

WORKPLACE VIOLENCE: THE RIPPLE ECOLOGICAL EFFECTS

¹David Semordzie, ¹Lebbaeus Asamani, ²Stephen Doh Fia, & ¹Mark Owusu Amponsah

¹Department of Education and Psychology

²Department of Guidance and Counselling

College of Education Studies

University of Cape Coast

Cape Coast-Ghana

ABSTRACT: *Work is vital in the lives of people and it is important that the workplace is as safe as possible. However, there is an increasing trend of violence of various forms at the workplace. The increasing phenomenon has devastating consequences on the individual worker and the organisation, as well as witnesses and society at large. Certain types of violence tend to happen more in specific sectors than others. This paper presented the various conceptions of workplace violence, the prevalence and potential antecedents. The paper also discussed the individual and organisational consequences of workplace violence. These consequences could be in the form of physical harm to the victim, including death, psychological harm and financial. Productivity, work attitude and corporate image of an organisation could be affected as a result of incidences of workplace violence. Finally, recommendations for addressing the various kinds of violence and their concomitant consequences are presented, including the role of counselling in dealing with workplace violence holistically.*

KEYWORDS: Antecedent of violence, psychological consequence, physical harms, organisation consequences, workplace violence,

INTRODUCTION

Work is central of the lives of every human being. In modern economies, people spend most of their waking lives (i.e. when they not sleeping) at the workplace, and even sleep less because of work. Contemporary employees have only a few hours of sleep, and spend the rest of the 24 hours on work or work-related activities. This suggests that the work environment must be safe and friendly to promote healthy workforce and improved quality of work life. Unfortunately, employees in various workplaces are faced with violence of various forms. This paper presents the concept of workplace violence, prevalence, potential antecedents, high risk industries and consequences of violent incidences at the workplace on the individual workers and their organizations. The paper also made recommendations for research and practical intervention strategies to reduce the incidence of workplace violence, and further proffered the counseling implications and the role of counselors in handling workplace violence in a holistic manner.

A review of workplace violence data by the Washington State Department of Labour and Industries (2012) reveals that some types of violence occur predictably in certain types of

workplaces or occupations (p. 3). The Ghana Labour Act (Act 651, 2003) defines workplace to include any place where a worker needs to be or to go by reason of his or her work which is under the direct or indirect control of the worker (p.52). This suggests that workplace violence can occur at the actual work setting or outside, but the bottom line is that the employee must be involved in work-related activity, or the violence must be related to the victims work.

Workplace violence is a major concern for employers and employees worldwide. The extent of violence at work is still underestimated. It is difficult getting any record on workplace violence in Ghana. However, available statistics from the World Health Organisation (WHO), International Labour Organisation (ILO), European countries, the United States and other places, indicate that the phenomenon is alarming worldwide. For instance, homicide was reported as the fourth leading cause of fatal occupational injuries in the United States. According to the US Bureau of Labour Statistics Census of Fatal Occupational Injuries (CFOI), of the 4,547 fatal workplace injuries that occurred in the United States in 2010, 506 were workplace homicides. Homicide is the leading cause of death for women in the workplace in the United States (US Department of Labour: OSHA, 2012). Even though in Ghana, there have often been media reports of incidences that are clearly work-related violence, there is paucity of official records of these incidences.

The following are samples of work-related incidences of typical workplace violence reported:

- *A female teacher at Gambia No.2 D/A Primary School in the Asutifi North District of the Brong-Ahafo Region of Ghana was hospitalized following severe beatings she had suffered in the hands of a pupil and his family on March 21, 2014, stripping her naked in the process. The teacher fainted in the process and was rushed to the Hospital for medical attention (Alarti-Amoako/Daily Guide, March 22, 2014).*
- *On August 8, 2011, a Bishop and two of his associate Pastors went to the studios of Hot FM, an Accra based radio station, and attacked the host of a talk-show and another panelist when they were discussing an alleged sex scandal involving the Bishop (The Chronicle, April 13, 2013).*
- *Six armed robbers attacked the Wa-Funsi-Kundugu Metro Mass Transit bus, robbing passengers of various sums of money, mobile phones and inflicted cutlass wounds on the driver (Ghanaian Chronicle, 2012).*
- *An agitated psychotic patient attacked a nurse, broke her arm, scratched and bruised her (CDC/NIOSH, 2002).*
- *On August 20, 1986, a part-time letter carrier named Patrick H. Sherrill, facing possible dismissal after a troubled work history, walked into the Edmond, Oklahoma, post office, where he worked and shot 14 people to death before killing himself (NIOSH, 2006).*
- *In Massachusetts, a 27-year-old mechanic in an autobody shop was fatally shot in the chest by a customer after they argued about repairs (NIOSH, 2006).*

Work-related violence is a serious safety and health issue and it is of growing concern for employers and employees all over the world. It can occur at or outside the workplace and can range

from threats and verbal abuse to physical assaults and homicide. Workers theoretically might become a target of violent actions (Collins, Ox & Langan, 1987).

The Concept and Scope of Workplace Violence

There are a number of definitions of workplace violence, with some defining it only in terms of actual or attempted physical assault, and others defining it as any behaviour intended to harm workers or their organization. Poster (1996) points out that, "in different countries the meaning of workplace violence is embedded in different socio-political realities. These different socio-political realities give rise both to different conceptions of the very nature and character of the problem itself, as well as acceptable ways of tackling it." And Leather (n.d) also noted that:

The biggest problem at all levels of analysis is the lack of a consistent definition of workplace violence. At one end of the spectrum are those who advocate a restricted focus upon actual or attempted physical assault, while at the other are those who define it as any form of behaviour that is intended to harm current or previous co-workers, or their organization (p. 8).

Folger and Baron (1996) suggest that concerning the scope and consequences of workplace violence, a broad definition is required. The European Commission and the definition of World Health Organisation (WHO) are examples of broad definitions that could be adopted. The European Commission defines WPV as "Incidents where persons are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health. "Incidents where staff is abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health. WHO (1995) also defines workplace violence as "The intentional use of power, threatened or actual, against another person or against a group, in work-related circumstances, that either results in or has a high degree of likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation". This definition recognizes that non-physical abuse, such as verbal abuse and threats, can have severe psychological and career consequences on the victims and witnesses or observers alike. The International Labour Office (ILO) Code of practice on workplace violence (2003) also defines WPV as "any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work." The reference to "direct result" is understood to mean that there is a clear link with work, and that the action, incident or behaviour occurred within a reasonable period afterwards.

The ILO categorized WPV into internal and external. Internal workplace violence is that which takes place between workers, including managers and supervisors, while external workplace violence is that which takes place between workers (and managers or supervisors) and any other person present at the workplace. The ILO further suggests that Workplace violence can be physical (e.g. homicide, attacks, beating) or psychological (e.g. mobbing, bullying, harassment), and these affect all categories of workers in just about all sectors. All the definitions cited here alluded to both the physical and psychological nature of WPL.

