ACT Government | ACT Health

Nurses and Midwives

Towards a Safer Culture – The First Step: Discussion Paper

My Safety | Your Safety | Our Priority

November 2018

Contents

Executive summary

ACT Health has developed this Discussion Paper called *Nurses and Midwives: Towards a Safer Culture – The First Step – Discussion Paper* to support the fundamental rights of nurses and midwives in the ACT to be safe and protected in their workplaces.

In 2016, the Australian Nursing and Midwifery Federation (ANMF) ACT Branch advocated for a broad reaching, in-depth review of workplace safety, including a review of Occupational Violence and Aggression (OVA), challenging occupational behaviours and workforce practices to improve the safety of nurses and midwives.

In the same year, a commitment to developing the strategy was made in the Parliamentary Agreement for the 9th Legislative Assembly for the Australian Capital Territory. Meegan Fitzharris MLA, Minister for Health and Wellbeing, initiated the development of a safety strategy for nurses and midwives alongside Shane Rattenbury MLA, Minister for Mental Health.

The purpose of the Strategy is to provide a safe and healthy environment, an environment where our staff and all persons who enter ACT Health workplaces, encompassing ACT Health Directorate, Canberra Health Services, University of Canberra Hospital and Calvary Public Hospital Bruce, are protected from harm and feel safe at all times.

The discussion paper provides the foundation for the development of the Strategy and Implementation Plan. It supports an approach to safety culture that relies on the leadership and collaborative efforts across ACT Public Health directorates. Informed by the *ACT Health Work Health and Safety Strategic Plan* (*2018-2022)*, the Strategy will provide the foundation for positive cultural change in ACT Health and a strategic approach to reduce harm to staff, patients, visitors, contractors and others.

In late 2017, consultations with nurses and midwives were independently facilitated to inform the development of a discussion paper. Consultation identified the recognition and mitigation of workplace risks, adequate resource allocation, safety benchmarks, workplace design, policy, and education as factors needing to be addressed.

Local consultation, combined with a detailed review of national and international literature, have been conducted to guide the development of a strategy to address OVA, challenging occupational behaviours and safe work practices in the ACT.

The recommendations summarised below describe strategies to prevent, reduce and manage the exposure of ACT nurses and midwives to unsafe working environments. The recommendations have grouped into four domains – Organisation Wide, Occupational Violence and Aggression, Challenging Occupational Behaviour and Safe Work Practices.

The recommendations of this Strategy are:

Organisation Wide

- Review and strengthen governance
- Review and strengthen workplace risk strategies, including identification, minimisation, prevention and reporting
- Promote a workplace culture of respect and staff empowerment

Occupational Violence and Aggression

- Develop and implement an Occupational Violence and Aggression management guideline, including standards, guidelines and education
- Develop a community/consumer information campaign

Challenging Occupational Behaviours

- Improve leadership
- Strengthen bullying and harassment prevention and management guidelines
- Develop and implement workplace civility measuring and management guidelines

Safe Work Practices

- Embed best practice guidelines in the development of safe work practices
- Continue to pursue safe workplace design principles in new builds and redevelopment of workplaces

Introduction

Workplace violence and aggression is a global problem confronting all health care workers. It is a major focus for health services as they strive to provide for the health and safety of workers within diverse and dynamic workplace environments.

Threats to staff safety are unacceptable at any level and in any circumstance. In the provision of public healthcare in the ACT, the ACT Health Directorate (ACT Health), Canberra Health Services (CHS), University of Canberra Hospital (UCH) and Calvary Public Hospital Bruce (CPHB), are committed to improving workplace safety and continued compliance with legislated responsibility to protect workers and others from harm.

Under the *Work Health Safety Act 2011 (ACT),* all reasonably practicable steps must be taken to protect workers through the elimination or minimisation of risks related to work practices. This work will be lead by ACT Health.

The *ACT Health Work Health Safety Strategic Plan (2018-2022)* supports our ambition 'to be recognised as a high performing health service that provides person-centred, safe and effective care' (*ACT Health Quality Strategy*). The Strategic Plan provides the foundation for positive cultural change in ACT Health and a strategic approach to reduce harm to staff, consumers, visitors, contractors and others. To reduce costs and loss of skilled staff due to injury, ACT Health needs to more strategically reduce exposure to Work Health and Safety risks and prevent psychological harm and physical injuries.

In line with the *WHS Strategic Plan,* we strive to provide a safe and healthy environment, where our staff and all persons who enter ACT Health workplaces are protected from harm and feel safe at all times. In keeping with the core value of *Excellence,* this can be achieved when:

- exposure to work health and safety risks is eliminated or minimised
- workplaces and systems of work are optimally designed with workers' health and safety in mind

To fulfil governance responsibilities and promote their safety, there is an imperative for nurses and midwives to be involved in representation, consultation, developing guiding documents, education, monitoring, reviewing and responding to workplace safety incidents and issues. The ACT Government is committed to ensuring this participation occurs as although nurses and midwives have a duty of care to their patients and clients, providing care should not compromise their safety in the workplace.

