CANADIAN INITIATIVE on WORKPLACE VIOLENCE

"From Words to Weapons"
Workplace Violence in Canada

March 22, 2016

SAFE WORKPLACES IN HEALTH — SASKATCHEWAN ASSOCIATION FOR

Workplace health and safety: a priority for all.

In my short time...

- The evolution of Workplace Violence
- The "anatomy" of violence
- Prevalence (Health Care)
- Blueprint for prevention
- The barriers & adjustments
- What do we do to seize this moment...

Two Issues: One Problem

- There is a temptation for us to focus only on "external" threats from patients, families and third parties.

- We need to be equally as vigilant regarding less obvious and more insidious threats from within which are under reported.

Violence is broadly defined and originates from a variety of sources

Less Obvious

- Lateral Violence
  - Between employees (nursing)
- The "Disruptive" Physician
  - Verbal abuse
  - Marginalizing other professionals
  - Abusing patients
- Psychological Harm
  - Generalized harassment

Are we more aggressive?

- Do you think that we are more aggressive now, than we were 5, 10, 15 years ago?

- If we are...why?

- Are we becoming more like the U.S.?

Are We More Aggressive?

- Do you think that we are more aggressive now, than we were 5, 10, 15 years ago?
  It has always been an issue

- If we are...why?
  Diminished sense of "personal control"

- Are we becoming more like the U.S.?
  No, the face of violence differs

What are we talking about...

- Continuing disagreement regarding the definition and parameters of violence.
- Two parameters:
  - Is "violence" physical or psychological
  - Who is the perpetrator

Violence Definitions Vary

- **BC** – Physical force by a person other than a worker. (HHSR, s. 4.27)
- **AL** – "...threatened, attempted or actual conduct of a person that causes or is likely to cause physical injury (Code, s. 1)
- **Sask.** – "...attempted, threatened or actual conduct of a person that causes or is likely to cause injury..." (Regs, S. 37) (includes harassment)
- **Man.** - "...attempted or exercise of physical force against a person..." (includes harassment)
- **Ont.** – "...the exercise of physical force by a person against a worker in a workplace..." (includes harassment)
- **Fed.** – "any action, conduct, threat or gesture of a person towards an employee in their workplace that can reasonably be expected to cause harm, injury or illness to that employee"

How Legislation Evolves

- A devastating incident occurs
- Public attention is focused
- "Moral Outrage" followed by a demand for action
- Commonly held assumptions challenged
- Politicians are pressed to enact legislation

The difficulty arises when legislation outpaces our ability to fully understand the issues, particularly matters of "psychological harassment"

Cultural Shift

- We currently live in a "rights" era which is in conflict with the long held belief that "service to others" requires sacrifice.

- Moving away from the historic view that the customer is always "right" and abuse is "part of the job".

Fatality

Lori Dupont, repeatedly harassed by a former partner, who happened to be a doctor in the hospital where she worked. Uninformed that they would be working on the same shift, he later stabbed her .

Growing Pressure to expand the Definition of Violence...

A Review of the Occupational Health and Safety Act to examine the feasibility of including domestic violence, abuse and harassment as matters subject to Ministry of Labour Investigation and Action

Lori Dupont Coroner's Inquest – December 11, 2007

Pierre LeBrun

April 1999, a psychologically harassed employee of OC Transpo who entered his workplace and killed three fellow employees before taking his own life.

Growing Pressure to expand the Definition of Violence...

We recommend that workplace violence be defined, not only as physical violence but also as psychological violence such as: bullying, mobbing, teasing, ridicule or any other act or words that could psychologically hurt or isolate a person in the workplace.

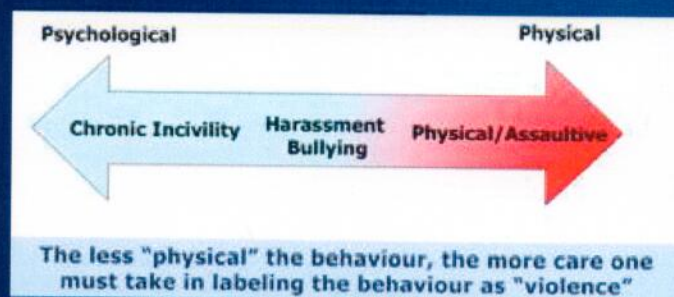(OC Transpo Inquest — Recommendation #7)

A Different Kind of "Accident"

After years of inaction or indifference, we have now arrived at the place where "violence" is viewed as an "accident"

Any event which is injurious to a worker and must be subject to the same rigorous assessment and remediation efforts as any other occupational hazard

Range of Behaviours

A range of behaviours, intended to undermine the integrity, wellbeing and in some cases, the actual safety of the intended victim.

