

Addressing Workplace Violence: An Examination of Existing Policies, Measures, and Response Strategies

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Author's Contribution

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ABSTRACT

Objective: To evaluate existing measures, policies to deal with WPV events at a hospital.

Methodology: This cross-sectional study was conducted at Nishtar Hospital Multan from June-August 2019 on 164-universally sampled-healthcare employees of an emergency department. Four sections were included in questionnaire. 1st section had questions of sociodemographic variables. Second section inquired about type, place, & timings of the violence incident, fearfulness about violence amongst HCW's. Third part covered questions about the reporting procedures & encouragement to report these WPV, while the last section had data related to existing measures, policies to tackle WPV events.

Results: There were 164 healthcare personnel; 67 of them were women and 97 were men. Approximately one-third of the participants said that action was taken by the management/employer to investigate the causes of incidence they faced. Thirty-five percent HCW's reported that their employer or supervisor offer to provide with the counselling and an opportunity to speak about/report it. All the HCW's were of the view that their employer developed specific policies on health & safety, physical WPV. All HCW's reported that security measures, staff trainings and investment in human resource development existed as measures to dealt with WPV events.

Conclusion: Security measures, staff trainings existed as measures to dealt with WPV events. Specific policies on health, safety, physical WPV, verbal abuse & harassment also existed but needs to be firmly implemented. Educational programs & awareness by media are required for HCWs, patients, as well as their relatives.

Keywords: Management, measures, policies, workplace violence.

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Introduction

In hospitals, violence against health care workers (HCWs) is common encountered problem.¹ It can take numerous different forms, ranging from long-lasting

verbal abuse to deadly weapon-based targeted violence.² Work place violence are “the incidents in which employees are threatened, abused or assailed in settings related to their job/work, such as travel from & to work which involves implicit or explicit challenges for their

health, well-being or safety".³ Visitors, co-workers and/or patients were mostly responsible.⁴

Workplace related-accidents can happen during off-site business activities (trade exhibitions, conferences), at social gatherings related to the job, in clients' homes, or while the employee is not at work.⁵ Prevalence of violent events has been reported to be 32%.⁶ Generally, nurses in comparison to the other professionals spend more period with the patients, hence are at more risk, in addition to cross infection.⁷⁻⁹ One survey reported that 76% of nurses were exposed to at least 01 type of violence.¹⁰ Both non-physical & physical violence against HCW's has been reported.¹¹ In health sector, it is an intensifying concern & is related to poorer quality of patient-care provision, also affecting wellbeing of employees.¹² Furthermore, in developing nations, the consequences of WPV in health industry have a substantial influence on health system's effectiveness.¹¹ In Asian nations, WPV's prevalence amongst HCW's is higher: 62% in China, 51% in Pakistan & 63% in India.³ Lack of staffing, available funding for WPV-preventative interventions, specialized workforce and resources for instance seclusion rooms or physical restraints are some of risk factors for WPV.¹⁴

Literature revealed that to some extent measures were effective, but there is a significant room for an improvement.¹⁵ Legislations passed by governments, management's firm support & well-defined policies, training as well as reporting procedures should be there.¹⁶

There may be ineffectiveness of existing safety program. Other safety programs as well as training activities for HCW's, efficient reportage system, and zero-tolerance policies must be executed to lessen WPV against health employees.¹⁷ Objective of this study was to evaluate existing measures, policies to deal with WPV events at a tertiary care hospital.

Methodology

Using a World Health Organization's (WHO) tool, a cross-sectional descriptive research was carried out on healthcare employees of an emergency department of tertiary care hospital in Multan from June-Aug 2019.

Quantitative data was gathered on different aspects of workplace violence (WPV) from 164-universally sampled-healthcare workers. Four sections were included in questionnaire. 1st section had questions of sociodemographic variables. Second section inquired about type, place, & timings of the violence incident, fearfulness about violence amongst HCW's. Third part

covered questions about the reporting procedures & encouragement to report these WPV, while the last section had data related to existing measures, policies to tackle WPV events. All presently working healthcare employees who have been working & employed there, such as doctors, paramedics and nurses were included in this research. Ethical committee of Health services academy Islamabad granted ethical approval and participants' informed consent was booked beforehand to the data collection. Descriptive statistics i.e frequencies & percentages were presented in form of figures & tables.

