

# Work-Related Violence Policy

## A Process Evaluation

by Mary J. Findorff, PhD, RN, Patricia M. McGovern, PhD, RN, and Sharon Sinclair, MA, LP

### Abstract

**This study describes one employer's approach to evaluating employees' knowledge of a violence prevention policy and experience with work-related physical and non-physical violence. A cross-sectional design was used to collect data from a random sample of current and former employees of a Midwest health care organization via a specially designed mailed questionnaire and the employer's internal database. While 7% of employees reported experiencing physical violence in the workplace, almost half of all employees had experienced non-physical violence. Most employees were aware of the organization's violence policy; however, few reported violence or used organizational resources (e.g., employee health) following the violence. Employees experienced symptoms and productivity losses in association with both types of violence. Process evaluations are an effective means of evaluating whether violence policies are used as intended and can provide organizations with considerable information to make effective programmatic changes.**

Violence in the workplace became a recognized public health concern during the 1990s. Efforts at preventing violence have included research to identify risk factors, environmental changes to reduce the incidence and severity of violence, and policy and programmatic strategies to prevent and control workplace exposures. Although work-related violence policies have frequently been recommended for employers (Occupational Safety and Health Administration [OSHA], 2004; U.S. Department of Health and Human Services, 1996; U.S. Office of Personnel Management, 1998), the effectiveness of these policies has not been assessed. A review of the literature addressing administrative and behavioral interventions showed the lack of such studies and the importance of evaluation with attention to process, effect, and outcome measures (Runyan, Zakocs, & Zwerling, 2000).

### BACKGROUND

Health care workers are particularly at risk for work-related violence (LaMar, Gerberich, Lohman, & Zaidman, 1998; McGovern et al., 2000; Toscano, 1996) and OSHA (2004) has established violence prevention guidelines for health care workers. However, violence policy evaluation has rarely been conducted in work settings. Most studies assess employees' awareness of a violence prevention policy. In one study of nurses, only 39% of respondents knew whether their employer had a violence policy and 48% were unsure (Williams, 1996). Another study showed 73% of respondents were not aware of the policies and procedures for reporting sexual harassment (Kaye, Donald, & Merker, 1994). Lack of knowledge about grievance procedures has also been associated with sexual harassment (O'Hare & O'Donahue, 1998). One study addressed employees' awareness of their organization's violence prevention policy and found 26% of employees had not received information from their agency on workplace violence, and another 30% were unsure (Lord, 2001). Another study attempted to validate

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whether participants' perceptions that their employer had such a policy were accurate (Nachreiner et al., in press). Levels of agreement between the employee and the employer ranged from 39% on the subject of whether a zero tolerance policy existed to 75% for policies on how to report work-related, non-physical violence.

Evaluation of policies can include more than employees' awareness. Outcome evaluations are optimal, assessing whether the policy has the intended effect (i.e., a reduction in work-related violence). No reports of outcome evaluations for violence prevention policies were found in the literature. Adequate baseline data prior to implementation are rarely available and many policies result in an immediate increase in reporting of incidents as employees become more aware of what constitutes acceptable behavior.

Process evaluation is defined as "activities related to identification of targets and assessment of a project's conformity to its design" (Rossi & Freeman, 1993, p. 162). A process evaluation is an assessment of the process by which the policy should be implemented. To implement a workplace violence policy, employees first need access to the policy and knowledge of its contents. Second, workplace violence policies should address unacceptable behavior and detail reporting procedures. Although employees may be familiar with the violence prevention policy and believe the policy clearly describes unacceptable types of violence, it is important for any employer to identify baseline employee awareness and how best to reach acceptable saturation.

## PURPOSE

This study is a process evaluation of a violence prevention policy. The employer is a not-for-profit, integrated health care organization serving clients, health plan members, purchasers, and others in four Midwestern states. The organization includes hospitals, long-term care facilities, clinics, and a health plan, and employs more than 21,000 workers. This organization has a history of interest in violence prevention. A violence prevention policy was implemented in December 1996, and in 1998 the health care system sent all employees a brochure with the contents of the policy outlined. In addition, the organization has a standing committee (including management and non-management level employees) assigned to raise the profile of violence prevention.

