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REVIEW

Comparison of Quality and Content of Violence Guidelines For The Health Care Sector

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ABSTRACT

More than 50% of the employees in health sector are exposed to violence at any time. This study investigated international workplace violence guidelines for the health care sector to compare their quality and content and explore whether these guidelines could be used in different settings. We ran a broad review to identify international guidelines for violence in health care. After identification of the guidelines, the quality of the guidelines was assessed by personal experience and views of the authors, also taking AGREE domains into consideration as a guidance. The identified guidelines were later qualitatively analyzed for the content by two researchers and compared to each other.

Canada, New Zealand, USA, UK and Turkey's guidelines were involved in the study. Definitions of workplace violence, risk factors, objectives of the guideline, legal requirements, responsible stakeholders, target population, strategies recommended, physical environment, training and staffing were assessed in the content of the violence guidelines. It was found that current guidelines need improvement in both quality and content, but it is possible to have an international guidance that could be applicable in different settings.

The development of violence guidelines should be the first and most strategic step for better protection of the health care workers. We expect our results to be useful in preparation of new guidelines for different settings.

Key Words: Health care sector, violence, guidelines, quality

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INTRODUCTION

Violence towards healthcare workers can be verbal or behavioral threats, physical or sexual assaults from patients, their relatives or other individuals which pose any kind of risk for health care workers [1]. A 2002 publication entitled "Health sector workplace violence" (a joint report by the World Health Organisation (WHO), International Labour Office (ILO) and International Council of Nurses (ICN)), declared that more than 50% of the employees in the health sector are exposed to violence at any time [2] and that violence rates against health care workers were reported as 3-17% physical, 27-67% verbal, 10-23% psychological, 0.7-8% sexual and 0.8-2.7 % ethnic [3].

According to the Bureau of Labor Statistics (BLS) Census of Fatal Occupational Injuries (CFOI) working in health care institutions is 16 times more riskly in terms of being exposed to violence than working in other institutions. In the same study Elliott reported that fatal workplace violence tends to be higher in retail businesses such as jewelry stores and industries including gas stations, police and taxicab services [4]. Similarly, other studies show that violence exposure towards health professionals is very high [5-8]. According to the results of a multi-centre study in Turkey in 2002 it was found that out of 1071 health workers, 544 (50.8%) had exposed to one or more of violence types when they are at work [9]. In other studies that were carried out in different cities of Turkey violence rate against health care workers was found as 72.6% [10], 87.1% [11], 85.9% [12] and 98.5% [13].

Though health care workers have been known to be at risk of exposure to workplace violence, the topic receives close attention only in recent years [14].

Some countries have created guidelines for addressing the problem, preventing workplace violence and building up solutions [15-18]. In Turkey "Employee Rights and Safety Guide" was released by Ministry of Health's (MoH) White Code Unit [19], The purpose of this guide is to inform health care professionals and corporate administrators about preparation to prevent violence and the processes to be undertaken during and any violence has occured [19]. This guide, unfortunately, is thought not to provide the desired comprehensiveness and sufficiency because of its content and quality. There has been no study, on the other hand, to explore whether any international guide on this matter would be feasible and beneficial to be used in a Turkish setting.

This study evaluates international workplace violence guidelines for the health care sector, compares their quality and content, and explores whether these guidelines are feasible to be used in different settings, including any countries which do not yet have adequate guidelines for example Turkey.

METHODS

We ran a broad review to identify international guidelines for violence in health care. We conducted our search in guideline clearinghouses and the meta search engine Google. The search aimed to identify any guidelines published by public bodies or non-governmental organizations. We additionally searched PubMed and Web of Science in order to find any publication related to such guidelines. We decided to include guidelines according to the following criteria:

1-addressing specifically workplace violence in the health sector or related industries like community services (social work)

2-published or referred to by governmental authorities on national or state, or published by non-governmental organizations

3-in English or Turkish languages

Following identification of the guidelines, we wanted to assess their quality. The guidelines for the violence in health sector could be considered as organizational guidelines. The quality of guidelines can be variable. "The Appraisal of Guidelines for Research & Evaluation (AGREE) Instrument" was developed to address the issue of variability in guideline quality.

We looked for possibility of using AGREE instrument to assess quality of the guidelines we have identified. But, as also emphasized within the instrument itself, the AGREE can be applied to guidelines in any disease area including those for health promotion, public health, screening, diagnosis, treatment or interventions. It has not been designed to assess the quality of guidance documents that address health care organizational issues [20]. As we went through the instrument we decided that it is not an appropriate tool for assessing the quality of violence guidelines. We conducted an additional search to identify any tool for assessing

guidelines that address health care organizational issues, but no available tool could be reached. So the quality of the guidelines was assessed by personal experience and views of the authors, also taking AGREE domains into consideration as a guidance. Two researchers independently reviewed all the identified guidelines and then their findings were discussed by the two in order to have a consensus. Their findings were later reviewed and commented by a third researcher.

