

FRAMEWORK GUIDELINES FOR ADDRESSING  
**WORKPLACE  
VIOLENCE**  
IN THE HEALTH SECTOR



International Labour Office **ILO** International Council of Nurses **ICN**  
World Health Organization **WHO** Public Services International **PSI**  
*Joint Programme on Workplace Violence in the Health Sector*

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These Framework Guidelines have been developed as an integral part of the work done within the ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector (2000 – 2002). Several country case studies and cross-cutting theme studies have been conducted in the frame of this programme to fill major information gaps by obtaining baseline and in depth information. Based on this evidence, the present Framework Guidelines were developed. The Guidelines have an informal status at this stage and are meant to stimulate and guide initiatives at international, national and local levels. This current version is a pilot version, to be tested in practice. Feedback and comments are welcome.

The first version of the Framework Guidelines had been drafted by Vittorio Di Martino and was discussed in April 2002 in Geneva at an informal technical consultation of the ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector. The Joint Programme wishes to thank him and all persons involved in the development of these Framework Guidelines for their valuable contributions.



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# 1. BACKGROUND, SCOPE AND DEFINITION

## 1.1 BACKGROUND

Workplace violence — be it physical or psychological — has become a global problem crossing borders, work settings and occupational groups. For long a “forgotten” issue, violence at work has dramatically gained momentum in recent years and is now a priority concern in both industrialised and developing countries.

Workplace violence affects the dignity of millions of people worldwide. It is a major source of inequality, discrimination, stigmatisation and conflict at the workplace. Increasingly it is becoming a central human rights issue. At the same time, workplace violence is increasingly appearing as a serious, sometimes lethal threat to the efficiency and success of organisations. Violence causes immediate and often long-term disruption to interpersonal relationships, the organization of work and the overall working environment.

While workplace violence affects practically all sectors and all categories of workers, the health sector is at major risk. Violence in this sector may constitute almost a quarter of all violence at work. (*Nordin, H., 1995*)

Under the strain of reforms, growing work pressure and stress, social instability and the deterioration of personal interrelationships, workplace violence is rapidly spreading in the health sector. Increasingly, domestic violence and violence in the streets are spilling over into the health institutions. Recent studies confirm that workplace violence in the health sector is universal, although local characteristics may vary, and that it affects the health of both women and men, though some are more at risk than others. Altogether it may affect more than half of health care workers. (*Di Martino, V., 2002, forthcoming*)

The negative consequences of such widespread violence impact heavily on the delivery of health care services, which could include deterioration in the quality of care provided and the decision by health workers to leave the health care professions. This in turn can result in a reduction in health services available to the general population, and an increase in health costs. In develop-

ing countries particularly, equal access to primary health care will be threatened if health workers, already a scarce resource, abandon their profession because of the threat of violence.

It has been estimated by a number of reliable studies that stress and violence together possibly account for approximately 30% of the overall costs of ill-health and accidents. Based on the above figures it has been suggested that stress/violence may account for approximately 0.5 – 3.5% of GDP per year. (Hoel, H.; Sparks, K.; Cooper, C., 2000)

This evidence clearly indicates that workplace violence is far too high and that interventions are urgently needed. Further, more specific evidence is available in each country which should be used to increase awareness of the importance of the problem of workplace violence and to make it a priority target for all people operating in or concerned with the development of the health sector.

## **1.2 SCOPE**

### **Objective**

The objective of these Framework Guidelines (from now on referred to as Guidelines) is to provide general guidance in addressing workplace violence in the health sector. Far from being in any way prescriptive, the Guidelines should be considered a basic reference tool for stimulating the autonomous development of similar instruments specifically targeted at and adapted to different cultures, situations and needs.

The Guidelines cover the following key areas of action:

- prevention of workplace violence
- dealing with workplace violence
- management and mitigation of the impact of workplace violence
- care and support of workers affected by workplace violence
- sustainability of initiatives undertaken

### **Use**

These Guidelines should be used to:

- develop concrete responses at the enterprise, sectorial, national and international levels
- promote processes of dialogue, consultation, negotiation and all forms of cooperation among governments, employers and workers, trade unions and other professional bodies, specialists in workplace violence, and all relevant stakeholders (such as consumer/patient advocacy groups and non-governmental organizations (NGOs) active in the areas of workplace violence, health and safety, human rights and gender promotion)

- give effect to its contents in consultation with the interested parties: in national laws, policies and programmes of action; in workplace/enterprise/sectorial agreements; and in workplace policies and plans of action.

## **Field of application**

These Guidelines apply:

- to all employers and workers
- in the public, private and voluntary sectors
- to all aspects of work, formal and informal.

