

# Assault is not 'Part of the Job

A Report on the Ontario Nurse Assault Survey

By Judy Britnell

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*Isis would like to know if nurses in other countries, especially in the Asian and Pacific regions, have experienced assault, and if so, what types and what did they do?*

## Background

In 1990, *Elinor Caplan* (then Minister of Health in Ontario) endorsed the Nurse Assault Project Teams' proposal to study the prevalence and impact of assault on nurses. The report was released on May 13, 1992.

The project group believed that the issue of nurse assault had for too long been neglected by nurses and their employers. We hoped that by reporting the prevalence and impact of nurse assault, the issue would be spotlighted and comprehensive policies to deal with it would follow.

From the approximately 20 people involved in 1990, a core group of 9 nurses remained over the two year period to see the research completed. The remaining group were all Registered Nurses' Association of Ontario and Psychiatric Nursing Interest Group members who were employed in clinical, educational, and administrative positions. None of us purported to be experienced researchers but weren't shy about collaborating with others. The research format, proposal writing for funding, review of current literature, and preparation for the release of the research were all accomplished by the collaborative work of the core group.

The funding supported the work of a consultant and the actual administration of the mailed questionnaire (3,000 questionnaires were mailed and over 800 were completed by nurses across the province).

## Highlights of the Report:

- 59% of nurses surveyed had been physically assaulted during their careers.
- One in three had been assaulted in the last 12 months.
- One in ten nurses assaulted had required treatment for their injuries.
- 24% of those assaulted had ignored the incident or had taken no action.
- 98% of assaults were by patients although some were perpetrated by family members and physicians.
- Males assaulted nurses twice as often as females.
- Nurses reported being shoved, bitten, punched and kicked while administering care to their patients.
- 80% of those surveyed reported having witnessed, talked to or heard about a colleague who has been assaulted.
- 70% of those surveyed reported that effective policies and procedures to assist assaulted nurses did not exist in their workplaces.
- A majority believe that nurse assault is on the increase.

When the report was released nurses contacted the project team to express their gratitude that the study was conducted and/or to share their personal experiences with assault. For some it was the first time they had been able to reveal to another their own experiences of assault. Both nurses and non-nurses contacted us for advice and guidance about how to proceed in their own workplaces and others shared with us the steps that had already been taken by their employers to address the issue.

The risks of addressing this issue are many. Employers of nurses are not happy to know about situations that their employees don't think they have handled well in the past and naturally go on the defensive to protect the steps that they have already taken. The public, although by and large supportive of nurses and shocked by the research statistics, has also voiced its frustration with yet another piece of 'bad news'. A colleague overheard one member of the public say "What will those nurses want next?"



## Assault continued .....

The issue of assault is not new to nurses but has only begun to be discussed. Nurses have the right to a workplace that is safe. In the event of an assault nurses must be supported. In many cases we know that safety measures have not been implemented by employers. Support policies in the event of assault do not exist, and where they do, are not comprehensive enough.

Support for assaulted nurses will include discussion with colleagues and administrators, psychological and/or legal counselling, financial support, education, and ongoing policy review to ensure that current procedures deal with current concerns. Policies that address the safety needs of both patients and nurses can only be created in environments that foster open discussion, collaboration, and trust.

We are gratified that this research has helped nurses to feel supported and has also helped them to feel that now they can take the issues forward in their own workplaces. The project team has demonstrated its sense of responsibility by undertaking the project but social responsibility is not something that you can do on a project basis. To feel satisfied we need to know that the issues related to nurse assault continue to be addressed in a way that has meaning for not only the individual nurse but for the profession. Copies of the research report are available from the Psychiatric Nursing Interest Group (PNIG), 33 Price Street, Toronto, Ontario, M4W 1Z2, Canada.

Source: **Towards Justice in Health**, Vol.1 No. 2, Fall/Winter 1992.

## Health

# Early Motherhood Highlights Women's Statistical Portrait: Is the cup half empty or half full?

**W**omen are attaining education. They are better able to plan their families and to get medical care during pregnancy. Their children have better chances of surviving.

Yet "*many women's lives have not changed over time*". For example, in 13 countries more than half of women of childbearing age have no education - a factor that greatly affects their ability to have only as many children as they want and to keep these children healthy.

This situation of not quite getting over the hill is what persists for women in developing countries according to a statistical portrait drawn by the Demographic and Health Survey (DHS) programme. The portrait, presented in the report **Women's Lives and Experiences**, summarises 10 years of survey research in more than 40 developing countries, and represents the combined experiences of over 280 million women of reproductive age. One of the world's single largest sources of information on women, the DHS programme is managed by Macro International Inc., a Maryland-based research firm, with funding by the United States Agency for International Development (USAID).

Report authors *Dara Carr* and *Ann Way* describe the increase in female education as "striking" - in 27 out of 42 countries, the proportion of women aged 20 to 24 with no

education is less than half that for women aged 45 to 49. One of the most dramatic improvements is noted in Tanzania where 74 per cent of women in the older age group have had no schooling compared to only 16 per cent of the younger women. But in Burkina Faso, Burundi, Mali, Niger, Pakistan and Yemen, at least 75 per cent of women including the younger age groups have never been to school.

### Early Marriage and Motherhood

Among youths aged 6 to 15, almost as many girls as boys are likely to be in school. It is only in four countries - Egypt, Morocco, Pakistan and Yemen - that the differences in enrolment rates exceeds 10 percentage points. But from age 16, school enrolment falls more sharply for girls, "*consistent with the continued emphasis on domestic roles for girls and women, teenage marriages and early childbearing.*" The report points out that "*the age at which a woman marries often affects the rest of her life*" including her ability to stay in school, her participation in the labour force

and the number of children she has.

In many cases there is almost no transition from childhood into adulthood. At least half of women marry before the age of 18 in 14 out of the 42 countries surveyed. This is especially true in sub-Saharan Africa, with women in Mali, Niger and Yemen marrying at the median age of 15. But it is also true in some parts of Asia as in Indonesia where the median age at first marriage among women is 17.7 years, in Pakistan 18.6 years and in Egypt 19.2 years.

Moreover, young women in the countries surveyed are, on the average, initiated into sexual activity even before marriage. But because social mores frown on premarital sex, family planning services are off-limits to teenagers, depriving them of the knowledge that could help them become more sexually responsible.

Not surprisingly, **motherhood** in one's teens is common. "*In 17 of the 21 countries surveyed in sub-Saharan Africa, at least half of women had their first child before 20 years of age,*" says the report.

