

Commentary in Occupational Health

Workplace violence: risk assessment is the basis for prevention

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Abstract

Workplace violence (WPV) is a serious threat to the health and safety of workers, with significant physical and psychological consequences. WPV is particularly prevalent in the healthcare sector, disproportionately affecting nurses and emergency personnel. Preventing WPV is crucial for protecting healthcare staff and ensuring the quality of care. Risk assessment, through data collection during periodic medical examinations and the use of qualitative indicators, is essential to identify high-risk areas and implement targeted preventive measures. Despite efforts, there remains a lack of standardized tools for managing WPV. In Italy, legislation requires the evaluation of psychosocial risks, but there is no specific regulation for WPV. A more integrated approach is needed, including mandatory health surveillance and health promotion activities, to create a safe and sustainable work environment. Adequate investments in psychological support programs and health promotion are fundamental to protect healthcare workers and ensure high-quality patient care.

Key words: Health surveillance; healthcare sector; preventive measures; psychosocial risks; quality of care; risk assessment; workplace violence (WPV).

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INTRODUCTION

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence (WPV) as any act or threat of violence, ranging from verbal abuse to physical assaults, targeting individuals at work. This violence can stem from anyone and be directed at anyone, manifesting subtly or overtly, intentionally or unintentionally, as isolated incidents or continuous occurrences. WPV affects both men and women and can target workers, clients, and the public [1]. Beyond physical violence, the dangers of various forms of verbal violence that sometimes take on characteristics known as bullying, mobbing, and stalking were also highlighted [2]. Violence is responsible for more than 1.6 million deaths and millions of injuries each year, resulting in physical, sexual, reproductive, and mental health problems [3].

Nurses, due to their close interactions with patients and families, are often thought to be more likely to experience violence than other health professionals. However, this depends on the type of task performed, and in studies in which the type of department is considered, the difference is not significant [4]. WPV is especially prevalent in mental health and emergency departments [5] due to the severe conditions and unpredictable behaviors of some patients. In Italy, data from the Lazio Region [7] confirm the national trend, indicating a higher prevalence of workers reporting violent episodes in emergency-urgency areas (23%) and in psychiatric and addiction services (over 20%). Still, this problem is not confined to specific hospital departments [4].

In low-income countries and East Asia countries, WPV is even more severe, with instances of extreme physical violence against healthcare workers [6]; non-reporting of violence is a concerning issue, mainly due to the lack of policy or procedure and management support [6]. However, beyond the most serious episodes of physical violence, in which the injuries sustained testify to the fact that they occurred, the majority of episodes are not reported. As a result, it is very difficult to establish the true frequency of violence and know the circumstances that led to the attack. This makes it very difficult to put in place good security measures.

The consequences of WPV for the worker can be severe, ranging from physical injuries to long-term psychological trauma, leading to decreased job satisfaction, increased absenteeism, and high turnover rates. Longitudinal studies show that the assaulted worker develops stress and loses social support; these conditions expose him/her to suffer violence more frequently [8,9]. For the organization, WPV can result in a toxic work environment, reduced productivity, higher healthcare costs, and potential legal liabilities [10].

WPV is particularly significant in the healthcare sector due to the high levels of interaction with patients and their families. Still, it also affects other professions with high public contact, such as education, social services, and law enforcement [2].

Preventing WPV is crucial for protecting healthcare staff and ensuring the quality of care and patient safety [2]. This commentary aims to highlight the preventive and protective measures employers can adopt to mitigate workplace violence.

DISCUSSION

The risk assessment process

Problem identification and measurement is the first step in all risk assessment processes. The most commonly followed method is reviewing injury reports from the Prevention and Protection

Service (SPP), Public Relations Office, and Police Position of the First Aid Unit [11]. The main problem with these methods is the marked underreporting of violent episodes: only the most serious cases are reported. Furthermore, healthcare workers tend not to report the aggression they suffer from patients if they are in poor cognitive condition due to illness or abuse. The authors of the assessments tend to fill this data void by forming a personal idea of the frequency of the phenomenon and manipulating this judgment using an algorithm. There are numerous algorithms for assessing the risk of violence. None of them are validated [2]. Using non-evidence-based algorithms for risk assessment is ineffective and should be discouraged.

An alternative strategy involves continuously monitoring the violence suffered by workers during periodic medical visits. Asking each employee during the visit whether, in the previous year, he or she has suffered physical violence, threats, or harassment is a very simple measure that every occupational doctor should adopt [2]. The data collected this way would allow the risk assessment to be based on real data. Furthermore, by investigating violence during visits, the doctor could intervene promptly. Workers who respond affirmatively could be asked to fill out a questionnaire to describe the violent event, and the doctor could work towards counseling and preventing the events from happening again.

According to Lyver et al. [12], the quality indicators for measuring workplace violence in healthcare include structural indicators such as staff education and organizational preparedness, process indicators like the frequency and types of violent incidents and interventions used, and outcome indicators that measure the impact on patient and staff safety and well-being. However, it is essential to engage healthcare staff through surveys and interviews to understand their perceptions of safety.

Generally, from the risk assessment, it is possible to identify specific tasks and work environments that are at higher risk. This information is crucial for initiating targeted training activities and recognizing the necessity of implementing health surveillance programs and health promotion activities. These measures enhance worker safety and foster a culture of prevention and well-being within the organization. Moreover, it has been observed that psychologists may play a crucial role in both risk assessment and post-event support, identifying psychosocial factors contributing to WPV and providing counseling to prevent PTSD and promote resilience [13,14].

