EFN Report on

Violence against nurses

May 2021

Table of Contents

Executive Summary

Violence against nurses has reached epidemic proportions, with anecdotal evidence during the COVID-19 pandemic pointing to a sharp increase across countries in Europe. Nurses take the brunt of the public's aggression since they are frequently the first point of contact. Violence against nurses takes many forms, including death threats, punches, sexual harassment and verbal insults. Evidence on the frequency and impact of violence on nurses is accumulating, pointing to negative physical, mental, social and professional effects.

The European Federation of Nurses' Associations presents here a synthesis of real-life evidence from the nursing frontline across 26 countries. This is a unique contemporary insight on the situation across Europe, including the level and nature of concern as well as available initiatives and best practices to protect nurses from violence in their workplace. Findings point to significant concern with regard to the type and frequency of nurses' experience of violent incidents at work; as well as the complex and insufficient nature of current initiatives to protect nurses from everyday violence. It is evident that despite recent developments in policies and legislation to contain this challenge, there remain concerns over enforcement and sustainability of current initiatives. The EFN Members share best practices from their different context, which taken together paint a path towards a safer workplace for nurses across Europe; these includes tougher punishment for perpetrators of violence and national observatories to ensure accurate and reliable data collection. Inconsistencies among countries are, however, evident.

It is imperative that nurses are protected and supported, through the development of policies, initiatives, and legislation at national and European level. The causes of violence are often complex, and can originate from inadequate resourcing, staffing, organisational support, and training. While nurses are often the recipients of violence, the cause and aftereffects of violence have an interprofessional dimension. Initiatives should be seen as the responsibility of all healthcare stakeholders, including other professions, managers, and hospital leadership.

Violence against nurses implies a lack of awareness, respect and appreciation for nurses by the general public. Public education and awareness campaigns could go a long way to clarifying and promoting a positive image for nurses and nursing across Europe. Given the significance of the situation, inertia at this stage could lead to irreplicable damage to the nursing workforce, compounding pressures resulting from the COVID-19 pandemic, ultimately driving existing nurses out of the profession and deterring new recruits.

Main Report

1. Introduction

Women across Europe are frequently victims of violence and abuse. Many live with fear of expressing themselves, of being judged for the way they dress, and of being assaulted. Many of these women are nurses who, every day, work under difficult and high-risk conditions facing severe incidences including punching, kicking, biting and scratching, as well as threats[1]. A global problem, violence against women has been on the rise across many European countries during the COVID-19 pandemic.

Violence against nurses has been shown across different continents to lead to inevitable and unpredictable trauma on nurses' career, with many nurses experiencing significant and lasting psychological trauma[2]. Not only do nurses believe that violent incidents are increasing, but also that violence is something they are forced to accept as part of their job[1]. The triggers of violence against nurses are complex, including such things as unmet patient/family expectations and inefficient organisational management[3]. Violent incidents unintentionally lead to lower quality of patient care and increase in nurses' intention to leave the profession, which in turn can lead to further organisational inefficiencies and negative experiences for patients, triggering further incidents as part of an endless cycle of violence.

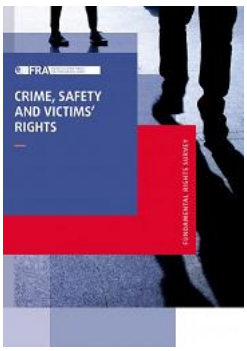
The European Federation of Nurses Associations (EFN) is the representative voice of the nursing profession across Europe, advocating on behalf of National Nurses Associations from 35 countries. At each General Assembly of the EFN, the *Tour de Table* mechanism provides EFN Members the opportunity to share experiences and information with each other encouraging shared learning and exchange of best practice. These data collection exercises strengthen EFN position statements and lobby work towards the EU institutions, basing this on the actual experience of frontline nurses. At the April 2021 GA, the EFN members were invited to share information on the current state of violence against nurses at their national level, including any initiatives to protect nurses from violent incidences.

[1] Dafny, H. A., & Beccaria, G. (2020). I do not even tell my partner: Nurses' perceptions of verbal and physical violence against nurses working in a regional hospital. Journal of clinical nursing, 29(17-18), 3336-3348.
[2] Zhang, J., Zheng, J., Cai, Y., Zheng, K., & Liu, X. (2021). Nurses' experiences and support needs following workplace violence: A qualitative systematic review. Journal of clinical nursing, 30(1-2), 28-43.
[3] Najafi, F., Fallahi-Khoshknab, M., Ahmadi, F., Dalvandi, A., & Rahgozar, M. (2018). Antecedents and consequences of workplace violence against nurses. Journal of clinical nursing, 27(1-2), e116-e128.

2. The EU Health Policy Context

On International Women's Day, the European Commission Directorate General for Justice published its 2021 report on gender equality in the EU, which showed the negative impact of the COVID-19 pandemic on women. The pandemic exacerbated existing inequalities between women and men in many areas of life, both within and beyond Europe, rolling back progress and the hard-won achievements of recent years.

Statements by senior officials exemplify the Commission's concerns, for example: *"Women are at the frontline of the pandemic, and they are more affected by it. We can't afford sliding back; we must continue to push for fairness and equality. This is why EU has put women at the heart of recovery and obliged Member States to include gender equality in investments funded from Recovery and Resilience Facility",* said **Vice-President for Values and Transparency, Věra Jourová**. Moreover, **Commissioner for Equality, Helena Dalli**, added: *"Despite the disproportionate impact on women's lives due the COVID-19 crisis, we need to use this situation as an opportunity. We are determined to strengthen our efforts, continue progressing and not allow a backlash on all the gender equality gains made".*



Tackling the issue through various means, the European Parliament published a Briefing on "Violence against women in the EU: State of play", which referred to violence against women as a *"violation of human rights and a form of gender-based discrimination, and constitutes a major obstacle to gender equality."* In addition, the **Fundamental Rights Agency's (FRA)** published the results of a survey on "Crime, safety and victims", which showed the kinds of crimes and violence experienced by women, leading to FRA Director Michael O'Flaherty stating: "*We can no longer ignore that too many women in Europe do not feel safe. Too many experience harassment and violence. Therefore, EU countries need to step up their efforts to better support women. We need to do much more to tackle violence against women and honour their rights. And we need to do it now!"*

In the survey, the FRA analysed and reported important data on harassment, violence and reporting:

- **Harassment** - 39% of the women surveyed were victims of harassment. And more women than men were subject to harassment of a sexual nature.

- **Violence** - About 37% of the women surveyed suffered physical violence at home. The physical and psychological damage suffered by the victims was high. FRA's earlier survey on violence against women showed that in 11% of cases the most serious incident of physical and/or sexual violence by a non-partner involved a perpetrator from the work context, such as a client, co-worker or a supervisor.
- **Worry about crimes -** For fear of being assaulted or harassed, 83% of 16-29-year-old women limit their movements and activities.
- **Underreporting -** About 68% of women do not report the violence they have suffered. This means that in official crime reports the crime of violence against women is underestimated.

For its part, the World Health Organisation published the largest study ever conducted on this topic which showed that 1 in 3 women globally experience violence, and that younger women are among those most at risk. **Dr Tedros Adhanom Ghebreyesus, WHO Director-General** said that "*Violence against women is endemic in every country and culture, causing harm to millions of women and their families, and has been exacerbated by the COVID-19 pandemic*". Many women who are victims of violence are also subject to abuse and harassment in their workplace. This is also the reality for many nurses, 92% of whom are women, who every day are forced to endure abuse and violence from patients (and visitors).

3. Method

Facilitating the exchange of knowledge, experiences and developments among the EFN membership is a very much valued function of the EFN bi-annual General Assembly meetings. A key policy support mechanism to achieve this is the EFN *Tour de Table*. At each General Assembly of the EFN the Tour de Table mechanism provides the opportunity for the EFN Members to share information and best practices on a specific topic of EFN concern that should be placed higher on the EU political agenda; as well as key issues and developments of national importance.

EFN Members value the opportunity to share their experiences with their colleagues from across Europe and learn from each other's ongoing developments at national level. In addition, this provides opportunity to communicate real-life evidence with the European Commission, helping to upscale best practices throughout Europe.

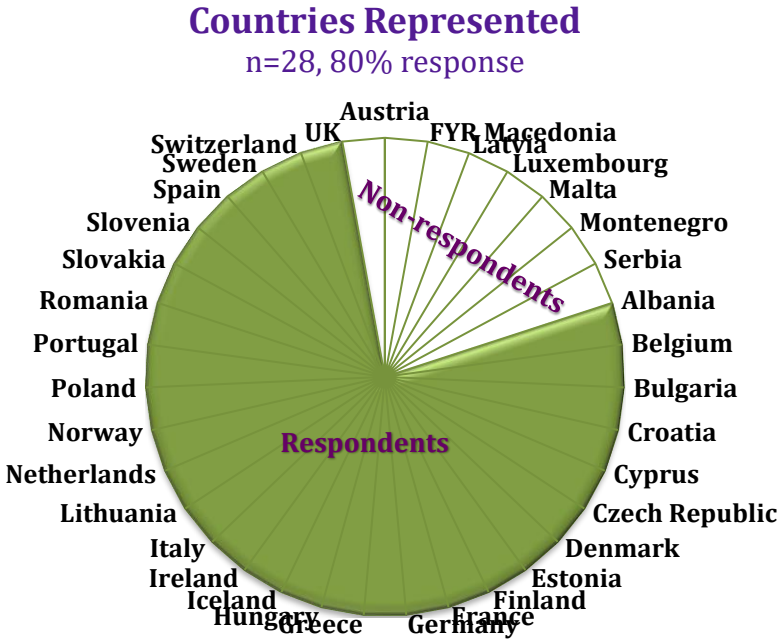
At the April 2021 EFN General Assembly, held online due to the ongoing Covid-19 pandemic, the EFN Members were invited to share best practices from their countries relating to "Violence Against Nurses". The EFN Members were asked to provide written and oral input to the following information:

1. Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace?
2. Are there initiatives and/or projects put in place to tackle this problem of violence against nurses in your country and/or health settings?
3. Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?
4. Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?
5. Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.

Submitted practices were subject to a standard process of thematic categorisation and narrative synthesis. These are presented in the present Report under key areas of political and policy relevance.

4. Results

This report presents input from 28 National Nurses' Associations across Europe, representing a response rate of 80% of EFN Members.



4.1 Nurses' experiences of violence

The majority (95%) of EFN Members responding to this survey confirmed that violence against nurses is a significant concern (Albania, Croatia, Czech Republic, Denmark, Finland, Germany, Greece, Iceland, Ireland, Italy, Lithuania, Norway, Romania, Slovenia, Sweden, Switzerland, UK). The majority drew their evidence from national studies, though 19% report lack of specific studies (Belgium, Estonia, France, Portugal, Slovakia) and a further 8% noted difficulty in establishing a gender dimension to violence (Cyprus, Spain).

