



**A Review and Evaluation of Workplace Violence Prevention Programs in the Health Sector** (completed July 2008)  
Nursing Health Services Research Unit (University of Toronto Site), [www.nhsru.com](http://www.nhsru.com)

**Violence in Nursing**

- Violence can be categorized as physical (assault/attack) & nonphysical (verbal abuse, bullying, sexual or racial harassment, & threats), with evidence suggesting that non physical violence is more prevalent than physical.
- Primary source of all types of violence is patients & family/visitors of patients.
- Coworkers & physicians are predominantly responsible for verbal & emotional abuse.
- 25% of all workplace violence occurs in the healthcare sector with 50% of all healthcare workers affected.
- Nurses are at the highest risk of workplace violence in comparison to other health professionals.
- Increasingly workplace violence has been recognized as a hazard that must be addressed, and management must not shift the responsibility of preventing workplace violence onto the shoulders of staff after equipping them with the skills. Other prevention programs must be accompanied with the training.
- Ongoing risk assessments highlight necessary environmental modifications that management and administrative practices should incorporate to reduce violence.
- High priority should be given to organizational intervention, including: work design, staffing, workload, work culture and climate.

**Recent Ministry Initiative (April 2009)** The Ministry of Health & Long Term Care announced the appointment of 2 Healthy Work Environment (HWE) "Champions" to promote the benefits of HWEs. Dr Heather Laschinger (NHSRU University of Toronto site Co-Investigator) & Rob Devitt will collaborate with the MOHLTC to facilitate the implementation of their strategy to prevent workplace violence and promote Ontario as the employer of choice for health professionals.

**Categories to Address Workplace Violence**

- a) **Pre-incident** : relates to legislation/management (e.g., zero tolerance policies, organizational policies, job design), design of the work environment, education & training (e.g., aggression management, de-escalation techniques)
- b) **Post-incident**: include some administrative functions (e.g., incident reporting) & psychological intervention (e.g., counselling).
- The prevention strategies are depicted in an organizational chart (Figure 1) adapted from Fleming & Harvey, 2002.

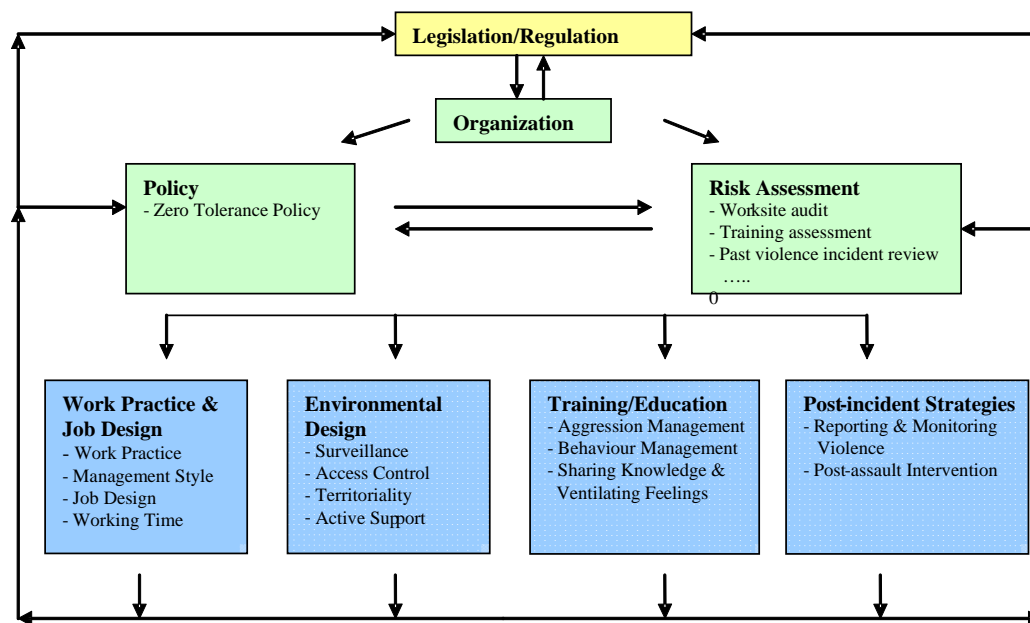


Figure 1: Conceptual Framework for Addressing Workplace Violence in the Health Sector

**Canadian Context**

- Evidence suggests workplace violence incidence rates are higher in Canada than other countries with similar models of healthcare.
- A national survey revealed 58% of nurses had experienced some form of violence in their last 10 shifts.
- Risk of violence is high for Registered Practical Nurses (RPNs) due to the sectors in which they work. 75% of RPNs in Long Term Care & hospitals report verbal aggression & 40% in hospital reported emotional abuse.
- Clear organizational policy towards workplace violence is a necessary antecedent for a prevention program to be maximally effective.