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FRAMEWORK GUIDELINES FOR ADDRESSING WORKPLACE VIOLENCE IN THE HEALTH SECTOR

THE TRAINING MANUAL

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TABLE OF CONTENTS

FOR THE FACILITATOR p. V

1. INTRODUCTION p. 1

2. AWARENESS AND UNDERSTANDING p. 15

3. RIGHTS AND RESPONSIBILITIES p. 31

4. CHOOSING THE BEST APPROACH p. 43

5. RECOGNISING AND ASSESSING p. 61

6. INTERVENTION p. 81

7. MONITORING AND EVALUATION p. 115

8. CONCLUSION p.119

This training manual was commissioned by the Steering Committee of the ILO, ICN, WHO, PSI Joint Programme on Workplace Violence in the Health Sector as a companion guide to help implement the Framework Guidelines for addressing workplace violence in the health sector. The manual was prepared and tested by Mr. Vittorio di Martino, previously responsible for the programmes on stress and violence at work at the International Labour Office. The manual was edited and adapted by Mr. Jon Beaulieu, and designed by Ms. Claire-Pascale Gentizon.

FOR THE FACILITATOR

● The importance of workplace violence

Workplace violence - physical (homicide, attacks, beating) or psychological (mobbing, bullying, harassment) - affects all categories of workers in just about all sectors. However, the health sector is at major risk due to fundamental characteristics of the services delivered and the present work environment. Under the strain of reforms, social instability, increasing pressures from long working hours and shift work, demoralisation of workers, workplace violence is rapidly spreading in the health sector. Increasing domestic violence and violence in the streets is spilling over into health facilities. The negative consequences of such widespread violence heavily impacts on the delivery of health care services, which can include the deterioration of the quality of care provided and the decision by health workers to leave health care professions. This can result in a reduction in health services available to the general population, and an overall increase in health costs. In developing countries, equal access to primary health care is threatened if health workers - already a scarce resource - abandon their profession or migrate.

● An international response

An international response to these problems was initiated in 2002. The International Labour Office (ILO), the International Council of Nurses (ICN), the World Health Organization (WHO) and Public Services International (PSI) jointly developed the Framework Guidelines for Addressing Workplace Violence in the Health Sector.

The Guidelines provide definitions of workplace violence and guidance on general rights and responsibilities; best approaches; violence recognition; violence assessment; workplace interventions; monitoring and evaluation.

This Training Manual is a complement to the Framework Guidelines. It is a practical, user-friendly tool that builds on the policy approach of the Framework Guidelines. Representatives of governments, employers and workers would be well served to use the Manual in training situations, so as to encourage social dialogue among health sector stakeholders and develop, in consultation, approaches to address violence in the workplace.

The two documents constitute a package that should facilitate dissemination and effective utilization of the Framework Guidelines.

● Targeted at a multiple audience

The Manual is primarily targeted at workplace situations but is also suitable for being used, in a flexible way, in awareness-raising contexts. It is intended for a wide range of operators in the health sector, including health personnel, members of professional associations, trade unionists, administrators, managers, trainers, decision makers and practitioners in general.

- **The manual should be used in a highly participative way**

The training is based on the full interaction and involvement of all participants in the course and aims to promote the ownership of its messages.

The facilitator should ensure that all participants are fully involved in the course and are offered ample opportunities for dialogue on the various issues under consideration.

Group work should help facilitate such interaction. The composition of groups should be periodically changed to allow maximum exchange. Each group should name a reporter on a rotating basis so that every participant is given the opportunity to report in plenary.

Every effort should be made to have a balanced gender representation in the course.

It is essential that seating arrangements facilitate face-to face discussion and group work to help motivate the participants. Ideally each group - five to seven people as a maximum - should work around a table and the tables should be arranged so as to avoid the " back to school" image of rows in formal arrangements.

The facilitator's posture and approach should also be informal, far from traditional lecturing. The times suggested for each segment are indicated at the top of each section. These can be modified at the discretion of the trainer.

- **Support aids for the facilitator**

In order to enhance the sense of ownership of the Manual by the participants, the contents will not be provided in advance but will be progressively distributed during the course as indicated by the red arrows. By the end of the course, each participant should have formed his/her Manual.

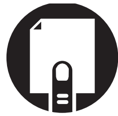
The facilitators' Manual contains an interactive CD-Rom so that worksheets can be edited and documents printed, including the PowerPoint presentations.

To aid the trainer, symbols are listed throughout the manual which indicate:

questionnaire

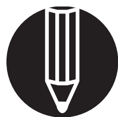
group exercice

suggested time


handout

discussion

lunch


individual exercice

PowerPoint presentation

break

In some cases, documents need to be changed to reflect the local environment, or advance preparation is required to locate information or statistics. The facilitator should ensure that these are addressed well in advance. Documents may be downloaded from the CD-Rom, edited and printed in advance. The facilitator can easily locate these instances in the manual by looking for the following symbol:

It is suggested that a presentation be delivered by a local organization which has good practices dealing with violence in the workplace. This is to be done at the end of Day 3. The facilitator should locate and contact this organization well in advance to make the necessary preparations.

In order to deliver the training, facilitators should have the following equipment at their disposal:

- Computer, projector and screen to deliver PowerPoint presentations
- Flip chart for the facilitator and one for each working group
- Coloured markers
- Tape
- Clock or watch

- **Cultural adaptation should be considered**

It is essential that the training be adapted to different cultural contexts. Personal names in the exercises should be changed; currency should be local currency; situations should be credible; best practices should be drawn from local experience.

Participants should feel at ease within the training and this should in turn, reflect their own environment and workplace.

- **Timing and organization should be adapted to local needs**

The training is designed to be a 3-day workshop, however it can be used in a modular way according to timetables specifically elaborated for a particular situation. As indicated in the sample schedule, the first day could be devoted to module 1, 2, 3 and 4, the second day to module 5 and the beginning of module 6, and the third day to the finalisation of module 6 and module 7. It is also possible to concentrate the training into one day focussing on a limited number of presentations and exercises.

Sample time schedule

	DAY I	DAY II	DAY III
8.30 - 10.00	Introduction *Paragraphs 1.1 to 1.4*	Recognising and assessing *Paragraphs 5.1 to 5.2*	Intervention (continues) *Paragraphs 6.5 to 6.6*
10.00 - 10.30	Break	Break	Break
10.30 - 12.00	Awareness and understanding *Paragraphs 2.1 to 2.4*	Recognising and assessing (continues) *Paragraphs 5.3 to 5.5*	Intervention (continues) *Paragraphs 6.7 to 6.9*
12.00 - 13.00	Lunch	Lunch	Lunch
13.00 - 14.30	Awareness and understanding (continues) *Paragraphs 2.5* Rights and responsibilities *Paragraphs 3.1 to 3.2*	Intervention *Paragraphs 6.1 to 6.2*	Intervention (continues) *Paragraph 6.10* Monitoring and evaluation *Paragraph 7.1*
14.30 - 15.00	Break	Break	Break
15.00 - 16.30	Rights and responsibilities (continues) *Paragraphs 3.3 to 3.5* Best Approach *Paragraphs 4.1 to 4.5* 1st day evaluation	Intervention (continues) *Paragraphs 6.3 to 6.4*	Conclusion *Paragraphs 8.1 to 8.4* Final evaluation

1 INTRODUCTION

OBJECTIVES

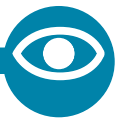
- The participants should understand the overall scope of the training methodology
- The participants should get to know each other and start relating as a team
- The participants should become familiar with the timing and organization of the course
- The participants should establish their own expectations for the course and gain awareness of the general issues and increasing occurrence of workplace violence

1.1 PowerPoint presentation
Introducing the training course

Distribute a copy of this PowerPoint and a copy of the Framework Guidelines to the participants after the presentation.

The purpose of this presentation is to become familiar with the training course methodology by understanding:

- why the training course was developed
- how it is linked to the Framework Guidelines
- what is its underlying vision, approach and content
- how it should be used



Prevent
workplace violence
in the health sector

A joint effort

International Labour Office ILO
International Council of Nurses ICN
World Health Organization WHO
Public Services International PSI

The training is an outcome of many years of combined research and field action of workplace violence prevention by these four organizations.

Workplace violence has been indicated as a priority area of concern and policy intervention at the international level by the WHO, the ILO and ICN.

Why violence ?

WHO
Violence constitutes a major problem to public health in the world

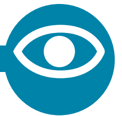
ILO
Workplace violence represents one of the major risks for the world of work along with drugs, alcohol, tobacco and HIV/AIDS

ICN
Violence in the health workplace threatens the delivery of effective patient services

These reputable accounts confirm the dramatic spread of workplace violence around the world and highlight the importance of the need to quickly address this issue.

Why violence ?

- **In the EU 9 million workers suffer physical violence, 3 million are subject to sexual harassment, 13 million to intimidation and bullying**
  (European Foundation 2000)
- **Between 10% and 30% of Ugandan workers are likely to develop mental illnesses due to stressful working environments**
  (Beatrice Wabudeya, State Minister for Primary Health Care, Radio Uganda 30.5.2002)
- **In the UK, a number of hospitals have or are introducing police stations within the hospitals, following a sharp rise in attacks on staff.**
  (Health & Safety Organiser, UNISON, February 2003)



Why the health sector?

- **Violence in this sector constitutes almost 25% of all violence at work**
- **Violence in the sector is widespread in all countries and among all health sector occupations**
- **For certain types of violence, such as verbal abuse, more than half of the workers in the health sector are affected**

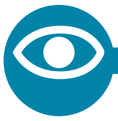
Health sector workers are at a high risk of becoming victims of workplace violence.

Why the health sector?

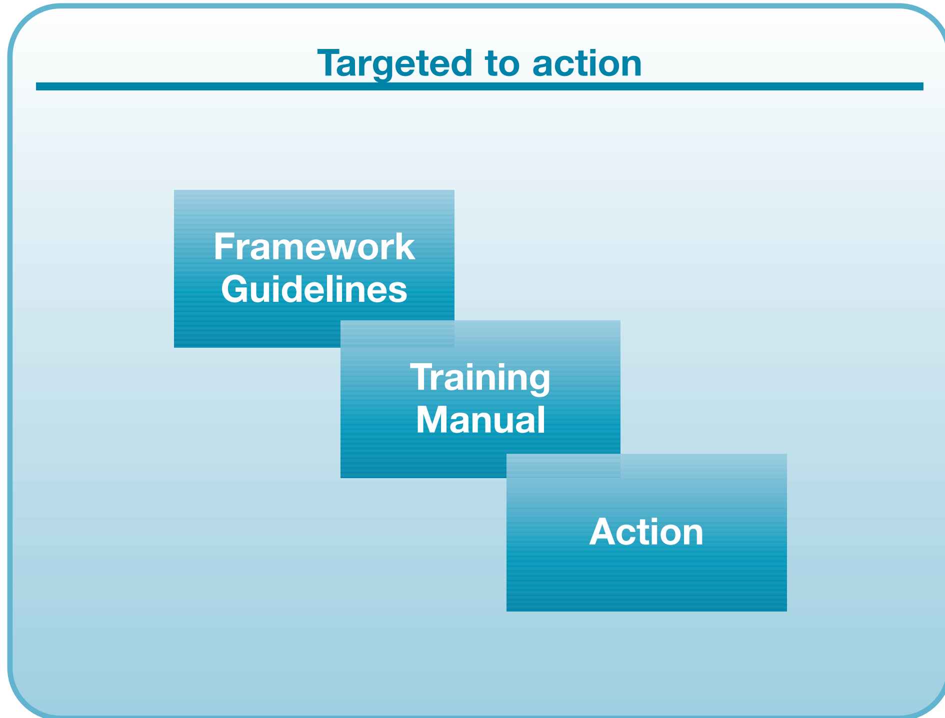
COUNTRY	PHYSICAL VIOLENCE %	VERBAL ABUSE %	BULLYING/ MOBBING %
Brazil	6	39	15
Bulgaria	7	32	31
Lebanon	6	41	22
South Africa	17	52	21
Thailand	10	48	11
Australia	-	67	10

Source:ILO, ICN, WHO, PSI – Workplace violence in the health sector, Synthesis report, 2002

Comparative research clearly demonstrates that workplace violence in the health sector equally affects industrialised and developing countries and that psychological violence is as important as physical violence.



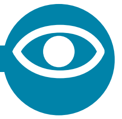
The goal of the training is to facilitate action, as it seeks to transform the guidance outlined in the Framework Guidelines into concrete interventions at the workplace.



The training is addressed to a large audience, since all workers in the health sector could benefit from this methodology.

Addressed to…

- Health personnel
- Professional association representatives
- Trade unionists
- Administrators
- Managers
- Trainers
- Decision makers
- Practitioners



The underlying vision

- Workplace violence is a major source of inequality, discrimination, stigmatisation, demoralisation, alienation and conflict at the workplace. Increasingly it is becoming a central human rights issue
- Workplace violence is emerging as a serious and sometimes lethal threat to the efficiency and success of organizations
- Linking these issues and making violence prevention an integral part of organizational culture and growth, is an organizational challenge

It is increasingly recognised that workplace violence is not only detrimental to the health and dignity of people at work but also to the productivity and profitability of an organization. Any action taken against workplace violence demonstrates an effective and responsible management policy through enabling a safe work environment and by contributing to an organization's financial well-being.

The approach

- Participative
- Preventive
- Results-oriented

Participative.
The manual is based on the full interaction and involvement of all participants in the training course and aims to promote the personal ownership of its messages.

Preventive.
The manual delivers an unequivocal message that workplace violence can be largely prevented, provides the means to develop prevention and encourages preventive action.

Results-oriented.
Success can only be measured by the results obtained. Taking immediate action to combat violence should be the natural follow-up to the training course.

Adaptable.
Situations are complex and solutions are many. One single approach to a particular problem does not work in all environments and cultures. Several approaches and options are presented and discussed so that users can develop programmes and action that meet their individual needs.

Self- sustaining.
Successful programmes and action demonstrate positive results, and cost effectiveness. In addition, these examples can be modified to meet varying circumstances.

The approach

- Adaptable
- Self-sustainable

The training course consists of eight modules covering an entire cycle of action to combat workplace violence

The content

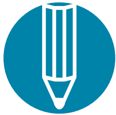
- Introduction
- Awareness and Understanding
- Rights and Responsibilities
- Choosing the best approach
- Recognising and assessing
- Intervention
- Monitoring and Evaluation
- Conclusion

Reminder: Distribute a copy of this PowerPoint and a copy of the Framework Guidelines to the participants after the presentation.

Open discussion

Facilitate an open discussion.
Ask participants for questions or clarifications.
Ask them to discuss how this correlates to their personal experiences.

1.2 Individual exercise Getting to know each other



The scope of this session is to allow the participants to get to know each other and become familiar with the training environment.

- The facilitator should ask each participant to present himself/herself with the following:

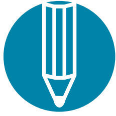
  1. name
  2. what would you like to be called
  3. where are you from
  4. your organization
  5. your job title and responsibility
  6. add something personal

- The facilitator should provide information on the operational arrangements of the workshop including:

  1. time schedule
  2. individual responsibilities in the trainers' team
  3. administrative and financial procedures
  4. emergency procedures
  5. parking, transportation, food and other facilities
  6. possible social events

At the end of this session the participants should be organised into working groups. Groups should be well balanced and diversified.

1.3 Individual exercise
Expectations from the training course



Ask participants to indicate their expectations of the training using the following questionnaire. A similar questionnaire will be distributed at the end of the workshop allowing for an evaluation of expectations versus results.

1.4 Handout and group discussion
Definition of workplace violence

The facilitator should hand out the following text and PowerPoint slide and permit a few minutes to read and reflect on them. Open the floor to a discussion to see if this definition is adequate or what it is missing.

While passing out the text, explain that while there is no internationally accepted definition of workplace violence, the following description provides a general understanding of what constitutes workplace violence. The facilitator should place the PowerPoint slide up on the screen.

Questionnaire on expectations of the workshop

How do you value your expectations of this workshop in respect of the following issues?

