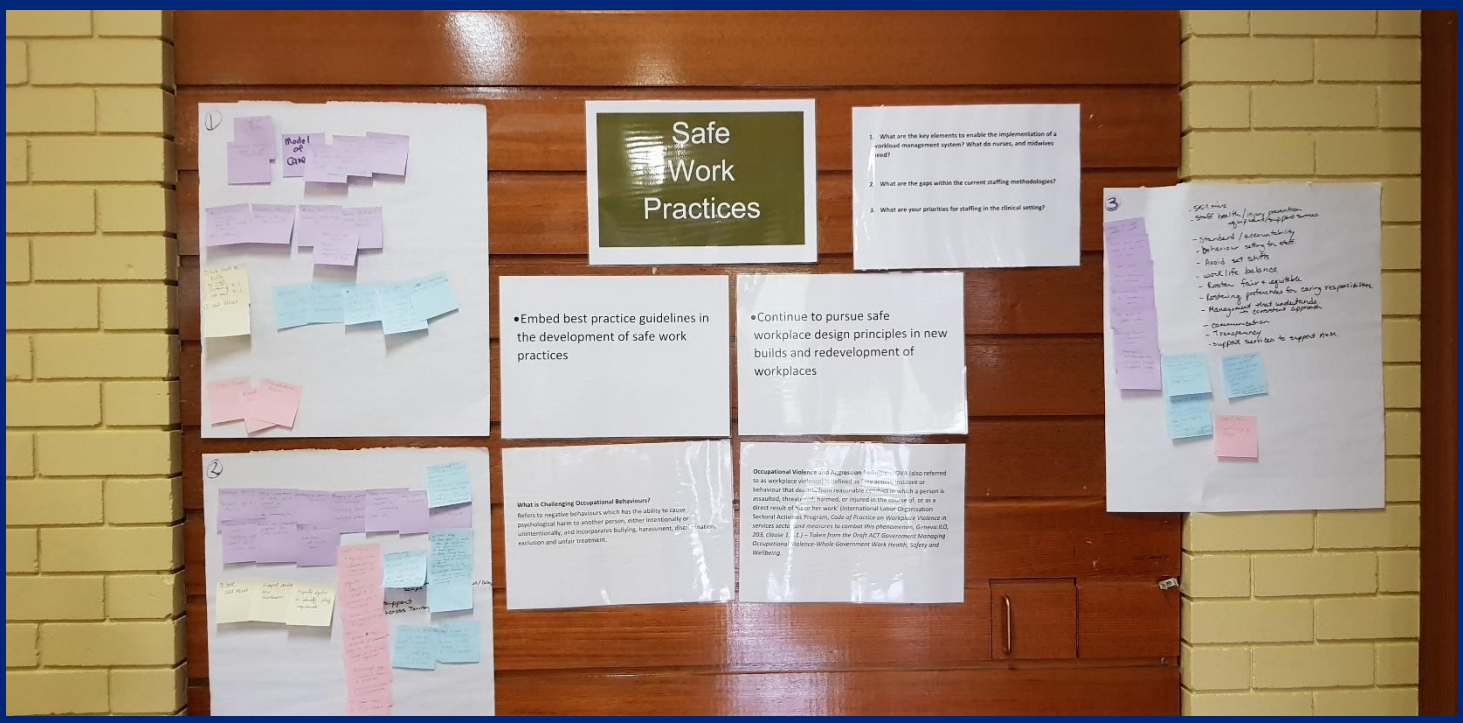
ACT Government | ACT Health

Nurses and Midwives Towards a Safer Culture World Café Consultation Report



Chief Nursing and Midwifery Office

ACT Health Directorate

November 2019

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Executive Summary

Occupational Violence and Aggression (OVA) toward nurses and midwives in the workplace is a significant and growing concern for public health care systems across the world. In collaboration with the ANMF, the Minister for Mental Health and former Minister for Health and Wellbeing launched the Nurses and Midwives: Towards a Safer Culture– The First Step Strategy (the Strategy) in December 2018.

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 are protected from harm and feel safe at all times". The Strategy supports the fundamental rights of nurses and midwives working in ACT public health services to be safe and protected in their workplaces.

The launch of the Strategy coincided with the 'transition' into two entities of ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) and the release of the Independent Review into the Workplace Culture within ACT Public Health Services.

In April 2019 a series of consultation forums were conducted with nurses and midwives from Calvary Public Hospital Bruce (CPHB) and CHS. These were to explore, prioritise and encourage collaborative dialogue related to lived experience of violence and aggression for nurses and midwives in the workplace. Feedback was used to inform the direction of the NM TASC strategy post transition and the development of the Project Management Plan.

The results of the consultation confirm the priorities outlined in the Strategy.

Introduction

Occupational Violence and Aggression (OVA) towards nurses and midwives in the workplace is a significant and growing concern for public health care systems across the globe (Nowrouzi-Kia et al., 2019). OVA (also referred to as workplace violence) is defined as 'any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, or injured in the course of, or as a direct result of his or her work'(ILO.org, 2019).

The prevalence of OVA is increasing worldwide and has a significant impact on the health and wellbeing of health care professionals, workforce retention and financial implications for health care organisations (Dillon, 2012, pp. 16). Nurses and midwives are the largest group of healthcare workers and, as frontline workers, they are subject to high rates of occupational violence and aggression (Shea et al., 2017).

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.

Background

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 OVA, Challenging Occupational Behaviours (COB) and workforce practices to improve the safety of nurses and midwives.

In March 2018, the Minister for Mental Health and former Minister for Health and Wellbeing announced a decision to 'transition' the ACT Health Services creating two distinct health organisations, the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS). The ACT Health Directorate now has a stewardship role focusing on strategy, planning and policy and Canberra Health Services provides health care and clinical services.

In December 2018, the NM TASC Strategy was endorsed and launched by the former Minister for Health and Wellbeing and the Minister for Mental Health. The purpose of the strategy was to "provide a safe and healthy environment; an environment where our staff and all persons who enter ACT Health workplaces are protected from harm and feel safe at all times".

The launch of the NM TASC Strategy coincided with transition to the new organisational structure. Governance of the NM TASC Strategy was developed under the governance of the Chief Nursing and Midwifery Officer (CNMO) at a time when the CNMO was embedded in the Canberra Hospital and Health Services. The CNMO is now positioned in the Health Directorate and governance and accountability for the NM TASC deliverables is the responsibility of the Deputy Director General of Health System, Policy and Research Policy and the CNMO is the project Sponsor.

Purpose

This report outlines the findings of consultations that occurred with nurses and midwives in April 2019. The results of the consultation confirm the priorities outlined in the Strategy with specific reference to several priority actions

Methodology

This qualitative study was conducted across the Australian Capital Territory (ACT) with nursing and midwifery staff working in the ACT Public Health Services. A modified World Café style methodology was adopted to encourage collaborative dialogue related to lived experience and ideas relating to OVA, COB, and safe work practices. Feedback was also used to inform the NM TASC Project Management Plan.

The World Café methodology is a simple, effective and flexible format for hosting large group dialogue. The methodology can be modified to meet a wide variety of needs. The specifics of context, numbers, purpose, location and other circumstances are factored into each event's unique invitation, design and question choice ("World Cafe Method", 2019).

Recruitment

Participants were invited to take part via email and advertisement on Canberra Health Services' (CHS) and Calvary Public Hospital Bruce's (CPHB) intranet and information relating to the World Café was distributed with the original email and advertisement. Additionally, targeted emails were sent to nursing and midwifery stakeholders across CHS and CPHB and included Directors of Nursing and Midwifery, Assistant Directors of Nursing and Midwifery, Clinical Nurses/Midwife Consultants and Clinical Development Nurses/Midwives to raise awareness and promote the sessions. Snowball sampling methods were used whereby staff that attended were asked to recommend participation to others. (Flyer included in advertising is shown at Appendix 1).

Data Collection

Date	Venue	No. of attendees
2 April 2019	Canberra Hospital, Building 2, Level 3, Conference Room 1 & 2	31
4 April 2019	Calvary Public Hospital Bruce, Function Room 1 & 2, Lewisham Building	59
5 April 2019	Tuggeranong Community Health Centre, Meeting Rm 1	7
8 April 2019	Clinical Education & Research Centre, Meeting Rm G1 & G2	29

Table 1 Attendance and Venue for World café event

The session program, objectives and ground rules were stated to all participants at the commencement of the session, particularly in relation to the sessions being a safe environment to share ideas and opinions.

Each station represented a key action of the Strategy including:

- Station 1: Organisation Wide (Governance)
- Station 2: Occupational Violence and Aggression
- Station 3: Challenging Occupational Behaviour
- Station 4: Safe Work Practices

Participants from each session were divided into 4 groups ranging from 4-15 participants;

Each of the four stations were designed to clearly display and articulate:

- their related key recommendations devised from the Strategy, prompting questions/conversation starters;
- definition of Occupational Violence and Aggression; and
- definition of Challenging Occupational Behaviours.

Each station was facilitated by a staff member from the CNMO office and followed a set program for each session inclusive of prompting questions. Sub questions were used with participant groups to gain a deeper understanding and clarity of their experiences as outlined in the evidence section of this report. Participants who did not feel confident about providing responses to the group were encouraged to provide responses to the facilitator at the end of each station.

Data Analysis

Thematic analysis of consultation outcomes was completed by two project officers within the project team. Thematic analysis is a method for identifying, analysing and reporting patterns. Stages of the thematic analysis, as described by Braun and Clarke (2006), are outlined in Appendix 2.

Ethical Considerations

The following ground rules for the consultation session were outlined by the Chief Nursing and Midwifery Officer and agreed to by all participants:

- Participation is voluntary;
- It is okay to abstain from discussing specific topics;
- All responses are valid—there are no right or wrong answers;
- Respect all opinions, even if you don't agree;
- Stay on topic; we may need to guide some conversations
- Speak as openly as you feel comfortable;
- Agree to protect others' privacy by not discussing details outside the group.

Results

Feedback from the consultation session demonstrated concerns participants had in relation to OVA and COB. The findings identified the areas of concern where participants would like to see improvements or changes made to ensure their safety in the workplace. The thematic analysis findings are consistent with research and studies of participants' exposure to and lived experience of OVA (Bimenyimana et al., 2009).

Organisational Wide Actions (Governance)

Comparison of health care services with advanced safety culture industries, such as petroleum and aviation, indicates that health care services need to progress to a proactive safety culture to mitigate incidences of OVA. An improved response to safety can be achieved with an organised, systematic and informed approach before things go wrong (Hudson, 2003). Health care organisations and services are complex, with their own cultures and multiple professions and specialities working together. A culture of safety is frequently proposed as an essential mechanism to ensuring effective, timely and safe patient care (Weaver et al., 2013).

An organisational culture that places a high level of importance on safety beliefs, values and attitudes is essential and these views must be shared by the majority of people within the workplace. A safety culture may be characterised as 'the way we do things around here'. A positive safety culture can result in improved workplace health and safety (WHS) and patient safety. Additionally, attitude and morale reflect the confidence staff have in managers and the ability of staff to speak up about errors is a measure of the how safe they believe the organisation is.

Nurses and midwives in the ACT public health system recognise a culture of acceptance for some types of violence and aggression in the workplace with considerable concern raised relating to consumers with impaired cognitive function (e.g. Dementia). Staff were cognisant that violence perpetrated by consumers with impaired cognitive function was different to other types of violence reported. Participants frequently stated that they do not consider harm caused by a consumer who is distressed, in pain, confused or anesthetised as violent or aggressive. Staff feel compassion for patients whose aggression arises from a clinical condition and commonly felt that the patient 'couldn't help it'

Safety Governance and Maturity

The Safety Governance Pathway was developed as a tool to help identify what stage of safety governance maturity an organisation may currently be experiencing. Understanding where an organisation currently sits on the Safety Governance Pathway is essential for understanding where senior executives are starting from in their approach to safety governance and determining a vision for the organisation (Orbitas Group).