In a Country Study of WPV in the Health Sector of South Africa, Steinman (2003) observed that the term *workplace violence* was not commonly used. Rather, terms like *harassment, discrimination, abuse, bullying and intimidation* were widely used, but *violence* as a term was reserved almost exclusively to describe *physical violence*. Meanwhile, a definition of WPV by Van Der Merwe cited in Steinman (2003), included psychological and spiritual violence: "Violence is the application of force, action, motive or thought in such a way (overt, covert, direct or indirect) that a person or group is injured, controlled or destroyed in a physical, psychological or spiritual sense. An interesting aspect of this definition is that of the spiritual dimension that was included. This spiritual aspect may be very relevant in most African countries, including Ghana. People often report or talk about spiritual attacks or threats at the workplace. What is significant here is that, whether these claims are real or not, they have effect on the psyche of the supposed victims. The problem with this spiritual aspect has to do with how it could be substantiated and assessed.

The National Institute for Occupational Safety and Health of the US also defines workplace violence as violent acts, including physical assaults and threats of assaults, directed toward persons at work or on duty (NIOSH, 2001). Workplace violence ranges from offensive or threatening language to homicide. It may include domestic violence, sexual violence-including sexual harassment or sexual assault, dating violence, and stalking (p.3).

Gleaning from all the definition given above, it could be concluded that, workplace violence includes: Actual violence that causes or acts intended to cause injury or harm to a person or property, which can either be at the work setting or on a job related mission outside the premises of the organization, and even commuting to work incidences. Threatening remark or behaviour which is indicated expressly or impliedly, or a behaviour which indicates a lack of respect for the dignity and worth of another person at the workplace or a person who is engaged in a work related activity outside the organisation. Workplace violence also includes possession of a weapon while working or on company property, verbal abuse, mobbing, bullying, emotional abuse and homicide. Thus, the phenomenon is very broad, and covers any act or intentions that range from physical to psychological, and also spiritual in some cases.

The conference report of CDC, NIOSH and DHHS (NIOSH, 2006), cited earlier also indicated that, in the mid 1990s, as more researchers were becoming engaged in the study of occupational violence, the California Occupational Safety and Health Administration (Cal/OSHA) developed a model that described three distinct types of WPV based on the *perpetrator's relationship to the victim(s) and/or the place of employment* (Cal/OSHA 1995, Howard 1996, as cited in NIOSH, 2006). Later, the Cal/OSHA typology was modified to break Type III into Type III and Type IV, creating the system that remains in wide use today (IPRC 2001). These are: (1) criminal intent; (2) customer/client; (3) worker-on-worker; and (4) personal relationship. The common features of all of these types of workplace violence are that they involve behaviour that takes place at a workplace that rises to the level of a crime recognized under the law. While some harassing or threatening acts might not rise to the level of criminal behaviour, employers can refuse to tolerate this type of conduct from employees or against employees (p. 4).

- The first typology, type I, which involves *criminal intent*, the perpetrator has no legitimate relationship to the business or its employee, and is usually committing a crime in

conjunction with the violence. These crimes can include robbery, shoplifting, trespassing and terrorism. The vast majority of workplace homicides (85%) fall into this category. For instance, *a driver of a metro bus was shot dead on August 1, 2013 when armed robbers attacked the bus he was driving from Obuasi to Kumasi* (Joyfmonline.com, August 2, 2013).

- Type II involves a customer or client. In this case, the perpetrator has a legitimate relationship with the business and becomes violent while being served by the business. This category includes customers, clients, patients, students, inmates, and any other group for which the business provides services. It is believed that a large portion of customer/client incidents occur in the health care industry, in settings such as nursing homes or psychiatric facilities; the victims are often patient caregivers. Police officers, prison staff, flight attendants, and teachers are some other examples of workers who may be exposed to this kind of WPV, which accounts for approximately 3% of all workplace homicides. An example involved *a disturbed family member whose father had died in surgery at the community hospital walked into the emergency department and fired a small-caliber handgun, killing a nurse and an emergency medical technician and wounding the emergency physician* (CDC/NIOSH, 2002). Another was a situation where *an elderly patient verbally abused a nurse and pulled her hair when she prevented him from leaving the hospital to go home in the middle of the night* (CDC/NIOSH, 2002).
- Type III involves worker-on-worker. The perpetrator in this case is an employee or past employee of the business who attacks or threatens another employee(s) or past employee(s) in the workplace. Worker-on-worker fatalities account for approximately 7% of all workplace homicides. For instance, *the head of a company in Ghana has harassed one of his female employees sexually, and when the female employee did not receive justice, she resorted to occult (juju) for justice.*
- The fourth type involves a situation where the perpetrator usually does not have a relationship with the business but has a personal relationship with the intended victim. This category includes victims of domestic violence assaulted or threatened while at work, and accounts for about 5% of all workplace homicides (US Department of Justice, 2004).

This typology has been used variously in studying, talking about WPV and developing prevention strategies (NIOSH, 2006). NIOSH (2006) report observed that many employers, managers, and workers are not particularly aware that the potential for violence is a risk facing them in their own workplaces. The public is generally not aware of either the scope or the prevalent types of violence at work (p. 13). This calls for more research into the area and sensitization of employers, employees and the general public about the prevalence of workplace violence and the damaging effects it has on the victims, the victims families, bystanders, the community as well as the organisation.

In summary, WPV can be physical, psychological, sexual, spiritual and verbal (NIOSH, 2006; American Psychiatric Nurses Association, APNA, 2008). Workplace violence can also include manipulation of the working environment; that is, withholding needed information, setting unreasonable deadlines, excluding from critical meetings, changing work schedules unfairly, failing to give credit, and retarding opportunities for advancement, promotion or higher pay. To

meet the definition of workplace violence or abuse these offenses must occur repeatedly and over time (Murray, 2008, as cited in APNA, 2008). Thus, workplace violence is a very broad area covering a host of behaviours. This makes it challenging for researchers in this area. No one research can cover all these behaviours at the workplace. Therefore, all the research conducted in this area looked at specific aspects or types of workplace violence, such as bullying, sexual harassment, workplace incivility etc.

Prevalence of Workplace Violence

Most cases of workplace violence in Ghana, especially, sexual harassment are not reported, although the prevalence is alarming. Andoh (2001) noted that about 95% of incidences of sexual harassment at the workplace in Ghana are not reported. Andoh indicated that most victims prefer handling the issue on their own for various reasons. Some of these reasons are: the social stigma attached to harassment cases, the fear of the consequences of reporting, the high ignorance of human rights among employees, the unprofessional and insensitive manner in which complaints are generally dealt with in organisations, and the lack of laid down channels for filing complaints of sexual harassment. He however reported that about 74% of female employees and 42% of male employees in Ghana indicated that they had experienced sexual harassment at the workplace.

