

Violence against health workers

AMA Victoria Senior Policy Officer **Katherine Walsh** examines the culture of acceptance when it comes to violence against health workers.

The tragic and excessive attack on a doctor at the Western Hospital in February has brought the issue of violence in healthcare settings back into the spotlight. Unfortunately this case is just the latest in a number of serious attacks over the last few years but it serves as a stark reminder of the unacceptable risks health care workers are exposed to just by turning up to work each day.

Far from being a new issue, violence in health care settings has been the subject of several reports, investigations and inquiries over the past few years. In Victoria violence against health care workers has been the subject of reports from Parliamentary Committees, WorkCover and the Auditor General. Many of these have resulted in lists of recommendations and commitments of action to stop the rising tide of violence, but little has changed.

In recent times emergency departments have been described as 'war zones' with staff repeatedly exposed to abuse from drunken or drugged patients. While health care workers are always on alert, other patients are forced to sit and wait amongst violent and abusive individuals.

Very serious incidents, such as the stabbing at Western Hospital or the death of a GP in 2006, are thankfully not common. There is, however, an epidemic of smaller, less serious, though no less significant incidents, which are often viewed by health care workers as simply part of the job. Incidents where staff are verbally abused, intimidated or spat at can have profound effects on a person's mental health and physical wellbeing. Repeated exposure to these kinds of incidents can result in long term effects, such as stress and depression, for workers.

A number of surveys have assessed the level of violence and aggression that health care workers are exposed

to. An article published in the *Medical Journal of Australia* in 2007¹ reported that 11 per cent of GPs had been exposed to some form of violence or verbal abuse. Recent data released to Fairfax Media under freedom of information disclosed a total of 13,709 "code grey" calls (a response to aggressive or potentially aggressive behaviour) recorded in 2011–12. In addition to the code greys responded to in 2011–12 there were over 100 "code blacks" (serious incidents where staff were attacked with syringes, knives or chairs)². A Victorian Auditor General's report found that 70 per cent of code blacks were not recorded in incident reporting systems at hospitals³.

These figures indicate that health care workers are exposed to an unacceptably high risk of violence and abuse and that there is an acceptance of this risk by the community and health care workers themselves. A culture that accepts the risks of violence and aggression as being part of the job will never be able to reduce the risks to workers.

The inability to access comprehensive data on the number of assaults or violent incidents, except through freedom of information requests, is indicative of the culture of acceptance of this risk. A system that does not openly report on the number and type of violent incidents directed at its health care workers does not encourage workers who are subject to these incidents to report them. Until there is a comprehensive reporting of these incidents the community will not fully understand that scale of the problem and the government cannot begin to appropriately tackle it.

Often the response to violent incidents is a reactionary one. Individual hospitals are forced to respond after incidents have taken place. In 2013 Dandenong Hospital developed a formal code grey strategy after experiencing several, very serious, violent incidents. The lack

of protection from incidents such as a nurse being bitten and concrete being thrown through windows led nurses to threaten to strike before the commitment to action was made. Whilst the commitment is a welcome one system-wide action needs to be taken to prevent these incidents from occurring. Not in response to them.

In 2010 the Coalition recognised the problem of violence in health care settings and committed \$21 million to placing armed Protective Services Officers (PSOs) in hospital emergency departments. At the time AMA Victoria opposed the move on the basis that the presence of armed guards, who were not appropriately trained for health care settings would likely inflame violent situations. In 2011 the Inquiry into *Violence and Security Arrangements in Victorian Hospitals*, undertaken by the Parliament of Victoria also recommended against the placement of PSOs in hospitals in response to unanimous opposition from health clinicians, hospital staff and security personnel. The government agreed to reallocate their \$21 million commitment to supporting other opportunities for protecting health care workers. Despite accepting the majority of recommendations tabled in the parliamentary report the Government have, so far, allocated only \$5.8 million to improving safety and security in hospitals.

