# Royal College of Nursing

# Lone working survey

Report submitted by

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**May 2007**

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**Lone working survey: context**

In 2003, the National Audit Office conducted surveys of NHS trusts in England on a range of health and safety issues. They found that the problem of violence was significant and decided to produce a separate report on this aspect of health and safety. The report showed that incidents of violence and aggression had been increasing year on year since 1998. The estimated direct cost to the NHS was at least £69 million a year. One outcome from this report was the establishment of the NHS Security Management Service (NHS SMS), which has the operational and policy responsibility for security in the NHS, including reduction of violence. The SMS developed a strategy that was aimed at creating an effective structure to deal with violence and aggression. Elements of the strategy include: the appointment of local security management specialists, a national reporting system for physical assaults, a syllabus for conflict resolution training, and the establishment of a Legal Protection Unit to take forward prosecutions.

The SMS applies to England, but there have been other initiatives in other parts of the UK. In Scotland, the Emergency Workers Act was passed in 2005, which makes assault against emergency workers - including nurses - a specific offence. The Welsh Assembly developed the 'All Wales NHS violence and aggression training passport' to provide a framework for the delivery of violence and aggression training in Wales.

The Royal College of Nursing (RCN) has been concerned about the level of risks to nurses. It has been working in a number of ways to raise awareness of the problem and to contribute towards the development of solutions to reduce the incidence of violence, as well as ensure those who are subjected to violence receive the support they need. The RCN believes that those who assault nurses should face criminal sanctions where appropriate, but highlights the fact that there are relatively few prosecutions in relation to the number of incidents. In 2006, the RCN published a survey looking at all aspects of nurses' working environment, including assaults from patients and the public. Four in 10 respondents reported that they had been harassed or assaulted by patients or relatives in the previous 12 months - an increase on an earlier report in 2000. Of these, 25 per cent were reported by nurses working in the community. Interventions to reduce levels of violence and aggression are frequently focussed on the acute sector and emergency departments in particular. However, working in the community means that nurses face all the risks of lone working, resulting in exposure to violence and aggression.

In 2005, the NHS SMS published guidance to help protect staff who work alone and who do not have access to immediate support from colleagues or others. This guidance provides a template from which local employers can develop procedures and systems to protect lone workers. It contains information on how technology can be used to help provide a safer environment and to help nurses feel more confident about their personal safety. The RCN wanted to find out if the situation for nurses working in the community has improved since 2005, their perception of risk, their experiences of assault and abuse, whether technology has been provided, and how incidents are handled. This report of the survey addresses these questions and provides the results that will be used to inform future RCN action.

**References**

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# Executive summary

**Methodology and survey sample**

1. This document reports on the findings of a postal survey of Royal College of Nursing (RCN) members who undertake lone working as part of their employment. The survey was conducted by independent consultants at Sheffield Hallam University's Centre for Research and Evaluation. The survey was sent out to 3,010 RCN members and 996 completed questionnaires were received by the consultants.

2. The survey respondents undertook a variety of jobs, most notably district nurses, staff nurses, specialist nurses, community psychiatric nurses and community nurses.

3. Although respondents from England were in the majority, there were also representatives from Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

4. The respondents had been in post for differing lengths of time. Approximately a quarter had been in post for less than two years, while approximately one-third had been in post for more than 10 years.

5. The majority of respondents were female (94.2% female and 5.8% male).

6. All age groups were represented in the survey.

7. The majority of respondents were white (92.1% white British, 2.4% white Irish and 2.5% white other). Responses from other ethnic groups were low, although this may be representative of the population from which the sample was drawn.

8. The survey sample included respondents from urban, suburban and rural locations.

**Results overview**

9. Approximately 85 per cent of respondents spent more than a quarter of their time working alone away from colleagues. In addition, more than half (53%) stated that they worked outside of normal office hours.

10. Two-thirds of respondents (66.1%) stated that their employer did not know their whereabouts or only 'sometimes' knew their whereabouts when they were working. However, approximately three-quarters (78.8%) stated that their employer did have the details of their vehicle.

11. More than four-fifths (82.4%) stated that their employer had a lone worker policy, although of these, 17.3% had not been provided with a copy of it.

12. More than one-third of respondents (38.3%) stated that they rarely or never carried out a risk assessment ahead of a client/patient visit and 72.5% stated they 'never', 'rarely' or only 'sometimes' received all the information they needed about the risks associated with a visit.

13. If respondents thought there was a high level of risk, they most commonly (59.2%) waited for a colleague to accompany them.

14. More than three-quarters of respondents stated that they felt 'very' or 'quite safe' at work, although more than a third stated they 'sometimes' felt unsafe whilst working alone.

15. More than half of survey respondents (52.2%) stated that they thought the risk of violence or abuse had increased over the last two years.

16. More than a third of respondents had been assaulted or harassed in the last two years and 6.2% stated that they had experienced a physical assault. Not all incidents were reported to managers; indeed only 44.6% of verbal assaults were reported to managers and only 86.5% of physical assaults. More than a quarter of physical assaults were regarded as racial in nature.

17. Only half of respondents 'agreed' or 'strongly agreed' with the statements 'my employer would take action against patients/clients who verbally abuse staff' and 'my employer takes action to manage the risks of lone working.' Less than half agreed with the statement 'my employer has a better understanding of the issues associated with lone working now as compared to two years ago.'

18. Approximately two-thirds of respondents thought that a mobile device disguised as an ID card holder, together with 24/7 monitoring and training, would increase their confidence to work alone.

19. When respondents had experienced an incident and reported it to their managers, they were most commonly offered immediate support (51%) or counselling and debriefing (22.7%)

20. Most commonly, lone workers used a mobile phone for safety, although it was not unusual for these to be their own and not supplied by their employer. Identicom was used by only 3.5% of respondents.

21. The most effective systems as perceived by those who used them were mobile phones, a buddy system and Identicom.

22. 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.

23. On the whole, respondents were positive about the potential impact that evidential audio recordings of verbal abuse would have on their employer's ability to take action and two-thirds (63.2%) stated that it would have a positive impact.

**Impact of work environment**
24. Rural workers were more likely to work out-of-hours than urban or suburban workers, although they were less likely to conduct risk assessments ahead of visiting a patient/client. In addition, they had a greater sense of security than their urban or suburban colleagues. However, the ratio of physical incidents to the proportion of respondents suggested that the physical risks are as great for rural workers as they are for urban workers. Urban workers experienced the highest levels of verbal abuse. In the event of an incident, rural managers were more likely to offer immediate support than urban and suburban managers. Rural workers were also more likely to have two specific types of support system in place - mobile phones and torch.

**Impact of gender**
25. Male lone workers were more likely to work in the evening, whilst female lone workers were more likely to work at weekends. Females were more likely to

state that their employer was not always aware of their whereabouts. Female workers were less likely to state that they had been given a copy of their employer's lone worker policy document than males. Possibly related to this, but very probably due to other factors as well, female workers reported feeling less safe in their work than males. Despite this, it is actually the male workers who experience the higher levels of physical assault. There appears to be a corresponding difference in reaction by management, with males being much more likely to report that the police had become involved. However, female workers' perceptions of safety will not be improved by their employers' lower take-up of some safety systems and conflict management training. Finally, male workers were more sceptical that evidential recordings of abuse would enable their employers to take action.

## Impact of country of work

26. In summary, due to the small number of respondents in some countries the chi-square is not a reliable indicator of significance for this particular analysis. However, it appears that Northern Irish workers had the highest rate of weekend lone working and also the highest proportion of rural workers. They were also the least likely to state that their employer had a specific lone worker policy, and they also had substantially less safety systems in place than the other countries. With regard to perceptions of safety, Scottish and Welsh respondents were the most likely to report that they felt 'very safe' whilst lone working. Looking at the incidence of actual assaults, these are somewhat at odds with the other findings, in that Northern Irish workers had the highest rates of verbal assaults but also the lowest rates for physical assaults. Scotland and England had the highest rates for physical assault. On the other hand, Welsh respondents were the most optimistic that their employers were aware of the risks they faced and would take action if necessary.

## Impact of lone worker policy

27. Those respondents whose employer had a lone worker policy were more likely to state that their employer was always aware of their whereabouts and also that they had details of their vehicle. In addition, those with a policy were more likely to always carry out an assessment prior to a visit. With regard to actual incidents, those with a policy had a slightly higher ratio of both verbal and physical incidents. Those with a policy in place tended to view their employer's attitude to lone working more positively than those without. Further, those who had a policy were more likely to report that after an incident, their managers had decided to discontinue care. In addition, there were some differences in the systems that respondents had in place, with workers who had a policy tending to have more safety systems in place, although perceptions of the effectiveness of these systems was somewhat mixed. Finally, those who had a policy were also more likely to state that they had undertaken conflict management training, and to view this training in a positive light. However, a number of respondents commented that a policy on its own was not enough to guarantee employee safety.

## Impact of working outside of office hours

28. Those respondents that worked outside of office hours were more likely to also work in a rural environment. They were also more likely to state that their employer did not always know of their whereabouts and were also less likely to state that their employer had their vehicle details. They were more likely to feel unsafe in their work. There was also some difference in perceptions of security. Those who worked outside of office hours were more likely to state that the risks associated with lone working had increased over the last two years. Respondents who worked outside of office hours were also more likely to experience assaults than those who worked within office hours. They were less likely to believe that their employer would take action to 'manage the risks

of lone working'.  On the other hand, those who worked outside of office hours were more likely to have a mobile phone and a torch, although this group was also more sceptical about how effective some systems - such as a personal alarm and emergency telephone numbers - were.

**Impact of age**

29. Younger workers were more likely to work in urban environments and were also the most likely to experience physical assaults.  Older workers were the most likely to state that their employer did not know of their whereabouts, although they were more likely to state that their employer had the details of their vehicle and also that their employer had provided them with a copy of their lone worker policy.  Older workers were also the most likely to 'rarely' or 'very rarely' feel unsafe in their work.  Older workers were also more likely to have a number of safety systems in place.  Finally, the middle age range group was the most likely to believe that the system of ringing back to base was effective.

# 1    Methodology

The questionnaire was designed by representatives from the Royal College of Nursing (RCN) with advice on ease of completion and analysis given by the Centre for Research and Evaluation at Sheffield Hallam University.  The questionnaire was designed onto an electronic scanning system and then sent out in the internal post on behalf of the Royal College of Nursing to members that were known to be lone workers.

A total of 3,010 questionnaires were sent out, along with an accompanying explanatory letter from the RCN and a pre-paid envelope addressed to the Centre for Research and Evaluation.

Given time and budget restrictions, no reminder letter was sent, although an overwhelmingly good response was achieved.  A total of 996 completed questionnaires were returned to Sheffield Hallam University, a response rate of 33 per cent.  These responses were scanned onto the system, verified and then checked for quality, as well as being 'cleaned' for routing, logic and range checks on all questionnaires.

The findings are presented in the following way.  Chapters 2 to 4 give an overview of the findings, Chapter 5 presents the demographic characteristics of the survey sample and Chapters 6 to 12 report on cross tabulations with the following: work environment, gender, country of work, whether or not there is a lone worker policy in place, whether or not the respondent works outside of office hours, and age.  Given the small number of respondents from ethnic groups other than white (92.1% white British, 2.4% white Irish and 2.5% white other shown in Table 3, Chapter 5), it is not possible to undertake any cross tabulation analysis on ethnicity.

Only those cross tabulations with a chi square significance of 0.05 or less are included in this report.  This statistic means that there is less than a 5 per cent possibility (or one in 20 chance) that these results occurred purely by chance and that therefore, they are *statistically significant*.  The smaller the chi square figure, the smaller the possibility that the results happened by chance alone.  This chi square figure is referred to as the letter 'p' throughout this report.

As the exact response rate on each question varies - due to both non-response on specific questions, and also some questions not being applicable to all respondents - the exact sample size varies from question to question.  The sample size is therefore quoted for each finding reported and is referred to throughout this report as 'n'.

Finally, there were a lot of open comments submitted on the survey questionnaires, some of which are quoted in the main body of the report.

## 2    The respondents' jobs

Almost two-thirds of respondents stated that more than half of their working time was spent as a lone worker, without immediate access to a colleague for support.  Overall, approximately 85% spent more than 25% of their working time working alone (Figure 1).

**Figure 1     What percentage of your time is spent as a lone worker, without immediate access to a colleague for support? (n = 977)**
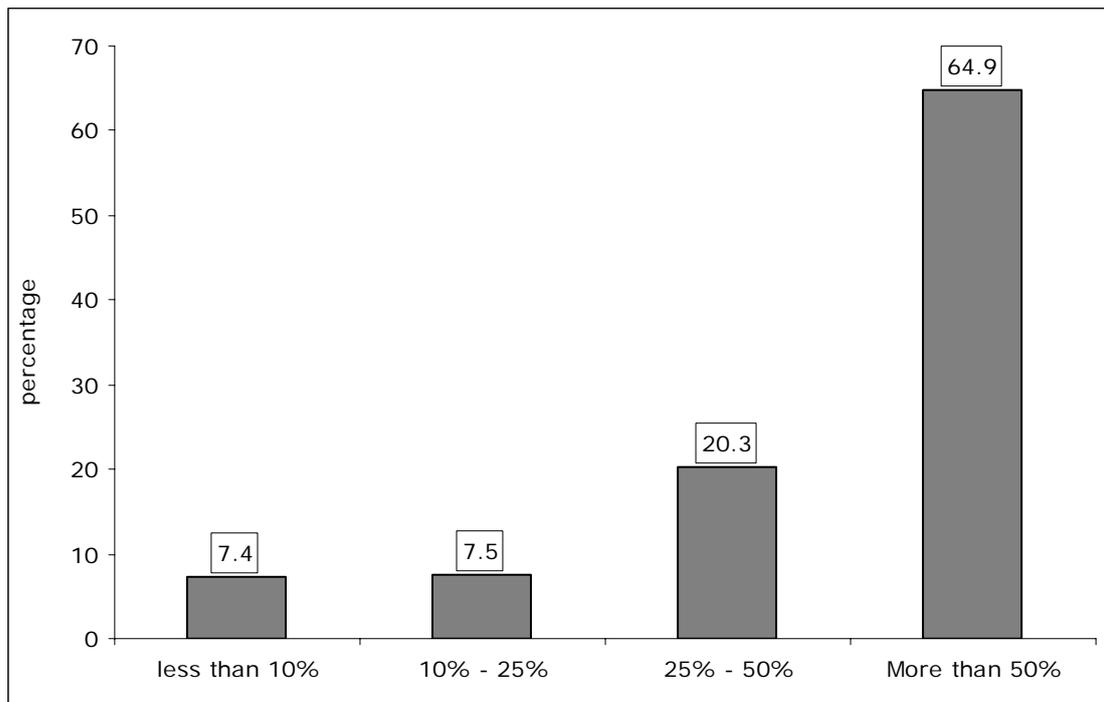


Just over half of respondents (53%) stated that their job involved working outside of normal office hours (n = 988).  The largest group (77.7%) stated that they worked at weekends, whilst only 19.5% stated that they worked on call.  Almost half (48.3%) worked in the evening (Figure 2).