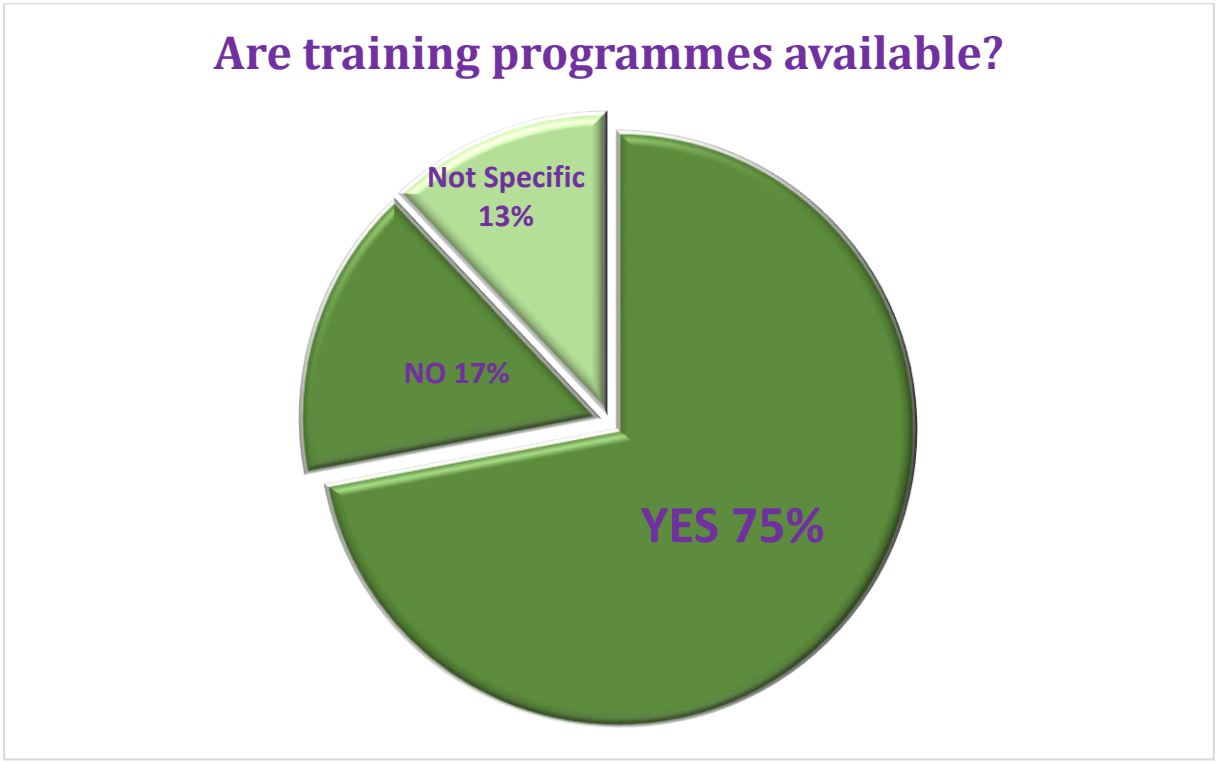
Different kinds of violence were reported, including verbal and physical attacks (e.g., hitting, kicking, biting) as well as unwelcomed sexual attention and harassment. For example, Denmark, Portugal and the UK pointed to up to 30% of nurses potentially being sexually harassed in the workplace. The risk of violence for health professions overall can be as high as 80% (e.g., Croatia, Germany) but nurses as a group, and women in particular, appear to be especially vulnerable with double the risk of being the victims of violence (e.g., Estonia, Sweden).

In addition, Member's reports revealed three alarming trends. First, there are serious concerns for under-reporting of violent incidents due to fear of victimisation; this holds especially true for female nurses (e.g., Bulgaria, Spain, Ireland, Croatia, Albania, Portugal). Second, perpetrators of violence

against nurses are not only patients and families but also other health professionals; up to 41% of nurses report abuse from other professionals (e.g., Germany) with much of this abuse originating from physicians (e.g., Slovenia, Cyprus, Czech Republic). Third, violence against nurses has a potential negative effect on nurse retention, with significant numbers opting to work reduced hours and uo to 70% intending to leave the profession (e.g., Switzerland, Ireland).

4.2 Initiatives to prevent and respond to violence

In an attempt to prevent and respond to the rising concern about violence against nurses, the majority of countries (75%) have training programmes in place directed at health professionals on the frontline and their managers (Albania, Belgium, Bulgaria, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Iceland, Italy, Lithuania, Portugal, Slovenia, Spain, Sweden, Switzerland). In some countries there are generic safety-related programmes, but not necessarily specific to violence against nurses (e.g., Croatia, Cyprus, Ireland). While some of these programmes are coordinated at national level (e.g., Portugal, Bulgaria, Italy, France) others are developed locally at regional, health authority or hospital level.



For example, in Portugal, a national programme on prevention of violence has been in place since 2019, aiming to promote literacy and raise awareness through campaigns to promote early detection

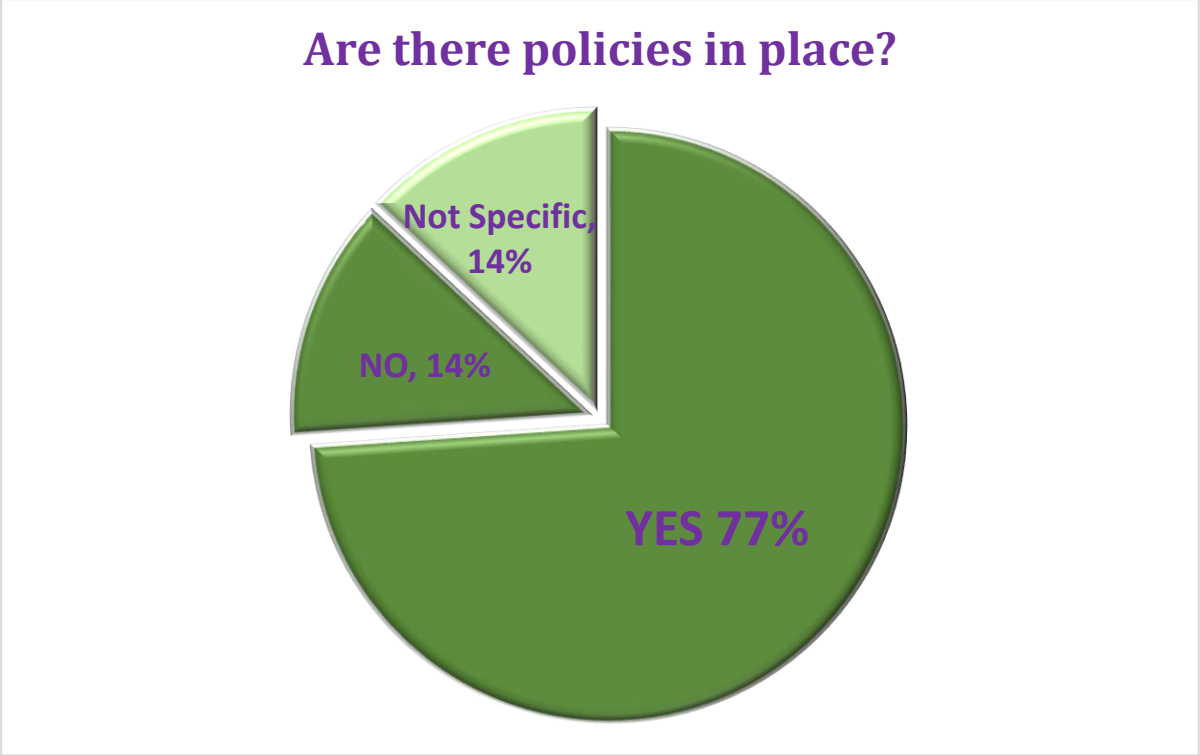
of risks and antecedents to violence. Similarly, in Italy and France, there is continued professional development training offered at national level; in Italy, there is also a national day for education and prevention of violence. Moreover, in some countries the issue of violence against nurses is now included in the core national nursing curriculum (e.g, Finland, Switzerland), further demonstrating the widespread concern among the nursing community.

In those countries where training is not coordinated at national level, there are reports of local training initiatives often coordinated by the National Nurses Association of each country. For example, in Slovenia, much of the training is provided by the management of local health settings often supported by the Nurses and Midwifes Association of Slovenia in collaboration with local trade unions and other non-governmental organisations. Attendance at such training opportunities is often at the individual nurses' initiative, and not necessary encouraged by employing organisations (e.g., Lithuania).

4.3 Policies and legislation related to workplace violence

A promising trend in the data submitted by the EFN Members relates to the availability of policies and legislation to counter violence against nurses. Specifically, 77% of respondents indicated policies and/ or legislation already in place at local, regional or national level (Albania, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Italy, Norway, Portugal, Romania, Slovenia, Spain, Sweden). The remaining countries noted lack of such policies (Ireland, Slovakia, Switzerland) or availability of related but not specific policies on violence against nurses (Iceland, Lithuania, UK).

Many of the EFN Members reported the availability to such policies and/or legislation to be a relatively recent development with many of these put in place the last 5 years. For example, in 2020 new legislations were passed in Sweden and Italy against violence in the healthcare sector, and in 2024 a new law passed in Italy. In Portugal, two resolutions have been approved by parliament relating to prevention of violence against health professionals; and in Croatia there is legislation in place to protect healthcare workers with implications for up to 5 years imprisonment for those committing violent acts against them. However, and despite the existence of much legislation, some EFN Members remain concerned and caution that the challenge does not lie with lack of legislation but rather with lack of enforcement. For example, in Switzerland, due to underfunding and personnel shortage, employers claim that they cannot afford to ensure their personnel's working conditions remain in line with the legal requirements.



It is also worth highlighting that in some countries (e.g., Spain, Czech Republic) there are national observatories set up to monitor incidences of violence against healthcare professionals. Unfortunately, this is not the case across Europe thus limiting precise estimates of violent incidents at EU level. Finally, in Spain, legislation identifies nurses as public authority figures with any violent incidents against them treated in the same way as violence against police officers.

4.4. Best practices shared by EFN Members

Examples of good practises were identified in countries across Europe. For example, the **Czech Republic** launched a comprehensive course on violence prevention and self-protection for nurses. **Estonia** also launched courses led by psychologists, which aim to cover different topics as professional communication, the importance of self-value and self-awareness, solving conflicts, and developing discussion skills. **Finland** introduced the "Prevention of threatening and dangerous situations, and identification and management of risks" as part of the competencies of occupational safety regulations.

Moreover, **France** defined a closer link between hospitals and the police to improve security in public and private hospitals. Specifically, a special contact person is designated for each hospital; hospital staff who are victims of violence are supported to file a complaint; active monitoring of emergency

departments; and a security diagnosis made by the police for any health structure or health professional practice. Similarly, in **Greece**, the presence of security staff in the ICU and other high-intensity departments has been institutionalized to protect staff from visitors and patients. In each hospital, specific policies, measures and actions are activated to reduce violence among the staff.

In **Italy,** counselling centres and psychological aid is offered to health professionals who have been victims of violence. A national Observatory for violence against healthcare staff promotes studies for reducing health professionals' exposure to risk factors; monitor the implementation of safety measures, including video-surveillance tools; and promote good practices and specific courses for health professionals. In **Spain,** two tools are used to tackle violence against nurses: a phone number, 116, that leaves no trace of the call log to avoid retaliation; and, a mobile phone application connected to the police called AlertCop.

Finally, in **UK,** the National Health Service working with the police and Crown Prosecution Service helps victims give evidence and get prosecutions in the quickest and most efficient way. The Care Quality Commission (CQC) scrutinises violence as part of their inspection regime and identifying hospitals that need further support. There is also improved training for staff to deal with violence, including circumstances involving patients with dementia or mental illness; and prompt mental health support for staff who have been victims of violence.

5. Protecting nurses against violence?

As the above evidence reveal, the issue of violence against nurses has grown into epidemic proportions. The scale of the issue is significant, with the majority of nurses across Europe being subject to violent incidences on a regular basis. The causes of violence are often complex, and solutions to preventing and managing violence will also need to reflect that complexity. There are implications across the macro, meso and micro level.

- At macro level, the level of national initiative, existing legislation should be monitored for its implementation and successful enforcement. Unless national processes are in place to enact existing legislation the situation is unlikely to improve. The examples from some countries establishing national observatories for violence against nurses could prove powerful to develop reliable data about the scale of the problem, as well as enable identification of workplaces in need of closer attention and support.
- At the meso level, the level of healthcare organisations, sustained efforts should be in place to both deter violence against nurses and support nurses when subject to violent incidents. Importantly, clear messaging should be available that encourages nurses to report violent incidents without fear of retaliation, humiliation or victimisation. Unless reporting of violence becomes a routine practice among nurses, perpetrators of violence will continue their violent acts without fear of prosecution.
- At the micro level, the level of everyday practice, all health professionals should unite behind the common goal of reducing and preventing violence by supporting each other. It is worrying that over a third of nurses report other health professionals, and physicians in particular, as the perpetrators of violent acts against them.

