McMaster University | HEALTH FORUM

# Rapid Evidence Profile # 38

(13 January 2023)

## Question

What is known from the best-available evidence and from the experiences of other jurisdictions about the frameworks available and interventions used to ensure health professionals practise in environments that are physically, psychologically and culturally safe?

## What we found

To inform current knowledge related to frameworks available and interventions used to ensure health professionals practise in environments that are physically, psychologically and culturally safe, we identified evidence, as well as experiences from all Canadian provinces and territories and seven international jurisdictions (New Zealand, Australia, Germany, Sweden, the Netherlands, the United Kingdom (U.K.), and the United States (U.S.)) (See Box 1 for a description of our approach). We organized our findings using the framework below.

### Organizing framework

- Type of health professional(s) targeted
  - Physicians
    - Generalists
    - Specialists
  - Nurses
  - Pharmacists
  - Allied health professionals
  - Lay/community health workers (including personal support workers)
  - Teams of health professionals
- Type of safety addressed
  - Physical
  - Psychological
  - Cultural
- Safety framework/intervention areas of focus
  - Setting of focus
    - Single organization
    - Network of organizations (e.g., local/regional health system)
    - Health system
  - Sector of focus
    - Home and community care

**Box 1: Our approach**

We searched for evidence from 2000 onwards to capture any evidence addressing the question by searching Health Evidence, Health Systems Evidence (HSE), and PubMed. We identified jurisdictional experiences by hand searching government and stakeholder websites.

We searched for guidelines, full systematic reviews (or review-derived products such as overviews of systematic reviews), rapid reviews, protocols for systematic reviews, and titles/questions for systematic reviews or rapid reviews that have been identified as either being conducted or prioritized to be conducted.

We appraised the methodological quality of full systematic reviews and rapid reviews that were deemed to be highly relevant using AMSTAR. Note that quality appraisal scores for rapid reviews are often lower because of the methodological shortcuts that need to be taken to accommodate compressed timeframes. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to delivery, financial or governance arrangements within health systems or to broader social systems. We appraised the quality of the highly relevant guidelines using three domains in AGREE II (stakeholder involvement, rigour of development, and editorial independence) and classified guidelines as high quality if they were scored as 60% or higher on each domain.

This rapid evidence profile was prepared in the equivalent of three days of a 'full-court press' by all involved staff.

        - Primary care
        - Specialty care
        - Rehabilitation care
        - Long-term care
        - Public health
    - Equity focus
        - Place of residence/occupation
        - Race/ethnicity/culture/language
        - Occupation
        - Gender/sex
        - Religion
        - Education
        - Socio-economic status
        - Social capital
        - Personal characteristics (e.g., age, disability), features of relationships or time-dependent relationships
    - Intervention focus
        - Introducing, changing or discontinuing a program or service focused on promoting physical, psychological and/or cultural safety among health professionals
        - Introducing changing or discontinuing health- or social-system arrangements that affect the physical, psychological and/or cultural safety of health professionals
        - Adopting professional-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments
        - Adopting organization-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments

We identified 19 evidence documents in our searches that were relevant to the scope of the rapid evidence profile and addressed one or more categories of the organizing framework:

- nine systematic reviews
- 10 single studies.

In the sections that follow, we start by providing a high-level summary of what is known from evidence and from jurisdictional scans about the frameworks available (see overview table starting on page 4), as well as interventions used to ensure health professionals practise in environments that are physically, psychologically and culturally safe (see overview table starting on page 6).

The high-level summaries are then followed by detailed sections that outline in narrative form our key findings related to the question from relevant evidence documents and based on our scan of initiatives across Canadian provinces and territories and seven international jurisdictions (New Zealand, Australia, Germany, Sweden, the Netherlands, the U.K., and the U.S.). This is accompanied by Table 1 which provides more details about the key findings from evidence documents and Table 2 which provides insights from the jurisdictional scans of all Canadian provinces and territories and seven international jurisdictions. We organized the content of both tables using the organizing framework to ensure consistency in reporting the evidence and jurisdictional-scan findings. This rapid evidence profile focused primarily on how workplace environments can be shaped to ensure they are physically, culturally and psychologically safe for health professionals. We did not include any evidence or experiences focused on specific programs or services that try to improve the mental wellness of individual physicians in particular (unless there was an explicit focus on the workplace

environment), as these findings have been captured in a separate rapid evidence profile completed recently by the McMaster Health Forum. We also omitted a number of evidence documents and insights from jurisdictions that focused on the following areas which were deemed out of scope for the research question:

- efforts to improve cultural safety for patients (including those about interventions targeting health professionals that aim to improve cultural safety or sensitivity in how care is delivered)
- documenting the prevalence of mental health challenges (including burnout), among health professionals
- documenting health professionals' job satisfaction
- implementing targeted infection prevention and control strategies meant to reduce the transmission of COVID-19 in healthcare settings
- workplace safety more generally (i.e., with no explicit focus on creating physically, culturally and psychologically safe work environments for health professionals).

A detailed summary of our methods is provided in Appendix 1, and the full list of newly identified evidence documents (including those deemed of medium and low relevance) is included in Appendix 2. We included the hyperlinks of excluded documents (at the final stage of reviewing) in Appendix 3. We provide findings related to the frameworks and interventions to ensure the safety of health professionals from the jurisdictional scans of seven international jurisdictions and all Canadian provinces and territories in Appendix 4 and Appendix 5, respectively.

**Summary of what is known from evidence and from jurisdictional scans about frameworks to improve physical, psychological and cultural safety**

| | Physical safety | Psychological safety | Cultural safety | Combinations of different types of safety |
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| **General frameworks** | *No evidence or insights from jurisdictions identified* | *Evidence*<br>• The Positive emotion, Engagement, Relationships, Meaning, and Achievements (PERMA) framework is used to guide positive psychology interventions for enhancing physician well-being and/or reduce burnout, but according to the medium-quality systematic review that was reviewed, there was limited ability to evaluate its effectiveness since none of the included studies explicitly used the PERMA framework to guide interventions<br>• *Additional physician-targeted mental wellness initiatives and frameworks were also identified in a separate rapid evidence profile completed recently by the McMaster Health Forum, although the findings were not specifically focused on workplace safety* | *No evidence or insights from jurisdictions identified* | *Insights from jurisdictional scans*<br>• The Mental Health Commission of Canada developed the Quality Mental Health Care Framework with 10 dimensions, three of which focus on creating physically, psychologically and culturally safe work environments where health providers are comfortable to share their mental health challenges at work |
| **Frameworks specific to a sector, setting or population** | *No evidence or insights from jurisdictions identified* | *No evidence or insights from jurisdictions identified* | *No evidence or insights from jurisdictions identified* | *Insights from jurisdictional scans*<br>• The Australian Medical Association's *Every Doctor, Every Setting* national framework has been developed to help bring more focus to psychological and cultural safety, and prioritize mental health support for doctors and medical students |
| **Descriptions of framework implementation plans** | *No evidence or insights from jurisdictions identified* | *No evidence or insights from jurisdictions identified* | *No evidence or insights from jurisdictions identified* | *Insights from jurisdictional scans*<br>• The Australian *Every Doctor, Every Setting* national framework consists of five pillars of focus that are positioned to guide implementation of the |

| | Physical safety | Psychological safety | Cultural safety | Combinations of different types of safety |
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| | | | | framework (i.e., to improve training and work environments, to recognize and help those seeking support, to better support doctors and medical students who are in need, to help reshape the medical-profession culture to promote well-being, and to improve coordinated action and uphold accountability) |
| **Evaluations of framework implementation plans** | *No evidence or insights from jurisdictions identified* | *No evidence or insights from jurisdictions identified* | *No evidence or insights from jurisdictions identified* | *No evidence or insights from jurisdictions identified* |

**Summary of what is known from evidence and from jurisdictional scans about interventions to improve physical, psychological and cultural safety**

| | Physical safety | Psychological safety | Cultural safety | Combinations of different types of safety |
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| **Factors that likely need to be the focus of interventions** | *Evidence*<br>• The focus of interventions to assist nursing staff with managing incivility may include using a combination of educational training about workplace incivility and active learning activities to practise newly learned communication skills (Source: medium quality systematic review)<br>• For interventions that can address bullying, undermining behaviour, and harassment (BUBH) amongst surgical staff, the focus of these interventions likely needs to be educational, including teaching programs, cognitive rehearsal training, and scripted, simulated, harassment role play (Source: medium-quality systematic review)<br>• Interventions for occupational health nurses working in interdisciplinary teams likely need to focus on:<br>o creating policies to prevent and respond to workplace violence<br>o conducting a work site analysis<br>o developing an employee education program to teach self-defence and de- | *Evidence*<br>• To preserve organizational resilience during the COVID-19 pandemic, organizations should have been focused on creating an environment of trust, psychological safety, and empowerment to enable individual healthcare workers to communicate patient safety concerns to managers<br>o They should have also focused on developing communication structures to enable the organization to learn from the problem-solving strategies and communications of individual healthcare workers (Source: 2020 primary study) | *Evidence*<br>• For interventions that ensure a culturally safe environment for Indigenous health professionals, factors for consideration include:<br>o ensuring strong executive leadership (e.g., commitment, actionable steps for reconciliation, Indigenous representation, direct engagement with staff)<br>o employment strategies (e.g., number of Indigenous staff, employment targets, supportive recruitment process), work environment (e.g., flags and artwork, acknowledgments, cultural events, cultural awareness training)<br>o professional development (e.g., career pathways, two-way learning)<br>o hiring an Indigenous liaison officer (e.g., informal navigator and care coordinator)<br>o multidisciplinary team inclusion (e.g., regular meetings, joint assessments, relationships, input sought and referrals from clinicians)<br>o creating a culture of respect. (Source: 2022 primary study) | *Evidence*<br>• One factor that should be considered when developing interventions for health workplace safety in general is determining the limits of a healthcare worker's ethical duty to provide care and balance this with an organization's ethical obligation to provide safety for the workforce (Source: 2019 primary study)<br>• Factors to focus on when improving workplace safety interventions include creating a high-quality work environment, investing in safety empowerment, and creating a sense of strong political will and governance among stakeholders (Source 1: 2021 primary study; Source 2: 2021 primary study)<br>• Health system-focused interventions to address workplace violence experienced by emergency department (ED) doctors likely need to focus on:<br>o creating a patient-centred experience that promotes respect and dignity for patients<br>o promoting team cohesion and efficacy when responding to workplace violence and de-escalation<br>o fostering therapeutic rapport amongst staff<br>o ensuring organizational policies that address workplace violence reflect a commitment to workplace safety and consider comprehensive approaches |

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| | escalation techniques. (Source: 2013 primary study)<br>• To assist in preventing physical and verbal violence against healthcare workers, interventions should focus on:<br>o providing an organizational-wide definition of workplace violence<br>o putting reporting systems into place<br>o providing psychological counselling and trauma-informed care<br>o reviewing current cases of workplace violence<br>o developing quality-improvement initiatives<br>o training healthcare workers (e.g., self-defence, de-escalation)<br>o evaluating workplace violence reduction initiatives. (Source: 2018 primary study) | | | at multiple ED phases of preparedness, as well as interconnected influences from workers, organizations, and the society at large. (Source: qualitative study) |
| **Details about intervention 'active ingredients'** | *Evidence*<br>• De-escalation techniques are used as interventions to assist healthcare staff in managing violence by enhancing their de-escalation-related knowledge and confidence in managing aggression (Source: medium-quality systematic review) | *Evidence*<br>• Secondary and tertiary interventions that address psychological suffering following medical workplace violence include:<br>o debriefing<br>o consultation<br>o ongoing social support<br>o individual or group psychotherapy<br>o a combination of psychological evaluation and consultation with a psychiatrist, short | *No evidence or insights from jurisdictions identified* | *Evidence*<br>• The Betty Neuman Stressor Model was used to describe healthcare workplace stressors and potential strategies to address primary, secondary, and tertiary healthcare workplace stressors<br>o Primary stressor strategies should include health- and wellness-promotion activities<br>o Secondary stressor strategies should focus on reducing the stressors through organizational changes (e.g., issuing personal protective equipment and employee assistance)<br>o Tertiary stressor strategies should focus on stabilization and |

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| | | vacations, and financial compensation. (Source: low quality systematic literature review)<br>• GP psychological well-being may be improved, at least in the short term, by cognitive-behavioural-based and mindfulness-based programs delivered in group format (Source: medium-quality review) | | reconstitution after treatment. (Source: 2011 primary study)<br>• Interventions that address health and safety of remote health workforce in Australia should incorporate:<br>o a risk-management approach to ensure a strong safety culture<br>o an effective incident reporting system and post-incident support<br>o the use of second responders, appropriate communications systems, equipment, and peer support programs to address the risk of psychological distress and emotional exhaustion that can be caused by remote health<br>o flagging of high-risk patients, developing local response plans, and following infrastructure safety procedures<br>o improving local orientation, training in safety skills (such as risk assessment and de-escalation), remote-specific education, and role-specific education for managers. (Source: medium-quality scoping review)<br>• Technological interventions used to provide emotional and social support (e.g., decreasing stress, isolation and anxiety, and fostering a sense of community) to nurses can include:<br>o text messaging and messenger apps<br>o social media and online forums<br>o online interventions accessible via PC, smartphone and tablet. (Source: medium-quality scoping review)<br>• Debriefing with staff working in clinical settings has been found to reduce post-traumatic distress symptoms and has also been subjectively reported by |

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| | | | | clinical staff to be helpful (Source: medium-quality systematic review) |
| **Evaluations of interventions** | *No evidence or insights from jurisdictions identified* | *Evidence*<br>• Patient-engaged video surveillance (PEVS), a video-surveillance intervention for tracking patient aggression, was found to be an effective intervention for tracking patient aggression trends and increasing patient and nursing workforce safety<br>  ○ Patients are selected for PEVS by bedside clinical nurses who identify patients who are most at risk for falls and other adverse events<br>  ○ Given the inconsistencies in nurses' ability to identify most patients at risk of exhibiting aggressive/violent behaviour, it was recommended that organizations consider adding violence-risk tools to the admission-assessment process for patients (Source: 2020 primary study) | *No evidence or insights from jurisdictions identified* | *No evidence or insights from jurisdictions identified* |
| 'Real world' examples of safety interventions (*from jurisdictional scans)* | • WorkSafe New Zealand developed guidelines for reducing violence in the health sector<br>• The Government of the Netherlands' action plan for safe | • NHS People Plan and the NHS People Promise, which outline several key programs put in place to assist organizations in developing a culture of | • NHS England has developed multiple interventions to address cultural safety, such as the Wellbeing Guardians, the Health and Wellbeing Champions, the NHS England – Midlands' | • The Office of Nursing Policy of Health Canada compiled a report titled *The Healthy Workplace Initiative: Creating a Culture of Safety,* outlining strategies and recommendations for increasing |

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| | working conditions in healthcare calls for more systematic use of legal tools to deal with perpetrators of aggressions (e.g., reporting and penalty mechanisms)<br>• NHS England and the Social Partnership Forum released the new national Violence Prevention and Reduction Standard, which is underpinned by legislation requiring that (NHS) employers protect staff from threats and violence at work<br>• In Canada, provinces such as Alberta, Québec and Prince Edward Island have policies to mitigate and prevent all forms of physical violence | well-being, and ensuring their workforce feels supported and well at work<br>• The U.S. National Academy of Medicine, which includes guides, checklists, assessment tools, and other resources for both individual- and organizational-level supports with the goal to improve workplaces and well-being of healthcare workers<br>• Some provincial governments, such as British Columbia, Saskatchewan, Manitoba, Ontario, and New Brunswick, released their strategic plans for improving their health workforce, which includes a focus on psychological health and safety in health settings | Workforce, Race, Equality and Inclusion, rewarding and measuring progress taken by organizations to address racism and other types of discrimination in the workplace, and the NHS National Office Programme, which aims to better manage and transform office and clinical spaces to improve NHS staff's productivity and well-being | Newfoundland and Labrador health workplaces safety |

**Key findings from relevant evidence sources**

The nine systematic reviews and 10 primary studies that we included to inform this rapid evidence profile provided a wide range of interventions and approaches to ensuring the safety of health professionals in the workplace. Our findings are summarized below by the categories of the organizing framework.