Psychological		Physical
Chronic Incivility	Harassment Bullying	Physical/Assaultive

The less "physical" the behaviour, the more care one must take in labeling the behaviour as "violence"

The Scope of Violence

Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. These behaviors can originate from customers/patients, members of the public and co-workers at any level of the organization. This definition would include all forms of harassment, intimidation, physical threats/assaults and other intrusive behaviors
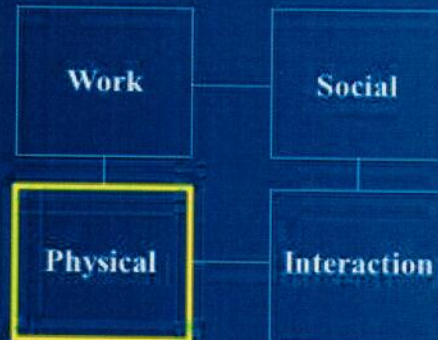
Anatomy of Aggression

- Any number of psychiatric disorders, including dementia (pertinent to long term care, mental health units)
- Substance abuse (alcohol, poly drug, prescriptions)
- Goal directed violence (Weapons)
- Perceived Personal Control
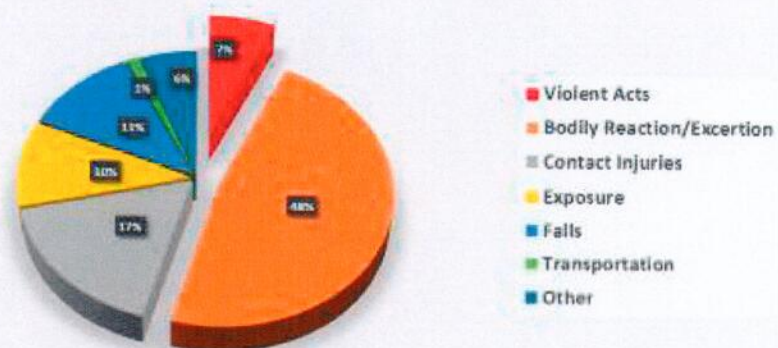
The Concept of "Control"

High Locus Control

Transitory Anxiety

Chronic Lack of Control

Perceived Injustice

Low Locus of Control
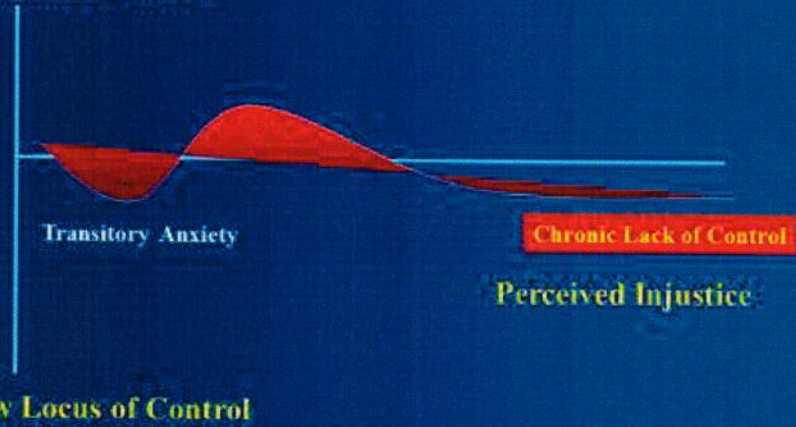
The Importance of Control

Work — Social

Physical — Interaction

Relevance to Health Care

- There is a positive correlation between "stress" and "aggressiveness"
- By virtue of being a patient individuals and their families have little control.
- We are in a "rights" based era.
- Health Care workers have little control.

Injuries
2014- 2015

Legend:
- Violent Acts
- Bodily Reaction/Excertion
- Contact Injuries
- Exposure
- Falls
- Transportation
- Other

January 1, 2010 – Aug. 31, 2015

Violence/Aggression in Healthcare
Occupation of Injured and Cause of Injury

NOTE: Data is for injuries occurring from Jan 1, 2010 to Aug 31, 2015
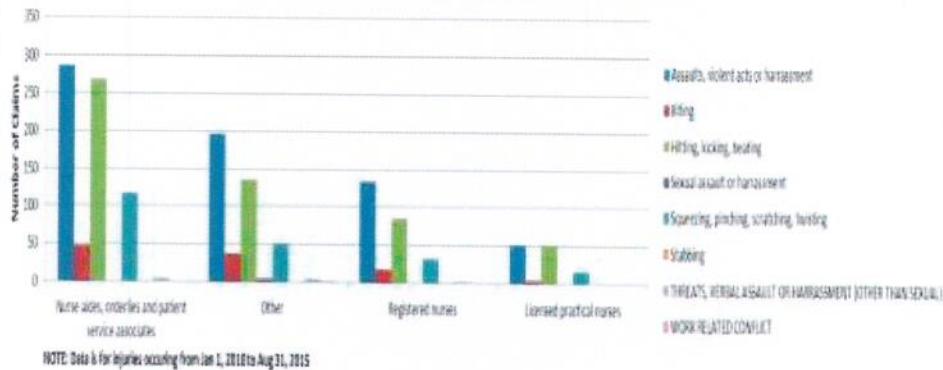
Ontario

