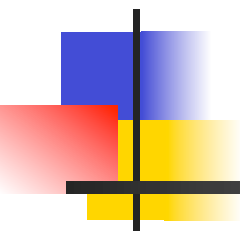


“Structural violence in the lives of nurses working in the mental health sector”



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Context Matters

- “Nurses at risk: Exploring gender and race in workplace illness, injury and violence” - SSHRC-funded research
- Early interest/engagement by mental health nurses in study; literature suggests is a location of greater levels of violence (Hesketh et al. 2003; Benveniste, Hibbert and Runciman 2005)
- Critical, antiracist, feminist political economy perspective encourages us to move beyond notions of violence as physical or psychological acts, committed by individuals, with implications for individual nurses. Instead recognizing...



Context Matters (cont.)

- Neoliberal strategies dominate: free market, personal responsibility, standardization, flexibility, casualization, downloading, intensification (Armstrong, 2001; Varcoe & Rodney, 2009)
- Gendered assumptions: caring work, as women's work, viewed as natural, endlessly elastic, and less valuable than other, masculine work (Adams & Nelsen, 2009; Baines, 2006).
- Racialization: oppression related to dominant language, culture, skin colour, and religion. Institutional racism embedded in policies, everyday practices (Reimer, Kirkham & Browne, 2006).
- Intersectionality: dynamics intersect/different consequences

Context Matters (cont.)



- Analysis of interviews with 17 nurses (13 RNs & 4 RPNs)- working in the mental health sector to examine if/how structural violence is implicated in the mental health sector
- When assumptions about gender, race and mental health care, within the context of neoliberal reforms, result in systemic devaluation, marginalization or exploitation, structural violence is the result (Farmer, 2009).



Findings

1. Neoliberal-informed dynamics - Policies & practices devalue work, expertise and care

- Cost-savings = priority; staff shortages particularly costly

"..saying to a patient "Please can you wait one more minute. I'll get to you.' And patient...rammed her through a Plexiglas wall and the person is still off, injured forever.."

- De-skilling and lack of staff continuity they report as "a major problem in mental health" where the relationship is key
- Shift to 'standardized indicators' – that 'numbers not people count'

"Hospitals are... run like businesses...all about crunching numbers...services get cut...people that don't understand how health services work make these decisions... nurses are getting out of nursing...more important now that... your stats are done...rather than spending time with the patient".



Findings (cont.):

Neoliberal-informed dynamics (cont.)

- Efficiency & standardization in attendance management systems - individualize the problem and absolve workplace from responsibility

"If a person is off ...five calendar days even though... not working all those days...the third party insurer determines whether or not they should be paid for that sick time... if your paperwork is delayed...you do not get paid".

- Shifting manager/admin focus away from care & relations of care

"Nowadays nurse managers, you can never find one ever... are in meetings and never around...sometimes in critical incidents or difficult situations... three-quarters of your staff is brand new, they kind of need guidance or ... mentorship...You need your nurse manager or program director".



Findings (cont.):

2. Gendered Dynamics –

- Lack of authority ascribed to nurses' knowledge and expertise

"A physician ... sees [patients] in this little snippet in time and makes a judgment... So I'm telling [him] this is what I see...I'm concerned...many times... the response is 'Well I don't see that.' And just because you don't see it doesn't mean that doesn't happen".

- Care is devalued, marginalized, leading to exploitation (care vs. cure)

"mental health care is the bottom of the totem pole when it comes to... credibility"



Findings (cont.)

Gendered Dynamics (cont.)

- Risks not recognized compared to male-dominated professions

"You get a call at two o'clock in the morning. Your admission is here. You go down to the front doors...two cops standing there with a guy in handcuffs. They take the cuffs off and go, 'he's yours'... I don't have a clue what he is like, with a history of aggression!"

"Compare us with construction workers...even when no one is hurt..."

- Risks individualized - *"What did you say to him?"*
- Personal/family implications when care work neither valued nor resourced (intersection with Neoliberal forces)

"You get sucked up as a person. You aren't a person any more".

"My family members have learned to hide when [I'm] working nights..."



Findings (cont.)

3. Racialized Dynamics:

- Rejection of care, based on assumptions of racial inferiority

"you're aboriginal there's no way my family member is going to have anything to do with you..."

"You aren't allowed to talk in your language. You're unprofessional"

- Lack of support when facing racism (pt, family, staff) or reporting/responding

"... a fear of reprisal... no whistle blower has ever whistle blown without penalty..."

"They [the agency] know... it's not a secret... They don't do anything because they want to get more shifts from this unit..." (intersect with Neoliberal/cost saving goals)



Findings (cont.)

Racialized Dynamics (cont.):

- Racism narrowly characterized as 'communication problems'

"nurses picked upon... career advancement limited because of communication issues"

"silencing effect when racism primarily addressed by focusing on the need to use the right terminology"

- Racism characterized as 'cultural difference'

"Skills & abilities dismissed because labelled as being culturally different..."

"...huge toll on people's health and well-being' when organizations, in responding to nurses who are victimized [by racism]... label it culture and then choose not to address it."



Discussion/Implications

- Current health reform agenda, reinforces social inequalities and dominant ideologies to systematically devalue, marginalize and exploit nurses working in the mental health sector;
 - Thus neoliberal policies reinforce the devaluing of women's work (care versus cure), encourage the focus on demeanor and communication skills, marginalizing knowledge and practices (gendered and racialized implications)
- Structural violence = working in environments characterized by persistent devaluation, marginalization and/or exploitation, even when a physical assault does not occur.
- Need to avoid narrow perpetrator/victim dualities (such as zero tolerance) and to engage with structural factors (conditions of work, gendered and racialized inequalities that shape that work) in order to effectively address structural violence



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