The largest group of respondents (41.7%) worked in an urban environment, followed by a suburban environment (31.9%).  The smallest group of respondents worked in a rural environment (26.4%) (Figure 3).

Overall, approximately two-thirds of respondents stated that their employer did not know their whereabouts or only 'sometimes' knew their whereabouts when they were working (Figure 4).  Although three-quarters (78.8%) stated that their employer had all the details of their vehicle, such as registration, make, model and colour (Figure 5).

This experience of isolation from lone workers was summarised by one respondent as follows:

> "*I have good support from my immediate line manager.  However, once we are out doing our visits, nobody really knows where we are,*" community staff nurse, West Midlands.

**Figure 2**      **If your job involves working outside of normal office hours, which of the following do you work? (n = 524)**
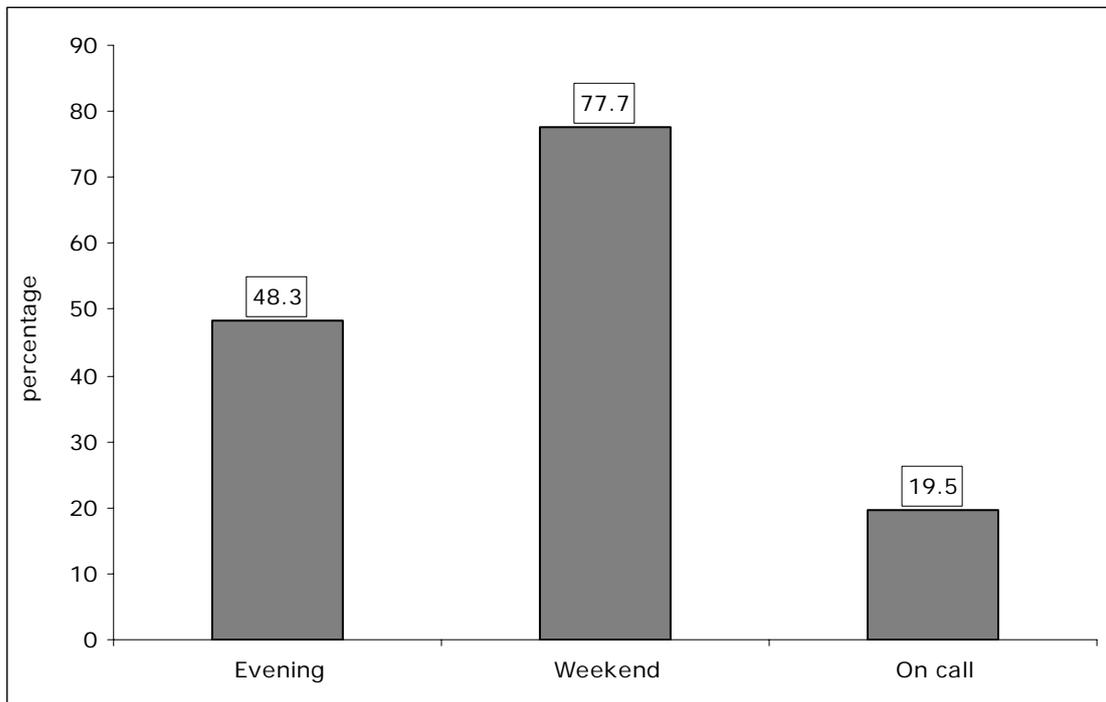


**Figure 3**           **Is the environment you work in predominantly (n = 956)**
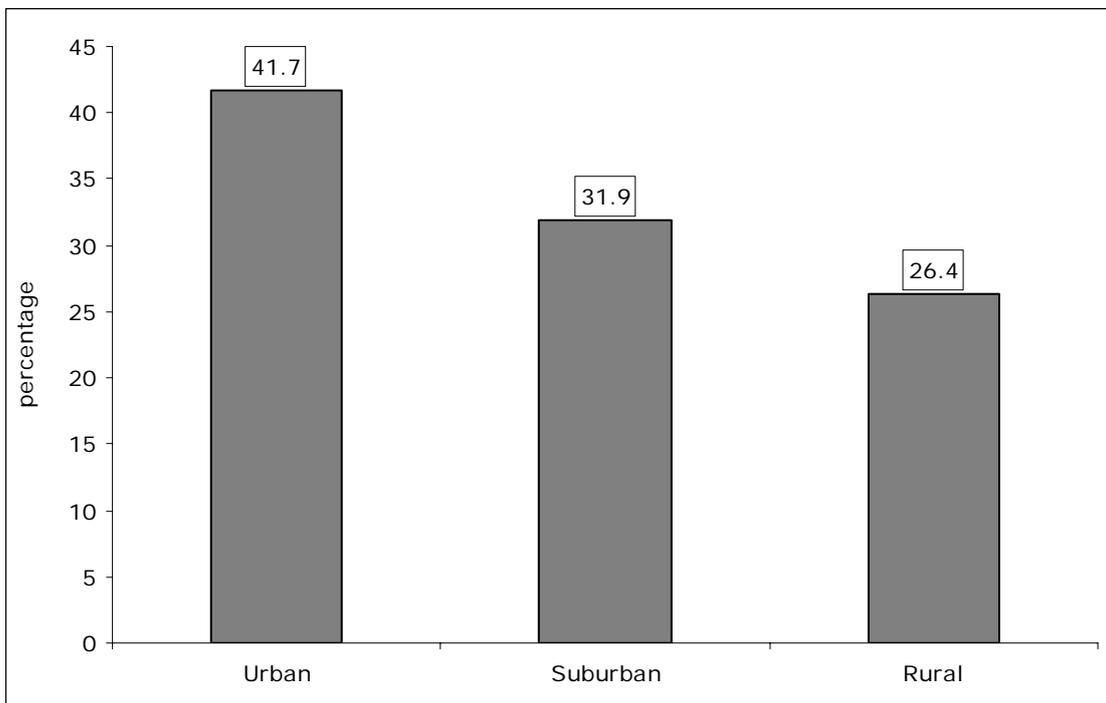
**Figure 4    Whilst you are working alone in the community; is your employer aware of your whereabouts? (n = 978)**
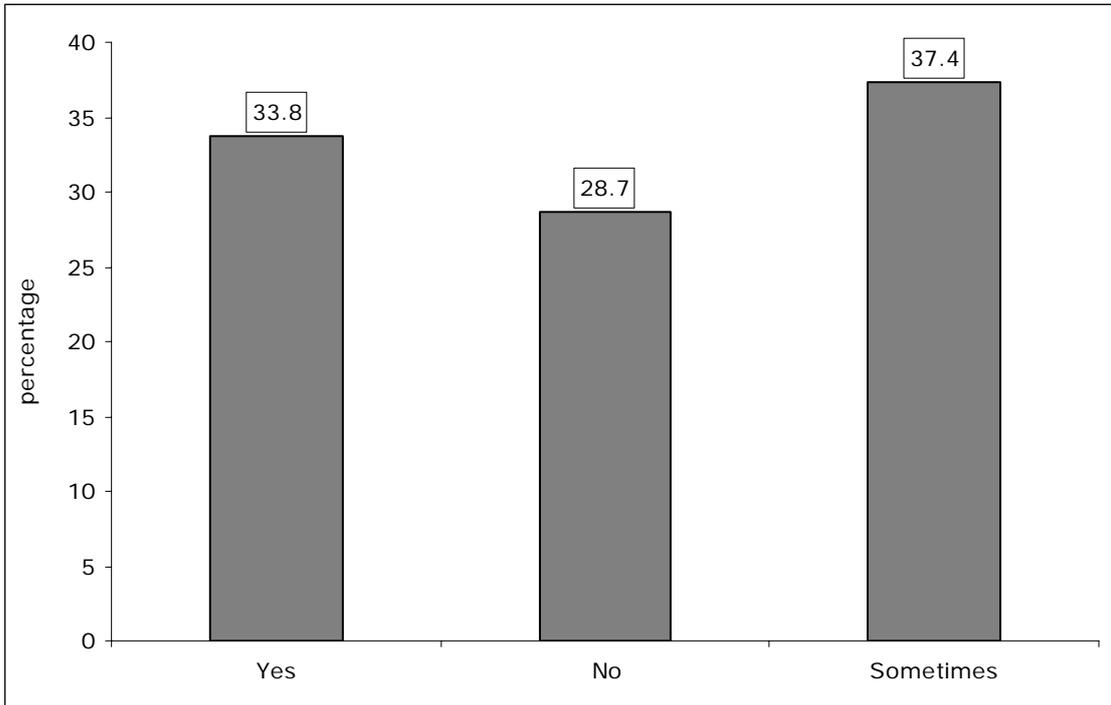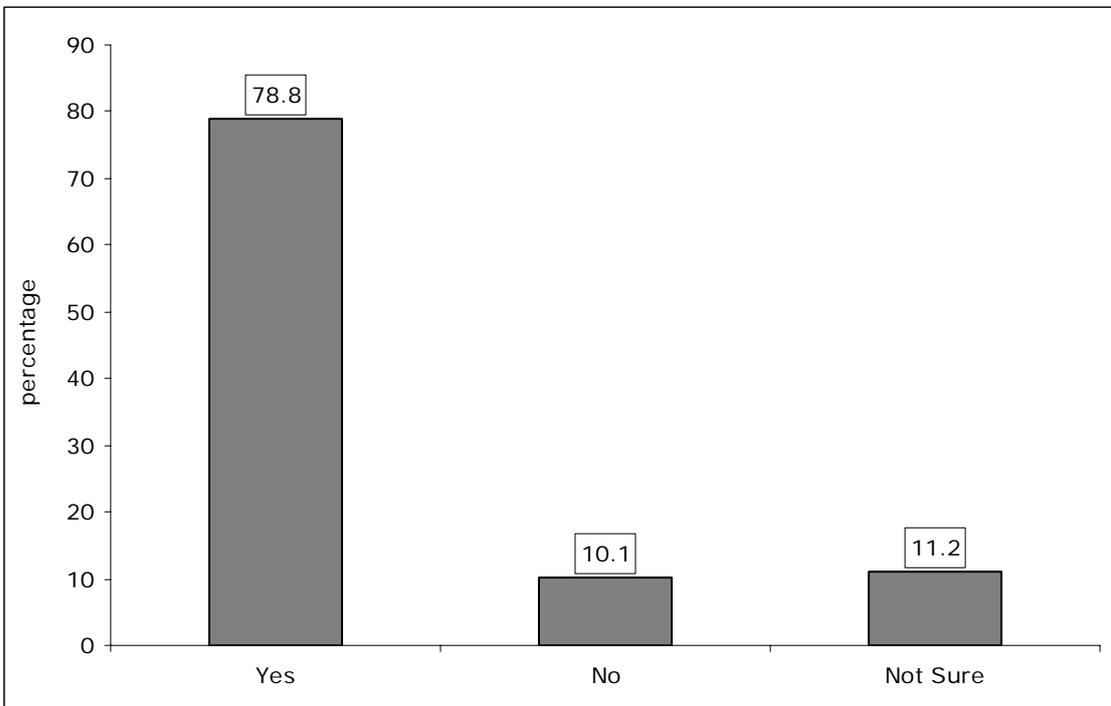


**Figure 5    Does your employer have all the details of your vehicle - such as registration, make, model, colour? (n = 975)**

More than four-fifths of respondents (82.4%) stated that their employer had a specific lone worker policy, but of those that had a policy, 17.3% had not been provided with a copy (Figure 6). However, the existence of a policy does not necessarily ensure the safety of lone workers, as a number of respondents pointed out.

> "*I feel that if you audited our area or the paperwork surrounding lone worker policy, you would find it absolutely complete. However, in real terms it is not used by the staff,*" community staff nurse, Staffordshire.

> "*It feels like my employer pays lip service and as long as they have a policy in place they are covered,*" community mental health nurse, Essex.

More than a third of respondents (38.3%) stated that they 'rarely' or 'never' carried out a risk assessment before entering someone's home. A further 27.3% stated that they 'sometimes' did (Figure 7). Some respondents highlighted the fact that there is not always an understanding of risk assessment amongst lone worker colleagues, which can make following procedures correctly more difficult.

> "*I have been told that I need to perform a risk assessment before every time I leave the office…however, this purpose has not been clearly articulated to my colleagues (including senior medical colleagues) therefore there is much derision. The purpose and benefits of lone working policies need to be communicated effectively, otherwise less staff will comply with it,*" health protection nurse, Wiltshire.

It was unusual for respondents to always get all of the information they needed ahead of the visit. Almost three-quarters (72.5%) stated that they 'never', 'rarely' or 'sometimes' received adequate information about known risks ahead of visits (Figure 8).

> "*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. Information received at the point of referral is often limited,*" district nurse team leader, West Glamorgan.

> "*I have addressed the need for a form, when identifying a risk or potential risk, which could be sent to all involved in the care - for example, evening nurses, Marie Curie etc - but we still do not have anything and rely on verbal, which can often get missed,*" district nurse, North West.

In addition, a risk assessment does not always cover the possibility of visitors to the client/patient becoming abusive.

> "*In my six years' experience of visiting people at home, it is rarely the patient and more likely to be a friend, relative or visitor to the home that is threatening. Therefore, initial risk assessment is not always valuable,*" TB nurse specialist, East and West Sussex.

If respondents thought there was a high level of risk, they would typically and most commonly wait for a colleague to accompany them (Figure 9). Responses under the 'other' category most commonly suggested rearranging the visit to take place in a 'safe' environment, such as the hospital, GP surgery or health centre.

