



HHS Public Access

Author manuscript

J Nurs Educ Pract. Author manuscript; available in PMC 2024 April 22.

Published in final edited form as:

J Nurs Educ Pract. 2016 ; 6(7): 116–124. doi:10.5430/jnep.v6n7p116.

Do Adolescent Employees Perceive the Risks of Workplace Violence? A Mixed Methods Study

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Adolescents may be exposed to various forms of violence whether at home, school, or in the community. Violence exposure can have negative effects on adolescent health (Lambert, Ialongo, Boyd, & Cooley, 2005; Vermeiren, Schwab-Stone, Deboutte, Leckman, & Ruchkin, 2003; Zinzow et al., 2009) and development (Lambert et al., 2005; Schiavone, 2009).

One setting where violence exposure among adolescents may occur, yet has received little attention from researchers, is in the workplace. With nearly six million U.S. adolescents age 16–19 working in the private sector (BLS, 2011) researchers and health care professionals need to understand adolescents' risk for WPV exposure so interventions to mitigate said risks can be developed. However, before intervention development it is imperative to understand the adolescent employee point of view, whether they perceive any safety risks from violence while in the workplace. Therefore the purpose of this study was to explore adolescent employees' perceptions of safety as it relates to workplace violence (WPV).

Most employed U.S. adolescents work at jobs in the retail and service sector (Runyan, Schulman, Dal Santo, Bowling, Agans, & Ta, 2007). Jobs in these sectors often involve high levels of interaction with customers, cash handling, working early and/or late night hours, and having little or no supervision – known risk factors for WPV (Runyan, Bowling, Schulman, & Gallagher, 2005; Runyan et al., 2007). Despite the presence of known risk factors, adolescent employees report receiving limited WPV specific training and education from their employers (Runyan et al., 2005; Runyan et al., 2007). Moreover researchers previously determined adolescents do experience WPV (Rauscher, 2008) and

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The authors declare no conflicts of interest.

express concerns about how to handle future WPV incidents such as anger from customers, co-worker conflict, and robbery (Runyan et al., 2005).

Perceptions of safety as it relates to WPV may be influenced by individual, organizational, and/or environmental factors. WPV victimization is one individual factor that may influence one's perceived risk of WPV and fear of future WPV (LeBlanc & Kelloway, 2002; Mueller & Tschan, 2011). An organizational factor found to influence perceptions of safety is the psychological violence prevention climate of their workplace (Chang, Eatough, Spector, & Kessler, 2012; Kessler, Spector, Chang, & Parr, 2008; Spector, Coulter, Stockwell, & Matz, 2007). An individual's perception of the climate and organizational efforts to control and eliminate WPV consists of the presence of WPV-specific policies and procedures, organization-level practices and responses to WPV, and pressure for unsafe practice (Kessler et al., 2008; Spector et al., 2007). Organizations with positive psychological violence prevention climates have been associated with lower rates of WPV (Chang et al., 2012; Kessler et al., 2008; Spector et al., 2007), associated with increased motivation to perform behaviors to prevent or reduce WPV (Chang et al., 2012), and can moderate the negative psychological effects of WPV (Law, Dollard, Tuckey, & Dormann, 2011). Conversely organizations with poor psychological violence prevention climates have been associated with previous WPV victimization, increased levels of employee physical and psychological health complaints (Chang et al., 2012; Kessler et al., 2008; Law et al., 2011; Spector et al., 2007), and reduced compliance with violence prevention compliance (Chang et al., 2012). Environmental factors have been found to influence rates of criminally-related WPV and therefore may influence individuals' perceptions of safety from some forms of WPV include the presence of environmental design features (e.g., cash-control measures, good lighting/visibility, safety, and surveillance equipment) (Casteel, Peek-Asa, Greenland, Chu, & Kraus, 2008).

While it is known that adolescent employees experience WPV, receive little WPV-specific training, and express concerns about future WPV, no previous studies were found depicting the relationship of perceived safety risk of WPV from the adolescent employees' point of view. Studies regarding perceptions of safety from violence that enrolled only adults may not reflect adolescents' perspectives. Therefore, there is a need to address this important issue with novel research designs. To address this gap, our study used both qualitative and quantitative methods to develop new knowledge regarding perceptions of safety from the adolescent employees' perspective. By employing a mixed methods approach, we were able to explore the qualitative data for nuances and patterns based on experiences of WPV and gender. Therefore the two research questions that guided the study were: What are adolescent employees' perceptions of safety from workplace violence? In what ways do adolescent employees' perceptions of safety as it relates to WPV differ based on (a) exposure to WPV and (b) gender?

