

Staff safety in hospitals: Valuable lessons in preventing workplace violence

By Cézanne Charlebois

It has been just over three years since Nurse Lori Dupont was tragically murdered by Dr. Marc Daniels at Hotel Dieu Grace Hospital in Windsor, Ontario and it's time once again to reflect on what we have learned, and how we can do better. As a result of the Coroner's Inquest it became apparent that Hotel Dieu had done much more than most employers would have done in the same circumstance. Apart from government employers who assess the risk of probation and parole clients or domestic violence treatment providers, it is highly unlikely that any employer would have had enough sophisticated knowledge about domestic violence risk assessments to do any more than what Hotel Dieu had accomplished during that exceptionally unusual and difficult experience. As a result of the tragedy in Windsor, the bar has been raised in the area of managing domestic violence in the workplace.

However, there are also some other immeasurably valuable lessons that this tragedy gives us. By putting one hospital under a public microscope it became apparent that staff safety is a huge issue in hospitals and this often goes unmentioned in the media. Nurses not only face fatal injuries from violence and acquired diseases such as SARS but also, on a daily basis, they face non-fatal injuries from the violence perpetrated by patients and their families. Furthermore, they experience a multitude of other compensable injuries relating to their work. This is demonstrated by the fact that hospitals have the second highest WSIB (Worker's Compensation) costs in the province of Ontario, second only to manufacturing.

The next important lesson is that "organizational features" influence conduct in subtle and unconscious ways and therefore, new dimensions which are

discussed briefly below must be added to our health and safety plans.

Finally, the Dupont Daniels Inquest helps us not only to see where we have gone wrong, but also to remember and appreciate what we have done right. Those same unique organizational features that permit workers to have a high tolerance for risk, also help us to appreciate how truly amazing and vital these institutions

we can really begin to grasp the magnitude of the resistance to change.

Domestic violence training:

Domestic violence training should incorporate the following pieces of key information to be included in policies and procedures for employers:

1. Victims will not always be reliable sources of information. They have often spent

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are in our communities and ultimately, what outstanding people work in them.

Leading change

We already know that a new law, policy, research report, code of conduct, professional staff by-law or training program will be completely ineffective unless there is a clear vision and an unwavering commitment from leadership to implement change. Without a clear commitment by leadership, there is no amount of paper work in the world that can overcome the institutional complacency and bureaucratic inertia that exists in hospitals.

If we also add the impact of depleted resources, mounting political pressures and constant public scrutiny we can see that real meaningful change in this environment is a challenge. Given that all of these organizational challenges occur in an environment that is condensed with the life and death struggles of disease, injury and illness,

much time minimizing and dismissing their fears; sometimes they are in complete denial or will even put up barriers for successful protection. They likely have a number of both real and/or perceived consequences for speaking up.

2. The potential for lethal violence should always be considered if there is any talk or threats of suicide (made casually, or mentioned to any person);
3. An actual suicide attempt in the context of a relationship break-up is an extreme act of control. This is one of the highest indicators of risk for lethal violence. Non-discretionary policies should be in place for the removal of this worker from the workplace if the victim works in the same setting.
4. Remember: Domestic violence is not limited to our traditional notions of violence. It is a whole range of behaviours that covers emotional abuse and attempts to control others in the context of an intimate relationship.

The fact that victims will not always be a reliable source of information is essential for employers to understand and incorporate into their occupational health and safety (OHS) policies and procedures. All employers should err on the side of caution in this regard.

Victims of harassment and/or domestic violence will on

occasion be governed by a multitude of real or perceived fears and they will therefore not always be forthcoming with the information needed for employers to make a thorough assessment. Knowing this, employers should incorporate regular, periodic follow-up interviews, in confidence with the victim to encourage him or her to share any ongoing problems, no matter how inconsequential. Employers in these interviews should also be sensitive to and probing for issues relating to subtle forms of retaliation that may be occurring.

Vulnerable worker categories for job hazard analysis:

From the Dupont Daniels coroner's inquest, employers should now know to add two very important "vulnerable worker categories" to their risk management systems for conducting both job hazard analyses and daily pre-shift management discussions. These are:

- 1) actual or possible victims of domestic violence
- 2) possible mental health issues (obtain a mental health risk assessment)

So the revised vulnerable worker categories should be:

- new
- nearing retirement
- disabled or injured
- language barrier
- pregnant
- 65
- actual or possible victim of domestic violence
- possible mental health issue (obtain a mental health risk assessment)

Organizational factors in assessing "tolerance for risk"

The Dupont Daniels Inquest stirs up some very powerful questions about the organizational influences in the assessment of occupational health and safety risks in hospitals. The fact that Hotel Dieu Hospital had tolerated the odd, socially bizarre and occasionally aggressive behaviour of Dr. Marc Daniels for so many years should be thoroughly explored. This inquiry would reveal nothing about the specific domestic relationship issues between Lori Dupont and Marc Daniels, but could reveal a tolerance by the system for role hierarchies which undermine health and safety efforts. Employers should ask these hard questions, and then ask how such a

tolerance could lead to greater risks? Far too little attention is paid to the kinds of systemic emotional and physical abuse and other work related risks that nurses experience every day.

In order to manage and cope with the daily pressures of performing the role of "nurse" it is absolutely essential that nurses shut down or otherwise control their emotions to some degree. They must also develop a tolerance for these risks on a daily basis. Consequently, the very coping mechanisms that are required in order for them to perform their jobs also place them at greater risk of injury and harm. These organizational factors should be considered in revising health and safety management plans in hospitals.

The Dupont Daniels Inquest has helped to focus attention on these organizational factors such as tolerance for risk, power imbalances and role functions as these may contribute to our risk assessments. It revealed the immeasurable complexities involved in the operation of hospitals. These same organizational factors may also be contributing to the downplaying of the ongoing daily risk of non-fatal injuries, violence and injury that nurses face.

With a clear vision and an unwavering commitment from leadership to change, we can move towards eliminating violence and injuries in hospitals. In recommendation number 23, the Coroner's Jury has suggested that the CEO of the hospital should have the right to override the Chief of Staff and/or the Medical Advisory Committee (MAC) in decisions regarding a physician's privileges when the behaviour of the physician is in violation of the hospital's codes of conduct and by-laws. Recommendation number 23 says that this authority should be used when all the other levels (such as the MAC and the Board) are stalled in stagnation and important safety decisions can't wait for the bureaucracy to move. My thinking is that recommendation number 23 should be expanded to cover every urgent occupational health and safety decision.

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