The Impact of Applying a 3 Pillar Approach to Address the Issue of Workplace Violence in Healthcare

A Case Study with the Humber River Family Health Team (HRFHT)

By Michael Rosenberg (CEO)

Abstract

The only sustainable competitive advantage for any organization is to find, develop and recruit top talent. The costs associated with turnover include:

- *Cost of communicating position availability*: this depends on the method of advertisement, classified ads, recruiting or staffing agency fees, television commercials, radio spots, etc. • *Pre-employment administrative functions*: time required for distributing and accepting applications, and arranging interview times.

- *Screening costs*: these vary considerably and can include: reviewing applications, realistic job previews, reviewing resumes, and checking references.

- *Training*: cost of trainers' and trainees' time and materials and/or other resources used in training. Cost for special certification requirements. If job shadowing is used, estimate the costs due to lost productivity of supervisors (they cannot be nearly as productive while training someone).

- *Costs due to low initial productivity of new hires*: Job performance of new hires usually increases gradually as they become more integrated in their new environment, and become more familiar with their job duties. Thus, they are not likely performing at an optimal level for some period of time, resulting in an indirect cost to the organization.

- *Exit interview: cost of interviewer's time* (both preparation and administration time and terminated employee's time). Cost of time is usually calculated as an hourly pay rate. • *Administrative functions related to separation*. Time committed to completing the proper government, banking and work associated with removing an employee from the company's payroll

[According to the Society of Human Resource Management (SHRM)](#), the costs of replacing an employee is approximately between 6-9 months of an employee's salary. For instance if an employee is earning $100,000 per year, the replacement costs run between $60,000 to $90,000 to replace that person (Neese, 2016).

This is even more true (and maybe higher) in the healthcare field. The demand for healthcare services has quietly shown robust growth, and this growth will continue into the future, driven by forces more powerful than legislation and executive orders. Rising demand for services translates into rising demand for healthcare workers – including nurses, physicians, allied health professionals, technologists and coders, leaders, and support personnel. Growth in healthcare employment will fluctuate, and there may be greater growth in explosive-demand sectors, such as

home healthcare, but the long-range trend is upward.

According to the U.S. Department of Labour, employment of healthcare occupations is projected to grow 18 percent from 2016 to 2026, much faster than the average for all occupations. This will add about 2.4 million new jobs in the United States alone (Bureau of Labor Statistics). This has a ripple effect in Canada as the competition grows. Due to the growth of an aging population the demand, the cost of finding talent and reducing turnover is going to become more acute over the next decade.

The turnover rate for bedside RNs in 2016 was 14.6%, according to a survey by NSI Nursing Solutions (NSI Nursing Solutions Inc., 2016). A study in the Journal of Nursing Administration (Mervi Flinkman, 2013) found that it may cost anywhere from $97,216 to $104,440 in today's dollars to replace a nurse, including pre-hire recruitment and aspects such as unstaffed beds, overtime and losses in productivity. According to the U.S. Bureau of Labor Statistics, the healthcare unemployment rate hit 2.5% in April 2017 – the lowest level in more than 10 years (Bureau of Labor Statistics).

In their article _Behind closed doors: In-home workers' experience of sexual harassment and workplace violence,_ Drs. Julian Barling, Julian, Gail Rogers, and Kevin Kelloway studied the impact of culture to predict personal and organizational consequences of workplace violence and sexual harassment for health care (Barling J, 2001). The result was that conflict in the workplace created negative affective commitment and enhanced withdrawal. This lead to conflict in the workplace which ultimately lead to disengagement, prolonged absences and turnover.

This paper looks at the impact of instituting a three pillar approach to deal with workplace violence and harassment and its impact on the retention and attraction of top talent.

History of Humber River Family Health Team (HRFHT)

HRFHT was founded in 2010 by a group of physicians including Dr. Kushner, a family physician and Chief of Family Medicine at Humber River Hospital. Dr. Kushner called together 30 local family physicians to develop a Family Health Team (FHT) in order to help serve the health needs of the Humber

River/Etobicoke area of Toronto. The FHT came together in 2011 and was made up of different health care professionals. The goal was to provide a wide range of care and support to patients and families.

The HRFHT operates through 2 offices and is part of the Central Local Health Integration Network (LHIN). LHIN's are government bodies that plan, integrate and fund local health care in regions throughout Ontario. The area that HRFHT serves is predominately immigrant, with a large variety of ethnic groups, and lower middle class.

HRFHT has on average about 24 full-time employees to service their geographic area. These 24 employees include social workers, pharmacists, nurses and other support personnel. In the period 2011

through 2013, HRFHT's culture was marked by cliques that competed against each other, harassing behaviour and other workplace violence issues. Even though HRFHT had, on average, 24 employees, its turnover rate during this 2 year period totaled 19. This created a staggering 40% turnover rate.

In order to address the problems of staffing and turnover, Michael Levitt (Michael) was appointed as Executive Director for HRFHT. Michael's challenge was to address the issues of turnover, staff morale and workplace violence within the organization. This was manifest within the organization itself.