In 1998, this employer's human resources department used a one-page instrument to survey all employees about their experiences with work-related violence during the past 12-month period. Findings revealed 22% of respondents had experienced violence and 29% had witnessed violence. Only 4% of respondents reported their business unit had a system in place to respond to a violent situation, and 52% said they were unsure whether a system existed. Violence prevention committee members were asked to review the study findings. Questions were raised about the validity of the findings because only 16% of employees completed the survey, and the term "violence" was never operationally defined. Thus, it was unclear if respondents were reporting physical or non-physical (e.g., verbal abuse) violence, or both. Given the lack of clarity

about the study findings, the committee recommended a more definitive study be conducted; subsequently, the organization contracted with the University of Minnesota for the study described in this article.

The purpose of this study was two-fold. First, the study was designed to assess the incidence of work-related physical and non-physical violence and obtain baseline data for planning program interventions. Critical to the assessment was the development of a survey that used a definition of violence consistent with the organization's policy. Second, the study was intended to evaluate the process individuals who experience violence follow, including follow-up and use of organizational resources. This study also assessed workers' use of the employee assistance program (EAP), employee health services, and health care services. Lost workdays and symptoms or feelings experienced as a result of the violence were also assessed.

## METHODS

### *Definition of Violence and Components of the Policy*

The chosen definition of violence was intentionally broad, based on the employer's policy related to violence prevention. That definition is, "Violence is broadly defined as words and actions that hurt people." Examples were used to assist respondents in understanding what was meant by physical and non-physical violence. The question about physical violence read, "Were you the target of any work-related physical assaults or other unacceptable physical contact (e.g., shoving, hitting, kicking, biting, slapping)?" The questions about non-physical violence were broken down into the following four categories reflecting the examples of non-physical violence specifically referred to in the organization's policy:

- Words, stories, or comments that were offensive.
- Unwelcome sexual advances that were made a condition of employment.
- Written or graphic material that made the individual feel angry or hostile.
- Other behavior that was perceived as threatening, intimidating, hostile, or offensive.

Examples were provided for each of the above categories.

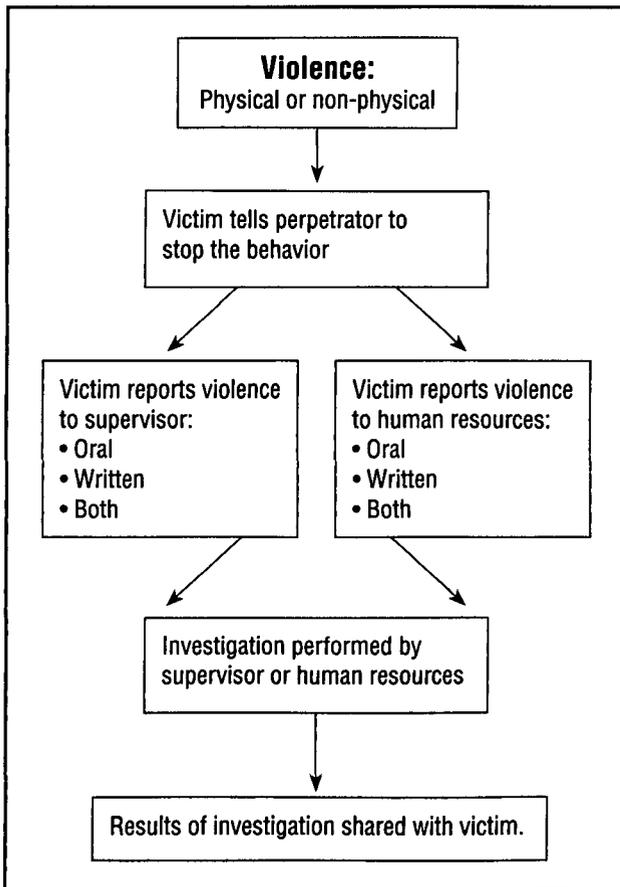
The major components of the employer's violence prevention policy are:

- Commitment to providing employees with a work environment free of violence, harassment, and disrespect.
- Definitions of violence and harassment.
- Procedure for employee complaints.
- Description of how complaints are investigated.
- Confidentiality requirements.
- Discipline procedures.
- How the employee can obtain further information.

