

JOINT POSITION STATEMENT

Workplace Violence and Bullying

The Canadian Nurses Association (CNA) and the Canadian Federation of Nurses Unions (CFNU) strongly support violence-free workplaces.

Since workplace violence is an occupational health and safety hazard,¹ workplaces are subject to provincial and territorial health and safety legislation. While meanings vary regarding workplace violence, a useful definition is “the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker.”²

In contrast, bullying is best understood as generalized psychological harassment, meaning behaviours broader in scope and impact than harassment based on gender, ethnicity or race. Bullying is a form of psychological aggression and intimidation.³

Violence and bullying can be overt, such as in physical, verbal (i.e., threats that result in personal injury or harm and intimidation), financial and sexual behaviours; or they can be covert, such as in neglect, rudeness, humiliation in front of others and withholding information. They can occur among those within an organization (i.e., between employees)⁴ and among those external to it (i.e., between employees and non-employees).

The effects of violence at work or at home can have long-term impacts on the workplace and mental health of employees.⁵ At times, the “effects of domestic violence [can] spill over into the workplace” and compromise personal safety and security there.⁶ Absenteeism and reduced productivity can also result from these effects of domestic violence.

Violence and bullying negatively affect outcomes for clients,⁷ nurses and organizations.

CNA AND CFNU POSITION

CNA and CFNU believe that:

All nurses⁸ have the right to work in a respectful environment that is free from any form of violence and bullying and to work where these are not tolerated as part of a nurse’s job.

¹ (Magnavita, 2014)

² (Occupational Health and Safety Council of Ontario, 2010, p. 3)

³ “Bullying is generalized psychological harassment.” (Lowe, 2013, p. 1)

⁴ Violence between co-workers who work at the same or similar position within an organization is referred to in the literature as lateral/horizontal, while violence between those who work at different positions or levels is referred to as vertical.

⁵ (Fogels & McIntyre, 2007)

⁶ (WorkSafe BC, 2014, para. 1)

⁷ The term *clients* refers to individuals, families and populations that receive health-care services (e.g., patients, residents, users, consumers, persons) in settings across the continuum of care and wherever nurses practise.

⁸ The term nurses includes registered nurses, nurse practitioners, licensed/registered practical nurses and registered psychiatric nurses.

“It is unacceptable to work in, receive care in, govern, manage and fund”⁹ health-care workplaces where violence and bullying exist.

Every workplace should have a culture that promotes and cultivates a respectful workplace.

Incidents of violence and bullying are under-reported.¹⁰

The promotion of violence- and bullying-free workplaces is a shared responsibility among all health-care stakeholders: employers; clients; nurses, nursing students and other employees in the health-care setting; nurse educators and researchers; governments/agencies;¹¹ and nursing professional, regulatory, labour and accreditation organizations. Each of these stakeholders can play important roles in promoting and achieving violence-free workplaces. For example:

Employers can:

- Adhere to legal, legislative and collective agreement requirements to provide a safe workplace.
- Take appropriate measures to prevent any form of violent situation and de-escalate such situations if they occur.¹²
- Provide followup and supports for staff after any violent incidents.
- Create and provide a culture of respect for others, free of violence and bullying.
- Develop, promote and uphold¹³ policies and procedures (with nurse involvement) that support violence-free workplaces, including whistleblower protection for incidents that occur.¹⁴
- Promote a safe and supportive environment to report and followup on any violence and bullying incidents in a timely manner.
- Promote the involvement of health and safety committees in developing violence and bullying prevention strategies for the workplace.
- Promote the adoption of the national standard for *Psychological Health and Safety in the Workplace*,¹⁵ in conjunction with joint workplace occupational health and safety committees.¹⁶
- Provide mandatory education and training on workplace violence and bullying to management and staff.
- Address conflict management and promote effective/professional communication.

Clients can:

- Behave respectfully toward care providers, health-care staff, employers and other clients.
- Report instances of violence, bullying, and disrespectful behaviour to appropriate authorities.

