

# A knowledge translation perspective on occupational violence: Mapping evidence for change

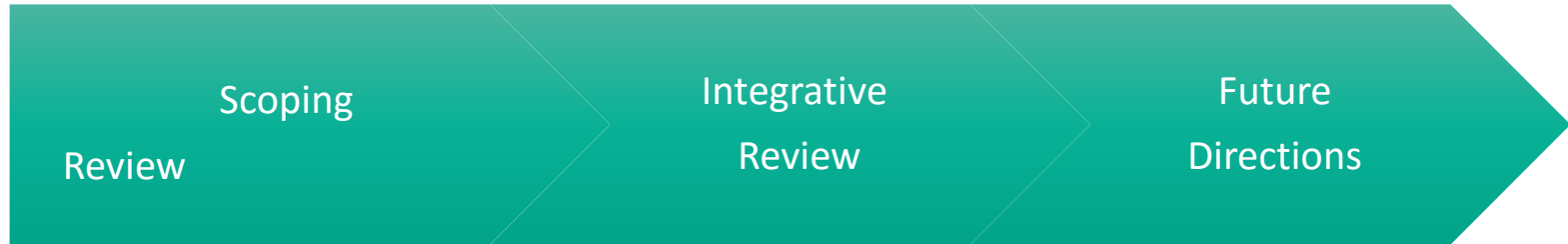
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# Enhancing Programs and Practice Through Knowledge Translation

- The overall objective of this initiative is to establish a knowledge translation program, **which reduces the incidence of occupational violence in health.**



## Aim 1

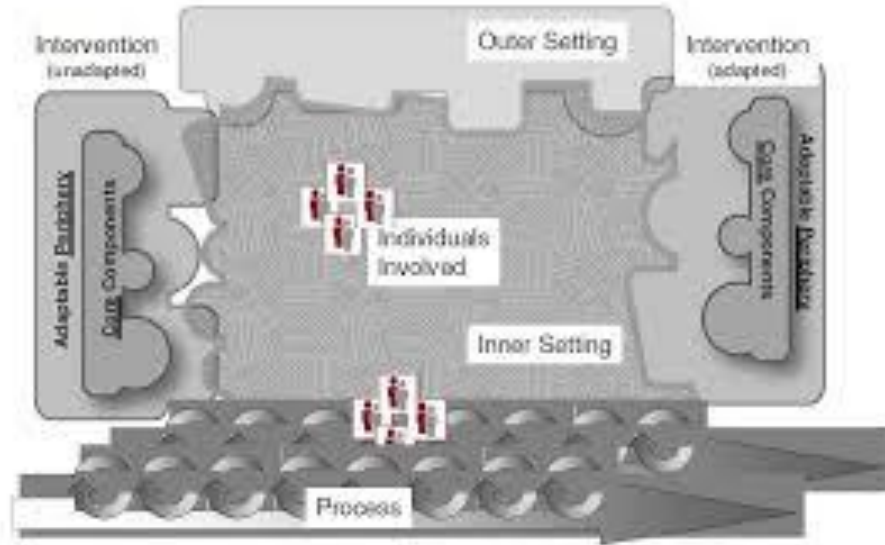
Scope all available peer reviewed evidence about occupational violence in acute health settings

## Aim 2

Complete a comprehensive analysis of this evidence aligned to the Consolidated Framework for Implementation Research (CFIR)

