Canadian Union of Public Employees

Submission to the House of Commons Standing Committee on Health, on Violence Faced by Health Care Workers in Hospitals, Long-term Care Facilities, and Home Care Settings

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The Canadian Union of Public Employees

The Canadian Union of Public Employees (CUPE) is Canada's largest union with 680,000 members across the country, in every province. CUPE represents workers in health care, emergency services, education, early learning and child care, municipalities, social services, libraries, utilities, transportation, airlines, and more. Our 158,000 health care members work in hospitals, public health, residential/long-term care, community health, home care, and at Canadian Blood Services.

Workplace violence in health care

Workplace violence is a serious everyday health and safety issue for health care workers in hospitals, long-term care, and home care, including CUPE members. In 2016, there were 2,688 lost time claims resulting from assaults, violent acts, and harassment among Canadian health care workers. In 2017, the number rose to 2,906. Lost time claims due to workplace violence in health care outnumber those in all other sectors.[1]

An Ontario study involving a range of health care professionals found that "violence is experienced as a pervasive and ongoing problem throughout the health care system."[2] Some workers reported violence as an everyday occurrence. Another Ontario study examining violence against long-term care staff, found that most workers experienced violence on a regular basis.[3]

The Canadian Institute for Health Information found that 30 per cent of nurses in hospitals, 50 per cent of nurses in long-term care facilities, and 9 per cent of nurses in community health settings reported being physically assaulted by a patient. Compared with registered nurses (25 per cent), higher proportions of licensed practical nurses (40 per cent) and registered practical nurses (38 per cent) reported patient assault.[4]

"Health care workplace violence is an underreported, ubiquitous, and persistent problem that has been tolerated and largely ignored."[5] Therefore, the daily reality for health care workers may be worse than the above findings suggest. Many incidents involving violence go unreported, even at facilities with formal incident reporting systems, because there's no reporting policy. Workers also feel that reporting incidents will have no effect and they fear retaliation from their employer.

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[1] Association of Workers' Compensation Boards of Canada, "National Work Injury, Disease and Fatality Statistics," 2015-2017, http://awcbc.org/wp-content/uploads/2018/03/National-Work-Injury-Disease-and-Fatality-Statistics-Publication-2015-2017.pdf.

[2] James T. Brophy, Margaret M. Keith, and Michael Hurley, "Assaulted and Unheard: Violence Against Healthcare Staff," *New Solutions: A Journal of Environmental and Occupational Health Policy* 27, no. 4 (2017): 581-606.

[3] James Brophy, Margaret Keith, and Michael Hurley, "Breaking Point: Violence Against Long-Term Care Staff," *New Solutions: A Journal of Environmental and Occupational Health Policy* 29, no. 1 (March 2019): 10-35.

[4] Canadian Institute for Health Information, "Findings from the 2005 National Survey of the Work and Health of Nurses," 2006, https://secure.cihi.ca/free_products/NHSRep06_ENG.pdf.

[5] James P. Phillips, "Workplace Violence Against Health Care Workers in the United States," *New England Journal of Medicine* 374, no. 17 (2016): 1661-69.

Underreporting also occurs because health care workers recognize that a lot of injuries caused by patients with medical conditions that increase aggression are unintentional, so they accept them as routine or unavoidable.[6] They also fear that reporting violent behaviour will have negative consequences for patients and unfairly stigmatize them. Others have simply come to accept workplace violence as "part of the job."[7]

Women make up the majority of health care workers. The risk of violence and sexual harassment is therefore higher for women and "it can be extremely high for women who are especially vulnerable such as those in precarious, low-paid, low-status jobs."[8] Many women feel they are blamed when they are assaulted in the workplace. The normalization of workplace violence and the blaming of victims is characteristic of violence against women in other structural settings.[9]

Workplace violence comes at a high cost – to workers, patients, and health care services. Safety at work is essential for staff and contributes to providing the highest possible standard of care. Staff should expect to work in, and patients should expect to be treated in, settings where the risk of violence is minimized.

Factors contributing to the risk of violence in health care

Violence doesn't "just happen." It's not "part of the job." Rather, it's a workplace hazard with specific causes. By better understanding the root causes of violence in health care settings, we can more effectively prevent violence and protect health care workers.

Many factors contribute to the risk of violence in health care. Common factors include:

1) Personal characteristics

- Working with people who have a history of violence or who may be experiencing the effects of substance use.
- Working with people who may bring weapons or other dangerous items into the workplace.
- Clinical risk factors such as severe pain, cognitive impairment, and mental health/behavioural issues.
- Distraught, frustrated, and traumatized families and patients.
- Lack of respect for health care staff and discriminatory attitudes towards women, sexual minorities, and racialized and immigrant workers.
- High acuity levels of residents in long-term care.

