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### **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.

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

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

## 39 **Background**

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

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

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48 Zealand, Ireland & USA) Asia, Europe and Middle East). Their meta-analysis of 136 quantitative  
49 studies included data on 151,347 nurses from 160 samples. They found that 36.4% of nurses reported  
50 having been physically assaulted, 67.2% reported nonphysical assault, 37.1% reported being bullied,  
51 27.9% reporting having been sexually harassed, and 50.5% reported general violence that did not fall  
52 into one of these categories. Physical violence was nearly twice as prevalent in Anglo regions  
53 compared to Middle East regions; nonphysical violence was lower in Asia. Overall, they concluded  
54 that WPV towards nurses is a common occurrence across countries.

### 55 **Consequences of WPV**

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

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

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

### 79 **Media Reporting of WPV**

80 Media reporting shapes and is shaped by public attitudes and interests (Hoyle, Kyle &  
81 Mahoney,2017; Van Bekkum & Hilton, 2013). This means that how the media ‘frames’ particular  
82 stories related to health care services and professionals can influence the public’s perceptions of those  
83 people and services (Hoyle et al, 2017). In his seminal work, Goffman (1974) suggested that people  
84 interpret what is going on around them through social and natural frameworks that help shape  
85 individuals’ understandings of their social worlds. Framing therefore focuses on how the media draws  
86 the public’s attention to specific topics to set the agenda within the public sphere and as such  
87 journalists (or their editors and proprietors) become arbiters of public opinion. According to Tuchman  
88 (1978) mass media sets the frames of reference that readers (or viewers) use to interpret and discuss  
89 public events. Yet, Scheufele (1999) highlighted that media information is often incomplete, slanted  
90 and influenced by the intentions of the journalist, editor or owner of specific media outlets.

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

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

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

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

111 NHS Scotland serves a population of approximately 5.4 million in over 300 hospitals and  
112 with approximately 160,000 NHS staff. NHS Scotland is divided into 14 geographically-defined  
113 health boards. Each Health Board is responsible for the protection and improvement of the  
114 population's health and the delivery of health services for that geographical area (see Figure 1). In  
115 2016, approximately 59,300 nursing and midwifery staff worked within NHS Scotland (information  
116 Services Division Scotland (ISD), 2016). This was an increase of approximately 59,000 from 2006  
117 (ISD, 2010). Nursing became a degree-entry profession in 2013 in Scotland, although degree nurse  
118 training started in 1960 (Carpenter, Glasper, & Jowett, 2012). Nurses are now required to complete a  
119 3 or 4-year university degree in nursing. There is a 50/50 split between time spent in theory, on  
120 university campuses, and practice learning experiences in clinical settings. On completion of the  
121 course, nurses qualify with a Bachelor's Degree in nursing that enables registration with the Nursing  
122 and Midwifery Council (NMC), which is the regulatory body for all nurses within all four nations in  
123 the UK. Qualification and registration are linked; there is no separate exam that must be passed to  
124 enable entry to the professional register.

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

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132 2005, p. 1). This guideline acknowledges environmental considerations and the role of staff training in  
133 the reduction of WPV. It makes suggestions around what each Health Board should focus on in terms  
134 of the environment (e.g., layout of waiting rooms). “Zero Tolerance” posters should be placed in  
135 public areas according to the guideline to communicate NHS Scotland’s stance on WPV. However, no  
136 explanation of what Zero Tolerance means is given and there is no provision of other mechanisms to  
137 help reduce WPV. The zero tolerance policy also lacked reference to peer reviewed evidence on zero  
138 tolerance, which even by the early 2000s demonstrated that the approach was ineffective  
139 (Whittington, 2002).