## Aim 3

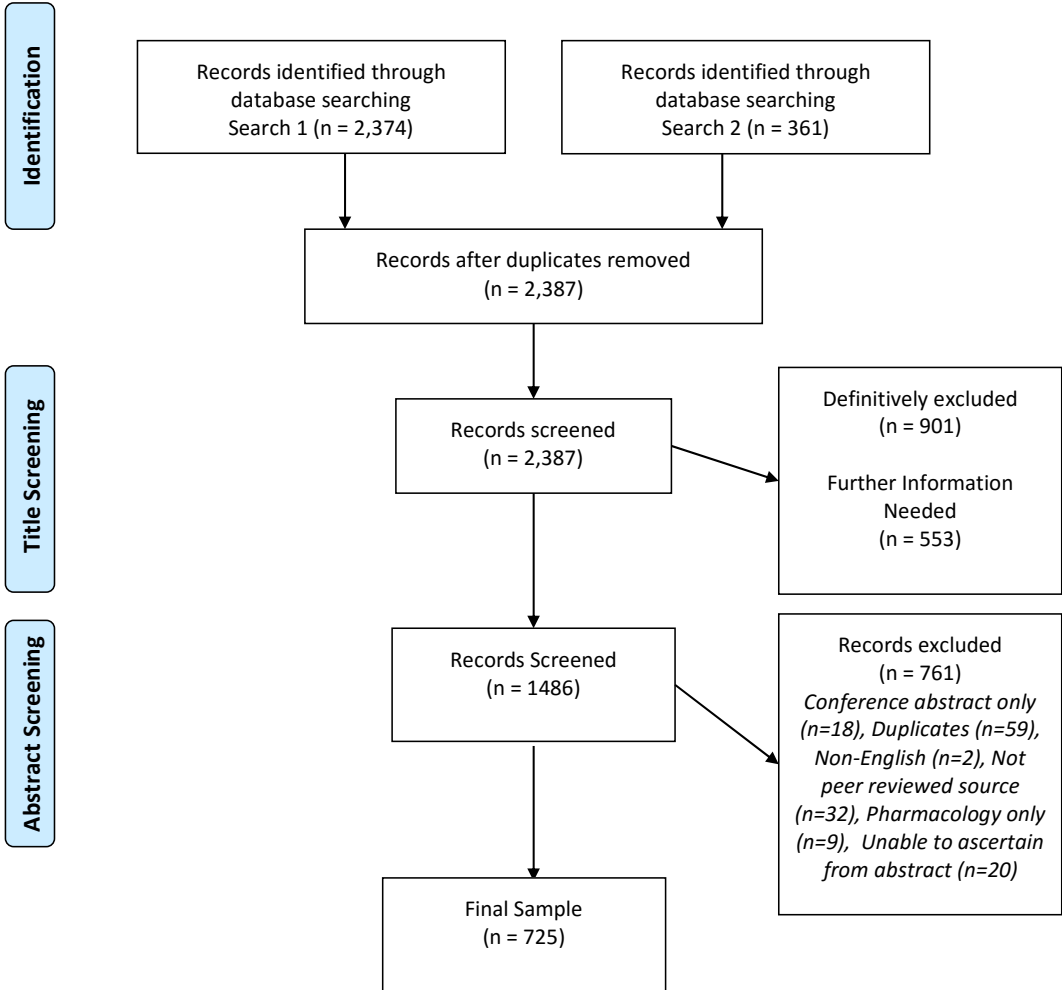
Compare and contrast evidence from different areas and disciplines in acute health, to identify areas of consolidation and convergence



# Method

- Focused on 2 of the 4 forms of occupational violence – violence from people receiving service (i.e. patient, visitor) and violence from people employed by the organisation (i.e. co-workers)
- Systematic search of Medline, Cinahl, PsychInfo, Embase, AMED, Social Work Abstracts and SocIndex
- Vernacular terms and database taxonomies
- Informed by the framework proposed by Arksey & O'Malley (2005), including developments proposed by Levac, Colquhuon & O'Brien (2010).
- Protocol submitted and currently under review at BMJ Open

