

“We don’t have to take this” – protecting Britain’s health staff

Worldwide, health staff are one of the groups most at risk from violence at work. A steep rise in attacks on British health workers prompted government action. How effective has it been, and what lessons can be learned?

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Within Europe’s biggest employer, violence is a daily hazard.

Launched in 1948, the British National Health Service (NHS) provides the full range of health care, mostly free of charge to the patient. It employs about a million people in the United Kingdom alone – roughly 5 per cent of the working population.¹

Undeniably, the NHS has been a force for good. Socialized medicine quickly gained broad support in Britain. Today, politicians of all hues dread any hint that they are against the “National Health”.

But this gigantic workplace has some big problems. Growing demand and budget constraints have stretched its resources to the limit. There are often long waiting times for treatment, especially surgery. This means increased stress for the already overworked NHS staff.

On top of it all, they face assault. Nurses, in particular, are over four times more likely to experience work-related violence and aggression than are other British workers.²

The United Kingdom is not alone in this. Worldwide, health staff are among the groups most at risk. The culprits are usually patients and visitors, although bullying by fellow-workers or hierarchical superiors may also be a factor. The situation is so serious that a group of international organizations, including the ILO, has drawn up special guidelines for countering workplace violence in the

health sector (see our inset *Peace Plan for World’s Health Workers*).

In Britain, attacks on health staff reached the point where the government had to act. British employers have a legal “duty of care” to their workforce. In the NHS, the ultimate employer is the State.

Ending workplace violence in the NHS is the aim of two government initiatives launched in October 1999:

- The **NHS zero tolerance zone** is a campaign designed to make NHS staff aware of the need to report violence and threats, to assure them that the issue is being tackled and, not least, to tell the public that violence in the NHS is unacceptable and will be stamped out. *We don’t have to take this*, the campaign insists. Advice to NHS managers is another important part of the package. Guidelines and a special website promote “good practice”.³
- The **Working Together** initiative, aimed at “securing a quality workforce for the NHS”, includes provisions for the recording and reduction of violence. The health authorities and the “trusts” (roughly the NHS equivalent of business units) are required to have systems in place for recording incidents of violence and aggression. Targets were set for a 20 per cent reduction of incidents by 2001 and 30 per cent by 2003. This initiative was subsequently built into the wider human resource strategy for the NHS.

Peace plan for world's health workers

Almost a quarter of the world's workplace violence may be found within the health sector. Over half of all healthcare workers may be affected.

In a bid to tackle this vast problem, joint international guidelines were launched in 2002 by the ILO, the International Council of Nurses (ICN), the World Health Organization (WHO) and Public Services International (PSI).¹

Emphasizing prevention, the guidelines give advice on conducting workplace risk assessments and on identifying potential perpetrators and victims. They also advocate an integrated, systematic approach, based on participation. The various roles are described in some detail:

- Governments and their competent authorities should "provide the necessary framework for the reduction and elimination of such violence".
- Employers and their organizations should "provide and promote a violence-free workplace".
- Workers should "take all reasonable care to reduce and eliminate the risks associated with workplace violence".
- 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".
- The "enlarged community" (media, research and educational institutions, specialists on 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".

The current version of these guidelines is a pilot. The aim is to test it in practice and generate feedback. At this stage, the document has informal status and aims to promote initiatives at the international, national and local levels.

The guidelines are just part of the work done by the ILO/ICN/WHO/PSI Joint Programme on Workplace Violence in the Health Sector. To help fill the big information gaps on this subject, several country case studies and cross-cutting theme studies have also been carried out.²

¹ *Framework Guidelines for addressing workplace violence in the health sector*, Joint ILO/ICN/WHO/PSI Programme on Workplace Violence in the Health Sector, Geneva, 2002. <http://www-ilo-mirror.cornell.edu/public/english/dialogue/sector/papers/health/guidelines.pdf>

² *Relationship between work stress and workplace violence in the health sector*, working paper of the Joint ILO/ICN/WHO/PSI Programme on Workplace Violence in the Health Sector, Geneva, 2003. <http://www-ilo-mirror.cornell.edu/public/english/dialogue/sector/papers/health/stress-violence.pdf>

