Report on the 2011 New Zealand Workplace Violence Survey

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Executive summary

International studies continue to highlight the extent of workplace violence and its impact on employees and organisations. Despite a number of high profile incidents of workplace violence in New Zealand in recent years, there has been little work to establish the nature and extent of workplace violence in New Zealand.

The present study aimed to provide a baseline picture of the extent and nature of the workplace violence problem in a sample of New Zealand organisations as a first step to developing an annual workplace violence survey that can assist government and industry in monitoring the workplace violence problem. The survey also sought to identify key areas of risk, and develop interventions that target these areas.

Some 96 organisations responded to the on-line 2011 Workplace Violence Survey, representing over 76,000 New Zealand employees (approx. 4% of the employed workforce). The survey respondent was most frequently the organisation's health and safety manager, advisor or coordinator.

Just over one-half of the organisations participating in the study reported cases of workplace violence, with a roughly even split between physical assault and property-related violence. A total of nearly 2500 cases of workplace violence were reported in 2009 by the 96 organisations participating in the survey. Highest incidence of workplace violence was reported for the 'attempted assault' categories, while a total of 436 cases involved some form of physical injury (18% of all reported cases).

Respondents reported a total of 175 lost time and/or hospitalisation cases. Five hundred and seventy two days of lost time directly attributable to violence were reported across the survey which represented 2.3% of lost time from all forms of injury and ill-health. The incidence rate for all violence cases (32.3 per 1000 employees) is very high compared to internationally reported rates. Highest violence incidence rates and lost time were reported for organisations from the health sector.

Health organisations rated patients, customers/clients, and family members as sources of violence of particularly high importance, while in education, patients and students were highest rated. Although workplace violence is often represented as being about co-worker aggression, co-workers were highest rated for just two sectors: manufacturing and professional, scientific and technical services.

Highest risk factor ratings were reported for interpersonal factors. Specific factors with highest mean ratings were related to exposure to unstable persons, including: alcohol and drug use, prejudice and/or harassment, and mental and physical instability/distress. Interestingly, workloads and time pressure also received relatively high ratings, suggesting work-related stress increases the perceived risk of violence in the workplace.

The survey also identified the measures currently used by participating organisations. While respondents identified an impressive array of interventions, it is of concern that just 50% formally recognised violence as a hazard in the workplace. Further Healthy Work Group reports from this survey will focus on the perceptions of respondents on workplace violence risk, factors associated with violence for different industry sectors, and measures to prevent workplace violence.

Introduction

Workplace violence is a problem of 'global magnitude and dramatic importance' according to one leading scholar in the field (Chappell and Di Martino 2006, p68). Indeed, international studies continue to highlight the extent of workplace violence and its impact on employees and organisations (e.g. Chappell and Di Martino, 2006; Kelloway et al., 2006). Workplace violence has been conceptualised and operationally defined in many different ways, although physical acts of violence are the general focus of literature relating to workplace violence (Catley, 2004). So while it is acknowledged that there are alternative ways to understand violence, the focus here is on physical acts to reduce conceptual ambiguity around behaviours such as harassment and bullying which are more commonly conceptualised as 'psychological violence'.

Despite a number of high profile incidents of workplace violence in recent years in New Zealand, there has been little work to establish the nature and extent of workplace violence. According to the New Zealand Crime and Safety Survey, 18% of all assaults and threats of violence reported by respondents occurred in workplaces. Moreover, Coggan et al. (2002) found that 41% of respondents to a household survey reported an injury and that physical violence accounted for 4% of all injuries. Of these, 14% involved violence at work. In an effort to shed further light on this issue, a 2007 survey by the present authors (Catley et al., 2011) found 397 cases of reported violence or attempted violence in the 63 organisations surveyed. Violence was incurred at a rate of between approximately 0.3 and 33 cases per 1000 employees with rates varying considerably between industry sectors. Highest rates were observed for education, health, public transport and postal services.