⁹ (Quality Worklife Quality Healthcare Collaborative, 2007, p. i)

¹⁰ (Cooper & Swanson, n.d.; St-Pierre & Holmes, 2008; Kvas & Seljak, 2014)

¹¹ Including governments (federal, provincial/territorial), non-governmental organizations and health organizations (not-for-profit and for-profit)

¹² (St-Pierre & Holmes, 2010)

¹³ (Fogels & McIntyre, 2007)

¹⁴ (Public Servants Disclosure Protection Act, 2012)

¹⁵ (Bureau de Normalisation du Québec, Canadian Standards Association [CSA] Group, Mental Health Commission of Canada, 2013)

¹⁶ The designated name may vary from jurisdiction to jurisdiction.

Nurses, nursing students and other staff members in the health-care setting can:

- Adhere to the respective legislation and practice standards (RNs and students in RN programs adhere to CNA's *Code of Ethics for Registered Nurses*).
- Model professional behaviour.
- Participate in education and training related to violence and bullying, including de-escalation strategies.
- Participate in the development and implementation of strategies for violence and bullying-free workplaces.
- Work toward eliminating bullying¹⁷ and promote a positive workplace culture.
- Behave respectfully toward health-care staff, clients, residents and their friends and families.
- Be aware of personal behaviour and circumstances that might contribute to violence and bullying.¹⁸
- Speak out and advocate against violence and bullying in the workplace.
- Uphold legal and professional responsibilities in responding to abuse and neglect.¹⁹
- Report/document any type of violence and bullying.²⁰
- Address conflict management and promote effective/professional communication.

Nurse educators and researchers can:

- Emphasize the importance of violence-free workplaces.
- Promote strategies to prevent, identify and address violence and bullying in the workplace.²¹
- Support students who are subjected to bullying.²²
- Identify best practices with respect to violence and bullying prevention and education.
- Create new knowledge about the impact of workplace violence and bullying.

Governments/agencies can:

- Support organizations that have strategies in place to promote and maintain violence and bullying-free workplaces.
- Create prevention programs, policies and legislation that address workplace violence and bullying in health-care organizations.²³
- Create standards for workplace mental health to promote mental health awareness and training.²⁴

¹⁷ (Hubbard, 2014)

¹⁸ Ibid.

¹⁹ (Registered Nurses' Association of Ontario [RNAO], 2014)

²⁰ (Canadian Nursing Students' Association, 2014)

²¹ (College of Registered Nurses of British Columbia, 2008)

²² (Clarke, Kane, Rajacich, & Lafreniere, 2012; Bureau de Normalisation du Québec, CSA Group, Mental Health Commission of Canada, 2013)

²³ (Crisis Prevention Institute, 2013)

²⁴ (Bureau de Normalisation du Québec, CSA Group, Mental Health Commission of Canada, 2013)

Nursing professional, regulatory and labour organizations can:

- Promote the development of policies and procedures that support violence-free workplaces that include whistleblower protection for incidents that occur.
- Promote strategies to prevent, identify and address violence and bullying in the workplace.²⁵
- Support nurses in their efforts to create and maintain violence-free workplaces.
- Promote the involvement of health and safety committees in developing violence and bullying prevention strategies for the workplace.
- Promote the principle of justice (i.e., fair representation for victims of violence and bullying and for those who are accused of these behaviours).
- Promote and enforce CNA's *Code of Ethics for Registered Nurses*.
- Enforce collective agreement language (labour organizations).

Accreditation organizations can:

- Require organizations to adopt and enforce policies and procedures that prevent, identify and address violence and bullying in the workplace.
- Ensure whistleblower protection for those reporting violence and bullying.
- Require that workers' compensation legislative requirements are met.

BACKGROUND

Violence is a global phenomenon. International research shows that nurses are the most at risk for workplace violence among health-care workers.²⁶ The true extent of violence in the health-care setting is difficult to estimate, given the varied definitions of workplace violence, data collection systems and significant under-reporting of incidents by health-care workers.

