
Creating a Culture of Health & Safety in Nursing Workplaces

Linda Haslam-Stroud, RN
President, Ontario Nurses' Association

May 29, 2009



Nursing workplaces lack safety culture

- *“Hospitals are dangerous workplaces...yet they lack the basic safety culture and workplace safety systems...”*
- *“If workers are not protected from health & safety hazards, patients and the public are not protected either. It’s that simple.”*

*Justice Archie Campbell – SARS
Commission*

Better to be safe than sorry

- *“If the Commission has one single take-home message it is the precautionary principle that safety comes first...”*
- *“Ontario needs to enshrine this principle and to enforce it throughout our entire health system.”*
- *“What we need is a common-sense approach to worker safety in hospitals...It is better to be safe than sorry.”*

Justice Archie Campbell – SARS Commission

Nursing – a risky job

- Nurses are exposed to numerous serious hazards on a daily basis, such as:
 - violence;
 - ergonomic hazards;
 - harmful chemicals and pharmaceuticals;
 - risk of re-injury from ignoring return to work principles;
 - stress;
 - overwork and understaffing;
 - exposure to radiation;
 - motor vehicle accidents.

Health care – a sector at risk

- Lost-time claims in the Ontario health-care sector rose from 7.0 per cent to 10.1 per cent from 1999-2006.
- Health Care Sector Hazards (2008):
 - Musculoskeletal Disorders (MSDs), including Client Handling (54% of total sector lost-time injuries - LTIs)
 - Slips and Falls (17% of LTIs)
 - Contact/Struck Injuries (10% of LTIs)
 - Violence Prevention and Intervention (8% of LTIs)
 - Exposures to Chemical, Biological and Radiological Hazards (7% of LTIs)
 - Transportation – home healthcare providers (2% of LTIs)

Costly hazards

- In 2007, full-time employees in health occupations recorded the most days off for illness or disability in the entire workforce.
- Canadian nurses lose more than 16 million hours annually for injuries and illnesses
- In 2008, the average direct cost of an injury was \$24,133.
- Indirect costs are estimated to be four times this amount.

Violence – not part of the job

- 34 per cent of nurses working in hospitals and long-term care facilities in Canada report physical assault from a patient; and 47 per cent report emotional abuse (Stats Can).
- Survey of ONA members:
 - 36 per cent report physical assault;
 - 11 per cent report sexual assault.
- Insidious culture of disrespect and disregard for nurses and their safety on the job.

Barriers to creating a safety culture

- Failure to recognize the hazards within health care.
- Few health & safety prosecutions in the health care sector compared to other sectors.
- Accepting and internalizing health & safety breaches as just part of the job.
- Failure to make health & safety an integral component of the organization's core culture.

The upside of a safety culture

- Embracing health & safety can be a powerful force to improve the quality of work for nurses and the quality of care for their patients.
- Improving staffing can have major benefits for patient safety and clinical outcomes.
- Every patient added to an average RN's workload increases the risk of complications and death by 7 per cent.

Nurturing a culture of health & safety

- “...unacceptable to work in, receive care in, govern, manage and fund unhealthy healthcare workplaces.”
QWQHC
- A genuine culture of safety would...
 - Include a workplace designed and built using health & safety filters;
 - Include screening of equipment and materials;
 - Include directors and officers trained in health & safety principles;
 - Include supervisors trained in the hazards of work;
 - Include safe staffing and confidence that workers are receiving ongoing training;
 - Include consultation with and advice from joint health & safety committees.

The broader context for a safety culture

- Nursing workplaces exist within a larger context where occupational health & safety law is a necessary foundation.
- Both the International Labour Organization and International Council of Nurses have advocated for the application of health & safety laws in nursing workplaces.
- A safety culture is characterized by a robust internal responsibility system, the application of the precautionary principle and the elimination of hazards.

The internal responsibility system (IRS)

- A health & safety philosophy based on the principle that every individual in the workplace has some responsibility for health & safety.
- The system is driven from top-down, with all parties trained in oh&s law, principles, policies, hazards and protections.
- Fully functioning joint health & safety committees understand and apply the precautionary principle and the three rights of workers – to know, to participate, and to refuse unsafe work.

The elimination of workplace hazards

- Within a culture of safety, action must be taken to eliminate workplace hazards.
- Such an approach to hazard elimination is referred to as the “hierarchy of controls.”
- These controls are at the source, along the path and at the worker.

Searching for a safety culture

- Resistance to health & safety law and principles means there have been pockets of progress, rather than a fully realized safety culture within a nursing workplace in Canada.
- Justice Campbell found evidence of a safety culture in BC hospitals that bridged infection control and worker safety in their response to SARS.
- BC unions and employers have also developed the PEARS program.
- Newfoundland developed a successful Back Injury Program.
- Needle safety and workplace violence laws are being implemented.
- The beginnings of a safety culture are evident in some Ontario hospitals.

The way forward to a safety culture

- Safety culture is about more than programs, policies and safe work procedures.
- Safety culture is not just obeying the law but making health & safety second nature in every aspect of work.
- Safety culture grows within a larger context of consciousness about oh&s law and principles.
- Moving forward towards a safety culture means laying the groundwork:
 - Pressing for h&s laws to address the specific needs of nurses;
 - Pressing for government and LHINs to lead by example;
 - Pressing for accountability agreements to include h&s items;
 - Pressing to fund, staff and equip nursing workplaces;
 - Pressing to include h&s in accreditation of health workplaces;
 - Pressing for collective agreement improvements and employing complaints processes.

ONA contact information

- Thank you.
- Please visit – www.ona.org
www.cuttingnursescuttingcare.ca