Statistics by the U.S. Bureau of Labour Statistics in 2012 indicated that nearly 17 percent of all workplace fatalities in 2011 were the result of workplace violence. The 2011 Census of Fatal Occupation Injuries (CFOI) found that there were 4,609 fatal working injuries in the U.S. in 2011, of which 780 were attributed to "violence and other injuries by persons or animals." Of the 780 fatal work injuries that were the cause of violence, 458 were homicides and 242 were suicides. Shootings were the most frequent manner of death in both homicides (78 percent) and suicides (45 percent). Homicides accounted for 21 percent of fatal workplace injuries to women. These workers have families and the effect is going to spillover onto them as well (SecurityInfoWatch.com, 2012).

Report from the Conference: *Partnering in Workplace Violence Prevention: Translating Research to Practice, organized jointly by CDC, NIOSH and DHHS in 2004 in the US (NIOSH, 2006)*, indicated that violence has been recognized as a leading cause of occupational mortality and morbidity since the 1980s. The report further shows that that, "On the average, 1.7 million workers are injured each year, and more than 800 die as a result of workplace violence (WPV)." According to the OSHA of the U.S. Department of Labour (2002) fact sheet, some 2 million American workers are victims of workplace violence (WPV) each year. The U.S. Bureau of Labour Statistics indicated that 4,693 workers were killed on the job, an average of 13 workers every day (BLS, 2013). The problems of violence and harassment at work have created special interest in the last few years and these and this calls for pragmatic responses from employers, employees, the government and law enforcement agencies and the entire society to curb the situation.

Research indicates that about 75% of Registered Psychiatric Nurses (RPNs) reported experiencing an incident of physical or psychological violence in the workplace in the previous 12 month period (Stadnyk, 2008). In terms of injury rates from workplace violence, health care and social service industries were second, only to the field of law enforcement (OSHA, 2003). Nearly 500,000 nurses become victims of violence in their workplace each year, according to the U.S. Department of

Justice report. Keely (2002) also found that Nurses are three times more likely to be the victims of violence than any other professional group. The U.S. Department of Labor statistics indicate that three registered nurses in hospitals, and five psychiatric nurses and home health aides died as a result of assaults and violent acts in the workplace in 2004 (Bureau of Labor Statistics, 2005).

Hader (2008, in *Nursing Management's* 2008 Workplace Violence Survey) reports that 1,377 of 1,400 respondents claimed that employee safety in health care is woefully inadequate. The survey took place across the United States and in 17 other countries, including Afghanistan, Taiwan, and Saudi Arabia. Most respondents worked in a hospital setting, followed by outpatient facilities, community health, academia, and rehabilitation. Nearly 74% of the respondents experienced some form of violence in the work setting. Of the types of violence encountered, 51% to 75% were bullying, intimidation, and harassment. Nearly 26% of respondents reported physical violence and weapons were involved in 5.6% to 7.5% of the incidents. Perpetrators of violence against respondents included patients (53.2%), colleagues (51.9%), physicians (49%), visitors (47%), and other health care workers (37.7%). Unfortunately, there are no empirical records of the incidences in Ghana.

High-risk Industries

A review of workplace violence data by the Washington State Department of Labour and Industries (2012) reveals that some types of violence are not random, but for the most part occur predictably in certain types of workplaces or occupations (p. 3). In Washington State, the industries at highest risk of workplace violence include: Health care, Social services, Security services, Public administration, Education, Law enforcement, Retail trade, Public transportation, Accommodation and food services. These industries are similar to those identified as high risk in the national data. The U.S. Department of Justice report (2011), the national data, also indicated Law enforcement agencies (18.9%), Retail sales (13.2%), Medical/Health care (10.2%), Teaching (9.0%), Transportation (7.9%) and Mental health (3.9%) are among the highest proportion of workplace violence (p. 4). Carl (n.d) also cited data from Rutgers University that indicated that police officers are at the highest risk, followed by private security guards, taxi drivers, prison guards, bartenders, mental health professionals, gas station attendants as well as teachers. William and Ball (2001) also indicated healthcare, police and educational settings are more often cited in workplace violence literature; and Stephen and Ewen (2004) further asserted that teachers at all levels of education can be victims of school violence. Manderino and Berkey (1997) estimated that 90% of nurses experience verbal abuse on an annual basis. Data show that in Luxembourg, 23.9 of teachers were victims of strong verbal attacks at least several times a year (Fuchs et al, 1996). In a study, Greszik, Hering and Euler (1995) reported that 29% of teachers have experienced verbal attacks by students and in the USA 2% of teachers have in a study had been physically abused by students (Furlong et al, 1995).

It seems therefore that any work environment that involves human interaction and the possibility of handling money would experience high level of workplace violence. Thus, the service sector (commerce, education, financial and professional services, health services, hotels, catering and tourism, media and entertainment industries, postal and telecommunications services, public service, transport, and utilities) in particular, is predisposed to workplace violence (ILO, 2003)

It should however, be noted that the incidents of workplace violence can happen anywhere. In view of this, all employers should take steps to prevent or reduce the risk of workplace violence. Violence prevention efforts are especially important for these *high risk* industries and occupations. It is the duty of an employer to ensure that every worker employed works under satisfactory, safe and healthy conditions

Potential Antecedents or Risk factors of WPV

A risk factor is a condition or circumstance that may increase the likelihood of violence occurring in a particular setting (Washington State Department of Labour and Industries, 2003). WPV incidents arise out of a variety of circumstances. Some involve criminals robbing taxicab drivers, convenience stores, or other retail operations; clients or patients attacking service providers in health care or social service offices; disgruntled workers seeking revenge; or domestic abuse that spills over to the workplace (NIOSH, 2006). Another recent development is the terrorists' activities which caused the death of thousands in the U.S in September 11, 2001, and other places, including Somali Islamist rebels, Al-Shabab's attack on a Nairobi shopping mall, Westgate (Kenya) in 2013.

The four types of workplace violence aforementioned present different characteristics of violence and the ways violence may present itself. According to the Washington State Department of Labour and Industries (WSDLI, 2003), "The significance of these four types is that each involves somewhat different risk factors and means of preventing or responding to the potential violent incident" (p. 6). For instance, handling money in a bank, a taxi driver or in a retail service makes that workplace a more likely target for robbery, which is the most common kind of violence by strangers in the workplace. An attorney's office, where all payments are received by check and money is not directly handled, would not present the same kind of target and would not be at the same degree of risk of violence due to the handling of money. Different risk factors might predominate in the attorney's office. An attorney might be working in the office late at night after business hours. He or she might be subject to violence from a customer or client who is dissatisfied with the outcome of litigation. In this example, several risk factors are combined, increasing the overall risk to the attorney.