Workplace violence in the health sector: State of the Art, Cooper, Cary L. and Swandson, Naomi (Eds.). Working paper of the Joint ILO/ICN/WHO/PSI Programme on Workplace Violence in the Health Sector, Geneva, 2002. <http://www-ilo-mirror.cornell.edu/public/english/dialogue/sector/papers/health/state.pdf>

Workplace violence in the health sector, Country case studies: Brazil, Bulgaria, Lebanon, Portugal, South Africa, Thailand and an additional Australian study – Synthesis Report, di Martino, Vittorio. Working paper of the Joint ILO/ICN/WHO/PSI Programme on Workplace Violence in the Health Sector, Geneva, 2002. <http://www-ilo-mirror.cornell.edu/public/english/dialogue/sector/papers/health/violence-ccs.pdf>

A listing of international publications on labour issues in the health services is maintained at <http://www-ilo-mirror.cornell.edu/public/english/dialogue/sector/sectors/health/publ.htm>

Violence still rising

Has it all worked? So far, the research carried out by the Department of Health gives scant cause for joy. Their survey in 2000-2001 found 84,214 reported incidents of violence and aggression – an *increase* of 30 per cent over 1998-1999.

Another frank and well-informed progress report comes from the Audit Office, a public spending watchdog set up

by the British parliament but independent of government. In 1996, the Audit Office published an assessment of health and safety in part of the NHS.⁴ This also pointed to the violence problem. It said there was a lack of information on the extent of incidents and their costs. The report helped to spark the initiatives in 1999.

The Audit Office has now revisited the issue. A new study concentrates on violence and aggression within the NHS.⁵

These cases accounted for 40 per cent of all NHS health and safety incidents reported in 2001-2002. The auditors' own survey for that period showed a further 13 per cent increase in reported cases of violence and aggression, to 95,501. There are variations between regions and between different branches of the service. Mental health staff are at particular risk.

The steep rises may be due in part to "better awareness of reporting, with more widespread use of the common definition which includes verbal abuse". But the report also cites "increased hospital activity, higher patient expectations and frustrations due to increased waiting times". And it points to "an increased tendency to resort to physical and verbal aggression in society more generally".

Reluctant to report

In fact, there is still "a high and varied level of under-reporting of incidents (which we estimate is around 39 per cent)". Reasons given by NHS staff for not reporting include "concern that an incident might be viewed as a reflection of their inability to manage the incident, not wanting the attention any action might bring, and forms being too complicated or inappropriate for recording what happened". And NHS workers fear there may be no action or support. Staff surveys show that "a lack of feedback on actions taken to deal with or reduce incidents discourages reporting".

Whilst "all NHS trusts have embraced the values set out in the campaign", the audit found wide variations in the action taken and in reporting standards, including definitions.

Counselling is another deficit area. "A *Nursing Times* survey of 1,500 nurses in April 2002 showed that, of the 581 who had been assaulted whilst on duty, only 11 per cent were afforded counselling following the incident, and this can be a significant reason why staff choose not to report cases."⁶

The zero tolerance campaign also stresses the need for all relevant staff to receive training on dealing with violence.

However, "80 per cent of trusts' accident and emergency department managers and 68 per cent of ambulance trust operational managers believe that the level and coverage of the violence and aggression training that their staff receive is inadequate", the audit notes.

High costs

Present security measures include "the use of closed-circuit TV (92 per cent of trusts), panic alarm systems (85 per cent of trusts), and having security staff (40 per cent of trusts) and/or a police presence (20 per cent of trusts)". Money well spent? The auditors are cautious: "there is limited quantifiable evidence on the effectiveness of these measures". Also, as they point out, "there is a balance to be drawn between the amount of security that can be put in place and the operational requirements of NHS trusts and creating a patient-friendly environment". Fortress clinics can damage your health.

Accentuate the positive, urges the report. "In accident and emergency departments, factors such as reducing waiting times and improving the waiting environment are seen as key to reducing violence and aggression by removing causes of stress to patients and their families." Examples of improvements to waiting facilities are "information screens, refreshment areas and children's areas". However, "many trusts identified a problem in making a business case for investment, due to a lack of scientific evidence of the effectiveness of these measures".

