

Preventive interventions

ORGANISATIONAL – need to be given a high priority. They should include:

- Ensuring adequate and qualified staff coverage.
- Management style setting an example of positive attitudes and behaviours.
- Providing appropriate information and communication structures among staff with patients and the public, for workers at special risk.
- Changing work practices to avoid risk.
- Providing a clear job description for every position and staff member.
- Work time management to avoid excessive work pressure.

ENVIRONMENTAL - target the physical features of the workplace. They should include:

- Levels of noise, colours, odours, illumination, temperature/ventilation and cleanliness of the workplace environment.
- Workplace design, e.g. safe access, sufficient space, comfortable waiting areas, premises responding to needs of staff and public, alarm systems where necessary.

INDIVIDUAL FOCUSSED - reinforce the capacity of individuals to help prevent workplace violence. They should include:

- Training according to the specific needs of the staff and their functions.
- Assistance and counselling to help individuals change their attitudes and reduce stress.
- Promotion of staff's well-being.

What to do after a violent incident

Not all violent incidents are predictable and preventable. Post-incident interventions aim to minimize the impact and prevent recurrence. Victim support should have the first priority, but all other persons directly or indirectly concerned by a violent incident / behaviour also need to be involved. Measures include:

- Medical treatment, de-briefing, counselling and rehabilitation.
- Representation and legal aid.
- Grievance procedures.
- Reporting and recording of the incident.
- Conflict resolution

How to ensure effectiveness

Evaluation and monitoring of all policies and interventions is crucial for the effectiveness of anti-violence strategies. It should be an ongoing and integrated process, involving all parties concerned. An appropriate reporting and recording system is a prerequisite to establish a successful risk management cycle.



Training for the health sector is based on international research, interventions and standards and therefore suitable for all countries.

FOR TRAINING CONTACT

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Adaptation of the
ILO/ICN/WHO/PSI Programme

Addressing Workplace Violence in the Health Sector

	Against	V	iolence at work
	an	E	ducational
		T	raining
		O	perational toolkit
The toolkit to combat violence in the health sector			

The programme with
MAGNIFICENT OUTCOMES!

Training by
Dr Susan Steinman



PROGRAMME ENDORSED BY THE
WORKPLACE DIGNITY INSTITUTE

Why worry about workplace violence?

Workplace violence has become an alarming phenomenon worldwide. Health workers are among those particularly at risk. The negative consequences on individuals and organisations result in decreasing quality of care, increasing occupational hazards and higher costs:

- Bullying and mobbing in the corporate workplace is expected around 25% during a 12 –month period.
- About 78% of all workers had experienced some form of victimisation and abuse in the workplace.
- Psychological violence is more frequent than physical violence.
- 40 - 70% of the victims report significant stress symptoms.
- Stress and violence account for approximately 30% of the overall costs of ill-health.

The purpose of these guidelines

Based on the ILO/ICN/WHO/PSI Dr Susan Steinman developed a set of guidelines as a basic reference tool for the development of policies against violence at work. They are intended to strengthen the Employee Assistance Programme and to support all those responsible for safety in the workplace, be it governments, employers, workers, trade unions, professional bodies or members of the public. The tool will guide you through the complexity of issues to be

considered when developing anti-violence strategies for all work-settings in the corporate sector.

What is workplace violence?

A widely accepted definition of workplace violence is:

Cumulative or single incidents where employee(s) are physically attacked/assaulted or emotionally abused, pressurised, harassed or threatened (overt, covert, direct, indirect) in circumstances related to their work, challenging their right to dignity and respect and/or with the reasonable likelihood of impacting on their physical or emotional safety, well-being and health and social development. (Steinman)

It includes physical and psychological violence, which often overlap. Terms frequently used are assault, attack, abuse, bullying/mobbing, sexual/racial harassment, threat.

How to approach the problem

Workplace violence is a structural problem rooted in societal, organisational and personal factors. The response should take into account all dimensions of the problem. Any approach should therefore be:

- **Integrated** – considering all types of intervention and balancing prevention, treatment and evaluation;
- **Participatory** – involving all parties concerned with active roles in designing and implementing anti-violence initiatives;
- **Culturally sensitive** – addressing the variations of perception and understanding of the problem;
- **Gender sensitive** – recognizing the different patterns of violence faced by women and men;
- **Non-discriminatory** – combating any form of discrimination;

- **Systematic** – organizing coherent actions towards realistically achievable targets within an agreed time frame.