It is important to note that each risk factor only represents a potential for an increased likelihood of violence. The mere presence of a risk factor or combination of factors does not mean that violence will occur or that its incidence will increase. However, the presence of these risk factors, particularly of several in combination, increases the likelihood that violence will occur.

Washington State Department of Labour and Industries (2003) gave the following general factors, which may have the potential to increase an employee's risk for workplace violence, identified in various studies. The general risk factors include:

"Contact with the public, exchange or handling of money, delivery of passengers, goods, or services; having a mobile workplace such as a taxicab or police cruiser, working with unstable or volatile persons in health care, social services, or criminal justice settings, working in isolation, working late at night or during early morning hours, working in high-crime areas, guarding valuable property or possessions and working in community-based settings".

Some risk factors are more likely to pertain to one or more of the four types of violence in the workplace. For example, potential risk factor for the type I, WPV with criminal intent may include: Working with money, working alone, working late at night; while type II, (customer/client) potential factor may involve situations where the worker is working in isolation, working after regular work hours, lacks controlled access to worksite, or is dealing with customers with past violent behaviour.

The ILO (2003) fact sheet identified various potential risk factors to health professional. According to the ILO:

“The reasons for workplace violence and stress are identified at organizational, societal and individual levels, showing complex interrelationships. The accumulation of stress and tension in demanding health occupations – under strain from societal problems and the pressure of health system reforms – contribute to emerging violence. At an individual level, health workers tend to rank the personality of patients as the leading factor generating violence, followed by the social and economic situation in the country and, well behind, work organization and working conditions. However, when categorized into individual, societal and organizational factors, all three contributing factors appear to be of equal importance in the analysis of risks of violence and stress, with organizational factors playing a key role” (p. 2).

Nearly two out of every five homicides to female workers involved relatives with almost all being spouses or domestic partners (current and former). Homicides accounted for nine percent of all fatal injuries to male workers; however, relatives were the assailants in only about two percent of these incidents (BLS, 2012). This suggests that, misunderstandings at home between partners and dissatisfaction with relationships are also potential risk factors of WPV.

The Consequence of Workplace Violence

The effects of violence at work may be observed at a personal and an organizational level, as well as in society as a whole. These negative effects may be economic or non-economic, financial and/or human. The costs may be a direct result of violence at work or an indirect consequence of it. Any estimation of costs would be somewhat vague, due such reason as lack of available data, different recording practices, and variations in wages and benefits worldwide, among others. Existing figures and studies however indicate that the potential cost of violence at work can be fairly estimated (US Department of Labour: OSHA, 2012, 2013).

The overall impact of workplace violence is difficult to calculate, because it involves multiple of issues that are not easily calculable in monetary terms. Violence at work can trigger a range of physical and psychological outcomes in victims. Vartia-Väänänen (2009) noted that some of the individual consequences may be physical injuries, post-traumatic stress disorder, depression, anxiety, fear, and even suicide, as well as lower job motivation and satisfaction. Workplace violence often results in serious injuries that may lead to disabilities requiring ongoing care or life threatening injuries and even death. Most victims of workplace violence also report being affected

emotionally by the experience. Emotional experiences to physical and emotional violence can include anger, shock, fear, depression, anxiety and sleep disruption (Di Martino, 2003).

The occurrence of workplace violence can be influenced by various factors from different sources. Much the same way, the consequences can affect different groups of people, not only the direct victim. Gold and Caborn (ILO, 2003) indicated that the consequence of workplace violence can be great both in financial and health terms. Both physical and psychological violence have considerable effects for the immediate victims as well as bystanders. Physical violence may cause injury, psychological or physical illness to the individual and even death. Bystanders may also be traumatized. Psychological violence may also lead to serious mental health problems. There are other widespread effects beyond the workplace. The Ecological Model (Figure 1) adapted from Gold and Caborn (ILO, 2003), based on Di Martino *et.al* (2002), shows that violent behaviour can be *affected by*, and can also *affect* individual factors (intrapersonal), interpersonal factors (social), organizational factors (institutional), community factors and public policy factor.

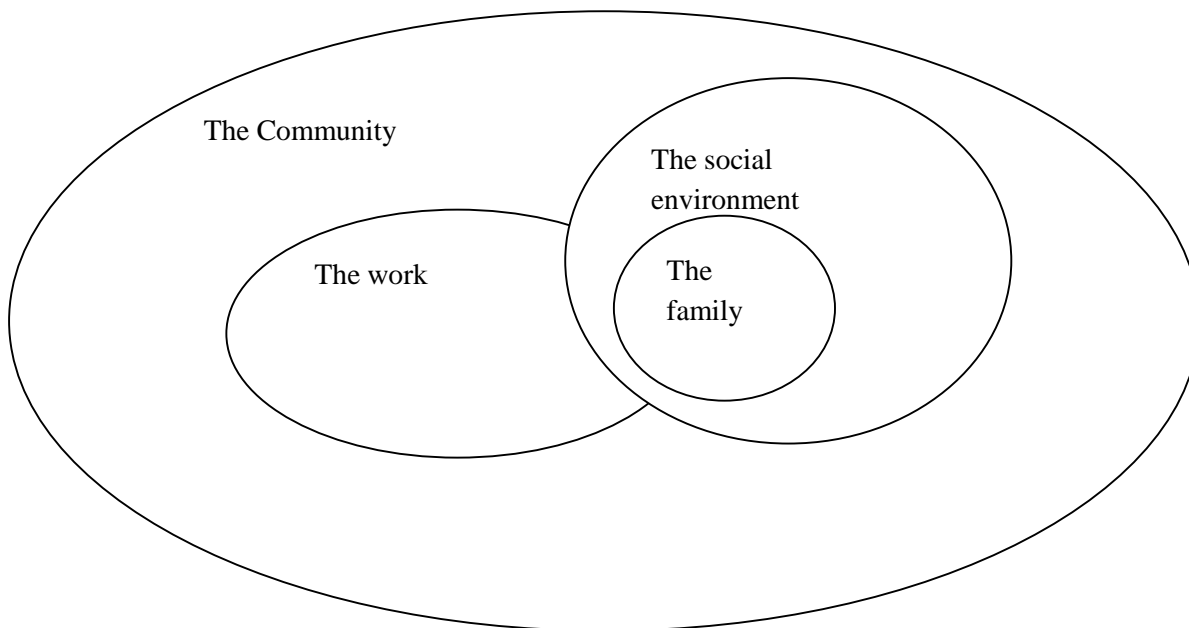


Figure 1: *The Ecological Model*

Source: Adapted from *Gold and Caborn (ILO, 2003)*

Consequences of Workplace Violence on the Individual

The overall impact of workplace violence is difficult to calculate, because it involves multiple of issues that are not easily calculable. Violence at work can trigger a range of physical and psychological outcomes in victims. Vartia-Väänänen (2009) noted that some of the individual consequences may be physical injuries, post-traumatic stress disorder, depression, anxiety, fear, and even suicide. The individual's job motivation and satisfaction may also be reduced drastically. Workplace violence often results in serious injuries that may lead to disabilities

requiring ongoing care or life threatening injuries and even death. Most victims of workplace violence also report being affected emotionally by the experience. Emotional experiences to physical and emotional violence can include anger, shock, fear, depression, anxiety and sleep disruption (Martino, 2003).

