

# TOWARDS WELL-BEING AT WORK

## A POLICY FOR FIGHTING AGAINST VIOLENCE

FÉDÉRATION  
INTERPROFESSIONNELLE  
DE LA SANTÉ DU QUÉBEC



Discrimination  
Rudeness  
Prevention  
Cyberintimidation  
Well-being  
Healthy relationships  
Compensation  
Listening  
Violence  
Harassment  
Training  
Respect  
Reconciliation  
Conflict  
Employer  
Dialogue  
Union  
Mediation  
Safety  
Awareness



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Persecution Abuse of power  
Rudeness Cyberintimidation  
**Violence** Conflict  
Harassment Anger Intimidation  
Discrimination  
Bullying Trivialization  
**Suffering**



# Message

## for the members of the FIQ

**A**s women, healthcare professionals and labour activists, we must always remain vigilant and in solidarity to break the wall of silence surrounding violence. Our role, among others, is to prevent all forms of violence, to act when it happens and to seek to ensure that it disappears. Even if progress has been made to reduce violence against women, nothing is ever for sure in women's struggles.

The Federation has, since its foundation, taken a position concerning violence by regularly consulting its delegates, concerned with giving answers adapted to the reality of its members. It thus contributed to putting into words a phenomenon that firstly, and by a majority, affects women.

By addressing violence as sexual or racial harassment, discrimination and as physical violence the Federation has always chosen to collectively fight against this phenomenon and opted for a "zero tolerance" approach at a time when violence was socially accepted. There had to be many battles for violence against women to be recognized as unacceptable. That was a good approach and we can be proud of the progress made.

In the 2000's, we saw the concept of psychological violence in the workplace appear. Was that an evil of modern-day society or a symptom provoked by new management models promoted by the neoliberal ideology? An Act respecting labour standards confirmed the appearance of this phenomenon in 2004 moving towards protecting against psychological harassment. This shift brought with it an explosion in the number of complaints of psychological harassment. A sign no doubt of the suffering experienced by the workers who were subjected to the new requirements of productivity, profitability and flexibility. Nevertheless, our union experience has taught us that psychological harassment cannot be the only diagnosis for the ills in the workplaces. So, every day we see that the multitude of interactions at work, combined with organizational, structural factors and with the new forms of distribution and management, create fertile ground that can lead to conflicts and violence. As a union, we have the responsibility not only of seeing it more clearly, but also of finding solutions in order to overcome these conflicts.

The Federation has therefore decided to address the problem by its symptom, the relational suffering that we see every day in labour relations. This concept is a barometer of the intensity of the problems in the workplace. The objective of such an approach is to find adapted solutions in order to restore a healthy work climate and to develop a philosophy of well-being at work. This perspective, translated into a policy for fighting against violence, will offer you the chance to diagnose the causes for the relational suffering at work and to identify the individual factors, as well as the organizational factors that promote well-being and healthy relationships at work.

This policy is obviously backed by values of respect, equality and the collaboration of the individuals concerned. It rests on the cooperation and support of everyone. I sincerely hope that this policy as well as the training that will complete it will make it possible for you to renew your action to stop the trivialization of violence and that the public health network becomes a more respectful workplace for those people who work in it.

In Solidarity,

Michèle Boisclair,  
1<sup>st</sup> Vice-President  
Political Officer for the Status of Women Sector



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Approaches and policies concerning workplace violence have evolved over time. First denied, then identified and the subject of legal and labour relations decisions, workplace violence forces the employers to constantly question themselves and to rectify the problem.

Women's groups, the Federation as well as other unions and particularly the status of women and occupational health and safety committees have changed the perceptions and have enabled workers to be protected, so they can denounce the violence and obtain compensation by making a complaint, as the case may be. In 2004, an Act respecting labour standards moved towards protecting against psychological harassment.

Even if it is remarkable progress concerning protection against a certain type of workplace violence, the evolution of the legislation has proven to be insufficient for bringing quick solutions that are less of an administrative and financial burden. Moreover, the legal path is not always ideal for emerging from the antagonism created between the parties and to relieve the suffering resulting from workplace violence.

 **If the legal and labour relations decisions have changed at the same time as the demands of the workers, they have not always brought accessible answers adapted to the victims of workplace violence.**

This suffering regularly seen in labour relations needs to be the starting point for the employers' and the unions' interventions. It is, in fact, relational suffering. This concept, including authorship, coming from Belgian authorities and researchers at the *Université de Liège* and the *Université catholique de Louvain*, makes it possible to address the issue of workplace violence starting with its effects and the intensity of the problems experienced in the workplace. Whether it is difficulties, conflicts or assaults, it becomes crucial to measure not only the extent of the situation, but also to intervene in a relevant manner with the members to arrive at well-being and healthy relationships at work.

