

Violence against health-care workers: the picture in Canada¹

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In 2016, the Ontario Council of Hospital Unions (OCHU; of the Canadian Union of Public Employees, CUPE) carried out a survey among health-care workers in North Bay, Ontario, Canada, about violence on the job. Most of the respondents were registered practical nurses (RPNs) or personal support workers (PSWs), and most were women. Their responses described some alarming experiences: *‘Very quickly, the patient bolted to his feet with his hand and arm cocked, ran across the room and hit me in the nose and under the eye. I immediately fell backwards. I started to bleed, profusely, from my nose. I couldn’t breathe. I started to panic.’*

‘I’ve had my arm twisted ... and after telling the patient, “you’re hurting me, you’re hurting me” they let go; then they reach up with their other arm to grab my neck.’²

The majority of those surveyed said they had been subject to at least one incident of violence that year alone and many had experienced nine or more incidents. Furthermore, ‘86 per cent of the nurses and PSWs polled experienced incidents of physical violence such as pushing, hitting or having things thrown at them in the last year’ (OCHU 2016).

The situation of carers in Canada subjected to violence during work is very worrying. In this chapter we shall look at three main points that will enable us to understand this phenomenon better and how to curb it: the situation at present, the current legislative framework and what action should be taken.

Not just ‘part of the job’

This survey supports the evidence that the health and wellbeing of those who devote themselves to looking after the health of others seems to be increasingly at risk from angry, frustrated, or out-of-control patients. Every single one of the 150 RPNs from across Ontario attending a conference on violence in Kingston in January 2016 reported that they had been assaulted at work. A survey of paramedics in Ontario and Nova Scotia found that 75 per cent had experienced violence in the previous year, 67 per cent had been verbally assaulted and 26 per cent had been subjected to physical assault (Bigham *et al.*

1. Adapted from a fact sheet produced by the Ontario Council of Hospital Unions (OCHU) of the Canadian Union of Public Employees (CUPE).

2. Quotations taken from the survey responses are presented in italics throughout the text.

2014). In recent years, a number of nurses in Ontario suffered serious injuries from patient attacks. In one case several nurses were repeatedly punched in the head, with one losing consciousness after being thrown against a wall. In another, a nurse was beaten unconscious with a lead pipe (Denise 2015).

Studies of nurses and personal support workers find disturbing rates of violence, with nurses even being subjected to more acts of violence than police officers or prison guards (Kingma 2001). Fewer studies have explored violence experienced by workers in other health-care occupations, but clearly anyone who is dealing with patients and other members of the public are at risk.

'I go to work every day knowing that I will be abused, either verbally or physically that day. So, every day I prepare myself for that. And I shouldn't have to... Nobody should have to go into work knowing that they are going to possibly be assaulted one way or another in the workplace.'

'It's underreported because we chalk it up as just something that's part of the job.'

The acceptance of violence in health-care settings, in all its forms and degrees of severity, as being 'part of the job' is arguably rooted in cultural, economic and political dynamics (Naylor 2012). Somehow, we, and the society around us, have come to see it as 'normal' or as 'unavoidable'.

'We help people. We are there for them in their last days. We keep them pain free as much as we can. That's the nursing that I went into. Not what we're doing now. Not being police, not being security. Not rolling around on the floor in fights with patients.'

A chronic and widespread problem

Violence in health care is not just a Canadian problem. According to a recent study carried out in the United States, 'Health-care workplace violence is an underreported, ubiquitous, and persistent problem that has been tolerated and largely ignored' (Phillips 2016). Health-care workers were found to require time off work due to violence four times more often than due to other types of injury. The study also identified that the most frequent victims were nurses and nursing aides. Caregivers in emergency departments, psychiatric units and dementia units were found to be particularly at risk.