Isolated safety responses provide limited protection to staff and a coordinated, organisational wide response is necessary to effectively mitigate the risk. Accurate recording and investigation of incidences of workplace violence and aggression are required to monitor the extent of the problem, learn from incidents and improve safety measures.

Nurses and midwives, at the forefront of health care delivery, are the largest health care group exposed to Occupational Violence and Aggression (OVA). Research suggests significant under-reporting due to multiple factors, including complex reporting systems and a culture normalisation of OVA (Victorian Auditor General, 2015; Hogarth et al., 2016).

Following on from this, estimates vary on the levels of OVA and the impact on healthcare delivery.

Objective

This discussion paper provides background information for the formation of a strategy to support ACT Health to meet the requirements of the *Work Health and Safety Act 2011 (ACT)* and the *ACT Public Service Nursing and Midwifery Enterprise Agreement (2013-2017)* and aligns with the *ACT Health Work Health Safety Strategic Plan (2018-2022)*.

It acknowledges ACT Health has a duty of care to all workers to, as far as reasonably possible, protect the health and safety of employees and to take all measures possible to eliminate or minimise the risks of harm to employees. This discussion paper aims to identify key recommendation to inform risk minimisation strategies with regards to OVA, challenging occupational behaviours and safe work practices.

Scope

This discussion paper reflects the concerns and experiences of nurses and midwives working in ACT public health services.

An extensive literature review further expands the national and international experience of OVA, including contributory factors and impact; challenging occupational behaviours and safe work practices. The review included consideration of grey literature, to explore both preventative and management strategies and lessons learned post implementation.

1. Context

Background

The ACT Government recognises the impact of OVA and occupational challenging behaviour as a global problem confronting all health care workers, in particular, nurses and midwives. Further to this, ACT Government acknowledges the need for ongoing policy development to support contemporary, safe work practices for ACT Health employees.

As the largest employer of health care practitioners in the Territory, ACT Health is committed to meeting its obligations under the *Work Health and Safety Act 2011 (ACT)* and the *ACT Public Service Nursing and Midwifery Enterprise Agreement 2013-2017.*

In accordance with these obligations, and to respond to increasing incidents of workplace aggression and violence, in November 2016, the Parliamentary Agreement for the 9th Legislative Assembly was agreed and included a commitment to *"Develop a Nurse Safety Strategy through forums with stakeholders, focusing on high risk areas"* (Parliamentary Agreement for the 9th Legislative Assembly).

The ACT Branch of the ANMF has long advocated for the development and implementation of work practice guidelines and policies aimed at ensuring and enhancing the safety of nurses and midwives with respect to OVA, challenging occupational behaviours and safe work practices.

2. Consultation

Forums with ACT nurses, midwives and other key stakeholders were independently facilitated to inform and direct the development of the strategy. Small focus groups were then conducted, which provided more detailed exploration of the issues raised in forums.

The following recommendations are based on feedback received during the consultation phase and have been grouped into headings to provide structure for reporting purposes.

Workplace culture

- Promote a culture where patients and staff are treated with equal respect; staff will experience a safer workplace and be empowered to report incidents of violence and aggression
- Conduct culture surveys at regular intervals and include questions on staff exposure to aggression and violence in the survey
- Align and maintain an online resource for nurses and midwives providing additional information that is updated regularly
- Commit to a culture of transparency by publishing organisational violence and aggression data quarterly using an online resource accessible to nurses and midwives
- Adopt a multidisciplinary approach including consultation with staff across all disciplines and professions to develop policies and procedures to ensure effective assessment, planning, and evaluation strategies

Risk assessment

- Adopt comprehensive risk assessments of all patients on admission, with regular review, using best practice patient acuity tools, and ensure staff are trained in the use of these tools
- Alert staff promptly if a client or visitor is identified as being potentially violent and/or aggressive
- Ensure staffing levels meet patient acuity requirements with additional staff requests addressed promptly

Improve governance

- Review current governance infrastructure and organisational policies to reduce fragmentation and improve consistency (including close liaising with ACT Ambulance Service, Australian Federal Police, and ACT Correction Services)
- Develop an ACT wide policy for ACT Health Directorate, Canberra Health Services (CHS), University of Canberra Hospital (UCH) and Calvary Public Hospital Bruce defining acceptable workplace behaviour and provide uniformity in the assessment and management of workplace violence and aggression
- Develop strategies to improve and document compliance with organisational policies, procedures and guidelines
- Include workplace safety as a fixed agenda item for all ward meetings
- Discuss workplace aggression and violence with all staff at performance appraisals
- Ensure all middle managers have the necessary support to directly influence prevention and management of workplace violence and aggression in their workplaces at all times
- Review and update emergency response and alert systems

Reporting and data collection

- Identify and address barriers to reporting
- Introduce a simplified electronic reporting system with improved datasets, capacity for rapid reporting and provide training on use of the system
- Ensure collection and analysis of data includes root cause analysis
- Provide staff access to accurate data and report quarterly at Tier 1 and Tier 2 committees
- Include violence and aggression incidents in the Canberra Health Services Annual Report