Participants were engaged in discussion on the perceived point of the organisations are on the pathway. Most participants perceived their organisation level as 'Compliance to Transactional'. Compliance refers to organisations that are focussed on legislation as a driver of reporting, whilst 'transactional' indicates that organisations have a limited vision of health and safety.

A small number of participants indicated their work areas as in a Focussed-Pro-Active state of safety maturity. This focusses on executives asking detailed questions to better understand incidents and being proactive and indicates a strong safety culture.

Consistent with the perception of the organisation's point on the pathway, participants identified a reactive approach when incidences of violence and aggression occur. A culture of tolerance and the norm was identified across most sessions as a barrier to safety maturity.

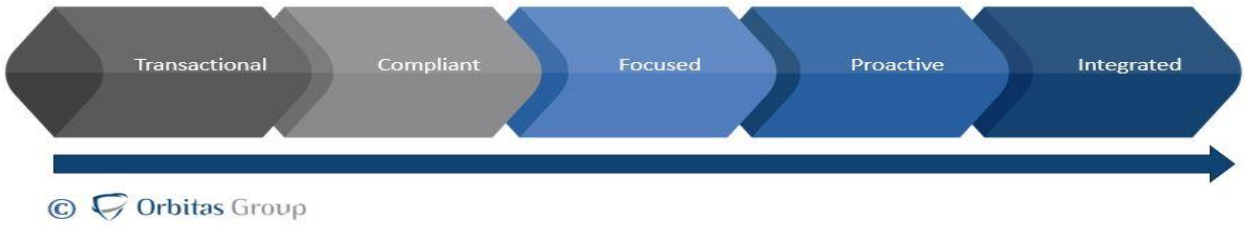

Figure 1 – Safety Governance Pathway

A change to organisational safety culture was indicated as necessary to reduce violence and create safety in the workplace. All sessions identified that consumers' and patients' rights were considered a higher priority than staff rights and safety.

Across all sessions, the reporting system is considered time consuming and lacking a standardised approach to completion and follow-up. Some participants perceived the current reporting system as punitive and blaming. Participants across all sessions indicated a lack of consistent, timely and effective feedback from managers post incident reporting.

In order to achieve safety maturity, participants indicated a desire for cultural transformation. Participants indicated increased visibility of leadership, clear expectation and accountability as fundamental in promoting workplace safety.

Investing in education and training in safety management systems, clear leadership, established escalation pathways, accurate risk assessments and de-escalation processes for nurses and midwives at all levels were also believed to contribute to improvements in a safety system.

Occupational Violence and Aggression

Physiological responses to threats to physical or personal safety may activate a 'fight, flight or freeze' response and have a direct impact on the wellbeing of the staff member. Beattie et al (2018) suggest that education of health care workers should include a focus on neurobiological responses to threat. Staff should be trained in identifying and managing their responses to threat. Effective management of personal responses to threats can enable a measured response that may defuse or deescalate a situation more easily. Trauma informed care for staff enables staff to identify the cumulative effects of violence in the workplace and to adopt management strategies to maintain health and wellbeing (Beattie et al, 2018). An organisational frame work should be established to identify systems and sources of support for staff who have been exposed to workplace violence (Zhou, Marchand and Guay, 2017).

Participants felt strongly that setting clear expectations are key to accountability for unacceptable behaviours by staff and patients. All sessions indicated staff and patient rights and responsibilities as equal, and the need to set behavioural expectations for everyone. Staff safety was perceived as a lower priority than patient safety. Participants indicated the love of the job and support systems as protective factors that bring them back to work, even knowing they may experience OVA again.

Results in this report are showing a pareto graph. The pareto principle states that, for many events, roughly 80% of the problems are related to 20% of the causes/categories. By graphically separating the aspects of a problem, a team will know where to direct its improvement efforts.

Experiences of Occupational Violence and Aggression

Participants were asked how they experience OVA in the workplace. Most responses identified instances of physical abuse, verbal abuse, threats from the public and bullying and harassment.

When participants were asked how they had personally experience OVA in the workplace, most responses related to physical abuse, verbal abuse, threats from the public and bullying and harassment. Many responses relating to physical abuse perpetrated by a member of the public including being slapped, kicked, choked, punched, spat at, pushed grabbed, scratched and bitten.

Note: 'Public' refers to either patients or visitors of patients accessing the health services.

The next most frequently reported incidences of OVA included verbal abuse from the public towards staff. Verbal abuse included inappropriate language, yelling, swearing, abusive phone calls, screaming, verbal threats, aggressive words and shouting in the workplace. Threatening behaviours from the public towards staff included intimidation using standover postures, threats of hitting, verbal threats of aggression, being threatened by a patient's family and death threats.

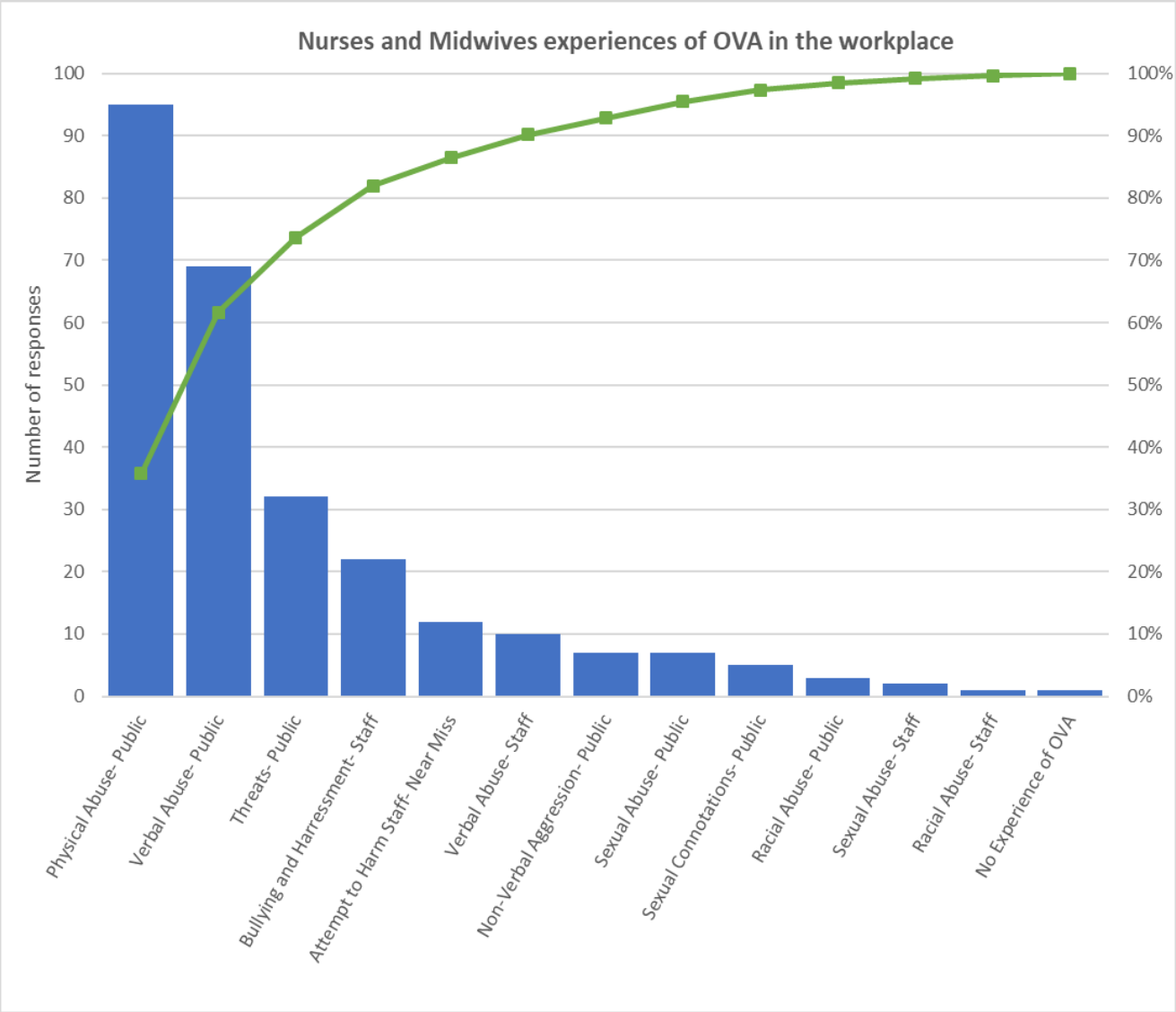

Figure 2 How do you experience OVA in your workplace?

Emotions post incidences

Staff were asked to identify emotions they felt if they had experienced OVA. *Figure 3* outlines those expressed, with the most frequently expressed emotions including anger, fear and anxiety.

The emotional impact on participants affected by OVA was evident in the number of responses. Bonner and McLaughlin (2007) recognise that trauma to health care workers from violence and aggression in the workplace varies from being slightly shaken to post traumatic stress disorder (PTSD). The effects of violence and aggression in the workplace must also consider witnesses to incidents and the potential impact that maybe suffered. Empirical evidence suggests experiencing and witnessing violence and aggression has extremely adverse effects (Zhou, Marchand and Guay, 2017).

Figure 3 Word Cloud - All expressed emotions/feelings of staff relating to OVA.

Workplace violence is significantly underreported in Australia (Safe Work, 2019) and across the globe. Quantifying violence and developing effective systems to mitigate violent incidences is an increasing challenge due to underreporting (Hardin, 2012). Participants identified that a lack of follow up post incidence of OVA and COB is a key contributor to underreporting. Edward et al, (2014) suggest unclear reporting policy and procedures, lack of support from managers and fear of retribution as key barriers to reporting. This study also identified that staff seek support from other members of staff and through channels outside of the organisation (Edward et al, 2014).

Protective Factors

When asked what brings participants back to work knowing they may experience OVA in the future, staff indicated that the "love of the job", together with financial responsibilities were key. An acceptance culture was expressed by some participants, whereas others indicated that their own resilience enabled them to return to work after an incident

"I know I am helping others and providing an essential service"

Support from colleagues/co-workers was identified as a protective factor and driver for staff to return to work. Other support systems included supportive colleagues, teams, management, friends and/or family and organisational support systems.