*Types of health professionals targeted*

We identified systematic reviews and single studies that focused on frameworks and interventions to ensure safe environments for physicians, nurses, allied health professionals, and teams of health professionals. One medium-quality systematic review focused specifically on interventions to improve the psychological well-being of general practitioners, while one single study explored strategies for improving the workplace culture of Indigenous doctors in Australia. Safety interventions for nursing staff was the focus of a medium-quality scoping review, medium-quality systematic review, and a single study we identified, while one single study reported on cultural safety of Aboriginal health and well-being of support staff. All of the remaining systematic reviews and studies we identified focused on interventions and strategies for creating or enhancing safe working environments for health professionals in general.

*Types of safety addressed*

The frameworks and interventions that were found in systematic reviews mostly focused on enhancing psychological safety of healthcare professionals, while most of the identified single studies focused on all three types of safety in the organizational framework – physical, psychological and cultural. We described details about the interventions presented in the reviews and studies in the section below.

*Safety framework/intervention areas of focus*

Setting of focus

In terms of settings of focus, most of the systematic reviews and primary studies did not specify a setting of focus, but rather identified interventions that could be generally applied to most healthcare settings. Key highlights from the events are described below.

The authors of a 2018 study on managing organizational culture in healthcare settings around disruptive workplace behaviours provided recommendations for preventing physical and verbal violence against healthcare workers, which included: 1) providing an organizational-wide definition of workplace violence; 2) putting reporting systems into place; 3) providing psychological counselling and trauma-informed care; 4) reviewing current cases of workplace violence; 5) developing quality improvement initiatives; 6) training healthcare workers (e.g., self-defence, de-escalation); and 7) evaluating workplace violence-reduction initiatives. A 2019 study that analysed the health workforce sector in terms of sustainability, personal health risk threats of health workers, and protections to address those risks found that protection efforts were lacking in the sector, and that most analyses developed by development agencies focused on an economic perspective with less of an emphasis on the workers themselves. The authors noted that it is important to determine the limits of a healthcare worker's ethical duty to provide care, and balance this with an organization's ethical obligation to provide safety for the workforce.

Strategies to address healthcare workplace stressors that were identified in a 2011 study that used the Betty Neuman Stressor Model (typically used in nursing education to explain illness causation of the patient) concluded that stressor strategies can include health- and wellness-promotion activities, making organizational changes to reduce stressors (e.g., issuing personal protective equipment and employee assistance), and ensuring stabilization and reconstitution after treatment. A 2021 paper that used Nigeria as a case study to assess the safety climate of the healthcare workers in low- and middle-income countries (LMICs) found that a high-quality work environment is more likely to improve workplace safety climate in LMICs, and that those in managerial positions exhibited control over management safety empowerment.

Frameworks and interventions for ensuring health professional safety were identified from a 2021 medium-quality scoping review on the health and safety risks of the Australian remote health workforce, a medium-quality systematic review from 2018 exploring interventions to assist nursing staff working in healthcare settings with managing incivility, and a 2015 systematic review evaluating learning, performance, and clinical safety outcomes for de-escalation techniques training are all described in the *Intervention focus* section below.

Sector of focus

Most included reviews and studies did not specify the sector of focus (e.g., primary care, community-based care, acute care) of the health safety interventions that were identified, but it was inferred that most health safety interventions were implemented in environments within which primary-care providers worked.

Equity focus

There were two studies that we identified that had an equity focus on race/ethnicity/culture, specifically on ensuring a culturally safe environment for Indigenous health professionals. A 2022 study focused on workplace-culture strategies identified by Indigenous practitioners in Australia including: 1) ensuring strong executive leadership (e.g., commitment, actionable steps for reconciliation, Indigenous representation, direct engagement with staff); 2) adopting employment strategies (e.g., increasing the number of Indigenous staff, setting employment targets, undertaking supportive recruitment processes), creating an inclusive work environment (e.g., posting flags and artwork, acknowledgments, cultural events, and offering cultural-awareness training); 3) providing opportunities for professional development (e.g., career pathways, two-way learning); 4) hiring an Indigenous liaison officer (e.g., informal navigator and care coordinator); 5) ensuring multidisciplinary team inclusion in key organizational decision-making processes (e.g., regular meetings, joint assessments, relationships, input sought and referrals from clinicians); and 6) creating a culture of respect. Additionally, a 2013 study reported that the staff of Aboriginal Health Services in Australia described that the organization has a culturally safe working environment, where they feel accepted and respected, and appreciated that they have a cultural committee.

Intervention focus

Safety frameworks and interventions identified from the included systematic reviews and single studies were primarily **professional-targeted** implementation strategies, but there were also a few interventions that were both **professional- and organization-targeted**.

We identified seven systematic reviews and one primary study that focused on **professional-targeted** implementation strategies for ensuring that health professionals provide care in safe environments. The 2021 scoping review mentioned previously that explored the risks associated with the health and safety for the Australian remote health workforce categorized the risks and the authors' recommendations into four themes – safety culture, isolation, safe environment, and education and training – which are described below:

- a strong safety culture was found to be essential to workplace health and safety and the authors recommended a risk-management approach from the National Health and Medical Research Council report to tackle the issue of safety culture, as well as an effective incident-reporting system and post-incident support
- both physical and mental health also served as a risk in remote health causing psychological distress and emotional exhaustion, and the review recommended the use of second responders, appropriate communications systems, equipment, and peer support programs to address the risk of isolation
- flagging high-risk patients, developing local response plans, and following infrastructure safety procedures were found to be methods to overcome the risks of workplace violence and create a safe work environment for health professionals
- improving local orientation, training in safety skills (such as risk assessment and de-escalation), remote-specific education, and role-specific education for managers were identified as approaches to help to improve education and training.

The 2018 systematic review that evaluated the available evidence on interventions to assist nursing staff working in healthcare settings with managing incivility found that, despite the low quality of most of the included studies, using a combination of educational training about workplace incivility, active learning activities to practise newly learned communication skills, and training about effective responses to uncivil workplace behaviours led to improvements in the ability of nursing staff to manage incivility in the workplace. Another medium-quality scoping review from 2018 identified three sub-types of technology used to provide emotional and social support to nurses, including: 1) text messaging and messenger apps; 2) social media and online forums; and 3) online interventions accessible via PC, smartphone and tablet. The included studies, largely comprised of student-nursing samples, suggested and/or described how technology supports could be useful for decreasing stress, isolation and anxiety, and fostering a sense of community, and they also suggested that technology may offer a more sustainable and accessible means of providing emotional and social support to nurses.

Another medium-quality systematic review from 2017 that assessed the prevalence and impact of bullying, undermining behaviour and harassment (BUBH) amongst surgical staff (i.e., surgeons and nurses) identified interventions designed to address BUBH that included educational interventions, such as teaching programs, cognitive-rehearsal training, and scripted, simulated, harassment role play. Overall, the authors highlight that there are few demonstrably successful interventions, and that greater understanding of the problem and possible solutions are needed to better support providers in the surgical workplace. Another medium-quality review from 2015 evaluated the effectiveness of interventions designed to improve general practitioner (GP) psychological well-being and suggested that cognitive-behavioural-based and mindfulness-based programs delivered in group format may help reduce GP distress at least in the short-term, but all of the included studies were identified to be high risk of bias.

The 2015 medium-quality systematic review mentioned previously that evaluated the evidence on learning, performance, and clinical safety outcomes for de-escalation-techniques training of

healthcare staff found that the strongest impact of de-escalation training appeared to be on de-escalation-related knowledge and confidence to manage aggression, as well as de-escalation performance. However, no strong conclusions could be drawn about the impact of training on assaults, injuries, containment, and organizational outcomes owing to the low quality of evidence and conflicting results. Another medium-quality systematic review that assessed the utility of the Positive emotion, Engagement, Relationships, Meaning, and Achievements (PERMA) framework in guiding positive psychology interventions for enhancing physician well-being found that despite none of the included studies explicitly using the PERMA framework to guide interventions, the majority of included studies reported some level of positive outcome by using a physician or system-directed intervention.

One low-quality systematic literature review from 2018 identified secondary and tertiary interventions to address psychological suffering following medical workplace violence (MWV), including debriefing, consultation, ongoing social support, and individual or group psychotherapy. Lastly, a 2020 study that aimed to determine the effectiveness of patient-engaged video surveillance (PEVS), a video surveillance intervention for tracking patient aggression, found that PEVS was an effective intervention for tracking patient aggression trends and increasing patient and nursing workforce safety. However, the authors recommended that since 99% of patients who exhibited aggressive/violent behaviour were not identified as at risk by nurses in the study, organizations should consider adding violence risk tools to the admission assessment process for patients.

A number of implementation strategies were also identified that were **professional- and organization-targeted**. A medium-quality systematic review from 2019 that examined the use of debriefing for clinical staff in clinical settings following exposure to direct and vicarious trauma found that overall, while evidence was limited, debriefing with staff working in clinical settings can reduce post-traumatic distress symptoms and also has been subjectively reported by clinical staff to be helpful. A qualitative study identified micro-, meso-, and macro-level health-system interventions to address workplace violence experienced by emergency department (ED) health workers at five ED sites in the U.S. Approaches and suggestions made by ED staff to address workplace violence included focusing on creating a patient-centred experience that promotes respect and dignity for patients, and promoting team cohesion and efficacy when responding to workplace violence, as well as de-escalation and fostering therapeutic rapport amongst staff. Results of the study also indicated that in order to be effective, organizational policies to address workplace violence need to reflect a commitment to workplace safety, and that efforts to address violence in the workplace should consider comprehensive approaches at multiple ED phases of preparedness, as well as interconnected influences from workers, organizations, and the society at large.

A 2013 literature review recommended that occupational-health nurses in particular should work with interdisciplinary teams to create policies to prevent and respond to workplace violence. Conducting a work-site analysis and developing an employee education program to teach self-defence and de-escalation techniques was also recommended. Finally, the COVID-19-related study from 2020 that investigated how Healthcare Organizations (HCOs) could overcome the impacts of a "stoic approach" to healthcare-worker support on patient safety and staff retention found that fears of COVID-19, among other burdens in healthcare, may have superseded worker trust and psychological safety. The authors recommended that to preserve organizational resilience during the pandemic, organizations should create an environment of trust, psychological safety, and empowerment to enable individual workers to communicate patient-safety concerns to managers, and also develop communication structures to enable the organization to learn from the problem-solving strategies and communications of individual healthcare workers.

**Key findings from the jurisdictional scan**

We reviewed the experiences from all Canadian provinces and territories and seven international jurisdictions (New Zealand, Australia, Germany, Sweden, the Netherlands, the U.K., and the U.S.) related to the frameworks available and interventions used to ensure health professionals practise in environments that are physically, psychologically and culturally safe. We identified a variety of frameworks and interventions that focused on physical, psychological, and cultural safety. These included national and regional action plans, guidelines, policies and legislation, resources such as toolkits and assessment tools, and professional- and organizational-targeted strategies. Most of the identified frameworks and interventions focused on physicians (both generalists and specialists), nurses, and/or broadly the health workforce. We summarized key findings based on the organizing framework below.

*Types of health professional(s) targeted*

We found frameworks and interventions that focused on physicians, nurses, and/or the health workforce broadly. National and regional medical associations have developed these resources for physicians, such as:

- the Australian Medical Association's *Every Doctor, Every Setting* national framework to help bring more focus to psychological and cultural safety, and prioritize mental health support for doctors and medical students, which consists of five pillars of focus (i.e., to improve training and work environments; to recognize and help those seeking support; to better support doctors and medical students who are in need; to help reshape the medical profession culture to promote well-being; and to improve coordinated action and uphold accountability)
- the American College of Physicians' resources and tools that aim to improve practice and organizational environment such as an assessment tool to support organizations in measuring culture, practice efficiency, self-care, and retention
- the British Columbia Medical Association, regional health authorities, and the provincial government's memorandum of agreement for physical and psychological safety based on a framework for occupational health (e.g., broader stakeholder engagement, collaborative approach, transparency, evidence-based decision-making, and compliance)
- the Alberta Medical Association's initiative Healthy Working Environments to"[work] with and for physicians to address system issues which impede attaining a safe, healthy and equitable working environment".

For nurses, Germany is considering workplace health-promotion interventions specific to nurses. In Canada, The Nursing Home Workplace Violence Prevention Working Group (which is composed of Work Safe New Brunswick, the New Brunswick Association of Nursing Homes, the New Brunswick Nurses Union, and the New Brunswick Continuing Care Safety Association) has produced a nursing home violence-prevention toolkit. Frameworks and interventions for the broader health workforce is described in the next section.

*Types of safety addressed*

Most jurisdictions had physical, psychological, and cultural safety frameworks and interventions for the health workforce. For physical safety, WorkSafe New Zealand, which is the country's primary workplace health and safety organization, developed guidelines for reducing violence in the health sector. The Government of the Netherlands' action plan for safe working conditions in healthcare calls for more systematic use of legal tools to deal with perpetrators of aggressions, including

discontinuing care, more reporting, furthering cooperation with police, and demanding more severe penalties. Similarly, NHS England and the Social Partnership Forum released the new national Violence Prevention and Reduction Standard, which is underpinned by legislation requiring that (NHS) employers protect staff from threats and violence at work. In Canada, provinces such as Alberta, Québec and Prince Edward Island have policies to mitigate and prevent all forms of physical violence.

