

A PROVINCIAL STUDY OF NURSES' PSYCHOLOGICAL HEALTH AND SAFETY IN BRITISH COLUMBIA, CANADA

FINAL REPORT



THE UNIVERSITY OF BRITISH COLUMBIA



**BC NURSES'
UNION**

Standing up for health care

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EXECUTIVE SUMMARY

Over 5,500 BC nurses responded to this survey about their psychological health and safety. The survey we used includes a series of valid and reliable measures of nurses' perceptions of their work environments and exposure to workplace violence (workplace factors), workplace violence experiences (nurse factors), and psychological health and wellbeing and quality and safety of patient care delivery (nurse outcomes). The survey was administered among BC nurses across different roles (direct care, education and leadership) and sectors (acute care, community care, long-term care). However, for this report, we present findings from direct care nurses who reported actively working at the time of the study. The report is divided into three sections for each sector: acute, community and long-term care. We are most confident in our findings from the acute care sector, because of the large sample size and the similarities between our findings and those reported in the nursing research literature.

Because there is so much data, we need to conduct ongoing analyses with more sophisticated statistics. This report of our preliminary findings, however, provides us with many insights into what is happening out there in BC nurses' work environments and their state of psychological health and safety.

Key findings:

- Nurses in all three sectors were significantly or seriously concerned about workload management and psychological protection in their work environments.
- Nurses in all three sectors reported concerning rates of exposure to emotional abuse (72%-86%), threat of assault (59%-83%), physical assault (29%-85%), verbal sexual harassment (40%-59%) and sexual assault (4%-17%) over the last year. Patients/residents and their families/visitors were identified as the most common perpetrators of all types of workplace violence towards nurses.
- A significant majority of nurses in all three sectors (52%-77%) reported witnessing workplace violence towards their colleagues over the last year.
- Nurses in all three sectors often either do not report workplace violence or only use informal channels of reporting. Common reasons for not reporting workplace violence include believing that nothing will change after reporting incident/s and lack of leadership support.
- Most common consequences of workplace violence across all three sectors include insomnia (67%-74%), showing up to work despite feeling ill (60%-63%), calling in sick (41%-45%), physical injury (23%-38%), using medication (35%-40%), and seeking professional care/treatment (35%-42%).
- Across all three sectors, over 50% of the respondents reported high emotional exhaustion; 42%-50% were above the cut-off point for posttraumatic stress disorder (PTSD); 30%-32% reported moderate to severe depression; and 26%-29% reported moderate to severe anxiety.
- About 8% to 14% of participants reported the quality of nursing care delivered as poor or fair; and 11%-17% gave their primary workplace a failing or a poor patient safety grade.
- Over 30% of the nurses would not recommend their workplace to a nurse colleague as a good place to work.

BACKGROUND

Every week, in Canada a minimum of 500,000 employees are unable to work due to poor mental health (Mental Health Commission of Canada [MHCC], 2017). As a result, the lost productivity due to absenteeism and job turnover cost employers more than \$6 billion (MHCC, 2017). Workplace risk factors, such as heavy workload and workplace violence play a major role in compromising employees' mental health and their ability to work effectively (Employment and Social Development of Canada, 2016). Nurses and other frontline healthcare providers are prone to these risk factors in their workplace, and as such suffer from extreme challenges in their health and wellbeing and their ability to provide quality and safe patient care (Berriosa et al., 2015; Brandfor & Reed, 2016). A large proportion of nurses suffer from mental health problems related to workplace exposures such as depression and Post-Traumatic Stress Disorder (PTSD), and these conditions affect their ability to provide effective patient care (Canadian Federation of Nurses Union, 2017; Canadian Institute of Health Information and Statistics Canada, 2006; Murphy et al., 2012). Given that Canada will be experiencing a shortage of about 60,000 fulltime nurses by 2022 (Murphy et al., 2012), it is critical that we foster working environments that retain trained nursing professionals and encourage new professionals to pursue this career. The purpose of this report is to provide preliminary evidence to establish the baseline on workplace risk factors and their associated health and performance indicators among the nursing workforce in British Columbia (BC), Canada.

METHOD

An exploratory province-wide survey study was conducted by the University of BC research team in partnership with the BC Nurses' Union (BCNU). The survey was advertised through multiple platforms including BCNU e-News mailout, social media and word of mouth. BCNU invited nurse members (47,000) to complete a 25-minute Qualtrics survey. To increase response rate, the survey was open for two months; weekly e-mail reminders were sent through BCNU e-news; and a raffle draw for two Apple Watches was offered. Overall, a total of 5,512 nurses, yielding 12% response rate, participated in the study. This report includes responses from direct care nurses who were actively working at the time of the study. The results are aggregated by healthcare sector: acute care, community care and long-term care. For this report, descriptive statistics were used to analyze the data using the Statistical Package for Social Sciences (SPSS). Work is underway to conduct more sophisticated statistical analyses to gain a better understanding of the association between workplace risk factors and health and wellbeing and performance indicators. This study has been peer-reviewed and funded by the Social Sciences and Humanities Research Council (ORS #F19-04340) and ethics approval has been obtained from the University Behavioural Research Ethics Board (#H18-02724).

MEASUREMENT

Table 1 shows study variables. Our survey questions were classified into demographics, work-related risk factors, nurse factors and nurse outcomes.

Table 1. Study Variables

Demographics	Workplace factors	Nurse factors	Nurse outcomes
<i>-Individual characteristics:</i> --Age --Gender --Designation --Employment status --Role --Education --Education location --Nursing experience --Minority group <i>Workplace characteristics:</i> --Health authority --Sector --Nursing specialty -- Workplace geography -Facility	<i>-Work environment conditions (13 factors from GM@W) (Centre for Applied Research in Mental Health and Addiction, 2018)</i> <i>-Workplace violence:</i> --Types and sources (Hesketh et al., 2003) --Reporting --Reason for not reporting --Witnessing	<i>-Workplace violence experiences:</i> --absenteeism --Presenteeism --Medication intake --sleeping difficulty --physical injury --Professional treatment	<i>-Health and wellbeing:</i> --PTSD (Twigg et al., 2008) --Anxiety (Spitzer et al., 2006) --Depression (Kroenke et al., 2001) --Burnout (Maslach et al., 1996) --Quality of life <i>-Quality of care:</i> --Good place to work --Good place for care --Safety grade --Quality and safe patient care (Sermeus et al., 2011)

FINDINGS: THE ACUTE CARE SECTOR

DEMOGRAPHIC PROFILE OF ACUTE CARE NURSE RESPONDENTS

This section focuses on survey findings related to direct care providers in the acute care sector (N=3301). Within this group, the mean respondent age was 38.6 years (SD = 11.3), and 90.8% of respondents were female. Approximately 82% were RNs, 52% reported having an undergraduate degree, and 63% reported working full-time. Approximately 64% of this sample reported greater than five years of overall nursing experience. Table 2 provides a profile of direct care nurses by age, gender, professional designation, education, nursing experience, and identification with BCNU equity-seeking caucuses. Table 3 provides a number of demographic characteristics relevant to the respondents' primary workplace.

Table 2. Demographic characteristics of direct care providers in the acute care sector

Characteristics	N	%
<i>Age</i>		
Under 25	185	5.7
25 to 34	1304	39.7
35 to 44	797	24.3
45 to 54	603	18.4
55 and above	392	12.0
<i>Gender</i>		
Female	2995	90.8
Male	296	9.0
Prefer to describe	8	0.2
<i>Professional Designation</i>		
LPN	436	13.2
RN	2700	81.8
RPN	137	4.1
Dually registered (RN/RPN)	9	0.3
Student nurse	13	0.4
Other	5	0.2
<i>Education</i>		
Diploma/Certificate	885	26.9
Undergraduate degree	1701	51.6
Graduate degree	667	20.2
Other	46	1.4
<i>Any nursing education outside Canada</i>		
No	2832	86.2
Yes	452	13.8
<i>Overall nursing experience</i>		
5 years or less	1180	35.8
6 to 10 years	724	22.0
11 to 15 years	541	16.4
16 to 20 years	230	7.0

21 years or more	618	18.8
<i>Identification with BCNU equity-seeking caucuses (respondents may identify with multiple caucuses simultaneously)</i>		
Indigenous Leadership Circle	135	4.3
LGBTQ	145	4.7
Mosaic of Colour	364	11.6
Workers with Disabilities	126	4.1

Table 3. Demographic characteristics relevant to respondents' primary workplace

Primary workplace	N	%
<i>Health authority</i>		
Fraser Health	830	25.1
Vancouver Island Health	607	18.4
Interior Health	565	17.1
Vancouver Coastal Health	447	13.6
Provincial Health Services	362	11.0
Northern Health	340	10.3
Providence Health	140	4.2
First Nations Health	4	0.1
<i>Workplace geography</i>		
Urban	2154	65.6
Suburban	559	17.0
Rural	573	17.4
<i>Nursing practice area</i>		
Ambulatory care	87	2.6
Community mental health	4	0.1
Emergency	466	14.1
Home and community care	7	0.2
Indigenous health	1	0.0
Intensive care	367	11.1
Medical/surgical	1173	35.5
Mental health or psychiatry	282	8.5
Obstetrics	307	9.3
Oncology	34	1.0
OR/PACU	205	6.2
Palliative	42	1.3
Pediatrics	83	2.5
Public health	1	0.0
Rehabilitation	56	1.7
Other, please specify	109	3.3
Mixed (A combination of other areas)	74	2.2
<i>Employment status</i>		
Full-time	2084	63.2
Part-time	827	25.1
Casual	389	11.8

OVERALL WORKPLACE FACTORS

GUARDING MINDS AT WORK PSYCHOSOCIAL FACTORS

As part of this survey, the Guarding Minds at Work (GM@W) assessment tool was used to explore nurses' psychological health and safety in the workplace. The GM@W consists of 13 subscales, each of which assesses a specific psychosocial factor. Each subscale contains five statements, to which respondents indicate their level of agreement along a four-point Likert scale (strongly disagree, somewhat disagree, somewhat agree, strongly agree). The sum of responses to a subscale creates a score for the corresponding factor, with lower scores indicating higher risk to nurses' psychological health and safety. Table 4 provides a list of all 13 psychosocial factors and summarizes the subscale score for each.

More than 90% of respondents agreed with the following individual GM@W items:

- I am proud of the work I do. (95.7%)
- My work is an important part of who I am. (94%)
- I have the social and emotional skills needed to do my job well. (93.8%)
- In my job, I know what I am expected to do. (93.1%)
- I am willing to give extra effort at work if needed. (92.5%)

Less than one-third (33.3%) of respondents agreed with the following items:

- My work is free from unnecessary interruptions and disruptions. (22.2%)
- I have energy left at the end of most workdays for my personal life. (23%)
- My employer is committed to minimizing unnecessary stress at work. (23.6%)
- Employees and management trust one another. (30.6%)
- My company appreciates extra effort made by employees. (31.1%)

Table 4. Descriptive statistics of GM@W subscale sum scores

Subscale/Psychosocial factor	N	Mean	SD	Min	Max
Psychological support	3058	12.42	3.38	5	20
Organizational culture	3074	12.61	3.19	5	20
Clear leadership and expectations	3072	12.92	3.19	5	20
Civility and respect	3066	13.00	3.14	5	20
Psychological competencies and requirements	3051	14.18	2.72	5	20
Growth and development	3061	13.07	3.32	5	20
Recognition and reward	3060	11.94	3.39	5	20
Involvement and influence	3062	13.54	3.10	5	20
Workload management	3054	11.68	3.34	5	20
Engagement	3061	16.86	2.52	5	20
Balance	3062	11.77	3.34	5	20
Psychological protection	3054	11.29	3.62	5	20
Protection of physical safety	3043	12.69	3.70	5	20

To facilitate comparison, the range of possible scores for a GM@W psychosocial factor can be categorized into four levels of concern: Serious Concern (5-9), Significant Concern (10-13), Minimum Concern (14-16), and Relative Strength (17-20). Figure 1 and Table 5 display the proportion of responses that fall into each category of concern.

The psychosocial factors with the highest proportion of responses falling into the Significant or Serious Concern categories were psychological protection (71.1%), workload management (69.5%), and balance (69.3%). On the other hand, the factors with the highest proportion of responses falling into the Minimum Concern or Relative Strength were engagement (91.2%), psychological competencies and requirements (62.8%), and involvement and influence (55.6%).

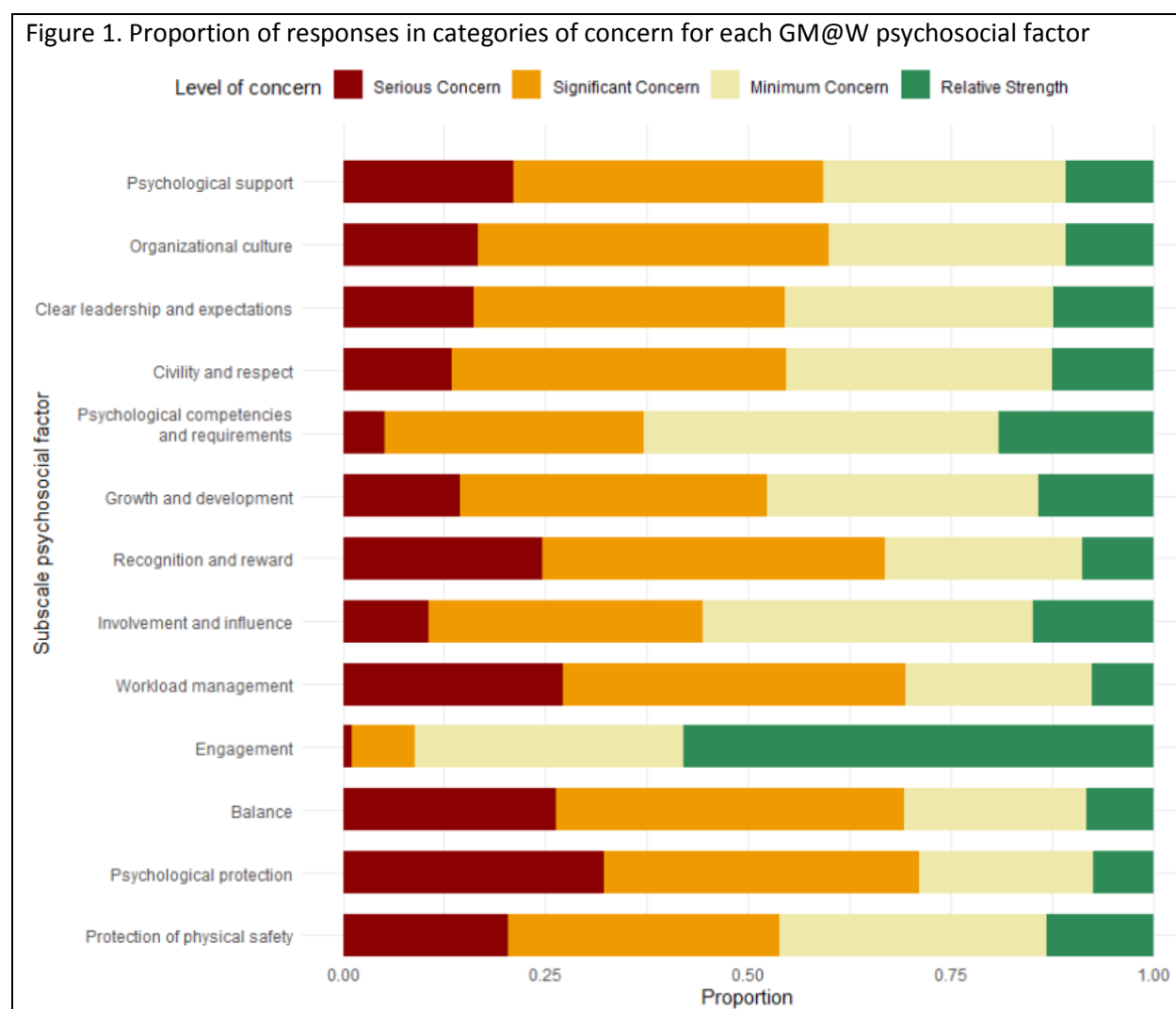
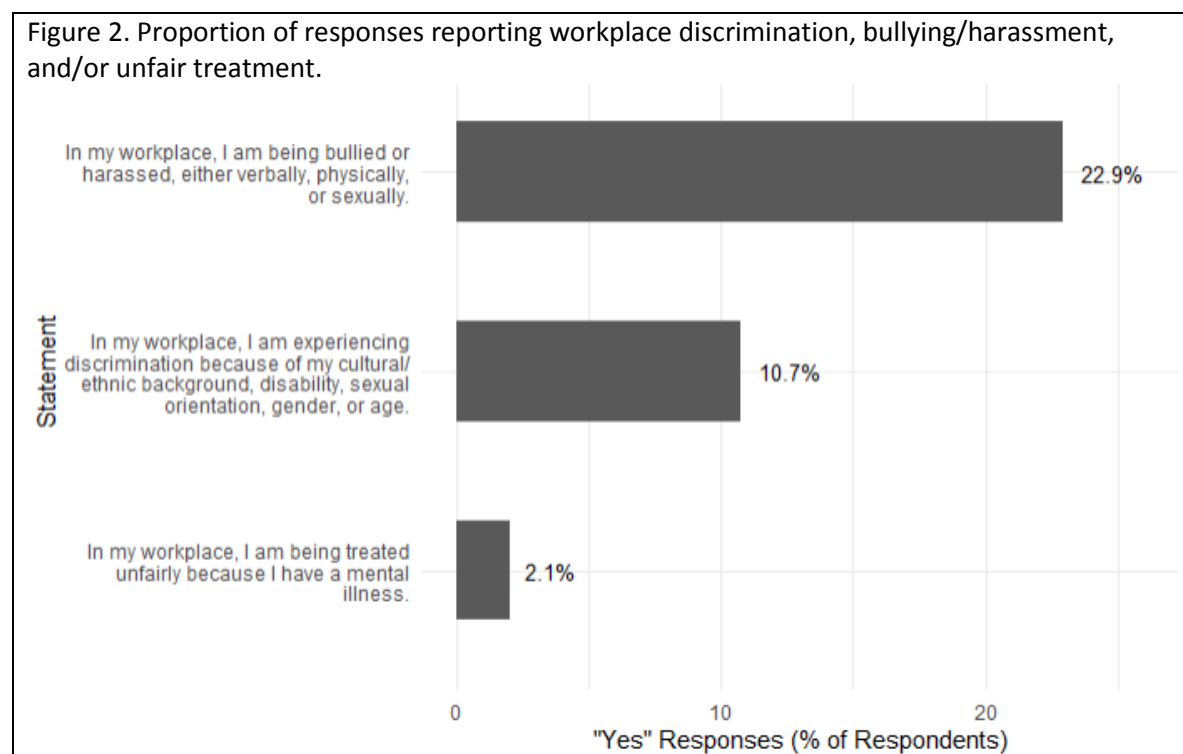


Table 5. Frequencies of GM@W subscale scores by categories of concern

Subscale	Serious Concern		Significant Concern		Minimum Concern		Relative Strength	
	%	N	%	N	%	N	%	N
Psychological support	21.1	646	38.2	1169	29.8	912	10.8	331
Organizational culture	16.7	512	43.3	1330	29.2	899	10.8	333
Clear leadership and expectations	16.1	494	38.4	1181	33.2	1019	12.3	378
Civility and respect	13.5	413	41.2	1264	32.9	1008	12.4	381
Psychological competencies and Requirements	5.2	158	32.0	975	43.7	1334	19.1	584
Growth and development	14.4	442	38.0	1162	33.5	1024	14.1	433
Recognition and reward	24.5	751	42.3	1295	24.3	745	8.8	269
Involvement and influence	10.5	323	33.9	1038	40.8	1249	14.8	452
Workload management	27.1	827	42.4	1296	22.9	698	7.6	233
Engagement	1.1	34	7.7	235	33.2	1016	58.0	1776
Balance	26.3	804	43.0	1317	22.5	690	8.2	251
Psychological protection	32.2	984	38.9	1187	21.5	657	7.4	226
Protection of physical safety	20.3	618	33.6	1022	32.9	1002	13.2	401

In addition to the 65 statements representing the 13 psychosocial factors, the GM@W also includes three items on workplace discrimination, bullying/harassment, and unfair treatment. Figure 2 presents the affirmative response rate to each.