#### 140 **Study Aims**

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

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

#### 147 **Methods**

##### 148 **Design**

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

##### 154 **Data Collection and Sample**

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

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

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

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

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

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

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

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

## 196 **Ethics**

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

## 199 **Results**

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

## 205 **Sample Characteristics**

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

## 213 **Tone within the Articles**

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

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216 newspaper article as negative if it used words and phrases with negative connotations or that were  
217 emotive. Emotive language is intended to cause an audience to react in a particular way. These  
218 included words such as “appalling” (McClintock, 2006, p. 14), “shock” (Thomson, 2006, p. 6), “fear”  
219 (Henderson, 2007, p. 1), “spiraling out of control” (Philip, 2010), “horror” (Taylor, 2014, p. 1), and  
220 “sickening” (McInally, 2014, p. 15). Most of the articles reviewed adopted a negative tone and tended  
221 to sensationalize the issue of WPV. For example, an article in 2013 ran the headline “Glasgow worst  
222 area for racism to health staff” (Harrison, 2013, p. 9). It suggested that health care professionals in the  
223 Glasgow area were more likely to suffer racist abuse than were those anywhere else in the UK.  
224 Similarly, rates of violence were frequently reported as “shocking” (e.g., Gardham, 2009, p. 2; Hind,  
225 2015a; Miller, 2014; “The shocking Violence,” 2006), “horrifying” (“Rising tide of attacks,” 2013, p.  
226 1) or “violence in Scottish hospitals has soared” (“Scottish hospitals more violent,” 2015). Most of the  
227 articles also lacked background descriptions of the wider situation and scant comparison with, for  
228 example, national averages or historical data of WPV figures.

229         The research team did not think that any of the articles were primarily positive. Positive  
230 messages were scarce in overwhelmingly negative articles. For example, the *Daily Record* ran an  
231 article in 2015 reporting rates of the previous year’s violent incidents in the NHS in Scotland (Hind,  
232 2015b, p. 2). The authors emphasized high rates of WPV incidents; the report quotes “half of all  
233 hospital staff have been subjected to attacks.” (p. 2). In contrast, in 2014 half of Scotland’s Health  
234 Boards reported a decrease in violence in the previous year. But, in the 396-word article, the only  
235 mention of this is “eight Health Boards saw a slight reduction” (p. 2). The articles tended to minimize  
236 success stories and reducing rates of violence, and as such carried tones of negativity and failure  
237 regarding the NHS and violence against staff. For example, an article with the emotive title “The  
238 shocking violence facing NHS staff” then goes on to say that “NHS Fife is ahead of the game and has  
239 been very proactive...” (“The shocking violence facing NHS staff,” 2006).

## 240 **Themes**

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

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

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

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

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272 2007), "...despicable individuals..." ("Violence puts care at risk," 2006) and "violent jobs" (Currie,  
273 2009). No reporters interviewed or referenced quotes from the individuals accused of violent and  
274 aggressive behavior, resulting in newspaper coverage being skewed to one perspective, providing the  
275 public with little insight into the other factors contributing to WPV, which are noted in both research  
276 and the PIN policy. This can be seen in the following excerpt from the *Evening Times* in 2008 where  
277 Greater Glasgow and Clyde's Head of Health and Safety at the time attributed patients' mental health  
278 problems as the reason why individuals are not convicted of violence (although this did not appear to  
279 be based on evidence). However, few reported how the organizations implemented zero tolerance  
280 approaches to individuals with mental health concerns, as can be seen in the following quote "...It can  
281 be very difficult, for example, to secure a conviction against someone with a head injury who can  
282 claim that they were ill at the time of the assault..." (Fergus, 2008, p. 4). This quote and the article,  
283 generally, ignore how presence of genuine symptomology of certain medical conditions can increase  
284 the chance of violent behavior. Use of words such as "claim" convey a falseness on the part of the  
285 perpetrator, attributing underhand characteristics to individuals with mental health problems or  
286 injuries. Staff training, approaches and attitudes endorsed by the Health Board towards patients with  
287 these concerns, and how this affects the rates of violence, is not acknowledged at any point in the  
288 article.