"Outstanding support and understanding from my manager and colleagues"

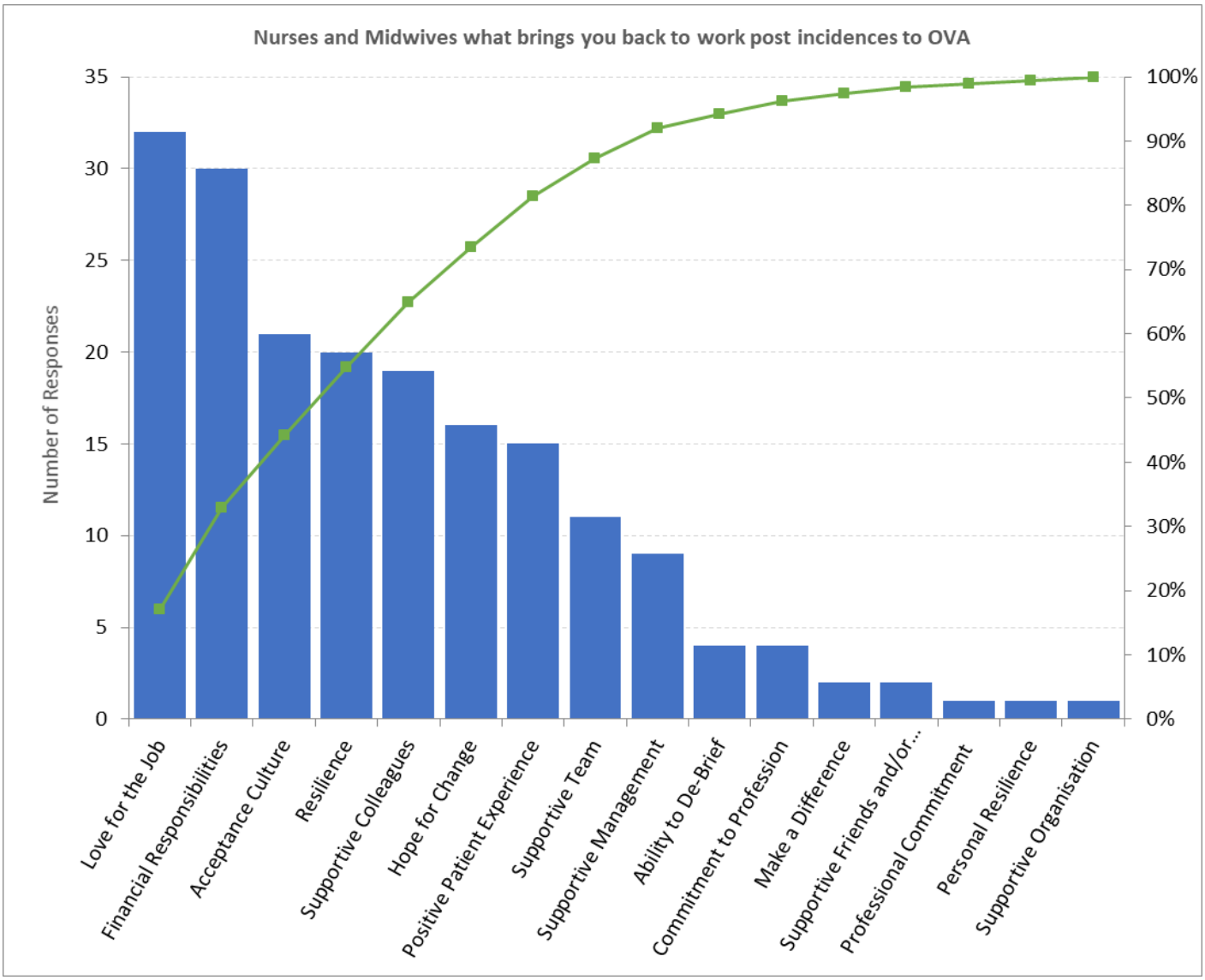

Figure 4 -What brings you back knowing you may experience it again?

Identifying Occupational Violence and Aggression

Participants identified several supports to allow them to better identify OVA in the workplace. Training and education were seen as key supports, specifically regarding-escalation strategies and identifying subtle signs of agitation and recognising triggers. In most sessions, participants indicated education and training on OVA prior to commencement in the clinical setting would be ideal.

'Orientation, education, information and training all before entering the workplace!'.

An Electronic Alert System was identified as a requirement to assist staff to identify and manage potential situations. It was highlighted that this needed to be easily accessed with the ability to check and add alerts in systems such as Clinical Portal, MAJICeR, Child Youth Protection Service (CYPS), ACT Patient Administration System (ACTPAS) and Emergency Department Information System (EDIS). Participants indicated early alerts as critically important to inform staff of known patients at risk of displaying disruptive behaviours. Furthermore, effective cross-health service communication of patient risk assessments was important, inclusive of any history of challenging behaviours.

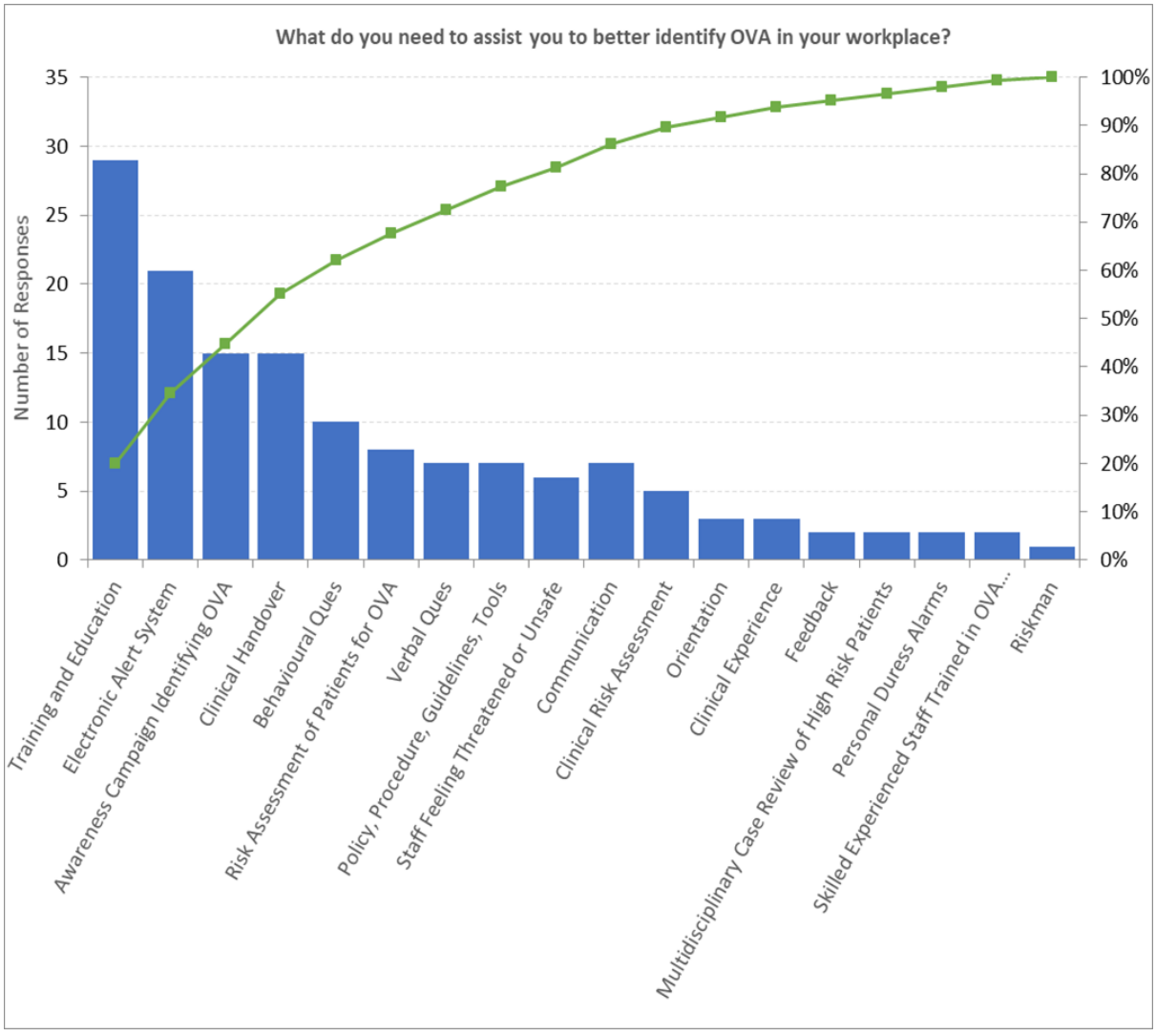

Figure 5 What do you need to assist you to better identify OVA in your workplace?

Preventing Occupational Violence and Aggression

Training and education featured prominently in answers relating to the prevention of incidents. Participants indicated the preferred education and training model to be adaptable and dynamic to meet the requirements of work areas (e.g. community, mental health, emergency department). Participants identified education and training in de-escalation, body language, early warning signs and team training in response to OVA (e.g. restraint and seclusion) as important. Participants also highlighted that training and education related to OVA needs to be for staff at every level. Targeted response and support courses for managers would better assist staff in preventing incidents.

Across all sessions, the participants did not fully understand the meaning of OVA. Incidents involving physical assaults were readily recognised as OVA however, incidents involving verbal abuse were not as widely considered or recognised as reportable OVA. All education sessions must include a universal agreed definition of OVA.

Furthermore, ensuring patients at risk of challenging behaviours have adequate management plans is important in reducing incidences of violence, as is also having policies and procedures which clearly guide staff and organisational responses to challenging behaviours.

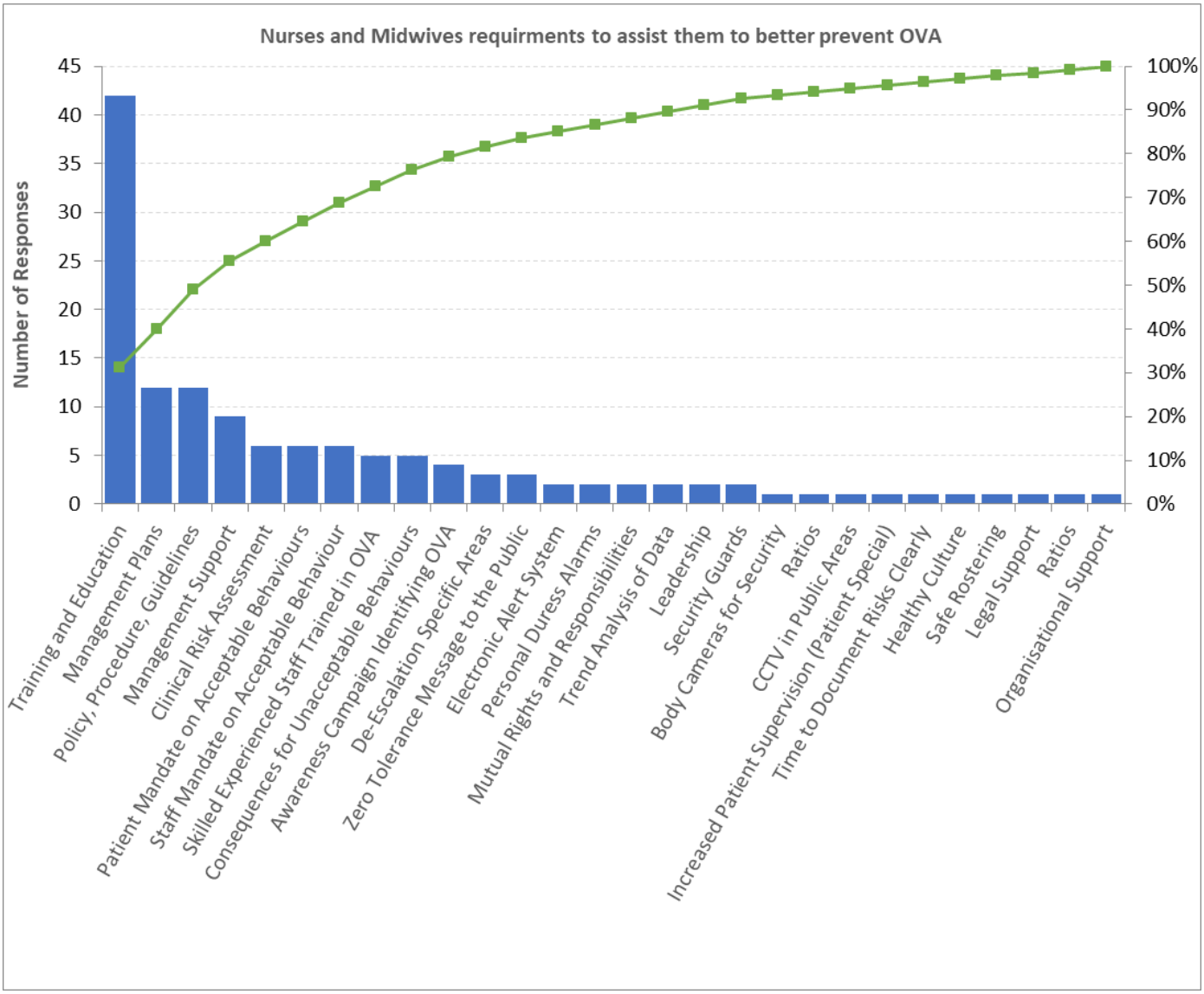

Figure 6 What do you need to assist you to better prevent OVA in your workplace?