WORKPLACE VIOLENCE

FREQUENCY OF WORKPLACE VIOLENCE BY TYPE

The first set of questions examining workplace violence asked about the frequencies of different types of workplace violence, querying respondents “Over the last year, how frequently have you experienced each of the following types of violence in your primary workplace?” The five types presented were physical assault, threat of assault, emotional abuse, verbal sexual harassment, and sexual assault. For each type, respondents selected from seven options of increasing frequency, ranging from “Never” to “Every day.” The type of workplace violence with the highest proportion of experience was emotional abuse, with approximately 86% of respondents reporting some frequency of experience within the last year. The type with the lowest proportion of experience was sexual assault, with approximately 13% of respondents reporting experiencing sexual assault in their primary workplace within the last year. Table 6 presents proportions for experiential frequencies by type of workplace violence. Table 7 summarizes the mean response by type.

Table 6. Frequencies for workplace violence frequency by type (Valid N = 3058)

Type of workplace violence		Frequency						
		Never	A few times a year or less	Once a month	A few times a month	Once a week	A few times a week	Every day
Physical assault	N	793	1287	329	383	99	133	34
	%	25.9	42.1	10.8	12.5	3.2	4.3	1.1
Threat of assault	N	523	1093	364	496	160	289	133
	%	17.1	35.7	11.9	16.2	5.2	9.5	4.4
Emotional abuse	N	435	1123	404	466	191	279	160
	%	14.2	36.7	13.2	15.2	6.2	9.1	5.2
Verbal sexual harassment	N	1247	1150	225	244	77	81	34
	%	40.8	37.6	7.4	8.0	2.5	2.6	1.1
Sexual assault	N	2662	332	35	17	4	6	2
	%	87.1	10.9	1.1	0.6	0.1	0.2	0.1

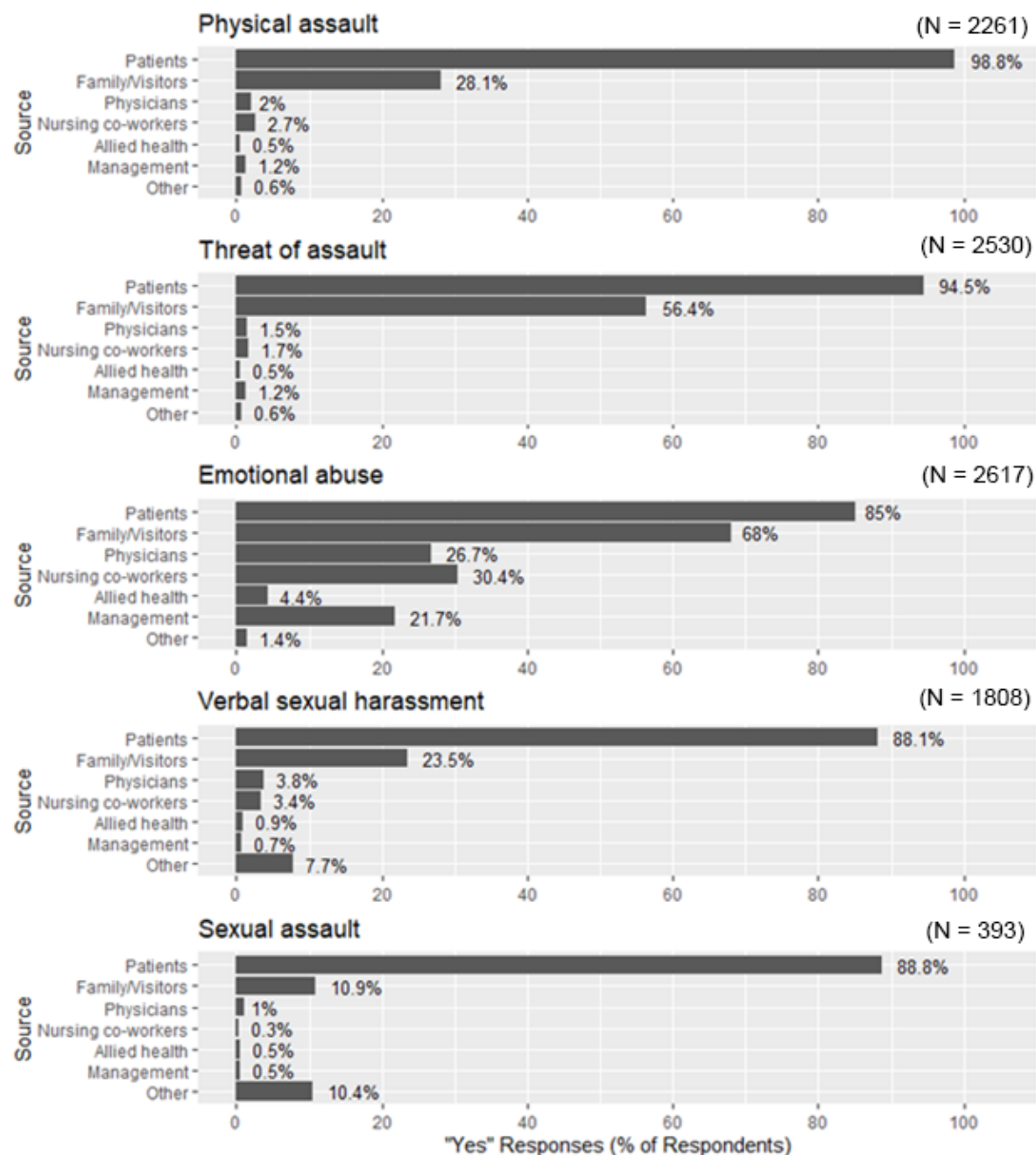
Table 7. Descriptive statistics for workplace violence frequency by type

Type of workplace violence	N	Mean [^]	SD [^]	Min [^]	Max [^]
Physical assault	3058	1.43	1.40	0	6
Threat of assault	3058	2.02	1.72	0	6
Emotional abuse	3058	2.11	1.73	0	6
Verbal sexual harassment	3058	1.06	1.31	0	6
Sexual assault	3058	0.17	0.52	0	6
[^] Note: Workplace violence frequency is coded numerically as follows: 0: Never, 1: A few times a year or less [...] 5: A few times a week, 6: Every day					

SOURCES OF WORKPLACE VIOLENCE

Respondents who reported experiencing workplace violence were then asked a second set of questions about the sources of the workplace violence. For each reported type of violence (a response other than “Never”), the respondent was queried “Please indicate the source of workplace violence (check all that apply)” and presented seven options: patients, family/visitors, physicians, nursing co-workers, allied health, management, and other. Figure 3 displays the proportion of affirmative responses for each source, for each workplace violence type.

Figure 3. Sources of workplace violence by type

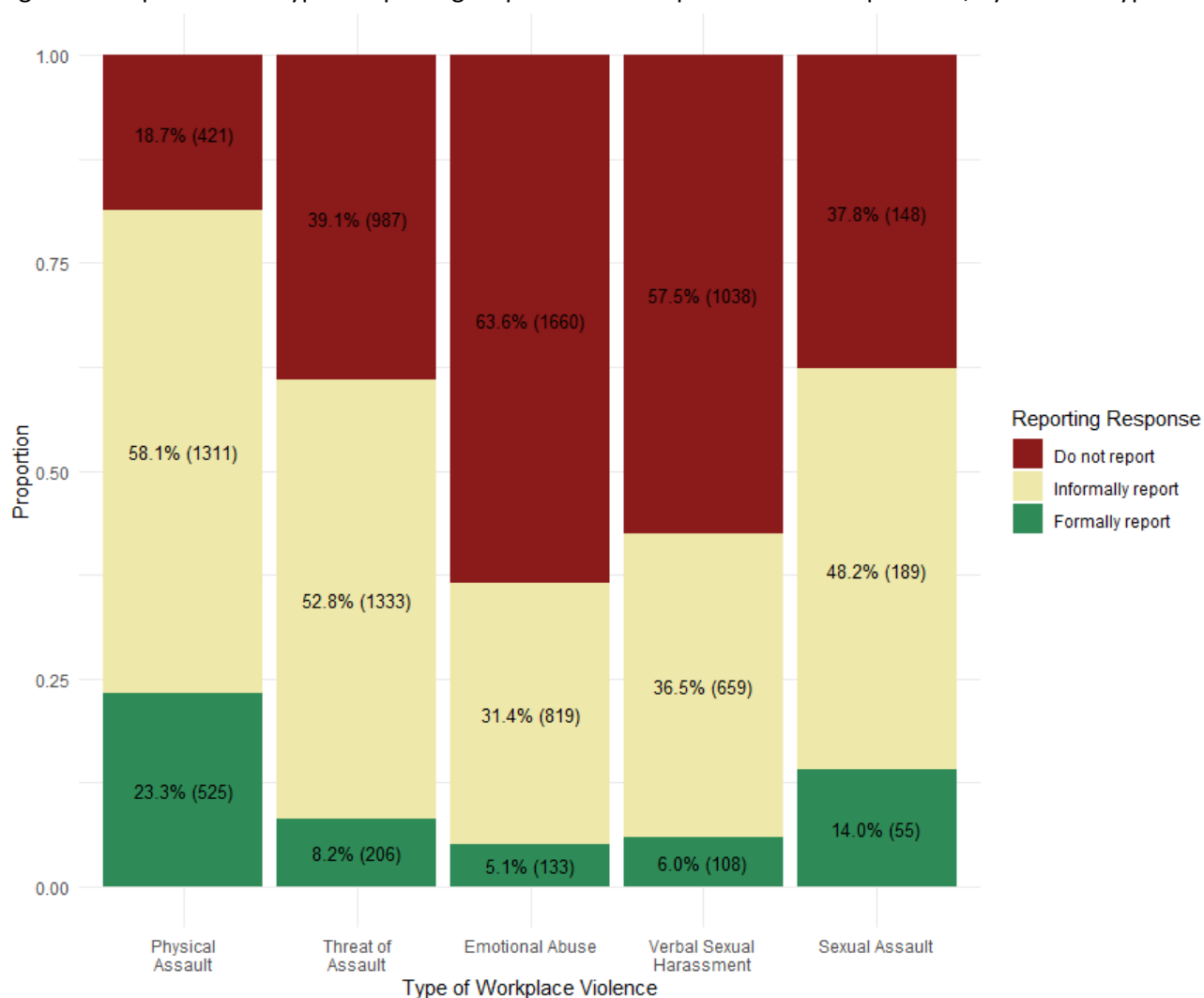


RESPONDING TO EACH TYPE OF WORKPLACE VIOLENCE

Respondents who reported experiencing workplace violence were also asked about their typical response to each type of violence. This set of questions asked respondents “Which option best describes how you typically respond to workplace violence?” for each reported type. The three options available were “I do not report the incident(s)”, “I informally report the incident(s) (e.g., management, PSLS system)”, and “I formally report the incident(s) (i.e., Workplace Health Call Centre).” Frequencies for the three options were calculated, as shown in Figure 4 for each type of workplace violence.

Emotional abuse was the type of workplace violence most often not reported, with about 64% of respondents stating that they typically did not report experiences of emotional abuse. Of the five types of workplace violence, emotional abuse also had the lowest proportions for informal reporting (31%) and formal reporting (5%). Conversely, physical assault had the lowest proportion of “do not report” responses (19%), and the highest proportion for “informally report” (58%) as well as for “formally report” responses (23%).

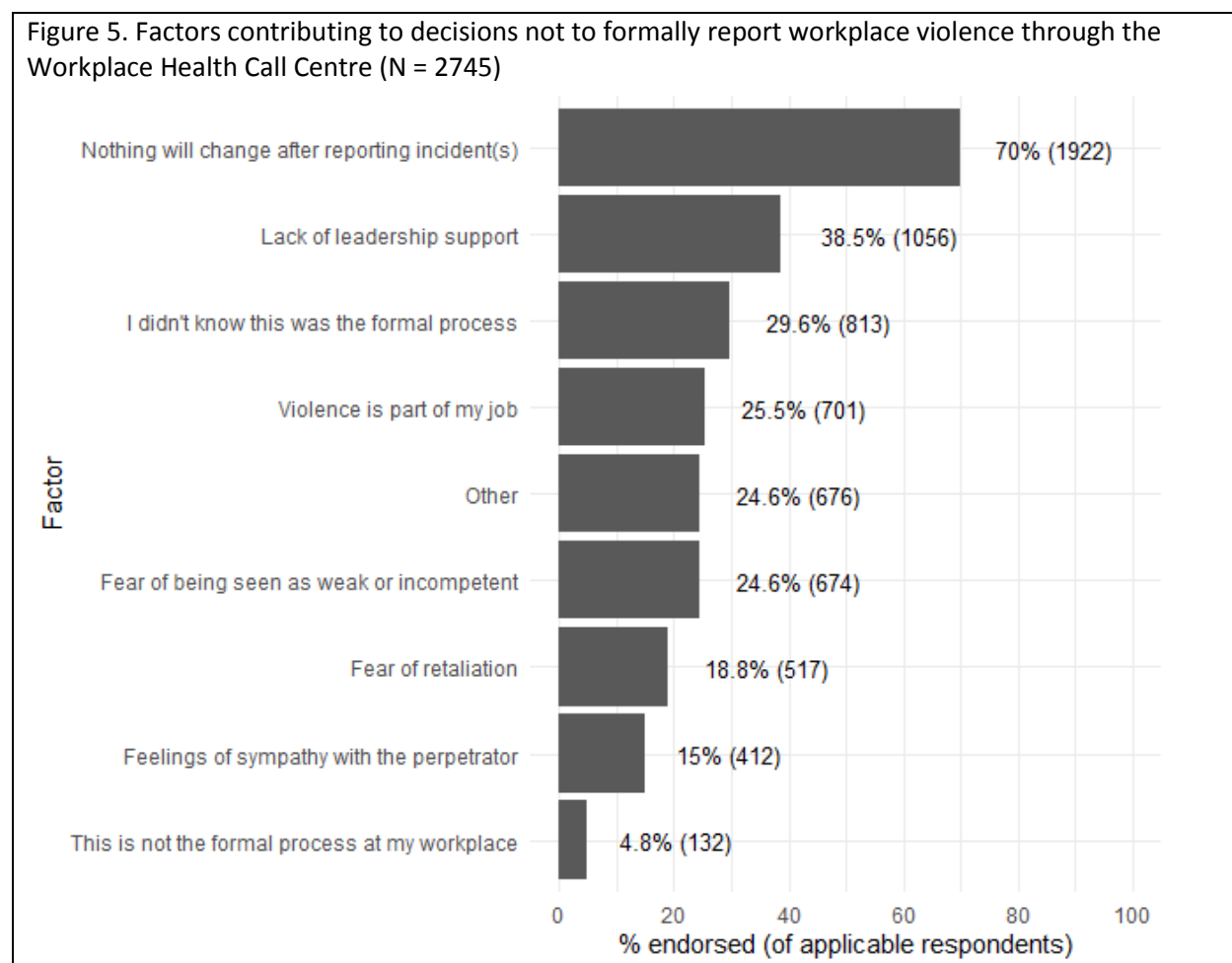
Figure 4. Proportions for typical reporting responses to workplace violence experience, by violence type



FACTORS CONTRIBUTING TO DECISION TO NOT FORMALLY REPORT WORKPLACE VIOLENCE

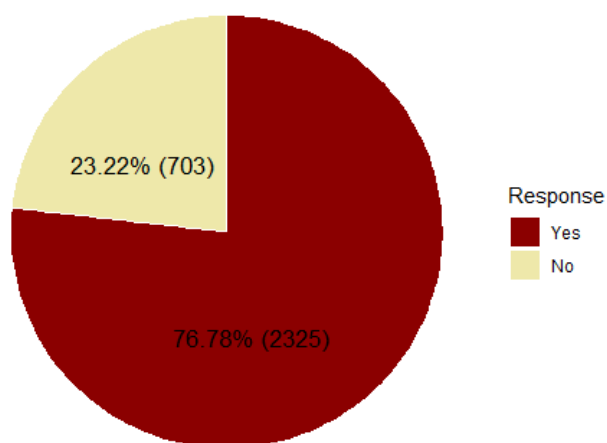
The next set of questions delved further into the nurses' reporting responses after experiencing workplace violence, specifically the proportion of respondents answering that they did not typically formally report one or more type of workplace violence. Nurses that noted experiencing some type of workplace violence *and* noted that their typical response (for any type) was to not report or informally report were further queried, "What factors contributed to your decision to NOT formally report workplace violence through the Workplace Health Call Centre (check all that apply)?" The nine available factors to select from were 'violence is part of my job', 'fear of retaliation', 'fear of being seen as weak or incompetent', 'lack of leadership support', 'nothing will change after reporting incident(s)', 'feelings of sympathy with the perpetrator', 'I didn't know this was the formal process', 'this was not the formal process at my workplace,' and 'other'. Respondents selecting the 'other' factor were presented a follow-up question to specify in text.

