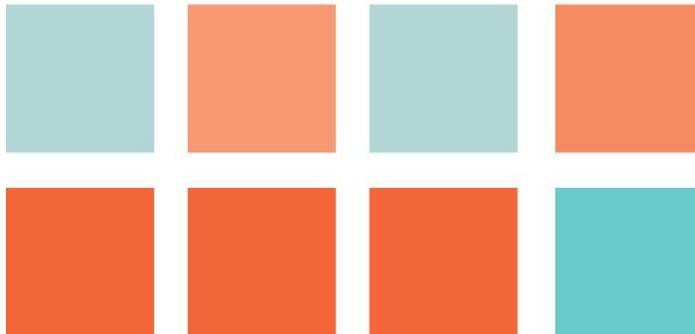


Registered Nurses' Association of Ontario (RNAO)

Speaking Notes to the Select Committee on Sexual  
Violence and Harassment in Windsor

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Good Afternoon. My name is Debbie Kane and I am a registered nurse. I serve on the Board of Directors of the Registered Nurses' Association of Ontario (RNAO). As many of you already know, RNAO is the professional association representing registered nurses, nurse practitioners and nursing students who practise in all roles and sectors in Ontario. Our mandate is to advocate for healthy public policy and the nursing role in enhancing the health of Ontarians.

I appreciate this opportunity to appear before this Select Committee on Sexual Violence and Harassment as you look for ways to both prevent and improve our response to Ontarians who have experienced sexual violence and harassment.

My academic interests include community and population health, women's health, quality of workplace issues, workplace violence prevention, and recruitment and retention of nurses. I would like to provide some additional information for your consideration drawing from my experience with violence prevention program evaluations. In spite of increasing awareness, public campaigns, and legislative changes to the Occupational Health and Safety Act designed to prevent workplace violence and provide a safe reporting system when it does occur, nurses continue to experience physical, verbal and sexual abuse in the workplace. In a national Canadian study of registered nurses, ED nurses reported high percentages of both physical (42%) and emotional abuse (69%) at work (Shields & Wilkins, 2009). Sadly, a more recent survey by the Ontario Nurses Association (ONA) demonstrates the endemic nature of

workplace violence for nurses in Ontario: 85 per cent of ONA members said they experienced verbal abuse in the workplace; 54 per cent of said they experienced physical violence or abuse in the workplace; 39 per cent reported other forms of violence/abuse; and 19 per cent of ONA members said they have experienced sexual violence or abuse in the workplace. Unfortunately we are not doing a very good job with providing workplaces free of violence and harassment.

Several recommendations were identified by registered nurses who participated in a survey and focus groups regarding the creation of a safe and violent free workplace. Nurses requested additional or enhanced training to deal with aggressive behaviour from patients, family members, and co-workers. With regard to patients, nurses in high-risk areas for violence would benefit from additional training in violence risk detection and physical intervention strategies.

To address aggressive behavior from, or conflict with, all types of perpetrators, employees requested training in verbal communication and conflict resolution. In an effort to create a safe and respectful workplace community employees suggested training on ways to promote a healthy work environment and bystander interventions so that all members of the community would feel responsible and have the skills to intervene. The timing of the training was also emphasized, noting that the end of a 12-hour shift is not the optimal time for learning to occur.

Regarding the reporting process, fears of experiencing reprisal or retaliation for reporting incidents of violence and harassment negatively influenced reporting

practices and lead to a lack of reporting some violent incidents. Respondents' recommendations for improvement were similar to those for the general reporting processes; they wished the process were more visible and equally applied to all employee groups, including physicians and nurse managers.

In summary I offer the following specific recommendations:

- Although the *Occupation Health and Safety Act* does include wording prohibiting reprisals by an employer, explicit and strong language to protect whistleblowers concerned about incidents or potential incidents of violence and harassment and other threats to the health of the public would strengthen our health-care system.
- The Ministry of Labour should review the *Occupational Health and Safety Act* to include "safety from emotional or psychological harm, rather than merely physical harm" as part of the mandate of the Ministry.
- As part of strengthening health outcomes, quality of health-care services, interprofessional care and addressing power imbalances, RNAO advocates amending the *Public Hospital Act* to replace Medical Advisory Committees with Inter-Professional Advisory Committees.

I would be remiss if I didn't conclude with a statement reinforcing the need for a cultural change within our society; a culture that says violence against nurses is never okay. Thank you for the opportunity to appear before this Committee. I would be delighted to respond to any questions.