

Workplace Violence Review Project
Ontario Ministry of Labour
400 University Avenue, 12th Floor
Toronto, ON M7A 1T7

October 14, 2008

Dear Workplace Violence Review Project:

Thank you for the opportunity to provide input on the *Consultation Paper on Workplace Violence Prevention*. Relying on a safe work environment is central to nurses' ability to practice. The Registered Nurses' Association of Ontario (RNAO) is the professional association for registered nurses in the province. RNAO members practice in all roles and sectors across the system. Our mandate is to advocate for healthy public policy and for the role of registered nurses in enhancing the health of Ontarians.

RNAO's Position Statement *Violence Against Nurses: 'Zero Tolerance' For Violence Against Nurses and Nursing Students*¹; Healthy Workplace Environment Best Practice Guidelines (BPG) *Workplace Health, Safety and Well-being of the Nurse*²; and *Preventing and Managing Violence in the Workplace (draft out for stakeholder review October 2008 and expected for release on December 6th 2008)*³ discuss issues and provide concrete recommendations for creating and maintaining a workplace in which nurses are safe to practice. RNAO would be delighted to contribute its expertise and work with the Ontario Ministry of Labour on the Workplace Violence Review Project. We very strongly believe that RNAO's *Preventing and Managing Violence in the Workplace* should be a central piece of the government strategy. We are forwarding a draft of this BPG to the ministers' office.

Specific Comments to Questions

A. Definition of Workplace Violence

Is the definition of workplace violence contained in the Ministry's operational policy, appropriate to your workplace or organization?

The RNAO believes that all nurses have the right to practice in a supportive environment where workplace violence is not tolerated.

The Ministry's operational policy that defines workplace violence discusses the potential for 'physical injury' however it does not take into consideration other very important elements such as bullying, verbal abuse and harassment that are detrimental to the health and well-being of nurses⁴ and to the provision of quality nursing care.⁵

We would like to recommend a more inclusive definition of workplace violence such as the one incorporated in RNAO's *Position Statement: Violence Against Nurses: 'Zero Tolerance' For Violence Against Nurses and Nursing Students*⁶. This position statement defines workplace violence as 'an incident of aggression that is physical, sexual, verbal, emotional or psychological that occurs when nurses are abused, threatened or assaulted in circumstances related to their work'⁷.

B. Workplace Violence Prevention Program

1. Should there be a requirement under the OHSA or its regulations that employers develop and implement a workplace violence prevention program (that would include risk assessment, measures and procedures, and worker training)?

RNAO strongly supports Bill 29, Occupational Health and Safety Amendment Act (Harassment and Violence), 2007, **49.1** (1)(a) harassment or violence, whether or not the harassment or violence occurs at the workplace, by, (iv) an agent, representative or family member of a person described in subclauses (i) to (iii)

In addition, RNAO strongly supports the requirement under the OHSA or its regulations that employers develop and implement a workplace violence prevention program. Staff needs to be assured of their safety and have trust that there is a mechanism in place to prevent incidents of violence from occurring and if an event does occur that there is an appropriate response by the organization.⁸

Organizations should be proactive in conducting ongoing risk assessments for the potential for violence and there should be a system to identify and flag situations that could create a potential for violence. Organizations should also have a violence prevention/management education and training program for all staff that includes discussion about accountability and respect for others.

It is imperative that organizations have a '*workplace violence prevention*' policy and that there is a mechanism to disseminate the policy to all staff, volunteers, clients, family members and visitors (as applicable). Staff has the right to practice in an inclusive and respectful environment and should be included in a workplace violence prevention committee to develop strategies for controlling and reporting violent behaviour.

In addition, RNAO cautions that until systemic hierarchies embedded in our health-care system are addressed, power imbalances will continue to permeate and negatively affect health care work environments. As the Coroner's Jury found in the Dupont-Daniel Inquest, recommendation 4, every workplace policy to address workplace violence "should reflect an analysis of the power differentials that exist between different groups of employees/workers/staff." RNAO believes that to prevent systemic abuse – which can range from belittling and bullying colleagues to the tragic murder of a health-care professional as with Lori Dupont– the underlying power structures that exist in hospitals must be addressed. We are calling on the government to open the Public Hospitals Act (PHA) and replace hospitals' Medical Advisory Committees (MAC), with Inter Professional Advisory Committees (IPAC) representing all health-care professionals,

Should a prevention program include a workplace violence response plan?

Absolutely! The prevention program should include a workplace violence response plan that includes a collaborative agreement with local law enforcement agencies for immediate response in the event of an actual or potentially violent situation, a Critical Incident Debriefing Program that includes peer support, and an Employee Assistance Program (EAP), counseling, security, and other support staff as required.

Should a prevention program require employers to address behaviours that are likely to lead to workplace violence, such as bullying, teasing, or other abusive or aggressive behaviour?

Absolutely! A workplace prevention program must require employers to address behaviours such as bullying, teasing, or other abusive or aggressive behaviour as these are forms of violence.

It is also essential that there is support and encouragement for staff, without fear of reprisal, to report incidents or potential incidents of workplace violence. These reports should always be investigated, and appropriate remedial action taken. Individuals who commit violent acts must be prosecuted.

