TOWARDS WELL-BEING AT WORK
A POLICY TO FIGHT VIOLENCE

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FROM AWARENESS TO ACTION

Since its founding in 1987, the Federation has positioned itself as an advocate fighting all forms of violence. This feminist and union stance was certainly essential for the women and healthcare professionals that we are, but it was also avant-garde, in a societal context where the feminist movement underwent a backlash never experienced before. Québec had just been through the tragedy of the anti-feminist massacre at the Polytechnique where 14 women were brutally murdered because they were women.

Since then, we have been determined to fight violence collectively and promote a "zero tolerance" approach. In 2014, the FIQ Policy to fight against violence was adopted, attesting to the fact that it was essential for the Federation to do everything possible to prevent, report and stop all kinds of violence.

In 2023, we proposed an overhaul of this policy which was strongly inspired by the three lines of the 2021 Convention (progressive women, women of action and women fighting against systemic racism), contemporary feminists battles (including the denouncing of sexual assaults movement, #moiaussi), Black Lives Matter, as well as social changes caused by digital technology. This new policy is profoundly progressive and adapted to contemporary issues of violence, harassment and discrimination. The Federation believes that our unionism must respond to the current realities faced by healthcare professionals. Moreover, our priority actions reflect this.

In this respect, the Federation recognizes systemic racism. In doing so, we subscribe to Joyce's Principle and make the fight against racism a priority of the organization.

Moreover, with this new policy, we address discrimination based on sexual and gender identities head on. Since 2016, gender-based discrimination is one of the grounds for discrimination prohibited by the Charter of Human Rights and Freedoms. These realities can no longer be ignored.

The primary objective of the policy is to act on the root of the problem, i.e., in prevention. Together, we want to prevent sexism, racism, discrimination and violence based on gender identity and sexual identity. It is imperative to prevent and not tolerate conflict, harassment and violence and to promote resolution. Of course, in acting on prevention and fighting proactively against violent acts, the Federation is convinced that this will break the isolation of victims.

This policy is also intended as a guideline for our entire organization. Our role is to prevent all forms of violence, act when it occurs and aim to ensure that our workplaces are violence free in order to maintain the physical and psychological integrity of the people working in the health and social services network. To achieve this, the Federation intends to promote egalitarian, respectful and

cooperative relations, to value respect and civility in all work-related situations and to encourage collaboration with employers to avoid or stop all forms of violence by appropriate means. Members and union reps need to be educated on the importance of exploring different options to use to improve workplace relations; using alternative dispute prevention and resolution where warranted.

As such, revising the policy aims to respond to the different realities faced by healthcare professionals in the workplace, and to correct certain blind spots in the 2014 policy.

While we can see that progress has been made in reducing violence against women, nothing can be taken for granted in the feminist struggle.

I sincerely hope that this policy will enable you to renew your action in putting an end to the trivialization of violence and that it will serve as a guide enabling you to actively carry out your role in making the public health network a more respectful and violence-free workplace for the people who work there.

Isabelle Trépanier

EVOLUTION OF THE FEDERATION'S MEMBERS SINCE ITS FOUNDING

Since the founding of the FIIQ[1] in 1987, violence against women has been of particular importance to the union reps. They define themselves as women, nurses, and unionists and consider the multiple roles they play in society. They therefore adopt a feminist perspective when addressing the phenomenon of violence.
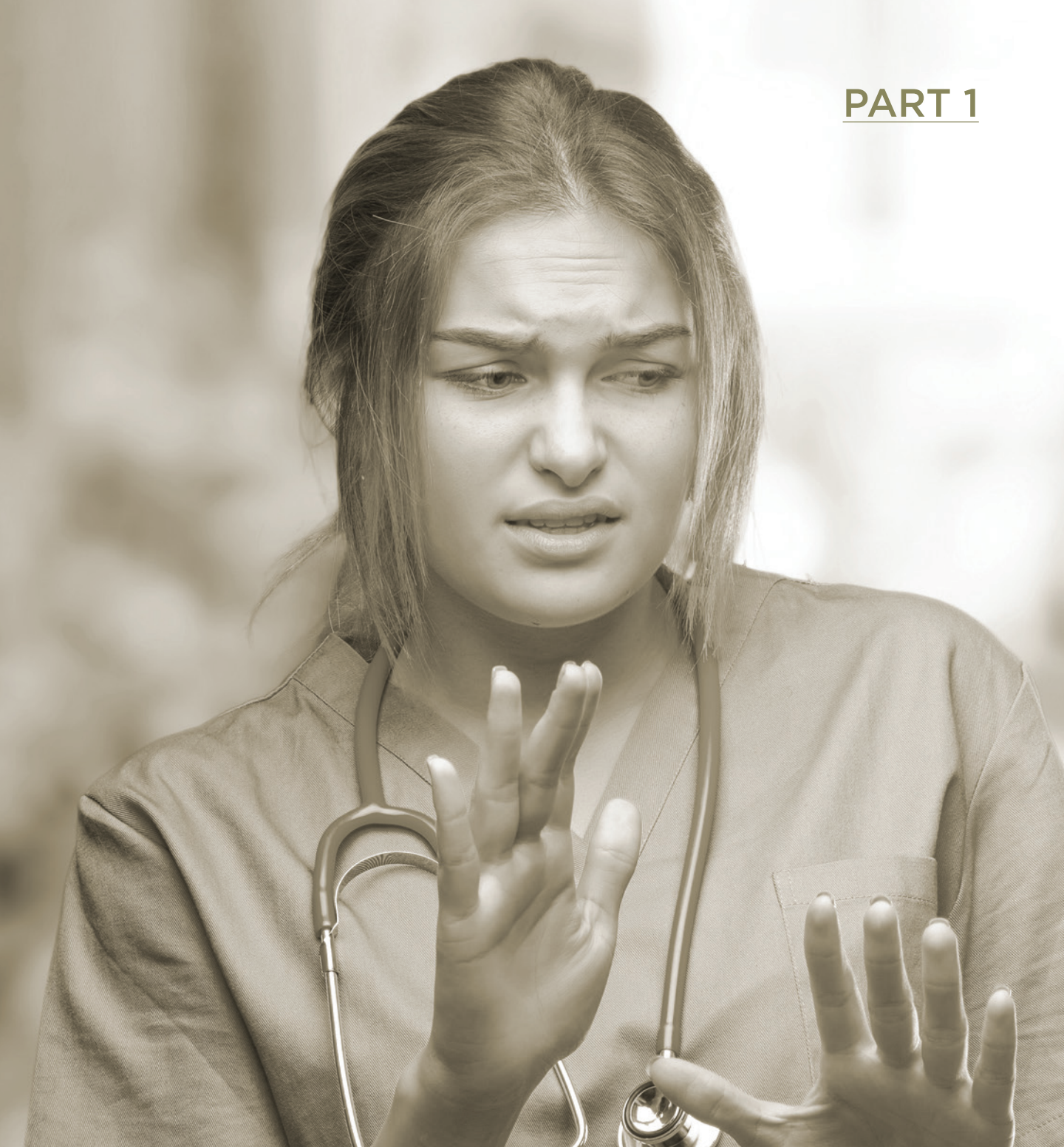
In their workplaces, the FIIQ union reps saw through real-life situations that sexual, racial and psychological violence – like physical violence - are an integral part of the different forms of aggression, but they found it difficult to identify these situations when they encountered them.

