

ONTARIO NURSES' ASSOCIATION

Submission on Bill 163, *Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder)*, 2016

Standing Committee on Social Policy

March 8, 2016

Queen's Park



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INTRODUCTION

The Ontario Nurses' Association (ONA) is the union representing 60,000 front-line registered nurses (RNs), nurse practitioners (NPs), registered practical nurses (RPNs) and allied health professionals, and more than 14,000 nursing student affiliates across Ontario, providing care in hospitals, long-term care facilities, public health, the home and community, clinics and industry.

We appreciate the opportunity to present the concerns and experiences of frontline nurses to the Standing Committee. While we support the government's efforts to move forward with presumptive legislation for Post-Traumatic Stress Disorder (PTSD), ONA must express our disappointment with the government for excluding frontline nurses from coverage under Bill 163, ignoring both the growing experience of nurses with extremely violent and traumatic incidents in their workplace and the findings in the literature showing that the traumatic experiences that nurses face at work are closely linked with PTSD.

ONA is calling on the government to adopt the model used in Manitoba's recent presumptive legislation - the leading province on presumptive legislation regarding PTSD. Manitoba is the first province that does not limit the occupations eligible to make a worker's compensation claim for PTSD, clearly includes nurses, and the Manitoba legislation presumes PTSD is the result of workplace trauma unless proven otherwise. At a minimum, nurses must be included as an occupation covered under Bill 163.

ONA has included our position that nurses should be covered in presumptive PTSD legislation in Ontario in a number of submissions to the government (particularly to the Ontario Roundtable on Violence Against Women and to the Select Committee on Sexual Harassment and Violence). In addition, we have voiced our position in multiple government forums, including at the Ministry of Labour's 2012 Roundtable on Traumatic Mental Stress¹ and at Labour Minister Flynn's March 2015 Summit on Work-Related Traumatic Mental Stress. In addition, ONA met with the Minister of Labour on February 25, 2016. As a result, ONA was dismayed to learn that nurses were excluded from the list of workers covered under Bill 163, while being recognized as first responders under the 2013 legislation (Bill 15) that proclaimed May 1 as first responder's day in Ontario.²

ONA is asking the Standing Committee and the government why similar legislation like in Manitoba is not being considered in Ontario for predominantly-female occupations in health care such as nurses rather than solely for first responder male-predominant occupations.

We ask why exclude nurses considering that healthcare occupations are a leader in lost-time claims for violence-related injuries, in a workplace culture of acceptance where the incidence of violence and harassment, including sexual harassment, will not soon end, and with the mental trauma and injury that naturally flow from these and other healthcare psychosocial hazards, including exposure to infectious diseases such as SARS and Ebola.

During the course of their working lives, nurses witness and experience various critical and traumatizing incidents/events. Nurses, like firefighters, police, correctional officers, and other first responders, also suffer from PTSD and have been fighting for years to have WSIB accept claims for this traumatic mental stress injury. It is for this reason that ONA is calling on the Standing Committee and the government to include nurses in the list of occupations to be covered under Bill 163.

In fact, Dr. John Bradford, a renowned forensic psychiatrist, has corresponded with ONA to state his expert opinion.³ It is incredulous to Dr. Bradford that nurses would not be covered under Bill 163. He argues that nurses are in more front-line situations of exposure to trauma than many first responders. Secondly, Dr. Bradford argues that first responders are exposed to acute events that are usually easier to recover from even in the case of repeated exposure to these type of acute events. Whereas nurses are much more likely to be exposed to chronic vicarious trauma, which arguably is more subtle, becomes chronic PTSD and this is more difficult to treat in the longer term. We agree that nurses, at a minimum, must be covered under Bill 163 as a result of the day-to-day traumatic incidents and carnage of violence, sickness, suffering and death that all nurses in all areas deal with everyday.