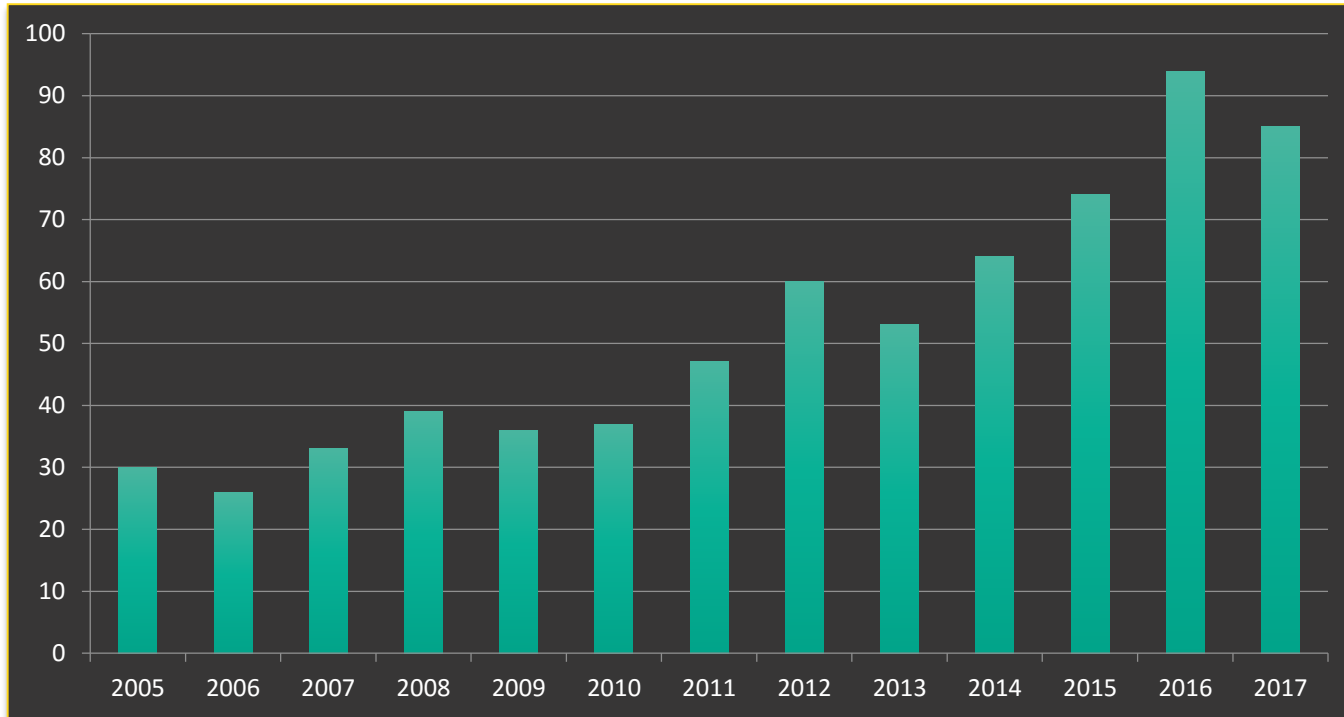
# Process



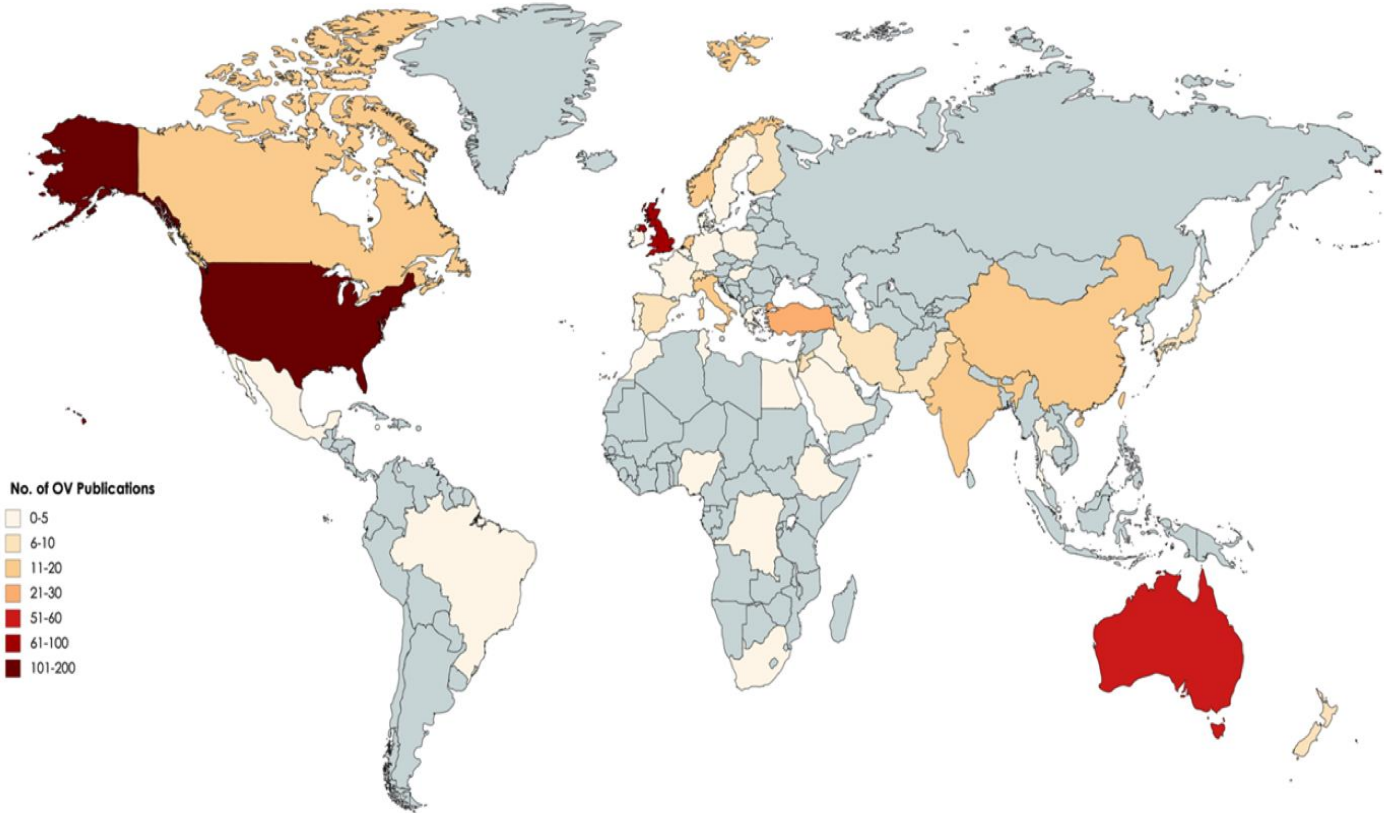
Moher et al. (2009)



# A growing evidence base (n=725)



# From all around the world ...





## Predominant Themes

- Physical assault, and verbal aggression / abuse