Additionally, workplace violence may affect a worker's career. Those who are bullied at work are much more likely to report planning to leave their jobs. There is virtually no information about the financial impact of workplace violence on individuals, in terms of lost wages from time off work or negative coping strategies, such as increased intake of drugs, alcohol and cigarettes (Di Martino, 2003). Employee attitudes towards their workplace can also be negatively affected causing a decrease in commitment to the job, and a perceived lack of support from co-workers and supervisors (Stadnyk, 2008). This may be so because the victim as well as observers of the violent act may develop a sense of insecurity at the workplace. Increased absenteeism has also been found to be associated with psychological distress resulting from the violent act (Hardy, Woods, & Wall, 2003). Emotional violence can also impacts on the physical well-being of the victim and this would cause the employee to take seek leave.

Steinman (2003) noted that "while the actual physical injury in the case of physical violence is absent in psychological violence, the secondary physical repercussions to physical and psychological violence are similar for both types of victims" (p.23). Increased psychopathology, including elevated prevalence rates of PTSD, were observed with exposure to workplace aggression. In addition, a positive relationship between workplace violence and physical symptoms such as headaches, stomach and chest pain, and aching muscles has been observed (e.g. Stadnyk, 2007). Steinman cited a study among Norwegian victims of workplace bullying involving a comprehensive measure of personality (MMPI-2) which revealed that victims of bullying (verbal abuse and harassment) presented a 3-2-1 profile on the MMPI-2, indicating a personality with serious psychosomatic problems resulting from stress and anxiety and a tendency to convert psychological stress into physical symptoms. Significant relationships were also found between experienced bullying and psychological, psychosomatic and muscle-skeletal health complaints (Einarsen & Matthiesen, 2002).

Negative stress as a result of violence elicits certain physical and emotional symptoms that can lead to serious illness if the situation persists. These include a myriad of pathological consequences such as chronic fatigue, depression, insomnia, anxiety, migraine, emotional upsets, allergies and abuse of tobacco and alcohol (Martino, 2003). The ILO (1992) observed that, "in the longer term, stress can contribute to hypertension, and consequently to the development of heart and cerebrovascular disease, as well as to peptic ulcers, inflammatory bowel diseases and musculoskeletal problems. It may also alter the immune functions, which in turn, facilitate the development of cancer" (p. 13).

Suffering and humiliation resulting from violence usually lead to lack of motivation, loss of confidence and reduced self-esteem. As with stress, if the causes of violence are not eliminated or its impact contained by adequate intervention, these symptoms are likely to develop into physical illness, psychological disorders or dependence on tobacco, alcohol or drugs (Martino, 2003). Workplace violence negatively affects not only the direct victims of such behaviour, but

also those who witness such violence. To witness violence of any sort in the workplace may cause concern to workers that they themselves may face this type of violence in the future. Studies have shown that the fear of violence creates a negative relationship between emotional wellbeing and somatic health (Aytaca&Dursun, 2012). The violence can also have effects on witnesses of workplace violence and their families which can be mental, emotional and economic, and it can be catastrophic.

Thus, the effect on violent act on an employee may be financial, physical or psychological which may be long lasting and affect the quality of lives of the victim, including the families, friends and other co-workers who witnessed the violent act.

Consequences of Workplace Violence on the Organization

The effect of workplace violence on the organization the victim works for can be enormous. This cost can either be direct or indirect. Direct effects would be direct payment of compensation to victims who have been injured physically, and or medical expenditure incurred in restoring the victim.

The actual cost of workplace violence is very tough to pinpoint because, in most instances, appropriate financial data specific to workplace violence in a given organization is generally not kept. Thus, at a macro level it is very hard to be able to clearly track the cost. In addition, multiple variables are involved, hard and soft cost, and probably the most difficult issue is that companies are reluctant to expose imperfections in their operations, safety procedures, employee practices, etc. Most firms that experience serious workplace violence incidents want to put a spin on the events to minimize the negative publicity and impact on the business. So the cost are buried in the shuffle to get the event behind them and present the aura of all is well' and business as usual to avoid spooking their customers and shareholders (p. 3).

Organisational consequences of workplace violence are related to high absenteeism, turnover or impaired performance (Vartia-Väänänen, 2009). While the human costs of workplace violence cannot be calculated, many of the financial impacts can be estimated. According to the 2013 Liberty Mutual Workplace Safety Index, “the most disabling workplace injuries and illnesses in 2011 amounted to \$55.4 billion in direct U.S. workers compensation costs” ((US Bureau of Labour Statistics -BLS, 2013, p.1). This means that organizations spend more than a billion dollars each week on the most disabling injuries. The index reports “assaults and violent acts” as the 10th leading cause of nonfatal occupational injury at a workers’ compensation cost of \$590 million during 2009” (US Bureau of Labour Statistics, 2011). In 2003, the Centre for Disease Control and Prevention (CDC, 2003) estimated that domestic or intimate partner violence costs employers \$727.8 million in lost productivity, with more than 7.9 million paid workdays lost each year. Costs to organizations also include low worker morale, absenteeism, sick leave, property damage, early retirement, high turnover, grievances and litigation, increased accidents, decreased performance and productivity, security costs, worker's compensation, reduced trust of management, and loss of public prestige (NIOSH, 2002; Speedy, 2006).

Additional costs result from employer-provided health care insurance covering the cost of injuries and illnesses, crisis intervention, and group and individual counselling for victims, witnesses and their families (BLS, 2012; SHRM Workplace Violence Survey, 2012). These are examples of direct costs of the incidence of workplace violence to the organisation. The figures for direct cost mentioned above are not the complete picture of the effect. There may be other indirect costs to the organization. The SHRM Workplace Violence Survey (2012) indicated that, “to calculate the indirect costs of workplace violence to an organization and its employees, one must take into account more than costs quantifiable in dollars and work hours. Whether an incident of violence or harassment at work involves just two people or two thousand, it will create a widening circle of response, diverting attention and resources from the business at hand” (p. 5).