The following chapters represent a synthetic picture of the evolution of the FIQ in workplace violence and a specific workplace that represents a health care setting, identified as an at-risk setting.

The Federation is also proposing a Policy for fighting against violence, a necessary evolution of the previous policy, *Working in Dignity, Reference framework to counter workplace violence*, published in 1997. Added to the findings, are the taking into account of the diversified situations and the possible approaches to workplace violence, the importance of prevention and a clear identification of the roles of the employer and the union.

“The presence, within Québec society, of a new female labour organization will be significant if we are able to succeed in articulating an original public debate that reflects the concerns, approaches or issues that are similar to us.” FIIQ Founding Convention.

The FIIQ took action in different ways in order to make the members aware and to implement a culture of non-violence in the workplaces. To better act on their everyday routine at work, the Federation is active: tools, conferences, policies, training sessions, wearing of symbols and real and symbolic mobilizations.

### DEVELOPMENT OF THE FIQ MEMBERS

From the beginning of the FIIQ<sup>1</sup> in 1987, violence against women has been of particular importance for the union representatives. They define themselves as women, nurses and labour activists and take into account the multiple roles that they play in society. They therefore adopt a feminist point of view when they look into the phenomenon of violence.

The FIIQ union reps find that with all the situations encountered in their workplaces, sexual, racial and psychological violence – just like physical violence – are an integral part of the different forms of assault, but they struggle to identify these situations when they are faced with them.

The murders at the *Polytechnique* on December 6, 1989 marked Québec society and confirmed the urgency for women to speak out and to act against this phenomenon of violence. The FIIQ union reps then became aware of the seriousness of the situation and have made that date a date to remember.

The Status of Women Sector and the Status of Women Committee buckled down over the next few years. They assisted in getting mentalities in the workplaces to evolve. As of 1994, the sector and the Occupational Health and Safety Committee invested in the workplace violence files. Violence can no longer be trivialized and legitimized. The FIIQ Women’s Network and the federal councils became forums where violence against women was on the agenda, just like at the *Intersyndicale des femmes*, the World March of Women and the UNO Commission on the Status of Women.

In 1996, the delegation amended the FIIQ Constitution and Bylaws in order to add the fight against all forms of violence. As a result of the 1999 negotiations, the collective agreement evolved and set out collaboration between the employers and the unions for dealing with complaints of violence. A victory which was social recognition at last of the struggle against violence waged by women and which would be followed by other advances in the 2000’s.



## AFFIRMATION AND UNION ACTION

1987	Creation of reception committees in emergencies to assist women who are victims of sexual assaults.
1989	Inquiry on workplace violence with nurses. Publication of the brochure <i>Violence against women nurses</i> .
1992	Unanimous adoption of the <i>FIQ Policy to counter sexual and racial harassment</i> . Memoranda on workplace violence by the <i>Intersyndicale des femmes</i> presented to the Canadian Panel on Violence Against Women.
1993	Mailing of tools to all local teams for the local teams and the members entitled <i>Breaking the silence</i> .
1994	Publication of the research by the <i>Intersyndicale des femmes Travailler mais à quel prix</i> . Dissemination of training sessions for the local Status of Women officers. Publication of the tool <i>Towards a general intervention guide</i> , that included an inquiry on all forms of violence.
1995	Inquiry with 2,500 nurses to measure workplace violence and its impact on their health.
1996	Unanimous adoption of the <i>Intervention Guide to counter all forms of violence against nurses at work</i> and the annual commemoration of December 6 in the health institutions by remembering the victims of the slaughter at the <i>Polytechnique</i> in 1989.
1997	Publication of a consciousness-raising policy for the members <i>Working in Dignity: zero tolerance</i> .
1999	Position taken on December 6 in a press conference by the <i>Intersyndicale des femmes for violence-free workplaces</i> .
2001	Unanimous adoption at the Convention of the <i>General Policy against workplace violence</i> .
2002	Survey carried out with 1,001 nurses to measure the degree of support of the members for their Federation, some of the questions were on workplace violence. Distribution in all the institutions of a <i>Statement of Principles</i> covering the employers so that they offer a violence-free workplace. Launching of the policy <i>Working in Dignity: taking action</i> . Publication of an information brochure and tools the title of which was <i>Workplace safety: taking action</i> .
2003	Publication of the tools on <i>Safety of the premises: Evaluation Grid and Safety of the premises: Follow-up on the exploratory process</i> .
2004	Dissemination of training sessions to the union consultants and the union reps on <i>Workplace violence, Working in Dignity</i> .
2005	Questionnaire sent to the local teams to measure the degree the workplace violence policies are being implemented. Publication of the leaflet <i>Violence against women</i> within the framework of the Convention.
2006	Introduction of the provisions on psychological harassment in an Act respecting labour standards (2004) into the collective agreement and the provisions for setting up a mechanism for the parties to deal with complaints of violence at the local level.
2009	Publication of the <i>For a violence-free workplace, a priority</i> and the <i>Antiviolence Internet Kit for healthcare professionals</i> .
2010	Update of the policy <i>Violence/zero tolerance, Working in Dignity, reference framework to counter workplace violence</i> .
2011	Following the negotiation of the new collective agreement, employees are no longer forced to make a choice between a complaint and a grievance when they are victims of workplace violence.
2012	Status of Women and Occupational Health and Safety Sectors participate in the <i>Colloque du Secrétariat international des infirmières et infirmier de l'espace francophone (SIDIEF)</i> by presenting a conference: <i>Breaking the silence on violence and harassment, 15 years of experience by the FIQ</i> .
2013	Occupational Health and Safety Sector participates in the conference entitled <i>Rendez-vous Action-Prévention CSST</i> by presenting the conference: <i>Soigner sans être agressée, ça vaut le coup de prévenir</i>
2014	Publication of the <i>Policy for fighting against violence</i> .