The proportion of selection for each factor are shown in descending order in Figure 5. The most commonly selected factor was "Nothing will change after reporting incident(s)", as selected by 70% of the 2745 applicable respondents. The least commonly selected factor was "This is not the formal process at my workplace" (4.8%).



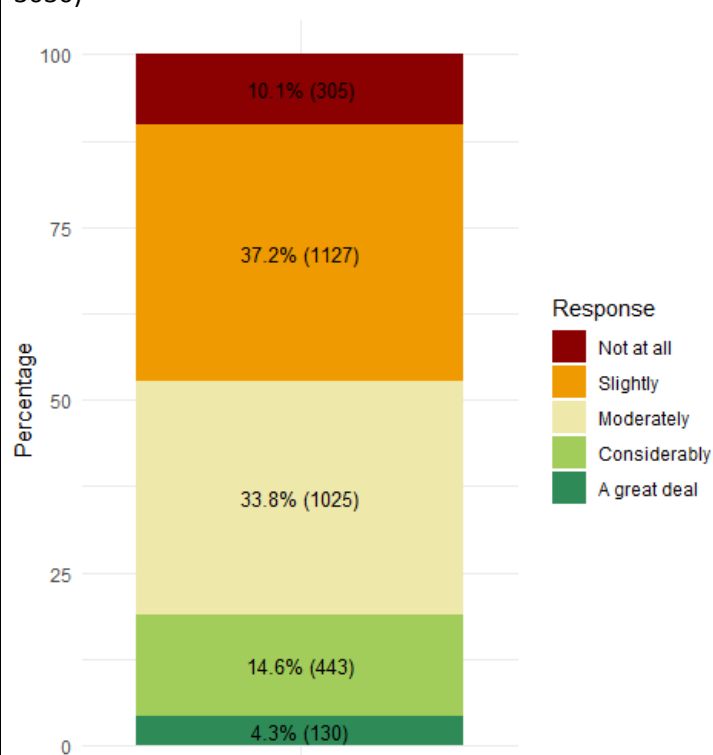
The previous questions on workplace violence have focused on nurses' direct experiences with workplace violence, examining the types, sources, and typical responses to experiences of workplace violence. To examine nurses' indirect experiences with workplace violence, respondents were asked "Over the last year, have you ever witnessed any type of workplace violence without being directly involved?" As shown in Figure 6, more than three-quarters of respondents reported witnessing workplace violence over the last year.

Figure 6. Witnessed workplace violence over the last year (N = 3028)



Finally, respondents were asked for their opinion on their employers' response to workplace violence in their primary workplace. The final question in the workplace violence section of the survey queried, "To what extent do you think your employer has taken appropriate measures to prevent violence in your primary workplace?" The five available choices ranged from "Not at all" to "A great deal." The proportions of responses are displayed in Figure 7. With the five responses coded from "Not at all" to "A great deal" as 0 to 4, the mean response score was 1.66 (SD = .99).

Figure 7. Perceptions of whether employers have taken appropriate measures to prevent workplace violence (N = 3030)



NURSE FACTORS

EXPERIENCES AS A RESULT OF WORKPLACE VIOLENCE EXPOSURE

This survey included a number of question sets to assess respondents' perceptions of their physical and psychological health. The first series of questions followed up on nurses' exposure to workplace violence, asking respondents to select all applicable experiences in response to, "Have you had any of the following experiences as a result of exposure to workplace violence in your primary workplace over the last year?" The six experiences listed were absenteeism ("Called in sick"), presenteeism ("Showed up to work despite feeling unwell"), medication ("used prescribed and/or over the counter medication, e.g., pain relievers, anti-anxiety medication"), insomnia ("difficulty falling asleep"), and professional care/treatment ("sought professional care/treatment, e.g. medical care, psychological care"). The results are presented in Table 8 and arranged in descending order in Figure 8.

For all six adverse experiences, at least one-third of respondents reported occurrences. The most common experience was insomnia/sleep difficulty (73.7%), followed by presenteeism/showing up to work despite feeling unwell (63.1%).

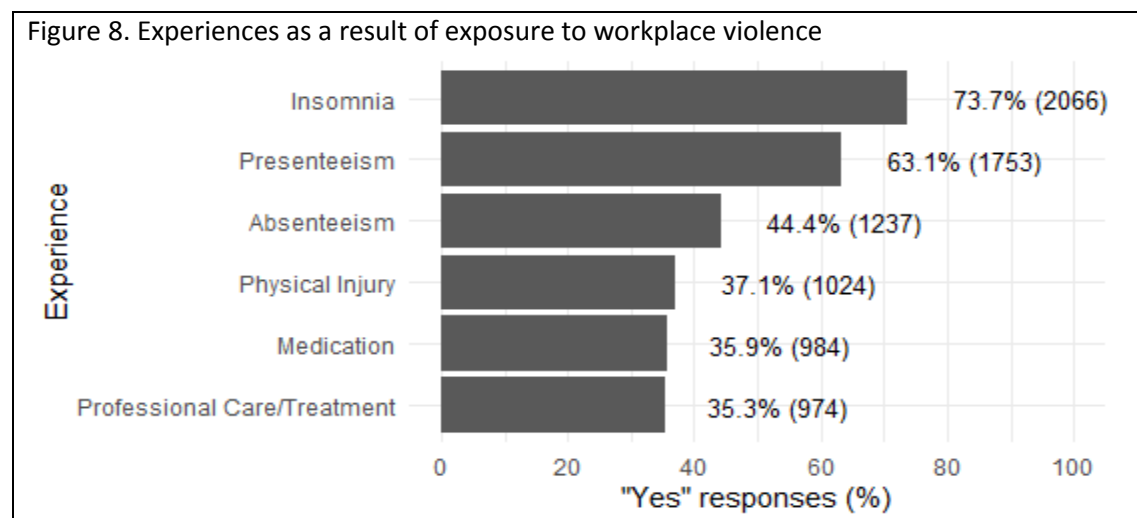


Table 8. Frequency table for experiences following workplace violence exposure in the last year

Experience	Total N	Yes		No	
		%	N	%	N
Absenteeism	2787	44.4	1237	55.6	1550
Presenteeism	2780	63.1	1753	36.9	1027
Medication	2741	35.9	984	64.1	1757
Insomnia	2802	73.7	2066	26.3	736
Physical Injury	2758	37.1	1024	62.9	1734
Professional Care/Treatment	2760	35.3	974	64.7	1786

NURSE OUTCOMES

HEALTH AND WELLBEING

Several established tools were included in the survey to assess respondents' psychological ill-being, with screening tools for post-traumatic stress disorder (PTSD), generalized anxiety disorder, major depressive disorder, and emotional exhaustion/burnout. Summary information for the data is displayed in Table 9. Category proportions, as defined by cutoff values, are shown in Table 20.

Table 9. Descriptive statistics for nurse outcome measures

Measure	N	Mean	SD	Min	Max
Posttraumatic Stress Symptoms-14 (PTSS-14)	3016	45.16	17.98	14	98
Generalized Anxiety Disorder-7 (GAD-7)	2997	7.02	5.40	0	21
Patient Health Questionnaire-9 (Depression; PHQ-9)	2996	7.50	5.90	0	27
Maslach Burnout Inventory - Human Services Survey for Medical Personnel:					
Emotional Exhaustion (MBI-HSS (MP))	2903	28.81	12.70	0	54
Depersonalization (MBI-HSS (MP))	2904	9.85	6.90	0	30
Personal Accomplishment (MBI-HSS (MP))	2876	33.93	7.83	0	48

PTSD: Post-traumatic stress disorder was assessed using the Posttraumatic Stress Symptoms-14 (PTSS-14) instrument, a measure consisting of 14 items reflecting feelings, such as “The need to withdraw from others”, “Frequent mood swings” and “muscular tension”. Respondents rated how frequently they experienced each feeling along a 7-point Likert scale, ranging from 1 = Never, to 7 = Always. Total scores of 45 or higher were categorized as positive for PTSD. Approximately half of respondents scored within this ‘positive’ range.

Anxiety: Generalized anxiety disorder was assessed using the Generalized Anxiety Disorder-7 (GAD7) instrument, which consists of seven items such as “Feeling nervous, anxious or on edge” and “Trouble relaxing”. Responses on frequency within the last two weeks were given along a 4-point Likert scale, ranging from 0 = Not at all, to 3 = Nearly every day. Sum scores were categorized as: 0-4 = no anxiety, 5-9 = mild, 10-14 = moderate, 15-21 = severe. Approximately 63% of respondents scored within some level of anxiety, with 11% within the severe anxiety range.

Depression: The Patient Health Questionnaire-9 (PHQ-9) consists of nine items reflecting perceptions such as poor appetite, anhedonia, and depressive mood. Respondents rated how often they were bothered by each perception within the last two weeks, along a 4-point Likert scale, ranging from 0 = Not at all, to 3 = Nearly every day. Sum scores were categorized as 0-4 = no depression, 5-9 = mild, 10-14 = moderate, 15-19 = moderately severe, and 20-27 = severe depression. Approximately 63% of respondents were categorized at some level of depression.

Burnout: To assess nurse burnout, this survey used the Maslow Burnout Inventory - Human Services Survey, which includes three subscales of Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Items in the scale include statements such as: for Emotional Exhaustion (9 items), “I feel emotionally drained from my work” and “I feel like I'm at the end of my rope”; for

Depersonalization (5 items), “I worry that this job is hardening me emotionally”; for Personal Accomplishment (8 statements), “I feel very energetic”. Respondents rated the frequency of each feeling along a 7-point Likert scale of increasing frequency, ranging from 0 = Never, 1 = A few times a year or less; to 5 = A few times a week, 6 = Every day. Subscale sum scores were categorized by cutoff scores: for emotional exhaustion, 0-18 = low, 19-26 = moderate, ≥ 27 = high; for depersonalization 0-6 = low, 7-12 = moderate, ≥ 13 = high; for personal accomplishment, 0-31 = low, 32-38 = moderate, ≥ 39 = high. Approximately 57% of respondents indicated high emotional exhaustion, 34% indicated high depersonalization, and 34% indicated low personal accomplishment.

Table 10. Proportions and frequencies for nurse outcome categories as defined by sum score cutoffs.

Measure	Category (by cutoffs)					N
PTSS-14	Below cutoff	Above cutoff				3016
	50.5%	49.5%				
	(1524)	(1492)				
GAD-7	No anxiety	Mild anxiety	Moderate anxiety	Severe anxiety		2997
	36.8%	35.2%	16.7%	11.3%		
	(1103)	(1054)	(500)	(340)		
PHQ-9	No depression	Mild depression	Moderate depression	Moderately severe depression	Severe depression	2996
	37.2%	31.6%	17.1%	9.5%	4.5%	
	(1116)	(946)	(513)	(286)	(135)	
Emotional Exhaustion (MBI-HSS)	Low EE	Moderate EE	High EE			2903
	23.6%	19.4%	57.1%			
	(684)	(562)	(1657)			
Depersonalization (MBI-HSS)	Low DP	Moderate DP	High DP			2904
	37.5%	28.4%	34.1%			
	(1089)	(824)	(991)			
Personal Accomplishment (MBI-HSS)	Low PA	Moderate PA	High PA			2876
	33.9%	34.9%	31.2%			
	(976)	(1003)	(897)			

To assess respondents’ overall perspective of their health, questions from the Veterans RAND 12 Item Health Survey (VR-12) were used. Thirteen items that correspond to various domains of health, including perceptions of overall general health, interference or limitations due to pain, physical health or emotional problems were used. Table 21 presents an item-level summary of respondents’ data. Item-level proportions for responses to items 1 through 13 are displayed in Table 22. Figure 9 displays proportions for responses to a life satisfaction item, “Using a scale of 0 to 10, where 0 means “very dissatisfied” and 10 means “very satisfied”, how do you feel about your life as a whole right now?”

Table 11. Item-level descriptive statistics for responses to questions drawn from VR-12.

Item question	N	Mean	SD	Min	Max
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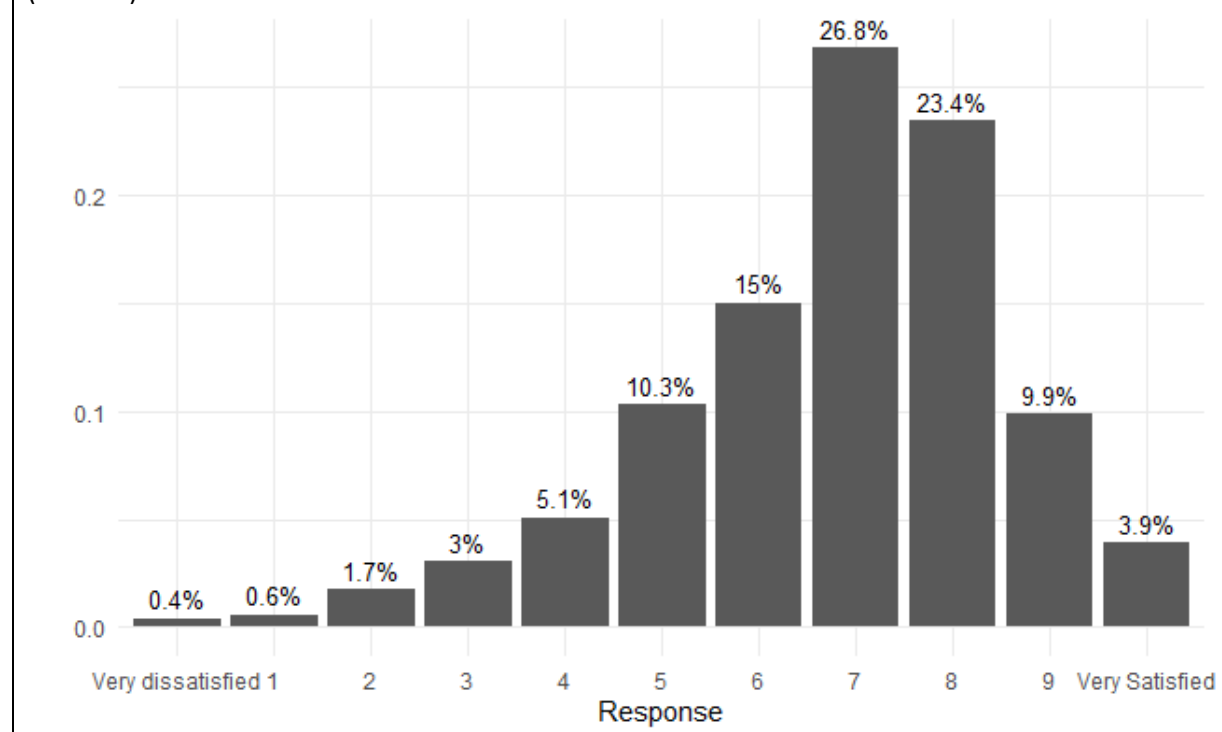
In general, would you say your health is...	2879	3.12	0.91	1	5
<i>The following questions are about your activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</i>					
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.	2890	1.24	0.49	1	3
Climbing several flights of stairs.	2883	1.29	0.53	1	3
<i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i>					
Accomplished less than you would like.	2893	2.23	1.12	1	5
Were limited in the kind of work or other activities	2886	1.93	1.04	1	5
Accomplished less than you would like.	2885	2.37	1.09	1	5
Didn't do work or other activities as carefully as usual.	2875	2.03	0.98	1	5
<i>Thinking about the past 4 weeks, answer the following questions:</i>					
How much did pain interfere with your normal work (including both work outside the home and housework)?	2890	2.22	1.08	1	5
How much of the time have you felt calm and peaceful?	2888	2.88	0.91	1	5
How much of the time did you have a lot of energy?	2887	2.64	0.90	1	5
How much of the time have you felt downhearted and blue?	2881	2.39	0.96	1	5
How much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	2886	2.53	1.05	1	5
<i>Compared to one year ago...</i>					
How would you rate your physical health in general now?	2890	2.77	0.88	1	5
How would you rate your emotional problems (such as feeling anxious, depressed or irritable) now?	2886	2.66	0.98	1	5

Table 12. Proportions for VR12 item responses.

Item	Response					N
	Poor	Fair	Good	Very good	Excellent	
Rating of general health	2.8%	21.0%	43.4%	26.5%	6.3%	2879
<i>Did health limit your ability to do typical daily activities...</i>	Not limited at all	Limited a little	Limited a lot			
Moderate activities.	79.1%		18.0%		3.0%	2890
Climbing several flights of stairs.	75.2%		20.9%		3.9%	2883
<i>Problems due to physical health (Last 4 weeks)</i>	None of the time	A little of the time	Some of the time	Most of the time	All of the time	N
Accomplished less than you would like.	33.3%	28.2%	24.4%	11.0%	3.1%	2893
Were limited in the kind of work or other activities.	45.6%	26.1%	20.0%	6.6%	1.7%	2886

Accomplished less than you would like.	25.1%	32.2%	26.8%	12.2%	3.6%	2885
Didn't do work or other activities as carefully as usual.	35.9%	34.3%	22.1%	6.3%	1.5%	2875
<i>In the last 4 weeks...</i>	None of the time	A little of the time	Some of the time	Most of the time	All of the time	N
Pain interfered with normal work	31.7%	30.4%	24.8%	10.6%	2.5%	2890
Felt calm and peaceful	5.2%	30.7%	37.1%	25.3%	1.8%	2888
Had a lot of energy	10.0%	34.0%	39.0%	16.0%	1.0%	2887
Felt downhearted and blue?	17.7%	40.0%	29.8%	10.7%	1.9%	2881
Physical health or emotional problems interfered with social life	17.9%	32.2%	31.7%	15.0%	3.2%	2886
<i>Compared to one year ago, rating of...</i>	Much worse	Slightly worse	About the same	Slightly better	Much better	N
General physical health	5.1%	33.3%	45.3%	12.0%	4.3%	2890
Emotional problems	10.6%	34.2%	38.0%	12.6%	4.6%	2886

Figure 9. Proportions for responses to item "How do you feel about your life as a whole right now?" (N=2861)



QUALITY AND SAFETY

Nurses were polled for their perceptions on quality of care and safety in their primary workplace, with questions asking about the quality of the nursing care they delivered, the overall patient safety, and the likelihood of recommending their primary workplace for care and as a workplace. The responses are tabulated by category in Table 23.

Respondents were confident in the quality of nursing care they delivered, with 88.1% describing the general quality of nursing care they delivered as good or excellent, and 86% describing the quality of care they delivered on their last shift as good or excellent. Approximately 22% of nurses gave a negative overall grade for patient safety in their primary workplace, while 8% assigned a grade of Excellent.