Methods

This study used a qualitative dominant mixed methods design. Mixed methods research (MMR) is an approach where knowledge is developed through combining quantitative and qualitative techniques, methods, or approaches in a single study (Johnson & Onwuegbuzie,

2004). Qualitative interviews were the core component (primary source of data) and a survey was the supplementary component (supportive data) to enhance the analysis and interpretation of the qualitative data (see Figure 1).

Setting and Sample

The setting for this study was a chain of retail stores operated by a family-owned food manufacturer. These stores sell ice cream, confectionaries, and baked goods at 14 locations across one Midwestern metropolitan area and employ approximately 250 part and full time workers. They employ 125 adolescents aged 15–18 who were eligible for study participation. Thirty participants or one-quarter (25%) of the total number of employees aged 15–18 comprised the study sample. Participants had to be between the ages of 15–18 years, work at least 8 hours per week, and be proficient in English. Employees of both genders and any ethnic and racial background meeting the above inclusion criteria were deemed eligible to participate. This study was approved by the University's Social and Behavioral Sciences Institutional Review Board. Participation was voluntary and participants were informed of their right to refuse to answer any questions and withdraw at any time. No participants withdrew.

Procedures

After permission was obtained from corporate and store-level management, 31 adolescent employees were recruited from April 2010 to April 2011. Direct recruitment activities included a three-minute study presentation and distribution of recruitment flyers to potential participants by the first author. Interested employees were instructed to contact the first author to confirm eligibility and enroll in the study. Parental permission was obtained for participants under 18 through in-person meetings or over the telephone. Written assent for participants under age 18 and written consent for participants age 18 was obtained prior to any data collection activities. The data for one participant was excluded from analysis due to lack of written parental permission. Data collection sessions were conducted with individual participants at a mutually agreeable time and conducted at a neutral location (i.e. public library) or over the telephone to ensure confidentiality. Participants received a \$25 Visa gift card as payment.

Survey.—A survey created by the study team was used to assess the participants' direct exposure to WPV, participation in employer-offered WPV training and education, and awareness of policies or procedures addressing WPV at their current workplace. Survey questions were developed from previous WPV research (Rauscher, 2008; Runyan et al., 2005; Runyan et al., 2007). Direct exposures to WPV were measured with a series of yes/no questions asking participants if they had experienced verbal harassment, sexual harassment, physical threats, or physical assaults at this job. Definitions of each form of WPV were provided. Participants who reported WPV exposure(s) were asked to identify their relationship with the perpetrator(s) (i.e., customer, coworker, supervisor, family member, friend). Seven WPV experts reviewed the survey for content validity. The CVI for individual survey items ranged from 0.8 to 1.0 and the overall survey CVI was 0.98. Survey responses were analyzed using simple descriptive statistics.

The survey was purposefully administered immediately before the interview for three reasons. First, it was our hope that the definitions imbedded in the survey would promote consistency among participants' interview responses. Second, survey responses guided the first author to ask in-depth questions about direct WPV exposure(s). Third, completing the survey prior to the interview was thought to assist participants in recalling personal exposures to WPV. On average participants spent five minutes completing the survey.

Semi-structured interviews.—Semi-structured interviews were conducted with participants after survey completion and review of survey responses by the first author. An interview guide was used to ensure consistency of questions between interviews though additional probing questions were asked to explore participants' unique responses. Interview questions explored participants' perceptions of safety as it relates to WPV including the effect of WPV exposure upon perceptions of safety (e.g., Do you have any concerns that an incident of WPV will happen again? Why or why not?), productivity (e.g., When you were exposed to WPV, was your ability to focus or concentrate on your work affected by experiencing WPV? If yes, tell me how you feel your ability to focus was affected?), and psychological health (e.g. When you were exposed to workplace violence, how did you feel?). Interviews were audio-recorded with the permission of the participant and transcribed verbatim by a professional transcription service. To ensure accuracy, all typed transcripts were checked against the audio-files by the first author prior to analysis. Interviews ranged in length from 8–62 minutes (mean = 25.9 minutes; median = 22.9 minutes; SD = 12.1).

Data Analysis

Separate analyses were performed for the survey and interview data. After these analyses were complete, the data sets were combined to conduct the mixed-method analysis.

Quantitative data analysis.—Descriptive statistics were used to examine the sample's demographics, self-reports of direct exposure to WPV, WPV training and education, and awareness of workplace policies and procedures to address WPV. All descriptive statistics were performed using Microsoft[®] Excel 2007 (Redmond, WA).

