Nurses at Risk: Examining the Landscape

Judith MacDonnell RN PhD
York University

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Acknowledgements

- Research team: Pat Armstrong (PI), Hugh Armstrong, Jacqueline Choiniere, Tamara Daly, Walter Giesbrecht, Meredith Lilly, Judith MacDonnell, Paul Tulloch

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Purpose of “Nurses at Risk” Study:

- Examine impacts of gender, racialization, language, social relations on nurses’ work & health, occupational health & safety
- Create policy strategies which respond to particular needs of diverse groups

Began with a Key Informant (KI) focus:

- Reflect voices of diverse racialized and experienced nurses to offer insights into the current landscape of nurses’ work
- Identify gaps, ways to frame questions, priority directions for study
Methodology

- Gender-based /intersectional lens (Health Canada, 2000)
- Feminist political economy (Armstrong et al., 2000)

Sample
- Purposeful recruitment of 7 Key Informants
- 5 registered nurses, 2 non-nurses
- Female, representation of racialized groups
- Leadership/experience in all domains of practice (clinical, administration, education, research, policy)/Expertise in violence/equity
Racialization

- Individuals and groups who are racialized “experience racism because of their skin color, ethnic background, accent, culture, or religion ...”

- [Although they embody many differences], what they have in common is they are racialized—they are subjected to racism and made to feel different because of their racial/ethnic/background” (Canadian Research Institute for the Advancement of Women, 2005, p. 1). See also Baines & Sharma, 2004; McGibbon & Etowa, 2009.
Patterns of Violence: Patients & Nurses

• Incidences of physical abuse

“I’ve seen situations where because the person looks different that there has been physical assaults with that person and that’s where the abuse came…”

• Openly abusive remarks

“So I was working in a facility once and she said she wanted a Canadian Christian English speaking nurse. I says ‘Well that would be me.’...I’m Christian. I’m Canadian. And I speak English. That’s the only language I speak.’ She said ‘No. I want a white person…”

• Patient-centred tensions

“Patients would speak in disrespectful terms or . . . call them names . . . [Nurses] felt they had no recourse . . . part of the job and the patient is always right”
Institutionalized Patterns/Impacts

- Systemic/institutionalized patterns of violence/abuse – Across settings
- Described as “micro-aggressions”

“... I’ve certainly experienced it as a faculty member... as a manager and I’ve talked to other colleagues... all those things we hear about ... institutional racism or systemic racism... there’s over-scrutiny, there’s challenge. You have to defend yourself more... explain yourself more... I can certainly speak to how it impacts the overall career satisfaction... It takes a toll on people’s health... sometimes I don’t think you can address them and... the only option is... ‘I’m getting out of this environment.’”

- Communication tensions

“needing to know you’ve got my back.” “it’s just their culture...”
Patterns of Violence: Reform Directions

- Current management practices: Health care reform

- Care needs increasingly complex while administrator focus has shifted from clinical leadership to budgetary issues/administration

- Nurses feel abandoned, lack resources to avoid, defuse or respond to incidents of violence

- “Extensive, protracted understaffing, underfunding ... the shift from nurses being the front-line managers to ...non-nurses (in management positions)....led to more confusion and less coherence.”
Implications of Current Patterns of Violence/Abuse

- Dynamics of violence and support for nurses are influenced by the intersections of race, gender, and other social relations in various practice settings.

- There are costs to individuals, organizations, systems as well as patients, providers and the relations of care.

- “(R)acialized nurses experience aggravated forms of harassment . . . [and] report experiencing a variety of mental health symptoms, physical symptoms . . . withdrawal from the workplace. [There is a] connection between harassment and illness.”

- “Racialized” violence
Supports

1) Workplace
   - (i) *Programs of support and policies* intended to prevent or respond to situations of abuse and violence and thus promote quality practice environments;
   - (ii) *Administrative/resource personnel support*, including support from managers, administrators and other resource personnel, available reporting processes.