The massacre at the Polytechnique on December 6, 1989, marked Québec society and confirmed the urgent need for women to speak out and act against the phenomenon of violence. FIIQ union reps then became aware of the seriousness of the situation and made it a duty to remember this date.

The union reps for the Status of Women Sector and Committee pulled together over the years and helped change attitudes in workplaces. As of 1994, the Occupational Health and Safety Sector and Committee invested in workplace violence files. Violence could no longer be trivialized and legitimized. The Federation's Women's Network and federal councils became forums where violence against women was on the agenda, just like at the Intersyndicale des femmes, the World March of Women and the UN Commission on the Status of Women.

In 1996, the delegation amended the FIIQ Constitution and Bylaws to add the fight against all forms of violence. At the end of the 1999 negotiations, the collective agreement had evolved and now provided for collaboration between employers and unions in dealing with complaints of violence. This victory which was social recognition at last of the fight waged by women against violence would be followed by other progress in the 2000s.

Over the last 35 years, the Federation has taken action in a number of ways to raise member awareness and instill a culture of non-violence in the workplaces.

Characteristics of the care settings: culture of silence and trivialization of violence

" " In organizations, a lot of time, energy, money and useless suffering would be saved if we saw psychological health problems and conflicts as symptoms of organizational problems. The conflict should be seen as an opening to explore organizational problems at the source[2]."

Although violence in the healthcare sector is widely recognized and documented, the fact remains that it is largely under-reported. Without denying the impact of the cumulative manifestation of other types of violence, the healthcare sector is characterized by a high concentration of women. In this respect, women are inevitably the main targets. Organizational factors can also exacerbate the forms of violence, which is why it is imperative to act on all fronts.

FEMALE STEREOTYPES

Care professions are characterized by a high concentration of women. Women represent 88% of the members at the FIQ.

While having a job is a significant element of women's emancipation, it does not guarantee escape from the conditioning of so-called "women's jobs". Stereotypes are entrenched and women, especially caregivers, are still sometimes expected to serve others whether at home or at work and to show empathy and selflessness. For example, ordinary sexism, which is a set of remarks or gestures based on sexual stereotypes, constitutes a micro-aggression which, alone or added to other forms of violence, can affect the psychological health and well-being of healthcare professionals.

It should be added that the source of violence or harassment in the workplace is usually a person (patient, visitor, work colleague, physician, manager, etc.) and that several factors influence the aggressive behaviour of people. Unfortunately, patients represent the main source of aggressive behaviours towards healthcare professionals in hospitals, residential living centres and community settings. Research shows that verbal abuse is the most frequent form of violence faced by healthcare professionals.

According to the feminist approach, violence against women is described as an expression of unequal relationships between men and women that have resulted in the subordination of women. Women are specifically affected by violence and are too often seen as legitimate targets.

As a result, such perceptions of gender roles can lead to trivializing workplace violence. This violence, long socially accepted by organizations and employers, has resulted in women themselves tending to underestimate situations of violence and not report them.

CULTURE OF SILENCE

The extent of the problem of violence in care settings is widely under-reported and underestimated. Recent studies on nurses and violence show that violence is present and that silence is rampant in healthcare settings. Paradoxically, nurses have integrated this violence and report little of it. However, several barriers were identified: feelings of powerlessness, fear of reprisals, lack of physical injury, fear of not being believed, lack of support, and the administrative burden, to name a few. Younger people and men are less reluctant to report physical

> Nurses "[...] tend to accept it as part of the job. Many nurses do not bother to document incidents of violence, either because they feel that no action will be taken or that they will be held accountable; a "culture of silence" is said to exist.[4]"

or psychological violence than their experienced female colleagues. Hierarchical relationships between nurses and doctors or with managers can be a source of psychological or physical violence. In this context, women are often more hesitant to report it. However, when healthcare professionals express their opinion on the organization of work and number of staff, they are more likely to report the violence they endure at work[3].

POOR ORGANIZATION OF WORK: A RISK FACTOR

Deteriorating working conditions and disorganization of work have an impact on workplace violence and constitute risk factors. Since the 1980s, the Québec health and social services sector has been subjected to numerous reforms affecting services and organization of work. Employees had to adapt and deal with multiple approaches.

Therefore, whether it is re-engineering, revision of the processes or a participative management method, greater flexibility and accountability are expected from employees. In these new approaches, the human dimension that is at the heart of the functions assumed by healthcare professionals often disappears. Moreover, reorganizations of work often result in a reduction in the number of staff and a new distribution of tasks leading to an increase in the healthcare professionals' workload. Members of the care team no longer have the time to consult, support each other and deal with new difficulties that arise.

This work context creates a climate ripe for the deterioration of interpersonal relations and the work climate. Conflicts can arise and may cause various health problems for the healthcare professionals.