Qualitative data analysis.—Conventional content analysis was used to analyze the semi-structured interview data. Conventional content analysis is used to describe a phenomenon and derives codes and themes direct from the data (Hsieh & Shannon, 2005). A systematic approach for conducting the analysis as described by Miles and Huberman (1994) was used to structure the steps of analysis. Data were reduced through line-by-line reading and coding by the first author and one other member of the study team. Initial coding led to development of themes and sub-themes which were distributed to all study team members to review for credibility and consistency. NVivo 8[®] qualitative management software (Burlington, MA) was used to organize the coding and theme-building process. Qualitative findings are reported as themes and include quotes that best exemplify the theme.

Mixed data analysis.—After independent qualitative and quantitative analyses were completed, the data were analyzed together. Qualitative themes were explored for nuances in perceptions of safety as it relates to WPV, stress and anxiety, productivity, and desired

WPV prevention strategies based on quantitative categories of past WPV exposure and gender. To organize and analyze the combined data, data displays were used to assemble qualitative data to answer the mixed methods questions. Similar to the approach described in the qualitative analysis section, conclusions about the mixed data were made through noting patterns and themes, seeing plausibility, making contrasts/comparisons, and counting (Miles & Huberman, 1994).

Legitimation

Strategies were incorporated into the study design to address legitimation for quality in mixed methods research. Legitimation refers to the processes researchers incorporate to obtain and report findings that are credible, trustworthy, dependable, transferable, and confirmable (Onwuegbuzie & Collins, 2007; Onwuegbuzie & Johnson, 2006). In our study we addressed the following types of legitimation described by Onwuegbuzie and Johnson (2006): sampling integration, inside-outside, weakness minimization, sequential legitimation, and multiple validities (Onwuegbuzie & Johnson, 2006). Sample integration, or the “extent to which the relationship between the quantitative and qualitative sampling designs yield quality meta-inferences” (Onwuegbuzie & Johnson, 2006, p. 57), was met by using the same sample of participants to gather both sets of data and the use of qualitative data saturation to guide the need for further sampling. Therefore meta-inferences generated through mixed analysis were more likely to yield credible findings. Inside-outside legitimation was accomplished by presenting our results as a mixture of participants’ own words (inside perspective) as well as our team’s analysis of the data (outside perspective). Weakness minimization was accomplished by utilizing the survey data to further explore nuances in qualitative findings and using qualitative themes to further explain the quantitative results; thereby, allowing the strengths of each approach to compensate for the limitation of the other. Sequential legitimation refers to how sequence in which data is collected affects meta-inferences. In our study, we intentionally gathered the survey data first so all participants would be exposed to consistent definitions of WPV which in turn would provide a shared understanding of WPV during the interview phase. Finally multiple strategies to produce valid results were incorporated into the study design, data collection, and analysis. In addition to the aforementioned strategies of legitimation, our study utilized qualitative and quantitative strategies to increase the validity of findings. Content validity was established for the survey and strategies of investigator debriefings, investigator triangulation, and audit trail were utilized throughout qualitative data collection and analysis to produce trustworthy qualitative findings.

Results

Sample Characteristics

Thirty adolescent employees participated in this study. All participants identified themselves as non-Hispanic Caucasian. The majority of participants were female and eighteen years old. The median number of hours worked per week was 13.3 (range = 8 to 28 hours per week). The median length of employment was 11 months (range = 1 to 40 months). Sample characteristics are presented in Table 1.

Survey Results

Half the participants (n = 15) reported direct exposure to at least one form of WPV including verbal harassment, sexual harassment, and robbery with one-third of those (n = 5) reporting direct exposure to more than one form of WPV. No participants reported direct exposure to a physical threat or physical assault.

Survey results were then analyzed using the California Occupational Safety and Health Administration WPV typology (1995). Six participants (20%) reported exposure to incidents perpetrated by people who had criminal intentions (Type 1 WPV). Nine participants (30%) reported exposure to incidents perpetrated by customers (Type 2 WPV). Seven participants (23.3%) reported exposure to WPV perpetrated by a coworker or supervisors (Type 3 WPV). Of the seven participants reporting WPV from coworkers/supervisors, two reported WPV by coworkers only, three reported WPV by supervisors only, and two reported WPV perpetrated by both coworkers and supervisors. No participants (0%) reported exposure to WPV incidents perpetrated by a family member, friend, or acquaintance (Type 4 WPV). Table 2 shows reported perpetrators by form of WPV exposure.

Twelve participants (40%) reported participating in some form of WPV training from their current employer. The median number of scenarios for which training was received was 3.5 (average = 4.3; range 2–7). Twenty-seven participants (86%) reported awareness of at least one policy or procedure to handle a WPV scenario at their current place of employment. The median number of policies and procedures reported was three (average = 3.3; range 0–8). Table 3 presents the categories of WPV specific training and education and policies or procedures of which participants reported participation and awareness.