1. Better understanding of what constitutes workplace violence

   ○ *very important* ○ *important* ○ *little importance*

2. Better understanding of workplace violence in your country

   ○ *very important* ○ *important* ○ *little importance*

3. How to effectively assess the risk of violence in my workplace

   ○ *very important* ○ *important* ○ *little importance*

4. How to effectively approach workplace violence

   ○ *very important* ○ *important* ○ *little importance*

5. How to effectively undertake action to combat violence in my workplace

   ○ *very important* ○ *important* ○ *little importance*

6. How to effectively monitor such action and evaluate results

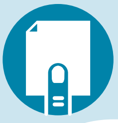
   ○ *very important* ○ *important* ○ *little importance*

7. Respecting the rights and responsibilities of all those concerned

   ○ *very important* ○ *important* ○ *little importance*

8. Linking with other people operating in this area

   ○ *very important* ○ *important* ○ *little importance*



1

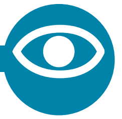
Definition

Violence can be defined as a form of negative behaviour or action in the relations between two or more people. It is characterised by aggressiveness which is sometimes repeated and sometimes unexpected.

It includes incidents where employees are abused, threatened, assaulted or subject to other offensive acts or behaviours in circumstances related to their work.

Violence manifests itself both in the form of physical and psychological violence. It ranges from physical attacks to verbal insults, bullying, mobbing, and harassment, including sexual and racial harassment.

(Adapted from: European Commission, Guidance on the prevention of violence at work by R. Wynne, N. Clarkin, T.Cox, A.Griffiths, March 1996 and Advisory committee on safety, hygiene and health protection at work of the European Commission , Opinion adopted on 29 November 2001)



The relation between physical and psychological violence

Physical violence		Psychological violence
physical attacks	harassment	bullying
beating	sexual harassment	mobbing
kicking	racial harassment	abuse
slapping	assault	threats
stabbing		
shooting		
pushing		
biting		

Physical and psychological violence are related. Any violent act or behaviour that affects physical well-being also affects psychological well-being and vice versa

2

AWARENESS AND UNDERSTANDING

OBJECTIVES

- The participants should become aware of the importance of workplace violence in general and in the health sector
- The participants should become aware of the dimension of workplace violence in their country and workplace
- The participants should understand the difference and interrelation between various forms of physical and psychological violence at work
- The participants should realise the enormous costs linked to workplace violence to the community, organizations and workers

2.1 Individual, group and plenary exercise Identifying violence

The exercise will be conducted in four phases:

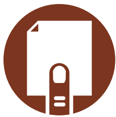
- Individually (15 minutes)
- Sub-group work (30 minutes)
- Open discussion (30 minutes)
- Overview of the Handouts (15 minutes)

This exercise is intended to provide the participants with a shared understanding of what violence is and what are the different forms of violence.

Specific understanding based on particular cultural background(s) should be recognised. In particular the facilitator must change the standard names in the situations below with real names in the country/region where the training takes place.

Short cases describing workplace violence scenarios are presented for personal reflection and sub-group work which help identify different type of violence situations found in health service settings.

The open discussion further helps participants to determine the most common situations in their own workplaces and analyze the cases based on their own perceptions and experiences.



The handouts provide participants with written material corroborating what they learned. It is best to allocate time for participants to go over the material in the training session and to ask for any clarifications.

Note:
The subgroup exercise and open discussion may create an emotionally charged atmosphere and generate a need to address the solutions before the problems are clearly understood. The trainer needs to remain in charge and to keep the participants focused on the specific exercise of relating the cases to their own workplaces and to identifying the different types of violence.

Discussion should be steered away from what types of workplace violence are tolerable and what types are unacceptable. The trainer also needs to remind participants that means of preventing and addressing workplace violence will be discussed in later sessions.

Note to trainer
Before printing questionnaire, change names to reflect commonly used local names.

15 min.

Identify violence

1. Have you ever been involved in, witnessed or heard of situations SIMILAR to these in your workplace?

Situation **A**

John is a middle-aged worker struggling to keep abreast of rapid changes at his workplace. His supervisor continuously criticizes him for his work, persistently picks on him in front of others, excludes him from meetings he should attend and often shouts at him for trivial reasons. John is concerned.

Situation **B**

Mary is an experienced nurse working in a geriatric ward of a hospital. During her entire professional life she has been subject to spitting, hitting, pushing and shouting from her patients. She thought that this was “part of the job” and that consideration should be given to the age and suffering of her patients. Now, after many years, she feels she cannot tolerate the situation anymore.

Situation **C**

Linda is a young nurse who has recently started her career. She prefers to dress in fashionable outfits, which often attract attention. Sometime the reaction of her male colleagues has been to comment on her clothes and on her general appearance. Now the situation has escalated into explicit comments being made about her body and, in some instances, an “occasional” touch or grab. Linda feels the situation is escaping her control and she feels unable to cope.

Situation **D**

Bill works in an emergency ward. His ward is becoming an increasingly dangerous workplace. He feels that patients are more and more aggressive, and sometimes are in possession of weapons. Competing urban gangs have started making the ward a place where they confront each other with the risk of a murderous escalation. Bill feels unsafe.

Situation **E**

Robert, a migrant health care worker, is a young, skilled recruit in the hospital. He is a shy person and often keeps to himself. Colleagues target him with jokes, negative personal remarks, isolation, ridicule and are spreading false information about him. Their behaviour becomes nastier and nastier everyday. Robert feels different and desperate.

2. Based on your personal experience, add situations which are not included in the list.

Situation **F**

Situation **G**

30 min.

1. Each participant should introduce a maximum of FIVE situations to the group.

The individual lists of situations are discussed in the groups.
List the five situations which the group identified as most note worthy.

List the situations below.

Situation 1

Situation 2

Situation 3

Situation 4

Situation 5

---

2. Using the following list, the groups should identify the appropriate type(s) of violence associated with the five situations listed above.

List of violent behaviours at work

homicide	battering	harassment	victimizing
rape	threats	hostile behaviour	abuse
mobbing	assault	sexual harassment	robbery
bullying	attack	racial abuse	verbal insults

Situation 1 (e.g. threat)

Situation 2

Situation 3

Situation 4

Situation 5

Groups should report in plenary.

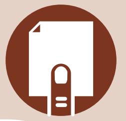
Using a flip chart the group spokesperson should write down the five types of workplace violence they have indicated. If not enough flip charts are available, the facilitator should write down the types reported by the spokesperson of the groups.

General discussion follows.

The facilitator should encourage the participants to identify similarities and reach a consensus on five key types of workplace violence that all or a majority consider to have special relevance.

Using a flip chart, the facilitator will write down the FIVE key types of workplace violence that are identified and agreed upon by all of the participants.

10 min.



2.2 Frequently used terms to indicate different types of violence

abuse/verbal abuse

Behaviour that humiliates, degrades or otherwise indicates a lack of respect for the dignity and worth of an individual.
(Alberta Association of Registered Nurses)

assault/attack/battery

Intentional behaviour that harms another person physically including sexual assault.

bullying/mobbing

Repeated and over time offensive behaviour through vindictive, cruel or malicious attempts to humiliate or undermine an individual or groups of employees. *(Adapted from ILO Violence at Work)*

harassment

Any conduct based on age, disability, HIV status, domestic circumstances, sex, sexual orientation, gender reassignment, race, colour, language, religion, political, trade union or other opinion or belief, national or social origin, association with a minority, property, birth or other status that is unreciprocated or unwanted and which affects the dignity of men and women at work. *(Human Rights Act, UK)*

racial harassment

Any threatening conduct that is based on race, ethnicity, colour, language, national origin, religion, association with a minority, birth or other status that is unreciprocated or unwanted and which affects the dignity of women and men at work. *(Adapted from Human Rights Act, UK)*

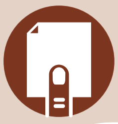
Note:
While ethnicity and race are related concepts, the concept of ethnicity is rooted in the idea of societal groups, marked especially by shared nationality, tribal afilliation, religious faith, shared language, or cultural and traditional origins and backgrounds, whereas race is rooted in the idea of biological classification of homo sapiens to sub-species according to morphological features such as skin color or facial characteristics.
(From Wikipedia, the free encyclopedia, http://en.wikipedia.org/wiki/Ethnicity)

sexual harassment

Any unwanted, unreciprocated and unwelcome behaviour of a sexual nature that is offensive to the person involved, and causes that person to feel threatened, humiliated or embarrassed. (Irish Nurses Organization)

threat

Promised use of physical force or power (i.e. psychological force) resulting in fear of physical, sexual, psychological harm or other negative consequences to the targeted individuals or groups.



2.3 Concrete situations of workplace violence

ABUSE

Includes, among others:

- Verbal abuse, including swearing, insults or condescending language
- Aggressive body language indicating intimidation, contempt or disdain
- Harassment, including mobbing/bullying, racial and sexual harassment

ASSAULT/ATTACK

Includes, among others:

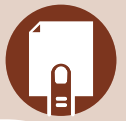
- beating
- biting
- hitting
- homicide
- kicking
- pushing
- rape
- sexual assault
- shooting
- shoving
- slapping
- spitting
- stabbing

MOBBING/BULLYING

May include the following behaviours:

- Making life difficult for those who have the potential to do the bully’s job better than the bully
- Punishing others for being too competent by constant criticism or by removing their responsibilities, often giving them trivial tasks
- Refusing to delegate because they feel they cannot trust anyone
- Shouting at staff to get things done
- Persistently picking on people in front of others or in private
- Insisting that one particular way of doing things is always right
- Keeping individuals in place by blocking their deserved promotion
- Overloading persons with work and reducing the deadlines, hoping that they will fail
- Attempting to make someone appear incompetent, or make their lives miserable, in the hope of getting them dismissed or making them resign

(Adapted from UNISON, Guidance on bullying, 1996)



RACIAL HARASSMENT

Includes:

- Bantering
- Being condescending or deprecating about the way someone dresses or speaks
- Exclusion from conversations or gatherings
- Insults
- Jibes
- Literature and graffiti
- Making racist insinuations
- Making racist jokes
- Shunning people because of their race, colour, nationality or ethnic background
- Taunting

(CRE, Racial Harassment at Work: What Employers Can Do About It, 1995.)

SEXUAL HARASSMENT

Includes:

- 1. Personal harassment

Physical :

deliberate and unsolicited physical contact
pinching
touching
fondling
stroking
grabbing
kissing
rubbing
poking or pulling
unnecessary close physical proximity
stalking (to approach or follow in an insistent, apparently unobtrusive way)

Verbal :

repeated sexually-oriented comments or gestures about the body, appearance or life-style of a person

offensive phone calls, questions or insinuations about a person's private life

sexually explicit jokes or propositions

persistent invitations to social activities after the person has made it clear they are not welcome

unwanted compliments with sexual content

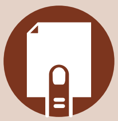
sexual coloured remarks

sexual bantering

sexual innuendo

name-calling

reference to sexual orientation



Gestural :

repeated sexually-oriented gestures about the body, appearance or life-style of a person

nods, winks, gestures with the hands, fingers, legs or arms, signs and other offensive behaviour which is sexually suggestive

persistent leering at the person or at part of his/her body

Written :

offensive letters or e-mail messages

- 2. Coercive behaviour

Includes:

explicit/implicit promise of career advancement in exchange of sexual favours

explicit/implicit promise of recruitment in exchange of sexual favours

threats of dismissal if sexual favours are not granted

making work/life difficult if sexual favours are not granted

- 3. Hostile environment

When conduct of a sexual nature creates an uncomfortable working environment for employees. This includes:

showing or displaying sexually explicit graphics, cartoons, pictures, photographs or Internet images

Offensive jokes of a sexual nature

Display of pornographic material, graffiti, pin-ups etc.

Exposure of intimate parts of the body

Use of obscene language

THREAT

Includes, among others:

- threatening behaviour such as:

  shaking fist

  destroying property

  throwing objects

- verbal or written threats, including:

  direct threat: “You’ll regret you ever came here”

  conditional threat: “ I am going to make you pay if you refuse me”

  veiled threat: “ Do you think anyone would care if someone attacks a person like you?”

2.4 Individual, group and plenary exercise Identifying violence

Welcome back – ask if there is need to clarify anything covered this morning.

Distribute a copy of this PowerPoint after the presentation.

The purpose of this presentation is to highlight the enormous costs linked to workplace violence for the community, the worker and the organization.

The realisation and quantification of the cost of violence is of the highest importance in the shaping of anti-violence strategies and action both in developing and industrialised countries.

On this basis, a strong message should be delivered to the participants showing how the fight against workplace violence should be a priority for all those concerned not only in terms of individual dignity, community well-being and service quality, but also for its important financial implications.

A violence-free workplace is thus a privileged place where human rights and economic objectives can successfully combine into a win-win-win situation for workers, employers and governments.

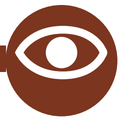
Costing Violence at Work

Workplace violence is a cause of physical and psychological pain for victims and witnesses, with increased risk for their well-being. The suffering and humiliation resulting from violence usually leads to a lack of motivation, loss of confidence and reduced self-esteem.

If the situation persists, consequences could result in physical illness, psychological disorders, tobacco, alcohol and drug abuse, or ineffective performance.

For the worker

- increased risk of an accident
- frustration, demoralisation, stress
- deteriorating health, disability
- pain, distress, death
- stigmatisation and discrimination
- ineffective performance



For the community

- social security costs
- compensation claims
- unemployment
- disruption in family life
- disruption in social life
- poor health care
- increased violence

The impact of violence on the individual worker is reflected in major costs for the community where he/she lives. Workplace violence may eventually result in unemployment, psychological and physical problems that adversely influence an individual's career and social situation. The costs of violence include health care and long-term rehabilitation costs for the reintegration of victims, unemployment and retraining costs for victims who lose or leave their jobs as a result of such violence, and disability and invalidity costs where the working capacities of the victims are impaired by violence at work. Access for the public to quality health services is threatened.

For the organization

DIRECT COSTS

- disruption
- accidents
- illness, disability, death
- legal liabilities
- absenteeism
- turnover

Workplace violence causes immediate, and often long-term disruption to interpersonal relationships, the organization of work and the overall working environment, usually leading to the deterioration in the quality of service provided. Cost factors for the organization include direct, indirect and "intangible" costs. Direct costs include accidents, illness, disability, death, absenteeism and turnover as well as the cost of legal liabilities, lost work and more expensive security measures.

Indirect costs related to workplace violence are those that impact negatively on organizational efficiency and performance by reducing the individual commitment and morale and impoverishing personal relations within the workplace.

For the organization

INDIRECT COSTS

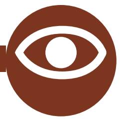
- reduced morale
- reduced committment
- beakdown of relations
- reduced efficiency
- reduced performance
- reduced productivity

Workplace violence also has intangible costs for the organization which affect its ability to evolve and improve services.

