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Editorial

Workplace violence – Is anybody really safe?

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The Australian Human Rights Commission recently released the research commissioned by 39 Australian universities into sexual harassment and sexual assault on students (1). In summary, the research found that: over 30,000 students participated in the study from 39 universities; 21% of students were sexually harassed and 1.6% of students sexually assaulted. Of concern was the 94% of students who were sexually harassed and the 87% of students who were sexually assaulted that did not formally report the incident. From this information, one must question whether this follows a similar societal trend or some other factors are in play (1).

The organisation that represents Australian universities – Universities Australia, which commissioned the study – has now launched a campaign to highlight the issue of sexual harassment and sexual assault and to ensure there are appropriate support measures for victims in place at each university (2).

Violence against paramedics in the workplace by patients, friends, relatives and bystanders (3-5), has been communicated loudly within the media. However, what about the issue of workplace violence from within the ambulance service?

An Australian study into acts of workplace violence against paramedics found that 16% experienced sexual harassment and 4.3% experienced sexual assault, with the majority of those affected being female (6). The perpetrators of this violence against the paramedics was work colleagues and other professionals who accounted for 37.2% of the perpetrators for sexual harassment and 46.2% for sexual assault (7).

Ambulance services are providing staff with educational support surrounding occupational violence in addition to the initiation of media campaigns about the issue of workplace violence against paramedics while on the job (8). However, there appears to be little done about acts of workplace violence by fellow ambulance staff, such as sexual harassment and sexual assault.

Research has shown that acts of workplace violence by colleagues is far more divisive to a person's wellbeing than that from external sources (9). A study by Hershcovis and Barling demonstrated that violence from a colleague had a greater effect on decreasing job satisfaction and emotional commitment to the job than violence from an external perpetrator, such as a customer (9).

An Australian study that explored acts of workplace violence against paramedic and midwifery students while they were on clinical placement, found that 1.2% of paramedic and 5.8% of midwifery students were sexually harassed (10). All students sexually harassed were female. The majority of the perpetrators of sexual harassment were the mentors of the students (11).

Like the university students, the paramedic and midwifery students did not report the violent incident to staff at the institution they were undertaking their placement, or their university (11). Of concern was the paramedic student who experienced multiple acts of sexual harassment, but did not report it (10). There was a level of fear associated with the sexual harassment and the ramifications, which may explain the lack of reporting (11). What was found in this study was that the students were more likely to discuss the incident with a family member and/or friend, or fellow student (11).

A separate study investigated the reasons why paramedic students did not report acts of workplace violence against them. Predominately students found it difficult to trust people within the ambulance service or university with this sensitive information. Other explanations included not wanting to interfere with their employment opportunities, reporting the violence may not change anything, and being unsure of the appropriate reporting procedure (12).

Vulnerable students – who may be in their late teens – need to be educated in what constitutes acts of workplace violence and clear processes for reporting an incident need to be available, and to a certain degree, a level of anonymity for the student, if desired.

As for the future, the fearful culture that surrounds reporting an incident of workplace violence requires organisations to be decisive about the way they handle the issue.

Workplace violence is an ongoing issue; it is questionable whether it can be eliminated from the patient paramedic interface. However, it can and should be eliminated from all other areas of the workplace. Education, strong willed organisations and resetting the social norms will go a long way to removing colleague-to-colleague acts of workplace violence.

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