Workplace Violence

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Submitted to the
CBA National Administrative Law, Labour & Employment Law
and Privacy & Access Law Conference

Ottawa, Ontario

November 26-27, 2010
Right to be Safe from Violence in the Workplace

All Canadian jurisdictions, federal, provincial and territorial, have in place occupational health and safety legislation which sets out the duties of employers and workers. The various Acts/Codes and Regulations address the rights of workers to be safe from known or reasonably foreseeable harm in the workplace; the right to participate in health and safety committees with the purpose of prevention of occupational injuries; the right to refuse dangerous work and to be protected from repercussions for such a refusal; and the requirements of proactive measures to be taken by Employers to prevent violence as well as potential liability, should violence occur. These rights and duties are to apply equally to safety on a constructions site, to personal protective equipment for workers and to violence in the workplace.

Violence in the workplace, like other forms of violence, involves misuse of power and control. Workplace violence may take many forms including psychological assault, physical assault, sexual assault, harassment, bullying and/or aggression. Within a workplace, violence may occur through action or inaction and be intentional or unintentional. Workplace violence can have devastating effects, ranging from minor injury to psychological trauma, to death.

Psychological violence may involve threats (verbal or physical) and/or intimidation and may also include demeaning behavior such as insults or criticism. Psychological violence often consists of unwelcome and repeated action. Although still not always widely accepted, psychological violence can, and does have, as devastating effects as other forms of violence.

Physical violence involves any form of physical contact without consent (often involving a use of force). Physical violence may occur in relatively minor forms such as pushing or shoving and may escalate to hitting, beatings or stabbings. Unfortunately, in some cases, physical violence has led to death.

Sexual violence arises from physical or verbal behavior that is based on the gender or sexuality of the recipient of the behavior.

Some studies divide perpetrators of workplace violence into four categories:

I) Criminal Intent – there is no relationship to the workplace (a stranger)
II) Client or Customer – the perpetrator is present in the workplace due to being a client or customer and becomes violent toward staff
III) Worker to Worker – violence may occur between any level of staff and often involves an imbalance of power in the workplace. Studies have shown that workplaces with a hierarchal organizational structure are more likely to promote violence in the workplace. (Cox, H. (1991), Verbal abuse nationwide, part 1: oppressed group behavior. Nursing Management 22, 32-68)
IV) Personal Relationship – domestic violence does not only take place in the home. Where a violent personal relationship exists, there is the chance that violence may spill over into the workplace.

Any form of violence, whether intentional or not, may result in physical and/or mental harm. The nature and degree of harm varies but may include physical or psychological injury, short term or permanent disability, post traumatic stress disorder and more. Therefore, the focus should be on prevention, to avoid the risk of harm in the first place.

It is now generally accepted, and for the most part legislated, that employers have a duty to take reasonable precautions, or “every precaution reasonable in the circumstances” to protect the safety of their employees in the workplace. This duty extends to protecting employees from workplace violence or from the risk of violence. Unfortunately, legislation requiring policies, training and education is still not enough. Policies may look good on paper, but until they are fully implemented they will not address the problem of violence in the workplace.

Prevention of workplace violence can benefit the employer’s business. Removal of the risk of workplace violence can increase employee morale, reduce job stress, reduce worker turnover, reduce hostility between management and employees or coworkers and increase productivity.

What is Workplace Violence?

There is no uniform definition of workplace violence across Canada. Not only is there no uniform definition, but there is also no uniform response. The following is a brief summary of the various definitions of “workplace violence”. In addition, sample “Guides” from various provinces are attached for your information.