## **1.3 DEFINITION**

Within a general common understanding of the significance of workplace violence, specific understanding and terminology may vary from country to country and from situation to situation. It is therefore important that definitions and terms as given below are assessed in relation to such situations and adapted accordingly so that their significance is clear to and shared by those who will be using the guidelines.

### **General definition of workplace violence**

Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health. (Adapted from European Commission)

### *Physical violence and psychological violence*

While the existence of personal physical violence at the workplace has always been recognized, the existence of psychological violence has been long under-estimated and only now receives due attention. Psychological violence is currently emerging as a priority concern at the workplace.

It is also increasingly recognized that personal psychological violence is often perpetrated through repeated behaviour, of a type which by itself may be relatively minor but which cumulatively can become a very serious form of violence. Although a single incident can suffice, psychological violence often consists of repeated, unwelcome, unreciprocated and imposed upon action which may have a devastating effect on the victim.

### *Physical violence*

The use of physical force against another person or group, that results in physical, sexual or psychological harm. It includes among others, beating, kicking, slapping, stabbing, shooting, pushing, biting and pinching. (Adapted from WHO definition of violence)

### *Psychological violence*

Intentional use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, moral or social development. It includes verbal abuse, bullying/mobbing, harassment and threats. (Adapted from WHO definition of violence)

### **Terms frequently used**

Physical and psychological violence often overlap in practice making any attempt to categorize different forms of violence very difficult. Some of the most frequently used terms relating to violence are presented in the following list.

#### *Assault/attack*

Intentional behaviour that harms another person physically, including sexual assault.

#### *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)

#### *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)

#### *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 Organisation)

#### *Racial harassment*

Any threatening conduct that is based on race, 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)



*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.

*Victim*

Any person who is the object of act(s) of violence or violent behaviour(s) as described above.

*Perpetrator*

Any person who commits act(s) of violence or engages in violent behaviour(s) as described above.

*Workplace*

Any health care facility, whatever the size, location (urban or rural) and the type of service(s) provided, including major referral hospitals of large cities, regional and district hospitals, health care centres, clinics, community health posts, rehabilitation centres, long-term care facilities, general practitioners' offices, other independent health care professionals. In the case of services performed outside the health care facility, such as ambulance services or home care, any place where such services are performed will be considered a workplace.



## 2. GENERAL RIGHTS AND RESPONSIBILITIES

### 2.1 GOVERNMENTS

Governments and their competent authorities should provide the necessary framework for the reduction and elimination of such violence. This includes:

- making the reduction/elimination of workplace violence in the health sector an essential part of national/regional/local policies and plans on occupational health and safety, human rights protection, economic sustainability, enterprise development and gender equality
- promoting the participation of all parties concerned with such policies and plans
- revising labour law and other legislation and introducing special legislation, where necessary
- ensuring the enforcement of such legislation
- encouraging the inclusion in national, sectorial and workplace/enterprise agreements of provisions to reduce and eliminate workplace violence
- encouraging the development of policies and plans at the workplace to combat workplace violence
- launching awareness campaigns on the risks of workplace violence
- requesting the collection of information and statistical data on the spread, causes and consequences of workplace violence
- coordinating the efforts of the various parties concerned

### 2.2 EMPLOYERS

Employers and their organisations should provide and promote a violence-free workplace.

This would include:

- recognizing overall responsibility for ensuring the health, safety and wellbeing of workers including the elimination of the predictable risk of workplace violence, according to national legislation and practice
- creating a climate of rejection of violence in their organisations
- the routine assessment of the incidence of workplace violence and the factors that support or generate workplace violence
- developing policies and plans at the workplace to combat workplace violence and establishing the required monitoring mechanisms and range of sanctions

## *General rights and responsibilities*

- consulting with representatives of the workers on the development of such policies and plans and how to implement them
- the introduction of all necessary preventive and protective measures and procedures to reduce and eliminate the risks of workplace violence
- giving managers at all levels responsibility for implementing policies and procedures relating to workplace violence
- the provision of adequate information, instruction and training concerning workplace violence
- the provision of short, medium and long-term assistance to all those affected by workplace violence, including legal aid, as required
- giving special consideration to the specific risks faced by particular categories of health care workers as well as to risks in certain working environments in the health sector
- endeavouring to have included provisions to reduce and eliminate workplace violence in national, sectorial, and workplace/enterprise agreements
- actively promoting awareness of the risks and destructive impact of workplace violence
- the provision of adequate reporting systems
- setting up of mechanisms for collecting data and information in the area of workplace violence

## **2.3 WORKERS**

Workers should take all reasonable care to reduce and eliminate the risks associated with workplace violence. This would include:

- following workplace policies and procedures
- cooperating with the employer to reduce and eliminate the risks of workplace violence
- attending relevant educational and training programmes
- reporting incidents, including minor ones
- actively contributing to promoting awareness of the risks, impact of and sanctions associated with workplace violence
- seeking guidance and counselling if involved in situations that may lead to workplace violence