Another consequence of workplace violence on the organization has to do with reactions from shareholders and the surrounding community. Depending on the size of the organization, an incident of workplace violence may draw the attention of directors and shareholders. An incident may cause concern in the community, especially if there is injury or loss of life to its members. The organization may suffer a loss of public trust, damage to its reputation and public image, dilution of value, and loss of business relationships (e.g. Andoh, 2001). Many times, workplace violence draws the attention of the media and may necessitate a coordinated public response. The occurrence of workplace violence may result in legal actions against the organization. Workplace violence of a criminal nature may require law enforcement and Government agencies, such as Occupational Health and Safety and other state agencies responsible for workplace safety to conduct investigations, interview victims and witnesses, and issue citations, assess penalties and, in extreme cases, impose criminal sanctions (SHRM Workplace Violence Survey, 2012).

Time may also have to be wasted to resolve any conflict that may arise as a result of violence between co-workers. The amount, and value, of time wasted by unnecessary conflict can be easily quantified factor. Workplace violence may also result in loss of skilled employees, and destroying the quality of relationship among co-workers.

There is also cost to the society, which includes unemployment, retraining, rehabilitation and health care costs (Hoel, Sparks, & Cooper, 2001). Stress may eventually result in unemployment, psychological and physical problems that strongly influence an individual’s social position. The costs of violence include health care and long-term rehabilitation for the reintegration of victims, unemployment and retraining costs for victims who lose their jobs as a result of such violence, and disability and invalidity costs where the working capacities of the victims are impaired by violence at work.

SUMMARY AND RECOMMENDATIONS

To sum up, workplace violence has always been part of working life and the problem may be far worse than estimated as there is evidence that the incidence of workplace violence is still being under-reported (BLS, 2014, ILO, 2003). Data on workplace violence in Ghana is not readily available. Violence at work can take a number of different forms. It can be in the form of physical assaults or threats, or it can be psychological, which is expressed through bullying, mobbing or harassment on many grounds, including gender, race or sexual orientation. Violence can come from

outside as well as from inside the workplace. It may be from colleagues and acquaintances as well as strangers, such as clients and visitors. Certain types of violence tend to happen more in specific sectors than others. Law enforcement agencies, health care, education and retailing sectors are among the occupations suffering a high incidence of external physical violence. The vast majority of workplace violence involves criminal intent where the perpetrator has no legitimate relationship with the organisation. Psychological violence between co-workers and, between workers and management can happen in any profession, but it is more difficult to measure and it is often not reported.

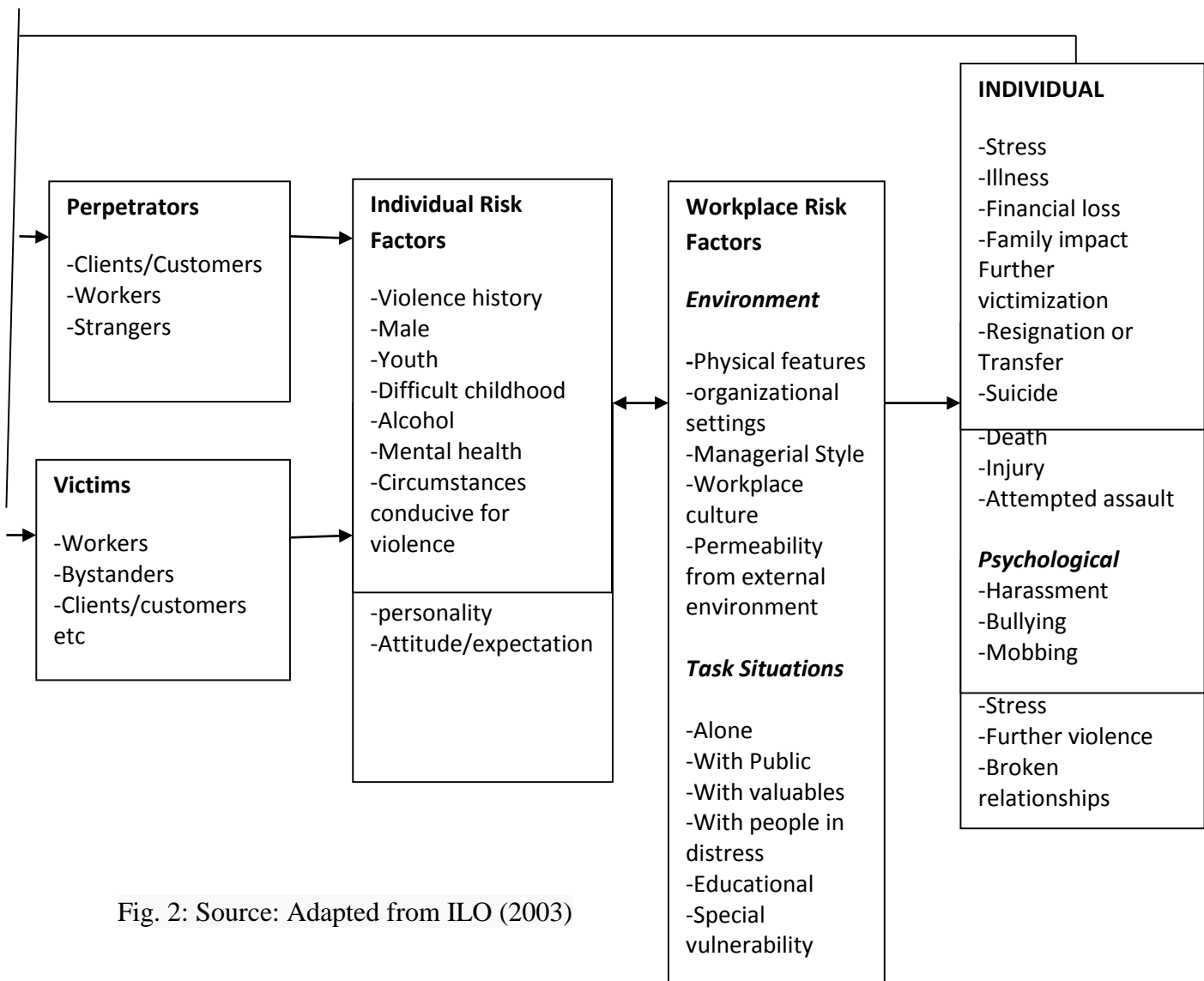


Fig. 2: Source: Adapted from ILO (2003)

Chappell and di Martino (1998, as cited in Di Martino, 2003) developed a model (*Adapted* in Figure 2) which captures and explains the occurrence and effect of workplace violence. The Chappell – di Martino model is based on an interactive analysis of all the elements generating stress, linking together personal, occupational and environmental factors. The model indicated that on the personal side, the assailant and the victim come into consideration. The perpetrator of violence is likely to fall into one of three principal categories: a client of a particular organisation, a work colleague, or a total stranger. The victim is likely to be an employee or a bystander, such as a customer or an employee of another enterprise accidentally present when violence takes place.