Should a prevention program differentiate between sources of violence (such as from clients or customers, co-workers, or intimate partners)?

No, RNAO feels strongly that organizational responsibility and action in addressing violence in the workplace should be consistent regardless of the source. Individual circumstances are important only in order to understand and better assist the employee.

C. Sector-specific Requirements

1. In your sector, would it be useful to have requirements under the OHSA or its regulations that address particular precautions that are needed to protect workers from work place violence?

It is estimated that 50 per cent of healthcare workers will be physically assaulted during their professional careers,⁹ and nurses are three times more likely to experience violence than any other professional group.¹⁰ Given that nurses constitute 58.3 per cent¹¹ of Ontario's healthcare workers, the impact of workplace violence on nursing and the delivery of nursing care is significant. Nurses experience emotional distress and physical injuries- and in more serious instances, permanent disability or death- as a result of workplace violence.¹² In one study, the cost of workplace violence against nurses, including absence from work,¹³ emotional distress and medical expense, was estimated at about \$35,000 per assault-related injury.¹⁴

Nurses working in all sectors of health care are at risk for violence.^{15 16 17 18} Findings from the 2005 National Survey of the Work and Health of Nurses showed that in Ontario 28.4 per cent of respondents had been physically assaulted by a patient in the previous twelve months and 2 per cent had been physically assaulted by someone other than a patient.¹⁹ In the same survey, the percentage of Ontario respondents who reported they had experienced emotional abuse at work, over the past 12 months was: from a patient, 44.9 per cent; from a visitor, 16.9 per cent; from a physician, 8.7 per cent; from a nurse co-worker, 10.3 per cent; and from someone else, 9.0 per cent.²⁰

Nursing students have similar experiences to registered staff including experiencing horizontal violence.²¹

Ontario's RN workforce is aging. In 2006, RNs' average age was 45.6 years.²² Twenty-three per cent of the Ontario nursing workforce is over the age of 55, and therefore able to retire and begin collecting a pension under the provisions of the *Pensions Benefits Act*.²³ In the face of an aging nursing workforce, efforts are required to retain the current workforce; absorb and retain new graduates; and attract more individuals to nursing. The Provincial Government made a 2007 election commitment to hire 9,000 more nurses. This will be advanced in part by making workplaces a safe place for nurses to practice. Requirements under the OHS Act or its regulations are needed to promote a violence free workplace conducive to a healthy workplace environment for nurses.

D. Domestic Violence in the Workplace

1. Should there be a requirement under the OHS Act or its regulations that employers address the risk of domestic violence, when it may enter the workplace?

Yes.

Should situations of domestic violence be addressed within or separately from the more general workplace violence prevention program outlined in section B.

RNAO believes that domestic violence should be treated even more seriously than other forms of workplace violence. The Domestic Violence Death Review Committee has noted in its review of common risk factors related to domestic violence deaths that "it is of considerable concern [that] a number of cases appeared predictable and preventable in hindsight based on the high number of risk factors that were present."²⁴ Given the "predictable and potentially preventable" nature of many deaths from domestic violence, it is essential that prevention of domestic violence should be included in workplace safety policies and violence prevention programs. As the Domestic Violence Death Review Committee has noted:

It is not uncommon that domestic violence can extend from the home into the workplace with the perpetrator harassing the victim by showing up unannounced, by calling repeatedly, or by forcing the victim to be late or absent from work. Moreover, the perpetrator may work with the victim and continuously harass and assault the victim on the job site. It is

important that co-workers, human resource managers, and employers understand the negative impact of domestic violence and workplace harassment, as well as their potential role in protecting employees from it. Several of the recommendations made by the Committee addressed the need for workplaces to design and implement policies that address domestic violence and harassment in the workplace and how to enforce these policies when claims of misconduct are present. All employees should receive extensive training about the dynamics of domestic violence and workplace harassment so that they are equipped to deal with these circumstances appropriately and effectively when they occur.²⁵

It is instructive that the Domestic Violence Death Review Committee included the Coroner's jury verdict and 26 recommendations of the inquest into the murder of Lori Dupont, RN by Marc Daniel, MD as Appendix C of their Fifth Annual Report. Details provided within the verdict and the content of the recommendations are essential in helping to create safer workplaces and so we commend them to your careful attention and inclusion in changes to the OHSA and/or its regulations.

Additionally, RNAO strongly supports Bill 29, Occupational Health and Safety Amendment Act (Harassment and Violence), 2007, **49.1** (1)(a) harassment or violence, whether or not the harassment or violence occurs at the workplace, by, (iv) an agent, representative or family member of a person described in subclauses (i) to (iii)

E. Work Refusals

Under the OHSA, Registered Nurses are restricted as to when they may exercise this right. We suggest that nurses be consulted as to how the right to refuse can apply more widely to nurses in restricted workplaces.

It is imperative that all possible actions are taken to prevent violence to nurses including the development and implementation of specific strategies that focus on the contributing factors of violence - societal, workplace and individual.

Thank you for the opportunity to provide input on the Consultation Paper On Workplace Violence Prevention.

With warmest regards,



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Executive Director
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