Makale Türü / Article Type: Gönderilme Tarihi / Submission Date: Kabul Tarihi / Accepted Date: Araștırma Makalesi / Research Article 05/02/2023 05/03/2023

# Workplace aggression and violence

Merve MAMACI<sup>1</sup>

#### Abstract

Violence is a serious problem for Turkey as it is in the world. It is inevitable that violence, which is observed in all areas of social life, is also seen in work life. Workplace violence includes incidents that occur in workplaces and sometimes not in the workplace but in social environments related to work, which can include psychological violence such as threats, harassment, intimidation, as well as physical violence. Workplace aggression and violence negatively effect human health and social integrity. Anyone can be a target of violence. In addition, working conditions and work-related factors can also lead to violence. In this study, it is aimed to present a conceptual framework for workplace violence and aggression based on literature, to draw attention to the subject by emphasizing the factors that lead to workplace violence, the consequences of workplace violence and the preventions that can be taken regarding workplace violence.

Keywords: Violence, Workplace violence, Aggression, Employee health, Employee well-being

## **INTRODUCTION**

Workplace aggression and violence is an important health problem worldwide (Dalvand, Gheshlagh, Najafi, Zahednezhad, & Sayehmiri, 2018). When the studies conducted in the literature in recent years are examined, it is seen that violence and different types of violence continue to be a growing problem (Fischer, Van Reemst & De Jong, 2016; Spector, Zhou, & Che, 2014). Many workers around the world are abused, threatened, demolished or otherwise subjected to work-related assault (Di Martino & Musri, 2001).

The National Institute for Occupational Safety and Health (NIOSH) reports that homicide is one of the leading causes of workplace fatalities in the United States (NIOSH, 2022). Another study by the Workplace Bullying Institute found that 30% of adult American

<sup>&</sup>lt;sup>1</sup> Dr. Fenerbahçe University, Faculty of Economics, Administrative and Social Sciences, Department of Psychology, İstanbul, Türkiye

E-mail: mervemamaci@gmail.com

ORCID: 0000-0001-7882-3670

Atıf İçin / For Citation: MAMACI, M. (2023). Workplace aggression and violence. *Uluslararası Sosyal* Bilimler ve Eğitim Dergisi – USBED 5(8), 187-212. <u>https://dergipark.org.tr/tr/pub/usbed</u>

workers have experienced bullying in the workplace, 76.3 million people effected (Workplace Bullying Institute, 2021).

Workplace violence is a significant problem also in Turkey, particularly in healthcare industry but not limited to. A number of studies have been conducted to investigate the extent and impact of violence in the workplaces. In Turkey a study conducted in 2011 by Aytaç and her colleagues it has examined the experience of workplace violence among Turkish workers from various industries and to evaluate the impact of such violence on their mental health. The results showed that the prevalence of workplace violence was 44.8%, with verbal violence and mobbing being the most common forms. Physical violence was primarily experienced by male workers, while females were more likely to face verbal, psychological, and sexual violence. Most cases of violence went unreported and did not lead to legal action. The findings also suggested that the psychological well-being of workers exposed to violence, including depression, anxiety, and stress, was negatively impacted.

In another study by Dursun and Aytaç (2021a) 169 hospital staff was examined. Results indicate that more than half of the hospital staff had been exposed to violence (verbal, sexual, physical) and job satisfaction levels of participants who were exposed to violence were lower than the job satisfaction level of participants who were not exposed to violence.

In another survey of 12,944 health care workers in Turkey, it has shown that participants who experienced workplace violence in Turkey in the previous 12 months was 44.7%. The types of violence stated as physical 6.8%, verbal 43.2%, mobbing 2.4%, and sexual harassment 1%. Results also showed that demographic characteristics such as type of institution, gender, occupation, age, working hours, and shift work were also risk factors. independent risk factors (Pinar et. al, 2017).

First of all, violence at work has the potential to cause death, severe mental suffering, and physical injury. Trauma may develop for the victims, their families, and their coworkers as a result of this. Additionally, it may result in greater turnover rates, lower productivity, and increased absenteeism. In extreme circumstances, it may harm the business's reputation and need expensive legal action (OSHA, 2015 & WHO, 2002).