# Care settings and TRIVIALIZATION of violence

“In organizations, a lot of time, energy, money and useless suffering are saved if problems of psychological health and conflicts are seen as symptoms of organizational problems. Conflict should be seen as an opening to explore the organizational problems at the source.”<sup>2</sup>

“Violence against women means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life.”<sup>3</sup>

Declaration of the United Nations Organization

## FEMININE STEREOTYPES

The healthcare professions are characterized by a strong concentration of female staff. At the FIQ, women represent 92% of the members.

If holding a job is a significant element in the emancipation of women, it does not however guarantee escaping the typical stereotype of the so-called “female” jobs. The stereotypes are anchored in society and we still sometimes hear that women are at the service of others whether at home or at work. The healthcare professionals can therefore be subordinate to the physicians.<sup>4</sup> These sometimes unbalanced relationships are reinforced by social stereotypes and by highly structured institutions where women have more difficulty accessing power roles.

It must be added that the source of violence or harassment in the workplace is generally a person (patient, visitor, work colleague, physician or manager) and that several factors influence the aggressive behaviours of people. Unfortunately, the patients represent the main source of aggressive behaviours directed at the healthcare professionals in the hospitals, residential living centres and the community settings. Research indicates that verbal assaults are the most frequent form of violence to which healthcare professionals are exposed.

Women are specifically affected by violence and they are too often considered as legitimate targets. According to the feminist approach, violence against women is described as an expression of unequal relationships between men and women which has ended up as the subordination of women.

Consequently, such perceptions of the feminine and masculine roles can result in a trivialization of workplace violence. This violence, long accepted socially by organizations and employers, has resulted in women, themselves, having a tendency to under estimate situations of violence and not report them.

## CULTURE OF SILENCE

Recent studies on nurses and violence show that violence is rampant and that it silently exists in the care settings. Ironically, the nurses have incorporated this violence and do not report it very often. Younger people and men are less hesitant to report physical or psychological violence than their experienced female colleagues. The relationships between nurses and physicians can be a source of violence whether it is psychological or physical. However, when the healthcare professionals report it within the context of organization of work and the number of staff, they are more likely to report the violence that they suffer at work.<sup>5</sup>

The nurses “[...] have a tendency to accept this as being part of the job. A good number of them do not bother to report the incidents of violence either because they feel that no action will be taken or they will be held accountable; a culture of silence is said to exist.”<sup>6</sup>

## SETTINGS AT RISK

The deterioration of working conditions and the disorganization of work have an impact on workplace violence and constitute risk factors. Since the 1980's, the health and social services setting in Québec has been the subject of numerous reforms that have affected the services and the organization of work. Employees have had to adapt and compose themselves with multiple approaches. In the 1990's and 2000's specifically, productivity and efficiency were at the heart of human resources management, and this, to the detriment of the type of work to be done.

Consequently, whether it is re-engineering, a revision of the processes or the style of participative management, greater flexibility and increased accountability are expected from employees. In these new approaches, the human dimension, at the heart of the healthcare professionals' roles, very often disappears. In addition, the reorganizations of work often turn into a reduction in staff and a new distribution of tasks. This results in an increase in workload for the healthcare professionals and a deterioration in the work climate. The members of the care team no longer have the time to consult, help or confront the new difficulties that come up.



The evolution of work undeniably increases the requirements and shuts out the human being more and more.”<sup>7</sup>

“ The current management generates an individualization of the tasks, greater and greater accountability of individuals, a network hierarchy, and everyone finds themselves alone to react to the growing and often contradictory pressure.”<sup>8</sup>

The FIQ has been looking into these issues for many years, particularly by the deployment of strategies in organization of work. In fact, poor organization of work results in effects that are now well documented, such as work overload, a lack of autonomy, management or supervision styles that are authoritarian, poor communications, and an indifferent organizational culture, even disrespectful to the staff.