  - Threats, harassment, intimidation, inappropriate behaviour not specifically addressed
- Smaller evidence base around co-worker violence
  - Bullying, mobbing, incivility

# Populations and Settings

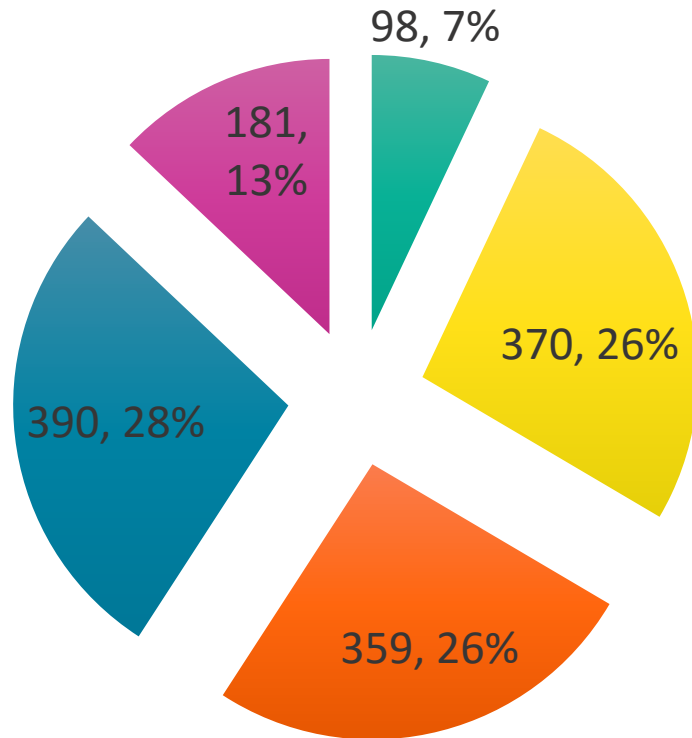
- Mental Health inpatients
- Nursing profession
- Emergency department staff



