

Bill 168: Workplace Violence and Harassment,  
Occupational Health and Safety Act  
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## Who we are...

- We serve Ontario's public service sector
- We assist over 9,000 organizations, employing more than one million workers, to achieve safer and healthier work environments
- Our highly skilled staff are located across the province, providing ready access and timely response to all our clients



## What does the new system look like?

- 4 new health and safety associations coming together to form Health & Safety Ontario:
  - **Public Services Health & Safety Association**
  - Infrastructure Health & Safety Association
  - Workplace Safety & Prevention Services
  - Workplace Safety North
- The Workers Health & Safety Centre and Occupational Health Clinics for Ontario Workers continue to operate within the new model



## Serving a broader range of sectors...



## Definitions

### ***Workplace Violence***

- the exercise of physical force by a person against a worker in a workplace that causes or could cause physical injury to the worker,
- an attempt to exercise physical force against a worker in a workplace that could cause physical injury to the worker, or
- a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

## Workplace Violence Definition

- International Labour Organization(ILO) Definition of Violence
  - Any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed or injured in the course of, or as a direct result of, his or her work

## Prevalence

- Almost one in five violent incidents in Canada occurs at work (Statistics Canada, 2007)
- Women are at higher risk of workplace violence (ILO, 1998)
- The risk of violence is higher in healthcare, social services, retail, hospitality, financial institutions, education, transportation and police, security and corrections (Ontario Ministry of Labour (MOL), 2009)

## Prevalence

- In 2007, there were 2,150 allowed lost-time claims from assaults, violent acts, harassment and acts of war or terrorism in Ontario (WSIB, 2007)
- From April 1, 2008 to September 30, 2008, Ontario Ministry of Labour inspectors made 198 field visits and issued 185 orders related to violence in the workplace (MOL, 2009)

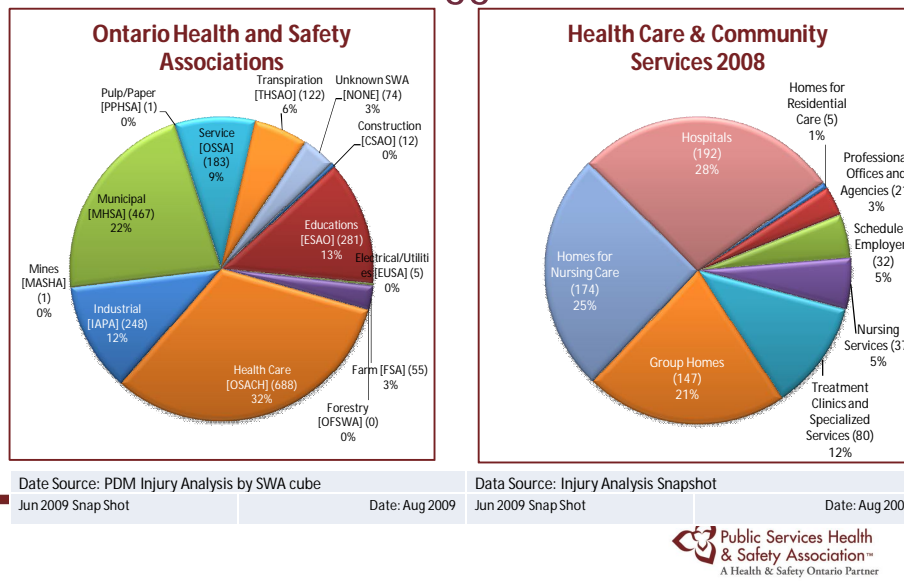
## Health of Our Healthcare Workforce

- At greatest risk for workplace injuries & mental health problems (Yassi, Gilbert & Cvitkovich, 2005).
- Highest rates of absenteeism than other Canadian workers - experiencing 13.1 sick days per year compared to 7.8 days for all other Canadian workers in 2005 (Statistics Canada, 2005).
- Burnout is defined as 'high levels of emotional exhaustion, high levels of depersonalization or low levels of personal accomplishment (Grunfeld, Whelan, Zitzelsberger, Willan, et al., 2000)
- Burnout linked with mental and physical health problems - associated with high absenteeism rates, high staff turnover rates and low productivity (Grunfeld, Whelan, Zitzelsberger, Willan, et al., 2000).
- Burnout is the precursor to mental illness
- Nurses experiencing a higher rate of burnout are more likely to abuse other nurses (Rowe & Sherlock, 2005)