This work context creates a climate ripe for the deterioration of interpersonal relationships, conflicts and may cause various health problems for the healthcare professionals.

In this area, the FIQ has been proactive and “Care professionals are ready to look at new forms of organization of work, provided that they will contribute both to a better quality of care and a better quality of life in the workplace and away from work.”<sup>9</sup>



# POLICY for fighting against violence

This policy sets out the principles and values that the FIQ is advocating for fighting against violence and for promoting well-being and healthy relationships in the workplace.



## OBJECTIVES

This policy aims to:

- promote egalitarian relationships, full of respect and cooperation;
- promote well-being at work by setting up a healthy workplace, exempt from violence to maintain the physical and psychological integrity of the individuals that work in the institution;
- enhance respect and civility in all situations related to work;
- prevent harassment and violence and not tolerate it in any form;
- prevent conflicts and promote resolution;
- promote collaboration with the employer with a view to preventing or stopping all forms of violence by the appropriate means, by the development of a policy, among others;
- make the members and the union reps aware of the importance of exploring different solutions in order to use them to improve relationships in the workplaces;
- use alternative means of prevention and resolution of disputes when justified to do so.

## SCOPES OF APPLICATION

This policy covers all people who frequent an institution: unionized and non-unionized staff, physicians, suppliers, visitors, patients, etc.



## POLICY STATEMENT

The FIQ is adopting a systemic approach to maintain healthy relationships in the workplace by welcoming and assisting the members in any situation of relational suffering. It promotes listening, dialogue, research of solutions and prevention to improve relationships and stop workplace violence or harassment.

The FIQ uses answers adapted to the problems raised by taking into account all the factors like the climate at work, organization of work and the working conditions of its members to fight against violence and promote well-being and healthy relationships at work.

Consequently, the FIQ policy reasserts the management responsibility of:

- offering a healthy workplace, exempt from rudeness, conflicts, discrimination, harassment or violence;
- taking the necessary measures for protecting the health and insuring the safety and physical integrity of the worker (OHS Act);
- stopping all harassment and violence (Labour Standards Act).

On the other hand, the FIQ reasserts its commitment to:

- offer all the support and information necessary for the members;
- deploy organization of work tools for promoting well-being at work;
- fight against all forms of discrimination, harassment and violence, whether carried out against the members or by them.



The FIQ first solicits the cooperation of the employers to act in a preventive manner on the risk factors and to intervene when a deteriorating situation is reported at work.

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”<sup>10</sup> World Health Organization

## DEFINITIONS

An improvement in well-being at work includes respect of the physical and moral integrity of an individual; health, safety, absence of violence and absence of harassment.<sup>11</sup> Well-being at work obviously involves a psychological dimension. As a result, psychological health at work is “a state of cognitive, emotional and behavioural balance that allows an individual to produce, maintain professional relationships, to participate in his workplace activities and to draw satisfaction from it.”<sup>12</sup>

The following definitions make it possible to distinguish the different situations of conflict or workplace violence.

### Relational suffering at work

The concept of relational suffering at work encompasses all the causes that can create psychological suffering at work; it therefore makes it possible to identify the situations at the root of this suffering. Beginning with the expression of the symptom of suffering in working relations, two major categories can be drawn for identifying and acting on this suffering. The symmetrical situations where the individuals involved act on equal footing (the hierarchal relationship does not necessarily result in inequalities between individuals) and the complementary situations where the unequal or dominant relationships can be identified. The first refers most of the time to the different types of conflicts and the second falls under workplace violence and is characterized by harassment and assaults that take on different forms. Whatever the causes of this suffering, the employers have a responsibility to intervene with the appropriate means and to deploy healthy methods in organization of work.<sup>13</sup>

Relational suffering at work can be felt in various situations of conflict and assault and is often revealed by deterioration in labour relations. If these situations are left to deteriorate, workplace discrimination, harassment or violence can appear. In certain cases, violence can be seen from the outset and lead directly to an escalation of violence.

When a conflict arises, each party seeks to convince the other. Arguing can then be aggressive or in anger, but these situations do not automatically constitute cases of workplace violence. This distinction does not reduce the importance of conflicts that can be very disturbing for the people involved and can transform into workplace violence.

## Rudeness

This term indicates a lack of civility, that is, a lack of courtesy or politeness, whether as an action or spoken.<sup>14</sup>

## Conflict

Conflict is a more or less intense confrontation which involves the explicit or implicit expression of disagreements and/or unpleasantness through more or less hostile words or perceived as such (remarks, disapproval, criticism, reproaches, threats, insults). This can result in deterioration of the work climate and have a real impact on the different protagonists.<sup>15</sup>

Consequently, the type of solution to be recommended must be evaluated and a conflict resolution process used rather than an approach that allows a situation of workplace violence to be resolved.

