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# Research Update

## Violence in Healthcare Worker Survey

October 2009

To create a picture of BC healthcare workers' experiences and perceptions of violence in the workplace, a study by the Occupational Health & Safety Agency for Healthcare in BC (OHSAH) and the Provincial Violence Prevention Steering Committee (PVPSC) was conducted to measure tolerance, reporting, experience, contributors, and prevention efforts. The two-month study, beginning on January 31, 2009, has provided several insights.



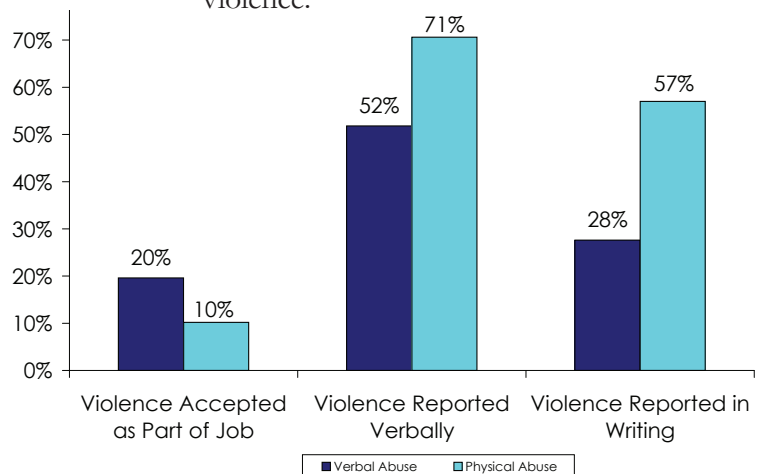
### Findings

A total of 2,545 respondents from different healthcare workplace settings and a variety of occupations across the province participated in the survey. Results indicated that violence continues to be extremely prevalent in healthcare.

Violence is defined by the PVPSC as 'incidents where persons are abused, threatened or assaulted, in circumstances related to their work, involving a direct or indirect challenge to their safety, well-being or health'.

- Over 80% of survey participants have experienced violence in their working environment.
- Respondents indicated more tolerance and less reporting of verbal violence compared to physical violence (Figure 1).
- Experience with verbal violence was more frequent than physical violence (Figure 2).
- The most common contributors to violence, identified by respondents, were system-wide issues related to patient illness, short-staffing, and delays in attending patient needs.

- About one-third of respondents felt that their workplace had adequate prevention efforts and felt safe from violence at work (Figure 3).
- Male respondents reported higher tolerance and more experience with violent incidents than their female counterparts.
- When compared to other occupation groups, registered nurses, licensed practical nurses, and care aides reported more violence experiences, and did not perceive their workplace prevention efforts as being effective in protecting workers against violence.



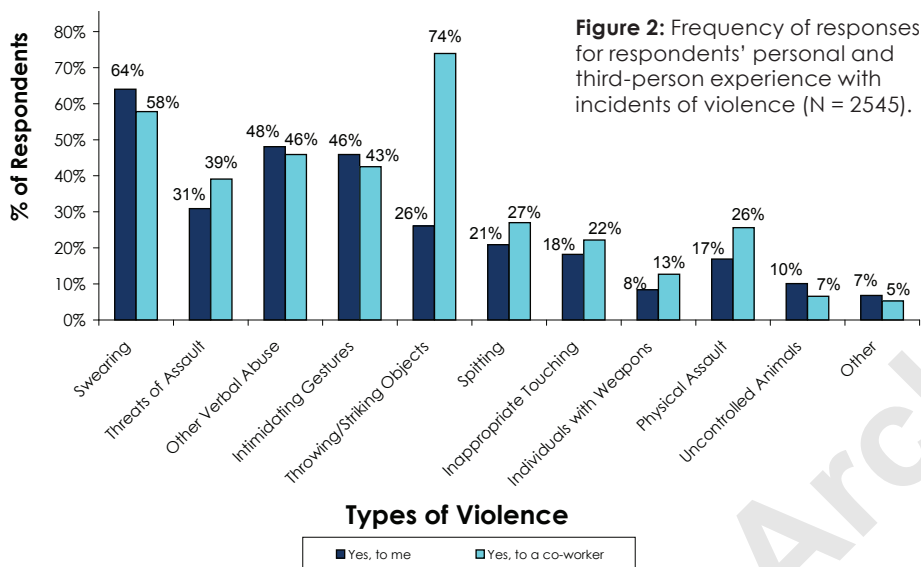
**Figure 1:** Frequency of 'agree' or 'strongly agree' responses for tolerance of violence and reporting (verbally and in writing) of violent incidents (N = 2545).

