

VIOLENCE, HARASSMENT AND ABUSE TOWARDS NHS STAFF IN ENGLAND

Leaders across the NHS have a statutory duty of care to prevent and control violence, harassment and abuse in the workplace. This infographic highlights the extent of the problem, its impacts, risk factors, and recommendations for prevention and response.

EXTENT



National level data suggests there are as many as **200 assaults per day on NHS staff**



1 in 7 NHS staff experienced physical violence from patients, their relatives, or members of the public in 2022



Cultures within the healthcare sector mean many staff view exposure to violence, harassment and abuse as an **inherent part of their job**

IMPACTS

Individual

- Physical and mental health problems
- Low job satisfaction
- Increased acceptability of violence
- Worsening career progression or prospects

Organisational

- Staff sickness absence
- Staff retention
- Quality of patient care
- Financial costs

RISK FACTORS

Individual

- Professional position and level of experience
- Demographic factors
- Workload and stress

Organisational and Situational

- Inadequate policies on violence, harassment and abuse
- Staffing shortages
- Long waiting times
- Lone working
- Environmental design of healthcare setting

PREVENTING AND RESPONDING TO VIOLENCE, HARASSMENT AND ABUSE

Workplace violence is a complex problem, and it is widely recognised that the best way to tackle violence, harassment and abuse against healthcare staff is through comprehensive multicomponent approaches rather than implementing interventions and approaches in isolation.

Whole system approaches to violence prevention

support multidisciplinary collaboration and partnership working.

Staff education and training is an important component of prevention and response approaches from which staff can gain knowledge and confidence.

Awareness raising campaigns are a common component of prevention and response approaches, but the effectiveness of specific campaigns can be difficult to measure.



Risk control and protective measures (including environmental design and security technologies) are common but the evidence for effectiveness is currently limited.

Post incident measures should focus on tackling ingrained cultures of underreporting of incidents of violence, harassment and abuse.



RECOMMENDATIONS

- Provide leadership to encourage and support the adoption and implementation of an evidence-based whole system public health approach to violence prevention.
- Explore and evidence the implementation and impacts of the Violence Prevention and Reduction standard.
- Develop guidance including common definitions of violence, harassment and abuse towards NHS staff, standardised methods for data collection and recommended data fields.
- Identify opportunities to develop and implement a national system for the collection, analyses and dissemination of data on incidents of violence, harassment and abuse towards NHS staff.
- Create a culture of rejection and of taking action on violence, harassment and abuse within the NHS.
- Bring the NHS workforce community together and provide support for them to share their experiences of violence and prevention approaches.
- Ensure that policies and approaches to preventing and responding to violence, harassment and abuse are developed through closer partnership working with representatives across different sectors and groups of the workforce.
- Develop and/or identify opportunities to robustly evaluate the impact of interventions to prevent and respond to violence against healthcare staff.
- Develop minimum standards for monitoring and/or evaluation of interventions including guidance around evaluation.