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The QNU makes the attached submission to the Inquiry into Alcohol-related Violence. Please contact me if you need any further information.

Kind regards

Liz

Nurses. For you. For life.
Queensland Nurses' Union – the union for nurses and midwives
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The union for nurses and midwives

Queensland Nurses' Union

Inquiry into Alcohol-Related Violence

Submission to
the Law, Justice and Safety Committee
Qld Parliament

October, 2009

Nurses.
For you. For life.

because we care
Quality care for older Australians

Introduction

The Queensland Nurses' Union (QNU) welcomes the opportunity to provide a submission to the inquiry into alcohol-related violence. Our submission addresses the relevant sections of the Issues Paper highlighting our particular concerns for our members who are prominent amongst the health workers in the front line of alcohol related violence.

Nurses are exposed to alcohol related violence in two ways. They treat those who are affected by excessive alcohol consumption or who are the victims of alcohol related violence and abuse. In turn, they can themselves become the target of the intoxicated individuals they seek to help.

In this submission, we initially provide information on the QNU followed by a review of some of the recent literature on alcohol related violence and its effects on nurses. Nurses in general tolerate a great deal from the community they serve. Our submission includes three case studies. Two of the cases involve nurses who have ongoing injuries as a result of assault by an intoxicated individual presenting at the hospital. In the third case we present the story of an Emergency Department (ED) nurse who works in a large public hospital in Queensland. These are just three instances that we have chosen to highlight for this submission, but there are many more. We believe these stories give a glimpse into the working lives of nurses who face the front line of alcohol related violence.

About the QNU

The QNU is the principal health union operating in Queensland and is indeed the largest representative body of women in this state. It is registered in this state and in the federal jurisdiction as a transitionally registered association. In addition, the QNU operates as the state branch of the federally registered ANF.

The QNU covers all categories of workers that make up the nursing workforce in Queensland including registered nurses, midwives, enrolled nurses and assistants in nursing employed in the public sector or the private and not-for-profit health sectors[1]. These, and other aged care workers are vital in providing the expert care that all Australians need. Our members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management.

Membership of the QNU has grown steadily since 1982 when the Royal Australian Nursing Federation, Queensland Branch Union of Employees changed its name to the Queensland Nurses' Union of Employees (QNU) and began a new era of professional and industrial representation. As at June, 2009, there are in excess of 37,000 members and the union is still growing. Like the nursing profession as a whole, the overwhelming majority of our members are female (93%). Given this, we believe that the QNU is the largest representative body of women in Queensland.

The QNU has a democratic structure based on workplace or geographical branches. Approximately 250 delegates are elected from the branches to attend the annual QNU conference which is the principal policy making body of the union. In addition to the annual conference the QNU has an elected council and an elected executive, which in turn have decision-making responsibilities between conferences. Council is the governing body of the union.

The QNU is party to over 200 enterprise agreements which cover a diverse range of health facilities and other non-health establishments that provide nursing services (eg schools, local councils,

[1] Throughout this submission the terms 'nurse' and 'nursing' are inclusive of 'midwife' and 'midwifery' and all nursing designations such as 'nurse practitioner'.

prisons and universities). We therefore have a clear and comprehensive understanding of the diversity of issues that confront the community and the nursing workforce such as alcohol related violence.

Violence in Health Care

The QNU has a significant interest in measures to prevent alcohol related violence in Queensland. There are various definitions and classifications of violence. In their research into workplace violence in nursing in Queensland, Hegney, Dip & Parker, (2003) use the Queensland government's (2002) workplace harassment definition which broadly states that harassment is

> Repeated behaviour, other than behaviour that is sexual harassment, that is directed at an individual worker or group of workers; and is offensive, intimidating, humiliating or threatening; and is unwelcome and unsolicited; and a reasonable person would consider to be offensive, intimidating, humiliating or threatening for the individual worker or group of workers

Steinmetz (1986) defines violence as 'an act carried out with the intention or perception of having the intention of physically hurting another person'. This definition includes all incidents from minor assaults to premeditated murder. For the purpose of this submission we take alcohol related violence to include these definitions of workplace harassment and violence where the nurse perceives that the perpetrator of the harassment or violence is under the influence of alcohol.

We also point out that an act of violence is also a criminal act. Under s33 of the *Queensland Criminal Code* an 'unlawful and violent act' committed against a person, means an act that is an offence committed against—

(a) the person or anyone else about whose health or custody the person would reasonably be expected to be seriously concerned if the act were done, including, for example, a dependant, relative, friend, employer or associate; or
(b) the property of the person or property about which the person would reasonably be expected to be seriously concerned if the act were done, including, for example—
  (i) the premises where the person lives or works; or
  (ii) the property of a dependant, relative, friend, employer or associate of the person.