> *Discuss with team. Risk assess. Ask patient to come to unit.*
> *See client at place of safety, for example, A&E, walk-in centre.*
> *Ask for police presence at scene or nearby.*
> *Arrange for client to visit on trust property - with colleague involved.*

**Figure 6        Have you been provided with a copy of your employer's lone worker policy? (n = 769)**
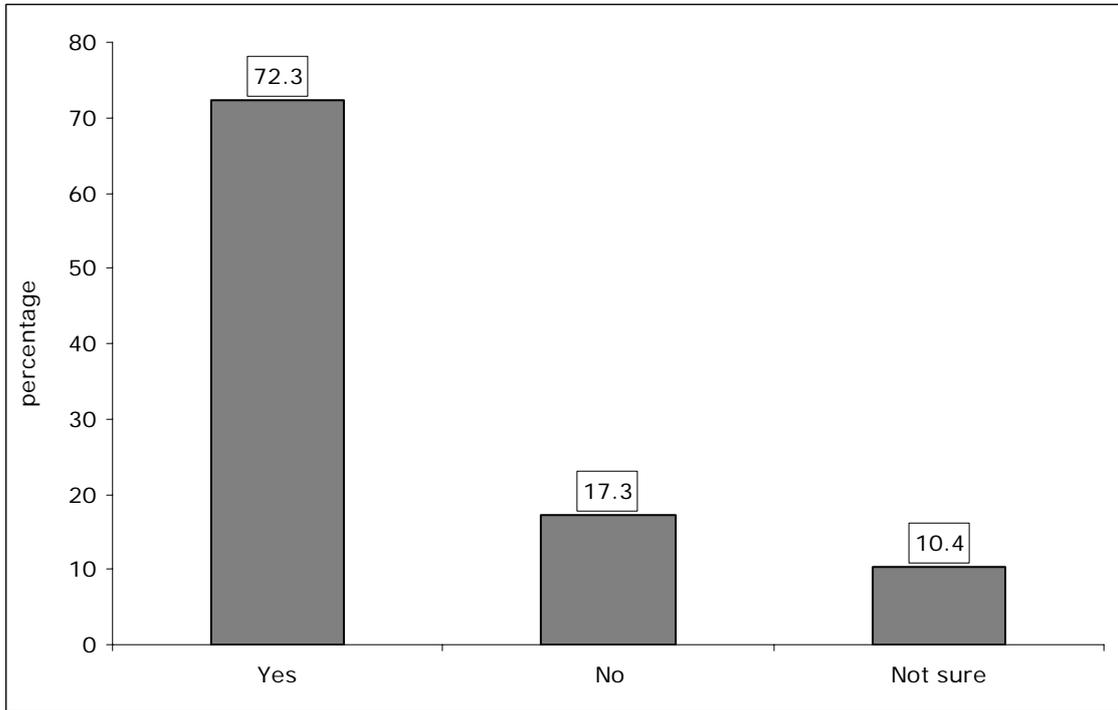


**Figure 7        Do you carry out a risk assessment ahead of making a client/patient visit? (n = 977)**
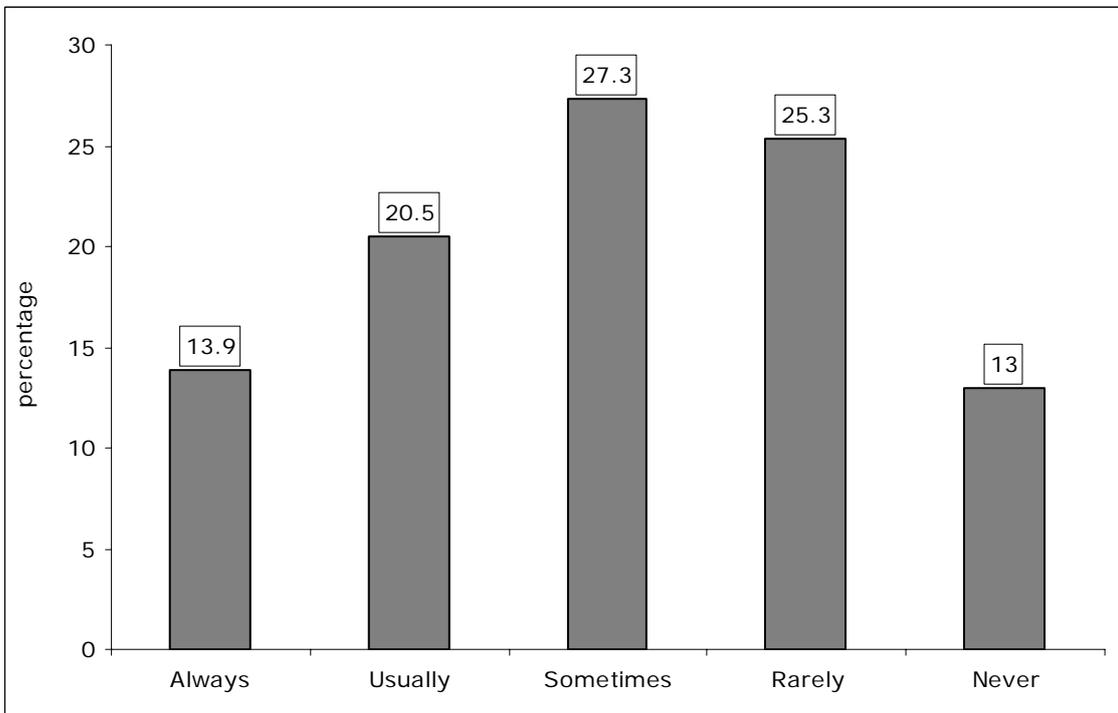
**Figure 8** **Do you receive adequate information to inform you of any risks? (n = 977)**
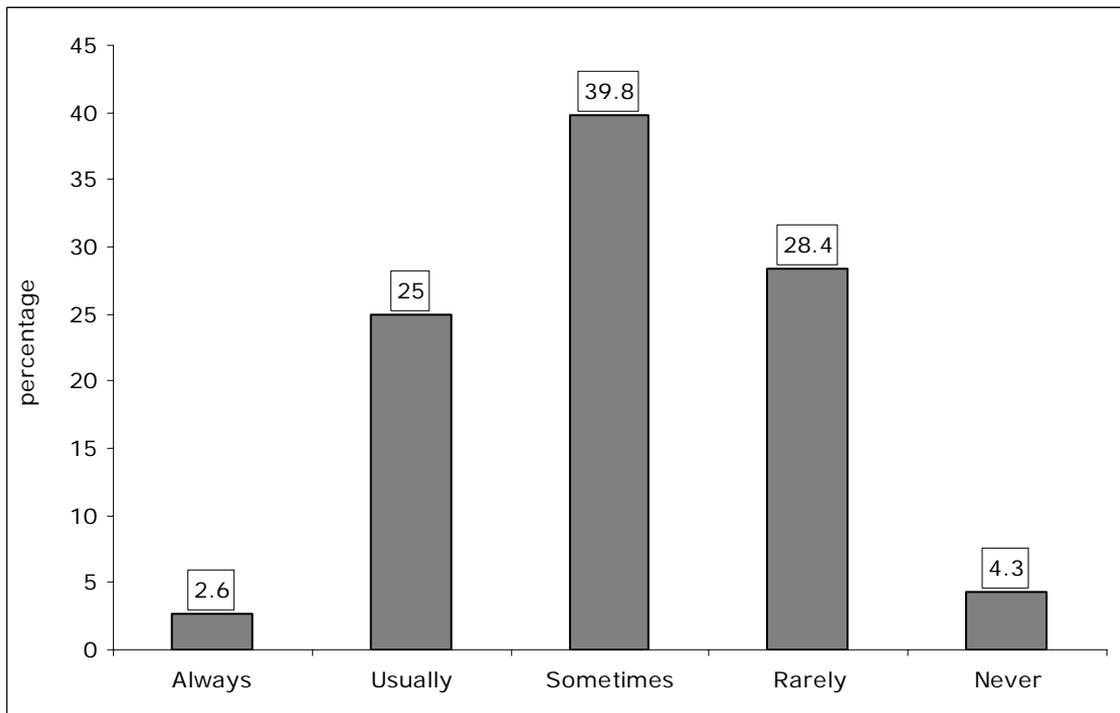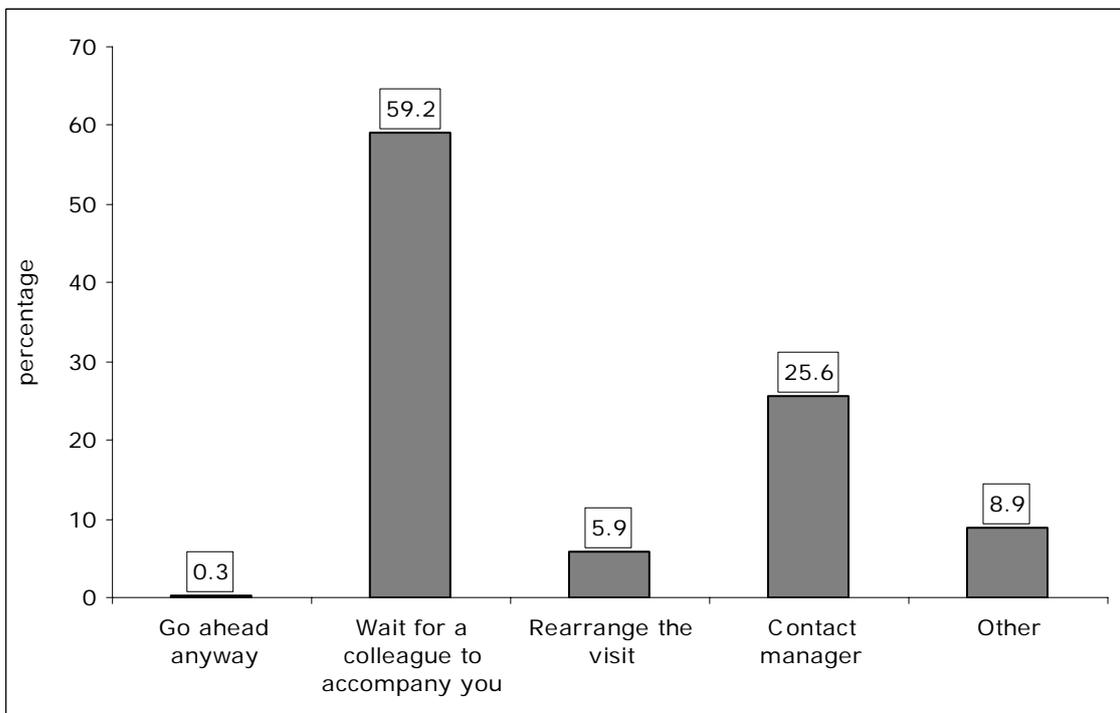


**Figure 9** **If you thought there was a high level of risk of violence on a particular visit, what would you typically do? (n = 862)**

# 3    Safety at work

Overall, most respondents stated that they felt safe at work, with more than three-quarters reporting that they feel either 'very safe' or 'quite safe' when operating away from colleagues (Figure 10).  However, although only a minority of respondents said that they felt unsafe 'often' or 'all the time', more than a third (35.2%) stated that they 'sometimes' felt unsafe or at risk when working alone (Figure 11).  In addition, there was a perceived inequity of treatment between nurses and other public sector service workers.

> "*During unsocial hours, GPs have their own drivers - I would like to see the same for nurses,*" *c*ommunity staff nurse, Somerset.

> "*Compared to other public sector services - i.e. police, council staff, ambulance staff, GP - nurses are put at more risk due to poor systems in place to support lone workers,*" TB nurse specialist, East and West Sussex.

More than half of respondents (52.2%) stated that they felt that the risk of violence or abuse had increased over the last two years, since the then Health Secretary John Reid MP made his commitment to support lone working health professionals.  A further 46.8% said that violence or abuse was at the same level, whilst only 0.9% thought that the risks had decreased (Figure 12).

> "*I feel we are becoming more vulnerable working in the community - staffing shortages/additional workloads etc can compromise our judgement, communication re referrals from hospital/GP is not always adequate. Patient/relatives are definitely becoming more verbally abusive when visiting late etc,*" district nurse, Glasgow South East.

> "*As a manager of community nurses, I am very aware of an increase in incidents amongst community practice nurses, district nurses and health visitors,*" *s*ervice development manager, Lanarkshire.

**Figure 10    How safe do you feel during your work when operating away from colleagues? (n = 984)**
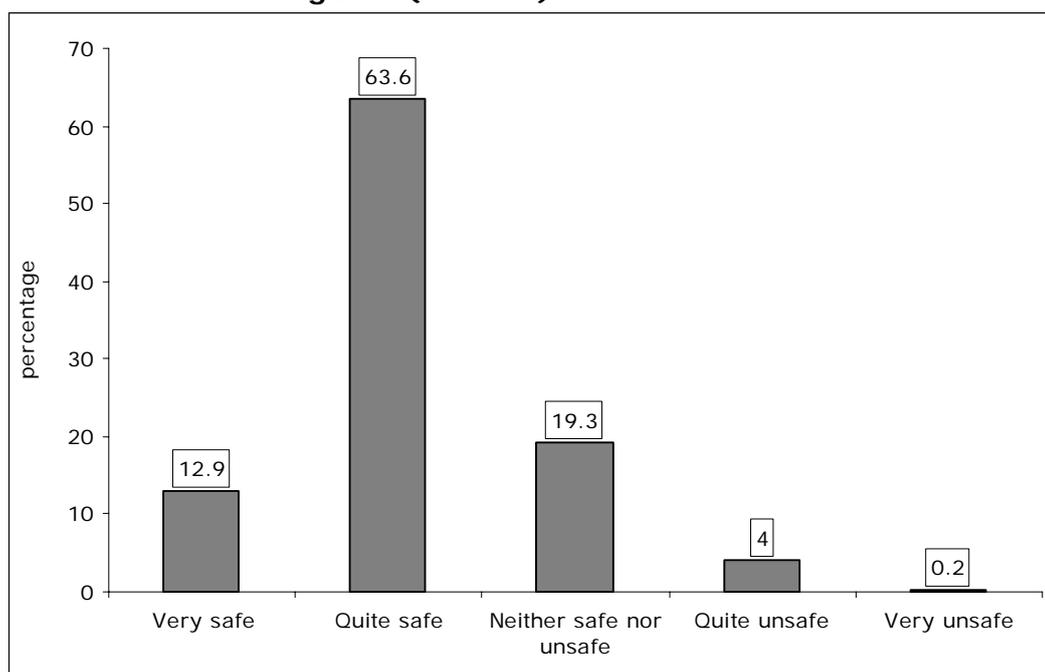
**Figure 11    If you ever feel unsafe or at risk, how often would you say this has happened? (n = 971)**
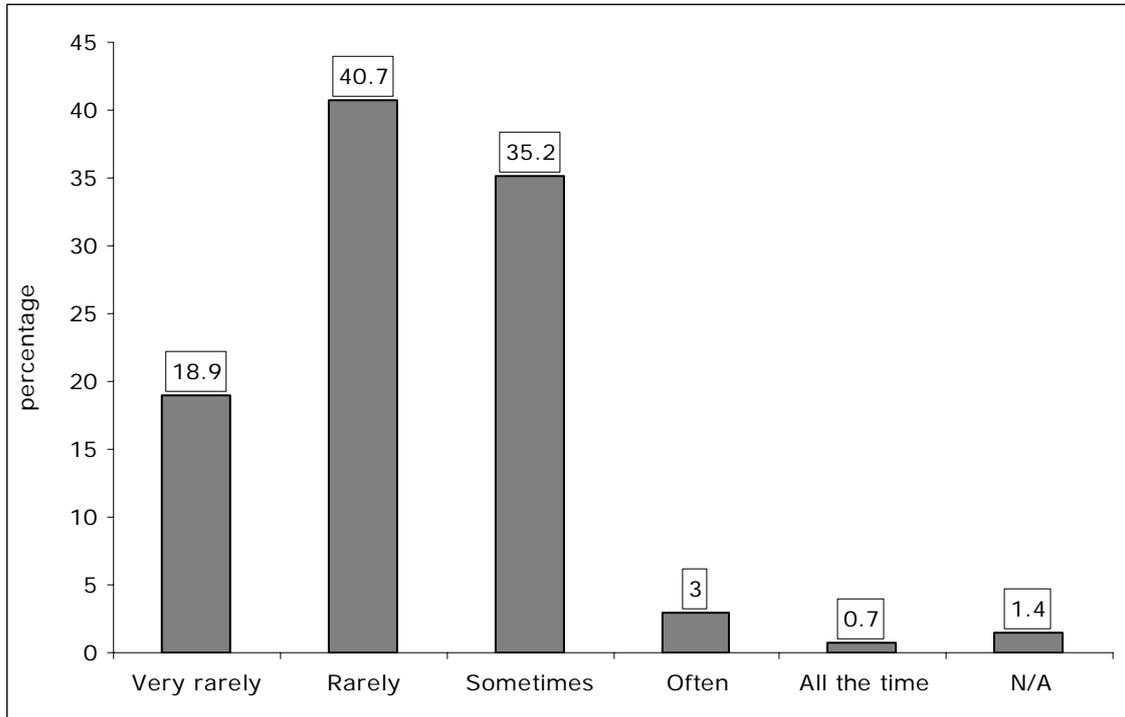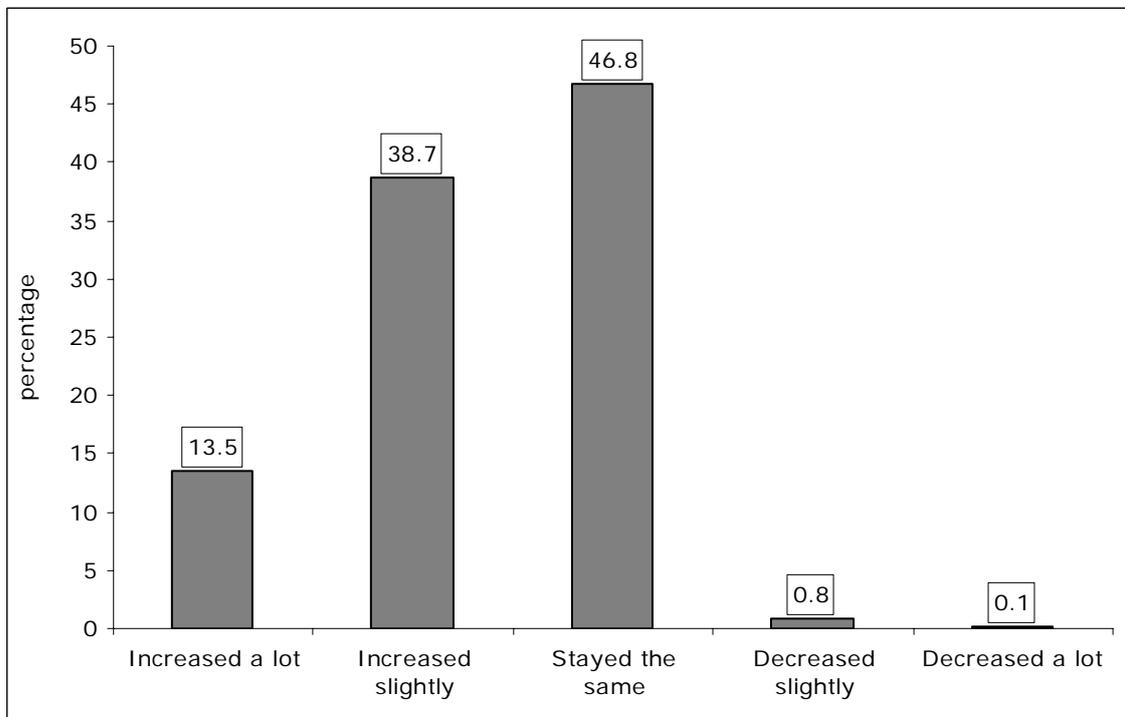