For psychological safety, the NHS England developed the NHS People Plan and the NHS People Promise, which outline several key programs put in place to assist organizations in developing a culture of well-being, and ensuring their workforce feels supported and well at work. Similarly, the U.S. National Academy of Medicine released its national plan for health workforce well-being in October 2022, which includes guides, checklists, assessment tools, and other resources for both individual- and organizational-level supports with the goal to improve workplaces and well-being of healthcare workers. Some provincial governments such as British Columbia, Saskatchewan, Manitoba, Ontario and New Brunswick, released their strategic plans for improving their health workforce, which includes a focus on psychological health and safety in health settings.

We found far fewer frameworks and interventions that solely focused on cultural safety. NHS England has developed multiple interventions to address cultural safety, such as:

- the Wellbeing Guardians, which is a full-time role in the NHS tasked with creating an organizational culture that considers and empowers the health and well-being of NHS people across all organizational activities and decisions
- the Health and Wellbeing Champions, who are NHS employees who help promote health and well-being and signpost colleagues to local and national health and well-being supports
- the NHS England – Midlands' Workforce, Race, Equality and Inclusion strategy, which provides recommendations for tackling racism and other types of discrimination against black and minority ethnic staff, as well as providing organizations with supports for building accountability, eliminating racism and bias in recruitment and progression, eliminating racism and bias in disciplinaries, and rewarding and measuring progress taken by organizations to address racism and other types of discrimination in the workplace
- the NHS National Office Programme, which aims to better manage and transform office and clinical spaces to enable more flexible and collaborative ways of working, save money, improve physical and social working environments, and improve NHS staff's productivity and well-being.

In Canada, the Mental Health Commission of Canada developed the Quality Mental Health Care Framework with 10 dimensions, three of which focus on creating physically, psychologically and culturally safe work environments where health providers are comfortable to share their mental health challenges at work at the individual, interpersonal, and intersectoral levels. Additionally, the Office of Nursing Policy of Health Canada compiled a report titled *The Healthy Workplace Initiative: Creating a Culture of Safety,* outlining strategies and recommendations for increasing Newfoundland and Labrador health workplaces safety.

*Safety framework/intervention area of focus: Professional- and organization-targeted implementation strategies*

For professional-targeted implementation strategies, jurisdictions such as New Zealand, Australia, England, British Columbia, and Ontario similarly described the use of employee assistance programs, telephone-based reporting systems for health workers, confidential mental health counselling, one-on-one coaching, and safety dashboards. For organization-targeted strategies, countries such as New Zealand, Australia, the U.S., and Sweden have made national-level

commitments and investments to improve the work environment for health professionals. For example, Sweden invested $3 billion SEK where the majority of these funds went to municipalities and county councils for workplace initiatives. Similar strategies were found in New Brunswick, Newfoundland and Labrador, and Nunavut. For instance, in response to 2017 report from the auditor-general of Canada on Nunavut's Health Department that raised security concerns for health workers, Nunavut has invested between $2 and $3 million a year on security guards and other security measures across 10 community health centres.

**Table 1: Key findings from relevant evidence documents about frameworks available and interventions used to ensure health professionals practise in environments that are physically, psychologically and culturally safe**

| Organizing framework | Evidence |
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| Types of health professionals targeted<br><br>*(*See section on Safety framework/intervention areas of focus for more information on frameworks and interventions)* | *Physicians*<br>• One medium-quality systematic review focused specifically on interventions to improve the psychological well-being of general practitioners and suggested that cognitive-behavioural-based and mindfulness-based programs delivered in group format may help reduce GP distress at least in the short-term<br>• A medium-quality systematic review from 2017 assessed the prevalence and impact of bullying, undermining behaviour and harassment (BUBH) amongst surgical staff (i.e., surgeons and nurses) where providers citing unprofessional behaviour and bullying, sexual harassment, and race-based discrimination leading to negative outcomes related to provider well-being and career development<br>• One study from 2020 explored strategies for improving the workplace culture of Indigenous doctors in Australia who identified several strategies<br><br>*Nurses*<br>• Safety interventions for nursing staff was the focus of a medium-quality scoping review that identified three sub-types of technology used to provide emotional and social support to nurses, and also suggested and/or described how technology supports could be useful for decreasing stress, isolation and anxiety, and fostering a sense of community<br>• A medium-quality systematic review evaluated the available evidence on interventions to assist nursing staff working in healthcare settings with managing incivility, and made several suggestions for improvements in this area<br>• A primary study assessed the types of verbal and physical abuse by patients against the nursing workforce and the effectiveness of the patient-engaged video surveillance (PEVS) intervention for tracking patient aggression and found it to be effective<br>• Several recommendations were made in a literature review on best practices to protect occupational-health nurses from hospital violence<br><br>*Allied health professionals/lay/community health workers*<br>• One single study reported on cultural safety of Aboriginal health and well-being of support staff in Aboriginal Health Services in Australia<br><br>*Teams of health professionals* |

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| | • A 2021 medium quality scoping review provided recommendations regarding the health and safety for the Australian remote health workforce<br>• Another medium quality systematic review evaluated the evidence on learning, performance, and clinical safety outcomes for de-escalation techniques training of healthcare staff, but found that no strong conclusions could be drawn about the impact of training on assaults, injuries, containment, and organizational outcomes<br>• Several primary studies focused on exploring interventions for teams of health professionals or health professionals in general, including:<br>  ○ a paper from 2021 that evaluated the safety climate of the Healthcare Workers (HCWs) in low- and middle-income countries (LMICs)<br>  ○ one 2020 study that developed recommendations for HealthCare Organizations (HCOs) to overcome the impacts of a "stoic approach" to healthcare-worker support on patient safety and staff retention in an ICU during COVID-19<br>  ○ a 2019 study that assessed the sustainability, personal health risk threats of health workers, and protections to address those risks<br>  ○ a 2018 study on managing organizational culture in healthcare settings around disruptive workplace behaviours that provided recommendations for preventing physical and verbal violence against healthcare workers<br>  ○ one study from 2011 that used the Betty Neuman Stressor Model (typically used in nursing education to explain illness causation of the patient) to describe stressors of healthcare workers in the workplace and potential strategies. |
| Type of safety addressed<br><br>*(*See section on Safety framework/intervention areas of focus for more information on frameworks and interventions)* | *Physical*<br>• Physical safety was found to be a concern for Australian remote health workforce who experience geographical isolation, according to a medium-quality scoping review from 2021 on health and safety for the Australian remote health workforce<br>• One systematic review evaluated the available evidence on interventions to assist nursing staff working in healthcare settings with managing incivility (physical and psychological)<br>• The medium-quality systematic review mentioned previously that evaluated the evidence on learning, performance, and clinical-safety outcomes for de-escalation techniques training of healthcare staff identified some included studies that measured effectiveness using key safety outcomes (e.g., rates of violence and aggression) and/or potentially harmful containment strategies, such as physical restraint<br>• Primary studies that addressed physical safety included:<br>  ○ a qualitative study that identified interventions to address workplace violence experienced by emergency department (ED) health workers at five ED sites in two geographically distinct regions in the U.S. |

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| | ○ the study from 2021 that evaluated the safety climate (both physically and culturally) of the HCWs in LMICs, specifically using Nigeria as the study setting<br>○ a single study that assessed the types of verbal and physical abuse by patients against the nursing workforce and the effectiveness of a video-surveillance intervention for tracking patient aggression<br>○ the 2019 study that assessed the sustainability, personal health risk threats of health workers, and protections to address those risks<br>○ one study that provided recommendations for preventing physical and verbal violence against health care workers and a literature review focused on best practices to protect occupational health nurses from hospital violence.<br><br>*Psychological*<br>• Five medium-quality systematic reviews we identified explored interventions that addressed psychological safety for health professionals:<br>○ one systematic review aimed to assess the utility of the Positive emotion, Engagement, Relationships, Meaning, and Achievements (PERMA) framework in guiding positive psychology interventions designed to enhance physician well-being or reduce physician burnout<br>○ another review from 2015 evaluated the effectiveness of interventions designed to improve GP psychological well-being and suggested that cognitive-behavioural-based and mindfulness-based programs delivered in group format may help reduce GP distress at least in the short-term<br>○ a 2017 systematic review assessed the prevalence and impact of bullying, undermining behaviour and harassment (BUBH) in the international surgical workplace<br>○ another review from 2019 found some evidence supporting the use of debriefing for reducing psychological sequelae to traumatic events experienced by clinical staff<br>○ a systematic review mentioned previously evaluated the available evidence on interventions to assist nursing staff working in healthcare settings with managing incivility (physical and psychological).<br>• One low-quality systematic literature review focused on identifying secondary and tertiary interventions to address psychological suffering following medical-workplace violence<br>• Several primary studies were also identified that addressed psychological safety of health professionals, most notably:<br>○ the 2011 study that used the Neuman model to describe healthcare workplace stressors (including psychological stressors) and potential strategies<br>○ the qualitative study mentioned previously that identified interventions to address workplace violence experienced by ED health workers at five ED sites in two geographically distinct regions in the U.S |

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| | ○ a COVID-19-related study from 2020 that investigated how HCOs can overcome the impacts of a "stoic approach" to healthcare-worker support on patient safety and staff retention, using an ICU during the COVID-19 pandemic as the study setting:<br>▪ the study found that fears of COVID-19, among other burdens in healthcare, may have superseded worker trust and psychological safety, leading to broader emotional distress and burnout.<br><br>*Cultural*<br>• Cultural safety was directly addressed in one scoping review and four primary studies from the evidence, specifically:<br>○ the scoping review on the health and safety for the Australian remote health workforce that emphasized the importance of a strong safety culture for workplace health and safety<br>○ the 2020 study that focused on workplace-culture strategies identified by Indigenous practitioners in Australia<br>○ the 2021 paper that assessed the safety climate (physically and culturally) of the HCWs in LMICs, using Nigeria for the study setting<br>○ a study reported on factors supporting retention and well-being of staff in Aboriginal Health Services in Australia<br>○ the qualitative study mentioned previously that identified interventions to address workplace violence experienced by ED health workers at five ED sites in two geographically distinct regions in the U.S. |
| Safety framework/intervention areas of focus | *Setting of focus*<br>• In terms of settings of the frameworks and interventions we identified from the evidence, there were three primary studies with a single organization focus, one systematic review and one primary study with an organizational-network focus, and two systematic reviews with a health-system focus, which are described below<br>• A primary study from 2019 that analysed the health workforce sector in terms of sustainability, personal health risk threats of health workers, and protections to address those risks found that current protection efforts are lacking in the sector and that most analyses developed by development agencies focus on an economic perspective with less of an emphasis on the workers themselves<br>○ The authors noted that it is important to determine the limits of a health care worker's ethical duty to provide care, and balance this with an organization's ethical obligation to provide safety for the workforce<br>• The authors of a 2018 study on managing organizational culture in healthcare settings around disruptive workplace behaviours provided recommendations for preventing physical and verbal violence against healthcare workers, which included: 1) providing an organizational-wide definition |

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| | of workplace violence; 2) putting reporting systems into place; 3) providing psychological counselling and trauma-informed care; 4) reviewing current cases of workplace violence; 5) developing quality-improvement initiatives; 6) training healthcare workers (e.g., self-defence, de-escalation); and 7) evaluating workplace violence reduction initiatives<br>• In the 2011 study where the Neuman model was used to describe healthcare workplace stressors and potential strategies, examples of primary-stressor strategies included health- and wellness-promotion activities, secondary-stressor strategies involved reducing the stressors through organizational changes (e.g., issuing personal protective equipment and employee assistance), and tertiary-stressor strategies referred to stabilization and reconstitution after treatment<br>• The 2021 scoping review that explored the risks associated with the health and safety for the Australian remote health workforce broke down the risks and the authors' recommendations into four themes: safety culture, isolation, safe environment, and education and training<br>o These themes are discussed in the *Intervention focus* section<br>• The 2021 paper that used Nigeria as a case study to assess the safety climate of the HCWs in LMICs found that a high-quality work environment is more likely to improve workplace-safety climate in LMICs, and that those in managerial positions exhibited control over management-safety empowerment<br>• A 2015 systematic review evaluated the evidence on learning, performance, and clinical-safety outcomes for de-escalation-techniques training, and the systematic review from 2018 that evaluated the available evidence on interventions to assist nursing staff working in healthcare settings with managing incivility<br>o Interventions identified in these reviews are discussed below under the *Intervention focus* section<br><br>*Sector of focus*<br>• In terms of sector of focus, most included reviews and studies did not specify which health sector was the focus, but it was inferred that primary-care providers were served by most health-safety interventions<br><br>*Equity focus*<br>• There were two studies we identified that had an equity focus on race/ethnicity/culture, specifically on ensuring a culturally safe environment for Indigenous health professionals<br>o A 2022 study focused on workplace culture strategies identified by Indigenous practitioners in Australia including: 1) ensuring strong executive leadership (e.g., commitment, actionable steps for reconciliation, Indigenous representation, direct engagement with staff); 2) employment strategies (e.g., number of Indigenous staff, employment targets, supportive recruitment process), work environment (e.g., flags and artwork, acknowledgments, cultural events, cultural awareness |

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| | training); 3) professional development (e.g., career pathways, two-way learning); 4) hiring an Indigenous liaison officer (e.g., informal navigator and care coordinator); 5) multidisciplinary team inclusion (e.g., regular meetings, joint assessments, relationships, input sought and referrals from clinicians); and 6) culture of respect<br>○ A 2013 study reported that the staff of Aboriginal Health Services in Australia described that the organization has a culturally safe working environment, where they feel accepted and respected and appreciated that they have a cultural committee<br><br>*Intervention focus*<br>• Safety frameworks and interventions identified from the included systematic reviews and single studies were primarily professional-targeted implementation strategies, but there were also a few interventions that were both profession-targeted and organization-targeted<br><br>*Professional-targeted implementation strategies*<br>• The 2021 scoping review that explored the risks associated with the health and safety for the Australian remote health workforce broke down the risks and the authors' recommendations into four themes: safety culture, isolation, safe environment, and education and training<br>○ A strong safety culture was found to be essential to workplace health and safety (WHS), and the authors recommended a risk management approach from the National Health and Medical Research Council report to tackle the issue of safety culture, as well as an effective incident-reporting system and post-incident support<br>○ Both physical and mental health also served as a risk in remote health causing psychological distress and emotional exhaustion, and the review recommended the use of second responders, appropriate communications systems, equipment, and peer support programs to address this risk<br>○ Flagging high-risk patients, developing local response plans, and following infrastructure safety procedures were found to be methods to overcome the risks of workplace violence<br>○ Improving local orientation, training in safety skills (such as risk assessment and de-escalation), remote-specific education, and role-specific education for managers were identified as approaches to help improve education and training<br>• The 2018 systematic review that evaluated the available evidence on interventions to assist nursing staff working in healthcare settings with managing incivility found that, despite the low quality of most of the included studies, using a combination of educational training about workplace incivility, active learning activities to practise newly learned communication skills, and training about effective responses to uncivil workplace behaviours led to improvements in the ability of nursing staff to manage incivility in the workplace |

