Return to Work among Healthcare Workers Injured due to Workplace Violence

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Work Wellness Institute

About the Partnership for Work, Health and Safety

- Partnership between WorkSafeBC (BC Workers' Compensation Board) and the University of BC
- Data partner: Population Data BC
- Diverse and multidisciplinary group of faculty, staff, and students
- Many collaborators:
  - Institute for Work & Health
  - Institute for Safety, Compensation and Recovery Research
  - Occupational Cancer Research Centre (Cancer Care ON)
  - CAREX Canada
- Multiple funders across 20 active projects

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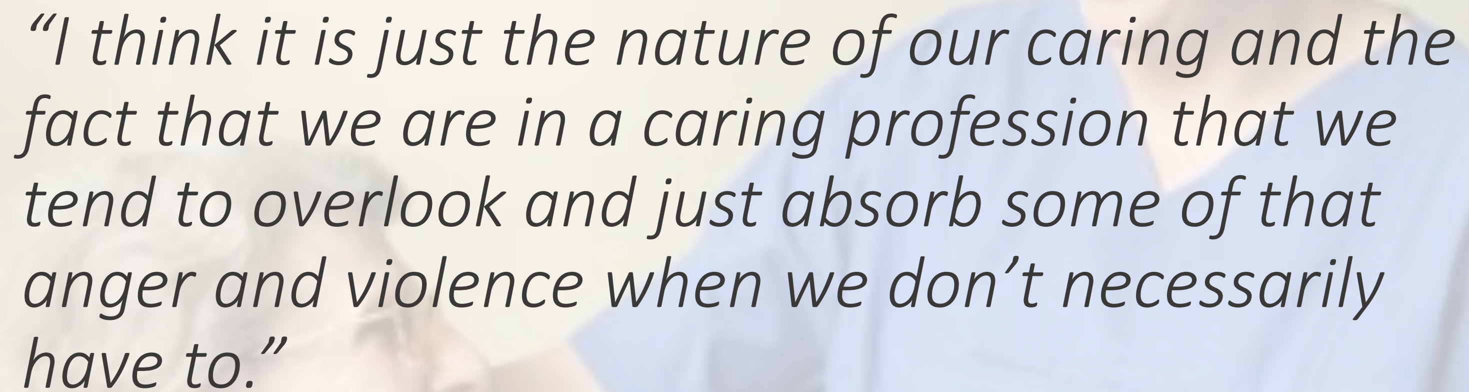


“I think it is just the nature of our caring and the fact that we are in a caring profession that we tend to overlook and just absorb some of that anger and violence when we don’t necessarily have to.”

Burden of Workplace Violence

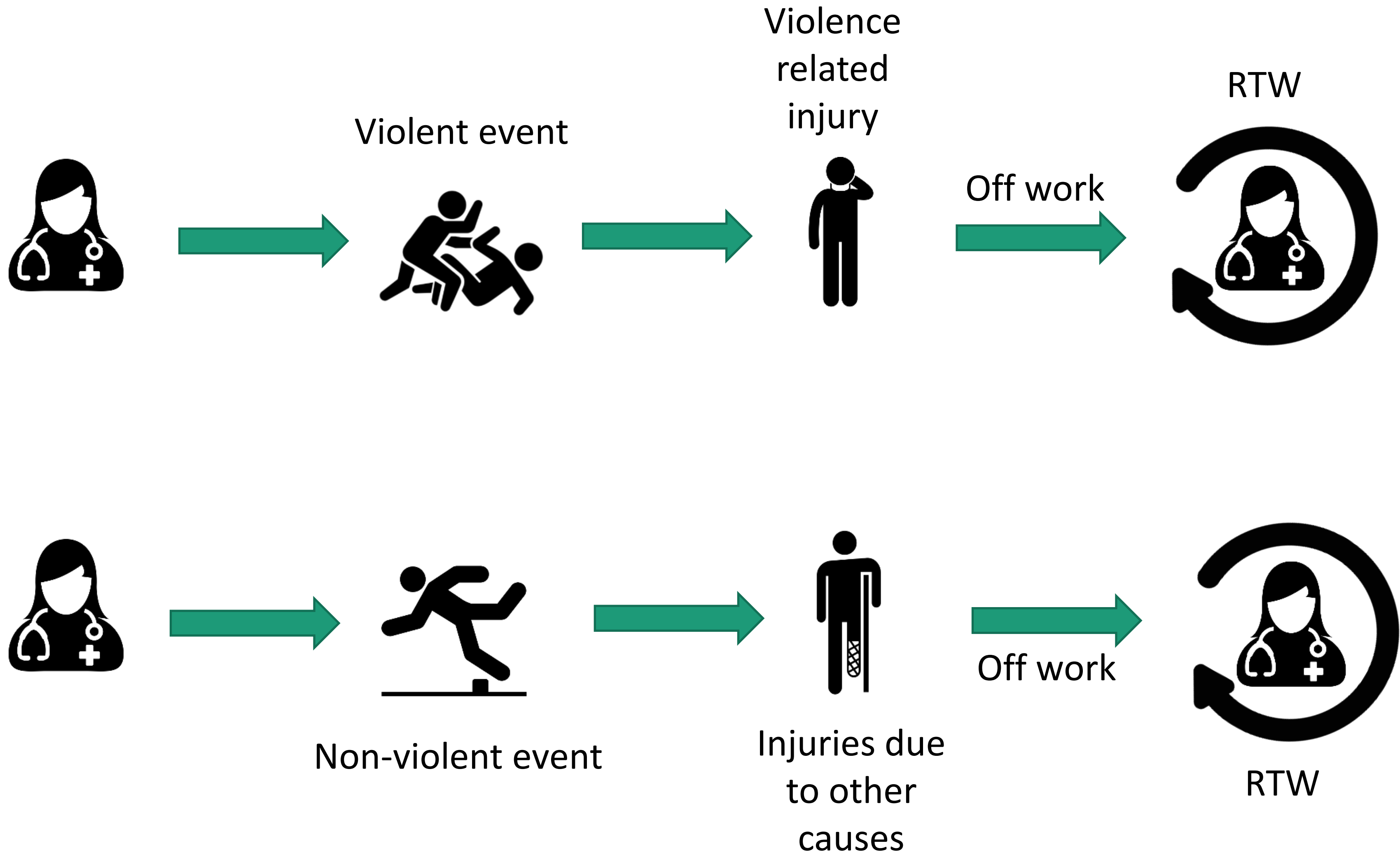
In BC: he yearly rate of compensated violence-related work claims among healthcare workers 0.37 to 0.51 claims per 100 person-years

- This rate is 3–10 times higher compared with other industries
  - *WorkSafeBC. 2015 statistics, 2016. Available: https://www. worksafebc. com/ en/resources/ about-us/ annual- report- statistics/ 2015- stats? lang= en [Accessed cited 2018 Aug 20]*

