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Measures for incident reporting of patient violence and aggression towards healthcare providers: A systematic review

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ABSTRACT

Patient violence and aggression towards healthcare providers is a significant health and public affairs problem receiving international attention. Such violence is found to occur regardless of healthcare setting or provider discipline. However, most of the evidence of a high frequency of incidents perpetrated against providers is anecdotal and solid data on the prevalence of these incidents is not yet available. Studies have shown that accurate incident reporting remains one of the primary impediments to creating organizational policies and procedures to ensure the safety of the clinical direct care healthcare provider. Yet there is no clear evidence base currently existing to suggest what measures are of most utility in remedying this underreporting. This article contributes to the literature by conducting a systematic review of existing instruments designed to measure and report incidents of patient violence against health care workers. It is hoped that this review of existing measures will stimulate health care agencies to employ routine provider reporting mechanisms in order to increase provider reporting, improve the data on patient violence and consequentially work towards combatting this public affairs problem.

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Contents

1. Background

In the late 1990's the World Health Assembly acknowledged that workplace violence is a problematic public health issue and in 2002 The World Health Organization (World Health Organization, 2002) began producing the World Report on Violence and Health (Krug, Mercy, Dalberg, & Zwi, 2002). This international attention informs both practitioners and scholars that workplace violence warrants attention. While violence is a well explored phenomenon, exploration of workplace violence in the healthcare sector remains in its infancy (Campbell, McCoy, Hoffman, & Burg, 2014; Galinsky et al., 2010). In 2008, this topic began to receive additional attention, with the

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convening of the International Conference on Violence in the Health Sector and the WHO acknowledgment that workplace violence occurring in the healthcare setting is an international problem (Needham et al., 2008).

The WHO defines workplace violence as "incidents where staff are abused, threatened or assaulted in circumstances related to their work... involving an explicit or implicit challenges to their safety, well-being or health" (O'Brien-Pallas, Wang, Hayes, & Laporte, 2008). The National Institute of Health and Safety defines workplace violence as 'violent acts, including physical assaults and threats of assault, directed towards person at work or on duty" (1996, p. 1). Within the overarching umbrella of workplace violence in the healthcare sector, there exist three main forms of violence: lateral violence (worker on worker violence), provider towards patient violence and patient or client violence towards the provider. It is this final form of violence that is the target of this review.

The terms client violence and workplace violence are used interchangeably in the literature to describe the phenomenon of acts of aggression (verbal and physical) by the client towards the provider. Looking specifically at this form of workplace violence, the National Task Force on Violence against Social Care Staff defines client violence as "incidents where persons are abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implicit challenge to their safety, well-being or health" (Department of Health, 2000, p. 7). Complimenting definitions have been found in scholarly literature defining client violence as "any incident in which a helping professional is harassed, threatened, or physically assaulted by a client in circumstances emerging for the course of the professionals' work with the client" (Macdonald & Sirotich, 2001, p. 109) and as "actual physical assault, threats, or any other event the individual worker may deem as violent. The violent incident may also be defined by the worker's perceptions and the context in which the incident occurred." (Spencer & Munch, 2003, p. 534).

For the purposes of this review, patient violence and aggression are defined as verbal assault and/or physical assault. Verbal assault includes expressions of intent to cause harm, cussing, yelling, sexual advances, and sexual gestures. Physical assault is defined as hitting with body, hitting with object, slapping, kicking, being punched, being scratched, being bit, hair pulled, object thrown, spit at, pushed, pulled, squeezed and the existence of sexual contact. In this study, violence and aggression of the patient towards the healthcare provider were used interchangeably.