## Health of Our Healthcare Workforce

- 46 % physicians in advanced stages of burnout (CMA 2006)
- 66 % new nurses - experiencing symptoms of burnout, including depression – resulting in new nurses leaving the profession within two years of graduation (Cho, J., Laschinger, H. & Wong, C. 2007)
- Depression, alcohol & drug use, and suicidal ideation - serious concerns among health care professionals (Sherman, 2004)

## Lost Time Injuries due to Workplace Violence or Client Aggression



## Negative Effects on the Workplace

- Decreased commitment & productivity
- Higher levels of client dissatisfaction
- Higher staff turnover and intention to leave
- Higher rates of absenteeism
- Higher rates of injuries and illness
- Increased short- and long-term disability costs
- Increased EAP costs
- Increased WSIB costs
- Poor organization image
- Impact on quality care

## Triggers of Violence

- Disrespect (real or perceived)
- Rude and/or condescending staff
- Police presence
- Long waits
- Lack of privacy
- Fear
- Frustration
- Excessive noise
- Crowded environment – lack of personal space
- Unmet needs – hunger, pain, inability to communicate
- Sedative drugs in high doses
- Poor surveillance
- Frequent medication changes
- Long hospitalization
- Anxiety
- Loss
- Restraint use
- Approach to Care Giving

## Amendments

Proposes amendments to the Occupational Health and Safety Act with respect to violence and harassment in the workplace

- Definitions of workplace violence and harassment
- Prepare policy and program
  - Risk assessment (report to JHSC)
  - Controls
  - Emergency response
  - Reporting and investigation

## Amendments

- Provide information and instruction to the worker with respect to the workplace violence policy and program and the risk of workplace violence from a person with a history of violent behaviour
- Employer must take every reasonable precaution to protect the worker from domestic violence in the workplace
- Section 43 - right to refuse work to include the right to refuse work if workplace violence is likely to endanger the worker

## Amendments - Program

- Develop and maintain a program that includes measures and procedures to:
  - Control identified risks of workplace violence
  - Summon assistance when workplace violence occurs or is likely to occur
  - Report incidents of workplace violence *and* harassment
  - Investigate and deal with incidents and complaints of workplace violence *and* harassment



## Amendments- Education and Reporting

- Educate employees on the workplace violence and harassment policy and program (may include personal information about a person if a employee may encounter the person *and* may be exposed to physical injury)
- Notify the JHSC (Section 52) if an employee is injured following a workplace violence incident

## Amendments – Right to Refuse Unsafe Work

- An employee may now refuse unsafe work if they have reason to believe that workplace violence is likely to endanger them
- The work refusal limitations faced by many health care workers still apply
- During the investigation the employee must remain in a safe place and be available for the investigation

## Amendments - Risk Assessment

- Complete a workplace violence risk assessment
- Advise the JHSC or H&S representative of the results of the assessment and provide a copy if the assessment is in writing\*
- Reassess the risk of workplace violence as often as necessary to ensure the policy and program continues to protect employees

\*a written assessment may be ordered by an inspector

## Types of Violence in the Workplace

- Type I External Perpetrator
- Type II Client/customer
- Type III Employee related
- Type IV Domestic Violence

## Types of Violence in the Workplace

### **Type I: External**

- Involves a person with no relationship to the workplace who commits a violent act
  - Theft – money, cars, drugs, staff's personal belongings
  - Hostage taking/kidnapping
  - Physical assault

## Types of Violence in the Workplace

### **Type II: Client/Customer**

- Involves person receiving care/services
  - Client to worker
  - Worker to client
  - Client to client
- Most prevalent type of violence in health/community care

## Type II: Client

### Violence versus Aggression

#### ***Violence (Predatory)***

- 'Willful intent' to cause harm
- No contributing physiological or psychological conditions rendering person incompetent

#### ***Aggression/Responsive Behaviours (Affective)***

- No intent to cause harm
- Underlying physiological/psychological condition
- Often results from inability to communicate a need – response to stimulus