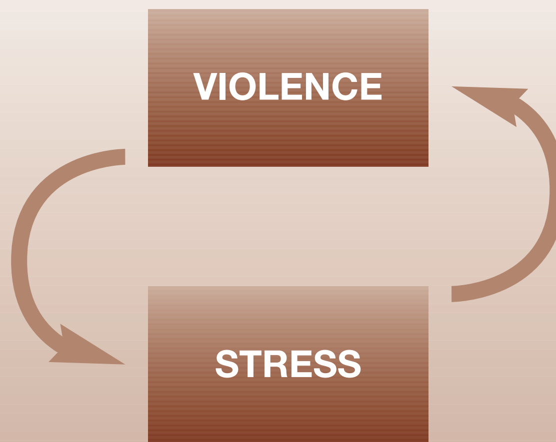
For the organization

INTANGIBLE COSTS

- organization image
- creativity
- quality
- anticipation
- working climate
- openess to innovation



Inter-action stress/violence



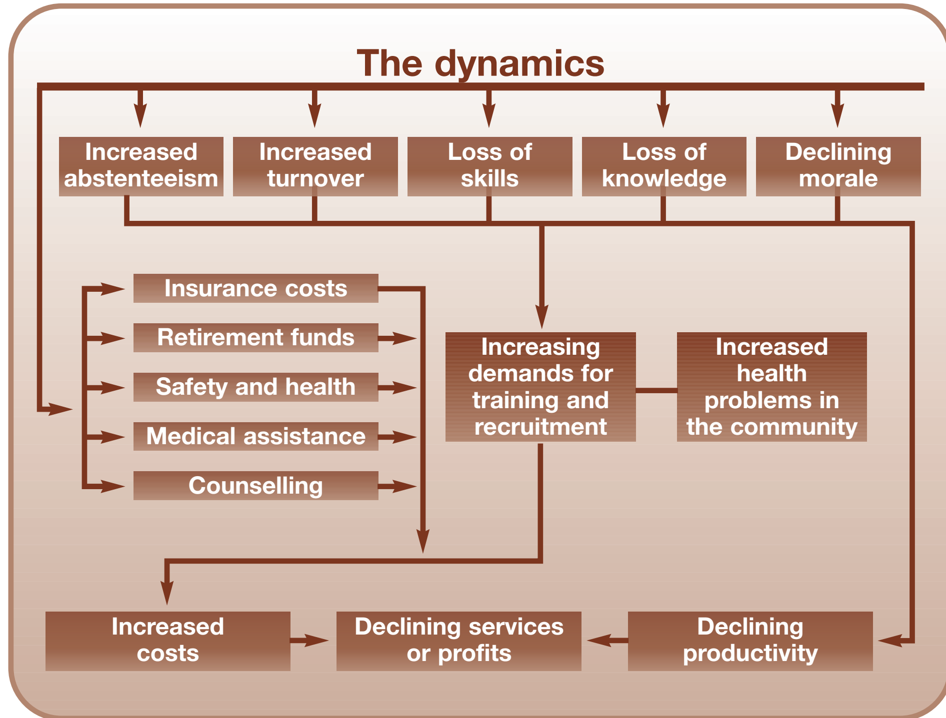
Violence and stress often interact, thus magnifying the negative economic burden derived from each of them. Any act of violence does, in fact, generate stress. It is also progressively being documented how stress, leading to frustration and anger, can be an antecedent of violence at work, at times leading to the most extreme consequences such as burnout, suicide and homicide. Negative stress as a source of violence has been identified for several occupations.

The cost of violence and stress

- **£6 m is the cost of violence against National Health Services Wales staff during 2003/04** *(Auditor General for Wales)*
- **In the US the cost of stress has been calculated at $ 300 billion each year** *(American Institute for Stress 2002)* **and the cost of violence at $ 4.2 billion** *(Philbrick, Sparks, Hass, Arsenault 2003)*
- **In Switzerland the town of Lausanne has been condemned to pay CHF 800.000 (more than € 500.000) in a case of bullying** *(Tribune de Genève , March 2005)*

The total cost of work-place violence and stress is enormous as shown by the figures in this slide.

In order to fully appreciate the overall impact of the combined effects of all cost elements, it is essential to highlight the dynamics of their correlations, as illustrated here.



3

RIGHTS AND RESPONSIBILITIES

OBJECTIVES

- The participants should become aware that an effective prevention of workplace violence can only result from the combined effort of various actors working together to achieve such a result
- The participants should understand the role of different actors, their respective duties and responsibilities
- The participants should strengthen their capacity of achieving consensus on concrete solutions within the constraints of limited time, scarce resources and competing interests

3.1 Rights and responsibilities

Distribute a copy of this PowerPoint after the presentation.

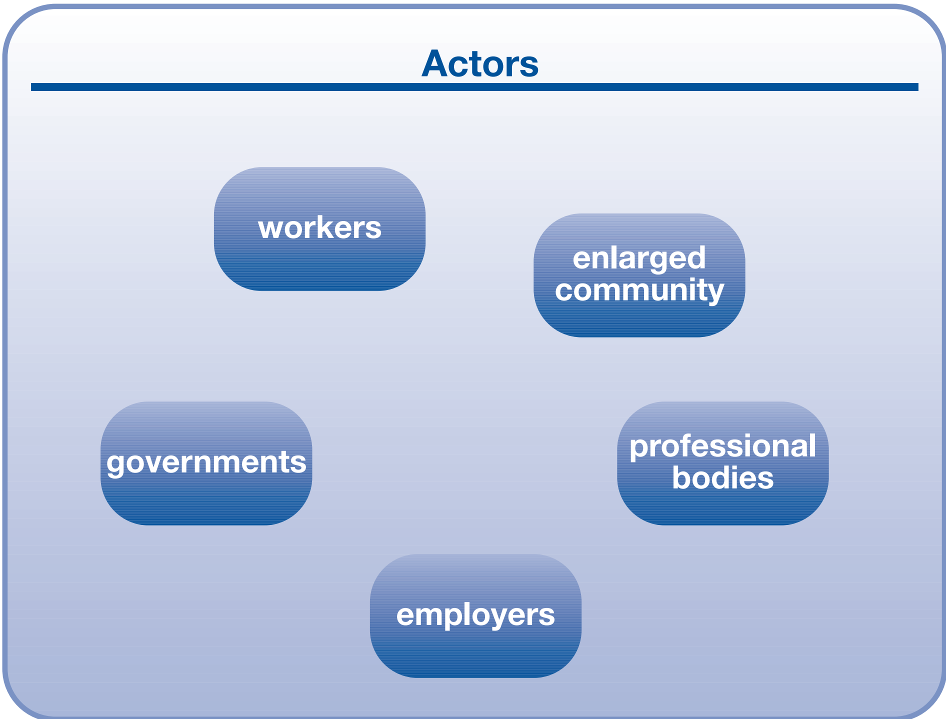
The purpose of this PowerPoint presentation is to illustrate the rights and responsibilities of the different parties involved in the fight against workplace violence.

While each of the parties holds its own rights and responsibilities there are a number of special interrelationships that deserve special attention:

- the interrelationship among various actors as highlighted in the second slide
- the interrelationship among different areas of intervention as indicated in the third slide
- the interrelationship among different levels of intervention as highlighted in the fourth slide

Successful action will eventually depend on the linkage between the rights and responsibilities of the parties involved and their action at various levels and in different fields of intervention.

Rights and Responsibilities



Various actors are involved in the workplace violence prevention. They should not work in isolation. Despite different interests, they should combine their action to achieve the maximum result.

Combined action should be organised and carried out at various levels of intervention in a coordinated way to achieve the maximum impact.

Governments and their competent authorities should provide the necessary framework for the reduction and elimination of workplace violence. This includes the actions indicated here. For a more detailed list see the Framework Guidelines under 2.1

Governments

- **issue policies and plans to combat workplace violence**
- **introduce special legislation and ensuring its enforcement**
- **promote the participation of all parties concerned**
- **encourage collective agreements**
- **encourage the development of workplace policies and plans**
- **launch awareness campaigns**
- **request the collection of information and statistical data**
- **coordinate the efforts of the various parties concerned**

Employers

- manage workplace violence
- assess of the incidence of workplace violence routinely
- develop workplace policies and plans
- consult with workers and their representatives
- introduce all necessary measures
- provide adequate information and training

Employers and their organizations should promote and provide a violence-free workplace. This includes the actions indicated here. For a more detailed list see the Framework Guidelines under 2.2

Employers

- provide assistance to all those affected by violence
- endeavour to sign collective agreements to tackle workplace violence
- actively promote awareness
- provide adequate reporting systems
- collect data and information
- create a climate of rejection of violence

Workers should take all reasonable care to reduce and eliminate the risks associated with workplace violence. This includes the actions indicated here. For a more detailed list see the Framework Guidelines under 2.3

Workers

- **contribute towards workplace policies and procedures**
- **endeavour to sign collective agreements to tackle workplace violence**
- **cooperate with the employer to reduce and eliminate violence**

Workers

- **attend information and training programmes**
- **report incidents, including minor ones**
- **contribute to promoting awareness of the risks of violence**
- **support colleagues affected by violence**
- **seek treatment and counselling**

Professional associations

- incorporate clauses concerning the inadmissibility of any incidence of violence at the workplace in their codes
- endeavour to include provisions to reduce and eliminate workplace violence into national, sectoral, and workplace/enterprise agreements
- encourage the development of workplace policies and plans
- actively promote the training of health personnel
- contribute to promoting awareness of the risks of workplace violence
- provide support for victims of workplace violence

Trade unions and professional associations should launch, participate in and contribute to initiatives and mechanisms to reduce and eliminate the risks associated with workplace violence. This includes the actions indicated here. For a more detailed list see the Framework Guidelines under 2.4

Community

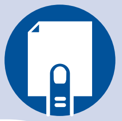
Contribute to:

- the creation of a network of information and expertise
- promoting awareness of the risks of violence
- the development of coordinated policies and plans
- training and continuing education programmes as required
- the prevention of workplace violence and the management of incidents and post-incidents

Media, research and educational institutions, specialists in workplace violence, consumer / patient advocacy groups, the police and other criminal justice professionals, and NGOs active in the area of workplace violence, health and safety, human rights and equal opportunity, should actively support and participate in the initiatives to combat workplace violence. This includes the actions indicated here. For a more detailed list see the Framework Guidelines under 2.5

3.2 Role play

The facilitator must change as necessary the amount of the *money allocations* as well as the *currency* used in the exercise below to adapt this exercise to the situation in the country/region where the training takes place.



At what cost?

Your country’s health sector workers are considered to be at high risk of physical and psychological violence.

The Government wants to address this situation by launching concrete initiatives to combat workplace violence in the sector and has allocated an initial *$100.000* (change as required) to carry out pilot projects.

Your hospital (clinic, health centre, ward) is one of the sites chosen to carry out one of the projects and will receive *$ 10.000* (change as required).

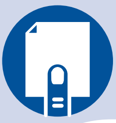
You must decide on how to spend this sum.

- The Government proposes additional training
- The workers propose that the money should be allocated to give them a special indemnity to compensate them for the risks of workplace violence
- Management reports that the lack of beds is contributing to the violence and suggests to concentrate resources in this area rather than on specific initiatives on violence
- Trade unions would like to focus attention on the increasing importance of psychological violence
- The enlarged community seeks increased attention on the risks of physical aggression both in the society and within the workplace
- Professional associations suggest using these resources to improve the overall quality of health services

Each one of you in the group represents one of the above stakeholders

Each group must reach consensus on how to use *$10. 000* (change as required) in the most effective way

Each group reports to the plenary



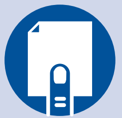
Swedish Ordinance on measures for the prevention of violence and menaces in the working environment

The Ordinance applies to work where there may be a risk of violence or the threat of violence. Examples include having access to cash, goods or valuables. The Ordinance places specific responsibilities on employers, accompanied by considerable guidance on possible action.

Employers are responsible for investigating the risks of or threat of violence, and taking such measures as may be occasioned by the investigation. Work and workplaces are to be arranged and designed to avert the risk of violence or threats of violence as far as possible. There are to be special security routines for work with risks of violence, and these must be made known, to all employees. Employees are to be given sufficient training, information and instruction to be able to do their work safely. If there is a risk of recurrent violence or threats of violence, employees are to receive special support and guidance. Employees should be informed at the time of hiring, or before being transferred to work where such work is known to entail certain risks.

Employees must have the possibility of summoning prompt assistance in a violent or threatening situation, and employers must ensure that alarm equipment and other necessary technical aids are provided, maintained and their use adequately explained, as well as having fixed routines for security and alarm calls which are practiced regularly. The use of technical aids such as intercom telephones, hidden telephones or optical surveillance in the form of a still camera, video monitoring or observation mirrors, however, is subject to legislation governing the use of such devices.

There are also provisions for recording, investigating and following up on violent incidents including threats, as well as notifying the Labour Inspectorate of serious injuries or incidents involving violence. Finally, employers must assure prompt assistance and support to employees who are subjected to violence or threats of violence, to prevent or alleviate both physical and mental injury; they must have special routines for this purpose. It is suggested that large workplaces have a special emergency or crisis group to act in serious emergencies. Both medical and psychological attention is required when an employee is involved in a traumatic event.



3.4 Examples of guidelines

Guidelines relevant to the health sector

ICN, Guidelines on Coping with Violence at the Workplace, Geneva 2004

ILO-ICN-WHO-PSI, Framework guidelines for addressing violence in the health sector, 2003

ILO, Code of Practice on Workplace Violence in Services Sectors and Measures to Combat this Phenomenon, Geneva 2003.

Royal College of Nursing, *Dealing with bullying and harassment: a guide for nursing students,* London 2002

Royal College of Nursing, *Bullying and harassment at work: a good practice guide for RCN negotiators and health care managers,* London 2002

Royal College of Nursing, *Dealing with harassment and bullying at work: a guide for RCN members,* London, 2000.

Royal College of Nursing, *Challenging harassment and bullying: guidance for RCN representatives, stewards and offices,* London, 2000

WorkSafe Western Australia Commission, *Working alone,* West Perth, 1999.

OSHA, Occupational Safety and Health Authority, *Recommendations for workplace violence prevention programs in late-night establishments,* Washington, DC, 1998.

HSAC, Health Services Advisory Committee, *Violence and aggression to staff in health services,* London, 1997.

OSHA, Occupational Safety and Health Authority, *Guidelines for preventing workplace violence for health care and social service workers,* Washington, DC, 1996.

WorkCover Corporation of South Australia, *Guidelines for aged care facilities,* Adelaide, 1996.

Occupational Safety and Health Service, *Guidelines for the safety of staff from the threat of armed robbery,* Wellington, New Zealand, 1995

Suzy Lamplugh Trust, *Personal safety for health-care workers,* London, 1995.

Suzy Lamplugh Trust, *Personal safety for social workers,* London, 1994.

MSF, Manufacturing, Science, Finance Union, *Working alone: Guidance for MSF members and safety representatives,* London, 1994.

California, Department of Industrial Relations, CAL/OSHA, *Guidelines for security and safety of health care and community service workers,* San Francisco, 1993.

UNISON, *Working alone in safety – Controlling the risks of solitary work,* London, 1993.

Relevant websites:

ICN – http://www.icn.ch

ILO – http://www.ilo.org/public/english/dialogue/sector/themes/violence.htm

PSI – http://www.world-psi.org

WHO – http://www.who.int

4

COMBINING THE BEST APPROACHES

OBJECTIVES

- The participants should understand the importance of different approaches to workplace violence prevention
- The participants should be capable of choosing the best combination of such approaches for their specific situation

4.1 Combining the best approaches

Distribute a copy of this PowerPoint after the presentation.

The purpose of this presentation is to illustrate the best approaches to combat workplace violence and how, by combining such approaches in specific situations, such action can be effective and successful.

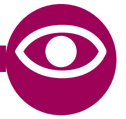
The following approaches should be considered one by one and commented upon by using the respective slides:

- Preventive
- Participative
- Culture sensitive
- Gender sensitive
- Non discriminatory
- Systematic

Special emphasis should be placed on:

1. **Making prevention the primary focus of all action against workplace violence and emphasizing the preventive role of all types of intervention, even those that occur after the violent incident.**

2. **Maintaining a preventive culture and policy towars workplace violence. Stated policies should be periodically evaluated and adjusted, as necessary.**



Types of approach

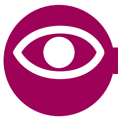
- **Preventive**
- **Participative**
- **Culture sensitive**
- **Gender sensitive**
- **Non discriminatory**
- **Systematic**

Choosing the right approach is as important as choosing the type of intervention needed to combat workplace violence. The training methodology is based on six types of closely interconnected approaches. Using these approaches can greatly contribute to the success of initiatives undertaken in this area.

Preventive

- **Prevention consists of a pro-active response to workplace violence with emphasis on the *elimination of the causes* and a long-term evaluation of each intervention**
- **Tackling the problem of violence *at its roots* is the most effective way to combat workplace violence in the health sector**

Preventive measures to improve the work environment, work organization and interpersonal relationships at the workplace, have proven to be particularly effective. It is important that preventive measures are immediately introduced when risks are identified without waiting for workplace violence to manifest itself at the workplace.



Although in a strict sense prevention requires addressing the problem of workplace violence before it manifests itself (primary prevention), interventions in response to violence immediately after an event or on a long-term basis should address the roots of the problem (secondary and tertiary prevention).

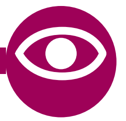
All interventions are targeted to prevention

- **Primary prevention**
  aims to prevent violence before it occurs, largely centred on organizational issues
- **Secondary prevention**
  focuses on the more immediate responses to violence, such as emergency services and medical treatment
- **Tertiary prevention**
  focuses on long-term care such as rehabilitation and reintegration, and attempts to lessen trauma or reduce long-term disability

The involvement of trade unions and professional associations, governments, employers and workers, specialists in workplace violence, the police and all relevant stakeholders (such as consumer/patient advocacy groups and other non-governmental organizations (NGOs) can greatly contribute to generate awareness on the issue of workplace violence and to carry out effective action in this area.