Policy to fight violence

This policy sets out the principles and values that the FIQ promotes in terms of well-being and healthy and respectful relations in the workplace.

OBJECTIVES

The purpose of this policy is to:

> Promote egalitarian relationships, full of respect and cooperation;

> Promote well-being at work by providing a healthy, violence-free work environment to maintain the physical and psychological integrity of those working there;

> Prevent sexism, racism, discrimination and violence based on gender identity and sexual diversities;

> Enhance respect and civility in all situations related to work;

> Prevent and not tolerate harassment and violence in any form;

> Prevent conflicts or foster resolution;

> Foster collaboration with the employer with a view to preventing or stopping all forms of violence by appropriate means, including developing a policy;

> Raise member and union rep awareness of the importance of exploring different solutions in order to use them to improve relations in workplaces;

> Use, when justified, alternative methods of prevention and dispute resolution.

SCOPE

This policy applies at work or on the job. It covers all people who frequent the institution: unionized and non-unionized staff, the care team staff, physicians, suppliers, visitors, patients, managers, etc.

POLICY STATEMENT

The FIQ has adopted a systemic approach to maintaining healthy and respectful relations in the workplace by welcoming and assisting the members in any situation of relational suffering or conflict. It fosters listening, dialogue, research of solutions and prevention to improve relations and stop workplace violence or harassment.

The FIQ uses answers adapted to the problems raised by taking into account all the factors like the climate at work, organization of work and the working conditions of its members to fight violence and promote well-being and healthy relations at work.

Accordingly, the FIQ's policy reasserts the employer's responsibility to:

> Act to prevent violence;

> Provide a healthy workplace, exempt from rudeness, conflict, discrimination, harassment or violence including racism and violence based on gender;

> Take the necessary measures to protect the health and ensure the worker's safety and physical integrity (OHS Act) including domestic, family or sexual violence;

> Stop all harassment and violence (*Act respecting labour standards*)

The FIQ also reiterates its cqommitment to:

> Providing all the support and information necessary for the members;

> Deploying organization of work tools to foster well-being at work;

> Fighting all forms of discrimination, harassment and violence, whether carried out against members or by members;

> Being proactive and acting in prevention with the members.

The FIQ first solicits the cooperation of employers to act preventively on risk factors and to intervene when there is a report of a deteriorating situation at work.

Improving well-being at work includes respecting a person's physical and moral integrity: health, safety, freedom from violence and freedom from harassment.[6] Well-being at work implies a psychological dimension of course. As a result, psychological health at work is "a state of cognitive, emotional and behavioural balance that allows an individual to produce, maintain professional relations, participate in his workplace activities and draw satisfaction from it.[7]"

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.[5]"

– World Health Organization

The following definitions make it easier to recognize the different conflict situations and forms of workplace violence.

TYPES OF CONFLICT SITUATIONS AT WORK

Conflict

Conflict is a more or less intense confrontation which involves the explicit or implicit expression of disagreements or discomfort using words that are or are perceived to be more or less hostile (remarks, disapproval, criticism, reproaches, threats, insults). This can result in a deterioration of the work climate and have a real impact on the different protagonists.[8]

A conflict situation can deteriorate into a situation of violence or harassment if left unchecked. In conflict situations, the people involved are still able to talk, hence the importance of a prompt and adequate intervention to avoid any escalation.

When a conflict arises, each side tries to convince the other. Arguing can then be aggressive or in anger, **but these situations are not automatically cases of workplace violence**. This distinction does not reduce the importance of conflicts that can be very disturbing for the people involved and can transform into workplace violence.

It will therefore be necessary to assess the type of solution to recommend and use a conflict resolution approach rather than an approach to resolve a situation of workplace violence.

Hyperconflict

Hyperconflict can occur between two individuals or be channelled through two opposing groups. "In hyperconflict, the parties with or without a flag bearer attack each other and their differences are irreconcilable. The parties involved disagree on both the very basis of their differences and the way these differences take shape, or the way they structure their understanding of them. Their interpretation of the same reality is radically different and incompatible[9]." The repercussions are enormous and can be behavioural and emotional and disrupt the functioning of the organization.

Relational suffering at work

The concept of relational suffering at work encompasses all the causes that can create psychological suffering at work; therefore, it is possible to identify the situations at the root of this suffering. Beginning with the expression of the symptom of suffering in working relations, two major categories emerge for identifying and acting on this suffering. The symmetrical situations where the individuals involved act on equal footing (the hierarchal relationship does not necessarily result in inequalities between individuals) and the complementary situations where the unequal or dominant relationships can be identified. The first refers most of the time to the different types of conflicts and the second falls under workplace violence and is characterized by different forms of harassment and aggression. Whatever the causes of this suffering, employers

have a responsibility to intervene with the appropriate measures and deploy sound organization of work methods."[10]

Relational suffering at work may be felt in various situations of conflict and aggression and is often revealed in the deterioration of working relations. If these situations are left to deteriorate, discrimination, harassment or workplace violence may occur. In some cases, violence can be expressed at the outset and lead directly to an escalation of violence.

WORKPLACE OR ON THE JOB VIOLENCE

In studies on violence, the many definitions all agree on one point: violence is exercised in a power relationship and is linked to the notion of domination and coercion. Violence exists "in all cases where a person tries to impose his/her will on another person, whether by physical force, verbal threats, humiliation, etc."[11]

The International Labour Organization (ILO) defines workplace violence as being "any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed or injured in the course of, or as a direct result of, his or her work."[12]

The ILO points out that, physical assaults, verbal violence, an aggressive gesture as well as the different forms of harassment (moral, racial or sexual) must undergo a risk assessment in the context of screening for workplace violence.

MANIFESTATIONS OF VIOLENCE

Violent behaviour

Violent behaviour is defined as:

Vexatious and abusive conduct (intentional or unintentional) manifested by unwanted behaviour, words or gestures that violate the dignity or psychological or physical integrity of a person.

As such, a single vexatious, abusive behaviour may constitute a violent behaviour. For example, a racist or sexist behaviour.