## **2.4 PROFESSIONAL BODIES**

Trade unions, professional councils and associations should launch, participate in and contribute to initiatives and mechanisms to reduce and eliminate the risks associated with workplace violence. This would include:

- promoting training of health care personnel concerning the risks of workplace violence and the mechanisms to prevent, identify and cope with such violence
- elaborating on data collecting procedures for incidents of violence in the health sector and promoting the collection of such data

- incorporating in their codes of practice and codes of ethics, clauses concerning the inadmissibility of any incident of violence at the workplace
- promoting the incorporation in the accreditation procedures for health care institutions and facilities, of a requirement of measures aimed at the prevention of violence at the workplace
- endeavouring to have included provisions to reduce and eliminate workplace violence in national, sectorial and workplace/enterprise agreements
- encouraging the development of policies and plans at the workplace to combat workplace violence
- actively contributing to promoting awareness of the risks of workplace violence
- providing support for victims of workplace violence, including legal aid if required

## **2.5 ENLARGED COMMUNITY**

The media, research and educational institutions, specialists in workplace violence, consumer/patient advocacy groups, the police and other criminal justice professionals, NGOs active in the area of workplace violence, health and safety, human rights and gender promotion, should actively support and participate in the initiatives to combat workplace violence. This would entail:

- contributing to the creation of a network of information and expertise in this area
- contributing to promoting awareness of the risks of workplace violence
- contributing to the development of coordinated policies and plans to combat workplace violence
- contributing to continuing training and education, as required
- contributing with support structures for the prevention of workplace violence and the management of incidents as well as post-incident management.



## 3. APPROACH

Workplace violence is not an isolated, individual problem but a structural, strategic problem rooted in social, economic, organisational and cultural factors. An approach should consequently be developed and promoted which would attack the problem at its roots, involve all parties concerned and take into account the special cultural and gender-dimension of the problem. It is also essential that any intervention adopted is developed from its inception, in a systematic way to maximise the effective use of often limited resources in this sector. Such an approach should therefore be an *integrated, participative, cultural/gender sensitive, non-discriminatory and systematic* one.

### 3.1 INTEGRATED

An integrated approach should be actively pursued at all levels of intervention based on the combined and balanced consideration of prevention and treatment. Treatment should cover all necessary interventions to cure and rehabilitate those affected by workplace violence for as long as is necessary. 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. Preventive measures to improve the work environment, work organisation and interpersonal relationships at the workplace, have proved particularly effective. It is important that preventive measures are immediately introduced when risks of workplace violence are identified without waiting for workplace violence to manifest itself at the workplace.

### 3.2 PARTICIPATIVE

A participatory approach, whereby all parties concerned consider it worthwhile to work together to reduce workplace violence and where such parties have an active role in designing and implementing anti-violence initiatives, should be actively promoted. A participatory approach should:

- create the trust necessary for open communication with all staff. It is particularly important for the management to clarify that workers who openly share their feelings regarding workplace violence, and their ideas for changes in the work environment, are not only protected from reprisals but valued for their positive contribution
- involve all parties concerned. The involvement of trade unions and other professional bodies, governments, employers and workers, specialists in workplace violence, the police and all relevant stakeholders (such as consumer/patient advocacy groups and non-governmental organ-

izations (NGOs) can greatly contribute to generate awareness and sensitivity on the issue of workplace violence

- activate safety and health committees or teams that receive reports of violent incidents, make inquiries into and conduct surveys on workplace violence and respond with recommendations for corrective strategies
- encourage workers' participation in such teams

### **3.3 CULTURE/GENDER SENSITIVE AND NON-DISCRIMINATORY**

#### **Culture**

While workplace violence has an 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 use of appropriate terminology that reflects the commonly used language in a specific culture
- 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

#### **Gender**

The gender dimension should be recognised. Women and men are both affected although in different ways, by workplace violence with women particularly exposed to certain types of violence, such as sexual offences. (*D. Chappell and V. Di Martino 2000*). In the health sector, where violence is so pervasive that it is often seen as part of the job, a large number of women are employed. The continued concentration of women in low-paid and low status jobs in this sector, further exacerbates the problem making women a real or perceived vulnerable target. More equal gender relations and the empowerment of women are vital to successfully prevent violence in the health sector. Action in this area should take into due account the specificity of the concrete situations to be addressed.

#### **Discrimination**

Workplace violence is closely linked to and generates discrimination. Discrimination includes any distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation such as those made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin. Any policy or action against workplace violence should be also directed at combating any form of discrimination linked to or originated by such violence.

