VWA Health & Safety Week
Preventing and Responding to Workplace Violence

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Agenda

• Introduction
• Context
• Work-related violence: complex problem requires a multi-faceted approach
• Work-related violence claims in Victoria
• Violence prevention: where we’ve been, where we’re heading
• Key principles for preventing and responding to work-related violence
• Violence prevention: practical tools for employers to use
Context

• Victoria led the national guide *Preventing and Responding to Violence at Work* released in July 2014 through collaboration with the Heads of Workplace Safety Authorities (HWSA) working group to provide information and guidance for employers

• Guide located on the VWA website: http://www.vwa.vic.gov.au
Work-related violence is a ‘complex problem’ that requires a multi-faceted approach

Characteristics of complex problems

- Multiple intertwined issues
- No clear cause and effect relationship
- Cannot be solved in isolation
- Traditional means haven’t fully worked
- Requires innovative solutions (departure from BAU)

Malcolm Sparrow (2008)
Worker-related violence: industry sector wide-problem – increasing community concerns

Health staff suffer abuse
8 Aug, 2014 The Age

Public hospital staff facing ‘unacceptable’ safety risks
29 Nov, 2013 The Age

Labor vow to act on hospital violence
27 June, 2014 The Age

Hospital safety alert
6 Nov, 2013 Herald Sun

Police payout to nurse after bashing by crazed drug user
31 July, 2014 The Age

Hospital backs attack reports
9 July, 2014 Wyndham Weekly

Nurses report rise in threats and injuries
19 Nov, 2013 The Age
Work-related violence: almost 10 years on, we are still working on the same issues

Themes highlighted in the *Victorian Taskforce on Violence in Nursing Final Report* (2005)

- Management and staff education
- Organisational culture
- Resources committed to OHS
- OHS policies and risk management frameworks
- Public awareness
- Uniform definition
- Standardised reporting and information publishing

Work-related violence claims: number of claims by industry – ‘Top 3’
Violence prevention: where we’ve been and where we are heading

2005
Nursing Occupational Violence taskforce committee
Department of Justice Interface working group

2005 – 2010
Workplace Inspectorate Programs focused on work-related violence in hospitals and schools

2006
Health Services prevention focus - on client-initiated violence; drug/alcohol affected clients; severity of risk.
Inspectorate focus on emergency departments & hospital mental health units

2007
Health Services prevention focus - on client-initiated violence continued;
Inspectorate focus on hospitals and care provided in the home

2009
Aged Care prevention focus on client initiated violence; including the national adoption of the aggression in health guidance
Inspectorate focus on aged care units

2011
Victoria leads HWSA Working Group for preventing and responding to violence – national guide released in 2014

2012
Occupational Violence in Specialist Schools Inspectorate program

2014
Victoria will work with key stakeholders and government partners to develop, new violence prevention tools and resources

Preventing and responding to work-related violence – Victorian WorkCover Authority (2014)
Key principles apply when dealing with violence and security

State-wide recommendations that included principles such as:

- The **law** should support people at work if violence occurs
- A **one size fits all** approach does not address the specific issues, needs and requirements of individuals
- Policies based on ‘**prevention and risk management strategies**’ which is key to addressing violence
- Holistic and tailored approach is needed
- Strong leadership
- Zero tolerance
- Education and training – raising awareness
- Specific factors: alcohol and drug use and mental illness
- Environmental and design strategies
Practical tools: applying a risk management approach

• The new Publication outlines the process for employers to follow when developing a **violence prevention policy** which is found on Page 11.

• The work-related violence risk control measures tool (Appendix B) identifies multiple hazards, associated risk factors and control measures (by reliability priority) to ensure the risks in your workplace are managed through a **planned** and **systemic process**:

  1. **Identify** hazards and assess the risks
  2. **Control** the risks
  3. **Review and improve** the effectiveness of control measures
Practical tools: Incident Management

Incident Management

• Make sure your incident management system is simple and easy to follow

• **Eliminate** any technical difficulties or barriers

• Use multiple communication channels to increase awareness (team alerts, emails, intranet, regular agenda items etc.)

• Check your response system addresses immediate issues and has an internal reporting mechanism, including external notifications (i.e. Police, Fire or Ambulance)

• Consult with HSR’s DWG’s and employees to develop an incident management policy or procedure that works – if it works, people will use it!

