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Violence Prevention Brief

As presented June 6, 2019

*BCNU Submission to the House of Commons of Canada's Standing
Committee on Healthcare*

Introduction

The BC Nurses' Union (BCNU) represents over 47,000 professional nurses and allied healthcare workers across British Columbia, providing care in hospitals, long-term care facilities and in the community. Our mission is to protect and advance the health, social and economic well-being of our members, our profession and our communities.

Over the last several years, BCNU has been sounding the alarm about violence against healthcare workers. Through public ad campaigns, member outreach and lobbying efforts with our provincial government, we have been raising awareness of this important issue, and advocating for systemic change. Our main message: Violence is not part of any nurse's job.

Background & Statistics

What is the prevalence?

Injuries due to violence in healthcare have been *steadily increasing* year over year, despite a general downward trend of all claims¹. Data from 2015 show that an average of 26 nurses suffer a violent injury at work in BC every month²; more recent research shows that the number of violent incidents reported in healthcare workplaces increased by 52% between 2014 and 2018³.

What's more shocking is that these statistics represent only a fraction of the incidents of violence experienced by nurses across Canada. Research shows that up to 80% of assaults against health care professionals are not formally reported, largely because of cumbersome reporting systems & lack of faith that reporting will lead to meaningful change⁴.

When nurses are asked directly about their experiences of violence at work, the results are striking; 46% of BC and Alberta nurses say they experienced physical violence in their last five shifts⁵. Only 27% of nurses surveyed in BC say they always feel safe at work; 40% say they're thinking of leaving the profession because of workplace violence; only 55% say their employers take violence seriously; and 65% think the problem is getting worse⁶

Where does violence happen?

While violence is prevalent in emergency and psychiatric inpatient units, it is not limited to these areas of healthcare⁷. In some medical/surgical units, up to 65% of nurses report physical violence in their last five shifts⁸; nurses working in home care report a similar level of workplace violence⁹. A study conducted by Statistics Canada

¹ WorkSafeBC (2015). 2015 Statistics. Available at <https://www.worksafebc.com/en/resources/about-us/annual-report-statistics/2015-stats?lang=en>

² Ibid.

³ Fraser Health (2019). Violence data report shared at Regional Violence Prevention Committee.

⁴ Nelson, R. (2014). Tackling violence against health care workers. World Report. The Lancet, 19(383): 1373-1374.

⁵ Duncan, S. et al. (2001). Nurses' experience of violence in Alberta and British Columbia hospitals. Canadian Journal of Nursing Research, 2001, 32(4): 57-78.

⁶ BCNU (2017). Member violence survey.

⁷ Whittington, R., et al. (1996). Violence to staff in a general hospital setting. Journal of Advanced Nursing, 24(2).

⁸ Roche, M. et al. (2010). Violence toward nurses, the work environment, and patient outcomes. Journal of Nursing Scholarship, doi: 10.1111/j.1547-5069.2009.01321.x

⁹ Phillips, J.P. (2016). Workplace violence against health care workers in the United States. The New England Journal of Medicine, 374(17), 1661 – 1669.

showed a *higher* incidence of violence in geriatrics, palliative care and critical care as compared to emergency departments¹⁰.

Who are the victims of violence in healthcare?

During the past decade in BC, nurses suffered more than 40% of all injuries as a result of violence in the workplace; security and law enforcement workers followed at 14 percent¹¹. In that same time period, violence against nurses increased at a rate three times higher than violence against Canadian police and correctional officers combined¹².

This is not only an occupational issue, it's a gender issue. The vast majority (92%) of Canadian nurses are women¹³. In contrast, 66% of transit operators and 78% of police officers are men¹⁴. The Criminal Code of Canada makes provisions for special consideration of profession in these male-dominated industries, but nurses are not given the same protection.

Who is perpetrating violence?

Patients have been the primary source of injury for the vast majority of all acts of workplace violence in healthcare¹⁵. The conversation on violence in healthcare often focuses on non-culpable perpetrators; patients experiencing dementia, delirium, and mental health challenges that affect their behaviour in ways they may have difficulty controlling. While these are certainly major contributors to violence in healthcare, it is important to also recognize the subgroup of people who behave violently towards healthcare workers with culpability; one study showed that 11% of assaults in healthcare were perpetrated by visitors¹⁶. Healthcare employers are responsible for providing safe workplaces for their staff; this requires employing violence strategies that address both culpable and non-culpable violence.

Why is this happening?

Local and international researchers have identified a number of contributing factors to violence against nurses, including inadequate staffing, heavy workloads, lack of security or poorly trained security personnel, and problems with the physical environment such as building design, dark parking lots, lack of alarms, and lack of protective barriers^{17,18,19,20,21}.

¹⁰ Shields, M. & Wilkins, K. (2009). Factors related to on-the-job abuse of nurses by patients. *Statistics Canada Health Reports* 20(2): 7 – 18.

¹¹ WorkSafeBC (2015). 2015 Statistics. Available at <https://www.worksafebc.com/en/resources/about-us/annual-report-statistics/2015-stats?lang=en>

¹² Canadian Federation of Nurses (2017). Enough is enough: Putting a stop to violence in the health care sector. Available at https://nursesunions.ca/wp-content/uploads/2017/05/CFNU_Enough-is-Enough_June1_FINALlow.pdf

¹³ Ibid.

¹⁴ Statistics Canada (2011). National household survey: Data tables. Available at <https://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/dt-td/Dir-eng.cfm>

¹⁵ WorkSafeBC (2015). 2015 Statistics. Available at <https://www.worksafebc.com/en/resources/about-us/annual-report-statistics/2015-stats?lang=en>.