**Figure 12    Compared to two years ago, would you say that the risks of violence or abuse have increased or decreased? (n = 984)**

Slightly more than one-third of respondents (37.3%) reported that they had been assaulted or harassed in the last two years (n = 990). A third of respondents (35.8%) stated that they had experienced verbal abuse in the last two years, while 6.2% said that they had experienced physical abuse in the last two years (n = 990).

A total of 1,893 incidents were reported by those who had experienced verbal abuse, with a mean average of 1.9 incidents per respondent. A total of 96 incidents were reported by those who had experienced physical abuse, with an average of 0.09 incidents per respondent.

Table 1 below shows the number of incidents reported to management and police, as well as the number of racial and sexual incidents. Although physical incidents were less common than verbal incidents, they were much more likely to be reported to management (86.5% of all physical incidents); however, only 12.5% of all physical incidents were reported to the police. A high proportion of physical incidents (28.1%) were stated to be racial, by respondents to this survey.

Verbal sexual incidents were more common than racial ones amongst the verbal incidents 6.8% of all verbal incidents were sexual, compared to 2.6% of all verbal incidents being racial.

**Table 1        Number of incidents reported by respondents**

|  | **Verbal** | **Physical** |
|---|---|---|
| Number of incidents | 1893 | 96 |
| Number of incidents reported | 883 (44.6% of total verbal incidents) | 83 (86.5% of total physical incidents) |
| Number of incidents reported to police | 30 (1.6% of total verbal incidents) | 12 (12.5% of total physical incidents) |
| Number of racial incidents | 49 (2.6% of total verbal incidents) | 27 (28.1% of total physical incidents) |
| Number of sexual incidents | 128 (6.8% of total verbal incidents) | |

Only a small proportion of respondents (2.2%) stated that they had taken time off as a result of verbal or physical abuse in the last two years (n = 942). On average, of those who had taken time off, this was on 2.93 separate occasions (n = 15) and totalled an average of 19.5 days (n = 13).

However, personal reports of incidents were often shocking and moving.

> "*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,*" district nurse, North East England.

> "*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, where there were child protection concerns and serious enduring mental illness in the mother. The social worker sustained a serious injury and we were both traumatised for months and ever since,*" health visitor, Merseyside.

# 4    Increasing lone worker safety

Only half of respondents (51%) stated that they 'agreed' or 'agreed strongly' with the statement 'my employer would take action against patients/clients who verbally abuse staff.'  Similarly, 53.8% stated that they either 'agreed' or 'agreed strongly' with the statement 'my employer takes action to manage the risks of lone working'.

Even less (44.2%) 'agreed' or 'agreed strongly' that 'my employer has a better understanding of the issues associated with lone working now as compared to two years ago'.  These findings are illustrated in Figure 13 below.

In addition, the comments submitted on the questionnaire suggested that a perceived lack of support from managers was not uncommon.

> "*Don't think the PCT care much about the safety of staff,*" district nurse sister, Yorkshire.

> "*I don't feel totally supported by my employer about safety at work.  Although I have not had an experience myself, I am aware of colleagues who have been assaulted and the employer's response has been less than satisfactory,*" district nurse, West Midlands.

> "*I do not think my employers have been that good about support, as they fear litigation,*" team therapist, County Down.

Almost two-thirds of respondents (64.7%) stated that they thought that a mobile device disguised as an ID card holder, together with 24/7 monitoring and training, would increase their confidence to work alone (Figure 14).  The then Health Secretary John Reid MP announced the successful trials of a device, such as Identicom, in March 2005. He cited the adoption of this system amongst users, including its ability to capture credible evidence of incidents.  The lack of appearance of this system was not unnoticed by some respondents.

> "*They promised us a system where our ID badge had a press button on the back to call help in emergencies.  This sounded an excellent system, but never materialised and would make us safer as they could track where we were,*" district nurse, Nottinghamshire.

When respondents had reported an incident to their managers, they were most commonly offered immediate support (51%) and/or offered counselling or debriefing (22.7%).  Only 7.6% of respondents stated that the police were involved and only 0.4% of employers supported a private prosecution (Figure 15).

As well as negative comments about support from managers, a number of respondents also reported positive responses from their employers.

> "*I have good support from my immediate line manager,*" district nurse, Derbyshire.

> "*I feel my employer takes lone worker safety very seriously - should there be any problem with safety issues I feel I would be well supported,*" community staff nurse, Isle of Wight.

> "*My employer has made an effort to address these issues and general awareness has increased as a result,*" district nurse team, Hertfordshire.

**Figure 13    Perceptions of employer with regard to lone working (n = 986)**
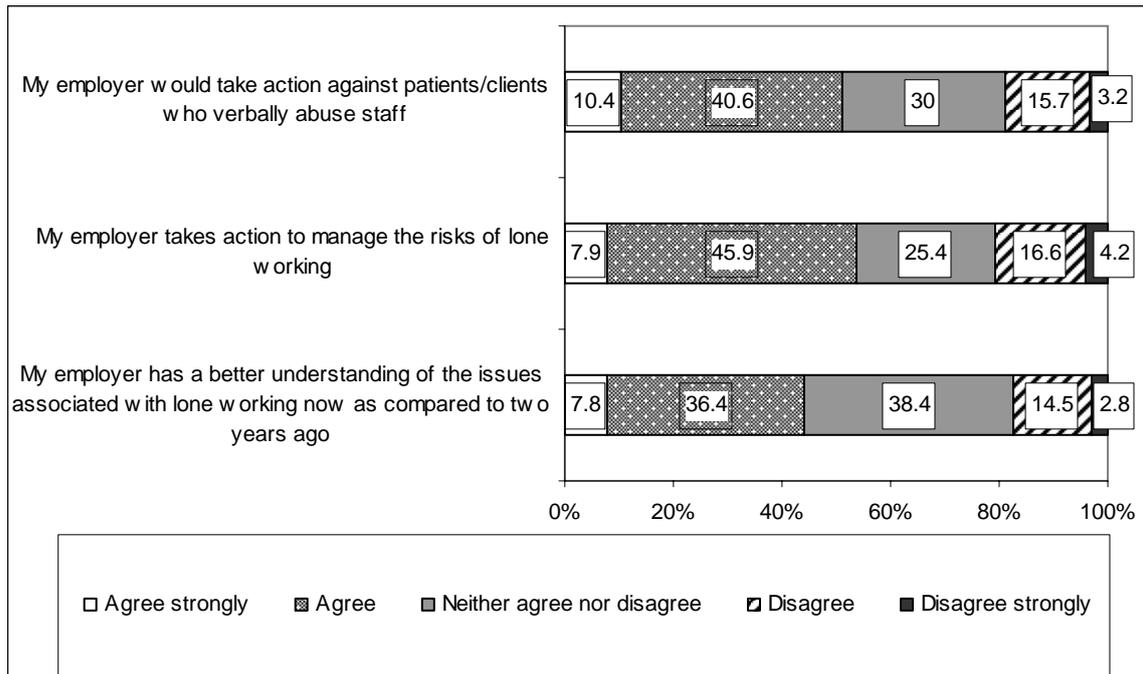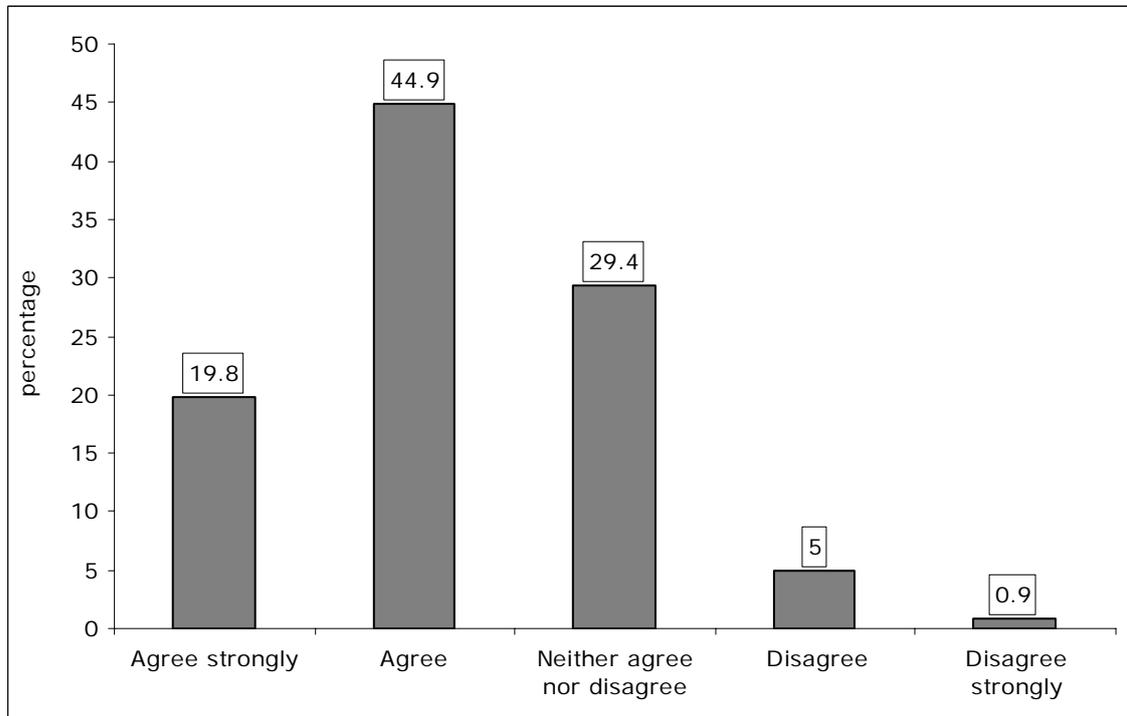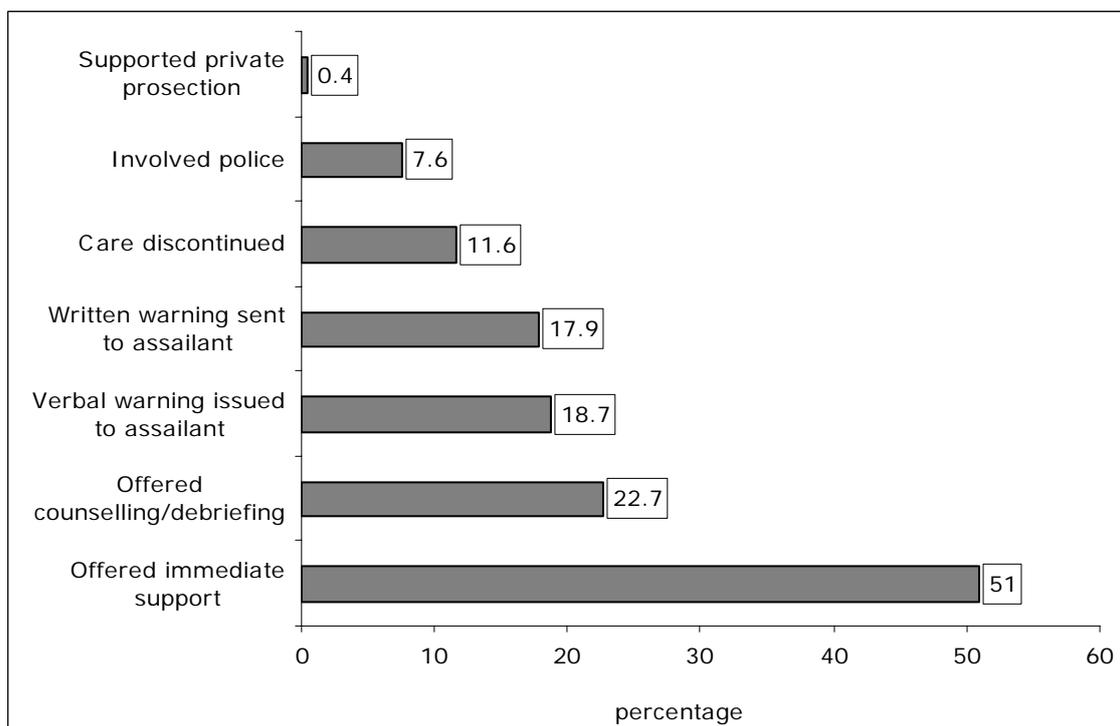


**Figure 14    I believe a mobile device, disguised as an ID card holder, together with the 24/7 monitoring and training provided, would increase my confidence to work alone (n = 980)**

**Figure 15    If you have suffered an incident, how did your employer respond? (n = 251)**



Most commonly, lone workers used a mobile phone for safety (90.2%), although it was not uncommon for these to be their own and not supplied by their employer.  The second most usual system used was ringing back to base (63.5%) and carrying a personal alarm (56.8%).  A fifth of respondents (22%) stated that they had no systems in place (Figure 16).  Other systems used by respondents included an office or desk diary, the Argyl Communicare system or the Guardian Angel system, meeting at a base or 'looking out for each other'.