Moreover, an accumulation of vexatious behaviour can also constitute violence. For example, an abusive accumulation of incivilities or micro-aggressions.

Vexatious conduct

The following definitions identify the vexatious conduct that can constitute a violent behaviour:

› **Incivility (rudeness):** Deviant behaviour that is in violation of the norms of mutual respect. Incivility is a breach of the basic rules of social life that creates significant discomfort and has a negative impact.[13]

› **Stereotypes**[14]**:** Stereotypes are preconceived ideas and simplistic images that influence the way we see people, interact with them and treat them.

They are characteristics that society instinctively attributes to groups of people to classify them, for example, according to age, weight, occupation, skin colour, or gender to make decisions about them more easily and quickly hence the tendency to unthinkingly accept them. When girls and boys are associated with two separate worlds, this is called gender stereotyping.

In other words, stereotypes impose limitations on the people they target, assign them roles that are not necessarily suited to them and make it harder for them to be their true selves.

Stereotypes can lead to prejudice and prejudice can be the basis for discrimination and exclusion of certain people.

› **Unconscious bias:** Unconscious biases, or prejudices in favour of or against a person, group or idea, are influenced by multiple factors such as physical appearance, age, ethnicity, gender, physical and mental abilities or even religion.[15]

› **Micro-aggressions:** Micro-aggressions are actions or behaviours that are condescending, derogatory, negative or belittling to a person because that person belongs to one or more marginalized groups. Micro-aggression may also undermine or deny the person's membership in a marginalised group or groups. These are usually subtle actions and behaviours. A person may be unaware that the origin of their actions and behaviours is rooted in unconscious biases.[16] [17]

Repeated micro-aggressions can be violent for the people who suffer them. If a person asks for the micro-aggressions to stop and the person(s) causing the micro-aggressions refuse, deny or ridicule the request, this may constitute violence.[18]

› **Prejudice:** A negative opinion about a person or group that is not based on actual experience.[19]

To distinguish: "Girls are gentle and kind" is a stereotype. "It is because they are gentle and kind that they cannot be good directors" is a prejudice, a judgment made about women. "I won't hire a woman as the director because she is too kind" is a form of discrimination.[20]

VIOLENCE BASED ON GENDER IDENTITY AND SEXUAL DIVERSITIES

Sexism

Division of society into two different, even diametrically opposed, but complementary genders. There is a hierarchy of these genders whereby the man dominates the woman. Sexism also refers to the discrimination of one gender by the other, i.e. gender inequality.[21]

Sexist behaviour

Action, gesture, visual representation, oral or written statement, practice or behaviour based on the idea that a person or group of persons is inferior by virtue of their gender with the purpose or effect of:

› Violating the dignity or inherent rights of a person or group of persons;

› Or causing physical, sexual, psychological or socio-economic harm or suffering to a person or group of persons;

› Or creating an intimidating, hostile, degrading, humiliating or offensive environment;

› Or hindering the emancipation and full realization of the human rights of any person or group of persons;

› Or maintaining and reinforcing gender stereotypes.[22]

Inappropriate behaviour of a sexual nature

Inappropriate behaviour of a sexual nature consists of words, gestures or actions of a sexual nature to which the person concerned has not consented. It can be done in person, on the telephone, verbally or in writing, through technological means, on the Internet, social media, teleworking platforms, etc. Depending on the repetition or severity of the inappropriate behaviour, it may be considered sexual harassment or sexual assault.

Consent

Consent is the free, informed, voluntary and ongoing agreement to engage in activity of a sexual nature. Consent cannot be presumed and can be revoked at any time. Consent cannot take place when the person's condition does not allow him or her to give informed consent, for example if he or she is unconscious or under the strong influence of alcohol or other substances. Nor can it be obtained by insistence, threats or manipulation. A person cannot use his or her position of power to obtain consent. The absence of refusal cannot be considered as consent.[23]

Cissexism/cisnormativity

Cultural or societal prejudice which favours cisgender people and which respects gender norms. This system ignores or has the effect of under-representing trans or gender-diverse identities by assuming that all people are cisgender and that they will express their gender in a way that fits perceived gender norms. This way of thinking establishes a direct and natural logical link between sex assigned at birth, gender and gender expression.[24]

Heterosexism/heteronormativity

Cultural and societal prejudice, often unconscious, which ignores or has the effect of under-representing sexual diversity by assuming that all people are heterosexual. This way of thinking considers heterosexuality as natural, self-evident and superior and the behaviour that deviates from the traditional model of male/female relationships as inferior, abnormal or anecdotal.[25]

Homophobia

Negative attitudes towards homosexuality that can lead to direct or indirect discrimination of gays, lesbians, bisexuals, or towards people perceived as such. There are also variants of homophobia such as lesbophobia when this aversion is more particularly addressed to lesbians or biphobia when it is bisexual people.[26]

Transphobia

Negative attitudes that can lead to rejection and direct or indirect discrimination, towards trans people, transvestites, or towards anyone who transgresses gender norms and representations related to sex and gender.[27]

VIOLENCE BASED ON "RACE" OR ETHNIC ORIGIN

Racism

Racism is an ideology based on a process of racialization, i.e.; a political, social and mental process of alteration of people belonging[28] to a group which is arbitrarily designated as being a "race".[29]

The concept of "race" is a social construct and not a reality. The modern concept of "race" emerged as a product of European colonial ventures from the 16th, 17th and 18th centuries that identified "race" in terms of skin colour and physiognomic differences to categorize people into a hierarchy, attributed desirable characteristics to white and European peoples and justify the subordination of African or Indigenous people.[30]

We also hear a narrative that presents culture as an unchanging and unchangeable reality and, above all, which alleges that some cultures are superior to others. Such a narrative then erroneously assumes that people from other backgrounds will always be maladjusted to the cultural environment[31] of the dominant group and will never be compatible with the latter's culture.[32]

Racism involves attitudes and behaviours of hostility or contempt towards people because of their colour or ethnic or national origin, but also because of their migration status, religion or language. Racism can be perpetuated by people who do not consciously adhere to the theory of differentiation and hierarchy of "races".[33]

Racist behaviour

Racist behaviours are attitudes and behaviours, conscious or not, which demean, discredit or stigmatize individuals on the basis of their colour, appearance or actual or presumed membership of an ethnic group.[34]

Colonialism

Colonialism is a system of domination over a group of people or a region in order to maintain economic control. Colonialism advocates a differential view between groups.[35]

Discrimination

Discrimination exists when there is a distinction, exclusion or preference that nullifies, compromises or restricts an individual right on the grounds of the "race", colour, sex, pregnancy, sexual orientation, civil status, age except when provided for by law, religion, political beliefs, language, national or ethnic origin, social condition, handicap or the use of a means to overcome this handicap, family ties, parental status, or the exercise of a right recognized by law.