Federal: any action, conduct, threat or gesture of a person towards an employee in their workplace that can reasonably be expected to cause harm, injury or illness to that employee. (Canada Labour Code; Canada Occupational Health and Safety Regulations) *Canadian Centre for Occupational Health and Safety “OSH Answer: Violence in the Workplace” attached*

Alberta: threatened, attempted or actual conduct of a person that causes or is likely to cause physical injury. (Occupational Health and Safety Act; Occupational Health and Safety Code) *See Government of Alberta, Employment and Immigration: “Highlights” attached*

British Columbia and Newfoundland/Labrador: attempted or actual exercise of physical force by a person other than a worker, so as to cause injury to a worker, and includes any threatening statement or behavior which causes a worker to reasonably believe he or she is at risk. (Workers Compensation Ac; Occupational Health and Safety Regulations)
Manitoba: attempted or actual exercise of physical force against anyone, or any threatening statement or behavior that gives a person reason to believe that physical force will be used against them. (Workplace Safety and Health Act; Workplace Safety and Health Regulation) *See Workplace Safety & Health Division: “Guideline for Preventing Harassment and Violence in the Workplace” attached*

New Brunswick, Northwest Territories, Nunavut, Quebec and the Yukon: Violence is not defined (though Quebec’s legislation defines “Psychological Harassment”)

Nova Scotia: threats, including threatening behavior, that gives an employee reasonable cause to believe that he or she is at risk of physical injury; or ii) conduct (or attempted conduct) that endangers the physical health or physical safety of an employee. (Occupational Health and Safety Act; Occupational Health and Safety Regulations) *See Nova Scotia Labour and Workforce Development “Reference Guide Violence in the Workplace Regulations” attached*

Ontario: the exercise of physical force by a person against a worker in a workplace that causes or could cause physical injury to the workers; (b) an attempt to exercise physical force against a worker in a workplace that could cause physical injury to the worker; (c) a statement or behavior that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker. (Occupational Health and Safety Act as amended by the Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace) *See Ministry of Labour: “Fact Sheet #2: Preventing Workplace Violence and Workplace Harassment” attached*

Prince Edward Island: threatened, attempted or actual exercise of any physical force by a person other than a worker that can cause, or that causes, injury to a worker, and includes any threatening statement or behavior that gives a worker reasonable cause to believe that he or she is at risk of injury. (Occupational Health and Safety Act and General Regulations) *See Workers Compensation Board of PEI “Safety Matters at Work” attached*

Saskatchewan: attempted, threatened or actual conduct of a person that causes or is likely to cause injury, and includes any threatening statement or behavior that gives a worker reasonable cause to believe that the worker is at risk of injury. (Occupational Health and Safety Act; Occupational Health and Safety
**Workplace Violence – How Common Is It?**

**Health Care Employees are a Particularly Vulnerable Group.**

According to Statistics Canada’s report on “Criminal Victimization in the Workplace”, the 2004 General Social Survey (GSS) on victimization showed that 17% of all self-reported incidents of violent victimization, including sexual assault, robbery and physical assault, occurred at the respondent’s place of work. This represents over 356,000 violent workplace incidents in Canada’s ten provinces. Statistics vary from province to province, with a range of 40% of violent incidents in Newfoundland and Labrador occurring at the victim’s place of work, compared to 11% in Nova Scotia and 20% in Saskatchewan and Alberta. The GSS showed that certain occupations were more at risk, with 33% of all violent workplace incidents having a victim who is employed in a health care or social assistance setting, such as hospitals, nursing homes or residential care facilities; 14% employed in accommodation or food services (hotels, bars, restaurants) and 11% of victims being employed in the education sector.

Violence in the workplace for health care workers is not unique to Canada. A 1998 study by the U.S. Occupational Safety & Health Administration showed that healthcare workers in the United States were assaulted more frequently than any other occupation, including law enforcement officers. The International Council of Nurses cites the statistic that 72% of nurses do not feel safe from assault at work and that 95% have been bullied at work. (Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses, Final Report of the Canadian Nursing Advisory Committee [2002]).