For the above initiatives to be successful the wider public also needs to be educated about the damaging effects violent behaviour can have on nurses, as well as on the quality and safety of care they or their family members receive. A public awareness campaign could help raise the profile of, and respect for, nursing especially considering nurses' significant contribution to combatting the COVID-19 pandemic. Without significant action, and as the EFN Members' reports indicate, healthcare systems across Europe may find themselves in a downward spiral in which violence discourages and drives nurses away from healthcare, which in turn compromises the resilience of health systems triggering public anxiety and frustration that lead to even more acts of violence.

To protect nurses, and in so doing safeguard the future of healthcare in Europe, the EFN Members implore the European Commission, national governments, and other European stakeholders to take a coordinated and immediate supportive action, in collaboration with nurses themselves and their representative organisations.

In light of the data shown here, countries across Europe should mobilise to provide better care for all nurses who are victims of violence and abuse. The fact that most nurses are women is inescapable, and therefore initiatives to support women and nurses must be closer aligned. Such initiatives to support women should consider severe prison sentences and legal sanctions against perpetrators of violence, and better training for police officers and legal and health professionals in order to ensure fair protection for victims. There are some positive steps in this direction, which should be supported. For example, the EU Victims' Rights Directive and strategy present a clear strategy to offer better protection and empowerment of women. In this Directive, the topics covered include training to identify and help victims, support tools for women such as shelters and abuse reporting mechanisms. Moreover, the new Victims' Rights Platform aims to ensure women rights and better protection from violence and harassment. EU action is required to create the right social conditions to deal with the aggressive and violent situation nurses are confronted with. It is vital that nurses feel free to express themselves and report in national databases violent incidents at work. To this end, the European Commission has launched a public consultation on how best to tackle gender-based and domestic violence. The views gathered will feed into a legislative initiative announced in the Gender Equality Strategy expected by the end of this year.

6. Conclusion

At a time when pressures on national health systems run high, with resource depleted and waiting lists growing by the day, nurses take the brunt of the public's aggression since they are often the public's first point of contact with healthcare. The evidence from the EFN Members point to a distressing picture, in which violence against nurses is increasing in scale and form. Every day, nurses have to deal with death threats, punches, verbal insults and sexual harassment -all in the line of duty. Evidence on the frequency and impact of violence on nurses is accumulating, leading to negative physical, mental, social and professional effects on nurses and nursing.

It is imperative that nurses are protected and supported through the development of policies, initiatives, and legislation at national and European level. The triggers of violence against nurses are

often complex, and can originate from lack of resources, staffing, organisational support, and training. While nurses are often the recipients of violence, the cause and aftereffects have an interprofessional dimension. Initiatives to prevent violence should be considered at macro, meso and micro level; and seen as the responsibility of all healthcare stakeholders, including other professions, managers, and hospital leadership.

Given the severity of the situation, the EFN warns that inertia at this stage could lead to irreplicable damage to the nursing workforce, compounding pressures resulting from the COVID-19 pandemic. Ultimately, this situation can drive existing nurses out of the profession as weas deter new recruits. Unless action is taken, Europe's capacity to respond to the ever-increasing risk of future pandemics may be significantly diminished.

EFN Members input country per Country.

ALBANIA

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

No study has been conducted for the nurse, but in general there are.

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

There are instances that address gender equality in every area of life, but not specifically in the nursing profession.

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

Yes, there are.

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

Yes, is the legal basis the labour code and the code of ethics. The national council on discrimination has been established in 2018.

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

-

AUSTRIA

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

There are no available informations concerning this topic in Austria.

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

-

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

-

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

-

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

-

BELGIUM

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

-

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

-

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

-

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

-

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

Following your questions for the April 2021 EFN Tour de Table, we note that for Belgium there is currently no systematic study with representative samples based on gender-based violence or discrimination at their workplace. As a result, data is scarce, reliability and validity are problematic and interpretation is not always easy. However, this should not be a reason to deny or underestimate the problem. On the side of the Belgian authorities there is little compiled and disaggregated data on sexual violence (either for nurses or women in general). And they are incomplete. It is therefore difficult to get an objective overview of the situation. The official data on gender violence are those recorded by the police when a complaint is filed. The problem is that it is impossible to know what happens to people who do not file a complaint. We talk about the black figure of sexual violence. Moreover, several data are missing to establish a precise view of the situation of sexual violence in Belgium, such as gender-specific data.

So even if some data exist, they are insufficient to provide a clear picture of the extent of gender-based violence in Belgium. However, there are two types of data. Prevalence data, qualitative surveys at a given time, and official administrative statistics, in this case data from the police and the justice system. On the police side, there is data on complaints filed with the police: crime data, all crimes combined. When a victim makes a complaint to the police, the statement is encoded and then it is a matter of 'ticking' the box of the crime to which the complaint belongs. However, not all forms of gender-based violence are included. In order for the crime category to be mentioned, it must be listed in the Criminal Code. Furthermore, they are buried in the overall crime figures. One of the missing data to understand

the state of gender-based violence in Belgium is precisely the data on the gender of the victims4. The prevention and management of aggression is a priority theme in hospital literature. In 2014, the FPS Public Health organised a number of training courses. The SPF Santé publique (Federal public service for Publique Health) offered this training to all Belgian hospitals according to the "train the trainer" concept.

Read the evaluation report:

https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/rapportevaluationagressivite.pdf

BULGARIA

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

No

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

We organized a media campaign to raise the public awareness to tackle the existing problem of violence against nurses on their workplace. The violence against all medical and nursing professionals is criminalized in the Penal Code.

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

We propose some on-line courses on these problems in our CPD system.

4 https://www.rtbf.be/info/societe/detail_donnees-statistiques-sur-les-violences-envers-les-femmes-la-belgique-a-la-traine?id=10714387

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

There are different employers' policies for reduction of violence against nurses, depending on the existing risks in the different regions, hospitals and healthcare settings in the country.

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

Bulgarian nurses do not suffer gender-based discrimination. Men and women nurses receive equal pay for equal workload. In Bulgaria we have only 180 men nurses, and their women colleagues respect them.

CROATIA

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

Not as far as we know, but in 2016 a survey was conducted related to violence at the nurses' workplace. The results of the research showed that it is a nursing employee who are abused in the workplace, mostly female, middle age, married and secondary vocational education.

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

Our opinion is that there are not enough initiatives dealing with violence against nurses. What is legally binding is a criminal law that protects health workers by prescribing a prison sentence of 6 months to 5 years for physical violence against health care workers.

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

There is no special program in the formal education of nurses that deals exclusively with education on the prevention of violence. But, through the course of their education, nurses learn psychology and communication skills and how to deal with aggressive patients.

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

-

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

More than 89 percent of the surveyed nurses experienced some form of verbal or physical violence at their workplace. Among the nurses who experienced violence, two-thirds of them (62%) reported that workplace assaults were verbal, while slightly more than a third (37%) of the nurses experienced verbal and physical violence. In the last 5 years, attacks on nurses have occurred in 73 percent of the health facilities that participated in the survey.

These are the results of the research "Violence against nurses and safety in health care institutions" conducted in May 2017 by the Croatian Chamber of Nurses. A total of 1788 nurses participated in the research. It is worrying that most nurses who have experienced violence have not reported that instance of violence. The reasons for not reporting are most often the fear of causing additional problems.

As a form of lifelong learning, our national association (CNA) at its professional meetings yearly organizes many lectures on professional communication and dealing with stress in the workplace.

CYPRUS

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

Violence is mainly to all nursing personnel and does not have to do with gender. Moreover Nurses are discriminated due to the profession but not due to gender. In Cyprus Female and male nurses are equally paid for the same work.

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

Yes, due to increased cases during the last 2-3 years with violence against nurses and other health care professionals CYNMA initiated with the support of nursing unions, a discussion process with the Ministry of Health and the Head of Police in the country. We demanded for Nurses and other health care professionals during work in all major public hospitals to have security guards or police officers dealing with violence against them. Moreover, legislation has been changed and people who use violence against nurses and other health care professionals are immediately arrested and taken into custody with the justice process running much faster than in other cases.

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

No there are no training programmes in nursing curricula about the risk of violence against nurses but in recent years during seminars and workshops nurses are informed about the issue and how to deal with it.

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

There is legislation in place about the issue of violence against health care professionals.

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

Gender based harassment has been identified within the nursing profession and is a very difficult issue for nurses to deal with, as exists from either male nurses at higher positions or other men in health professions with an assumed greater power. In recent years it has been a very important issue so female nurses are informed, strengthened and empowered in order to be able to identify, deal and report it through seminars and lectures. There has been cases taken in court for gender based sexual harassment and beside the difficulties the decisions can be used as examples for female nurses to report any such cases.

Moreover, the republic of Cyprus has established from 2014 a Commission for Gender Equality putting forward issues of discrimination against female workers. The office designs and establishes a national plan with the purpose of eliminating the discrimination against women.

CZECH REPUBLIC

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

The CNA Work group for the safety of the healthcare workers has not studied gender related violence or discrimination so far. We have been concerned with violent behaviour within healthcare from general point of view, when the source of the violent behaviour is mainly a patient, rarely a healthcare worker. The results of a study on gender related discrimination in medical profession done by the Young Physicians Association has shown that young female physicians feel discriminated during medical studies as well as after graduation when it comes to job searching.

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

As to our knowledge no such projects exist in healthcare institutions. The topic is studied within educational system. One example is Medical College in Prague (Vysoká škola zdravotnická, o.p.s.). Mgr. Jarostav Pekara, Ph.D., has led several studies.

https://www.safemedic.eu/

http://www.davidpublisher.org/index.php/Home/Article/index?id=1179.html

https://www.researchgate.net/publication/322597834_Prevalence_of_Violence_in_Nursing_in_the_Czech_Republic

Our Work group for the safety of the healthcare workers organizes educational activities and lectures on the topic, using various forms of simulation teaching.

https://bezpecnostpersonalu.cz/temata/agresivni-pacient/

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

There are individual educational events, courses focused on prevention of violent behaviour in healthcare institutions. There is no broad systematic programme on national level. Below are examples of some activities.

Practical solutions of situations involving violent behaviour, simulation workshop Aesculap Academy.

https://www.youtube.com/watch?v=dP0kROTePkQ

Comprehensive course of violence prevention and self-protection, The Medical College in Prague.

https://www.google.com/search?q=komplexni+kurz+prevence+nasili+a+sebeochrany&oq=komplexni+kurz+prevence+nasili+a+sebeochrany+&aqs=chrome..69i57.12141j0j4&client=ms-android-samsung-ss&sourceid=chrome-mobile&ie=UTF-8

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

There is a System of reporting adverse events, where incident reports of violent attacks against healthcare workers are sent. The method of data collection and following measures are too general, though. The CNA is not aware of other programmes.

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

-

DENMARK

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

Violence – survey among DNO members from 2018 showing:

- Every third nurse have experienced violence or threatening behaviour at work

- Verbal threats or threatening behaviors are the type of violence that most nurses have been exposed to. However, 10-14% have experienced physical violence like blows, kicks, and bites.
- long waiting time for patients was stated as a frequent cause and there was a link between busyness, overtime for nurses and increased episodes of violence and threats
- Compared to survey from 2016 the numbers are steady

Sexual harassment – survey among DNO members from 2020 showing:

- Within the past year, 13% of nurses have been exposed to unwanted sexual attention
- 77% state that they have experienced verbal harassment and 16% state that they have experienced physical contact
- In 82% of the cases it has been patients who have harassed the nurse and in 16% of the cases it has been colleagues.
- The survey finds a small decrease in harassment compared to surveys from 2015 (16%) and 2019 (15%)

2. Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?

One example is a collaboration between the police and the health authorities. They have joined forces on new emergency teams to ensure better and more professional handling of incidents with people with mental illness. A team of police and psychiatric nurse is called to patients with mental disorders. It turns out that the nurse's competencies can prevent violent episodes, minimize the use of coercive interventions and reduce the number of admissions.

3. Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?

According to the collective agreement, public workplaces must have guidelines on the prevention and management of violence and threats.

Psychiatry and emergency departments are probably the most organized in the health care system in relation to training programs. Most of them use research-based methods to prevent episodes of violence. Psychiatry departments are using approved screening tools (eg BVC Brøset violence check)

to assess the individual patients' risk of getting upset. Employees are introduced to prevent and manage conflicts.

4. Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?

1. According to the collective agreement, public workplaces must have guidelines on the prevention and management of violence and threats.

2. According to the health and safety legislation, all companies is obliged to perform a risk assessment (APV). The process should reveal any health and safety problems so that they can be resolved. The company's Health and Safety Organisation must be involved in the entire risk assessment process (employees are involved) The company must always fulfil the following requirements for a risk assessment:

    - The risk assessment must be made in writing, but the form of this is optional: It can be done digitally, for example.
    - The risk assessment must be freely available for management, employees and the Danish Working Environment Authority – (Arbejdstilsynet) – to read.
    - The risk assessment process consists of five elements that the company must perform:
    - survey the company's working environment to reveal any health and safety issues.
    - describe any health and safety issues and evaluate how to resolve them.
    - assess if there are working environment circumstances that contribute to increased sick leave.
    - draft a plan of action that describes, among other things, when, how and by whom any problems will be resolved.
    - describe how the company will follow up on the plan of action, including who is responsible for carrying out the plan in practice.

    Read in English here

3. The Danish Working Environment Authority (WEA) carries out different types of inspection in order to prevent occupational accidents and diseases and to ensure safe and healthy workplaces.

    WEA has a lot of guidelines and tools for both employer and employees in relation to violence and harassment.

Read about WEA in English here

4. In Denmark employers and employees have together established "Community for Working Environment for Welfare and Public Administration" (BFA). BFA work to ensure a safe and healthy working environment. BFA develop information, inspiration and guidance. BFA has developed many concrete tools around violence and harassment so that workplaces can act and prevent locally. The work is based on experience from workplaces and on research. They have published publications, guides, films and games for use in the individual workplaces.

5. Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.

Denmark hasn't ratified ILO Convention 190 "violence and harassment in the world of work". The Danish Employers voted against the convention in Geneva in 2019. The Danish trade union confederation FH is active in relation to this matter.

DNO is member of FH. FH – Danish Trade Union Confederation is the largest national trade union confederation in Denmark and is recognised as the most representative workers' organization in both the private and the public sector. The fight against sexual harassment is a focus area for FH. Every year, approx. 77,000 Danish employees experience sexual harassment in the workplace. This corresponds to 3.6 per cent. of employees. Despite the many cases of sexual harassment, very few cases are filed (since 2013, only one case of sexual harassment a year). Therefore, FH believes that efforts against sexual harassment must be strengthened both through legislation, targeted efforts and more resources.

ESTONIA

1. Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.

Concise studies on the topic of gender-based violence or discrimination in the Estonian health care system haven't been conducted. However, based on a few individual studies we do know that the problem exists. In Estonia, workplace violence is being reported on a hospital level, yet the cases aren't

directly related to the aforementioned topics. Nonetheless, many leading nurses in Estonia admit that the amount of verbal violence towards doctors and male nurses isn't as big as it is towards female nurses. However, a questionnaire amongst nursing leaders and trustees conducted in March 2021 brought out a further issue: older nurses with a lower education level have fallen under the influence of irrespective behaviours caused by younger nurses. Physical violence against female nurses is more prevalent in Estonia than the violence against doctors and male nurses as a whole.

2. Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?

Many health care facilities provide nurses with psychological consulting after a traumatic experience. In addition, the facilities are trying to create a so-called 'organisation culture' aka to give a clear message to all workers that certain actions/stances are not acceptable in the facility. These actions are directed to all health care employees, with nurses not being highlighted as a separate group. Many organizations collect data of different damaging or threatening situations related to patients. They are being processed with the goal to gain knowledge about the topic and, if necessary, to take action against possible repetitive events.

3. Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?

Yes, there are. The education centres of different health care providers supply nurses with courses led by psychologists and they are very popular. The courses are directed towards many topics: professional communication, the importance of self-value and self-awareness, solving conflicts, and developing discussion skills. They all carry the goal to decrease the prevalence of verbal and physical violence. Self-help courses have rerisen into great value over the last two years.

4. Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?

Amongst employers, it is visible that human rights, the principles of fair treatment, and zero tolerance to violence are being highlighted in the companies' staff policies. At a national level, there have been no initiations directed to reducing workplace violence.

5. Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.

Many nursing leaders admit that the topic needs to be more widely discussed in Estonia. The Estonian Nurses Union has not also systematically dealt with the issue since the cases that reach us are more related to work rights. On a national level, in addition to the general wage gap it's prevalent that male nurses get, on average, a 6,5% higher pay that their female colleagues.

FINLAND

1. Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.

Yes, at least profession based. Based on the latest data from a follow-up study by the National Institute of Occupational Health, which involved 8,300 employees in 2015 and 9,000 employees in 2019, client violence against hospital and healthcare staff increased clearly in four years. One in four hospital and social workers reported in 2019 having been in a physical violence or threat situation caused by a client in the past year. For example, hitting or kicking was reported by 26% of employees (16% in 2015). 22% (14% in 2015) reported of goods/items that were thrown. Mental violence from clients was also experienced in 2019 more than four years before. It was reported by 41% in the 2019 survey, compared to 24% in 2015. Most client violence at work was faced by emergency, first aid, psychiatric and elderly care workers. Of the occupational groups in healthcare, registered nurses and practical nurses experienced the most client violence.

According to a Finnish employee organisation STTK's study on violence and its threat in the workplace in 2019, women experience twice as much violence as men in the social and health sector. However, previous studies have shown that the risk of men's violence in some care professions is also high, but the number of men working in these professions is low.

2. Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?

The National Institute of Occupational Health operates under the leadership and supervision of the Ministry of Social Affairs and Health. Their surveys of hospital staff well-being have been conducted in

1998, 2000-2002, 2004, 2008, 2012, 2013-2014, 2015, 2017 and 2019 (see the answer 1). The results are utilized in many ways. Key findings are communicated to all hospitals, clinics and work units involved in the study. The results of the study are used to improve the well-being of staff and the quality of working life in target organizations.

3. Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?

The latest joint national nurse education curriculum from 2020 (Competence requirements and contents for general nurse education) includes also: "Prevention of threatening and dangerous situations, and identification and management of risks" as part of the competencies of occupational safety regulations.

There is education available by different stakeholders, but it varies how the nurses can and do attend such education.

4. Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?

In general, the Finnish Occupational Safety and Health Act obligates employers to take action to prevent workplace violence. Employers must take the threat of workplace violence and its management into account as part of health and safety at work.

5. Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.

-

FRANCE

1. Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.

Acts of violence against nurses, whatever their mode of practice, are not specifically recorded by the public authorities. Moreover, we have not found any published specific research on gender-based violence in the health sector.

The National Order of Nurses therefore wished to have statistics specific to the nursing profession in order to highlight the fact that our profession is particularly prone to violence and that its conditions of practice are very much affected. This also allows the Order to assist victims and to draw the attention of the police and judicial authorities to this particular type of violence, as it is directed against professionals who provide a public service.

2013 ONI survey : n= 978 nurses.

- **81% of nurses** say they are **concerned about potential violence** in their workplace
- **38%** say they are **frequently victims of verbal violence**,
- **20%** are regularly confronted with **threats or intimidation**
- **8%** are victims of **physical violence**
- **85%** of respondents would like to **benefit** from better **training on how to deal with aggression**,
- **80%** wanted **improvement in their workplace**
- **79%** request an **increased presence of security** guards in hospitals
- **36% approve police officers presence** as an appropriate response.
- **15%** are daily or frequently **victims of moral harassment**.

In 2015, only 82 reports were made, which is indisputably lower than the number of violent events suffered by nurses.

Main Data on reported violence in French health care facilities in for 2019

- **7.8% of all facilities registered** in the observatory Platform send in reports in 2019. **Public hospitals reported the most**
- **323** of the **924** public healthcare facilities reported **21 267** violent events representing **35,17 %** of reporting health structures
- **56** of the **1 533** private not for profit representing healthcare facilities reported **2 193**events , **3,65 %** of reporting health care structures
- **72** of the **1 314** private for-profit healthcare facilities reported **320** events ,representing **5.47%** of reporting

NUMBER OF REPORTS OF VIOLENT EVENTS

- **23 780** with **451** structures reporting.
- **81 %** are reports of violence against persons (of which **21 %** are directly linked to a psychological or neuropsychological disorder)
- **19 %** are reports of property degradation (of which 3 % are directly linked to psychological disorders).

Furthermore, a survey on this topic was conducted by the French National Order of Nurses online from **April 4-7, 2020**, during the first lockdown.

2020 ONI survey 1st COVID lockdown n= 70000 nurses

- **12% of nurses** said they had **experienced "pressure, threats or insults** related to their profession"
- **6%** had "an **aggression** aimed at stealing equipment". violent theft of equipment, particularly masks
- **43%** said they **felt "distrust" from their patients and neighbours**, even though their role was recognised as essential in the fight against the coronavirus pandemic by the public .
- **79%** felt more **"in professional distress"** with regard to the **current situation** and **40%** said **psychological support could "help"** them.

2. Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?

Violence against health professionals and therefore nurses has been really taken seriously since the DHOS/P1/2000/609 circular of 15 December 2000 relating to the prevention of and support for situations of violence defined the main lines of a policy for the prevention of situations of violence.

The DHOS/P1/2005/327 circular of 11 July 2005 introduced a systematic reporting of information relating to acts of violence from establishments to the regional hospitalization agencies and from the latter to the hospitalization and healthcare organization directorate.

A national protocol signed on 12 August 2005 between the Ministry of Health and the Ministry of the Interior emphasizes the need for closer links between hospitals and the police in order to improve security in public and private hospitals.

This protocol was modified and completed by that of June 10, 2010, in which the Ministry of Justice was involved. Among its provisions:

- the designation of a special contact person for the hospital
- the facility given to hospital staff who are victims of violence to file a complaint
- monitoring of emergency departments
- a protocolises privileged alert system
- the possibility of security diagnosis by the police or gendarmerie services for any health structure or professional practice.

This national protocol was extended to health professionals' private practice on 20 April 2011 with 3 ministries involved (health, interior, justice). Unfortunately, not every health structure has signed this official agreement with the police and the judiciary and only a few long-term care facilities or primary care structure.

Since the 9th of January 2012 an online reporting platform was set up : with a single computer application, a collection procedure for recording violations and centralizing events of incivility and violence. It is managed by a national agency (ONVS Observatory of violence in the heath sector).

Its missions:

The mission of this observatory is to coordinate and evaluate the policies implemented by the various players throughout the country in order to guarantee the safety of people and property within the

health facilities concerned. The ONVS's field of competence covers the public and private health and long-term care sectors. It maintains close contact with the professional health orders

In addition to reporting violent acts to the observatory National Order of Nurses offers assistance through its « violence referents » at district or regional council level and systematically offers to file a civil suit in order to provide visible support and to support the very serious nature of violence against nurses in court.

3. Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?

There are a few training programs available for health facilities to ensure nurses are properly trained to deal with violent behaviour . Education and communication are paramount to help nurses. One has to teach staff as soon as possible, through practical training adapted to the work context, how to manage situations of verbal and physical aggression. Various methods exist that have proved their worth. These methods are designed by carers for carers, and are particularly respectful of the philosophy of health. They include communication with patients, residents and carers, which can be a source of tension and violence when poorly managed. These training courses ensure the essential cohesion of the team, the staff and the patients.