A 'violent' act, includes—
(a) for a violent act committed against a person—an act depriving a person of liberty; and
(b) for a violent act committed against property—an unlawful act of damaging, removing, using or interfering with property.

The health industry is the most violent industry in Australia (Perrone, 1999). This would come as no surprise to nurses working in all areas of the hospital setting. This finding is particularly valid in EDs, but violence can occur in most settings across the spectrum of care. This is of real concern because individual nurses may not only sustain a physical injury, but there are potential long term risks including psychological trauma and symptoms of post-traumatic stress disorder.

The QNU's own commissioned research (Hegney, Tuckett, Parker & Eley, 2007) found that 45% of the total respondents indicated that they had experienced workplace violence in the last three months. There were highly significant sector differences with half of both public acute and aged care indicating workplace violence as compared to only 35% in the private acute sector. In the community sector 39% experienced violence in the last 3 months. All of the respondent nurses who experienced violence could indicate more than one source with clients/patients/residents as the greatest perpetrators of violence. This study did not differentiate between alcohol related and other

forms of violence, but the prevalence of alcohol could be assumed to correlate to other studies (for example Crilly, Chaboyer & Creedy, 2004) where alcohol and drugs accounted for half of the incidents.

The International Council of Nurses (ICN) (2006) strongly condemns all forms of abuse and violence against nurses ranging from passive aggression to homicide and including sexual harassment. Such actions violate the nurse's right to personal dignity and integrity and freedom from harm. Of some concern to the QNU is that nurses do not report many incidents of abuse or violence for various reasons including workloads and a view that this type of behaviour from patients, relatives or visitors is 'normal'. It is not 'part of the job' and in keeping with the ICN position, in 2000 the QNU launched a 'Zero Tolerance to Violence' campaign to empower nurses to effect change in this area and to create a safe workplace. The QNU was also a party to the Queensland Health Taskforce on Violence in Nursing. This taskforce achieved a number of important outcomes including the implementation of an 'Aggressive Behaviour Management' training program, the appointment of a statewide Principal Officer and legislative changes.

While we believe that these initiatives have been successful in raising awareness of workplace violence, the message must continue. Nurses comprise the largest professional group in the health workforce and as an occupational group they have the highest exposure to nonfatal violence (Archer-Gift, 2003) and also report the highest levels of violence among healthcare workers (Winstanley & Whittington 2004). In Australia, violence occurs most frequently in EDs and mental health units (Benevist, Hibbert & Runciman, 2005). It is timely therefore to consider the effects of alcohol related violence on the nurses who work in the front line of the health care industry.

Alcohol related violence and aggression in EDs

Violence in EDs has reached a level that requires concerted action and a shift in attitude to eradicate a socially and professionally unacceptable peril (Kennedy, 2005). It is not just confined to Australia. Violence towards nurses in EDs is a global problem. Hospitals in general are public places where potential perpetrators of violence include all people the nurse encounters during a shift. Violence in EDSs frequently involves people with mental health problems and/or alcohol or drug intoxication. Contributing factors include changes in society and in mental health service provision.

Alcohol consumption occurs in a range of settings beyond licensed premises, thus the types of people who are affected either directly or indirectly by alcohol related violence is extensive. In some EDs, violence is a daily occurrence with nursing staff reporting several episodes each week (Kennedy, 2005). Increased societal violence and use of alcohol results in an increase in presentations for injury and the effects of alcohol. Anger, pain and the influence of alcohol and drugs contribute to violence spilling over into the ED.

In their study of violence in two public EDs, in South-East Queensland, Crilly, Chaboyer & Creedy (2004) found that violence towards nurses can take a number of forms. Nurses reported that verbal abuse occurred most frequently with episodes of both verbal and physical violence occurring next most frequently. Physical violence without verbal violence occurred very infrequently. The most common types of verbal abuse were swearing, yelling, threats and intimidation, and the most common form of physical violence was pushing. Nurses reported that the perpetrator of violence was either under the influence of alcohol and/or drugs in 50% of cases[2].

Violence of all types occurred most often on the evening shift (3.00pm-11.00pm) followed by the night shift (11.00pm – 7.00am). The rate of violence was .2%, or, two episodes of violence for every 1000 patients who presented and approximately 5 violent incidents per week. The nurses

[2] Murray and Snyder (1991) and Zernike and Sharpe (1998) also report similar results in other research.

involved in this study had an average of 9 years experience in the ED and an average of 16 years of nursing experience overall.

This study provides an important snapshot of the rate and type of violence that nurses face in EDs in South-East Queensland. Given that alcohol and drugs affected half of the perpetrators, nurses clearly face significant risks from people whose judgment is impaired and who display an inappropriate response such as violence. The study made a number of recommendations for further research and practice to enhance the safety of nurses. The QNU has included some of these in this submission [3].