Participative

- ***All*** **parties concerned consider it worthwhile to work together in reducing workplace violence**
- **Such parties have an** ***active role*** **in designing and implementing anti-violence initiatives**
- **The necessary** ***trust*** **is created for open** ***communication*** **among all staff**
- **Health and safety** ***committees or teams*** **are activated**
- **Workers' participation in such teams is** ***encouraged***



The concept of gender

Gender refers to the qualitative and independent character of women's and men's position in society. Gender relations are constituted in terms of the relations of power and dominance that structure the life chances of women and men. Thus, gender divisions are not fixed in biology but constitute an aspect of the wider social division of labour and this, in turn, is rooted in the conditions of production and reproduction and reinforced by the cultural, religious and ideological systems prevailing in society.

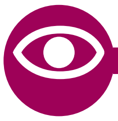
L.Ostergaard ed., Gender and Development, A practical guide, 1992

The explanation of the concept of gender is self-explanatory. It should be used to further illustrate such a concept especially if there is a need for clarification for the participants.

Gender sensitive

- **Both men and women are affected by workplace violence in the health sector**
- **Women are particularly exposed to certain types of violence, such as sexual offences**
- **In this sector women are the victims of a disproportionate amount of violence**
- **Specific action may be required to redress traditional gender unbalance (special training, self-defence etc.)**

The gender dimension should be recognized. More equal gender relations and the empowerment of women are vital to successfully prevent violence in the health sector.



While workplace violence has a universal significance, the perception and understanding of it may vary among different cultures. This cultural difference should be taken into account and properly addressed by the means of action indicated here.

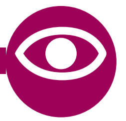
Culture sensitive

- **The use of an appropriate terminology that reflects the commonly used language in a specific culture**
- **The special emphasis on forms of workplace violence that have a particular relevance in a specific culture**
- **A special effort to identify and unveil situations of workplace violence that are difficult to detect and accept as a reality because of specific cultural backgrounds.**

Workplace violence is closely linked to and can generate discrimination. Any policy or action against workplace violence should also be directed at combating any form of discrimination linked to or originated by such violence.

Non discriminatory

- **A working environment free from any distinction, exclusion or preference made on the basis of race, colour, sex or sexual orientation, religion, political opinion, national extraction or social origin**
- **A working environment that recognises diversity as a key element for the harmonious and successful development of the workplace**

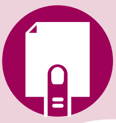


Ongoing and systematic

- **Violence recognition**
- **Risk asssesment**
- **Intervention**
- **Monitoring and evaluation**

In order to effectively develop these approaches, it is essential that anti-violence action be carried out in a systematic way. Short, medium and long term objectives and strategies should be identified at the earliest stages so as to organize action towards realistically achievable targets within agreed time frames. Action should also be articulated in a series of fundamental steps that include:

- violence recognition
- risk assessment
- intervention
- monitoring and evaluation.



4.2 Good practice

Ireland
Mid-Western Regional Hospitals

Problem

Violence and aggression towards staff is becoming more and more prevalent in the modern health care sector. In the year 2000 there were 12 reported incidents of violent or abusive behaviour towards staff in the Mid-Western regional hospitals. By 2001 this number had increased more than five fold to 64. This increase reinforced the feedback that was coming from staff in relation to this problem as they expressed feelings of stress, frustration, fear and also vulnerability.

Hospitals management recognised that it had both a legal and moral responsibility to protect its employees and provide them with a safe working environment. To this end the Risk Management Department together with the hospitals' health and safety executive set out to develop a structure to systematically address violence in the workplace.

Approach

It was agreed that aggression and violence have to be managed in the same way as all other occupational hazards – hazards must be identified, risks must be evaluated, and control measures must be put in place and evaluated for effectiveness

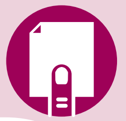
It was recognised that the measures proposed required a balance between genuinely preventive measures, protective, treatment and security measures.

It was agreed that a formal risk management framework of risk identification, analysis, control and evaluation was the best way forward. The Violence Management Framework recognised that the starting point in all cases must be an assessment of the risks.

Solutions

A small multidisciplinary working group was established to put forth recommendations for action. From the outset, the group recognized that the organizational management of aggression and violence was a difficult and complex matter, especially within a healthcare setting. Management commitment and visible leadership was paramount if any progress was to be made.

A new incident reporting policy and form was developed and promoted to encourage an open reporting policy for all incidents and near misses within a no blame culture. All incidents were logged on an electronic database that was used to produce flexible management of information on a monthly and quarterly basis.



It was recognised that within the health services there are occasions when staff are required to intervene in aggressive and violent situations, often with behaviourally disturbed clients. In such circumstances these staff require specific training to eliminate the risk of injury to either the staff or clients. Fourteen workers throughout the hospitals were trained as trainers to deliver an accredited programme of 'Non-Violent Crisis Intervention'.

A comments and complaints policy was launched in November 2001. Customer care training and the implementation of other initiatives underpin this policy.

Staff feedback system

Waiting time information for patients

Key attention has focused on communication and improving waiting facilities in areas such as the emergency department and outpatient clinics.

High-risk situations were identified related to the issue of violence and aggressive behaviour towards staff. This has resulted in the following actions:

- Increased security presence
- Information in the department relating to policy towards abusers
- Provision of personal and panic alarm systems
- Increased television coverage
- Closer working relationship with the police, and as a result, a liaison officer was appointed to work closely with hospital staff
- Attention to ergonomics of the department from the point of view of prevention and safe work practice
- The promotion of public awareness on this issue through articles published in the local media.

Adapted from: European Agency for Safety and Health at Work, European Week for Safety and Health at Work 2002, Prevention of Psychosocial Risks and Stress at Work in Practice, p.47

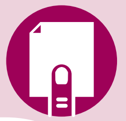
4.3 Approaches to workplace violence

Based on the PowerPoint presentation, open a discussion in plenary on the significance and importance of each approach.

The facilitator should initiate the discussion by posing questions that relate to the concrete situations in which participants operate:

- referring to the importance of a gender sensitive approach, the facilitator may ask if women are the subject of particular types of violence in the participants' workplace(s); what are the reasons/ background of such violence; what is done to combat it; etc.
- referring to the significance of a non discriminatory approach, the facilitator may ask if homosexuals are discriminated at the workplace; if the situation is being addressed; if others have a different approach to the problem; etc.
- referring to a culture sensitive approach, the facilitator may ask if the way the training course is conceived and presented is in line with the culture(s) of the country; how it could be adapted to local situations; which improvements could be suggested; etc.

It is important that discussion is left as open as long possible with minimal intervention from the facilitator. Participants should feel free to run the discussion as real actors.



Workplace violence against women

The gender dimension should be recognized. Women and men are both affected by workplace violence, but with women particularly exposed to certain types of violence, such as sexual offences.

A large number of women are employed in the health sector, where violence is so pervasive, it is often seen as part of the job.

Why is so much violence perpetrated against women?

Many factors determine this high exposure to workplace violence of women:

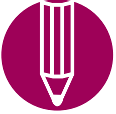
- Women are concentrated in many of the high-risk occupations such as bank and shop workers, teachers, social workers, nurses and other health-care workers,
- The continued segregation of women in low-paid and low status jobs contributes to the problem,
- The real or perceived vulnerability of women at the workplace triggers the aggression of the perpetrator,
- In certain societies and cultures prejudices against women still persist with women considered to be a lower class to men.

Away from stereotypes

Despite a disproportionate amount of workplace violence on women in the health sector, this it is not exclusive to women. Men also experience such violence, including sexual harassment, sometimes in a substantial way, as research is progressively showing. A study from Portugal shows that men in a health centre were more frequently victims of sexual harassment than women, which helps to highlight the danger of stereotypes.
(Antunes, A.R., Biscaia, A., Conceição, C., Fronteira, I., Craveiro, I., Flores, I., Santos, O. and Ferrinho, P., 'Workplace violence in the health sector: Portuguese case studies', 2002),

The Social Science Research Institute of the University of Iceland conducted a study on sexual harassment in the health and social services sector in 1996. The results of the 'male and female exposure to sexual harassment' indicated how, depending on the type of question, percentages would change – sometimes showing a prevalence of victimisation for women, or similar levels of victimisation for men and women, or even more victimisation of men compared to women.
(*University of Iceland, Social Science Research Institute, Violence against nurses and other personnel working in health and social services in Iceland, University of Iceland, Reykjavík, 1996).*

4.5 Evaluation



Distribute the following survey which will enable you as the facilitator to make adjustments based on their replies. It is imperative to receive all questionnaires from participants before they leave the room. During the evening, review the surveys and adjust the course, as necessary, in order to ensure the maximum impact possible.

How do you value the results obtained from Day 1 of the workshop in respect of the following issues?

1. Better understanding of what constitutes workplace violence?

   ○ *very satisfactory* ○ *satisfactory* ○ *non satisfactory*

2. Are your expectations of the workshop being met?

   ○ *very satisfactory* ○ *satisfactory* ○ *non satisfactory*

   If you answered satisfactory or non-satisfactory, please indicate what elements are missing?

3. Is information communicated clearly?

   ○ *very satisfactory* ○ *satisfactory* ○ *non satisfactory*

   If you answered satisfactory or non-satisfactory, please indicate what methods of communication would help improve your comprehension of the material.

4. After Day 1, do you feel that this workshop is beneficial for your personal and professional responsibilities – and why?

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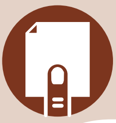
End of Day 1



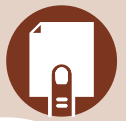
Extensive cross-national research carried out in Australia, Brazil, Bulgaria, Lebanon, Portugal, South Africa and Thailand illustrates that health sector workers are extensively exposed to the risks of both physical and psychological violence.

Physical violence was substantially present in most of the countries examined. In Bulgaria, 7.5 per cent of the respondents reported having been physically attacked in the previous year; in Brazil 6.4 per cent; in Lebanon 5.8 per cent; and 10.5 per cent in Thailand .

The most important new finding of the study was the widespread presence of psychological violence in health sector workplaces, as **verbal abuse** was the principal type of violence reported. In Brazil 39.5 percent of the respondents had experienced verbal abuse in the last year; 32.2 per cent in Bulgaria; 60.1 per cent in South Africa; 47.7 per cent in Thailand; 40.9 per cent in Lebanon and up to 67 per cent in Australia.

The second main area of concern was that of **bullying and mobbing** which had been experienced by 30.9 per cent in Bulgaria, 20.6 per cent in South Africa, 10.7 per cent in Thailand, 22.1 per cent in Lebanon, 10.5 per cent in Australia and 15.2 per cent in Brazil.

In the past, bullying or mobbing, were virtually never documented in developing countries. The results of these country studies have unveiled for the first time the disturbing aspect of these two forms of psychological violence both in developing countries and countries in transition.



General hospitals

In the United States more than 5 million people work in hospitals. These workers are exposed to various safety and health hazards, including violence. According to estimates of the Bureau of Labor Statistics (BLS), 2,637 nonfatal assaults on hospital workers occurred in 1999 - a rate of 8.3 assaults per 10,000 workers. This rate is much higher than that of nonfatal assaults for all private-sector industries, which is 2 per 10,000 workers.

Emergency care units

In 1990, fifty-six per cent of staff working in the emergency care unit of a major hospital in Barcelona (Spain) reported being exposed to verbal aggression by patients or their relatives.

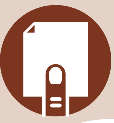
Psychiatric hospitals

The majority of patients in psychiatric hospitals are usually not violent, and violent episodes are non-traumatic in most cases; however, some episodes of violence can be extremely severe. According to a 1994 study in Sweden, psychiatric nurses were five times more likely to experience violence, and three times more likely to experience sexual harassment by patients, compared to nurses in other disciplines.

Geriatric wards

A study carried out in eight old-age nursing wards in Sweden in 1993 showed that 75 per cent of the medical staff reported having been exposed to threats, 93 per cent to minor physical violence and 53 per cent to severe physical violence during the previous 12 months. A survey in 1992 conducted in seven aged care facilities in the city of Adelaide in South Australia found that 91 per cent of all staff and 96 per cent of all personal care attendants in these nursing homes or hostels stated that they had experienced aggressive behaviour from a resident.

More recent research in Sweden confirms that the situation remains extremely serious. A questionnaire was sent (Dec.1999-Jan.2000) to 2800 local government employees in the care and welfare sector, working mainly with the elderly or persons with developmental impairments. Seven occupational groups, including supervisors, specialists and other categories of caregivers were included, and represented a population of more than 170 000 employees. The response rate was 85 per cent. The results indicated that as many as 51 per cent of the population had been affected by threats/violence, either verbal or physical over the previous year. Moreover, the results suggest that over 9 per cent of the workers in the care sector experienced acts of violence or threats on a daily basis, and 67 per cent reported it happened several times a month. The most vulnerable groups were assistant nurses and direct carers. Verbal threats appear more common (79%), but 66 per cent appear to have experienced physical assaults. Stratified estimates suggest that feelings of anger (41 %) and helplessness (31%), but also minor physical injuries (18 %), are frequent reactions. Organizational change in the workplace and an excessive workload involved increased risk.



Articles:

The Canadian Press
Author: Joel Wass - 15/05/2005

Dodging surprise knife attacks was just part of Kevin Blok's job when he used to work the night shift on the psychiatric floor of a hospital in Windsor, Ont.

``(Patients) would have a smoke break and get outside and take the handle of a spoon and basically file it on the sidewalk or on the curb and turn it into a shank,'' says Blok, recalling his days as the midnight supervisor at Windsor Western Hospital.

``I'd turn a corner on my night round and they would try to stab me with it.''

Blok, 49, hasn't worked in a hospital for more than two decades, but the risks are as high as ever, say occupational-safety experts, who rank health-care workers among those most likely to encounter violence in the workplace.

The International Labour Organization ranks Canada as the fourth-worst country in the world for violence in the workplace, behind Argentina, Romania and France.

Ontario law gives employees the right to refuse work if they feel unsafe but that's rarely an option for doctors, nurses and staff at facilities like hospitals and long-term care facilities, says Vern Edwards, director of occupational health and safety for the Ontario Federation of Labour.

``If somebody is in an office setting they can walk away,'' Edwards says. ``If they are a health-care worker, they can't do that. They've got to look after their patient.''

Well aware of the fine line between self-defence and over-aggression, Blok - an Aikido master and martial arts expert - used his hospital experience to design techniques that allow health-care professionals to protect both themselves, their patients, and their jobs.

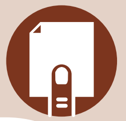
``There is a critical approach to dealing with patients; you can't be dangerously physical,'' says Blok, whose company, On Guard Control and Defensive Tactics, has run self-defence classes for the Canadian Red Cross, home-care nurses and hospital employees in both Canada and the United States.

``Most of what I teach are controlling techniques,'' he says. ``I teach them how to use balance and leverage to hold down patients without causing damage.''

Those who have taken the training say it has boosted their confidence, particularly when working inside the homes of patients.

``It's not just fighting techniques,'' says Tanya Gordon, a social worker with the Canadian Mental Health Association.

``It's observational skills as well - where to park your car, where to stand when you are getting on the elevator and just ways to avoid getting into a potentially dangerous situation.''



Quarter of nurses consider quitting over attacks by patients
Hélène Mulholland and agencies
Society Guardian.co.UK
Monday October 3, 2005

One in four National Health Service nurses has considered quitting their jobs because of assaults by patients - including punches, kicks and hair-pulling - a survey reveals today.

Just under a third of nurses and care workers said they have been punched, while others reported being kicked (19%), spat at (17%) or having their hair pulled (8%).

Almost half (48%) know of former colleagues who have left their posts due to assaults and abuse, according to the YouGov poll of nursing staff across Britain.

Just under a quarter (21%) of hospital staff are in fear for their lives and more than half (53%) are afraid of being physically assaulted at work.

Commissioned by ITV1's Tonight with Trevor McDonald, the study found 81% of nurses and care staff surveyed said they had been threatened or assaulted at least once, with almost a quarter (24%) accepting patient attacks as part of the job.