Qualitative Themes

Several themes described adolescent employees' perceptions of safety as it relates to WPV as well as the perception's effect upon the employee's levels of stress, anxiety, and productivity at work. Themes identified were (a) perceptions of safety, (b) productivity, (c) stress responses, and (d) desire for workplace violence strategies. The following sections will present each theme along with exemplars to describe how they inform the respondents' perception of safety from WPV.

Perceptions of safety.—Participants were asked directly about their overall perception of safety from WPV. The theme *Perception of safety* captured participants' beliefs and thoughts about safety from WPV as categorized by subthemes of overall safety of the work environment and safety in numbers.

Overall safety of the work environment.: Two subthemes of overall safety of the work environment included a positive safety perception and mixed feelings about perception of safety. Perceptions of safety as it relates to WPV were influenced by the store's environment (e.g., lighting, placement of doors, presence of security equipment, hours of operation) or the environment where the store was located (e.g., adjacent stores, criminal activity of the neighborhood). Positive safety perceptions were exemplified by statements such as "I feel pretty safe all the time" or "I don't feel like I'm being threatened at all ever." However some

participants expressed mixed feelings about their safety perception. A 16 year-old female commented on how the store's late closing time influenced her perception of safety: "Our doors are unlocked until it hits 11:00pm on Friday and Saturday nights but I don't know, I don't like it – it's just kind of scary." A different 16 year-old female reflected this sentiment best in her response: "I wouldn't be shocked if [low level WPV] did happen, but I wouldn't say I'm afraid of it, because I don't think it's really a huge deal."

Safety in numbers.: Participants described how perceptions of safety as it relates to WPV were influenced by the presence of additional people in the workplace as either a source of knowledge or as protection from harm. A 17 year-old female expressed how her perception of safety from WPV was positively influenced by the presence of coworkers as a source of knowledge:

I'm happy to have my coworkers there just in case, like, something is out of control, um, and I feel like since I'm new then, like, they would know more what to do than I do because I haven't, like, learned anything about, like, safety at work.

Additional perceptions of safety as it relates to WPV were positively influenced by the presence of others as protection from harm. An 18 year-old male stated:

Some of the employees are worried about taking the trash out at night alone. They usually have a guy go do it or sent two people, and then my boss usually likes to keep a guy or two at night there working.

Stress responses.—Participants described experiencing stress responses to WPV. Stress responses were cognitive, physical, emotional, and behavioral. Participants often described experiencing more than one type of stress response.

Cognitive stress response.: Participants described confusion in thinking, difficulty in making decisions, lowered concentration, or intrusive thoughts in response to a WPV incident. An 18 year-old female recalling her involvement in a robbery provoked the following response: "I just kind of kept talking about it, and I would get distracted and stuff, or be thinking about it... so it was in my head for the rest of the night."

Physical stress response.: Participants reported experiences of excessive sweating, dizziness, feeling flush in the face, or crying in response to a WPV incident. After being verbally harassed by a customer, a 17 year-old male recalled: "I got that sweeping cold feeling, like and kind like this tingly sensation and my skin turned red... and I felt real hot."

Emotional stress response.: Participants described feeling shock, anger, overwhelmed, frustration, and humiliation in response to a WPV incident. An 18 year-old male remembered being verbally harassed by a customer because of a discrepancy in pricing: "I mean I felt frustrated that [the customer] was taking it out on me, like I had nothing to do with pricing."

Behavioral stress response.: Participants reported intentionally avoiding the perpetrator, avoiding similar situations, and being hyper-alert in response to a WPV incident. A 17 year-

old female recalled her behavior changing after being directly involved in a quick-change robbery where the con artist intentionally confused her by paying with a large denomination bill and then kept changing his mind about how he wanted the change returned to him: “I mean, every single time, like, someone, like, looked like him would come in, I’d be, like, is that the guy?”

Productivity.—Participants expressed how exposure to WPV affected their ability to do their jobs. Responses in this theme were categorized as “affected” or “not affected.” Participants who reported exposure to WPV as affecting their productivity described the effect lasting from only a few moments to the remainder of the work shift and influenced their interactions with others (e.g., coworkers, manager, customers). An 18 year-old female recalled her productivity was affected by an incident of sexual harassment from her manager:

I’m sure my interaction with [the manager] wasn’t very good like for the rest of the shift. And then for like a little bit after that maybe with like the customers I wasn’t as happy as I had been before. I kept thinking about it, and just like mulling it over in my head but I wasn’t just like sitting there doing nothing. I just kept working but my thoughts were kind of like racing but I kept working.

