

**Abstract**

Violence and aggression towards nurses are global concerns. Despite repeated research on causal factors and widespread “zero tolerance” campaigns, rates of violence and aggression have not declined. Violence and aggression towards nurses can negatively affect their health and ultimately patient care. Media reporting of violence and aggression towards nurses might shape people’s perceptions of the profession, perhaps impeding nurse recruitment and retention efforts in the face of global nursing shortages.

The purpose of this study was to determine how print media in Scotland depicted reports of violence and aggression towards nurses. We used qualitative thematic analysis of newspaper articles and online news reporting of incidents of violence and aggression towards nurses between June 1, 2006 and May 31, 2016. Searches of Nexis and BBC News Online databases returned 92 relevant newspaper articles. Standards for Reporting Qualitative Research (SRQR) informed presentation of results. Key themes included blame (of perpetrator or senior management), helplessness (of nurses specifically or victimization), culture (social or organizational), and prevention and reduction measures. We concluded that media coverage of violence and aggression was overwhelmingly negative and reductionist. Normalization of violence and aggression was an accepted and acceptable part of the nursing role. We conclude with recommendations for policy and call for nurse leaders to challenge this culture of acceptability, especially to support recruitment and retention of nursing staff.

Nurses work at the “front-line” of global health care systems (Allen, 2015). They are conspicuous to the public and frequently the first contact for people accessing hospital services and the delivery of routine care (Wright & McSherry, 2013). Nurses often care for individuals and their families during periods of anxiety and stress. At times, patients become violent or aggressive due to fear of, or frustration with, individuals or systems. This is referred to as workplace violence (WPV), which can be defined as mistreatment, threatening behavior or insults, including physical or mental violence (Joint Program on Workplace Violence in the Health Sector, 2002).

Media reporting of incidents of WPV shapes popular perceptions of the profession. This can negatively impact on nursing’s self-image and can also affect nurse recruitment and retention. Investigating media reporting of incidents of violence and aggression has the potential to enhance workforce sustainability. The overall purpose of this paper is to understand how the media in Scotland report incidents of violence and aggression towards nurses in Scotland. Our paper starts by providing an overview of current levels of WPV globally and the consequences WPV can have on nurses’ health and health services more broadly. We then discuss the role the media has in influencing public perceptions and explain why Scotland provides an ideal setting for this study because policy related to violence and aggression towards nurses has been relatively stable since 2005. Following a description of our methods, we present findings from a qualitative thematic analysis of newspaper coverage over a ten-year period. Finally, we discuss the implications of our findings for policy, research and practice both in Scotland and globally.

## **Background**

### **Nurses, Nursing and WPV**

Researchers have found evidence of violence and aggression towards nurses globally, including for example, Australia (Hegney, Tuckett, Parker, & Eley, 2010), Cyprus (Vezyridis, Samoutis, & Mavrikiou 2015), Iran (Hassankhani & Soheili, 2017), Jordan (AbuAlRub & Al Khawaldeh, 2013), Singapore (Tan, Lopes, & Cleary, 2015), and Taiwan (Lin & Lui 2005). Spector and colleagues (2014) carried out a quantitative review of nursing violence literature. From this they estimated the rates of violence that nurses are routinely exposed to by type of violence, setting, source and world region (categorized as Anglo (English speaking countries: UK, Australia, Canada, New

Zealand, Ireland & USA) Asia, Europe and Middle East). Their meta-analysis of 136 quantitative studies included data on 151,347 nurses from 160 samples. They found that 36.4% of nurses reported having been physically assaulted, 67.2% reported nonphysical assault, 37.1% reported being bullied, 27.9% reporting having been sexually harassed, and 50.5% reported general violence that did not fall into one of these categories. Physical violence was nearly twice as prevalent in Anglo regions compared to Middle East regions; nonphysical violence was lower in Asia. Overall, they concluded that WPV towards nurses is a common occurrence across countries.

### **Consequences of WPV**

Globally, violence towards nurses is “a silent epidemic” (Hassankhani & Soleili, 2017, p.1) that can result in serious psychological, physical, emotional, professional, functional, social and financial consequences (Lancot & Guay, 2014). It is not a new phenomenon. For example, in 1990, Mahoney (1991) conducted a retrospective survey of emergency nurses (N=1,209) in acute care hospitals in Pennsylvania (USA) and found that nurses who had experienced WPV reported physical injuries, chronic health issues, sleeping problems, anxiety, depression and unpleasant emotions. Among the possible impacts of WPV are poor job satisfaction, lack of concentration at work, increased risk of medical errors, lower productivity, and ultimately poor patient care and safety (Hassankhani & Soleili, 2017; Najafi, Fallahi-Khoshknab, Ahmadi, Dalvandi, & Rahgozar, 2018).

Researchers have identified other negative consequences of WPV towards nurses, including reduced quality of life (Zeng et al, 2013), lowering of reported job satisfaction Roche, Diers, Duffied, & Catling-Paul, 2010), an increased desire to exit the profession (Heckman, Zeller, Hah, Dassen, Schols, & Halfens, 2015), and staff burnout (Bernaldo-De-Quiros, Piccini, Gomez, Cerdeira, 2015). Increased organizational costs are also incurred (Speroni, Fitch, Dawson, Dugan, & Atherton, 2014) due to the increased number of sick leave days taken by staff and there is additional financial burden when vacant posts require to be filled by staff exiting the profession (Hassankhani & Soleili, 2017). In addition, when errors occur there are financial costs associated with compensation. The potential outcomes of WPV on compromised patient care, nurses’ physical and mental well-being, the resulting short and long term absences due to sickness, staff exiting the profession, and the increased organizational costs, indicate that WPV is an international concern that needs to be addressed.