In the US: The number of workplace assaults and violent acts in the USA averaged 24 000 annually between 2011 and 2013,

- Nearly 75% occurring in healthcare and social service settings
  - *Phillips JP. Workplace violence against health care workers in the United States. N Engl J Med 2016;374:1661–9.*
  - *US Department of Labor, Occupational Safety and Health Administration (OSHA). Guidelines for preventing workplace violence for healthcare and social service workers 2016.*

Return to work after violence in the workplace



Focus of our work on violence in health

Develop a systems framework that integrates multiple sources of evidence to identify potential leading and lagging indicators that:

- Track or predict the risk of violence
- Can be used to evaluate prevention programs

ORIGINAL RESEARCH

Time to return to work following workplace violence among direct healthcare and social workers

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ABSTRACT

Objectives This study examined time to return-to-work (RTW) among direct healthcare and social workers with violence-related incidents compared with these workers with non-violence-related incidents in British Columbia, Canada.

Methods Accepted workers' compensation lost-time claims were extracted between 2010 and 2014. Workers with violence-related incidents and with non-violence-related incidents were matched using coarsened exact matching (n=5762). The outcome was days until RTW within 1 year after the first day of time loss, estimated with Cox regression using piecewise models, stratified by injury type, occupation, care setting and shift type.

Results Workers with violence-related incidents, compared with workers with non-violence-related incidents, were more likely to RTW within 30 days postinjury, less likely within 61–180 days, and were no different after 181 days. Workers with psychological injuries resulting from a violence-related incident had a lower likelihood to RTW during the year postinjury (HR 0.61, 95% CI 0.43 to 0.86). Workers with violence-related incidents in counselling and social work occupations were less likely to RTW within 90 days postinjury (HR 31–60 days: 0.67, 95% CI 0.48 to 0.95 and HR 61–90 days: 0.46, 95% CI 0.30 to 0.69). Workers with violence-related incidents in long-term care and residential social services were less likely to RTW within 91–180 days postinjury.

Conclusions Workers with psychological injuries, and those in counselling and social work occupations and in long-term care and residential social services, took longer to RTW following a violence-related incident than workers with non-violence-related incidents. Future research should focus on identifying risk factors to reduce the burden of violence and facilitate RTW.

Key messages

What is already known about this subject?

- Healthcare workplaces are known to be psychologically demanding environments, and the effects of injuries due to violence might be exacerbated in these workplaces. There is little evidence on the effect of violence on work disability duration and the likelihood to return-to-work (RTW) after injury.

What are the new findings?

- This study examined the difference in time to RTW among healthcare workers with violence-related incidents compared with workers with non-violence-related incidents in British Columbia, Canada. Violence-related incidents compared with non-violence-related incidents were associated with a longer time to RTW for workers with psychological injuries, those working in counselling or social work occupations, and those working in long-term care and residential social services.

How might this impact on policy or clinical practice in the foreseeable future?

- The evidence from this study shows that in addition to primary prevention of work-related violent incidents, interventions to reduce work disability related to violence should focus on healthcare workers with psychological injuries and on workers off work between 30 and 180 days after a violent incident as these workers have a higher likelihood to remain off work for more than 1 year and in some cases permanently.

https://oem.bmj.com/content/77/3/160

Research questions

1. Are certain types of injuries more likely to be associated with violence?

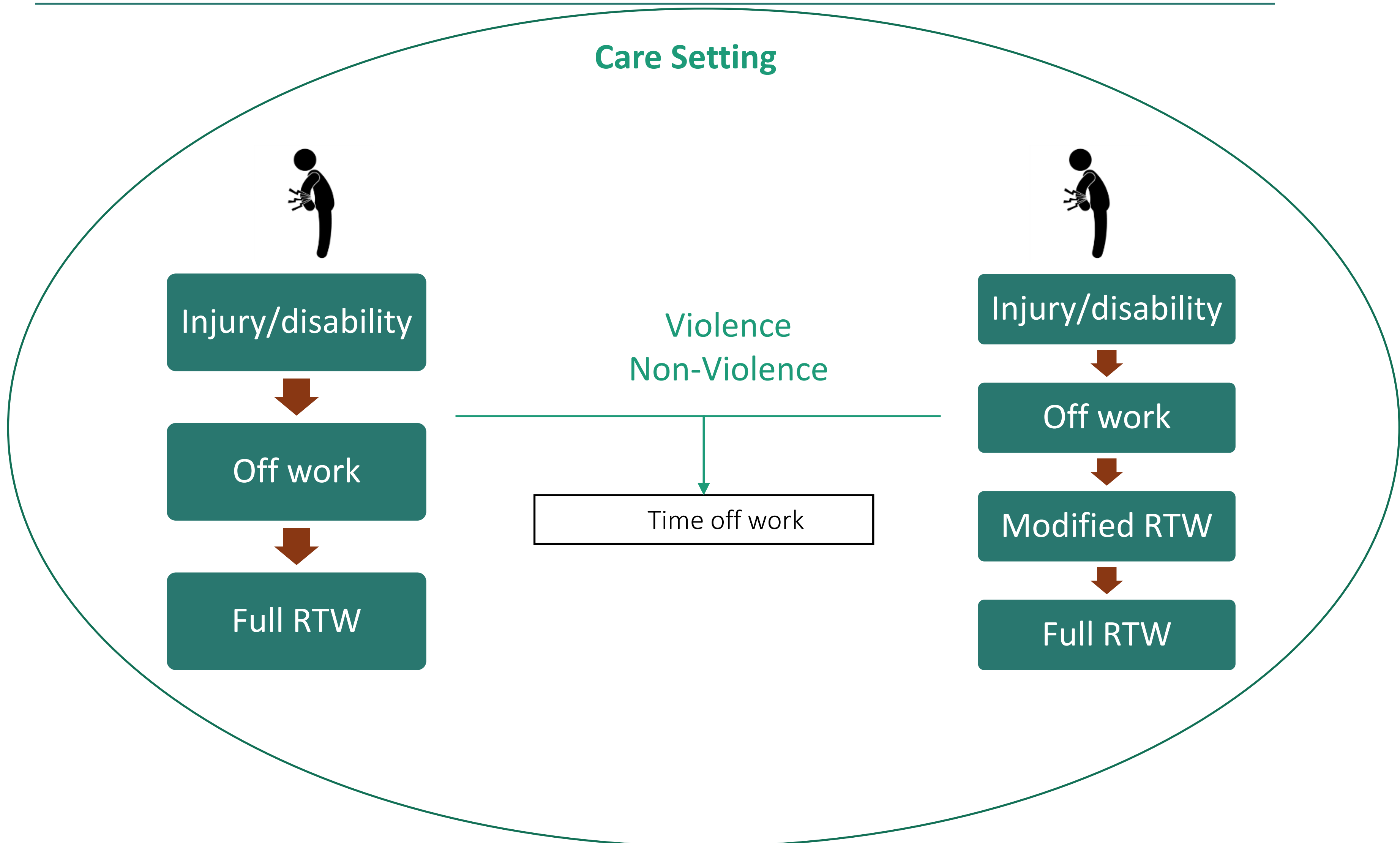
2. Does violence result in different return-to-work (RTW) outcomes and what affects the relationship between violence and RTW for direct healthcare and social workers?