The report shows the majority (90%) of the NHS workforce consider their job more risky than other professions, though 71% of staff admitted verbal assaults are the most common threat.

The government's own figures show NHS staff suffer more than 100,000 incidents each year.

Neil Warwick, an emergency medical technician for the London ambulance service, admits violence and abuse make him think about quitting at the end of every shift.

He said: "We get attacked all the time. I work permanently Monday, Tuesday, Wednesday nights and every fourth Thursday and there's not a week where we're not either verbally or actually physically abused.

"Verbal abuse does happen day in day out. I don't like it but unfortunately it's something we have to take, we have to live with."

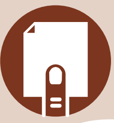
More than three-quarters (81%) of NHS staff said they believe the government is failing to tackle the issue, and complained they are given little or no training or security to protect them.

Over half (53%) believe that patients who attack them should face assault charges.

Alan Williams, Labour MP for Swansea West, tabled a private members bill recently to make assaults against emergency workers a specific offence.

The emergency workers (protection) bill proposes making it a specific offence to assault, obstruct or hinder emergency workers in England and Wales, and would increase sentences from six to nine months, accompanying them with fines of up to £5,000.

As the law stands, however, only police officers benefit from special protection, under the Police Act.



The Home Office has so far refused to introduce legislation already in place in Scotland to cover all emergency workers, though it is revising non-statutory sentencing guidance issued to magistrates courts.

In response to the Tonight poll, junior care services minister Liam Byrne insisted the government had put a "threefold programme" in place to tackle the problem.

"We need security staff, better training in things like conflict resolution, but at the end of the day, the implication of the full weight of the law to tackle those people who are behaving unacceptably," he said.

The number of people convicted of violent attacks against NHS staff has risen 15-fold in two years, recent figures show.

There were 759 successful prosecutions in England in 2004-05 from a figure of only 51 in 2002-03.

Located at: SocietyGuardian .co.UK

Health workers facing violence risks: studies
The Examiner - Australia
Monday, 3 October 2005

BRISBANE - Violence on the job has developed into an "unacceptable peril" for Australia's health-care workers, studies have found.

The research, published in the latest Medical Journal Of Australia, tells of hospital staff facing threats with knives, having their clothes ripped by patients and being subjected to physical and verbal assaults.

Growing concern about the problem has prompted calls for better surveillance, prevention and protection measures overseeing the nation's medical workforce.

A study of data collected by the Australian Incident Monitoring System found that more than 3600 incidents voluntarily reported by staff in hospitals and other health-care settings between July 2000 and mid- 2002 involved patients becoming either physically or verbally violent.

In 5 per cent of those cases, staff were injured; police were called in to 15 per cent of incidents; and a restraint team was required 15 per cent of the time.

Incidents were higher in mental health units and emergency departments, particularly when alcohol, drugs or psychiatric problems were involved.

5 RECOGNISING AND ASSESSING

OBJECTIVES

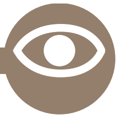
- The participants should be able to identify the factors and situations leading to workplace violence
- The participants should be able to relate such factors and situations to their specific working experiences and rank them in order of importance
- The participants should be able to recognise warning signals of workplace violence and to choose among different coping strategies.
- The participants should be able to conduct a risk assessment of their workplace
- The participants should be able to identify priority areas for intervention

5.1 Recognising violence at work

This PowerPoint presentation is aimed at recognising the factors that may lead to workplace violence. In presenting these factors the following points should be stressed:

- Early recognition of risks of violence allows for intervention before violence manifests itself.
- Even though each factor may have limited relevance in the specific situation, their combined occurrence may lead to an increased risk of violence.

- Workplace violence is always difficult to predict. Given the high level of uncertainty in this area, the facilitator's task is to "propose" rather than "impose" factors/situations. This is the reason a question mark precedes the list of proposed factors/ situations on each slide.



Recognising workplace violence

Potential perpetrator

- a history of violent behaviour
- difficult childhood
- alcohol and drug abuse
- mental illness
- hostile attitudes

The potential perpetrator can be a member of the general public, the organization or other organizations in the health sector, a patient or client of the service. It is extremely important to refrain from stereotyping or labeling individuals as potential or alleged perpetrators, as this can lead to stigmatization and discrimination. Consideration should be also given to the fact that, in a number of cases, perpetrators are often themselves victims of violence.
Among the factors indicated in the slide, a difficult childhood and alcohol abuse appear to be major factors in the life of people who commit workplace violence.
Since this is not an exhaustive list, the facilitator should encourage the participants to propose other factors and provide reasons for their proposal.

Although all professions in the health sector are potentially at risk of workplace violence, some appear to be at special risk: nursing and ambulance staff at extremely high risk; doctors, support and technical staff at high risk; all other allied professionals at risk.

As in the case of a perpetrator, avoid any labeling of the victim.

Since this is not an exhaustive list, the facilitator should encourage the participants to propose other factors and provide reasons for their proposal.

Potential victim

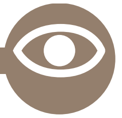
- Member of vulnerable groups
- Inexperienced worker
- Young female
- Already victim of violence
- Attitudes/appearance

A working environment dominated by stress, extreme competition, unclear working roles or excessive workloads can fuel the fire.

Since this is not an exhaustive list, the facilitator should encourage the participants to propose other factors and provide reasons for their proposal.

Inter-personal factors

- Confrontational attitudes
- Excessive time pressures
- Crowded environment
- Overlapping/unclear tasks
- Overloaded workers
- In competition for job



Workplace

- High staff turnover
- High levels of absenteeism
- Understaffed
- Under-equipped
- Badly organized

High staff turnover and high levels of absenteeism may be signs of a violent workplace. Understaffed, under-equipped or badly organized sites can lead to workplace violence.

Since this is not an exhaustive list, the facilitator should encourage the participants to propose other factors and provide reasons for their proposal.

Work organization

- Long working hours
- Poor job content
- A culture of tolerance of violence
- Poor communication
- Insufficient security
- Weak management

The quality of work organization, organizational culture and management is paramount in determining the vulnerability of the workplace to violence.

Since this is not an exhaustive list, the facilitator should encourage the participants to propose other factors and provide reasons for their proposal.

Local community

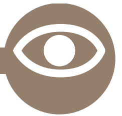
- High level of crime
- High level of poverty
- High level of drug use
- High population density
- High level of gang violence

Extended processes of globalization, reform and down-sizing in the health sector often lead to an increasing number of workers becoming involved in occasional and precarious employment, exposed to the risk of deteriorating working conditions and job loss as well as violence.

Since this is not an exhaustive list, the facilitator should encourage the participants to propose other factors and provide reasons for their proposal.

Changing context

- Globalisation
- Structural reforms
- Downsizing
- Increased vulnerability
- Job insecurity



Society

- Violent society
- Instability
- Negative culture and values
- Widespread injustice

Violence is pervasive. Violence from society will spill over into the workplace as will all negative features of such a society.

Since this is not an exhaustive list, the facilitator should encourage the participants to propose other factors and provide reasons for their proposal

The combined recognition of all factors

5.2 Recognition of factors associated with violence against health-care workers

In your view which of the factors listed below are relevant to the emergence of workplace violence in your workplace?

Rank them in order from 0 (no relevance) to 10 (maximum relevance) for your workplace.

The facilitator should ask each participant one-by-one to indicate their 3 highest ranked factors. The facilitator will have the list of each box taped on the wall and will make a check next to each one called off.

The facilitator then highlights, for each area, the two factors that have obtained the highest rate based on the number of checks it received.

Based on these results the facilitator opens a general discussion to analyse and assess the factors under consideration within the working context of the participants.

Potential perpetrator	Ranking
a history of violent behaviour	
difficult childhood	
drug abuse	
alcohol abuse	
mental illness	
hostile attitudes	

Potential victim	Ranking
member of vulnerable groups	
inexperienced worker	
young female	
already victim of violence	
attitudes/appearance	

Inter-personal factors	Ranking
confrontational attitudes	
excessive time pressures	
crowded environment	
overlapping/unclear tasks	
overloaded workers	
in competition for job	

Workplace	Ranking
high staff turnover	
high levels of absenteeism	
in rural area	
in highly urbanized area	
understaffed	
under-equipped	
badly organized	

Work organization	Ranking
long working hours	
poor job content	
a culture of tolerance of violence	
poor communication	
poor interpersonal relationship	
insufficient security	
weak management	

Local community	Ranking
high level of crime	
high level of poverty	
high level of drug use	
high population density	
high level of gang violence	

Changing context	Ranking
globalization	
structural reforms	
downsizing	
increased vulnerability	
job insecurity	

Society	Ranking
violent society	
instability	
negative culture and values	
widespread injustice	

5.3 Warning signals and coping strategies

The purpose of this exercise is to enable practitioners in the health service to recognise warning signs of violence and adopt in which ways to diffuse it.

Any stereotyping of persons or groups based on age, sex, sexual orientation, religion, ethnic origin, social status should be carefully avoided.

Using a flip chart, write down the signals and strategies that are provided here and place them up on a wall. Discuss them in plenary and write down the other signals and strategies participants add.

I Warning signals can include:

- aggressive/ hostile postures and attitudes
- repeated manifestations of discontent, irritation or frustration
- alterations in tone of voice, size of the pupils of the eyes, muscle tension, sweating
- the escalation of signals and the building up of tense situations

Add other signals that you think are relevant: ______________________

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II Diffusing strategies can include:

- remain calm and try to calm the other person
- speak slowly, quietly and confidently
- remain open-minded and objective
- position yourself so that your exit is not blocked
- be honest – do not make false statements or promises you cannot keep

Add other signals that you think are relevant: ______________________

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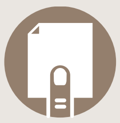


5.4 Diffusing workplace violence

Dealing with a Potentially Violent Person

Tips for Verbal Communication

- Focus your attention on the other person to let him/her know that you are interested in what they have to say
- Remain calm and try to calm the other person
- DO NOT allow the other person's anger to become your anger
- Remain conscious of how you are delivering your words
- Speak slowly, quietly and confidently
- Speak simply and slowly – DO NOT rely on official language or complex terminology
- Avoid communicating technical or complicated information when emotions are high
- Listen carefully – DO NOT interrupt or offer unsolicited advice or criticism
- Encourage the person to talk. DO NOT tell the person to relax or calm down
- Try to understand, ask questions like "Help me understand why you are upset"
- Once you think you understand, repeat it back to the person so they know you understand
- Remain open-minded and objective
- Use silence as a calming tool
- Use delaying tactics to give the person time to calm down, e.g. offer a drink of water (in a disposable cup)
- Acknowledge the person's feelings
- Indicate that you can see he or she is upset

Tips for Non-Verbal Behaviour and Communication

- Use calm body language - relaxed posture with hands unclenched, attentive expression
- Position yourself so that your exit is not blocked
- Position yourself at a right angle rather than directly in front of the other person
- Give the person enough physical space... this varies by culture, but normally 2-4 feet is considered an adequate distance
- Get on the other person's physical level, if they are seated try kneeling or bending over, rather than standing over them.

Tips for Problem Solving

- Try to put yourself in the person's shoes, so that you can better understand how to solve the problem
- Ask for his or her recommendations

- Repeat back to the person what you feel he or she is asking you, to clarify what you are hearing
- Accept criticism in a positive way. When a complaint might be true, use statements like "You are probably right" or "It was my fault." If the criticism seems unwarranted, ask clarifying questions
- Be honest – DO NOT make false statements or promises you cannot keep
- Be familiar with your organization's complaint procedures and apply them fairly
- Remain professional and take the person seriously, be respectful
- Ask for small, specific favours, such as asking the person to move to a quieter area
- Break a problem or an issue down into smaller units and offer step-by-step solutions so that the person is not overwhelmed by the situation or issue
- Be reassuring and point out choices
- Try to keep the person's attention on the issue at hand

Terminating a Negative Interaction

- Interrupt the conversation firmly but politely
- Tell the person that you:
  - do not like the tone of the conversation
  - will not accept abusive treatment
  - will end the conversation if necessary
- Tell the person that you will ask him or her to leave the building, or that you will leave (if working off-site)
- If the behaviour persists, end the conversation
- Ask the person to leave the building, or leave yourself
- If the person does not agree to leave, remove yourself from the scene and inform your manager or supervisor immediately
- DO NOT return to the meeting if you believe the person poses a physical threat
- Call security or your local police
- Try to avoid escalating the situation
- Find ways to help the person save face
- Establish ground rules if unreasonable behaviour persists
- In a calm and non-threatening manner, clearly state that violence is unacceptable and will not be tolerated
- Calmly describe the consequences of violent or aggressive behaviour
- Suggest alternatives to violent behaviour
- Avoid issuing commands and making conditional statements
- If the nature of the situation involves punishment or sanctions (e.g. enforcement), delay the punitive action until you have back-up or the situation is safer

Adapted : Canadian Centre for Occupational Health and Safety, CCOHS, Violence in the Workplace, Prevention Guide, 2nd Edition, 2001

5.5 Risk assessment

One of the first steps when considering the prevention of workplace violence is an assessment or diagnosis of the related risks. In order to fully assess the specific relevance of such risks in different workplaces, an analysis - along the line of the one to be carried out with this exercise - should be conducted within each workplace and each category of workers employed there. This is an essential pre-condition for a targeted and effective intervention and should be satisfied before any intervention takes place.

The facilitator should ask each participant one-by-one to indicate how they have marked their different factors indicated above. The facilitator will have the list of each box taped on the wall and will make a check next to each one called off as being a high risk.

The facilitator then highlights, for each area, the two factors that have obtained the highest number of checks.

Based on these results the facilitator opens a general discussion to analyse and assess the factors under consideration within the working context of the participants.

A. Identify the type of workplace violence experienced in your workplace

Physical assaults/attacks

○ *high risk* ○ *medium risk* ○ *low risk*

Bullying/ mobbing/harassment

○ *high risk* ○ *medium risk* ○ *low risk*

Verbal abuse

○ *high risk* ○ *medium risk* ○ *low risk*

Sexual harassment

○ *high risk* ○ *medium risk* ○ *low risk*

Racial harassment

○ *high risk* ○ *medium risk* ○ *low risk*

Threats

○ *high risk* ○ *medium risk* ○ *low risk*

Other :

○ *high risk* ○ *medium risk* ○ *low risk*

B. Identify the occupations exposed to the risk of violence in your workplace

Physicians
- ○ *high risk* ○ *medium risk* ○ *low risk*

Registered nurses
- ○ *high risk* ○ *medium risk* ○ *low risk*

Nursing auxiliaries
- ○ *high risk* ○ *medium risk* ○ *low risk*

Administrative staff
- ○ *high risk* ○ *medium risk* ○ *low risk*

Ambulance staff
- ○ *high risk* ○ *medium risk* ○ *low risk*

Technical staff
- ○ *high risk* ○ *medium risk* ○ *low risk*

Maintenance Staff
- ○ *high risk* ○ *medium risk* ○ *low risk*

Management
- ○ *high risk* ○ *medium risk* ○ *low risk*

Receptionists
- ○ *high risk* ○ *medium risk* ○ *low risk*

Other :
- ○ *high risk* ○ *medium risk* ○ *low risk*

C. Identify the situations at your workplace that are at special risk of violence

Working alone (e.g. night and homecare)

- ○ *high risk* ○ *medium risk* ○ *low risk*

Working in contact with the public (e.g. information desk)

- ○ *high risk* ○ *medium risk* ○ *low risk*

Working with valuables (e.g. cashiers)

- ○ *high risk* ○ *medium risk* ○ *low risk*

Working in environments open to “external” violence (e.g. first aid)

- ○ *high risk* ○ *medium risk* ○ *low risk*

Working with people in special distress (e.g. with psychiatric disorders, under the influence of alcohol)

- ○ *high risk* ○ *medium risk* ○ *low risk*

Other :

- ○ *high risk* ○ *medium risk* ○ *low risk*

D. Identify the areas at special risk of violence in your workplace (These may overlap with the situations under point C)

General care
- ○ *high risk* ○ *medium risk* ○ *low risk*

Intensive care
- ○ *high risk* ○ *medium risk* ○ *low risk*

Emergency care
- ○ *high risk* ○ *medium risk* ○ *low risk*

Psychiatric care
- ○ *high risk* ○ *medium risk* ○ *low risk*

Geriatric care
- ○ *high risk* ○ *medium risk* ○ *low risk*

Disability care
- ○ *high risk* ○ *medium risk* ○ *low risk*

Outpatient care
- ○ *high risk* ○ *medium risk* ○ *low risk*

Other :
- ○ *high risk* ○ *medium risk* ○ *low risk*

E. Identify the time of day when the risk of violence in your workplace is likely to occur

Morning

○ *high risk* ○ *medium risk* ○ *low risk*

Middle of the day

○ *high risk* ○ *medium risk* ○ *low risk*

Afternoon

○ *high risk* ○ *medium risk* ○ *low risk*

Evening

○ *high risk* ○ *medium risk* ○ *low risk*

Night

○ *high risk* ○ *medium risk* ○ *low risk*

Late in the night

○ *high risk* ○ *medium risk* ○ *low risk*

Dawn

○ *high risk* ○ *medium risk* ○ *low risk*

Change of shifts

○ *high risk* ○ *medium risk* ○ *low risk*

6

INTERVENTION

OBJECTIVES

- The participants should be able to identify various types of intervention at different levels
- The participants should be able to select, among the various types of intervention, those that respond to the needs of their workplaces
- The participants should be able to choose, within the selected types of intervention, those that are the most cost effective and feasible
- The participants should be able to make a decision as to what interventions would adapt well to their workplaces

6.1 Pre-Conditions

This exercise will be conducted in three phases:
- presentation (10 minutes)
- group exercise (15 minutes)
- discussion (20 minutes)

There is one slide for this presentation.