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## Dementia Care Evidence

- 10-50% older adults with cognitive impairments display some form of physical aggression (Beck, Rossby & Baldwin, 1991; Chou, Kaas & Richie, 1996; Colenda & Hamer, 1991; Ryden, Bossenmaier & McLachlan, 1991)
- Study of persons with dementia revealed > 90% of residents became agitated as soon as they were told it was time to bath (Rasin & Barrick, 2004)
- Staff consistently report feeling vulnerable and at a high risk of injury if they have not been "formally" trained
- Evidence supports that acts of aggression by persons with dementias are more appropriately termed responsive and/or defensive behaviours
- Behaviours are best understood as an attempt to exert control or to protect or defend oneself (Bridges-Parlet, Knopman, Thompson, 1994; Talerico, Evans, 2000)
- Meaning behind each behavioural act – response to the environment/stimulus
- Aggressive behaviour, if understood, can be managed!

## Reflection on Care giving

- Are we inflicting care or providing person-centered care?
- Are we thoroughly assessing all clients for risk of violence?
- Are we victimizing those clients with no-intent to cause harm, as perpetrators of violence?
- Are we adopting evidence-based care strategies that are appropriate for the patient?



## What does it Feel Like to Have Early Stage Dementia? (MAREP, 2006)

- *"This diagnosis has to be one of the worst things a person could experience – constant fear of not knowing what will happen to us next"*
- *"I struggle to get through each day – I tire easily"*
- *"Conversations can be hard to follow – even hard to follow TV and movies"*
- *"Some of us experience hallucinations – increases fear and agitation"*
- *"I try to answer a question and I feel there's a coconut up here in my head"*
- *"I can't find my way home. How do I get out of here? Where is my room?"*
- *"Sometimes I think I am going crazy. I forget...I don't know exactly what happens to me when I want to do something"*

## What Persons with Dementia Need from Caregivers? (MAREP, 2006)

- Information about the disease and treatments
- Present information clearly, limited to only a few choices for easier comprehension
- Encouragement to deal with emotions and develop coping strategies
- Time and space to try to keep doing as much as we can
- *"Realize the effort it takes to even complete simple things – if you could see the damage as you could with a broken arm or leg, you would be proud of the way we are managing despite missing or damaged parts of our brain"*
- *"Don't push us into something – we can't think or speak fast enough – give us time to respond; being forced into things makes us upset or aggressive"*
- *"To make background noise bearable give us some ear plugs as they will help to eliminate the extra noise and reduce confusion"*
- *"Make eye contact all the time you speak to us – it helps us maintain attention"*

*"Let's work together to change paradigms about what persons with dementia can and can't do. Don't limit us – help us push the envelopes of our new abilities"*

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## Dementia Curricula

### What is DENA?



- A set of tools to determine dementia education need ...
  - Part I: Do you need education?
  - Part II: Dementia Education Readiness Tool
  - Part III: Program Matrix

Alzheimer Knowledge Exchange (AKE)

<http://www.akeresourcecentre.org/DENA>

Select "Dementia Education Needs Assessment (DENA)"

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## Dementia Curricula

### Dementia Education

- U-First and P.I.E.C.E.S.
- Gentle Persuasive Approaches® (GPA)
- Workplace Violence Prevention (OSACH)
- Healthy Aging Project (Centre for Addictions and Mental Health, CAMH)
- Dementia Education Series and Related Programs (Murray Alzheimer Research and Education Program, MAREP, University of Waterloo)
- Montessori-Based Programming for Dementia & Spaced Retrieval (McMaster University)

## Types of Violence in the Workplace

### Type III: Employee Related

- Can involve anyone who has an employment relationship (management; workers; physicians; contract workers)
  - Worker to worker
  - Supervisor to worker; worker to supervisor
  - Physician to worker; worker to physician
  - Contract workers

## Workplace Bullying

*'Repeated and persistent negative acts towards one or more individual(s), which involve a perceived power imbalance and create a hostile work environment'* (Salin, 2003)