Violence definition

‘The attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury.’

WorkSafeBC. Occupational health and safety regulation, 2018

Return to work after violence in the workplace



Where the study data came from

WorkSafeBC data

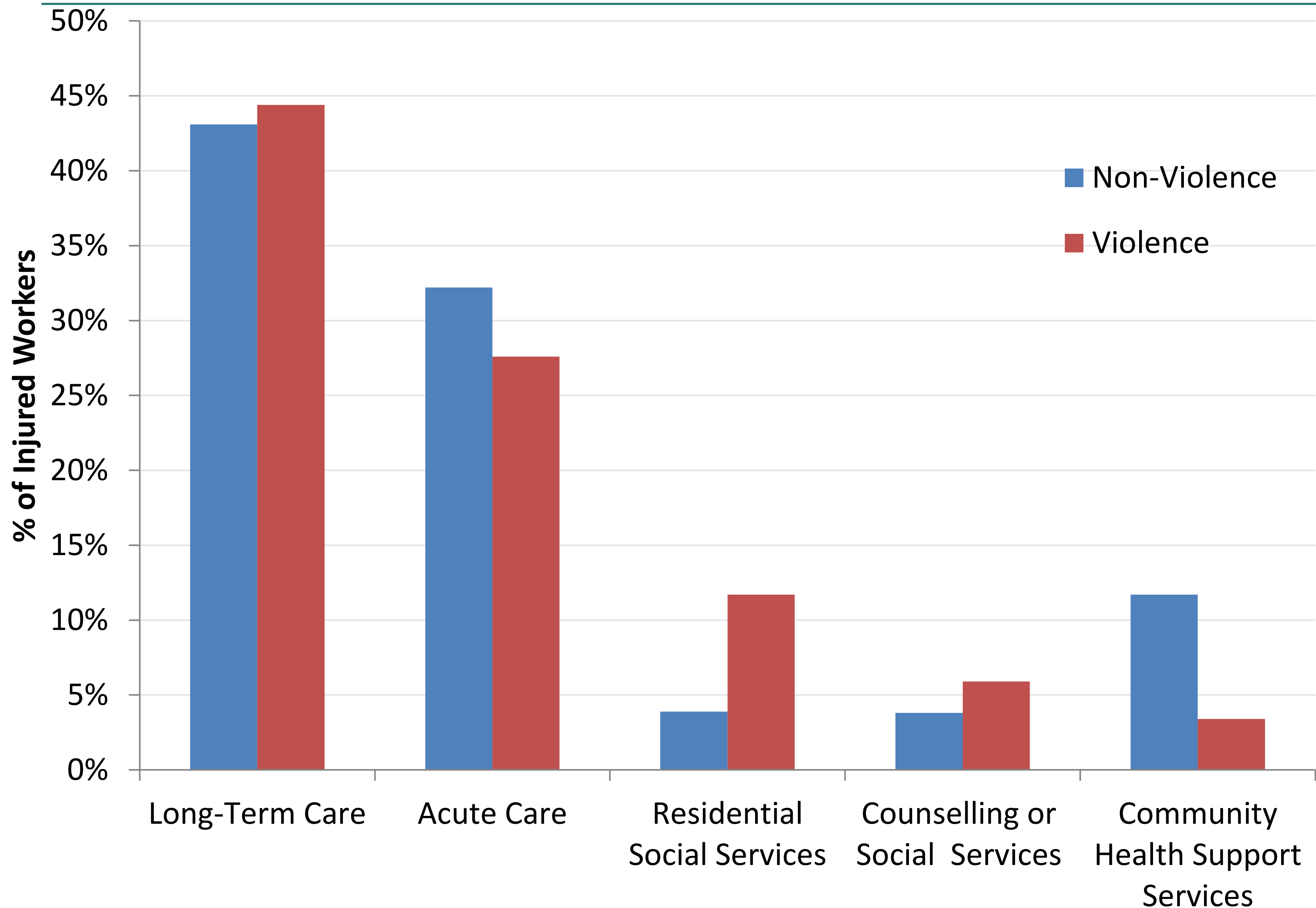
- Healthcare and Social Services
- Injured workers with at least one day off work
- Years 2010-2014

21,208 injured workers

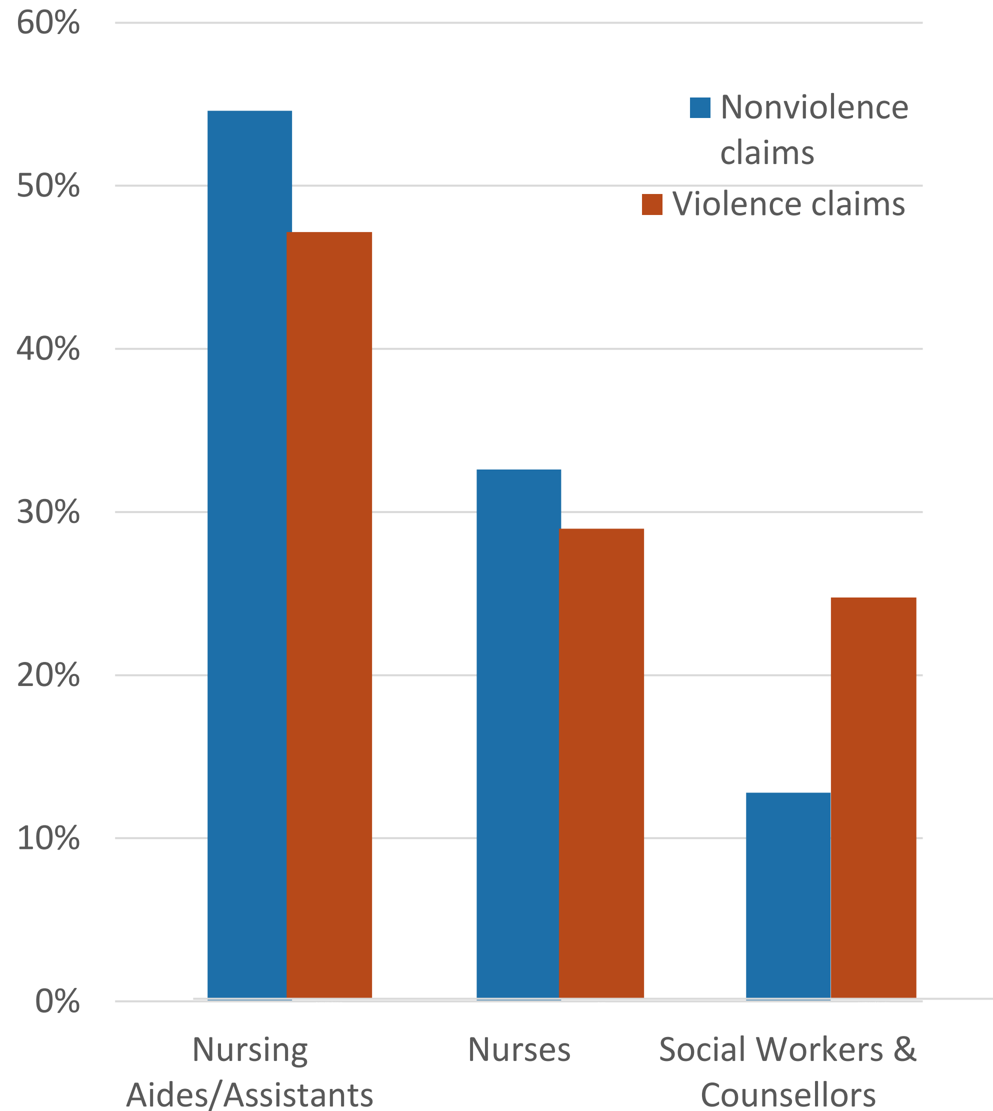
- 3,161 workers with injuries due to violence
- 18,047 workers with injuries due to other causes