A 2003 article in the Globe and Mail indicated that nearly 50 percent of health care workers would be the victim of some type of physical assault during their career. ("By the numbers: Attacks on nurses" The Globe and Mail [January 4, 2008])

Workplace violence is not isolated to health care. Violence has no boundaries and affects people of all ages, races, economic backgrounds, religions and education. Violence is occurring at epidemic rates across the world and is suffered disproportionately by the young and by women. Although societal attitudes to women continue to evolve, some societal beliefs continue to perpetuate violence toward women. Societal attitudes toward women generally are reflective of interaction with women in the workplace. The International Council of Nurses (ICN) in “Nursing Matters – Fact Sheet” (2009) cites the following statistics:

- health care workers are more likely to be attacked at work than prison guards or police officers;
- nurses are the health care workers most at risk, with female nurses considered the most vulnerable;
- General patient rooms have replaced psychiatric units as the second most frequent area for assaults;
- Physical assault is almost exclusively perpetrated by patients;
- 97% of nurse respondents to a UK survey knew a nurse who had been physically assaulted during the past year;
- 2% of nurses don’t feel safe from assault in their workplace;
- Up to 95% of nurses reported having been bullied at work;
- up to 75% of nurses reported having been subjected to sexual harassment at work.

The ICN indicates that a zero-tolerance campaign to address workplace violence is required and needs to address what it sees as the contributing factors of working in isolation; inadequate staffing; lack of training; poor inter-relationships within the workplace and difficulty in dealing with people who are under the influence, under stress, frustrated, violent or grief stricken.

**Actions Taken in the Aftermath of Workplace Violence:**

**The Murder of Lori Dupont**

Unfortunately workplace violence continues and, for the most part, we react, rather than prevent. One reaction, that has the intended purpose of future prevention, is the holdings of Coroners’ Inquests. The goal of the inquest is to develop recommendations to prevent similar actions occurring in the future.

On November 12, 2005, Lori Dupont, a Registered Nurse, was stabbed to death at her place of work, in the Recovery Room at Windsor’s Hotel-Dieu Grace Hospital, by her former boyfriend, Dr. Marc Daniel who was an anesthesiologist and was also working at the hospital. Dr. Daniel committed suicide shortly after by injecting himself with a fatal dose of anesthetic.

During the Coroner’s Inquest, which lasted ten weeks and heard from more than 50 witnesses, the evidence established that Ms. Dupont and Dr. Daniel had been in a relationship in 2004, which had ended by February 2005. Dr. Daniel attempted suicide after the break up and was involuntarily admitted to the acute psychiatric unit in the hospital where he and Ms. Dupont worked. Dr. Daniel was discharged in March 2005 after which he immediately attempted to contact Ms. Dupont, who then attempted to obtain a peace bond. There were a number of delays in the peace bond process and ultimately the hearing had not been held by the time of her death. During this interim period, Dr. Daniel continued to display unwanted, threatening and harassing behavior toward Ms. Dupont. Despite this behavior being known to many in the workplace and concerns having been raised, Dr. Daniel was allowed to return to work in the same hospital and in the same
area as Ms. Dupont in May, 2005. In fact, the two were scheduled to work together on November 12, 2005, in an area where very few other staff would be present. Ms. Dupont was working in the recovery room getting equipment prepared for the day when, at about 9:00 a.m. on November 12, 2005, Dr. Daniel stabled her to death in front of another registered nurse.

The evidence heard at the inquest established that there had been a lengthy history of abusive and/or destructive behavior by Dr. Daniel including damaging hospital equipment, having broken another nurse’s finger, shouting, swearing, etc. The inquest heard of a workplace culture of ‘physician dominance’ at the hospital and that nurses commonly did not bring forward complaints, as they had previously not been responded to by management and the nurses feared reprisals.

The evidence presented to the jury made it clear that the Hospital, as the employer, knew, or certainly should have known, of the risk to Ms. Dupont, but chose not to take any steps to protect her. Ms. Dupont had, in fact, advised the risk management lawyer and indicated an intention to resign and work elsewhere, but was talked into remaining at the hospital and assured she would be safe there. The employer failed Ms. Dupont at every turn. Although this case is horrifically unique, it is a message to employers that they cannot turn a blind eye to the potential for violence in the workplace and that their duty is to protect its employees from any, and all, reasonably foreseeable harm.