This is consistent with recommendations made by the U.S. Office of Personnel Management (1998). The procedures that a victim of violence is expected to follow within the work setting are shown in the Figure.

### *Study Population*

The study population included both current employees and those who had left the organization within the



**Figure. Procedures a victim is expected to follow.**

previous 12 months with a minimum length of employment of 12 weeks and 200 hours (0.1 full-time equivalent). This health system employs workers in a variety of jobs including clinical positions (e.g., nurses, physical therapists, physicians) and clerical and technical positions (e.g., accountants, computer programmers, technicians).

#### **Sampling Method**

The health system maintains an employee database in which employees are grouped into job families. These job families are clusters of similar occupations categorized for administrative purposes. Proportionate random sampling, based on the number of employees in each category (i.e., sampling a smaller proportion from larger groups and a larger proportion from smaller groups), was used to obtain valid 95% confidence intervals based on the expected incidence of violence and the organization's previous research (20%).

#### **Data Sources and Analysis**

The primary data source was the survey instrument. Employees selected for the study were mailed the survey instrument measuring variables such as the incidence of violence, awareness of policy, support measures, and follow-up services used, as well as demographic information including family income, education, and marital status. Potential participants received a notification letter signed by the Vice President of Human Resources 1 week prior to the survey mailing. A cover letter from the University

of Minnesota and a detailed consent form reviewing the study goals and issues of confidentiality accompanied the survey instrument. Non-respondents received postcard reminders, a second mailing of the survey instrument, and a one-page survey if follow-up attempts were unsuccessful. The health system's employee database was also used to obtain information including each employee's salary during the preceding year; other employment characteristics such as job family, department, work setting, date of hire, date of termination (if applicable), and number of hours worked; and additional demographic data.

Summary statistics were used to describe the process victims of physical and non-physical violence experience as outlined in the policy (see Figure). All analyses were performed using weights to adjust for the proportionate sampling by job families. The weights were calculated as the proportion of a specific job family in the population divided by the proportion of the same job family among respondents.

#### **RESULTS**

Of the 4,166 employees selected to participate, 1,751 employees responded to the long survey (42%), and 380 responded to the short survey (total response rate = 51%). Table 1 shows differences in demographic characteristics between those who were sampled and those who responded to the long survey. Most respondents were White married women. Slightly more women responded to the survey than did not respond, and those who responded were slightly older. Also, the income was slightly higher for respondents, although the proportion of those working 40 hours or more per week was approximately half for both groups.

#### **Awareness of Policy**

The violence prevention policy had been mailed to the home of every employee, and all subsequent new hires were given a copy. However, only slightly more than half of respondents (55.3%) answered that they had received the brochure, 23.2% answered they had not, and 21.5% were unsure. In the survey, employees were asked to report their familiarity with the policy, in general, and with specific components of the policy. Overall, 61% of employees were familiar with the policy, and 60% believed the policy clearly described unacceptable behavior. With regard to reporting, 61% stated that the policy clearly described how to report violent behavior, and 51% agreed that the policy clearly stated that reporting was an anonymous procedure.

#### **Incidence of Violence**

Most employees had never in their lives been the target of a work-related physical assault ( $n = 1,431$ , 82.1%). However, 127 respondents (7.2%) reported they had been the target of a work-related assault during the past year while working for this employer.

The organization's policy addressed four types of non-physical violence (see Table 2). Of the respondents, 883 (50.5%) experienced non-physical violence during the 1-year period (responded Rarely, Occasionally, Usually, or Always to one or more of