The facilitator should stress how setting the scene for intervention is often more important than the intervention itself.

Each group prepares a policy statement highlighting five key points considered essential to obtain a violence-free workplace. No more than ten lines. They should be written on a flip chart for the group spokes-person to present.

Groups report in plenary.
Open discussion follows to achieve consensus on a final joint statement from all the participants.

Pre-Conditions to intervention

- **Developing a workplace culture based on the respect of the individual**
- **Issuing a clear policy statement**
- **Raising awareness**

Priority should be given to the development of a workplace based on safety and dignity, tolerance, equal opportunity and cooperation. This requires actively promoting the development of socialization processes, participative management styles and the establishment of a new culture that bans violence and promotes opportunities for personal and professional development.

A clear policy statement of intent should be issued from top management in consultation with all stakeholders, recognizing the importance of effectively addressing workplace violence.

It is essential that the policy statement be accompanied by initiatives to raise awareness among management, supervisors and staff, patients, clients, suppliers and local communities of the harmful effects of workplace violence.

Each group prepares a policy statement highlighting five key points considered essential to obtain a violence-free workplace. No more than ten lines. They should be written on a flip chart for the group spokesperson to present.

1. (e.g. no violent act or behaviour will be tolerated)

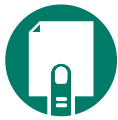
2. (e.g. any type of discrimination will be rejected and sanctioned)

3.

4.

5.

6.2 Good Practice - Pre-Conditions



Ask participants to read this and think about the statement agreed upon in the last exercise. Ask if they would like to discuss it and permit time.

New South Wales zero tolerance policy

NSW Health staff have the right to work in a violence free workplace. Patients and others have the right to visit, or receive health care, in a therapeutic environment free from risks to their personal safety.

All Health Services must have in place a violence prevention program that focuses on the elimination of violent behaviour. Where the risks cannot be eliminated, they must be reduced to the lowest possible level using control strategies developed in consultation with employees.

In addition, NSW Health, as a result of a key recommendation from the *NSW Health Taskforce on the Prevention and Management of Violence in the Health Workplace,* has adopted a zero tolerance response to all forms of violence by any person towards any other person on health service premises, or towards any NSW Health staff working in the community.

The zero tolerance response means that in all violent incidents, appropriate action will be taken to protect staff, patients and visitors from the effects of such behaviour.

Health Services must ensure that managers and staff are appropriately trained and equipped to enable them to respond promptly, consistently and appropriately to effectively manage violent incidents if they do occur, and as far as possible, to prevent their recurrence.

Managers must know and exercise their responsibilities in relation to preventing and managing violence, and encourage and support appropriate staff responses consistent with this document when they are confronted with violence.

Staff must comply with local violence prevention policies and strategies, report all violent incidents, know their options when confronted with violence, exercise them consistently and know that they will be appropriately supported in doing so.

Health Services will work towards establishing and maintaining a culture of zero tolerance to violence, as well as work systems and environments that enable, facilitate and support the zero tolerance response.

This document provides advice on violence risk management and the zero tolerance response, and its implementation should be given priority.

Creating a zero tolerance culture

In order for the zero tolerance response to be successful, every Chief Executive Officer, manager and staff member needs to recognise and acknowledge that violence is unacceptable and that NSW Health is committed to addressing this issue.

However, the message cannot be delivered in isolation, and the operational success of the zero tolerance response is based on the principles that staff:

- Know how to report a violent incident and are encouraged and supported in doing so
- Have access to training, work environments, equipment and procedures to enable them to respond confidently in violent situations
- Know that their response will be supported by management
- Know that management will respond appropriately after an incident

Management commitment, particularly that of the Chief Executive Officer (CEO) and senior management, is vital to the success of creating a zero tolerance culture. Without the visible support of the CEO, it is likely that such an approach will meet with only limited success. The CEO and senior managers should therefore take a visible and active interest and role in establishing a zero tolerance culture and, most importantly, leading by example.

Source: NSW Health. Zero tolerance: response to violence in the NSW Health workplace – Policy and Framework Guidelines, July 2003.

6.3 Organization

This exercise will be conducted in three phases:
- presentation (10 minutes)
- group exercise (15 minutes)
- discussion (20 minutes)

Propose ONE specific organizational intervention to be undertaken in your workplace

Discuss proposals in groups

Each group proposes THREE actions that are the most cost effective, and feasible. Have participants write them down on a flip chart.

Groups report in plenary.

Open discussion follows focussed on costs/benefits of proposed actions.

Distribute a copy of this PowerPoint after the presentation.

Organizational intervention

- **Staffing**
  number, qualification, peak periods, rotation, special needs
- **Management style**
  openness, dialogue, respect, example
- **Information and communication**
  among staff, with patients, with public
- **Work practices**
  client flow, waiting times, flexible work arrangements
- **Job design**
  job content, job autonomy, pace of work, workload
- **Working time**
  overtime, nightwork, shiftwork, flexitime, rest periods

The facilitator should stress that high priority should be given to organizational intervention. Sorting out problems at the source usually proves to be much more effective and less costly than increasing the coping capacity through intervention at the individual level or intervening on the effects of violence on the individual worker. Organizational interventions should be developed and adapted in the light of specific situations, and priorities for intervention should be identified in consultation with the local stakeholders. In particular:

An adequate amount of personnel, in terms of numbers and qualification, should be ensured.

A management style based on openness, communication and dialogue, in which caring attitudes and respect for the dignity of individuals are priorities, can greatly contribute to the diffusion and elimination of workplace violence.

Circulation of information and open communication can greatly reduce the risk of workplace violence by defusing tension and frustration among workers. They are of particular importance in removing the taboo of silence which often surrounds cases of sexual harassment, mobbing and bullying.

The provision of timely information to patients, and their friends and relatives, is crucial in lessening the risk of assault and verbal abuse. This is particularly the case in situations involving distress and long waiting periods, as often occurs in accident and emergency departments.

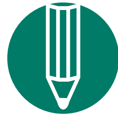
Changing and improving work practices is a most effective, inexpensive way of diffusing workplace violence. Since every working situation is unique, a combination of different measures should be used which can best respond to each situation.

Job design is an essential factor in respect of violence at the workplace. An efficient design should ensure that jobs make a significant contribution to the total operations of the organization which can be understood by the worker.

To prevent or diffuse workplace violence, working time management should avoid excessive work pressure.

6.4 Good Practice - Environment

This exercise will be conducted in three phases:
- individual exercise (15 minutes)
- group exercise (20 minutes)
- discussion (15 minutes)



Individually, identify and write down ONE area of intervention you would recommend among those listed on the slide

Propose ONE specific action to be undertaken in your workplace in that area

Discuss proposals in groups

Each group proposes THREE actions that are the most cost effective, and feasible. Have participants write them down on flip charts.

Groups report in plenary.

Open discussion follows focussed on costs/benefits of proposed actions.

Ask participants to read this and think about the last exercise. – ask if they would like to discuss it and permit time.

End of Day 2

Environmental intervention

PHYSICAL ENVIRONMENT	WORKPLACE DESIGN
• Noise	• Access
• Colours	• Space
• Odours	• Waiting areas
• Illumination	• Staff rooms
• Temperature	• Parking areas
• Ventilation	• Premises
	• Fixture and fittings
	• Security and alarm systems

The facilitator should stress the importance of action taken to identify and address problems within the working environment with a view to preventing workplace violence. Environmental interventions should be developed and adapted regard to specific situations. Priorities among the various types of intervention available should be established in consultation with the local stakeholders.

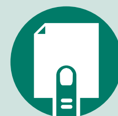
Environmental interventions include action to improve the physical environment and action to improve the workplace design. In particular:

Physical environment

- levels of noise should be kept to a minimum to avoid irritation and tension among workers, visitors and patients
- colours should be relaxing and attractive
- bad odours should be eliminated
- proper lighting should be maintained to improve visibility in all areas, particularly access, parking and storage areas especially at night
- measures should be taken to provide adequate temperature/ humidity/ventilation especially in crowded areas and in hot climates
- all physical structures and fixtures should be well maintained

Workplace design

- safe access should be provided to and from the workplace
- there should be sufficient space among visitors and patients to reduce personal interference
- there should be comfortable seats especially where long waiting is involved
- furniture should be arranged in such way as to prevent entrapment of staff or use as a weapon
- treatment rooms should have two exits or where this is not possible, they should be so arranged as to allow easy means of exit
- treatment rooms in emergency services should be separated from public areas
- toilets, areas providing food, drink and public telephones should be signposted, easily accessible
- surveillance cameras should be installed in potentially dangerous areas
- alarm systems e.g. telephone, beeper, short-wave radio, should be provided to workers where risk is apparent or may be anticipated so as to alert or notify other colleagues in the event of a problem.



Working alone

The UK Health and Safety Laboratory (HSL) approached over 400 organizations of various sizes and across a range of different occupational sectors in England, Wales and Scotland. Detailed questionnaires were sent and HSL staff conducted interviews with the selected organizations between October 2002 and February 2003. Organizations were asked to list the most successful ways of managing and preventing violence to their lone working staff. This is how they responded:

Training and information

The provision of training and information was predominant.

- Risk assessments. Conducting a risk assessment of the tasks of the lone worker was seen as essential. Employers need to find out if there is a problem, decide what action to take, take action, and review the action.
- Training. Some sort of personal safety or violence prevention training was provided by all organizations. Training was provided in-house or by an external organization, and could be formal or informal. The key training messages conveyed were:
  - Do not go into a situation if you feel at risk.
  - Use conflict resolution or defusing techniques. These include being aware of non-verbal communication; how to behave in a non-confrontational way; the importance of good customer care; being polite; and listening to clients.
  - Be aware of surroundings. Keep your wits about you at all times and be aware of the situation you are in. Be aware of your own actions and how others may perceive you.
  - If you feel threatened, make your excuses and leave. Make sure you can leave the premises quickly if you need to.

Communication

Good communication and sharing of information between employees, and with external organizations and professional bodies where appropriate, was seen as essential. This included:

- Liaison with police. The police have helped some of the participating organizations, providing advice on personal safety and related issues; helping with specific visits or incidents; and also providing local knowledge of the area.
- Letting staff know where lone workers are. The use of work diaries and information boards to show the location of lone workers during the day was seen as essential by some of the participating organizations.
- Sharing experiences and concerns. This happened between employees within an organization and between other relevant organizations. Organizations have found the following practices helpful:
- Use an early warning or flagging system. This alerts colleagues about potentially violent clients, or problem areas.
  - Talk about specific concerns and incidents. Organizations believed that relevant and practical solutions can be more easily found when problems and ideas are shared.

Report all incidents. This helps management to evaluate and monitor the true scale and nature of violence and abuse incidents and so help to develop an effective policy to deal with the problem.

- [Health authority and] company policy[ies], guidance, leaflets and posters. All staff should be made aware of the[health authority and] company policy [ies] on work-related violence.

- Management support. In many organizations violence prevention measures have the full commitment and support of senior management. Managers felt that it was important that all staff should know this.

Work equipment

- Use of mobile phones or other communication devices. Mobile phones were very popular. Lone workers use them to call for help if needed and to let others know where and how they are.
- Personal alarms. These were also popular and helped staff feel more confident about their safety.

Work environment

The environment in which lone working is carried out will determine how and whether it can be modified or designed to help prevent incidents of violence. The following measures were the most common:

- Panic alarm in building. This alerts other colleagues who work nearby or the security room.
- Closed Circuit Television. Some organizations had them installed in areas where lone workers operate.

Job design

- Doubling-up. Some organizations send two people to carry out a job if there is thought to be a possible risk of violence or if the employee has particular concerns.
- Self risk assessments. The lone worker is encouraged to regularly assess the situation they are in and the risks to which they are exposed.
- Recruitment and selection. Some organizations apply strict recruitment criteria to ensure that only those who are highly suited to lone working are selected for the job. Withdrawal of service/sanctions/prosecution. As a last resort, organizations can withdraw their service, implement sanctions, or threaten prosecution if their lone workers experience violence or abuse.

Source : http://www.hse.gov.uk/violence/conclusions.htm#4

Focus on environmental intervention

This is an example of a prevention strategy, with measures implemented by the Social Services in Amsterdam. It addresses the risk of client-initiated violence and is oriented towards the technique of 'crime prevention through environmental design' (CPTED). It is known from studies in criminal sciences that a pleasant, well-maintained environment is likely to reduce aggression, whereas certain physical factors may trigger or exacerbate stressful situations.

Preventive measures taken in the Amsterdam example start in the careful location of offices to ensure easy access for the public and in providing enough car parking space. The interior of the building and offices are created with respect to client-friendliness: signs to direct the way, a clear waiting-number system and provision of facilities, such as coffee automat and telephone.

The waiting zones offer special space for children to play and entertainment for clients, such as TV and reading materials. The colours used create a calming atmosphere. For the safety of employees, special attention has been given to the fixtures. Social Services developed, in co-operation with a design consultancy, special office furniture that improves the safety of staff, ergonomic and client-friendly at the same time.

Two types of offices are available: counters and conversation rooms. Counters are designed to be broad enough so that an employee cannot be touched by a client and high enough so that nobody can jump over them. On the client side, a separation to the neighbouring place is constructed to provide privacy, enhanced by noise absorbing materials. There is enough space for two clients to stand side by side. Equipment, such as monitors, is fixed to the counters and protected. In addition, there is a possibility to place safety glass between the employee and client. In conversation rooms, the desk size is dedicated to safety, being broad and high. A second exit is installed wherever possible. The desks are flexible and can be adjusted either to standing or to sitting conversations, if needed. Standing conversations tend to be shorter in time.

Security measures installed are alarms at the counter workplaces, as well as CCTV (closed circuit television/video system). Clients are informed of the CCTV and this has a deterring effect. Security personnel are employed to support staff (temporarily at high-risk times of the year or permanently in high-risk areas), which also has a deterring effect.

The results of the strategy are positive in various aspects, having reduced work stress and improved the working environment for employees, as well as improving service delivery for clients. A change in working culture has also been implemented, thus getting experiences with violence out in the open by creating an open communication atmosphere where incidents are discussed among the workers, with a shift away from a victim-blaming culture.

It is noted that a crucial success factor for the strategy is keeping it visible and dynamic. As one of the main failure factors, it is stated that many supervisors still underestimate the seriousness of the problem. Direct costs for the violence prevention strategy are 275,000 euros per year, compared to overall indirect violence-related costs (such as sickness leave) estimated at 900,000 euros per year.

Source: TNO Arbeid, Gewenst beleid tegen ongewenst gedrag: voorbeelden van goed beleid tegen ongewensteomgangsvormen op het werk, June 2002
http://www.arbo.nl/content/network/tnoarbeid/docs/beleid_ongewenst_gedrag.pdf

Welcome to the last day!

The facilitator should ask if there are any questions, clarifications etc.