The Coroner’s jury made 26 recommendations some of which, I believe, contributed to the recent amendments to Ontario’s Health and Safety legislation. A copy of the December 11, 2007 Ontario Hospital Association Bulletin, in response to the Dupont-Daniel Inquest, which includes the complete jury recommendations, is attached.

**Ontario Amends its Occupational Health and Safety Act – Bills 29 and 168:**

When what was then known in Ontario as Bill 29 (later replaced by the similar Bill 168) was introduced on December 13, 2007, the purpose of the proposed amendment was explained as:

> The Bill amends the Occupational Health and Safety Act to require employers to protect workers from harassment and violence in the workplace, to give workers the right to refuse to work in certain circumstances when faced with harassment or violence, to require an investigation of allegations of workplace related harassment and violence, and to require employers to take steps to prevent further occurrences of workplace related harassment or violence.

The Ontario Legislature went further, I suspect in part, as a result of the Dupont Inquest and Bill 168 having received first reading in the Ontario Legislature on April 20, 2009 and which ultimately gave rise to the *Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace) 2009* and took effect on June 15, 2010. Although now legislation, it remains commonly referred to as Bill 168 and contains seven key requirements:
1) Employers must have in place, workplace violence and harassment policies and if the employer has more than five employees, they must be in writing and posted in the workplace;

2) Employers must conduct a workplace violence risk assessment and report on the assessment to the required Joint Health and Safety Committee, or safety representative;

3) Employers must develop and implement a workplace violence policy which ensures steps are taken to:
   a. control identified risks of workplace violence;
   b. Identify the way immediate assistance can be summoned in the case of workplace violence;
   c. Require reporting of incidents or threats of workplace violence;
   d. Deal with incidents, complaints and threats of workplace violence;

4) Employers must take every reasonable precaution to protect its employees where the employer is aware, or should be aware, that such employee(s) are likely to suffer physical harm in the workplace as a result of domestic violence;

5) Employers, supervisors and employees all have duties and responsibilities under Bill 168. Employers must educate and train employees regarding the Employer’s workplace violence policy and program;

6) Employer must develop and implement a workplace harassment policy and must train its employees with regard to the workplace harassment policy and program; and

7) Employees have an express right to refuse dangerous work, which includes the right to refuse work if workplace violence is likely to occur and endanger the safety of the employee.

The Ontario Nurses’ Association (ONA) is a union representing registered nurses, allied health professionals and student affiliates. Although ONA applauded Bill 168, it has filed a “Submission to the Standing Committee on Social Policy on Bill 168, Violence and Harassment in the Workplace” (November 24, 2009) outlining further amendments required which included changes to the definition of workplace violence.

i) Definition of workplace violence: The definition currently refers to “the exercise of physical force against a worker”. ONA’s concern is that although a worker might be involved in a violent situation, the violence may not have been directed at them and that the word “worker” should be replaced with “person”.

ii) Definition of workplace violence: The definition currently refers only to “the exercise of physical force…”. By definition, it then excludes threats or threatening behavior. If these ‘lower end’ incidents of violence were included, the high end tragedies, such as befell Ms. Dupont, may be able to be avoided.
A Different Approach to Domestic Violence – Is it Required?

In Ontario, Bill 168 requires the employer to have taken “every precaution reasonable in the circumstances” to protect a worker if that employer is aware, or ought reasonably to be aware, “that domestic violence may expose a worker to physical injury in the workplace”. Oddly enough, domestic violence is not defined.

It appears to this writer that the fact there is, or has been, a relationship between a worker and another person does not detract from the nature or risk of violence, nor should it detract from an employer’s basic obligation to protect for a reasonably foreseeable risk of violence in the workplace.

Therefore, I suggest that all legislation that places a duty on employers to protect workers from violence in the workplace already requires protection where it is known, or should be known, that domestic violence may occur in the workplace.