Table 1  
**Demographic Characteristics of Sampled Participants (Weighted)**

<i>Characteristics</i>	<i>Sampled (n = 4,166) n (%)</i>	<i>Respondents (n = 1,751) n (%)</i>
Gender		
Female	3,352 (80.5)	1,447 (82.6)
Male	814 (19.5)	304 (17.4)
Education		
High school or less	*	192 (11.0)
Some college	*	841 (48.0)
College graduate	*	482 (27.5)
Post-graduate	*	231 (13.2)
Marital status		
Married	*	1,114 (63.6)
Never married	*	344 (19.7)
Separated, divorced, or widowed	*	275 (15.7)
Race		
White	3,682 (88.4)	1,625 (92.8)
Non-white	379 (9.1)	88 (5.0)
Not indicated	105 (2.5)	39 (2.2)
Age (mean)	41.4 years, s.d. 11.5	43.5 years, s.d. 11.5
Personal hourly income (median)	\$16.70	\$17.64
Personal annual income (median)	\$27,781	\$29,476
Family income		
< \$20,000	*	71 (4.1)
\$20,000 to \$39,999	*	354 (20.2)
\$40,000 to \$59,999	*	443 (25.3)
\$60,000 to \$79,999	*	316 (18.0)
\$80,000 to \$99,999	*	220 (12.5)
≥ \$100,000	*	247 (14.1)
Hours worked per week		
≥ 40 hours	1,894 (49.8)	870 (49.7)
20 to 39 hours	1,700 (44.7)	781 (44.6)
< 20 hours	212 (5.6)	101 (5.7)

\* Data not available as these variables were assessed on survey instrument only.

the questions), and 536 (30.6%) experienced violence Occasionally or more frequently.

Table 3 shows the incidence rates for selected business units, departments, and job families in which the physical violence rates were close to or more than the organization's overall rate of 7 per 100 employees. The rate for non-physical violence is calculated based on employees who stated violence occurred Occasionally or more frequently to any of the four questions. Those who stated it occurred Rarely or Never were excluded.

#### **Perpetrators of Violence**

The perpetrators of violence varied by the type of violence the employee experienced. Among employees

who experienced a physical assault, 77% were assaulted by a client. Other, less common, perpetrators included another employee (6%), a physician (4%), or a supervisor (3%). In contrast, among the 883 employees who experienced non-physical violence, only 25% reported clients as the perpetrators. More frequently, the perpetrator was another employee (48%). Other perpetrators were physicians (19%) and supervisors (16%). Employees reported that drugs or disease impaired 68% of the physical assault perpetrators, but only 10% of the non-physical violence perpetrators were impaired.

#### **Procedures on Violence**

Participants were asked questions specific to the employer's policy. One key element in the policy declared,

Table 2  
**Employees' Experience with Non-Physical Violence at Work (Weighted Frequencies)**

	<i>Number (%)*</i>
<b>Target of discrimination?</b>	
Never	1,208 (69.0)
Rarely	276 (15.8)
Occasionally	229 (13.1)
Usually	23 (1.3)
Always	14 (0.8)
Missing	1 (0.1)
<b>Target of offensive material?</b>	
Never	1,564 (89.3)
Rarely	125 (7.1)
Occasionally	50 (2.9)
Usually	7 (0.4)
Always	3 (0.2)
Missing	2 (0.1)
<b>Target of threatening or intimidating behaviors?</b>	
Never	966 (55.2)
Rarely	322 (18.4)
Occasionally	379 (21.6)
Usually	58 (3.3)
Always	24 (1.4)
Missing	2 (0.1)
<b>Recipient of unwelcome sexual advances?</b>	
Never	1,730 (98.8)
Rarely	13 (0.7)
Occasionally	6 (0.3)
Usually	1 (0.1)
Always	0
Missing	1 (0.1)

\*  $n = 1,751$ .

† Percentages may not equal 100% due to statistical weighting.

"Any employee who believes he or she has been subject to workplace violence/harassment should make his or her concerns known by telling the person engaging in the conduct or communications that it is offensive, against this policy, and must stop." When respondents were asked if they had told the perpetrator to stop, those who experienced physical violence responded as follows: 16 (13.9%) said they did not tell the perpetrators, 90 (77.3%) said they tried to tell the perpetrators but they wouldn't listen, and 15 (12.8%) said they told the perpetrators and they listened. For non-physical violence, 365 (41.3%) respondents said they did not tell the perpetrators to stop, 284 (32.2%) said they tried to tell the perpetrators but they wouldn't listen, and 215 (24.3%) said they told the perpetrators and they listened.

When asked whether they had reported the incident of physical violence to a supervisor, 50 (42.7%) respondents

indicated they had not. Of those experiencing non-physical violence, 519 (61.2%) said they did not report it to a supervisor. Most employees who experienced physical violence ( $n = 112$ , 97.4%), and the majority who experienced non-physical violence ( $n = 749$ , 89.3%), did not report it to human resources. When asked whether there was an investigation surrounding their report of violence, most ( $n = 101$ , 94.1%) said no.