For example, the "Grouille-Smolis" method (1995, Limoges University Hospital http://www.chu-limoges.fr/fierdenotrechu-une-solution-contre-les-violences-au-quotidien.html) or the "OMEGA" method (1997, developed in the psychiatric sector in Canada http://asstsas.qc.ca/formations-nos-formations/omega-de-base). Before taking up a medical position in a department or a paramedical position (manager), consider targeted training on issues of safety and security for patients, staff and property.

Further develop training to acquire knowledge of certain pathologies, particularly in psychiatry, geriatrics, and specialized care facilities (e.g., the suddenness and unpredictability of violence) and the specific context of these specialties. The goal is also to develop increased vigilance among staff. Exchanges within and between the various care teams in charge of a particular patient are important elements of prevention (passing of instructions).

Curriculum should include training in verbal and physical aggression during initial training courses for health professionals. Students can sometimes be confronted with this violence in their first ward experience without being prepared for it. Develop more support for young professionals in order to

pass on know-how and interpersonal skills, avoiding mistakes at the beginning of their career due to lack of experience, especially in the sectors most prone to violence (idea of a tutorial or companionship).

Offering on-site information days on topics such as secularism, radicalization, cyber security issues (this is violence that seriously jeopardizes the institution, particularly in its ability to provide care), the functioning of the justice system (basic principles of criminal action and procedure, the role of the public prosecutor, the rights available to health care personnel), and the threat of terrorism.

The Public Health Code develops, in particular, in the section on "conditions of stay" (art. R 1112-40 to R 1112-55), a range of tools enabling the director of the health care organisation to ensure his or her role as regulator of "public tranquillity" within the organisation.

Continuing theoretical training implemented from May 2018 in public hospitals civil service [in application of the directives of the ministerial circular of November 2016 on securing health establishments, by instruction No. DGOS/RH4/DGCS/4B/2017/211 of June 26, 2017 relating to the orientations adopted for 2018 in terms of developing health professionals' skills. The program of five national training actions includes: "Training health professionals in vigilance, prevention, protection and reaction in improving the overall security within public health facilities (incivilities, malicious acts, major accidents, violence etc.).

4. Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?

See answers in question 2.

5. Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.

-

GERMANY

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

Of course, (gender-based) violence exists in Germany in the context of professional practice in the health professions. Different types of violence are distinguished: physical violence, psychological violence, neglect, financial exploitation and intimate assault. Reported violence has been increasing for some years.

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

There is a project PEKo - against violence, which sensitises care institutions to the issue of violence and develops measures to prevent violence. The project is scientifically accompanied and carried out in cooperation with a health insurance company. Website: https://peko-gegen-gewalt.de/projekt-peko

The German Nurses Association (DBfK), North-East Section, has published a brochure on the topic, which was printed in large numbers.

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

The PEKo project described above develops trainings for health care workers and aims to implement the topic in care facilities.

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

Yes, as violence against nurses is increasing in hospitals security has been increased and other preventive or protective interventions have been implemented. Reporting and statistics on violence has been improved

5. Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.

In 2021, legislation was passed increasing penalties for violence against (medical) staff in emergency rooms. The reason for this is the increasing number of assaults on nurses and doctors. The government is not willing to accept this any longer. DBfK welcomes the plan. However, we demand to extend the regulation to all areas where nurses work, in particular intensive care units.

GREECE

1. Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.

Research data indicates that female nurses face more commonly violence or discrimination in their workplace, mainly in Emergency Departments. Mobbing is equally distributed to males and female nurses, the percentages range between high to low workload intensity units, the only important indicator that seems to be strongly correlated is working experience. New employees state higher incidence of mobbing.

2. Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?

Individual hospitals organise nurses training programmes and seminars. There are not in our knowledge actions from the Health Ministry to address it.

3. Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?

Individual hospitals organise nurses training programmes and seminars. There are not in our knowledge actions from the Health Ministry to address it. Our association has already performed a number of round tables, seminars or lectures to address it.

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

The presence of security staff in the ICU and other high-intensity departments has been institutionalized to protect staff from visitors and patients. In each hospital, specific policies, measures and actions are activated to reduce violence among the staff.

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

-

ICELAND

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

In general, yes like in other countries.We do not have any figures but according to a survey done among healthcare workers within Landspitali University Hospital, our biggest one in Iceland, nearly 7% of them described sexual harrashment from patients and 3% from co-workers. The first approach is within the workplace and the employer. Everyone has guidelines from the Administration of Occupational Safety and Health https://www.vinnueftirlit.is/media/fraedslu--og-leidbeiningarit/Starfsmannabaeklingur---ENSKA.pdf. The second approach is the Icelandic Nurses Association which uses the same guidelines.

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

See above answer to quest.1 and furthermore within each institution. An example is the actions within Landspitali University Hospital where around 50-60% of the Icelandic nurses' work. https://kaldur.landspitali.is/focal/gaedahandbaekur/gnhsykla.nsf/5e27f2e5a88c898e00256500003c98c2/d593aacd85df5b8b00257af700383e80?OpenDocument (Icelandic) and also the communication Compact that addresses this also: https://www.landspitali.is/um-landspitala/fyrir-starfsfolk/samskiptasattmali-landspitala/communication-compact/

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

It is based on the guidance from the Administration of Occupational Safety and Health and Directorate of Health https://www.landlaeknir.is/english/publications-and-videos/file/item32412/

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

Not specially for nurses but everyone in workplaces, see legislation no. 1009/2015 https://www.government.is/publications/legislation/lex/2020/11/04/Regulation-on-measures-against-victimisation-sexual-harassment-gender-based-harassment-and-violence-in-workplaces-No.-1009-2015/

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

97% of nurses in Iceland are women, despite the battle in gender equality we still haven´t gotten there, despite being no. 1 in the Gender Gap Index for the past 12 years and being one of the world´s most gender-equal countries.

IRELAND

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

There is limited research or data relating to gender-based violence associated with nurses in Ireland. There is evidence to suggest that male nurses experience discrimination, however. A study from 2007 examining the prevalence and perceived importance of gender-based barriers during undergraduate nursing education programmes for men found that male students indicated that nursing faculty and staff nurses are much more likely to be negative toward their presence than are patients and their families.

Research carried out in 2014 (Berkery et al.) examining the relationship between gender role stereotypes and requisite managerial characteristics within the nursing and midwifery profession found that male nurses and midwives gender typed the managerial role in favour of men. The author's suggested that with an increase in numbers of men joining the profession and increased representation of males at the Clinical Nurse Manager (CMN) level there is a possibility that the profession will become two tiered.

There is still very low percentage of male nurses working in the Irish system. According to the HSE 9.5% of the nursing and midwifery workforce are male and 90.5% are female (HSE, 2021). This would suggest that there is gendered stereotype associated with the careers of nursing and midwifery. Anecdotally, male nurses can be subjected to comments which would be deemed sexist or discriminatory.

During the coronavirus pandemic, nurses and midwives along with other front line workers did not have access to appropriate childcare facilities. The absence of childcare disproportionally affects the female population (NERI, 2020). An examination of the labour market composition of essential employees in Ireland has found that 70% of essential workers are women, and just over half of all essential workers have children (ESRI, 2020). As stated above, the nursing and midwifery professions are 90% female, a percentage reflected by our study (96% stating they were female). Moreover, looking at the age profile of nurses and midwives working in the HSE, a large portion of the professions are in the age groups normally associated with childrearing and parental responsibility.

2. Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?

The HSE has a Dignity in Work Policy which acknowledges the right of all employees to be treated with dignity and respect and is committed to ensuring that all employees are provided with a safe working environment that is free from all forms of bullying, sexual harassment and harassment. It is produced in partnership with several organisations including health service unions. This Policy covers sexual harassment and harassment as outlawed by the Employment Equality Acts 1998 to 2008 and workplace bullying and reflects the experiences of both employers and union representatives in dealing with complaints of bullying and harassment.

There is specific legislation in place to deal with assaults on emergency workers in front-line positions. The Criminal Justice (Public Order) Act 1994, as amended by the Criminal Justice Act 2006, provides explicit statutory protection for what are termed "peace officers", which include members of the

Garda Síochána, prison officers, members of the fire brigade, ambulance personnel and members of the Defence Forces. The Act also covers those working in medical services in hospitals, including doctors, nurses, psychiatrists and others involved in the provision of treatment and care. Section 19 of the 1994 Act provides that any person who assaults or threatens to assault any of these front-line workers is guilty of an offence and is liable on summary conviction to a fine of up to €5,000 or a term of imprisonment of up to 12 months or both, or on conviction on indictment to a fine or imprisonment for a term of up to 7 years or both. The maximum sentence was increased from 5 years to 7 years under the 2006 Act.

It is also an offence under the 1994 Act, as amended, to resist, wilfully obstruct or impede a peace officer, or medical staff in a hospital, in the course of carrying out their work. The penalty on summary conviction for such an offence is a fine of up to €2,500 or imprisonment for a term of up to 6 months or both.

In addition, in the case of assault causing serious harm, an offender can be prosecuted under the Non-Fatal Offences Against the Person Act 1997 which deals comprehensively with a wide range of assault provisions, the more serious of which carry heavy penalties. That Act provides for penalties of up to 5 years in prison for an offence of assault causing harm and for a penalty of life imprisonment for an offence of causing serious harm. This general law relating to assault has application to all citizens, including front-line emergency workers.

3. Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?

In 2016, the National Social Inclusion Office in the Health Service Executive (HSE) commissioned a national training programme to support front-line HSE staff to develop the skills to recognise and respond to victims of DSGBV in vulnerable or at-risk communities. This programme was aligned to national policy on gender-based violence. It produced a National Domestic, Sexual and Gender-Based Violence Training Resource Manual as part of the training programme.

There is no specific training programme for the health workplace setting.

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

There is currently no policies or initiatives in place for reducing the violence against nurses or midwives at the workplace.

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

During the pandemic, it emerged that another worrying development of the global pandemic has been a social stigma associated with nurses and midwives working with COVID-19 patients. Globally, social stigma has been experienced in a number of different ways. A survey of our members indicated that many were being refused childcare due to their working with COVID-19 patients.

There are considerable inequalities in caring, which impacts significantly on the gender and pensions gap. Care is exceptionally important for the welfare of society. Research undertaken in 2019 entitled Caring and Unpaid Work in Ireland identified that the majority (55%) of those providing unpaid care on a daily basis in Ireland are in employment. It also found that Ireland has the third highest weekly hours of unpaid work for both men and women across the EU28. This reflects the relatively low State involvement in support for caring and sees Ireland more in line with Southern and Eastern European Countries, rather than with Scandinavian and Western EU States.

ITALY

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

A relevant number of episodes happened (especially before COVID-19) during the years. Most of these episodes is classified as verbal assault with some limited aggressions. Some have a media eco (especially in very few case sexual violence or physical aggression).

In an analysis conducted by National Institute of Health insurance about 2000-2500 episodes happen every year. Of these less than 20 % are episodes that involve nurses (70% female nurses).

2. Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?

Specific and different media campaign was made by Minister and Labor Union and some other organization will be conducted. At same time some specific conference at regional and national level will be organized. During Covid-19, except some cases (in the south of Italy) in the last months, there are only limited violence episodes against nurses and health care workers.

3. Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?

National objective of CME for nurses also includes a specific course related to violence. Counselling centre and psychological aid will be set up by different local Health organization or charity organization.

4. Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?

In September 2020, Italian Parliament approved a new law addressing violence against Health and Socio-Health Professionals. This law includes a constitution of a National Observatory on the Safety of the Health and Socio-Health Professions under the Ministry of Health. The Observatory will also promote studies for reducing health professionals' exposure to risk factors; monitor the implementation of safety measures, including video-surveillance tools; and promote good practices and specific courses for health professionals.

This law requires that Ministry of Health promote the dissemination of information on the importance of respecting health and socio-health professionals. In addition, the law establishes, with a new decree of Minister of Health in a National Day of Education and Prevention against Violence against Health and Socio-Health Professionals.