Conversely some participants felt their exposure to WPV had no effect on productivity. A 16 year-old male described how experiencing customer verbal harassment did not affect his productivity: “Um I mean I obviously made a comment to my coworkers like, ‘Oh, that guy was a jerk,’ but – Yeah. I mean typical coworker, talking about stuff, but um no, it didn’t really change anything [ability to work].”

Desired WPV prevention strategies.—The theme “Desired WPV prevention strategies” encompasses three distinct subthemes of participant responses about what they thought could foster a safer work environment.

Safety measures.: Participants desired their employer to implement safety measures to promote a safer workplace. Ideas suggested were increasing the number of staff present, addressing environmental concerns [e.g., “more lights in the parking lot” (17 year-old female)], installing safety equipment [e.g., “Every store should have one of those buttons that the banks have to call the police... a panic button” (18 year-old male)], and establishing a violence reporting hotline.

Education and training.: Participants desired more education and training on their current employer’s WPV policies and procedures and how to properly handle WPV. Participants also expressed a desire for clear definitions regarding what should be considered WPV and reportable. A 16 year-old female said: “Like what is workplace violence?... Just kinda have a policy and like what you are supposed to do if it happens.” Participants also wanted more guidance on how to handle WPV incidents. An 18 year-old female expressed this view:

I think probably just having more options of things to do, like other than just telling your manager... there has to be some type of written rule where there’s like a step

by step direction on how to deal with [WPV]... like a general thing of what you should do, what you should not do.

Everything is fine.: A few participants felt there was no need for additional WPV prevention strategies to increase safety in their workplace. An 18 year-old male stated: “I think we’re pretty good as it is right now.”

Mixed Data Results

The qualitative themes were reanalyzed to assess for differences among participant responses based on the dichotomous categories of direct exposure to WPV (yes/no) and gender. The mixed data results are discussed below and presented in Table 4.

Reported direct exposure to WPV.—Qualitative responses related to perceptions of safety were comprised of two subthemes – overall safety of the work environment and safety in numbers. When reanalyzed, no differences were observed among participants’ perceptions of safety related to the overall work environment based upon reported direct exposure to WPV. At least two-thirds of participants in both groups (73.3% and 66.7% respectively) reported “feeling safe” in their work environment and one-third of both groups reported having some concerns. Unlike perceptions of safety related to the work environment, unique differences were noted in the safety in numbers subtheme. Nearly all participants in the no direct exposure group (n = 14; 93%) expressed the perception that safety increased when more people were present. Conversely only one-third of participants in the direct exposure group (n = 5; 33%) expressed this same perspective. No differences were observed between the groups among all three subthemes of desired WPV prevention strategies. Less than half of participants in both groups (33% and 46.7% respectively) expressed a desire for safety measures. A majority of both groups (86.7% and 80%) expressed a desire for additional WPV-specific education and training. Finally equal percentages from both groups (n = 2; 13.3%) expressed that view that everything was fine. Whereas the themes of productivity and stress response were developed from responses provided only by participants with direct exposure to WPV, mixed analysis of themes based on the category of direct exposure was not conducted.

Gender.: Gender differences were noted in the responses to overall safety of the work environment. Whereas the 20 female participants were relatively split between feeling safe (n = 12; 60%) and having some concerns (n = 8; 40%), 9 of the 10 male participants (90%) expressed feeling safe. Differences among female and male responses were also observed in the subtheme *Safety in Numbers*. Seventy percent (n = 14) of female participants expressed this perspective while only 50% of the male participants (n = 5) thought any increased number of people present increased their overall perception of safety from WPV. Among the 15 participants who reported direct exposure to WPV, half (n = 8) reported that the incident affected their ability to do their job. A difference was observed between males and females, where a higher proportion of females reported that the incident affected their productivity than males (58.3% vs. 33.3%). However no differences were observed among male and female participants who reported experiencing a stress response. A few differences were observed between male and female participants’ responses in the theme of *Desired*

WPV prevention strategies. Though a small difference existed among the percentage of female versus male participants discussing safety measures (35% vs. 50% respectively), unique differences were observed in the subthemes of additional WPV specific *Education and training* and *Everything is fine*. All female participants (100%; n = 20) expressed a desire for additional WPV specific training and education as compared to 60% (n = 6) of male participants. In addition, 40% (n = 4) of male participants expressed the perspective of everything is fine compared with no female participants.

Discussion

The results of this study demonstrate adolescent employees' express positive and mixed perceptions of safety as it relates to WPV. Despite the current positive and mixed perceptions of safety as it relates to WPV, most adolescent participants expressed an overall desire for their employer to address future WPV through increasing safety measures and/or providing targeted education and training on how to handle WPV incidents. Differences in perceptions of safety were detected based on direct exposure to WPV and gender. Exposure to WPV influenced perceptions of safety related to the theme of *Safety in numbers* present but did not influence overall safety of the work environment. Gender differences were present among perceptions of safety related to the work environment and the desire for WPV education and training.