Education

- Review online and face-to-face training regularly and evaluate prevention and education strategies
- Make education on preventing and managing workplace violence and aggression mandatory and immediate for all managers, during orientation of new staff and within one year for all existing staff
- Introduce an online resource for nurses and midwives
- Develop specific training tools, including de-escalation techniques, for high risk areas such as mental health, emergency department and aged care
- Conduct a staff and public education campaign communicating that violence and aggression is unacceptable

Workplace practices

- Improve workplace acuity methodologies to ensure safe staffing levels for nurses and midwives
- Consider findings of patient assessment and issues of risk when patient care decisions are made
- Enhance communication, consultation and collaboration between staff involved in patient care
- Ensure care plans involve family members/support people, where appropriate; and use alerts to identify of risk factors
- Apply code black (threat to personal safety) responses consistently and debrief team following incidents, report and review all incidents
- Establish an expert advisory group to examine protocols, guidelines, and review management of incidents
- Provide a fast track system to introduce agreed safety enhancements such as personal duress systems

Prevention

- Develop baseline security standards as part of the governance infrastructure
- Ensure trained security personnel are available at all times
- Adopt workplace environmental design to include secure / safe zones and provide exit areas for staff, consider environmental design in refurbishment of new buildings
- Provide, test and update security cameras, safety monitoring systems, and emergency alert systems and provide training in their use
- Provide personal duress alarms in high risk areas, consider global positioning system (GPS) telephone tracking for home visits
- Educate staff on the use of a flow chart to identify potentially violent situations and use prevention strategies including de-escalation, presence of security personnel, and attendance of a minimum number of staff members

Follow-up

- Strengthen systems to follow-up and investigate incidents using a collaborative and consultative approach
- Collect and review incident data, analyse and communicate findings and trends to all staff in a transparent, consistent and efficient manner using an online resource and the 'scorecard' facility
- Ensure actions taken in response to incidents are communicated to staff
- Initiate systems for all staff affected by workplace violence, including debriefing, peer support, organisational, management and other support services as necessary
- Require managers to follow-up with all staff affected by workplace violence and aggression to enhance and ensure their wellbeing
- Implement recommendations from incident root cause analysis to prevent further incidents (quality improvement cycle)
- Support nurses and midwives injured during workplace violence and aggression in accordance with public sector expectations and requirements

Levels of responsibility

- Senior executive staff representing the whole organisation
- Managers including clinical managers and supervisors
- All frontline staff

Key recommendations

Thematic analysis and grouping informed a series of recommendations. The recommendations summarised below describe actions to prevent, reduce and manage the exposure of ACT nurses and midwives to unsafe working environments. The recommendations have grouped into four domains: Organisation Wide, Occupational Violence and Aggression, Challenging Occupational Behaviour and Safe Work Practices.

The recommendations of this Strategy are:

Organisation Wide

- Review and strengthen governance
- Review and strengthen workplace risk strategies, including identification, minimisation, prevention and reporting of risks
- Promote a workplace culture of respect and staff empowerment

Occupational Violence and Aggression

- Develop and implement an Occupational Violence and Aggression management plan, including standards, guidelines and education
- Develop a community, consumer and carer information campaign

Challenging Occupational Behaviours

- Improve leadership
- Strengthen bullying and harassment prevention and management guidelines
- Develop and implement workplace civility measuring and management guidelines

Safe Work Practices

- Embed best practice guidelines in the development of safe work practices
- Continue to pursue safe workplace design principles in new builds and redevelopment of workplaces

These key recommendations focus on meeting the expressed needs of staff as identified throughout the consultative phase. The key recommendations identified align with the *ANMF (Victorian Branch) 10 Point Plan to End Violence Against Nurses (2014)*.

3. Literature review

Formal literature review

OVA, challenging occupational behaviours and work practices were identified in the consultative phase as being serious issues for nurses and midwives in the ACT. A literature review was conducted to determine if these issues transcended the ACT environment and determine the prevalence and impact of these issues on a national and international level.

The elements considered in this review include the incidence, nature of workplace violence and aggression and challenging occupational behaviours, measures for prevention, early intervention, incident management and follow-up; and determinants and impact of safe work practices in health.

The literature review was conducted using Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily, Ovid MEDLINE and Versions(R). Search terms included aggression, violence, challenging occupational behaviours, bullying and harassment, safe work practices, nurse and midwife. Extensive work has been published in Australia and overseas in an effort to understand, interpret, prevent, manage and follow-up these three key issues.

Workplace violence

Workplace violence is any incident where a person is abused, threatened or assaulted in circumstances arising out of, or in the course of, their work (Safe Work Australia, n.d.).

Overall, the healthcare and social assistance industry had the highest number of workers compensation claims in 2014–15, and they are in the top three occupational groups most at risk of work-related mental health issues (Safe Work Australia. n.d.). The healthcare and social assistance industries account for 15% of large insurance claims in 2015–16, followed by manufacturing and construction (12%), with these two groups accounting for around 40% of large insurance claims although they make up less than 30% of the workforce (Safe Work Australia: Australian Workers' Compensation Statistics 2015–16).

Nurses and midwives are the largest group of healthcare workers. As frontline workers they are subject to high rates of occupational violence and aggression (Shea et al., 2017). Healthcare services also experience high rates of claims for work-related harassment or bullying (Potter, 2016).