For recommendations, 76.5% of respondents were likely to recommend their primary workplace to friends and family if they needed care. 63.5% were likely to recommend their primary workplace to a nurse colleague as a good place to work.

Table 13. Frequencies and proportions for nurses' perceptions on overall quality and safety

Quality of care questions	Poor	Fair	Good	Excellent	N	
In general, how would you describe the quality of nursing care you delivered to patients in your primary workplace?	1.4% (39)	10.5% (302)	54.2% (1566)	33.9% (980)	2887	
How would you describe the quality of nursing care you delivered to patients in your primary workplace on your last shift?	2.2% (63)	12.0% (346)	48.7% (1404)	37.2% (1072)	2885	
Patient safety grade question	Failing	Poor	Acceptable	Very good	Excellent	N
Please give your primary workplace an overall grade on patient safety.	6.1% (176)	16.1% (464)	38.5% (1111)	31.8% (916)	7.6% (218)	2885
Recommendation questions	Definitely no	Probably no	Probably yes	Definitely yes	N	
Would you recommend your primary workplace to your friends and family if they needed care?	6.5% (186)	16.9% (486)	46.5% (1339)	30.2% (870)	2881	
Would you recommend your primary workplace to a nurse colleague as a good place to work?	9.6% (276)	26.9% (776)	44.5% (1286)	19.0% (549)	2887	

FINDINGS: THE COMMUNITY CARE SECTOR

DEMOGRAPHIC PROFILE OF COMMUNITY CARE NURSES

This section focuses on survey findings related to nurses working in community care settings (N=870). The mean respondent age was 44.8 years (SD = 11.2), with the predominant age categories being 35 to 44 (28%) and 45 to 54 (28%). Nurses under 25 years old accounted for less than 2% of respondents. Generally, respondents were mostly female (92%), RNs (74%), and direct care providers (82%). Roughly half (49%) had an undergraduate degree as their highest level of education. Approximately 64% had greater than ten years of overall nursing experience. Table 24 provides a profile of the community care nurses by age, gender, professional designation, education, nursing experience, and identification with BCNU equity-seeking caucuses. Table 25 displays demographic data relevant to the respondents' primary workplace.

Table 14. Demographic characteristics of nurses in the community care sector

Characteristics	N	%
<i>Age</i>		
Under 25	15	1.7
25 to 34	167	19.0
35 to 44	246	28.0
45 to 54	245	27.9
55 and above	206	23.4
<i>Gender</i>		
Female	815	92.3
Male	64	7.2
Prefer to describe	4	0.5
<i>Professional Designation</i>		
LPN	92	10.4
RN	655	74.1
RPN	122	13.8
Dually registered (RN/RPN)	7	0.8
Other	8	0.9
<i>Education</i>		
Diploma/Certificate	256	29.4
Undergraduate degree	427	49
Graduate degree	181	20.8
Other	7	0.8
<i>Any nursing education outside Canada</i>		
No	779	90.1
Yes	86	9.9
<i>Overall nursing experience</i>		
5 years or less	156	18.0
6 to 10 years	159	18.3
11 to 15 years	152	17.5
16 to 20 years	96	11.0

21 years or more	306	35.2
<i>Identification with BCNU equity-seeking caucuses (respondents may identify with multiple caucuses simultaneously)</i>		
Indigenous Leadership Circle	40	5.0
LGBTQ	49	6.1
Mosaic of Colour	85	10.6
Workers with Disabilities	64	7.2

Table 15. Demographic characteristics relevant to respondents' primary workplace

Primary workplace	N	%
<i>Primary nursing role</i>		
Direct care provider	711	81.7
Nurse leader	88	10.1
Educator	43	4.9
<i>Provides direct patient/client care</i>		
Yes	763	87.6
No	108	12.4
<i>Health authority</i>		
Vancouver Island Health	175	19.8
Fraser Health	173	19.6
Interior Health	170	19.3
Vancouver Coastal Health	144	16.3
Northern Health	103	11.7
Provincial Health Services	83	9.4
First Nations Health	6	0.7
Providence Health	6	0.7
<i>Workplace geography</i>		
Urban	490	55.6
Suburban	188	21.3
Rural	203	23.0
<i>Nursing practice area</i>		
Ambulatory care	19	2.2
Community mental health	190	21.6
Home and community care	337	38.4
Indigenous health	4	0.5
Long-term care	2	0.2
Medical/surgical	1	0.1
Mental health or psychiatry	61	6.9
Obstetrics	2	0.2
Oncology	8	0.9
OR/PACU	2	0.2
Palliative	31	3.5
Pediatrics	3	0.3
Public health	146	16.6
Rehabilitation	4	0.5

Other, please specify	60	6.8
Mixed (A combination of other areas)	8	0.9
<i>Employment status</i>		
Full-time	503	57.7
Part-time	284	32.6
Casual	84	9.6

OVERALL WORKPLACE FACTORS

GUARDING MINDS AT WORK PSYCHOSOCIAL FACTORS

Based on average subscale scores (see Table 26), community nurses reported ‘psychological protection’, ‘clear leadership and expectations’, and ‘workload management’ as the lowest-scoring GM@W subscales. The three highest scoring subscales were ‘engagement’, ‘psychological competencies and requirements’, and ‘involvement and influence’.

At the individual item level, the following statements had the highest rates of endorsement, with more than 90% of respondents agreeing:

- I am proud of the work I do. (96.4%)
- I have the social and emotional skills needed to do my job well. (95.2%)
- I am willing to give extra effort at work if needed. (92.8%)
- My work is an important part of who I am. (92.5%)

The statements with the lowest proportion of agreement (approximately one-third or less) were:

- My work is free from unnecessary interruptions and disruptions. (30.2%)
- My employer is committed to minimizing unnecessary stress at work. (33.4%)

Table 16. Descriptive statistics of GM@W subscale sum scores

Subscale/Psychosocial factor	N	Mean	SD	Min	Max
Psychological support	817	13.13	3.63	5	20
Organizational culture	816	12.62	3.55	5	20
Clear leadership and expectations	824	12.57	3.64	5	20
Civility and respect	822	13.34	3.59	5	20
Psychological competencies and requirements	816	14.16	2.86	5	20
Growth and development	817	13.06	3.68	5	20
Recognition and reward	818	12.72	3.65	5	20
Involvement and influence	820	14.03	3.55	5	20
Workload management	821	12.60	3.44	5	20
Engagement	820	17.00	2.68	5	20
Balance	820	12.75	3.72	5	20
Psychological protection	812	12.41	3.95	5	20
Protection of physical safety	815	13.82	3.73	5	20

Subscale scores were also categorized into four levels of concern based on cutoff scores (proportions are shown in Figure 10 and Table 27). Based on category proportions, community nurses reported the highest levels of concern for workload management, with 59% of responses falling into the Significant or Serious Concern categories. Other factors with high levels of concern included organizational culture (58% Significant or Serious Concern), clear leadership and expectations (58%), psychological protection (58%), and recognition and reward (57%). The psychosocial factor with the lowest level of concern was engagement, with 91% of responses in minimum concern or relative strength categories.

Figure 10. Proportion of responses in categories of concern for each GM@W psychosocial factor

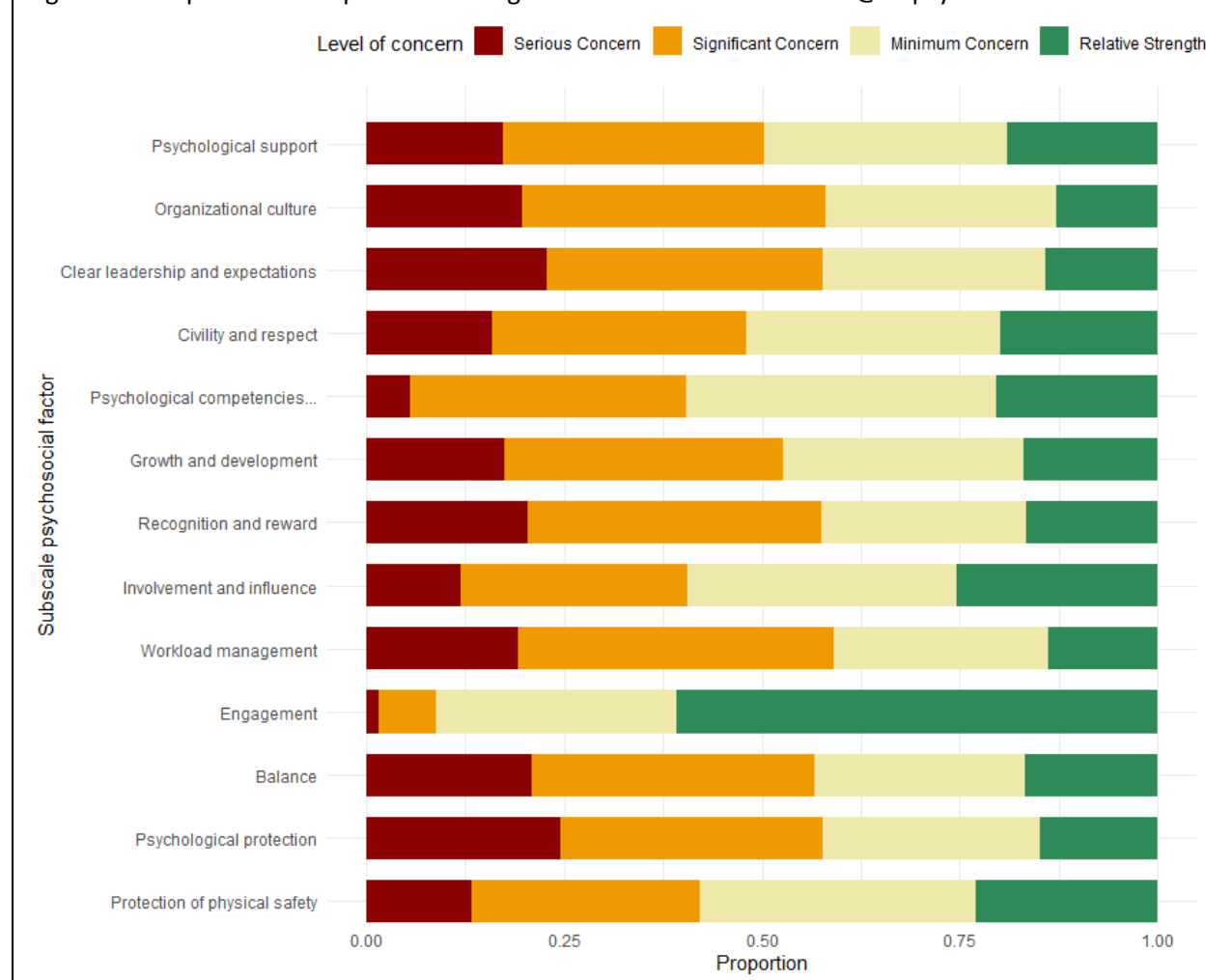
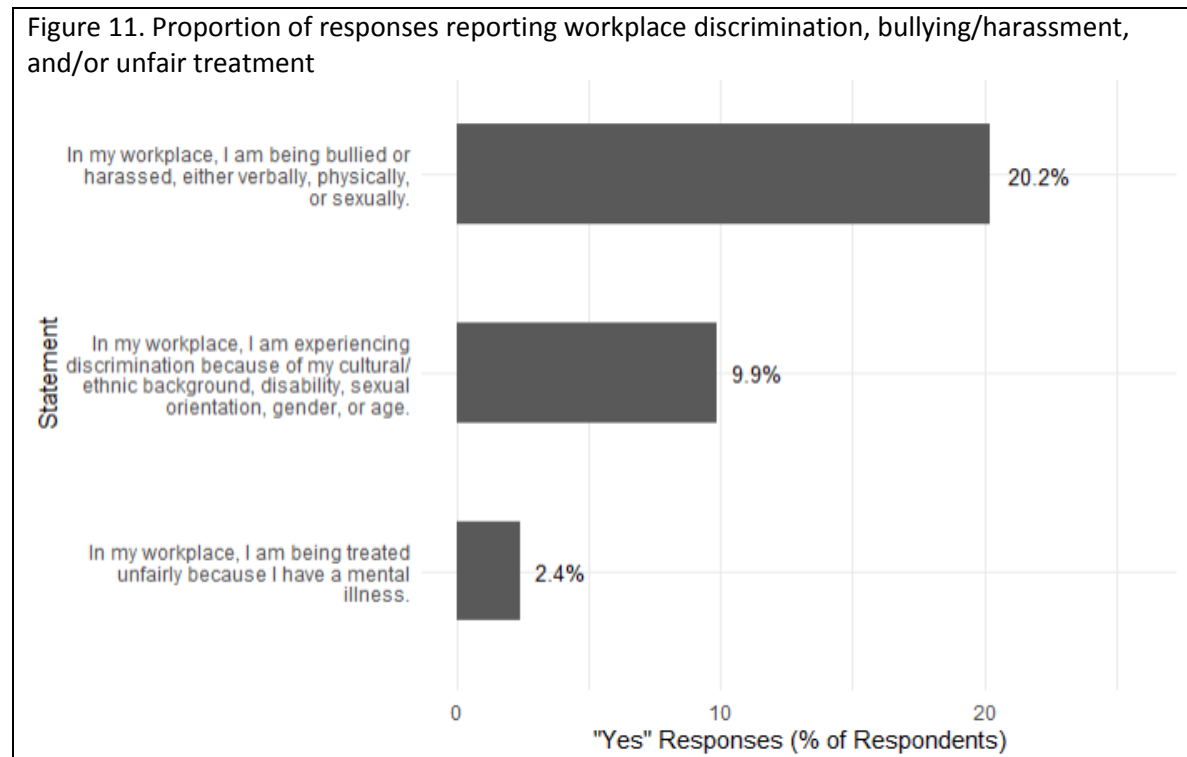


Table 17. Frequencies of GM@W subscale scores by categories of concern

Subscale	Serious Concern		Significant Concern		Minimum Concern		Relative Strength	
	%	N	%	N	%	N	%	N
Psychological support	17.3	141	33.0	270	30.6	250	19.1	156
Organizational culture	19.6	160	38.4	313	29.2	238	12.9	105
Clear leadership and expectations	22.8	188	34.8	287	28.2	232	14.2	117
Civility and respect	15.9	131	32.1	264	32.1	264	19.8	163
Psychological competencies and requirements	5.5	45	34.8	284	39.2	320	20.5	167
Growth and development	17.5	143	35.1	287	30.4	248	17.0	139
Recognition and reward	20.3	166	37.2	304	25.9	212	16.6	136
Involvement and influence	11.8	97	28.7	235	34.1	280	25.4	208
Workload management	19.1	157	40.0	328	27.0	222	13.9	114
Engagement	1.6	13	7.2	59	30.4	249	60.9	499
Balance	21.0	172	35.6	292	26.7	219	16.7	137
Psychological protection	24.5	199	33.1	269	27.5	223	14.9	121
Protection of physical safety	13.4	109	28.8	235	34.8	284	22.9	187

Figure 11 presents the affirmative response proportion for the three GM@W items on workplace discrimination, bullying/harassment, and unfair treatment.



WORKPLACE VIOLENCE

FREQUENCY OF WORKPLACE VIOLENCE BY TYPE

For community care nurses, the type of workplace violence with the highest proportion of experience was emotional abuse, with approximately 72% of respondents reporting some level of experience within the last year. In descending order by proportion, the violence types following emotional abuse were threat of assault (59%), verbal sexual harassment (40%), and then physical assault (29%). Sexual assault had the lowest proportion of experiences, with 97% reporting no experiences within the last year. A complete summary of workplace violence frequencies by type is presented in Table 28 and Table 29.

Table 18. Frequencies for workplace violence frequency by type (Valid N = 813)

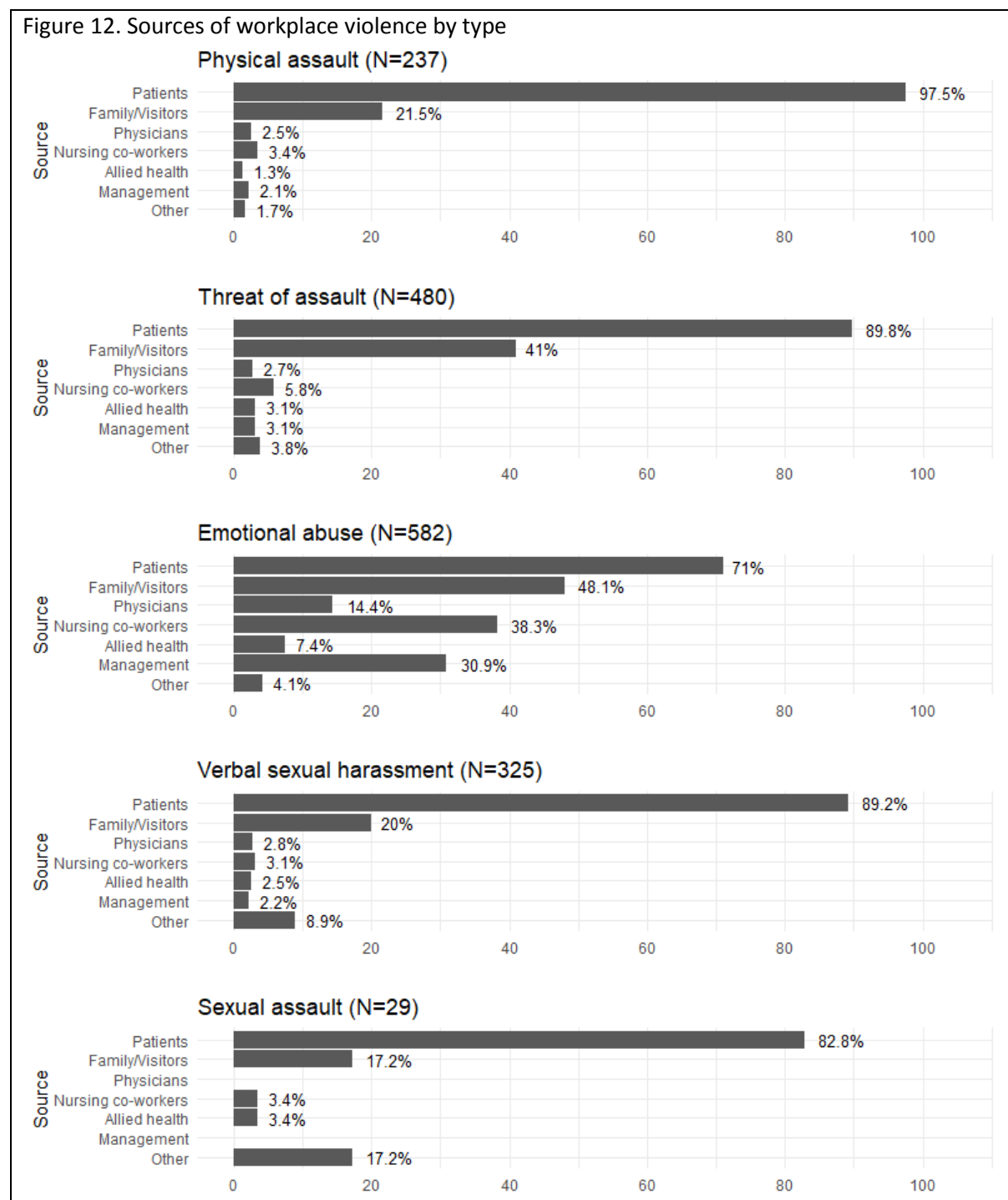
Type of workplace violence		Frequency						
		Never	A few times a year or less	Once a month	A few times a month	Once a week	A few times a week	Every day
Physical assault	N	575	193	20	15	2	4	4
	%	70.7	23.7	2.5	1.9	0.3	0.5	0.5
Threat of assault	N	332	301	57	61	12	35	15
	%	40.8	37.0	7.0	7.5	1.5	4.3	1.9
Emotional abuse	N	230	318	75	91	29	52	18
	%	28.3	39.1	9.2	11.2	3.6	6.4	2.2
Verbal sexual harassment	N	486	232	30	42	9	9	5
	%	59.8	28.5	3.7	5.2	1.1	1.1	0.6
Sexual assault	N	784	25	2	0	1	1	0
	%	96.4	3.1	0.3	0.0	0.1	0.1	0.0

