

Joint Position Statement

WORKPLACE VIOLENCE

The Canadian Nurses Association (CNA) and the Canadian Federation of Nurses Unions (CFNU) believe that it is the right of all nurses¹ to work in an environment that is free from violence. CNA and CFNU strongly support zero tolerance of any violence in the workplace. *It is unacceptable to fund, govern, manage, work in or receive care in unhealthy health-care workplaces.*² The occurrence of violence, especially where efforts at prevention have been inadequate or the violence goes unaddressed, is symptomatic of an unhealthy workplace and represents a hazard in terms of occupational health, safety and environmental wellness.

Workplace violence includes actual and attempted incidents of verbal, physical, psychological (including bullying) and sexual abuse, in circumstances related to work, that result in personal injury, either physical or psychological, or give reasonable cause to believe that risk of injury or detrimental impact on an individual's health exists.

Violence negatively affects outcomes for clients, nurses and systems.

- Clients: Workplace violence threatens the delivery of effective client care, compromises patient safety and may extend beyond the workplace.³
- Nurses: Physical injury, effects on nurses' psychological functioning, high absenteeism, and impact on retention and clinical practice are just a few of the manifestations of workplace violence.⁴
- Systems: Health-care organizations report that violent behaviours such as bullying “result in a high rate of [nurse] absenteeism, lowered morale, loss of productivity, increased staff turnover, increased sick leave, additional recruitment costs, payouts and legal fees.”⁵ Violence also negatively affects patient outcomes.

The promotion of violence-free workplaces is a responsibility shared among all health-care stakeholders: employers; nurses and other employees in the health-care setting; clients; nursing professional, regulatory and labour organizations; nurse educators and researchers; health service delivery and accreditation organizations; and funders. Each of these stakeholders has several important roles in promoting and maintaining violence-free workplaces:

Employers

- adhere to legal and legislative requirements to provide a safe workplace
- promote and enforce strategies to prevent, identify and address violent behaviours in the workplace
- take appropriate measures to prevent violent situations within the workplace and to de-escalate such situations if they occur

¹ The term *nurses* includes registered nurses, practical nurses and psychiatric nurses.

² (Quality Worklife-Quality Healthcare Collaborative, 2007)

³ (College of Registered Nurses of Nova Scotia [CRNNS], 2007)

⁴ (McKenna et al., 2003)

⁵ (CRNNS, 2007)

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- create and promote policies and procedures that support zero tolerance for violence in the workplace, including whistle-blower protection for those reporting violent behaviour⁶
 - examine the root causes of violence and take steps to address them
 - provide immediate investigation of and intervention in violent acts, as well as reporting of such acts to the police
 - provide mandatory education and training to management and staff
 - develop and establish measures, procedures, equipment and training to prevent violence and protect workers from injury, in consultation with health and safety committees

Nurses and other employees in the health-care setting

- participate in the development and implementation of strategies for violence-free workplaces
- speak out and advocate against violent behaviour in the workplace
- report and follow up on instances of violent behaviour
- behave respectfully and in a non-violent manner toward health-care staff, clients, patients, residents and their friends and families

Clients

- behave respectfully and in a non-violent manner toward care providers, health-care staff and employers
- report instances of violent behaviour to appropriate authorities

Nursing professional, regulatory and labour organizations

- promote policies and procedures that support zero tolerance for violence in the workplace, including whistle-blower protection for those reporting violent behaviour
- promote strategies to prevent, identify and address violent behaviours in the workplace
- support nurses in their efforts to create and maintain zero tolerance for violence in the workplace
- promote and advocate zero tolerance for workplace violence
- promote the involvement of health and safety committees in developing violence-prevention strategies for the workplace
- provide fair representation to members accused of violence
- promote and enforce CNA's code of ethics⁷

Nurse educators and researchers

- emphasize the importance of zero tolerance for workplace violence
- promote strategies to prevent, identify and address violent behaviours in the workplace
- identify best practices with respect to violence prevention and violence education

⁶ Whistle-blowers are people who expose negligence, abuses or dangers, such as professional misconduct or incompetence, that exist in the organization in which they work. (CNA, 1999)

⁷ (CNA, 2002)

Health service delivery and accreditation organizations

- require organizations to adopt and enforce policies and procedures that prevent, identify and address violence in the workplace
- ensure whistle-blower protection for those reporting violent behaviour
- ensure workers' compensation legislative requirements are met

Funders⁸

- support organizations that have strategies in place to promote and maintain violence-free workplaces

BACKGROUND

Violence is a global phenomenon. In 2002, an estimated 1.6 million people worldwide died as a result of self-inflicted, interpersonal or collective violence.⁹ Violence is recognized as an anti-social act involving a serious abuse of power. It has widespread implications for the physical and mental health of individuals, families, groups and societies. To address this global issue, it is important for nursing organizations to promote a consistent understanding of and approach to dealing with violence. Position statements are important in order to provide direction to nurses regarding their responsibilities and what they can reasonably expect from their employers.