The literature on risk factors for workplace violence tends to address risk factors associated with the individual (e.g. drug use, mental health, gender, violence history) and workplace environment (e.g. environmental design, organisational setting, culture, external environment). Research by Chappell and DiMartino (2006) has provided a comprehensive framework of the role of interacting factors related to the individual, workplace, and contextual and societal factors in the aetiology of workplace violence risk. There is relatively little information in the literature on organisational attempts to manage the workplace violence problem, suggesting an area requiring considerable further research. Very little research on the problem of workplace violence or its causes and prevention has been published in the New Zealand literature. The present study aims to provide a baseline picture of the extent and nature of the workplace violence problem in a sample of New Zealand organisations, with a view to identify areas for further in-depth, qualitative research. Additionally, we wish to develop an annual workplace violence survey that can assist government and industry in monitoring the workplace violence problem, identify key areas of risk, and develop interventions that target these areas.

The present study had three specific aims:

- To determine the incidence and nature of cases of workplace violence among a sample of New Zealand organisations from a variety of industry sectors
- ii) To identify the major sources of violence for participating industry sectors
- iii) To identify key risk factors for workplace violence, from the perspective of different sectors
- iv) To examine workplace violence control measures presently employed by participating organisations.

Method

Sample

The sample for the 2011 New Zealand Workplace Violence Survey was drawn largely from two sources; the New Zealand Safeguard Forum (an email-based forum for OHS professionals hosted by the *Safeguard* magazine), and members of the Human Resource Institute of New Zealand (HRINZ). Respondents accepted an invitation to participate in the survey posted on the Safeguard Forum site and to HRINZ members while a number of others were referred from people who became aware of the survey through colleagues. Approximately 440 individuals subscribe to the Safeguard Forum, while HRINZ has approximately 640 members. As it is unknown how many from these two sources are practicing OHS professionals or work in related fields, it is not possible to determine an accurate response rate.

Procedure and data treatment and analysis

A web-based survey was developed (see below for content details) and, with the agreement of the site administrators, emailed to the two respective memberships inviting individuals to respond to the survey. Individuals were asked to respond if they either worked in an OHS function in an organisation, or operated as a consultant or advisor attached mainly to one organisation. The invitational message included a brief information section outlining the background and aims of the study, and detailing Massey University's ethics approval for the survey. Respondents were informed that the survey would take approximately 15 minutes to complete, although some recorded data would need to be retrieved from the organisation's records. Respondents were also informed that their responses were confidential and no individual or organisation would be identified in the findings of the study. They were also told they could withdraw from the survey at any point. Participation in the on-line survey was considered to be consent to participate.

Once respondents had completed and submitted the survey the data were automatically transferred to an Excel spreadsheet, where it was cleaned and prepared for analysis. Analysis of qualitative data was conducted in SPSS for Windows version 18. Analysis involved basic descriptive analysis of all variables, including cross-tabulations between key variables, and conversion of incident counts and employee data into incidence rates (per 1000 employees) to provide standard comparisons between variables, notably industry sector comparisons. A qualitative thematic content analysis of narrative data reported in open questions of the survey was also conducted.

Survey design

The on-line survey was, divided into 4 sections: basic demographical details; reports of workplace violence recorded by the organisation, the respondent's views on risk factors for workplace violence in their organisation (divided into 4 main scales containing a total of 36 items), and the organisation's risk management practices in relation to workplace violence.

Results

Sample demographics

Some 96 organisations participated in the workplace violence survey. Participating organisations ranged from the very small to the very large, by New Zealand standards (range: 6-13500 employees), with a mean organisational size of 964, and a total number of staff (by headcount) represented by the 96 organisations of 76,297.

Participating organisations were mainly located in the main New Zealand cities and population centres, including Auckland (24% of organisations), Waikato (8.3%), Bay of Plenty (10.4%),

Wellington (10%) and Canterbury (8.3%). Table 1 shows the industry sectors the participating sample of organisations was drawn from. Almost one-half of the sample was comprised of organisations operating in three industry sectors: manufacturing, public administration and safety, and health.