Healthcare workers are among a group of workers that are subject to some of the highest rates of these violent incidents (Janocha & Smith, 2010); studies have found that as many as 92% of healthcare workers have experienced abuse or violence by patients, including threats, assault and sexual harassment (Franz, Zeh, Schablon, Kuhnert, & Nienhaus, 2010). The research overwhelming suggests that health care workers are at a heightened risk of experiencing client violence compared to other helping profession, estimated 16 times higher for health care workers than for any other service profession (Hinson & Shapiro, 2003; Kingma, 2001; Smith-Pittman & McKoy, 1999). Consequentially, the National Institute of Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA) have defined guidelines for workplace violence prevention and response protocols in healthcare organizations, with evidence that "an integrated organizational perspective" is required. Such an approach should incorporate explicit workplace violence monitoring tools, differentiated training for staff and a predetermined response protocol (Leather, Lawrence, Beale, Cox, & Dickson, 1998). However, mechanisms for these recommended 'monitoring tools' for reporting patient violence and aggression are often lacking, resulting in extensive under reporting of incidents (Campbell et al., 2014; Franz et al., 2010; Macdonald, Lang, & MacDonald, 2011).

Highlighting this neglected research area, Franz et al. (2010) assert that "systematic research of the causes and consequence of aggression and violence towards employees in the health care system... are still being neglected" (p. 52). They underscore that without accurate frequency and prevalence statistics, prevention and policies are completely hindered. Despite the current national and international attention focused on patient violence and aggression in healthcare settings, patient aggression and violence towards healthcare workers remains under reported (Fernandes et al., 1999; Gates, Ross, & McQueen, 2005; Hesketh et al., 2003; Hutchings, Lundrigan, Mathews, Lynch, & Goosney, 2011; Pawlin, 2008; Taylor & Rew, 2010; Zuzelo, 2010) and that healthcare workers often fail to report incidents of client violence (Erickson & Williams-Evans, 2000; Hutchings et al., 2011; Taylor, 2000). Accurate information on prevalence and factors contributing to patient violence and aggression is needed to develop effective and efficient interventions to combat this public affairs problem and to begin developing policies and effective and efficient procedures to increase reporting and to prevent such occurrences.

An evidence base is currently lacking for choosing valid and reliable monitoring and reporting tools for healthcare providers. As such, it is the goal of this article to contribute to the literature and fill this gap by conducting a systematic review of existing incident reporting tools and measures. It will provide researchers and policy makers with an evidence based foundation for the development of tools for incident reporting of patient violent and aggressive behaviors towards healthcare providers and the future development of violence prevention programs and policies to enhance the safety of healthcare workers.

2. Methods

2.1. Search method

A systematic review of the literature over the last 20 years was conducted by searching the following databases: Academic Search Premiere, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Health & Psychosocial Instruments (HaPI), Medline, PsycINFO, Proquest & PubMed. Keywords utilized for the search included *measures*, *scales*, *incident reporting*, *violence*, *healthcare*, *patient* and *provider*. The search was limited to articles published in English between August 1994 and August 2014. In addition to articles obtained from this search strategy, the references of included articles were also searched for relevance and inclusion in this review. To prevent the search from producing articles regarding incident reporting of medical errors and patient falls, the terms *medical errors*, *patient safety* and *falls prevention* were used as exclusionary criteria in the search.

2.2. Selection criteria

Those articles which meet criteria for inclusion in this review are those that identify and examine scales and measures examining the constructs of patient perpetrated violence or aggression in healthcare settings. Full text article reviews were conducted for those articles that were questionably related to this search via only title and abstract. Both conceptual and systematic research articles were utilized for this review and no exclusion criteria were applied based upon type of healthcare setting. As such, those articles included this systematic review of the literature captured incident reporting measures utilized both in inpatient hospital and institutional care settings as well as those utilized in non-institutional, such as homecare, settings. Articles examining lateral violence (worker on worker violence), violence perpetrated by patient visitors in healthcare settings, and intimate partner violence were excluded as they did not meet the specific foci required to measure the unique form of violence perpetrated against healthcare providers by patients. Additionally articles were excluded which were not published in peer reviewed journals.