ESCALATING VIOLENCE

RUDENESS

INTIMIDATION

CONFLICT

## Hyperconflict

Hyperconflict can occur between two individuals or between two opposing groups. "In hyperconflict, the parties mutually attack one another, sometimes through a spokesperson, and their differences are irreconcilable. The parties involved disagree on both the very basis of their differences and the way these differences take shape, or the way they structure their understanding of them. Their interpretation of the same reality is radically different and incompatible."<sup>16</sup> The repercussions are enormous and can be behavioural and emotional in nature and cause the organization to malfunction.

## Collective persecution (mobbing)

Collective persecution consists of isolating one person in particular, of attacking as a group in different ways by humiliating the person, by intimidating and by stigmatizing: the victim is commonly called the scape goat.<sup>17</sup>



## Intimidation or bullying

“Principle of the tyrant or the tyranny of one person through hidden or covert attacks. If the attacks become open or the tyrant attacks everyone at work indiscriminately, it becomes managerial abuse since the tyrant, in this case, is not targeting an individual or a specific group and is not attacking others through hidden or covert acts of aggression.”<sup>18</sup>

## Cyberintimidation

Cyberintimidation is the use of information and communication technologies<sup>19</sup> to demonstrate hostility towards a person or group with the goal of causing harm, intimidating or harm the reputation and relationships. These behaviours can take the form of harassment, disparagement, threats, insults, identity theft, exclusion or revealing various personal information or lies about another person or group.<sup>20, 21</sup>

## Discrimination

Discrimination exists when there is a distinction, exclusion or preference that has the effect of nullifying, compromising or restricting an individual right on the grounds of the race, colour, sex, pregnancy, sexual orientation, civil status, age except when provided for by law, religion, political beliefs, language, national or ethnic origin, social condition, handicap or the use of a means to overcome this handicap, family links, parental status, or the exercise of a right recognized by law.

“Notwithstanding the foregoing, a distinction, exclusion or preference based on the aptitudes or qualities required to accomplish the duties of a position is not considered discriminatory.”<sup>22</sup>

## Abuse of power

Abuse of power is a form of harassment that is defined by the Canadian Human Rights Commission:

“There is abuse of power when a person exerts his power or his position with the implicit power that he has to intervene in a negative fashion, to undermine, sabotage or impede the work or the career of another person [...] Abuse of power includes flagrant acts such as intimidation, threats, blackmail, coercion.”<sup>23</sup>

This definition must not be misinterpreted in the cases where the people with management positions perform evaluation duties and apply disciplinary rules. Managers must perform these human resources supervisory responsibilities in matters of labour relations.

“Abuse of power includes three conditions:

- the offending party must be in a position of power;
- she uses this position of power to promote her personal needs;
- she acts to the detriment of the person who is under her authority.”<sup>24</sup>

## Psychological harassment

According to Section 81.18 in an *Act respecting labour standards*, psychological harassment is defined as: “any vexatious behaviour in the form of repeated and hostile or unwanted conduct, verbal comments, actions or gestures, that affects an employee’s dignity or psychological or physical integrity and that results in a harmful work environment for the employee. A single serious incidence of such behaviour that has a lasting harmful effect on an employee may also constitute psychological harassment.”



In short, for psychological harassment to exist in the legal sense of the word, the four elements of the definition must exist:

- a vexatious behaviour of a repetitive or serious nature;
- be hostile and unwanted;
- an effect on the dignity or psychological or physical integrity;
- a harmful work environment.<sup>25</sup>

## Sexual harassment


Sexual harassment is defined as unwelcome sexual advances in words or gestures. It is manifested repeatedly although only one isolated incident, with no escalation or repetition, may be considered as harassment. This violence can lead to extreme gestures and be expressed as physical violence up to and including sexual assault. With or without physical contact, sexual harassment is carried out without the consent of the person concerned or, in some cases, in particular in the case of children, by psychological manipulation or by blackmail. It is an act aimed at subjecting another person to his own wishes by an abuse of power, by using force or constraint, or by implicit or direct threats.

Intimidation  
**Bullying** Persecution  
Abuse of power Psychological  
Discrimination **Harassment**  
Rudeness



## Workplace violence

The International Labour Organization (ILO) points out that, physical assaults, verbal violence, an aggressive gesture as well as the different forms of harassment (moral, racial or sexual) must be the subject of a risk assessment in the context of screening for workplace violence.

 A sexual assault undermines fundamental rights especially to the physical and psychological integrity and safety of a person.<sup>26</sup>

The many definitions in the studies on violence all agree on one point: violence is exercised as an act of power and is linked to the concept of domination and constraint. Violence exists “in all cases where a person tries to impose his/her will on another person, whether by physical force, verbal threats, humiliation, etc..”<sup>27</sup>

The International Labour Organization (ILO) defines workplace violence as being “any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed or injured in the course of, or as a direct result of, his or her work.”<sup>28</sup>



# PREVENTION: an employer's obligation

An employer has the obligation to demonstrate that he has taken all reasonable measures to create and maintain a healthy and safe workplace at the physical and psychological level. This obligation is achieved by adopting a proactive approach in occupational health and safety.