Areas identified in the literature as being high risks are the Emergency Department, Mental Health and Aged Care (Partirdge & Affleck, 2017, Anderson, 2011; Muir-Cochrane & Duxbury, 2017).

The Emergency Department (ED) is an area considered high risk for workplace violence and aggression (Partridge & Affleck, 2017). The highest risk within the ED occurs during triage (three times higher risk), during communication with patients and managing patients' reactions to delays (Pich et al., 2017).

Patients with neurological disorders including brain injury, stroke, seizures, and dementia may have increased rates of aggression (Trahan & Bishop, 2016). Significantly greater levels of workplace violence are reported in rehabilitation units and when caring for patients with undertreated pain (Sampson et al., 2015), alcohol intoxication, illicit drug use, psychiatric disorders and delirium (Hahn et al., 2010). A higher global incidence of dementia is increasing the risk to nursing staff who care for patients with confusion and cognitive impairment (Moonga & Likupe, 2016). South Australia's Policy Directive on Preventing and Responding to Challenging Behaviour (SA Health, 2015) lists high risk clinical conditions for potentially challenging behaviour as mental illness, alcohol and drug misuse, dementia, delirium, intellectual disability, acquired brain injury and neurodegenerative conditions and a history of trauma.

Older adults with mental health conditions and behavioural problems are often admitted to general wards (Goldberg et al., 2012; Biancosino et al., 2009). Nurses often require increased skills and time to deal with elderly patients with dementia and delirium who are agitated and aggressive (Griffiths et al., 2014). In general medical-surgical wards, an increased risk of aggression and violence can occur when delirium or dementia are present (Williamson et al., 2014). Patients with complications related to illicit drug use are also admitted to general medical-surgical wards in a setting where nurses lack the preparation to provide their care (Monks et al., 2013).

In Australia estimates of the incidence of occupational violence and aggression vary. This is related to the period of time examined and the methodology used by researchers, however all research reports suggest high rates of violence and aggression. Australian studies indicate the rate of verbal abuse is increasing and is experienced by 95% (Pich et al., 2017) to 100% (Hyland et al., 2016) of ED nurses, with 87% reporting experiencing violence in the previous six months and 40% in the previous week (Pich et al., 2017).

Emergency Department nurses experience verbal aggression on most days (Hogarth et al., 2016) and 87% (Pich et al., 2017) to 89% (Partridge & Affleck, 2017) have experienced verbal abuse and threats of violence and harassment in the past six months. More than half of the ED nurses (53.4%) had been physically assaulted (slapped, punched, kicked, bitten) in the past six months, with 23% assaulted with bodily fluids and 10.6% with weapons (Partridge & Affleck, 2017). A far greater number of nurses experience verbal abuse and multiple physical assaults daily when compared to doctors (Partridge & Affleck, 2017).

Thirty six percent of nurses and midwives in all types of work settings report being assaulted by a patient or visitor in the previous month, with 90% experiencing verbal abuse, 45% experiencing physical abuse such as punching, striking, pushing, scratching and grabbing and 27% threatened with harm (Farrell et al., 2014). Nursing and midwifery staff working on a rotating roster were at more than twice the risk of violence and aggression with enrolled nurses at more risk than registered nurses (Farrell et al., 2014). Staff with less training who are working on shifts where less support is available appear to have increased vulnerability to workplace violence and aggression. Assaults by patients are more common than assaults by visitors (Farrell et al., 2014; Shea et al., 2017). Student nurses also experience violence and aggression in the workplace with 34% of second year nurses reporting physical violence and aggression (Hopkins et al., 2014).

Australian statistics reflect the high rates of aggression and violence experienced by nurses and midwives internationally. In the United States the highest number of assaults are

experienced by healthcare workers (Phillips, 2016). Violence against healthcare workers has become so endemic in the United States that the Occupational Safety and Health Administration (OSHA) has requested federal health regulations to protect healthcare workers from 'staggering levels of assault' which have made health the most violent industry after law enforcement (Evans, 2017, p 1). A United States ED reported 94.3% of registered nurses experienced verbal abuse, 79.2% threats and 35.8% physical violence (Copeland & Henry, 2017). The United States Bureau of Labor Statistics indicates assault is the most frequent reason for non-fatal injury or illness requiring leave in healthcare (HCPro, 2014).

A Swedish study indicates violence against health professionals from patients and visitors constitutes their most dangerous workplace hazard (Hahn et al., 2012). Nurses were the healthcare professionals experiencing the highest rate of violence perpetrated by patients or visitors (Hahn et al., 2012). In the United Kingdom 83% of health staff experienced verbal aggression, 50% were threatened and 63% were physically assaulted in the previous four weeks, with 56% of those assaulted experiencing an injury (Lepping et al., 2013).