Table 1 Participating originations by industry sector

Industry	Number of organisations	Number of employees represented
Agriculture, Forestry and Fishing	8	2287
Manufacturing	17	3214
Electricity, Gas, Water and Waste Services	7	2973
Construction	6	1438
Wholesale Trade	2	899
Retail Trade	3	494
Accommodation and Food Services	2	202
Transport, Postal and Warehousing	2	865
Information Media and Telecommunications	1	45
Financial and Insurance Services	3	1203
Professional, Scientific and Technical Services	9	851
Administrative and Support Services	2	3400
Public Administration and Safety	12	28857
Education and Training	8	3963
Health Care and Social Assistance	13	25532
Arts and Recreation Services	1	75
Total	96	76297

The survey respondent was most frequently the health and safety manager, advisor or coordinator (50%), with the remainder including the human resource manager or advisor (25%) and the health and safety consultant working within the organisation (9%). Respondents had moderate to high experience in their current role, with a mean time in role of just under 6 years (sd=6).

Reported levels of workplace violence across the sample

Table 2 provides an overview of cases of workplace violence reported by organisations surveyed. The table shows data for the five different categories of violence employed by the study, with 3 levels of physical assault and 2 levels of property damage.

Table 2. Reported level of workplace violence for participating organisations

Workplace violence category	Percentage of organisations reporting violence cases (%)	Sum of reported violence cases	Rate of violence cases (per 1000 employees)
Attempted physical assault (no injury reported)	35	840	11.0
Physical assault (minor injury reported)	21	261	3.4
Physical assault (lost time and/or hospitalisation reported)	16	175	2.3
Attempted assault on organisational property (no significant damage)	23	767	10.1
Assault on organisational property (causing damage)	35	423	5.5
Total cases of workplace violence	55	2466	32.3

Just over one-half of the organisations participating in the study reported cases of workplace violence, with a roughly even split between physical assault and property-related violence. A total of nearly 2500 cases of workplace violence were reported, and therefore formally recorded, by the 96 organisations participating in the survey. Highest incidence of workplace violence was reported for the 'attempted assault' categories, while a total of 436 cases involved some form of physical injury (18% of all reported cases).

Respondents reported a total of 175 lost time and/or hospitalisation cases. Five hundred and seventy two days of lost time directly attributable to violence were reported across the survey which represented 2.3% of lost time from all forms of injury and ill-health. The incidence rate for all violence cases (32.3 per 1000 employees) is very high compared to internationally reported rates (e.g. 13 per 1000 in the US (Hartley et al., 2005); 2% of Canadian Public Service Employees (Kelloway et al., 2006) and 5% of workers in Europe (Parent-Thirion et al., 2007)). However, the 32.3 rate reported in the present study includes attempted assault and property assault cases along with violence to persons. The rate for physical assaults only, however, was a more modest 2.3 per 1000 employees, reflecting favourably on the New Zealand organisations surveyed in comparison to international figures. The findings from the present study show a higher incidence of physical violence than observed for the 2007 workplace violence survey (Catley et al., 2011), although comparisons between the present data, 2007 findings, and the international studies reported above should be treated with considerable caution as operational definitions and methodologies for measuring workplace violence cases and incidence vary greatly.

Reported rates of workplace violence by industry sector

Table 3 shows reported incidence of violence by industry sector for those sectors with representation in the survey from at least six responding organisations. It is clear that the health sector experiences the highest rate of workplace violence, excluding those sectors (utilities, construction and professional, scientific and technical services) for which the great majority of cases were property-related violence or attempted assault. Indeed, the health sector had a physical

assault rate of approximately five times the magnitude of the next highest sector (agriculture). These findings are in-line with the 2007 New Zealand survey, where assaults in the health sector were far greater in number than for other sectors.