NURSING, WORKPLACE VIOLENCE and PTSD

A comprehensive 1996 Manitoba study of PTSD among nurses, includes violence at work as one of the most commonly cited stressors, along with others, that lead to PTSD:

1. Death of a child, particularly due to abuse.
2. Violence at work.
3. Treating patients that resemble family or friends.
4. Death of a patient or injury to a patient after undertaking extraordinary efforts to save a life.
5. Heavy patient loads.⁴

PTSD is a specific psychological condition associated with exposure to traumatic events such as actual or threatened death, injury, or violence. The symptoms of PTSD can include intrusive memories or flashbacks related to the event, emotional and behavioural disturbances, and persistent avoidance of places and circumstances associated with the triggering event.⁵

Both the Ministers of Labour and Health clearly recognize the serious hazards nurses face in their workplaces in their announcement regarding a Leadership Table in Ontario to address workplace violence prevention for nurses in hospitals and long-term care facilities. "Workplace violence is a serious hazard in the health care sector and that's simply not acceptable," said the Minister of Labour Kevin Flynn. "We need to prevent violence before it happens. I look forward to seeing and acting on the recommendations from the Leadership Table so we can move toward safer working environments where every person working in the health care sector feels safe." "Ontario's skilled and compassionate health care workers are our health care system's greatest asset," said the Minister of Health Dr. Eric Hoskins. "Ensuring their health and safety in the workplace is of the utmost importance. This Leadership Table will help us to develop an action plan to improve workplace safety for all health care workers."⁶

There appears to be a disconnect in the Minister's announcement for establishing a leadership table in which they recognize workplace violence as a "serious hazard." However, at the same time, the Minister of Labour has introduced presumptive PTSD legislation that excludes nurses from the very piece of legislation that can at least provide nurses with early medical treatment and compensate nurses for lost wages resulting from psychological illnesses sustained from the acknowledged violence and traumatic events in their workplaces. Why is treating and compensating nurses when the health and safety system in their workplace fails not important to the Minister?

The answer, we believe, is that nurses in our female-dominated sector appear to be subject to the notion that violence is expected to be part of their job and are not given the same protections and right to benefits as men in male-dominated occupations. As Dr. Bradford confirms, nurses are also first responders – subject to violent situations, horrific and unexpected events, and deadly outbreaks of extremely serious diseases.

According to Workplace Safety and Insurance Board (WSIB) statistics, workplace violence currently makes up 11 percent of healthcare lost time injuries (LTIs - 680 LTIs in 2014 up from 639 in 2013).⁷

In 2014, of the ten occupations reporting the highest incidents of workplace violence, four were healthcare-related occupations (nurse aides, community workers, RNs, and RPNs) accounting for 660 LTIs or 36 percent of the total. As well, in 2014, there were 20 occupations with workplace violence LTIs, but the majority of the LTIs were in two occupations: RNs and RPNs. In fact, RNs had more LTIs from workplace violence than correctional officers in 2014. General hospitals, psychiatric hospitals and addiction hospitals have the highest number of LTIs from workplace violence.

Nursing is one of the most dangerous professions and studies show that nurses are more likely to be attacked at work than prison guards and police.⁸ Violence or the threat of violence plays a large role in the development of PTSD in nurses. The nursing profession is one where on an ongoing basis nurses witnesses trauma and an inordinate amount of pain, suffering and death. Not only is the experience of trauma a trigger for PTSD, but the threat of violence and actual violence is also a trigger for PTSD. It's estimated that fourteen percent of all nurses exhibit some type of PTSD symptom, four times higher than the general adult population. As many as twenty-five percent of critical care nurses and thirty-three percent of emergency nurses have screened positive for PTSD symptoms.⁹ In studies in Manitoba, medical services nurses experienced a PTSD prevalence of 34.8 percent. In a replication study of RNs working in emergency and in intensive care units, the analysis revealed a PTSD prevalence of 42.1 percent.¹⁰

In a 2005 study from the University of British Columbia, of 107 hospital emergency nurses, 21.7 percent reported clinically significant posttraumatic stress symptoms.¹¹ Of this group, 7.5 percent had symptoms that met criteria for either PTSD or acute distress disorder, while an additional 3.5 percent had five of six symptoms required for a clinical diagnosis. The work events most frequently cited as traumatic were those involving assault or threats of assault and events involving severe injuries to children. Other triggers were events involving or reminding of family or friends, traumatic medical events such as excessive bleeding or prolonged resuscitation followed by death, and multiple simultaneous traumatic events.