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| | • Another medium-quality scoping review from 2018 identified three sub-types of technology used to provide emotional and social support to nurses, including: 1) text messaging and messenger apps; 2) social media and online forums; and 3) online interventions accessible via PC, smartphone and tablet<br>o The included studies that largely comprised of student-nursing samples suggested and/or described how technology supports could be useful for decreasing stress, isolation and anxiety, and fostering a sense of community, and they also suggested that technology may offer a more sustainable and accessible means of providing emotional and social support to nurses<br>• One low-quality systematic literature review from 2018 identified secondary and tertiary interventions to address psychological suffering following medical-workplace violence (MWV), including debriefing, consultation, ongoing social support, and individual or group psychotherapy<br>o The one included controlled trial study that was conducted in China found that head nurses in the intervention group who participated in a psychological interventions program that consisted of a psychological evaluation and consultation with a psychiatrist, short vacations, and financial compensation following exposure to MWV, reported statistically higher levels of sense of emotional belonging and lower turnover intention than the control group<br>• The medium-quality systematic review from 2017 that assessed the prevalence and impact of BUBH amongst surgical staff (i.e., surgeons and nurses) identified interventions designed to address BUBH that included educational interventions, such as teaching programs, cognitive rehearsal training, and scripted, simulated, harassment role play<br>o Overall, the authors highlight that there are few demonstrably successful interventions, and that greater understanding of the problem and possible solutions is needed to better support providers in the surgical workplace<br>• Another medium-quality review from 2015 evaluated the effectiveness of interventions designed to improve GP psychological well-being and suggested that cognitive-behavioural-based and mindfulness-based programs delivered in group format may help reduce GP distress at least in the short-term, but all of the included studies were identified to be high-risk of bias<br>• The medium-quality systematic review mentioned previously that evaluated the evidence on learning, performance, and clinical-safety outcomes for de-escalation-techniques training of healthcare staff found that the strongest impact of de-escalation training appeared to be on de-escalation-related knowledge and confidence to manage aggression, as well as de-escalation performance (although limited to artificial training scenarios)<br>o However, no strong conclusions could be drawn about the impact of training on assaults, injuries, containment, and organizational outcomes owing to the low quality of evidence and conflicting results<br>• One medium-quality systematic review that aimed to assess the utility of the Positive emotion, Engagement, Relationships, Meaning, and Achievements (PERMA) framework in guiding positive |

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| | psychology interventions for enhancing physician well-being found that despite none of the included studies explicitly using the PERMA framework to guide interventions, the majority of included studies reported some level of positive outcome by using a physician or system-directed intervention<br>○ Studies evaluating system-directed interventions demonstrated more favourable outcomes<br>• A 2020 study that aimed to determine the effectiveness of patient-engaged video surveillance (PEVS), a video-surveillance intervention for tracking patient aggression, found that PEVS was an effective intervention for tracking patient-aggression trends and increasing patient and nursing-workforce safety, but they recommended that since 99% of patients who exhibited aggressive/violent behaviour were not identified as at risk by nurses in the study, organizations should consider adding violence-risk tools to the admission assessment process for patients<br><br>*Professional- and organization-targeted implementation strategies*<br>• A medium-quality systematic review that examined the use of debriefing for clinical staff in clinical settings following exposure to direct and vicarious trauma found that overall, while evidence was limited, debriefing with staff working in clinical settings can reduce post-traumatic distress symptoms and also has been subjectively reported by clinical staff to be helpful<br>• The 2021 study based in Nigeria conducted a cross-sectional study using the Nordic Safety Climate Questionnaire (NOSACQ-50) to evaluate safety climate dimensions of HCWs in different fields revealed that there was a correlation between participants who rated safety practices and commitment from management at a fairly low level and perceptions of subpar safety, low job satisfaction, and higher participant stress<br>○ The study suggested that creating a high-quality work environment, investing in safety empowerment, and creating a sense of strong political will and governance among stakeholders can help to improve safety culture<br>• A qualitative study identified micro-, meso-, and macro-level health-system interventions to address workplace violence experienced by ED health workers at five ED sites in the U.S.<br>○ Approaches and suggestions made by ED staff to address workplace violence included focusing on creating a patient-centred experience that promotes respect and dignity for patients, and promoting team cohesion and efficacy when responding to workplace violence as well as de-escalation and fostering therapeutic rapport amongst staff<br>○ Results of the study also indicated that in order to be effective, organizational policies to address workplace violence need to reflect a commitment to workplace safety, and that efforts to address violence in the workplace should consider comprehensive approaches at multiple ED phases of preparedness as well as interconnected influences from workers, organizations, and the society at large<br>• A 2013 literature review recommended that occupational-health nurses work with interdisciplinary teams to create policies to prevent and respond to workplace violence, in addition to conducting a |

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| | work-site analysis and developing an employee education program to teach self-defence and de-escalation techniques<br>• The COVID-19-related study from 2020 that investigated how HCOs could overcome the impacts of a "stoic approach" to healthcare-worker support on patient safety and staff retention found that fears of COVID-19, among other burdens in healthcare, may have superseded worker trust and psychological safety, leading to broader emotional distress and burnout<br>○ The authors recommended that to preserve organizational resilience during the pandemic, organizations should create an environment of trust, psychological safety, and empowerment to enable individual workers to communicate patient safety concerns to managers, and also develop communication structures to enable the organization to learn from the problem-solving strategies and communications of individual healthcare workers |

**Table 2: Key findings from highly relevant jurisdictional experiences about frameworks available and interventions used to ensure health professionals practise in environments that are physically, psychologically and culturally safe**

| Organizing framework | Experiences from jurisdictional scan |
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| Type of health professional(s) targeted | *Physicians*<br>• In October 2022, the Australian Medical Association released the *Every Doctor, Every Setting* national framework to help bring more focus to psychological and cultural safety, and prioritize mental health support for doctors and medical students<br>○ The framework was developed in consultation with medical leaders across the country and consists of five key pillars: 1) to improve training and work environments; 2) to recognize and help those seeking support; 3) to better support doctors and medical students who are in need; 4) help reshape the medical profession culture to promote well-being; and 5) to improve coordinated action and uphold accountability<br>• The American College of Physicians provide resources and tools to improve practice and organizational environment, such as a list of cultural change interventions (i.e., limiting work hours, offering flexible work arrangements, investing in leadership development, creating a wellness committee, establishing wellness as a quality indicator, conducting physician discussion groups, establishing a culture prioritizing relationships and teamwork, providing relationship-centred communications skills training, conducting workflow and quality-improvement evaluations, implementing "listen-act-develop" models with physician-organization efforts, and proactively reduce stigma of mental illness)<br>• The American Medical Association has developed an assessment tool to support organizations in measuring culture, practice efficiency, self-care, and retention |

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| | • According to the Doctors of British Columbia, there are many regional and provincial initiatives that aim to improve workplaces and environments for physicians, such as disciplinary processes, workplace safety committees, leadership coaching, incident mapping, and training for psychological health<br>• The government, health authorities, and the British Columbia Medical Association have a memorandum of agreement for physical and psychological safety which includes the current framework for occupational health (e.g., broader stakeholder engagement, collaborative approach, transparency, evidence-based decision-making, and compliance)<br>• In May 2019, the Alberta Medical Association launched an initiative towards developing Healthy Working Environments<br>  ○ The primary motivation for this initiative was to "[work] with and for physicians to address system issues which impede attaining a safe, healthy and equitable working environment"<br><br>*Nurses*<br>• A 2022 study from Germany focuses on workplace health-promotion interventions, specifically for nurses in Germany<br>  ○ Workplace health promotion (WHP) is a promising approach to promoting both mental and physical health in nurses<br>• Work Safe New Brunswick has identified nursing homes as a high-risk industry and maintains a list of resources regarding workplace safety in nursing homes<br>  ○ One of the resources series they provide deals with stretching and warming up to prevent musculoskeletal injuries when handling clients<br>• The Nursing Home Workplace Violence Prevention Working Group (which is composed of Work Safe New Brunswick, the New Brunswick Association of Nursing Homes, the New Brunswick Nurses Union, and the New Brunswick Continuing Care Safety Association) has produced a nursing home violence-prevention toolkit |
| Type of safety addressed | *Physical*<br>• WorkSafe New Zealand, the primary workplace health and safety regulator in New Zealand, provides several guidance documents with information on moving and handling people, violence in the health and disability sector, and provision of facilities, including:<br>  ○ violence in the health and disability sector – Guidance for persons conducting a business or undertaking (PCBUs)<br>  ○ moving and handling people in the healthcare industry<br>  ○ guidelines for the provision of facilities and general safety in the healthcare industry. |

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| | • The Government of the Netherlands released an action plan for safe working conditions in healthcare in 2012 that builds upon existing national working conditions legislation as well as sector-specific health and safety policies<br>  ○ The plan also calls for more systematic use of legal tools to deal with perpetrators of aggressions, including discontinuing care, doing more reporting, furthering cooperation with police, and demanding more severe penalties<br>  ○ Legislation stipulates that criminal aggression and violence against care providers carries three times heavier penalties than comparable cases outside the sector<br>• In January 2021, NHS England and the Social Partnership Forum released the new national Violence Prevention and Reduction Standard, which is underpinned by legislation requiring that (NHS) employers to protect staff from threats and violence at work<br>  ○ The standard employs the Plan, Do, Check, Act (PDCA) approach consisting of an iterative four-step method of validating, controlling and achieving continuous improvement of processes to identify requirements, assess and manage risk, organize and implement processes, communicate plans, provide adequate resources and training, engaging in transparent auditing measures, and review performance to ensure that NHS staff are adequately protected against threats and violence in the workplace<br>• Under the *Canada Labour Code*, employees have the right to be informed of known or foreseeable workplace hazards and to be provided with the information, training, instructions, and supervision necessary to protect their health and safety<br>• Alberta Health Services has a *Respectful Workplaces and Prevention of Harassment and Violence* policy in place to help mitigate and prevent all forms of physical violence, including worker-to-worker, patient-to-worker, domestic, and external violence in the workplace<br>• The Quebec Interprofessional Health Federation published a policy towards the well-being of staff and combatting workplace violence<br>• As part of Prince Edward Island's strategic planning for 2021-2024, the government aims to improve workplace safety and increase staff retention by improving policies, tools and resources<br><br>*Psychological*<br>• The NHS People Plan and the NHS People Promise outlines several key programs put in place to assist organizations in developing a culture of well-being, and ensuring their workforce feels supported and well at work<br>  ○ The Health and Wellbeing Framework is a culture-change toolkit, consisting of a strategic overview, organizational diagnostic tool, elements of health and well-being, and implementation guide |

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| | • The National Academy of Medicine released its national plan for health workforce well-being in October 2022<br>  ○ The report includes many guides, checklists, assessment tools, and other resources for both individual- and organizational-level supports with the goal to improve workplaces and well-being of healthcare workers (e.g., compendium for healthcare worker well-being)<br>• The government of British Columbia released its new health workforce strategy, which includes fostering healthy and safe workplaces for health professionals<br>• As part of the Workplace Health & Safety program at Alberta Health Services, employees have access to wellness supports, employee and family assistance programs, and occupational safety programs<br>• The Health Human Resources Action Plan, was developed by the Saskatchewan Health Authority and announced in September 2022<br>  ○ Under the retention stream of this plan, the Saskatchewan Health Authority will advance new mentorship programming, enhance peer-to-peer support programming, support continuous learning and development pathways<br>• Beginning in 2019, the Manitoba government set out Manitoba's Five Year Prevention Plan outlining key strategies the government is targeting to reduce mental health-related onset in all workplaces across the province<br>  ○ The third goal includes the Manitoba government looking into promoting the implementation of a National Standard for Psychological Health and Safety in the Workplace; the national standard will include the objectives identified in goals one and two, as well as demanding workplaces implement measures and review systems for mental health and sustainability<br>• The Ministry of Labour, Immigration, Training and Skills Development (MLITSD) in Ontario has been conducting an initiative that began in June 2022 that is focused on the prevention of workplace violence during transition and transfer of care, and is scheduled to run until the end of March 2023<br>• The New Brunswick Department of Health's report 'Stabilizing health care: An urgent call to action' identifies the need to create safe and healthy work environments to improve employee recruitment and retention<br><br>*Cultural*<br>• In order to help improve support for the Indigenous health workforce, the Australian Health Practitioner Regulation Agency developed a national strategy to help improve access to culturally safe care practices for health professionals |

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| | • Wellbeing Guardians is a full-time NHS role tasked with creating an organizational culture that considers and empowers the health and well-being of NHS people across all organizational activities and decisions, and Health and Wellbeing Champions are NHS employees working at all levels and roles of the NHS who (in addition to their normal role) help promote health and well-being and signpost colleagues to local and national health and well-being supports<br>• NHS England – Midlands' Workforce, Race, Equality and Inclusion strategy provides recommendations for tackling racism and other types of discrimination against black and minority ethnic staff as well as providing organizations with supports for building accountability, eliminating racism and bias in recruitment and progression, eliminating racism and bias in disciplinaries, and rewarding and measuring progress taken by organizations to address racism and other types of discrimination in the workplace<br>• The NHS National Office Programme is designed to better manage and transform office and clinical spaces to enable more flexible and collaborative ways of working, save money, improve physical and social working environments, and improve NHS staff's productivity and well-being<br>• Beginning in 2019, the Manitoba government set out Manitoba's Five Year Prevention Plan outlining key strategies the government is targeting to reduce mental-health related onset in all workplaces across the province<br>  ○ The fourth goal aims to build positive workplace culture and encourage the practice by providing and promoting industry-specific examples of strong workplace cultures<br>• In 2007, the Office of Nursing Policy of Health Canada compiled a report titled, *The Healthy Workplace Initiative: Creating a Culture of Safety* outlining strategies and recommendations for increasing Newfoundland and Labrador health-workplaces safety<br>• The Mental Health Commission of Canada developed the Quality Mental Health Care Framework with 10 dimensions, three of which focus on creating physically, psychologically and culturally safe work environments at the individual, interpersonal, and intersectoral levels, where health providers are comfortable to share their mental health challenges at work |
| Safety framework/intervention areas of focus | *Professional-targeted implementation strategies*<br>• According to Employment New Zealand, organizations often offer employee assistance programs (EAPs) to provide free counselling and support to employees as part of their health and safety program or their managing-diversity initiative<br>• As part of this commitment, in June 2020 the Australian Medical Association announced that free, confidential mental health counselling will be offered to various doctor and medical students across the country through the Drs4Drs Support Service |