The courts have held that an intention to discriminate is not necessary to recognize that discrimination has occurred. Indeed, a standard, practice or behaviour may be discriminatory in its effect, regardless of whether that effect was intended or planned.[36]

Notwithstanding the foregoing, a distinction, exclusion or preference based on the aptitudes or qualities required to accomplish the duties of a position is not considered discriminatory.[37]

Moreover, a law, activity or program intended to improve the situation of disadvantaged individuals or groups, in particular on the grounds of "race", national or ethnic origin, colour, religion, sex, age or mental or physical disability shall not be deemed to be discrimination.

Intersectionality

The intersectional approach can help to better understand the suffering of individuals and the forms of discrimination and violence experienced.

Intersectionality refers to the way in which different forms of oppression such as racism, sexism, classism, validism, homophobia, transphobia, and others, are interrelated and mutually reinforcing. Intersectionality thus allows us to understand that experiences are not uniform, that discriminations are experienced simultaneously, that they must be fought simultaneously and that they must not be hierarchized.

OTHER WAYS IN WHICH VIOLENCE IS MANIFESTED

Ageism

Negative attitudes (stereotypes, prejudices, etc.,) which may lead to rejection and discrimination, directly or indirectly, against a person on the grounds of age.[38]

Ableism

A belief system that differentiates, prioritizes and excludes people based on standards of body shape and functionality as well as neurological functionality or mental health status.[39]

Classism

Discrimination based on belonging, or not, to a social class. It is discrimination based on social condition, often on economic capacities.[40]

ENTRENCHMENT OF VIOLENCE

It is important to prevent conflict situations and manifestations of violence from taking root and growing. This entrenchment can take many forms.

Abuse of power

A form of harassment defined by the Canadian Human Rights Commission as:

"There is abuse of power when a person exerts his power or his position with the implicit power that he has to intervene in a negative fashion, to undermine, sabotage or impede the work or the career of another person [...] Abuse of power includes flagrant acts such as intimidation, threats, blackmail, coercion."[41]

"There are three conditions to abuse of power:

> The offending party must be in a position of power;

> She uses this position of power to serve her personal needs;

> She acts to the detriment of the person who is under her authority."[42]

This definition should not be misinterpreted in cases where the people with management positions perform evaluations duties and apply disciplinary rules. In labour relations, managers have to perform these human resource management functions.

Intimidation or bullying

"Principle of the tyrant or the tyranny of one person through hidden or covert attacks. If the attacks become open or the tyrant attacks everyone at work indiscriminately, it becomes managerial abuse since the tyrant, in this case, is not targeting an individual or a specific group and is not attacking others through hidden or covert acts of aggression."[43]

Repeated behaviour that is intended to cause, or should be known to cause, fear, intimidation, humiliation, distress or other forms of harm to another person's body, feelings, self-esteem, reputation or property.[44]

Cyberintimidation

Cyberintimidation is the use of information and communication technologies[45] to demonstrate hostility towards a person or group with the goal of causing harm, intimidating or harming the reputation and relationships. These behaviours can take the form of harassment, disparagement, threats, insults, identity theft, exclusion or revealing various personal information or lies about another person or group.[46] [47]

Psychological harassment

According to Section 81.18 in the Act *respecting labour standards*, psychological harassment is defined as: "any vexatious behaviour in the form of repeated and hostile or unwanted conduct, verbal comments, actions or gestures, that affects an employee's dignity or psychological or physical integrity and that results in a harmful work environment for the employee. For greater certainty, psychological harassment includes such behaviour in the form of such

comments, actions or gestures of a sexual nature. A single serious incidence of such behaviour that has a lasting harmful effect on an employee may also constitute psychological harassment."

In short, for psychological harassment to exist in the legal sense of the word, the four elements of the definition must exist:

> A vexatious behaviour of a repetitive or serious nature;

> Be hostile and unwanted;

> An impairment on the dignity or psychological or physical integrity;

> A harmful work environment[48].

Mobbing (collective psychological harassment)

Collective psychological harassment consists of isolating one person in particular, of attacking as a group in different ways by humiliating the person, by intimidating and by stigmatizing: the victim is commonly called the scapegoat.[49]

Sexual harassment

Sexual harassment is defined as unwelcome sexual advances in words or gestures. It is manifested repeatedly although only one isolated incident, with no escalation or repetition, may be considered as harassment. This violence can lead to extreme gestures and be expressed as physical violence up to and including sexual assault.

With or without physical contact, sexual harassment is carried out without the consent of the person concerned or, in some cases, by psychological manipulation or blackmail. It is an act aimed at subjecting another person to his own wishes by an abuse of power, by using force or constraint, or by implicit or direct threats.

PROCEDURE FOR REPRESENTING A MEMBER SUSPECTED OF VIOLENT BEHAVIOUR IN THE WORKPLACE OR ON THE JOB

From the first Statement of Principles adopted by the delegates at the 1991 Convention, the Federation committed "[…] to recognizing and promoting the provisions in the Québec Charter of Human Rights and Freedoms."

In this way, the delegation clearly expressed its willingness to mandate the Federation to fight all forms of discrimination and inequality. In 1996, the Federation reinforced this commitment taking the responsibility to fight all forms of discrimination or violence, whether carried out against or by its members.