Studies that focused on violence in health care in Europe, meanwhile, found that the incidence is greater in some countries than in others. A project called NEXT³ that explored the reasons behind nurses' premature departure from their profession found that 'exposure to frequent violent events was highest

3. 'Nurses' Early Exit' study, premature departure from the nursing profession in Europe is a European project lead in 2000 by the University of Twente (Netherlands) and founded by the European Commission.

amongst nurses from France (39 per cent), the United Kingdom (29 per cent), and Germany (28 per cent). In Norway (9 per cent) and the Netherlands (10 per cent), nurses were less exposed to frequent violent events (European Agency for Safety and Health at Work 2010).

When it comes to the protection of health-care workers, however, Canadian jurisdictions have nothing to be proud of. A study of violence in long-term care facilities found that Canadian health-care workers experience six times more incidents of physical violence than their counterparts in Scandinavian countries (Banerjee *et al.* 2012). The authors of the study asserted that Canadian workers were experiencing ‘structural violence’, which they blame on ‘systemic and organisational factors’ such as poor working conditions and lack of adequate support.

But how exactly do we define workplace violence? According to the Canadian Centre for Occupational Health and Safety:

‘It is any act in which a person is abused, threatened, intimidated or assaulted in his or her employment. Workplace violence includes:

- Threatening behaviour – such as shaking fists, destroying property or throwing objects;
- Verbal or written threats – any expression of an intent to inflict harm;
- Harassment – any behaviour that demeans, embarrasses, humiliates, annoys, alarms or verbally abuses a person and that is known or would be expected to be unwelcome. This includes words, gestures, intimidation, bullying, or other inappropriate activities;
- Verbal abuse – swearing, insults or condescending language;
- Physical attacks – hitting, shoving, pushing or kicking.’ (CCOHS 2014)

The European Agency for Safety and Health at Work states that there is no uniform definition for workplace violence. However, it is generally agreed that ‘[v]iolence is a generic term that covers all kinds of abuse’, including ‘homicide, assault, threats, mobbing and bullying; in effect, all behaviour that humiliates degrades or damages a person’s well-being, value and dignity.’ (European Agency for Safety and Health at Work 2010 : 9).

‘I’ve seen my co-workers, and myself, be ripped apart verbally. I’ve been called awful ... names over something so small as not getting someone a hot blanket for the bed or the coffee being cold or not getting rid of someone’s old water when I brought them new ice water.’

Workplace compensation statistics grossly underestimate the actual number of cases because many threats or acts of violence against health-care workers go unreported. This underreporting is partly a result of the long-standing culture of acceptance and partly because the victims (the health-care workers) fear retribution from their employers or even the patients.

‘Everybody has a right to speak up and to voice their concerns. And it’s just a

shame that we're made to feel that if you speak up, they're going to put an X on your back, and they're going to target you.'

'We don't report a lot of things that happen to us because we fear we'll just get told we did something wrong, or we didn't deal with the situation appropriately.'

Understaffing has increased frustration among patients and their families, rendering health-care workers more vulnerable to attack.

'A lot of those frustrations could be avoided if we had staff to meet needs in a timely manner ... we'd have more face time with the patients, to establish that rapport, to build that relationship with them.'

Health-care workers report that sick workers are not replaced and that they often find themselves short of the required number of personnel.

'Even if you're sick, sometimes you come in because you know you're not being replaced. And the employer plays on that. They know that. They know we're there for each other. So, if somebody's got the flu, if somebody's not feeling their best – you know what? They'll come in if they have to because they know they aren't going to be replaced.'

Legal rights

Canadian law, as is the case in most jurisdictions, has legislation in place to protect health-care workers from violence at work. Public attention was galvanised on this issue in 2005 when a hospital nurse in Windsor, Ontario, named Lori Dupont, was murdered on the job by a doctor with whom she had had a previous relationship. She had reported to her employer that she was afraid of him but was largely ignored. This tragic case resulted in demands for improvement to Ontario's Occupational Health and Safety Act (OSHA). The act now requires that employers carry out assessments to check for incidences of workplace violence at least once a year and that they prepare and maintain policies and programmes for preventing violence and harassment.