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| | ○ This service is available for medical students, doctors in training, rural and isolated doctors, international medical graduates, senior medical officers, community- and hospital-based doctors, retiring doctors, and families of doctors<br>○ Participants are granted up to three free telehealth counselling sessions<br>• PeopleSense provides healthcare workers in Western Australia with Employee Assistance Programs to promote psychological safety, such as counselling and well-being services<br>• In the U.K. well-being conversations are intended to be regular, supportive and coaching-style one-to-one conversations focusing on the well-being of NHS people and developing a personalized plan to help promote flexibility, equality, diversity and inclusion at work<br>• The government of British Columbia has a telephone-based reporting system for health workers related to physical and psychological injuries<br>• In Ontario, the safety committee for workers at St. Michael's Hospital launched a Patient Safety Dashboard in response to increasing violence and aggressive behaviour against its healthcare workers on the job<br><br>*Organization-targeted implementation strategies*<br>• New Zealand has a Health and Safety Strategy for the government's vision for improving health and safety at work across New Zealand that incorporates a range of factsheets, including one on work-related health<br>• The Australian Safety and Quality Framework for Health Care provides a foundation for ensuring safety within the healthcare system; key principles include: 1) being consumer centered; 2) driven by information; and 3) organized for safety<br>• In 2018, a 3 billion SEK investment in improving the work environment for healthcare personnel was made by the Swedish central government<br>○ The majority of these funds went to municipalities and county councils for workplace initiatives<br>○ County councils received these funds to provide specialty training for nurses and support IT solutions that will simplify the administrative process<br>• A qualitative survey was administered to explore the local initiatives in place for improving the work environment for healthcare workers providing home care in Sweden<br>○ This survey identified 10 overarching themes which were the focus of the change initiatives; work organization, digital support systems, planning and scheduling, improved care for patients, ergonomic interventions related to musculoskeletal strain, occupational safety, improved basic resources work environment-related education, improved office facilities and improved cooperation with home-care nursing |

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| | • The U.S. Surgeon General's Advisory released a report on health worker burnout and specifically called out the need to transform organizational cultures to prioritize health-worker well-being<br>  ○ Examples of key recommendations related to workplace safety for health workers include: 1) providing supports that show health workers are valued; 2) building leadership commitment for health-worker well-being; 3) regularly assessing distress and burnout through validated tools; 4) encouraging paid leave and rest breaks; 5) establishing a zero-tolerance for violence; and 6) ensuring adequate personal protective equipment<br>• The New Brunswick Continuing Care Safety Association offers a number of resources to foster and encourage a culture of safety within the continuing-care sector<br>• In 2007, the Office of Nursing Policy of Health Canada compiled a report titled *The Healthy Workplace Initiative: Creating a Culture of Safety,* outlining strategies and recommendations for increasing Newfoundland and Labrador health-workplaces safety such as:<br>  ○ assigning a co-chairperson of occupational health and safety committees in every workplace with the role of outlining and reviewing information for health and safety<br>  ○ developing accountability frameworks within the regional level with the aid of personnel responsible for workplace safety<br>  ○ adequate financial support for implementing work safety measures<br>  ○ encouraging ongoing professional development for health personnel on the safety knowledge via certificates and programs.<br>• In response to a 2017 report from the auditor-general of Canada on Nunavut's Health Department that raised security concerns for health workers, Nunavut has invested between $2 and $3 million a year on security guards and other security measures across 10 community health centres |

Bain T, Bhuiya AR, Alam S, DeMaio P, Sharma K, Khan Z, Wang A, El-Kadi A, Moat KA. Rapid Evidence Profile 38: What is known from the best-available evidence and from the experiences of other jurisdictions about the frameworks available and interventions used to ensure health professionals and caregivers practise in environments that are physically, psychologically and culturally safe? Hamilton: McMaster Health Forum, 12 December 2022.

To help health- and social-system leaders as they respond to pressing challenges, the McMaster Health Forum prepares rapid evidence profiles like this one. This rapid evidence profile was prepared with support received through a gift that was provided by the CMA Foundation. The McMaster Health Forum receives both financial and in-kind support from McMaster University. The views expressed in the rapid evidence profile are the views of the authors and should not be taken to represent the views of the CMA Foundation or McMaster University.


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## Appendix 1: Methodological details

We use a standard protocol for preparing rapid evidence profiles (REP) to ensure that our approach to identifying research evidence as well as experiences from Canadian provinces and territories are as systematic and transparent as possible in the time we were given to prepare the profile.

### Identifying research evidence

For this REP, we searched HealthEvidence, Health Systems Evidence, PubMed for:
1) guidelines (defined as providing recommendations or other normative statements derived from an explicit process for evidence synthesis)
2) full systematic reviews
3) rapid reviews
4) protocols for reviews or rapid reviews that are underway
5) titles/questions for reviews that are being planned
6) single studies (when no guidelines, systematic reviews or rapid reviews are identified).

In each database we used the open search function for ("workplace safety") AND ("healthcare workforce" OR "health professional" OR "health worker"). We ran additional advanced searches for ("physical safety" OR "psychological safety" OR "cultural safety" OR "physician safety" OR "workplace safety" OR "workplace violence" OR "workplace stress" OR "workplace anxiety" OR incivility).

Each source for these documents is assigned to one team member who conducts hand searches (when a source contains a smaller number of documents) or keyword searches to identify potentially relevant documents. A final inclusion assessment is performed both by the person who did the initial screening and the lead author of the rapid evidence profile, with disagreements resolved by consensus or with the input of a third reviewer on the team. The team uses a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provides a running list of considerations that all members can consult during the first stages of assessment.

During this process we include published, pre-print and grey literature. We do not exclude documents based on the language of a document. However, we are not able to extract key findings from documents that are written in languages other than Chinese, English, French or Spanish. We provide any documents that do not have content available in these languages in an appendix containing documents excluded at the final stages of reviewing. We excluded documents that did not directly address the research questions and the relevant organizing framework.

### Identifying experiences from other countries and from Canadian provinces and territories

For each REP, we collectively decide on what countries to examine based on the question posed. For other countries we searched relevant government and stakeholder websites. In Canada, we search websites from relevant national and provincial governments, ministries and agencies (e.g., Public Health Agency of Canada).

While we do not exclude countries based on language. Where information is not available in English, Chinese, French or Spanish, we attempt to use site-specific translation functions or Google translate.

### Assessing relevance and quality of evidence

We assess the relevance of each included evidence document as being of high, moderate or low relevance to the question. We then use a colour gradient to reflect high (darkest blue) to low (lightest blue) relevance.

Two reviewers independently appraised the quality of the guidelines we identified as being highly relevant using AGREE II. We used three domains in the tool (stakeholder involvement, rigour of development and editorial independence) and classified guidelines as high quality if they were scored as 60% or higher across each of these domains.

Two reviewers independently appraise the methodological quality of systematic reviews and rapid reviews that are deemed to be highly relevant. Disagreements are resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. High-quality reviews are those with scores of eight or higher out of a possible 11, medium-quality reviews are those with scores between four and seven, and low-quality reviews are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to health- and social-system arrangements. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, a review that scores 8/8 is generally of comparable quality to a review scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the review can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the review should be discarded, merely that less confidence can be placed in its findings and that the review needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1):S8.

**Preparing the profile**

Each included document is hyperlinked to its original source to facilitate easy retrieval. For all included guidelines, systematic reviews, rapid reviews and single studies (when included), we prepare a small number of bullet points that provide a brief summary of the key findings, which are used to summarize key messages in the text. Protocols and titles/questions have their titles hyperlinked given that findings are not yet available. For this profile, we prepared bulleted summaries of key findings for all evidence documents, including those classified as medium or low relevance. We then draft a brief summary that highlights the total number of different types of relevant documents identified (organized by document), as well as their key findings, date of last search (or date last updated or published), and methodological quality.

**Appendix 2: Key findings from evidence documents, organized by document type, and sorted by relevance to the question of frameworks available and interventions used to ensure health professionals practise in environments that are physically, psychologically and culturally safe**

| Type of document | Relevance to question | Key findings | Recency or status |
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| Guidelines | None identified | | |
| Full systematic reviews | • Type of health professionals targeted<br>  ○ Physicians<br>  ▪ Generalists<br>  ▪ Specialists<br>• Type of safety addressed<br>  ○ Physical<br>  ○ Psychological<br>• Safety framework area of focus<br>  ○ Intervention focus<br>  ▪ Adopting professional-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments | • This review aimed to assess the utility of the Positive emotion, Engagement, Relationships, Meaning, and Achievements (PERMA) framework in guiding positive psychology interventions designed to enhance physician well-being or reduce physician burnout<br>• The review categorized interventions according to physician-directed interventions (e.g., self-care or behaviour-change approaches) and system-directed (targeting work hour schedule, staffing and workload to reduce burnout)<br>• Twenty-one studies were included in the review, and although one of the included studies was based on a bio-psychosocial approach and 10 retrospectively used strategies resonating with the PERMA components, none of the included studies explicitly used the PERMA framework to guide interventions reducing burnout and enhancing well-being among physicians<br>• Despite this limitation, the majority of included studies reported some level of positive outcome by using a physician or system-directed intervention; studies evaluating system-directed interventions demonstrated more favourable outcomes<br>Source (7/10 AMSTAR rating) | Literature last searched February 2020 |
| | • Type of health professionals targeted<br>  ○ Teams of health professionals<br>• Type of safety addressed<br>  ○ Physical<br>  ○ Cultural | • This review focused on understanding the risks associated with health and safety for the Australian remote health workforce and providing recommendations regarding those risks | Published 27 August 2021 |

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| | • Safety framework area of focus<br>  ○ Setting of focus<br>  ▪ Network of organizations (e.g., local/regional health system<br>  ○ Sector of focus<br>  ▪ Public-health intervention focus<br>  ○ Intervention focus<br>  ▪ Adopting professional-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments<br>  ▪ Adopting organization-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments | • The study broke down the risks and recommendations into four themes: safety culture, isolation, safe environment, and education and training<br>• A strong safety culture was found to be essential to workplace health and safety (WHS), but a lack of understanding and commitment to WHS responsibilities in organizations, including failures to follow guidelines and allocate appropriate funding, acted as a barrier to achieving a safety culture<br>• Inadequate staffing, high turnover rates, and under-reporting are common in remote healthcare, which may all serve as contributing factors to this issue<br>  ○ The authors recommended a risk-management approach from the National Health and Medical Research Council report to tackle this issue, as well as an effective incident-reporting system and post-incident support<br>• Both physical and mental health also served as a risk in remote health, affecting well-being and causing psychological distress and emotional exhaustion<br>  ○ Physical safety is also a concern for staff who experience geographical isolation<br>  ○ The authors recommend the use of second responders, appropriate communications systems and equipment, as well as peer-support programs<br>• Furthermore, workplace violence (physical, verbal sexual) serves as a major barrier to achieving a safe work environment<br>• Remote area nurses (RANs) were less likely to be trained in workplace violence and felt there were more risks associated with their roles due to lack of anonymity in rural areas<br>• Flagging high-risk patients, developing local response plans, and following infrastructure safety | |

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| | | procedures were found to be methods to overcome the risks of workplace violence<br>• Lastly, insufficient orientation, as well as inexperience and inadequate preparation for safety risks, served as the major risk factors summed up under education and training<br>  ○ Improving local orientation, training in safety skills (such as risk assessment and de-escalation), remote-specific education, and role-specific education for managers can help to improve this issue<br>Source (6/9 AMSTAR rating) | |
| | • Type of health professionals targeted<br>  ○ Physicians<br>  ○ Nurses<br>  ○ Allied health professionals<br>• Type of safety addressed<br>  ○ Psychological<br>• Safety framework area of focus<br>  ○ Intervention focus<br>  ▪ Adopting professional-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments | • The review examined the use of debriefing for clinical staff in clinical settings following exposure to direct and vicarious trauma<br>• Thirteen studies were included, four of which found some evidence supporting the use of debriefing for reducing psychological sequelae to traumatic events<br>• Seven studies reported key factors clinical staff perceived to be important for debriefing, including being given an opportunity for reflection, gaining and shared experience, and having the right peer facilitator<br>• Overall, while evidence was limited, the literature suggests that debriefing with staff working in clinical settings can reduce post-traumatic distress symptoms and also has been subjectively reported by clinical staff to be helpful<br>Source (5/10 AMSTAR rating) | Literature last searched August 2019 |
| | • Type of health professionals targeted<br>  ○ Nurses<br>• Safety framework area of focus<br>  ○ Intervention focus<br>  ▪ Adopting professional-targeted implementation strategies to ensure health professionals provide care in physically, | • This scoping review identified three sub-types of technology used to provide emotional and social support to nurses: 1) text messaging and messenger apps; 2) social media and online forums; and 3) online interventions accessible via PC, smartphone and tablet | Literature last searched June 2018 |

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| | psychologically and culturally safe environments | • Although research was limited and largely comprised of student-nursing samples, included studies suggested and/or described how technology supports could be useful for decreasing stress, isolation and anxiety, and fostering a sense of community<br>• Technology may offer a more sustainable and accessible means of providing emotional and social support to nurses, who often find it difficult to communicate in person due to time pressures at work<br>• Supporting nurses may have financial and care quality implications, as nurse retention is linked to quality of patient care and cost-savings by avoiding costly agency staff hired to compensate for healthcare workforce deficits<br>Source (6/9 AMSTAR rating) | |
| | • Type of health professional(s) targeted<br>  ○ Nurses<br>• Type of safety addressed<br>  ○ Physical<br>  ○ Psychological<br>• Safety framework areas of focus<br>  ○ Setting of focus<br>  ▪ Health system<br>  ○ Intervention of focus<br>  ▪ Adopting professional-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments | • The aim of this systematic review was to evaluate the available evidence on interventions to assist nursing staff working in healthcare settings with managing incivility<br>  ○ In this study, managing incivility refers to the nurses' ability to cope with and respond to workplace incivility effectively<br>• Despite the lower quality of most of the included studies, the evidence suggested that using a combination of educational training about workplace incivility, active learning activities to practise newly learned communication skills, and training about effective responses to uncivil workplace behaviours led to improvements in the ability of nursing staff to manage incivility in the workplace<br>  ○ The length of the incivility training program did not appear to influence effectiveness of the intervention<br>• The combination of educating nurses about workplace incivility, training on effective responses | Published May 2018 |