Reporting Occupational Violence and Aggression

It is widely acknowledged that OVA and challenging behaviour is significantly underreported, with a high acceptance of verbal and physical abuse leading to the normalisation of OVA amongst workers (Pich et al., 2017). Reporting all incidents of violence and aggression, even those that do not require medical attention, helps to create a culture in the health services that does not tolerate violence and aggression. It is important that staff that work in a culture where reporting is seen as positive.

The most frequently reported themes included aspects related to the RiskMan system, with suggestions that a simplified process may increase the likelihood of reporting. Staff also felt that no visible changes were occurring as a result of their reports and participants felt that systems ought to be put in place to assist managers to take immediate action when incidents are reported.

"Create a more user-friendly reporting system"

Many participants reported that time constraints were the greatest inhibitor to reporting, with others indicating that they could see no improvement in outcomes when changes had been made. Some also felt that fear of retribution from others in the organisation was a barrier to reporting.

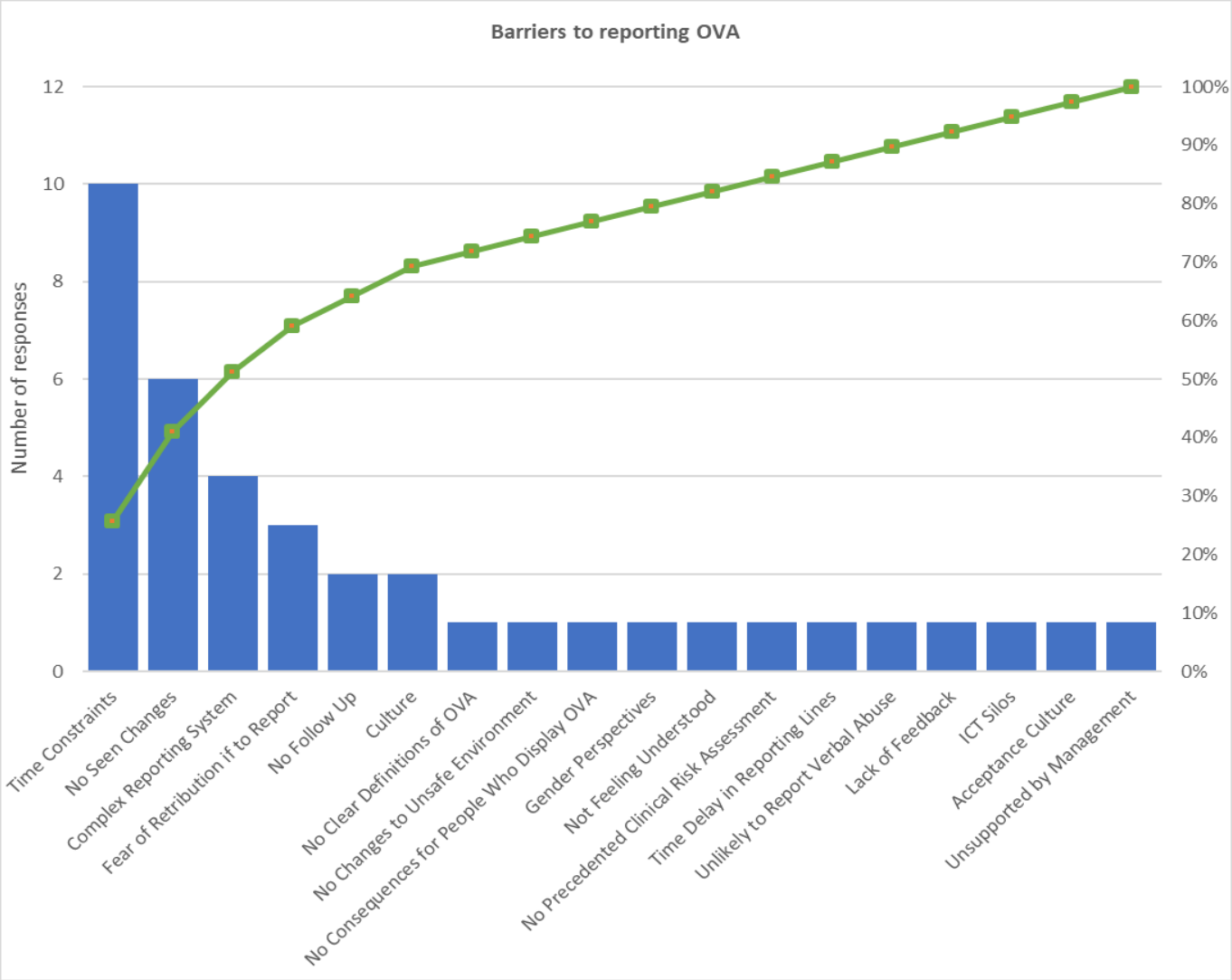

Figure 7 What barriers to reporting OVA do you experience?

Better Management of Occupational Violence and Aggression

Training and education were again identified by participants as ways to help them to better manage OVA in the workplace. Policies, Procedures, Guidelines, Pathways and Tools were identified as essential and participants suggested that a review of all related OVA documents or a co-ordinated approach to their development across the health service would be timely. A request was also made for managers to give timely feedback to staff on their reports.

"Bundle of resources to support staff/managers to manage and respond to OVA"

Participants indicated the importance of guidelines on risk prevention strategies and escalation pathways for lone workers and community staff. Participants outlined the importance of information on the process of escalation to the police, the code of conduct for patients, clear procedures on reporting, a standardised approach to 'code blacks' and a uniform approach to OVA responses for all health professionals. Management support was seen as important in better managing OVA in the workplace. Staff indicated a desire for management to support them after an incident, to enable them to debrief, to feel empowered to discuss and highlight issues of concern. Staff also requested and an open-door managerial style, guarantees of confidentiality and suggested that managers should place staff safety before patient needs.

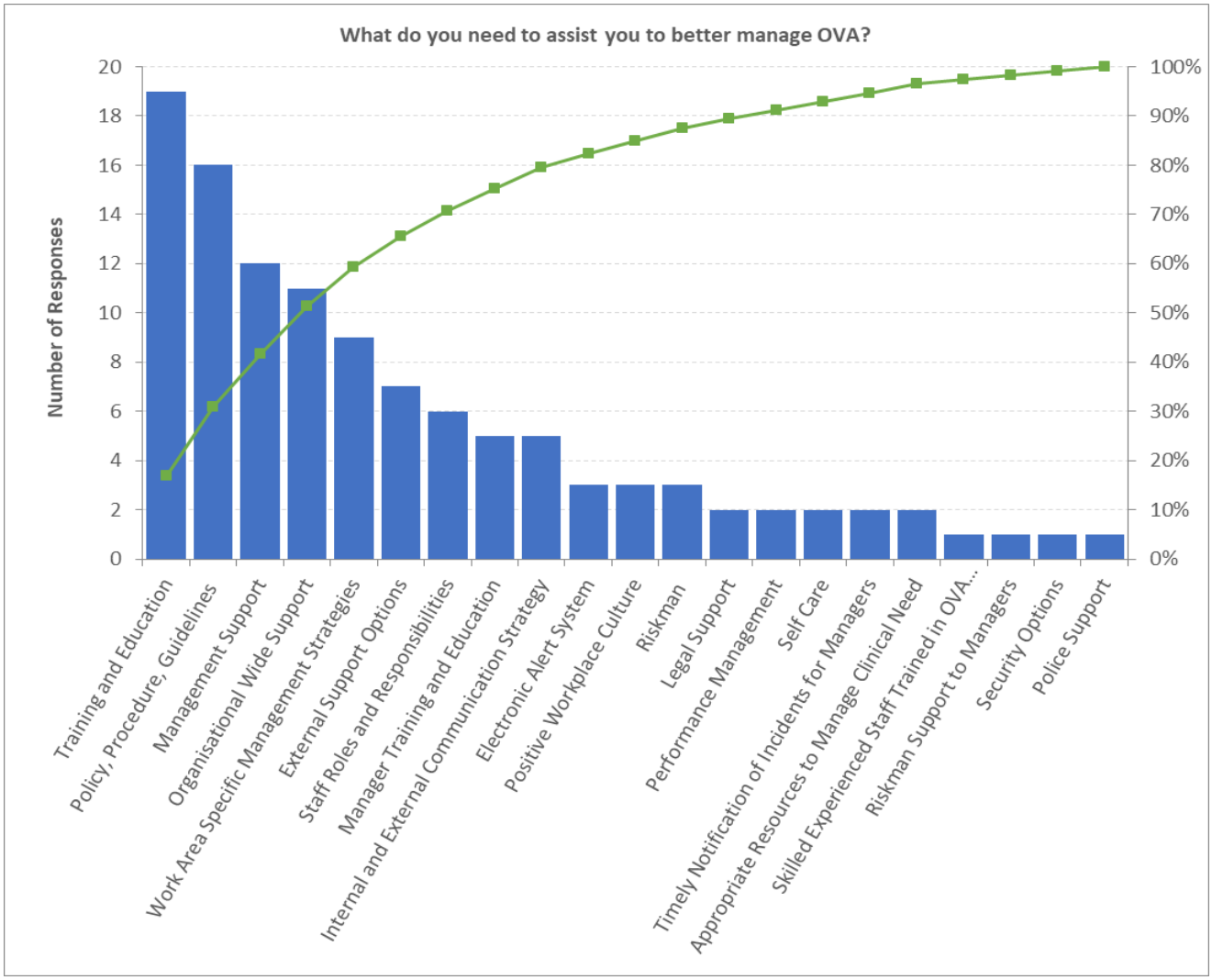

Figure 8 What do you need to assist you to better manage OVA in your workplace?

Communication Campaign – Key Message to other staff

The key communication message from participants to other staff focussed on caring and respecting others. Sub themes included having respect in open discussions, 'see it- report it', checking up on the wellbeing of those who had experienced OVA and 'talk-don't yell!'

The three other key messages were that zero tolerance of incidences is essential, that the acceptance culture needs to be changed and that all incidences of OVA need to be reported.