According to the FIQ, organization of work and respectful management practices are effective preventive measures for reducing the risk of conflict, violence and harassment, but these measures depend on the good will of the employers. However, the latter cannot ignore the laws and standards in force. Training of personnel, the identification and elimination of risk factors, the safety of the premises, the resolution of conflicts, the procedure for reporting, treating and following up incidents of violence, and a policy to stop workplace violence make up the employer's obligations that, in certain cases, he can set up with the collaboration of the union.

## TRAINING OF PERSONNEL

Training is mentioned in an Act respecting occupational health and safety. This inclusion in the legislation is a guarantee that the employer must recognize the priority of fighting against violence. The FIQ collective agreement sets out training budgets and a human resources development plan (HRDP) that should make it possible for the healthcare professional to follow training sessions, whatever the nature of their work so that they react appropriately in situations of violence or aggression.

In 2011, Accreditation Canada listed the standards that would enable prevention of workplace violence. Therefore, an institution must meet eight compliance criteria, including the obligation to provide its personnel with information and training on the prevention of workplace violence, in particular for the services where the rate of violent incidents is higher, such as:

- mental health;
- emergency;

The healthcare professionals are not always prepared to confront the demonstrations of aggressiveness from the patients. It is therefore necessary to offer training sessions on the following topics to those who want it:

- screening of potentially dangerous patients;
- intervention in a crisis situation and monitoring of behaviour in emergency situations (ex: Omega);
- create an intervention team for a Code White;
- Interpersonal Approach to Care;
- self-defence for the female staff.

These training sessions, in addition to improving competencies, make it possible to talk about and share experiences and promote the development of new behaviours when faced with assaults. Thus, in the framework of concerted action, a violence-free workplace can become a realistic objective.

- home care and services;
- long-term care;
- addiction services and the fight against gambling;
- acquired brain injury services.<sup>29</sup>

Even if Accreditation Canada does not target all the centres of activities, violence also exists in the other care settings.

## **CIRCULATION OF INFORMATION**

Good circulation of information between the employer and his personnel, between colleagues, between members of the team, is a key factor in the prevention of conflict situations or incidents of workplace violence. For example, knowing the history of violence of a user can make all the difference in preventing assaults at work and ensure her well-being at work.

## **IDENTIFICATION AND ELIMINATION OF THE RISK FACTORS**

An Act respecting occupational health and safety forces the employer to identify, control and eliminate the dangers that can affect the health and safety of his personnel. In addition, the FIQ collective agreement stipulates that the employer take the necessary measures to prevent accidents, to ensure the safety and promote the good health of employees and the union cooperates in this.<sup>30</sup> The employer must also provide his personnel with protective measures free of charge when he is not able to completely eliminate the risks of violence in the workplace.<sup>31</sup>

## **SAFETY OF THE PREMISES**

The safety of the premises is everyone's business. An exploratory process makes it possible to spot the danger zones in the workplace. The healthcare professionals must identify the risks and propose the required corrective measures. For example, the work in home care or on nights exposes the healthcare professionals more because they are alone. The nature of the care given, like that given in Emergency, to psychiatric

patients or addicted patients can increase the risks.<sup>32</sup> Therefore, it is important to declare dangerous situations in order to improve the well-being and health and safety in the health institutions.

## SETTLEMENT OF CONFLICTS

Well-being at work comes from the quick and effective settlement of conflicts, which can have devastating effects on the psychological health of the people involved and their immediate entourage, even the entire institution. It is therefore essential to act early and to properly manage conflicts before they degenerate into uncivil behaviour, violence or psychological harassment. Furthermore, it is critical that a clarification of disputes and problems be done with an attitude of acceptance and openness in order to save and improve team spirit.<sup>33</sup> There are several ways and different opportunities for promoting the finding of solutions to conflicts:

- discussion between the people involved;
- request for help from a person of trust;
- department or team meeting;
- consultation of the FIQ union team;
- consultation of the OHS joint committee and the status of women committee in the institution;
- involvement of the committee on care.



**Every person is responsible for maintaining healthy relationships in her workplace.**

## DECLARATION, TREATMENT AND FOLLOW-UP PROCEDURE

The employer must have a written procedure for the staff to declare or indicate, in a completely confidential manner, the incidents linked to workplace violence. This procedure must also provide for an inquiry into these incidents. And, it is important to ensure that there is a follow-up of every declaration filed.

The administration of the institution should, every three months, study the reports linked to incidents of violence and use the information obtained from them to improve the health and safety of the staff, reduce the risk of incidents and make improvements to the policy in the institution, if applicable.



