



EFN Policy Statement on Zero Tolerance on Violence Against Nurses

The EFN has been calling for EU action on Violence against nurses as demonstrated by the [2021 EFN Policy Statement on Violence and Harassment against Nurses](#), as violence and harassment against nurses continue to plague EU healthcare ecosystems, having enormous negative consequences on nurses' physical and mental well-being, pushing them to leave the nursing profession, and thus reducing the safety and quality of patients' care. Therefore, the EFN continues to advocate for EU, European, and National policy and decision-makers to take legislative action at EU level.

With COVID-19, violence and harassment against nurses and allied healthcare professionals became disturbingly frequent, as demonstrated by the data collected by the EFN from the EFN Members ([De Raeve et al., 2023](#)). Additionally, in its [latest employment survey](#) (2021), the Royal College of Nursing (RCN) highlighted that nurses with other protected characteristics (i.e. a Black female nurse) are even more at risk of being victims of violence and harassment. Several EU and European Member States took legislative and non-legislative action to different extents, showing that they recognised the health crisis, and demonstrating a willingness to act. However, many EFN Members reported a lack of implementation, often due to limited resources and lack of political will. Now, post COVID-19, the situation remains largely unchanged, with nurses continuing to be victims of verbal, emotional, and physical, including sexual violence. This is a crucial factor which is aggravating the nursing shortages, as frontline nurses are scared for their safety. As such, 30% of nurses left the nursing profession in 2023/2024 (De Raeve et al., 2023).

In recent years, the EFN has supported several initiatives from the EU institutions and Council of Europe, including the [Council of Europe Istanbul Convention](#) on preventing and combating violence against women and domestic violence, [International Labour Organisation Convention 190 on reducing violence and harassment at work](#), and the 2024 [EU Directive on Combatting Violence Against Women and Domestic Violence](#) (Directive (EU) 2024/1385). As the nursing profession is mainly female based, these are great achievements, with the EU Directive 2024/1385 being the first EU Directive pushing for more severe punishments and

harmonisation of rules on gender-based violence across the EU. Building on these important legislative achievements, the [EU Parliament Committee on Women's Rights and Gender Equality](#) (FEMM) is now working on an Own-Initiative Report on Gender Equality and Gender Based Violence in Healthcare Settings.

The EFN, strongly believing that now is the time to focus particularly on healthcare working conditions, supports the initiative of the FEMM Committee, and calls on the European Institutions and the Member States to:

1. Develop an EU Directive on Zero Tolerance on Violence against nurses and allied healthcare professionals. While previous initiatives like the Directive (EU) 2024/1385 are welcome building blocks, they do not have a specific focus on nurses and allied healthcare professionals. Considering that nurses and allied healthcare professionals are heavily targeted, despite their crucial contribution to the resilience of healthcare ecosystems, EU legislation should harmonise EU and European national legal standards towards a zero tolerance approach for the perpetrators of violence and harassment against nurses and allied healthcare professionals!
2. Recognising, as demonstrated by the evidence collected by EFN, from the EFN Members ([2021](#)), that multiple initiatives already exist at the Member States level to curb and prevent violence against nurses and allied healthcare professionals, the EU should urgently put in place, through existing or innovative funding streams, adequate resources to support the Member States in implementing their national legislative and non-legislative plans to stop violence. It is key to upscale commonalities of good practices that have proven to be impactful.
3. Both at the national and EU levels, coordinate closely with the EFN and National Nurses Associations the implementation of legislative and non-legislative initiatives aiming to prevent violence against nurses through a zero-tolerance violence approach. This is key as implementation remains a huge challenge. The effectiveness of frontline initiatives can only be ensured through the co-creation with the frontline nurses and the representatives of the nursing profession.
4. Provide adequate EU and National support for employers, so that they can recruit the right numbers of nursing staff with the right skills and competences to deliver safe and effective care to patients.
5. Establish adequate, mandatory national systems to monitor violence against nurses and allied healthcare professionals and to support victims of such violence. This support should include facilitating a just culture to encourage reporting by victims and providing the psychological support they require. Government and employer

- support mechanisms should be in place, including worker compensation and necessary time off, ensuring that individuals do not experience any financial hardship.
6. Develop a coordinated, Europe-wide campaign to raise public awareness about the importance of nurses and allied healthcare professionals, enhancing their image and providing the recognition they deserve. Support ongoing training in dealing with the threat of violence, including de-escalation techniques and reporting.
 7. Ensure that collective agreements across Member States include clear and enforceable safety protocols that define the rights and responsibilities of all parties in incidents of violence against nurses and allied healthcare professionals. These protocols should specify designated safe zones, outline procedures for immediate withdrawal from unsafe situations, and clarify the consequences for perpetrators, including patients or relatives. There must be a balanced approach that protects healthcare workers' right to a safe working environment, while ensuring continuity of care through well-defined escalation and support mechanisms.

Further readings:

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- Boniol M, Mclsaac M, Xu L, Wuliji T, Diallo K, Campbell J. Gender equity in the health workforce: analysis of 104 countries. Working paper 1. Geneva: World Health Organization; 2019 (WHO/HIS/HWF/Gender/WP1/2019.1). Licence: CC BY–NC–SA 3.0 IGO)
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- de Raeve, P., Xyrichis, A., Bolzonella, F., Bergs, J., & Davidson, P. M. (2023). Workplace Violence Against Nurses: Challenges and Solutions for Europe. *Policy, politics & nursing practice*, 24(4), 255–264. <https://doi.org/10.1177/15271544231182586>
- Employment Survey Report 2021: Workforce diversity and employment experiences | Publications | Royal College of Nursing. Available at: <https://www.rcn.org.uk/Professional-Development/publications/employment-survey-report-2021-uk-pub-010-216>

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- World Health Organization. 2020. State of the World’s Nursing. Investing in education, jobs and leadership. <https://www.who.int/publications/i/item/9789240003279>

Please contact Dr Paul De Raeve, Secretary General of the European Federation of Nurses Associations, for more information. Email: efn@efn.eu – Tel: +32 2 512 74 19 – Web: www.efn.eu

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