"Take care of yourself and take care of your team mates"

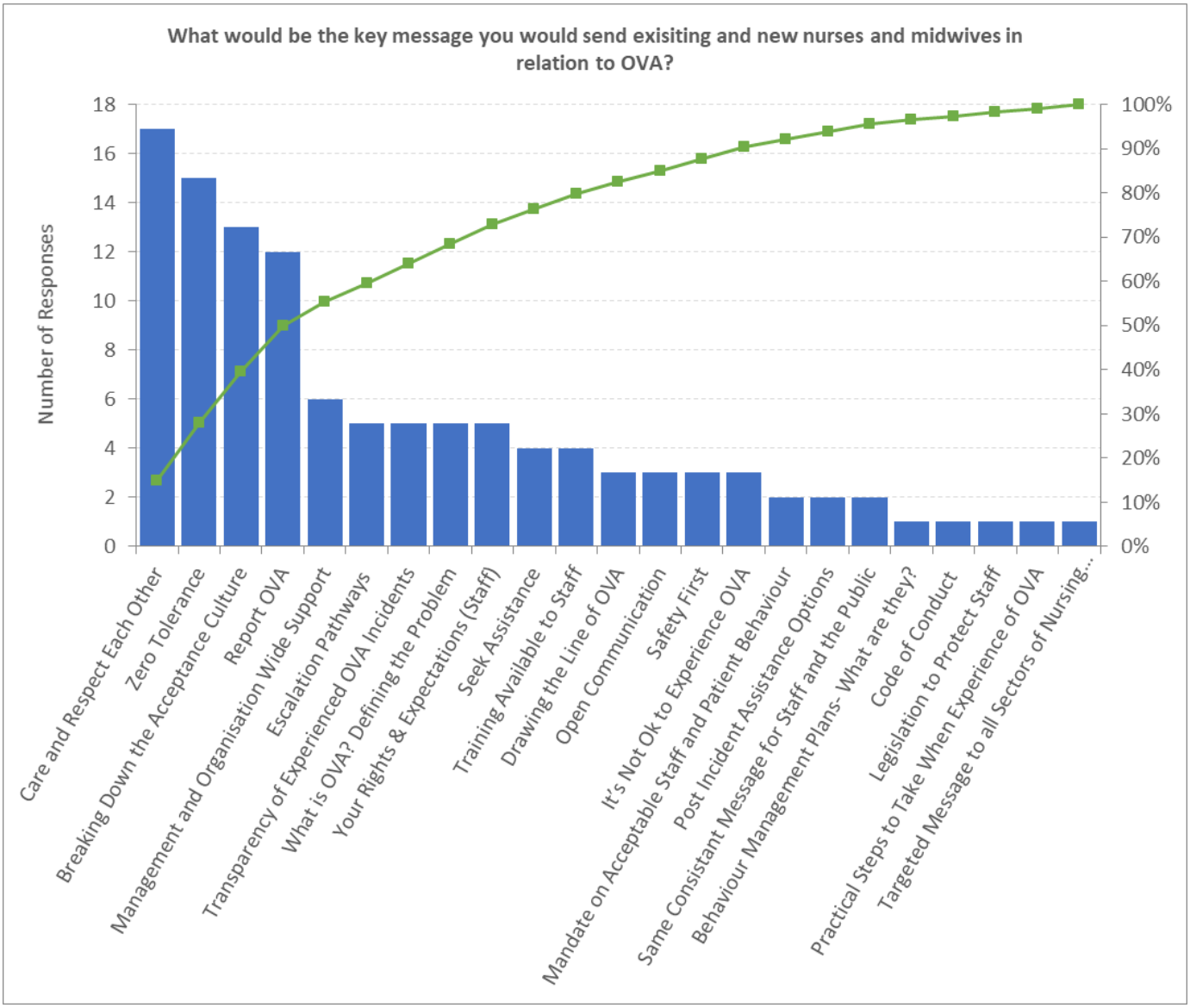

Figure 9 What would be the key message you would send existing and new Nurses and Midwives in relation to OVA?

Community Awareness Campaign

Participants identified that an expectation of "Zero Tolerance for workplace violence" should be the key message in any public communication campaign.

Participants also emphasised that positive behaviours should be included, particularly mutual rights and respect. This includes the use of appropriate language and demonstrated respect on the part of both staff and patients. Sub themes that emerged included respecting cultural differences, ensuring consistent treatment for staff and patients, respecting patient equality in the eyes of health care staff, recognition that both patients and staff have rights and responsibilities; and that there are health service expectations that apply to patients and staff.

"Inform people that there are serious consequences for abusing and threatening staff"

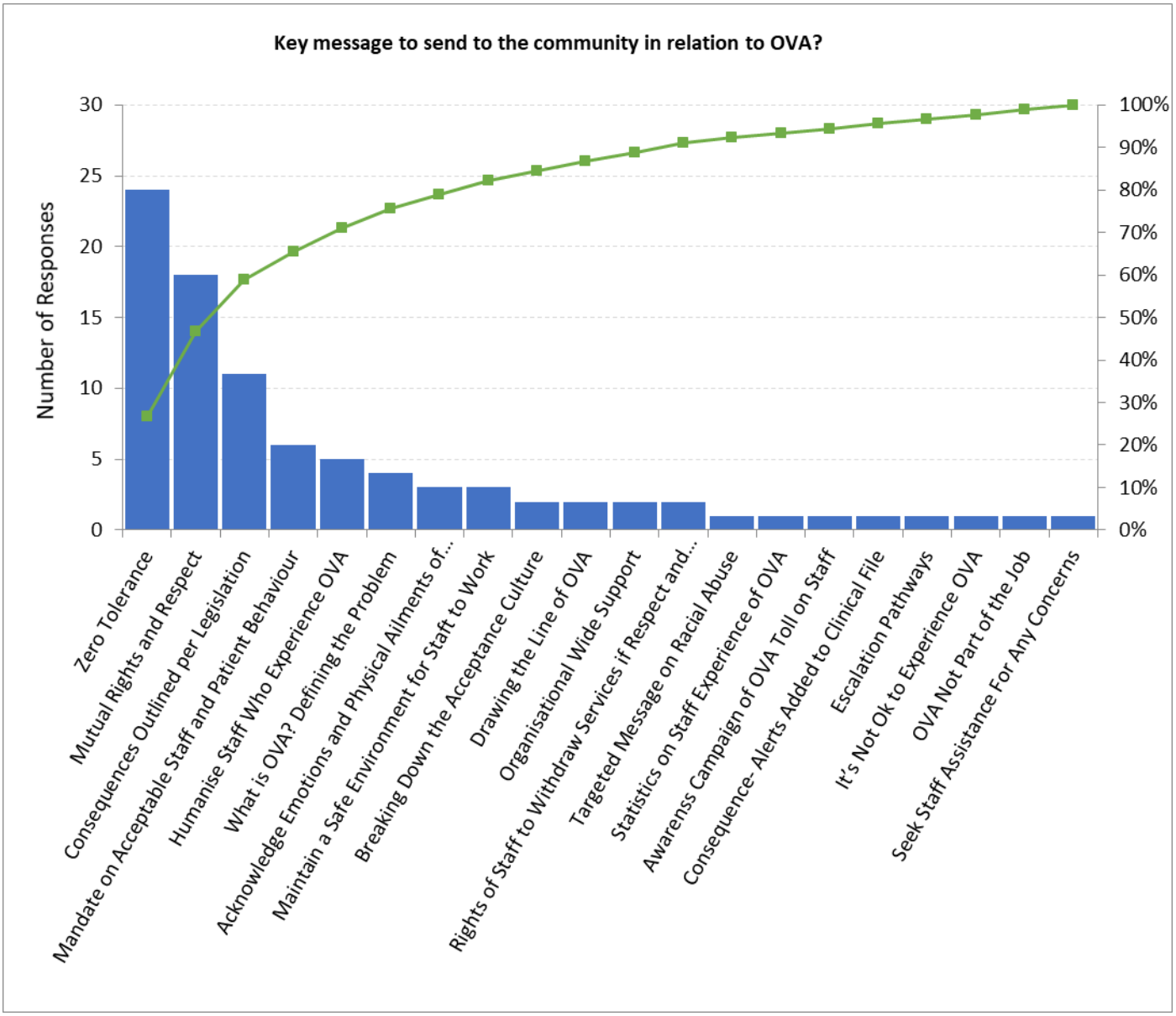

Figure 10 What is the key message you would send the community?

Challenging Occupational Behaviours

Challenging Occupational Behaviours (COB) refers to negative behaviours which have the ability to cause psychological harm to another person, either intentionally or unintentionally, and incorporate bullying, harassment, discrimination, exclusion and unfair treatment.

Building the foundations of a safer working environment for nurses, midwives and all health care professionals requires active engagement from all levels of leadership. The foundations of building a culture that does not tolerate violence and aggression, and actively reduces or eliminates risk, must include established systems of prevention, risk mitigation and respect consistent with organisation values. The Independent Review into Workplace Culture within ACT public health services describes effective workplace culture as “person centred, learning focused and evidence based, adaptive to changing health care requirements and supported by staff who take responsibility for delivery quality outcomes” (ACT Government 2019).

Leadership is fast becoming a strategic focus for health organisations to achieve increased productivity, quality patient care and a driver to promote cultural change in a health care setting (Mannix, Wilkes, and Daly, 2013). Good teamwork and leadership are considered key contributors to stress management, workplace learning and a moderator for resourcing/demand imbalance. They are also considered to be strategically important and critical to safety management success (Eklöf, Törner and Pousette, 2014). Investment in leadership training, pathways and mentoring programs was identified in all 4 stations and across most sessions.

For this activity participants were asked to think about mangers’/leaders’ responses to both COB and OVA. Participants indicated investment in leadership training, pathways and mentoring programs would improve leadership capability. All sessions discussed concerns with organisational culture relating to the normalisation/acceptance of violence in the workplace and not feeling comfortable about asking for help or support.

Enablers to Manage Incidents

Participants were asked what would enable them to manage an immediate incident of OVA, or a COB in the workplace. Training and education, leadership, and culture were identified as contributors in the improved management of immediate situations. Of these, training and education was considered the priority. The request for simulated and scenario-based training, as a preferred method of training, was consistent across most sessions. Predict Assess and Respond To (PART) training was identified as the current solution for de-escalating incidents. However, it was discussed that access to PART training is limited or not offered in some organisations.

There were positive statements relating to good workplace culture in some workplaces and suggestions to identify ‘what they are doing’ to create a positive workplace culture in other work areas.