All inferences, opinions, and conclusions drawn in this presentation are those of the authors, and do not reflect the opinions or policies of the Data Steward(s).

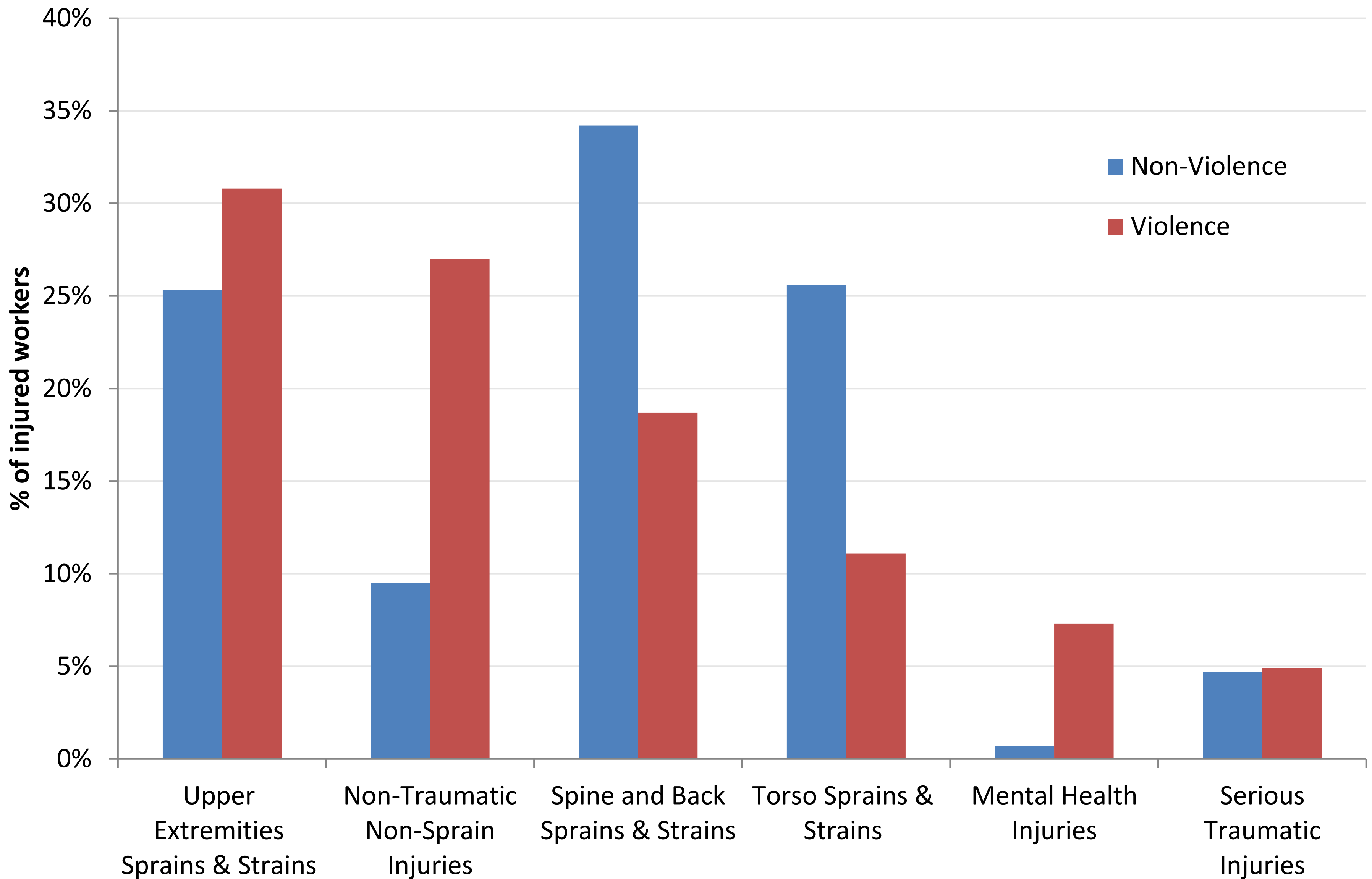
Care settings where injuries took place in 2010-2014



Occupations



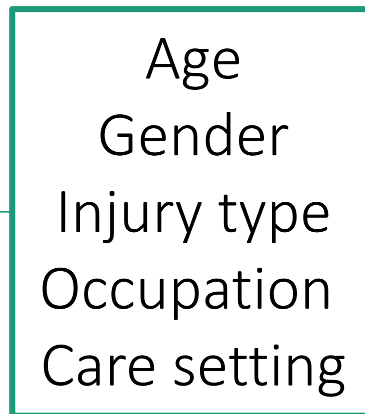
Types of injuries (2010 – 2014)