### **Consequences of Violence**

A symptom checklist was provided so employees could indicate all symptoms experienced. Generally, a higher percentage of employees checked symptoms in response to non-physical violence than physical violence. Among the 127 assaulted employees, 78% reported experiencing at least one symptom for physical violence. Assaulted employees experienced a mean of 3.7 symptoms ( $SD = 2.9$ ), compared with a mean of 4.3 symptoms ( $SD = 3.1$ ) for non-physical violence. The distribution of selected symptoms varied by type of violence, for example, anger, irritability, sadness, and depression were experienced more frequently in association with non-physical violence than with physical violence (see Table 4). A considerable minority of those reporting symptoms experienced five or more symptoms (28% of those reporting non-physical violence, 20% of those reporting physical violence).

Most employees did not receive any treatment following the violent episode, despite the availability of employee health services and an EAP (see Table 4). Most (91.9%) individuals who encountered violence did not take time off from work to recover. Of those taking time off from work for physical violence, four took less than 1 day and six took 1 or more days. For non-physical violence, 15 missed less than 1 day and 53 missed 1 or more days. However, violence affected workplace productivity for a small subset of employees (see Table 4).

### **DISCUSSION**

Study findings revealed that 7.2 employees per 100 individuals experienced physical violence, and 50.4 employees per 100 individuals experienced non-physical violence. These data contrast with the 22% reported in the employer's initial survey, and a national incidence rate of 8.3 assaults per 10,000 workers for all hospital employees from the Bureau of Labor Statistics (BLS) (U.S. Department of Health and Human Services, 2002). The discrepancy between the overall rate for this employer and rate from the BLS reflects the different data sources used (i.e., self-reported violence in this study versus employers' recorded injuries and illnesses according to the record-keeping guidelines of the U.S. Department of Labor). A better comparison of rates is found when focusing only on nurses. Study findings related to nurses and specific to this employer indicated 17.8 instances per 100 employees for assault, and 33.1 per 100 employees for non-physical violence. This compares with the rates reported from a population-based study of Minnesota nurses that also used self-report data and revealed a physical assault rate of 13 per 100 individuals and a non-physical violence rate of 38.4 per 100 individuals (Gerberich et al., 2004).

Table 3

**Incidence Rates for Physical and Non-Physical Violence by Selected Business Units, Departments, and Job Families (per 100 employees)**

	<i>Physical Violence Rate (95% Confidence Interval)</i>	<i>Non-Physical Violence Rate (95% Confidence Interval)</i>
<b>Business Unit</b>		
Urban hospital No. 1	11.0 (9.3 to 12.7)	31.9 (29.4 to 34.4)
Urban hospital No. 2	8.8 (6.7 to 10.9)	38.5 (34.9 to 42.1)
Suburban hospitals	10.4 (8.4 to 12.4)	31.3 (28.2 to 34.4)
Regional hospitals	7.8 (5.7 to 9.9)	27.3 (23.9 to 30.7)
<b>Department</b>		
Occupational therapy/physical therapy	7.1 (3.9 to 10.3)	29.8 (24.1 to 35.5)
Medical-Surgical	8.0 (6.5 to 9.6)	33.7 (31.0 to 36.4)
Intensive care	35.6 (28.2 to 43.0)	31.5 (24.3 to 38.7)
Mental/behavioral health	28.0 (23.8 to 32.2)	44.6 (39.9 to 49.3)
Emergency	16.7 (11.8 to 21.6)	54.2 (47.6 to 60.8)
<b>Job Family</b>		
Patient care assistants	8.9 (6.0 to 11.8)	30.4 (25.7 to 35.1)
Counselors	17.1 (13.9 to 20.3)	31.7 (27.7 to 35.7)
Nurses	17.8 (15.3 to 20.3)	33.1 (30.0 to 36.2)
Paramedics	25.0 (18.6 to 31.4)	47.1 (39.7 to 54.5)
Guards	50.0 (34.2 to 65.8)	66.7 (51.8 to 81.6)