Table 19. Descriptive statistics for workplace violence frequency by type

Type of workplace violence	N	Mean [^]	SD [^]	Min [^]	Max [^]
Physical assault	813	0.41	0.82	0	6
Threat of assault	813	1.12	1.43	0	6
Emotional abuse	813	1.51	1.57	0	6
Verbal sexual harassment	813	0.65	1.07	0	6
Sexual assault	813	0.05	0.30	0	5
[^] Note: Workplace violence frequency is coded numerically as follows: 0: Never, 1: A few times a year or less [...] 5: A few times a week, 6: Every day					

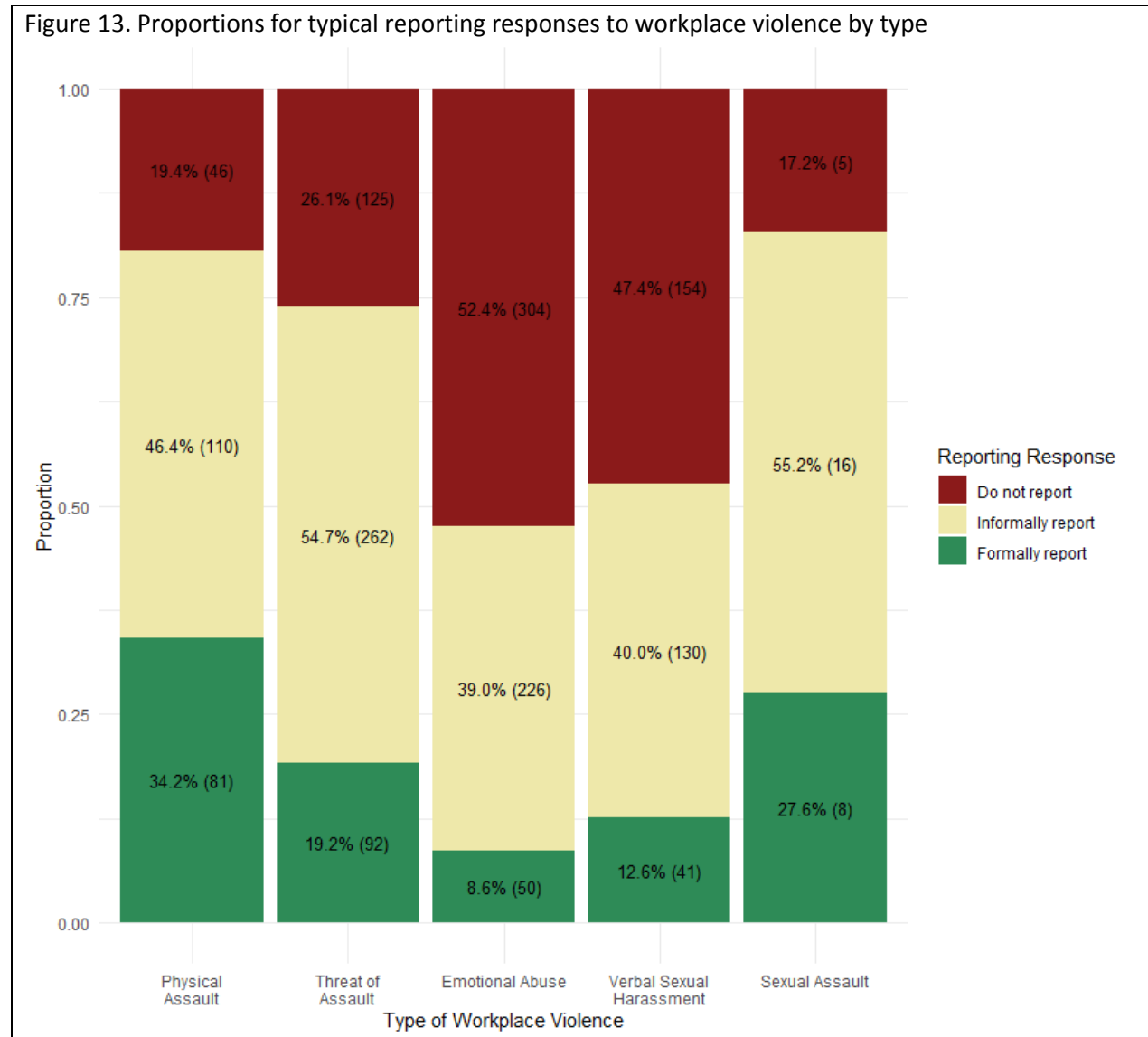
SOURCES OF WORKPLACE VIOLENCE

As shown in Figure 12, community care nurses who experienced workplace violence reported on which sources they had experienced each type of workplace violence from. Patients were the most common source for all types of workplace violence, with the selecting proportion of applicable respondents ranging from 83% to 98%. The second most frequent source across all types was family/visitors.



RESPONDING TO EACH TYPE OF WORKPLACE VIOLENCE

For community care respondents, the two types of workplace violence most commonly not reported were emotional abuse (52% did not typically report) and verbal sexual harassment (47%). Emotional abuse and verbal sexual harassment were also least likely to have a typical response of formal reporting. Physical assault and sexual assault were typically reported, with over 80% of respondents reporting incidents whether formally or informally. Response proportions by type are shown in Figure 13.



FACTORS CONTRIBUTING TO DECISION TO NOT FORMALLY REPORT WORKPLACE VIOLENCE

As shown in Figure 14, the most common contributing factors for respondents' decisions to not formally report workplace violence were "Nothing will change after reporting incident(s)" (61%) and "Lack of leadership support" (40%). The least common factors were "This is not the formal process at my workplace" (7%) and "Violence is part of my job" (17%).

Figure 14. Factors contributing to decisions not to formally report workplace violence through the Workplace Health Call Centre (N = 604)

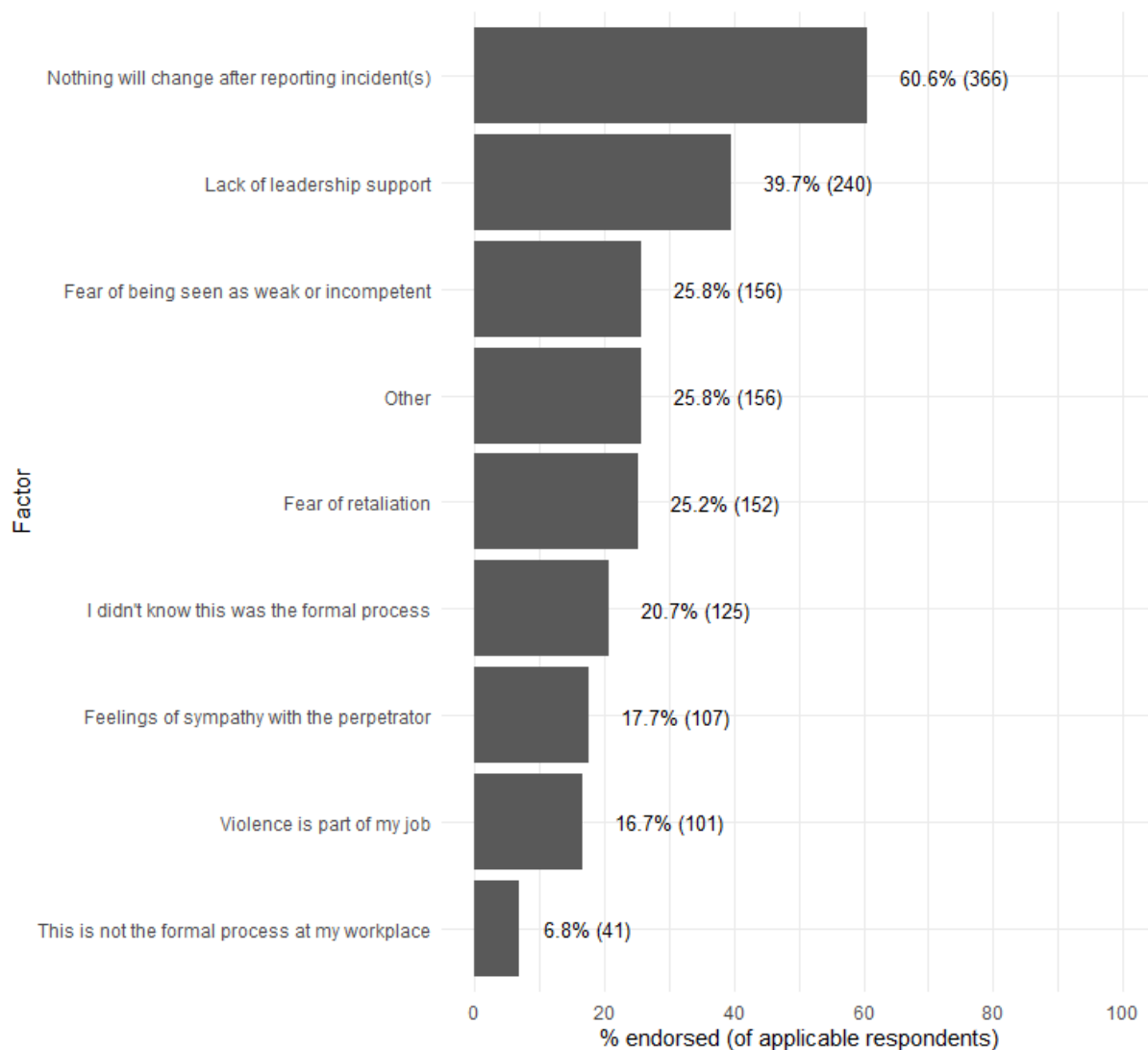
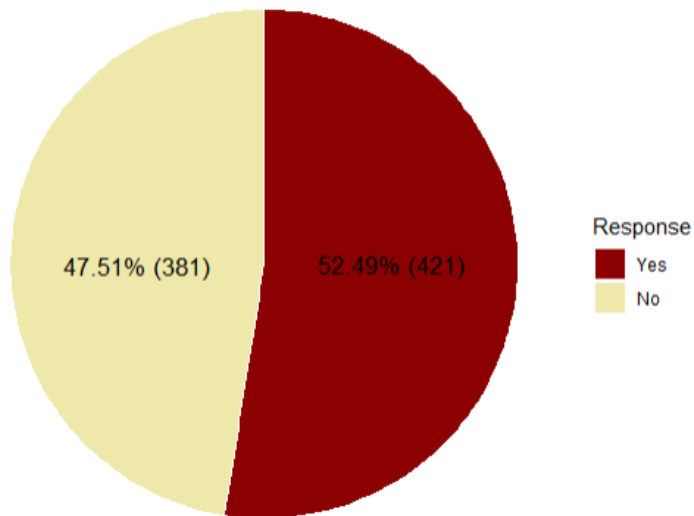


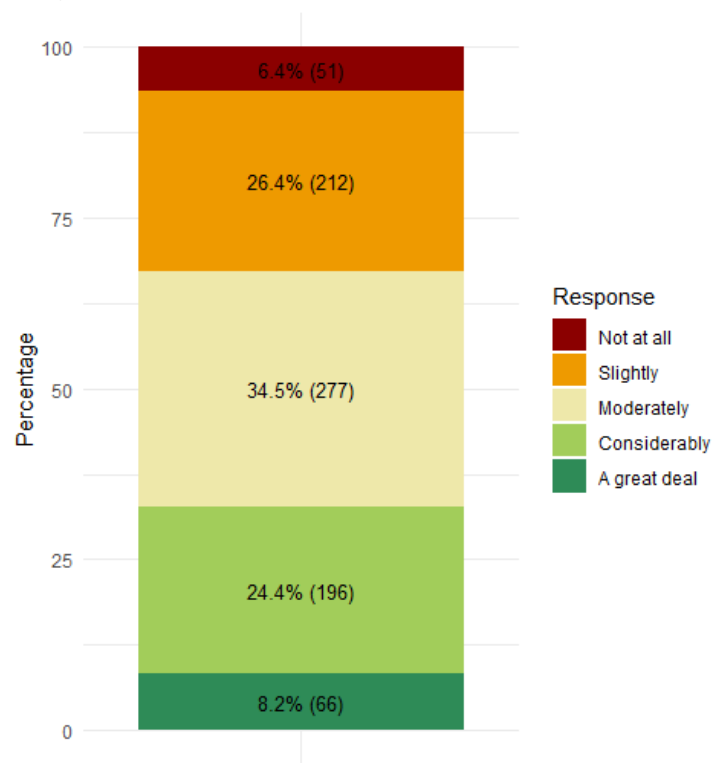
Figure 15. Witnessed workplace violence over the last year (N = 802)



As shown in Figure 15, roughly half of the community care respondents reported witnessing workplace violence without being directly involved over the last year.

Respondents were also polled on the extent to which their employers were taking appropriate preventative measures against workplace violence. Approximately two-thirds of respondents (67%) rated their employers' efforts to prevent violence as 'moderately' or more favorably. Proportions are shown in Figure 16.

Figure 16. Perceptions of whether employers have taken appropriate measures to prevent workplace violence (N = 802)



NURSE FACTORS

EXPERIENCES AS A RESULT OF WORKPLACE VIOLENCE EXPOSURE

Within community care nurses that reported exposure to workplace violence, the most common experience following the exposure was insomnia/sleep difficulty (71%), followed by presenteeism/showing up to work despite feeling unwell (60%). The least common experience for community care respondents was physical injury (23%). Proportions for each experience are shown in Table 30, and experiences are shown in descending “yes” proportions in Figure 17.

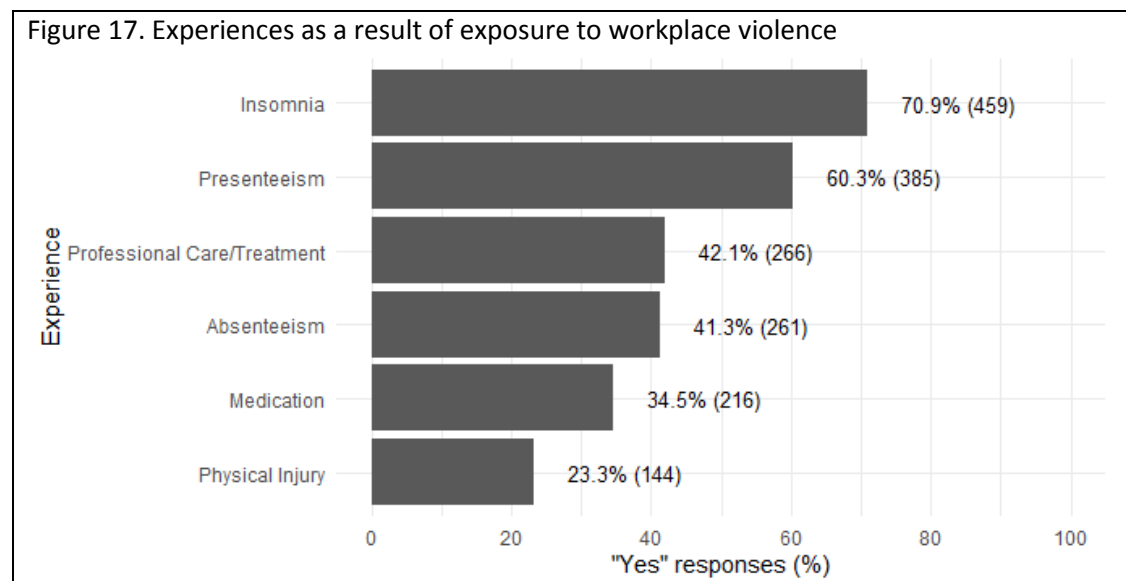


Table 20. Frequency table for experiences following workplace violence exposure in the last year

Experience	Total N	Yes		No	
		%	N	%	N
Absenteeism	632	41.3	261	58.7	371
Presenteeism	639	60.3	385	39.7	254
Medication	626	34.5	216	65.5	410
Insomnia	647	70.9	459	29.1	188
Physical Injury	619	23.3	144	76.7	475
Professional Care/Treatment	632	42.1	266	57.9	366

NURSE OUTCOMES

HEALTH AND WELLBEING

Screening tools for post-traumatic stress disorder (PTSD), generalized anxiety disorder, major depressive disorder, and emotional exhaustion/burnout were included in the survey to assess psychological health. Descriptive statistics for each measure are shown in Table 31. Scores for each tool were also categorized by cutoffs; category proportions are shown in Table 32.

Table 21. Descriptive statistics for nurse outcome measures

Measure	N	Mean	SD	Min	Max
Posttraumatic Stress Symptoms-14 (PTSS-14)	799	43.37	18.21	14	98
Generalized Anxiety Disorder-7 (GAD-7)	795	6.87	5.66	0	21
Patient Health Questionnaire-9 (Depression; PHQ-9)	795	7.24	6.01	0	27
Maslach Burnout Inventory - Human Services Survey for Medical Personnel:					
Emotional Exhaustion (MBI-HSS (MP))	769	26.84	13.33	0	54
Depersonalization (MBI-HSS (MP))	767	7.17	6.60	0	29
Personal Accomplishment (MBI-HSS (MP))	757	35.66	7.54	0	48

PTSD: On the PTSS-14, 44% of community care respondents scored above 45, within the range categorized as positive for PTSD.