The most effective support systems, as perceived by those who use them, are mobile phones (52.4% rated as 4 or 5 on a 5-point scale of effectiveness, with 5 as very effective) buddy system (52.1% rated as 4 or 5) and Identicom (44.5% rated as 4 or 5) (Figure 17).

Although mobile phones were popular, there were often drawbacks mentioned regarding their effectiveness.

> "*Each employee should have a mobile phone.  I use my own personal one all the time, which I pay for myself,*" community staff nurse, Yorkshire.

> "*The trust provides one mobile phone per eight in the team,*" district nurse, Buckinghamshire.

> "*These are not always effective due to poor reception,*" community staff nurse, Lancashire.

Similarly, when respondents were asked what else they would like their employer to provide, the largest group made comments about mobile phones, including issues such as how there were not enough mobiles for each member of staff, or how their mobile was not adequate, as it did not have good enough network coverage.  The second largest group made comments about alarm systems or tracking systems, with many mentioning that Identicom or a similar system - as identified by John Reid MP -

could be helpful, as it was a discreet means of calling for help, unlike mobile phones. Other comments revolved around staffing issues, better management and planning, better support, emergency numbers, lone worker policies, conflict management training, discontinuing care, lighting and car parking, and miscellaneous other issues.

Almost a fifth of respondents (18.5%) had not received any conflict management training and 48.1% had not received any such training within the last two years (Figure 18). There was a large degree of indifference about this training - 41.4% rated the training as 3, on a 5-point scale of effectiveness, and other respondents were fairly evenly split as to whether or not it addressed the risks they faced in their roles (Figure 19).

On the whole, respondents were positive about the impact that evidential audio recordings of verbal abuse would have on their employers ability to take action with almost two-thirds of respondents (63.2%) stating that it would have a positive impact, rating the impact of this as 4 or 5 (Figure 20).

**Figure 16    What lone worker systems do you currently have in place? (minimum n = 544)**
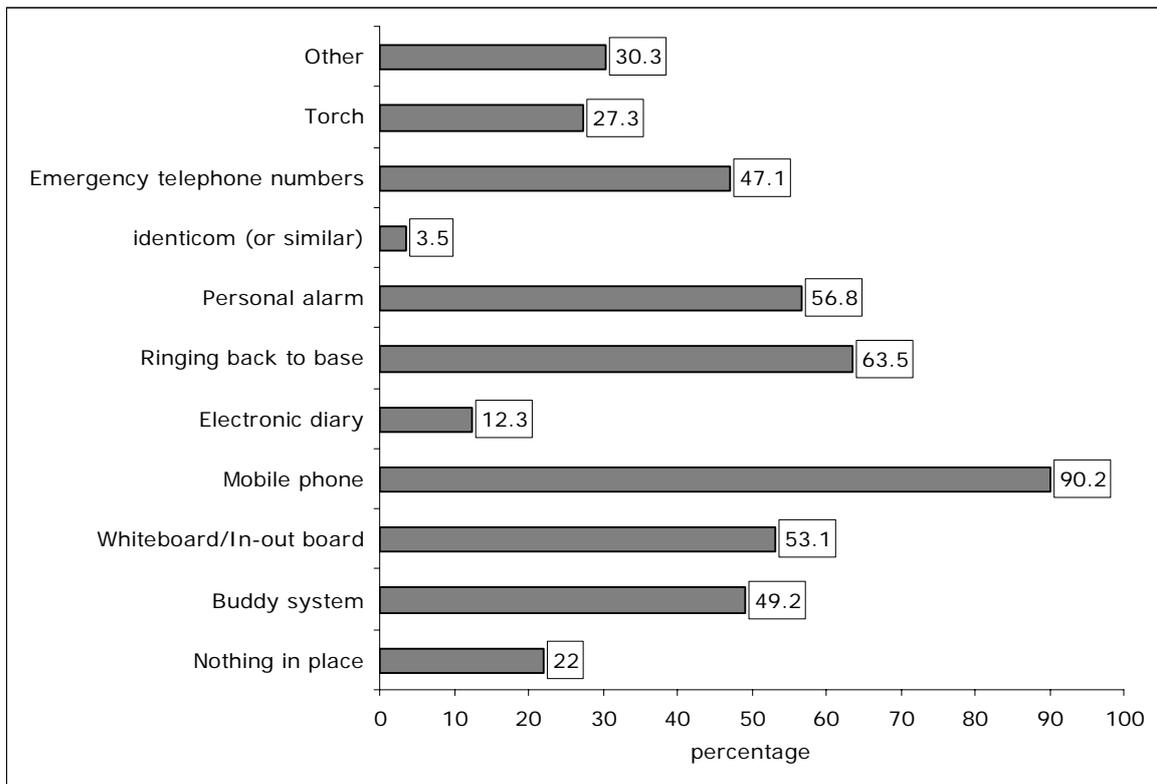
**Figure 17    How effective are lone worker systems, for those with each specific system in place (minimum n = 18)**



| System | 1 - Not at all effective | 2 | 3 | 4 | 5 - Very effective |
|---|---|---|---|---|---|
| Other | 5.1 | 12.8 | 12.8 | 30.8 | 38.5 |
| Torch | 17.3 | 15.1 | 36 | 20.9 | 10.8 |
| Emergency telephone numbers | 6.2 | 17.1 | 42.2 | 23.3 | 11.2 |
| identicom (or similar) | 11.1 | 11.1 | 33.3 | 27.8 | 16.7 |
| Personal alarm | 28.4 | 29.5 | 27.3 | 10 | 4.7 |
| Ringing back to base | 5.3 | 17.7 | 37.6 | 27.7 | 11.7 |
| Electronic diary | 23.4 | 15.6 | 39.1 | 18.8 | 3.1 |
| Mobile phone | 2.4 | 11.6 | 33.6 | 31 | 21.4 |
| Whiteboard/In-out board | 15.5 | 25.7 | 30.3 | 19.5 | 9 |
| Buddy system | 6.2 | 12.3 | 29.5 | 36 | 16.1 |
| Nothing in place | 37.5 | 12.5 | 35.4 | 10.4 | 4.2 |

**Figure 18    Have you received training in management conflict? (minimum n =414)**
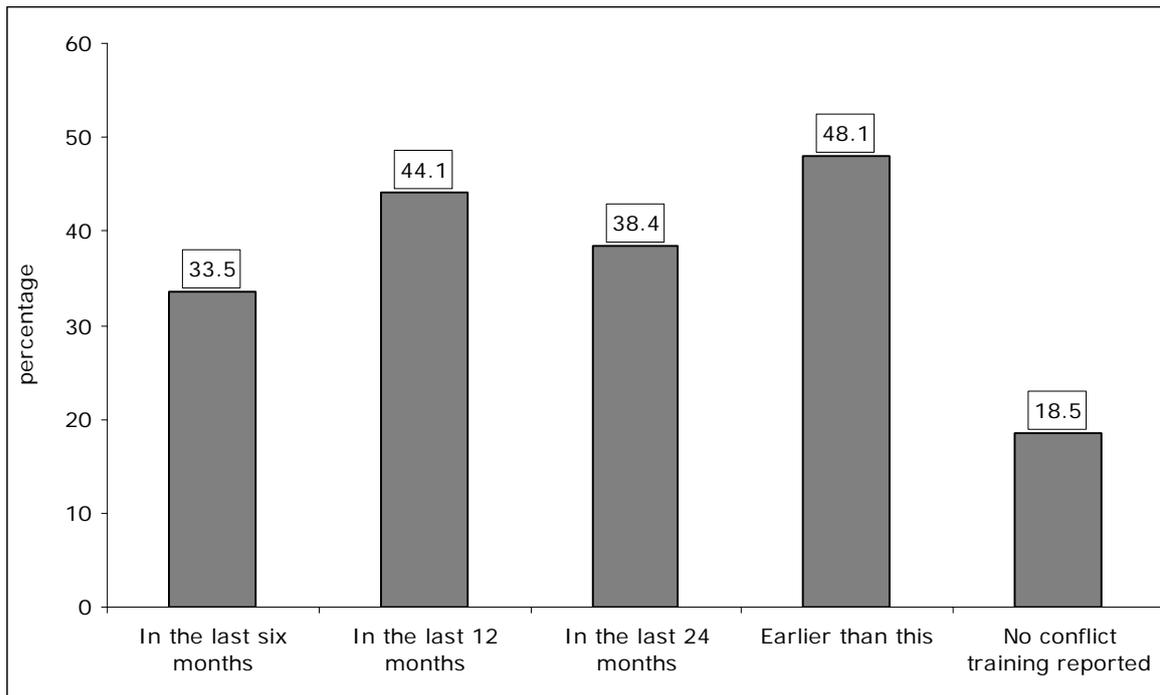


**Figure 19    To what extent did the training address the risks you face in your role? (n = 742)**
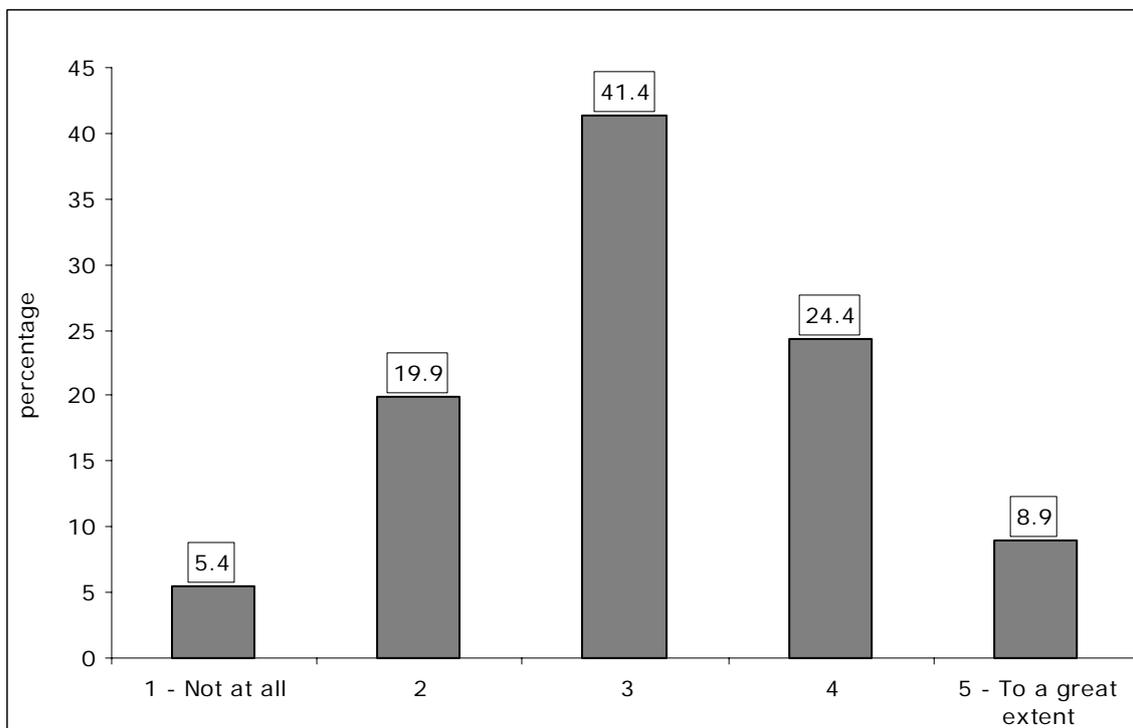
**Figure 20    Do you think that if evidential audio recordings of the verbal abuse were available, your employer would be better placed to take action against those who abused you?**
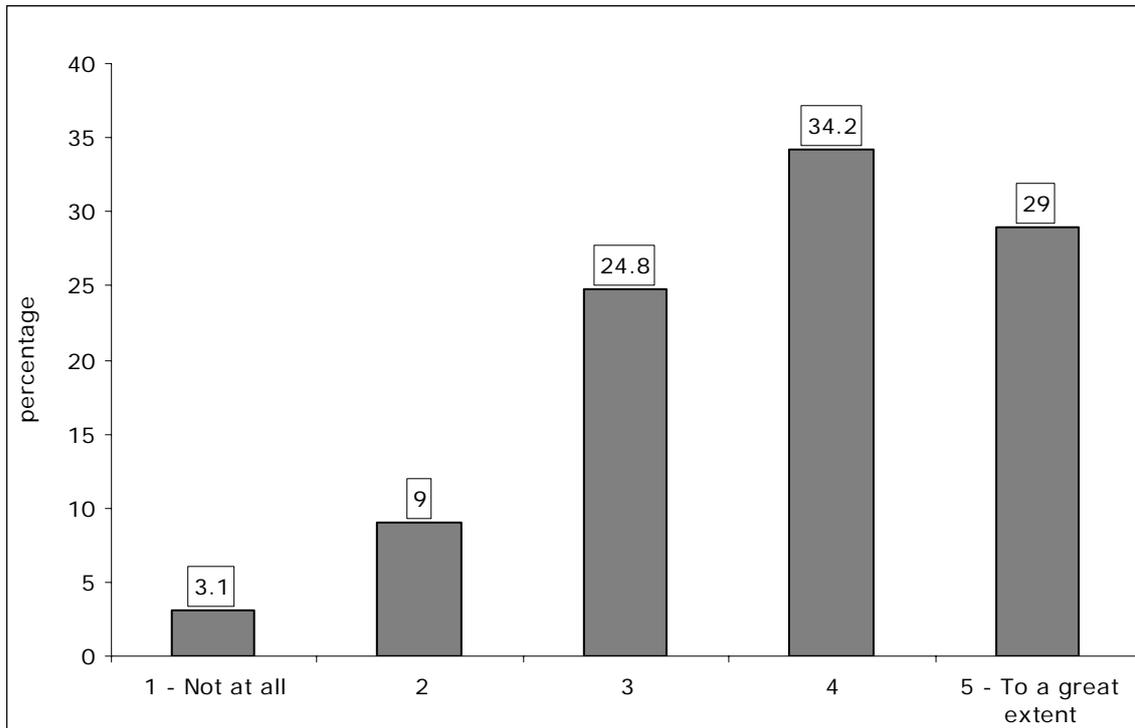
# 5    Demographics

Almost one-third of respondents worked as district nurses, although relatively large proportions also worked as staff nurses, specialist nurses or community psychiatric nurses (CPNs).  The full breakdown of respondents' job roles is given in Figure 21.