- ONT. WSIB 30% of lost time claims (639) occurred in Health Care.
- Violence claims make up 10% of the lost-time injuries in hospitals. (MOL, 2015)
- Workplace violence in the health care sector costs the health care system about $23.8 million annually for hospitals alone. (MOL, 2015)
- The risks to health care workers top the list for both the CCOHS and the ONA.

The Trouble with Data

- Inconsistent data points
- Gap between academia and the workplace
- Definitions vary
- No central point of data collection
- Unsubstantiated claims

The Balance

- The task for every employer, regardless of jurisdiction, is to find that balance between being observant and reactive, while fulfilling their obligation to maintain a safe workplace.

- This applies to threats and abuse which originate from either inside and outside the organization.

A "Shared" Responsibility

A major tenant of occupational health and safety legislation is that responsibility is shared by everyone connected with that workplace — including employers, employees, contractors, owners and suppliers. This is better known as the Internal Responsibility System (IRS). This applies to violence prevention.

Those at Greater Risks

- Emergency Departments
- Mental Health
- Nursing Homes and Long Term Care
- Home and Community Health

The Challenge to Change

- A culture where violence is "part of the job"
- Victim responsibility
- The limits of "customer service"
- Scarce resources
- The tendency to assign blame
- Committing to a uniformity of approach
- Inertia in the face of competing issues

Individual Barriers

A lack of balance between an individual patient's expectations and the right of respectful treatment for the attending health care practitioner.

No one has the right to abuse care givers, regardless of the circumstances.

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Organizational Barriers

- The "part of the job" attitude interferes with staff members' ability to take appropriate preventative measures, or to recognize instances of workplace violence.

- The infrastructure to ensure direct best practice and information sharing between hospitals and other care facilities is still underdeveloped

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System Barriers

- Lack of funding, expertise, tools, time.
- The emergency department as last resort.
- Common language and measurement standards
- Conflicting legislation (Rights, Privacy, etc.)

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Cultural Adjustments

Instill organizational cultures that promote staff wellbeing, trust and openness, prioritize staff safety, and embed accountability.

- Instill a sense of accountability among all stakeholders including government, health care organizations, health care workers, patients, family members, visitors and others in the health care sector.
- Develop respect for the wellbeing of staff as well as patients.
- Encourage a culture of trust and openness.

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Communications Adjustments

Better communications within the health sector and with adjacent sectors including corrections, social services, children and youth services and education.

- Improve the usability and effectiveness of electronic flagging systems.
- Implement visual cues to help workers identify potential risks.
- Host dialogues with other sectors on the topic of workplace violence, using roundtables or other approaches to encourage collaboration.

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Educational Adjustments

Expand the availability and reach of knowledge related to workplace violence in hospitals.

- Develop/enhance crisis intervention and de-escalation techniques.
- Refresh customer service training to include a focus on patient stress management.
- Improve training effectiveness through scenarios, evaluations and consistent refreshers.
- Evaluate would-be "best practices" for effectiveness.
- Create mechanisms to keep workplace violence issues "top of mind", including interactive workshops and regular check-ins or huddles.

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Policy Adjustments

- Address legislation that is incongruent
- Bridge the gap between legislation and implementation (i.e. consulting the frontline during policy development).
- Create measurement and reporting mechanisms to promote ongoing attention to workplace violence.
- Create internal policies on psychological harassment in order to enhance the culture of accountability, respect for wellness, trust and openness.

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Infrastructure Adjustments

- Design and outfit physical spaces in a way that mitigates the risk of workplace violence. Dedicate rooms as behavioural units for unpredictable patients.
- Enhance Information Technology as an important tool in information sharing which needs to include flagging of identified risks.

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Seize the Moment

- Be a student of the issue, not a passive bystander
- Report risks and hazards
- Maintain momentum within your circle of influence (staff/management meetings, Occp. Health Forums, etc.)
- Engage constructively & participate fully
- Hold onto you "Moral Outrage"...I do.