Quantitative results revealed half of the adolescent employee participants had direct exposure to WPV and that customers were the primary perpetrators. These findings are consistent with previous findings by Rauscher (2008) who found one-third of adolescent employees reported WPV exposure and that customers were commonly the perpetrator. In addition, one-fifth of our participants reported direct exposure to criminally related activities (e.g., quick change scams, attempted robberies) – a form of WPV previously unexplored by researchers. Despite participants reporting exposure to WPV, only 40% reported participating in any form of WPV education and training, findings similar to previous studies which found adolescents working in the retail sector receive limited WPV-specific education and training from their employer (Runyan et al., 2005; Runyan et al., 2007).

Despite exposure to WPV and lack of WPV-specific education and training, adolescent employees expressed positive and mixed perceptions of safety from violence. The primary factors reported to influence perceptions of safety included the overall safety of the work environment and the presence of other people. Crime prevention through environmental design interventions such as cash control, maintaining good lighting and visibility inside and outside of the store (Zahm, 2004), training employees in violence prevention, and the presence of safety and security equipment (Casteel & Peek-Asa, 2000) have been associated with lower rates of criminally-related WPV among retail and service establishments (Casteel et al., 2008). These findings may explain why our study participants felt the presence or absence of environmental design interventions influenced their perception of safety from WPV.

The other factor that contributed to participants' perceptions of safety was the presence of others (e.g., customers, coworkers) in the workplace. Our findings indicated only one-third of participants with direct WPV exposure as compared to nearly all participants with no direct WPV exposure expressed the theme of *Safety in numbers*. As working alone is a known risk factor for WPV among adolescent employees (Runyan et al., 2005), it was surprising that so few participants with direct WPV exposure expressed *Safety in numbers*. There are several explanations for this observed difference. First an employee's perception of safety can be negatively influenced by a history of WPV. In a study of customer-perpetrated WPV, Mueller and Tschan (2011) found that employees' exposure to WPV increased their perceived likelihood of future violence and indirectly increased fear of future violence. Therefore our study participants may believe that because WPV happened once, it will likely happen again regardless of safety measures in place. Another potential explanation may be that our study participants experienced direct exposure to WPV despite the presence of others. Therefore it could be the presence of other people may not be viewed as an asset or deterrence from future WPV. As the presence of others during direct exposure to WPV was not the focus of this study, this finding warrants further investigation.

Gender differences were revealed among themes of *Perceptions of safety* and *Desired WPV prevention strategies*. Male participants expressed positive perceptions of safety and the theme *Everything is fine* more than female participants. Gender differences may have been influenced by several factors. Females are more often the recipient of WPV as compared to males (Mayhew & Chappell, 2007; Rauscher, 2008). Rauscher (2008) discovered statistically significant differences by gender with 34% of female adolescent workers reporting experiences of any WPV as compared to 27.9% of males ($p < .05$) and 11.5% of females reporting sexual harassment as compared to 7.2% of males ($p < .05$). However in this same study the percentage of workers reporting physical attacks, though not statistically significant, was higher among male adolescents (11.2% vs. 7.8%) (Rauscher, 2008). In our study no participants reported exposure to physical threats or assaults, so it may be that our male participants do not perceive safety risks because the forms of WPV reported at our study sites involved verbal and sexual harassment which usually target female workers. Another explanation for the gender differences may be that women report fear of violence or crime more often than men. Previous research among adolescent workers found twice as many females (8%) as males (4%) reported fear of assault at work (Dunn, Runyan, Cohen, & Schulman, 1998). In addition, research with adults found women were more likely to express concerns or fears about future crime than males (Jackson, 2009). A final explanation as to why females and males differed in perception of safety and the desire for WPV prevention may be due to the social pressure for males to appear masculine and not express fear of violence. Labeled as gender socially desirable responding, Sutton and Farrall (2005) found male participants may actually experience similar levels of fear of crime as females but may purposely underreport these fears due to a desire to minimize any shame or embarrassment by admitting to this fear. Therefore masculine gender roles and a social desire to appear unafraid of potential WPV may have contributed to the higher proportion of male participants reporting feeling safe and the all-male theme of *Everything is fine*.

Limitations

Limitations of our study included obtaining participants from one type of workplace setting, recruitment from one employer, convenience sampling, and small study sample. To mitigate these limitations, we recruited from multiple store locations and continued recruitment until the qualitative data reached saturation. Due to the small, homogeneous sample results are not generalizable but may be transferable to similar retail workplace settings and other adolescent employee populations.