In a study of 51 hospital emergency staff, twelve percent met formal diagnostic criteria for PTSD and twenty percent met PTSD symptom criteria.¹² Most studies report a prevalence rate of PTSD in psychiatric nurses between nine to ten percent.¹³ A further study of emergency nurses in fifteen hospitals found that 8.5 percent met clinical levels of PTSD.¹⁴

The authors conclude that emergency nurses are particularly vulnerable to PTSD as a result of repetitive exposure to work-related traumatic incidents. Other studies have identified that hospitals are stressful due to increased complexity and demands of nursing jobs, unpredictable changes in daily work routines, unrealistic expectations from patients/their families, and common encounters with ethical as well as end of life issues.¹⁵

In fact, other authors have identified that PTSD is common in nurses. In this study, overall twenty-two percent of nurses had symptoms of PTSD, while eighteen percent of nurses met the diagnostic criteria for PTSD. Thirty-three percent of intensive care unit (ICU) nurses had PTSD symptoms. All nurses who met the diagnostic criteria for PTSD experienced traumatic events, including witnessing patient death, massive bleeding, open surgical wounds, trauma-related injuries, and performing futile care to critically or terminally ill patients.¹⁶ Of all hospital employees, nurses are often exposed to many of these stressors and may develop work-related psychological disorders such as symptoms of PTSD.¹⁷

In a further study of ICU nurses, twenty-four percent of the ICU nurses tested positive for symptoms of PTSD related to their work environment, compared to fourteen percent of general medical/surgical nurses. In a second survey of ICU nurses, twenty-nine percent reported symptoms of PTSD.¹⁸ Nurses in intensive care units, emergency and in mental health care have been shown to have high rates of PTSD symptoms. The suffering and death of patients are part of the everyday workday, and physical assaults are challenging triggers for mental stress as well. Emergency nurses who experience an emotionally distressing work event, which presented as either as direct threat to themselves or a witnessed threat to patients, displayed similar levels of PTSD symptoms.¹⁹

These range of studies clearly show an association and high prevalence rate of PTSD among hospital nurses. The Ontario Hospital Association reports more than 6,400 incidents of workplace violence in Ontario hospitals in 2015. In 2013-2014, a report from a Toronto hospital shows there were 502 violent incidents reported, of which 297 involved RNs. At a Toronto mental health facility, 514 reports of violent incidents were documented. That is over 1,000 violent incidents in two Toronto hospitals. These are reports of violent incidents where agitated patients are biting, scratching, spitting, stabbing and punching RNs. Nurses are being beaten beyond recognition, punched in the face, in the chest, in the stomach; they are kicked, bones are broken, tackled, and assaulted. Violence is largely a women's hazard in healthcare workplaces.

Not only do we need to change the culture of acceptance of violence and harassment against women in healthcare workplaces, but we need to ensure nurses have the same entitlement to WSIB benefits as a result of traumatic events as men in male-dominated occupations.

ONA Nurses, Traumatic Events and WSIB PTSD Denials

The literature cited clearly shows that the government can no longer continue to ignore the day-to-day circumstances of nurses dealing with traumatic events such as SARS, chemical exposures, suicides, child deaths, threats, sexual assault, witnessing and responding to code whites (violent incidents) and code blues (emergency situation), brutal stabbings, murder, critical injuries, and patients with weapons. We argue that based on the experiential evidence, nurses, at a minimum, must be included under the proposed PTSD presumptive assumption in Bill 163 so that when a nurse develops the specified psychological condition it is assumed to be caused by their work, unless the contrary is shown.

ONA nurses have experienced numerous examples of traumatic events leading to PTSD symptoms. We outline below a few examples of cases of traumatic events where nurses have been denied entitlement to benefits by WSIB. Some will never return to work.