Results

There were 164 healthcare personnel; 67 of them were women and 97 were men. 60% (98) reported violence at some point in their employment. Approximately one-third of the participants said that action was taken by the management/employer to investigate the causes of incidence they faced. More than two-third of subjects said that they don't know about the consequences for the attacker. Thirty-five percent HCW's reported that their supervisor or boss offer to give counselling and chance to say about/report it. One-fourth partakers said that it was not important to tell others about the happened incident.

All the HCW's were of the view that their management developed certain policies on safety & health, physical WPV. 98.8% subjects told that their employer developed specific policies on verbal abuse & sexual harassment, whereas they don't know about the policies regarding bullying/ mobbing and threat. Policies on WPV are depicted in table I.

Table I: Support and developed policies by the management/employer against WPV.

Variable name with category	N (%)
Was any action taken to inspect the reasons of incidence you faced	yes 52 (31.7) No 112 (68.3)
If YES, by whom?	Management/employer 52 (31.7) Others 00 (00) None 26 (15.9)
What were the consequences for the assailant	Verbal warning issued 24 (14.6) Don't know 114(69.5)
Did your employer or supervisor offer to provide you with: the counselling	Yes 57 (34.8) No 107 (65.2)
Did your employer or supervisor offer to provide you with: opportunity to speak about/report it	Yes 57 (34.8) No 107 (65.2)
How satisfied are you with the manner in which the incident was handled?	Satisfied 51 (31) Neutral 4 (2.4) Dissatisfied 2 (1.2)
If you did not report or tell	It was not 39 (23.8)

about the incident to others, why not?	important	
	Afraid of negative consequences	18 (11)
	Useless or others	107 (65.2)
Has your employer developed specific policies on health & safety?	Yes	164 (100)
	No	0 (0)
	Don't know	0(0)
Has your employer developed specific policies on physical WPV?	Yes	164 (100)
	No	0(0)
	Don't know	0(0)
Has your employer developed specific policies on verbal abuse?	Yes	162 (98.8)
	No	2 (1.2)
	Don't know	0(0)
Has your employer developed specific policies on sexual harassment?	Yes	162 (98.8)
	No	2 (1.2)
	Don't know	0(0)
Has your employer developed specific policies on bullying/ mobbing?	Yes	0 (0)
	No	2 (1.2)
	Don't know	162 (98.8)
Has your employer developed specific policies on racial harassment?	Yes	162 (98.8)
	No	2 (1.2)
	Don't know	0 (0)
Has your employer developed specific policies on threat	Yes	(0)
	No	2 (1.2)
	Don't know	162 (98.8)

All HCW's reported that security measures, staff trainings and investment in human resource development existed as measures to dealt with WPV events at their workplace. More than two-third of the subjects in this study reported improved surroundings as a measure, whereas, restrict public access and increase number of staff was known to 95.7% & 98.8% participants respectively. As shown in figure 2.

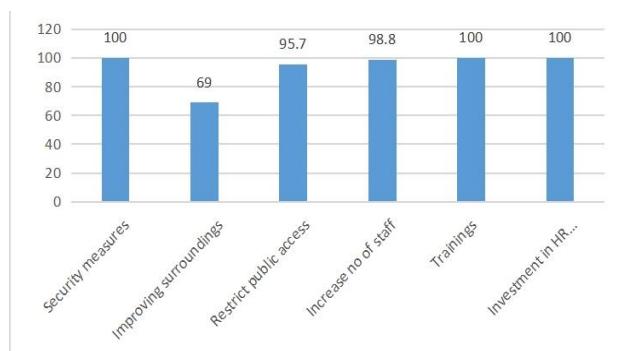


Figure 1. Existing measures to deal with WPV events at your workplace.