2) Professional/union/regulatory

3) Educational
Examples of Gaps in Support

- Despite antiviolence/antidiscrimination policies and focus on mandatory reporting, workplace safety supportive policies/processes are not available or effective for all nurses.

  e.g., verbal/psychological abuse not captured in reporting

  “The fear is there...’Do I report it or do I silently bear it because I am who I am?’...If they feel that they would be put at a disadvantage...blacklisted or whatever listed...they will not report the violence...So many... injuries at work...not reported ...employers are giving incentives ...for not taking it any...further.”
Support for Managers/Leaders

- Managers/leaders need support from larger organization

“...where things work well.....it’s on the units where you have effective managers... Who can operationalize the policies and use them effectively [and they]... have support...at higher levels of management... So, find a manager who says I have a great relationship with my...direct report and my CEO,.....they’re probably effective in resolving issues of, you know, harassment and violence on their units. But find a manager with no power, then that’s probably rank with those problems...”
Leadership Capacity

- Best practice guidelines are a start but need alignment with organizational objectives/support for implementation

“It’s not in the leadership literature...guidelines... (or) leadership programs in terms of how you help leaders in the health care sector recognize, address these issues that we know exist... issues of racism and ethnicity and especially the intersections...

It’s not talked about... is a huge gap in understanding workplace violence. What is the role of leaders to prevent that? What kind of leadership is needed to really address the issue... beyond policies and guidelines... they won’t tell you how to implement... not just what you do but how you do it...”
Organizational Support

- Resources such as human rights advisors, diversity officers, ombudspersons important but not sufficient to systematically reduce nurses’ risks

- “It has to start from the top...not just saying we have a diversity coordinator’...It’s what you do with that person”

Despite organizational resources for diversity, tokenism prevailed with little attention to creating space for the meaningful dialogue needed to challenge the status quo.
Professional, Union and Regulatory Support

“we do... approach our [union] training in our leadership development program from ...an anti-oppression ... perspective... [using] outside educators when we deliver that particular education... it’s very effective... Our members who had that education ... consistently they told us that that education was relevant and useful to them...a full day of anti-oppression... it had experiential component to it....some small group work”.

Call for a more comprehensive role for unions, professional and regulatory bodies to support work/working conditions for diverse nurses
Promising Practices....and Gaps

- Recruitment
- Hiring
- Orientation
- Mentoring
- Education and training programs
- Skill mix
- Staffing levels
- Policies (e.g., zero-tolerance for workplace violence)

- Need for comprehensive and broad organizational support, support for leaders/managers, policy change
- Strategies that meet the need of racialized nurses
Effective Mentoring

- Organizations need to invest resources into effectiveness of a diverse staff

  “In a diverse workforce...are challenges...aren’t things to hide from....They are things to proactively thing through...address..to create a cohesive team...”

- Formal professional curriculum
- Bridging programs for internationally educated nurses
- Workplace training
- Informal peer networks
Walking the Talk: A Supportive Workplace Culture

- Findings offer few examples of organizations with enabling environments for managers, administrators, resource personnel to engage with providers re the complexities of diversity and abuse, especially for racialized groups.

- “...they seemed to be walking the talk... They had not only policies but they had approaches and... ways of sensitizing the individuals in a management role to be able to follow through.... When you keep an open environment or you create a culture where people are not afraid to come out and say ‘These are the abuses that I’m experiencing’ then I think that’s a good culture.”
Implications

- Timely; value of qualitative approach and gender-based analysis to explore life/work tensions for diverse nurses
- Point to the everyday nature of gendered and racialized violence, importance of context to understand the effectiveness of existing resources
- Contradictions: in/visibility of gender/racialized differences, nurses’ experiences vs accountability
- Problematic management practices/healthcare reform directions
- Supports NSHWN (Shields & Wilkins, 2006); research on nurses’ work, racialization in nursing (e.g., Das Gupta, 2009; Giddings, 2005; Hagey et al. 2001)
- Urgency for understanding complexities of abuse/violence
- Suggest need for comprehensive and multifaceted support
Selected References


