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Workplace violence in the health care sector: A review of staff training and integration of training evaluation models

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Abstract

Internationally, workplace violence within the health care sector is acknowledged as a serious and increasing problem, and 'management of aggression' training is now firmly established as part of an organization's health and safety response. This article considers the extent of the problem, the prominent role afforded to staff training in tackling the problem, indicative training content, and models of training evaluation. Several published evaluations of training will be reviewed in order to illustrate the development of training design and content, and highlight measures used to determine possible training effects. Finally, an enhanced, integrated hierarchy of training evaluation measures is offered that may prove useful to managers, trainers, and training departments as they struggle to determine the proper training and appropriate trainers for the particular needs of their staff.
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1. Introduction

Workplace violence is now widely recognized as a major occupational health hazard for many organizations and employees the world over (Chappell & Di Martino, 2000). Di Martino, Hoel, and Cooper (2003), for example, suggest that the issue of violence affects a substantial part of the workforce in many European countries. In the U.S., Fletcher, Brakel, and Cavanaugh (2000, p.339) cite studies that label workplace violence as a "national epidemic" and' "an occupational health problem of significant proportions".

It is difficult, however, to compare exact rates of incidence, whether between nations or individual organizations. As Leather, Beale, Lawrence, Brady, and Cox (1999, p. 4) point out, "the available research studies and statistical indices often utilize different criteria for (1) what constitutes violence, (2) who is to be involved, and (3) where an incident must take place for it to be considered 'work-related'". Di Martino et al. (2003) indicate the inherent subjectivity of the phenomenon as well as the influence of different cultures, contexts, and an expanding knowledge base as being responsible for the lack of a consistent definition of workplace violence. The UK Royal College of Nursing (RCN, 1998) also asserts that no single definition can capture this complexity of manifestations, workplaces, and occupational groups.

Despite the many difficulties in pinning down exactly what is meant by the concept, it is nevertheless important to work towards some agreed understanding of its content; otherwise, the phenomenon will remain forever unexplained and efforts to better manage it frustrated.

2. Workplace violence: an emerging epidemic, but what exactly is it?

Definitions of workplace violence usually contain mention of physical assault or verbal threats, but can also include bullying and sexual harassment. The balance of this distinction is important for a number of practical reasons. First, Budd (1999) suggested that victims of threats could be more seriously emotionally affected than victims of assaults. Second, drawing definitions of workplace violence too narrowly excludes all but the rarest, most serious offences and creates a concept that, thankfully, very few employees can associate with. Alternatively, creating too broad a definition blurs the distinction between workplace violence and 'general' violence in society (Perone, 1999). Finally, with regard to violence versus bullying/harassment, many organizations, including health services, would treat these issues separately, having completely distinct and different policies for each.

The limits of the term 'workplace' are also debated. This has implications, for example, for those workers who 'work from home', or those who are attacked while traveling to, or from, or between work sites or in a client's home (Bowie, 2000; Budd, 1999). In addition, some researchers are primarily interested in violence from 'the public' and exclude violence perpetrated by work colleagues.

Further, within the health care sector, most studies that examine *patient* dangerousness and its effects do not tend to use the phrase 'workplace violence', nor position themselves under this category. Instead, workplace violence is reserved for attacks by strangers or colleagues with a grudge. Hatch-Maillette and Scalora (2002, p. 279) suggest that, "studies on staff assaults are often found in the nursing or risk assessment literatures pertaining to custodial care of patients and inmates, whereas workplace violence studies are found in literatures focusing on a broader scope of occupations and on staff-on-staff (or "coworker") assault".

Love and Hunter (1996) agree and highlight the major consequences of the recent shift in viewing violence as an occupational health issue rather than a clinical problem, especially in psychiatry, since it brings into play powerful legislative leverage in the form of Health and Safety legislation. Obviously, all of these issues are important since each will alter the calculation of number and type of incidents reported and recorded in various settings.

Perhaps the most widely used and accepted definition of work-related violence is that which has been accepted by the European Commission DG-V and adapted from Wynne, Clarkin, Cox, and Griffiths (1997), namely, "incidents where (staff) are abused, threatened or assaulted in circumstances related to their work, involving an explicit or

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