

VIOLENCE AGAINST PARAMEDICS

DEVELOPMENT OF A RESEARCH AGENDA



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THE PROBLEM

- recent research has demonstrated that a significant proportion of paramedics are exposed to violence as a result of their work
- this may include physical abuse, verbal abuse, threats of violence, bullying, sexual harassment, and sexual abuse
 - 55-83% of paramedics report being threatened on the job
 - 67-82% of paramedics report verbal abuse
 - 26-44% reported physical abuse
 - 14 and 17% of paramedics report sexual harassment
 - 3-4% report sexual assault
- data on the prevalence of violence against paramedics is minimal
 - only 34 studies worldwide examining the some facet of this issue
 - of extant studies, only 1 of these was Canadian

THE PROBLEM

Physical Injury

- Paramedics reporting injury due to assault varies between 3-67%
- Injuries resulted in time away from work in 17% 32% of cases
- Four studies discuss fatality as a result of workplace violence

Psychological Injury

- Only three studies have linked exposure to violence to psychological distress in paramedics
- Violence has been linked to anxiety, symptoms of posttraumatic stress, and decreased job satisfaction

Research within *other* healthcare disciplines indicate consequences may include compromised psychological health, physical health, emotional health, work functioning, relationship with patients and quality of care, social/general health, and has been linked to an intent to leave the profession

RESEARCH QUESTIONS

- What is the incidence and frequency of violence, including but not limited to physical, verbal, and sexual harassment and assault, bullying, and discrimination
 - by the public towards paramedics?
 - experienced by paramedics within their workplace (paramedic-to-paramedic violence)?
- What are the physical and mental health consequences for paramedics who experience violence by the public and within their workplace?
- What, if any, violence awareness and prevention training are paramedics receiving from their employers?
- Can an effective violence awareness and prevention training program be developed, implemented, and tested in Canada?

OUR CURRENT PLAN

Year One

- establish an advisory committee
 - research subject matter experts, stakeholders (including frontline paramedics, labour, leadership and management)
- develop and deploy the Canadian Study of Violence against Paramedics (CSVAP)
 - pilot test
 - n=40 paramedics from 4 jurisdictions
 - backwards / forwards language English / French translation
 - administer the survey nationally
 - electronic and paper surveys

SURVEY ITEMS (CSVAP)

- Sociodemographic and workplace characteristics
 - age, gender, geographical location, level of paramedic training, years of employment as a paramedic
- Personal health and wellness factors
 - medications / smoking status
- Understanding incidence and prevalence of violence
 - including but not limited to: physical assault / verbal assault / sexual harassment / sexual assault

- Injuries
 - physical injuries type, number, time off from work
 - operational stress injuries type and time off from work
 - posttraumatic stress / anxiety and depression / alcohol and substance <u>misuse</u>
 - Leaves of absence
- Type, duration, and frequency of violence training
- Clarity of reporting requirements

OUR CURRENT PLAN

Year Two

- undertake longitudinal surveillance with paramedic stakeholders
 - goal is to capture the incidence and prevalence over one year
 - electronic contact every three months via employee's email address
 - track employer metrics on violence reporting and time off work due to violence
- develop and implement:
 - violence awareness and prevention program to paramedic stakeholders
 - public education toolkit (service announcement (PSA)

OUR CURRENT PLAN

Year Three

- violence awareness and training program evaluation
- continue surveillance with partner paramedic stakeholders
- assess perceptions of efficacy with paramedics using focus groups
- track employer metrics on violence reporting and time off work due to violence
- develop a toolkit of violence prevention materials for services to deploy

OPEN QUESTIONS

• What are we missing and or what can we add?

What might this study look like in your community?