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A joint initiative of

WorkSafe VICTORIA   TAC TRANSPORT ACCIDENT COMMISSION   MONASH University

Understanding and preventing occupational violence in healthcare

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Overview

- Background

- Prevalence and nature of occupational violence

- Occupational violence in health care – what we know

- Contributing factors

- Effective interventions

  - Administrative and behavioral interventions

  - Environmental interventions

  - Policy interventions

- Public awareness

- Multi-jurisdictional actions to address occupational violence in health care

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Nature of Occupational Violence

- Work-related violence covers a broad range of actions and behaviours that can create a risk to the health and safety of employees - "*incidents in which a person is abused, threatened or assaulted in circumstances relating to their work*"

- Types
  - I: Criminal intent (e.g., robbery)
  - II. Perpetrator is a customer receiving services from the organisation (e.g., patient, visitor)
  - III: Perpetrator is employed by the establishment (e.g.,worker assaults co-worker)
  - IV: Perpetrator has a personal relationship with an employee (e.g., domestic violence spills into the workplace)

- Potential impacts
  - Major and minor physical injury, psychological harm, temporary or permanent physical disability and death

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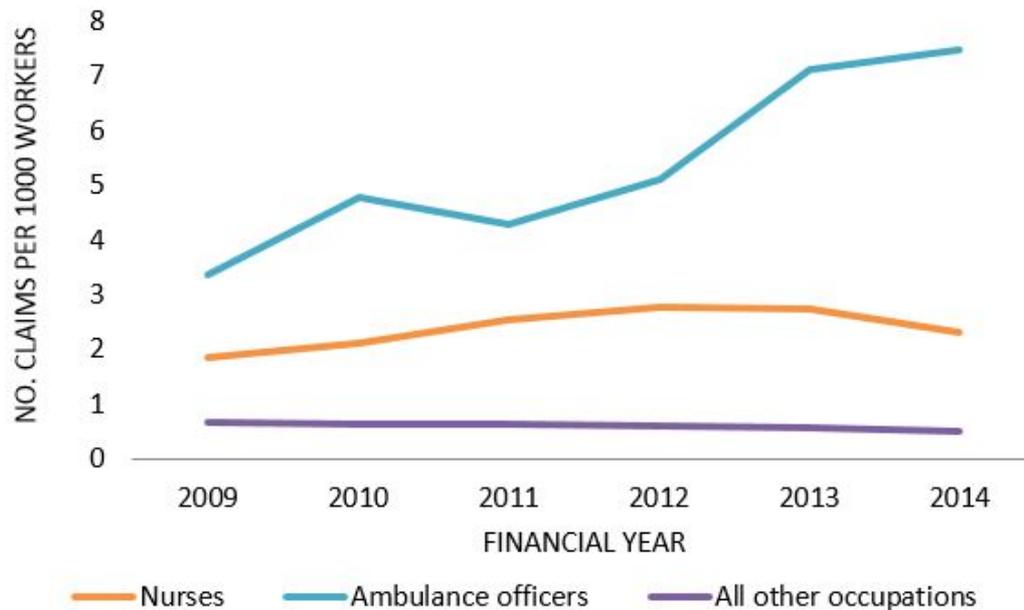
Prevalence of Occupational Violence

Industry	Number of Occupational Violence claims per 100 claims within the industry (Vic, 2005-2014)
Public administration and safety	7.85
Health care and social assistance	**6.54**
Education and training	5.1
Transport postal and warehousing	2.86
Accommodation and food services	1.98
Retail trade	1.25
Other services	1.21
Arts and recreation services	1.14
Rental hiring and real estate services	1.1
Administrative and support services	1.0

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Occupational Violence in healthcare

- Up to 95% of healthcare workers report having experienced some form of occupational violence.

- Is currently substantially under-reported, estimates suggest only 1 in 5 incidents are reported.

- Client-initiated violence (type II) is the most common type in healthcare (accounting for ~80% of days lost to violence).

- Verbal violence and aggression is more common than physical violence.

