Preventive interventions

ORGANISATIONAL – need to be given a high priority. They should include

- ensuring adequate and qualified staff coverage
- management style setting an example of positive attitudes and behaviours
- providing appropriate information and communication structures among staff with patients and the public, for workers at special risk
- changing work practices to avoid risk
- providing a clear job description for every position and staff member
- work time management to avoid excessive work pressure

ENVIRONMENTAL - target the physical features of the workplace. They should include:

- levels of noise, colours, odours, illumination, temperature/ventilation and cleanliness of the workplace environment
- workplace design, e.g. safe access, sufficient space, comfortable waiting areas, premises responding to needs of staff and public, alarm systems where necessary

INDIVIDUAL FOCUSSED - reinforce the capacity of individuals to help prevent workplace violence. They should include:

- training according to the specific needs of the staff and their functions
- assistance and counselling to help individuals change their attitudes and reduce stress
- promotion of staff's well-being

What to do after a violent incident

Not all violent incidents are predictable and preventable. Post-incident interventions aim to minimize the impact and prevent recurrence. Victim support should have the first priority, but all other persons directly or indirectly concerned by a violent incident / behaviour also need to be involved. Measures include:

- medical treatment, de-briefing, counselling and rehabilitation
- representation and legal aid
- grievance procedures
- reporting and recording of the incident

How to ensure effectiveness

Evaluation and monitoring of all policies and interventions is crucial for the effectiveness of anti-violence strategies. It should be an ongoing and integrated process, involving all parties concerned. An appropriate reporting and recording system is a prerequisite to establish a successful risk management cycle.

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WORKPLACE VIOLENCE IN THE HEALTH SECTOR

ILO / ICN / WHO / PSI

Framework Guidelines
for
Addressing
Workplace Violence
in the Health Sector

International Labour Office
International Council of Nurses
World Health Organisation
Public Services International

2002

Why worry about workplace violence?

Workplace violence has become an alarming phenomenon worldwide. Health workers are among those particularly at risk. The negative consequences on individuals and organisations result in decreasing quality of care, increasing occupational hazards and higher costs:

- almost 25% of all violent incidents at work are in the health sector

- more than 50% of health care workers have experienced violent incidents at work

- psychological violence is more frequent than physical violence

- 40 - 70% of the victims report significant stress symptoms

- stress and violence account for approximately 30% of the overall costs of ill-health

The purpose of these guidelines

ILO, ICN, WHO and PSI have jointly developed a set of guidelines as a basic reference tool for the development of policies against violence at work. They are intended to support all **those responsible for safety in the workplace**, be it governments, employers, workers, trade unions, professional bodies or members of the public. The tool will guide you through the complexity of issues to be considered when developing anti-violence strategies for all work-settings in the health sector.

What is workplace violence?

A widely accepted definition of workplace violence is:

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.
(European Commission)

It includes physical and psychological violence, which often overlap. Terms frequently used are assault, attack, abuse, bullying/mobbing, sexual/racial harassment, threat.

How to approach the problem

Workplace violence is a structural problem rooted in societal, organisational and personal factors. The response should take into account all dimensions of the problem. Any approach should therefore be

- *integrated* – considering all types of intervention and balancing prevention, treatment and evaluation
- *participatory* – involving all parties concerned with active roles in designing and implementing anti-violence initiatives
- *culturally sensitive* – addressing the variations of perception and understanding of the problem
- *gender sensitive* – recognizing the different patterns of violence faced by women and men
- *non-discriminatory* – combating any form of discrimination
- *systematic* – organizing coherent actions towards realistically achievable targets within an agreed time frame

How to prevent workplace violence

Preventive measures to improve the work environment, work organisation and interpersonal relationships at the workplace have proved particularly effective.

Identify and assess the risks

Recognizing factors of risk is a precondition for effective prevention. All available information should be used, e.g. records concerning incidents, sick-leave and staff turnover, information on management style, workplace inspections, surveys, discussions with workers.
Risk assessment should reflect different levels:

- *Organisations at risk*: those located in densely populated and high crime areas, or small and isolated centres, understaffed, with insufficient resources or poor communication
- *Health personnel at risk*: nursing and ambulance staff as well as doctors
- *Work situations at risk:* those where staff are working alone, in contact with the public, with objects of value, with people in distress, in deteriorating working conditions

Reduce the risk

Preconditions for a violence-free workplace

Priority should be given to the **development of a human-centred workplace culture** based on dignity, non-discrimination, equal opportunity and cooperation. A **clear policy statement** should be issued from the top management in consultation with all stakeholders. Initiatives to **raise awareness** at all levels should accompany all interventions.