Second, aggressive behavior at work, which can include verbal abuse, bullying, or harassment, can produce a poisonous office atmosphere that lowers morale, lowers output, and raises absenteeism. In addition, stress-related diseases and problems with mental health can lead to higher healthcare expenditures. This can result in decreased job performance, decreased creativity, and decreased innovation (Einarsen, Hoel & Notelaers, 2009; Escartín, Rodríguez-Carballeira, Zapf, Porrúa & Martín-Peña, 2009; Leymann, 1990).

Businesses that ignore workplace aggressiveness and violence run the danger of losing skilled workers, destroying their brand, and suffering legal and financial repercussions. As a result, it is critical that businesses give the prevention and control of workplace violence and aggression top priority through strong policies, training programs, and support systems.

Because of emergency and importance of the topic, **in this study it is aimed** to present a conceptual framework for workplace aggression and violence based on literature review, to draw attention to the subject by emphasizing the factors that lead to workplace violence, the consequences of workplace violence and the measures that can be taken regarding workplace violence by using **narrative literature review method** (Green, Johnson & Adams, 2006). With this study, it is hoped to remind that workplaces are responsible for their employees' health and well being not only in physical terms but also psychologivcally and socially.

## **CONCEPTUAL FRAMEWORK**

## Workplace Aggression and Workplace Violence

According to Allen and Anderson (2017) aggression is defined as a behavior that is intentional and aimed at causing harm or injury to another person. It is not considered aggression if the harm is accidental, such as unintentionally elbowing someone in a crowded room. Aggression also involves people, not just damaging inanimate objects, unless the intention is to harm someone else. Also the recipient of the harm must also be motivated to avoid it. While violence is often seen as different from aggression it is also viewed as a type of aggression. According to the most widely used scientific definition,

violence is a severe form of aggression that aims to cause significant physical harm, such as injury or death. Although the act of violence does not need to result in actual harm, attempting to harm someone is still considered violent. All acts of violence are considered aggressive, but not all aggressive acts are considered violent (Schat & Kelloway, 2005).

Nevertheless, starting in the 1990s, a significant change occurred, and in numerous nations, the definition of workplace violence was broadened to encompass hate, intimidation, and harassment (Cole et al. 1997; Löfgren Nilsson & Örnebring 2016). Recently, nonphysical forms of aggression have been referred to as "violence" when the consequences are severe, such as when certain types of verbal aggression are called "emotional violence" if directed at people with the aim of seriously harming their emotional or social well-being. Despite this, violence is typically studied in the context of extreme physical aggression. Aggression encompasses any behavior that is meant to harm or intimidate someone, including verbal, passive, physical, sexual, and cyber aggression. Violence, however, specifically refers to the use of physical force with the intention of causing harm or injury to another person. In other words, violence is a type of aggression, but not all aggression is violent (Allen and Anderson, 2017).

On the other hand workplace violence is defined as "the intentional threat or actual use of force against another person or group in the workplace or work-related situations" (WHO, 2014). According to this definition, victims of workplace violence are exposed to physical or psychological damage, as well as physical and psychological violence can occur together. The National Institute for Occupational Safety and Health defines workplace violence as an act of violence directed at people at work or performing their duties at work (National Institute for Occupational Safety and Health, 2002). Workplace violence is defined as the harassment, threat or assault of employees in the workplace and the threat to their safety, physical and psychological integrity (Gerberich et al., 2004).

Based on the definitions encountered in the literature, it is seen that workplace violence may not only be of physical nature and may occur in different forms. Workplace aggression and violence can be of various types.

### **Classification of Workplace Violence**

Workplace violence is defined by the World Health Organization (2002) as the intentional use of physical force or power as a threat against oneself, another individual, group, or community, which can result in damage, psychological trauma, and even death. It may also have a negative impact on development and growth, as well as contribute to deprivation.

European Agency for Safety and Health at Work (2015) states that; when it comes to the source of workplace violence, a difference is sometimes established between internal and external violence. Internal workplace violence occurs amongst employees. Aggressive behaviors between superiors and subordinates are examples of this. External workplace violence, sometimes known as "third party violence," is committed by those outside of the organization. Customers, clients, patients may have a direct relationship to the victim or the victim's company.