Workplace violence occurs frequently in health-care environments.¹⁰ *Violence* is a broad term that describes a wide range of behaviours. It includes verbal, physical, emotional and sexual abuse, harassment, ostracism, bullying, verbal dismissal, neglect and other negative behaviours. Excessive workloads, unsafe working conditions and inadequate support can be symptomatic of workplace violence and are incompatible with good nursing practice.¹¹

The repercussions of violent behaviour should not be underestimated or ignored. Research demonstrates that among health-care personnel, nursing staff are most at risk of workplace violence.¹² In 2005, one in six nurses reported having been bullied in the past year,¹³ and three in ten nurses who provide direct care said that they had been physically assaulted by a patient, also in the previous year.¹⁴ Health-care workers are more likely to be attacked at work than are prison guards, police officers, transport workers, retail workers and bank employees.¹⁵ The attitude that violence is to be expected as part of a nurses' job is unacceptable.

In addition to being victims of violence, nurses may also be perpetrators of violence; violence directed at colleagues is known as horizontal violence. Horizontal violence between nurses is defined as an act of aggression perpetrated by one colleague on another colleague.¹⁶

Nurses are often the first to interact with victims of violence, which can be a source of stress and have a negative psychological impact.

⁸ Including governments (federal, provincial/territorial), non-governmental organizations and health organizations (not-for-profit and for-profit).

⁹ (World Health Organization, 2007)

¹⁰ (Registered Nurses' Association of Ontario, 2007)

¹¹ (International Council of Nurses [ICN], 2006)

¹² (ICN, 2006)

¹³ (MacDonald, 2006)

¹⁴ (Canadian Institute for Health Information, Statistics Canada & Health Canada, 2006)

¹⁵ (Kingma, 2001)

¹⁶ (Longo & Sherman, 2007)

The challenges that nurses face in the work environment – excessive workloads; high rates of overtime; high rates of illness, injury and burn-out; and violence, to name a few – are detrimental to the health of nurses, the quality of patient care and the health-care system's ability to retain and recruit nurses.¹⁷ Realistic and sustainable strategies must be implemented if change is to occur. Through employment policies and collective agreements, employers and union representatives have established a variety of mechanisms whereby nurses can report incidents of violence. Nurses collaborate through health and safety committees to create healthy and safe health-care workplaces (i.e., using protocols that identify and prevent incidents of violence).

Provincial and territorial nursing regulatory bodies have established mechanisms for the public to report incidents of violence or abuse of clients by nurses. They also have standards regarding what constitutes acceptable or appropriate behaviour in any situation involving a client and a nurse. In dealing with issues related to workplace violence, nurses are guided by the *Code of Ethics for Registered Nurses* and by provincial occupational health and safety statutes.

Canadian health-care organizations are interested in preventing violence in the workplace. A number of projects, initiatives, studies and guidelines are being developed at the local, provincial/territorial, regional and federal levels with a view to creating and maintaining violence-free practice environments. Despite this, violence is prevalent and the rate of violent incidences remains steady. Challenges to the implementation of sound policies remain. It will take sustained, concerted, collaborative effort to achieve zero tolerance for violent behaviours in the workplace and, as a result, better outcomes for clients, nurses and systems.

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References:

- Canadian Federation of Nurses Unions. (2007). *Work environment*. Retrieved July 17, 2007, from <http://www.nursesunions.ca/content.php?doc=34>
- Canadian Institute for Health Information, Statistics Canada & Health Canada. (2006). *Findings from the 2005 national survey of the work and health of nurses*. Ottawa: Statistics Canada.
- Canadian Nurses Association. (1999, November). *I see and am silent / I see and speak out: The ethical dilemma of whistle-blowing*. Ethics in practice. Ottawa: Author.
- Canadian Nurses Association. (2002). *Code of ethics for registered nurses*. Ottawa: Author.
- College of Registered Nurses of Nova Scotia. (2007). *Violence in the workplace* [Position statement]. Halifax: Author.
- International Council of Nurses. (2006). *Abuse and violence against nursing personnel*. Geneva: Author.
- Kingma, M. (2001). Workplace violence in the health sector: A problem of epidemic proportion. *International Nursing Review*, 48(3), 129-130.
- Longo, J. & Sherman, R. O. (2007). Leveling horizontal violence. *Nursing Management*, 38(3), 34-37, 50-51.
- MacDonald, P. (2006). Bullying in the workplace. *Practice Nurse*, 32(10), 1-4.
- McKenna, B. G., Poole, S. J., Smith, N. A., Coverdale, J. H., & Gale, C. K. (2003). A survey of threats and violent behaviour by patients against registered nurses in their first year of practice. *International Journal of Mental Health Nursing*, 12, 56-63.
- Quality Worklife-Quality Healthcare Collaborative. (2007). *Within our grasp: A healthy workplace action strategy for success and sustainability in Canada's healthcare system*. Ottawa: Canadian Council on Health Services Accreditation.

¹⁷ (CFNU, 2007)

Registered Nurses' Association of Ontario. (2007). *Violence against nurses in the workplace: A "zero tolerance" approach* [Position statement]. Toronto: Author.

World Health Organization. (2007). *Third milestones of a global campaign for violence prevention report, 2007: Scaling up*. Geneva: Author.

Also see:

CNA and CFNU Position Statement: *Practice Environments: Maximizing Client, Nurse and System Outcomes* (2007)

CFNU Position Statement: *Psychological Violence in the Workplace* (2007)

Replaces:

Violence (CNA, 2002)