Disclosure of Personal Information:

This will always be a balancing act. The Ontario legislation has gone further it appears, than any others, as it includes a duty to disclose information to a worker, if the employer believes there is a risk of workplace violence from another person in the workplace.

Bill 168 sets out that an employer or supervisor has a duty to provide an employee personal information related to any risk of workplace violence from a person with a history of violent behavior if: i) the worker will encounter the person in the course of their work; and ii) the risk of workplace violence is likely to expose the worker to physical injury. No specific guidance is given regarding the amount of information to be provided, other than that “no more than is necessary to protect the worker from physical injury” is to be disclosed.

In reality, we will have to see how this plays out, as if the employer has an honestly held reasonable belief that one employee may constitute a danger to another, one questions whether there would not need to be some consideration as to whether the alleged violent employee is well, requires accommodation, education or counseling or whether some performance management needs to take place.

In Saskatchewan the Occupational Health and Safety branch takes any threat of violence as serious and potentially criminal behavior, and will advise any employer to report the matter to the police, including the required personal information regarding the perceived aggressor. Its position, at least as verbalized to me, is that “Safety Trumps Privacy”.

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Employee’s Right to Refuse to Work in Saskatchewan

Although written in different ways, Health and Safety legislation protects the right of employees to refuse to perform dangerous work. Section 23 of the Saskatchewan *Occupational Health and Safety Act, 1993* states:

23. A worker may refuse to perform any particular act or series of acts at a place of employment where the worker has reasonable grounds to believe that the act or series of acts is unusually dangerous to the worker’s health or safety or the health or safety of any other person at the place of employment until:

(a) sufficient steps have been take to satisfy the worker otherwise; or

(b) the Occupational Health Committee has investigated the matter and advised the worker otherwise.

Note: Where there is no Occupational Health Committee, or where the employee is not satisfied with the decision of the committee, the worker is entitled to request an Occupational Health Officer investigate the matter, and to refuse to perform the act or acts until that investigation is complete and the employer has advised the employee of his/her decision (s. 24). In Saskatchewan, employers with 10 or more employees must have an OH&S Committee and employers with 4 – 9 employees must have an OH&S Representative.

If, after investigating the matter, the Occupational Health Officer determines that the act or acts are unusually dangerous to the health or safety of the worker or any other person at the place of employment, the officer may issue an s. 25 Notice of Contravention and require the employer to take remedial action. Where the officer determines that the act or acts are not unusually dangerous, the officer will advise the worker of that decision and will also advise the worker that he/she is no longer entitled to refuse to perform the act or acts. (s. 25(2)).

Where an employee has refused to perform an act or acts under s. 23, the employer shall not assign another employee to perform that act/acts unless the employer first advises the other employee, in writing, of the original refusal and the reasons for the s. 23 refusal, the employer’s reasons of believing that the work can be safely carried out and the other employee’s right to refuse under s. 23. (s. 26).

Occupational Health and Safety legislation usually contains provisions protecting employees from discrimination or reprisal for exercising their rights under the Act. In Saskatchewan, if an employee feels she/he is being discriminated against because she/he has filed a complaint under OH&S or submitted a s. 23 refusal to work, that employee is entitled to refer the matter to an Occupational Health Officer. Where an Occupational Health Officer decides that an employer has discriminated against an employee, that officer shall issue a Notice of Contravention and has wide powers including the ability to order the employer to:
- cease the discriminatory action;
- reinstate the worker to his or her former employment on the same terms and conditions under which the worker was formerly employed;
- pay the worker any wages that the worker would have earned if the worker had not been wrongfully discriminated against; and
- remove any reprimand or other reference to the matter from any employment records maintained by the employer with respect to that worker.

Section 27(4) sets out a presumption in favour of the worker that discriminatory action was taken because of the worker’s exercise of her/his rights and the onus is on the employer to rebut that presumption by showing that the discriminatory action was taken against the worker for good and sufficient other reason.