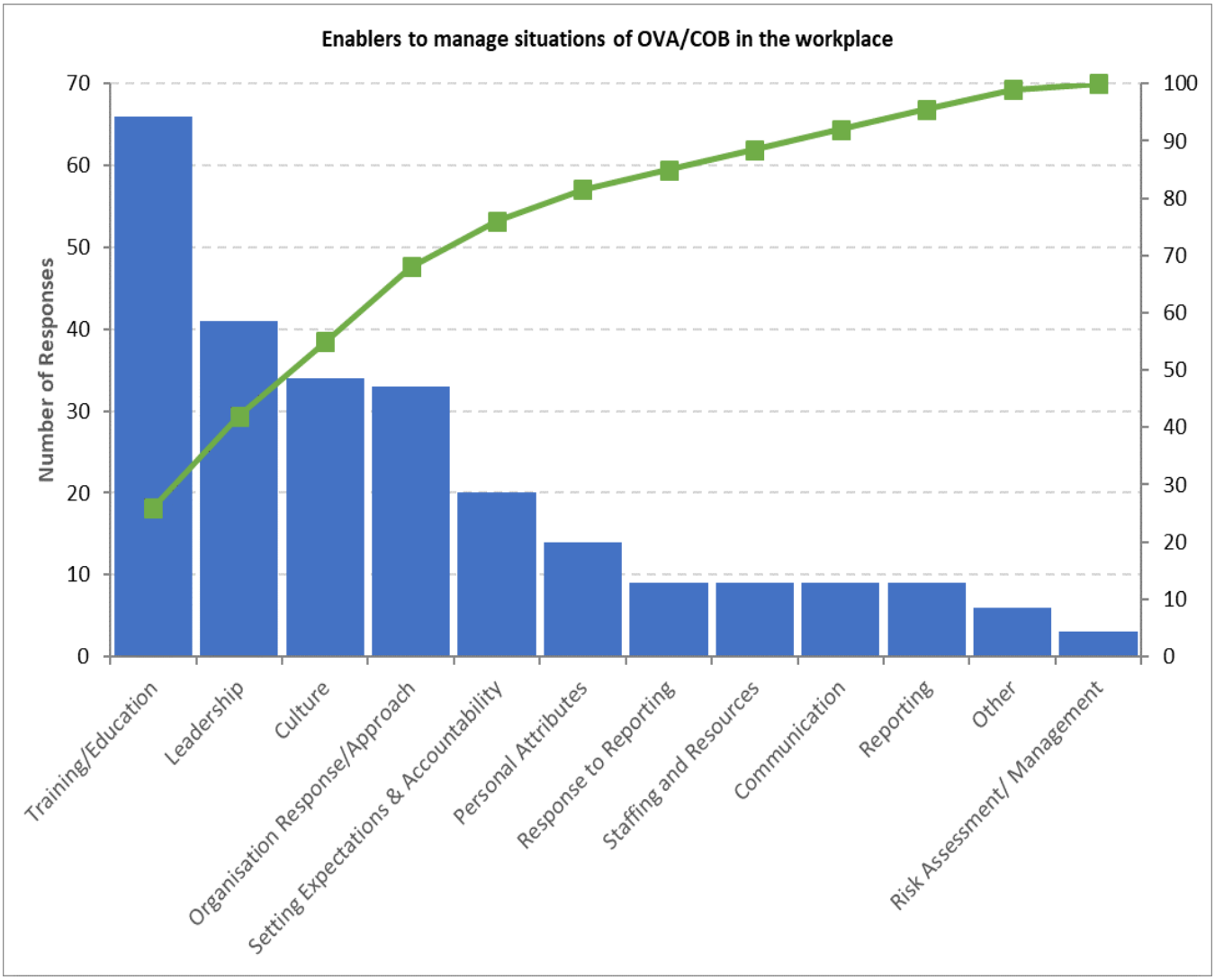

Figure 11 What enablers will help manage situations of OVA/COB?

Perceived Organisational Gaps

Organisational responses and approaches to violence in the workplace were the focus for participants when asked, 'what are the gaps the organisation should take responsibility for in relation to all types of violence and aggression in the workplace?'.

Most participants identified leadership as an organisational gap. Mentoring, leadership training and pathways were identified as a priority in 2 out of 4 sessions. Concerns were raised that leadership and support from managers was lacking for staff on the floor, including middle managers. Participants indicated investment in leadership training, pathways and mentoring programs would improve leadership capability.

Organisational responses, training and education, leadership, culture, response to reporting, and setting expectations were identified as the top 6 responses accounting for 75% of all responses for station 3.Participants believed there were barriers to reporting some violent incidents to the police, with relationships with the police and the court system poorly understood. Participants appeared unclear as to whether the organisation would support them to take this action. Participants indicated the current process for reporting to police is not well understood and if an incident is reported, the perception is that it is not followed up.

"Need a clear message from executive down, unacceptable behaviours not tolerated"

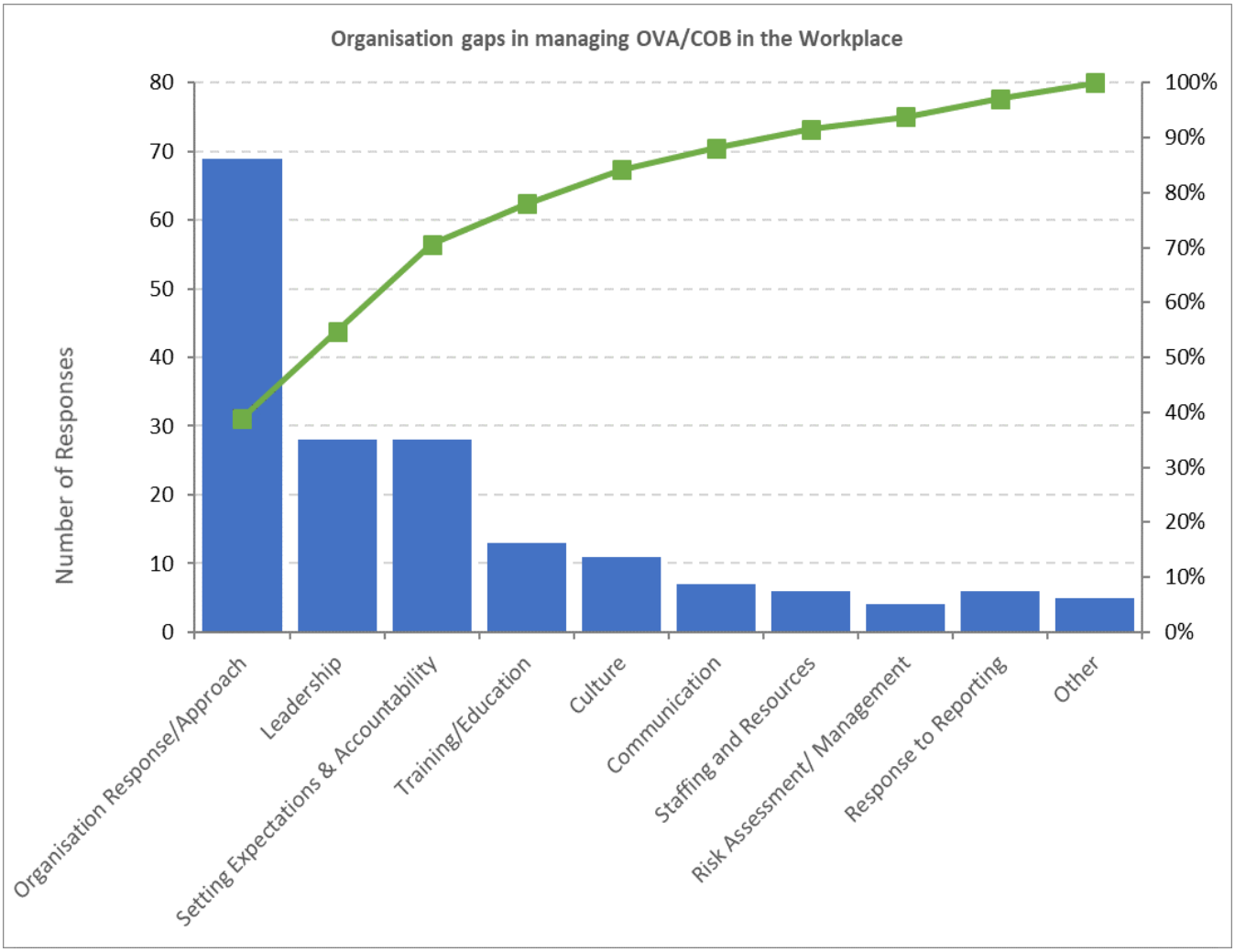

Figure 12 What gaps do organisations have for managing OVA/COB

Perceived Gaps in Management

Nurse and midwives were further asked to reflect on perceived gaps in current OVA/COB management. Timeliness and personal follow up for staff post an incident were identified as currently lacking in some areas.

Participants felt there was a lack of visibility and understanding of control measures implemented by management after an incident. Participants in one session had strong concerns that OVA and COB had been identified, however they had not been addressed, and that the behaviours were continuing.

Participants considered middle managers' workloads and training as a possible contributing factor to delayed follow up.

Leadership was identified by 18% of total responses. Lack of support for staff and managers was indicated as a gap to effectively manage OVA and COB. Participants indicated minimal training and education in leadership and management as contributing factors to poorly managed incidents of OVA and COB.

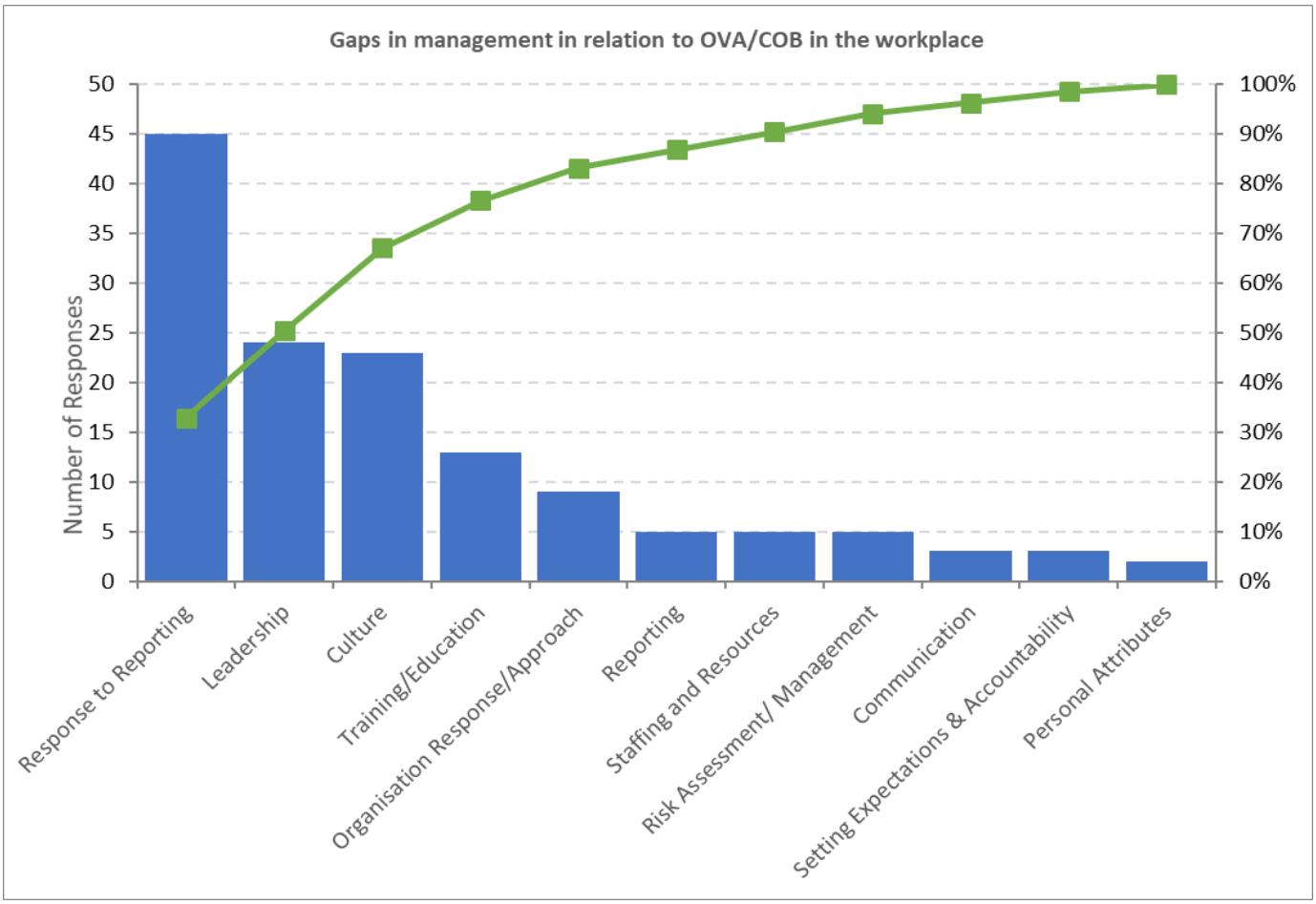

Figure 13 What gaps do management have for managing OVA/COB

Safe Work Practices

The effectiveness of care delivered by nurses and midwives can be demonstrated by its effect on patient outcomes. Evidence exists that links nurse staffing, skill-mix, rates of adverse events and patient outcomes. The NM TASC project priorities includes research into and the development of a Nurse/Midwife to Patient Ratio Framework. Participants were asked several questions relating to workload, staffing priorities and potential gaps.