[6] This includes patients with mental health/behavioural issues, cognitive impairments (e.g., dementia), and head injuries.
[7] Occupational Safety and Health Administration," Workplace Violence in Healthcare," https://www.osha.gov/Publications/OSHA3826.pdf.
[8] Vittorio di Martino, "Relationship Between Work Stress and Workplace Violence in the Health Sector," 2003, https://www.who.int/violence_injury_prevention/violence/interpersonal/WVstresspaper.pdf.
[9] Brophy et al., "Assaulted and Unheard."

2) Environmental factors

- Poorly designed work stations/patient areas and inadequate lighting.
- Building features such as unsecured accesses and egresses, insufficient heating or cooling, and high noise levels.
- Placement of patients in inappropriate facilities where proper resources have not been provided for the level of care required, or staff have not been provided adequate (or any) training.
- Working in a neighbourhood where there is a high level of criminal activity.

3) Workplace policies and procedures

- Lifting, moving, and transporting patients.
- Potentially violent patients are not identified to workers.
- Decreased use of antipsychotic drugs without a concurrent increase in staffing and other resources to deal with aggressive behaviours.
- Lack of emergency communication tools, including personal security alarms.
- Inadequate/inconsistent responses from employers/supervisors following violent incidents.
- Policies that reflect an organizational attitude that violence is "part of the job".
- Employers/supervisors who are dismissive of or unsupportive towards victims of violence.
- Institutional departure from patient-centered care to a focus on producing efficiencies.

4) Staffing and service delivery issues

- Inadequate funding for staffing, training, and other resources.
- Understaffing/working short, working alone, excessive workload, and high staff turnover.
- Inadequate hours of resident care per day/staffing ratios.
- Underreporting of incidents involving violence.
- Perceptions that violence is tolerated and reporting incidents will have no effect.
- Cuts to 1:1 care and therapeutic programs for mental health patients and long-term care residents.
- Long wait times and overcrowded waiting rooms.
- Lack of trained security staff.

CUPE's recommendations

Health care workers take care of us at our most vulnerable. In turn, employers and governments have a responsibility to take care of them. There are lots of opportunities to improve practices to reduce violence in health care and mitigate harm. These outcomes are best achieved through harmonized legislation and targeted funding. Funding and regulatory improvements will help to change the culture to one where we no longer accept violence against heath care workers.

The federal government can help prevent violence by providing new, *targeted* funding to the provinces and territories as part of the Canada Health Transfer (CHT), so employers can:

1) Increase staffing levels, replace workers who call in sick, and ensure no one works alone;
2) Expand health care services so patients can be immediately placed in appropriate facilities;
3) Provide comprehensive in-person training for all staff to better equip them to recognize signs of or conditions that might lead to violence, as well as training on how workers can de-escalate violence and protect themselves if attacked;
4) Provide frontline workers with personal alarms and ensure that other stationary alarms are available and functional;
5) Provide support for workers who have been injured and/or traumatized, such as counselling services, and allow adequate time away from work with full pay to recover from an incident;
6) Provide province-wide access to chart information to inform staff of previous behaviours in patients who have transferred between care facilities;
7) Increase the provision of 1:1 care;
8) Provide therapeutic programs to reduce patient stress, fear, frustration, boredom, and anger;
9) Redesign work environments to eliminate danger zones, improve patient supervision, provide safe rooms and egresses, and install protective barriers;
10) Enforce zero tolerance policies for violence;
11) Increase security personnel with high levels of training and the capacity to intervene with violent individuals.

The federal government can also commit funding to a national campaign promoting respect for health care workers. Public education will bring awareness of this issue to the forefront and counteract the perception that violence is a normal part of the job.

The federal government can also take the lead in health and safety by working with their Canadian Association of Administrators of Labour Legislation (CAALL) health and safety partners, to harmonize legislation across Canada to help prevent violence including:

1) Providing worker compensation for injuries and recognizing posttraumatic stress disorder, cumulative stress, and other mental health injuries related to workplace violence;
2) Requiring mandatory reporting to the provincial government of all incidents of violence resulting in injury or near injury;
3) Enacting “whistle blower” protections for workers who speak publicly about violence;
4) Supporting Bill C-434, *An Act to Amend the Criminal Code (Assault Against a Health Care Sector Worker);*
5) Posting emergency department wait times to prepare patients for delays;
6) Introducing a national standard of 4.1 hours of direct hands-on care per resident per day in long-term care facilities.

Workplace violence in health care is a serious, multi-faceted problem that affects workers, their colleagues, and patient care. Resolving the issues that lead to violence in the workplace may be difficult, but it’s time for the federal government to actively engage with this national issue. Continuing to accept violence as “part of the job” is unsustainable.

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