Policymakers need to identify prevention strategies for both individual nurses and health care systems. This includes accurate reporting of instances of WPV and, providing support for those who have experienced violent and aggressive acts to mitigate long-term psychological harm.

### **Media Reporting of WPV**

Media reporting shapes and is shaped by public attitudes and interests (Hoyle, Kyle & Mahoney, 2017; Van Bekkum & Hilton, 2013). This means that how the media ‘frames’ particular stories related to health care services and professionals can influence the public’s perceptions of those people and services (Hoyle et al, 2017). In his seminal work, Goffman (1974) suggested that people interpret what is going on around them through social and natural frameworks that help shape individuals’ understandings of their social worlds. Framing therefore focuses on how the media draws the public’s attention to specific topics to set the agenda within the public sphere and as such journalists (or their editors and proprietors) become arbiters of public opinion. According to Tuchman (1978) mass media sets the frames of reference that readers (or viewers) use to interpret and discuss public events. Yet, Scheufele (1999) highlighted that media information is often incomplete, slanted and influenced by the intentions of the journalist, editor or owner of specific media outlets.

Media reporting of incidents of WPV shapes popular perceptions of the profession. This can negatively impact on nursing’s self-image and can also affect nurse recruitment and retention. Investigating media reporting of incidents of violence and aggression has the potential to enhance workforce sustainability.

### **Health Care and Nursing in Scotland**

Scotland’s National Health Service (NHS) is a publicly funded provider of health care. NHS Scotland provides health services free of charge to Scottish residents based on need, not ability to pay. Established in legislation through the National Health Service (Scotland) Act 1947, the NHS was launched on 5<sup>th</sup> July 1948. The most significant change to the governance of health care in Scotland came in 1999 with the devolution settlement that transferred powers from the UK Government in London to the newly established Scottish Parliament in Edinburgh. Responsibility for the Scottish health care system transferred to Scottish Ministers at this point, who are representatives elected solely by the Scottish people. Each country within the UK (England, Wales, Northern Ireland &

Scotland) has a tax-payer funded health service with universal coverage, and similar values and operating principles. For example, there is a focus on patient safety and patient involvement in decision making. However, since devolution in 1999 there has been gradual divergence in policy and organization (Bevan, Karanikolos, Exley, Nolte, Connolly, & Mays, 2014). For example, in Scotland competition between providers is discouraged, and there are commitments made to free prescriptions personal social care for adults over 65 years old. This is not the case in England, where there has been a greater emphasis on competition and the use of private providers (Bevan et al, 2014).

NHS Scotland serves a population of approximately 5.4 million in over 300 hospitals and with approximately 160,000 NHS staff. NHS Scotland is divided into 14 geographically-defined health boards. Each Health Board is responsible for the protection and improvement of the population’s health and the delivery of health services for that geographical area (see Figure 1). In 2016, approximately 59,300 nursing and midwifery staff worked within NHS Scotland (information Services Division Scotland (ISD), 2016). This was an increase of approximately. 59,000 from 2006 (ISD, 2010). Nursing became a degree-entry profession in 2013 in Scotland, although degree nurse training started in 1960 (Carpenter, Glasper, & Jowett, 2012). Nurses are now required to complete a 3 or 4-year university degree in nursing. There is a 50/50 split between time spent in theory, on university campuses, and practice learning experiences in clinical settings. On completion of the course, nurses qualify with a Bachelor’s Degree in nursing that enables registration with the Nursing and Midwifery Council (NMC), which is the regulatory body for all nurses within all four nations in the UK. Qualification and registration are linked; there is no separate exam that must be passed to enable entry to the professional register.

The 2015 NHS Scotland Staff Survey (Scottish Government, 2015) reported that 36% of health and social care staff had experienced emotional and verbal abuse from patients, service users, or members of the public, and 8% had experienced physical violence in the past 12 months. Yet, less than half (47%) reported the incidents formally. In 2003, NHS Scotland published the Managing Health at Work Partnership Information Network (PIN) Policies, further revised in 2005. This document included a guideline entitled, “Protecting against Violence and Aggression at Work.” The authors of the report branded violence against NHS staff as “unacceptable” (Scottish Government,

2005, p. 1). This guideline acknowledges environmental considerations and the role of staff training in the reduction of WPV. It makes suggestions around what each Health Board should focus on in terms of the environment (e.g., layout of waiting rooms). “Zero Tolerance” posters should be placed in public areas according to the guideline to communicate NHS Scotland’s stance on WPV. However, no explanation of what Zero Tolerance means is given and there is no provision of other mechanisms to help reduce WPV. The zero tolerance policy also lacked reference to peer reviewed evidence on zero tolerance, which even by the early 2000s demonstrated that the approach was ineffective (Whittingdon, 2002).

### **Study Aims**

The purposes of this study was to understand how the media in Scotland report incidents of violence and aggression towards nurses in Scotland. We asked two research questions:

1. What is the tone used in media reports when focusing on violence and aggression towards nurses?
2. How does the framing of media reports about violence and aggression towards nurses reflect views of acceptability of violence and aggression?

## **Methods**

### **Design**

We used a qualitative approach involving thematic analysis (Ritchie, Lewis, McNaughton Nicolls, & Ormston, 2013) of newspaper and one online news media (BBC News) reporting of incidents of WPV towards nurses in Scotland between 2006 and 2016. We followed the Standards for Reporting Qualitative Research (SRQR) guidelines (O’Brien, Harris, & Beckman, 2014) to ensure transparency when reporting the study findings.