Nurses from a large eastern Ontario hospital witnessed and were part of a code white where a co-worker was grabbed, thrown up against a shadow box, fell unconscious and was beaten and punched repeatedly while nurses tried desperately to get the patient off their co-worker before the patient killed the nurse. The nurses subsequently suffered with PTSD, lost time and had the lost time denied by WSIB.

A nurse was grabbed by the neck by a patient. The patient flung her to the ground and was about to hit her face with a punch while hanging her upside down, when a porter stuck a hand between her face and the patient's fist and blocked the hit. This nurse was denied PTSD by WSIB but eventually won on appeal many years later. The nurse could never return to her unit. No nurse who suffers such a personal injury should have to go through this process.

Nurses who heroically cared for SARS patients and developed PTSD had claims denied by WSIB. In Justice Campbell's report on SARS, it was clearly noted that hospitals are dangerous workplaces.

Nurses who witnessed a shooting in the emergency of a hospital suffer from PTSD.

A nurse who witnessed Lori Dupont murdered in her hospital workplace has PTSD and will never return to work.

A nurse witnessed a patient on fire in hospital trying to commit suicide. Nurses witness many attempted and actual suicides. Nurses see and witness and are exposed to many horrific incidents involving patients and their colleagues.

A nurse was sexually assaulted in the workplace on three separate occasions and these assaults were a significant contributing factor in the development of PTSD. The nurse's claim at WSIB was denied.

A new nurse not trained in response to grief of family members witnessed a deceased baby brought to mother and family. The nurse was left alone with this grieving family after being a witness to this traumatic event and after not being able to save this baby. WSIB denied this claim.

A number of nurses have had claims for physical injuries sustained from altercations with patients upheld by WSIB. In one case, the patient grabbed the nurse's arms and violently shook her. However, subsequent claims for traumatic psychological injuries were denied by WSIB.

A patient in a Toronto hospital grabbed a nurse and locked her into a visitor's room. The patient said that first he was going to beat her, then rape her, then kill her. The patient did beat her beyond recognition, while others watched helplessly, and could not get in the room. The patient started to rip off the nurse's clothes. This nurse believed she would die. A co-worker was able to break into the room and saved her life. This nurse will never return to work.

These examples of traumatic events experienced by nurses should never happen in our healthcare workplaces. But they do. Nurses should not have to continually relive these horrific and traumatic events to prove entitlement to WSIB benefits. We ask the Standing Committee and the government to make sure this never occurs again by including nurses in Bill 163.

Finally, we question why Bill 163 requires that the worker be diagnosed only by a psychologist or psychiatrist. The waiting lists in Ontario are not conducive to early diagnosis and intervention.

In contrast, the Manitoba PTSD legislation requires diagnosis by a physician or psychologist, which certainly facilitates earlier diagnosis and treatment. We ask that Bill 163 include physicians as being able to make a PTSD diagnosis, especially since early recognition and treatment is key to prevention and ever being able to return to work.

Finally, with respect to the proposed amendments to the *Ministry of Labour Act*, it is ONA's view that the information that the Minister may request from employers regarding plans to prevent PTSD will only be of value if the Minister can also use this information to require employers to prepare prevention plans. Accordingly, we ask that section 9.1 (3) be amended to include a new subsection that the Minister may use the information collected from employers "to require employers to prepare prevention plans."

CONCLUSION

We thank the Steering Committee for this opportunity to present the facts on the documented experience of nurses with violence and other traumatic events in their workplaces. We also commend the Manitoba government for their recognition that many workers such as nurses experience PTSD from traumatic events in their workplaces. Nurses heroically protect their patients and their co-workers even when facing traumatic events and horrific diseases.

We ask the Ontario government to now adopt Manitoba's progressive approach by including nurses, at a minimum, in the presumptive PTSD assumption under Bill 163. No longer should nurses be forced to prove entitlement and then be denied by WSIB. No longer should a predominantly-female occupation such as nursing be denied equal entitlement rights to male-dominated first responder occupations. Nothing less is acceptable to the 60,000 members of the Ontario Nurses' Association.