## **3.4 SYSTEMATIC**

In order to develop the above approaches effectively, 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. WORKPLACE VIOLENCE RECOGNITION

Early recognition of risks of violence allows for intervention before violence manifests itself. Even though each pre-condition and signal may be due to other factors, their combined simultaneous occurrence may require the need to take anti-violence action. It should be borne in mind however, that workplace violence is always difficult to predict and that it is important to avoid stereotyping or labelling, which can lead to discrimination, especially when considering risk factors at individual level.

The following should be considered.

### 4.1 ORGANISATIONS AT RISK

While all kinds of health facilities are potentially exposed to workplace violence, some are at higher risk than others. Such risk should be assessed having regard to the specific situation and conditions in which each health care facility operates with special attention paid to those health facilities that are:

- located in suburban, highly populated and high crime areas
- small and isolated
- understaffed
- under the strain of reform and downsizing
- working with insufficient resources, including inappropriate equipment
- functioning in a culture of tolerance or acceptance of violence
- working with a style of management based on intimidation
- noted for poor communication and interpersonal relationships

In this respect, attention should also be paid to abnormally high levels of absence on grounds of sickness, high levels of staff turnover and previous records of violent incidents.



## **4.2 POTENTIAL PERPETRATORS**

A number of factors of risk have been identified which may help in preventing workplace violence, particularly physical violence.

However, in dealing with such factors every attention should be paid to avoid any labelling of individuals as potential or alleged perpetrator. The potential perpetrator can be a member of the public, of the organisation or other organisation in the health sector or a patient or client of the service. Consideration should be also given to the fact that, in a number of cases, perpetrators are themselves victims of violence.

### **Background**

Can include:

- a history of violent behaviour
- a difficult childhood
- problems of psychotropic substance abuse, especially problematic being alcohol use
- severe mental illness, the symptoms of which are not being adequately identified or controlled through therapeutic regimes
- access to firearms or objects that can be used as weapons

### **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

## **4.3 POTENTIAL VICTIM**

A number of factors of risk have been identified which may help in preventing workplace violence. As in the case of a perpetrator, every attention should be paid to avoid any labelling of the victim.

## **Profession**

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

## **Real or perceived vulnerability**

Can apply to:

- members of minorities
- people in training or on placement
- workers in precarious job situations
- young people
- women

## **Experience/attitudes/appearance**

Can include:

- being inexperienced
- the display of unpleasant, irritating attitudes
- absence of coping skills
- wearing uniforms or name tags

Uniforms or name tags have proved to act both as a deterrent to and a trigger of workplace violence depending on the circumstances. Consequently, recourse to them and the way uniforms or name tags are used, is a matter that should be carefully assessed and decided upon according to the specific situation under consideration.



## 5. WORKPLACE RISK ASSESSMENT

One of the first steps to be taken when considering the prevention of work-related violence, is an assessment or diagnosis of the relevant hazards and situations at risk as an integral part of the occupational safety and health management system and of the overall organisational management of health institutions. This should include:

### 5.1 ANALYSING AVAILABLE INFORMATION

A great deal of information is usually available that should be properly exploited. To this purpose:

- official records concerning incidents, absenteeism, turnover should be carefully analysed
- information on the management style should be obtained and considered
- workplace inspections should be carried out regularly
- periodical general and situation-specific surveys should be carried out among the staff
- discussions with workers and their representatives should be developed
- an on-going relationship with occupational health services should be maintained
- contacts with other employers, employers' organisations, relevant governmental organisations, customer/patient advocacy groups and insurance companies should be maintained.

### 5.2 IDENTIFYING SITUATIONS AT SPECIAL RISK

There are a number of work situations that have been identified as being at special risk of workplace violence. Health care workers are exposed to the entire range of such situations of risk and this makes this category of workers unique in terms of the importance and spread of workplace violence.

#### **Situations at special risk**

##### *Working alone*

Workers working alone are at special risk of suffering physical and sexual attacks. Many workers in the health sector such as night and home care nursing staff, do work alone or in relative isolation and are therefore subject to greater risk of violence.

### *Working in contact with the public*

A wide variety of occupations, including many in the health sector, involve contact with the public. Increasingly, exposure to the public generates higher risks of violence.

### *Working with objects of value*

Wherever valuables (e.g. cash, drugs, syringes/needles, expensive equipment) are, or seem to be within “easy reach”, there is a risk that crime, and increasingly violent crime, may be committed. Workers in the health sector, such as cashiers and those dealing with the dispensing and storage of drugs, are exposed to such a risk.

### *Working with people in distress*

Frustration and anger arising out of illness and pain, psychiatric disorders, alcohol and substance abuse, can affect behaviour and make people verbally or physically violent. The incidence of violence faced by workers in contact with people in distress is so common that it is often considered an inevitable part of the job. Health care workers are at the forefront of this situation.

### *Working in an environment increasingly “open” to violence*

Violence in health care settings which was traditionally concentrated in a few areas such as emergency services, is now progressively spreading to all areas of work.