¹⁶ Phillips, J.P. (2016). Workplace violence against health care workers in the United States. *The New England Journal of Medicine*, 374(17), 1661 – 1669.

¹⁷ Shields, M. & Wilkins, K. (2009). Factors related to on-the-job abuse of nurses by patients. *Statistics Canada Health Reports* 20(2): 7 – 18.

¹⁸ Brophy, J.T. et al (2018). Assaulted and unheard: Violence against healthcare staff. *Scientific Solutions*, 0(0): 1-26.

¹⁹ Ibid..

²⁰ International Council of Nurses (2007). Guidelines on coping with violence in the workplace. Available at https://static1.squarespace.com/static/579770cd197aea84455d6908/t/57d86302d1758e16f4e0f072/1473798914990/guideline_violence.pdf

Also contributing to the problem is the cultural notion that violence is 'part of the job'²². It is essential that violence prevention at the federal, provincial and local levels include efforts to shift this culture.

What can we do about it? Proposed Solutions

In 2017, BCNU surveyed over 2,000 nurses about their experiences of violence at work. Respondents offered a number of solutions that would help them to feel safer in their workplaces, including:

- Adequate staffing levels, matched to the needs of the patient population
- Personal alarms that work, and easily accessible fixed alarms
- High-quality security personnel available 24/7
- Having a meaningful role for front-line workers in prevention planning
- Enforcement of zero-tolerance violence policies
- Strategies to reduce overcrowding and hallway nursing

The Canadian Federation of Nurses Unions (CFNU) has provided this committee with a list of recommendations. BCNU wholeheartedly endorses these recommendations, and challenges government to take them one step further, as outlined below.

CFNU Recommendation: National minimum security training standards for health care environments need to be legislated, and protocols for responding to, and investigating, workplace violence incidents, when they do occur, need to be established.

BCNU supports this recommendation. In addition, we are calling for nationwide communications improvements.

BCNU Recommendation: BCNU calls for national guidelines for communicating risk of violence in healthcare settings, including policies for applying, reassessing and communicating alerts and associated care plans.

Too often, patients with a history of violence towards healthcare workers are not identified, leaving nurses and other staff vulnerable to preventable injuries. Nationally standardized protocols would provide needed direction within and between provinces and territories, and help keep healthcare workers safer across the country.

CFNU Recommendation: That HESA offer its support for Bill C-434.

BCNU supports this recommendation. Section 269.01(1) of the Criminal Code of Canada requires the court to consider the profession of transit operators as an aggravating circumstance in sentencing offenders. Section 718.02 of the Code states that in sentencing for assaults on peace officers, "the court shall give primary consideration to the objectives of denunciation and deterrence of the conduct that forms the basis of the offence"²³. Like police and correctional officers, nurses also serve the public and are at high risk for workplace violence. The principles of denunciation and deterrence should apply in sentencing when nurses are assaulted at work. This will make a clear statement that violence against nurses is a serious crime

There is widespread support for this kind of legislative change, both in the public sphere, and among legislators. Public polling shows that 84% of British Columbians support tougher sentences for criminal assaults against

²¹ Wang, S. (2008). A review and evaluation of workplace violence prevention programs in the health sector. Nursing Health Services Research Unit, available at <https://pdfs.semanticscholar.org/7733/f6e7d378ae23690372cde9b8c69484d275de.pdf>

²² Canadian Centre for Occupational Health & Safety (2015). Violence against health care workers: It's not 'part of the job'. CCOHS Health and Safety Report, 13(9): 1-4.

²³ Criminal Code of Canada, RSC 1985.

healthcare workers²⁴. In 2017, BCNU collected signatures from 165 sitting MLAs and MLA hopefuls in support of this amendment to the Criminal Code. Though this change must occur at the federal level, this shows significant support from provincial legislators in BC.

It is important to emphasize that this change would *only* be applicable to people found criminally responsible for assault; the intent is not to criminalize behaviour that is unintentional, or directly due to medical circumstance (i.e. dementia, mental health), but to recognize the vulnerability of people working in direct patient care, and to therefore hold culpable assailants accountable to a higher standard.

CFNU Recommendation: Federal funding needs to be targeted towards CIHI's collecting and reporting on health care facility-level workplace violence-related data.

BCNU supports this recommendation. Routine collection of data at the national level will help to inform and evaluate progress on this important issue, and will have the added benefit of standardizing reporting processes across and within provinces. It may also help to alleviate some of the difficulties previously discussed on underreporting of violence in healthcare.

CFNU Recommendation: Targeted federal funding is needed to enhance protections for health care workers through violence-prevention infrastructure and programs, with labour included as an essential partner.

BCNU supports this recommendation. Our survey results show that nurses feel safer when they are meaningfully engaged in violence prevention; including employees and their union representatives is a necessary element.

CFNU Recommendation: A comprehensive study into health human resources planning

While BCNU supports the spirit of this recommendation, we call for stronger language and immediate action. We know that Canada is experiencing a nursing shortage, and that the shortage is likely to get worse as the baby boomers retire^{25,26}.

BCNU Recommendation: BCNU calls for immediate targeted funding for additional nursing seats in each province, as well as funding to hire the resulting additional graduates into new positions.

²⁴ Mustel Group (2017). BC public and nurse polling on violence in healthcare.

²⁵ Bourgeault, I.L. et al (2009). Creating strategic change in Canadian healthcare: Conference white paper working drafts. Available at https://smith.queensu.ca/centres/monieson/knowledge_articles/2014-WhitePaper-Bourgeault.pdf.

²⁶ Berry, L., & Curry, P. (2012). Nursing workload and patient care. Ottawa: Canadian Federation of Nurses Unions. Available at https://nursesunions.ca/wp-content/uploads/2017/07/cfnu_workload_printed_version_pdf.pdf.