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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 5th 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 (Lanctot & 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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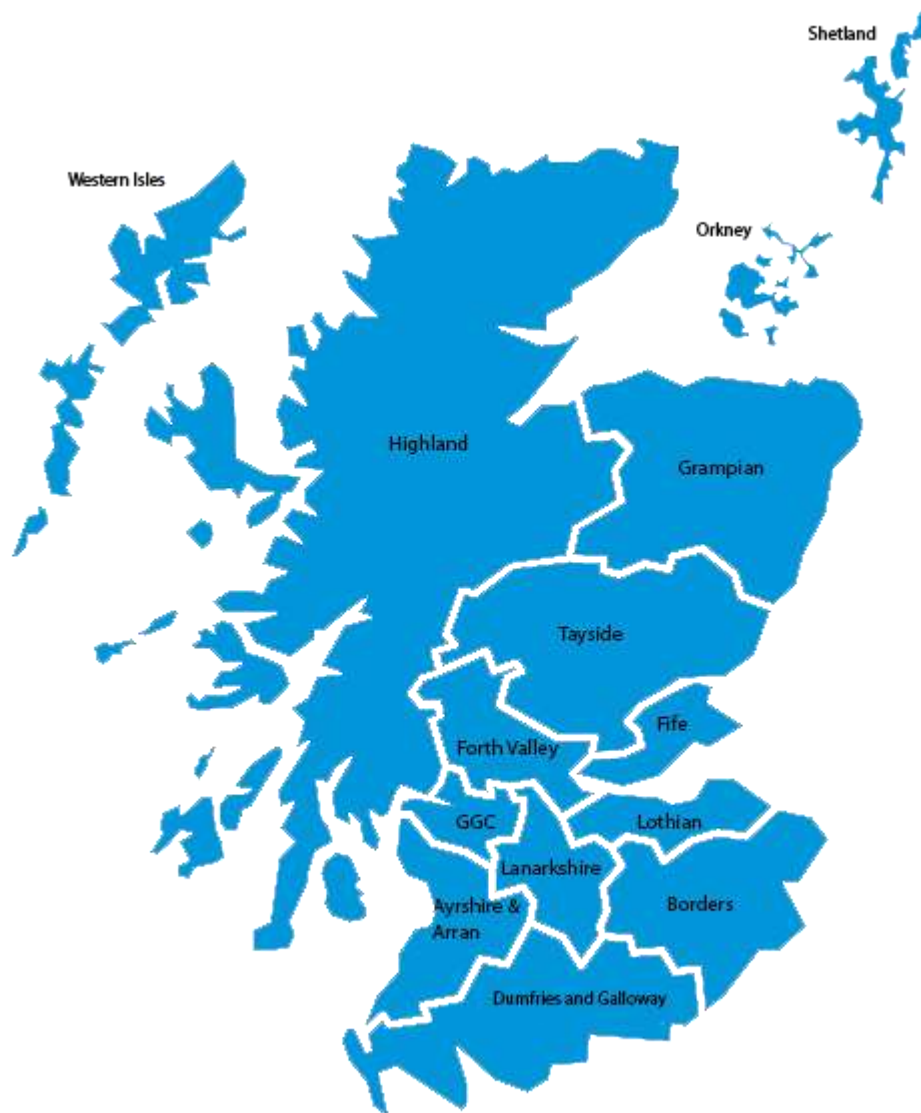
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692 **Figure 1**

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

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

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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

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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
TOTAL	92