Factors associated with aggression and violence include long waiting periods (Howerton Child & Sussman, 2017; Hahn et al., 2010) with 99% of nurses identifying this as the main trigger. Long waiting times increased the risk of violence by more than five times (Pich et al., 2017). Inadequate staffing increases waiting time and frustration (Farrell et al, 2014; Ventura-Madangeng & Wilson, 2009). A high ratio of junior or inexperienced staff and poor skills mix increased the risk of being a victim of violence and aggression, with Enrolled Nurses (ENs) and Assistants In Nursing (AINs) at higher risk than Registered Nurses (RNs) (Farrell et al, 2014). Being on a rotating roster or on night shift also increased the risk of exposure to workplace violence and aggression (Farrell et al, 2014; Pich et al., 2017). After hours the increased rate of violence and aggression occurs when less support staff are available.

Challenging occupational behaviours

Challenging occupational behaviours collectively refers to negative behaviours which has the ability to cause psychological harm to another person, either intentionally or unintentionally, and incorporates bullying, harassment, discrimination, exclusion and unfair treatment.

The two predominant areas of focus are bullying and harassment. Safe Work Australia defines bullying as repeated and unreasonable behaviour which creates a risk to health and safety for workers. Harassment is behaviour that intimidates, offends or humiliates a person and may be related to race, age, gender, disability, religion or sexuality (Potter et al., 2016). Health care services experience high rates of claims for work-related harassment or bullying (Potter, 2016). The cost of challenging occupational behaviours in Australia is estimated at around $36 billion annually (Potter et al., 2016). The rate of bullying has been increasing with approximately 9.4% of workers in Australia experiencing bullying as defined by Safe Work Australia Workplace (Potter et al., 2016). Approximately 32% of nurses and midwives experience workplace bullying (Farrell & Shafiei, 2012). Workplace bullying and harassment can result in detrimental effects on workers wellbeing and psychological health (Potter et al., 2016).

Nurses and midwives are required to engage in culturally safe and respectful communication and must not engage in or condone discrimination, bullying or harassment of others (NMBA, 2018).

The highest number of claims for work-related mental health disorders occur in the categories of healthcare and social assistance (21%) and public administration and safety (21%). Four percent of all work related mental disorder claims are from nurses and midwives (Safe Work Australia, 2015). Nurses and midwives work in an environment of high pressure and demand. This type of workplace tends to predispose to bullying and harassment (Potter et al., 2016). Management practices with a lack of regard for psychosocial health and safety results in poor quality work and may increase bullying and harassment (Potter et al., 2016). A work environment with manageable workloads and a culture where workers feel respected and valued reduces bullying and harassment (Potter et al., 2016). In the nursing and midwifery workforce workplace bullying is a significant concern, and one that managers have difficulty addressing (Anderson, 2011).

Culture of acceptance and under-reporting

Nurses work in a culture where patient violence and aggression is accepted as part of the job (Copeland & Henry, 2017; Evans, 2017; Hogarth et al., 2016). The acceptance of violence as 'normal' has resulted in under-reporting (Phillips, 2016). Other factors identified as leading to under-reporting include nurses being habituated and desensitised to workplace violence and aggression to the extent they only consider an incident as violent when a physical injury is sustained (Hogarth et al., 2016). Reporting is less likely when nurses and midwives do not believe management will act on their report (Evans, 2017; Hogarth et al, 2016; Phillips, 2016), or reporting is inconvenient and difficult (Copeland & Henry, 2017; Victoria Auditor General, 2015).

Nurses and midwives are bound by their professional codes of ethics to care for patients. This can be challenging when the patients or their visitors become violent leaving nurses and midwives to balance the rights of patients against their own rights to safety at work. The Australian Charter of Healthcare Rights indicates patients have a right to: respect, dignity and consideration; clear transparent information about services and treatment options; inclusion in healthcare decisions and choices; privacy and confidentiality; to comment on their care, and to have concerns addressed (ACSQH). Nurses and midwives may excuse a patient's aggression and violence, particularly when the patient has a condition where they are not considered responsible for their actions (Phillips, 2016).

The International Council of Nurses (ICN) estimate only 20% of workplace violence and aggression is reported (Ventura-Madangeng & Wilson, 2009). In the United States staff reports of assault using the formal process varied from 3% (Copeland & Henry, 2017) to 30% (Partridge & Affleck, 2017).

The Riskman incident reporting system is considered a significant barrier to reporting and has been described by nurses as complicated, burdensome and difficult to use (Hogarth et al., 2016). The extent of under-reporting is illustrated in an Australian hospital ED where 300 calls were made to security over one month period and 10 Riskman reports were submitted (Hogarth et al., 2016). Nurses used the clinical notes to write about incidents because the lengthy time period required to complete Riskman reports would mean they were unable to attend to patient care (Hogarth et al., 2016).

Limiting data collection of formally reported incidents is likely to lead to 'dramatically underestimating' the true incidence of workplace violence and aggression and result in misleading conclusions (Partridge & Affleck, 2017, p 144). Under-reporting hinders the development of effective prevention and organisational strategies (International Council of Nurses, 2017). Nurses and midwives have expressed their desire for a reporting system which is quick and easy to use (Hogarth et al., 2016).

Consequences of workplace violence and aggression

The serious consequences from under-reporting of OVA can have long-lasting direct and indirect impact on staff, patients and organisations (Shea et al., 2017). Mistreatment of nurses and midwives can lead to them feeling less safe and secure (Evans, 2017; Phillips, 2016) and to a decline in the quality of patient care (Lanctôt & Guay, 2014; Pich et al., 2017). Nurses may become dissatisfied and disheartened (Howerton Child & Sussman, 2017; Phillips, 2016) and consider leaving their profession resulting in retention and recruitment problems (Jackson et al., 2002; Lanctôt & Guay, 2014).