Similarly, other classifications distinguish between criminal violence (no link between perpetrator and victim), client-initiated violence, co-worker violence (internal violence), and domestic violence (perpetrated inside a work context, by those who have a personal relationship with the victim) (Wynne, Clarkin, Cox, & Griffiths, 1997).

According to National Institute for Occupational Safety and Health (NIOSH, 2020) workplace violence is classified into four types and these are *criminal intent*, *customer/client violence*, *worker-on-worker violence* and lastly *personal relationship violence*.

*Criminal intent* refers to an individual's mental state or purpose to commit a crime and is essential in assessing guilt or innocence in criminal situations. A "conventional" crime requires criminal intent, which is a conscious choice on the part of one person to damage or deprive another. It is one of three types of "mens rea," the legal ground for determining guilt in a criminal case. There are several shades of criminal intent that may be applied in scenarios ranging from deliberate activity to impulsive action. Even if a crime is not premeditated, criminal intent can be established. Individuals who conduct a crime on their own may be aware that their acts will cause harm to another person and violate current

criminal law. In other words, a person with criminal intent acts or refrains from acting with the awareness that such conduct would result in the commission of a crime (Gardner, 2014). In addition, intentional harm is perceived as worse than unintentional harm, even when the harms are identical (Ames & Fiske, 2013). Secondy, customer/client aggression is the second form of workplace violence, which is conducted by customers, clients, or patients. It refers to aggressive, threatening, or violent behavior displayed by a customer or client in a commercial setting towards an employee or other customers. An "individual has a relationship with the business and becomes violent while receiving services" falls under this category. Thirdly, employee-on-employee violence, is a type of workplace violence performed by coworkers. Employees that attack or threaten another employee are considered to be violent in a "worker-on-worker" interaction. Lastly, personal *relationship violence* refers to instances of domestic abuse that occur in the workplace. It refers to aggressive or violent behavior between employees who are involved in a personal relationship, such as a romantic or intimate relationship. It comprises "individuals who have interpersonal relationships with the intended target but no business relationship (NIOSH, 2020).

#### **Classification of Workplace Aggression**

Workplace aggression refers to negative behaviors directed towards an individual or group in a workplace setting, which can take various forms including sexual harassment, bullying, abusive supervision, counterproductive work behavior, deviance, lateral violence and violence (Magnavita et al., 2020, Manier et al., 2017 & Priesemuth et al., 2017). As is seen, different types of aggression can be considered as in workplace aggression. Also verbal violence, passive aggressive behaviors, physical aggression, psychological aggression and cyberbullying can be considered as workplace aggression.

*Verbal violence* involves insults, threats, and disparaging words. It is the use of words or phrases with the intent to injure, intimidate, or threaten another person. This can include insults, name-calling, threats, and other forms of harsh words. If not handled, verbal aggressiveness can inflict emotional injury and evolve into physical violence. The use of

destructive language or threatening speech aimed against an individual or group of persons in the workplace is referred to as verbal aggression. Employees' job performance, morale, job satisfaction and productivity can be effected by these aggressive form of verbal abuse (Li & Zhou, 2013; Kang & Gong, 2019; Rowe & Sherlock, 2005).

Passive-aggressive behavior was originally used professionally to characterize troops who refused to comply with superiors' instructions during World War II. (Millon, 1981). Passive aggression is indirect and involves behaviors such as sulking, procrastination, and withholding information. Passive aggression in the workplace refers to behavior that indirectly expresses anger, frustration, or resentment, rather than directly addressing or resolving the issue. The passive-aggressive personality disorder was defined by DSM-III-R as a widespread pattern of passive resistance to demands for satisfactory social and occupational performances that began in early adulthood and was apparent in the person's functioning in a number of circumstances. It identified the following nine related behaviors, of which at least five were required before this diagnosis could be established. Behaviors listed as: (1) Procrastinates, putting off required tasks such that deadlines are missed. (2) Sulks, becomes angry, or becomes argumentative when asked to do something he or she does not want to do (3) Appears to work slowly or inefficiently on jobs that he or she dislikes (4) Unjustifiably complains that others put unfair demands on him. (5) Ignores duties by pretending to have "forgotten" (6) Believes that he or she is doing a far better job than others believe (7) Dislikes constructive ideas from others on how he or she may be more productive (8) Obstructs others' efforts by neglecting to accomplish his or her fair part of the task (9) unfairly criticizes or dismisses those in positions of power (1987, American Psychiatric Association). The diagnostic criteria were increased further in DSM-IV (APA, 1994), the illness was called "negativistic" and it was appendicized.