The identified guidelines were later qualitatively analyzed for the content by two researchers and compared to each other. The findings were again discussed by the two and later reviewed and commented by the whole research team.

RESULTS

Our review yielded five guidelines that could be involved in the study for further evaluation.

The characteristics of guidelines are listed in Table 1.

Table 1. Characteristics of Guidelines

Guideline	Year of publication	Page count	Country
Guide to violence prevention in the work place	2010	38	Canada
Managing the risk of workplace violence to healthcare and community service providers	2009	105	New Zealand
Preventing workplace violence for health care and social service workers	2004	44	USA
Violence and aggression to staff in health services	1987, 1997(updated)	33	UK
Employee Rights and Safety Guide	2012	5	Turkey

Assessment of Quality of the Violence Guidelines

Siering, in 2013, found 40 guidelines' quality assesment tools. The analysis of these tools has shown that AGREE II Instrument is optimum for a comprehensive quality assesment of guidelines [21]. AGREE II is designed to assess guidelines which are developed by local, regional, national or international groups or affiliated governmental organizations.

The AGREE II consists of 23 key items organized within 6 domains followed by 2 global rating items ("Overall Assessment"). Each domain captures a unique dimension of guideline quality. Scope and Purpose, Stakeholder Involvement, Rigour of Development, Clarity of Presentation, Applicability and Editorial Independence are assessed by AGREE II.

Although it has not been designed to assess the quality of guidance documents that address healthcare organizational issues, we used its six domains as a guidance in our quality assessment.

Scope and Purpose

The scope and purpose of the guideline is stated in all guidelines.

Stakeholder Involvement

The producer of the guidelines are defined in Canada, New Zealand and US guidelines, but there is no information about the participants of the development groups. It is not clear that the guideline development group includes individuals from all relevant professional groups or not. In the Turkish guideline, the development group is defined but does not include all relevant professionals. In the British guideline, working member groups are defined and guideline development group includes National Health Service and private healthcare providers and contractors in the health service.

The views and preferences of the target population have not been assessed in any of these guidelines.

Rigour of Development

In Canadian and Turkish guidelines references are unspecified. Other three guidelines included references, but there is no explicit link between the recommendations and the supporting evidence. There is no information about the systematic methods used to search for evidence. The recommendations are not evidence based, but mostly based on personal opinion or expert opinion. No procedure is provided for updating the guidelines.

Clarity of Presentation

In all violence guidelines that we assessed, different options for management of the condition are clearly presented, but the key recommendations are not easily identifiable.

Applicability

All guidelines provide advice and/or tools on how the recommendations can be put into practice but monitoring and/or auditing criterias are not presented.

Editorial Independence

Competing interests of guideline development group members have not been recorded and addressed in any of the guidelines.

Assessment of Content of the Violence Guidelines

The content analysis of the guidelines was done qualitatively. The analysis and comparison of the guidelines is reported in below subtitles: definitions of workplace violence, risk factors, objectives of the guideline, legal requirements, responsible stakeholders, target population, strategies recommended, physical environment, training and staffing.

Definitions of workplace violence

The definitions of workplace violence are similar in all guidelines except the US guideline, where there is no explicit definition. Others were as follows:

Canada: "Any action, conduct, threat or gesture of a person towards an employee in their work place that can reasonably be expected to cause harm, injury or illness to that employee." New Zealand: "Any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing or health."

UK: "Any incident in which a person working in the healthcare sector is verbally abused, threatened or assaulted by a patient or member of the public in circumstances relating to his or her employment."

Turkey: "Deliberate use of force that appear in all kinds of bullying, assault, force, threat, insult and abuse which may result in damage to the physical, mental, spiritual, moral and social development of people." The definition covers violence, but no other specified definition to health sector is given.

Risk Factors

Section about risk factors is not available in Canadian and Turkish guidelines.

New Zealand focuses more on the risk factors created by types of jobs. Risk factors stated in the UK guideline, however, are general statements; such as working alone, working after normal working hours, etc. Risk factors USA stated are mostly on the characteristics of the people or society, such as increasing drug or alcohol abuse.