All workers have the right to feel safe at work and hospital staff should be encouraged to report all violent or aggressive incidents that have endangered, or have had the potential to endanger, staff safety. Reporting systems should be designed so that they are easy to complete and encourage staff to report all incidents.

Considerable effort is made to ensure that the majority of workers are safe. Employers have legal, and moral, obligations to provide safe working environments and fix any potential risks to the health and safety of the

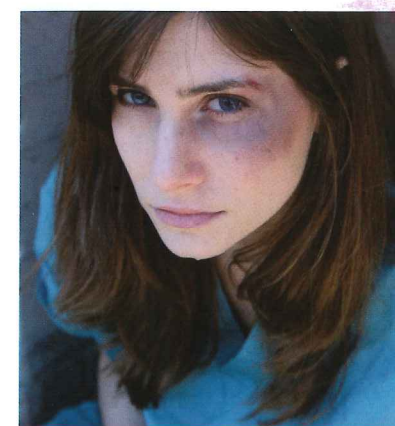
employee. The same requirements do not currently seem to extend to health care workers when it comes to the risk of violence.

A lack of resources does not excuse governments or individual health services from failing to adequately protect its employees. We cannot afford to compromise the health and safety of people who are prepared to offer care for others. We must do more to ensure that each instance of violence against health care workers is reported, acknowledged, and addressed. If not, the cause and effect of such violence will go undiagnosed and the problem will continue unabated.

There is no denying that the risks to those employed in health care settings are greater than for most other professions. Workers are often dealing with people who are intoxicated, have altered mental states, are highly emotional and are often in emergency situations. The increased risk health care workers are exposed to does not mean these incidents should be accepted as an inherent part of the job. As with the majority of other professions where workers are subject to violence, intimidation, harassment or any situation that makes them feel threatened they should feel comfortable reporting the incident and be supported by the system to take action in protecting them.

There is no simple solution or quick fix. Reducing the incidence of violence and aggression in healthcare settings requires not only strong and urgent action by government but also a process of culture change amongst the community and in healthcare settings. These actions need to be further supported by government policy and legislation.

Whilst it receives the most attention violence against health care workers is not confined to the emergency departments. For those working in community settings the risks can be just as high, or higher. Paramedics and ambulance officers are the first responders to many cases and are often faced with a patient under the influence of alcohol or illicit drugs or violent situations that poses risks from friends or family. Figures from Ambulance Victoria show that abusive and aggressive incidents towards ambulance officers are increasing. In 2012 the CEO of Ambulance Victoria released a media statement imploring the community to treat ambulance officers with respect and not verbally



AMA Victoria has called on the government to invest the remaining \$15.6 million from its original commitment to:

- introduce legislation with harsher penalties for those who attack health care workers
- employ trained, unarmed security guards in public hospitals
- implement a system for reporting all violent incidents
- better training opportunities for health professionals in recognising and managing people at risk of becoming perpetrators or victims of violence.
- install visible TV monitoring
- implement Behavioural Assessment Rooms (BARs) in all public hospital emergency departments across Victoria.

or physically assault them. Community health workers, particularly those who visit clients in their homes, are also exposed to similar risks. Community workers often work by themselves and don't have access to immediate supports and protections that may be available in a health clinic or hospital.

Hospital wards and mental health facilities are also of high risk for health care workers. Last year *The Age*⁴ reported on workplace incidents reported to the Health and Community Services Union hotline. In one month 21 calls were made regarding serious incidents including a nurse having her arm broken, staff being punched and physically intimidated and a bomb threat made all in one mental health ward at the same hospital. Aged care facilities can also expose staff to similar risks of violent and abusive behaviour from residents and families.

Unfortunately General Practitioners, generally respected as a key provider of community care, are also exposed to violence. In 2006 a GP in Noble Park was stabbed to death in her consulting rooms by a patient.