As such, the FIQ refuses to condone violence and may decide not to represent a member who has engaged in violent behaviour or committed a violent act in the workplace or on the job. This decision will be taken at the end of an inquiry process and objective deliberation.

The member is presumed innocent during the inquiry process.

To conclude that it is a violent behaviour the evidence of the member's behaviour or action must be preponderant, clear and convincing.

The vexatious and abusive nature of the behaviour must be evaluated from the point of view of a reasonable person in the same circumstances and with the same characteristics who has been subjected to violence as the alleged victim.

The inquiry committee and FIQ Executive Committee must consider the explanations and the member's defence in the inquiry and deliberative process.

The inquiry process as illustrated in Diagram A starts within 60 days of the union receiving the letter of suspension, demotion or dismissal. The deliberation and recommendation of the FIQ inquiry committee to the FIQ Executive Committee must be completed within 120 days of receiving the letter.

Diagram

Access to <u>consulting and professional representation services</u> from the FIQ by a member suspected of violent behaviour in the workplace or on the job

INQUIRY AND DELIBERATIVE PROCESS:

Submission of the letter of suspension, dismissal or demotion
- Contest by grievance within 30 days
- Validate the nature of the alleged offences

ACTION RELATED TO VERBAL, PHYSICAL, PSYCHOLOGICAL, SEXUAL VIOLENCE (REF: POLICY)

YES
- Inform the member of the application of the FIQ policy and process related to it
- Inform the member that filing a grievance is to preserve her rights, however the FIQ may decide not to give her access to **consulting and professional representation services** for the alleged incident if the inquiry shows that the alleged offences constitute violence

NO
Go ahead with the regular grievance analysis

Set up the local inquiry committee within a maximum of 60 days to have the facts in a timely manner

- 1 union representative
- 1 union consultant
Prepare for the inquiry with the FIQ union consultant

Inquiry

Based on the employer's letter, obtaining the member's version, meeting with the member, meeting with the alleged victim and witnesses

FIQ inquiry committee report

- 2 union consultants (1 RLT Sector and 1 Legal Team)
- 1 member of the Executive Committee responsible for the policy
- 1 union rep from the local team present for the inquiry

Recommendation to the Executive Committee within 120 days of receiving the letter of suspension, dismissal or demotion

Executive Committee decision **within 15 days of the recommendation**

Access to consulting and **professional representation services** from the FIQ for this incident

Member not represented

MEANS OF DEFENSE

The FIQ may still represent the member in cases of:

> A violent act committed in self-defence;

> Not responsible due to health problems;

A person is not liable for the act or omission that occurred while he or she had a diagnosed health condition that rendered him or her incapable of judging the nature and quality of the act or omission, or of knowing that the act or omission was wrong.

> A violent act by the member in reaction to a provocation (defence of provocation).

A provocation is violent behaviour of such a nature that it is sufficient to deprive an ordinary person of the power of self-control.

A non-violent behaviour cannot be considered a provocation.

The member's reaction must be a spur of the moment reaction following a violent act committed against her by a person.

This defence cannot be recognized if the member had time to regain her composure before acting or if the member incited the person to commit the violent act.

The inquiry committee and the FIQ must consider these means of defence in the inquiry and deliberative process.

EMPLOYER'S OBLIGATIONS

The employer has a duty to demonstrate that they have taken all reasonable steps to create and maintain a physically and psychologically safe workplace. This is achieved by taking a proactive approach to occupational health and safety.

According to the FIQ, organization of work and respectful management practices are effective preventive measures to reduce the risks of conflict, violence and harassment.

As such, employers cannot escape the laws and standards in force. Staff training, identifying and eliminating risk factors, safety of the premises, conflict resolution, the procedure for reporting, handling and following up incidents of violence, and a policy to stop workplace violence are employer obligations. They can be implemented with the union's collaboration in some cases.

Staff training

Training is set out in the Act *respecting occupational health and safety*. Including this in the law is a guarantee that the employer recognizes the fight against violence as a priority. The FIQ collective agreement stipulates training budgets and a human resources development plan (HRDP) which should enable the healthcare professionals to take the training courses, whatever the nature of their work, so that they can react appropriately in situations of violence or aggression.

Healthcare professionals are not always prepared to deal with aggressive behaviour from patients. It is therefore necessary to offer training courses on the following subjects to those who want it:

> Screening of potentially dangerous patients;

> Response in a crisis situation and monitoring behaviours in emergency situations (e.g.: Omega);

> Forming a response team during alert codes (Code White);

> The relational approach to care;

> Sexual and gender identity based violence;

> Conscious and unconscious bias;

> Racism.

As well as improving skills, these courses provide an opportunity for dialogue and sharing of experiences and encourage the development of new attitudes in the face of aggressions. Hence, through concerted action, a violence-free workplace can become a realistic goal.

Identifying and eliminating risk factors

The Act *respecting occupational health and safety* obliges the employer to identify, control and eliminate the risks that can affect the staff's health and safety. The employer must take the measures to ensure the protection of a worker who is exposed to physical or psychological violence, including spousal, family or sexual violence, in the workplace. The Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) may be asked to intervene as needed.

The union must collaborate in putting these measures in place.[50]

Safety of the premises

The safety of the premises is everyone's concern. An exploratory approach can identify the risk areas in the workplace. Healthcare professionals must identify these risks and propose the necessary corrective measures. For example, working in home care or during the night exposes healthcare professionals more because they are alone. The nature of the care provided may also increase the

risks, as in cases of care given in the Emergency Department or to psychiatric or drug addicted patients[51]. It is therefore important to report dangerous situations to improve well-being and health and safety in the healthcare institutions.

CONFLICT RESOLUTION

In the context of a member reporting a situation where she is a victim of violence or feels aggrieved, the employer has the obligation to act.

Well-being at work depends on the quick and effective resolution of conflicts, which can have devastating effects on the psychological health of the individuals involved and those around them, and even on the organization as a whole. Therefore, it is imperative to act early and properly manage conflicts before they deteriorate into incivility, violence or psychological harassment. Moreover, it is essential that disputes and problems are clarified with a welcoming and open attitude in order to safeguard and improve team spirit.[52] There are several ways and different opportunities to find solutions to conflicts:

> Discussion between those involved;

> Asking for help from a trusted person;

> Meeting of the department or team;

> Consulting the FIQ union team;

> Consulting the OHS joint committee and the status of women committee in the institution;

> Involving the Committee on Care.