Enabling a Workload Management System

Participants were asked what the key elements would be to enable the implementation of any workload management system in their organisation. Participants identified staffing methodologies as most important enabler for implementation. On deeper questioning participants identified the importance of safe staff to patient ratios, sick leave management, innovative models of care, skills mix and acuity management. Managing changing patient acuity and staffing levels were discussed as an issue currently facing managers and the impact of these on quality of care and difficulty in predicting accurate staffing levels.

Several participants identified that manager's rostering skills could be improved and that clearer guidelines and processes for managers to follow would be beneficial. Nurses and midwives indicated current concerns relating to roster short falls and the methodologies used to fill those shortfalls.

Participants indicated continuous education in workload management systems as important as well as improved opportunities to facilitate mentorship and supported learning.

Increased consideration for clinical workload was indicated and participants supported the continuation of the supernumerary positions of the Clinical Development Nurses/Midwives (CDN/M) and Clinical Nurse Consultants (CNC). to maintain quality clinical care and teaching.

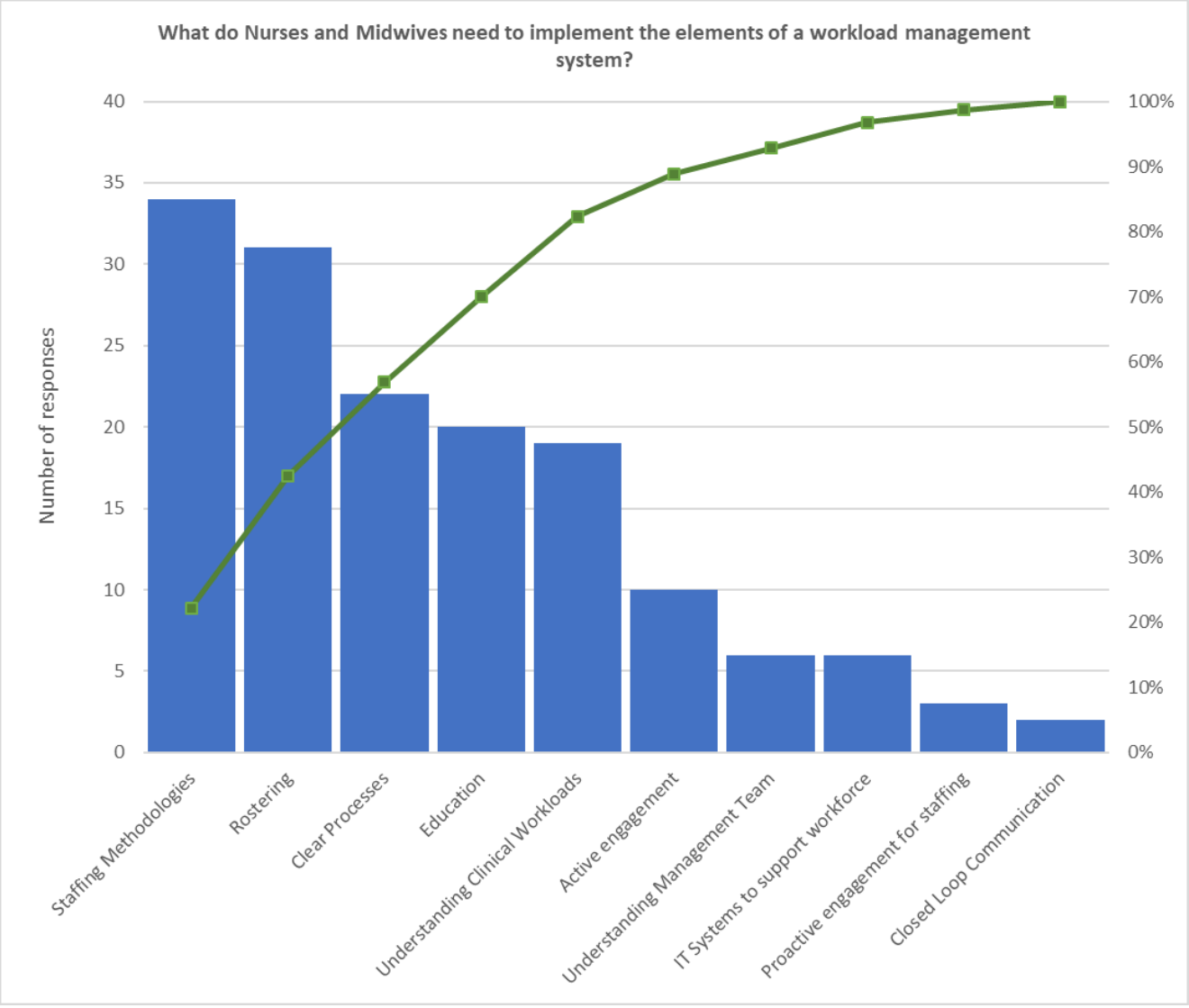

Figure 14 What are the key elements to enable the implementation of a workload management system?

Priorities for Staffing the Clinical Setting

Participants were asked what their priorities for staffing in the clinical setting were. With many considering training for team leader roles, simulated based education, clinical reflective practice, and skill mix as principles to explore.

Support for CDN/Ms to do their assigned role and limit using them to backfill operational shortfalls was identified as a priority. CDN/M's need to be available to perform competency assessment and provide leadership and support in the clinical setting. Some participants expressed concerns that CDN/M positions are undervalued and often used as backfill by the units.

Appropriate roster practices to ensure appropriate skill mix were indicated as an important consideration allowing patient safety to come first when considering staff ratios and skills. Participants also expressed the idea that those completing rosters need to consider the value of work/life balance, equitable rostering practices, those with caring responsibilities, the correct staffing profiles per shift, the shift leaders experience and adequate rest periods between shifts.

Some felt that additional supernumerary time for orientation for nurses and midwives with overseas qualifications and new to Australia would be beneficial.

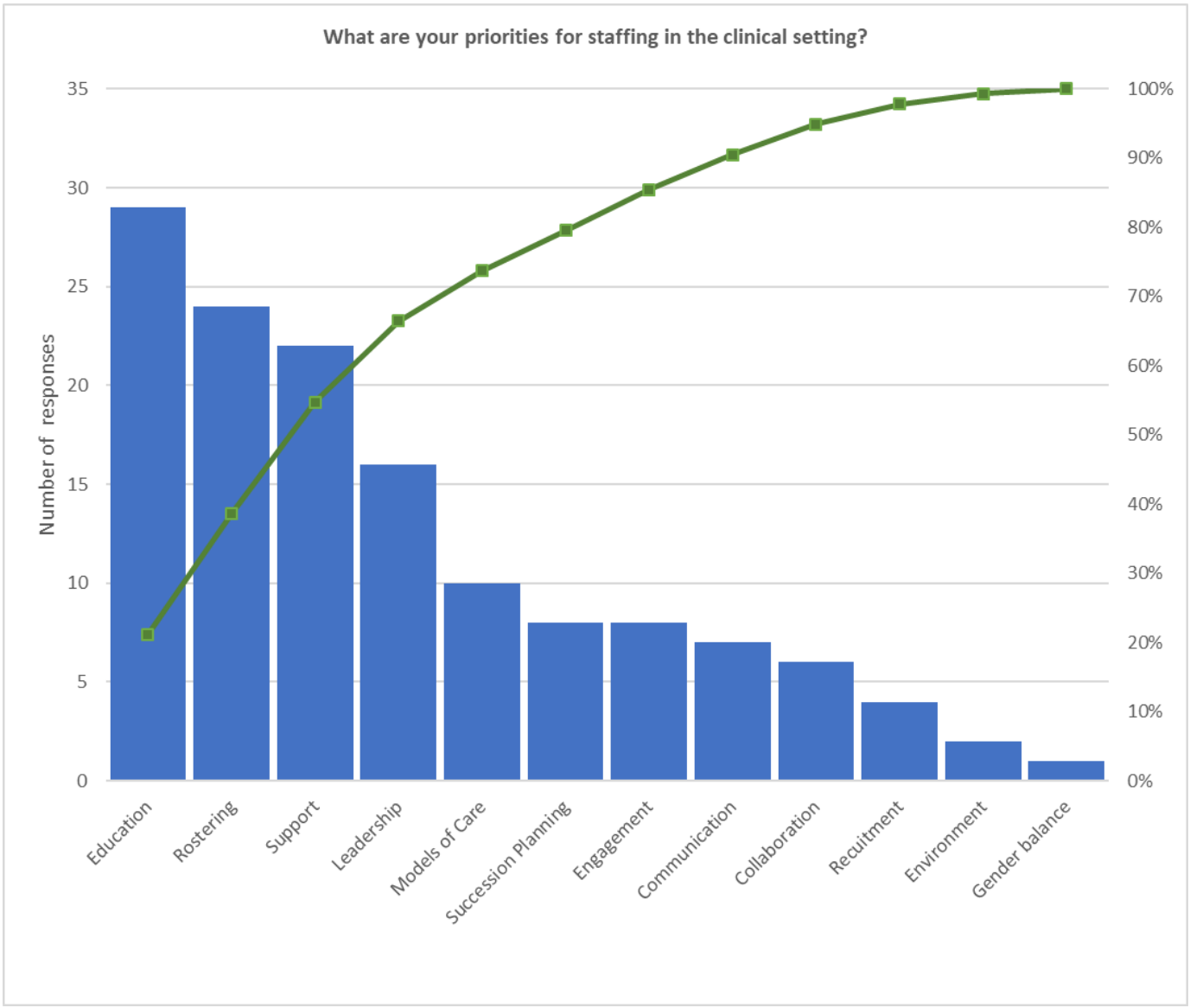

Figure15 What are your priorities for staffing in the clinical setting?

Staffing Methodology Gaps

Participants identified a need for improved support for the workforce and indicated that the inclusion of wards-persons and security personnel in the rostering methodologies may be beneficial.

Participants identified differences in staff replacement practices between the community and acute inpatient areas and a gap where there is no identified acuity system to identify staffing requirements. Participants also perceived gaps in supporting professional development and skills building. There are limited opportunities to work in other clinical or administrative areas to expand clinical and administrative skills. This is primarily due to not being released from substantive positions.

Some participants indicated a need to improve the education for staff and managers so that they better understand rostering systems. Consideration was also given to further education of staff on policies relating to overtime, night shift and staffing establishments.

Participants indicated concerns for team leaders taking patient loads whilst assisting other staff with clinical issues and believed a focus on supported leadership that is open and honest should be fostered. Participants indicated that an improved organisational culture is pivotal to improving staff retention and skills acquisition.