## POLICY FOR PREVENTING WORKPLACE VIOLENCE

The employer, in collaboration with the healthcare professionals and the union, must develop and distribute a written policy aimed at preventing workplace violence. This policy must:

- contain the name of the people responsible for its implementation and its respect;
- determine its scope of application;
- be known by all the staff, suppliers and patients.

Lastly, the first of all the strategies concerns solidarity, which is weakened in situations of violence. Therefore, it is crucial to build informal assistance networks to support everyone and to make sure that, even if it is an individual act of aggression, the response is collective.

Dialogue  
Compensation  
Safety  
**Respect**  
Reconciliation  
Training  
Listening



# THE UNION: a key ally

“The FIQ aims to promote and strongly uphold the right to free collective bargaining, and to decent working and living conditions, as well as the right to work in a sound environment.”

FIQ Statement of Principles

Within the framework of a policy for fighting against violence, the union must deploy the means and actions for preventing, assisting and acting so that the healthcare professionals can perform their work in good conditions and in a sound environment. The collective agreement stipulates that “The employer and the union agree to cooperate in order to prevent or put a halt to all forms of violence by appropriate means, such as drawing up a policy among other things.”<sup>34</sup> The local union has a duty to see to the application of the FIQ Statement of Principles and a duty of confidentiality. The union teams are formed to assist, help and advise the members having difficulties. The role of the union is also to inform the members of the internal mechanisms for dealing with complaints or grievances, the types of recourses and the different solutions possible.

## ASSISTANCE

This step concerns the local teams more specifically and attests to their commitment to the members. It allows the people who are victims of violence or who are in conflict situations to speak out, to emerge from their isolation and to see the solutions to their problems.

Originally, women were in the forefront of the approaches for fighting against violence. They have developed great expertise in helping people who are victims of violence. This expertise needs to be integrated by everyone. In light of society’s evolution and the approaches to violence, it is more than time that all men and women complement each other in their actions and share, not only the approaches to violence, but also the values attached to it, like respect and non-violence. Consequently all the representatives on the local team must defend the Policy for Fighting Against Violence and promote it with members of the FIQ.

Consequently, when a person comes to the union office and seems to be in a situation of relational suffering, the representatives, whatever their role on the local team, have a duty to assist this person during this first contact, and to refer her to any other person on the team who has had the training on the application of the Policy for Fighting Against Violence and who has the necessary skills to perform this duty.

## ACT

Awareness-raising, mobilization, dialogue and mediation are the means that the FIQ is proposing for generating change and for pushing for healthy relationships.

### Awareness-raising and mobilization

To obtain and maintain healthy relationships, the healthcare professionals must be made aware so that they realize that the workplace can be pleasant and that the problems that exist are not incurable. In fact, the FIQ suggests the local teams propose different awareness-raising activities. These opportunities contribute to opening dialogue, breaking the silence surrounding the phenomenon of violence in the institutions and informing the members about the different situations that can occur in such cases. These sessions make it possible to act and mobilize, as the case may be, and to experiment with moving from hopelessness to power.

Preventing relational suffering at work will be more effective when it is carried out in conjunction with all the stakeholders in the setting: human resources, other labour organizations, etc. Such collaboration is a valuable tool for engaging in dialogue with the members of the administration in order to convince them to take action on the issue and to deploy the tools and the mechanisms which will make it possible to resolve the problems.

### Mediation

In many situations of conflict or in abusive situations that cause relational suffering, mediation may prove to be an effective way to develop acceptable solutions for the parties. For the FIQ, using mediation that is stipulated in an Act respecting labour standards is a means to consider for resolving the different situations of relational suffering.

“Mediation is a process by which the parties agree to ask a third party, the mediator, to assist them in seeking a solution to their conflict. Mediation is supple and flexible, the parties maintain full control over the process and the final result. The mediator is there to help the parties find solutions to their conflicts themselves and not to impose solutions on them, with everything being private and confidential.”<sup>35</sup>

**The union will encourage bringing the parties together through dialogue. It will propose to the employer the adoption and focus on the active participation of the parties in order to find solutions to the problem before it deteriorates into a more serious situation.**

Mediation offers several advantages compared to the classic recourses:

- the mediator is a professional, neutral and trained in this field;
- the process is voluntary and the two parties must be in agreement to participate in mediation;
- the delays may be from a few weeks or even in some cases, a few days;
- confidentiality is assured by an agreement signed by the parties;
- the process is governed by a mediation agreement;

- mediation aims to re-establish the relationship between the parties;
- the goal of mediation is not to find a guilty party.

“In mediation, it is not a question of determining which one of the two parties is right, but rather to find a solution that will allow the parties to continue to evolve, to find a solution that satisfies all the parties, in a way that implements a solution where each party has a stake and they come out of the process with what they agree to call a win-win relationship. This is why the mediator sets up a climate that promotes productive exchanges, instead of a confrontational climate. He makes sure that the discussions remain constructive and that they do not escalate the conflict.”<sup>36</sup>



Participation in this process is recommended. However, if this turns out to be impossible, if it fails or if there is a recurrence, the union will support the plaintiff if she decides to use other recourses by helping her to write a complaint and/or a grievance and assisting her, if need be.