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| | | to workplace incivility, and practising those responses in a safe environment appears to be an evidence-based approach to assisting nurses in managing workplace incivility<br>Source (4/9 AMSTAR rating) | |
| | • Type of safety addressed<br>  ○ Psychological<br>• Safety framework areas of focus<br>  ○ Intervention of focus<br>  ▪ Adopting professional-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments | • This systematic literature review aimed to identify secondary and tertiary interventions to address psychological suffering following medical workplace violence (MWV)<br>  ○ Secondary interventions refer to early actions to identify people who may develop mental health issues after exposure to MWV, and intervene in order to prevent the onset or worsening of symptoms<br>  ○ Tertiary interventions ensure that employees injured from MWV receive timely and proper care to report incidents to the relevant authorities and to address any needs they have that were caused by physical or psychological harm<br>• Ten studies were included in the review, which identified interventions to address MWV that included debriefing, consultation, ongoing social support, and individual or group psychotherapy<br>• The review authors highlighted the one included controlled trial study that was conducted in China that found that head nurses in the intervention group who participated in a psychological interventions program following exposure to MWV reported statistically higher levels of sense of emotional belonging and lower turnover intention than the control group<br>  ○ The intervention program consisted of a psychological evaluation and consultation with a psychiatrist, short vacations, and financial compensation due to suffering MWV | Published February 2018 |

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| | | • The authors concluded that a critical gap exists in the intervention literature on addressing the public-health burden of MWV within the Chinese context<br>Source (2/9 AMSTAR rating) | |
| | • Type of health professionals targeted<br>  ○ Physicians<br>  ▪ Specialists<br>  ○ Nurses<br>• Type of safety addressed<br>  ○ Psychological<br>• Safety framework area of focus<br>  ○ Intervention focus<br>  ▪ Adopting professional-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments | • This systematic review assessed the prevalence and impact of bullying, undermining behaviour and harassment (BUBH) in the international surgical workplace, and explored strategies to address it<br>• Bullying, undermining behaviour and harassment were identified to be prevalent in the surgical workplace, with providers citing unprofessional behaviour and bullying, sexual harassment, and race-based discrimination leading to negative outcomes related to provider well-being and career development<br>• Interventions designed to address bullying, undermining behaviour and harassment included educational interventions, such as teaching programs, cognitive rehearsal training, and scripted, simulated, harassment role play<br>• Overall, the authors highlight that there are few demonstrably successful interventions, and that greater understanding of the problem and possible solutions are needed to better support providers in the surgical workplace<br>Source (4/10 AMSTAR rating) | Literature last searched August 2017 |
| | • Type of health professionals targeted<br>  ○ Physicians<br>  ▪ Generalists<br>• Type of safety addressed<br>  ○ Psychological<br>• Safety framework area of focus<br>  ○ Intervention focus<br>  ▪ Adopting professional-targeted implementation strategies to ensure health professionals provide care in physically, | • This review only identified four studies (with a total of 997 general practitioners) that evaluated the effectiveness of interventions designed to improve GP psychological well-being<br>• Identified interventions consisted of cognitive behavioural management, work/life balance retreats with individual and group cognitive-behavioural coaching, self-help resources, and mindfulness-based group psycho-educational activities<br>• Findings from the studies suggested that cognitive-behavioural-based and mindfulness-based programs | Literature last searched January 2015 |

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| | psychologically and culturally safe environments | delivered in group format may help reduce GP distress at least in the short-term, but all of the included studies were identified to be high risk of bias<br>Source (6/9 AMSTAR rating) | |
| | • Type of health professional(s) targeted<br>  ○ Teams of health professionals<br>• Type of safety addressed<br>  ○ Physical<br>• Safety framework areas of focus<br>  ○ Setting of focus<br>  ▪ Health system<br>  ○ Intervention of focus<br>  ▪ Adopting professional-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments | • This systematic review evaluated the evidence on learning, performance, and clinical-safety outcomes for de-escalation-techniques training of healthcare staff<br>• Thirty-eight relevant studies were identified in total<br>  ○ Only 18 of the 38 included studies measured effectiveness using key safety outcomes (e.g., rates of violence and aggression) and/or potentially harmful containment strategies, such as physical restraint<br>• The strongest impact of de-escalation training appeared to be on de-escalation-related knowledge and confidence to manage aggression, as well as de-escalation performance (although limited to artificial training scenarios)<br>• No strong conclusions could be drawn about the impact of training on assaults, injuries, containment, and organizational outcomes owing to the low quality of evidence and conflicting results<br>• The authors concluded that additional research is needed to develop evidence-based interventions and to measure de-escalation performance and transfer to enhanced clinical and organizational outcomes<br>Source (7/10 AMSTAR rating) | Literature last searched August 2014 |
| Rapid reviews | • None identified | | |
| Non-systematic reviews | • None identified | | |
| Protocols for reviews that are already underway | • None identified | | |

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| Titles and questions for reviews being planned | • None identified | | |
| Single studies | • Type of health professional(s) targeted<br>  ○ Physicians<br>• Type of safety addressed<br>  ○ Cultural<br>• Safety framework areas of focus<br>  ○ Equity focus<br>  ▪ Race/ethnicity/culture/language | • The study focused on workplace culture strategies identified by Indigenous practitioners in Australia including: 1) ensuring strong executive leadership (e.g., commitment, actionable steps for reconciliation, Indigenous representation, direct engagement with staff); 2) employment strategies (e.g., number of Indigenous staff, employment targets, supportive recruitment process), work environment (e.g., flags and artwork, acknowledgments, cultural events, cultural awareness training); 3) professional development (e.g., career pathways, two-way learning); 4) hiring an Indigenous liaison officer (e.g., informal navigator and care coordinator); 5) multidisciplinary team inclusion (e.g., regular meetings, joint assessments, relationships, input sought and referrals from clinicians); and 6) culture of respect<br>Source | Published 22 September 2022 |
| | • Type of health professional(s) targeted<br>  ○ Physicians<br>  ○ Nurses<br>  ○ Teams of health professionals<br>• Type of safety addressed<br>  ○ Physical<br>  ○ Cultural<br>• Safety framework areas of focus<br>  ○ Setting of focus<br>  ▪ Network of organizations (e.g., local/regional health system<br>  ○ Setting of focus<br>  ▪ Public health<br>  ○ Intervention of focus<br>  ▪ Adopting professional-targeted implementation strategies to ensure health professionals provide care in physically, | • This paper aimed to study the safety climate of the Healthcare Workers (HCWs) in low- and middle-income countries (LMICs), specifically using Nigeria for this case study<br>• The authors conducted a cross-sectional study using the Nordic Safety Climate Questionnaire (NOSACQ-50) to evaluate safety climate dimensions from 433 participants (comprised of HCWs in different fields) residing in Nigeria<br>• This questionnaire included 50 items, comprised of the following sections: (i) management safety priority, commitment, and competence; (ii) management safety empowerment; (iii) management safety justice (six items); (iv) workers' safety commitment; (v) workers' safety priority and risk non-acceptance; (vi) peer safety | Published June 2021 |

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| | psychologically and culturally safe environments<br>▪ Adopting organization-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments | communication, learning, and trust in safety ability; and (vii) trust in the efficacy of safety systems<br>• The survey revealed that there was a correlation between participants who rated safety practices and commitment from management at a fairly low level and perceptions of subpar safety, low job satisfaction, and higher participant stress<br>o Many participants stressed the importance of safety climate enhancement in the open-response section at the end of the survey<br>• The study also found that a high-quality work environment is more likely to improve workplace-safety climate, and that those in managerial positions exhibited control over management safety empowerment<br>• The study suggested that investing in safety empowerment, as well as creating a sense of strong political will and governance among stakeholders, can help to improve safety culture<br>• It also demonstrated the need for managers in healthcare to promote employee health and safety policies, including safety communication and safety training, especially in LMICs<br>• The authors highlight that the study results are limited in terms of generalizability and due to the low response rate for their survey<br>Source | |
| | • Type of safety addressed<br>o Physical<br>o Psychological<br>o Cultural<br>• Safety framework areas of focus<br>o Intervention of focus<br>▪ Adopting professional-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments | • The aim of this qualitative study was to identify interventions to address workplace violence experienced by emergency department (ED) health workers at five ED sites in two geographically distinct regions in the U.S.<br>• Data was collected from interviews with 80 healthcare workers from the five ED sites<br>• The study identified potential interventions at the micro, meso, and macro levels of the healthcare system, and within each level, interventions fell into | Published December 2020 |

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| | ▪ Adopting organization-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments | the ED phases of "prevention", "response", and "recovery"<br>• In terms of "prevention", participants noted that preventable staff-related factors, such as staff bias around patients with mental illness, were often predictive of violent events, and that focusing on creating a patient-centred experience can promote respect and dignity and prevent the triggering of potentially violent patients<br>• With regards to "response", participants indicated that team cohesion and efficacy when responding to workplace violence was critical, and that de-escalation and fostering therapeutic rapport are also important<br>• Coping mechanisms and team recovery and peer support were identified as important tools for "recovery"<br>• The results of the study also indicated that in order to be effective, organizational policies to address workplace violence need to reflect a commitment to workplace safety<br>• The study concluded that efforts to address violence in the workplace should consider comprehensive approaches at multiple ED phases of preparedness, as well as interconnected influences from workers, organizations, and the society at large<br>Source | |
| | • Type of health professional(s) targeted<br>○ Nurses<br>• Type of safety addressed<br>○ Physical<br>○ Psychological<br>• Safety framework areas of focus<br>○ Intervention of focus<br>▪ Adopting professional-targeted implementation strategies to ensure health | • This single study assessed the types of verbal and physical abuse by patients against the nursing workforce and the effectiveness of a video-surveillance intervention for tracking patient aggression<br>• The study was conducted from 73 hospitals and was based on responses to patient-engaged video surveillance (PEVS)<br>○ PEVS is an interactive form of video surveillance with dedicated monitoring staff | Published July 2020 |

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| | professionals provide care in physically, psychologically and culturally safe environments | using hospital workstation to monitor multiple patients simultaneously<br>○ Patients are selected for PEVS by bedside clinical nurses who identified patients who are most at risk for falls and other adverse events<br>• Of the 150,434 patients that were enrolled in the 24-hour PEVS, 5,034 (3%) of patients were identified by nurses as at risk of aggressive/violent behaviour, but a total of 221 (0.15%) patients actually exhibited aggressive/violent behaviour towards nurses<br>• Over the 21 months of the study, a total of 320 patient-abuse incidents were observed (40% verbal and 60% physical)<br>• The authors concluded that PEVS was an effective intervention for tracking patient-aggression trends and increasing patient and nursing workforce safety, but they recommended that since 99% of patients who exhibited aggressive/violent behaviour were not identified as at risk by nurses, organizations should consider adding violence-risk tools to the admission assessment process for patients<br>Source | |
| | • Type of health professional(s) targeted<br>○ Teams of health professionals<br>• Type of safety addressed<br>○ Psychological<br>• Safety framework areas of focus<br>○ Setting of focus<br>▪ Network of organizations<br>○ Sector of focus<br>▪ Primary care<br>○ Intervention of focus<br>▪ Adopting professional-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments | • This study aimed to develop recommendations for HealthCare Organizations (HCOs) to overcome the impacts of a "stoic approach" to healthcare worker support on patient safety and staff retention in an ICU during COVID-19<br>• In terms of a "stoic approach", organizational resilience was found to have three key elements in the literature: foresight, coping and recovery, that occur at the individual, team, and organizational levels<br>○ However, worker trust and psychological safety act as pre-requisites for organizational resilience in HCOs<br>○ Fears of COVID-19, among other burdens in healthcare, may supersede this psychological | Published 15 June 2020 |

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| | ▪ Adopting organization-targeted implementation strategies to ensure health professionals provide care in physically, psychologically and culturally safe environments | safety, leading to broader emotional distress and burnout<br>• Additionally, a lack of leadership during times of emotional distress may ultimately have a negative impact on organizational resilience, as well as patient safety and staff retention<br>o ICUs specifically underwent rapid changes due to the pandemic to meet the needs for increased demands of beds, with limited resources<br>o Frontline ICU nurses were often forced to make dynamic trade-offs regarding patient-care processes regularly<br>• HCO leaders must make holistic considerations of worker psychological safety, provide meaningful support for emotional distress, as well as open channels of communication with healthcare workers, and display proactive resilience at the organizational level<br>• The authors recommended the following in order to preserve organizational resilience during COVID-19:<br>o create an environment of trust, psychological safety, and empowerment to enable individual workers to communicate patient safety concerns to managers<br>o develop communication structures to enable the organization to learn from the problem-solving strategies and communications of individual healthcare workers<br>Source | |
| | • Type of health professional(s) targeted<br>o Teams of health professionals<br>• Type of safety addressed<br>o Physical<br>o Psychological<br>o Cultural<br>• Safety framework areas of focus<br>o Setting of focus | • The author aimed to analyze the health workforce sector in terms of sustainability, personal health risk threats of health workers, and protections to address those risks<br>• The study found that current protection efforts are lacking in the sector and most analyses developed by development agencies focus on an economic | Published 28 January 2019 |

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| | ▪ Single organization | perspective, which places less emphasis on the workers themselves<br>• The risk that comes with providing care to affected patients was undermined in the literature<br>• Additionally, the World Health Assembly approved a proposal in 2016 to advance global strategy for HHR, however, there are no detailed specifics about the health-workforce development campaign<br>• The authors note it is important to determine the limits of a healthcare worker's ethical duty to provide care, and balance this with an organization's ethical obligation to provide safety for the workforce<br>Source | |
| | • Type of health professional(s) targeted<br>o Teams of health professionals<br>• Type of safety addressed<br>o Physical<br>o Psychological<br>o Cultural<br>• Safety framework areas of focus<br>o Setting of focus<br>▪ Single organization | • The authors of this article on managing organizational culture in healthcare settings around disruptive workplace behaviours provided recommendations for preventing physical and verbal violence against healthcare workers, which include: 1) providing an organizational-wide definition of workplace violence; 2) putting reporting systems into place; 3) providing psychological counselling and trauma-informed care; 4) reviewing current cases of workplace violence; 5) developing quality improvement initiatives; 6) training healthcare workers (e.g., self-defence, de-escalation); and 7) evaluating workplace violence-reduction initiatives<br>Source | Published November 2018 |
| | • Type of health professional(s) targeted<br>o Teams of health professionals<br>• Type of safety addressed<br>o Psychological<br>• Safety framework areas of focus<br>o Setting of focus<br>▪ Single organization | • The Betty Neuman Stressor Model (typically used in nursing education to explain illness causation of the patient) described healthcare workplace stressors and potential strategies<br>• The stressors are categorized based on levels (i.e., intrapersonal, interpersonal, extrapersonal) and based on primary, secondary, and tertiary prevention dimensions | Published 2011 |