The individual characteristics of both the perpetrator and the victim play an important role in the determination of violent situations. The model suggests that violence is more likely to occur when people with *conflicting* personal characteristics meet. Gold and Caborn (ILO, 2003) stated that, given the variety of conflicting personal characteristics, it is practically impossible to predict the occurrence of violence on this basis. A further complication is the fact that individuals operate in different working environments that may, in turn, defuse or trigger violence. The model focuses therefore on the relationship between personal and environmental factors at work, highlighting their combined role in generating or defusing violence. Finally the model identifies the likely impact of all relevant factors and situations on the victim and the enterprise, and assesses the “feedback” of this impact as a regenerator of violence at the workplace (ILO, 2003).

Finally, it is worth noting that the incidents of workplace violence can happen anywhere. In view of this, all employers should take steps to prevent or reduce the risk of workplace violence. Violence prevention efforts are especially important for the *high risk* industries and occupations, though no sector is violence-free. The labour Act of Ghana (Act 651, 2003) stipulates that, “it is the duty of an employer to ensure that every worker employed by him or her works under satisfactory, safe and healthy conditions.” In view of this, it is important for nationwide study or a country study to be conducted to appreciate the dynamics of the phenomenon in Ghana for necessary steps to be taken to curb the situation. Preventive measures in the US have yielded positive results, reducing the incidence of workplace violence (BLS, 2012, 2013). Thus, if employers, workers governmental agencies responsible for violence prevention are all committed, workplace violence could be reduced drastically in Ghana to make the work environment safe. There is the need for national policy on workplace violence, specifically as well as occupational health and safety in Ghana. A national anti-violence and harassment policy that is effectively communicated to all employees, with explicit concomitant sanctions for various offences in Ghana would help in preventing or at least reducing violence at the workplace. There is the need for strict enforcement of the anti-violence policies both at the national and organizational levels.

In addition, guidance and counselling should be seriously considered as it aims at assisting people who are going through certain challenges, especially emotional difficulties, to overcome such difficulties. People suffering from stress, as a result of workplace violence, need to consult counsellors who will take them through stress management techniques in order to manage stress effectively (Blonna, 2005). Counselling should also be given to workers to know how to avoid violence at the workplace, the extent to go, or report issues to management to handle instead of taking the law into their own hands. Employers may also have to establish a unit made up of

counsellors to handle inter personal and intra personal conflicts to reduce or eliminate violence at the workplace.

Another recommendation is for organizations to put security systems in place, such as CCTV cameras, panic buttons, surveillance videos and bright lights among others. Employees must also take personal responsibility to report incidences of harassment from colleague workers and superiors. Management and workplace health and safety practitioners need to be committed to ensuring safety of employees and educate workers about the possible antecedents of violence and abuse, and what they need to do to prevent their occurrence.

Table 1: Management of various forms of workplace violence

Potential Hazard	Engineering control	Administrative control	Personal Protective Measures
Abuse by clients or members of the public	Alarm systems and panic buttons. Video surveillance.	Management policies and procedures related to no tolerance of violence or abuse. Worker education in violence awareness, avoidance and de-escalation procedures. Liaison and response protocols with local police. Working alone policies. Reporting procedures for incidents and near misses.	Ability to request support. Use of counselling services.
Abuse by co-workers	Alarm systems and panic buttons. Video surveillance.	Management policies and procedures related to no tolerance of violence or abuse. Worker education in violence awareness, avoidance and de-escalation procedures. Working alone policies. Reporting and investigation procedures for incidents and near misses.	Assertiveness training. Use of mediation and/or counselling
Hazards related to working alone -Threat of violence	Communication devices. Vehicle design considerations. Panic alarms. Bright lighting. Surveillance cameras.	Scheduling to avoid having workers work alone. Worker training. Working alone policies.	

Measures to prevent workplace violence

There seem not to be much (if any) empirical research to identify why this phenomenon occurs more in certain sectors, especially in Africa, and Ghana in particular. Research efforts are therefore required to help give policy recommendations to reduce the situation in Ghana. Table 1 shows engineering, administrative and personal protective measures to prevent violence at the workplace. Thus, engineering and administrative measures can be employed to reduce workplace violence, as well as personal protective behaviours by individual employees.

Strong management commitment and collaboration among safety and health professionals, employees and their associations/organizations are therefore very essential for the success of health and safety management at the workplace. Government institutions/agencies assigned with the responsibility of ensuring health and safety at the workplace need to be empowered to unfailingly enforce policies and guidelines for accident prevention at the workplace. Education and awareness creation are needed to health curb the situation and promote healthy work. The role of educationists and academics would be of great benefit the awareness creation effort. We believe that if these measures are put in place, the incidence of violence at the various workplaces would be drastically reduced.

REFERENCES

- Alarti-Amoako, F. T./Daily Guide (2014). *Teacher Stripped Naked*. Retrieved on March 27, 2014 from <http://www.dailyguideghana.com/teacher-stripped-naked/>
- Andoh, A. K. (2001). Sexual harassment in the workplace: The Ghanaian experience, Centre for Social Policy Studies (CSPS), University of Ghana, Legon, No. 9 ISSN 0855-3726
- Aytaça, S. & SalihDursun, D. (2009). *The effect on employees of violence climate in the workplace*. Retrieved on March 7, 2014 from <https://osha.europa.eu/en/seminars/seminar-on-violence-and-harassment-at-work/speech-venues/day-1/spspeech.2010-12-14.2867785670>
- Bureau of Justice Statistics (2005). *Census of fatal occupational injuries*. Washington, DC: U.S. Department of Labour, Bureau of Labour Statistics. Retrieved on March 25, 2014 from <http://www.bls.gov/news.release/pdf/cfoi.pdf>.
- Bureau of Justice Statistics (2001). *Violence in the workplace, 1993–1999: special report from the National Crime Victimization Survey*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics. Retrieved on March 27, 2014 from www.ojp.usdoj.gov/bjs/pub/pdf/vw99.pdf.
- Bureau of Labour Statistics (2005). *Survey of workplace violence prevention 2005*. Retrieved March 27, 2014 from http://www.bls.gov/iif/osh_wpvs.htm
- Bureau of Labour Statistics (2010). *Fatal occupational injuries resulting from transportation incidents and homicides by occupation, All United States, 2010*. <http://www.bls.gov/iif/oshwc/cfoi/cftb0255.pdf>
- Bureau of Labour Statistics (2012). *Census of Fatal Occupational Injuries Summary*. Retrieved on April 3, 2014 from http://www.bls.gov/iif/osh_wpvs.htm
- Bureau of Labour Statistics (2013). *Workplace Homicides from Shootings*. Retrieved on April 7, 2014 from <http://www.bls.gov/iif/oshwc/cfoi/osar0016.htm>