The study findings also define the nature and scope of work-related violence for this employer, providing insights for prevention and control. For example, assaulted employees primarily identified clients, frequently mentally impaired clients, as the perpetrators. In contrast, employees who experienced non-physical violence reported the perpetrator was most commonly another employee, the majority of whom were not mentally impaired. These trends are consistent with the literature in revealing the greater frequency of the client as perpetrator in physical as opposed to non-physical violence (Gerberich et al., 2004; Lee, Gerberich, Waller, Anderson, & McGovern, 1999; Sullivan & Yuan, 1995; Yassi, Tate, Cooper, Jenkins, & Trottier, 1998) and suggest the need for designing intervention strategies by type of violence.

During this study, the employer rewrote the violence prevention policy, changing it from one comprehensive policy to three distinct policies addressing prevention of sexual harassment, prevention and control of physical assaults and threats, and creation of a respectful workplace. The employer's revised policies reflected the underlying legal framework specific to sexual harassment, and the nature of physical violence as distinct from non-physical violence. The study findings, which identified that physical and non-physical violence have different incidence rates, patterns of distribution, and risk factors, reaffirmed the employer's decision to have separate written policies for each type of violence.

It is noteworthy that 78% of employees experienced at least one adverse symptom in response to work-related violence, and 20% of those physically assaulted and 25% of victims of non-physical violence experienced five or

more symptoms. Selected symptoms, such as anger, irritation, sadness, and depression, were more frequently reported by employees who experienced non-physical violence. If validated in additional studies, these findings provide important information for occupational health nurses about employees' potential emotions after an event of violence. The increased incidence of symptoms in response to non-physical violence related to physical violence is consistent with at least one other study (Gerberich et al., 2004) and suggests that the risk factors for and organizational response to non-physical violence may need greater attention than realized. There is a tendency to focus on physical assaults; yet it may be that the ongoing nature of non-physical violence creates a gradual deterioration in workers' well-being, making it more challenging for employees and employers to effectively respond. In addition, without physical injury, workers are unable to file claims under workers' compensation in Minnesota. A small proportion of employees reported quitting, transferring work locations, or otherwise modifying their activity or schedule in response to the violence, a finding consistent with the literature (Barling, 1996; Budd, Arvey, & Lawless, 1996; Ito, Eisen, Sederer, Yamada, & Tachimori, 2001; Rogers & Kelloway, 1997; Simonowitz, 1996; Williams, 1996).

Of concern is how infrequently violence is reported to this employer. Forty-three percent of physical violence and 61% of non-physical violence was not reported to a supervisor. Non-physical violence is most often perpetrated by fellow employees, making it difficult to report to a mutual supervisor. Employees may feel they are "ratting out" a coworker, or that it could affect the relation-

Table 4  
**Consequences of Work-Related Violence (Weighted Frequencies)**

	<i>Physical Violence (n = 127)</i> n (%)	<i>Non-Physical Violence (n = 883)</i> n (%)
<b>Treatment</b>		
None	95 (74.8)	742 (84.1)
Physician	10 (7.9)	9 (1.0)
Counselor	2 (1.6)	41 (4.6)
Nurse/nurse practitioner	3 (2.1)	3 (0.3)
<b>Used the Employee Assistance Program</b>	1 (0.8)	34 (3.9)
<b>Used Employee Health Services</b>	10 (7.9)	12 (1.4)
<b>Symptoms/Feelings Experienced:</b>		
None	28 (22.0)	184 (20.8)
Anger	49 (38.6)	497 (56.3)
Depression	12 (9.4)	144 (16.4)
Fatigue	17 (13.4)	106 (12.0)
Suspicion/distrust	23 (18.1)	284 (32.2)
Fear/anxiety	31 (24.4)	203 (23.0)
Frustration	56 (44.1)	452 (51.2)
Sadness	14 (11.0)	178 (20.1)
Embarrassment	11 (8.7)	186 (21.1)
Stress	43 (33.9)	359 (40.7)
Difficulty sleeping	6 (4.7)	104 (11.8)
Headaches	6 (4.7)	85 (9.7)
Flashbacks	8 (6.3)	41 (4.6)
Difficulty concentrating	9 (7.1)	82 (9.2)
Irritability	16 (12.6)	177 (20.0)
Pain	8 (6.3)	11 (1.3)
Nightmares	2 (1.6)	28 (3.1)
Other	10 (7.9)	36 (4.0)
<b>Productivity Consequences</b>		
Quit job	2 (1.6)	51 (5.7)
Transferred location	4 (3.1)	55 (6.1)
Modified activities	5 (3.9)	29 (3.2)
Changed schedule	2 (1.6)	33 (3.8)
No changes, but treated poorly	5 (3.9)	60 (6.8)
Workplace made safer	12(9.4)	31(3.5)