The law extends prison year (four to 16 years) to persons who cause serious or very serious personal injuries to health or socio-health professionals including in emergency setting. At same time improve administrative penalty of €500 to €5,000 for those who engage in an action that, short of constituting a crime, involves violence, abuse, offense, or harassment against health care workers.

In September 2024, a new decree-law introducing urgent measures to combat violence against healthcare professionals was adopted. https://efn.eu/wp-content/uploads/2024/10/schema-decreto-legge-violenze-sanitari-1.pdf

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

Data and studies underline the need to a new approach on organizational factors, as well as to ensure the necessary support to victims from health organization, often lacking and contributing to the high level of under-notification. In light of the evolution of the health care offer towards the local area, particular attention should be paid to out-of-hospital settings like family and home care nurses.

LITHUANIA

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

   We occasionally receive complains from nurses about violence bullying, abuse, negative comments at workplaces. The LNO conducted its own internal survey to find out about recent episodes of violence experienced by nurses at workplaces. Nurses of all ages and from different cities have reported experiencing manifestations of violence in the workplaces at least once over the past 12 months. 66.7 percent of interviewed nurses confirmed such data.

   They mentioned psychological pressure, violence, shouting, reproach, and negative comments, unfounded demands from the administration, doctors, patients 'relatives, or patients as well as sometimes from their colleagues.

   Nurses do not treat it as gender-related violence, they associate more manifestations of violence with unequal treatment of their profession.

   Only 11% of respondents mentioned workplace violence prevention strategies, which are implemented in workplaces.

   Only 9 percent of respondents mentioned zero tolerance for violence actions in the workplaces they work at. Only 7 percent of employees said they know how and whom to report incidents of violence to.

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

   -

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

   According to our survey, only 1/3 of nurses had attended lectures or training courses on violence prevention. These are available as CPD courses for nurses. Nurses often choose to listen to lectures and training on violence prevention on their own initiative, not at the initiative of the employer.

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

   We have guidelines developed by the state labor inspection at the ministry of social care and Labour on the prevention of violence, including psychological violence, and recommendations for employers to follow them in the workplaces.

   It has been also proposed to revise and update the Labor Code with provisions governing the concept of mobbing at workplaces and its prevention, but this is still at a debate stage.

   These provisions are general for all workers not specified for nurses of other medical professionals.

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

   Nurses say they need much greater initiative of employers and more strict policies to control and prevent violence in the workplaces, as measures are currently insufficient or missed at all.

NORWAY

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

According to Statistics Norway one of four nurses has been exposed to violence or threats of violence, including sexual harassment. We expect this to be just the tip of the iceberg. The Norwegian labour market is strongly gender-segregated, with nurses being one of the most female-dominated

occupations (9 out of 10). Violence against women and girls is a manifestation of the historically unequal power relations between men and women and systemic gender-based discrimination. This inequality is manifested in several ways of discrimination, for instance the persistent gender wage gap and an occupational injury legislation that does not recognize the risks associated with female-dominated and relational work.

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

A report from the Norwegian Directorate of Health (2018) states the need for a common national understanding of what constitutes violence and threats against health personnel and how it should be registered and followed up. The report does not mention the gender perspective. Generally, the regulation of working conditions in Norway is not gender sensitive, despite the persistent gendered labour market.

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

There are no national training programmes for nurses or health personnel. There may be regional or local programmes we do not know of.

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

In 2017 a new regulation was implemented, imposing employers to map the risk of violence at work and initiate action, including training and follow-up measures. Protection from violence and harassment is in Norway regulated both in the Working Environment Act and the Gender Equality and Discrimination Act. Still, the Labour Inspection Authority find gross inefficiencies in the systematic occupational health and safety work in the health and social care sectors.

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

The Labour Inspection Authority on their homepage cite several organizational factors affecting risk of violence, such as low staffing, turnover, substitute workers, lack of competence, time- and work

pressure, working alone, night work, and insufficient building infrastructure. These are factors characterizing the health sector and perceived as conditions that cannot be changed. An additional challenge is a workplace culture not recognizing violence and threats from patients as a working environment risk, but as something you just must deal with as part of your job. As a professional you are supposed to be the strong and competent part; not coping with violent and threatening patients can expose you as a less competent employee and colleague.

PORTUGAL

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

The Ordem dos Enfermeiros has not officially received reports of incidents of discrimination and gender-based violence. However, the recently created Safety Office for the Prevention and Combat of Violence against Health Professionals believes that the reality may eventually be different because many professionals do not report the cases to the authorities.

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

The Security Office for the Prevention and Combating of Violence against Health Professionals began operating on 2 March last year, the same day that Covid-19 arrived in Portugal. This structure was created by the government and works with the Ministry of Health, under the command of the PSP (Police). According to this office, the most common forms of violence are verbal aggression, insults and offences, which represent more than 60% of the complaints. This is followed by physical violence (13 per cent), patrimonial violence and "some cases of harassment".

Also, in the context of the discussion of the petition "No to Violence towards Health Professionals", which gathered 7.702 signatures, the impact of situations of violence towards professionals was highlighted in the Portuguese Parliament. Thus, there is a project being discussed in the Assembly of the Republic to create plans and programmes for safety and violence prevention in all institutions of the National Health Service (SNS). Health and safety at work commissions should also be created, as well as a risk and hazard statute for all health professionals working in the SNS.

3. Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?

The webinars cycle of the Ordem dos Enfermeiros aims to inform the members of this institution about many scientific and technical issues. In January 2021, a webinar was promoted that focused on the topic of Violence and reflected on ways to prevent it.

In Portugal, the National Programme for the Prevention of Violence in the Life Cycle, was created on 21 October 2019 by the DGS, with the aim of strengthening the mechanisms of prevention diagnosis and intervention regarding interpersonal violence in terms of child and youth abuse, violence against women, domestic and in populations of increased vulnerability.

The aim of the new programme is to promote literacy and prevent violence, designing campaigns and interventions that contribute to changing society's behaviour and to progressive social intolerance towards the phenomenon. Raising awareness and training health professionals to detect, as early as possible, risk and danger factors for the occurrence of situations of interpersonal violence, so that the response can be timely and effective, is another aspect of the programme now created.

Since 2019, the Ordem dos Enfermeiros has promoted awareness and training campaigns on the topic of Violence.

Also, in order to ensure the reinforcement of assistance activities in the area of mental health and emergency psychosocial support, the response of the Psychological Support and Crisis Intervention Centre of INEM and the Psychological Counselling of SNS24 has been reinforced, including for health professionals.

In order to respond to the needs expressed by several nurses, the Mental Health Helpline of the Ordem dos Enfermeiros (Portuguese Nurses' Association) was created, a totally free service from nurses to nurses.

4. Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?

On the one hand, the Government established the Security Office for the Prevention and Combating of Violence against Health Professionals on 2 March 2020. On the other hand, the Parliament approved

two draft resolutions related to the prevention and combat of violence against health professionals in their workplaces.

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

The Ordem dos Enfermeiros, as the Regulator of the Nursing profession, is always available to help its members who face situations of violence and discrimination, not only based on gender but also any type of physical or psychological aggression.

ROMANIA

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

Yes, there is verbal violence, physical violence, for staff working on ambulances, for staff working in the emergency service or staff going to the patient's home, but also in hospitals. The most violent patients and relatives are among the Roma.

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

In 2011 the Ministry of Health, due to the number of cases of aggression against the medical staff, which doubled and tripled, decided to draft a law.,

Law 212 of 2012, which complements the Law on Health Reform, states:

"(1) The threat committed directly or by means of direct communication against a doctor, nurse, driver, ambulance or any other kind of personnel in the health system, in the exercise of the function or for deeds performed in the exercise of the function, shall be punished with imprisonment from 6 months to 2 years or with a fine. (2) The beating or any acts of violence committed against the persons provided in par. (1), in the exercise of the function or for deeds performed in the exercise of the function, shall be punished by imprisonment from 6 months to 3 years. (3) The bodily injury committed against the persons provided in par. (1), in the exercise of the function or for deeds performed in the exercise of the function, shall be punished by

imprisonment from 6 months to 6 years. …(4) The serious bodily injury committed against the persons provided in par. (1), in the exercise of the function or for deeds performed in the exercise of the function, shall be punished by imprisonment from 3 to 12 years. "

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

   No, it does not exist.

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

   The Ministry of the Interior - MINISTRY of Health Protocol of 2016 - provides:

   - patrolling the Gendarmerie in the perimeter of hospitals;

   - emergency intervention of the Police and Gendarmerie in case of aggressions against medical staff;

   - other measures to increase the safety of public hospitals

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

   example. Although there are preventive measures in hospitals, still in 2019 a nurse, director of care at the hospital was killed by her husband with whom she was in the process of divorce. No one suspected what would happen, because her husband was a quiet man, but he had no job lately. Both wives sang in the church choir. He entered the hospital, her office, closed the door, and in a moment of rage killed her.

SLOVAKIA

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

The Chamber does not have any data. There are no Studies or professional Articles on this issue in Slovakia. We have Studies and published professional Articles on the issue of Violence against nurses

in the workplace, but because of age, length of practice and so on, not exactly gender-based violence or discrimination. We assume that this is due to the fact that the profession of nurse is predominantly represented by the female sex.

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

No, these initiatives or projects do not exist in Slovakia. Health care professional have the status "a protected person" from 1.1.2017. It means, if a patient commits a criminal offense against a healthcare professional during the exercise of his/her /health care profession, this fact automatically conditions the use of a higher penalty when imposing a custodial sentence.

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

No, these training programmes for nurses do not exist in Slovakia.

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

No.

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

No additional information.

SLOVENIA

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

Gender-based violence against nurses at their workplace in Slovenia is predominantly connected with their weak position in the hierarchical structure of health organizations, subordination and lack of

social and political power. Communication with nurses is therefore often stereotypic, degrading, lacking respect and consideration for their knowledge and work.

However, in the last 20 years, a lot of research was done on this topic and positive changes were detected. Doctors and other health workers are not anymore the most common perpetrators of verbal, psychological, social, sexual violence against nurses (first national research, 1999); unfortunately patients are now in this position (second national research, 2011). This proves that education and awareness-raising activities after 1999 in the health sector and new legislation in 2007 resulting in organizational measures considerably changed attitude and communication among employees within the health sector.

Nevertheless, the situation is still not satisfactory since violence from patients and visitors is constantly growing. The general assumption is that this type of violence has many causes and is connected to several risk factors. Gender-based violence is generally present with verbal and psychological communication of a degrading or violent character:

- nurses are called by names that degrade them as professionals (for example honey, girl, sweetheart) or by names that degrade them as women (for example hag, goat, witch);
- nurses are addressed only by their first name, although doctors are called by their title and second name;
- patients dare to be abusive and aggressive because they think that nurses have no social and hierarchical power and there would be no consequences for their behaviour;
- perpetrators are often socially justified because of their illness and nurses are expected to understand their abusive behaviour, forgive them and not complain.

2. Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?

Most of the projects and initiatives in this field have been done by the **Nurses and Midwives Association of Slovenia** that started to tackle this problem already in 1999. Namely, the first national research on violence against nurses in Slovenia (1999) proved that violence (verbal, psychological, physical, sexual) is a serious problem; nurses did not report it; mostly they confided only to fellow nurses and not to management; no organizational measures against violence existed; tolerance of violent communication against nurses was very high in health settings and was often regarded as an accepted aspect of their profession. **Nurses and Midwives Association of Slovenia** established a

Workgroup for non-violence in nursing in 2000**,** which has up to now carried out many projects for the prevention of violence. The work group was active in the field of education and training of nurses and midwives, establishing recommendations for dealing with all forms of violence at workplace, cooperating with NGO media and social campaigns against domestic violence and bullying at work; providing counselling for nurses – victims of violence, participating in legislative procedures etc.

In the field of national legislation**,** an important step forward has been done since 2007. Several laws have been adopted to prevent workplace violence, to protect victims from physical and verbal abuse, sexual harassment, bullying as well as discrimination. Employers are legally bound to actively prevent violence by providing organizational measures.