Bullying, as a form of violence, has increased significantly in the workplace in recent years.²⁷ This type of violence (lateral/horizontal and vertical) affects more than half of all nurses and nursing students.²⁸ Victims tend to report feelings of depression, anxiety, low self-esteem and isolation.²⁹ Workplace bullying not only contributes to "increased stress and decreased job satisfaction, negatively affecting the mental and physical health of nurses,"³⁰ it also leads to high rates of absenteeism and low rates of RN recruitment and retention.³¹ At this point, "it is not clear . . . whether job strain facilitates aggression against [nurses] or if [workplace violence] is the cause of job strain."³² Yet, 40 per cent of Canadian workers report having experienced bullying on a weekly basis.³³

²⁵ (RNAO, 2009)

²⁶ (International Council of Nurses, 2006)

²⁷ (International Centre for Human Resources in Nursing, International Council of Nurses, Florence Nightingale International Foundation, 2007)

²⁸ (Becher & Visovsky, 2012)

²⁹ (National Centre for Injury Prevention and Control, Division of Violence Prevention, 2011)

³⁰ (Hubbard, 2014, p. 16)

³¹ (College of Registered Nurses of Nova Scotia [CRNNS], 2007)

³² (Magnavita, 2014, p.366)

³³ (Canadian Institutes of Health Research, 2012)

It is important to distinguish horizontal violence (i.e., by co-workers) from aggression by clients. Horizontal violence has been found to be more disturbing to the victim than any other type of aggression.³⁴ While aggression from clients does generally elicit sympathy from colleagues, horizontal violence is often perceived as a personal issue and frequently results in victim isolation.³⁵

In Canada's health-care environments, workplace violence and bullying are frequent occurrences. They can happen in any workplace, and they adversely influence outcomes for clients, nurses and organizations. For example:

Clients:

- Workplace violence and bullying threaten the delivery of effective client care; they compromise “patient safety and may extend beyond the workplace.”³⁶

Nurses:

- Physical injury, high absenteeism, effects on nurses' psychological functioning and impacts on retention and clinical practice are just a few of the manifestations of workplace violence and bullying.³⁷
 - Due to poor treatment by co-workers in one province, “ ‘60 percent of new graduates will leave their first positions within six months’ and 50 per cent of that number will actually quit the nursing profession.”³⁸
 - According to *Findings from the 2005 National Survey of the Work and Health of Nurses*, about three in 10 nurses who provide direct care said they had been physically assaulted by a client in the previous year.³⁹
 - Nurses are often also the first to interact with victims of violence. This interaction can be a source of additional stress for the nurses, and it can have a negative psychological impact. In addition, psychological changes can occur in nurses when they experience violence or trauma among others they work with or provide care to. Such *vicarious trauma* can lead to significant changes in the caregiver's perception of self and the world around them.⁴⁰

Organizations:

- Health-care organizations report that workplace violence and bullying result in “a high rate of [nurse] absenteeism, lowered morale, loss of productivity, increased staff turnover, increased sick leave, additional recruitment costs, payouts and legal fees.”⁴¹

³⁴ (Farrell, 1997, 2001)

³⁵ (Merecz, Drabek, & Moscicka, 2009)

³⁶ (CRNNS, 2007, p. 2)

³⁷ (St-Pierre & Holmes, 2008)

³⁸ (Hubbard, 2014, p. 17)

³⁹ (Statistics Canada, Health Canada, Canadian Institute for Health Information, 2006)

⁴⁰ (Tabor, 2011)

⁴¹ (CRNNS, 2007, p. 4)

RESPONSES TO WORKPLACE VIOLENCE AND BULLYING

Many nurses face challenges in their work environments. And excessive workload,⁴² high rates of overtime, illness, injury and burnout may, in fact, contribute to workplace violence and bullying. The effects of such violence may also be detrimental to nurses' own health, to the quality of care they provide and to the employer's ability to retain and recruit them. A conflict between upholding the code of ethics and workplace violence and bullying is a source of moral distress⁴³ for nurses, who are accountable to safeguard their clients' health as well as their own.