\* More than one response option allowed; not all options included.

ship between themselves and their fellow employees. Also, the supervisor may be the source of violence, making the situation even more problematic. Even though it may appear to be a more anonymous approach, far fewer individuals reported incidents to human resources. In response to open-ended questions about why they did not report violence, 32% of assaulted employees and 8% of those experiencing non-physical violence said that violence is considered to be part of their job, revealing a strong sense of futility about reporting. Low rates of reporting violence have been documented elsewhere in the literature (Crocker & Cummings, 1995; Erickson & Williams-Evans, 2000; Jenkins, Rocke, McNicholl, & Hughes, 1998; Pozzi, 1998; Rose, 1997). Management can only respond to those problems for which it has in-

formation. Identification of factors that support employee reporting of violence is critical to fully understanding risk factors for violence and designing effective interventions (Findorff, McGovern, Wall, & Gerberich, in press).

In addition, most employees did not use the resources provided by their employers, yet a great number of victims had symptoms directly related to the violence. Although most employees were aware of EAP and employee health services, they did not use these services following episodes of violence. The reasons why are unclear, but may include concerns for confidentiality, lost work time, repercussions with one's supervisor for seeking assistance, or not seeing the services as needed. Such issues warrant further investigation.

In response to the study findings, this employer charged the EAP manager with forming an internal vio-

## Steps in a Process Evaluation for an Organizational Policy

1. Identify a person in upper management recognized for formal and informal leadership who is willing to serve as project champion, representing the project to others in the organization who will be involved in planning or implementing the evaluation. Engage this person as soon as feasible in planning the evaluation. (In the current project this was a vice president in the human resources department who represented and promoted the project to other departments such as legal, communications, payroll, information systems, and was able to provide important political insights to the researchers).
2. Review the policy and outline detailed instructions on how the policy is implemented. This may include interviewing employees and first-line supervisors from various units who have worked with the policy.
3. Operationalize each step in the policy. For example, if violence reporting is expected as a first step, detail to whom the employee should report and whether oral reports are acceptable.
4. Write out specific questions to provide answers to each of the above (e.g., a question used from this survey asked participants between specified dates, "Have you ever reported an event of physical violence to a supervisor, manager or boss?" If the response was yes, "Did you make the report orally or in writing?").
5. Once the policy is operationalized, decide how best to collect the data to evaluate the organizational policy in your organization (e.g., using focus groups or a written survey of employees.).
6. Consult someone with expertise in the specific data collection strategy. For example, some researchers are experts at designing and implementing surveys for quantitative research projects, whereas others are experts at conducting focus groups or other qualitative forms of research. Faculty members from schools of public health, nursing, or the social sciences are often excellent resources for consultation on study design. These individuals can assist in project design, necessary sample size, data collection instruments, strategy for data collection and analysis, and project staffing and budget.
7. Implement the evaluation including completing necessary institutional review board requirements (i.e., for protection of human subjects), hiring appropriate staff, and securing necessary project supplies including computing resources, if necessary.
8. Draft the final report and present a copy to key stakeholders for review and comment. Hold a discussion with these individuals to interpret findings as future "users" of the data. Finalize the written report.
9. Work with key stakeholders on how best to communicate project findings to management and labor and create a communications strategy and plan.

lence prevention committee to create a responsive work plan supporting workplace safety and violence prevention and control. One of the first steps the committee took was requesting more detailed data on the incidence of work-related violence in departments and business units with the highest rates of events such as intensive care, mental and behavioral health, and emergency, from the study investigators. The EAP manager then visited managers of the high-incidence departments to discuss study findings and brainstorm potential risk reduction strategies.