Nurses are vulnerable to workplace stress and their scores are lower on measures of mental health than the normative Australian population and in the domain measuring vitality (Perry et al., 2015). Working night shift, poor sleep and disordered eating were associated with low vitality (Perry et al., 2015). A correlation between workplace violence and burnout in mental health nurses has been noted (Yang et al., 2017).

Impacts of OVA include increased absenteeism, burnout, sleep deprivation, stress, emotional exhaustion, resentment, increased financial costs (Lanctôt & Guay, 2014), less empathy and more difficulty interacting with patients (Pich et al., 2017). Following an incident of workplace violence and aggression, nurse productivity decreased by 37% as they had difficulty focusing on their work, concentrating and controlling emotional reactions. This contributed to decreased morale, stress symptoms and loss of productivity (Gates et al., 2011). Nurses experiencing workplace violence and aggression became watchful, irritable, angry, easily startled with intrusive symptoms resulting in detachment, and difficulty providing compassionate and focused care (Gates et al., 2011).

Experiencing previous episodes of violence increased the risk for subsequent work-related stress (Magnavita, 2014). Workplace violence and aggression causes both psychological and physical distress, decreased motivation, reduced job performance, lower self-esteem and abuse of alcohol or other substances (ILO, ICN, WHO, PSI, 2005). Workplace bullying and harassment has similar detrimental effects including 'emotional exhaustion, psychological distress and depression', decreased productivity and job satisfaction (Potter et al., 2016).

Follow-up and debriefing

Debriefing is essential to any violence and aggression prevention plan (Cooke & Yaross, 2017). Any nurse or midwife who is a victim of, or witness to workplace violence and aggression should be offered debriefing (Cooke & Yaross, 2017). Very few nurses receive debriefing following a violent event (Gates et al., 2011). Each episode of workplace violence and aggression should be investigated and used as a learning opportunity to help prevent future episodes (Cooke & Yaross, 2017).

Staff will not report incidents if they perceive there are no benefits to reporting such as follow up and this leaves them feeling unsupported (Hogarth et al., 2016; Jackson et al., 2002). Nurses and midwives would prefer a transparent reporting system where they could monitor the progress and the outcomes of their report (Hogarth et al., 2016). The International Council of Nurses recommends the collection of reliable data on workplace violence and aggression in the health setting (ICN, 2017). Accurate reporting of workplace violence and aggression would allow nurses and midwives to receive follow-up and support which could mitigate adverse effects. The International Council of Nurses recommends incidents of workplace violence and aggression are reported as this will contribute to better risk assessment (ICN, 2017).

Protective factors

Improved management strategies, a focus on communication skills, patient centeredness, and strong organisational commitment are essential (Hahn et al., 2012). Managers have a vital role in the implementation of effective policies and ensuring the environment supports staff-patient communication and focuses on the prevention and mitigation of workplace violence and aggression (Farrell et al., 2014). Effective policies include shortening patient waiting times and providing adequate staffing (Farrell et al., 2014). An examination of organisational policies, including hospital rules such as visiting restrictions, can also be beneficial (Hahn et al., 2010). A proactive rather than a reactive approach has benefits for preventing and mitigating violence (Cooke & Yaross, 2017).

Being a registered nurse was protective with junior personnel, such as AINs, at increased risk of workplace violence and aggression (Farrell et al., 2014; Shea, et al., 2017). Nurses and midwives require training on recognising high-risk patients (Copeland & Henry, 2017) and the steps they need to take when confronted with violence and aggression including when to use de-escalation strategies and when to step away for safety (Cooke & Yaross, 2017).

Identifying early signs of potential for violence such as verbal aggression and agitation can be used to intervene and de-escalate situations or to obtain assistance and prevent violence (Phillips, 2016). The presence of security guards and staff experienced in de-escalation can reduce incidents of violence (Hogarth et al., 2016; Partridge & Affleck, 2017).

Environmental factors can improve staff safety and include personal protective equipment such as mobile phones and personal duress alarms (Farrell et al., 2014), security cameras (Phillips, 2016) and infrared transmitters indicating location (HCPro, 2014). The majority of healthcare staff (80%) believe duress alarms would be beneficial (Kopec, 2016). The duress alarms purchased by healthcare organisations need to be effective and faulty alarms need to be reported (NSWNA, 2017). Duress alarms have become smaller and easier to wear. The Australian Hospital Healthcare Bulletin (2017) indicates advances in technology have the potential to improve staff security. Modern duress alarms can access the mobile phone network and deliver SMS and voice messages and GPS location, sensors can detect a 'person down' and send an automatic alert (Australian Hospital Healthcare Bulletin, 2017).

Patient alert systems which flag electronic clinical records are also available (Hogarth et al., 2016). Workplace design can promote the safety of health workers. A triage area where nurses do not have an exit can leave them trapped with an aggressive patient (Gillespie et al., 2013). It is considered best practice to include nurses and midwives in the development of workplace guidelines and procedures (Hogarth et al., 2016).

