Administrative and behavioral interventions for workplace violence prevention
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Authors' objectives
To carry out a critical review of the published literature on administrative and behavioural interventions directed at addressing workplace violence.

Searching
The authors searched the following databases: MEDLINE, EMBASE, CINAHL, NIOSHTIC, TRIS, ABI/INFORM, Criminal Justice Periodicals Index, Sociofile, ERIC, PsycINFO, NTIS, PAIS, BooksInPrint, Dissertation Abstracts, Expanded Academic ASAP, AGRIS International and AGRICOLA. The search terms were not provided.

Other relevant studies were identified by checking references and consulting with experts in the field.

Study selection
Study designs of evaluations included in the review
The 9 studies which evaluated interventions included: 6 single group pre- and post-test studies, 1 non-randomised one-comparison group design, 1 non-randomised two-comparison group design, and 1 ecological study design.

Specific interventions included in the review
Nine interventions in a health care setting were evaluated:

1. Voluntary 16-hour nurse training programme in the management of patient assaultive behaviours.

2. Identification of high-risk patients through a computerised programme, and provision of 'warning flags' and background information to hospital employees prior to patients' visits.

3. Assaulted staff action programme: crisis intervention offered to employees assaulted by patients, including one-on-one counselling, support groups and referrals to professionals.

4. CARIE abuse prevention programme: 1-day workshop for nursing assistants aimed at identifying causes of abuse, understanding caregivers' feelings, cultural and ethnic perspectives, and strategies for presenting abuse and dealing with aggressive patients.

5. Use of total quality management principles during mealtimes to reduce violent incidents.

6. Aggression control techniques: 24-hour training on how to handle aggressive patients delivered in three phases: (i) verbal intervention procedures, (ii) basic physical intervention techniques, and (iii) specialised instructions in restraint and control.

7. Five-hour employee training on how to prevent and manage patients' assaultive behaviours.

8. Critical incident stress debriefing intervention, based on the Mitchell Model, offered to employees who experienced a traumatic event within the past 6 months.

9. Control and restraint training programme: 4-day training to nursing staff teaching breakaway techniques and team approaches to restraining a violent patient; 1- to 2-day refreshers were offered after initial training.

Participants included in the review
The evaluated intervention studies mostly included staff and patients from Veterans Administration hospitals and psychiatric hospitals.
Outcomes assessed in the review
Articles were included in the review if they reported cognitive, behavioural, or injury-related outcomes relating to the intervention.

How were decisions on the relevance of primary studies made?
The abstracts of articles were scanned, and two reviewers applied the inclusion and exclusion criteria.

Assessment of study quality
No systematic assessment of validity was undertaken.

Data extraction
Data were extracted from the evaluation studies on: setting, population, type of violence addressed, evaluation design used, type of intervention employed, outcome measures and relevant findings.

Methods of synthesis
How were the studies combined?
A narrative synthesis was undertaken.

How were differences between studies investigated?
The authors did not undertake a formal assessment of heterogeneity, but addressed the differences between the studies in a narrative summary.

Results of the review
Forty-one articles discussed interventions, of which only nine reported results of an evaluation. Data were extracted from these nine studies and discussed in detail.

Forty-one reports suggested intervention strategies but provided no empirical data. Of the 9 intervention studies which reported on interventions in health care settings, 6 also reported on psychiatric facilities. All evaluated interventions aimed at preventing assaults between patients and employees, and none employed experimental designs.

Authors' conclusions
There is a significant lack of rigorous research assessing administrative and behavioural measures to address workplace violence. Intervention research needs to draw on appropriate theoretical and conceptual frameworks, address the multiple contexts in which violence occurs, and employ strong evaluation research designs, including attention to process, impact and outcome measures.

CRD commentary
This was a reasonably well-conducted and reported narrative review. The inclusion criteria for the interventions and outcomes were applied to potentially relevant articles by two reviewers. Literature was identified by searching a wide range of databases, as well as by checking references of retrieved articles and by contacting experts. Relevant details of included studies were presented in tables, and the studies were appropriately summarised by a narrative synthesis. The validity of studies was not assessed systematically, but was addressed in the discussion. The authors' conclusions follow from the evidence presented.

Implications of the review for practice and research
Practice: The authors state that, firstly, educational and training efforts require careful tailoring to address the specific needs and training styles of the intended recipients, in the environments in which they work. Secondly, interventions should be developed as far as possible, to alter factors known to be associated with the type of violent event. Thirdly,
Development of workplace interventions should be guided by conceptual frameworks, e.g. Haddon Matrix.

Research: The authors state that future evaluations should use randomised designs or quasi-experimental designs, which have been appropriately protected against bias. They also state that regardless of the design employed, future workplace violence interventions must be carefully evaluated, with three types of evaluation considered: process, impact and outcome.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.