

# ENGAGING PATIENTS AND FAMILIES IN WORKPLACE VIOLENCE PREVENTION: A HANDBOOK FOR ORGANIZATIONAL LEADERS IN HEALTHCARE

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## BACKGROUND

Hospital leaders have workplace violence prevention plans to provide a safe and healthy place for patients and staff. To prevent violence, everyone must help. This booklet adds to other approaches in that it describes how hospitals can partner with patients and families so they can help prevent violence. This booklet describes a strategy that is built upon the idea of a hospital as a sanctuary for patients and a workplace for health care providers. As a sanctuary for patients and families, it is important that patients and families work to promote a positive environment for themselves and others. As a workplace, patients and families need to know how they can assist in efforts to make the hospital safe and healthy for all who are within the walls. The booklet describes a partnership approach wherein patients and families can be made aware and contribute to the hospital's workplace violence prevention program.

## A HOSPITAL AS A PLACE OF CARE

Hospitals are a place for healing and for the giving and receiving of focused care and treatment. Everything the hospital and its staff members do are meant to contribute to the wellbeing of patients. Keeping everyone as safe as possible takes thought and effort – from everyone.

## WHY SHOULD EVERYONE CARE ABOUT WORKPLACE VIOLENCE IN HOSPITALS?

**Because** — Aggressive and disruptive behaviours by all persons in the workplace (e.g. patients, clients, residents, visitors, volunteers, physicians, staff, students and others) may escalate to workplace violence affecting workers and patients.

**Because** — results of workplace violence are devastating to all involved.

**Because** — it's the law. Workplace violence is against the law and the Occupational Health and Safety Act says that workplaces must take steps to prevent it from happening.

**And because** — when workers and patients are afraid of violence, it interferes with the care and support that patients have a right to expect and that the nurses and other staff members want to give. Hospitals are a place for healing and for the giving and receiving of focused care and treatment. Yet, they can also be stressful places for patients and families where emotions run high, because hospitals are the landing places of every kind of trauma and emergency that one can imagine.

Preventing workplace violence to make both staff and patients safe is what we strive for. It is what this important booklet – Engaging Patients and Families in Workplace Violence Prevention is about.

### SOURCES OF VIOLENCE

Hospitals can be stressful places with high levels of uncertainty and where emotions run high. In the hospital, patients and families are in the throes of experiencing health emergencies, life emergencies, worry, and fear — emotions and conditions that can bring out expected and unexpected behaviours and actions that lead to hospital and staff reactions.

Violence can occur at any time, but there are particular situations where they often occur, such as when a patient is denied a request, asked to do something that they do not want to do, or when told to stop doing something they want to do (Bowers et al. 2014). Violence can also occur during the dispensing of medication, after the patient has received bad news, during staff shift change, when staff members are unable to respond immediately to patient concerns, longer than expected wait times and in enforcing rules of the hospital, such as TV limitations.

### TYPES OF VIOLENCE

While health and safety legislation defines violence as a threat, an attempt, or the act of doing actual harm, it also identifies harassment and sexual harassment as behavior that must also be addressed.

**Workplace Violence means,**

**(a) the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,**

**(b) an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,**

**(c) 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 Harassment** is engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.

**Workplace Sexual harassment** is engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome. This includes making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker, and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

**Bullying** is defined as repeated, persistent, continuous behaviour as opposed to a single negative act and is generally associated with a power imbalance between the victim and perpetrator, where the victim feels inferior (Salin 2003).

**Discrimination**, according to the Ontario Human Rights Code, means discriminating against another based on race, colour, ancestry, creed (religion), place of origin, citizenship, sex (including pregnancy, gender identity), sexual orientation, age, marital status, family status, disability, and receipt of public assistance.

Violence in the workplace has been broken down into categories, which can be useful for understanding types of violence.