Anxiety: Approximately 59% of respondents had scores of 5 or higher, or within categories denoting some level of anxiety; 14% scored 15-21 or within the severe anxiety range.

Depression: Approximately 58% of respondents scored 5 or higher and were categorized at some level of depression, with 5% scoring 20-27 or within the severe depression range.

Burnout: More than half of respondents (51%) scored higher than 27 on EE, indicating a high level of emotional exhaustion. Approximately 21% scored at a high level of depersonalization, and 25% had low levels of personal accomplishment.

Table 22. Proportions and frequencies for nurse outcome categories as defined by sum score cutoffs

Measure	Category (by cutoffs)					N
PTSS-14	Below cutoff	Above cutoff				799
	56.1% (448)	43.9% (351)				
GAD-7	No anxiety	Mild anxiety	Moderate anxiety	Severe anxiety		795
	40.9% (325)	30.4% (242)	14.8% (118)	13.8% (110)		
PHQ-9	No depression	Mild depression	Moderate depression	Moderately severe depression	Severe depression	795
	42.0%	27.9%	15.5%	9.8%	4.8%	

	(334)	(222)	(123)	(78)	(38)
Emotional exhaustion (MBI-HSS)	Low EE 29.6% (228)	Moderate EE 19.4% (149)	High EE 51.0% (392)		769
Depersonalization (MBI-HSS)	Low DP 57.6% (442)	Moderate DP 21.6% (166)	High DP 20.7% (159)		767
Personal Accomplishment (MBI-HSS)	Low PA 25.4% (192)	Moderate PA 34.6% (262)	High PA 40.0% (303)		757

To assess community care nurses' overall perspectives of their health, questions drawn from the Veterans RAND 12 Item Health Survey (VR-12) were used. Item-level descriptive statistics are shown in Table 33, and response proportions are shown in Table 34 and Figure 18.

Table 23. Item-level descriptive statistics for responses to questions drawn from VR-12

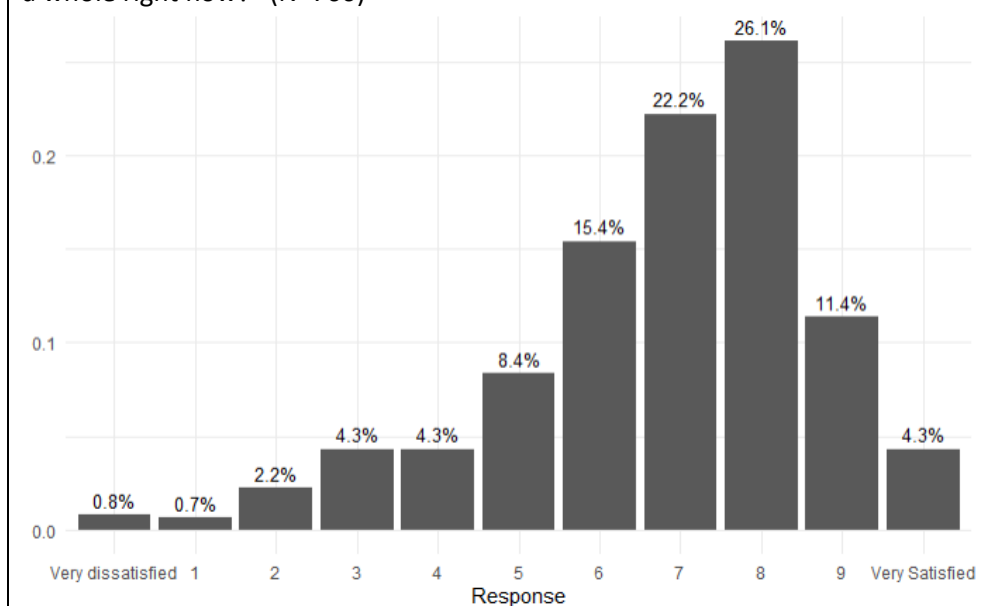
Item question	N	Mean	SD	Min	Max
In general, would you say your health is...	770	3.07	0.91	1	5
<i>The following questions are about your activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</i>					
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.	772	1.33	0.58	1	3
Climbing several flights of stairs.	771	1.35	0.59	1	3
<i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i>					
Accomplished less than you would like.	773	2.19	1.16	1	5
Were limited in the kind of work or other activities.	769	1.92	1.07	1	5
Accomplished less than you would like.	773	2.44	1.14	1	5
Didn't do work or other activities as carefully as usual.	771	2.00	1.00	1	5
<i>Thinking about the past 4 weeks, answer the following questions:</i>					
How much did pain interfere with your normal work (including both work outside the home and housework)?	772	2.28	1.17	1	5
How much of the time have you felt calm and peaceful?	771	2.90	0.91	1	5
How much of the time did you have a lot of energy?	771	2.62	0.97	1	5
How much of the time have you felt downhearted and blue?	770	2.37	1.00	1	5
How much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	771	2.57	1.08	1	5
<i>Compared to one year ago...</i>					
How would you rate your physical health in general now?	772	2.87	0.99	1	5

How would you rate your emotional problems (such as feeling anxious, depressed or irritable) now?	771	2.80	1.09	1	5
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Table 24. Proportions for VR12 item responses

Item	Response					N
	Poor	Fair	Good	Very good	Excellent	
Rating of general health	2.2%	26.0%	40.5%	25.5%	5.8%	770
<i>Did health limit your ability to do typical daily activities...</i>	Not limited at all	Limited a little	Limited a lot			N
Moderate activities.	72.0%		22.5%		5.4%	772
Climbing several flights of stairs.	71.1%		22.8%		6.1%	771
<i>Problems due to physical health (Last 4 weeks)</i>	None of the time	A little of the time	Some of the time	Most of the time	All of the time	N
Accomplished less than you would like.	35.7%	28.5%	21.3%	9.8%	4.7%	773
Were limited in the kind of work or other activities.	46.9%	26.0%	17.7%	6.8%	2.6%	769
Accomplished less than you would like.	23.4%	33.0%	25.2%	12.8%	5.6%	773
Didn't do work or other activities as carefully as usual.	38.1%	33.9%	20.8%	4.8%	2.5%	771
<i>In the last 4 weeks...</i>	None of the time	A little of the time	Some of the time	Most of the time	All of the time	N
Pain interfered with normal work	32.6%	28.0%	23.6%	10.8%	5.1%	772
Felt calm and peaceful	5.8%	28.0%	37.7%	27.4%	1.0%	771
Had a lot of energy	13.9%	30.5%	35.9%	19.1%	0.6%	771
Felt downhearted and blue?	20.5%	38.1%	27.1%	12.3%	1.9%	770
Physical health or emotional problems interfered with social life	18.8%	29.7%	30.9%	17.4%	3.2%	771
<i>Compared to one year ago, rating of...</i>	Much worse	Slightly worse	About the same	Slightly better	Much better	N
General physical health	7.3%	27.2%	43.7%	14.8%	7.1%	772
Emotional problems	12.2%	26.6%	38.8%	13.9%	8.6%	771

Figure 18. Proportions for responses to item “How do you feel about your life as a whole right now?” (N=766)



QUALITY AND SAFETY

As shown in Table 35, respondents were asked how they would describe the quality of care, safety, and likelihood of recommendation for their primary workplace. For quality of care, approximately 92% of community care nurses rated the general quality of care they provided as good to excellent. 90% of nurses rated the quality of the care they provided last shift as good to excellent. For patient safety, approximately 11% of respondents gave their primary workplace a negative overall grade. For likelihood of recommendations, 80% were likely to recommend their workplace to friends and family for care, and 69% were likely to recommend their workplace to nurse colleagues as a good place to work.

Table 25. Frequencies and proportions for nurses' perceptions on overall quality and safety

Quality of care questions	Poor	Fair	Good	Excellent	N	
In general, how would you describe the quality of nursing care you delivered to patients in your primary workplace?	0.8%	7.4%	51.3%	40.5%	770	
How would you describe the quality of nursing care you delivered to patients in your primary workplace on your last shift?	0.8%	9.0%	49.0%	41.2%	769	
Patient safety grade question	Failing	Poor	Acceptable	Very good	Excellent	N
Please give your primary workplace an overall grade on patient safety.	2.9%	8.4%	36.4%	38.9%	13.4%	771
Recommendation questions	Definitely no	Probably no	Probably yes	Definitely yes	N	

Would you recommend your primary workplace to your friends and family if they needed care?	7.1%	12.7%	44.8%	35.3%	770
Would you recommend your primary workplace to a nurse colleague as a good place to work?	9.1%	22.2%	44.1%	24.6%	771

FINDINGS: THE LONG-TERM CARE SECTOR

DEMOGRAPHIC PROFILE OF LONG-TERM CARE NURSES

The long-term care sector sample consisted of 446 nurses, 91% of whom were female. The mean respondent age was 45.0 years (SD = 11.7), with the largest age category being 45 to 54 (30%) and the second-largest category being 55 and above (24%). In contrast with the acute care and community care samples, the long-term care respondents had greater proportions of LPNs (59%), diploma/certificate holders (64%), nurses with education outside Canada (24%), and identification with the Mosaic of Colour equity-seeking caucus (23%). A demographic profile is presented in Table 36.

Table 26. Demographic characteristics of nurses in the long-term care sector

Characteristics	N	%
<i>Age</i>		
Under 25	16	3.6
25 to 34	81	18.4
35 to 44	104	23.6
45 to 54	131	29.8
55 and above	108	24.5
<i>Gender</i>		
Female	405	91.0
Male	38	8.5
Prefer to describe	2	0.4
<i>Professional Designation</i>		
LPN	262	58.7
RN	159	35.7
RPN	14	3.1
Dually registered (RN/RPN)	1	0.2
Other	9	2.0
<i>Education</i>		
Diploma/Certificate	281	63.9
Undergraduate degree	70	15.9
Graduate degree	81	18.4
Other	8	1.8
<i>Any nursing education outside Canada</i>		
No	334	75.9
Yes	106	24.1
<i>Overall nursing experience</i>		
5 years or less	92	21.0
6 to 10 years	112	25.6
11 to 15 years	80	18.3
16 to 20 years	48	11.0
21 years or more	106	24.2
<i>Identification with BCNU equity-seeking caucuses (respondents may identify with multiple caucuses simultaneously)</i>		

Indigenous Leadership Circle	25	6.1
LGBTQ	22	5.5
Mosaic of Colour	94	22.5
Workers with Disabilities	32	8.0

In their primary workplaces, 71% of respondents reported their primary nursing role as direct care provider, and 26% reported nurse leader. Most of the nurses (94%) provided direct patient or client care. Approximately 61% were employed full-time. Table 37 provides demographic characteristics relevant to nurses' primary workplace.

Table 27. Demographic characteristics relevant to respondents' primary workplace

Primary workplace	N	%
<i>Primary nursing role</i>		
Direct care provider	315	71.4
Nurse leader	116	26.3
Educator	6	1.4
<i>Provides direct patient/client care</i>		
Yes	413	93.7
No	28	6.3
<i>Health authority</i>		
Vancouver Coastal Health	123	27.8
Interior Health	85	19.2
Northern Health	68	15.3
Vancouver Island Health	65	14.7
Fraser Health	64	14.4
Providence Health	8	1.8
Provincial Health Services	4	0.9
<i>Workplace geography</i>		
Urban	244	54.8
Suburban	79	17.8
Rural	122	27.4
<i>Nursing practice area</i>		
Community mental health	1	0.2
Home and community care	4	0.9
Long-term care	398	89.6
Medical/surgical	1	0.2
Mental health or psychiatry	16	3.6
Oncology	1	0.2
OR/PACU	1	0.2
Palliative	11	2.5
Public health	1	0.2
Rehabilitation	5	1.1
Other, please specify	2	0.5
Mixed (A combination of other areas)	3	0.7
<i>Employment status</i>		

Full-time	270	61.2
Part-time	140	31.7
Casual	31	7.0

OVERALL WORKPLACE FACTORS

GUARDING MINDS AT WORK PSYCHOSOCIAL FACTORS

The Guarding Minds at Work (GM@W) assessment tool was used to assess the long-term care nurses' workplace psychological health and safety. Summary data for each of the 13 GM@W subscales is shown in Table 28. The subscales with the lowest mean scores were 'psychological protection', 'organizational culture', and 'workload management', indicating that higher risk for these psychosocial factors. The subscales with the highest mean scores were 'engagement', 'psychological competencies and requirements', and 'involvement and influence'.

The individual items with the highest rates of respondent agreement were:

- I am proud of the work I do. (95.9%)
- My work is an important part of who I am. (93.3%)
- I have the social and emotional skills needed to do my job well. (92.8%)
- I am willing to give extra effort at work if needed. (92.8%)

The items with the lowest rates of agreement were:

- My work is free from unnecessary interruptions and disruptions. (22.2%)
- My employer is committed to minimizing unnecessary stress at work. (34.5%)
- Employees and management trust one another. (35.7%)
- Difficult situations at work are addressed effectively. (36.8%)
- Our workplace effectively handles "people problems" that exist between staff. (37.0%)

Table 28. Descriptive statistics of GM@W subscale sum scores

Subscale/Psychosocial factor	N	Mean	SD	Min	Max
Psychological support	413	12.49	3.73	5	20
Organizational culture	412	12.11	3.52	5	20
Clear leadership and expectations	417	13.19	3.50	5	20
Civility and respect	418	12.31	3.58	5	20
Psychological competencies and requirements	415	14.51	2.96	5	20
Growth and development	414	12.76	3.71	5	20
Recognition and reward	413	12.71	3.68	5	20
Involvement and influence	414	14.01	3.40	5	20
Workload management	415	12.14	3.40	5	20
Engagement	415	17.15	2.73	5	20
Balance	413	12.45	3.73	5	20
Psychological protection	415	11.62	3.93	5	20

Respondents' subscale scores were categorized by cutoff values into four levels of concern. The factors with the highest levels of concern for long-term care nurses were psychological protection (65.5% of responses categorized as Serious or Significant concern), organizational culture (64.8%), and workload management (62.7%). Engagement had the lowest level of concern, with 91.3% of responses categorized as Minimum Concern or Relative Strength. Proportions for levels of concern by subscale are shown in Figure 19 and Table 39.

Figure 19. Proportion of responses in categories of concern for each GM@W psychosocial factor

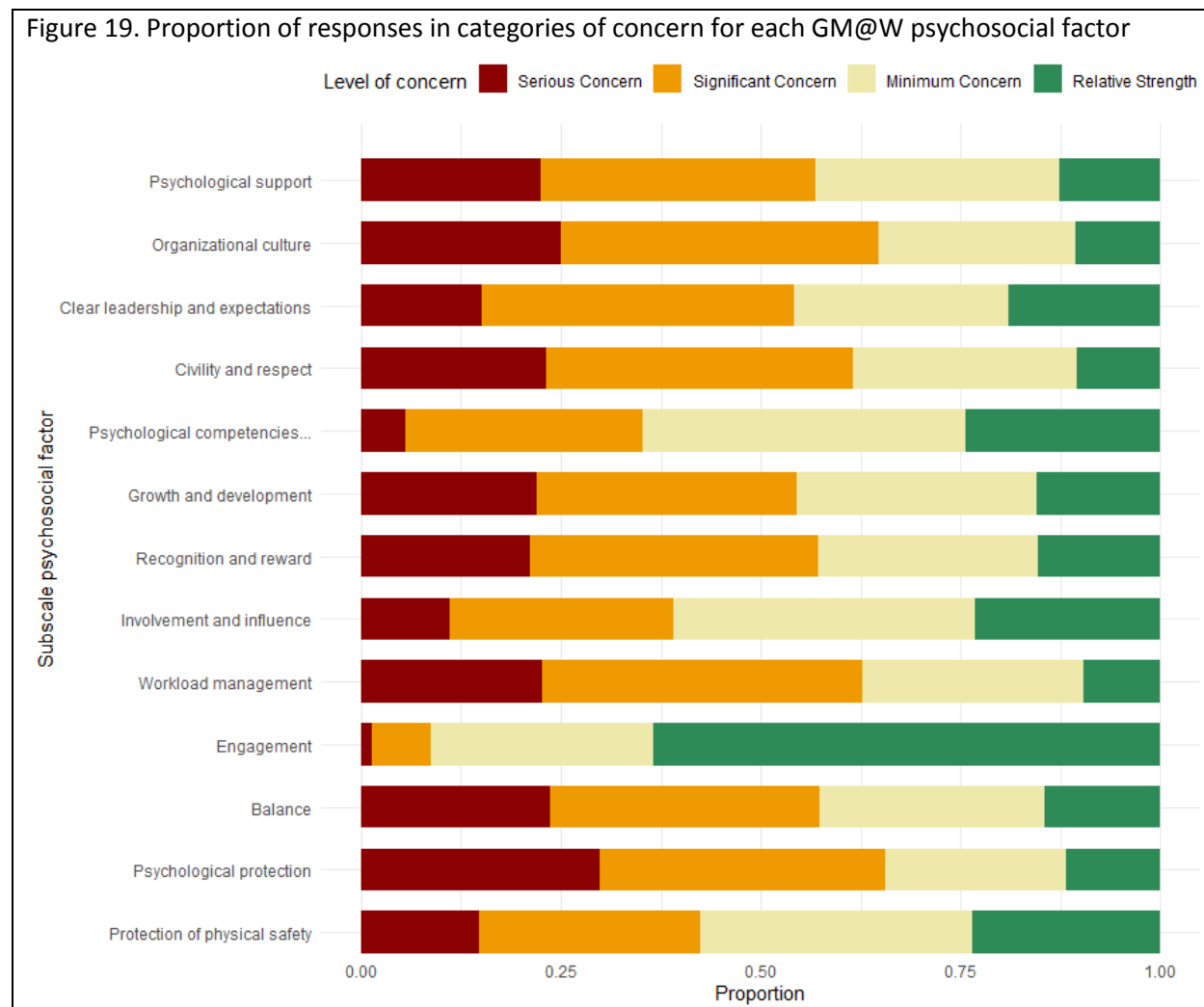
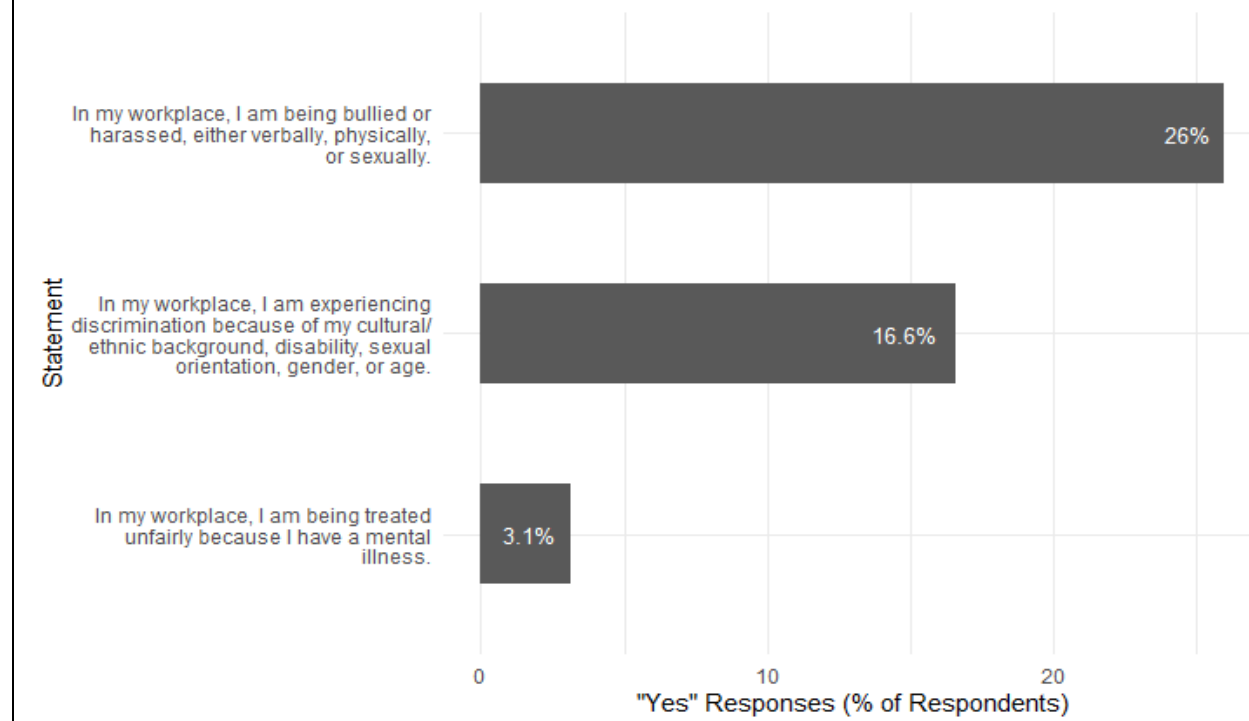