Everyone is responsible for maintaining healthy relations in their workplace.

Reporting, handling and follow-up procedure

The employer must have a written procedure for employees to confidentially report or notify incidents linked to workplace violence. This procedure must also include holding an inquiry on these incidents. Moreover, it is important to ensure that there is a follow-up on every report submitted.

Policy to fight workplace violence

The employer, in collaboration with the healthcare professionals and union, must develop and disseminate a written policy for fighting workplace violence. This policy must:

> Contain the name of the people responsible for its implementation and its respect;

> Determine its scope of application;

> Be known to all staff, suppliers and patients;

> Be easily accessible.

Lastly, the first of all the strategies concerns the solidarity weakened by situations of violence. It is therefore important to have informal support networks to support each other and to ensure that, even if the aggression is individual, the response is collective.

THE UNION: PERSONALIZED ASSISTANCE

Assisting

This step concerns the union teams in particular and attests to their commitment to the members. It allows people who are victims of violence or who are experiencing conflicts to express themselves, to break the isolation and to see solutions to the problems they have experienced.

"The FIQ aims, by its actions, to promote and strongly uphold the right to free collective bargaining, and to decent working and living conditions, as well as the right to work in a sound, violence-free environment"

– FIQ Statement of Principles

Women were originally at the forefront of approaches to tackling violence. They have developed a great deal of expertise in helping people who are victims of violence. This expertise must be integrated by everyone. In light of society's evolution and approaches to violence, it is high time that all women and men act in partnership and share not only the approaches of openness and listening to the situations experienced by the members of the FIQ, but also the values associated with them. Therefore, all the representatives on the union team must defend the policy to fight violence and promote it with the members of the FIQ.

Hence, when someone comes to the union office and seems to be experiencing a situation of relational suffering, the representatives are responsible, at first contact, to welcome her, regardless of their role on the union team and refer her to someone on the team who has received the training on the application of the policy to fight violence and has the necessary skills to carry out this duty.

Acting

Awareness-raising, mobilization, dialogue and mediation are the means the FIQ proposes to generate change and strive for healthy relations.

Awareness-raising and mobilization

To establish and maintain healthy relations, healthcare professionals must be made aware that their work environment can be pleasant and that the problems they experience are not incurable. In fact, the FIQ suggests that union teams propose different awareness-raising activities. These opportunities will help to open a dialogue, to break the silence around the phenomena of violence in institutions and to inform members of the different situations that can arise in such cases. These sessions help in taking action, mobilizing and experiencing the transition from powerlessness to power.

Preventing relational suffering at work will be more effective if it is carried out jointly with all stakeholders in the workplace: human resources, other labour organizations, etc. This collaboration is a valuable asset in initiating dialogue with management to convince them to take action on the issue and to deploy the tools and mechanisms to address the problems.

Mediation

In many situations of conflict that cause relational suffering, mediation can be an effective means to reach solutions acceptable to the parties. For the FIQ, the use of mediation, provided for in the *Act respecting labour standards*, is a means to be considered in order to resolve the various situations of relational suffering.

In some circumstances (or at the member's request) the union may suggest bringing the parties together through dialogue. It will propose to the employer adopting and relying on active participation of the parties to find solutions to the problem before it deteriorates into a more serious situation.

"Mediation is a process by which the parties agree to ask a third party, the mediator, to assist them in seeking a solution to their conflict. Mediation is supple and flexible, the parties maintain full control over the process and the final result. The mediator is there to help the parties find solutions to their conflicts themselves and not to impose solutions on them, with everything being private and confidential."[53]

Mediation offers several advantages compared to the classic recourses:

> The mediator is a professional, neutral and trained in this field;

> The process is voluntary and the two parties must agree to participate in mediation;

> The delays may be from a few weeks or even in some cases, a few days;

> Confidentiality is ensured by an agreement signed by the parties;

> The process is governed by a mediation agreement;

> In cases of violence inquiries, the union representatives involved in the mediation procedure must be different from those involved in the violence inquiry;

> Mediation aims to restore relations between the parties;

> Mediation is not about finding a guilty party.

"In mediation, it is not a question of determining which one of the two parties is right, but rather to find a solution that will allow the parties to continue to evolve, to find a solution that satisfies all the parties, in a way that implements a solution where each party has a stake and they come out of the process with what they agree to call a win-win relationship. This is why the mediator sets up a climate that promotes productive exchanges, instead of a confrontational climate. He makes sure that the discussions remain constructive and that they do not escalate the conflict."[54]

Participation in this process is recommended. However, if this turns out to be impossible, if it fails or if there is a recurrence, the union will support the complainant if she decides to use other recourses by helping her to write a complaint or a grievance and assisting her, if need be.

The FIQ and the union inform and assist the complainant and ensure the integrity of the mediation process, in particular by the choice of mediator, the signing of the mediation protocol and confidentiality.

However, it is important to specify that mediation is not for all situations. Hence, the union will guide the person in choosing the best intervention for her.

Other recourses

A complainant may also make a complaint at the Human Rights Commission, turn to the courts directly or use any other recourse.

She can, in cases of physical or sexual assault, death threats, cyberintimidation or assault and battery, make a complaint with the police or make a claim with the indemnisation des victimes d'actes criminels (Compensation for victims of crime) (IVAC).

If she is a victim of on-the-job violence, the worker must report it to the employer and make a claim with the CNESST. She can then receive the benefits set out in the *Act respecting work accidents and occupational diseases* (AIAOD).

Healthy work climate: everyone's responsibility

The workplace is not exempt from the basic rules of courtesy and decency. Whether it is a colleague, an employer or a third party, everyone must ensure a healthy climate that promotes well-being at work is maintained.

