

Occupational violence against nurses

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KEY STATEMENT

The Australian College of Nursing (ACN) is committed to supporting and promoting safe work environments while improving policy and processes to eradicate occupational violence against nurses. The unacceptable experience of occupational violence against nurses is widespread. ACN does not accept this risk to nurses and will work tirelessly to support the introduction of legislation and initiatives that will ensure our workplaces are safe for the nursing profession.

BACKGROUND

Occupational violence is not limited to hospitals and must be inclusive of all health care working environments where nurses engage, for example rural, remote, community, mental health, and aged care (Dafny & Muller 2021; Hills, Lam & Hills 2018; Morken, Johansen & Alsaker 2015; Shea, Sheehan, Donohue, Cooper, & De Cieri 2017; Spelten, Thomas, O'Meara, van Vuuren & McGillion 2020; Tonso, Prematunga, Norris, Williams, Sands & Elsom 2016; Lenthall, Wakerman, Opie, Dunn, MacLeod, Dollard, Rickard & Knight 2011; McCullough, Lenthall, Williams & Andrew 2012; Opie, Lenthall, Dollard, Wakerman, MacLeod, Knight, Dunn & Rickard 2010).

Research suggests patients and families are frequently perpetrators of occupational violence (Pich & Roche 2020; Pich, Kable & Hazelton 2017; Roche, Diers, Duffield & Catling-Paull 2010). However, occupational violence also includes unsafe working cultures where acts of horizontal violence and psychologically unsafe working cultures result in devastating impacts (Farrell & Shafiei 2012; Greenslade, Wallis, Johnston, Carlström, Wilhelms & Crilly 2020; Hartin, Birks & Lindsay 2018; Hills, Crawford, Lam & Hills 2021; Hutchinson, Vickers, Wilkes & Jackson 2010; Rees, Wirihana, Eley, Ossieran-Moisson & Hegney 2018; Mammen, Hills & Lam 2018).

The recently published Salmon report (2021) argued a systematic approach to addressing occupational violence is needed across health care from government level, down to the frontline worker. This requires a shift in public attitudes and behaviours towards

health care workers. Cultural change is also required to prioritise psychological safety, improve work environments and reduce occupational violence.

While there is substantial information, training programs and policies at various stages of development at a state-level, there has been no nationally consistent, whole of system approach to eradicate occupational violence against nurses. The COVID-19 pandemic has only exacerbated the problem, with reports of escalating occupational violence across all health care environments (Ward 2021).

DEFINITIONS

Violence refers to the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation (World Health Organization 2002).

Occupational violence is defined as acts of violence that occur within the workplace. This is a scale, inclusive of, but not limited to:

- Aggressive gestures or expressions such as eye rolling and sneering
- Verbal abuse such as yelling, swearing and name calling
- Intimidating physical behaviour such as standing over a health care worker or in their personal space
- Physical assault such as biting, spitting, scratching, pushing, shoving, tripping and grabbing
- Extreme acts of violence and aggression such as hitting, punching, strangulation, kicking, personal threats, threats with weapons, sexual assault.

Psychosocial safety climates are a type of organisational climate that prioritise employees' psychological health. Psychosocial safety climates are a predictor of work conditions, worker health and engagement (Boland 2018).

KEY ISSUES

Occupational violence is an increasing concern for all nurses in all workplaces. Given the diversity of work environments and the complexity of the issues surrounding occupational violence, this is a major risk to the nursing workforce with up to 95% of health care workers having experienced verbal or physical assault (Work Safe Victoria 2020). Addressing the issue of occupational violence against nurses requires a whole of system approach.

Specific data on occupational violence is difficult to ascertain as it is integrated with other work health and safety data. To accurately capture the scope of the occupational violence nurses face in their workplaces will require specific, consistent and national data sets to be collected. Currently, there is no such set which would enable consistency and accuracy of severity ratings, classification systems and indicators of risk assessments and actions taken following incidents of violence.

Collection and reporting of data specifically related to occupational violence against nurses is essential to understand the scope of the problem, as it is currently impossible to ascertain the true cost of occupational violence against nurses. The limited data that do exist demonstrate a significant cost to nurses who experience or witness occupational violence.

The impact of occupational violence on health care workers:

- 890 claims due to workplace violence in 2013 (Safe Work Australia 2021).
- 15% of mental disorder claims are caused by exposure to workplace violence (Safe Work Australia 2015).
- 55% higher chance among young workers (≤ 24 years old) of being awarded a mental disorder claims due to exposure to workplace violence compared to workers 55 years or older (Safe Work Australia 2015).
- More than twice the rate of claims due to workplace violence among females compared to males – 11.3 vs 4.7 claims per 100 million hours worked (Safe Work Australia 2021).
- The Victorian Government found WorkCover claims related to occupational violence between 2009-2014 totalled \$3,971,281.

RECOMMENDATIONS

That ACN:

- Develop and implement a national campaign to highlight key issues around occupational violence, including addressing appropriate behaviour both within the community and across workplace environments
- Collaborate with the federal government to develop policy that would require a second responder in all hazardous work environments where nurses are expected to practice
- Lobby federal and state governments to develop a nationally consistent dataset on occupational violence to enable national reporting mechanisms
- Advocate for the introduction of mandated psychologically safe processes across all work environments where nurses work.

That state and federal governments:

- Develop a national approach to data collection on occupational violence in health care
- Implement national and state-level analysis of collected data undertaken and published in the Australian Workers compensation report
- Agree to adhere to one data recording system across all state and territory health departments
- Develop a National Work Health and Safety Code of Practice on Psychological Health at Work
- Devise and implement a Work Health and Safety Code of Practice for Managing the Risk of Occupational Violence.

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