### *Working in conditions of special vulnerability*

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

In order to fully assess the specific relevance of situations at special risk in different workplaces, an analysis should be conducted of the presence of such situations 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.



## 6. WORKPLACE INTERVENTIONS

Once the potential existence of violence has been recognised and the situations at risk identified, action to deal with violence should be taken.

### 6.1 PRE-CONDITIONS

#### **Developing a human-centred workplace culture**

Priority should be given to the development of a human-centred workplace culture based on safety and dignity, non-discrimination, tolerance, equal opportunity and cooperation. This requires actively promoting the development of socialisation processes, new, participative management styles and the establishment of a new type of organisation where:

- social dialogue and communication are extensively utilised
- the organisation and staff share a common vision and goals
- the manager is committed to combating workplace violence
- services and responsibilities are decentralised so that managers, supervisors and workers become more aware of local issues and are better able to respond to the needs of the patients
- the organisation encourages problem-sharing and group problem solving
- the organisation provides an environment where the efforts of the staff are recognized, feedback given and opportunities created for personal and professional development
- there is a strong and supportive social environment

#### **Issuing a clear policy statement**

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

The statement should contain at least the following:

- a definition of violence so that people know exactly what is being referred to
- a declaration indicating a real commitment to make the issue of violence a high priority in the organisation
- a caution stating that no violent behaviour or behaviour intentionally generating violence will be tolerated
- a readiness to engage in support of any action targeted at creating a violence-free environment;

- a directive stating that supervisors and managers have a positive duty to implement the policy and to demonstrate leadership by example
- an engagement to provide managers with the ability and the means necessary to carry out the policy at all levels within the organisation
- an assignment of responsibility to individuals or teams with appropriate training and skills for the implementation of the policy
- the provision of an independent and free- from -retaliation complaint system
- raising awareness

It is essential that the policy statement be accompanied by initiatives to raise awareness among the management, supervisors and staff, patients, clients, suppliers and local communities, of the deleterious effects of workplace violence and of the advantages of undertaking immediate action to eliminate or reduce violence at the workplace. The following implications of violence should be clearly highlighted:

#### *For the individual:*

The suffering and humiliation resulting from violence usually lead to a lack of motivation, loss of confidence and reduced self-esteem and, if the situation persists, consequences such as physical illness, psychological disorders or tobacco, alcohol and drug abuse are often observed.

#### *At the workplace:*

Workplace violence causes immediate, and often long-term disruption to interpersonal relationships, the organisation of work and the overall working environment, usually leading to deterioration in the quality of service provided. Employers bear the direct cost of legal liabilities, lost work and more expensive security measures. They are also likely to bear the indirect cost of reduced efficiency and productivity, deterioration in the quality of service provided, difficulty in recruiting or retaining qualified personnel, loss in company image and a reduction in the number of clients.

#### *In the community:*

Workplace violence may eventually result in unemployment, psychological and physical problems that adversely influence an individual's social position. 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 also threatened.

## **6.2 ORGANISATIONAL INTERVENTIONS**

High priority should be given to organizational intervention. Sorting out the organizational problem at the source usually proves 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. Organisational 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. Organisational intervention may include:

### **Staffing**

The adequate presence of staff, in terms of numbers and qualification, should be ensured, especially:

- at peak periods, during patient transfers, emergency responses, meal times, and at night.
- in admission units and crisis or acute care units
- for patients with a history of violent behaviour or gang activity

Available staff should be used in the most effective way and arrangements should be made in this respect with the staff concerned, including:

- arranging staff rotation for particularly demanding jobs and for those who are new to the job
- detailing how staff move between different working areas
- arranging rosters to help staff to be as alert as possible and have assistance in case violent situations
- arranging assignments so that workers in dangerous situations do not work alone.

### **Management style**

Management is a natural point of reference within organisations. When the management exemplifies positive attitudes and behaviour at the workplace, the entire organisation is likely to follow suit. 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.

### **Information and communication**

#### *Among the staff and working units*

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 following should be promoted:

- information sessions
- personnel meetings
- office meetings
- group discussions
- team working
- group training

### *With the patients and the public*

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. In particular:

- protocols or codes of conduct, explaining the obligations as well as the rights of patients, relatives and friends, should be compiled, distributed, displayed and applied
- sanctions in response to violence against personnel, should be made known

### *For workers at special risk*

Information on the risks involved in specific situations and effective communication channels should be provided to workers at special risk, such as community and home care workers or ambulance staff. This includes:

- providing protocols for informing staff that a colleague is away from base, where he/she has gone and the approximate or expected time of return. Procedures for reacting to failed protocols should also be in place.
- providing emergency codes so that staff can request help without having to explain the situation and, therefore, without alerting an assailant
- providing information on the possible risks involved in future contacts and their location
- maintaining links with the local police to acquire up-to-date information on problem locations or known violent patients
- providing alarm systems as indicated below under “workplace design”

## **Work practices**

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.