**Figure 21    Current job role or title**
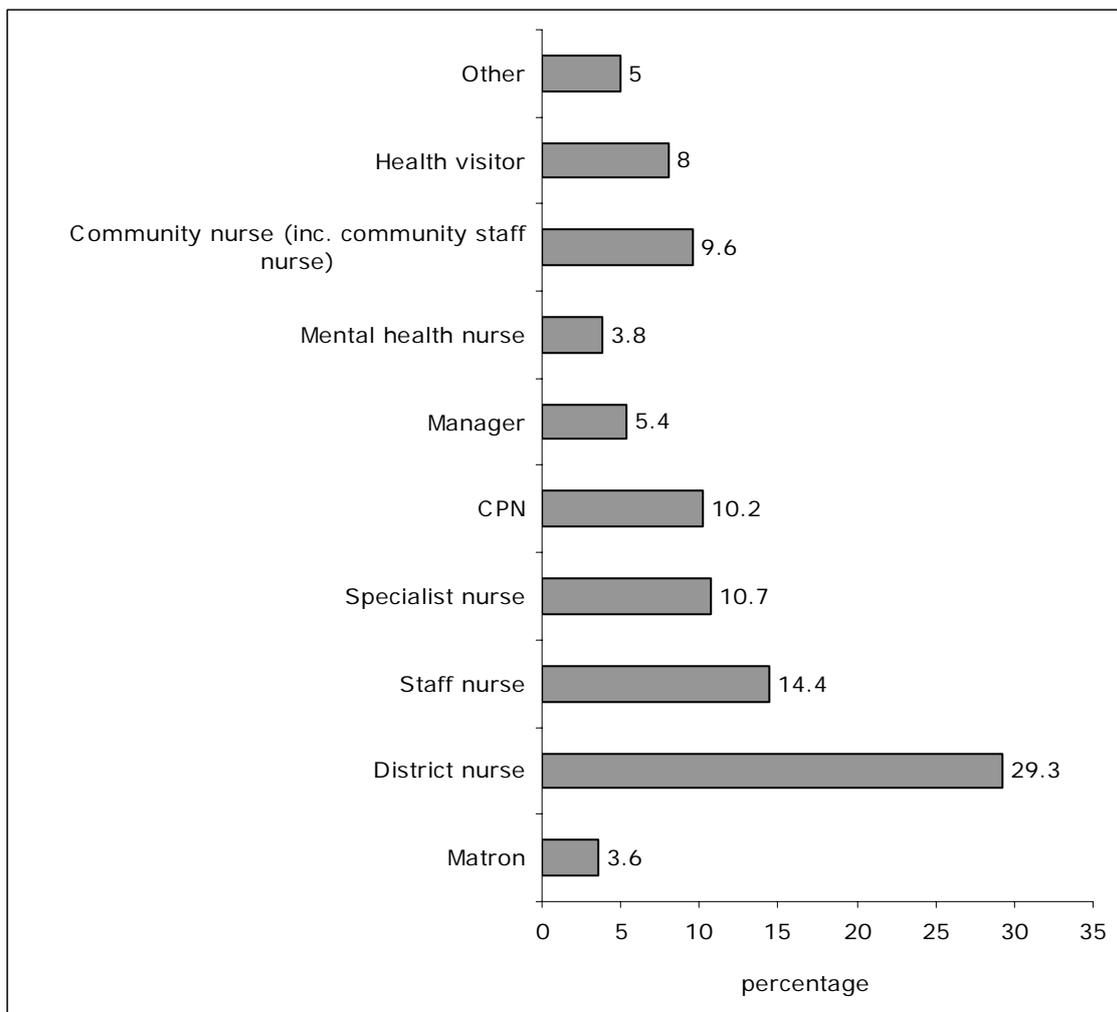


The vast majority of respondents (79.9%) were residents in England, 9.1% lived in Scotland, 6.7% in Wales, 3.5% in Northern Ireland and 0.8% lived in another region, most notably the Channel Islands or the Isle of Man (Figure 22).

**Figure 22     Country of residence (n = 981)**
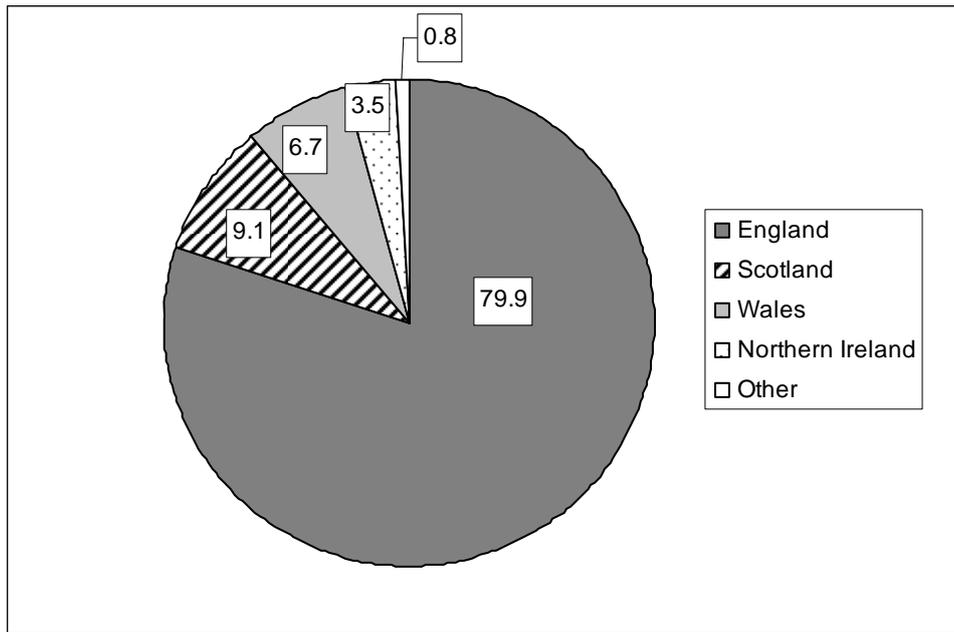


The largest group of respondents (36.9%) had been in post for more than 10 years and the second largest group (26.5%) had been in post for between two and five years.  Just under a quarter of the sample (23.8%) had been in post for between six to 10 years and 12.8% had been in post for less than two years (Figure 23).

**Figure 23     Length of time in current post (n = 984)**
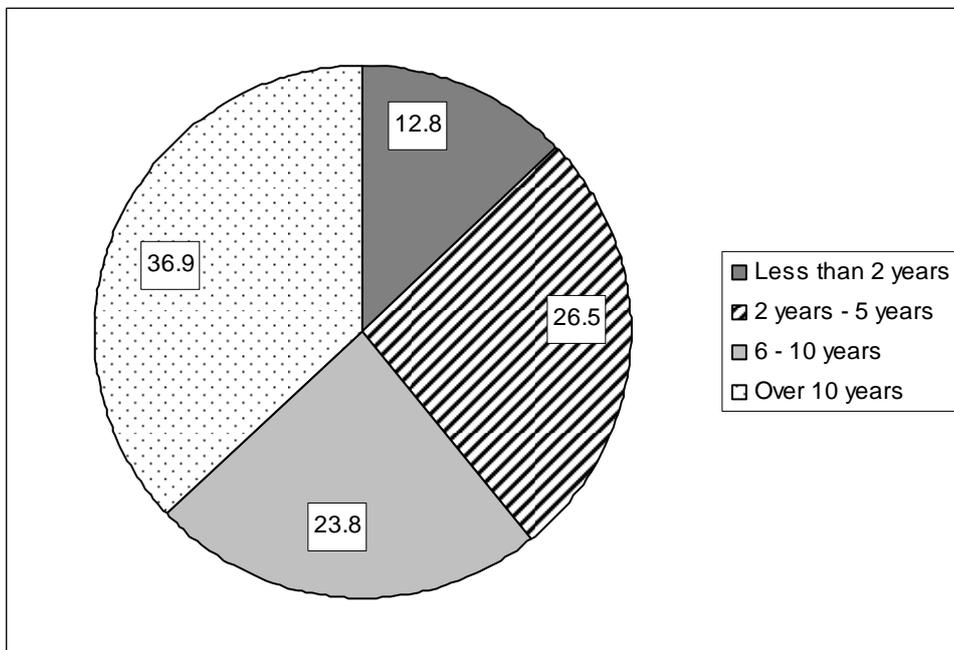
The vast majority of respondents (94.2%) were female (Figure 24).

**Figure 24      Gender of respondents (n = 956)**
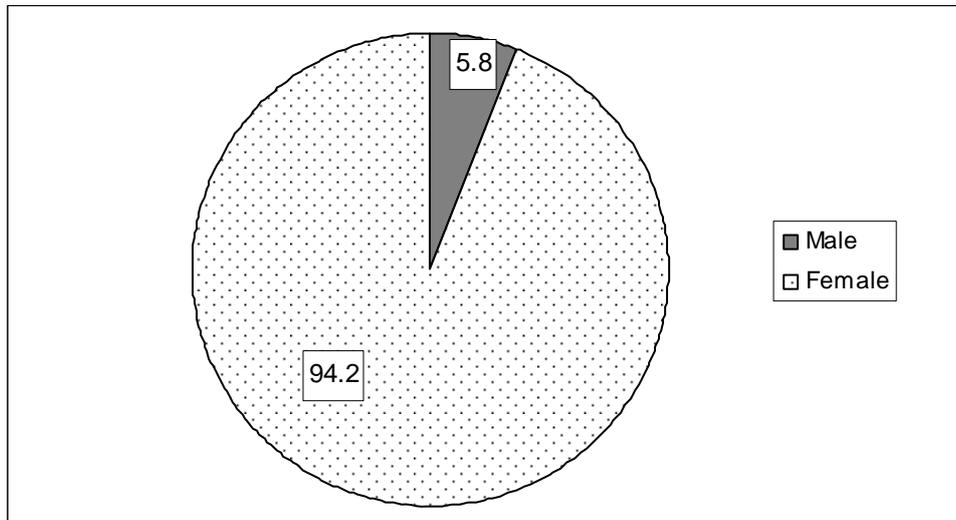


In terms of age, the largest group of respondents was aged 45 to 49 years old, followed by the group aged 40 to 44 years old (Table 2).  Due to large number of age bands, there are small numbers in some of the bands.  Therefore, to ensure that reliable cross tabulations are undertaken, the age bands were collapsed into three main categories, illustrated in Figure 25.

**Table 2            Age of respondents (n = 983)**

|  | Frequency | % |
|---|---|---|
| 24 years and under | 1 | 0.1 |
| 25 - 29 years | 16 | 1.6 |
| 30 - 34 years | 60 | 6.1 |
| 35 - 39 years | 97 | 9.9 |
| 40 - 44 years | 191 | 19.4 |
| 45 - 49 years | 227 | 23.1 |
| 50 - 54 years | 187 | 19.0 |
| 55 - 59 years | 143 | 14.5 |
| 60 - 64 years | 56 | 5.7 |
| 65 years and over | 5 | 0.5 |
| Total | 983 | 100 |

**Figure 25    Age of respondents (collapsed categories) (n = 983)**
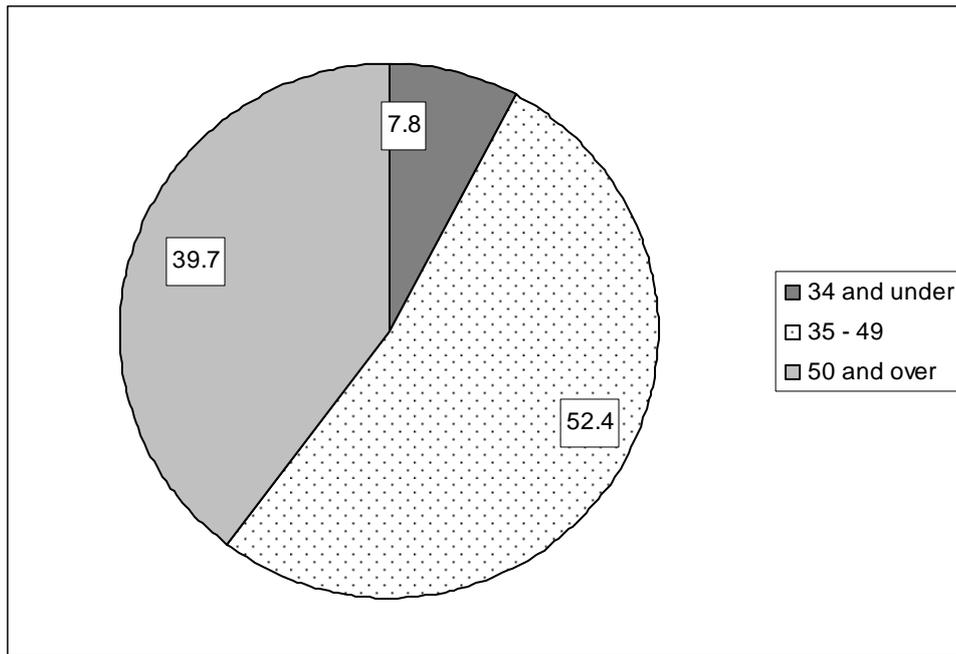


Table 3 shows the ethnic background of the respondents to the survey. As can be seen, the overwhelming majority were from a white British background.

**Table 3        Ethnicity of respondents (n = 973)**

|                          | Frequency | %     |
|--------------------------|-----------|-------|
| British                  | 896       | 92.1  |
| Irish                    | 23        | 2.4   |
| White other              | 24        | 2.5   |
| White and Asian          | 2         | 0.2   |
| White and black Caribbean| 1         | 0.1   |
| Mixed other              | 1         | 0.1   |
| Bangladeshi              | 1         | 0.1   |
| Indian                   | 2         | 0.2   |
| Asian other              | 2         | 0.2   |
| African                  | 11        | 1.1   |
| Caribbean                | 4         | 0.4   |
| Black other              | 1         | 0.1   |
| Chinese                  | 3         | 0.3   |
| Any other                | 2         | 0.2   |
| Total                    | 973       | 100.0 |

# 6    Work environment

This chapter compares respondents from urban, suburban and rural working environments and reports on any statistically significant differences.

Looking first at working practices, rural workers are more likely to work out-of-hours than urban and suburban workers.  Whilst 48.2% of urban workers and 49% of suburban workers work out-of-hours, this rises to 63.3% of rural workers (n = 953, p = 0.000).

Additionally, urban workers are the most likely of these three groups to conduct risk assessments 'always' or 'usually' (39.9%), compared to 30.9% of suburban workers and 30.4% of rural workers (n = 926, p = 0.014).

There were also some differences in the perceptions of respondents to lone working.  In particular, rural workers were more likely to state that they feel 'very safe' whilst working away from colleagues than suburban and urban workers.  Thus, whilst 18.5% of rural workers stated that they felt 'very safe' when lone working, this fell to only 9.6% of urban workers and 12.8% of suburban workers (n = 949, p = 0.003).   There were also differences in the frequency of how often workers felt unsafe.  Rural workers were more likely to 'very rarely' feel unsafe in their work and whilst 15.3% of urban workers and 20.1% of suburban workers felt unsafe 'very rarely' this rose to 24.5% of rural workers (n = 937, p = 0.024).