Table 3. Reported cases of assault and lost time to assault during 2010

Industry Sector (6 or more organisations represented)	Percentage of organisations reporting violence cases	Rate of violence - physical assault and attempted assault only (per 1000 employees)	Rate of violence – all cases (per 1000 employees)
Manufacturing	35%	3.1	6.5
Health	77%	28.9	55.3
Public administration and safety	58%	4.1	7.1
Professional, scientific and technical services	11%	0	1.2
Education and training	62%	2.8	10.3
Construction	83%	3.5	27.1
Agriculture, Forestry and Fishing	62%	5.7	9.6
Utility services	86%	1.3	46.0
Other (Combination of sectors with less than 6 organisations represented)	43%	11.2	13.3
Total	55%	2.3	32.3

Sources of workplace violence

Table 4 shows mean ratings of importance as a source of violence in respondents' organisations, as measured on a five point Likert-type scale. Overall ratings were approximately even for all sources of violence, although these figures are more meaningful when considered independently for each industry sector. Health organisations, for example, rated patients, customers/clients, and family members as of particularly high importance, while in education patients and students were highest rated. While workplace violence is often conceptualised as being about co-worker violence, co-workers were highest rated the most important source by just two sectors: manufacturing and professional, scientific and technical services.

Table 4. Perceived importance of various sources of violence (measured on 1-5 scale, 1 = not important; 5 = very important)

		otal =96		acturing =17	So Assis	Care and cial tance	Admini and S	blic stration Safety =12	Scient Tech Serv	ssional, ific and nnical vices =9	Forest Fisl	ulture, try and hing =8	Trai	ion and ning =8	Wate Waste	ity, Gas, er and Services =7		ruction =6		her =16
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Employees /workers	3.31	1.27	3.41	1.21	3.38	1.04	3.33	1.23	4.44	.53	2.87	1.36	2.60	1.60	2.83	1,47	4.00	1.09	3.00	1.36
Supervisors/ /managers	3.22	1.36	3.06	1.52	3.46	1.13	3.50	1.38	4.0	1.00	3.00	1.53	2.75	1.49	2.33	1.21	4.33	.52	2.69	1.32
Customers/ clients	3.16	1.41	2.33	1.35	4.17	1.19	3.50	1.45	2.89	1.36	1.67	.82	3.63	1.19	3.00	1.41	3.67	1.21	3.29	1.33
Patients	3.02	1.75	1.25	0.5	4.42	1.00	2.71	1.80	3.17	2.04	1.00	0	4.50	.71	5.00	0	1.50	.71	2.60	1.51
Students	2.45	1.52	1.25	0.5	2.50	1.31	2.71	1.89	2.38	1.60	1.67	1,16	3.80	1.64	3.00	2.82	1.67	1.15	2.40	1.34
Family member	3.24	1.20	3.50	0.97	3.85	0.99	2.56	1.24	3.50	1.20	2.63	.74	3.43	1.13	3.00	1.87	3.20	1.78	3.00	1.18
Stranger	3.05	1.37	1.21	1.25	3.77	1.01	2.25	1.39	2.50	1.30	3.20	.84	3.43	1.81	3.50	1.73	3.00	1.87	3.09	1.14

Perceived risk factors for workplace violence

Respondents were asked to rate the importance of a set of 29 possible risk factors for workplace violence, derived from the literature and a conceptual model of workplace violence risk constructed by Chappell and Di Martino (2006). Risk factors included in the list were related to the broad work system, and covered individual, organisational and environmental factors. Tables 5-8 show risk factor ratings in terms of importance for workplace violence, organised under these three areas.

Looking first at the overall ratings of risk, highest mean ratings were reported for interpersonal factors. Specific factors with highest mean ratings were related to exposure to unstable persons, including: alcohol and drug use, prejudice and/or harassment, and mental instability/distress. Interestingly, workloads and time pressure also received relatively high ratings, suggesting work-related stress increases the perceived risk of violence in the workplace.

The relatively low rankings for the environmental risk factors, notably vehicle design, cash on the premises and lighting, are likely to reflect the fact that, for many respondents, these factors were a non-issue – i.e. they did not feature in the work of their employees. For the health sector, however, issues such as building design and layout were rated relatively highly, reflecting the impact such design aspects can have on their work and interactions with the public.