Conclusion

A majority of adolescent employee participants from a retail chain expressed positive perceptions of safety as it relates to WPV despite half of the respondents reporting WPV exposure and only 40% reporting participation in WPV-specific education and training at their current workplace. Positive perceptions of safety as it relates to WPV suggest that adolescents may not consider violence exposure as a major concern while at work. Even though our participants may not consider WPV as a major concern, a majority of participants expressed the desire for their employer to implement prevention strategies to keep them and their co-workers safe from future WPV.

Health care professionals are well positioned to discuss the issue of employment with adolescents and their parents. As providers (i.e. nurse practitioners, physicians) in community, primary care, and episodic care settings have frequent contact with adolescents, they have the opportunity to educate about and screen for work-related safety risks including WPV exposure. Providers should advise adolescents and their parents to investigate current and future worksites for the presence of WPV control and elimination strategies. Moreover, adolescents and their parents should be urged to demand that current and potential employers provide clear and prescriptive WPV policies and procedures, education and training specific to WPV, and reporting mechanisms for WPV exposure.

In addition to providing direct education and screening, health care professionals should advocate that adolescents complete work-readiness training prior to entering the workforce. Work-readiness programs can provide adolescents with education and training in finding job opportunities, interviewing skills, professional behavior, state and federal rules and regulations, and how to maintain personal safety in the workplace (Centers for Disease Control and Prevention, 2007; Linker, Miller, Freeman, & Burbacher, 2005). Such programs can provide adolescents with safety education and training not otherwise provided by employers and will foster a healthy view of occupational safety issues including what should not be considered “just part of the job.”

Future research needs to be conducted to further explore adolescent employees’ perceptions of safety from violence and how these perceptions influence their ability to recognize risks for WPV, handle incidents of WPV, and cope with exposure to WPV. As adolescents are at the beginning of their work-life, it is essential to provide them with safety training that will serve as a foundation for the remainder of their life as a productive and healthy employee.

Acknowledgement:

This research was supported by the National Institute for Occupational Safety and Health Pilot Research Training Program of the University of Cincinnati Education and Research Center Grant #T42/OH008432-05.

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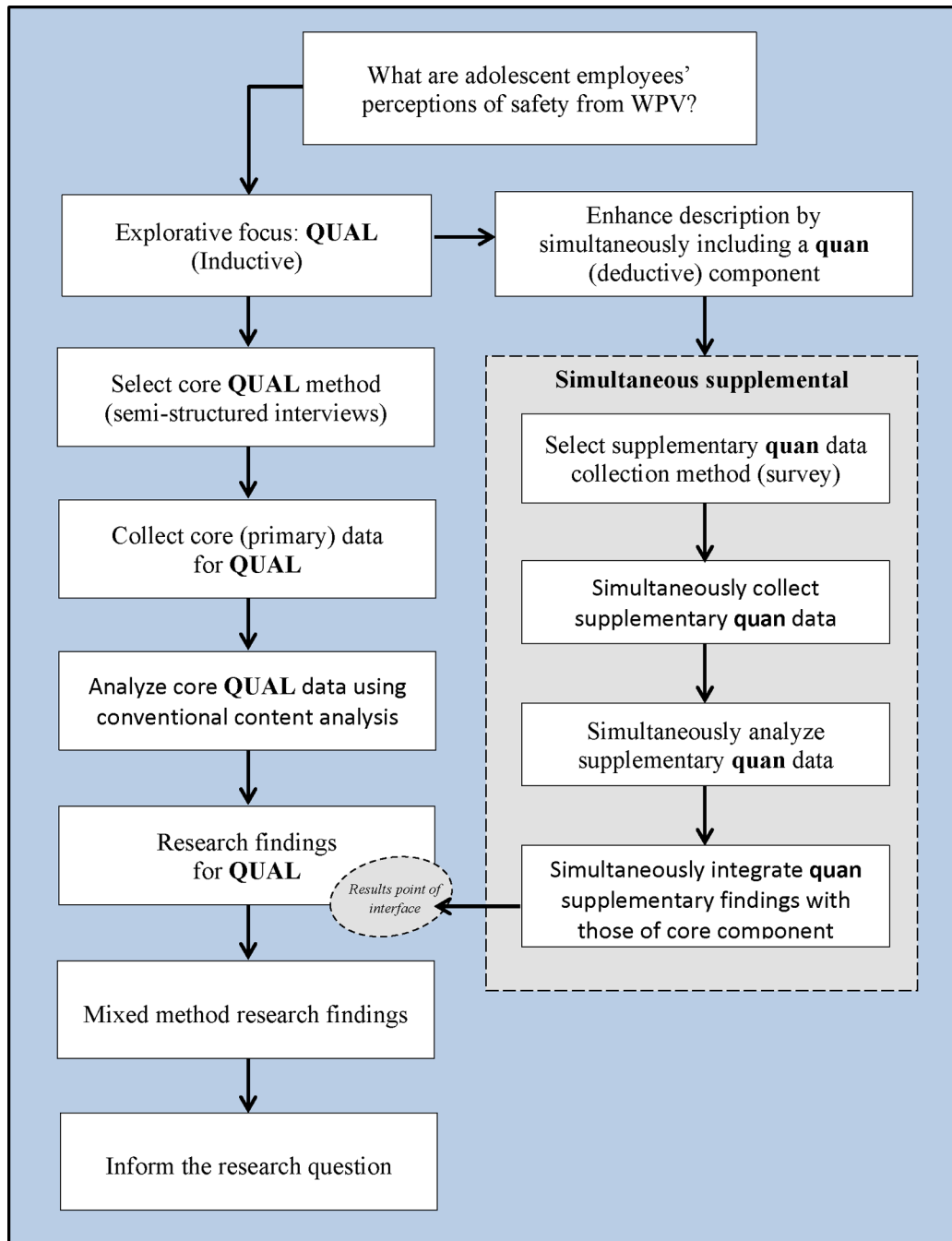