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| | | • Examples of primary dimension activities include health- and wellness-promotion activities, secondary dimension activities involve reducing the stressors through organizational changes (e.g., issuing personal protective equipment and employee assistance), and tertiary dimension refers to stabilization and reconstitution after treatment<br>Source | |
| | • Type of health professional(s) targeted<br>  ○ Allied health professionals<br>  ○ Lay/community health workers (including personal-support workers)<br>• Type of safety addressed<br>  ○ Cultural<br>• Safety framework areas of focus<br>  ○ Equity focus<br>  ▪ Race/ethnicity/culture/language | • This study reported on factors supporting retention of health and well-being support staff in Aboriginal Health Services in Australia<br>• Staff described that the organization has a culturally safe working environment, where they feel accepted and respected and appreciated that they have a cultural committee<br>Source | Published 18 March 2021 |
| | • Type of health professional(s) targeted<br>  ○ Nurses<br>• Type of safety addressed<br>  ○ Physical<br>• Safety framework areas of focus<br>  ○ Intervention focus<br>  ▪ Adopting professional-targeted implementation strategies<br>  ▪ Adopting organization-targeted implementation strategies | • The literature review focused on best practices to protect occupational-health nurses from hospital violence<br>• The authors recommended occupational-health nurses to work with interdisciplinary teams to create policies to prevent and respond to workplace violence, in addition to conducting a work-site analysis and developing an employee education program to teach self-defence and de-escalation techniques<br>Source | Published 2013 |

**Appendix 3: Documents excluded at the final stages of reviewing**

| Type of document | Hyperlinked title |
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| Guidelines | None identified |
| Full systematic reviews | Assessing safety climate in acute hospital settings: A systematic review of the adequacy of the psychometric properties of survey measurement tools<br>Violence committed against nursing staff by patients in psychiatric outpatient settings<br>Ethical tensions: A qualitative systematic review of new graduate perceptions<br>Prevalence of Workplace Violence Against Health-Care Professionals in China: A Comprehensive Meta-Analysis of Observational Surveys<br>Workplace incivility, lateral violence and bullying among nurses. A review about their prevalence and related factors<br>Analyzing the concept of disruptive behaviour in healthcare work: an integrative review<br>Psychological impact of quarantine on healthcare workers<br>Protecting Indian health workforce during the COVID-19 pandemic<br>The relationship between sensory stimuli and the physical environment in complex healthcare settings: A systematic literature review<br>Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: a systematic review and qualitative meta-synthesis<br>Violence and abuse against nurses in Saudi Arabia: A narrative review<br>Stressors and Coping Strategies among Nursing Students during the COVID-19 Pandemic: Scoping Review<br>Emotional and psychological implications for healthcare professionals in disasters or mass casualties: A systematic review<br>A review of workplace mental health interventions and their implementation in public safety organizations<br>Prevalence and Correlates of Psychological Symptoms in Chinese Doctors as Measured with the SCL-90-R: A Meta-Analysis<br>Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review<br>Cultural competence in healthcare in the community: A concept analysis<br>Perspectives on Indigenous cultural competency and safety in Canadian hospital emergency departments: A scoping review<br>Role of Indigenous health workers in the delivery of comprehensive primary health care in Canada, Australia, and New Zealand: a scoping review protocol<br>Creating psychological safety in interprofessional simulation for health professional learners: a scoping review of the barriers and enablers<br>Supporting a Culture of Health in the Workplace: A Review of Evidence-Based Elements |
| Rapid reviews | None identified |
| Non-systematic reviews | None identified |
| Protocols for reviews that are already underway | None identified |
| Titles and questions for reviews being planned | None identified |

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| Single studies | Burnout among healthcare providers during COVID-19: Challenges and evidence-based interventions<br>Examining the Influence of Workplace Incivility on Nurses' Patient Safety Competence<br>Building Indigenous health workforce capacity and capability through leadership - the Miwatj health leadership model<br>Workplace violence: Examination of the tensions between duty of care, worker safety, and zero tolerance<br>Barriers and enablers to Aboriginal and Torres Strait Islander careers in health: A qualitative, multisector study in western New South Wales<br>Development and effectiveness of tabletop exercises in preparing health practitioners in violence prevention management: A sequential explanatory mixed methods study<br>Mental health matters: A cross-sectional study of mental health nurses' health-related quality of life and work-related stressors<br>Cultural empathy in midwifery students: Assessment of an education program<br>Stress and psychological well-being among allied health professionals<br>An analysis of the exposure to violence and burnout levels of ambulance staff<br>Measuring organizational-level Aboriginal cultural climate to tailor cultural safety strategies<br>Achieving cultural safety for Australia's First Peoples: a review of the Australian Health Practitioner Regulation Agency-registered health practitioners' Codes of Conduct and Codes of Ethics<br>Workplace violence in a large correctional health service in New South Wales, Australia: a retrospective review of incident management records<br>The Aboriginal Population Health Training Initiative: an NSW Health program established to strengthen the Aboriginal public health workforce<br>Relationships between work outcomes, work attitudes and work environments of health support workers in Ontario long-term care and home- and community-care settings<br>The Frequency, Contributing and Preventive Factors of Harassment towards Health Professionals in Iran<br>Psychometric properties of the moral injury symptom scale among Chinese health professionals during the COVID-19 pandemic<br>Evaluation of a First Peoples-led, emotion-based pedagogical intervention to promote cultural safety in undergraduate non-Indigenous health professional students<br>Toward Designs of Workplace Stress Management Mobile Apps for Frontline Health Workers During the COVID-19 Pandemic and Beyond: Mixed Methods Qualitative Study<br>Application of the model of leadership influence for health professional well-being during COVID-19<br>Aboriginal and Torres Strait Islander health practitioners in rural areas: credentialing, context and capacity building<br>Evolving beyond antiracism: Reflections on the experience of developing a cultural safety curriculum in a tertiary education setting<br>Night Shift Naps Improve Patient and Workforce Safety<br>Impact of Patient-engaged Video Surveillance on Nursing Workforce Safety: Patient Aggression/Violence<br>Patient Harm During COVID-19 Pandemic: Using a Human Factors Lens to Promote Patient and Workforce Safety<br>How Effective are Mindfulness-based Interventions for Reducing Stress Among Healthcare Professionals? A Systematic Review and Meta-Analysis |

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| | Mental health workers' experiences of support and help-seeking following workplace violence: A qualitative study<br>Creating a Healthier Workplace Environment in an Era of Rising Workforce Pressures<br>The influence of yarning circles: A cultural safety professional development program for midwives<br>Workplace violence and its aftermath in China's health sector: implications from a cross-sectional survey across three tiers of the health system<br>Investment in workforce health: exploring the implications for workforce safety climate and commitment<br>Workplace violence and gender discrimination in Rwanda's health workforce: Increasing safety and gender equality<br>Feasibility for an EMS workforce safety and health surveillance system<br>Occupational Health Protection for Health Workers in China With Lessons Learned From the UK: Qualitative Interview and Policy Analysis |
| Other types of documents | None identified |

**Appendix 4: Experiences in other countries with the frameworks and interventions to ensure health professionals practise in environments that are physically, psychologically and culturally safe**

| Country | Summary of experiences |
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| New Zealand | • WorkSafe New Zealand, the primary workplace health and safety regulator in New Zealand, provides several guidance documents with information on moving and handling people, violence in the health and disability sector, and provision of facilities, including:<br>o Violence in the health and disability sector – Guidance for persons conducting a business or undertaking (PCBUs)<br>o Moving and handling people in the healthcare industry<br>o Guidelines for the provision of facilities and general safety in the healthcare industry.<br>• According to Employment New Zealand, organizations often offer employee assistance programs (EAPs) to provide free counselling and support to employees as part of their health and safety program or their managing-diversity initiative<br>• New Zealand has a Health and Safety Strategy for the government's vision for improving health and safety at work across New Zealand that incorporates a range of factsheets, including one on work-related health |
| Australia | • In October 2022, the Australian Medical Association released the *Every Doctor, Every Setting* national framework to help bring more focus to psychological and cultural safety, and prioritize mental health support for doctors and medical students<br>o The framework was developed in consultation with medical leaders across the country and consists of five key pillars: 1) to improve training and work environments; 2) to recognize and help those seeking support; 3) to better support doctors and medical students who are in need; 4) help reshape the medical profession culture to promote well-being; and 5) to improve coordinated action and uphold accountability<br>o It targets structural and environmental risk factors affecting health professionals, and allows hospitals and organizations to sign, share, and showcase how they will work towards implementing the framework<br>• As part of this commitment, in June 2020, the Australian Medical Association announced that free, confidential mental health counselling will be offered to various doctor and medical students across the country through the Drs4Drs Support Service<br>o This service is available for medical students, doctors in training, rural and isolated doctors, international medical graduates, senior medical officers, community- and hospital-based doctors, retiring doctors, and families of doctors<br>o Participants are granted up to three free telehealth counselling sessions<br>• In order to help improve support for Indigenous health work, the Australian Health Practitioner Regulation Agency developed a national strategy to help improve access to culturally safe care practices for health professionals<br>• The Australian Safety and Quality Framework for Health Care provides a foundation for ensuring safety within the health care system; key principles include: 1) being consumer-centred; 2) driven by information; and 3) organized for safety<br>• PeopleSense provides healthcare workers in Western Australia with Employee Assistance Programs to promote psychological safety, such as counselling and well-being services |
| Germany | • A 2022 study from Germany focuses on workplace health promotions interventions, specifically for nurses in Germany<br>o Workplace health promotion (WHP) is a promising approach to promoting both mental and physical health in nurses<br>o Based on the WHP, the *Care Staff Strengthening Act* requires German health insurers spend one euro per insured person for WHP interventions in nursing care |

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| | ○ No concrete recommendations were found for setting-related health promotion in nursing<br>○ Most of the WHP interventions focused on mental health challenges, however, many of these studies fail to consider the setting-specific effects on mental health<br>○ Most of the literature showed no statistically significant effect on the respective outcomes (regarding the effectiveness branch of the framework)<br>○ WHP in healthcare should be multimodal and address the following nine fields: self-image of care, a safe and healthy environment, exercise, breaks and recreation, existential issues of caregiving, communication, qualification, work-life balance, and self-management<br>○ Study displayed many limitations, including a lack of reporting on Implementation and Adoption of the model, and minimal reporting on Reach and Maintenance (according to RE-AIM framework)<br>○ The paper suggests that there is a lack of intervention studies in the field, especially with respect to setting-specific health burdens and violence against nurses; the authors highlight the need for research in the following areas: violence prevention and health promotion for nurses in home-based long-term care |
| Sweden | • In 2018, a 3 billion SEK investment in improving the work environment for healthcare personnel was made by the Swedish central government<br>○ The majority of these funds went to municipalities and county councils for workplace initiatives<br>○ County councils received these funds to provide specialty training for nurses and support IT solutions that will simplify the administrative process<br>• A qualitative survey was administered to explore the local initiatives in place for improving the work environment for healthcare workers providing home care<br>○ This survey aimed to identify change initiatives and the impact of these initiatives on gender equality<br>○ This survey identified 10 overarching themes which were the focus of the change initiatives; these themes include work organization, digital support systems, planning and scheduling, improved care for patients, ergonomic interventions related to musculoskeletal strain, occupational safety, improved basic resources work environment-related education, improved office facilities and improved cooperation with home-care nursing<br>○ Survey respondents reported decreased levels of work stress with the implementation of more effective work systems, increased physical health, and improved mood<br>○ This survey found that many of the respondents did not think that the change initiatives had any effects on gender equality; however, a few individual respondents identified a more equitable distribution of work among colleagues regardless of gender, age and ethnicity |
| The Netherlands | • The Government of the Netherlands released an action plan for safe working conditions in healthcare in 2012 that builds upon existing national working conditions legislation as well as sector-specific health and safety policies<br>○ The plan mentions that all branches of the health system have to maintain policies on aggression and violence, but these policies are often not enforced<br>○ The plan also highlights that while all violence in the health sector is unacceptable, providers often face a dilemma between providing the best care for their patients and looking after their own safety<br>○ Relatedly, the action plan flags that incidents of aggression and violence are under-reported, both to employers as well as to the police for criminal matters |

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| | ○ The action plan calls upon the health ministry and other healthcare partners to support the development of strategies for improving workplace safety in healthcare and advance the national conversation about this topic<br>○ The plan also calls for more systematic use of legal tools to deal with perpetrators of aggressions, including discontinuing care, doing more reporting, furthering cooperation with police, and demanding more severe penalties<br>○ The plan calls upon the health ministry and healthcare partners to do more to train healthcare workers to deal with violence and aggression, in particular how to de-escalate situations<br>• In the Netherlands, legislation stipulates that criminal aggression and violence against care providers carries three times heavier penalties than comparable cases outside the sector |
| United Kingdom (U.K.) | • The NHS People Plan and the NHS People Promise outlines several key programs put in place to assist organizations in developing a culture of well-being, and ensuring their workforce feels supported and well at work<br>○ The Health and Wellbeing Framework is a culture-change toolkit, consisting of a strategic overview, organizational diagnostic tool, elements of health and well-being, and implementation guide<br>○ Wellbeing Guardians is a full-time NHS role tasked with creating an organizational culture that considers and empowers the health and well-being of NHS people across all organizational activities and decisions, and Health and Wellbeing Champions are NHS employees working at all levels and roles of the NHS who (in addition to their normal role) help promote health and well-being and signpost colleagues to local and national health and well-being supports<br>○ Well-being conversations are intended to be regular, supportive and coaching-style one-to-one conversations focusing on the well-being of NHS people and developing a personalized plan to help promote flexibility, equality, diversity and inclusion at work<br>• In January 2021, NHS England and the Social Partnership Forum released the new national Violence Prevention and Reduction Standard, which is underpinned by legislation requiring that (NHS) employers protect staff from threats and violence at work<br>○ The standard employs the Plan, Do, Check, Act (PDCA) approach consisting of an iterative four-step method of validating, controlling and achieving continuous improvement of processes to identify requirements, assess and manage risk, organize and implement processes, communicate plans, provide adequate resources and training, engage in transparent auditing measures, and review performance to ensure that NHS staff are adequately protected against threats and violence in the workplace<br>○ A checklist for each of the four steps and a compliance matrix have been developed to guide organizations to ensure they are compliant with the standard<br>• NHS England – Midlands' Workforce, Race, Equality and Inclusion strategy provides recommendations for tackling racism and other types of discrimination against black and minority ethnic staff, as well as providing organizations with supports for building accountability, eliminating racism and bias in recruitment and progression, eliminating racism and bias in disciplinaries, and rewarding and measuring progress taken by organizations to address racism and other types of discrimination in the workplace<br>• The NHS National Office Programme is designed to better manage and transform office and clinical spaces to enable more flexible and collaborative ways of working, save money, improve physical and social working environments, and improve NHS staff's productivity and well-being<br>○ The program considers design evidence such as the 8:10 desk ratio (eight desks to every 10 employees), and aims to change organizational culture and leveraging modern IT equipment to provide greater mobility and tools for collaboration |