Organisational factors related to workload, stress from bureaucracy, and time pressures were notably high for the health, professional, scientific and technical services, education and training, and construction sectors. This high ranking may reflect the high levels of psychological demand in these sectors and stress outcomes, which may increase the likelihood of psychosocial problems such as bullying and violence.

Table 5.Perceived importance of <u>Interpersonal sources</u> of violence (measured on 1-5 scale, 1 = not important; 5 = very important)

		tal =96		acturing :17	Health and S Assist N=	Social tance	Admini	Safety		fic and	Forest Fisl	ulture, try and ning =8	Trai	ion and ning =8	Wate Waste S	ity, Gas, er and Services =7		ruction =6		her =16
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Employees not following instructions	3.07	1.25	2.59	1.0	3.54	1.20	3.58	1.24	3.89	1.17	2.63	1.40	3.00	1.41	3.00	1.41	3.00	.89	2.50	1.27
Alcohol or drug use	4.06	1.17	3.53	1.55	4.38	0.87	4.08	.90	4.44	1.01	3.87	1.36	4.00	1.41	4.00	1.41	4.50	.84	4.13	.96
Prejudice and/or harassment	3.80	1.28	3.53	1.23	3.92	0.86	3.42	.90	4.56	.53	3.50	1.60	3.57	1.27	3.57	1.27	4.00	.63	4.06	1.91
Perceived injustice	3.74	1.11	3.06	1.2	3.92	0.86	4.42	1.00.	4.33	.50	3.63	1.40	3.43	1.13	3.43	1.13	4.00	.63	3.56	1.20
Staff attitudes	3.56	1.26	3.12	1.45	3.92	0.86	3.92	1.17	4.44	.53	3.25	1.58	3.43	1.71	3.43	1.71	3.83	.41	3.06	1.24
Interpersonal communication	3.64	1.15	3.06	1.25	4.08	0.86	4.17	1.03	4.00	1.00	3.25	1.39	3.71	1.11	3.71	1.11	3.83	.75	3.25	1.24
Mental instability/distr ess	3.76	1.24	3.12	1.5	4.15	1.14	3.83	1.12	4.56	.53	3.63	1.40	4.00	1.15	4.00	1.15	4.00	.63	3.50	1.27

Table 6. Perceived importance of **Organisational sources (part 1)** of violence (measured on 1-5 scale, 1 = not important; 5 = very important)

		tal :96	1	acturing :17	Health and S Assist N=	ocial tance	Admini	afety		fic and	Forest Fisl	ulture, try and ning =8	Trai	ion and ning =8	Wate:	ity, Gas, er and Services =7		ruction =6		her =16
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Workloads	3.53	1.21	3.06	1.30	4.23	0.60	3.58	1.24	4.22	.83	3.38	1.41	3.38	1.41	3.42	1.51	4.17	.75	2.75	1.06
Time pressures	3.45	1.19	3.06	1.30	4.15	0.69	3.58	1.24	4.22	.67	3.25	1.48	3.25	1.48	3.71	1.11	3.83	.75	2.50	.96
Interruptions	3.10	1.24	2.71	1.26	4.00	0.91	3.00	1.27	3.67	.71	2.13	.84	2.13	.84	3.14	1.46	3.50	.84	2.50	1.15
Waiting issues	2.89	1.26	2.41	1.37	3.85	0.69	3.25	1.21	3.00	1.12	2.25	.71	2.25	.71	2.57	1.71	2.83	1.32	2.44	1.20
Organisational communication	3.20	1.24	2.88	1.17	3.54	0.88	3.75	1.28	3.33	.87	3.25	1.67	3.25	1.67	2.86	1.57	4.17	.75	2.31	1.01
Exposure to customers/cont act with the public	3.14	1.43	1.94	1.14	4.31	0.63	4.33	.88	3.22	1.30	1.63	.74	1.63	.74	3.29	1.60	4.00	.89	2.81	1.32
Intrusions into private life	2.87	1.25	2.53	1.41	3.31	1.03	2.67	1.37	3.80	1.17	2.25	.88	2.25	.88	2.86	1.77	3.00	.63	2.56	1.09