These examples strengthen the need to extend the focus of protective measures past the emergency department and into wards and the community. Increased resources must be provided to ensure that health workers, in all settings, are protected.

The debate around reducing the level of violence against health care workers has a lot in common with recent efforts to reduce alcohol fuelled violence in the community. In fact the harms associated with alcohol consumption often over-flow into health care settings. A point in time survey conducted by the Australasian College for Emergency Medicine (ACEM) at 2 am on Saturday 13 December 2013 found that one in seven patients attended the emergency department as a result of the harmful use of alcohol, in some hospitals this was as many as one in three. Many of these patients would likely have been agitated and potentially aggressive or abusive towards staff, other patients and visitors. Over the Christmas period there were numerous reports of alcohol fuelled violence including the death of a young man who was the victim of a coward punch (king hit) in the Sydney CBD on New Years Eve. The increasing media coverage of such incidents and the public debate it has spurred has lead to community acceptance that the violence is unacceptable and must be stopped. Public commentary raised the question of why a person should accept being exposed to alcohol fuelled violence as an inherent part of a night out, or why hospitality staff should be exposed to this behaviour as part of their jobs. Current government action, particularly new measures being introduced in NSW, are aimed at making sure it is safe for people to go out and enjoy themselves at night without fear of being attacked. Reforms also aim to make it safe for those working in, and around, late night venues to go to work.

Violence against health workers is following a similar, delayed, process. When serious incidents are reported in the media, or when freedom of information data showing the number of violent or aggressive incidents (code grey and code black) is released, there is often outrage amongst the community. Debate reignites and

1. Leanne Rowe and Michael R Kidd, "Increasing violence in Australian general practice is a public health issue", *MJA* 2007; 187 (2): 118-119
 2. <http://www.theage.com.au/victoria/alarm-over-violence-in-melbourne-hospitals-20131228-300v9.html#ixzz2v9XczMp>
 3. <http://www.audit.vic.gov.au/publications/20131128-OHS-in-Hospitals/20131128-OHS-in-Hospitals.pdf>
 4. <http://www.theage.com.au/victoria/violence-against-mental-health-staff-20131118-2xr7r.html>

there are renewed calls for action by government. Commentary focuses on questioning how it can be acceptable to be exposed to such serious incidents as an inherent part of going to work every day. It is time that we stopped debating this issue and acknowledged that it is unacceptable to expose people to violence and harassment at work and take action to ensure it is safe for health care workers to go to simply do their jobs. Strengthened legislation, that removes intoxication as an excuse for violence, and actions that promote cultural change are vital. Expectations regarding the behaviour of patients, families and visitors in health care settings should be made clear and there should be plain and obvious consequences for breaching these expectations. Culture change needs to be supported to make it clear that violence or harassment in any situation, against any member of the community, is not acceptable. If we can recognise the need to protect people going out at night we must recognise the need to protect people



who are undertaking vital work in the community.

Greater urgency in government action is required to respond to the epidemic. In April 2012 the Government announced its plans to introduce legislation providing for harsher penalties for those who attack police or emergency workers whilst carrying out their duties. The penalties include additional mandatory imprisonment time, forming an additional minimum non-parole period, for people who assault first responder workers including police, ambulance officers

or nurses and doctors in emergency departments.

AMA Victoria welcomed the commitment at the time and it is disappointing that almost two years later this legislation has still not been introduced. Recently AMA Victoria met with Health Minister David Davis, Attorney General Robert Clark and the Chief of Staff to the Minister for Police and Emergency Services, at their request, to discuss the introduction of this legislation. AMA Victoria believes that given the threats faced by non-emergency workers this legislation should also be extended to include assaults on all health care workers, including those working in hospital wards and providing care in the community and we will continue to lobby for this.

The epidemic of aggression and widespread acceptance needs urgent attention. Action needs to be taken to send a clear and necessary message to the public that violence in health care settings will not be tolerated.

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6.30pm registration for a 7pm – 9pm session. Light supper provided.

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