RNAO SPEAKING NOTES:

Bill 168: *Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace), 2009.*

November 24, 2009

Good afternoon. My name is Irmajean Bajnok, and I am the Director of the Registered Nurses' Association of Ontario - International Affairs, Best Practice Guidelines and Centre of Nursing Excellence programs. RNAO is the professional organization for registered nurses who practise in all roles and sectors across Ontario. Our mandate is to advocate for healthy public policy and for the role of registered nurses in shaping and delivering health services.

I am pleased to speak to you today about Bill 168. Before I get into our views on this legislation, RNAO would like to acknowledge the families of Lori Dupont, Theresa Vince and the many others who have senselessly lost their loved ones to workplace violence.

Like all working women and men, nurses rely on a safe work environment. It is central to our ability to practise.

Lori Dupont was a registered nurse who was brutally murdered by her former partner Dr. Marc Daniel at Windsor's Hotel-Dieu Grace Hospital. In its verdict, the coroner's inquest expressed the hope that its recommendations would "save lives in the future with regards to domestic and workplace violence".

In tackling workplace violence and harassment, Bill 168 represents a significant step towards improving workplace safety, but at the same time,

stops short in a number of critical areas. I will discuss three of RNAO's recommendations today: First, the need for a broader definition; second, the need for whistleblower protection; and third, the need to replace Medical Advisory Committees with Inter-Professional Advisory Committees (IPACs). The remainder of our recommendations can be found in our written submission.

It is estimated that 50 per cent of health-care workers will be physically assaulted during their professional careers. Nurses are three times more likely to experience violence than any other professional group. Given that nurses comprise over 60 per cent of all regulated health professionals, the impact of workplace violence on both nursing and the delivery of nursing care is significant.

While acts of aggression and violence are commonly considered physical, escalating levels of social, verbal and emotional violence are being found in workplaces. Perpetrators of such violence are not only patients and their family members, but also fellow health-care professionals. This sort of violence includes socially isolating a colleague, gossiping, bullying, throwing things, and other aggressive behaviour.

Nursing students also experience violence in their clinical placements, in a similar manner to professional staff. This can influence a student's decision to remain in the profession. There is also concern that

students may begin to assimilate this conduct into their practice, thereby perpetuating the behaviour.

Sustained exposure to violence in the workplace causes some nurses to consider leaving the profession. Clearly, workplace violence matters to nurses and the nursing profession.

Though Bill 168 distinguishes between the definitions of “workplace harassment” and “workplace violence”, this distinction fails to take into account the reality that the two are inextricably linked. They involve an abuse of power and control. Other elements such as bullying, verbal abuse and harassment, which are equally harmful to workers’ health and well-being, must also, be taken into consideration.

RNAO recommends, **in the strongest possible terms**, **that a more inclusive and evidence-based definition of workplace violence**, such as the one incorporated in RNAO’s *Preventing and Managing Violence in the Workplace Best Practice Guideline, be used.* This definition includes:

> “Incidents in which a person is threatened, abused or assaulted in circumstances related to their work. These behaviours would originate from customers or co-workers, at any level of the organization. This definition would include all forms of harassment, bullying, intimidation, physical threats or assaults, robbery, and other intrusive behaviours.”

Equally alarming is the likelihood that many nurses who experience this kind of behaviour will not talk about their experiences. That's out of fear of losing their jobs, or feeding further conflict and confrontation. For many nurses who find themselves face-to-face with violence, it's easier to "suck it up" and move on. While nursing is a profession where there is a greater risk of violence, when people say "its part of the job", that assumes its ok and that it's going to happen. It shouldn't, and nurses need to recognize the risk, know how to respond, and find ways to prevent it from happening.

RNAO encourages the commitment of the government to enact legislation to foster integrity and ethical behaviour and maintain a work place environment where workers can respond to workplace harassment or violence without fear of retaliation.

Though the *Occupational Health and Safety Act* does contain wording prohibiting reprisal by the employer, the RNAO *Preventing and Managing Violence in the Workplace* Best Practice Guideline suggests that **whistleblower protection for those who report violence in the workplace must be explicit.** Strong wording needs to be added to Bill 168 to protect workers who report incidents or potential incidents of workplace violence and harassment.

In addition, the Dupont/Daniel Coroner's Inquest jury recommended that every workplace policy to address violence "…should reflect an

analysis of the power differentials that exist between different groups of employees, workers and staff.

Until systemic and archaic hierarchies that are embedded in our health-care system are addressed, these power imbalances will continue to permeate and negatively affect health-care work environments.

Hierarchies not only impact health-care workers, they can also have adverse effects on patients. The Manitoba Paediatric Cardiac Surgery Inquest, following the deaths of twelve infants, stated that because nursing occupied a subservient position within the hospital structure, issues raised by nurses were not always treated appropriately. It was clear that legitimate warnings and concerns raised by nurses were not regarded with the same respect or seriousness as those raised by physicians.

Medical Advisory Committees (or MACs), created under the *Public Hospitals Act*, are not only barriers to collaborative practice, they also reinforce inequitable power relations between physicians and other professionals. We know from the Dupont case that power differentials jeopardized both patient safety and workplace safety.

RNAO calls on the government, in the strongest possible terms, to amend the *Public Hospitals Act* to replace hospital Medical Advisory Committees with Inter-Professional Advisory Committees

(or IPACs) which represent and reflect the equality and interprofessional collaboration of all health-care professionals.

RNAO believes every worker has the right to work in a supportive environment where workplace violence, in all its forms, is not tolerated. Thank you for the opportunity to comment on Bill 168, an important bill that affects nursing and the health and well-being of the public that we serve.