Table 29. Frequencies of GM@W subscale scores by categories of concern

Subscale	Serious Concern		Significant Concern		Minimum Concern		Relative Strength	
	%	N	%	N	%	N	%	N
Psychological support	22.5	93	34.4	142	30.5	126	12.6	52
Organizational culture	25.0	103	39.8	164	24.5	101	10.7	44
Clear leadership and expectations	15.1	63	39.1	163	26.9	112	18.9	79
Civility and respect	23.2	97	38.3	160	28.0	117	10.5	44
Psychological competencies and requirements	5.5	23	29.6	123	40.5	168	24.3	101
Growth and development	22.0	91	32.6	135	30.0	124	15.5	64
Recognition and reward	21.1	87	36.1	149	27.6	114	15.3	63
Involvement and influence	11.1	46	28.0	116	37.7	156	23.2	96
Workload management	22.7	94	40.0	166	27.7	115	9.6	40
Engagement	1.4	6	7.2	30	28.0	116	63.4	263
Balance	23.7	98	33.7	139	28.1	116	14.5	60
Psychological protection	29.9	124	35.7	148	22.7	94	11.8	49
Protection of physical safety	14.8	61	27.6	114	34.1	141	23.5	97

The GM@W also includes three statements on workplace victimization. The proportion of “yes” responses for each item is shown in Figure 20.

Figure 20. Proportion of responses reporting workplace discrimination, bullying/harassment, and/or unfair treatment



WORKPLACE VIOLENCE

FREQUENCY OF WORKPLACE VIOLENCE BY TYPE

For long-term care nurses, the most common types of workplace violence experienced were physical assault, threat of assault, and emotional abuse – each with approximately 85% of respondents having some level of experience in the past year. The latter two types were the most frequently experienced types of workplace violence, with 31% of nurses experiencing threat of assault and 30% experiencing emotional abuse on a weekly frequency or higher. Table 40 presents the frequencies for each type of workplace violence, and Table 41 presents summary statistics.

Table 30. Frequencies for workplace violence frequency by type (Valid N = 412)

Type of workplace violence		Frequency						
		Never	A few times a year or less	Once a month	A few times a month	Once a week	A few times a week	Every day
Physical assault	N	62	152	29	78	26	54	11
	%	15.1	36.9	7.0	18.9	6.3	13.1	2.7
Threat of assault	N	63	115	38	69	24	60	43
	%	15.3	27.9	9.2	16.8	5.8	14.6	10.4
Emotional abuse	N	66	136	31	55	32	54	38
	%	16.0	33.0	7.5	13.4	7.8	13.1	9.2

	%	16.0	33.0	7.5	13.4	7.8	13.1	9.2
Verbal sexual harassment	N	180	129	24	34	21	21	3
	%	43.7	31.3	5.8	8.3	5.1	5.1	0.7
Sexual assault	N	342	48	5	10	6	0	1
	%	83.0	11.7	1.2	2.4	1.5	0.0	0.2

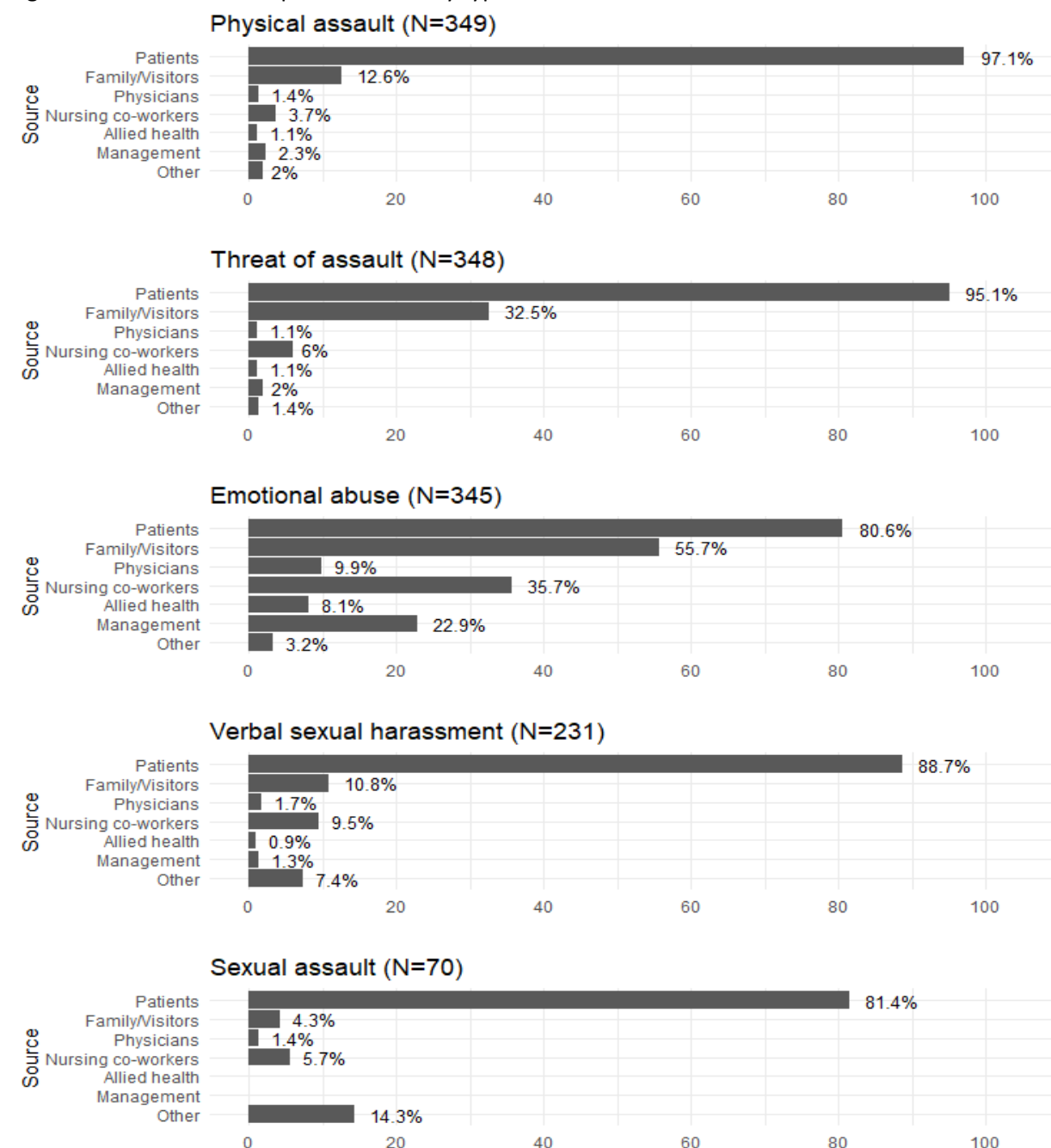
Table 31. Descriptive statistics for workplace violence frequency by type

Type of workplace violence	N	Mean [^]	SD [^]	Min [^]	Max [^]
Physical assault	412	2.15	1.73	0	6
Threat of assault	412	2.55	1.99	0	6
Emotional abuse	412	2.40	1.98	0	6
Verbal sexual harassment	412	1.18	1.50	0	6
Sexual assault	412	0.29	0.79	0	6
[^] Note: Workplace violence frequency is coded numerically as follows: 0: <i>Never</i> , 1: <i>A few times a year or less [...]</i> 5: <i>A few times a week</i> , 6: <i>Every day</i>					

SOURCES OF WORKPLACE VIOLENCE

Long-term care nurses who experienced workplace violence of any type in the past year were asked to indicate the sources of violence. Responses are summarized in Figure 21. The most common source was patients for all five types of workplace violence.

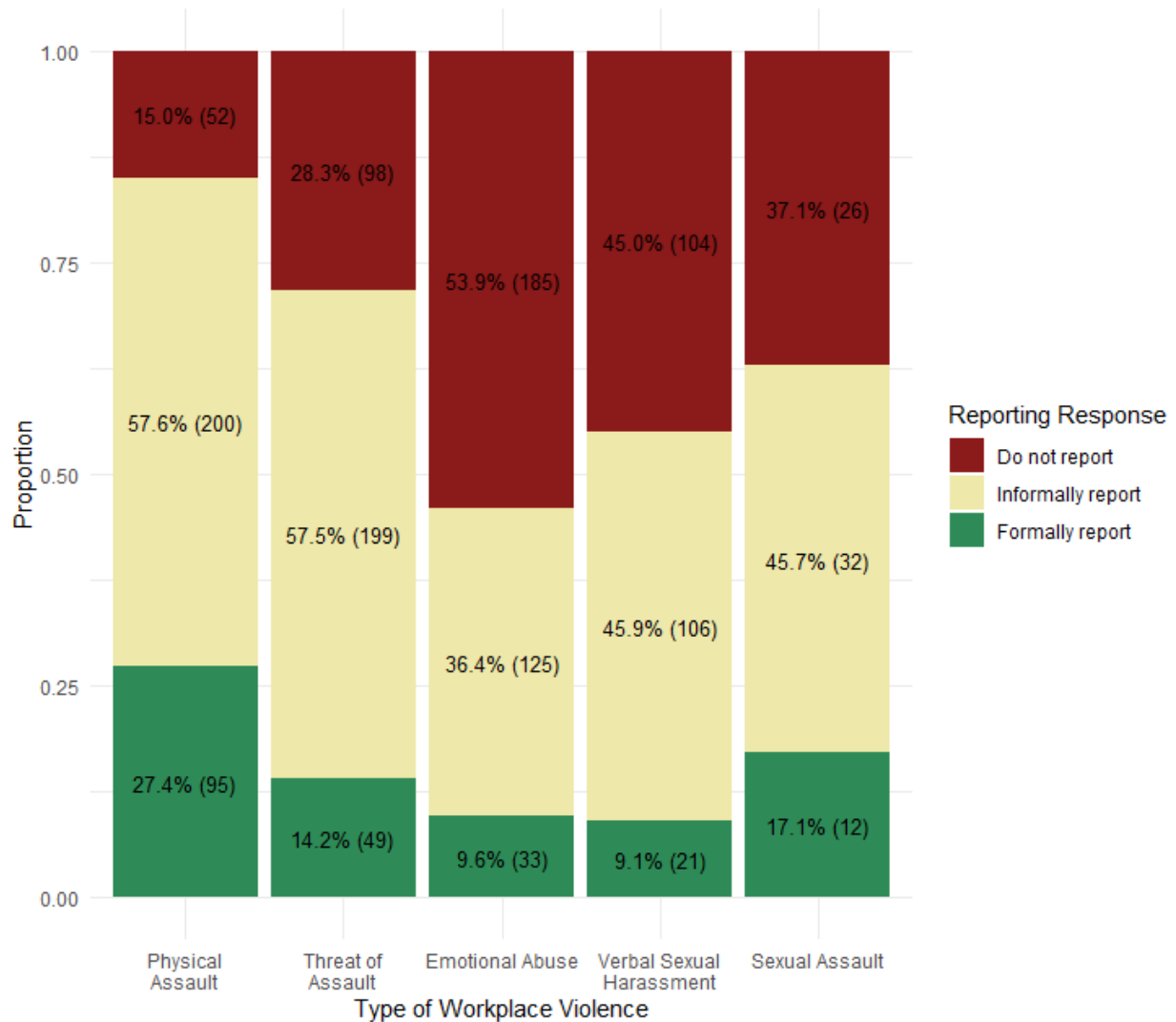
Figure 21. Sources of workplace violence by type



RESPONDING TO EACH TYPE OF WORKPLACE VIOLENCE

When asked about their response to each type of workplace violence in terms of incident reporting, 54% of long-term care nurses said they did not typically report emotional abuse, and 45% said they did not report verbal sexual harassment. Physical assault was most likely to be reported, with 85% reporting incidents either formally or informally. Figure 22 summarizes typical reporting responses to each type of workplace violence.

Figure 22. Proportions for typical reporting responses to workplace violence experience, by violence type



FACTORS CONTRIBUTING TO DECISION TO NOT FORMALLY REPORT WORKPLACE VIOLENCE

Respondents who said they typically did not report or informally reported any type of workplace violence were asked about the contributing factors to their decision. “Nothing will change after reporting incident(s)” was the most common factor amongst long-term care nurses, being selected by approximately 60% of the 353 applicable nurses. “This is not the formal process at my workplace” and “feelings of sympathy with the perpetrator” were the least commonly selected factors. The selecting proportions for each factor are shown in Figure 23.

Figure 23. Factors contributing to decisions not to formally report workplace violence through the Workplace Health Call Centre (N = 353)

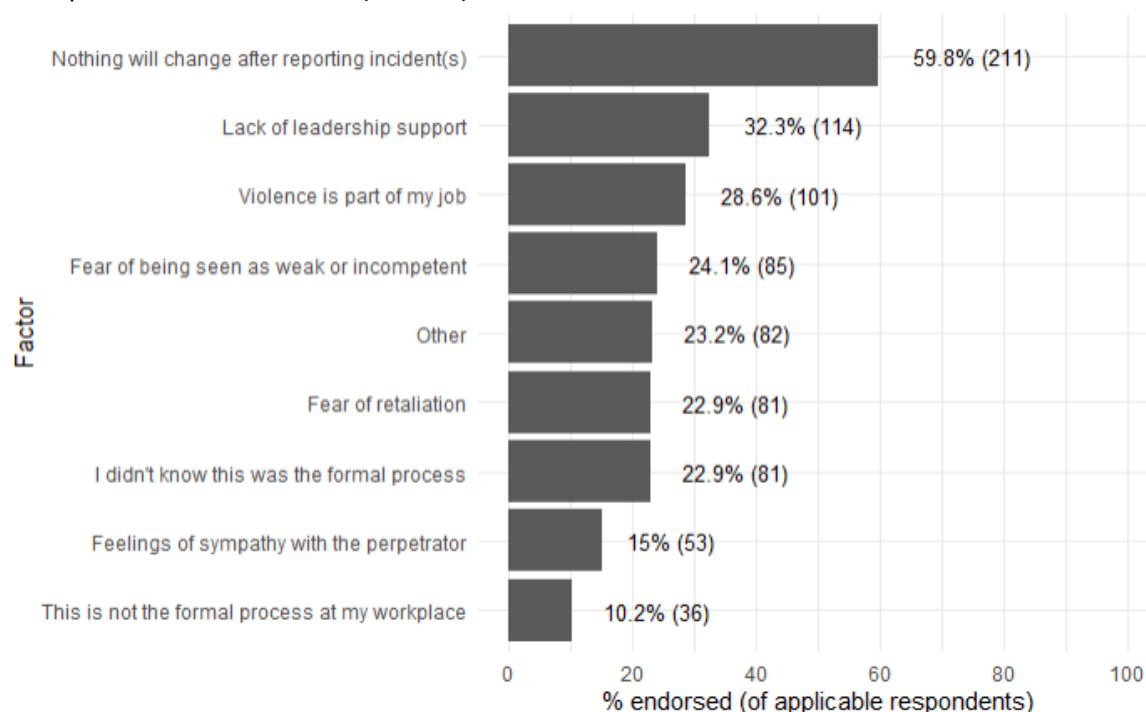
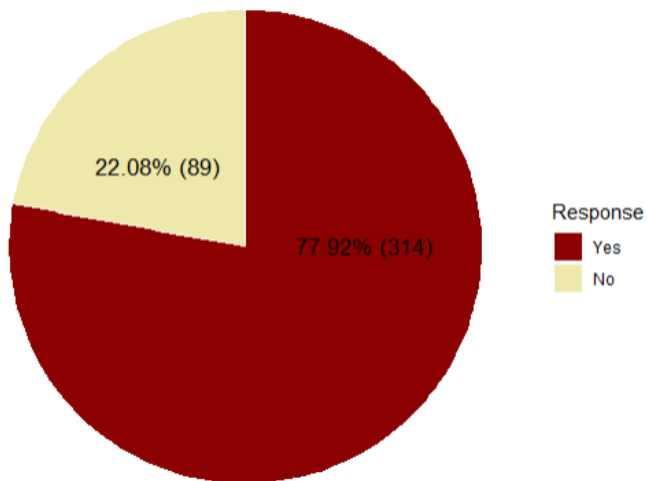
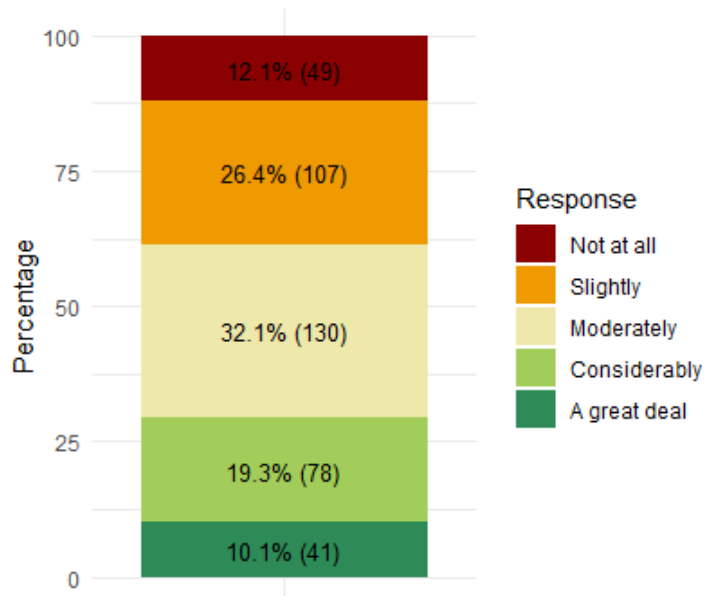


Figure 24. Witnessed workplace violence over the last year (N = 403)



Approximately 78% of respondents said they had witnessed workplace violence that they were not directly involved in, over the last year (see Figure 24).