- **TYPE I.** External perpetrator (thefts, vandalism, assaults by a person with no relationship to the workplace)
- **TYPE II.** Client/Customer (physical or verbal assault of an employee by a client/family member or customer) someone who receives service from the organization
- **TYPE III.** Employment related. The violent person (physical or verbal) has or had some type of job-related involvement with the workplace.
- **TYPE IV.** Domestic violence (personal relationship)

This guide is concerned primarily with **TYPE II** violence. Examples of Type II workplace violence in a hospital may include:

- Verbally threatening to attack a worker
- Leaving threatening notes at or sending threatening e-mails or calls to a workplace
- Shaking a fist in a worker's face
- Wielding a weapon at work (e.g. contaminated syringe, scalpel, scissors, knife etc.)
- Punching, Hitting or trying to punch or hit a worker
- Throwing an object at a worker
- Sexual violence against a worker
- Spitting at a worker
- Stabbing a worker

### CRIMINAL CODE IMPLICATIONS

Canada's *Criminal Code* defines assault and its consequences for all who commit the crime. The *Criminal Code* applies everywhere, including hospitals.

**Section 266** of the *Criminal Code* states that everyone who commits an assault is guilty of an offence.

An assault is defined by criminal statutes as either: an attempted battery, or "an act intended to create a reasonable apprehension of imminent harm that is either harmful or offensive".

For example, attempting to kick someone may be an assault. So would attempting to spit on someone, because spitting is an offensive behaviour.

"Intentional violence" is considered a crime — even in a hospital. A person could even be convicted of the crime of assault for violence in a hospital.

### NON-INTENTIONAL VIOLENCE IN HOSPITALS

It is important to note that non-intentional violence also occurs in hospitals and may not constitute assault under the *Criminal Code*. Circumstances vary and not all workplace violence — or assaults — that occur in hospitals are criminal in nature. However, workplace violence is a violation and is considered a hazard according to *the Occupational Health and Safety Act (OHSA)*. Therefore, the workplace must undertake preventative action and react to protect everyone. This includes collecting information regarding triggers and behaviours and implementing controls and interventions so that violence is prevented.

### THE HOSPITAL AS A WORKPLACE

Hospitals are workplaces covered under the *Occupational Health and Safety Act (OHSA)*. Under the Act, employers and workers have obligations to prevent workplace violence and all parties must act in accordance with their authority to prevent workplace violence. Employers have the greatest responsibility under the OHSA to protect workers, then supervisors (both are responsible to take every precaution reasonable in the circumstances for the protection of a worker) and workers have a legal obligation to report all hazards to their supervisor or employer and work in compliance with the OSHA and its regulations.

The OHSA is very different from the *Criminal Code*. The OHSA is not concerned with the intent of violence. Rather it focuses on the impact of the violence, and the requirement to prevent it, whether intentional or not.

A safe environment is one where staff and patients can — and do — report violence. Everyone faces the issue of violence head on and speaks frankly about it. Managers listen and adjust practices and protect workers. Everyone is working to help build an environment where everyone feels and is kept safe. Staff members have the training and knowledge they need, with an understanding of all four types of violence and the hospital's workplace violence policy and measures and procedures of the program.

### EVERYONE HAS A ROLE IN PREVENTING WORKPLACE VIOLENCE

**Organizational leaders**, which can include board members, directors and CEO's, must take responsibility and prioritize workplace violence prevention. This includes putting in place measures and procedures to ensure the safety of staff and patients. They must create the strong commitment and foundation to preventing violence that will flow down throughout the organization.

#### MANAGERS

**Managers** prevent violence by ensuring that hospital policies are followed and that the measures which have been implemented are working. When violence occurs, an investigation of root-cause analysis and gaps should be conducted by the manager including a constant re-evaluation to make sure that learnings from the investigation make staff and patients safer than the day before. A healthy environment is one where staff and patients are encouraged to and can report violence, where everyone faces the issue of violence head-on and speaks bluntly about it, where managers can hear and adjust practices, and where all can help build an environment where everyone feels safe.

### FRONT-LINE STAFF

Staff within the hospital have received training about all four types of violence and on the hospital's workplace violence policy and measures and procedures contained in the program. Staff members have a legal duty—under the OHSA and under their employer policies to report any threat or any incident of workplace violence. This progression should create an environment where safety is always improving.

### PATIENTS AND FAMILIES

**Patients and families** have a role, too. They must know what is expected of them and be aware of what they can do to contribute to a safe and healthy environment for all. They must understand that the hospital has zero tolerance for violence and that required action to prevent further occurrences of violence will be taken.

### PARTNERING WITH PATIENTS AND FAMILIES

Partnering with patients for high-quality care is not new in health care. What's new is using the partnership model to prevent workplace violence in the workplace.