Table 7. Perceived importance of **Organisational sources (part 2)** of violence (measured on 1-5 scale, 1 = not important; 5 = very important)

	_	tal :96		acturing =17	and S Assis		Adminis and S	blic stration safety :12	Scienti Tech Serv	sional, ific and inical vices =9	Forest Fish	ulture, cry and ning =8	Educati Traii N:	ning	Electric Wate Waste S	r and Services	Constr N=			her =16
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Working in isolation	2.57	1.28	1.76	0.75	3.54	1.13	3.08	1.44	3.22	1.20	1.75	.89	3.13	.84	2.29	1.89	2.83	1.16	2.06	1.00
Bureaucracy/or ganisational systems	2.99	1.23	2.71	1.21	4.00	0.91	3.00	1.35	3.56	.726	2.50	.93	3.38	1.19	2.57	1.51	3.67	.52	2.13	1.08
Insufficient security	2.84	1.32	2.06	1.02	3.38	0.77	3.33	1.37	3.00	1.12	2.38	1.30	3.63	1.51	2.86	1.67	3.67	1.36	2.31	1.30
Inadequate training in managing violence	3.03	1.38	2.47	1.38	3.77	1.01	3.08	1.44	3.33	1.41	2.25	1.28	3.63	1.51	3.29	1.70	3.33	1.21	3.69	1.25
Culture of violence in the industry	2.95	1.56	2.29	1.64	3.77	1.09	3.08	1.56	3.56	1.74	2.75	1.49	3.13	1.46	3.43	1.98	3.33	1.21	2.19	1.37
Inadequate safety management system/risk management activity	2.97	1.42	2.59	1.50	3.85	0.99	3.33	1.43	3.33	1.50	2.13	.99	3.50	1.20	2.71	1.49	3.33	1.21	2.31	1.49
Lack of org policy on managing the risk of violence	2.97	1.54	2.59	1.50	3.46	1.27	3.00	1.71	3.78	1.48	2.63	1.30	3.13	1.64	2.57	1.98	3.83	1.16	2.44	1.54

Table 8. Perceived importance of **Environmental sources** of violence (measured on 1-5 scale, 1 = not important; 5 = very important)

		tal :96	Manufa N=	acturing :17	Healtl and S Assis N=	tance	Pul Adminis and S N=	afety	Scienti Tech Serv	sional, ific and inical vices =9	Forest Fish	ulture, ery and ning =8	Educati Traii N=	ning		r and Services	Constr N=			her :16
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Building design/layout	2.57	1.30	1.94	0.97	3.46	1.33	3.17	1.40	2.89	.923	2.89	.923	2.75	.89	2.43	1.90	2.83	1.32	2.00	.97
Org tools and equipment	2.48	1.21	2.06	0.97	3.38	1.12	2.58	1.31	2.78	.83	2.78	.83	2.50	.93	2.57	1.81	2.83	1.16	1.94	1.06
Workstation/offi ce design/layout	2.47	1.21	2.12	0.99	3.31	1.10	2.67	1.37	2.67	1.12	2.67	1.12	2.88	.99	2.57	1.51	2.50	.84	1.88	1.08
Vehicle design	2.10	1.19	1.82	1.01	2.85	1.41	2.08	1.17	2.33	1.23	2.33	1.23	2.13	.84	2.14	1.67	2.33	.82	1.81	1.22
Lighting/illumin ation in the workplace	2.40	1.22	1.94	1.00	2.85	1.41	2.50	1.17	2.56	1.42	2.56	1.42	2.87	1.25	2.71	1.49	2.33	.82	2.19	1.10
Cash on the premises/in workplace	2.31	1.35	2.00	1.32	2.31	1.38	2.83	1.70	2.44	1.42	2.44	1.42	2.50	1.20	1.86	1.46	2.33	.82	2.62	1.31
Valuable goods on the premises	2.53	1.36	2.00	1.23	2.69	1.55	2.58	1.68	3.11	1.17	3.11	1.17	2.75	1.28	2.14	1.46	3.00	1.09	2.69	1.13
The physical location of the workplace and/or community the workplace is located	2.73	1.40	2.47	1.41	3.15	0.99	2.83	1.64	3.11	1.45	3.11	1.45	2.63	1.30	2.71	1.89	3.33	1.21	2.50	1.26