### **Data Collection and Sample**

Although “mass media” encompasses print, broadcast and social media outlets of varying scales from large major national news outlets to small independent publishers, for the purposes of this study we examined only mainstream print media and one major online media outlet (British Broadcasting Corporation (BBC) News Online). These sources were considered representative of commonly read media releases within Scotland. We searched for the newspaper articles in the Nexis

database between 2006 and 2016. Nexis is a database which provides news and business information from a range of sources, which includes UK national and regional newspapers (Nexis, 2016). As a research team, we developed a search strategy for the project. Terms such as “NHS”, “hospitals,” “violence,” “aggression,” “assault,” “nurses,” were used in a variety of combinations for searches in both headlines and text (see Table 1). Initially we used the term “abuse” within the searches. However, this was subsequently removed as it extracted headlines related to financial/political abuse rather than physical and verbal abuse.

From the search within the Nexis data base, we extracted all articles published from June 1 through May 31 2016, representing one decade of reporting. We chose June 2006 as our starting point because it was after The Managing Health at Work Partnership Information Network (PIN) updated the guidelines in 2005 in Scotland. The guideline aimed to enable Health Boards to reduce the levels of WPV within Scottish Health Boards. We limited searches to UK publications and retained only Scottish newspapers (e.g., *The Herald*, *The Scotsman*) or editions (e.g., *Scottish Daily Mail*, *Scottish Sun*). We also conducted a search using the same terms for the BBC News Online website because Nexis does not index articles from the BBC.

We removed duplicates and applied inclusion and exclusion criteria for extracted articles. Inclusion criteria included Scottish newspapers or editions, reporting rates of violence/aggression in the NHS and events of violence/aggression in the NHS. Exclusion criteria included violence of domestic nature, street-based violence spilling into NHS settings, staff-on-patient violence, and opinion and commentary pieces.

Figure 2 shows the PRISMA flow chart for the article screening process. To ensure rigor, two members of the research team checked this process. After application of inclusion and exclusion criteria, 92 Scottish articles remained.

### **Data Analysis and Data management**

Following the principles of Framework Analysis (Ritchie et al 2013), we conducted qualitative analysis in four stages. Due to the potential for a researcher bias, we agreed to the qualitative themes collaboratively. We used QSR NVIVO (version 10) software to support data management and analysis. We first looked at the most frequently occurring words across the 92

included articles using the word frequency tool in QSR NVivo. This provides a count of the most common words found throughout the documents and displays this in a list. Then, we each read a sample of ten of the articles and identified relevant themes that emerged from the articles. We discussed the themes each of us has identified and agreed a coding framework. Figure 3 provided a thematic map of the codes identified for our study. Finally, the lead researcher applied the agreed coding framework to each document and this was cross-checked by another member of the research team to ensure rigor. Where disagreements occurred, these were discussed between the team, and the coding framework adapted and re-applied accordingly.

## **Ethics**

The university ethics committee deemed that this study did not require approval as it involved secondary analysis of publicly available media reports.

## **Results**

Four main themes were identified: blame, helplessness, culture, and prevention and reduction measures (Figure 3). We also looked specifically at the tone that was used within the articles when reporting the news story, this was to determine the overall way in which the journalist of each story is expressing their (or their newspapers’) attitudes through the writing of the piece. This reflects the way a publication speaks to their audience.

## **Sample Characteristics**

Ninety-two articles from 25 newspaper outlets met the inclusion and exclusion criteria. The articles were in tabloid newspaper or broadsheets (which are newspapers typically read by a more middle-class readership regarded as more serious and less sensationalist than a tabloid newspaper which are typically targeted towards working class audiences) of Scottish papers or a Scottish edition of a national UK paper (Table 2). When sorted by year, we found that 2013 and 2015 had the highest number of articles (14 and 14, respectively) and 2008 had the fewest (2). We did not discern any patterns regarding number of articles per year over time.

## **Tone within the Articles**

Each article was initially examined by two members of the research team to identify its overall tone towards issues related to WPV and categorized as negative or positive. We deemed the tone of the



newspaper article as negative if it used words and phrases with negative connotations or that were emotive. Emotive language is intended to cause an audience to react in a particular way. These included words such as “appalling” (McClintock, 2006, p. 14), “shock” (Thomson, 2006, p. 6), “fear” (Henderson, 2007, p. 1), “spiraling out of control” (Philip, 2010), “horror” (Taylor, 2014, p. 1), and “sickening” (McInally, 2014, p. 15). Most of the articles reviewed adopted a negative tone and tended to sensationalize the issue of WPV. For example, an article in 2013 ran the headline “Glasgow worst area for racism to health staff” (Harrison, 2013, p. 9). It suggested that health care professionals in the Glasgow area were more likely to suffer racist abuse than were those anywhere else in the UK. Similarly, rates of violence were frequently reported as “shocking” (e.g., Gardham, 2009, p. 2; Hind, 2015a; Miller, 2014; “The shocking Violence,” 2006), “horrifying” (“Rising tide of attacks,” 2013, p. 1) or “violence in Scottish hospitals has soared” (“Scottish hospitals more violent,” 2015). Most of the articles also lacked background descriptions of the wider situation and scant comparison with, for example, national averages or historical data of WPV figures.

The research team did not think that any of the articles were primarily positive. Positive messages were scarce in overwhelmingly negative articles. For example, the *Daily Record* ran an article in 2015 reporting rates of the previous year’s violent incidents in the NHS in Scotland (Hind, 2015b, p. 2). The authors emphasized high rates of WPV incidents; the report quotes “half of all hospital staff have been subjected to attacks.” (p. 2). In contrast, in 2014 half of Scotland’s Health Boards reported a decrease in violence in the previous year. But, in the 396-word article, the only mention of this is “eight Health Boards saw a slight reduction” (p. 2). The articles tended to minimize success stories and reducing rates of violence, and as such carried tones of negativity and failure regarding the NHS and violence against staff. For example, an article with the emotive title “The shocking violence facing NHS staff” then goes on to say that “NHS Fife is ahead of the game and has been very proactive...” (“The shocking violence facing NHS staff,” 2006).

