FRAMEWORK GUIDELINES FOR ADDRESSING WORKPLACE VIOLENCE IN THE HEALTH SECTOR

International Labour Office **ILO** International Council of Nurses **ICN**
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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