- client flow and the scheduling of appointments should be tailored to suit needs and resources
- crowding should be avoided
- waiting times should be kept to a minimum



## *Workplace interventions*

- workers should be given margins of flexibility so that rules and policies are not interpreted by patients as intolerable constraints
- workers making home visits should, wherever possible, telephone or write to make appointments for visits; schedule visits to problem areas for particular times of the day, such as the morning when drug activity and drunkenness should be minimal
- night workers, especially women and those moving from building to building or working in isolated areas of a building, should, if at all possible, work together or in close proximity to each other
- transportation should be provided, if at all possible, to night workers

## **Job design**

Job design is an essential factor in respect of violence at the workplace. An efficient design should ensure that:

- tasks performed are identifiable as whole units of a job rather than fragments
- jobs make a significant contribution to the total operations of the organisation which can be understood by the worker
- jobs provide an appropriate degree of autonomy
- jobs are not excessively repetitive and monotonous
- sufficient feedback on task performance and opportunities for the development of staff skills are provided
- jobs are enriched with a wider variety of tasks
- job planning is improved
- work overload should be avoided
- pace of work is not excessive
- access to support workers or team members is facilitated
- time is available for dialogue, sharing information and problem solving

## **Working time**

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

- arranging, as far as possible, working time in consultation with the workers concerned
- avoiding too long hours of work
- avoiding a massive recourse to work overtime
- providing adequate rest periods
- creating autonomous or semi-autonomous teams dealing with their own working time arrangements
- keeping working time schedules regular and predictable
- keeping, as far as possible, consecutive night shifts to a minimum

## **6.3 ENVIRONMENTAL INTERVENTIONS**

Action should be undertaken to identify and address problems within the working environment with a view to preventing workplace violence. Environmental interventions should be developed and adapted having regard to the specific situations, and priorities among the various types of intervention available should be established in consultation with the local stakeholders. Environmental interventions may include:

### **Physical environment**

The physical features of a workplace are key factors in either defusing or acting as a potential trigger of violence. Special attention should be therefore paid to the level and ways in which workers, patients and visitors are exposed to such factors and to the adoption of adequate solutions, in line with existing law and practice, to reduce or eliminate any negative impact. In particular:

- 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
- good illumination should be maintained to improve visibility in all areas, particularly access, parking and store 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**

In the specific context of possible violence and aggression in the workplace, especially in those areas open to the public, the design of workplaces requires special attention and involves the following additional factors:

#### **Access**

- safe access should be provided to and from the workplace
- multiple areas of public access to health care facilities should be minimized
- security services should be placed at the main entrance, near visitors' transit route and emergency departments
- checking for weapons should be considered with great caution and implemented if necessary, according to local law and practice with the priority aim of avoiding any unnecessary risk
- the reception area should be easily identifiable by patients/visitors, easily accessible and visible to other staff
- public access to the main health care facility should be regulated according to agreed protocols

## *Workplace interventions*

- access to staff areas (e.g. changing rooms, rest areas) must be restricted and limited to personnel of the facility
- staff parking areas should be located within close proximity to the workplace

### *Space*

- there should be sufficient space among visitors and patients to reduce personal interference and the build up of tension
- adequate work space should be provided to facilitate provision of services
- adequate place should be provided for health care personnel to relax
- spacious and quiet reception areas with sufficient space for personnel, should be provided
- protective barriers should be used for workers at special risk and to separate dangerous patients from other patients and the public

### *Waiting areas*

- there should be comfortable seats especially where long waiting is involved
- boredom should be reduced by providing activities (e.g. reading materials, television, toys for children)

### *Fixtures and fittings*

- furniture should be arranged in such way as to prevent entrapment of staff
- in interview rooms or crisis treatment areas, furniture should be minimal, lightweight, without sharp corners or edges, and where appropriate, be affixed to the floor

### *Premises*

- 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
- the possibility of providing a separate room for emotionally disturbed patients, intoxicated patients, confronting gangs and similar cases, should be given special consideration bearing in mind however, that in certain circumstances, recourse to such a facility may be perceived as discrimination and thus further exacerbate the situation
- toilets, areas providing food, drink and public telephones should be signposted, easily accessible and properly maintained
- non-smoking and smoking areas should be clearly identified
- privacy should be respected as much as possible.

### *Alarm systems and surveillance cameras*

- 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 to alert or notify other colleagues in the event of a problem
- the use of silent systems is advised in order to avoid the reaction of the assailant. If silent systems are not available the victim should avoid using the systems before the assailant has left in order to avoid angry reactions from him/her
- a reliable response system when an alarm is triggered should be arranged
- the type of alarm system should depend on the risk assessment for the particular area.