How to prevent workplace violence

Preventive measures to improve the work environment, work organisation and interpersonal relationships at the workplace have proved particularly effective.

Identify and assess the risks

Recognizing factors of risk is a precondition for effective prevention. All available information should be used, e.g. records concerning incidents, sick-leave and staff turnover, information on management style, workplace inspections, surveys, discussions with workers.

- **Organisations at risk:** those located in densely populated and high crime areas, or small and isolated centres, understaffed, with insufficient resources or poor communication.
- **Staff at risk:** All staff is at risk, particularly staff working with the public like call centres, cashiers, consultants etc.
- **Work situations at risk:** those where staff are working alone, in contact with the public, with objects of value, with people in distress, in deteriorating working conditions.

Reduce the risk

Preconditions for a violence-free workplace

Priority should be given to the development of a human-centred workplace culture based on dignity, non-discrimination, equal opportunity and cooperation. A clear policy statement should be issued from the top management in consultation with all stakeholders. Initiatives to raise awareness at all levels should accompany all interventions.

WHAT PEOPLE SAY ABOUT VETO...



Against Violence at Work An Educational Training Operational toolkit

- “This wonderful programme resulted in **MAGNIFICENT OUTCOMES** for Gauteng Department of Health in all worksettings. VETO had a powerful impact on the well-being of our employees. Results are visible and sustainable.” – **Marion Borchers, Director of Employee Wellness Programmes, Gauteng Department of Health.**
- “This programme is unique in that it does not only address the factors related to physical and emotional violence in the workplace; it changes the system, enhances productivity and leads to greater customer and employee satisfaction. A cutting-edge programme.” – **Mathapelo (Marcy) Foster, Employee Wellness Programme Specialist for Gauteng Shared Services Centre (GSSC).**
- “Organised labour loves VETO. This programme sets an example of bringing together all roleplayers to the advantage of everybody.” – **Ms Julia Nhlapo, NEHAWU Shop Steward at the Gauteng Department of Health.**
- “It is amazing that VETO, in addressing workplace violence, addresses a range of psychosocial problems with significant outcomes.” – **Dr Deidre Nel, Stress Management Consultant**
- “VETO increased the scope and knowledge of the issues that can be encompassed in dealing with wellness in the workplace. It also enhanced the importance of Occupational Health and Safety practitioners.” – **Ms Margaret Crawage, Educational Psychologist at Gauteng Department of Education**
- “**VETO** is not one of those programmes that will have you on a “high” for a week, VETO will substantially change the way you think about violence and other people problems. The impact is permanent and long-term. One of the great programmes” – **Prof Anton Senekal, Head of the Department of Sociology, University of Johannesburg.**

VETO FOR THE CORPORATE AND SERVICE SECTORS PROGRAMME

DAY ONE

Opening

Welcome * Roster * Getting to know one another * Expectations

1. Introduction

To the data on the prevalence of workplace violence and dignity violations

2. Awareness and Understanding

- 2.1 Identifying violence
- 2.2 Bullying in the workplace
- 2.3 Exploring dignity
- 2.4 Costing violence at work

3. Rights and Responsibilities

- 3.1 Roles and actors
- 3.2 Involving role-players
- 3.3 Positioning workplace violence

4. Best Approaches

- 4.1 Best approach
- 4.2 Holistic Approach
- 4.3 Integration – the case study of Norah.

DAY TWO

5. Recognising and Assessing

- 5.1 Recognition of factors associated with physical and emotional violence.
- 5.2 Warning signals and coping strategies
- 5.3 Behavioural risk management
- 5.4 Risk assessment

6. Intervention

- 6.1 Pre-conditions for intervention
- 6.2 Organisational intervention
- 6.3 Environmental intervention
- 6.4 Individual intervention before the incident
- 6.5 Individual intervention after the event

7. Monitoring and Evaluation

- 7.1 Putting indicators in place
- 7.2 Action plans
- 7.3 Best Practice
- 7.4 Practical examples of VETO outcomes.

8. Actioning VETO

How to roll-out the mini-VETO and get everybody on board.

9. Conclusion

- 9.1 Debriefing
- 9.2 Internet support
- 9.3 Evaluation
- 9.4 Closure.