Despite these efforts, there remains a significant gap in standardized instruments tailored for assessing and managing WPV, underscoring the need for further research and development in this area.

The situation in Italy

Italy is one of the few countries in the world that include violence at work among the occupational risks [15]. In Italy, the regulations are based on Article 28 of Legislative Decree 81/2008, which requires employers to assess all health and safety risks for workers. This includes the assessment of psychosocial risks, which encompasses but is not limited to workplace violence (WPV). Although psychosocial risks must be evaluated, no specific regulation addresses these risks comprehensively [16].

The evaluation of psychosocial risks in Italy is primarily focused on work-related stress and organizational dysfunctions, often overlooking the specific risk of workplace violence. This is a

significant gap, considering that work-related stress can contribute to the likelihood of violent incidents occurring in the workplace [19].

Guidelines from the European Agency for Safety and Health at Work (EU-OSHA) and, in Italy, Recommendation No. 8 issued by the Ministry of Health in November 2007, along with the guidelines issued by various regions [17], provide useful insights into the risk assessment process and the most appropriate prevention measures. These guidelines emphasize the importance of a comprehensive approach to psychosocial risk assessment, which should include the evaluation of potential violence at work as a critical component.

Despite these recommendations, the implementation often needs to be more cohesive, focusing on stress and organizational issues rather than directly addressing WPV. This suggests more specific tools and methodologies are required to assess and mitigate workplace violence risks. Integrating these assessments with mandatory health surveillance and voluntary health promotion activities can help create a safer and more supportive work environment.

By addressing these gaps and enhancing the focus on WPV within the broader psychosocial risk framework, organizations can better protect their workers and promote a culture of safety and well-being.

Researchers should enhance their activities on WPV by defining a common taxonomy and including injuries and near misses among the endpoints. This comprehensive approach will provide a deeper understanding of the phenomenon and its implications.

Risk assessment and health surveillance are crucial in preventing WPV, creating a safe and sustainable work environment, and enhancing the quality of patient care. Healthcare institutions must implement effective, locally sensitive policies that promote a culture of safety, respect, and collaboration. These policies should be based on thorough risk assessments that identify high-risk areas and tasks, allowing for targeted interventions such as training programs, use of personal protective equipment, and health promotion activities.

Policymakers must prioritize the development and implementation of comprehensive WPV prevention strategies. Local administrators should support national policies by encouraging healthcare organizations to adopt comprehensive prevention policies within their risk management and occupational health and safety frameworks. These efforts will benefit both patients and workers by reducing the incidence of WPV and fostering a safer work environment.

Governments must allocate adequate resources to ensure a positive and secure working environment for all healthcare workers. This includes funding for health surveillance programs, psychological support services, and health promotion activities. By investing in these areas, we can protect healthcare workers from the physical and psychological impacts of WPV, thereby ensuring the delivery of high-quality care to patients.

Preventive and protective measures against workplace violence must result from a thorough risk assessment process, which is mandatory in many countries, including the European Union [16]. This process must consider multiple variables, including the work environment and the psychosocial risk factors described in the literature. It is essential to emphasize the importance of contextualized psychosocial risk indicators in workplace stress assessment [18]. Within the risk assessment process, specific tools studied and validated in the scientific literature, such as certain scales of the Copenhagen Psychosocial Questionnaire (COPSOQ), should be used [13].

The COPSQ is a widely used and validated questionnaire that measures various aspects of psychosocial health and working conditions. It includes scales that assess job stress, social support, work-life balance, and job satisfaction, all crucial factors for a comprehensive understanding of psychosocial risks in the workplace. As the literature [9] shows, high work-related stress levels may be associated with WPV, and some psychosocial domains, like emotional demands and interpersonal relationships, may affect WPV.

Integrating some COPSQ scales with mandatory health surveillance and health promotion activities can help create a safer and more supportive work environment. Healthcare institutions should adopt effective and culturally sensitive prevention policies based on a thorough risk assessment, identifying high-risk areas and tasks, and allowing for targeted interventions such as training programs, the use of personal protective equipment, and health promotion activities.

Preventive and protective measures against workplace violence should thus be an integral part of a comprehensive risk management strategy, which includes psychological support and the promotion of worker well-being. We can only effectively protect workers and ensure a healthy and safe work environment through an integrated and evidence-based approach incorporating contextualized psychosocial risk indicators.

By fostering a safe and supportive work environment through these combined efforts, we can protect healthcare workers and ensure the continuous provision of high-quality patient care. The commitment to addressing WPV at all levels—from research and policy development to implementation and resource allocation—is essential for the well-being of healthcare workers and the overall effectiveness of healthcare systems.

CONCLUSION

Workplace violence (WPV) is a serious threat to the health and safety of workers, particularly in the healthcare sector. Risk assessment and health surveillance are crucial for preventing WPV and creating a safe work environment. Effective policies based on thorough risk assessments are necessary, including targeted interventions such as training, occupational health surveillance, and health promotion activities. Policymakers and local administrators must support and fund comprehensive prevention strategies to protect healthcare workers and ensure the quality of patient care.

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