Matching

Violence

Non-Violence



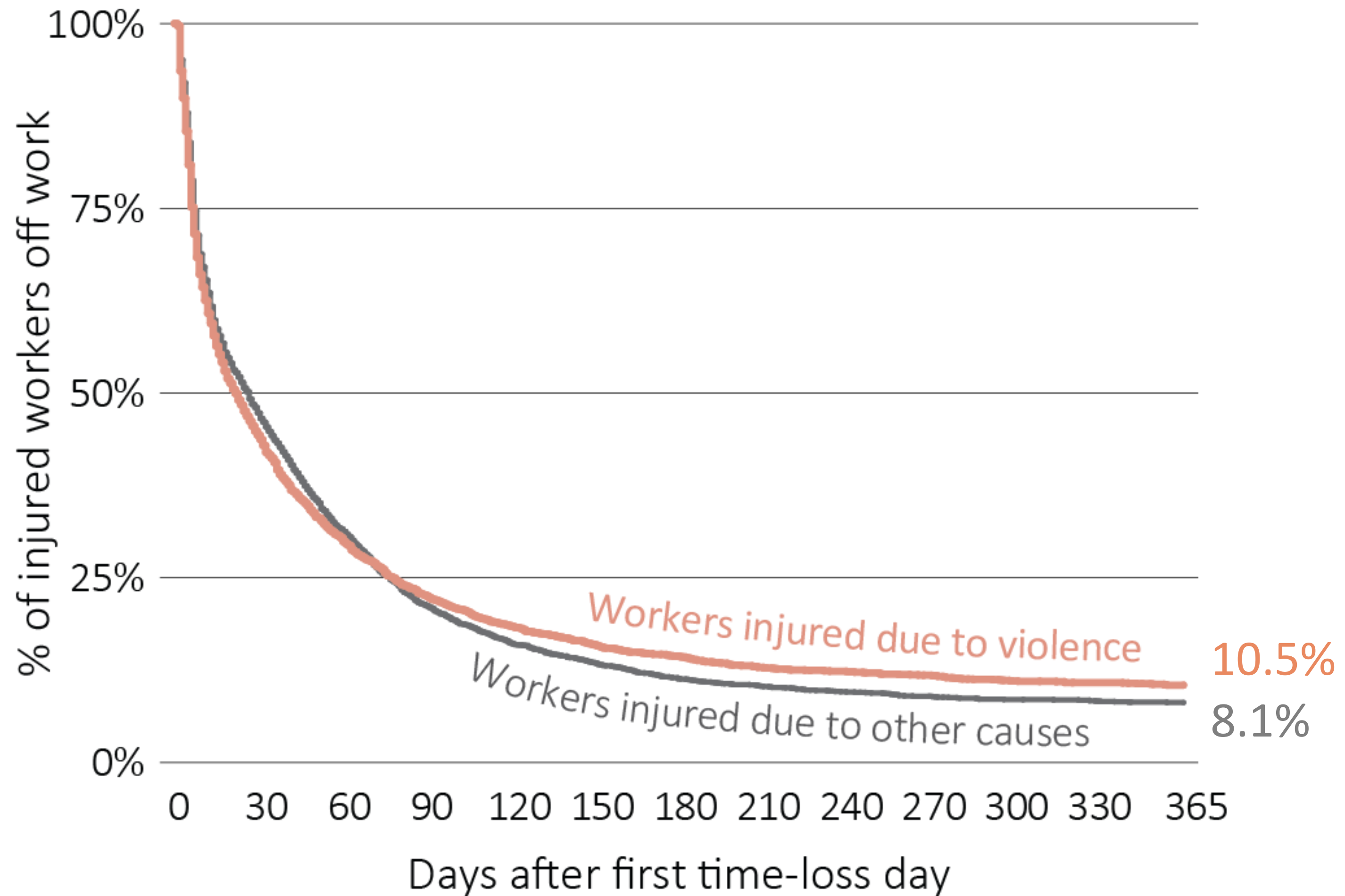
RTW

RTW

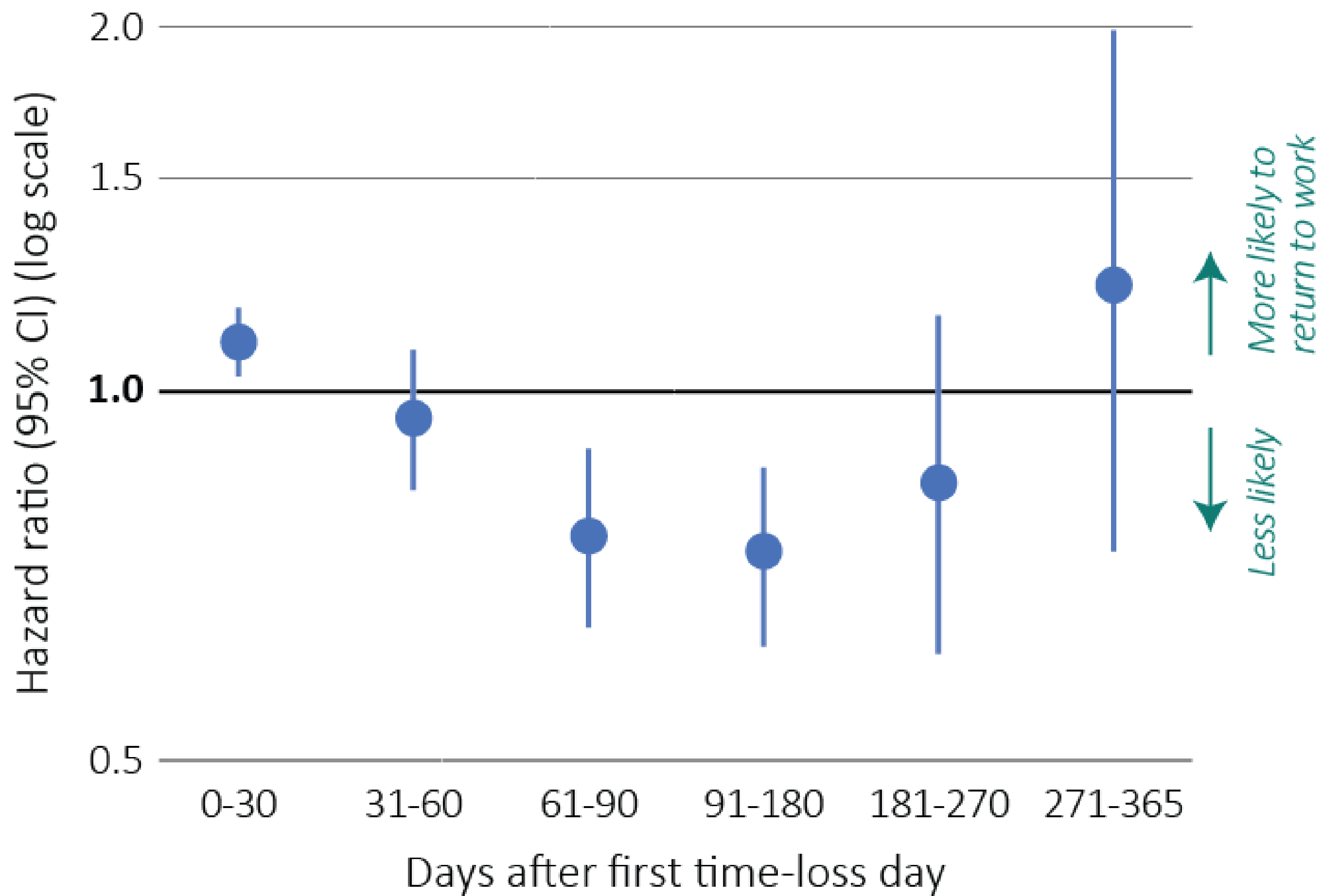
Methodology

- Coarsened exact matching
- Cox regression models
- Piecewise hazard models

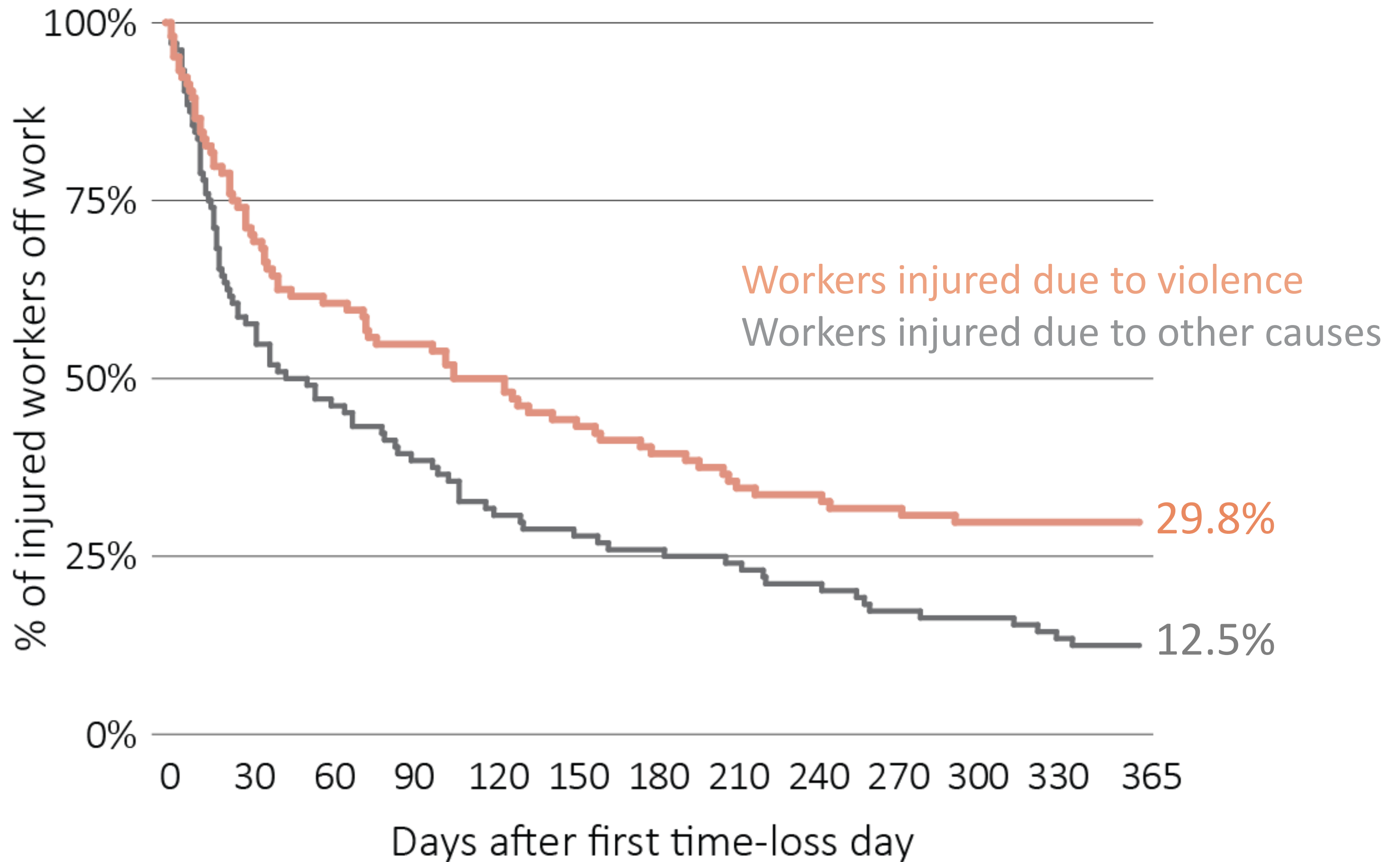
All injured workers in study



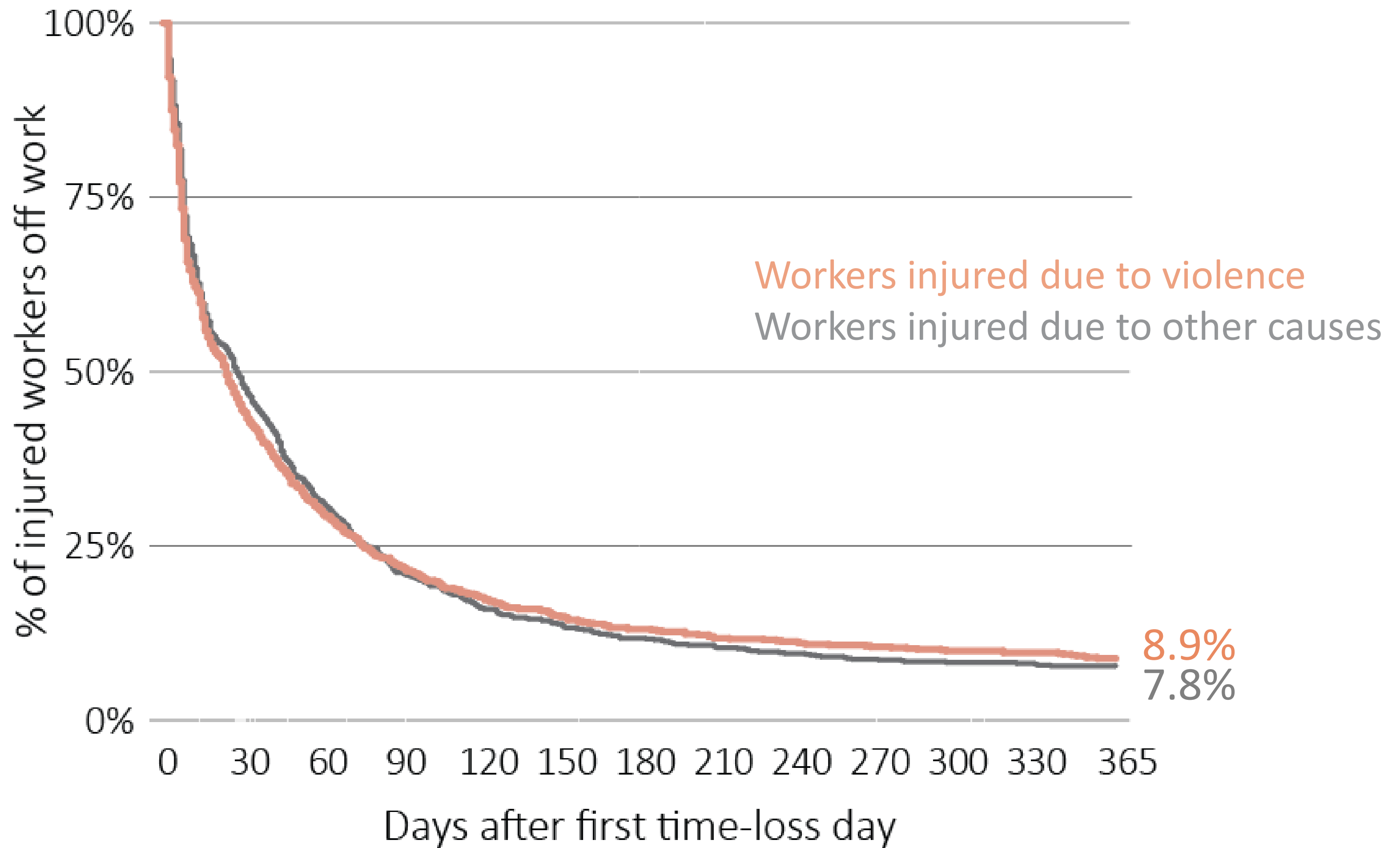
All injured workers in study



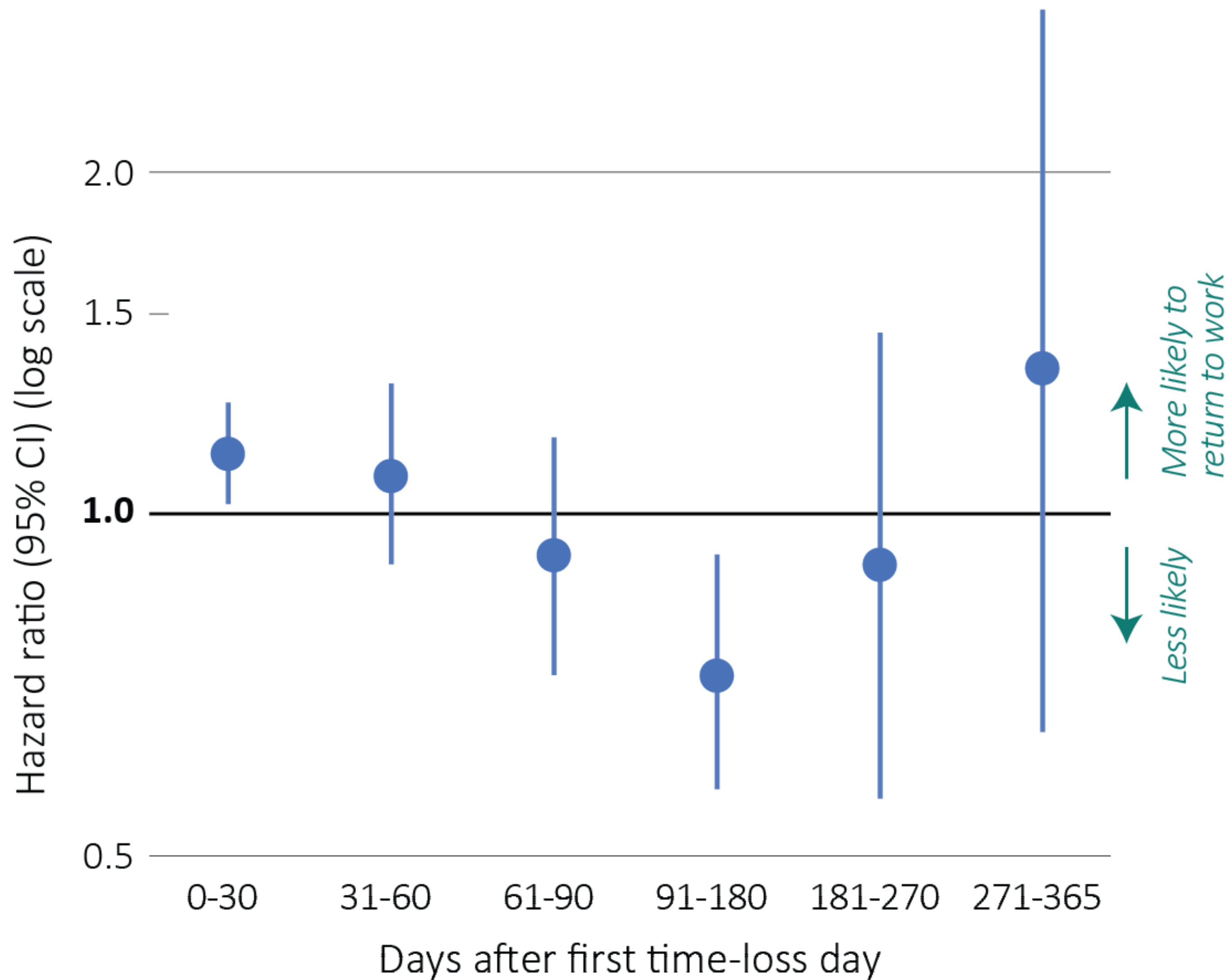
Mental health injuries



Nurses

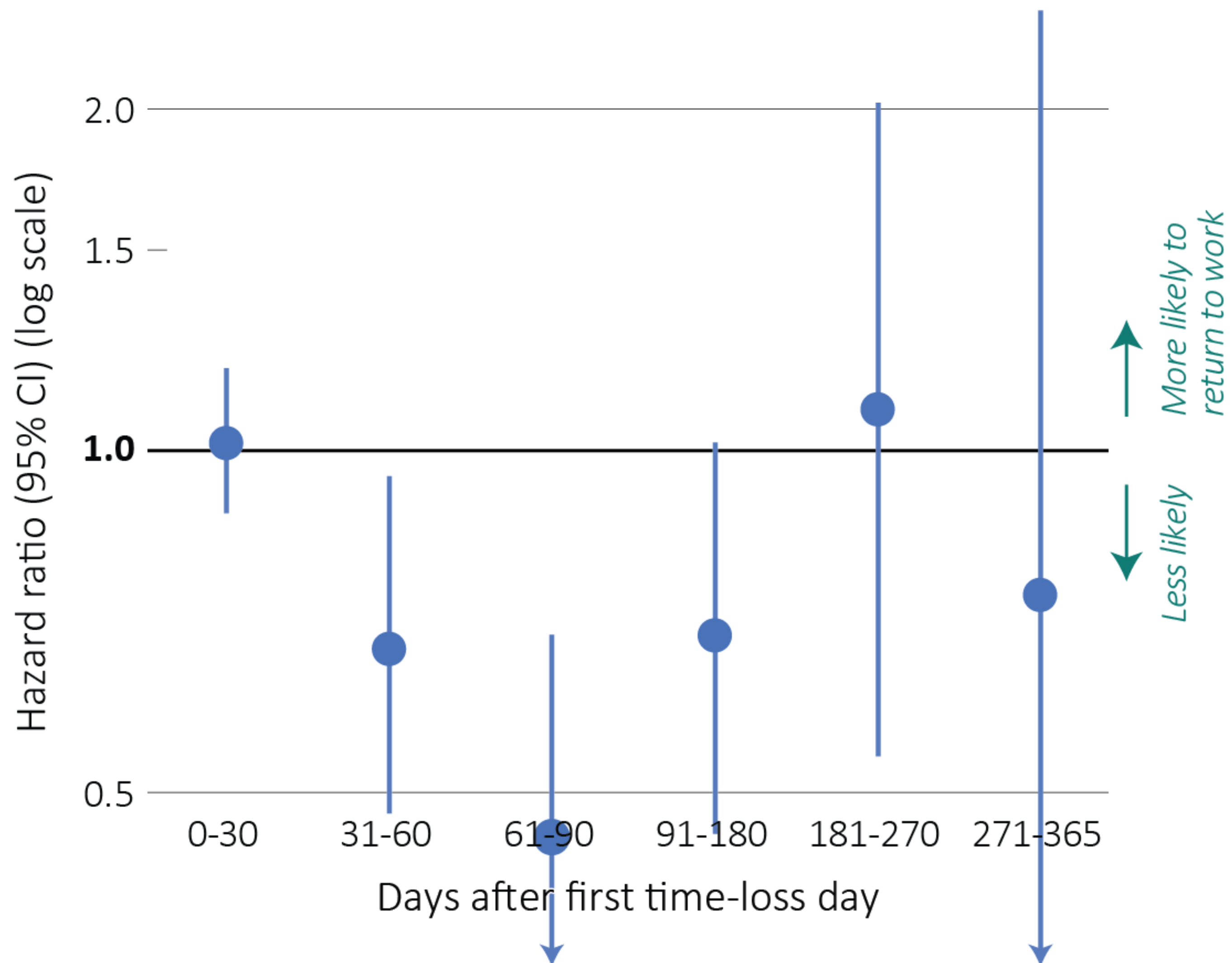


Nurses



Social workers and counselors

Social workers and counselors



Take home messages

1. Workers with mental health injuries are less likely to RTW regardless of cause
    a. If the injury was due to violence → even less likely
2. Effect of violence is segmented
    a. Faster RTW <30 days
    b. Slower RTW >30 days
3. Social workers and counselors less likely to RTW than nurses and nursing assistants

Recommendation

Interventions could focus on:

1. Healthcare workers with psychological injuries due to violence
2. Workers likely to stay off work longer than 30 days after a violent incident
3. Increasing resources for workers in counselling and social services

Violence during the COVID-19 pandemic

Attacks against health-care personnel must stop, especially as the world fights COVID-19

