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### **Workplace Violence Poster Abstract**

*Purpose:* Workplace violence is an occupational hazard that can affect many workplaces. Violence is considered any act of aggression against another individual. The definition of violence was expanded in this study to include threatening psychological aspects. Caregivers working in group home settings are often victims of violence and this violence is often viewed as part of the job. Although the violent acts are not typically severe, they do occur frequently. Injuries suffered can be physical, psychological and/or emotional. Workplace violence also results in organizational costs, due to increased absenteeism, low morale and negative public image.

The purpose of this study was to identify and describe the frequency of workplace violence in five group homes while identifying preventative methods. The study examines violence perpetrated by (a) group home residents, (b) co-workers or supervisors, and (c) members of the public.

*Methods:* A questionnaire was administered to collect information on work history, incident data, reporting practices and contributory factors. Data was analyzed using SPSS 12.0. Frequency of violence against workers was determined. Cross-tabulations and t-tests were performed to investigate group relationships.

*Results:* Of 130 questionnaires, 76 workers (59%) responded. Most workers (90%) reported being personally subjected to an act of violence within the past year. Workers indicated a high frequency (more than 10 incidents) of physical gestures (70%), swearing (69%) and hitting (66%). Respondents reported that violence from residents was most common, however, 37% experienced occasional violence (2 to 10 incidents) perpetrated by a co-worker or supervisor in the past year, with 7% reporting frequent violence. Most workers indicated reporting violence to various sources, including supervisors, co-workers, health and safety representative, union steward, physicians and police. Of these workers, 52% felt that no action was taken following reporting. Reasons cited for not reporting a violent act included fear of being reprimanded, fear of retaliation by perpetrator or no action taken by management. Noise, room layout, insufficient staffing, lack of communication and resident behaviour were several factors reported to contribute to violence.

*Conclusion:* A majority of respondents have experienced, witnessed, or are concerned about workplace violence perpetrated by residents, co-workers or supervisors. The survey suggests that the more shifts worked, the more likely an injury resulting from violence would require medical attention, debriefing/counseling, or result in lost time.

Current legislation in Ontario does not adequately address workplace violence as an occupational hazard. There is also limited Canadian literature addressing the issue. More research is required focusing specifically on prevention in high risk sectors. Management support is crucial for prevention; promoting a workplace culture that does not tolerate violence or assume it as part of the job. Managers must involve all workplace parties in addressing incidents and in developing prevention policies. Although the majority of workers reported receiving training, they indicated that more intensive training would assist in identifying risks and reducing staff exposure to violent acts.