Note to facilitator: Due to the length of the exercises, the facilitator should consider the best times to take breaks and lunch so as to not split the exercises. The first break should be limited to 20 minutes. The afternoon has a little extra time available. Plan accordingly, but most importantly permit time for discussion when needed.

6.6 Before the violent incident

Distribute a copy of this PowerPoint after the presentation.

Individual intervention

BEFORE A VIOLENT INCIDENT

- **Recruitment and testing of applicants**
  qualifications, psychological attitudes
- **Training**
  professional training, special training on violence
- **Assistance**
  recognising the risks of workplace violence
- **Counselling**
  changing own conduct, dealing with others
- **Promotion of well-being**
  Physical exercise, relaxation techniques, leisure activities

The facilitator should stress how interventions should be developed to reinforce the capacity of individuals to contribute to the prevention of workplace violence. Individual-focused interventions should be developed and adapted with regard to the specific situations. Priorities among the various types of interventions available should be established in consultation with the local stakeholders. In particular:

Training to cope with workplace violence should be provided on a continuous or periodical basis depending on the specific needs, to all workers and their representatives, supervisors and managers.

Assistance and counselling to help individuals recognize the danger in their present behaviour and assistance to change their conduct/attitude, e.g. domestic violence, substance abuse, stress, depression, insomnia, should be made available.

Special attention and encouragement should be given to workers' well being – developing the habit of regular physical exercise, proper eating and sleeping habits, relaxation techniques and leisure activities particularly those involving socialisation among staff members.

6.7 Before the violent incident

This exercise will be conducted in three phases:
- individual exercise (15 minutes)
- group exercise (20 minutes)
- discussion (15 minutes)

Ask participants to read this and think about the last exercise.
Ask if they would like to discuss it and permit time.

Individually, identify and write down ONE area of intervention among those listed on the slide

Propose ONE specific action to be undertaken in this regard in your workplace.

Each group proposes THREE actions that are the most cost effective and feasible. Participants should write them down on flip charts.

Groups report in plenary.

Open discussion follows focussed on costs/benefits of proposed actions.

Preventive management at the Clinix Private Hospital Soweto South Africa

Background

Clinix Private Hospital Soweto is owned by Clinix Health Group. This 120 bed hospital in Dobsonville, Soweto is close to Roodepoort and only 15 minutes from Johannesburg. It serves residents in the above areas as well as Soweto, Kagiso and the West Rand. This is a superior quality facility in a community area providing quality care to its patients.

Vision

The vision is to offer world-class health care services, hospital facilities and care, structured to meet the demands of the broader base of the people of South Africa while providing a violence-free environment.

Identification of the reasons for violence

Violence in the Clinix Hospital can occur in all parts of the organization: between staff and external physicians, patients and staff, staff and management and then staff towards each other.

Downsizing, increased workload and a workforce worrying about their future all contribute to stress and increase the risk of violence. A number of factors can further exacerbate this situation and transform the risk of violence into real violence at the workplace. These include: incorrect recruitment policies; lack of proper induction and orientation; lack of standards, policies procedures and protocols to assist; the absence of fair disciplinary procedures; no communication; absence of incentives and support systems; inadequate security for patients and staff (reasonable security is not good enough).

Managing violence

- Anticipation

  Workplace violence always has a sequence of events that leads up to the act. Managers, supervisors and employees must be able to recognize changes in behaviour to avoid incidences. In a country where violence at home still plays a big role, there is always a possibility of domestic violence spilling over to the workplace. Managers and supervisors must be able to recognize and act on signs. They are the eyes and ears of every organization. They see every person within their area of responsibility every single day and are more likely than anyone else to observe a potential violent situation.

- Standards, policies and procedures

  The organization provides security by the issuing and implementation of adequate policies to combat workplace violence. Such policies are directed to facilitate the understanding of boundaries and freedom within the scope of the practice. They include a proper company disciplinary code and grievance procedure; the assumption that management behaviour will in any case respond to the principle “First teach and show”; and a zero tolerance policy pursued in a coherent and consistent way.

- Recruitment

  The aim is to recruit the right persons for the correct remuneration and retain them. The following issues are given priority:

  1. Determine the need of the hospital
  2. The right candidate for the right position
  3. The right qualifications and experience e.g. for the psychiatric ward
  4. References on personality
  5. Previous misconduct
  6. Exit interviews

- Induction and orientation

  This is considered of the utmost importance and based on the following operational criteria:

  1. Familiarity is knowledge
  2. Provide immediate guidelines
  3. Security of support
  4. Immediate function within scope of practice

- Communication

  The manager supports and encourages two-way communication between management, all departments and professional partners while embracing the idea of positive communication based on fact rather than rumour and supposition.

  In order to enhance communication it is established practice that twice monthly meetings are carried out to exchange ideas and interact with staff; all decisions are conveyed to all levels of staff in the hospital; all conflict situations are immediately handled; and an "open door" policy for access to management is put into operation.

- Support and security

  Combining support and security is proving very successful. This includes:

  1. Feeling of belonging
  2. In-house counselor
  3. Patients' special care (financial assistance)
  4. Recourse to security professionals
  5. Armed response and alarms
  6. Job security

Source: Carin Bosker, Clinix General Manager, April 2005

6.8 Individual intervention after the violent incident

The facilitator should stress how after the event interventions should be directed to minimise the impact of workplace violence and to ensure that such violence will not be repeated in future. They should be designed for not only the victim but also the perpetrator, the witnesses and all other staff directly or indirectly concerned by a violent incident/behaviour.

Reporting and recording systems are essential for identifying places and work activities where violence can be a problem. All incidents, involving both physical and psychological violence, as well as minor and potential incidents where no actual harm has resulted, should be reported and recorded.

Immediate medical treatment should be offered, and its availability known to all those affected by workplace violence. Special care should be exercised when dealing with victims of sexual offences since the medical examination can be reminiscent of the offence itself and therefore particularly distressing.

Debriefing and counselling by specialists or peer groups should be made available as required to all those affected by workplace violence.

Management should provide immediate and protracted support to all those affected by workplace violence.

Trade unions, professional associations, and if necessary colleagues, should be involved in providing representation and legal aid, as required.

Procedures or protocoles should be available which may help solve problems before a situation further deteriorates. Nonetheless, if a solution is not possible on this basis, a process for lodging complaints to formal jurisdictional bodies should be made available.

Rehabilitation should be provided. Workers must be supported during this entire period, allowed all necessary time to recover and also encouraged to return to work.

Individual intervention

AFTER A VIOLENT INCIDENT

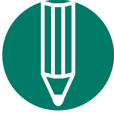
- Reporting and recording
- Medical treatment
- De-briefing
- Counselling
- Management support
- Representation and legal aid
- Grievance procedures
- Rehabilitation

Distribute a copy of this PowerPoint after the presentation.

6.9 Good Practice - Responding to aggression

This exercise will be conducted in three phases:
- individual exercise (15 minutes)
- group exercise (20 minutes)
- discussion (15 minutes)

Ask participants to read this and think about the last exercise.
Ask if they would like to discuss it and permit time.



Individually, identify and write down ONE area of intervention among those listed on the slide.

Propose ONE specific action to be undertaken in your workplace in this regard.

Each group proposes THREE actions that are the most innovative, cost effective, and feasible. Participants should write them down on flip charts.

Groups report in plenary.

Open discussion follows focussed on costs/benefits of proposed actions.

Responding to aggression in the the Westfries Hospital in Hoorn, The Netherlands

Problem

In 2001, 300 incidents were recorded at the Westfries Gasthuis hospital in Hoorn, Netherlands. The feeling of insecurity among the staff was growing. A 'Safe Care' plan was developed for that reason.

Solution

The plan of action was presented at the launch meeting. Following the presentation, a forum discussion was held with the project leader and representatives of the police, the Public Prosecutor's Department and the executive board. A working party composed of various members of staff from the at-risk departments was also formed. A survey showed that most incidents occur in the reception/switchboard areas, in the emergency areas, in psychiatric wards during the weekend, in the evening and at night.

A base-line was created using the following data:

- Incident reports
- Examination of measures already taken in order to prevent incidents. These may be measures in the field of organization, design of buildings, and training courses.
- Results of surveys and interviews of staff in at-risk departments.

The working party first drew up a risk inventory. Using colours, the least safe areas were mapped on the hospital floor plans. The staff and the project leader coloured in the rooms using the appropriate colour, and this was used as a basis for discussion on how improvements could be made:

- Red: high risk of aggression and violence, area contains valuable goods attractive to criminals;
- Yellow: no considerable risk of aggression and violence, area contains goods which are attractive but not valuable; and
- Green: No valuables: chance of aggression is small.

Each member of staff carries an alarm. The alarm can be activated as soon as there is any form of threat. Security staff could be on the scene in a matter of minutes. The gravity of the situation is then assessed and in the first instance security staff attempt to bring the situation under control. If that is not possible, the police can be called.

A 'card system' is used which breaks down the types of aggression as follows:

- Verbal aggression: swearing, threatening behaviour, non-serious threats, sexual intimidation.
- Serious threats: serious threatening, pestering, following, threatening families, threatening with an object, attempting to injure, attempting to strike or kick a person, discriminatory remarks.
- Physical violence: assault, including sexual assault, smashing furniture, throwing objects, preventing individuals from leaving the room, pushing, pulling, or spitting, biting or scratching, striking, kicking or head-butting, inflicting injury.

In the event of verbal aggression, the doctor/nurse attempts to calm the patient/visitor and then records the incident. If it is not possible to calm the individual concerned, assistance is sought by means of an alarm button. The incident is then recorded.

In the event of serious threats, the alarm button is pressed immediately; security staff intervene, record the incident and give the threatening individual a 'yellow card'. In the case of a yellow card, the incident is reported to the police.

In the event of physical violence, the alarm button is pressed immediately; security staff intervene, record the incident and give the threatening individual a 'red card'. In the case of a red card, security staff reports the incident to the police and the individual concerned is brought before the assistant public prosecutor. The latter then takes a decision on the matter and either a settlement is reached or a summons is issued. The perpetrator can also be banned from entering the hospital other than to receive emergency or psychiatric care and is handed a letter to that effect. A ban on entering the hospital is possible because of an agreement with the Public Prosecutor's Office.

Results and follow-up

Physical violence at the Westfries Gasthuis hospital has fallen by 30 per cent since the measures were taken under the 'Safe Care' plan. Verbal aggression has fallen by 27 per cent. After a successful pilot of several months with this programme, a decision was made for spreading this safe care programme to a total of 24 hospitals.

Source: European Agency for Safety and Health at Work, European Week for Safety and Health at Work, Prevention of Psychosocial Risks and Stress at Work in Practice, Bilbao, November 2002, p. 42

Dealing with incidents at the Lincolnshire Ambulance Service

Lincolnshire Ambulance and Health Transport Service NHS Trust provides Accident and Emergency (A&E) and non-emergency Patient Transport Services (PTS) to a largely rural population, spread over approximately 3,400 square miles. This is the largest area covered by a single ambulance service in England. In addition to residents, the Trust provides services for a substantial transient population. With responsibility for three main urban areas and several seaside resorts, the increase in activity, especially during the summer months, is significant. To meet its responsibilities, the Trust currently operates 16 ambulance stations and four operational bases. In addition to this, there is also a headquarters incorporating a central control complex and a separate training centre.

In the context of a comprehensive response programme, the Trust has detailed procedures and guidelines to implement in the event of an incident occurring. These cover reporting systems, providing support to staff and the prosecution of assailants.

Reporting procedures

The Trust strongly urges staff to 'report incidents in accordance with the policy, to allow for continued improvement of the procedures and the provision of better support'. This message is further reinforced in the quarterly health and safety bulletin issued to all staff.

The reporting of incidents ensures that:

- the incident can be investigated
- safety measures can be reviewed and modified to improve protection for staff in the future
- there is a secure basis for any legal redress or prosecution following the incident
- the police are given the opportunity to investigate and apprehend the perpetrators of crime against NHS staff.

Senior managers are also required to note any follow- up actions taken and aftercare measures such as hospital treatment, conducting a staff debrief and arranging counselling.

Monitoring of incidents

In 2002, for the first time, an annual risk register of 'untoward' incidents was compiled for the Trust's health and safety committee. The committee is responsible for analysing the data, spotting patterns and trends and developing an appropriate strategy in response. For example, the risk register has been used to identify the highest-risk ambulance stations, allowing targeted risk assessments to be carried out and liaison with station managers to help create a safer environment for staff.

Support mechanisms

The Trust works hard to ensure that staff do not feel they have to cope alone when a violent incident occurs. As soon as an incident has occurred, a senior manager, usually the station manager, would have a debrief with the individual involved to investigate what happened. The need for post-incident support is assessed; this ranges from informal follow-up by line managers to more detailed specialist assistance from the personnel manager or from occupational health services. Managers involved in post-incident care should routinely offer these services, although they may be accessed, if required, directly by the individual concerned. In more serious cases, including all incidents resulting in actual violence, the duty officer is responsible for advising a senior member of staff (at director level) of the incident and the aftercare that has been provided for the individual.

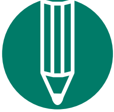
The occupational health department is a one-stop shop for all health issues, including confidential stress counselling. The help line is always open and an individual can either make a self-referral or be referred by their line manager. An occupational health adviser then makes an assessment and offers whatever help or support is required.

An additional source of help and support is provided by volunteer counsellors within the workforce - from managers down to operational staff. They are specifically trained to deal with major, traumatic incidents but can also help facilitate discussions in cases where staff have experienced violent or aggressive behaviour.

Prosecution of assailants

The Trust makes it very clear that it will not tolerate violence against its staff and emphasises in its policy that all acts of violence should be reported to the police as they are responsible for investigating crimes. It will co-operate fully on behalf of its staff during any investigation in the hope that a positive outcome may be achieved. The police will charge offenders when there is sufficient evidence to do so but when criminal proceedings are not taken against an individual, the Trust will explore, with the police, whether any further action can be taken.

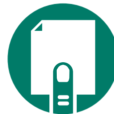
Income data Services - IDS Study 749, Violence against staff, May 2003



6.10 Choice of intervention

This is a fundamental exercise aimed at rationalising the choice of and orienting the participants to the various types of interventions.

It is intended to be highly interactive with the trainer playing a crucial role in highlighting the advantages in terms of effectiveness and long term impact of organizational interventions targeted at preventing, rather than just coping with workplace violence in the health sector.



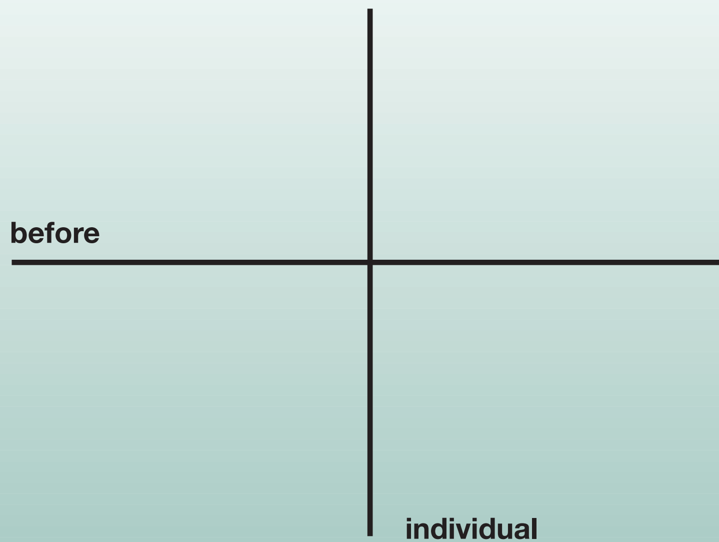
At this point the participants should be well aware of different intervention alternatives. Using a flip chart, follow the sequence indicated in the worksheet. The facilitator is to ask the participants to organise their "best" choices in a quadrant by differentiating between:

- individual interventions
- organizational interventions

as well as:

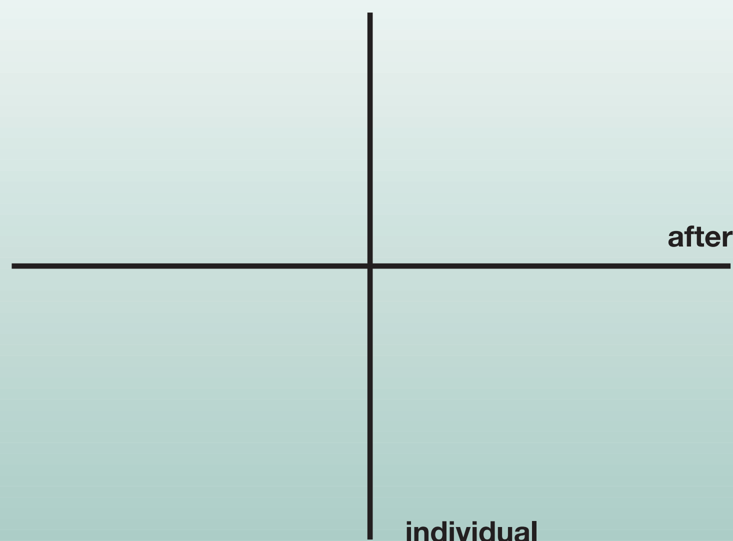
- interventions before
- interventions after the event.