Violence in EDs is different from other forms of violence – the aggressor has no overt dominance or power status, and in a setting of care, victims may excuse the behaviour (Kennedy, 2005). Strategies to curb violence in EDs include modifying building design, providing security systems and personnel, and training staff in aggression management. The key to successful intervention is a strong preventive orientation that looks for high-risk indicators, and may extend to active physical and behavioural screening (Kennedy, 2005). The QNU believes that preventive measures are necessary to ensure the safety of nurses in EDs.

Not all alcohol related violence emanates from excessive consumption on licensed premises. Many people present following alcohol fuelled incidents in domestic situations. Nurses also experience the effects of alcohol related violence that extends to sexual assault, domestic violence and child abuse. In these circumstances, there are specific protocols they must follow in treating the individuals.

The functioning of a health facility can only be enhanced by a well structured workplace violence prevention policy. This includes risk identification and assessment, educational programs to assist staff in an escalating or violent situation, formal reporting mechanisms including unsafe conditions and a well funded and structured support program to help deal with the aftermath of a violent episode (Koch & Hudson, 2000).

The QNU notes that Queensland Health has implemented an Aggressive Behaviour Management program to assist nurses and other health workers in situations that may become violent. These programs are an essential tool for all nurses in dealing with patients, visitors, relatives and other staff. However, we are also aware of a recent incident at a public hospital where police informed nursing staff that a member of the public carrying a weapon was entitled to do so as hospitals are not 'a public place'. The QNU is seeking clarification of the matter, but we are concerned that if this is indeed the case, then all health workers are at risk.

The QNU believes that the government must continue to work with communities, schools and the media to ensure that people who drink alcohol to excess do not wake up in hospital and that injuries to nurses do not become the emergency. Nurses view their profession within the context of a strong social conscience. At the QNU's 2008 Annual Conference delegates with extensive experience in EDs put forward a resolution seeking licensed premises to serve all alcohol in plastic cups. It is pleasing to note that the Ipswich City Council recently awarded the most outstanding licensed venue in Ipswich to 'Brothers', a club that has swapped glass pots and schooners in favour of plastic cups. In that spirit, we make the following recommendations.

Recommendations

The QNU recommends that:

1. Licensed premises serve alcohol in plastic receptacles rather than glass after 10.00pm;

[3] See recommendations 9-10 of this section.

2. Queensland Health continues to provide training for all nurses on aggressive behaviour management that includes de-escalation, aggression management, peer mentoring and support;
3. Queensland Health seeks to provide strong preventive orientations that look for high-risk indicators in people presenting in ED. This may extend to active physical and behavioural screening.
4. The state government strengthens the current liquor licensing, enforcement, regulation and inspection regime;
5. Public venues and areas enhance security measures, particularly on public transport and taxi ranks;
6. The emphasis on public education continues targeting patrons and drinkers, parents, security providers and venue operators;
7. There are strict penalties applied to any individual who harasses, threatens or assaults any health worker including patients, relatives and visitors to hospitals. Individuals are not somehow immune from the strictures of the criminal code because they are within a caring institution;
8. The Queensland government considers amending section 51 of Schedule 2 of the *Weapons Act 1990* to read ' person must not physically possess a knife in a public place or a school, **or a health facility** unless the person has a reasonable excuse';
9. Queensland Health reviews staffing levels in hospital triage areas to manage the increasing load of patient presentations particularly on the night and evening shifts;
10. Queensland Health establishes a 'Violence Management Team' as a way of ensuring effective patient management and protecting the health and safety of staff (Brayley et al., 1994);
11. New health facilities, particularly those currently under development, are designed to mitigate violence;
12. Hospitals have a separate psychiatric emergency centre to accommodate the special needs and circumstances of patients with mental illness.

Alcohol related aggression in other nursing sectors

Although much of the literature on alcohol related violence focuses on EDs in hospitals, it is not only nurses working in these environments who experience alcohol and other forms of aggression. Community health nurses also face alcohol related violence while engaged in caring for patients in the community. Many of these patients are homeless, mentally ill and suffering from alcohol and/or substance abuse. Community health nurses care for and administer medications to patients across genders, ages and ethnic backgrounds. At times, these patients are affected by both medication or drugs and alcohol. They can become aggressive towards nurses who are there to check on their wellbeing.

Many of these people do not have housing or access to treatment facilities. Alcoholism or chronic drug abuse may be accompanied by a mental health condition and an inability or unwillingness to access proper hygiene and nutrition. In these circumstances, nurses may attempt to de-escalate violence, but the circumstances and locations expose them to a high level of risk. Although there are aggressive behaviour management practices in place, nurses working in the community are exposed to violence in an open environment. Unlike hospitals, there is no security available to assist and community nurses rely on the police in emergencies.