Respect

Everyone ensures, through their conduct, that they contribute to a respectful working environment, free from discrimination, harassment or violence, for the well-being of all. The FIQ asks every healthcare professional to promote the values of respect and professionalism with everyone in their entourage and reminds them that they have the right to be treated in an equitable and respectful manner in their workplace.

Be proactive

In a conflict or relational suffering situation, action is suggested rather than remaining passive. In these circumstances, talk to the person with whom the problem has arisen and expressing one's limits can be a first step towards self-assertion and self-respect. If it is impossible to speak directly with this person, a superior, a person of trust, or the employee assistance program (EAP), can be contacted. This advice also applies to witnesses of situations of conflict or violence who have a duty to collaborate and to act to improve the work climate.

Collaboration of the members

It is important to point out the importance of the collaboration of the members of the Federation. In response to the unions' duty of fair representation, the unionized members have a duty to collaborate with their union in the union inquiry. The employee affected by the conflict or the situation of violence cannot remain passive. She must collaborate, but first and foremost, she must inform her union of her needs and answer the latter's questions if necessary.

In case of cross-complaints, two distinct complaint processes with different union representatives for each member should be conducted in tandem.

Before filing a complaint or grievance, the union must collect the necessary information in order to complete an inquiry and determine the most appropriate intervention methods: meeting, mediation, grievance, complaint, etc. If the healthcare professional refuses to cooperate, it might be impossible for the union to collect the necessary information to represent her fairly. The union may then refuse to file a grievance and take it to arbitration.

Conclusion

Implementing a true culture of non-violence in the workplace is a priority for the FIQ. The phenomenon of workplace violence is complex, especially because there is still a strong culture of silence. It is this trend that we want to reverse with the revision of the policy to fight violence.

The union's role is decisive when it comes to assisting healthcare professionals who are victims of violence and identifying and eliminating at the source the different risk factors present in the health and social services network. Interpersonal relationships within the professional framework also represent potential sources of conflict which can get out of control and degenerate into workplace violence. The union's role is also decisive in addressing these conflicts because they are at the heart of labour relations and can insidiously affect all the problems related to work. Therefore, unions, employers and healthcare professionals have a stake in adopting a preventive angle in order not to be stuck with having to react all the time. Moreover, defending members and the compensation process that follows, too often goes downhill because of legal actions that are stressful, paralyzing and a burden on everyone.

Employers have a major responsibility concerning the quality of the relations at work and working conditions. However, good organization of work, joint planning in managing the labour force and important decisions, transparent relations with the employees and unions are effective solutions that make it possible to foster a healthy work climate.

Our approach is intended to be more inclusive at all levels. This represents a step in the right direction to being better equipped for the future and for our members to break the isolation. Society is in a state of flux and in this ever-changing context, it is necessary to adapt our reference tools, such as this policy, on a more regular basis in order to maintain our effectiveness in fighting violence in the healthcare setting.

UNION ASSERTIVENESS AND ACTION

1989	Publication of the Violence against women nurses brochure.
1992	The *FIQ Policy to counter sexual and racial harassment* adopted unanimously. Intersyndicale des femmes brief on workplace violence presented to the Canadian Panel on Violence Against Women.
1994	Publication of the research by the Intersyndicale des femmes *Travailler mais à quel prix*. Dissemination of training sessions for local status of women officers. Publication of the *Towards a General Intervention Guide* which includes an inquiry on all forms of violence.
1996	The *Intervention Guide to Counter all Forms of Violence against Nurses at Work* adopted unanimously and the annual commemoration of December 6 in the healthcare institutions in remembrance of the victims of the massacre at the Polytechnique in 1989.
1997	Publication of an awareness-raising policy intended for the members, *Working in Dignity: Zero tolerance*.
1999	Position taken on December 6, in an Intersyndicale des femmes press conference, on violence-free workplaces.
2001	The Convention unanimously adopts the *General Policy against workplace violence*.
2002	Distribution of the Statement of Principles in all institutions aimed at the employers so they provide a violence-free workplace. Launching of the Working in Dignity: taking action policy. Publication of an information brochure and tools entitled *Workplace safety: taking action*.
2003	Publication of the tools on *Safety of the premises: Evaluation grid and safety of the premises: Follow-up on the exploratory process*
2005	Publication of the *Violence against women* leaflet within the framework of the Convention
2006	The provisions of the *Act respecting labour standards* (2004) regarding psychological harassment introduced into the collective agreement as well as provisions to implement a mechanism for handling complaints of violence by the parties at the local level
2009	Publication of the *For a violence-free workplace, a priority!* and the Antiviolence Internet Kit for healthcare professionals

2011	Following the negotiation of the new collective agreement, employees are no longer forced to choose between a complaint or a grievance when they are victims of workplace violence.
2014	Publication of the *Policy for fighting against violence*.
2018	The delegation adopts the *Policy on the Fair Representation of Women in Positions of Power,* providing greater participation of more women from ethnocultural communities.
2019	The FIQ and FIQP refocus their position on secularism around the principle of protecting the right to work and to better working conditions.
2021	Recognition by the Convention, that systemic racism exists and expression of the will of the FIQ to help eliminate it. Added to the Statement of Principles that the FIQ is an organization that fight against all forms of racism and racial discrimination. Support for Joyce's Principle Decision to create alliances with other stakeholders in civil society to develop solidarity and a common vision of systemic racism and how to address it. Creation of an ad hoc anti-racism committee Intersectionality and Racism Network.
2023	Revision of the *Policy to fight violence*.

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Notes

[1] The acronym FIQ will be used in the text for the Fédération interprofessionnelle de la santé du Québec - FIQ except for the years prior to the change of the Federation's name which was then FIIQ, Fédération des infirmières et infirmiers du Québec.

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[17] "Micro-aggressions are frustrating and disabling for the person targeted and have adverse effects on the mental health of those to whom they are directed."

[18] Example of micro-aggressions: asking a black person if she washes her hair, asking a Muslim woman if she knew her husband before she got married, using the wrong pronouns to refer to a non-binary or trans person, asking who is 'the woman' or 'the man' to someone in a same-sex couple, etc.

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