Distribute this worksheet to the participants in advance.



To be filled by participants in an interactive session.

Individual intervention before the event include: Selection and testing; Training; Assistance; Counselling; Well-being promotion



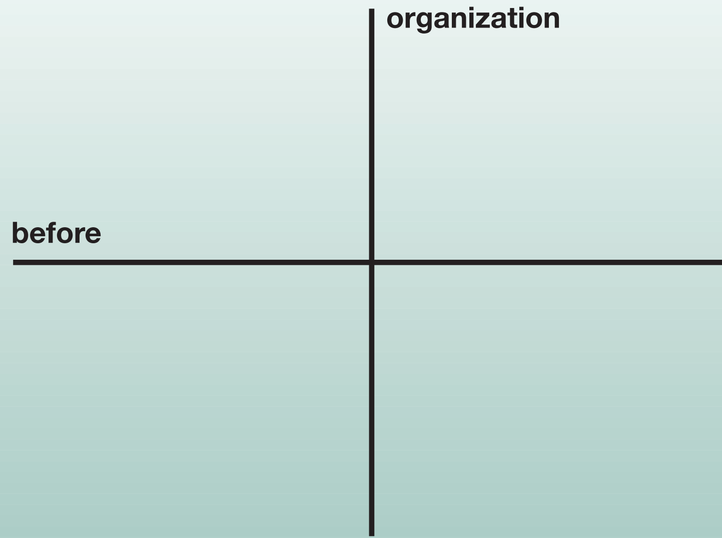
To be filled by participants in an interactive session.

Individual interventions after the event include: Reporting and recording; Medical treatment; De-briefing; Counselling; Management support; Representation and legal aid; Grievance procedures; Rehabilitation

6

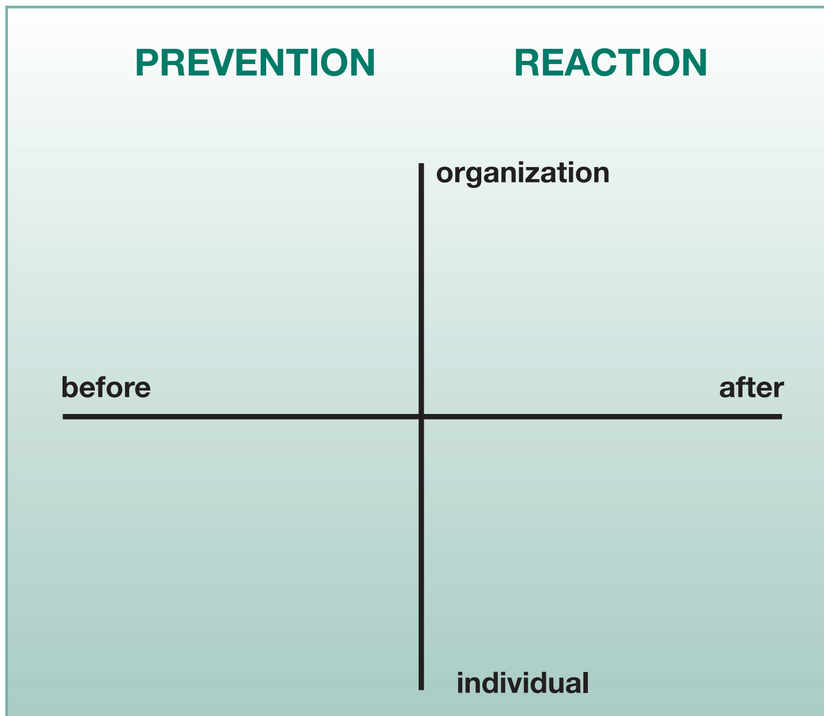
To be filled by participants in an interactive session.

Organizational interventions before the event include: Staffing; Management style; Information and Communication; Work practices; Job design; Working time; Quality of physical environment; Workplace design

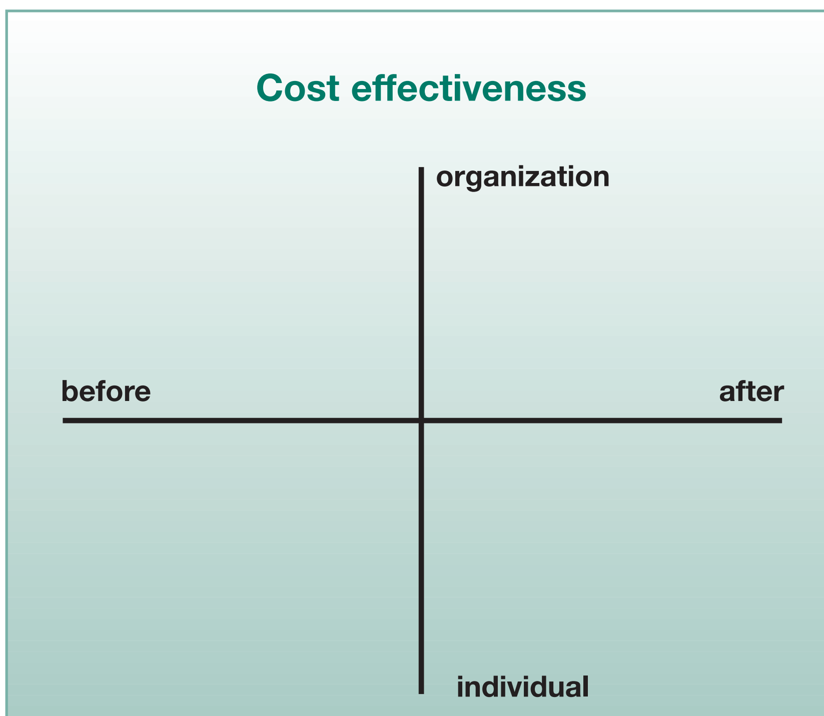


To be filled by participants in an interactive session.

Organizational and environmental interventions after the event are the same as before the event, only they are carried out in a reactive, rather than in a preventive way.



The interventions on the left part of the quadrant are preventive ones. The interventions in the right part of the quadrant are reactive ones.



While all types of intervention are needed, those of a preventive nature in the left part of the quadrant are more cost effective than those of a reactive nature in the right part of the quadrant.

Among preventive interventions, organizational interventions before the event are the most cost effective and it is where available resources - usually limited resources - should be concentrated.

Note to facilitator: Before breaking for lunch, the facilitator should indicate to the class that after the break they will be developing an action plan for their workplace. Therefore during lunch, the participants should be thinking about what they would like to include in it.

6.11 Action plan

Each group should be made up of people who work in the same workplace or unit within an organization. The group will develop an action plan to implement in their own workplace using the lessons learned during the course. Each action listed in the action plan must be:

- a high priority
- cost effective
- economically viable
- feasible in a short term

Proposed actions do not need to be major ones. Simple, low-cost proposals may well be specified, such as: producing an awareness-raising leaflet; a meeting with the management to propose a basic policy statement; an anti-violence day; an anti-violence logo etc, etc.

For each action the person responsible and the deadline (max. 3-6 months) must be indicated. In 3 months, each participant of the group is expected to report in detail on the implementation of the action plan.

PROPOSED ACTION	PERSON RESPONSIBLE	DEADLINE

7 MONITORING AND EVALUATION

OBJECTIVES

- The participants should become aware of the importance of monitoring and evaluating action undertaken to prevent workplace violence
- The participants should be able to activate a plan-do-check-act cycle based on the continuous re-assessment of the results obtained with their action

7.1 Monitoring and Evaluation

The purpose of this PowerPoint presentation is to highlight the fundamental role of monitoring the progress made and evaluating the results obtained by various interventions to combat workplace violence.

Monitoring and evaluation makes it possible to check that objectives have been achieved and that resources have been effectively used with respect to these objectives. Furthermore, the process greatly facilitates the organization of future action.

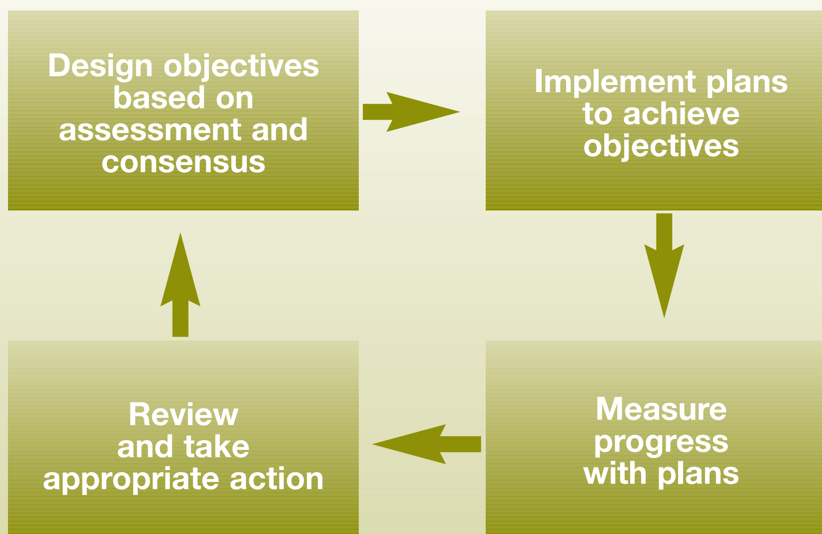
Distribute a copy of this PowerPoint after the presentation.

Workplace

- Carry out continuous monitoring and evaluation
- Report and record all incidents
- Allow workers to provide regular feedback
- Hold periodical joint management-workers meetings
- Regularly review the management plan
- Re-assess on a periodic basis
- Activate a risk management cycle

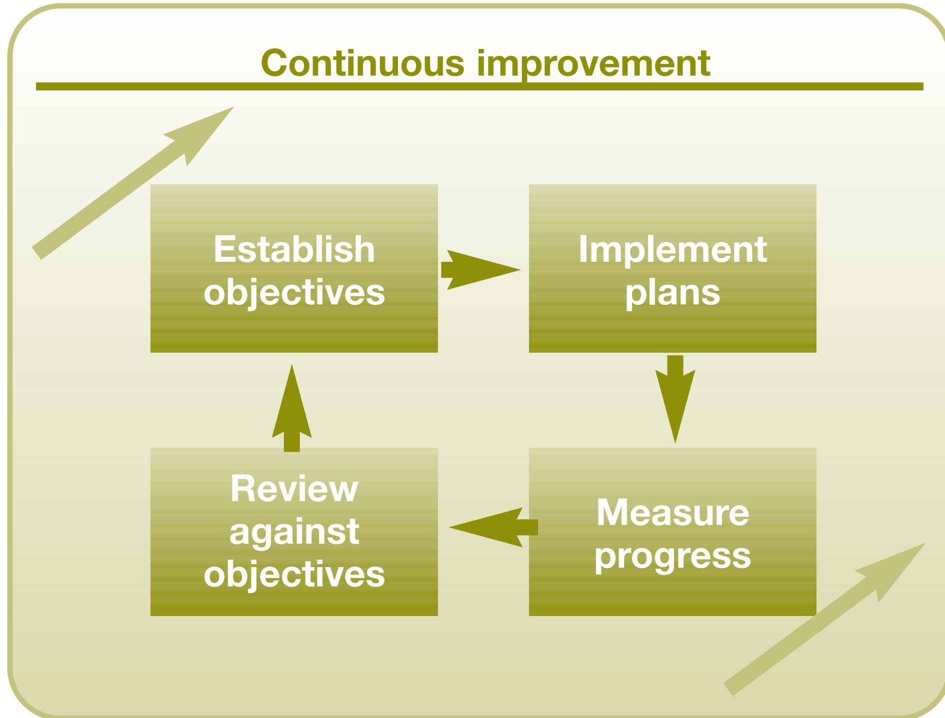
Monitoring and evaluation of the effectiveness of the interventions undertaken to combat workplace violence should be based on sustained action and the involvement of all those concerned.

The plan-do-check-act cycle



The activation of a risk management cycle whereby intervention is only one phase of a more articulated process includes objectives design, planning, measuring of progress and review against objectives.

Promotes the insertion of such a cycle within a broader process of continuous improvement whereby, rather than trying to achieve all objectives at once, these are phased in over time and progressively achieved in a sustainable way.



The key message is that addressing violence should become a permanent objective of people and organizations.

The campaign against violence never ends!

8 CONCLUSION

OBJECTIVES

- The participants should become aware of a local best practice
- The participants should share their experience of the course
- The participants should compare the results obtained against their expectations

8.1 Presentation of a local best practice

A local best practice should be presented by health practitioners or other interested actors. The aim is to show that, even with difficulties of local circumstances, it is possible to achieve positive results. It also demonstrates that results have already been achieved in some cases. It is a powerful exercise, one that triggers immediate action and strongly reinforces the overall message of the Framework Guidelines.

The Presentation should stress:

- the reasons why action was undertaken
- how such action was carried out
- the results of the action undertaken

The presentation should be complemented, as far as possible, by visual aids, PowerPoint, cost/ benefits analysis etc. In order to achieve a high quality result, the guest speakers should be contacted well in advance and should assist in the presentation of the material. A rehearsal of the presentation should be carried out.

Open discussion

Open discussion will follow with participants acting as "experts" working with the presenters on how to further improve the best practice.

8.2 De-briefing

This is a very informal and interactive exercise.

The Facilitator should solicit general verbal comments from the participants on the workshop and the results achieved.

8.3 Results versus expectations

An anonymous questionnaire, similar to the one distributed at the beginning of the workshop, is to be distributed allowing for an evaluation of expectations versus results. Please ensure that you collect the form from each participant so that an effective evaluation can be done.

The Facilitator should return the questionaires to the agency responsible for the training course in the country.

Questionnaire on results versus expectations

How do you value the results obtained from the workshop in respect of the following issues

1. Better understanding of what constitutes workplace violence
   ○ *very satisfactory* ○ *satisfactory* ○ *non satisfactory*

2. Better understanding of workplace violence in your country
   ○ *very satisfactory* ○ *satisfactory* ○ *non satisfactory*

3. How to effectively assess the risk of violence in my workplace
   ○ *very satisfactory* ○ *satisfactory* ○ *non satisfactory*

4. How to effectively approach workplace violence
   ○ *very satisfactory* ○ *satisfactory* ○ *non satisfactory*

5. How to effectively undertake action to combat violence in my workplace
   ○ *very satisfactory* ○ *satisfactory* ○ *non satisfactory*

6. How to effectively monitor such action and evaluate results
   ○ *very satisfactory* ○ *satisfactory* ○ *non satisfactory*

7. What are the rights and responsibilities of all those concerned
   ○ *very satisfactory* ○ *satisfactory* ○ *non satisfactory*

8. Linking with other people operating in this area
   ○ *very satisfactory* ○ *satisfactory* ○ *non satisfactory*

9. Do you feel better equipped to help manage violence in your workplace?
   Why or why not?

____

____

10. For your job/position, do you feel that this training contributed to your knowledge?
    Why or why not?

____

____

11. In your view, what parts of the workshop were less helpful?

____

____

12. If you were delivering the training, what would you do to improve the workshop?

____

____

8.4 Closing ceremony

A short closing ceremony should conclude the workshop.

The emphasis will be on the need to transform the lessons learned from the workshop into concrete action as soon as possible.

Representatives of all interested parties (government, employers, trade unions, professional associations, local community) should be given the opportunity to express their commitment to such an action.

Certificate of participation could be developed and distributed.

Keep formalities to a minimum, but congratulate participants and wish them luck. The coordinates of the facilitator should be given to the participants for possible follow-up.

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