- Cal/OSHA (1995). *Cal/OSHA Guidelines for workplace security*. Sacramento, CA: California Occupational Safety and Health Administration. Retrieved on March 27, 2014 from www.dir.ca.gov/dosh/dosh%SFpublications/worksecurity.html.
- Di Martino, V. (2003) *Workplace violence in the health sector Relationship between work stress and workplace violence in the health sector*. ILO-ICN-WHO-PSI, *Framework guidelines for addressing violence in the health sector*, 2003
- Folge and Baron (1998). Workplace Violence and Workplace Aggression: Evidence Concerning Specific Forms, Potential Causes, and Preferred Targets. *Journal of Management*, 24(3), 391-419
- Fuchs, M., Lamnek, S., & Luedtke, J. (1996). Schule und Gewalt. Realität und wahrnehmung eines sozialen Problems. Opaten Leske Budrich *Ghana labour Act 2003* (Act 651). Accra, Assembly Press.
- Hatch-Maillette, M. A., Scalora, M. J., Bader, S. M. & Bornstein, B. H. (2007). A gender-based incidence study of workplace violence in psychiatric and forensic settings, *Violence and Victims*, 22(4): 449-62.
- Hoel, H. & Cooper, C. L., (2000). *Destructive Conflict and Bullying at Work*, Manchester School of Management, University of Manchester Institute of Science and Technology (UMIST).
- Hoel, H., & Salin, D. (2003). Organisational antecedent of bullying. *International perspectives in research and practice*, Taylor & Francis, 203-218.
- International Labour Organization (2003). *Code of Practice on Workplace Violence In Services Sectors and Measures to Combat this Phenomenon*, International Labour Office, Geneva, 1-14
- International Labour Organization (2005). *Violence and stress at the workplace*. Retrieved April 1, 2014, from www.ilo.org/public/english/dialogue/sector/sectors/health/violence.htm
- IPRC (2001). *WPV: A report to the nation*. Iowa City, IA: University of Iowa, Injury Prevention Research Center, February.
- Leather, P. (n.d). *Workplace violence in the health sector, State of the Art*. Relationship between work stress and workplace violence in the health sector
- Liberty Mutual (2004). *Liberty mutual workplace safety index: the direct costs and leading causes of workplace injuries*. Boston, MA: Liberty Mutual, 4 pp. [<http://www.libertymutual.com/omapps/ContentServer?cid=1078439448036&pagename=ResearchCenter%2FDocument%2FShowDoc&c=Document>].
- Marit Vartiainen-Väänänen, M. (2009). *Organisational and individual consequences of workplace violence and harassment*. Retrieved on March 7, 2014 from <https://osha.europa.eu/en/seminars/seminar-on-violence-and-harassment-at-work/speech-venues/day-1/spspeech.2010-12-14.2867785670>
- Mikkelsen, E. & Einarsen, S. (2002). Relationships between exposure to bullying at work and psychological and psychosomatic health complaints: The role of state negative affectivity and generalized self-efficacy. *Scandinavian Journal of Psychology*, 43, 397-405.
- Myjoyonline.com (n.d). *Armed robbers attack metro bus*. Retrieved March 30, 2014 from [www.http://thechronicle.com.gh/armed-robbers-attack-metro-bus/](http://thechronicle.com.gh/armed-robbers-attack-metro-bus/)
- National Center for Injury Prevention and Control (CDC 2003). Retrieved March 23, 2014 from <http://www.cdc.gov/ncipc/dvp/DatingViolence.htm>. U.S. Dept. of Health & Human Services.

- National Institute for Occupational Safety and Health (NIOSH) (2002). *Violence occupational hazards in hospitals* (Publication No. 2002-101). Atlanta, GA: Centers for Disease Control and Prevention.
- NIOSH (2002). Violence: occupational hazards in hospitals. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease and Control Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2002–101.
- NIOSH (2004). *Partnering in workplace violence prevention: translating research to practice*. Conference held in Baltimore, Maryland, November 15–17. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease and Control Prevention, National Institute for Occupational Safety and Health www.cdc.gov/niosh/conferences/work-violence.
- OSHA (2004). *Guidelines for preventing workplace violence for health care & social service workers*. Retrieved March 29, 2014 from <http://www.osha.gov/Publications/osha3148.pdf>.
- OSHA (2004). *Guidelines for preventing WPV for health care and social service workers*, OSHA 3148-01R. Washington, DC: Occupational Safety and Health Administration Retrieve on April 1, 2014 from www.osha.gov/Publications/osha3148.pdf.
- Poster, E. (1996). A multidimensional study of psychiatric nursing staffs' beliefs and concerns about work safety and patient assault. *Archives of Psychiatric Nursing*, 10, 365-373.
- SecurityInfoWatch.com (November, 2012). *Workplace violence caused nearly 17 percent of all fatal U.S. work injuries in 2011*, Retrieved on March 2, 2014 from <http://stats.bls.gov/iif/oshcfoi1.htm#2011>.
- Selby, H./The Chronicle (2013). *I was assaulted by Bishop Obinimand his Associates*, Radio talkshow host tells court. Retrieved April 7, 2014 from <http://thechronicle.com.gh/i-was-assaulted-by-bishop-obinim-his-associates-radio-talk-show-host-tells-court>
- Speedy, S. (2006). Workplace violence: The dark side of organizational life. *Contemporary Nurse*, 21(2), 239-250.
- Stadnyk , B. L. (2008). *Workplace Violence Isn't Always Physical: A One Year Experience of A Group of Registered Psychiatric Nurses*.
- Steinman, S. (2003). Workplace Violence in the Health Sector Country Case Study: South Africa *The Financial Impact of Workplace Violence*, Extracted on March 8, 2014 from www.workplaceviolence911.com%2Fdocs%2FFinancialImpactofWV.pdf
- Tobin, T. J. (2001). Organisational determinants of violence in the workplace, *Aggression and violent behaviour*, 6, 1, 91-102
- U.S. Department of Labour /Occupational Safety and Health Administration (2004). Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers. Retrieved March 27, 2014 from www.osha.gov
- United States Department of Labour. 2008. *National Census of Fatal Occupational Injuries in 2007*. <http://www.bls.gov/news.release/pdf/cfoi/pdf>.
- Williams, J. E., & Ball, A. (2001). Workplace Violence. Another face of the crisis. In Sandhu, D.S. (Ed), *Faces of violence. Psychological correlates, concepts and intervention strategies*, New York, US, Nova Science Publishers, 3-21.
- World Health Organization (2001). Strengthening mental health promotion. *Fact Sheet # 220*.

World Health Organization. (n.d.). *What is workplace violence*. Retrieved April 1, 2014 from http://www.who.int/violence_injury_prevention/injury/work9/en/index2.html