, policy influencers or executives, to:**

- Participate in the development and implementation of violence prevention and management strategies.
- Formally report incidents of violent behaviours.
- Share the experience of violence in the workplace to improve risk assessment of dangerous or potentially dangerous situations.
- Engage in research to contribute to a set of reliable data on violence in nursing and in the healthcare sector and support the development of consistent and comparable measure to compare findings and facilitate this research.

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## References

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- <sup>1</sup> International Labour Organization, International Council of Nurses, World Health Organisation, Public Services International. Framework guidelines for addressing workplace violence in the health sector [Internet]. Geneva: International Labour Organization, International Council of Nurses, World Health Organisation, Public Services International; 2002 [cited 2017 Apr 20]. Available from: <http://apps.who.int/iris/bitstream/10665/42617/1/9221134466.pdf>
- <sup>2</sup> International Labour Organization, International Council of Nurses, World Health Organisation, Public Services International. Work-related violence in the health sector: Country case studies research instruments [Internet]. Geneva: International Labour Organization, International Council of Nurses, World Health Organisation, Public Services International; 2003 [cited 2017 Apr 20]. Available from: [http://www.who.int/violence\\_injury\\_prevention/violence/interpersonal/en/WVquestionnaire.pdf](http://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVquestionnaire.pdf)
- <sup>3</sup> Einarsen S, Hoel H, Cooper CL, Zapf D, editors. Bullying and harassment in the workplace: Developments in theory, research and practice. 2<sup>nd</sup> ed. Boca Raton: CRC Press; 2010.
- <sup>4</sup> Wathen CN, MacGregor JCD, MacQuarrie BJ. The impact of domestic violence in the workplace: Results from a pan-Canadian survey. *Int J Occup Environ Med* [Internet]. 2015 Jul [cited 2017 Apr 20];57(7):e65–e71. Available from: DOI: 10.1097/JOM.0000000000000499
- <sup>5</sup> Nelson R. Tackling violence against health-care workers. *Lancet*. 2014 Apr [cited 2017 Apr 20];383(9926):1373-4.
- <sup>6</sup> Tan MF, Lopez V, Cleary M. Nursing management of aggression in a Singapore emergency department: A qualitative study. *Nurs Health Sci* [Internet]. 2015 Sep [cited 2017 Apr 20];17(3):307-12. Available from: DOI: 10.1111/nhs.12188
- <sup>7</sup> Kamchuchat C, Chongsuvivatwong V, Oncheunjit S, Yip TW, Sangthong R. Workplace violence directed at nursing staff at a general hospital in southern Thailand. *J Occup Health* [Internet]. 2008 [cited 2017 Apr 20];50(2):201-7. Available from: [https://www.jstage.jst.go.jp/article/joh/50/2/50\\_O7001/\\_pdf](https://www.jstage.jst.go.jp/article/joh/50/2/50_O7001/_pdf)
- <sup>8</sup> Gacki-Smith J, Juarez AM, Boyett L, Homeyer C, Robinson L, MacLean SL. Violence against nurses working in US emergency departments. *J Nurs Adm*. 2009 Jul-Aug [cited 2017 Apr 20];39(7-8):340-9.
- <sup>9</sup> Speroni KG, Fitch T, Dawson E, Dugan L, Atherton M. Incidence and cost of nurse workplace violence perpetrated by hospital patients or patient visitors. *J Emerg Nurs* [Internet]. 2014 May [cited 2017 Apr 20];40(3):218-28. Available from: DOI:10.1016/j.jen.2013.05.014
- <sup>10</sup> Quine L. Workplace bullying in nurses. *J Health Psychol*. 2001 Jan [cited 2017 Apr 20];6(1):73-84.
- <sup>11</sup> Johnson SL, Rea RE. Workplace bullying: concerns for nurse leaders. *J Nurs Adm* [Internet]. 2009 Feb [cited 2017 Apr 20];39(2):84-90. Available from: DOI: 10.1097/NNA.0b013e318195a5fc
- <sup>12</sup> Wiskow C. Guidelines on workplace violence in the health sector: Comparison of major known national guidelines and strategies: United Kingdom, Australia, Sweden, USA (OSHA and California) [Internet]. Geneva: International Labour Office, International Council of Nurses, World Health Organisation, Public Services International; 2003 [cited 2017 Apr 20]. Available from: [http://www.who.int/violence\\_injury\\_prevention/violence/interpersonal/en/WV\\_ComparisonGuidelines.pdf](http://www.who.int/violence_injury_prevention/violence/interpersonal/en/WV_ComparisonGuidelines.pdf)

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<sup>13</sup> European Agency for Safety and Health at Work: Milczarek M, Schneider E, Rial Gonzalez E. European Risk Observatory Report: OSH in figures: stress at work - facts and figures [Internet]. Luxembourg:2009 [cited 2017 Apr 20]. Available from: [https://osha.europa.eu/en/tools-and-publications/publications/reports/TE-81-08-478-EN-C\\_OSH\\_in\\_figures\\_stress\\_at\\_work](https://osha.europa.eu/en/tools-and-publications/publications/reports/TE-81-08-478-EN-C_OSH_in_figures_stress_at_work)

<sup>14</sup> Budin WC, Brewer CS, Chao YY, Kovner C. Verbal abuse from nurse colleagues and work environment of early career Registered Nurses. J Nurs Scholarsh [Internet]. 2013 Apr [cited 2017 Apr 20];45(3), 308–316. Available from: DOI: 10.1111/jnu.12033

<sup>15</sup> Berry PA, Gillespie GL, Gates D, Schafer J. Novice nurse productivity after workplace bullying. J Nurs Scholarsh [Internet]. 2012 Mar [cited 2017 Apr 20];44(1),80-87. Available from: DOI: 10.1111/j.1547-5069.2011.01436.x

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