A partnership approach builds a safer and healthier atmosphere for both the workers and the patients. Patient Partnership goes by many names: Patient Engagement; Patient Centered Care, Patient Experience; Patients First; and Patient Partnerships. The fundamental characteristics include patient involvement in care and the principle of individualization of care. Research has shown that patient-centered interactions promote adherence and lead to improved health outcomes. Each patient has different needs and knows best about those needs. The idea was pioneered to shift focus away from diseases and back to the patient and family. It promotes a better understanding of the experience of illness and of addressing patients' needs. Partnering with patients and families in workplace violence prevention is just as important as including them in care – patients and families know best how care providers should interact and assist.

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### Researchers at the Picker Institute identified characteristics of care as the most important indicators of quality and safety, from the perspective of patients:

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- **Respect for the patient's values, preferences, and expressed needs;**
- **Coordinated and integrated care;**
- **Clear information and education for the patient and family**
- **Physical comfort, including pain management;**
- **Emotional support and alleviation of fear and anxiety**
- **Involvement of family members and friends, as appropriate**
- **Continuity, including through care-site transitions;**
- **Access to care.**

## Workplace Violence Prevention in Health Care Leadership Table

Patients and families are enlisted as allies in designing, implementing, and evaluating care systems. This concept was introduced in the landmark Institute of Medicine (IOM) report *Crossing the Quality Chasm 2* as a fundamental approach to improving health care. The IOM defined patient-centered care as “care that is respectful of and responsive to individual patient preferences, needs, and values” and that ensures “that patient values guide all clinical decisions.” This definition highlights the importance of clinicians and patients working together to produce the best outcomes possible.

Patients and families should be welcomed as integral members of the health care team and are viewed as allies for improving quality and safety. Extending this principle to partnering in the prevention of workplace violence means weaving a role for patients and families into an organization’s workplace violence prevention planning.

Workplace violence prevention planning should include steps to make patients and families aware of your violence prevention program. This can be done in various ways, such as brochures, posters/signage as well as in one-on-one conversation at intake or admitting points. Hospitals should also be communicating risks associated with workplace violence to patients and families and stressing the benefits of preventing violence. Patients and families should also be engaged in controlling risks to the greatest extent possible.

Some hospitals may use the term “zero tolerance” for workplace violence. If used, the term should be explained or interpreted to mean that every step will be taken to identify and minimize sources of violence and that when incidents occur, action will be taken in accordance with due process and considering all circumstances of the incident. It does not mean that all outcomes will be the same.

### **PATIENT AND FAMILY RIGHTS AND RESPONSIBILITIES**

In partnerships, rights and responsibilities are shared. Patients and families should understand the commitments they can expect and what is expected of them. These might include:

#### **PATIENT (AND FAMILY) RIGHTS:**

- Be treated in a kind and respectful way
- Expect care to include the language of partnership for decisions – language that is welcoming, encouraging, and implied joint decision making. For example, saying: “I need to talk to you about this in order for this visit/interaction to be safe for you and others”
- Receive culturally sensitive care
- Expect that all information about care will be kept private and confidential in accordance with the law
- Be given information in a way that is understandable
- Healthcare teams share important information with each other
- Participation in making decisions about care
- Able to refuse care as permitted by law
- Know the names and roles of people involved in care
- Know the name of the doctor in charge of care
- Express concerns and get answers to questions

## Workplace Violence Prevention in Health Care Leadership Table

- Be told of the fees not covered by OHIP
- Be made aware of the OHSA employer obligations to protect workers from workplace violence
- Be made aware that engaging in workplace violence may be a crime under the *Criminal Code*

### PATIENT AND FAMILY RESPONSIBILITIES WHILE IN THE HEALTH CARE SETTING

- Be polite and respect other patients, visitors and members of the health care team
- Raise any concerns early in the conversation or interaction
- Recognize how the needs of other patients and families may sometimes be more urgent than your own
- Give accurate information to your healthcare team to help them plan your care
- Give your healthcare team the name of the person who will represent you if you cannot make decisions for yourself
- Follow the plan of care the best way you can
- Accept responsibility for the decisions you make about your treatment
- Take care of your personal things and send home anything that is not needed
- Respect hospital property and act in a safe and responsible way
- Understand and be responsible for non-OHIP expenses
- Accept responsibility for the actions you take while in the health care facility.
- Advise the health care team of anything that may cause you to become aggressive during your stay.