## **6.4 INDIVIDUAL-FOCUSSED INTERVENTIONS**

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 having regard to the specific situations, and priorities among the various types of interventions available should be established in consultation with the local stakeholders.

This would include:

### **Training**

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

Training should include:

- orientation to the workplace environment, management policies and grievance procedures
- information on the different types of workplace violence, physical and psychological, and best practices for its reduction
- information on gender, multicultural diversity and discrimination to develop sensitivity to such issues
- improving the ability to identify potentially violent situations
- instilling interpersonal and communication skills which could prevent and defuse a situation of potential workplace violence
- developing competence in the particular functions to be performed
- preparing a “core group” of mature and specially competent staff and workers’ representatives who can take responsibility for more complicated interactions
- assertiveness training or empowerment, especially for women
- self-defence, as required according to risk assessment

Guidelines for specific occupations should further identify the special training needs and skills required for preventing or coping with workplace violence under particular circumstances.

## **Assistance and counselling**

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, or that resulting from stress, depression, insomnia, should be made available.

## **Well-being promotion**

Maintaining physical fitness and emotionally stable psychic conditions is an effective way to cope with workplace violence. Special attention and encouragement should be given to the development of the habit of regular physical exercise, proper eating and sleeping habits, relaxation techniques and leisure activities particularly those involving socialisation among staff members.

Dealing with the often overlapping and conflicting demands of the workplace and the family can be very stressful and generate tension and dissatisfaction. The provision of the means to reconcile work and family responsibilities such as flexible working time arrangements, the creation of crèches at the workplace or special assistance given to single parents, can effectively contribute to the prevention of workplace violence.

## **6.5 AFTER-THE-EVENT INTERVENTIONS**

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 targeted not only at the victim but also at the perpetrator, the witnesses and all other staff directly or indirectly concerned by a violent incident/behaviour.

### **Response plans**

Management plans for handling situations of workplace violence and for helping all those affected by workplace violence to deal with the distressing and often disabling after-effects of a violent incident/behaviour as well as to prevent severe psychological problems from developing later, should be made available and tested in advance.

### **Reporting and recording**

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.

The manager should establish procedures to register all cases of workplace violence and mechanisms to respond to such cases should be available. Periodic review of such reports of incidents as an indicator for improving workplace safety measures, should be carried out.

All workers should know how and where to report, without fear of reprisal or criticism.

A report form should be designed to elicit the following information:

- where the incident occurred, including the physical environment
- the date and time of day
- activity at the time of the incident
- details of the victim
- details of the alleged perpetrator
- relationship between victim and alleged perpetrator
- account of what happened
- witnesses
- outcome
- measures undertaken after the incident
- effectiveness of such measures
- recommendations to prevent a similar incident happening in the future

Workers should also be encouraged to report on conditions or situations where they are subjected to excessive or unnecessary risk of workplace violence; and to make suggestions for reducing the risk of violence or improving working conditions.

## **Medical treatment**

Immediate medical treatment should be available, and its existence 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.

## **De-briefing**

Debriefing as required should be made available to all those affected by workplace violence. It would include:

- sharing personal experience with others to diffuse the impact of violence
- helping those who have been affected by workplace violence to understand and come to terms with what has happened
- offering re-assurance and support

- getting people to focus on the facts and give information
- explaining the subsequent help available.

## **Counselling**

Counselling by specialist or peer groups should be also made available as required. Specialist counselling should be provided directly by the health care institution as part of occupational health or its own clinical psychology service, or, if these are not available, by referral to external services.

## **Management support**

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

In particular, the management should:

- deal with the immediate aftermath of violence
- minimise the impact of workplace violence by taking care of or advising on provision of leave, costs and legal issues
- provide information and support to the families of those affected
- initiate a timely internal investigation
- follow-up the case for as long as is necessary

## **Representation and legal aid**

Trade unions, professional organisations, and if necessary colleagues, should be involved in providing representation and legal aid, as required. This would involve:

- assistance and support with police procedures
- consulting with sources of legal aid in regard to options
- attending meetings, investigations and hearings
- stewards having access to training in workplace violence
- a member from an ethnic or other minority community/group being represented by a steward from a similar background

## **Grievance procedures**

Procedures should be available which may help solve problems before a situation, particularly among workers, supervisors or managers, further deteriorates. These may consist of informal meetings between the complainant and an appropriate line manager or a facilitator. Meetings to clarify matters with the alleged perpetrator or any other relevant person, with the assistance of a workers' representative or the ombudsperson or a colleague, may also be arranged. They can offer opportunities for conciliation and prevent violence or further violent incidents. Nonetheless, if a

solution is not possible on the basis of such a procedure, a route for a complaint to be lodged according to law and practice to formal jurisdictional bodies, should be offered to the complainant.