Good practice includes; avoiding overcrowding of distressed patients, reducing waiting times to meet the National Emergency Access Target (NEAT) of less than four hours, using good design to humanise patient areas and creating an environment where patients are empowered and respected. Patients are often unwell and distressed when they present for care and have less tolerance for frustration. It is important to ensure adequate staffing, reduced staff fatigue, providing consistent responses and keeping patients informed (Design Council, Department of Health UK, 2011) to mitigate the risk of workplace violence and aggression.

Work practices

Work practices is a collective term referring to the way that work is performed, it includes the organisation's visions/mission statements, policies, protocols and guidelines which underpin work delivery. The organisation's commitment to safe work practices, including the organisation's provision of a safe environment and safety culture, directly correlates to increased productivity, decreased cost, improved quality of care, improved employee satisfaction and a reduction in staff injuries (Gershon et al, 2000).

A global problem facing health is the increasing demand for access to care coupled with spiralling healthcare costs and the limited amount of health resources, leading to the need for rationalisation in care (Myers et al, 2017; Fox et al, 2017). This is perhaps one of the biggest issues in healthcare. The provision of a finite number of resources to an infinite number of patients has an ongoing impact on every aspect of the health landscape.

Central to healthcare policy is delivery of outcomes in a complex environment with both non-negotiable and changing priorities (Bayliss & Payne, 2017). Healthcare workers are expected to work harder, faster and smarter, with increased patient acuity and complexity, increased throughput of patients and decreased time for care, not to mention training and education (Bogossian et al, 2014). Nursing fatigue has been linked to increased stress, emotional exhaustion/burn out, work-family conflict, high staff turnover and increased risk adverse incidence (Laschinger & Leiter, 2006). Factors contributing to fatigue include rostering practices, acuity, staffing level, emotional support, collegial relationship and empowerment.

The development of policies and work practices to minimise fatigue is an important factor to mitigate the risk to nurses and midwives. Further to this, research strongly suggests the provision of adequate/safe staffing for quality care, flexible rostering to ensure work/life balance and allocation of adequate resources are key determinants of the quality of care being delivered (Lloyd & Ferguson, 2017; Leineweber et al. 2014).

The need to work smarter not harder is themed throughout the research. Supporting and encouraging innovation and high quality practice innovation enables health workforces to adapt to changing conditions and improves patient outcomes (Dyrbye et al, 2017). High quality evidence based care has been proven to improve patient outcomes whilst reducing costs (Smith, 2012). Instilling a culture of learning and development, where nurses and midwives are empowered to use and develop their professional knowledge and skills has been shown to produce high quality, safe, effective and efficient patient care (Ibrahem & Aly, 2017; Leineweber et al, 2014). Further to this, there is a positive correlation with increased job satisfaction and work-life balance and a decrease in change burnout.

Grey literature review

Following up from the formal literature review, a review of grey literature was conducted. The Fourth International Conference on Grey Literature defined grey literature as literature which is produced on all levels of government, academics, business and industry, in print and electronic formats, but which is not controlled by commercial publishers (McMillian, 1999). Review of grey literature is an integral step in informing this discussion paper and producing solid recommendations.

Queensland Health

The Task Force report on Occupational Violence Prevention in Queensland Health Hospital and Health Services (Queensland Health, 2016) recommended all strategies and campaigns have clear objectives, and before and after measurement and assessment of workplaces when strategies are implemented. The factors immediately preceding violence are the optimum target for system wide interventions; training should be provided in conjunction with other strategies; evaluation must be an intrinsic part of any quality improvement measures.

Nurses and midwives are the most at risk group of health professionals, accounting for over 66% of reported incidents, in contrast medical staff are subject to 1% of incidents (Queensland Health, 2016). The Task Force outcomes were a list of findings and recommendations.

NSW Health

NSW Health has initiated a mandatory requirement for staff to be trained in prevention and response to occupational violence and aggression. This is a legal obligation and NSW Health takes a zero tolerance and system wide approach to prevent and minimise violence.

Victoria

In 2015 a taskforce was established to examine violence in Victorian hospitals (Victoria State Government, 2016). Victoria committed to a program of prevention and management of occupational violence and aggression (OVA). The program committed to a culture where workplace violence and aggression was not accepted. Objectives include reviewing, preparing and implementing risk management strategies, new policies and procedures, training and education. Victoria acknowledge the importance of senior leadership demonstrating commitment to prevention and management of workplace violence and aggression.

South Australia

South Australia Health (2015) has a mandatory policy on preventing and responding to challenging behaviour. The policy outlines the principles of effective prevention using an integrated systems approach to ensure a governance structure able to develop, implement and monitor improvements to prevent and mitigate violence and aggression in the workplace. The SA policy standards include screening, assessment, prevention, response,

resolution and recover with all stakeholders involved. The final standard involves the education of staff and access to policies and resources to support them.

Safe workplaces

Worksafe Australia© in Victoria in 2010 published information for employers about the prevention and management of violence and aggression in health services. This is a useful guide and available as an online resource.