Abuse and threats in the community workplace are common and nurses often deal with these as an everyday episode not seen as worthy of reporting (Koch and Hudson, 2000). The QNU promotes an organisational culture where the reporting of violent or abusive incidents empowers nurses and provides them with a safe working environment.

Recommendations

The QNU recommends that:

1. The federal and state governments continues to expand the access to affordable housing for many in the community suffering mental illness and alcohol and drug dependency;
2. The federal and state governments increase resources for community based mental health services for early intervention/case management so that these patients do not end up in EDs..

Conclusion

The incidents of alcohol induced injury or illness are preventable and exposure to violence and aggression should not be accepted as a 'normal' part of a nurses job. The cost of workplace violence is not limited to economic impact, such as worker's compensation. Rather it extends beyond the physical and/or psychological harm inflicted on an individual. Families, friends, colleagues and organisations are all impacted in some way. The QNU believes that governments must continue to educate the community about the dangers of alcohol abuse and ensure that they provide protection for nurses who may be exposed to the violence that often results.

CASE STUDIES –
NURSES WHO WERE VICTIMS OF ALOCHOL RELATED VIOLENCE

Case study 1

In 2008, a 35 year old registered nurse working in the Emergency Department of a large public hospital went to change the soiled sheets of an incontinent, intoxicated patient. As she went to perform this task, the patient punched her in the head. The police subsequently removed the patient.

At the time, the nurse required first aid treatment for bruising, headache and hearing loss. The assault has left her with ongoing injuries including high pitch tinnitus and insomnia. She has resumed work but has great difficulty performing at her best because tinnitus is aggravated by stress and she finds it difficult to cope in situations where there are many different noises, both professionally and socially.

The assault has had a significant impact on her quality of life and her ability to carry out the demands of her nursing duties.

Case study 2

In 2007, a registered nurse in charge of an acute ward in a rural location was attending to a patient presenting with an alcohol related psychosis that required close monitoring. At the time, the ward was short staffed and despite repeated requests hospital management refused assistance.

As she approached the increasingly agitated patient to administer intravenous medication and to encourage him to wait for the doctor, he punched her in the head. The nurse staggered backwards, almost losing consciousness. Fearful that the patient would attack her again, she left the ward. The patient's wife, who was also intoxicated witnessed the incident. The patient then left through a back exit.

The nurse was confused, disoriented and dizzy, yet managed to finish her shift. She continued to feel unwell with post-concussion symptoms of headaches and confusion. She returned to work, but could not cope with ongoing anxiety and increasing fear of leaving her residence. The nurse has had continuing health problems since the incident and is still unable to work in the profession.

PROFILE – EMERGENCY DEPARTMENT NURSE

Kate is a registered nurse and midwife with thirty years of nursing experience. She currently works in the Emergency Department of a large Queensland public hospital. She has worked rostered shifts in this department for 4 years and during this time has encountered many incidents of alcohol related abuse and violence.

Her main concerns are for the community at large as well as the individuals she treats and cares for. In Kate's hospital, Friday and Saturday nights are the busiest, but increasingly, patients affected by alcohol or victims of alcohol related violence present on any night of the week. At particular times of the year such as Christmas or when there are major public events, the number of these types of people presenting increases significantly.

It is not just the presenting individual who may be drunk or the victim of alcohol related violence. Often, it is the individual's friends or family who become aggressive towards nurses. Innocent bystanders are also victims of alcoholic violence.

In Kate's experience, it is mostly young men who are affected by consuming excessive alcohol or involved in a violent incident. Injuries are predominantly caused by stabbing, punching, kicking and 'glassing'. Every case is different, but one of Kate's concerns for these young men is that 'they will never look the same again'. So serious are some of the facial 'glassing' injuries, the patient requires extensive surgery immediately, and ongoing treatment for damage to eyes, jaws, teeth and other facial features. When parents arrive, they are often very distressed and nurses have to calm them down as well.

Other violent incidents occur when people have been drinking at home. This will often entail domestic violence between couples and occasionally children.

On the previous Friday and Saturday night, Kate encountered 10 patients who were either affected by excessive alcohol or the victim of alcohol related violence. Five of the patients ended up in intensive care. Other patients had been glassed, pushed from a moving vehicle, or beaten. All were male, mostly under 35. On this occasion, there were no violent incidents towards nurses.

Kate believes that the answer lies in the community, rather than within the health care system. She feels that parents should not encourage underage drinking, people serving alcohol must be more responsible in policing those they serve, and security personnel should be less aggressive towards drunken patrons.

Kate's main reason for allowing the QNU to submit this profile was to ensure the message to the community remains clear – people don't have to drink to excess to have a good time.

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