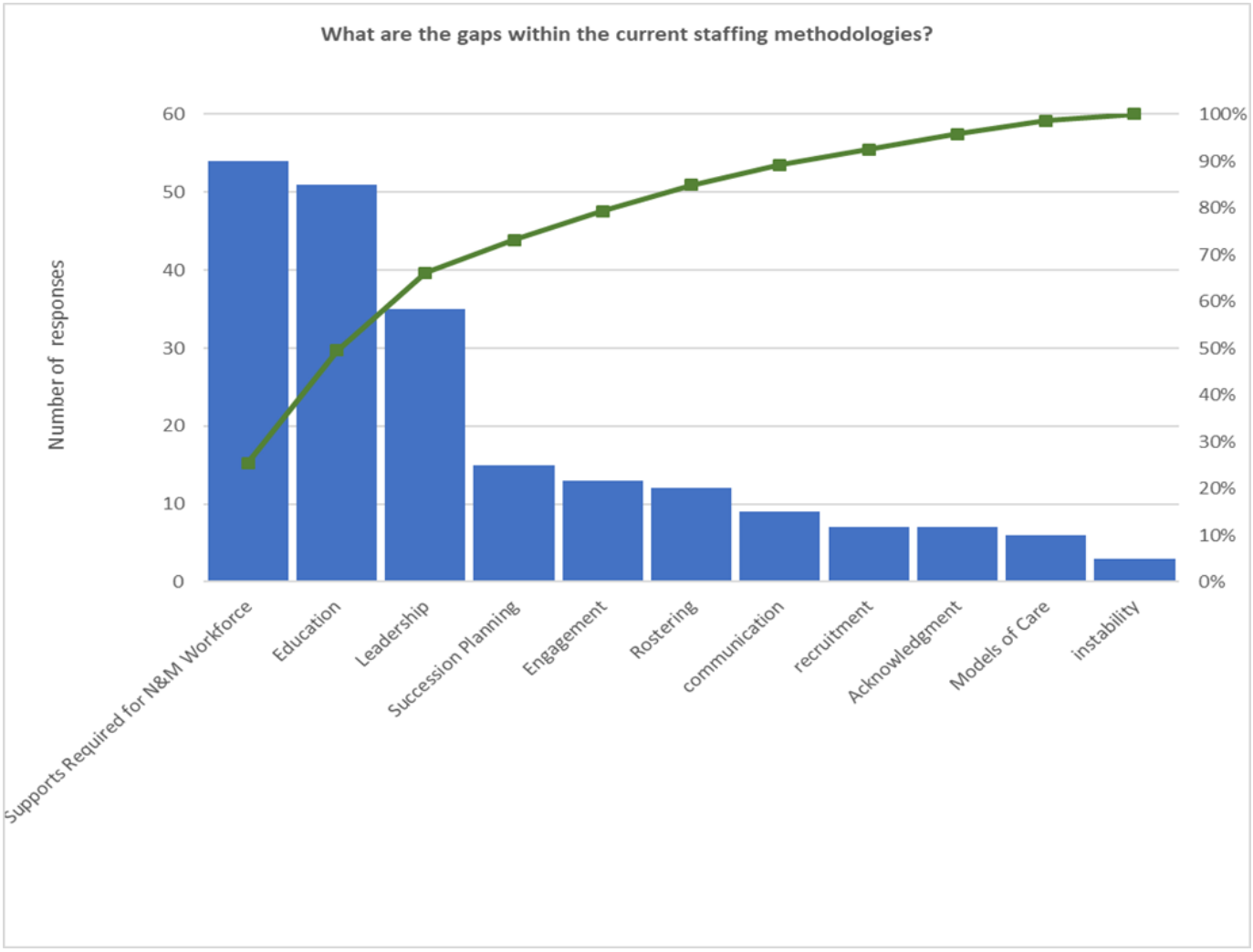

Figure16 What are the gaps in current staffing methodology?

Conclusion

The launch of the Nurses and Midwives: Towards a Safer Culture – The First Step – Strategy coincided with a significant ACT public health system organisational restructure and transition; the release of the Independent Review into Workplace Culture within ACT public health services; and commencement of multiple interdependent projects.

Thematic analysis of the consultation sessions highlighted concerns and experiences of participants relating to OVA and COB across the ACT public health system. Participants indicated that investment in education and training, leadership and organisational responses to safety is pivotal to improving the safety culture and to mitigating the risk of violence in the workplace.

The results of the consultation confirm the priorities outlined in the Strategy with specific reference to the following Priority Actions

Priority Action 3-Implementation of Work Health Safety (WHS) Strategic Plan: Project needs to ensure WHS strategies include prevention and management of OVA/COB against Nurses and Midwives.

Priority Action 5-Clinical leadership and leadership support: Project needs to strengthen leadership pathways and courses available.

Priority Action 7-Evaluation of the Strategy: Project to include clear measures (datasets)

Priority Action 8-Development and implementation of Challenging Behaviour Guideline-The project teamneeds to produce a guideline for managing challenging behaviours. A guideline will articulate the scope within which decisions are made.

Priority Action 9-Implementation of the Safewards model-The project team needs to work collaboratively with the health services to trial and implement the Safewards model which includes a suite of interventions supported with education resources for staff that can assist to reduce conflict in the workplace.

Priority Action 10-Increased OVA Visibility across organisation: The project team needs to work collaboratively with the health services to ensure increased visibility of OVA and includes collection of data relating to incidents and to measure impact of initiatives aligned to the project.

Priority Action 12-Post OVA follow up: The project team is to consider the development of a Toolkit/Pathway to support all managers.

Priority Action 14-Community awareness campaign: The project team is to work collaboratively with the ACT Health Directorate Communication Team to develop and deliver an awareness campaign. This will need to include a descriptor of acceptable behaviour and information about staff rights.

Priority Actions 15-18 relating to Challenging Occupational Behaviours: The project team is to work collaboratively with the Culture Review Implementation Group to ensure common project goals and avoid duplication of work

Priority Actions 19-21-Safe Work Practices: The project team is to work collaboratively with the Ratio's Project Officer on any additional actions as a result of that project.

The Nurses and Midwives: Towards a Safer Culture Strategy is committed to implementing effective and appropriate recommendations to meet the safety needs of nurses and midwives across the ACT Public Health System. ACT Health Directorate frameworks should inform and guide clinical management and leadership; risk identification, prevention and management; and decision making. Clinical health services would have a responsibility to implement frameworks according to service and system priorities and needs.

Appendices

Appendix 1 – World Café Flyer

Chief Nurse and Midwifery Office, World Café

Wiser Together

The Chief Nursing and Midwifery Office (CNMO) invites Nurses and Midwives to explore and prioritise the Nurse and Midwives, Towards a Safer Culture (NM TASC) - The First Step - Strategy.

We will be exploring and prioritising the 4-key recommendations of the NM TASC - The First Step -Strategy.

Including:

- Organisational Wide – Governance
- Occupational Violence and Aggression
- Challenging Occupational Behaviours
- Safe Work Practices – Ratio Framework

The sessions will be facilitated by the **Chief Nurse and Midwifery Officer, Karen Faichney**.

Co facilitators Patrice Murray, Leanne Done and Kendra Kemister from the CNMO.

Each session will be 2 hours**,** afternoon tea will be provided.

Session 1: Canberra Hospital, Bld 2, L3, Conference Room 1&2, 1:45pm -4pm on 2nd April

Session 2: Calvary Hospital Bruce, Function Rm 1&2 Lewisham Bld 1:15pm - 3:30pm, 4th April

Session 3: Tuggeranong Community Health Centre, Meeting Rm 1, 1:45pm- 4pm- 5th April

Session 4: University of Canberra Hospital, Clinical Education & Research Centre, Meeting Room G1 & G2 , 1:30pm-3:30pm , 8th April

Please RSVP to NM.SaferCulture@act.gov.au or contact Leanne Done 5124 9906 at least 2 days prior to the session. You will receive confirmation via email.

Appendix 2-Stages of the thematic analysis as described by Braun and Clarke

Phase 1: Familiarisation with data

Phase 2: Generating codes

Phase 3: Searching for themes

Phase 4: Refinement of the identified themes

Phase 5: Defining and naming themes

Phase 6: Production of a report

References

ACT Health, 2018, *'Nurses and Midwives Towards a Safer Culture – The First Step, Implementation Plan'* ACT Government.

ACT Health, 2018, *'Nurses and Midwives Towards a Safer Culture – The First Step, Strategy'* ACT Government.

ACT Health, 2017, *'Territory-Wide Health Services Framework 2017-2027, Draft'*, ACT Government, September.

ACT Government, 2019, *'Independent Review into the Workplace Culture within ACT Public Health Services'*, ACT Health, March.

ACT Government, 2019, *'Managing Occupational Violence'*, ACT Government.

Beattie, J., Innes, K., Griffiths, D. and Morphet, J. (2018). Healthcare providers' neurobiological response to workplace violence perpetrated by consumers: Informing directions for staff well-being. *Applied Nursing Research*, 43, pp.42-48.

Bimenyimana, E., Poggenpoel, M., Myburgh, C. and Van Niekerk, V. (2009). The lived experience by psychiatric nurses of aggression and violence from patients in a Gauteng psychiatric institution. *Curationis*, 32(3).

Bonner, G. and McLaughlin, S. (2007). The psychological impact of aggression on nursing staff. *British Journal of Nursing*, 16(13), pp.810-814.

Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology,* 3 (2). pp. 77-101. ISSN1478-0887

Dillon, B.L., 2012, *'Workplace violence: Impact, causes, and prevention'*, Work, 42(1):15-20, pp.6.

Edward, K., Ousey, K., Warelow, P. and Lui, S. (2014). Nursing and aggression in the workplace: a systematic review. *British Journal of Nursing*, 23(12), pp.653-659.

Eklöf, M., Törner, M. and Pousette, A. (2014). Organizational and social-psychological conditions in healthcare and their importance for patient and staff safety. A critical incident study among doctors and nurses. *Safety Science*, 70, pp.211-221.

Grissinger, Matthew. (2014): "That's the Way We Do Things Around Here! Your Actions Speak Louder Than Words When It Comes To Patient Safety." P & T: a peer-reviewed journal for formulary management 39.5 308–344. Web.

Hardin, D. (2012). Strategies for Nurse Leaders to Address Aggressive and Violent Events. JONA: The Journal of Nursing Administration, 42(1), pp.5-8.

Hudson, P. (2003). Applying the lessons of high risk industries to health care. *Quality and Safety in Health Care*, 12(90001), pp.7i-12.

ILO.org. (2019). [online] Available at: http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@safework/documents/normativeinstrument/wcms_107705.pdf [Accessed 19 Nov. 2019].

Mannix, J., Wilkes, L. and Daly, J. (2013). Attributes of clinical leadership in contemporary nursing: an integrative review. *Contemporary Nurse*, pp.3505-3521.

Nowrouzi-Kia, B., Isidro, R., Chai, E., Usuba, K. and Chen, A. (2019). Antecedent factors in different types of workplace violence against nurses: A systematic review. *Aggression and Violent Behavior*, 44, pp.1-7.

Pich, J., Kable, A., & Hazelton, M. (2017). Antecedents and precipitants of patient-related violence in the emergency department: Results from the Australian VENT Study (Violence in Emergency Nursing and Triage). *Australasian Emergency Nursing Journal*, 20(3), 107.

Safe Work Australia. (2019). *Workplace violence*. [online] Available at: https://www.safeworkaustralia.gov.au/workplace-violence

Shea, T., Sheehan, C., Donohue, R., Cooper, B., & De Cieri, H. (2017). Occupational violence and aggression experienced by nursing and caring professionals. *Journal of Nursing*

The Campbell Institute. *Developing an effective safety governance framework – The Campbell Institute*. [online] Available at: https://www.thecampbellinstitute.org/developing-an-effective-safety-governance-framework/].

Weaver, S., Lubomksi, L., Wilson, R., Pfoh, E., Martinez, K. and Dy, S. (2013). Promoting a Culture of Safety as a Patient Safety Strategy. *Annals of Internal Medicine*, 158(5_Part_2), p.369.

Work health safety Act 2011, Australian Capital Territory. (2016). Retrieved from http://www.legislation.act.gov.au/a/2011-35/current/pdf/2011-35.pdf

World Cafe Method. (2019). Retrieved 5 November 2019, from http://www.theworldcafe.com/key-concepts-resources/world-cafe-method/

Zhou, B., Marchand, A. and Guay, S. (2017). I see so I feel: Coping with workplace violence among victims and witnesses. *Work*, 57(1), pp.125-135.

ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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