

Scottish Community Safety Network

Title: Workplace Violence Intervention Effectiveness: A Systematic Literature Review Author: James T. Wassell Date published: 2009 Funding body: NA Document available to download at: http://www.sciencedirect.com/science? ob=ArticleURL& udi=B6VF9-4V9YNNF-2& user=121723& coverDate=10%2F31%2F2009& rdoc=1& fmt=high& orig=searc <a href="http:heatsystem:heatsyst

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SCS topic headings: Personal Safety, Equality and Diversity, Safety in Public Spaces (ASB)

This document is a REVIEW of effective intervention approaches.

Summary of the intervention's aim

This is a systematic review of literature published since 1992, to determine the effectiveness of interventions in preventing workplace violence and to suggest interventions that need further evaluation research

The author seeks to address what interventions, according to the literature, have been demonstrated to work to reduce workplace violence incidents of various types? Which interventions have yielded mixed or no reliable results in the studies? Where are the gaps and what research efforts are needed to fill them?

Outcomes

Wassell states that there has been no systematic review of the whole body of workplace violence literature from approximately 1992 to the time of writing the review. Through a selective process this review identified nearly 100 papers which were categorized by type of study or study design [See **How the evaluation gathered information for findings and conclusions** below for an explanation about these categories]:

- The health care industry is the focus of 54% of the papers
- The retail industry is the focus of 11%

- The remaining papers addressed the workplace in general or other situations
- This finding drives the organization of this review.
- Review papers represent 14% of the total
- cohort studies represent 11%
- case-control studies represent 7%
- cross-sectional and uncontrolled studies represent 36%
- and expert opinion papers represent 31%.
- Multiple types of violence are discussed in 35% of the papers
- 41% of the papers discuss Type II violence
- 23% discuss Type III
- 19% discuss Type I
- 17% discuss Type IV.

[See **How the evaluation gathered information for findings and conclusions** below for an explanation about these categories.]

While space will not permit a discussion of every paper, the complete list and additional tables (that indicate the types of violence, the intervention category notes on the population studied and the prevention strategy considered) are available as electronic Supplementary material tables [see the paper by Wassell itself for further details or for the author's contact details].

This systematic literature review identifies health care and retail as two major industries where interventions to prevent workplace violence have been evaluated. The quality of the evaluations has been variable, with a few studies demonstrating careful attention to study design and quantitative details leading to credible results. Many of the promising preliminary results should be verified through well controlled and well designed follow-up studies (p. 1054).

Environmental design interventions in retail settings

Major papers are examined that evaluate interventions to prevent workplace violence in the retail industry. These mostly concern environmental designs to prevent robbery and its violent consequences to retail workers. Comments are made on selected studies to illustrate intervention effectiveness.

Summary about environmental design interventions in retail settings

- Environmental designs have been demonstrated in the literature to deter robbery and violence, consequently reducing the incidence of injury and homicide at work. Multiple environmental designs, implemented as a group, demonstrate the best approach to reducing the victimization of retail workers.
- Even single interventions- most notably the use of a limited cash-handling policy, along with drop safes, unobscured visibility, and effective lighting to eliminate stealth in criminal activity- have demonstrated effectiveness in reducing workplace violence.

• But more research is needed to overcome the barriers to implementation of environmental designs, especially in small businesses.

Intervention effectiveness in the health care industry

The author examines research concerning interventions to prevent violence to health care workers- mostly training and techniques of dealing with combative patients in emergency rooms, geriatric or nursing homes and mental health facilities. Comments are made on selected studies to illustrate intervention effectiveness.

Summary about training in the health care industry

- The most important industry for preventing workplace violence is the health care industry, where the most common problem concerns the patient-health care provider relationship.
- Patients developing aggressive and violent behaviour can be explained as consequences of illness and the stress of being sick and needing care (feelings of helplessness, deterioration of physical status, depression and mental illness exacerbated by physical illness, loss of social support, financial losses, and other consequences of poor or failing health).
- Training health care workers to better cope with violent patients and to avoid injury is becoming standard practice, but research is needed to identify specific aspects of training and patient management programs that are most effective.

Summary of evaluation conclusions

Previous literature reviews have, in some limited ways, described the relative effectiveness of workplace violence interventions from the 1970s to recent times (Wassell provides a list of references to the literature reviews he alludes to on page 1049). Most of these papers include a review of incidence, prevalence, and risk factors and focus on specific workplace settings.

They may describe multiple approaches to interventions, but they often include intervention effectiveness only as a secondary consideration. There has been no systematic review of the whole body of workplace violence literature from roughly 1992 to the present. This article attempts to provide that review and to answer several questions about the current state-of- the-art in workplace violence interventions.

Although much has been developed regarding the criteria for evaluating interventions (Shannon et al., 1999) many of the papers found in the search lack sufficient detail and information to fully determine the quality of the study (Wassell, p. 1050).

How the evaluation gathered information for findings and conclusions

Searching for material

A range of public online databases were systematically searched for relevant papers. The subject matter of these databases included, for example, nursing and health literature and occupational health & safety. Each database was searched in the same way using a set of descriptors to locate possible relevant material. Any papers that were found were then filtered by having to be printed in English, published since 1992 and indicating that it was an evaluation of a workplace intervention to prevent occupational violence.

The author made a decision to exclude from this review studies focused on the evaluation of emergency response programs in response to workplace violence nor on training programs where the evaluation consists of determining the effectiveness of educational efforts in terms of increasing knowledge as measured by pre-/post-tests of learning accomplishments

Categorising effective interventions found in the literature review

A review of the modern literature requires a recognition that workplace violence is not of a uniform type. For research purposes, this article categorizes workplace violence into four types according to the relationship between the violence perpetrator and the victim, as follows:

- **Type I:** External/intrusive violence: workplace violence events of criminal intent by unknown assailants, as in a robbery. Also includes terrorist acts, protest violence, mental illness or drug related aggression and random violence.
- **Type II:** Consumer related violence: workplace violence events involving customer/patient/client and family violence against staff; includes vicarious trauma to staff and staff violence to clients/ consumers as in terrorist acts.
- **Type III:** Relationship violence: worker-on-worker violence (including bullying) involving current or former co-workers and managers; includes domestic violence and sexual harassment at work and third party violence.
- **Type IV:** Organizational Violence: against staff, consumers/clients/patients; against other organizations or communities. Terrorist acts condoned or sponsored by organizations.

This review also incorporates an alternate typology by category of intervention (note that individual studies may evaluate a mix or combination of interventions):

- 1. **Environmental:** lighting entrances and exits and using security hardware and other engineering control e.g., cash-drop boxes in convenience stores and bullet-proof glass.
- 2. **Organizational and administrative:** developing programs, policies, and work practices to promote a safe working environment e.g. eliminating solo work at night in convenience stores.
- 3. **Behavioral/interpersonal:** training staff to anticipate, recognize, and respond to conflict and actual violence in the work place e.g. management of aggressive or potentially violent patients in a health care setting.

Further details about the SCS evaluation of this report are available on request. Date added to the SCS website: July 2010 (RC)