## Themes

**Blame.** This refers to individual blame towards the victim or perpetrator, and collective blame towards a group such as managers. To account for this the theme of “blame” and the absence of blame was identified, distinguishing between units of discourse that explicitly blame perpetrators, senior

management, or those who subtly justify the actions expressed. Importantly, the theme of blame was used when the emphasis of the text is on the individual or entity that is considered to be in control of the violence and not on the recipient of the violence. Within the theme of blame, attribution to the perpetrator was the most commonly expressed type of blame, with articles frequently reporting use of fines and punishments which are set out by the Emergency Workers (Scotland) Act 2005. This was an Act of the Scottish Parliament which makes it an offence to assault or impede persons who provide emergency services and is enforced by Health Boards. The following excerpt is an example of how the media reported the penalties for violent behavior “...The penalty for convictions under the Emergency Workers (Scotland) Act 2005 is up to 12 months imprisonment, a £10,000 fine, or both...” (Wilson, 2015, p. 9). Quotes from the Health Boards within the articles also conveyed blame to the perpetrators, whilst simultaneously suggesting that staff were responsible for escalating the matter. For example, within the following quote an NHS spokesperson for Greater Glasgow and Clyde says “...we fully encourage staff in their pursuit of taking the perpetrators of violence against them through the justice system...” (Loxton, 2014, p. 4).

Results of the NHS Scotland’s staff survey in 2014 showed that of the staff in Greater Glasgow and Clyde who experienced violence and aggression, 50% reported it that year. Reporting also included quotes from politicians who tended to blame the initiators of hospital violence. In a 2006 article, the *Aberdeen Evening Express* quoted MSP Richard Lohead describing violence towards staff as “...Sickening... There is no excuse whatsoever for anyone who assaults them...” (McClintock, 2006, p. 14). This was reported in an article on the increase in NHS staff assaults in Grampian, which was recorded the same year the Scottish PIN policy was revised. Yet, there was no mention of how the policy has been implemented by the Health Boards before explicitly moving to recommend punishments as a solution. Punishments that penalize only the perpetrator serve to reinforce the suggestion that the cause of these acts is solely due to the inclination of the violent individual, removing the involvement of the specific Health Board.

This explanation of the perpetrator as the root cause as well as the expresser of violence is conveyed through the choice of language describing the individuals deemed responsible. Within the following excerpts individuals are “...a mindless minority...” (“NHS staff to get greater protection,”

2007), “...despicable individuals...” (“Violence puts care at risk,” 2006) and “violent yobs” (Currie, 2009). No reporters interviewed or referenced quotes from the individuals accused of violent and aggressive behavior, resulting in newspaper coverage being skewed to one perspective, providing the public with little insight into the other factors contributing to WPV, which are noted in both research and the PIN policy. This can be seen in the following excerpt from the *Evening Times* in 2008 where Greater Glasgow and Clyde’s Head of Health and Safety at the time attributed patients’ mental health problems as the reason why individuals are not convicted of violence (although this did not appear to be based on evidence). However, few reported how the organizations implemented zero tolerance approaches to individuals with mental health concerns, as can be seen in the following quote “...It can be very difficult, for example, to secure a conviction against someone with a head injury who can claim that they were ill at the time of the assault...” (Fergus, 2008, p. 4). This quote and the article, generally, ignore how presence of genuine symptomology of certain medical conditions can increase the chance of violent behavior. Use of words such as “claim” convey a falseness on the part of the perpetrator, attributing underhand characteristics to individuals with mental health problems or injuries. Staff training, approaches and attitudes endorsed by the Health Board towards patients with these concerns, and how this affects the rates of violence, is not acknowledged at any point in the article.

The blaming of senior management refers to any part of the discourse that suggested violence can be blamed on senior officials within the NHS. It encompassed blame attributed to governing management such as the Secretary of State for Health (a UK Cabinet position with responsibility for health and the NHS) or governing political parties. Violent incidents were considered failings of the management system, and politicians were often quoted as demanding more from the NHS Health Boards, or their rival party’s implementations. For example, in 2010 a spokesperson for the politically right-leaning Scottish Conservative Party is quoted by *Scotland on Sunday* as describing the problem as “spiraling out of control” (Philip, 2010) in an article discussing the extension of the Emergency Workers (Scotland) Act (2005). The article then provided a quote that “the Scottish Government said the act ‘sends out a clear message’” (Philip, 2010). Although this quote lacked

further context, its framing in the article conveys a sense of absolved responsibility on the part of the Scottish Government regarding WPV.

In more recent articles the concerns regarding violence against NHS staff are still used by politicians to denigrate rivals. For example, the following quotation from Kezia Dugdale, who was previously the leader of the politically left-leaning Scottish Labour Party, demonstrates this by saying, “...I want to see the Government work with Health Boards and trade unions to ensure incidents like this are minimized and people who assault doctors and nurses are prosecuted...” (Dugdale, 2016, p. 8). This somewhat implied that the current Government at the time was not working efficiently with the Health Boards. These sentiments were shared publicly the year previously by Member of Scottish Parliament (MSP), Jim Hume, when he was quoted as stating that “...Ministers must work with Health Boards to reduce these injuries...” (Kilpatrick, 2015, p. 2). However, the ultimate responsibility for this concern appears to be passed around in the media, as the Scottish Government hand responsibility back to Health Boards, “...The Scottish Government stressed all Health Boards must have a “zero-tolerance” approach to the problem...”, (Puttick, 2014, p. 9). This “juggle” is notable in another 2014 article in the *Greenock Telegraph*, where the health secretary’s spokesperson talking about violent incidents in Greater Glasgow and Clyde is quoted saying “...We would urge any member of the NHS staff ... to report it to management (“40 medics attacked,” 2014). The newspaper then quotes the Health Board’s management reminding the public that “a strict zero tolerance stance against violence on staff is currently in operation” (“40 medics attacked,” 2014).