Rural workers are also less likely to believe that the risks of violence or abuse have increased over the last two years.  Whilst 10.4% of rural workers thought that the risks had increased a lot, this rose to 11.9% of suburban workers and 16.2% of urban workers (n = 949, p = 0.39).

With regard to the actual number of assaults on these three groups of workers, there were differences apparent in the ratio of incidents per person.  In particular, it is apparent that urban workers experience higher rates of verbal abuse than suburban and rural workers as illustrated in Table 4 below.

**Table 4       Type and ratio of incidents by work environment**

| Work Environment | Type of assault | Number of incidents | Number of respondents in each work environment | Average number of incidents per respondent in each work environment |
|---|---|---|---|---|
| Urban | Verbal | 875 | 399 | 2.19 |
| | Physical | 46 | 399 | 0.12 |
| Suburban | Verbal | 496 | 305 | 1.63 |
| | Physical | 22 | 305 | 0.07 |
| Rural | Verbal | 450 | 252 | 1.78 |
| | Physical | 27 | 252 | 0.11 |

The higher risks associated with urban lone working were described by one respondent as follows:

> "*I work within a populated area - lots of social problems and recently gun crime...I doubt my managers even realise the risks involved in the inner city areas.  Also again reformers need to highlight risks, especially [from] drug abusers, in view of the job we do,*" community McMillan nurse, West Midlands.

Amongst those workers who had experienced an incident and reported it to their management, rural workers were the most likely to report that their managers had 'offered immediate support.'  Whilst only 41.1% of urban workers reported this, this rose to 55.3% of suburban workers and 59.4% of rural workers (n = 240, p = 0.044).

Finally, there were two differences that emerged regarding the safety systems that they already had in place.  Rural workers were more likely to state that they had a mobile phone (94.8%) than both suburban workers (85.6%) and urban workers (90.5%) (n = 872, p = 0.003).  Rural workers were also more likely to have a torch (36.8%), compared to suburban workers (23.9%) and urban workers (22.5%) (n = 585, p = 0.004).  There were no differences between the three groups of staff and how effective they believed different systems to be.

Overall, rural workers were more likely to work out-of-hours than urban or suburban workers, although they were less likely to conduct risk assessments ahead of visiting a patient/client.  In addition, they had a greater sense of security than their urban or suburban colleagues.  However, the ratio of physical incidents to the proportion of respondents suggested that the physical risks are as great for rural workers as they are for urban workers.  However, urban workers experienced the highest levels of verbal abuse.  In the event of an incident, rural managers were more likely to offer immediate support than urban and suburban managers. Rural workers were also more likely to have two specific types of support system in place - mobile phones and torch.

# 7    Gender

This chapter examines the statistically significant differences that were found between male and female workers.

Firstly, although male and female respondents spent roughly equal amounts of their working time working alone in the community, there were differences in the time of day that they undertook their lone working.  Men were more likely to work in the evenings and 80% of male respondents reported this compared to only 46.5% of female respondents (n = 502, p = 0.001).  On the other hand, women were more likely to work at the weekend and 78.8% of female respondents reported this, compared to 60% of male respondents (n = 502, p = 0.027).  There was no difference in the proportions of men and women who worked on call.

There was also a significant difference between the proportion of men and women who stated that their employer always knew their whereabouts.  Although similar proportions of men and women (37.7% and 37.3% respectively) stated that their employer sometimes knew where they were, more than half (52.8%) of men stated that their employer always knew where they were, compared to only 32.9% of the women (n = 940, p = 0.001).

Although there was a similar ratio of men and women who stated that their employer had a lone worker policy, more men (85.4%) than women (71%) stated that their employer had given them a copy of their lone worker policy document (n = 740, p = 0.03).

Finally, male workers were more likely to report that they always carried out a risk assessment ahead of a client/patient visit.  A quarter of men (25.5%) stated that they always carried out a risk assessment, yet only 13% of women stated the same (n = 925, p = 0.004).

There were also some differences in perceptions of safety between men and women.  With regard to how safe each of the two groups of lone workers feels, women tended to feel less safe than male workers, as shown in Table 5 below.

**Table 5    How safe do you feel when operating away from colleagues by gender (n = 947, p = 0.000)**

|  | Male % | Female % |
|---|---|---|
| Very rarely | 27.8 | 18.6 |
| Rarely | 37 | 41.1 |
| Sometimes | 24.1 | 35.3 |
| Often | 7.4 | 2.7 |
| All the time | 1.9 | 0.7 |
| N/A | 1.9 | 1.5 |
| Total | 100 | 100 |

| | | | |
|---|---|---|---|
| Sample size | | 55 | 892 |

With regard to the actual incidence of assault or harassment, male workers were more likely to report that they had experienced an incident than female workers. More than half of male workers (56.4%) stated that they had been assaulted or harassed, compared to 36% of the female workers (n = 952, p = 0.002).  There was also a substantial difference in the average number of incidents by gender, as illustrated in Table 6.  There were 4.2 verbal assaults per male staff, compared to 1.7 verbal incidents per female staff.

**Table 6        Type and ratio of incidents by gender**

| | Type of assault | Number of incidents | Number of respondents in each gender | Average number of incidents per respondent for each gender |
|---|---|---|---|---|
| Male | Verbal | 231 | 55 | 4.2 |
| | Physical | 11 | 55 | 0.2 |
| Female | Verbal | 1565 | 901 | 1.7 |
| | Physical | 82 | 901 | 0.09 |

However, the perception that female staff were at a greater risk was also apparent in the qualitative comments.  It should be noted, of course that the connection between these two issues will be complex and does not mean that female staff are in need of less support or safety systems than male staff.

> "*As a male worker and of reasonable build (also with many years of experience and ability to deal with people), I feel the procedures within our trust are very safe and I sometimes don't follow the procedure in order to do the job efficiently and effectively,*" community nurse, Cornwall.

> "*Very often as a female you are going to a home with a male client only present. Alarms may help if the situation becomes abusive, but essentially you are on your own,*" community staff nurse, Derbyshire.

When respondents had experienced an incident and reported it to their management, there were differences apparent in how managers had reacted and offered support, possibly reflecting the nature of the assault. Female colleagues were more likely (20.7%) than male colleagues (3.7%) to state that their managers had issued a verbal warning to the assailant (n = 240, p = 0.033). On the other hand, male colleagues were more likely (18.5%) than female colleagues (5.6%) to state that their managers had involved the police (n = 240, p = 0.14).

There were some differences in the safety systems in place by employers, as reported by males and females.  Males were more likely to report that they had a whiteboard/in-out board (77.3%), compared to females (51.4%) (n = 667, p = 0.001) and were also more likely to report use of ringing back to base.  More than four-fifths of males (85.4%) reported ringing back to base, compared to 62% of females

(n = 708, p = 0.001).  The only statistically significant difference between how effective men and women perceived the various systems was on the effectiveness of mobile phones.  Male workers were more likely (29.8%) to state that they thought a mobile phone was a very effective system, compared to 21.1% of women (n = 731, p = 0.01).

Male workers were more likely to state that they had received training in managing conflict in the last six months than female workers.  Of the men, 52.8% stated that they had received such training within the last six months, compared to 31.5% of the women (n = 493, p = 0.009).  Men were also more likely to state that the training they had received addressed the risks they faced in their role, with 19.1% of them stating that the training addressed the risks to a great extent, compared to 8.3% of the women (n = 718, p = 0.004).

On the other hand, male workers were more sceptical that evidential recordings of verbal abuse would better place their employer to take action, as illustrated in Table 7.

**Table 7**    **If evidential audio recordings of the verbal abuse were available, would your employer be better placed to take action by gender (n = 910, p = 0.048).**

|  | Male % | Female % |
|---|---|---|
| Not at all - 1 | 5.7 | 2.8 |
| 2 | 18.9 | 8.4 |
| 3 | 15.1 | 24.1 |
| 4 | 32.1 | 34.4 |
| To a great extent - 5 | 28.3 | 29.3 |
| Total | 100 | 100 |
| Sample size | 53 | 857 |

To summarise, male lone workers were more likely to work in the evening, whilst female lone workers were more likely to work at weekends.  Females were more likely to state that their employer was not always aware of their whereabouts.  Female workers were less likely to state that they had been given a copy of their employer's lone worker policy document than males.  Possibly related to this, but very probably due to other factors as well, female workers reported feeling less safe in their work than males.

Despite this, it is actually the male workers who experience the higher levels of physical assault and there appears to be a corresponding difference in reaction by management, with males being much more likely to report that the police had become involved.  However, female workers' perceptions of safety will not be improved by their employers' lower take-up of some safety systems and conflict management training.

Finally, male workers were more sceptical that evidential recordings of abuse would enable their employers to take action.

# 8    Country of work

This chapter compares the responses from England, Scotland, Wales and Northern Ireland.  However, this analysis is hampered to some degree by the small number of respondents in Scotland, Wales and, particularly so, in Northern Ireland.  This means that, in this instance, the chi square analysis is unreliable.  However, the findings do still suggest that there are differences between the four countries and these are often so pronounced that it would seem likely that they would remain, even if the sample size increased.  Therefore, these results are reported upon, although they should be treated with degrees of caution, as they cannot be proven to be statistically reliable.

Firstly, looking at working practices, it appears that Northern Ireland had the highest rate (100%) of weekend lone working, followed by Scotland (84.8%), Wales (82.9%) and England at 75.7% (n = 942).

England had the lowest proportion of rural lone workers at 25.4%, followed by Wales at 27.7%, Scotland at 30.6% and Northern Ireland at 34.4%.  Scotland and Wales had the highest proportions of urban workers at 47.1% and 47.7% respectively, followed by England at 42.1% and Northern Ireland at 28.1% (n = 942).

The findings suggest that Northern Irish respondents were the least likely to state that their employer did not know their whereabouts, although they were also the least likely to state that their employer always knew of their whereabouts.  These findings are illustrated in Table 8.

**Table 8        Whilst you are working alone in the community, is your employer aware of your whereabouts, by country of work? (n = 956)**

|           | England % | Scotland % | Wales % | Northern Ireland % |
|-----------|-----------|------------|---------|--------------------|
| Yes       | 36.3      | 22.1       | 31.3    | 17.6               |
| No        | 27.3      | 37.2       | 37.5    | 20.6               |
| Sometimes | 36.4      | 40.7       | 31.3    | 61.8               |
| Total     | 100       | 100        | 100     | 100                |

Welsh workers were the most likely to report that their employer had a specific lone worker policy (100%), followed by English workers at 82.4%, Scottish workers at 79.5%, and Northern Irish workers at 63.6% (n = 929).

Moving on to perceptions of safety and respondents' sense of security, Scottish and Welsh respondents were the most likely to report that they felt 'very safe', with 18.2% and 15.4% of Scottish and Welsh respondents respectively reporting this.  Only 11.8% of Northern Irish respondents reported this, and 11.7% of English workers (n = 970).

Looking at the actual number of incidents, analysis shows that Northern Ireland had the highest rate of verbal assaults but the lowest rate of physical assaults.  Welsh workers also reported a high ratio of verbal assaults. These results are shown in Table 9.

**Table 9        Type and ratio of incidents, by country of work**

| | Type of assault | Number of incidents | Number of respondents in each region | Average number of incidents per respondent in each region |
|---|---|---|---|---|
| England | Verbal | 1357 | 784 | 1.7 |
| | Physical | 82 | 784 | 0.1 |
| Scotland | Verbal | 146 | 89 | 1.6 |
| | Physical | 6 | 89 | 0.07 |
| Wales | Verbal | 182 | 66 | 2.8 |
| | Physical | 7 | 66 | 0.1 |
| Northern Ireland | Verbal | 130 | 34 | 3.8 |
| | Physical | 0 | 34 | 0 |

Welsh workers were more optimistic than respondents from other countries that their employers had a better understanding of the issues associated with lone working than two years ago.  This is illustrated in Table 10.

**Table 10        My employer has a better understanding of the issues associated with lone working now as compared to two years ago, by country of work (n = 973)**

| | England % | Scotland % | Wales % | Northern Ireland % |
|---|---|---|---|---|
| Agree strongly | 7.1 | 8 | 18.5 | 2.9 |
| Agree | 34.8 | 39.8 | 44.6 | 38.2 |
| Neither agree not disagree | 39.8 | 37.5 | 27.7 | 38.2 |
| Disagree | 15.4 | 11.4 | 9.2 | 14.7 |
| Disagree strongly | 2.8 | 3.4 | 0 | 5.9 |
| Total | 100 | 100 | 100 | 100 |

Similarly, Welsh workers had the most faith that their employers would take action against those who verbally abused staff, as shown in Table 11.

**Table 11    My employer would take action against patients/clients who verbally abuse staff, by country of work (n = 979)**

|  | England % | Scotland % | Wales % | Northern Ireland % |
|---|---|---|---|---|
| Agree strongly | 9.8 | 9 | 23.1 | 5.9 |
| Agree | 40.5 | 42.7 | 38.5 | 32.4 |
| Neither agree not disagree | 31 | 31.5 | 23.1 | 23.5 |
| Disagree | 15.7 | 14.6 | 13.8 | 26.5 |
| Disagree strongly | 3.1 | 2.2 | 1.5 | 11.8 |
| Total | 100 | 100 | 100 | 100 |

There were substantial differences between the four countries concerning which safety systems were already in place for lone workers.  In particular, Northern Irish workers appear to have had less likelihood of having a buddy system, mobile phone, personal alarm, torch or to systematically ring in to base.  Overall, Welsh respondents appeared to have the most systems in place, with only 3.8% of respondents stating that they had no systems in place at all (minimum n = 469) (Table 12).

**Table 12    Systems currently in place, by country of work (minimum n = 469)**

|  | % with system in place | | | |
|---|---|---|---|---|
|  | England | Scotland | Wales | Northern Ireland |
| Nothing in place | 21.8 | 19 | 3.8 | 59.1 |
| Buddy system | 47.5 | 43.4 | 84.8 | 15.8 |
| Mobile phone | 90.9 | 95.3 | 85 | 62.5 |
| Ringing back to base | 63.9 | 60.7 | 77.1 | 28.6 |
| Personal alarm | 53.6 | 73.4 | 80 | 41.7 |
| Torch | 25.3 | 38.9 | 37.5 | 5.3 |

One final difference that emerged is that Northern Irish workers were substantially less likely to have undertaken conflict management training in the last six months than respondents from other countries.  Only 10.5% of Northern Irish workers reported this, compared to 24.5% of Scottish workers, 34.6% of English workers and 48.4% of Welsh workers (n = 507).

In summary, due to the small number of respondents in some countries the chi-square is not a reliable indicator of significance for this particular analysis.  However, it appears that Northern Irish workers had the highest rate of weekend lone working and also the highest proportion of rural workers.  They were also the least likely to state

that their employer had a specific lone worker policy and they also had substantially less safety systems in place than the other countries.  With regard to perceptions of safety, Scottish and Welsh respondents were the most likely to report that they felt 'very safe' whilst lone working.

Looking at the incidence of actual assaults, these are somewhat at odds with the other findings, in that Northern Irish workers had the highest rates of verbal assaults but also the lowest rates for physical assaults.  Scotland and England had the highest rates for physical assault.  On the other hand, Welsh respondents were the most optimistic that their employers were aware of the risks they faced and would take action if necessary.