An important role has been played also by the trade unions of the health sector. National workplace legislation has given to them the position and power to interfere with the management in cases of workplace violence. Unions have now also the possibility of representing victims and proposing measures to the management, to participate in the settlement of employee´s complaints and also to establish internal counselling for the members of trade union.

3. Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?

There are no systemic training programs for nurses on the risks of violence within national policies in the health sector. All the training are provided either by the management of concerned health settings or by the professional associations of nurses and doctors.

As stated before, the **Nurses and Midwives Association of Slovenia** has provided many training in the last 20 years for nurses and their local and professional organizations. Some were done in collaboration with the representative trade union of nurses or non-governmental organizations.

4. Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?

In accordance with legislation, employers are obliged to provide preventive programmes, procedures and measures for the reduction of workplace violence. However, employers are free to choose the type of measures and therefore even very formal and less effective organizational policies are considered adequate by the supervising institutions.

Many different policies and approaches have been developed in the health settings since 2007 and with very different effectiveness. The largest clinics and hospitals have provided several measures: training activities for all employees, special counselling for victims, security services, safety measures for all departments and employees, internal legal procedures in cases of violence etc. On another hand, smaller health settings have done much less and they do not have a systemic approach. Many times, nurses still do not get proper support by the management when they experience violence. Verbal gender-based violence is still tolerated and victims of violence are often not taken into serious consideration and supported.

In time of pandemics, there have been cases of violence against nurses: threats and physical violence, verbal abuse, internet hate speech and harassment. Employers have played a very positive role in the dealing with such cases of violence: reporting to the police, providing immediate help and safety, offering counselling for the victims, adopting organizational measures in order to prevent that violence could repeat, announcing publicly the introduction of zero-tolerance of violence as a organizational policy etc. We regard such measures as a case of good health organizational practice.

Since there has been no national health policy on preventing workplace violence the **Nurses and Midwives Association of Slovenia** has, in the last 20 years, developed a comprehensive policy on the prevention of violence against nurses and midwives, which includes: systematic research and publishing on violence and publishing; recommendations on preventive measures; protocols on the dealing with all forms of violence and de-escalation at work; counselling for victims; training on conflict-resolution, assertive communication and dealing with violent behaviour; systematic collaboration with NGOs, trade unions and other professional organizations on this topic.

5. Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.

The **Nurses and Midwives Association of Slovenia** was the first professional organization in Slovenia that systematically started to deal with the problem of workplace violence. It was understood from the very beginning, in 2000, that in order to prevent violence against nurses and midwives the following policies must be taken:

- Close collaboration, learning from their practice and solidarity with those NGOs in Slovenia, which had experience in dealing with violence against women, domestic violence, child abuses as well as violence against vulnerable social groups.

- Personal and psychological empowerment of nurses, through training, education, counselling and support, would raise solidarity among nurses and enable them to help each other in crisis. With the help of guidelines and protocols for dealing with the workplace violence, provided by the **Nurses and Midwives Association of Slovenia,** nurses as a professional group could more effectively respond to the violent communication from patients, visitors or other employees.

The prevention of workplace violence against nurses is connected with changes in the power structure of the health system, which is still excessively hierarchical. Therefore, nurses still do not have enough influence and the possibility to be part of the decision-making process concerning their safety, training, preventive policies and other organizational measures related to the prevention of violence. We consider the existing power structure in the health sector as to be the key systemic factor responsible for many cases of violence against nurses and midwives in Slovenia. Preventive policies should therefore aim to change the existing systemic power structure in the health system and facilitate the empowerment of nurses and midwives.

SPAIN

1. Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.

No, in Spain there is no gender violence for being nurses, it is a social scourge but it does not specifically affect nurses. At work level, nurses have the same working conditions as male nurses and there is usually no discrimination because they are women. What we have been able to record are attacks on health personnel and specifically nurses. Especially during the COVID-19 pandemic, we have verified that there have been more attacks on nurses in their jobs.

2. Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?

Yes. They are initiatives for the prevention and active reporting, and the protection of women who suffer violence, both at the national level in the Ministry of Equality and at the regional level in the different Spanish regions (Autonomous Communities). We have 2 tools implemented. On the one

hand, a phone number, 116, that leaves no trace of the call log to avoid gender retaliation, and on the other, an App connected to the police called Alercop.

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

Yes. There are specific training courses for the prevention and early detection of gender violence aimed at nurses, since they are professionals very close to the population and can do a great job in the field of prevention and care for women victims of violence.

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

Yes. There are initiatives so that nurses do not suffer aggressions or attacks in their workplace. Well with protection measures, buttons to press in case of aggression so that the security services can come quickly and training plans so that nurses know how to deal with these types of situations, even with self defense courses.

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

The challenge is to continue promoting ongoing training in this area, to raise awareness and highlight the potential work that nurses have in this area.

SWEDEN

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

According to the new survey conducted by Novus, earlier this autumn, four out of ten of Vårdförbundet members state that they have been exposed to threats in the workplace, while more than one in four, 27 percent, have been exposed to violence. Four out of ten have also experienced that oral threats occur at least once a year in their workplaces. The most vulnerable are the emergency medical staff. This is followed by employees in psychiatry, primary care and home health care.

Nearly two out of ten women - compared with one in ten men - have been exposed to threats or violence at work in the past year. It is most common in health and care, where the psychological pressure is also greatest. It shows a new report from the Swedish Work Environment Authority. Health and care is the sector where most women work. It is also the industry where most people experience the job as psychologically stressful. In addition to stress and small opportunities to influence the work situation, health care women are confronted with threats, violence and sexual harassment.

Twice as many women as men are exposed to violence and threats in their workplaces. Almost twenty percent of women compared to ten percent of men. The problem is greatest in health and care, where more than a third of all employees have been affected.

This is completely unacceptable. No one should have to be exposed to threats or violence in their workplace. Here, employers have a great responsibility to prevent vulnerable situations and in other ways support employees.

2. Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?

From the survey, seven out of ten state that they have the professional experience to handle and reduce the risk of ending up in threatening and violent situations. And almost as many feel that they have the support of their colleagues in a sufficient way in such situations. 93 percent feel very safe or fairly safe in their workplace, given the risks of threats and violence.

Among examples of important measures to protect against threats and violence, some participants in the survey gave the following answers:

- *"Low-efficiency treatment. Support and backing of colleagues."*
- *"Secure alarm system to get help quickly when needed. Training in the management and prevention of threats and violence is the most important thing to maintain."*
- *"Report to the police, if it is in place that colleagues help to remove the person. Management support. Alarms in certain tasks. Rooms intended for insecure meetings. "*

3. Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?

Safewards is a British program used internationally to reduce threats and incidents of violence in psychiatry. - It has so far been tested in two wards at Sahlgrenska and Östra Hospital in Gothenburg

and has proven to work very well. Coercive measures have decreased by 75 percent and at the same time sick leave among staff has decreased by 25 percent. The goal is to have a safe environment that prevents incidents of violence and the measures are about creating trust between staff and patients. Safewards is based on creating a department that makes patients feel involved. It is close to person-centered care. The program is built around ten nursing interventions to create security. It is about getting as few frustrated and aggressive patients as possible. One of the interventions is called deescalation and is reminiscent of low-affective treatment. It is based on research where it has been seen which behaviors of the staff help patients to calm down.

Jönköping, region in Sweden, have developed guidelines and a routine description that during the autumn came in a second version and is now called Guidelines for treating patients with insulting, threatening or discriminatory behavior. You can find them here: https://folkhalsaochsjukvard.rjl.se/dokument/evo/6ab4b2ca-56a2-4c8c-aa29-6f0eb1319cac?pageId=28521

When they first published them, they were the first in the country and they attracted quite a lot of attention. In the first version, the focus was on the fact that patients sometimes think they have the right to choose or opt out of therapists of a certain gender, ethnicity, skin color, etc.

In the new version, we also highlight people who are insulting and threatening in general.

4. Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?

Employers need to improve. Vårdförbundet also states in a press release that they want to see measures from employers.

- *"It must never be normal to be aimed at with a pistol-like object, verbally threatened with life or kicked and bitten because you work with people in vulnerable situations. The care association demands that employers become better at performing risk analyzes, reporting all incidents and at maintaining and updating routines such as care staff not working alone in risk situations, says President Sineva Ribeiro Since January 2020 Sweden has a new law that bans threats and violence against so-called blue light personnel From January to June,2020 the Public Prosecutor's Office prosecuted 15 people. The district courts have now announced the verdict against eight people - all men, most of them in their 20s. The courts have convicted a total of six people and acquitted two".*

For blue light sabotage of the normal degree, a person can be sentenced to up to two years in prison. The mildest punishment in the completed cases is probation. Two people have been sentenced to ten months and one year and eight months in prison respectively - however, the latter was also sentenced for assault and violent resistance.

For gross sabotage against blue light activities, the penalty scale extends up to life imprisonment, for example if the rescue service were to be prevented from arriving in time to save a person's life.

5. Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.

On a May day in 2020, specialist nurse LF worked with triage at the emergency department at Capio St. Göran's Hospital in Stockholm. Large folding screens divided the reception into two wards, one for patients with suspected covid-19 and one for other patients. LF worked on the non-covid side, and therefore did not wear protective equipment. From her place at the triage counter, she saw how a patient on the covid side crossed the barrier. The woman approached LF and asked a question, whereupon LF asked if she was infected and from her place at the triage counter, she saw how a patient on the covid side crossed the barrier. The woman approached LF and asked a question, whereupon LF asked if she was infected and referred her back to the covid page. Then the patient becomes threatening and hot-tempered. referred her back to the covid page. Then the patient becomes threatening and hot-tempered.

- *"I raise my hand and say 'stop, you have to keep your distance to reduce the risk of infection'. Then she pulls down her mouthguard, leans over the counter, looks me in the eyes and coughs in my face"*, says LF.

Colleagues and the employer immediately supported her and called security guards who took the patient out of the ward. If it were not for the fact that LF had already had covid-19, she believes that it would have been very possible that she could have been infected at that time. The cough attack went to trial in January 2021. The perpetrator denied having coughed LF in the face.

- *"It is a difficult situation to sit there, I will not stick under a chair with it. Especially when I would meet the person in question again. It is a mental stress"*, says LF.

The court sentenced the woman with the words: "In the opinion of the district court, such action on the part of [the patient] could have been expected to violate LF.s peace in a tangible way - which [the

patient] must also have realized." The woman was convicted of harassment and must pay damages of SEK 5,000 to LF.

SWITZERLAND

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

Violence is definitely an issue, as is sexual harassment. A 2008 study commissioned jointly by the Labour ministry and the Federal office for gender equality has shown that health workers are at a particularly high risk of being harassed, notably by patients/clients. Violence/aggressive behaviour is primarily experienced in A&E (due amongst others to the stress experienced by patients' relatives etc. in overcrowded waiting areas, to the influence of drugs and alcohol…), and in psychiatric settings. Gender-based discrimination is multi-faceted: we presume that wage discrimination is still very widespread, as are all forms of discriminatory working conditions (discrimination on the basis of pregnancy and motherhood). An upcoming area of concern pertains to the negative impact of low wages and of part-time work (very common since a high proportion of HCW find themselves unable to work fulltime until pension age for health reasons (working week in Switzerland still = 41/42hrs).

2. **Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?**

Aggression management is part of the curriculum, and HCW get some training via courses offered by professional organisations, trade unions etc., but the problem is essentially dealt with (or not) at the institutional level: some hospitals enforce a zero tolerance policy and do train their own personnel. Fortunately, this subject gets a lot of media attention and is on the radar of the Federal office for gender equality, with the financial support of which our NNA has published a hugely popular practical guide against sexual harassment.

3. **Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?**

See #2 above

4. **Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?**

Employers: yes; national government: no, since the health system and most questions pertaining to the working conditions are mainly a state (and not a federal) matter. On the other hand, according to civil law (a federal statute), employers are held liable in the case of damages suffered by an employee if they are not able to prove they have taken all measures needed in order to protect the personality and integrity of the injured employee. Suits are practically inexistent though.