As the Cabinet Secretary for Health in Scotland looked to blame management within the Health Board concerned, board management countered by emphasizing the recommended approach according the PIN guideline, effectively shifting the blame elsewhere. The article serves as a forum for public blame shifting, providing nothing to suggest reviewing the zero tolerance approach, and no explanation of what this means and how it can be implemented is explained to the reader, highlighting the lack of substance behind this slogan.

**Justification.** When looking at the theme of “blame”, to a lesser degree, we identified the sub-theme of “justification.” This refers to articles where violence, aggression and bullying are somewhat “justified” - either by management or staff, such as nurses justifying violence as part of the job which

can be seen in the following excerpt, “...you just shrug them off and get on with your job...” (“The shocking violence,” 2006). These were also justified as normal events in certain departments, as can be seen in the following quote, “...NHS Grampian claimed many of the attacks recorded against staff were committed by those with mental illnesses or disabilities...” (Whitaker, 2009, p. 18). Although this reflected what is in documented research, and was apparent in the coverage, this particular theme of justification, this was not as visible in the articles as other themes.

**Helplessness.** The overwhelming theme from the newspaper coverage was nurses’ sense of helplessness or lack of control over the situation. Nursing staff were portrayed at the passive end of a simple victim-perpetrator dichotomy, rather than an active agent within a wider aggressive experience. This is conveyed in quotes such as “...abuse or assault is committed every hour across the country and that most of their victims are hospital staff...workers also suffer from violent and abusive patients...” (Thomson, 2006) and “There’s not a lot we can do to prevent people being aggressive” (Fergus, 2008, p. 8). Although the themes of “blame” and “victimization” are both underpinned by this dichotomy, the key difference is which side of the relationship the particular piece of text focuses on or overlooks.

The theme of “helplessness” was identified where certain discourse conveyed a sense of powerlessness and acceptance of the role of victim that is beyond the theme of victimization itself, one reporter writes “...but who is caring for nurses?” (“Bullying in the NHS,” 2006) and another reporter states “help end the “cancer of bullying” of NHS staff” (Thomas, 2014, p. 22). This theme reinforces the sense that the underlying cause and the factors that maintain violence towards nurses are elusive and poorly understood. Furthermore, such quotes suggest that nurses are not able to make any difference, but the help needs to come from elsewhere. Additionally, a sub theme of “neutral reporting” was created to capture expressions which did not allude to this dichotomy. However, very few articles referred to the experience of violence. Most of them referred to nurses being “subject to” or “suffering” WPV, with the underlying assumption that acts of WPV are irrational acts an individual does to another, rather than someone’s behavior within the context of personal, environmental and other risk factors that can be looked at in an organizational context.

**Culture.** Two clear themes emerged regarding “culture” in our analysis. These were organizational culture and social culture. Organizational culture captured attitudes and explanations that are considered to play a role within WPV and bullying and harassment. This encompassed the strong undercurrent of an unaccountable faceless figure of responsibility, where organizational norms were the focus of the text, rather than specific individuals. For example, within the following excerpt, the reporter states “...there should be a better assessment of people posing a risk and better use of report forms...” (Fergus, 2008, p. 8). In another article the reporter wrote that “...a culture of bullying, cover-ups and inappropriate management at a Scottish Health Board” (Walker 2012). This suggestion acknowledges the deficiencies that might contribute to rates of violence. It is not clear who is responsible for providing and implementing solutions or who or what factors might be obstructing them. Much like the theme of helplessness, this reiterates the assumption that the institutions reducing WPV do not have clear strategies in place. In addition, Health Boards have not identified the social forces obstructing developments in reducing WPV.

The theme of social culture refers to aggressive acts occurring within the NHS that reporters explained were caused by societal norms originating outside and independently of the NHS. Most reports about social culture focused on the role of alcohol and drugs in violent incidents. For example, one reporter wrote “...The Scottish Conservatives have called for binge drinkers to be sent to “drunk tanks” in a bid to ease pressure on accident and emergency departments and cut abuse against staff...” (Hind, 2015b, p. 2). Although the role of alcohol and drug abuse is a likely factor in rates of violence in accident and emergency departments it cannot account for violence in most other departments. However, none of the reporters noted this in the articles.

**Prevention and Reduction Measures.** The final theme we identified in our analysis was prevention and reduction of WPV in the NHS. Fewer articles focused on or discussed prevention and reduction measures compared to the other themes. However, this theme arose from the various articles which reported, either negatively or positively, a move towards the resolution of this concern. The majority of references in this theme related to security measures such as increasing alarms, closed-circuit television (CCTV) and security guard presence, which itself underlines the dominant theme of blame towards the perpetrator. One NHS Fife spokesperson stated “We have set protocols in dealing

with aggression and violence and there is always a member of security on duty in the hospital at all times. We have personal alarms and direct phone lines which immediately alert the security staff to a situation” (“The shocking violence,” 2006). ~~Another excerpt from an article, a-).~~

There were also some comments about organizations implementing strategies for staff to protect themselves. For example, Thomson (2006) reports that “health chiefs have already taken action to try to better protect vulnerable staff such as issuing them with attack alarms”. Both the presence of training and the onset of awareness campaigns featured in similar frequency. However, there was only one article that reported the beneficial effect of changes to the working environment (including the design of the work area), “door swipe card systems are in place throughout the night in many hospital wards to prevent access from unauthorized people” (Paterson, 2006, p. 13). This suggests that either this is a measure which is not actively being reviewed in almost all NHS Scotland Health Boards, or that any development that is occurring on this front is not considered newsworthy.