**Bullying is a behaviour and behaviour is a choice!**



## Prevalence of Bullying

- 37 % of workers have been bullied at work
- 40% of bullied individuals never tell their employers
- 45 % of the targets reported stress levels that affected their health (anxiety, panic attacks, depression and post-traumatic stress)
- Bullying is 4 times more common than harassment . In only one of five bullying cases does discriminatory conduct play a role (U.S. Workplace Bullying Survey: September, 2007)





## Bullying in Healthcare

- Current state of workplace cultures has provoked a resurgence of attention to this issue.
- Particularly prevalent in health and community care
- Significant implications for nursing shortage
- Has been implicated as the most concerning form of violence experienced by nurses
- Evidence to support links between bullying and the current recruitment and retention crisis in nursing
- Recent research in nurse burn out suggests shrinking health care resources, restructuring, and stressful work environments contributing factors; nurses experiencing a higher rate of burnout are more likely to abuse other nurses (Rowe & Sherlock, 2005)

## Profile of a Bully

- Low self-esteem, poor communication skills
- Bully to cover up their own insecurities and weaknesses
- Persons who have unresolved work issues from earlier in their career - believe they have the right to inflict controlling and abusive behaviours onto others
- Often viewed as charmers; well liked by their supervisors
- Bullying behaviours are repeated by these individuals because the organization either ignores the behaviour; does not enforce organizational policies procedures related to acceptable behaviours; and/or does not have the proper training/education.

## Workplace Bullying Behaviours

- Social isolation
- Rumours
- Personal attack of a person's private life and/or personal attributes
- Excessive criticism
- Over-monitoring of work
- Verbal aggression
- Withholding information
- Withholding job responsibility

## Recognizing Bullying

- Often associated with ineffective management styles; lack of presence of management
- Managers need to be aware of the impact - staff, patients, organization
- Potential signs and symptoms associated with bullying:
  - Grievances by employees against their manager
  - Declining work performance of dedicated and hard-working employees
  - Increased stress and tensions between staff in a unit
  - Poor morale
  - Reported fear of a co-worker by other workers
  - Individual symptoms of depression
  - Increased absenteeism in a department/unit

## Addressing Workplace Bullying

### Employer

- Ensure the commitment of senior leadership
- Create a culture with standards and values against bullying
- Develop and implement anti-discrimination/harassment policies in collaboration with the JHSC, unions and front-line staff
- Zero tolerance policy to all forms of bullying - clearly outline acceptable and non-acceptable behaviours
- Conduct a needs assessment (workplace survey) to understand organizational attitudes and practices.

## Addressing Workplace Bullying

### Employer

- Develop and implement reporting and investigation processes
- Develop other reporting options if perpetrator is the supervisor - human resources department
- Provide a support system for staff
- Develop a conflict resolution process
- Train supervisors and managers in how to enforce the policy and deal with complaints and situations.
- Ensure all staff are educated in bullying and in discrimination/harassment policies

## Addressing Workplace Bullying

### Supervisors

- Enforce anti-discrimination/harassment policies
- Attend education/training sessions on how to effectively deal with bullying
- Consult with your human resources professionals as required
- Provide staff with regular education/training on harassment/discrimination policies.
- Provide education sessions on workplace bullying to raise awareness and understanding
- Encourage staff to report bullying
- Take all complaints seriously and ensure a thorough investigation is completed



## Addressing Workplace Bullying

### Supervisors

- Monitor staff behaviours - deal with inappropriate behaviours promptly
- Ensure staff who have bullied others receives counseling
- Investigate all complaints promptly
- Provide support to staff and make appropriate referrals as required
- Practice fair, equitable and transparent management practices
- Involve staff in decision-making where possible
- Design creative strategies to improve staff morale



## Addressing Workplace Bullying

### Employees

- Clearly and publicly confront the behaviour
- Promptly report each incident of bullying
- Document the episode
- Inform your union and/or JHSC representative
- Use your organization's EAP
- Seek medical attention as required

## Types of Violence in the Workplace

### Type IV: Domestic Violence

Relationship violence that occurs at the workplace:

- A loved one/family member commits a violent act against a worker

Also known as:

- Personal relationship violence

## What is Domestic Violence?

- A pattern of behaviour used by one person to gain power and control over another with whom he/she has or has had an intimate relationship.
- May include physical violence, sexual, emotional and psychological intimidation, verbal abuse, stalking and using electronic devices to harass and control.
- Also known as Personal Relationship Violence, Intimate Partner Violence, Woman Abuse or Family Violence.