### HELPING PATIENTS AND FAMILY MEMBERS UNDERSTAND THEIR ROLE

Even in times of crisis, families need to understand the consequences of their actions. They are a part of the solution in resolving issues and concerns to prevent workplace violence. Patients, family members and visitors should also understand that violence is not tolerated and that preventing violence in the hospital is for their protection, as well. The goal is to make the environment safe for all.

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#### **The *Patient Restraint Minimization Act (PRMA)* states that:**

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- **The hospital may restrain or confine a patient if it is necessary to prevent serious bodily harm to him or her or another person.**
- **Hospitals must ensure that staff members receive training on confining and restraining patients.**
- **Caregivers have a duty under common law to restrain or confine a person when immediate action is necessary to prevent serious bodily harm to the person or others.**

## Workplace Violence Prevention in Health Care Leadership Table

- **Hospitals must establish policies about how to restrain or confine patients to prevent harm. Policies must encourage the use of alternative methods first, which means that a containment approach is the last resort.**

Communication is key to establish everyone's health and safety. Important messages to communicate include:

- Workplace Violence will not be tolerated
- Staff in the hospital are here to provide you the best care possible.
- Caregivers need to be informed of any symptoms and of behaviours that you may have while in their care or any history of violent behaviours.
- If the staff know that certain things can trigger violent or emotional reactions in the patient, staff can be ready or be able to avoid an incident from occurring.
- If it is not safe for the patient, it is not safe for the worker and vice versa.
- Decisions about your care are always informed by current clinical best practice guidelines, as well as principles outlined by regulatory professional colleges, the *Occupational Health and Safety Act* and other laws.
- Working together keeps everyone safer.

### **AFTER AN INCIDENT: WHAT PATIENTS AND FAMILIES NEED TO KNOW**

When violence has occurred, patients and families will see a response aimed at de-escalating or containing the situation and, if necessary, intervention. The police may be called to attend to the situation, although patient violence is not always dealt with as a criminal matter. The first thing to expect is that other health care personnel, including security may be called to assist in the emergency. Hospitals often classify patient action emergencies as Code Whites. When a code white is announced (often over the public address system), personnel respond with the aim of de-escalating or containing the situation with no harm to anyone involved. In the worst situations, i.e. an active assault on a health worker or another patient, staff (or security) may be forced to physically intervene to stop the assault. In these cases, hospitals are governed by the *Patient Restraint and Minimization Act* (PRMA) Section 9 that states that hospitals must ensure that staff members receive training on confining and restraining patients. The objective is to do this as a last resort, and in a way that protects everyone involved.

Patients and family members need to understand that providing information on triggers and behaviours will ensure that care is delivered in a timely and sensitive fashion. Providing this information means that greater likelihood for an incident-free stay as staff will be made aware of these triggers and behaviours and will be able to customize the delivery to ensure safety for all. The triggers (and interventions) will be noted on the chart which could prevent incidents from re-occurring. Patients and families should be told how providing trigger and intervention information can help caregivers accommodate the habits of patients, which helps provide the best care possible.



In extreme cases, a patient or family member may receive a letter from the hospital that explicitly describes a pattern of behaviour and clearly indicates that the behaviour needs to stop or that the hospital will invoke the *Trespass to Property Act* or prohibit entry to all or part of the facility.

### **CONCLUSION**

Workplace violence will not be tolerated in hospitals. Hospitals are a place for care and must be healthy and safe for all those who enter. Hospital leaders create violence prevention programs with a goal of eliminating and reducing violence. Engaging patients and families in workplace violence prevention is also part of the strategy to work towards safer and healthier hospitals. Not only will it help to have patients and families know what to expect, but it only makes sense to have them as active participants in the workplace violence prevention program.

### SAMPLE BROCHURE CONTENT

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**You need care, but you also have a responsibility:  
Keep this hospital workplace free of violence.**

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#### WHY YOU'RE HERE

You're here because you need to be, either as a patient or to support someone you care about. The health problem you're facing is beyond your own ability to deal with it. Your whole life situation may have just dramatically changed. It's an uncertain time and a vulnerable feeling. But you are in hospital to get better or to cope with a new health reality in your family. The goal – for yourself or a loved one – is to get the best care possible. That's why this hospital is committed to stopping workplace violence in all its forms. Health care workers have the right to do their jobs to the best of their ability – free of violence – delivering the highest quality of care.