5. **Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.**

In our opinion, the problem is not a lack of protective legislation but a lack of enforcement, due to underfunding (and personnel shortage, both being closely interconnected): the employers claim that they can't afford their personnel working conditions in line with the requirements of the law. This being said, we also observe a problem at the leadership level (management culture): all too many managers show their nurses neither respect nor recognition. As a result, we witness huge differences in terms of working conditions from one employer to another.

UK

1. **Are nurses in your country experiencing any type of gender-based violence or discrimination at their workplace? If yes, please explain.**

The RCN does not have data on the specific issue of gender-based violence and it is not collected centrally. Data collection on assaults against NHS workers are collated locally and self-reported data is collected via respective NHS staff surveys. Since 2017, there has been no central collection of data on assaults to NHS staff in England.[5]

[5] https://www.rcn.org.uk/professional-development/publications/pub-007301

Based on the responses to an RCN's employment survey [6]in 2019:

- Over a quarter (27%) of women reported that they had experienced physical abuse at work in the previous 12 months.
- However, responses indicated that nursing homes were the only setting where women were more likely to experience physical abuse at work than men – 54% compared to 50%.
- There was no difference in the experience of workplace bullying according to gender.

According to the 2020 NHS Staff Survey in England[7] more than one in four (28.5%) NHS staff said they had experienced harassment, bullying or abuse from patients, relatives or members of the public, almost one in seven (14.9%) experienced physical violence, and almost 40,000 of those who responded (7.2%) said they faced discrimination from patients over the last year – up from 5.8% in 2015[8].

In terms of those who reported experiencing bullying, harassment or abuse from patients/service users – 27% were women and 25% were men. Of those NHS staff working in the community – 21% women, 18% men. Of those staff working in acute trusts – 19% were women, 13% were men.

Of those NHS staff who reported experiencing discrimination from patients/service users – 7% were women, whilst 9% were men. Of those who said they had experienced discrimination, 23% of women said it was on the basis of gender compared to 20% of men. However, of those working in Ambulance Trusts who had experienced discrimination 60% of women said it was due to gender compared to 23% of men.

Earlier in May (2020) we surveyed our members to understand the level of value they feel, and the impact of working on the frontline during COVID-19. This survey revealed that nearly a quarter (23%) of BAME respondents had experienced an increase in bullying/harassment, compared to 15% of those who are white. In addition, our regional offices and member support services have received anecdotal reports from members of threats, harassment or intimidation, as well as physical assault in the form of spitting. There have also been media reports of forced evictions of medical professionals from rental properties due to a perceived increased risk of contraction.

[6] RCN Employment Survey 2019 | Publications | Royal College of Nursing
[7] https://www.nhsstaffsurveyresults.com/homepage/national-results-2020/breakdowns-questions-2020/
[8] https://www.england.nhs.uk/2020/02/nhs-staff-morale-improves-but-too-many-facing-abuse/

2. Are there initiatives and/or projects put in place to tackling this problem of violence against nurses in your country and/or health settings?

We are not aware of any specific programmes or projects to prevent gender-based violence against nurses. There are generic programmes to tackle work-related violence in the health care sector such as the NHS England Violence Prevention and Reduction Standard and NHS Wales Obligatory responses to violence at work[9].

3. Are there training programmes for nurses on the risks of violence and how to prevent, identify and cope with it in your country and/or health settings?

There are no national training programmes that we are aware of. Training would be based on a risk assessment, for example considering the needs of community nurses working alone in a patient's home which may be different to those of nursing staff working in a mental health inpatient unit.

4. Are the employers and/or the national government in your country putting in place policies and/or initiatives for the reduction of violence against nurses at the workplace?

Similarly to our responses to Q2, we are not aware of any nursing-specific initiatives but there are relevant policies for health care workers more broadly, notably the Assaults on Emergency workers (offences) Act 2018 which made it a specific offence to assault nursing staff delivering NHS care and other emergency workers. Following lobbying by the RCN and others, sexual assault is covered in this legislation and to sexually assault a health care worker would be an aggravating factor resulting in a tougher sentence.[10]

In 2018, the Government launched an NHS violence reduction strategy for England.[11] It aims to protect the NHS workforce against deliberate violence and aggression from patients, their families and the public, and to ensure offenders are punished quickly and effectively.

The strategy includes:

- the NHS working with the police and Crown Prosecution Service to help victims give evidence and get prosecutions in the quickest and most efficient way

[9] https://nwssp.nhs.wales/corporate-documents/corporate-anti-violance/obligatory-responses-to-violence-in-healthcare-english/
[10] https://www.rcn.org.uk/magazines/bulletin/2018/october/from-congress-to-constitution
[11] https://www.gov.uk/government/news/stronger-protection-from-violence-for-nhs-staff

- the Care Quality Commission (CQC) scrutinising violence as part of their inspection regime and identifying trusts that need further support
- improved training for staff to deal with violence, including circumstances involving patients with dementia or mental illness
- prompt mental health support for staff who have been victims of violence.

In 2021, NHS England published the new national violence prevention and reduction standard to complement existing health and safety legislation[12]. Employers (including NHS employers) have a general duty of care to protect staff from threats and violence at work. The Standard provides a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence. All NHS commissioners and all providers of NHS-funded services operating under the NHS Standard Contract should have regard to the violence prevention and reduction standard, and are required to review their status against it and provide board assurance that they have been met twice a year.[1]

5. Please provide any additional information, comments, or challenges nurses are experiencing in your country in terms of gender-based violence or discrimination.

Third party sexual harassment in the workplace was raised as an issue at the RCN Congress 2019. We have developed guidance and inputted into Government consultations to increase employers' responsibility for tackling third party harassment against nursing staff.[13]

[12] https://www.england.nhs.uk/wp-content/uploads/2020/12/B0319-Violence-Prevention-Reduction-Standards.pdf
[1] https://www.england.nhs.uk/wp-content/uploads/2020/12/B0319-Violence-Prevention-Reduction-Standards.pdf
[13]https://www.rcn.org.uk/professional-development/publications/rcn-third-party-sexual-harassment-resource-uk-pub-009216
https://www.rcn.org.uk/magazines/activate/2020/july-2020/standing-up-to-third-party-sexual-harassment-rcn-reps

EFN Members

ALBANIA
Ms Blerina Duka - President & Official Delegate
Albanian Order of Nurses
www.urdhriinfermierit.org

AUSTRIA
Ms Elisabeth Potzmann - President
Austrian Nurses Association (OEGKV)
www.oegkv.at

BELGIUM
Mr Yves Mengal - Delegate (FNIB) | **Ms Deniz Avcioglu** – Official Delegate (UGIB)
Fédération Nationale des Infirmières de Belgique | General Nursing Union of Belgium
www.fnib.be | www.ugib.be

BULGARIA
Ms Milka Vasileva - President & Official Delegate
Bulgarian Association of Health Professionals in Nursing (BAHPN)
www.nursing-bg.com

CROATIA
Ms Tanja Lupieri - President
Croatian Nurses Association (HUMS)
www.hums.hr

CYPRUS
Mr Ioannis Leontiou - President & Official Delegate
Cyprus Nurses and Midwives Association (CYNMA)
www.cyna.org

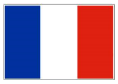
CZECH REPUBLIC
Ms Jana Hermanova – Official Delegate
Czech Nurses Association (CNNA)
www.cnna.cz

DENMARK
Ms Anni Pilgaard - Official Delegate
Danish Nurses' Organisation (DNO)
www.dsr.dk

ESTONIA
Ms Gerli Liivet - Official Delegate
Estonian Nurses Union (ENU)
www.ena.ee

FINLAND
Ms Nina Hahtela - President & Official Delegate
Finnish Nurses Association
www.sairaanhoitajaliitto.fi

FORMER YUGOSLAV REPUBLIC OF MACEDONIA
Ms Velka Gavrovska Lukic - President & Official Delegate
Macedonian Association of Nurses and Midwives
www.zmstam.org.mk



FRANCE
Mr François Barrière - Official Delegate
Association Nationale Française des Infirmiers & Infirmières Diplômés ou Etudiants (ANFIIDE)
www.anfiide.com

GERMANY
Mr Franz Wagner - Official Delegate
German Nurses Association (DBFK)
www.dbfk.de

GREECE
Dr Eleni Kyritsi-Koukoulari - President
Hellenic Nurses Association (ESNE)
www.esne.gr

HUNGARY
Ms Tünde Minya - President & Official Delegate
Hungarian Nursing Association
www.apolasiegyesulet.hu

ICELAND
Mr Guðbjörg Pálsdóttir - President & Official Delegate
Icelandic Nurses Association
www.hjukrun.is

IRELAND
Ms Phil Ni Sheaghdha - Delegate
Irish Nurses and Midwives Organisation (INMO)
www.inmo.ie

ITALY
Ms Stefania Di Mauro – Official Delegate
Consociazione Nazionale delle Associazioni Infermiere - Infermieri (CNAI)
www.cnai.info

LATVIA
Ms Dita Raiska - President & Official Delegate
Latvian Nurses Association
www.masas.lv

LITHUANIA
Ms Danute Margeliene - President & Official Delegate
The Lithuanian Nurses' Organisation
www.lsso.lt

LUXEMBOURG
Ms Anne-Marie Hanff - President
Association Nationale des Infirmières et Infirmiers du Luxembourg (ANIL)
www.anil.lu

MALTA
Mr Paul Pace - President & Official Delegate
Official Delegate
Malta Union of Midwives and Nurses (MUMN)
www.mumn.org

MONTENEGRO
Ms Nada Rondovic – President & Official Delegate
Nurses and Midwives Association of Montenegro

NETHERLANDS
Ms Stella Salden – President & Official Delegate
Nieuwe Unie'91 (NU'91)
www.nu91.nl

NORWAY
Ms Lill Sverresdatter Larsen – President & Official Delegate
Norwegian Nurses Organisation (NNO)
www.sykepleierforbundet.no

POLAND
Ms Grażyna Wójcik – President & Official Delegate
Polish Nurses Association (PNA)
www.ptp.na1.pl

PORTUGAL
Mr Luis Filipe Barreira – Official Delegate
Ordem dos Enfermeiros (OE)
www.ordemenfermeiros.pt

ROMANIA
Ms Ecaterina Gulie - President & Official Delegate
Romanian Nursing Association

SERBIA
Ms Radmila Nešić - President & Official Delegate
Association Health Workers of Serbia
www.szr.org.rs

SLOVAKIA
Ms Iveta Lazorová - President
Slovak Chamber of Nurses and Midwives
www.sksapa.sk

SLOVENIA
Ms Monika Azman – President & Official Delegate
Nurses and Midwives Association of Slovenia
www.zbornica-zveza.si

SPAIN
Mr Florentino Perez – President & Official Delegate
Spanish General Council of Nursing
www.consejogeneralenfermeria.org

SWEDEN
Ms Sineva Ribeiro – President & Official Delegate
The Swedish Association of Health Professionals
www.vardforbundet.se

SWITZERLAND
Ms Roswitha Koch - Official Delegate
Association Suisse des Infirmières et Infirmiers (SBK-ASI)
www.sbk-asi.ch

UNITED KINGDOM
Dame Donna Kinnair - Delegate
Royal College of Nursing (RCN)
www.rcn.org.uk

The European Federation of Nurses Associations (EFN) was established in 1971 and is the independent voice of the profession. The EFN consists of National Nurses Associations from 35 EU Member States, working for the benefit of 6 million nurses throughout the European Union and Europe. The mission of EFN is to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens and the interests of nurses in the EU & Europe.

For further information or copies of this report please contact:

The European Federation of Nurses Associations (EFN)
Registration Number 476.356.013
Clos du Parnasse 11A, 1050 Brussels, Belgium
Tel: +32 2 512 74 19 Email: efn@efn.eu
Website: www.efn.eu