Creating Culture Change – Creating Accountability
In 2014, under Michael Levitt's leadership, HRFHT instituted a series of best practices to help revitalize the organization and stem turnover. As indicated above, this is an especially acute problem within healthcare and has a significant impact on the patient experience when top performers leave or there is constant turnover. Patient experience has been listed as a priority by Health Quality Ontario and the Local Health Integrated Network (LHIN) as a priority (Health Quality Ontario and Local Health Integrated Network, 2016). The paper describes that measuring patient experience is a key priority for these funding organizations and used to assess each element of the LHIN.

HRFHT immediately set out to implement and create best practices within the organization in order to stem the flood of turnover. HRFHT immediately

instituted a system of measurement with the goal of creating accountability. Performance measures were defined and provided. This lead to the termination of 4 employees for performance issues. Codes of behaviour were defined and enforced. This lead to a resolution of conflict within the social worker team.

Building a Preventative Culture – Applying the 3 Pillar Approach
Most cultures, especially when it comes to the issue of workplace violence and harassment, are reactive. They usually wait for an incident to happen and escalate before they react to it. The 3-pillar approach utilizes a validated risk assessment and training/education as part of Pillar 1 – prevention. Because incidents arise no matter how much prevention is in place, Pillar 2 is reaction to incidences of workplace violence and harassment in real time. Pillar 3 is enforcement in order to both deal with and prevent future incidences from happening. As part of their commitment to build a culture of excellence that retained top talent, HRFHT under the leadership of Michael Levitt decided to apply the 3 pillar approach.

Applying Pillar 1 - Prevention
In order to implement Pillar 1, HRFHT utilized both training and a validated risk assessment. A validated risk assessment has been proven to be accurate within a very high degree of probability (>97%). Many organizations avoid conducting a risk assessment of the organization because doing so might force them to deal with issues that are simmering. Instead, they choose the much safer engagement survey which is not designed to detect problems that may arise. In her article [The Sexual Harassment Tool that Organizations Will Never Use](), UCLA professor Kim Elsesser discusses how organizations avoid doing risk assessment surveys (Elesser, 2018). The reason for not doing validated surveys is because the organization fears legal liability. For them is it better to "not know" there is a problem than address it.

Applying Pillar 2 - Reaction
 HRFHT utilized an incident reporting technology to deal with incidences in real time. The same   resistance in utilizing a validated risk assessment is

often found within organization in providing staff with an easy-to-access incident reporting system. Even though it is the law in Ontario and a number of other jurisdictions, organizations try to make incident reporting as difficult as

possible. A number of large organizations even make it mandatory that all reports of harassment have to be reported first to either your manager or their manager. The outcome of such a system is that it discourages people from reporting incidents of workplace violence and harassment for fear of retaliation (especially if the complaint is about the manager). This way many organizations avoid what they fear will be an avalanche of 'nuisance' complaints that need to be addressed. For many organizations, the preferred method is to reluctantly be minimally compliant with the law and try to avoid any issues of harassment and workplace violence until it becomes a crisis that can no longer be avoided. The problem with that strategy, however, is that this leads to lower morale and higher turnover as top performers would rather simply leave an organization than go through the humiliation and stress of reporting it. HRFHT instead viewed this as an opportunity to see where the low level incidences were occurring so they could be dealt with before they became a crisis.

Applying Pillar 3 - Enforcement.
In Ontario where HRFHT is located, Bill 132 (MacCharles, 2016) put into law the right of all workers in Ontario to have an independent third party take and investigate incidences of harassment. By utilizing an independent 3rd party who had no other contracts, HRFHT also sent

a strong message that there would fair enforcement throughout the organization. The use of an independent 3rd party also allowed people to submit incident reports without fear of retribution. Even though many organizations have what they believe to be effective internal systems, the ultimate failing of internal systems is that many staff fear retaliation for reporting. This is especially true when the conflict is with either a manger or leader. Because there are internal political situations within any organization, internal only systems can be corrupted and are not trusted by many within the organization. Most issues that arise can be handled internally. By providing the option of having an independent third party

access the technology and respond to incidents when they fear retribution, however, provides an extra safety net both for the organization and staff. This should also serve to negate potential legal and regulatory actions such as complaints of wrongful dismissal, harassment and discrimination.

Results of Implementation

The first step was to measure the organization's risk level. The risk instrument broke down 4 major areas of the organization with 3 sub areas that were measured to assess risk of workplace violence – *policies and procedures*; (policies in place, communicated effectively and enforced fairly) *culture* (attitudes and behaviors, leadership; rewards and punishments); *working environment* (physical environment, emotional environment, external environment); and *supports* (physical supports, emotional supports, training). The instrument measured the areas and assigned colors based on survey results. Green areas represented best practice and areas of strength. Yellow areas indicated potential future issues that may arise. Red areas indicated immediate concerns and potential crises that may happen in a short timeframe.

The risk assessment showed that the company was succeeding in its mission to be a best practice leader. Most areas were green with the only exception being rewards/punishments and attitudes/behaviors, which were yellow but very close to green scores. These scores confirmed in a measurable way that the initiatives that were being undertaken by the leadership at HRFHT were in fact working.