*(continued on reverse)*

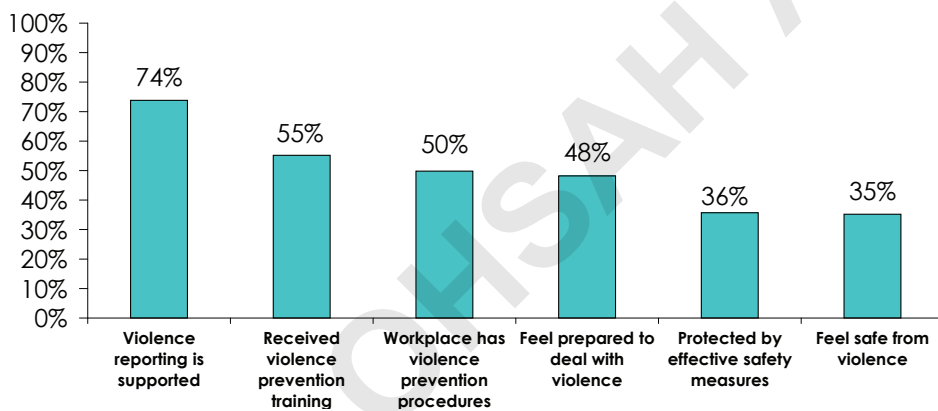


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**Figure 2:** Frequency of responses for respondents' personal and third-person experience with incidents of violence (N = 2545).



**Figure 3:** Frequency of 'agree' or 'strongly agree' responses for perceived effectiveness of prevention efforts within the organization.

### How will OHSAH and the PVPSC use this information?

Several systemic issues, such as short-staffing, are persistent challenges to the BC healthcare industry. The PVPSC recommends targeting and incorporating the following efforts into future violence prevention resources:

- Enhance a positive reporting culture, especially for verbal violence.
- Identify barriers to reporting verbal violence and develop interventions to overcome barriers.
- Provide more training in clinical care techniques for high-risk conditions, as well as an increased recognition of patient responses to their environment or medications, and appropriate ways of addressing them.
- Investigate why certain groups of workers experience different levels of violence and explore possible violence prevention efforts.
- Target training for high-risk home and community care and long term care occupations.
- Emphasize a continued dialogue between management and front line workers about the risks of violence in the workplace, prevention efforts that have been implemented, and the effectiveness of violence prevention initiatives to enhance worker perceptions of safety.

For more information on the Violence in Healthcare Survey, please visit [www.ohsah.bc.ca/violence\\_in\\_healthcare\\_survey](http://www.ohsah.bc.ca/violence_in_healthcare_survey)

## **ABOUT THIS DOCUMENT**

The Occupational Health and Safety Agency for Healthcare (OHSAH), which operated from 1998-2010, was a precursor to SWITCH BC. Conceived through the Public Sector Accord on Occupational Health and Safety as a response to high rates of workplace injury, illness, and time loss in the health sector, OHSAH was built on the values of bipartite collaboration, evidence-based decision making, and integrated approaches.

This archival research material was created by OHSAH, shared here as archival reference materials, to support ongoing research and development of best practices, and as a thanks to the organization's members who completed the work.

**If you have any questions about the materials, please email [hello@switchbc.ca](mailto:hello@switchbc.ca) or visit [www.switchbc.ca](http://www.switchbc.ca)**