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Physicians, nurses, and other front-line health-care workers have been celebrated in many countries as heroes for their work during the COVID-19 pandemic. Yet not everyone appreciates their efforts and contributions. Since the beginning of this pandemic, headlines have also captured stories of health-care personnel facing attacks as they travel to and from health-care facilities. Nurses and doctors have been pelted with eggs and physically assaulted in Mexico.[1] In the Philippines, a nurse was reportedly attacked by men who poured bleach on his face, damaging his vision.[2] Across India, reports describe health-care workers being beaten, stoned, spat on, threatened, and evicted from their homes.[3] These are just a few examples among many across numerous countries, including the USA and Australia.[2]

Sadly, violence against health-care personnel is not a new phenomenon. Before the COVID-19 pandemic, such attacks were increasingly documented in clinics and hospitals worldwide.[3,4] Attacks on health-care workers and health-care facilities also occur as a deplorable tactic of war that defies international humanitarian and human rights laws. In May, 2020, an armed attack on a hospital maternity ward in Kabul, Afghanistan, killed at least duties. This response is likely to exacerbate already unprecedented COVID-19-related stress and burnout that health-care workers and their families are experiencing in this pandemic.

With the COVID-19 pandemic taxing the health-care systems of almost every country, assaults on health-care workers are assaults against all of us. We depend on their health and wellbeing so that they can continue to provide care to individuals, families, and communities with and without COVID-19.

The reasons people attack and abuse health-care personnel during health emergencies are many, and local contexts vary. In some settings during the COVID-19 pandemic, fear, panic, misinformation about how SARS-CoV-2 can spread, and misplaced anger are likely drivers. A few government leaders have responded by announcing swift and, in some cases, draconian punishment for those who attack health-care workers.[5] Yet threats of retribution do not address the causes of such violence and alone are unlikely to curtail these attacks. Effective responses must address the root causes. We recommend that the following actions be taken immediately.

McKay, Lancet, 2020

Violence during the COVID-19 pandemic

1. The collection of data on the incidence and types of attacks on healthcare personnel, including in the context of the COVID-19 pandemic.
2. Such attacks against healthcare personnel to be prevented and, when they do occur, condemned.
3. Misinformation and disinformation about COVID-19 to be countered.
4. The enforcement of strong actions against perpetrators of attacks by local and national governments.
5. Investment by state and local governments in health security measures to protect healthcare workers as part of COVID-19 emergency budgets.
6. Unity among health professionals and their associations in speaking out forcefully against all acts of discrimination, intimidation and violence against healthcare workers.

McKay, Lancet, 2020

Violence during the COVID-19 pandemic

"The experiences of health workers battling COVID-19 resemble, in an entirely different context, the dangers, shortages, and tough decisions health workers in conflicts face every day. Whether providing care in war or in a pandemic, health workers deserve protection, support, and solidarity. We must strengthen their protection, end impunity, and express solidarity with all on the front lines of health care, wherever they are."

Len Rubenstein Chair, Safeguarding Health in Conflict Coalition

https://www.safeguardinghealth.org/sites/shcc/files/SHCC2020final.pdf

Partnership for Work, Health and Safety

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