Figure 25. Perceptions of whether employers have taken appropriate measures to prevent workplace violence (N = 405)



Respondents were also asked to rate how much their employers had taken measures to prevent workplace violence. Approximately 39% of long-term care nurses said that either their employer had taken slight measures or none at all. The mean response, with 'Not at all' coded as 0 and 'A great deal' coded as 4, was 1.89 (SD = 1.16).

NURSE FACTORS

EXPERIENCES AS A RESULT OF WORKPLACE VIOLENCE EXPOSURE

As shown in Figure 26 and Table 42, the most common adverse experiences due to exposure to workplace violence were insomnia/sleep difficulties (66%) and presenteeism/showing up to work despite feeling unwell (62%). Physical injury (38%) and seeking professional care or treatment (39%) were the least common experiences.

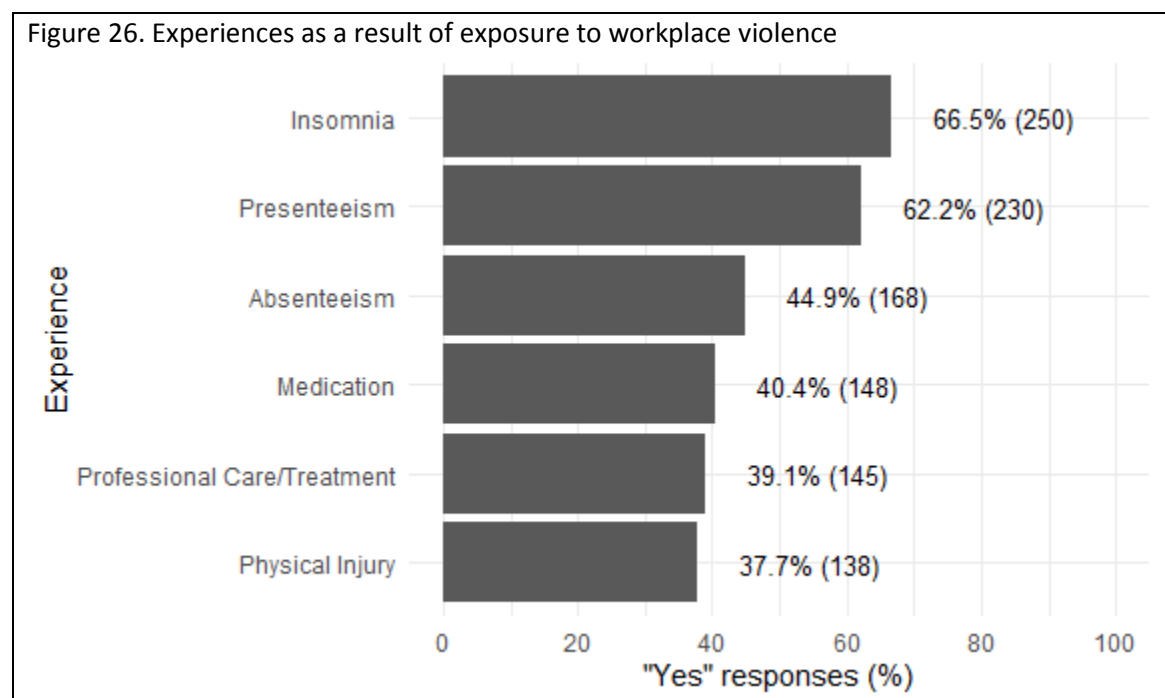


Table 32. Frequency table for experiences following workplace violence exposure in the last year

Experience	Total N	Yes		No	
		%	N	%	N
Absenteeism	374	44.9	168	55.1	206
Presenteeism	370	62.2	230	37.8	140
Medication	366	40.4	148	59.6	218
Insomnia	376	66.5	250	33.5	126
Physical Injury	366	37.7	138	62.3	228
Professional Care/Treatment	371	39.1	145	60.9	226

NURSE OUTCOMES

HEALTH AND WELLBEING

Screening tools for post-traumatic stress disorder (PTSD), generalized anxiety disorder, major depressive disorder, and emotional exhaustion/burnout were included in the survey to assess the psychological health of nurses in the long-term care sector. Summary statistics are shown in Table 43, while the proportions for categories defined by cutoff values are shown in Table 44.

PTSD: On the PTSS-14 measure, approximately 42% of long-term care respondents scored above the classification cutoff of 45.

Anxiety: On the GAD-7 measure, 59% of respondents scored at some level of anxiety, with approximately 15% classified as ‘moderate anxiety’ and 12% as ‘severe anxiety’.

Depression: Based on cutoffs for the PHQ-9, 61% of respondents scored at some level of depression. Approximately 32% were classified at moderate to severe depression.

Burnout: Approximately 54% of long-term care nurses scored with high levels of emotional exhaustion, 26% scored with high levels of depersonalization, and 34% scored with low levels of personal accomplishment.

Table 33. Descriptive statistics for nurse outcome measures

Measure	N	Mean	SD	Min	Max
Posttraumatic Stress Symptoms-14 (PTSS-14)	397	42.71	19.20	14	98
Generalized Anxiety Disorder-7 (GAD-7)	392	6.77	5.73	0	21
Patient Health Questionnaire-9 (Depression; PHQ-9)	392	7.67	6.36	0	27
Maslach Burnout Inventory - Human Services Survey for Medical Personnel					
Emotional Exhaustion (MBI-HSS (MP))	373	27.07	13.74	0	54
Depersonalization (MBI-HSS (MP))	377	8.10	6.93	0	30
Personal Accomplishment (MBI-HSS (MP))	373	33.59	9.48	0	48

Table 34. Proportions and frequencies for nurse outcome categories as defined by sum score cutoffs

Measure	Category (by cutoffs)					N
PTSS-14	Below cutoff	Above cutoff				397
	58.2%	41.8%				
	(231)	(166)				
GAD-7	No anxiety	Mild anxiety	Moderate anxiety	Severe anxiety		392
	40.6%	33.4%	14.5%	11.5%		
	(159)	(131)	(57)	(45)		
PHQ-9	No depression	Mild depression	Moderate depression	Moderately severe depression	Severe depression	392
	39.0%	29.3%	16.3%	8.9%	6.4%	

	(153)	(115)	(64)	(35)	(25)
Emotional exhaustion (MBI-HSS)	Low EE 29.5% (110)	Moderate EE 17% (63)	High EE 53.6% (200)		373
Depersonalization (MBI-HSS)	Low DP 52.3% (197)	Moderate DP 22.3% (84)	High DP 25.5% (96)		377
Personal Accomplishment (MBI-HSS)	Low PA 34.0% (127)	Moderate PA 33.0% (123)	High PA 33.0% (123)		373

In addition to the measures of psychological health, questions drawn from the Veterans RAND 12 Item Health Survey (VR-12) were used to assess how long-term care nurses felt about their overall health. Table 45 contains item-level summary statistics, while response proportions are shown in Table 34 and Figure 18.

Table 35. Item-level descriptive statistics for responses to questions drawn from VR-12

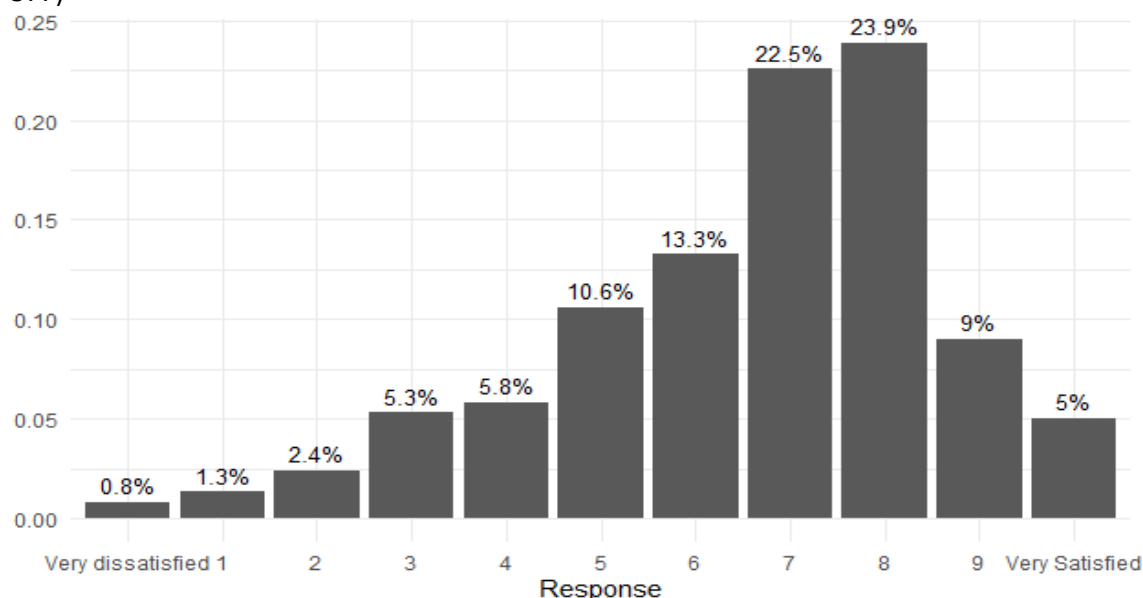
Item question	N	Mean	SD	Min	Max
In general, would you say your health is...	381	3.00	0.93	1	5
<i>The following questions are about your activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</i>					
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.	382	1.33	0.54	1	3
Climbing several flights of stairs.	381	1.38	0.61	1	3
<i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i>					
Accomplished less than you would like.	380	2.26	1.16	1	5
Were limited in the kind of work or other activities.	379	2.04	1.09	1	5
Accomplished less than you would like.	378	2.37	1.18	1	5
Didn't do work or other activities as carefully as usual.	380	2.03	1.06	1	5
<i>Thinking about the past 4 weeks, answer the following questions:</i>					
How much did pain interfere with your normal work (including both work outside the home and housework)?	381	2.48	1.13	1	5
How much of the time have you felt calm and peaceful?	381	3.02	0.93	1	5
How much of the time did you have a lot of energy?	379	2.79	1.01	1	5
How much of the time have you felt downhearted and blue?	381	2.49	0.99	1	5
How much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	381	2.60	1.13	1	5
<i>Compared to one year ago...</i>					
How would you rate your physical health in general now?	383	2.85	1.03	1	5

How would you rate your emotional problems (such as feeling anxious, depressed or irritable) now?	383	2.85	1.11	1	5
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Table 36. Proportions for VR12 item responses

Item	Response					N
	Poor	Fair	Good	Very good	Excellent	
Rating of general health	4.5%	24.9%	41.7%	24.1%	4.7%	381
<i>Did health limit your ability to do typical daily activities...</i>	Not limited at all	Limited a little	Limited a lot			N
Moderate activities.	70.4%	26.2%	3.4%			382
Climbing several flights of stairs.	68.5%	24.9%	6.6%			381
<i>Problems due to physical health (Last 4 weeks)</i>	None of the time	A little of the time	Some of the time	Most of the time	All of the time	N
Accomplished less than you would like.	34.2%	24.5%	27.6%	8.7%	5.0%	380
Were limited in the kind of work or other activities.	42.5%	23.2%	25.3%	6.1%	2.9%	379
Accomplished less than you would like.	27.5%	31.5%	23.3%	11.6%	6.1%	378
Didn't do work or other activities as carefully as usual.	38.7%	31.8%	20.5%	5.5%	3.4%	380
<i>In the last 4 weeks...</i>	None of the time	A little of the time	Some of the time	Most of the time	All of the time	N
Pain interfered with normal work	23.6%	27.8%	31.2%	12.1%	5.2%	381
Felt calm and peaceful	4.2%	26.5%	35.2%	31.0%	3.1%	381
Had a lot of energy	11.1%	27.2%	35.9%	23.0%	2.9%	379
Felt downhearted and blue?	15.2%	38.1%	31.8%	12.1%	2.9%	381
Physical health or emotional problems interfered with social life	18.6%	29.7%	30.4%	15.2%	6.0%	381
<i>Compared to one year ago, rating of...</i>	Much worse	Slightly worse	About the same	Slightly better	Much better	N
General physical health	9.7%	24.8%	44.9%	12.5%	8.1%	383
Emotional problems	10.4%	27.2%	40.7%	10.2%	11.5%	383

Figure 27. Proportions for responses to item “How do you feel about your life as a whole right now?” (N=377)



QUALITY AND SAFETY

In the long-term care sector, 88% of respondents rated the overall quality of care they provided as good or excellent. 86% rated the quality of care they provided last shift as good or excellent. 17% gave their primary workplace a negative overall grade on patient safety.

When asked whether or not they would recommend their primary workplace to friends and family for care, or to nursing colleagues for work, approximately 71% of long-term care nurses said they would recommend their workplace to friends and family for care; 67% said they would recommend their workplace to colleagues as a good place to work.

Table 37. Frequencies and proportions for nurses' perceptions on overall quality and safety

Quality of care questions	Poor	Fair	Good	Excellent	N	
In general, how would you describe the quality of nursing care you delivered to patients in your primary workplace?	0.3%	11.7%	52.3%	35.8%	377	
How would you describe the quality of nursing care you delivered to patients in your primary workplace on your last shift?	1.9%	12.5%	47.5%	38.2%	377	
Patient safety grade question	Failing	Poor	Acceptable	Very good	Excellent	N
Please give your primary workplace an overall grade on patient safety.	4.0%	13.0%	41.0%	31.5%	10.6%	378

Recommendation questions	Definitely no	Probably no	Probably yes	Definitely yes	N
Would you recommend your primary workplace to your friends and family if they needed care?	9.5%	19.6%	47.9%	23.0%	378
Would you recommend your primary workplace to a nurse colleague as a good place to work?	7.9%	25.1%	47.1%	19.8%	378

REFERENCE:

- Berrios C, Joffresa Y, Wanga L. Workplace psychological health among Canadian nurses. *University of British Columbia Medical Journal*. 2015;30. Available from: https://ubcmj.med.ubc.ca/past-issues/ubcmj-volume-6-issue-2/ubcmj_6_2_2015_30/
- Brandford AA, Reed DB. Depression in registered nurses: A state of the science. *Workplace Health & Safety*. 2016;64(10):488-511: 10.1177/2165079916653415
- Canadian Federation of Nurses' Union. *Enough is enough: Putting stop to violence in the health care sector*. 2017; Available from: https://nursesunions.ca/wp-content/uploads/2017/05/CFNU_Enough-is-Enough_June1_FINALlow.pdf. [Accessed 1st Aug 2019].
- Canadian Institute of Health Information and Statistics Canada. *Findings from the 2005 National Survey of the Work and Health of Nurses*. Ottawa; 2006; Available from https://secure.cihi.ca/free_products/NHSRep06_ENG.pdf
- Centre for Applied Research in Mental Health and Addiction. Guarding Minds at Work. 2018; Available from: <https://www.guardingmindsatwork.ca/> [Accessed 4th Aug 2019].
- Employment and Social Development of Canada. *Psychological health in the workplace*. 2016; Available from: <https://www.canada.ca/en/employment-social-development/services/health-safety/reports/psychological-health.html> [Accessed 15th Aug 2019].
- Hesketh KL, Duncan SM, Estabrooks CA, Reimer MA, Giovannetti P, Hyndman K, et al. Workplace violence in Alberta and British Columbia hospitals. *Health Policy*. 2003;63(3):311-21: 10.1016/S0168-8510(02)00142-2
- Kroenke K, Spitzer RL, Williams JB. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606-613: <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>
- Maslach C, Jackson SE, Leiter MP. Maslach burnout inventory manual: Consulting psychologists press Palo Alto, CA; 1996.
- Mental Health Commission of Canada. *Mental Health Commission of Canada releases implementation findings on National Standard for Psychological Health and Safety in the Workplace*. 2017; Available from: <https://www.mentalhealthcommission.ca/English/csrp-news-release> [Accessed 4th Aug 2019].
- Murphy GT, Birch S, MacKenzie A, Alder R, Lethbridge L, Little L. Eliminating the shortage of registered nurses in Canada: An exercise in applied needs-based planning. *Health Policy*. 2012;105(2-3):192-202: 10.1016/j.healthpol.2011.11.009
- Sermeus W, Aiken LH, Van den Heede K, Rafferty AM, Griffiths P, Moreno-Casbas MT, ... & Brzostek T. (2011). Nurse forecasting in Europe (RN4CAST): Rationale, design and methodology. *BMC Nursing*, 10(1), 6: <http://www.biomedcentral.com/1472-6955/10/6>
- Spitzer RL, Kroenke K, Williams JB, Löwe B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097: 10.1001/archinte.166.10.1092
- Twigg E, Humphris G, Jones C, Bramwell R, Griffiths RD. Use of a screening questionnaire for post-traumatic stress disorder (PTSD) on a sample of UK ICU patients. *Acta Anaesthesiologica Scandinavica*. 2008 Feb;52(2):202-8: 10.1111/j.1399-6576.2007.01531.x