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

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

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

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

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

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

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

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

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

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

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



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

#### 427 **Zero Tolerance**

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

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

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

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

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

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

#### 468 **Limitations**

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

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

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

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

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

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

### 511 **Implications for policy**

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

### 518 **Implications for research**

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

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

### 529 **Conclusions**

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

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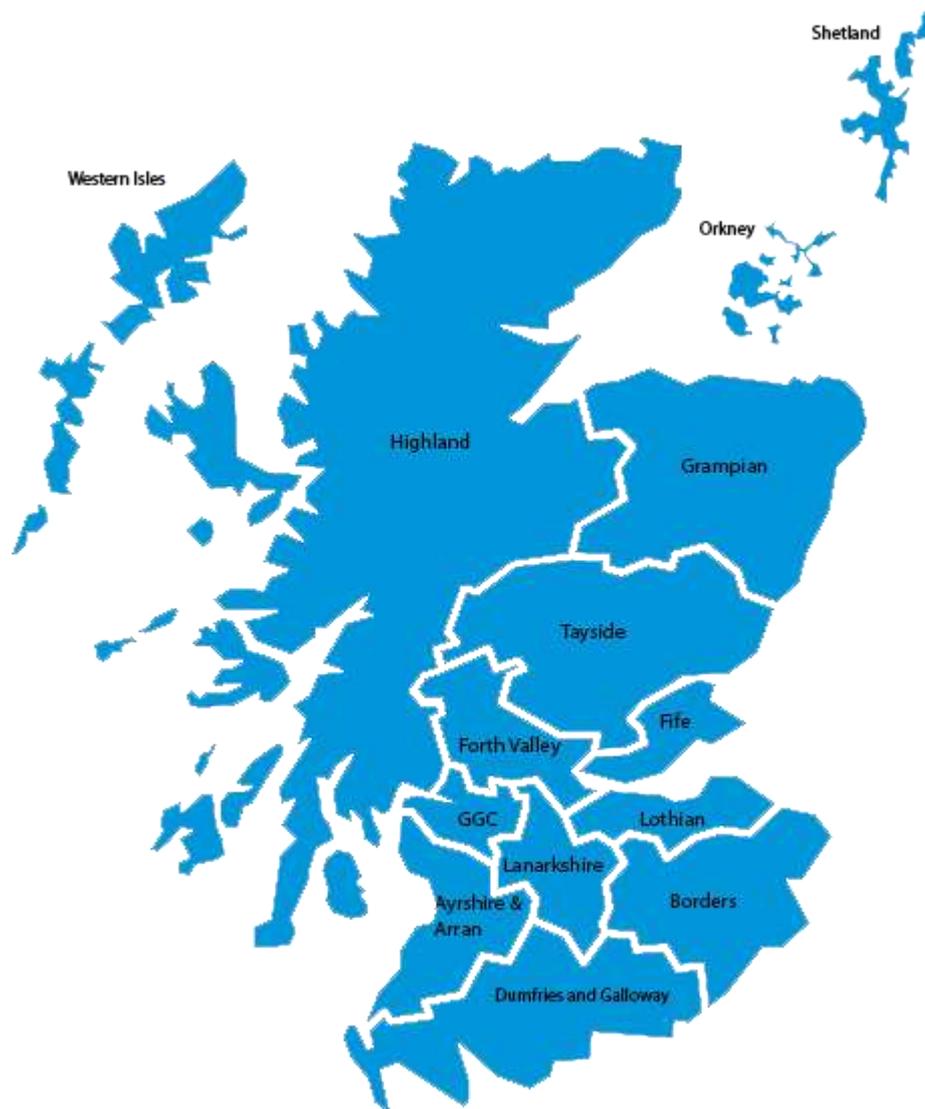
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692 **Figure 1**

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

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

<b>Search Terms</b>	<b>Hits</b>
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

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**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

[Type here]

**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>