¹ The invitation to ONA for this roundtable on PTSD noted particular interest in the following areas:

- Post-traumatic mental stress issues and challenges within your sector and workplaces.
- Best practices used in your sector and workplaces to try to avoid, reduce and respond to post-traumatic mental stress through prevention, early diagnosis and intervention.
- Best practices used in your sector and workplaces to deal with post-traumatic mental stress through awareness building and education and training initiatives.

² Bill 15 acknowledges "first responders are those men and women who, in the early stages of an emergency, are responsible for the protection and preservation of life, property, evidence and the environment. They include police officers, firefighters, military personnel, paramedics, medical evacuation pilots, dispatchers, **nurses**, doctors, emergency medical technicians and emergency managers." Note also that Bill 163 includes workers in correction institutions that are directly involved in the **care and health** of inmates so would include nurses in such facilities.

³ Email to ONA from Dr. John Bradford, March 7, 2016. The following are Dr. Bradford's expert credentials: Founder Forensic Psychiatry Royal College of Physicians and Surgeons of Canada, University of Ottawa Institute of Mental Health Research, Professor Division of Forensic Psychiatry, University of Ottawa, Professor Department of Criminology University of Ottawa Professor of Psychiatry Queen's University Adjunct Professor of Psychiatry University of Alberta, Honourary Titles: Fellow of the Royal College of Psychiatrists (UK); Distinguished Life Fellow American Psychiatric Association (USA); Fellow of the American College of Psychiatrists (USA); Distinguished Fellow Canadian Psychiatric Association (Canada); Recipient of the Queen Elizabeth II Jubilee Medal; Member of the Order of Canada.

⁴ Powell, P. *The Prevalence of Post-Traumatic Stress Disorder among Registered Nurse*. Master's Thesis, University of Manitoba, 1996.

⁵ Workers Compensation Board of Manitoba. *Stakeholder Consultation Document: Amending The Workers Compensation Act To Provide Presumptive Coverage For Post-Traumatic Stress Disorder*. 2015.

⁶ Ontario Ministry Of Labour News Release. "Ontario Taking Action to Better Protect Health Care Workers." August 12, 2015.

⁷ Public Services Health & Safety Association. "Workplace Violence in Healthcare, Environmental Scan." September 2015.

⁸ International Council of Nurses. *Nursing Matters. Violence: A Worldwide Epidemic*.

⁹ Rachel Andersen. "Nurses at risk of PTSD." *A Nurse's World*. February 4, 2011.

¹⁰ See note 2.

¹¹ L Alden. *Posttraumatic Stress Disorder in Hospital Emergency Room Personnel*. WorkSafeBC Final Report: November 2005.

¹² JM Laposa and LE Alden. "Posttraumatic Stress disorder in the Emergency Room: Exploration of a Cognitive Model." *Behaviour Research and Therapy* 41(1): 2003.

¹³ W Jacobowitz. "PTSD in Psychiatric Nurses and Other Mental Health Providers: A Review of the Literature." *Issues in Mental Health Nursing* 34(11): 2013.

¹⁴ J Adriaenssens et al. "The Impact of Traumatic Events on Emergency Room Nurses: Findings from a Questionnaire Survey." *International Journal of Nursing Studies* 49(11): 2012.

¹⁵ M Mealer et al. "The Prevalence and Impact of Post Traumatic Stress Disorder and Burnout Syndrome in Nurses." *Depress and Anxiety* 26(12): 2009.

¹⁶ Ibid.

¹⁷ A Baxter. "Posttraumatic Stress disorder and the Intensive Care Unit Patient: Implications for Staff and Advanced Practice Critical Care Nurses." *Dimensions in Critical Care Nursing* 23(4): 2004.

¹⁸ M Mealer. "Increased Prevalence of Post-Traumatic Stress Disorder symptoms in Critical Care Nurses." *American Journal of Respiratory and Critical Care Medicine* 175: 2007.

¹⁹ L Alden et al. "The Effects of Direct Versus Witnessed Threat on Emergency Department Health-Care Workers: Implications for PTSD Criterion A." *Journal of Anxiety Disorders*. 22(8): 2008.