



The aftermath of workplace violence among healthcare workers: A systematic literature review of the consequences



Nathalie Lanctôt*, Stéphane Guay¹

Université de Montréal, Criminology, Institut Universitaire en Santé Mentale de Montréal, Centre d'étude sur le Trauma, 7401 Hochelaga, Montreal, Quebec H1N 3M5, Canada

A R T I C L E I N F O

Article history:
 Received 17 December 2013
 Received in revised form 23 July 2014
 Accepted 24 July 2014
 Available online 1 August 2014

Keywords:
 Workplace violence
 Healthcare workers
 Consequences
 Review

A B S T R A C T

Workplace violence is an important health and safety issue. Healthcare workers are particularly at risk of experiencing workplace violence. Despite the research that was conducted in this domain, little is known about the consequences of being a victim of workplace violence, specifically in the healthcare sector. Therefore, this article aims to review the literature regarding the consequences of exposure to workplace violence in the healthcare sector. Sixty-eight studies were included in the review and they were evaluated according to 12 criteria recommended for systematic reviews. The studies identified seven categories of consequences of workplace violence: (1) physical, (2) psychological, (3) emotional, (4) work functioning, (5) relationship with patients/quality of care, (6) social/general, and (7) financial. Psychological (e.g., posttraumatic stress, depression) and emotional (e.g., anger, fear) consequences and impact on work functioning (e.g., sick leave, job satisfaction) were the most frequent and important effects of workplace violence. In conclusion, this paper recommends further research, particularly longitudinal studies, in order to better grasp the direct and indirect effects of workplace violence.

© 2014 Elsevier Ltd. All rights reserved.

Contents

1. Introduction	493
1.1. Workplace violence definition	493
2. Methods	493
2.1. Search strategy	493
2.2. Selection criteria	493
2.3. Study selection process	494
2.4. Quality assessment	494
2.5. Data extraction and analysis	494
3. Results	494
3.1. Physical consequences	494
3.2. Psychological consequences	495
3.3. Emotional consequences	496
3.4. Work functioning consequences	497
3.5. Relationship with patients/quality of care consequences	498
3.6. Social consequences	498
3.7. Financial consequences	498
4. Discussion	499
5. Conclusions	499
Acknowledgments	499
References	499

* Corresponding author. Tel.: +1 514 251 4000x3682; fax: +1 514 251 4014.
 E-mail addresses: nathalie.lanctot@usherbrooke.ca (N. Lanctôt), stephane.guay@umontreal.ca (S. Guay).
¹ Tel.: +1 514 251 4000x3084; fax: +1 514 251 4014.

1. Introduction

Work plays a major role in our society where employment is considered to be the norm. It has been established that work has several benefits on health (Waddell & Burton, 2006). However, when the workplace becomes a “toxic environment”, job tenure becomes a complex problem, such as when a worker is the victim of workplace violence. Indeed, workplace violence constitutes a serious safety and health hazard and in the last decade, it has become a major issue.

Prevalence estimates of workplace violence vary considerably from one study to another, depending on the specific type of violence measured, the employment sector, the country in which the study was conducted, and the definition and measures that were used for workplace violence. According to the U.S. Bureau of Labor, Bureau of Justice Statistics (Harrell, 2011), a rate of 4 violent crimes per 1000 employed persons was perpetrated while the victims were working. A European study found that the prevalence of physical violence in the workplace is 5% (Parent-Thirion, Macias, Hurley, & Vermeylen, 2007). In Canada, workplace violence incidents represent 17% of all self-reported incidents of violent victimization (which represents over 356 000 acts per year). A recent systematic review of the literature found that verbal abuse was the most prevalent form of workplace violence (Guay, Gonçalves, & Jarvis, 2014).