### Discussion

The analysis in this study has highlighted that newspaper coverage of WPV in Scotland is overwhelmingly negative and reductionist, with a strong tendency to either attribute blame to the patient behaving aggressively or to provide a platform for politicians to rivals or NHS management. Overall, the newspaper articles appear to normalize the occurrence of WPV so that it will be accepted as part of a nurse’s job. The tone of the Scottish newspaper reports analyzed in this study was predominantly negative. This is congruent with findings from previous research examining the tone that is used within UK newspaper articles (Huang & Priebe, 2003).

Some media depictions of WPV suggested that senior managers within organizations must protect staff from incidents. Many of the articles alluded to an unaccountable faceless figure of responsibility, where organizational norms were the focus of the text, rather than specific individuals. Newspaper reports generally skimmed the surface of the issues that they were reporting, as shown through our analysis of these articles. Thus, the articles do not appear to be fulfilling a public interest function. This was also seen within Grant & Hoyle’s (2017) analysis of media reporting of 4-hour treatment targets in emergency medicine settings. Generally, the media depiction in our study was of failings within organizations to protect staff for incidents.

Newspaper articles focused on blame, victimization, organizational/social cultures and only briefly on prevention and reduction measures. The media’s focus on blaming patients is not necessarily helpful as nurses are caring for them at times of heightened emotions including considerable anxiety and stress. There was also an emphasis placed on alcohol and drugs as a causal factor of WPV but there is limited evidence to support this. This is an example of an external social norm and dysfunctional aspects of culture being blamed for WPV, and so minimizes the internal culture of the NHS and its role in incidents of violence against staff. There may be organizational practices that could help to reduce frustration and anxieties such as ensuring departments are appropriately staffed. Furthermore, most of the text on culture in the newspaper coverage referred to organization culture rather than social culture, perhaps reflecting a societal distrust of decision-making and managerialism in the health care system. Throughout the newspaper analysis, there was a noticeable absence of reporting on the negative consequences that violence and aggression can have on staff (Lancot & Guay, 2014) or the costs to organizations (Hassankhani & Soleilli, 2017). Newspapers are well placed to educate the public. However, after examining reporting around violence and aggression there is little focus on the cost of these behaviors for health care professionals and the NHS as an organization. The newspapers tended to sensationalize stories (Bingham & Conboy, 2015), which may be at the expense of clear and balanced news reporting.

### **Zero Tolerance**

The overall approach to WPV within NHS Scotland is one of zero tolerance, which is well known and advertised within all NHS Scotland Health Board settings. However, zero tolerance approaches can have a negative impact for staff and patients (Farrell, 2014). The zero tolerance approach places the emphasis on staff being trained to deal with potentially volatile situations, however, staff within the NHS have reported that training for challenging behavior does not meet their needs. The training provided has not been subject to systematic evaluation to determine effectiveness (Nachreiner et al, 2005). Farrell (2014) also suggests that by taking a zero tolerance approach, health professionals can miss opportunities to build rapport and to understand emotional needs of individuals. It is important as nurses to understand emotional needs and how they can be met to provide effective care. Furthermore, within other public sectors such as education, the evidence



now supports that zero tolerance is not effective (Cornell 2006). Despite limited evidence on the effectiveness of zero tolerance policies this approach remains in place within NHS Scotland. The PIN guideline (The Scottish Government, 2005, Guideline 6, p.13) suggests that an approach to disseminate the Health Boards stance on violence towards staff is to use “zero tolerance” posters. This policy has not yet been updated. Despite this being the adopted approach to prevent WPV there was little reference made to this Scottish policy or local approaches within Health Board, although, politicians were frequently quoted. This is perhaps surprising, as the media can help shape the development of policy (McCombs, 2014).

#### **Role of Mass Media**

Mass media plays an important role in communicating information about health and health services (Van Bekkum & Hilton, 2013). Furthermore, as highlighted by Butler & Drakeford (2005), there exists the potential for the media to have a detrimental impact on public views of the NHS by generating a scandal. The reporting of WPV within the media does not adequately address the causes of WPV. Inadequate explanations of the factors contributing to the problem and its solutions are often not presented to the public, likely resulting in mass misunderstanding. The reporting of WPV and the lack of attention on prevention and reduction measures may lead to the continued normalization of WPV toward nurses. This can result in the assumption that there is an expectation that nurses will be subjected to WPV. The media has a clear role in influencing the perceptions of acceptability of WPV towards nursing. As such the public interest focus of newspapers should be further explored and there is a clear need for these media outlets to ensure that they provide clear and educational messages to the public. International interest in the topic of aggression towards nurses suggests that this is an issue of concern that needs to remain the focus of nursing research and policy.

Nurses perceive the media framing of health services to be predominately negative and feel that media reporting can impact negatively on their work (Hoyle et al, 2017). The reporting also does not reflect the wider context and contributing factors towards WPV within the health care setting. Therefore, it is important for nurses, media outlets and policy makers to understand this because the public use the media to obtain information. Perceptions of media reporting can potentially be damaging to the nursing workforce. Overall, the newspapers identified in our study, presented nurses’

sense of helplessness or lack of control. This can influence perceptions of the role of a nurse and that nurses will simply accept actions of WPV.