The next step was to provide staff with access to the incident reporting system. The incident reporting software was given to each staff member with their own private password. Over a six month period, 3 incidents were submitted. Although none rose to the level of harassment, each indicated an issue that could be resolved through simple steps. Implementing these steps will allow the organization to work more effectively. Issues such as boundaries and respectful

communication were indicated, which were easily resolved internally in a timely manner. This allowed staff at work to have the tools creating proper

boundaries helping them to work together more effectively.

Lessons Learned

Using tools to create a violence and harassment free workplace are key components in building a positive culture that attracts and retains the best people. By attracting and retaining the best people, organizations ultimately save thousands of dollars and deliver services to their customers more effectively.

Not all turnover is bad. There is heathy turnover and unhealthy turnover. Healthy turnover is when a person is let go due to performance and/or behavioural issues. It is, in a sense, addition by subtraction. When low performers or people exhibiting behavior issues such as bullying and harassment leave, the culture actually improves and becomes more positive. Unhealthy turnover is when your top performers are leaving in significant numbers that can impact the performance of your organization. Rates vary by industry but generally speaking 8% is generally considered healthy turnover (Rosenberg, 2011). This allows new ideas and creates opportunities for staff. By utilizing tools to measure and report potential incidences of harassment, workplace violence and safety in real time HRFHT was able to significantly lower turnover.

In the case of HRFHT, it is important to note the turnover rates before Michael Levitt took over and after he started building a best practice culture. The chart on the left presents total turnover of staff from the period of 2011 through 2013. The blue bar represents the average number of employees during this period. The orange bar indicates turnover and the grey bar represents average yearly turnover during the period indicated.

Comparing Turnover at HRFHT
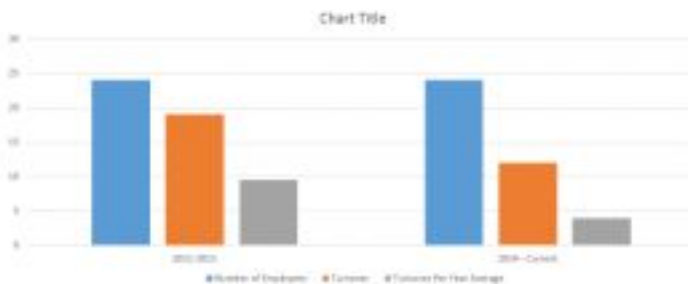
In the period of 2011-2013, there was no performance management system in place at HRFHT. Therefore, it can be assumed that turnover was caused by workplace conflict and/or natural turnover (i.e. people wanting to work closer to home or leaving for a better position, etc.) and not due to performance issues. Using the supposition that turnover is healthy when the people leaving are low performers, we can compare the 2 periods for turnover due to non-performance issues in the comparison below.

Turnover Unrelated to Performance at HRFHT
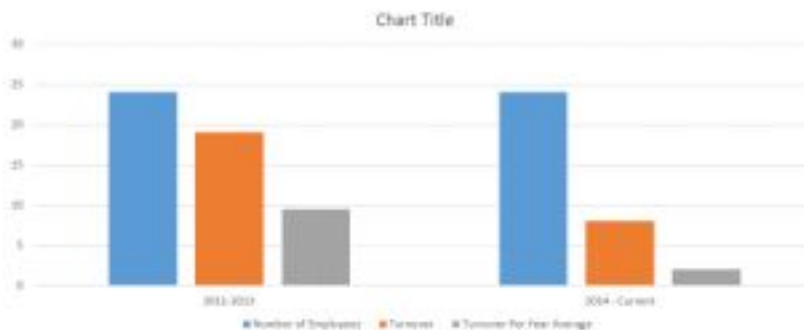
As you can see, when we factor out positive turnover (i.e. due to performance issues, etc.), the turnover differential becomes much greater. Turnover due to non-performance issues fell from 40% of total staff to approximately 6% at HRFHT. This is well below the healthcare industry average of 19% turnover (Compdata Surveys and Consulting, 2015).

Conclusion

By adapting measurements and technology such as the WPV platform to prevent workplace violence and harassment, HRFHT has been able to lower turnover by a considerable margin. When you factor in the costs estimated by SHRM discussed above, it is safe to assume that HRFHT has saved tens of thousands of dollars over a 5-year period. This not only helps them to retain but also attract top talent in a very competitive field but ultimately helps create a positive customer experience for their clients and patients.

ABOUT THE AUTHOR

Michael Rosenberg *MBA*, is the President of WPV Corp., a company that specializes in creating technology-based tools to help prevent and resolve issues of workplace violence, harassment and sexual harassment. He is the lead author of the Carswell-Thomson book *Best Practices of Employee Retention*. He is the author of *The Flexible Thinker®* and *The Flexible Thinker® Guide to Extreme Career Performance*. Mr. Rosenberg's work has appeared in a number of publications and he was a columnist for the HR Exchange Network. Mr. Rosenberg is a trained workplace violence and harassment investigator who has conducted investigations for several organizations.

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