Figure 1. Qualitative dominant mixed methods study design.

Table 1.

Sample Demographics (n = 30)

	Total number	Percent
Race		
Caucasian	30	100
Gender		
Female	20	67
Age (years)		
15	0	0
16	6	20
17	8	26.7
18	16	53.3
Primary work shift		
Days (7 a.m. – 3 p.m.)	0	0
Evenings (3 p.m. – 11 p.m.)	23	76.7
Days/Evenings	7	23.3
Number of current jobs (including study employer)		
One	26	86.7
Two	3	10
More than two	1	3.3

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Table 2.

Perpetrators of WPV, by Form of Violence Exposure (n = 15)

Perpetrators ^a	Form of workplace violence exposure Number (%)		
	Verbal harassment	Sexual Harassment	Criminal activity
Criminal	0 (0%)	0 (0%)	6 (20%)
Customer	7 (46.7%)	3 (20%)	0 (0%)
Coworker	1 (6.7%)	2 (13.3%)	0 (0%)
Supervisor	4 (26.7%)	1 (6.7%)	0 (0%)
Family/friend	0 (0%)	0 (0%)	0 (0%)

^a = Categories are not mutually exclusive as respondents were asked to identify all persons who had ever perpetrated each form of WPV against them.

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Table 3.

Employee Participation in Training/Education and Awareness of Policies/Procedures, by Potential WPV Exposure

Potential WPV exposure	Training/education participation Number (%) (n = 12)	Policies/procedure awareness Number (%) (n = 27)
Robbery	6 (50)	12 (44.4)
Customer		
Verbal harassment	8 (66.7)	18 (66.7)
Sexual harassment	4 (33.3)	8 (29.6)
Physical threat or assault	7 (58.3)	13 (48.1)
Coworker		
Verbal or sexual harassment	6 (50)	16 (59.3)
Physical threat or assault	7 (58.3)	15 (55.6)
Repeated phone calls	5 (41.7)	9 (33.3)
Stalking	6 (50)	8 (29.6)

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Table 4.

Perceptions of Safety, by Direct WPV Exposure and Gender

	Direct Exposure to WPV		Gender	
	Yes (%) (n = 15)	No (%) (n = 15)	Female (%) (n = 20)	Male (%) (n = 10)
Perception of Safety from WPV Environment				
“Feels safe”	11 (73.3)	10 (66.7)	12 (60)	9 (90)
“Has concerns”	4 (26.7)	5 (33.3)	8 (40)	1 (10)
Safety in Numbers	5 (33.3)	14 (93.3)	14 (70)	5 (50)
Perceived effect of actual WPV incident on productivity				
Productivity affected	8 (53.3)	--	7 (35)	1 (10)
Productivity not affected	7 (46.7)	--	5 (25)	2 (20)
Stress Response to actual WPV incident ^b				
Emotional	12 (80)	--	9 (45)	3 (50)
Cognitive	6 (40)	--	4 (20)	2 (20)
Behavioral	5 (33.3)	--	3 (15)	2 (20)
Physical	5 (33.3)	--	4 (25)	1 (10)
Desired WPV Prevention Strategies ^b				
Safety Measures	5 (33.3)	7 (46.7)	7 (35)	5 (50)
Education and Training	13 (86.7)	12 (80)	20 (100)	6 (60)
None needed – “everything is fine”	2 (13.3)	2 (13.3)	0 (0)	4 (40)

^b = categories not mutually exclusive