### **Limitations**

Our research used a ten-year period of newspaper reporting to understand how the media frame violence and aggression towards nurses in Scotland. Newspapers were found using a high-quality database, Nexis, which provided confidence that all relevant articles were collected. However, although Nexis is a comprehensive database, there are limitations to this collection method. Notably, although national and local newspapers are well represented, there is a limited representation from rural locations with narrow reader distributions, such as *Hebrides News Today*, or the *Ross-Shire Journal*. Additionally, some articles found when limiting the search to Scottish publications were not found when limiting the search to UK publications, suggesting not all Scottish articles are accurately indexed into the UK category in the Nexis database. There is also the issue of political persuasion of the newspaper, as different newspapers have differing biases reflecting their readership or ownership. However, we looked at a wide range of newspapers in this study including tabloid and broadsheet newspapers and those that were local, regional and national in reach, as well as those of differing political leanings. This means that there should be a range of political views reflected in the news articles.

In terms of data analysis, the articles were not coded separately by each member of the research team and then compared, but the research team analyzed a subsample of the data to reach agreement on the coding frame, before this was then applied to all articles by one researcher. The authors had regular discussions during the analysis phase and discussed those cases where there was any uncertainty with regards to coding. This means that there has been rigor within the data analysis phase and that this study has shown how WPV has been reflected and the messages being provided to the public. Finally, this study is limited regarding generalizability, as it has focused on the health care system and media presence of one country. Nonetheless, considering that many media outlets are owned and controlled by more global oriented companies, the analysis provided here still offers useful considerations for a global context. Our study provides insights into one country’s media depiction of violence against nurses. Scotland can be a specific lens through which to examine the influence that

newspapers can have on the public and the messages they are receiving. It is important to extend this study by understanding this issue globally, perhaps through larger-scale international comparative studies. Finally, this study’s focus on only print media could be viewed as a limitation in the context of decreasing newspaper circulation rates and the rise of social media use. Hence, the role of alternative and social media in shaping public perception of WPV towards nurses needs to be investigated.

### **Implications for Practice, Policy and Research**

#### **Implications for Practice.**

It is important for nurses to understand the influence that the media has on public perception of health services and professionals. Our study shows that the media provides a form of “evidence” to the public that could, depending on the reader, be taken as “fact”. Nursing managers and leaders need to be acutely aware of the media’s influencing role and develop strategies to challenge and engage with the media, where appropriate, to ensure that WPV is not an accepted part of nursing practice. This is vital as perceptions of WPV may hinder nurse recruitment and retention with profound implications for workforce sustainability amid global nurse shortages. Moreover, a discourse of blame, found to be perpetuated by media reporting, could result in a lack of compassion for patients who are unwell and relatives who may be suffering.

#### **Implications for policy**

The media has a significant role in setting policy agendas and influencing the development of policies. Therefore, policymakers need to understand the role the media has in shaping the discourse around WPV towards nurses. The media has a clear role in influencing the perceptions of acceptability of WPV towards nursing. As such the public interest focus of newspapers should be further explored as there is a clear need for these media outlets to ensure that they provide clear and educational messages to the public.

#### **Implications for research**

Further research would enable evidence-based approaches to be developed to address this problem in ways which current policy that heavily rely on zero tolerance campaigns have failed to do. Specifically, this field of research would benefit from a wider exploration of geographical patterns

globally, linked to local policy and media coverage to replicate and add validity to the present study. Additionally, an examination of media presentation of horizontal aggression through collegial and management bullying is warranted and would add further understanding to the interplay between the media and health care organizational culture, and how this contributes to incidence of WPV towards nurses. It is also important to understand the drivers influencing journalists’ reporting tropes and tone. Thus, research *with* journalists is warranted. Finally, it would be useful to better understand the perceptions of the public and how they feel they are influenced by the media.

### Conclusions

We have seen newspaper coverage of WPV in Scotland is generally negative and reductionist. The regular reporting of WPV within the media although highlighting that it should not be acceptable, does not appear to adequately address the causes of WPV. Inadequate explanations of the factors comprising the problem and its solutions are not often presented to the public, likely resulting in mass misunderstanding. The regular reporting of WPV and the lack of attention to reduction and prevention may lead to the continued normalisation of WPV toward nurses. This can lead to the assumption that there is an expectation that nurses will be subjected to WPV. The media has a clear role in influencing the perceptions of acceptability of WPV towards nursing. As such the public interest focus of newspapers should be further explored and there is a clear need for these media outlets to ensure that they provide clear and educational messages to the public.