#### WHY WE'RE HERE

Health care workers are part of a team that delivers the right care at the right time. They are busy, focused and efficient, but they chose this work because they want to help. Every day, health care workers see people having the worst days of their life. They come back for every shift because they care. They do their jobs the best they can to help everyone in the hospital get the care they need.

**Everyone in the hospital needs to help make it a safe workplace**

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#### Remember: Violence is not tolerated in society

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**Hospital staff want to provide care to anyone who needs it and will work with patients and families who face challenges. However, violence and threats are not tolerated in society, nor will they be tolerated in our hospital and there can be legal consequences for violent behaviour in a hospital, just like any other place.**

You only go inside a hospital when you need to. Health care workers spend their working lives here. Like workers in any other place – a factory floor or an office – health care workers have the right to be treated with fairness, respect and dignity when they go to work.

Like any workplace, this hospital's leadership will take the actions needed to prevent and deal with any workplace violence. This includes holding everyone within the hospital accountable – including patients and their families.

### **VIOLENCE IN THIS HOSPITAL WILL NOT BE ACCEPTED OR IGNORED**

Health care workers face the risk of violence on a regular basis, but it is never “okay.” Every violent incident will be reported and investigated. Those acting violently will be held accountable and steps will be taken to address any inappropriate behaviour and to prevent further incidents.

### **HOW YOU CAN CONTRIBUTE TO A SAFER HOSPITAL WORKPLACE**

**Communication:** Health care workers do their best to understand your concerns and needs and act on them. It’s important to communicate. If you’re feeling worried or frustrated, let health care workers know why. Talk about your needs before you become overwhelmed.

**Knowledge:** Give accurate information to the healthcare team to help them plan your care, or that of a family member. If you know that some situations may “trigger” violence, tell someone in the care team, or when the patient is admitted. If the care team gets to know the patient better as a person, they can deliver care in the way that works best for their personality and background.

**What are “triggers”?** A trigger is something about a patient’s or visitor’s personality or background that can make violence or aggression more likely to happen. It can be something people do or say, or it can be things like loud noises or crowded environments. This information should be shared with the care team so everyone knows how to best care for you, your friend or family member.

**Patience:** Every patient is a priority. However, priorities, at any given time, differ. The needs of other patients and families may sometimes be more urgent or life threatening than your own. If your needs become too hard to bear, let someone know as calmly as you can.

**Respect:** Please be polite and respectful of other patients, visitors and members of the health care team. Respect hospital property and act in a safe and responsible way.

**Avoid problems:** Take care of your personal things and send home anything that is not needed.

**Accept responsibility:** Be accountable for the decisions you or your substitute decision maker make about your treatment, and for your own behaviour.

### **WHAT YOU SHOULD EXPECT FROM US**

**Kindness:** You should be treated and spoken to in a way that is respectful. Your health care team should offer you encouragement and support as you take steps to get well.

**Openness:** You should know the names of the people involved in your care team, and the name of the doctor who is directing your care.

**Clarity:** You should be given information that is understandable. You are allowed to ask questions and should get answers. You should be told in advance of fees not covered by OHIP. You should be told of expected wait times.

**Respect for your choices:** You should be able to participate in all decisions about your care, and be given reasonable choices. This includes the ability to refuse care, as permitted by law.

## Workplace Violence Prevention in Health Care Leadership Table

**Privacy:** You should expect that all information about care will be kept private and confidential, in accordance with the law. Patients and visitors must all respect each other's personal space.

**Dignity:** You should receive care in ways that are sensitive to your culture and background, and expect the health care team to share such information with each other.

### **WE ALL HAVE THE SAME GOAL – AND EVERYONE MUST CONTRIBUTE**

We count on health care workers to be there when we need them. They need a workplace free of violence to be at their best for us. Violence, or the threat of violence, gets in the way of delivering the best possible care. The hospital is a place for trying to make situations better, not worse. We're determined to make this workplace free of violence – everyone must be part of the solution, no incidence of violence will be tolerated.

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