Several studies have demonstrated that some employment sectors are more at risk of exposure to workplace violence: healthcare (de Léséleuc, 2007; Foley & Rauser, 2012), psychiatric wards/hospitals (Chen et al., 2010; Nolan, Soares, Dallender, Thomsen, & Arnetz, 2001), elderly care facilities (Åström, Bucht, Eisemann, Norberg, & Saveman, 2002; Sharipova, Borg, & Hogh, 2008), transportation sector (André, Lelord, Légeron, Reignier, & Delattre, 1997; Couto & Lawoko, 2011), teaching (Buck, 2006; Wilson, Douglas, & Lyon, 2011), law enforcement (Dussault, Jauvin, Vézina, & Bourbonnais, 2010; Konda, Reichard, & Tiesman, 2012), and retail sales (Menéndez, Konda, Hendricks, & Amandus, 2013; Peek-Asa, Erickson, & Kraus, 1999). In their systematic review of the literature on workplace violence, Piquero, Piquero, Craig, and Clipper (2013) stated that workers within the healthcare, education, public safety, retail and justice industries are more prone to experience workplace violence. However, throughout the world, healthcare is the sector where workplace violence is constantly a major problem. Indeed, a large proportion of workers have experienced at least one incident of physical violence within the previous year (75.8% Bulgaria, 67.2% Australia, 61% South Africa, 60% Portugal, 54% Thailand, 46.7% Brazil) (Di Martino, 2002). Elliott (1997) found that healthcare workers are 16 times more at risk of experiencing violence from patients or clients than other service workers. A review of the literature on the risk factors of workplace violence perpetrated by patients and visitors toward hospital staff revealed that the prevalence of verbal abuse ranges from 22 to 90%; threat of violence from 12 to 64% and physical assault from 2 to 32% (Pompeii et al., 2013). In their systematic review of literature on patient and visitor violence in general hospitals, Hahn et al. (2008) found that health professionals are at higher risk of experiencing various forms of workplace violence, particularly verbal abuse. As for workplace violence in clinical medical practice, a review of research established that 15–75% of workers were victims of verbal aggression and 2–29% of workers were victims of physical aggression (Hills & Joyce, 2013).

Workplace violence, like violence in general, can have multiple consequences not only on the physical but also on the psychological health of the victim (Hogh & Viitasara, 2005). Indeed, Steffgen (2008) pointed out that the consequences of workplace violence affect not only the worker himself, but also the organization and even the society as a whole. However, despite the evidence portrayed by the literature that suggests that workplace violence is a major issue in terms of health and safety, little is known about the consequences of exposure to workplace violence. Therefore, the aim of this article is to review the literature that examines the consequences of workplace violence

specifically among employees in the healthcare sector. Findings from this review will be particularly useful for healthcare administrators interested in developing appropriate intervention strategies aiming at diminishing workplace violence in the healthcare sector.

1.1. Workplace violence definition

To date, there is still no consensus on how to define workplace violence. The International Labour Organization defines workplace violence as “Any action, incident or behavior that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work” (Organization, 2003). Workplace violence includes different forms of violence: physical assault, homicide, verbal abuse, bullying/mobbing, and sexual, racial, and psychological harassment (Chappell & Di Martino, 2006). There are four types of workplace violence: (1) violent acts by criminals who have no other connection with the workplace; (2) violence directed at employees by customers, clients, patients, students, or any others for whom an organization provides services; (3) violence against coworkers, supervisors, or managers by a present or former employee; (4) violence committed in the workplace by someone who does not work there but has a personal relationship with an employee. In the current review, only the literature addressing workers who were victims of type 2 violence will be analyzed.

2. Methods

A systematic review of the literature was conducted for research on workplace violence in the healthcare sector (Petticrew & Robert, 2006).

2.1. Search strategy

Search strategies were developed to identify studies that reported the effects of workplace violence. Databases were chosen in order to cover a wide range of outcomes (e.g., physical, mental health, social science, sickness absence management). The databases searched were: PsychINFO, Medline, CINAHL, and SocINDEX. Web pages and gray literature were also searched using the Google search engine.

Three main concepts were identified and a series of search terms were used for each concept: violence, work, and consequences. More precisely, the following keywords were used to structure the database search: violence (violence, assault, aggression, crime, and physical violence), work (workplace, work-related, work), and consequences (effect, impact, result, outcome, repercussion, consequence, absenteeism, sickness absence, sick leave, productivity, psychological distress, posttraumatic stress disorder, and quality of life). A combination of thesaurus terms and free text were specified and used in the search. Each concept was searched individually and then combined with the other concepts. In addition, all references from papers identified in the original search strategy were also searched for additional evidence. We searched for studies published from January 1985 through December 2012. In terms of language restrictions, searches were limited to English or French articles.

2.2. Selection criteria

Quantitative studies (i.e., cohort and comparative studies) were included in this review if they fulfilled all of the selection criteria. The studies had to include participants who were: (1) adults aged at least 18 years, and (2) were working in a healthcare setting. Studies were included in this review if they contained measures of workplace violence type 2 (i.e., violence directed at employees by customers, clients, patients, students, or any others for whom an organization provides services), and we restricted our focus on physical assaults, threats, verbal abuse and sexual harassment. Moreover, studies were included only if they measured at least one form of consequence of being a victim

Download English Version:

<https://daneshyari.com/en/article/94583>

Download Persian Version:

<https://daneshyari.com/article/94583>

[Daneshyari.com](https://daneshyari.com)