## Domestic Violence as Workplace Violence

- Domestic violence is workplace violence as soon as it enters the workplace
- Domestic violence is on the rise in Canada, and is noted as the “fastest growing type of workplace violence in Canada” (ACWS 2008, p.1)
- It potentially threatens the safety of not only the employed victim but his or her co-workers, supervisors and clients as well

## Impact of Domestic Violence on the workplace

- 54% of domestic violence victims miss three or more days of work a month (Zachary, M, 2000)
- The social costs, including health care for victims, criminal justice, social services and lost productivity, are estimated in the billions of dollars; the psychological impacts for victims, their family and friends cannot be measured by dollars (Statistics Canada 2006)
- The most common tactics employed against victims in the workplace are repeated harassing phone calls and in-person harassing at the workplace

## Domestic Violence Program Components

- Zero tolerance of domestic violence in the workplace and on the property
- Confidential reporting methods
- Supervisor and employee education
  - Signs of domestic violence
  - Factors that increase a victim's risk of harm or murder
  - Internal and community resources
  - What to do if domestic violence enters the workplace
- Supports to victim (paid time off, extended leave of absence, workplace relocation)

## Workplace Violence Prevention Program Components

1. Management commitment
2. Hazard/Risk Assessment
3. Develop the Program
4. Education/training
5. Evaluation

## Closing Comments

- Complexity of violence in HC demands thorough investigation of risk
- Reactionary and controlling approaches linked with increased violence along with poor communication and environmental factors (Duxbury, 2002).
- We must move away from the traditional approaches to managing violence (de-escalation, medication, seclusion and restraint) to alternate care strategies
- Control strategies must be integrated into client care
- Quality care is dependent on safety and health of our staff – culture of safety (Boucher, Sikorski, & Nichol, 2009).



## Future Considerations

- Need for evaluation of clinical practice aggression/violence prevention strategies
  - Significant gaps in research that examine effectiveness of clinical care strategies
- Despite lack of evidence - clear indications that adoption of person-centered care; collaborative recovery model decrease the risk of aggression & responsive behaviours
- Networking, communication and sharing of leading practices in healthcare essential!

## Available Workplace Violence Prevention Tools

## Handbooks – free to download



Public Services Health  
& Safety Association™  
A Health & Safety Ontario Partner

## Posters – free to download



Public Services Health  
& Safety Association™  
A Health & Safety Ontario Partner

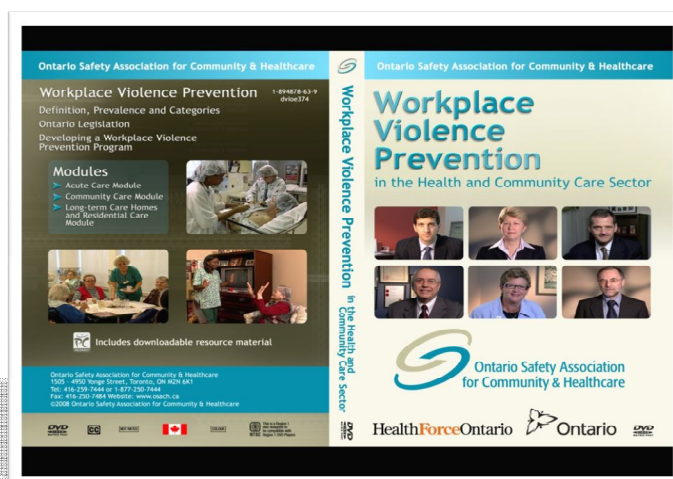
## Workplace Violence Prevention Series

The following OSACH Resources may be purchased from our website [www.osach.ca](http://www.osach.ca)



Public Services Health  
& Safety Association™  
A Health & Safety Ontario Partner

## Workplace Violence Prevention DVD



Public Services Health  
& Safety Association™  
A Health & Safety Ontario Partner

Questions?

Concerns?

Comments?