

Violence against nurses

Violence against health professionals has been a recurrent problem over the years across the globe. Every second health worker has been affected by violence once in their work lives. Nurses, who are frontline workers, are victimized at a significantly higher rate than other healthcare professionals.

The experience of workplace violence has physical (such as wounds, injuries), as well as personal, emotional, and professional consequences (such as insecurity, humiliation, guilt, stress, lack of sleep, depression, burnout, anger, apathy, PTSD, reduced level of job satisfaction, intention to quit the job, even suicide).

It also impacts the organization itself, leading to toxic working environment, increase in absenteeism, low retention of employees, high turnover rate, worsened recruitment, worsened co-workers and nurse-patient relations, additional operating costs, decreased quality of work and care outcome.

Acts of violence against nurses can take various forms, including verbal and physical abuse, bullying, (sexual) harassment, gender-based violence, intimidation, reputation smearing, mobbing behaviour, and other. It can be targeted at and perpetrated by a range of individuals, including patients, colleagues, patient's family and friends, superiors and management. Verbal abuse is the most common type of abuse directed toward nurses in healthcare settings, while patients and family members are often perceived as the main source.

Many studies indicate that violence against nurses is underreported due to various barriers, such as a lack of agreement on definitions of violence, inexistence of a strong institutional policy against violence, fear of being blamed for the incident or fear of retaliation, lack of a proper reporting system or lack of awareness thereof, previous experience of no action taken, and lack of manager and employer support. Lack of reporting is one of the biggest barriers to making progress toward reducing incidents of workplace violence and capturing actual incidences.

Workplace violence against health workers is unacceptable and it cannot not be tolerated as just 'part of the job'. It affects not only nurses, but also the entire healthcare system.

A research conducted by the Croatian Nurses Chamber in 2018 among nurses and head nurses showed that 89% of nurses have experiences verbal or physical violence at workplace. The most common type of violence was verbal (62%), while the most common perpetrators were patients (77%) and their family members (56%). Only 37% nurses reported the case of violence, while the most common reason for not reporting was not to create additional problems (61%). Even 95% of nurses consider physical safety and security in healthcare facilities insufficient.

What are the causes of violence against workers?

Numerous reasons can lead to violence against nurses. They include the absence of assertive legislation, poor management of violent incidents, a lack of resources, poor environment and working atmosphere, lack of communication skills, shortage of nursing staff, working long hours without rest, excessive waiting times, low social image of nurses, unrealistic patient expectations, poor quality of care, medical errors, painful invasive procedures, etc. Anything that causes stress can serve as a contributor to violence against nurses (substance and drug abuse, feelings of powerlessness, frustration, fear, disorder, mental illness, etc.).

The fight against violence ...

Reduction of violence provides a better working environment for healthcare workers leading to better healthcare delivery.

The 'Framework guidelines for addressing workplace violence in the health sector' developed jointly by the World Health Organisation (WHO), International Labour Organization (ILO), International Council of Nurses (ICN) and Public Services International (PSI) aims to support the development of violence prevention policies in non-emergency settings and document and research violence in such settings.

... and its fundamental steps

Fundamental steps include violence recognition, risk assessment, intervention and monitoring and evaluation. Early recognition of risks of violence allows for intervention before violence manifests itself. It should consider organisations at risk (e.g. isolated and understaffed facilities), potential perpetrators (e.g. history of violent behaviour, aggressive postures and attitudes) and victims (e.g. the nursing profession, women, emergency workers, and younger and less experienced health workers, those working in psychiatry and geriatric departments). Assessment of the relevant hazards and situations at risk is an integral part of the occupational safety and health management system. It includes analysing available information (e.g. official records concerning incidents, surveys among staff) and identifying situations at risk (e.g. working alone, working in night shifts, working with people in distress).



Once the potential existence of violence has been recognised and the situations at risk identified, actions to deal with violence should be taken. They, among other, include: improved scope and enforcement of existing laws, a human-centred workplace culture, a clear policy statement of a zero-tolerance, adequate staffing and management style based on communication and dialogue, improved work practices, security measures, avoidance of excessive work, reinforced capacity to manage conflict, mitigate, de-escalate and cope with violence, public campaigns, response plans, standardized reporting and recording system, medical treatment, counselling, support, legal aid and rehabilitation to the victims, monitoring trends and effectiveness of measures, involvement of employees and other stakeholders, etc.

Key recommendations

In 2021 the International Council of Nurses (ICN), International Hospital Federation (IHF), World Medical Association (WMA) and the International Committee of the Red Cross (ICRC) carried out a joint survey to identify good practices implemented to prevent violence. Identified most effective measures to counter the violence were:

- Awareness raising sessions
- Informed and trained staff
- Peer support
- Strong management protocols
- Incident reporting systems
- Patient code of conduct and public campaigns
- Time and space to rest for health workers

Governments, employers, workers, professional bodies and the community all have a role in reducing and eliminating such violence.

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