In a context where governments increasingly shift the workforce away from acute care settings, and emphasize community-based or long-term care, the risk of workplace violence may increase. As well, new challenges for preventing violence⁴⁴ may arise for nurses providing care for clients with complex health-care needs such as dementia.

Thus far, the response to these challenges has meant creating healthy and safe health-care workplaces and using health and safety committees to develop policies/protocols to identify and prevent incidents of violence and bullying. Employers and union representatives have offered nurses a variety of mechanisms to report incidents of violence and bullying, through employment policies, occupational health and safety committees, and collective agreements.

Nurses are guided by CNA's *Code of Ethics for Registered Nurses*⁴⁵ when dealing with issues related to nursing practice in all domains of practice, including issues related to workplace violence and bullying.

Provincial and territorial nursing regulators have developed standards for acceptable behaviour involving a therapeutic relationship between a client and a nurse. There are also some provincial and territorial programs explicitly designed to prevent violence against nurses and other health-care workers

National health-care organizations have shown their interest in preventing violence and bullying in the workplace through a number of projects, initiatives, studies and guidelines. These are being developed at the local, provincial/territorial, regional and federal levels with a view to creating and maintaining violence-free practice environments.

- The *Canada Labour Code* requires employers to "take the prescribed steps to prevent and protect against violence in the workplace."⁴⁶ The *Canada Occupational Health and Safety Regulations* contain the prescribed steps that must be implemented to prevent violence in the workplace.⁴⁷
- In 2013, the Mental Health Commission of Canada commissioned the voluntary national standard for *Psychological Health and Safety in the Workplace*, "intended to provide systematic guidelines for Canadian employers that will enable them to develop and continuously improve psychologically safe and healthy work environments for their employees."⁴⁸

Despite these responses to the issue, violence and bullying are still prevalent and under-reported. The rate of violent incidents remains steady and, as noted, the rate of bullying incidents is steadily increasing while challenges to the implementation of sound policies persist. It will take a sustained, concerted and collaborative effort if we are to achieve violence-free workplaces and attain the resulting improvement in outcomes for clients, nurses and organizations.

⁴² (Ordre des conseillers en ressources humaines et en relations industrielles agréés du Québec, 2014)

⁴³ (Pauly, Varcoe, Storch, & Newton, 2009)

⁴⁴ (Silversides, 2011)

⁴⁵ (Canadian Nurses Association, 2008)

⁴⁶ Section 125, z. 16.

⁴⁷ Part XX; for further details on these prescribed steps, see Human Resources and Skills Development Canada's Guide to Violence Prevention in the Work Place, 2010.

⁴⁸ (Bureau de Normalisation du Québec, CSA Group, Mental Health Commission of Canada, 2012, p. 1)

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Also see:

- *Abuse and Violence Against Nursing Personnel* (ICN position statement, 2006)
- *Framework Guidelines for Addressing Workplace Violence in the Health Sector* (International Labour Organization, World Health Organization, ICN, Patient Services International joint publication, 2002)
- *Interprofessional Collaboration* (CNA position statement, 2011)
- *Lateral Violence and Bullying in the Workplace* (Center for American Nurses position statement, 2008)
- *Manitoba Investing in Safer Workplaces for Health-care Workers* (news release, 2013)
- *Nursing Leadership* (CNA position statement, 2009)
- *Practice Environments: Maximizing Outcomes for Clients, Nurses and Organizations* (CNA, CFNU joint position statement, 2015)
- *Reducing Workplace Violence* (Manitoba Nurses Union resources, 2014)
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- *Global Status Report on Violence Prevention* (World Health Organization, 2014)

Replaces:

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