The complainant and the perpetrator should be:

- seen privately
- informed that the organization will take the complaint seriously and that every endeavour will be made to sort the case out quickly
- advised on what is likely to happen next
- assured of confidentiality
- protected from further violence and the spreading of rumours

## **Rehabilitation**

**Recovery from workplace violence may involve a long period of rehabilitation. Workers should be supported during the entire period of rehabilitation, allowed all necessary time to recover but also encouraged to return to work.** The sooner the victim can return to work, the easier it would be for him/her to rejoin the group and the worker will have missed out on less of the current information needed for effective job performance. However, workers should not be subjected to too much stress at first and flexibility such as in the form of part time work, a different assignment or support of a co-worker can allow the victim to recover self-confidence. For victims of workplace violence it is important that, when they return to work, they feel safe in their environment both from physical and psychological violence.





## 7. EVALUATION

Evaluation of the effectiveness of anti-violence plans and measures should include:

- monitoring, on a continuous basis, and regular dissemination of the results of measures introduced
- involving the workers in developing the criteria for evaluation and receiving regular feedback from them to check how well they are working and to make modifications as necessary
- organising periodical joint meetings of management and workers to discuss the measures put in place
- reviewing the management plan on a regular basis including the assessment of policy implementation.
- re-assessing the workplace culture, work organisation and the quality of the environment to effectively respond to workplace violence
- activating a risk management cycle to make the combat of workplace violence an ongoing process within organisations



## 8. REFERENCES

Chappell, D.; Di Martino, V. (2000). *Violence at Work*, second edition, Geneva: International Labour Office

Di Martino, V. (2002). *Workplace Violence in the Health Sector - Country Case Studies Brazil, Bulgaria, Lebanon, Portugal, South Africa, Thailand, plus an additional Australian Study: Synthesis Report*; Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector, forthcoming working paper

Hoel, H.; Sparks, K.; Cooper, C. (2000). *The cost of violence and stress at work and the benefits of a violence and stress-free working environment*, University of Manchester Institute of Science and Technology, <http://www.ilo.org/public/english/protection/safework/whpwb/econo/costs.pdf>

Krug, E. et al., eds. (2002). *World Report on Violence and Health*. Geneva: World Health Organization.

Nordin, H. (1995). *Fakta om vaold och hot I arbetet*, Solna, Occupational Injury Information System, Swedish Board of Occupational Safety and Health

### ILO/ICN/WHO/PSI JOINT PROGRAMME ON WORKPLACE VIOLENCE IN THE HEALTH SECTOR

#### **Study reports and working papers**

ILO/ICN/WHO/PSI (2002). *Framework Guidelines for Addressing Workplace Violence in the Health Sector*. Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector

Di Martino, V. (2002). *Workplace Violence in the Health Sector - Country Case Studies Brazil, Bulgaria, Lebanon, Portugal, South Africa, Thailand, plus an additional Australian Study: Synthesis Report*. Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector, forthcoming working paper

#### **Country case studies**

Palácios, M.; Loureiro dos Santos, M.; Barros do Val, M.; Medina, M.I.; de Abreu, M.; Soares Cardoso, L.; Bragança Pereira, B. *Workplace Violence in the Health Sector – Country Case Study*

## References

*Brazil*. Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector, forthcoming working paper

Tomev, L.; Daskalova, N.; Ivanova, V. *Workplace Violence in the Health Sector – Country Case Study Bulgaria*. Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector, forthcoming working paper

Deeb, M. *Workplace Violence in the Health Sector – Lebanon Country Case Study*. Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector, forthcoming working paper

Ferrinho, P.; Antunes, A.R.; Biscaia, A.; Conceição, C.; Fronteira, I.; Craveiro, I.; Flores, I.; Santos, O. *Workplace Violence in the Health Sector – Portuguese Case Studies*. Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector, forthcoming working paper

Steinman, S. *Workplace Violence in the Health Sector – Country Case Study: South Africa*. Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector, forthcoming working paper

Sripichyakan, K.; Thungpunkum, P.; Supavititpatana, B. *Workplace Violence in the Health Sector - A Case Study in Thailand*. Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector, forthcoming working paper

## Theme studies

Cooper, C.; Swanson, N. (2002). *Workplace violence in the health sector – State of the Art*. Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector

Di Martino, V. *Relationship of Work Stress and Workplace Violence in the Health Sector*. Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector, forthcoming working paper

Richards, J. *Management of Workplace Violence Victims*. Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector, forthcoming working paper

Wiskow, C. *Guidelines on Workplace Violence in the Health Sector – Comparison of major known national guidelines and strategies: United Kingdom, Australia, Sweden, USA*. Geneva: ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector, forthcoming working paper