The test of whether an employee holds a “reasonable belief” under s. 23 is a somewhat moving target. OH&S does not hold an employee to a particularly high standard at the outset where an employee has refused to perform an act she/he has a reasonable belief that it constitutes an unusual danger. However, as an investigation proceeds and information is provided to the employee, the threshold may increase.

The general duty on an employer is to ensure, insofar as is reasonably practicable, the health, safety and welfare at work of all of the employer’s workers. “Reasonably Practicable” is a due diligence standard – looking at whether the cost (time/trouble/money) is out of proportion to the benefit.

Where there has been an injury, regardless of any police investigation, the OH&S Committee is required to report every workplace injury and to investigate any workplace injury where the employee has been hospitalized for more than 24 hours. The purpose of these mandatory investigations is to obtain a report from the Committee (or Officer,) looking at what the employer could have done to prevent the injury; what should it have done and what it should do differently in the future to avoid a similar injury.

**Role of the Union**

Workers in the health care sector are far more likely to be unionized than the overall employed population. In 2005, approximately 82% of nurses in Canada worked in a unionized work environment.

Unions do not only bargain terms and conditions of employment such as wages and benefits. A large role of any union is to ensure safe and healthy working conditions exist. Many collective agreements will contain articles requiring the employer to provide a safe and healthy work environment and will provide a mechanism, through the grievance procedure to hold the employer accountable for failing to fulfill its responsibilities. In addition to enforcing the terms of
the collective agreement, the grievance process may be utilized to enforce (or challenge) an employer policy or a breach of legislation, including Human Rights legislation and Occupational Health & Safety legislation.

In advocating for a member who has been put at risk, or who has suffered from violence in the workplace, a union may pursue a number of claims which could include:

i) Violations of the Collective Agreement: Where a term of the collective agreement requires the employer to ensure safety of its employees and/or prohibit harassment or discrimination, a grievance may be filed and ultimately an Arbitrator may award damages against an employer and would likely require the employer to ensure it had take reasonable or appropriate steps to provide a safe and harassment free workplace.

ii) Violations of Occupational Health and Safety legislation: Legislation, which varies from province to province, sets out the duties for employers and employees, and in all cases, the employer’s duty includes protecting its employees from foreseeable risk. If the employer failed to take appropriate measures to protect its employees, an Arbitrator may find the employer to have violated the applicable OH&S legislation.

iii) Violations of Human Rights Law: Human rights legislation also varies between provinces. However, it is safe to say that similar legislation prohibits discrimination and/or harassment in the workplace by the employer of an employee because of sex, race or other enumerated grounds. Therefore, an employer can be found to have been in breach of the provisions of human rights legislation.

An Arbitrator has jurisdiction, upon a finding of a breach of a collective agreement or legislation, to award damages for any or all of a contractual, tortuous or statutory breach. Where damages are awarded for a contractual or tortuous breach, they are normally intended to put the aggrieved party in the position she/he would have been in, but for the breach.

Although not common, an Arbitrator may order an employer to pay damages for mental distress. In *Charlton v. Ontario (Ministry of Community, Safety and Correctional Services)*, [2007] Ontario Public Service Grievance Board (Don Carter) (June, 2007), a correctional officer who worked for the Ministry of Community and Safety Services received several anonymous hate letters (as did numerous other racial minority officers). The Grievance Settlement Board found that the employer had failed to carry out an internal investigation in a timely manner and awarded the grievor compensatory damages as well as damages for mental distress.

Damages in tort have been awarded by arbitrators under the tort of intentional infliction of mental and emotional harm, infliction of nervous shock and/or negligence. In addition, while there is still some rumblings, arbitrators have found that they are able to award punitive and aggravated damages which, unlike general damages, are designed to address retribution, deterrence and denunciation. To be considered, however, the conduct would have to be egregious enough to be considered to depart markedly from the ordinary standards of decency.
With respect to statutory breaches, an Arbitrator may be entitled to award damages under Occupational Health and Safety legislation, such as general damages for a breach of Ontario’s Occupational Health and Safety Act. In Toronto Transit Commission and Amalgamated Transit Union (Stina Grievance) (2004), 132 L.A.C. (4th) 225 at 15, Arbitrator Shime awarded $25,000 in general damages where a supervisor had failed to exercise his or her authority under the collective agreement and found that it was an implied term of the agreement that the supervisor would act in a manner consistent with the Act.