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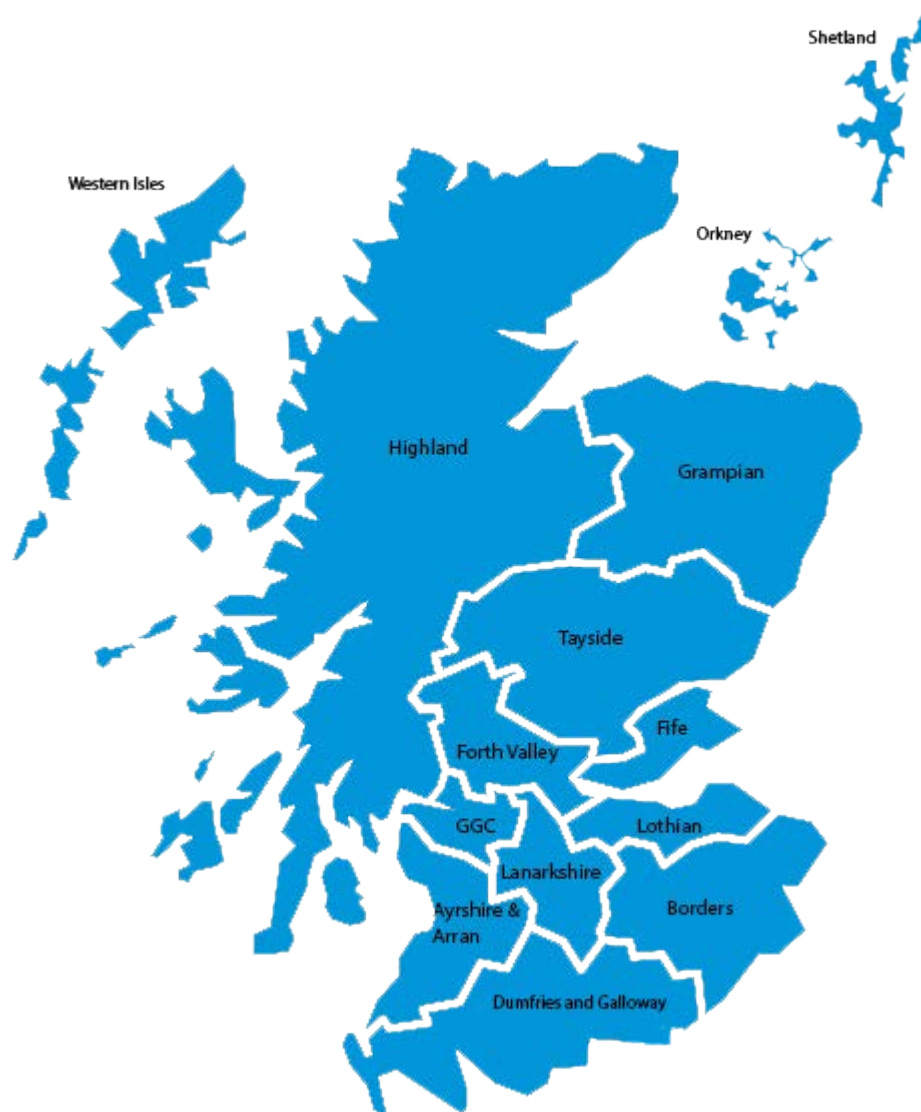
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**Figure 1**

Figure 1: NHS Health Boards in Scotland. (Source: NHS Education for Scotland (NES), 2018  
[<https://www.nes.scot.nhs.uk>])

**Table 1**

Table 1: Search terms and their hits from Nexis database of Scottish Publications 2006-2016

Search Terms	Hits
NHS (H) + Violence or Assault or Abuse (H)	65
Hospitals (H) + Violence or Assault or Abuse (H)	315
NHS (H) + Violence or Assault (H)	32
Hospitals (H) + Violence or Assault (H)	254
Nurse (H) + Violence (H) or Assault (H)	62
Nurse (H) + Violence (H) + Zero Tolerance (T)	1
Hospitals or NHS (H) + Violence (H) + Reporting (H)	0
NHS (H) + Violence (H) + Conflict Resolution (T)	0
NHS (H) + Violence and Aggression Policy (T)	2
NHS (H) + Nurse Safety (T)	0
NHS (H) + Emergency Workers Act (T)	18
NHS (H) + De-escalation (T)	0
NHS (H) + Bullying (H) or Harassment (H)	35
Hospitals (H) + Bullying (H) or Harassment (H)	19
Nurse (H) + Bullying (H) or Harassment (H)	0

**Table 2**

Table 2: Overview of Newspapers and Coding Abbreviation

<i>Newspaper</i>	<i>Locations</i>	<i>Type</i>	<i>Print</i>
Aberdeen Evening Express	Scottish - local	Tabloid	Daily
Aberdeen Press & Journal	Scottish - regional	Compact	Daily
Airdrie and Coatbridge Advertiser	Scottish - local	Tabloid	Weekly
BBC News Scotland	National – Scottish section	Online	Daily
Daily Record	Scottish – national	Tabloid	Daily
Daily Record Sunday	Scottish – national	Tabloid	Sunday
Dumfries and Galloway Standard	Scottish - Local	Tabloid	Weekly
Edinburgh Evening News	Scottish - Local	Tabloid	Daily
Evening Times	Scottish -local	Tabloid	Daily
Fife Free Press	Scottish - Local	Tabloid	Weekly
Greenock Telegraph	Scottish - Local	Tabloid	Daily
Paisley Daily Express	Scottish - local	Tabloid	Daily
Scotland on Sunday	Scottish - national	Broadsheet	Sunday
Scotsman	Scottish - national	Compact/Tabloid	Daily
Scottish Daily Mail	Scottish edition of UK newspaper	Tabloid	Daily
Scottish Express	Scottish – national	Tabloid	Daily
Scottish Star	Scottish edition of UK newspaper	Tabloid	Daily
Sunday Mail	Scottish edition of UK newspaper	Tabloid	Sunday
The Express	Scottish edition of UK newspaper	Tabloid	Daily
The Guardian	UK – available in Scotland	Broadsheet	Daily
The Herald	Scottish – national	Broadsheet	Daily
The Mirror	Scottish edition of UK newspaper	Tabloid	Daily
The Sun	Scottish edition of UK newspaper	Tabloid	Daily
The Times	Scottish edition of UK newspaper	Broadsheet	Daily
Wishaw Press	Scottish - local	Tabloid	Weekly

**Table 3**

Table 3: Number of newspaper articles on WPV published each year (2006-2016)

<i>Year</i>	<i>Number of Articles</i>
2006	10
2007	3
2008	2
2009	11
2010	10
2011	3
2012	9
2013	14
2014	11
2015	14
2016	5
<b>TOTAL</b>	<b>92</b>