Safe staffing

Safe staffing models that adopt nursing hours per patient day (NHPPD) or nurse-patient ratios are foundational to determining staffing within hospitals. In the ACT public health sector, NHPPD data has been used to predict staffing levels and workloads against targeted NHPPD data since 2010.

Contemporary research evidence attests to the alignment between staffing and patient acuity and denotes the positive impact on patient care quality and the reduction in hospital acquired adverse events. The allocation of nursing resources is based on acuity as a measure of the intensity and complexity of care required by consumers of health care. Acuity is changeable and often challenging to assess and consumer numbers can fluctuate within shifts. Safe staffing models that adopt NHPPD or nurse-patient ratios are foundational to determining staffing within hospitals.

In the late 1990s in Australia industrial action on nurse staffing and workloads led to intervention by the Australian Industrial Relations Commission. The resolution of the dispute resulted in the introduction of nurse-to-patient ratios in Victoria, which were adopted and legislated in 2015.

In 2002, the Commission imposed the NHPPD model upon the Western Australia Government, and from that time, NHPPD has been the staffing method of choice for a number of state and territory governments, including the ACT Government.

Queensland has the Nursing and Midwifery Workload Management Standard which sets out the process and minimum requirements for calculating nursing and midwifery human resource requirements; developing and implementing strategies to manage nursing and midwifery resource supply against demand; and evaluating the effectiveness and efficiency of nursing and midwifery services. Further, Queensland has adopted nurse-patient ratios.

ACT Health and ANMF (ACT Branch) have agreed to the development of a Ratios Framework and the genuine consideration of the frameworks implementation. The Ratio Framework is a workload management system that includes agreed minimum nurse/midwife-to-patient ratios that consider acuity, patient safety and workload.

4. Discussion

OVA, challenging occupational behaviours and work practices continue to be at the forefront of concerns of nurses and midwives, locally, nationally and internationally. Evidence clearly demonstrates the negative impact of these issues on care provision, delivery and patient outcomes, not to mention the impact on the health of nurses and midwives. The forums and focus groups provided insight into the key issues affecting nurses and midwives within our jurisdiction. Key recommendations were produced to provide direction for the development of an ACT Public Nursing and Midwifery Strategy. The consultative forums highlighted the inextricable interdependence between workplace practices, OVA and challenging occupational behaviours. Workplace practice issues include patient acuity, staff skill mix and workload determinants. Actions to address these factors may mitigate the risk of aggression and violence towards nurses and midwives.

Research demonstrates the issues facing ACT nurses and midwives are not necessarily unique to the ACT. Globally, a significant amount of research has been undertaken to analyse the issues and provide solutions to address the issues. Further to this, there is a large body of research to support evidence based strategies to minimise the risks to healthcare workers, in particular, nurses and midwives.

In accordance with the legislated responsibility of ACT Health for workplace safety, the instigation of a strategic, whole of service integrated approach to the prevention and management of aggression and violence is proposed in the recommendations. The new *ACT Health Work Health and Safety Strategic Plan (2018-2022)* provides the platform for the development of this strategy. In line with the strategic plan the recommendations can be grouped into three key strategic priorities – Safety in Design, Reduce Harm and Positive Safety Culture & Leadership.

5. Future work

This discussion paper gives solid background information for the development of a Nursing and Midwifery Safety Strategy. The *Australian Work Health and Safety Strategy (2012–2022)* identifies healthcare as a priority industry due to the high rate of work-related injuries and illnesses. In 2018, ACT Health will release a Work Health and Safety Strategic plan. The ACT Health Work Health and Safety Strategic Plan (2018-2022) provides strategic direction that reinforces a risk-based systematic approach to WHS. This ensures the minimisation of harm to as low as reasonably practicable (ALARP) and to meet due diligence obligations under the Work Health Safety Act (2011). Current ACT Health data shows increasing trends for WHS incidents including more psychological harm events due to occupational violence and aggression from patients and consumers, and rising costs for compensation claims for both physical and psychological injury. To sustain our workforce and services, effective management of risks is critical to reducing work-related harm.

ACT Health management have an opportunity to support worker performance through better design of facilities and technological work systems as we transition to future delivery of healthcare. Benefits of 'safety in design 'and' good work design' approaches to WHS include: more optimal work design, efficiency and staff engagement as well a culture that is more proactive for risk management and safety focussed for both patients or consumers and staff.

ACT Health management and staff are working together to ensure that a safe and healthy environment is our priority. We all contribute to a culture where WHS is valued in our decision-making and in our day-to-day work and interactions. By providing a healthy and safe environment, staff will perform at their best. The vision statement and key message proposed below reflects this intent and will be promoted during the delivery of this plan.

Vision statement

"We perform at our best in a safe and healthy environment."

Key Message

"My safety …your safety our priority"

ACT Health Directorate has endorsed the development of a nursing and midwifery specific strategy, entitled *Nurses and Midwives: Towards a Safer Culture – The First Step.* This strategy will align directly with the *ACT Health WHS Strategic Plan*. The recommendations from this discussion paper will form the basis of the strategy to address the issues specific to the ACT.

6. Delivering the plan

Figure 1 – Delivery Timeline and Milestones

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