# 9    Lone worker policy

This chapter looks at the statistically significant differences between those respondents whose employer had a lone worker policy and those who didn't.

Looking first at working practices, those respondents who stated that their employer had a lone worker policy were more likely to state that their employer was always aware of their whereabouts.  Overall, 36.3% of those with a lone worker policy stated this, as opposed to 24.7% of those without (n = 930, p = 0.014).

Similarly, those with a lone worker policy were more likely to report that their employer had the details of their vehicle.  Whilst 80.3% of those with a lone worker policy reported this, only 71.9% of those without did so (n = 927, p = 0.008).

A higher proportion of those with a lone worker policy 'always' carried out a risk assessment ahead of a client/patient visit than those without.  Overall, 15.1% of those with a policy 'always' carried out an assessment, compared to 7.6% of those without (n = 914, p = 0.000).

There was a difference apparent between the two groups and the ratio of incidents per respondent in each group.  In particular, it seems that those with a lone worker policy have a slighter greater ratio of incidents per person (Table 13).

**Table 13    Type and ratio of incidents by lone worker policy**

|  | Type of assault | Number of incidents | Number of respondents in each group | Average number of incidents per respondent for each group |
|---|---|---|---|---|
| Yes | Verbal | 1502 | 776 | 1.94 |
|  | Physical | 77 | 776 | 0.1 |
| No | Verbal | 294 | 166 | 1.77 |
|  | Physical | 13 | 166 | 0.08 |

Those respondents who had a lone worker policy in place generally believed that their employers had a better understanding and empathy towards lone working than those respondents whose employer did not have a policy in place.

*My employer has a better understanding of the issues associated with lone working now as compared to two years ago.*
Almost half of those with a policy in place (49.1%) stated that they either agreed or strongly agreed with this statement, compared to 26.9% of those without (n = 936, p 0.000).

*My employer takes action to manage the risks of lone working.*
More than half of those with a policy in place (60.4%) stated they either agreed or strongly agreed with this statement, compared to 27.6% of those without (n = 937, p = 0.000).

*My employer would take action against patients/clients who verbally abuse staff.*
More than half of those with a policy in place (52.8%) stated that they either agreed or strongly agreed with this statement, compared to 40.5% of those without (n = 936, p = 0.004).

When respondents had experienced an incident and reported it to their managers, there was one striking difference between those who had a policy in place and those who did not. Whilst only 2.4% of those without a policy in place stated that care had been discontinued as a result of the incident, this rose to 13.1% of those who had a policy in place (n = 241, p = 0.046).

There were a number of differences apparent between those who did and did not have a lone worker policy in place and the safety systems that they currently use. In particular, those with a policy in place were more likely to state that they had a buddy system, whiteboard/in-out board, to ring back to base and to have emergency telephone numbers. Those without a policy were more likely to state that they had nothing in place (Table 14).

**Table 14     Systems currently in place by lone worker policy (minimum n = 451)**

|  | % with system in place | | p value |
|---|---|---|---|
|  | Have policy in place | No policy in place |  |
| Nothing in place | 15.3 | 48.2 | 0.000 |
| Buddy system | 54.2 | 29.7 | 0.000 |
| Whiteboard/in-out board | 56.3 | 43.4 | 0.012 |
| Ringing back to base | 68.8 | 36.7 | 0.000 |
| Emergency telephone numbers | 49.3 | 32.7 | 0.002 |

Those with a lone worker policy in place reported more positively on the effectiveness of both the whiteboard/in-out system and the ringing back to base systems of safety. Somewhat contradictorily, they were also more likely to state that having no systems in place was effective, when compared to those who did not have a policy in place (Table 15).

**Table 15     Effectiveness of systems currently in place by lone worker policy (minimum n = 47)**

|  | % who rate 4 or 5 on a 5-point scale, where 5 is very effective | | p value |
|---|---|---|---|
|  | Have policy in place | No policy in place | p |
| Nothing in place | 24.1 | 0 | 0.11 |
| Whiteboard/in-out board | 31.6 | 13 | 0.19 |

| | | | |
|---|---|---|---|
| Ringing back to base | 41.7 | 18.9 | 0.004 |

Those who had a lone worker policy were more likely to have undertaken conflict management training than those who did not have a policy. Of the respondents who had a policy, 36.9% of them had undertaken this training within the last six months, compared to 22.1% of those without a policy (n = 483, p = 0.007). In addition, whilst 49% of respondents with a lone worker policy had undertaken conflict management training within the last 12 months, only 26.3% of those without a policy had done so (n = 507, p = 0.000). Similarly, 42.8% of those with a policy had attended conflict management training within the last 24 months, compared to 23.6% of those without a policy (n = 430, p = 0.001).

In addition, those with a policy in place were more likely to be positive about the training that they had received. Of those with a policy in place, 35.2% rated its effectiveness in addressing the risks they faced as either 4 or 5 (on a 5-point scale, with 5 equalling very effective) compared to 24.7% of those without a policy (n = 707, p = 0.042).

Despite the positive outcomes associated with having a lone worker policy, some respondents felt that a policy on its own was not enough to guarantee employee safety.

> "*Four years ago, my employer brought in mobile phone for every employee, due to lone worker policy, but two years ago took all but one phone away as too expensive,*" community staff nurse, Surrey.

> "*Fortunately, I have never had to test my employer's lone worker policy during an incident. I am unsure how effective it would be,*" community psychiatric nurse, Grampian.

In summary, those respondents whose employer had a lone worker policy were more likely to state that their employer was always aware of their whereabouts and also that they had details of their vehicle. In addition, those with a policy were more likely to always carry out an assessment prior to a visit. With regard to actual incidents, those with a policy had a slightly higher ratio of both verbal and physical incidents.

Those with a policy in place tended to view their employers attitude to lone working more positively than those without. Those who had a policy were more likely to report that after an incident, their managers had decided to discontinue care.

In addition, there were some differences in the systems that respondents had in place, with workers who had a policy tending to have more safety systems in place, although perceptions of the effectiveness of these systems was somewhat mixed. Finally, those who had a policy were also more likely to state that they had undertaken conflict management training, and to view this training in a positive light. However, a number of respondents commented that a policy on its own was not enough to guarantee employee safety.

# 10    Working outside of office hours

This chapter reports on the statistically significant differences between those who worked outside of office hours and those who did not.

There was a tendency for respondents who worked outside of office hours to be more likely to work in a rural environment.  Of those who worked outside of office hours, 38.4% worked in an urban setting, 29.8% in a suburban setting and 31.8% in a rural setting.  This compares to 45.5% of those who did not work out-of-hours being in an urban setting, 34.2% in a suburban setting and 20.3% in a rural setting (n = 953, p = 0.000).

Those respondents who worked outside of office hours were more likely to state that, when they were working alone in the community, their employer did not know always know of their whereabouts.  Of those who worked outside of office hours, 32.8% stated that their employer did not know of their whereabouts, compared to 24.1% of those who did not work outside of office hours (n = 975, p = 0.000).

In addition, those who worked outside of office hours were less likely to state that their employer had their vehicle details.  Of those who worked outside of office hours, 76.2% stated that their employer had their vehicle details, compared to 81.6% of those who did not work outside of office hours (n = 972, p = 0.041).

Those respondents who did not work outside of office hours were more likely to state that they felt either 'very safe' or 'quite safe' when operating away from colleagues.  Of those who did not work outside of office hours, 80.5% stated this, compared to 72.8% of those who did work outside of office hours (n = 981, p = 0.021).

Those who worked outside of office hours were also more likely to believe that the risks of violence and abuse had increased in the last two years.  Notably, 56.8% of those who worked outside of office hours thought the risks had increased, compared to 46.7% of those who did not work outside of office hours (n = 979, p = 0.004).

Respondents who worked outside of office hours were slightly more likely to be on the receiving end of verbal abuse, compared to those who did not.  Out of office hours workers had an average of 2.03 verbal assaults per respondent, compared to 1.77 incidents per respondent who worked within office hours (Table 16).

**Table 16 Type and ratio of incidents**

|  | Type of assault | Number of incidents | Number of respondents in each group | Average number of incidents per respondent in each group |
|---|---|---|---|---|
| Work outside of office hours | Verbal | 1064 | 524 | 2.03 |
|  | Physical | 54 | 524 | 0.1 |
| Do not work outside of office hours | Verbal | 821 | 464 | 1.77 |
|  | Physical | 42 | 464 | 0.09 |

There was also an increased perception of danger associated with out-of-hours working.

> "*Recently, the district nursing redesign has changed our hours and we now have to work until 8 o'clock at night. In some areas, staff go out in pairs whilst others insist you go out alone. Most staff would prefer to go out in pairs, but the trust will not allow this, despite our concerns,*" district nurse, Liverpool.

> "*Working weekends or out of regular hours can present difficulties in contacting managers if a problem arises. I feel I am entirely dependent on other colleagues in neighbouring areas and this presents the difficulty that I do not know who is working, therefore if I had a problem it most certainly would have to be friends, relatives or emergency services who would be the first point of call,*" district nurse, West Midlands.

Given the increased perception of danger, a number of respondents stated that an out-of-hours emergency telephone number would be very useful in increasing security.

Looking at respondents' perceptions of their employers, those respondents who worked outside of office hours were more likely to state that they disagreed with the statement 'My employer takes action to manage the risks of lone working'. A quarter of those who worked outside of office hours (25%) stated that they either disagreed or strongly disagreed with this statement, compared to 16.3% of those who did not work outside of office hours (n = 981, p = 0.023).

There were also some differences between these two groups and the safety systems that they currently had in place. In particular, those who worked outside of office hours were more likely to have a mobile phone and a torch, whilst those who worked within office hours were more likely to use a whiteboard/in-out board. These results are shown in Table 17.

**Table 17    Systems currently in place by work outside of office (minimum n = 605)**

|  | % with system in place | | p value |
|---|---|---|---|
|  | Work outside of office hours | Do not work outside of office hours |  |
| Whiteboard/in-out board | 42.8 | 62.5 | 0.000 |
| Mobile phone | 92.1 | 88 | 0.039 |
| Torch | 36.7 | 15.6 | 0.000 |

There were also some differences in how effective these two groups considered the systems that they used. Those who worked outside of office hours were more likely to state that they thought some systems were not at all effective; 37.1% of those who worked outside of office hours thought that a personal alarm was totally ineffective, compared to 19.1% of those who did not (n = 359, p = 0.003). In addition, 9.9% of those who worked outside of office hours thought that emergency telephone numbers were totally ineffective, compared to 1.8% of those who did not work outside of office hours (n = 225, p = 0.02).

To summarise, those respondents that worked outside of office hours were more likely to also work in a rural environment.  They were also more likely to state that their employer did not always know of their whereabouts, and were also less likely to state that their employer had their vehicle details.  They were more likely to feel unsafe in their work.

There was also some difference in perceptions of security. Those who worked outside of office hours were more likely to state that the risks associated with lone working had increased over the last two years.  Respondents who worked outside of office hours were also more likely to experience assaults, than those who worked within office hours. They were also less likely to believe that their employer would take action to 'manage the risks of lone working'.

On the other hand, those who worked outside of office hours were more likely to have a mobile phone and a torch, although this group was also more sceptical about how effective some systems - such as a personal alarm and emergency telephone numbers- were.

# 11   Age

This chapter looks at the statistically significant differences between the three main age groups of respondents in this survey.

Respondents who were aged 34 years or under were more likely to work in urban environments than older workers. More than half of those aged 34 or under (57.5%) worked in an urban environment, compared to 43.8% of those aged 35 to 49 years, and 37% of those aged 50 years or over (n = 943, p = 0.013).

With regard to working practices, older workers were the most likely of the three age groups to state that their employer did not know where they were during the working day.  Only 17.1% of those aged 34 years or under stated that their employer did not know their whereabouts during the working day, compared to 26.5% of those aged 35 to 49 years and 33.7% of those aged 50 years or over (n = 965, p = 0.012).

However, older workers were also the most likely to state that their employer had all the details of their vehicle.  Whilst only 66.7% of those aged 34 years or under stated that their employer had all the details of their vehicle, this rose to 79.1% of those aged 35 to 49 years, and 81.4% of those aged 50 years or over (n = 962, p = 0.02).

Older workers were also more likely to state that their employer had provided them with a copy of their lone worker policy.  Whilst only 59.4% of those aged 34 years or under stated this, this rose to 73.1% of those aged 35 to 49 years and 74.2% of those aged 50 years or over (n = 760, p = 0.008).

Possibly connected to this, older workers were more likely to state that they 'rarely' or 'very rarely' felt unsafe.  Whilst 40.8% of those aged 34 years or under stated this, this rose to 57.3% of those aged 35 to 49 years, and 66.3% of those aged 50 years or over (n = 959, p = 0.000).

Indeed, younger workers had the highest ratio of physical assaults, although this may be linked to the fact that younger workers are more likely to work in urban environments, as well as other factors (Table 18).

**Table 18      Type and ratio of incidents by age**

|  | Type of assault | Number of incidents | Number of respondents in each group | Average number of incidents per respondent for each group |
|---|---|---|---|---|
| 34 and under | Verbal | 229 | 77 | 2.97 |
|  | Physical | 9 | 77 | 0.12 |
| 35 - 49 | Verbal | 1029 | 515 | 1.1 |
|  | Physical | 63 | 515 | 0.12 |
| 50 or over | Verbal | 610 | 391 | 1.56 |
|  | Physical | 22 | 391 | 0.06 |

Some differences emerged between the three age groups and the safety systems that they currently had in place.  Overall, older workers were more likely to have a buddy system, to ring back to base, have a personal alarm, Identicom or similar, emergency telephone numbers and a torch (Table 19).

**Table 19     Systems currently in place by age (minimum n = 542)**

|  | % with system in place | | | |
|---|---|---|---|---|
|  | 34 or under | 35 - 49 | 50 and over | p value |
| Buddy system | 48.3 | 43.7 | 58 | 0.004 |
| Ringing back to base | 50 | 60.9 | 70.1 | 0.005 |
| Personal alarm | 45.2 | 52.9 | 65.2 | 0.001 |
| Identicom or similar | 0 | 2.3 | 6 | 0.032 |
| Emergency telephone numbers | 33.9 | 41.7 | 58.7 | 0.000 |
| Torch | 16.4 | 24 | 35.9 | 0.002 |

There were fewer differences between the three groups and how effective respondents thought the different systems were.  One statistically significant difference that emerged was that the middle age group was more likely to believe that the system of ringing back to base was effective than the other age groups.  Of those aged 35 to 49, 14.2% described this system as 'very effective', compared to 3.6% of those aged 34 or under, and 9.7% of those aged 50 or over (n = 411, p = 0.022).

In summary, younger workers were more likely to work in urban environments and were also the most likely to experience physical assaults.

Older workers were the most likely to state that their employer did not know of their whereabouts, although they were more likely to state that their employer had the details of their vehicle and also that their employer had provided them with a copy of their lone worker policy. Older workers were also the most likely to 'rarely' or 'very rarely' feel unsafe in their work. Older workers were also more likely to have a number of safety systems in place.

Finally, the middle age range group was the most likely to believe that the system of ringing back to base was effective.