Managing workplace violence

The survey questioned respondents on their organisation's health and safety management system in relation to workplace violence. Workplace violence had reportedly been formally identified as a hazard in 50% of organisations with 34% having a specific risk management plan for workplace violence, and a further 32% having a general hazard management plan that included workplace violence.

A moderate proportion of respondents (38%) reported that at least some of their employees had received specialist training in relation to workplace violence or related aspects of security. Table 9 illustrates the different forms of training employed and industry sectors that reported using certain training to prevent or manage workplace violence.

Table 9. Overview of training on workplace violence used by responding organisations

Nature of training	Recipients of training (where	Industry sectors typically
	specified)	reporting use of training
Conflict resolution	Medical staff, administrative	Health, Professional, and
	staff	Administrative sectors
Security personnel training	Security personal	Manufacturing
Drug and alcohol training		Construction
Abusive clients training/verbal	Staff	Public administration, Health
abuse		
Dealing with difficult/angry	Staff	Public administration, Retail,
customers/challenging		Health
behaviour training		
Violence de-escalation training	Staff	Health
Armed robbery training		Public administration, Finance
Personal safety training		Public administration
Mental health awareness	Staff (clinical and general)	Health
Calming and restraint training	Staff (clinical and general)	Health
Working safety in the	Staff (clinical)	Health
community		
Crisis intervention/Code Black		Health
Programme		

Training types provided to staff were mainly secondary prevention measures - focused largely on addressing interpersonal factors in workplace violence, notably the management of individuals presenting risk through their behaviour or through verbal abuse. Training dealing with primary or tertiary prevention was not mentioned by respondents.

Respondents were also asked to describe measures, in addition to training, that had been put in place in their organisations for the prevention and control of workplace violence. While some of these, for example policy and hazard management, were generic in nature, many others were specifically designed for the control and management of the workplace violence problem. It was also interesting to note that organisations from across a wide range of industry sectors, including some that did not report actual violence incidents, reported having at least one measure in place.

A wide range of reported measures for violence prevention were currently in use and varied according to industry sector. Many of these measures were organisational and administrative in nature, including the use of an anti-harassment policy, zero tolerance to violence, emergency plans, and company risk registers. Other interventions were mainly technical, including personal alarms,

panic buttons, customer surveillance, and security barriers. Several organisations used security firms and developed good relationships with the police.

Conclusions

The 2011 New Zealand Workplace Violence Survey has identified a moderately high level of workplace violence by international standards in the sample of organisations that responded to the study. As different studies operationalise the measurement of workplace violence in different ways this finding should be treated with some caution. It does, however, indicate a significant workplace violence problem across some industry sectors, notably health.

The 175 lost time and/or hospitalisation cases reported by participating organisations resulted in a total of 572 lost days. In dollar terms this represents a significant cost to industry, especially when extrapolated across the entire New Zealand workforce and indirect costs such as training, litigation and compensation are taken into account. Clearly workplace bullying is a multi-million dollar problem and deserves further attention in determining causes of violence and effective measures for its prevention.

This study has identified a range of interacting risk factors for workplace violence and sought to determine how each risk factor impacts on violence for the different industry sectors represented in the study. This information will be useful in the development of countermeasures to prevent the occurrence of workplace violence. The survey also identified the measures currently used by participating organisations. While respondents identified an impressive array of interventions, it is of concern that just 50% formally recognised violence as a hazard in the workplace.

Further analyses will focus on the narrative provided by survey respondents, and the relationships between factors associated with violence overall and by industry sector. The results of these analyses will be presented in forthcoming Healthy Work Group reports.

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