Objectives of the guideline

Majority of the sampled guidelines state to provide assistance on how to manage workplace violence. Canada emphasizes that the policy is for the employer to demonstrate to employees that the employer is committed to providing a violencefree work place. New Zealand guide is intended to raise general awareness among employers and staff; and provide a generic list of mechanisms for developing effective management plans in particular work settings. UK guidance is intended to help employers assess the size and nature of the problem.

Legal Requirements

Canada and USA guides have not addressed any legal regulation. Other countries cited legislative background for the activities toward violence prevention.

Responsible Stakeholders

All guidelines refer to the relevant legislation on occupational safety and health and stress that responsibility for a safe workplace is employer's duty which includes protection from violence hazards.

Target population

The Canadian guideline is more generic and designed to assist employers, members of a policy or work place committee, or health and safety representatives in preventing work place violence. But other guidelines are specialised on the health sector and social services.

Strategies recommended

Canada releases recommendation named "Prevention of Work Place Violence". It starts with establishing the framework for consultation with and the participation of the policy committee and includes developing a prevention policy, identifying contributing factors, assessing potential for violence, implementing controls and follow-up procedures and reviewing the effectiveness of the prevention measures.

New Zealand's suggestion is to do a risk assesment for recognising and responding to the risk, then identifying the hazard to control it.

The UK guideline proposes a five-step approach to risk assessment; which are looking for hazards, identifying potential victims, evaluating the risks, recording findings and reviewing the assessment.

Turkey guides readers about how they should act before, during and after the violence.

Physical environment

Canada focuses on the properties of surrounding environment such as characteristics of the work area (noise, stuffiness, uncomfortable temperatures and other conditions that may make someone more irritable) and interpersonal dynamics (being part of the same group for a prolonged period of time; working in close proximity).

In the New Zealand guideline, most of the practice documents concerning the safe design of premises are taken from Occupational Safety and Health Administration (OSHA) advice supplemented by the WHO/ILO document. But these advices apply to in-patient care services and is not necessarily applicable to community-based service providers. The principles of such advice includes access, space, fixtures and fittings and premises.

US guideline includes a long list of specific questions about the environment that show safety of physical environment; such as "Do crime patterns in the neighborhood influence safety in the facility?" or "Can exit doors be opened only from the inside to prevent unauthorized entry?"

The UK guideline says the physical environment may affect the likelihood of violent incidents and the ease with which people can respond to them. Subjects to be considered in organising the pyhysical environment are described under subtitles; public access, waiting rooms and reception areas (accident and emergency, outpatients, GP and dental surgeries), treatment rooms and mental health units.

Turkish guideline does not have a section about physical environment.

Training

A key measure to prevent and control violence is training of staff. Canada emphasizes that training raises awareness and educates employees. If not, all employees can be trained, the ones facing higher risk should be prioritized. Canada, on the other hand, does not provide information about an actual training program or a possible content.

New Zealand emphasizes especially the need for training new staff as they are most at risk of workplace injury. The New Zealand and US guidance asks training to cover policies, risk assessments, break-away techniques, grievance management, self-defence, early warning signs and reporting.

UK categorizes training content as Theory, Prevention, Interaction and Post-incident action.

Staffing

Staffing is an issue commonly addressed in the guidelines. Especially in cases of potential violent incidents adequate staffing patterns are necessary, not only in terms of quantity but also, in terms of qualification.

Most common is the recommendation to avoid working alone or isolated. Wherever a potential risk is expected, working in pairs should be made possible.

DISCUSSION

Violence around the world is increasing and people are increasingly getting harm as a consequence. The health sector has not managed to stay out of this. Although there are some guidelines around the world published with the aim of drawing attention to this subject and suggesting some strategies to avoid or manage violence, the quality of these quidelines have not been assessed. Furthermore, there is no publication, to the best of our knowledge, that compares the content of such quidelines and discusses feasibility of these guidelines in other settings. The strength of this study is that it is the first in the literature to compare content of violence guidelines for the health sector. There are also some limitations of the study. Firstly, it involves the guidelines only in English and Turkish languages, where actually guidelines in other languages could be worth for further

discussion. Second, assessment of quality lies on authors' opinions as there is no internationally recognized tool for this purpose. We believe, despite its limitations, present study will contribute to the limited current information available in the literature. We expect our results to be useful in preparation of new guidelines for different settings.

The findings will be discussed below under the same subtitles presented in our Results section:

Definitions of workplace violence

As given in guidelines of three countries the definition of violence at the workplace is quite comprehensive. It involves any action which could be threat, gesture, verbal abuse, or assault in the workplace. It is also emphasized that this action is expected to cause harm and involves challenge to their safety or wellbeing. We think that it is possible to have a consensus on a common definition of violence at work place and this is comprehensive enough to be used in any setting in the world.