The FIQ and the union inform and assist the plaintiff and ensure the integrity of the mediation process, in particular by the choice of mediator, the signing of the mediation protocol and confidentiality.

However, it is important to specify that mediation is not for all situations and the union will guide the person in choosing the best intervention for her.

## OTHER RECOURSES

A plaintiff may also make a complaint at the Human Rights Commission, turn to the courts directly or use any other recourse. She can, in cases of physical or sexual assault, death threats, cyberintimidation or assaults, in particular, make a complaint with the police. The plaintiffs can also use the CSST in cases where there is a danger to their occupational health and safety, as they can inform the CSST of this danger.

## INVOLVEMENT OF EVERYONE

The workplace is not exempt from the basic rules of courtesy and decency. Whether it is a colleague, an employer or a third party, everyone must participate in maintaining a healthy climate that promotes well-being at work.

### Respect

Everyone makes a viable contribution, by their conduct, to maintaining a respectful work climate, exempt from discrimination, harassment and/or violence for the well-being of everyone. The FIQ asks every healthcare professional to promote the values of respect and professionalism with everyone in their entourage and the right to be treated in an equitable and respectful manner in her workplace.

## Be proactive

In a conflict or relational suffering situation, action is suggested rather than remaining passive. In these circumstances, speak to the person with whom the problem exists and stating her limits may be a first step in affirmation and respect of herself. If it is impossible to speak directly with this person, a superior, a person of trust, or the employee assistance programme (EAP), may be contacted. This advice also applies to witnesses of situations of conflict or violence who have a duty to collaborate and to act to improve the work climate.

Before filing a complaint or a grievance, the union is obliged to collect the necessary information in order to complete an inquiry and determine the most appropriate intervention methods: mediation, grievance, complaint, etc. If the healthcare professional refuses to collaborate, it might be impossible for the union to collect the necessary information for her fair representation. The union may then refuse to file a grievance and to take it to arbitration.

## The collaboration of the members

It is important to point out the importance of the collaboration of the members of the Federation. In response to the unions' duty of fair representation, the unionized members have a duty to collaborate with their union in the union inquiry. The employee affected by the conflict or the situation of violence cannot remain passive. She must collaborate, but first and foremost, she must inform her union of her needs and answer the latter's questions if necessary.

## MEMBER WHO IS THE TARGET OF THE COMPLAINT

From the adoption of the first Statement of Principles by the delegates at the 1991 Convention, the FIQ committed to: "[...] recognize and promote the provisions in the Québec Charter of Human Rights and Freedoms".

In this way, the delegation clearly expressed its desire to mandate the Federation to fight against all forms of discrimination and inequality. In 1996, the Federation reinforced this commitment by taking the responsibility to fight against all forms of discrimination and/or violence, whether carried out against or by its members. Consequently, the FIQ refuses to endorse violence and may decide not to represent a member found liable of violent behaviour and actions. This decision is taken at the end of a process that includes an inquiry and an objective deliberation and the offender will be held responsible for her actions and will be informed that changes in her behaviour are expected, whether she is a member or not of the Federation.



The issue of workplace violence is complex. The role of the union is crucial when it comes to assisting the healthcare professionals who are victims of violence and identifying the different risk factors present in the health and social services network. The interpersonal relationships within the professional framework also represent potential sources of conflict which can get out of control and degenerate into workplace violence. The role of the union is also decisive in addressing these conflicts because they are at the heart of labour relations and it can insidiously affect all the problems related to work. Consequently, unions, employers and healthcare professionals have a stake in adopting a preventive angle in order not to be stuck with having to react all the time. In addition, defending the members and the compensation process that follows, too often goes downhill because of legal actions that are stressful, paralyzing and a burden on everyone.

It must be remembered that the employers have a major responsibility concerning the quality of relationships at work and working conditions. They too often neglect the factors such as the decisions that are purely economic, a one-sided style of management, the specific contexts in the health and social services network that increase the pace of work, and have a tendency to put the responsibility for conflicts and workplace violence on the individuals alone. However, good organization of work, joint planning in the management of the labour force and important decisions, transparent relationships with the employees and the unions are effective solutions that make it possible to promote a sound work climate.

This policy for fighting against violence is the first step in changing the culture for everyone. For the members of the FIQ, both men and women, it means continuing the enormous work accomplished by the women's movement to eradicate all forms of violence in society. It is also means changing certain union reflexes so as not to over-legalize the process of settling disputes. Lastly, greater solidarity among the healthcare professionals and the various people who intervene in situations of conflict or violence should promote well-being at work.



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