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| | • Case studies of projects have revealed improvements in working culture, well-being and collaboration, among other positive outcomes such as cost-savings and increased productivity |
| United States (U.S.) | • The U.S. Surgeon General's Advisory released a report on health-worker burnout and specifically called out the need to transform organizational cultures to prioritize health-worker well-being<br>  ○ Examples of key recommendations related to workplace safety for health workers include: 1) providing supports that show health workers are valued; 2) building leadership commitment for health worker well-being; 3) regularly assessing distress and burnout through validated tools; 4) encouraging paid leave and rest breaks; 5) establishing a zero-tolerance for violence; and 6) ensuring adequate personal protective equipment<br>• The National Academy of Medicine released its national plan for health workforce well-being in October 2022, which highlights priority areas such as: 1) creating and sustaining positive work and learning environments and culture; 2) supporting mental health and reducing stigma; 3) engaging effective technology tools; 4) investing in measurement, assessment, strategies, and research; 5) addressing compliance, regulatory, and policy barriers for daily work; 6) institutionalizing well-being as a long-term value; and 7) recruiting and retaining a diverse and inclusive health workforce<br>  ○ The report includes many guides, checklists, assessment tools, and other resources for both individual- and organizational-level supports with the goal to improve workplaces and well-being of healthcare workers (e.g., compendium for healthcare worker well-being)<br>• The American College of Physicians provides resources and tools to improve practice and organizational environment, such as a list of cultural-change interventions (i.e., limiting work hours, offering flexible work arrangements, investing in leadership development, creating a wellness committee, establishing wellness as a quality indicator, conducting physician discussion groups, establishing a culture prioritizing relationships and teamwork, providing relationship-centred communications skills training, conducting workflow and quality-improvement evaluations, implementing "listen-act-develop" models with physician-organization efforts, and proactively reduce stigma of mental illness)<br>• The American Medical Association has developed an assessment tool to support organizations in measuring culture, practice efficiency, self-care, and retention<br>  ○ As part of their "STEPS Forward" initiative, the association provides toolkits, playbooks, webinars, and other resources to sustain practices and improve leadership and culture |

**Appendix 5: Experiences in Canadian provinces and territories with frameworks and interventions to ensure health professionals practise in environments that are physically, psychologically and culturally safe**

| Province | Summary of experiences |
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| Pan-Canadian | • Under the *Canada Labour Code*, employees have the right to be informed of known or foreseeable workplace hazards and to be provided with the information, training, instructions, and supervision necessary to protect their health and safety<br>o Employees also have the right to participate in identifying and correcting work-related health and safety concerns<br>o Employers with 300 or more employees must establish a policy health and safety committee to handle organization-wide health and safety issues<br>• The Canadian Centre for Occupational Health and Safety (CCOHS) provides several resources and guidelines that address employee health and wellness-related topics, including violence/bullying, work-life balance, mental health, and stress<br>o Resources provided on each of the topics include factsheets, courses/e-learning, publications, posters, podcasts, and promotional items<br>• The CCOHS recommends that policies related to workplace violence should:<br>o be developed by management and employee representatives, including the health and safety committee or representative, and union, if present<br>o apply to management, employees, clients, independent contractors and anyone who has a relationship with your company<br>o define what you mean by workplace violence, harassment and bullying in precise, concrete language<br>o provide clear examples of unacceptable behaviour and working conditions<br>o state in clear terms your organization's view toward workplace violence and harassment, and its commitment to prevention<br>o precisely state the consequences of making threats or committing violent acts<br>o outline the process by which preventive measures will be developed<br>o encourage reporting of all incidents, including reports from witnesses<br>o outline the confidential process by which employees can report incidents and to whom<br>o assure no reprisals will be made against reporting employees<br>o outline the procedures for resolving or investigating incidents or complaints<br>o describe how information about potential risks will be communicated to employees<br>o make a commitment to provide support services to victims of violence<br>o offer a confidential Employee Assistance Program (EAP) to allow employees to seek help<br>o make a commitment to fulfil the prevention training needs of different levels of personnel within the organization<br>o make a commitment to monitor and regularly review the policy<br>o state applicable regulatory requirements.<br>• In 2019, the House of Commons Standing Committee on Health conducted a study on violence against healthcare workers and provided several recommendations to address the issues in its final report, including:<br>o creating a pan-Canadian violence prevention framework<br>o holding perpetrators of assault accountable<br>o targeted funding for violence-prevention infrastructure<br>o better data and tracking |

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| | ○ updating Canada's health human resources strategy to address major staffing shortages.<br>• The Mental Health Commission of Canada developed the Quality Mental Health Care Framework with 10 dimensions, which includes three dimensions focusing on creating physically, psychologically and culturally safe work environments<br>○ The three dimensions address workplace safety at the individual, interpersonal and intersectoral levels, where health providers are comfortable to share their mental health challenges at work |
| British Columbia | • The government recently released its new health-workforce strategy, which includes fostering healthy and safe workplaces for health professionals<br>○ As part of its initiative, the government is focusing on supporting workforce health and wellness, embedding reconciliation and cultural safety, advancing diversity, equity and inclusion, increasing clinical leadership capacity to support staff and services, and improving workforce engagement<br>• The government, health authorities, and the British Columbia Medical Association have a memorandum of agreement for physical and psychological safety which includes the current framework for occupational health (e.g., broader stakeholder engagement, collaborative approach, transparency, evidence-based decision-making, and compliance)<br>• According to the Doctors of British Columbia, there are many regional and provincial initiatives that are aiming to improve workplaces and environments for physicians, such as disciplinary processes, workplace safety committees, leadership coaching, incident mapping, and training for psychological health<br>• The government has a telephone-based reporting system for health workers related to physical and psychological injuries |
| Alberta | • Alberta Health Services has a *Respectful Workplaces and Prevention of Harassment and Violence* policy in place to help mitigate and prevent all forms of physical violence, including worker-to-worker, patient-to-worker, domestic, and external violence in the workplace<br>• As part of the Workplace Health & Safety program at Alberta Health Services, employees have access to wellness supports, employee and family assistance programs, and occupational safety programs<br>• In conjunction with the University of Fredericton, the Workers' Compensation Board – Alberta offers psychological health and safety in the workplace training programs at the basic, manager, and advanced levels<br>• In May 2019, the Alberta Medical Association launched an initiative towards developing Healthy Working Environments<br>○ The primary motivation for this initiative was to "[work] with and for physicians to address system issues which impede attaining a safe, healthy and equitable working environment"<br>○ The framework is largely centred upon three components: 1) diversity and inclusion; 2) leadership; and 3) psycho-social wellness and safety<br>• Alberta Health Services published a resource kit for healthcare professionals to improve cultural competency within the workplace when delivering healthcare services |
| Saskatchewan | • The Health Human Resources Action Plan was developed by the Saskatchewan Health Authority and announced in September 2022<br>○ This plan aims to invest $60 million into the recruitment, training, incentives and retention of healthcare workers<br>○ Under the retention stream of this plan, the Saskatchewan Health Authority will advance new mentorship programming, enhance peer-to-peer support programming, support continuous learning and development pathways, and create additional programming to support employee well-being and resiliency |

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| | ○ This plan also commits to developing and implementing a representative, diverse and inclusive workforce<br>○ The specific initiatives to fulfill the aims under this stream are yet to be elucidated |
| Manitoba | • Beginning 2019, the Manitoba government set out Manitoba's Five Year Prevention Plan outlining key strategies the government is targeting to reduce mental health-related onset in all workplaces across the province<br>○ In their first goal, the government is looking to support and engage industry-based safety programs (IBSPs) and other community-based organizations that are positioned to offer relevant guidelines for a specific industry; key interventions include, but are not limited to: 1) creating a virtual hub where visitors can access all information related to awareness, best practices, and research from experts in the field of safety; and 2) identifying opportunities for the government to contribute to the agenda of increasing workplace mental health and safety<br>○ The second goal is to increase awareness and training for all Manitobans, which includes ensuring accessibility to tools and support for all workers as well as anti-stigma awareness campaigns<br>○ The third goal includes the Manitoba government looking into promoting the implementation of a National Standard for Psychological Health and Safety in the Workplace; the national standard will include the objectives identified in goals one and two, as well as demanding workplaces implement measures and review systems for mental health and sustainability<br>○ The fourth goal aims to build positive workplace culture and encourage the practice by providing and promoting industry-specific examples of strong workplace cultures<br>• In addition to efforts by the Manitoba Government, the Canadian Mental Health Association (CMHA) Manitoba and Winnipeg branch provides educational services to all workplaces based on the National Standard discussed previously, and comes full circle<br>○ The education services include consultations, training and education |
| Ontario | • The Ontario government provides health and safety training programs for workers, supervisors, health and safety representatives, and joint health and safety committee members to help ensure that their workplaces meet the requirements under the *Occupational Health and Safety Act*<br>• The safety committee for workers at St. Michael's Hospital launched a Patient Safety Dashboard in response to increasing violence and aggressive behaviour against their healthcare workers on the job<br>○ The dashboard allows staff to identify patients who may be at a higher risk of violence while in the emergency department and at a higher risk of abusing staff<br>○ Unless a patient has been flagged in a high-risk event, once they have been discharged from the hospital the patient is removed from the dashboard<br>• The Ministry of Labour, Immigration, Training and Skills Development (MLITSD) has been conducting an initiative that began in June 2022 that is focused on the prevention of workplace violence during transition and transfer of care, and is scheduled to run until the end of March 2023 |
| Québec | • The Quebec Interprofessional Health Federation published a policy towards the well-being of staff and combatting workplace violence<br>○ A few of the primary objectives of this policy are: to promote relationships centred on respect and cooperation; the promotion of a workplace environment that is free of violence and maintains the physical and psychological integrity of the individuals that work in the institutions; and prevent conflicts and promote resolution |

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| | • The Central Labour Union in Quebec released a policy that serves as a building block for ensuring the prevention of violence and harassment in the workplace<br>• A snapshot of the violence and safety in the healthcare sector in the province revealed that an estimated 528,000 staff were exposed to workplace psychological harassment over a one-year period and 69,000 staff faced physical violence; the cost of workplace violence is approximately $10 million on an annual basis<br>• A survey revealed that nursing staff faced significantly higher rates of "serious violent acts" in the workplace<br>• In November 2022, an investment of $15 million was made to ensure the cultural safety of Indigenous communities in the health and social-services sector<br>  ○ This will include training for healthcare staff and management to ensure that cultural safety is maintained during the delivery of care services and a culturally safe environment is established |
| New Brunswick | • The New Brunswick Department of Health's report 'Stabilizing health care: An urgent call to action' identifies the need to create safe and healthy work environments to improve employee recruitment and retention<br>  ○ The report also announces that the department and partners will be creating a strategy to reduce workplace violence, recognize employee efforts, and promote greater wellness throughout the healthcare system<br>• Work Safe New Brunswick has identified nursing homes as a high-risk industry and maintains a list of resources regarding workplace safety in nursing homes<br>  ○ One of the resources series they provide deals with stretching and warming up to prevent musculoskeletal injuries when handling clients<br>• The Nursing Home Workplace Violence Prevention Working Group (which is composed of Work Safe New Brunswick, the New Brunswick Association of Nursing Homes, the New Brunswick Nurses Union, and the New Brunswick Continuing Care Safety Association) has produced a nursing home violence-prevention toolkit<br>  ○ The toolkit includes roles and responsibilities documents (as well as conduct agreements) for boards of directors, management, workers, and residents and their sponsors<br>  ○ The toolkit contains workplace violence-assessment tools and risk-assessment scales<br>  ○ The toolkit also includes a one-page flow chart with steps to follow in the event of a violent incident<br>• The New Brunswick Continuing Care Safety Association offers a number of resources to foster and encourage a culture of safety within the continuing care sector<br>  ○ They identify the following elements as being essential to preventing safety incidents in the continuing-care sector:<br>  ▪ leadership commitment<br>  ▪ hazard identification and assessment<br>  ▪ hazard control<br>  ▪ ongoing inspections<br>  ▪ qualification, orientation, and training<br>  ▪ emergency response<br>  ▪ incident investigation<br>  ▪ program administration.<br>  ○ They identify the following elements as being part of managing safety incidents in the continuing-care sector: |

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| | ▪ measurement<br>▪ claims management<br>▪ incident investigation<br>▪ communication<br>▪ trust<br>○ The association also offers consulting services to organizations to help them measure and improve their health and safety programs |
| Nova Scotia | • None identified |
| Prince Edward Island | • As part of the province's strategic planning for 2021-24, the government aims to improve workplace safety and increase staff retention by improving policies, tools and resources<br>○ As part of their strategic performance framework, their key indicators for improved processes include vacancy rate, turnover rate, sick time, overtime, and employee incidents |
| Newfoundland and Labrador | • The Newfoundland and Labrador government set out a five-year plan to enhance workplace injury and harm-prevention strategies<br>• The 2018 report discusses the values and objectives the government will be targeting, which includes transparency progress on the collaborations and partnerships between employers, workers, and the community via annual reports and information exchanges<br>• The Occupational Health and Safety Act outlines the specific responsibilities of employers, workers, supervisors, OHS committees and Worker Health and Safety (WHS) representatives/designates<br>• In 2007, the Office of Nursing Policy of Health Canada compiled a report titled *The Healthy Workplace Initiative: Creating a Culture of Safety,* outlining strategies and recommendations for increasing Newfoundland and Labrador health workplaces safety<br>• Among the interventions discussed are:<br>○ assigning a co-chairperson of occupational health and safety committees in every workplace with the role of outlining and reviewing information for health and safety<br>○ developing accountability frameworks within the regional level with the aid of personnel responsible for workplace safety<br>○ adequate financial support for implementing work safety measures<br>○ encouraging ongoing professional development for health personnel on the safety knowledge via certificates and programs.<br>• No recent frameworks and interventions were discussed for health professionals |
| Yukon | • None identified |
| Northwest Territories | • None identified |
| Nunavut | • In response to a 2017 report from the auditor-general of Canada on Nunavut's Health Department that raised security concerns for health workers, Nunavut has invested between $2 and $3 million a year on security guards and other security measures across 10 community health centres |