Nevertheless, there are still real limitations to health-care workers' rights under existing laws, especially when it comes to violence. Ontario legislation (OHSA Section 25.2(h)) states that, 'the employer must take every precaution reasonable in the circumstances for the protection of the worker'. Unfortunately, this clause is open to interpretation and does not directly address the issue of violence. Furthermore, health-care workers have only a very limited right to refuse work they deem to be unsafe.

Better legal protection

Under Canada's Criminal Code, Section 270, assaulting a police officer could result in a penalty ranging from six months to five years in prison and a \$5,000 fine. However, there is no equivalent penalty for assaulting a health-care worker on the job. The protections provided under the health and safety act are not enough. Most attacks on health-care workers should be seen for what they really are: *criminal acts*.

There are precedents to be found in the United States. Health-care workers in New York State, for example, are protected under criminal law. In 2010, it became a felony to assault a nurse on the job – a protection already given to emergency responders. In January 2016, the law was expanded to include *any* health-care personnel providing direct patient care (Sherwood 2015). Many states have enacted similar laws. The issue of whether the mental competency of the perpetrator of violence precludes criminal intent is decided by the justice system.

'It can be pretty scary sometimes. I have gone to codes [code whites, i.e. violence alerts] where patients have had weapons ... I know we have called police in the past to help with those situations, but I know the police have been told they are not to touch the patients unless someone is actively charging the patient.'

What needs to be done?

Violence permeates all aspects of our society. Violence against women remains a widespread social problem, resulting in injury, death, emotional trauma and insecurity. In Canada, most health-care workers are women. Whether because of the gender makeup of the workforce or the ubiquity of violence against women in our culture, workplace violence is a significant problem for women working in health care. The International Council of Nurses reported that 'nurses are the health-care workers most at risk, with female nurses considered the most vulnerable' (ICN 2004). That is not to say, of course, that workplace violence is limited to attacks on women. Health-care workers of all genders can be, and have been, victims of violence in all its forms and degrees.

As we know from comparative studies of other countries, strategies can be employed to reduce or eliminate the threat of violence, within the culture at large and within health care. On an institutional level, there are some straightforward and practical solutions that could help to prevent violence in health care. It seems, though, that limited health-care funding has made some employers resistant to spending money on adequate staffing, alarm systems, video monitoring and security.

'The more patients you're working with, the more at risk everybody else is of making an error or being injured. The security presence as well is lacking up where we work ... after you've had to restrain a patient and be physical with

them it makes it harder to work with them. It puts you at risk for further incidents with those individuals ... I think there needs to be a lot of focus and education on staff safety, and letting the staff know that they are supported, that that they can talk to management about it.'

Health-care workers throughout the world should take heed of the recommendation made by the OCHU and the CUPE, which strongly encourages health-care workers to stand up for their rights.

Here are a few key actions they recommend to their members:

- If you experience violence, REPORT it. Report to your employer and your union all cases of violence or harassment as they are defined under the health and safety act. Make sure your joint health and safety committee is informed;
- Demand that your employer follow – to the letter and beyond – all the requirements introduced under recent legislative changes. Demand such safeguards as personal monitors, alarms, and adequate and consistent identification of potentially violent patients;
- Demand adequate staffing to deal with the workload and particular demands of the job. Staffing might include trained security personnel where needed who have the power to intervene. You should never be alone with someone who has been identified as posing a risk unless adequate safeguards have been implemented;
- Share your stories of violence with your union and let them share your stories with the public, with administrators, and with regulators. The broader community needs to know what is happening;
- Demand that acts of violence against health-care workers be considered criminal;
- And demand 'whistle-blower' protection for workers with the courage to speak out about these shameful affairs.

Violence in health care must not remain a dirty little secret. The health of health-care workers is a barometer of the health of the health-care system. By safeguarding health-care workers, on a province wide as well as national and international level, we can not only contribute to their wellbeing, but also help to improve our precious health-care systems for everyone.

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