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National injury claims arising from Occupational Violence

The rate of occupational violence-related claims per 1000 workers comparing nurses, ambulance officers and all other occupations

Note: denominator data was taken from the 2011 census (the midpoint of the time period)

Gray S and Collie A. Workers' compensation claims among nurses and ambulance officers in Australia 2008/09 to 2013/14. 2016.

Occupational Violence in healthcare – Victorian data

- Injury-related emergency department presentations, 2013-2015[1]
  - Major cause of occupational violence injuries was being struck by other persons (66%)
  - Common injury types: superficial injuries (30%), dislocations/sprains/strains (21%) and open wounds (11%)

- Injury-related hospital admissions, 2013-2015[1]
  - Major cause of occupational violence injuries was bodily force (81%)
  - Common injury types: fractures (25%) and superficial injuries (19%)

- Survey of Australian Nursing and Midwifery Federation[2]
  - 70% of respondents reported experiencing occupational violence of aggression once or more in the past 12 months
  - The source of occupational violence and aggression was from patients (79%) or relatives of patients (48%)
  - 68% reported receiving training in this area

1. Stakthakis V, Berecki-Gisolf J, Sjaan K. Occupational violence in healthcare in Victoria. MUARC, 2016.
2. De Cieri H, Shea T, Sheehan C, et al. Leading indicators of occupational health and safety: a report on a survey of ANMF (Vic Branch) members. 2015.

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Factors associated with Occupational Violence

- Patient factors
  - e.g., affected by drugs/alcohol, history of violence

- Worker factors
  - e.g., gender, proximity to patients/public

- Workplace factors
  - e.g., worker turnover, physical security arrangements

- Environmental factors
  - e.g., workplace design, lighting, waiting room times

- Societal factors
  - e.g., community attitudes, access to firearms

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Evidence of effective interventions

- Limited research evidence

- Given multiple contributing factors likely that multi-component intervention is required

- Three main types of interventions have been trialed
  - Administrative and behavioural interventions
  - Environmental interventions
  - Interventions which target organizational policy

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Administrative and behavioural interventions

- Education and training for staff
  - Conflict management techniques
  - Aggressive behavior risk assessment
  - Refresher training is effective at maintaining staff competence

- Reporting and feedback
  - Under-reporting
  - Studies suggest incident report systems must be user friendly

- Improving client experience
  - Improve communication with clients about processes and waiting times

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Environmental interventions

- Reduction in physical assaults following environmental changes:
  - security camera/alarm systems, improved lighting, fixed furniture, safe assessment rooms, reduced need to work in isolation (increased room size)

- Risk of Occupational Violence is proportionally reduced with each additional environmental protection strategy

- Some measures increase the perception of safety but have not been shown to reduce violent incidents
  - controlled access cards, metal detectors, glass doors to increase visibility

- Environmental risk assessment is recommended

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Policy orientated interventions

- Code grey/black response

  – Organisational level response has been shown to reduce staff injury

- Aggression management teams

- Zero tolerance policy

  – It is not "part of the job"

- Restraint

  – Widely described in the literature

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Review of public awareness campaigns

- Limited research evidence available (12 studies)

- Public awareness campaigns are an important component

- Staff education and training

  - Risk assessment and management practices

  - Patient contracts

  - Changes to policy development

- Campaigns should highlight expectations of acceptable behaviour as well as the rights, responsibilities and consequences of patient behaviour

- OVA is not "part of the job"

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ACTIONS ADDRESSING OCCUPATIONAL VIOLENCE

- Internationally

  - Ontario, Canada – *OHS Act* employers must take additional steps to prevent and manage workplace violence and harassment (2016)

- Locally

  - Queensland task force into occupational violence against health workers (May 2016)

  - VAGO report "Occupational Violence Against Healthcare Workers" (May 2015)

  - Victorian Violence in Healthcare Taskforce (2015)

  - Changes to criminal law in Victoria relating to assault of a registered health practitioner (July 2015)

  - Developing hospital violence reporting systems (working with DHHS to establish an OHS monitoring system)

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Thank you

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