With respect to human rights legislation, arbitrators not only have the jurisdiction to interpret and apply human rights laws, but they have the jurisdiction to award human rights damages. In the normal course, such damages are intended both to put the complainant in the position she/he would have been, but for the discrimination and to education and deter further discrimination. Human Rights damages may include general damages (loss of dignity and self-respect), specific damages (tangible losses such as lost wages) and damages for mental distress.

**Position Statements**

The Registered Nurses’ Association of Ontario (RNAO) notes the significance of workplace violence:

> It is estimated that 50 percent of healthcare workers will be physically assaulted during their professional careers, and nurses are three times more likely to experience violence than any other professional group. Given that nurses constitute 58.3 per cent of Ontario’s health-care workers, the impact of workplace violence on nursing and the delivery of nursing care is significant. Nurses experience emotional distress and physical injuries – and in more serious instances, permanent disability or death – as a result of workplace violence. In one study, the cost of workplace violence against nurses, including absence from work, emotional distress and medical expense, was estimated at about $35,000 per assault-related injury.

RNAO’s position is summarized at page 5 of its 2008 Position Statement:

**Conclusion:**

RNAO takes a ‘Zero Tolerance’ approach to workplace violence. It is important to ensure safe practice settings for all health-care providers, and imperative that violence is addressed from a societal, organizational and individual level.

The Canadian Federation of Nurses Unions (CFNU) and Canadian Nurses Association (CNA) issued a Joint Position Statement on Workplace Violence in March 2008, which states, in part that they believe:
...that it is the right of all nurses’ to work in an environment that is free from violence. CAN and CFNU strongly support zero tolerance of any violence in the workplace. It is unacceptable to fund, govern, manage, work in or receive care in unhealthy health-care workplaces. The occurrence of violence, especially where efforts at prevention have been inadequate or the violence goes unaddressed, is symptomatic of an unhealthy workplace and represents a hazard in terms of occupational health, safety and environmental wellness.

The CAN/CFNU Joint Position statement goes on to state that promotion of a violence free workplace is a shared responsibility among all health care stakeholders including: employers, nurses, and other employees, clients, nursing professionals, regulatory and labour organizations; nurse educators and researchers, health service delivery and accreditation organizations and funders.

Saskatchewan Union of Nurses (SUN) – Position Statement:

SUN recognizes that all forms of violence against all persons are violations of fundamental human rights and cannot be justified by any custom, religion, cultural practice or political power.

The 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” sets out:

Workplace violence is not an isolated, individual problem but a structural, strategic problem rooted in social, economic, organizational 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 maximize 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.

The ICN goes on to explain “Integrated” as:

a pro-active response to workplace violence with emphasis on the elimination of the causes and a long-term evaluation of each intervention. Preventative measures to improve the work environment, work organization and interpersonal relationships at the workplace, have provided particularly effective. It is important that preventative measures are immediately introduced when risks of workplace violence are identified without waiting for workplace violence to manifest itself at the workplace.
and “participative” as:

create the trust necessary for open communication with staff; involve all parties concerned; activate safety and health committees or teams that receive reports of violence incidents, make inquiries into and conduct surveys on workplace violence and respond with recommendations for corrective strategies; and encourage workers’ participation in such teams

**Conclusion**

While governments have implemented legislation and employers are implementing policies, as they are required to do, the fact is that all parties, employers, employees, unions, regulatory bodies and others have a role to play and all will benefit from ensuring people are safe at work. To have even one employee hurt or killed due to preventable violence in the workplace, is one too many.