



Violence in Health Care

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The following article is reprinted from the WorkSafe BC WorkSafe Magazine. HSA is actively involved in the provincial anti-violence committee, and is a partner in an anti-violence awareness campaign launched in Campbell River to reach communities in the Vancouver Island Health Authority region.

By Helena Bryan

Partnership working to protect nurses and other health care workers

If you've visited an emergency room, acute care, or long-term care facility in B.C. recently you may have noticed some new signs: -Violence, foul language and abusive behaviours are not acceptable," they read. - Verbal threats or acts of violence will not be tolerated and may result in removal from this facility and/ or prosecution."

The words are forceful and reflect a disturbing fact of working in the health care sector: at no other job are employees more likely to be verbally abused, bitten, scratched, or bruised. These are among the more mundane attacks that health care workers can face every day. There are also the incidents that make headlines: a nurse stabbed at New Westminster's Royal Columbian Hospital; and an elderly volunteer at Campbell River Hospital who died following an assault by a patient.

An issue too long ignored

Working in an environment where such acts of violence occur contributes to the stress and burnout plaguing this sector. -Exposure to violence is the number one issue leading to burnout," says Mike Sagar, health care industry specialist at WorkSafeBC. -When people start questioning their safety at work and don't get the post-incident support, morale is bound to drop. There's a psychological and emotional aspect to this issue too. Physical wounds can heal quickly, but the psychological scars can take years."

And an industry already suffering significant labour shortages can ill afford to ignore this issue, says Margaret Dhillon, a nurse and spokesperson for the BC Nurses Union. -There are more days lost to violence in this sector than in any other. And the incidence of violence is on the rise."

Indeed, from 2003 to 2007, the number of claims due to violence and force (a subjective term referring to an -unintentional" act of violence not directed at an individual) rose by almost 40 percent (see the sidebar -Vital statistics").

A new era of cooperation, collaboration

It's a situation requiring urgent measures. Which is why a little more than a year ago B.C.'s six health care authorities, the five unions representing health care employers, WorkSafeBC, employer associations, and occupational health and safety groups formed a provincial Violence Prevention Committee.

-We've had bipartite committees on this issue before," says Dhillon, -but this committee is unique in its breadth. It means all the stakeholders are on the same page."

Sagar agrees. -The level of interaction and discussion is unprecedented and the steps taken so far are very promising."

Changing the culture

The signage is just one part of a comprehensive strategy that seeks first to raise awareness of the scale of the

issue, then to either prevent or mitigate the risks of violence so health care workers feel supported and protected on the job.

As part of the awareness initiative, a sophisticated social marketing campaign that includes TV and newspaper advertising and mall displays was rolled out in Campbell River in October. A survey in early 2009 will gauge its success. If it proves effective, it will expand province-wide.

Sagar says raising awareness is the first step to changing a culture that assumes these abuses are part of a health care workers job and that they should simply put up with it. Health care worker Holly Anderson agrees.

-We tend to slough off this stuff and as a group we've traditionally dealt with it by not dealing with it," says Anderson, a maternity ward nurse at Campbell River Hospital. During her 29 years of nursing she's been bitten, had her hair pulled, and her neck scratched. -These weren't accidents; they were acts of aggression by my patients," she insists. -And what really upset me was that I got no support afterwards."

The good news, says Anderson, is that a new generation of health care workers is more assertive when it comes to safety and wellness. -They're being taught that you don't have to take it."

Preventing, mitigating the risks

The second part of the Violence Committees strategy is to develop evidence-based best practices to prevent or mitigate the risks of violence. An environmental scan identifying existing programs and a document titled Elements of a Best-Practice Violence Prevention Program have already been completed.

Risk-assessment tools are being developed and will be tested in February during stakeholder workshops. The next step, developing tools to control the risks, is the most important step from an employers perspective, says Frances Kersteins, who represents the Health Employers Association on the committee.

-It doesn't help to know where the risks are if you don't know how to eliminate or mitigate them," Kersteins says. -What is the evidence for what works to prevent or mitigate risk on the front lines in a way that is sustainable resource-wise?"

Answering that question will be a priority, and a significant challenge, for committee members for the next several months. What makes the issue of violence in health care so challenging is its complexity says Dhillon. The roots of the violence are deep-seated and diverse, requiring more than a one-size-fits-all solution she points out.

Diverse causes, distinct solutions

Kersteins agrees. To start, she says, there's a clinical reason for some of the violence. -Someone with dementia or a mental health issue who lashes out does so for different reasons than someone who turns up at the ER drunk. One is a criminal act; the other isn't."

-The long-term care nurses get roughed up on a regular basis," says Anderson, who notes that systemic issues related to bed shortages can compound the challenges of working with these patients. -When there are not enough beds for dementia patients in long-term care, they have been placed in acute care with limited controls. It increases the risks for nurses and it's also unfair for the patients."

Delays in receiving health care can put stress on patients and their families, says Dhillon, increasing their likelihood of becoming verbally or physically abusive.

Dhillon points to other facts that may also play a role in the increasing violence: a decrease in respect for workers in health care; and a general de-sensitization to violence. She also notes growing gang violence in the province - an issue that starts in the streets but can end in emergency rooms with health care workers caught in the conflict.

In spite of the challenges, committee members are optimistic that solutions will be found. After all, they've taken the first crucial step by putting aside their differences and engaging in meaningful dialogue.

Vital statistics

From 2003 to 2007, the number of health care sector claims due to unintentional and intentional violence rose by almost 40 percent:

Year:	# of Claims
2003	680
2004	535
2005	618
2006	717
2007	927
Total cost:	\$24,219,848

Source: WorkSafeBC Statistical Services, May 2008

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