

Can anything be done to help nurses feel safer?

In March 2005, then Health Secretary Dr John Reid announced his determination:

“... to do everything within my power to stop NHS staff suffering from violence and abuse.” This included making high-tech devices available to all staff who work on their own in the community. One such device – Identicom – looks like an identity card holder, but enables the individual to discreetly raise the alarm, if they fear attack.

Yet despite Dr Reid’s pledge, more than two years later just 3.5 per cent of trusts have invested in such a device to protect their staff. Indeed, as the RCN’s survey aptly demonstrates, many trusts struggle to provide their nurses with even the most basic technology – a mobile phone. “*The trust provides one mobile phone per eight in the team,*” says a district nurse working in Buckinghamshire.

Working alone

– key facts from the RCN’s survey

- ◆ Around 85 per cent of nurses taking part in the RCN’s survey said they spent more than a quarter of their time working alone away from colleagues, with more than half working outside office hours.
- ◆ More than half thought the risk of violence or abuse had increased over the last two years.
- ◆ Less than one per cent thought that the risk had reduced.
- ◆ More than one-third had been assaulted or harassed in the last two years – with 6.2 per cent saying they had been physically assaulted.
- ◆ More than one-third said they sometimes felt unsafe while working alone.
- ◆ Approximately two-thirds thought that a mobile device disguised as an identity card holder, together with round-the-clock monitoring and training, would increase their confidence to work alone.
- ◆ Currently, just 3.5 per cent of trusts have invested in such a device – Identicom – to protect their lone workers.

To read the survey results in full, visit:
www.rcn.org.uk/publications

For further information on the use of technology to protect lone workers, visit:
www.cfsms.nhs.uk/sms/tech.to.protect.staff.html

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You're not alone

The RCN –
campaigning to protect
lone workers



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The RCN – campaigning to protect lone workers

Working alone in the community, often during unsocial hours, leaves many nurses feeling vulnerable. Yet up to 100,000 health care professionals are working on their own in the NHS every day.

And while serious attacks may be relatively rare, more than half of those taking part in an RCN survey said they thought the risk of violence or abuse had risen over the last two years.

Conducted by independent consultants at Sheffield Hallam University's Centre for Research and Evaluation, the RCN survey of almost 1,000 nurses who sometimes work alone as part of their job, reveals widespread concerns about safety.

"I feel that district nurses are extremely vulnerable during their first visit, as they are unaware of any risks that may be involved when visiting that particular client," says a district nurse team leader, based in West Glamorgan.

While a service development manager in Lanarkshire comments:

"As a manager of community nurses, I am very aware of an increase in incidents amongst community practice nurses, district nurses and health visitors."

The impact of violence

Whether nurses perceive a growing threat of violence, or are subjected to actual physical or verbal attack, it's clear that any compromise on safety has a hugely detrimental effect on everyone involved. That includes individual nurses, their colleagues, families and friends, and the health service in general.

As one district nurse working in the North East of England says: *"Attending a remote farmhouse, rural location recently, I was threatened verbally by a patient's husband that 'he would be behind the door with a gun if he was ever in a bad mood'... This experience has greatly affected my feelings for my career as a district nurse."*

Meanwhile a health visitor in Merseyside shares her continuing distress, following a serious incident: *"I was assaulted and subjected to high levels of aggression and threats to kill us on a home visit with a social worker in 2000... The social worker sustained a serious injury and we were both traumatised for months and ever since... It still haunts me..."*

Of course violence has financial implications too. Based upon Home Office figures, the estimated costs of physical violence against an individual are £20,000 per incident, covering issues such as health care and pursuing the assailant through the criminal justice system. Other potential costs include compensation, time spent on investigations, staff sickness, low morale and turnover, as well as the physical and psychological damage suffered by nurses.

The RCN's plan of action

Now the RCN is calling upon trusts to comply with their legal duty to protect nurses, by implementing a five-point plan of action to include:

1 Risk assessments

According to an RCN survey, nearly three-quarters of respondents say that they did not always have all the information about the potential risks they might face when visiting a client. More than one-third say they never or rarely carried out a risk assessment before a visit.

The RCN says: nurses must be provided with information to help them assess risks and decide how to ensure their safety. Organisations must also carry out risk assessment to manage risk and reduce potential harm.

2 Prevention

More than one-third of respondents said they sometimes felt unsafe when working alone, while 37 per cent reported that they had been assaulted or harassed in the last two years. Approximately two-thirds of nurses questioned thought that a mobile device disguised as an identity card holder, together with round-the-clock monitoring and training, would increase their confidence to work alone.

The RCN says: employers must invest in implementing a safe system of work that deals with the risks. A specific lone worker device, such as the identity card holder, enables the nurse to discreetly call for help. This is the ideal solution – and more effective than a mobile phone, which may actually increase risk. Of course there are financial implications, but investment in safety reduces the costs associated with violence. It's also good for morale, demonstrating a clear commitment to protecting nurses – so patients benefit too.

3 A policy

While more than four-fifths of respondents say their employer has a policy, more than 17 per cent had not been given a copy of it.

The RCN says: every organisation needs a policy to inform nurses about the arrangements that are in place, and who is accountable for ensuring a policy is implemented. The survey shows that where there is a policy, nurses believe their employer has a better understanding and empathy towards lone working, in comparison with those employers who do not have a policy. It is important to regularly review and revise a policy, particularly if an incident takes place.

4 Training

Almost a fifth of respondents had not received any conflict management training at all. Almost half had not received any such training in the last two years.

The RCN says: while training on its own may not reduce the incidence of violence, it's an essential part of an organisation's approach to managing violence and aggression.

5 Support from employer

Half of those nurses responding to the survey have doubts that their employer would take action against those who verbally abuse staff, while less than half thought their employer better understood the issues now, compared to two years ago.

The RCN says: nurses' comments suggest that a perceived lack of support from managers is not uncommon. Employers must change that view by taking action to put preventive measures in place; creating systems that provide immediate support in the event of violence; and having good police liaison.

Ultimately, the RCN believes that trusts cannot afford to ignore the problem any longer.