The EAP manager was also the point person to disseminate study findings. She gave more than 35 presentations to managers, occupational health and safety professionals, and non-management level employees to enlist their support for creative solutions. She presented study findings to the organization's "leadership forum," which included more than 100 of the employer's top executives, to secure their commitment to this important, correctable problem. She also requested communications staff develop a summary of the study findings for an internal newsletter. The newsletter article included key findings and important tips for employees, such as the organization's belief that assault is never part of the job, does not "come with the turf," and that internal resources such as

EAP and occupational health are available and should be used for follow-up care.

One of the first projects the violence prevention committee pursued was redesigning the incident reporting system to more clearly distinguish between events of physical and non-physical violence. Occupational health nurses felt that better surveillance would enhance the identification, prevention, and control of risk factors.

Another project the committee undertook was development of a manager checklist for assault or threat of harm. The checklist included a review of assumptions when responding to employees who were assaulted (e.g., the episode of violence is not the fault of the employee), and steps to take when an employee has experienced an assault or threat (e.g., determine the health effects on the employee, arrange evaluation through occupational health as needed, arrange coverage of the employee's work, meet and debrief the employee). The committee also developed a fact sheet for employees that included a list of physical, emotional, mental, and social symptoms an employee might experience in response to violence, and a resource list for employees who want to seek help.

The violence prevention committee's work is ongoing and reflects the serious institutional commitment made to creating a

## IN SUMMARY

### Work-Related Violence Policy

#### A Process Evaluation

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- 1 Employee reporting of violence is critical to evaluate because under-reporting of events is common, and management cannot respond to problems that are not documented.
- 2 Employers should assess the incidence and risk factors for both physical and non-physical violence because both types of violence have health and productivity effects.
- 3 Both process and outcomes measures are needed to assess whether a violence prevention policy is having its intended effect.
- 4 Upper level management support is needed to evaluate the effectiveness of violence prevention policies.

safer workplace. The EAP manager has since reorganized the violence prevention committee into two subgroups—one charged with creating a respectful workplace and the other charged with decreasing the incidence of physical violence. This is consistent with study findings showing that the events are separate phenomena in terms of both incidence and risk factors.

#### LIMITATIONS

Study limitations included a 42% response rate to the full survey. At the time the investigators began data collection, the employer was undergoing a major reorganization and a citywide nursing strike, which may have decreased employees' interest in participation. Additionally, study investigators were prohibited from using a participant incentive to enhance employee response. To partially address the concern for limited response to the full survey, a one-page short survey on key items was used to estimate the incidence of violence. To address concerns for bias, comparisons were made between the group of employees sampled and those responding to the full survey (see Table 1). Although all group differences were small, non-White individuals were less likely than White individuals to respond to the survey. Given that this employer's non-White population included recent immigrants from countries such as Somalia, Ethiopia, and Mexico, for whom English was a second language, it is important to consider alternatives to a written survey in future efforts to identify the risk of work-related violence for this heterogeneous subgroup.

#### CONCLUSION

Although the study findings are limited in their generalizability to other employers, the process of designing and

conducting the study and disseminating results are generalizable. Detailed steps of this process are included in the Sidebar. In support of the objective of applying the process evaluation to other organizations, it is useful to identify some key factors contributing to the success of this project. First was the commitment by top management to all aspects of the study. The initiative for and support of the study came from within the human resources department and the employer's foundation. Selected individuals from these two units provided the leadership, resources, and access to key individuals throughout the organization (e.g., departments of information systems, payroll, EAP, occupational health and safety, legal, communications) that influenced study design and implementation.

One of the most important factors was designation of an internal champion from the human resources department to support the study investigators throughout the process. This individual had institutional power and authority as a vice president, was knowledgeable about occupational health and safety and workplace violence, and wanted the project to succeed. She "smoothed over" any institutional barriers the investigators encountered. When the study was over, this same vice president appointed the EAP manager to disseminate the study findings and lead the violence prevention committee's effort to create and implement a responsive work plan. Given the current nursing shortage (Aiken et al., 2001) and rising health care costs, this employer has demonstrated one approach to addressing violence that is a model for consideration by other health care employers.

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