Workplace Violence: A Review of the Literature

Introduction and Overview

Workplace Violence (WPV) emerged as a research subject in just the past 40 years. Flannery (1996) reviewed the first 25 years of literature (1970 to 1995), and Piquero, Piquero, Craig & Clipper (2013) provided a more contemporary review covering 2000 to 2012. These reviews concluded that occupations are differentially affected by WPV. This chapter explores the scope of the problem of WPV: the number of lives affected, in what occupations, and the potential solutions to prevent or reduce WPV.

Epidemiology

WPV affects more than half of American workplaces, yet the majority of employers have no program or policy to deal with such occurrences (Dillon, 2012).

WPV has lethal consequences: on average, 20 workers are killed every week due to WPV, with an additional 18,000 suffering non-fatal injuries (Ditmer, 2011; Hoobler & Swanberg, 2006). Pinder (2013) numbered the annual U.S. WPV incidences (non-fatal) at 1.7 million. Homicide is the third leading cause of death in the workplace overall; it is the second leading cause of death in the workplace for women (Pinder, 2013).

Workplace homicides have occurred when disgruntled employees, after being fired, return to kill co-workers or supervisors (Blades, 2006; Johnson, Lewis & Gardner, 1995). A tragic instance of this form of violence happened on August 26, 2015, when news reporter Alison Parker and her cameraman, Adam Ward, were gunned down by a former co-worker on live television in Virginia. That shooter also shot the person being interviewed in the back.

Intimate Partner Violence (IPV) has invaded the workplace when spouses show up to commit murder-suicide (Lester, 2014; Paludi, 2013).
Other forms of WPV include hate crimes, emotional abuse (Keashly, 1997), employee sabotage (Klein, Leong & Silva, 1996), sexual and sexual orientation harassment (Johnson & Indvik, 1996; Ryan & Wessel, 2012), racial discrimination and harassment (reference), and bullying (LaVan & Martin, 2008; Lutgen-Sandvik & McDermott, 2011).

**The Places of WPV**

WPV occurs in workplaces of all sizes and types; however, not all occupations are equal when it comes to WPV risk. The top four occupations at risk for WPV are law enforcement, health care (including hospitals and mental health), retail sales (including banking), and teaching (Pinder, 2013).

The occupation most at risk of lethal violence is that of taxi driver (Barish, 2001; LeBlanc, Dupré & Barling, 2006). Menéndez, Amandus, Damadi, Wu, Konda & Hendricks (2013) reported that the taxi driver homicide rate, in 2010, was 7.4 per 100,000 workers compared to an overall rate of 0.37 per 100,000. The occupations second at risk for WPV are law enforcement and corrections (Ellrich, 2015; Leino, Selin, Summala & Virtanen, 2011). Konda, Reichard and Tiesman (2012) examined 113 fatalities, and over 125,000 non-fatal injuries, among correctional officers over a ten year period (from 1999 to 2008).

Occupations in the health care industry are have increased risks of WPV. Nurses, more than any other work demographic, have been victimized by WPV (Ditmer, 2011), especially in emergency rooms (Horn & Dubin, 2013), psychiatric wards (Fletcher, Brakel & Cavanaugh, 2000), and elder care facilities (Horn & Duibin, 2013; Jackson, Wilkes, Waine & Luck, 2014; Miranda, Punnett & Gore, 2014). Nelson (2014) pointed out that nurses routinely work with people in pain, under stress, and feeling powerless. Perhaps these patients displace their aggression on their care givers or those within nearest reach.

Other health care workers at higher risk of WPV are in mental health (Fletcher, Brakel & Cavanaugh), family therapy (Arthur, Brende & McBride, 1999), battered women’s shelters (Anderson,
Fallin & Al-Modallal, 2014), residential addiction treatment centers (Lipscomb, et al., 2012), and emergency departments (Horn & Dubin, 2013).

Schools are also a frequent locus of WPV due to rampage shootings (Madero & Schanowitz, 2004), but also as a result of student behavior (Brener, Lowry, Barrios, Simon & Eaton, 2004). Martin, MacKenzie & Healy (2013) compiled a number of narratives from secondary school teachers, providing first hand accounts of WPV; and Nachreiner, et al. (2012) detailed the WPV risks confronting school educators. Schonfeld (2006) reviewed much of the literature on WPV in schools and offered several theory based prevention models.

The literature on WPV includes a diversity of occupations, including sex workers (Deering, et al., 2014; Oselin & Blasyak, 2013), the military (Dichter & True, 2015; Holland, Rabelo & Cortina, 2014); immigrant small business owners (Johnson, Meyers & Williams, 2013), female long-haul truckers (Anderson, Westneat & Reed, 2005), state government workers (Lord, 2001), and employees in multinational corporations (Peek-Asa, Casteel, Rugala, Romano & Ramirez, 2013).

The Consequences of WPV

WPV has many traumatic consequences for those who witness or survive the incident. Yang, Spector, Chang, Gallant-Roman & Powell (2012) explored some of the pre-cursors—and consequences—of WPV against nurses in hospital settings. Vie, Glaso & Einarsen (2011) itemized the range of health outcomes that victims of WPV endure.

Understanding and Preventing WPV

The more that is known about WPV, the more strategies may be devised to reduce its occurrence or mitigate its effects (Madero & Schanowitz, 2004).

Prevention strategies may be specific to specific industries. For example, in retail industries, the role of surveillance cameras have been shown to reduce WPV (Peek-Asa, Runyan & Zwerling, 2001). The
installation of security cameras significantly reduced the number of homicides of taxi drivers (Menéndez, et al., 2013).

Methods of “primary prevention” include the screening of employees at the point of hire (Kondrasuk, Moore & Wang, 2001). Mental health and human resource professionals should be trained to assess risks (Harley, Riggar, Jolivette & Christie, 2002), ensure worker satisfaction and “person-environment fit” (Pseekos, Bullock-Yowell & Dahlen, 2011), and establish “fitness to work” (Gold & Vanderpool, 2013).

Other WPV prevention strategies have focused on the following: the role of communication (Giesburg, 2001), teaching specific skills to nursing students (Thomas, 2010), emphasizing “feminine” skills (Virkki, 2008), encouraging men and women to work together as allies (Wagnera, Yates & Walcott), and healing the working world with prosocial music (Niven, 2015).

Foley & Rauser (2012), evaluated the progress in WPV reduction and concluded….. [need to complete]

(Re)Solving the Problem of Workplace Violence

We (re)solve the problem of workplace violence in the concluding chapter.