


# RISK WATCH

Selected research, publications, and resources to promote evidence-informed risk management in Canadian healthcare organizations. Prepared by Healthcare Risk Management staff at the Healthcare Insurance Reciprocal of Canada (HIROC). Titles with an open lock icon  indicate that a publication is open access. For all others a subscription or library access is required; the librarian at your organization may be able to assist you. Please contact [riskmanagement@hiroc.com](mailto:riskmanagement@hiroc.com) for assistance if required.



**Anthony Soung Yee**

## *Editor's note*

The November 2024 issue of Risk Watch includes articles on workplace violence in healthcare settings.

Yusoff et al. conducted a systematic review to collect and analyse recent evidence from workplace violence studies in primary healthcare settings, finding that most primary healthcare workers were at higher risk of patient-and family-perpetrated violence, as well as under-reporting as a key issue.

Stjerna Doohan et al. conducted a meta analysis of workplace violence during the COVID-19 pandemic, revealing three key categories, highlighting complexities of managing threats and violence in the field.

Westbrook et al. found, through a multi-method evaluation of a professional accountability and culture change program across eight Australian hospitals, that staff will actively engage with a system that supports informal feedback to co-workers about their behaviours and is facilitated by trained peer messengers.

Adams et al. found through an implementation study of a workplace violence checklist in conjunction with de-escalation training, decreased restraint use among nurses, lower number of calls to Public Safety, increased sense of safety among nurses in their work environment, and increased care team communication.

You will also find a collection of resources, including two reports from the Canadian Institute for Health Information (CIHI), titled "The Hospital Harm Project" and "Equity and patient safety: An analysis of hospital harm". Health Canada released a toolkit to support nursing retention. You will also find workplace violence resources from the American Hospital Association and the Agency for Healthcare Research and Quality.

If you have feedback about this quarterly edition of Risk Watch, please send it to me at [asoungyee@hiroc.com](mailto:asoungyee@hiroc.com).

## WORKPLACE VIOLENCE

### [Contemporary evidence of workplace violence against the primary healthcare workforce worldwide: a systematic review](#)

Yusoff HM, Ahmad H, Ismail H, Reffin N, Chan D, Kusnin F, Bahari N, Baharudin H, Aris A, Shen HZ, Rahman MA. *Hum Resour Health*. 2023 Oct 13;21(1):82. doi: 10.1186/s12960-023-00868-8. PMID: 37833727; PMCID: PMC10576303.

This systematic review was conducted to collect and analyse recent evidence from workplace violence studies in primary healthcare settings. Most primary healthcare workers were at higher risk of patient-and family-perpetrated violence. Under-reporting remained the key issue, which was mainly due to the negative perception of the effectiveness of existing workplace policies for managing violence. The authors state that healthcare workers are highly susceptible to violence perpetrated by patients or their families, which results in considerable negative consequences.

### [Behind the scenes: a qualitative study on threats and violence in emergency medical services](#)

Stjerna Doohan I, Davidsson M, Danielsson M, Aléx J. *BMC Emerg Med*. 2024 Sep 26;24(1):172. doi: 10.1186/s12873-024-01090-y. PMID: 39322957; PMCID: PMC11426083.

Qualitative study from Sweden to explore the experiences of Swedish ambulance clinicians when encountering threats and violence during their work. Data from semi-structured interviews with 11 ambulance clinicians from various regions of Sweden were collected over three weeks and analyzed using qualitative content analysis. Meta-analysis of workplace violence during the COVID-19 pandemic revealed three key categories (police cooperation challenges, strategies for a safe care environment, and impact during and relief after stressful events). The authors highlighted the complexities of managing threats and violence in the field, and emphasized the importance of organized support systems to help clinicians cope with the aftermath of stressful events.

### [Evaluation of a culture change program to reduce unprofessional behaviors by hospital co-workers in Australian hospitals](#)

Westbrook JI, Urwin R, McMullan R, Badgery-Parker T, Pavithra A, Churruca K, Cunningham N, Loh E, Hibbert P, Maddern G, Braithwaite J, Li L. *BMC Health Serv Res*. 2024 Jun 12;24(1):722. doi: 10.1186/s12913-024-11171-0. PMID: 38862919; PMCID: PMC11167838.

A multi-method evaluation of a professional accountability and culture change program across eight Australian hospitals. The Ethos program incorporates training for staff in speaking-up; an online system for reporting co-worker behaviours; and a tiered accountability pathway, including peer-messengers who deliver feedback to staff for 'reflection' or 'recognition'. The authors suggest that these results add to evidence that staff will actively engage with a system that supports informal feedback to co-workers about their behaviours and is facilitated by trained peer messengers.

# RISK WATCH



## [Screening and Interventions to Prevent Violence Against Health Professionals from Hospitalized Patients: A Pilot Study](#)

Adams K, Topper L, Hashim I, Rajwani A, Montalvo C. *Jt Comm J Qual Patient Saf.* 2024 Aug;50(8):569-578. doi: 10.1016/j.jcjq.2024.03.015. Epub 2024 Apr 5. PMID: 38719650.

US multi-strategy implementation study to assess the effectiveness of the Brøset Violence Checklist (BVC) in conjunction with de-escalation training led by nursing staff and Public Safety. Analysis showed that healthcare providers are at risk of experiencing physical or emotional abuse from patients, their family members, or visitors. The authors suggested that implementation of the BVC and de-escalation training resulted in decreased restraint use among nurses, lower number of calls to Public Safety, increased sense of safety among nurses in their work environment, and increased care team communication.

## OTHER RESOURCES OF INTEREST

- [Nursing retention toolkit: Improving the working lives of nurses in Canadas](#) (Health Canada, March 2024)

In recognition of the acute nursing shortages across the country and internationally, Health Canada has released a toolkit to support nursing retention.

- [Hospital Harm Project](#) (Canadian Institute for Health Information, October 2024)

The Canadian Institute for Health Information (CIHI) and Healthcare Excellence Canada (HEC) released updated annual statistics on their Hospital Harm Project, which aims to answer the question, "How often do patients experience harm in hospital?"

- [Equity and patient safety: An analysis of hospital harm](#) (CIHI, October 2024)

Analysis from CIHI examines whether equity-deserving populations are more likely to experience a patient safety incident while in hospital, coupled with concrete strategies for improving patient safety and quality of care in hospitals.

- [AHA Partners with the FBI on Mitigating Targeted Violence in Health Care Settings](#) (American Hospital Association, Oct 2024)

Through a partnership with the Federal Bureau of Investigation (FBI) Behavioral Analysis Unit, the American Hospital Association (AHA) will offer a full suite of resources for hospitals and health systems Behavioral Analysis Units to promote violence prevention strategies and address the escalating threats and acts of targeted violence against health care facilities and the workforce.

# RISK WATCH

- [Addressing Workplace Violence and Creating a Safer Workplace](#) (Agency for Healthcare Research and Quality, Oct 2023)

Article by Agency for Healthcare Research and Quality (AHRQ) on addressing workplace violence, suggesting organizations start with a systems approach, which includes a comprehensive safety program overseen by senior leaders and clinical leader oversight for accountability for physical and psychological safety at the clinical level.