# Methods Prevalent in the Evidence

- The majority is quantitative (n=477, 66%), and most of this (n=430, 90%) uses descriptive methods
- Surveys of staff looking at incidence and experience
- Qualitative and mixed methods beginning to emerge, but remain very much in the minority
- Evidence syntheses generally utilised literature review methods

# CFIR Alignment (Abstracts Only) (n=1398)



■ Intervention  
Characteristics

■ Outer Setting

■ Inner Setting

■ Individual  
Characteristics

■ Process

Outer Setting –  
External to organisation

Inner Setting –  
Internal to organisation



# CFIR - Intervention Characteristics

- Only 7% (n=54) of studies in the scoping review evaluated interventions to reduce the incidence of occupational violence
- Identified very generally (i.e. training, screening)
- Main factor mentioned was relative advantage – Perceived advantage over an alternative solution

# CFIR - Outer Setting

- Patient needs and resources most frequently identified factor (n=318, 86%)
  - Usually in regards to identifying risk factors
- External policies and procedures were the next most frequently identified (n=34, 9%)
  - Workplace safety



# CFIR - Inner Setting

- Many of the studies addressed this domain generally
  - Describing the context or highlight specific organisational issues
- Three factors were the most prevalent
  - Structure (n=134, 37%)
  - Networks and communication (n=129, 36%)
  - Culture (n=91, 25%)

# CFIR - Individual Characteristics

- Virtually all references referred to just two factors
  - Knowledge and Beliefs of Individuals (Staff) (n=127, 33%)
    - About occupational violence and how to deal with it
  - Other Personal Attributes (n=314, 82%)
    - Stress, Job Satisfaction, Demographics





- Many studies addressed only the planning phase of knowledge translation (n=102, 56%)
- Some included aspects of reflection / evaluation, but not necessarily as part of a formal evaluation (n=36, 20%)

# Strengths of Current Evidence

- CIFR domains *Patient Needs* and *Personal Attributes* addressed by extensive knowledge
- Available interventions to reduce or prevent occupational violence include; screening strategies, education and training programmes, seclusion and restraint techniques, and multi-faceted Interventions. However, evidence is not high quality.
- Qualitative and mixed methodologies beginning to emerge, and several theoretical frameworks available

# Gaps in Current Evidence

- Evidence focuses on what should be done or what is planned for the future – very few on what is being done
- Disciplines other than nursing are under-represented (particularly allied health)
- CIFR domains and constructs *Intervention Characteristics, Process and Implementation Climate* not been explored in any detail to date
- Virtually everything is from the clinician perspective - the voice of patients, families and carers is largely silent

# Integrative Review

## Aim

To analyse and synthesise available peer reviewed evidence about interventions intended to reduce the incidence of patient initiated occupational violence in acute health settings.

## Previous Reviews

Single setting (ED)

Less rigorous methods

Sensory modulation / integration absent

## Progress to Date

N=54 studies

Whittemore & Knafel (2005), Hopia et al. (2016).

New version of Mixed Methods Appraisal Tool (MMAT)



# Future Directions

- Patient and carer research to understand their perspective, and inform practice
- Co-produced (with clinicians) website making evidence syntheses and resources available - Challenge = presenting so much evidence accessibly
- Health service partnerships to grow knowledge around interventions developed from the application of all this knowledge to practice
- Continuing to expand research into other areas of health (i.e. community, older persons services, disability services)

# Main Lessons

- Lots of evidence available to enhance programs and practice through knowledge translation

## *However*

- Lack of definition around occupational violence
- Evidence addresses only some knowledge translation factors
- Interventions to reduce occupational violence will be multimodal, and need to be better described. They will also require more thorough and sophisticated approaches to evaluation.





**Thank you.  
Any questions?**