> Regularly check your incident reporting system and monitor it’s effectiveness
Practical Tools: Incident Investigation

Investigation Principles:

1. **Investigate** as soon as possible after an incident *(avoid time delays)*

2. **Collect** information

3. Look for **causes** *(undertake a consultation process)*

4. **Review** risk control measures *(did any controls fail? If so, why?)*

5. **Communicate outcomes** or results of an investigation

Physical assault, robbery, sexual assault and threats to harm someone should be referred to the Police.

When a matter has been referred to police, an incident investigation should still occur to assess whether the risk controls are effective and whether the response procedures worked the way they were supposed to.
Further Information: Other useful VWA publications

- Armed Hold-ups and Cash handling – Transferring Cash
- Cash-in-transit – A guide to managing OHS in the cash-in-transit industry
- More Information about Occupational Violence
- Prevention and management of aggression in health services: A handbook for workplaces
- Real Estate – Property Inspection Safety
- Security Personnel OHS – Static guarding and patrol work
- Working alone
- Working Safe in Community Services
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Work-related violence
CONTENTS

• Definition

• Scope of the Problem

• Key Influencing factors

• Research and Thinking

• Systems Approach

• Where to from here
Definitions

- Victorian WorkCover Authority

‘Work-related violence involves incidents in which a person is abused, threatened or assaulted in circumstances relating to their work’.

(VWA Preventing and responding to work-related violence guidance 2014)

- Victorian Health Services

‘Any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment’.

(Preventing occupational violence in Victorian health services, Department of Human Services, 2007)

“Violence is a process as well as an act. Violent behavior does not occur in a vacuum. Careful analysis of violent incidents shows that violent acts often are the culmination of long-developing, identifiable trails of problems, conflicts, disputes and failures.” (Fein et al., 1995. p.3)
Some Pioneers


A look at work-related aggression

Bullying
- Chronic
- Primarily psychological
- Repeated and persistent negative behaviours towards the victim
- Internal source such as co-workers or supervisors
  - (Einarsen et al. 2011)
- Perception in UK Australia

Violence
- Acute
- Primary perceived threat of, or actual, physical harm
- Can include psychological acts.
- Single or repeated
- Multiple sources for hospital nurses: co-workers, supervisors, patients, patient’s family or visitors
  - (Hesketh et al. 2003)
Consequences

Workplace aggression is associated with:

• **Lower organisational commitment**
  (Rodwell *et al.*, 2012a, 2013)

• **Lower wellbeing**
  (Rodwell *et al.*, 2012a, 2013)

• **Higher psychological distress**

• **Anxiety and depression**

• **Post traumatic stress disorder**
  (Lahelma *et al.*, 2011)
Key Influencing Factors: Nurses

• For nurses, being part of an oppressed group in the workplace increases the likelihood of accepting (not reporting) violence. (Friere, 1971, Roberts et al. 2009, Rodwell & Demir 2012)
• Exposure to risky situations (Rodwell, 2012)
• Low supervisor and coworker support (Rodwell et al., 2012c, 2013)
• Low job control (Rodwell and Demir, 2012)
• Negative Affectivity (NA) = more likely to react to bullying situations at work (Spector et al. 2000) but NA does not predict physical violence (Rodwell & Demir 2012)
• Training (Farrel, 2010)
Care Program Essentials Model  NSW Ministry of Health 2013

**Preparation:** Engage Teams

**Assessment:** Gather formation about care and culture

**Feedback:** Critically reflect and identify themes

**Planning:** Prioritise and action themes

**Action:** Implement and evaluate

**Re-assess every 2 years:**
Re-gather information about care and culture at the end of each cycle
Individual and Challenging Behaviour

• Unmitigated work stressors together with low job control increase the likelihood of strain, emotional arousal and violence (Karasek 1985)

• Mental Illness (Beyond Blue suggests 20% of Victoria’s population) increases the likelihood of a violent reaction

• Dementia

• Substance use, alcohol and certain Class A drugs increase the likelihood of violent reaction
Psychosocial work environment

The DCS model
Key influencing factors: The Place

Routine Activity Theory The Chicago Drive By study (Cohen and Felson, 1979)

Three necessary elements must converge in time and space*
• Motivated offenders
• Suitable targets
• The absence of capable guardianship*

Victorian Parliamentary Inquiry (2011) analysed reports of violence, 78% n= (1,798) failed to specify the location
The way forward

- An heuristic problem demands a multi disciplinary approach
- Foster scientist practitioner action research
- Grounded theory
- Communities of practice across hospital campuses
- Involve staff associations
- Start soon