Discussion

The most recent definition of violence against health providers given by World Medical Association is "global emergency that undermines the very basics of health systems and critically impacts on patient's health".¹⁸ Aggressive behavior of the patients toward staffs is also a form of WPV.¹⁹ In health care industry, the protection of

workers is indispensable, and it is of supreme importance to guarantee employee and patient safety and deliver quality care.⁶ The existence of prevailing measures, policies to deal with WPV events at a tertiary care hospital of Multan was explored through this research.

Almost one-third subjects said that action was taken by management/employer to investigate the causes of incidence they faced, this is comparable to another research. Majority partakers (69.5%) don't know about the consequences for the assailant, while another research depicted that one-fifth subjects don't know consequences for the attacker. Verbal warning was issued to 14.6% people, which is almost similar (20.8%) of another survey.²⁰

Since a single-control measure is rarely fully effective on its own, it is advisable to use a range of strategies. Security measures, such as CCTV, alarm systems & trained security personnel should be there.²¹ Violence of any kind is a crime and laws must not only be strong but also properly enforced. It is an ethical & legal duty of employer to provide safe work environment for their employees, not only in terms of violence but also cross-infection contamination. Their organizational occupational safety policies should reflect national laws and human rights of those people who work in their organizations. Developed policies & culturally competent programs should be implemented, which is critical for prevention & control²²⁻²⁴.

All HCW's in this research reported that security measures, staff trainings and investment in human-resource development already existed as measures to dealt with WPV events at their workplace. Past studies also confirmed that staff training as a measure existed there.^{25,26} This can be compared with another research where Shao et al recommended an implementation of few HRM practices for instance anti-violence training & security measures.²⁷ In our research, 95.7% HCW's said that public access was restricted, which is concurrent with some other authors, who also disclosed significance of limiting access via security officers & measures.²⁸⁻³⁰

Supervisor or boss offered to give counselling to 34.8% participants. This is in harmony (35.6%) reported by Alhassan et al. Thirty-five percent HCW's told that their employer or supervisor offered to provide with chance to say about/report an incident. This is far less than another researcher. Thirty-one percent were satisfied with manner in which an incident was handled. This is far better than (7.3%) of another survey.²⁰ In light of national & global

experiences, it is possible merely with preventive comprehensive/complete measures & penalties that the actions against WPV at the hospitals could be practical.¹³

One of utmost important assets of a human life is health.³¹⁻³² Three-staged omega program was formulated in Canada to manage and prevent violence against HCW's. Inter-personal skills & behavioral management strategies are taught, so that workers may step-in when there are situations of aggressiveness. 1st stage teaches workers how to protect themselves, evaluate situation, predict behavior, take your time while focusing on person. 2nd stage teaches them the pacification approach to adopt based on classification of dangerous-ness of a behavior. In the 3rd stage, workers learn how to adapt their intervention to behaviors observe & how to file incident reports after an occurrence of incidence.³³ In our research, 69% HCW's reported that improving surroundings was also an existing measure, this is similar to another study, which involved changes to environment & architecture.³⁴ One study confirmed that training regarding communication skills improved staff's confidence in dealing aggression.³⁵

Collaborative interventions between lower staff & other health workers should be done in order to lessen impact of violence. Further interventions to provide counseling & relaxation therapy for reducing an impact of trauma for instance depression & stress on victims of WPV should be placed.^{36,37}

Limitations: Smaller sample size, shorter duration and recall bias were potential limitations of this current study. Results are represented only in form of descriptive statistics. Only a single public sector hospital was taken excluding all private medical centers.

Conclusion

Security measures, staff trainings and investment in human resource development existed as measures to dealt with WPV events at workplace of HCW's. Specific policies on health, safety, physical WPV, verbal abuse & harassment also existed but needs to be firmly implemented. Educational programs & awareness by media are required for HCWs, patients, as well as their relatives.

Recommendations: Further studies with larger small size and advanced statistical tests are recommended. Some information can't be captured via quantitative metrics; therefore, it is imperative to gather qualitative data & feedback through methods for instance surveys from staff, healthcare workers, caregivers, patients, and attendants to properly assess interventions. A comprehensive set of assessment metrics,

or/and quality indicators, must be utilized to measure the WPV & guide decision-making. More support, policies and specific strategies are required to lessen occurrence of WPV, prevent these events, and protect healthcare workers.

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