Risk Factors

The guide of New Zealand is standing on the risk factor created by types of jobs. In the UK guideline risk factors are related with personal working situations and risk factors stated in the US guideline are related with environment and patients' characteristics. We think that risk factors stated in all guidelines are very true and important. So in a comprehensive violence guideline all risk factors can be stated under subtitles like types of jobs, personal factors and environmental factors.

Objectives

The sampled guidelines state to provide assistance on how to manage workplace violence. In general the guidelines aim at giving information and practical help on how to develop and implement measures or policies to manage workplace violence according to the different approaches suggested. Canadian and UK guidelines are intended to help employers about workplace violence management. But a guideline should also raise general awareness about workplace violence among both employers and staff.

Legal Requirements

Canada and US guidelines have not addressed any legal regulation. All guidelines should have a legislative background for better protection of the health care workers and punishment of the people who use violence against staff. The procedures especially after the workplace violence can be under legal regulation. We think that lack of legal penalties might be one of the reasons of increase in healthsector violence.

Responsible Stakeholders

As stated in the guidelines responsibility for a safe workplace is employer's duty. The security units of government should provide support for safety especially during and after the violence.

Target population

The sampled guidelines are specialised on the health sector except Canadian guide. The Canadian guideline is designed for all sectors. Having more generic guidelines ends up with more generic recommendations. So, we think that in order to have a better impact for the recommendations and to be more feasible the guideline useful for the health sector should be produced targeting only this sector.

Strategies recommended

The strategies recommended for prevention of workplace violence are quite similar. First of all, looking for hazards and worksite analysis are recommended. Then evaluation of the risks and safety training, and at last revision and review of the risk assessment are suggested.

The strategies in Canada and UK guidelines are described clearly and are comprehensive. Strategies are recommended in specified steps.

Elements of violence prevention program stated in the US guide are quite comprehensive too. The elements are described under subtitles in detail.

New Zealand's suggestion is simple; first do a risk assesment, then identfy the hazard to control it. Unlike the other guides violence is divided into two groups; conscious and unconscious violence. Warning signs of conscious violence and responses that may help diffuse aggression is listed in a table.

In the Turkish guideline all strategies are based on "White Code System". Management of health sector violence is not mentioned in any other forms.

The process after the violence can change according to the country's policy. But we think that elements of workplace violence prevention should be described clearly in all guidelines and several sections from each guideline could be reworked and united in a more useful format.

Physical environment

Much attention is given to physical aspects as layout and design of premises. These are described as influencing the occurrence of aggression and violence by the atmosphere created.

The purpose is to create an environment that does not trigger or exacerbate a stressful situation.

General aspects considered are design of building regarding positioning of departments and entrances to control public access, lighting, decoration and furniture. The removal of hazardous furniture or instruments which could be used as weapons is proposed in most of the guidelines. Good lighting inside and outside is mentioned as an important factor for risk reduction.

More effort needs to be given to list precautions that could be taken by reorganizing the environment. Each guidance has valuable suggestions that are not covered by others.

Training

Training of staff is one of the most important issues to prevent and control violence. Training is appropriate for all groups of employees at risk of violence. All guidelines emphasize the importance of training. The elements of training can be same for all staff. But we think that these elements should be implemented differently for every type of job, especially for the security personnel. The situations that need attention can be different. The US guideline evaluate training under two subtitles; training for supervisors and managers and training for security personel. New Zealand's guide evaluate training for supervisors, managers and health and safety representatives under different subtitle. The distinctions are not comprehensive and sufficient. A core training program is possible to be implemented with contributions of different country representatives. We feel need for such a joint effort. The trainings might well be run at the local level with certain contextual adaptation.

Staffing

In all guidelines it is stated that low staffing levels and inadequate staffing are risk factors for workplace violence. Staffing is as important as training to prevent and control workplace violence. Although we could make general recommendations about staffing at an international level, this issue might be the one that most needs contextual issues to be taken into account.

Human capacity, legislations, cultural issues and patient and staff expectations as well as team work dynamics might change from setting to setting.

Health care institutions today are confronting steadily increasing rates of violence. But the health care workers and people who are responsible for safety of these workers are not always knowledgable about what they should do in case of an incident. Guidelines are potential tools to help them. The present study shows that current guidelines need improvement in both quality and content, but it is possible to have an international guidance that could be applicable in different settings. Many issues are similar regardless of the country and its economics or development level. An international guidance might set the core for general theory and actions, and the countries might work on adaptation with adding local context. Further studies are needed to explore the differences in recommendations due to local facts of health care system, culture of the society and available resources. A global joint action is certainly, needed to stop violence against health care warriors.

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