Then there is the vexed question of denying treatment to persistent offenders. This raises ethical issues for workers dedicated to providing universal care. By April 2002, each trust was supposed to have assessed the need for a policy on withholding treatment, but the auditors report that only 39 per cent of trusts had a policy on this, and 44 per cent were developing one. The deadline was subsequently extended to October 2002. "In practice, most trusts have found it difficult to implement."

What are the costs of the violence? There are no consistent data for the NHS, but the auditors give a “crude estimate” that “the direct cost is likely to be at least £69 million per annum” (about US\$116m or €99m). This does not include the financial impact of staff replacement, treatment and compensation. Nor does it count the human costs, such as “physical and/or psychological pain and increased stress levels, which are known to be substantial” and “the impact of violence on staff confidence and retention”.

Advice to government

The auditors recommend that the Department of Health should:

- Issue further **guidance on consistent reporting standards**
- Encourage the inclusion, in **health and safety audits**, of questions about violence and aggression
- Ensure that the new NHS **electronic staff record system** is “developed to capture information on reasons for work-related staff sickness absences and turnover, including those related to violence and aggression”
- Help develop “a robust **costing methodology**” concerning violence
- Help the trusts to **clarify the legal implications of policies** on violence and aggression
- Encourage the trusts to **integrate their strategies** for managing violence and aggression into their general risk management arrangements
- Achieve a system of **accreditation for all training** on dealing with violence and aggression
- Continue to **promulgate good practice examples** via the zero tolerance zone website
- **Share good practice** with other relevant public and private sector services and industries
- Commission **research on how far and why staff fail to report serious incidents to the police**, and on the prosecution process as it applies within the NHS
- Review **guidance on withholding treatment**, to ensure that it is being applied consistently and in all NHS sectors
- Ensure that “**reducing violence remains part of the strategy for improving the quality of working life** in the NHS”. Here, it is “important that health and safety managers and staff side representatives are consulted in taking forward any changes”.

Advice to management

Similar advice is given to the NHS trusts, which should also:

- Ensure that their policies “support a clear, unambiguous **reporting culture**”
- Review **incident reporting systems and procedures**, ensuring proper definition of the information required
- Ensure that “exit interviews” – conducted with NHS employees who decide to quit the service – “**identify cases where staff leave due to concerns or experience of violence and aggression**”. The results should be fed into “action plans”
- Review their **policies on violence and aggression**, “including the withholding of treatment”, and “ensuring that they reflect the views of staff, staff representatives, police and legal advisers”
- Take a **more strategic approach to training**
- Ensure that **occupational health strategies** include measures for dealing with the effects of violence and aggression
- Apply “**central guidance on pursuing prosecutions** in a consistent and comprehensive way, within a strategy that includes staff support”

- Ensure “full compliance with the statutory requirement to participate in **crime reduction partnerships**”.

Unions want tougher penalties

The report has been broadly welcomed by Britain’s health sector unions, which have been clamouring for stronger action against violence. UNISON, a union representing over 460,000 health workers in Britain, wants tougher penalties for people found guilty of attacking them. It has also called for better risk assessments and training, and improvements in the partnerships between the trusts and other agencies, such as the police.

The zero tolerance campaign is beginning to work, says UNISON’s head of health Karen Jennings. “It is raising awareness among staff, managers and the public that it is simply not acceptable for NHS staff to work in fear.” “But”, she adds, “clearly

there is still a lot of work to be done to further reduce the risk of violence to staff”.

Notes

¹ The NHS is Europe’s biggest single employer. According to the BBC, the NHS is probably also the third-largest employer in the world – after the Chinese army and the Indian railways.

² *Violence at work: New Findings of the British Crime Survey 2000*, Home Office and Health and Safety Executive, London, July 2001.

³ <http://www.nhs.uk/zerotolerance>

⁴ HC 82 Session 1996-97, and Committee of Public Accounts Second Report, 1997-98, *Health and Safety in NHS Acute Hospital Trusts in England*, Stationery Office, London.

⁵ *A Safer Place to Work – protecting NHS hospital and ambulance staff from violence and aggression*, Stationery Office, London, March 2003. http://www.nao.gov.uk/publications/nao_reports/02-03/0203527.pdf Not to be confused with another 2003 Audit Office report, with the same main title, which covers general workplace health and safety issues in the NHS.

⁶ *Nursing Times*, London, 14 May 2002, Vol. 98, No. 20.