On the other hand factors related to workplace such as organizational change may lead people to resist, and this resistance cannot be classified as a passive aggressive clinical disorder (Neumann, 1989). Procrastination, hidden obstructionism, inefficiency, and stubbornness define passive-aggressive personality disorder, also known as negativistic personality disorder. The term "passive-aggressive personality disorder" is no longer used in the DSM-5 (APA, 2022).

Examples of passive aggressive behavior in the workplace may include: gossiping about someone while they are not present, making mean jokes, sarcastic remarks, withdrawal, and treatment in silence, performing a task incorrectly on purpose, keeping score quietly, opinion/information withholding, ignoring coworkers' notes, failure to meet deadlines, policy evasion, delibarate procrastination. This kind of conduct can be unsafe to working environment connections and efficiency, and can establish a negative and unfriendly workplace.

Therefore, it is vital for individuals to understand their own passive aggressive behaviors, to create a workplace culture that encourages healthy, open and direct communication.

Aggressive behavior at work has severe implications for both individuals and companies. Researchers have mostly focused on the physiological and behavioral repercussions of workplace aggressiveness, which has been conceptualized as a workplace stressor (Schat & Kelloway, 2005). *Physical aggression* is anger that involves physically injuring someone, such as punching, kicking, stabbing, or shooting them. Nonphysical hostility is defined as aggressiveness that does not result in physical injury. Nonphysical aggression includes verbal aggression (yelling, screaming, swearing, and name calling) as well as relational or social aggression, which is defined as intentionally causing harm to another person's social relationships, such as gossiping about another person, excluding others from our friendship, or giving others the "silent treatment" (Crick & Grotpeter, 1995). Physical workplace aggression is also illegal and it is also tremendously detrimental to individuals and may create a hostile and problematic work climate. Employers must take physical aggressiveness in the workplace seriously and handle it quickly in order to ensure a safe and productive work environment for all workers. If physical hostility develops, police enforcement may be called in and disciplinary action taken against the perpetrator.

*Psychological aggression* includes ridiculing, verbal threats, isolating one's partner from family and friends, and attempting to control one's partner, and are intended to degrade and attack others' self-worth by making him or her feel guilty, upset, or inadequate. Individuals who have experienced psychological victimization are far more likely to have physical victimization, and depressive symptoms (Arias, Lyons, & Street, 1997; O'Leary & Jouriles, 1994). In workplaces it can be considered as causing emotional harm, such as

spreading rumors, manipulation, or exclusion from social events, intending to intimidate, control, or manipulate another person, or that creates a work environment that is hostile or threatening. Examples of psychological aggression in the workplace can include: spreading rumors or lies, engaging in verbal abuse or bullying, excluding or ostracizing someone, or making threats or demands. This type of behavior can have serious impacts on the mental and emotional well-being of employees, and can negatively impact their job performance and satisfaction. It is important for employers to recognize and address instances of psychological aggression in the workplace, and to create a work environment that values respect, open communication, and psychological safety.

Another type of aggression that occurs in workplaces is workplace bullying. Workplace bullying is when an employee is subjected to repetitive, systematical and prolonged negtive behaviors and is perpetrated by coworkers. The person who is subjected to bullying may think or be unable to defend himself/herself and constantly struggle with abuse (Einarsen et al., 2011).

Also *cyberbullying* can be seen as workplace agression. Workplace bullying is defined as recurrent behavior that offends, humiliates, sabotages, intimidates, or negatively impacts someone's job when there is an imbalance of power (Barron, 2003; Zapf & Einarsen, 2001) and it is related about relationships, power, and control (Belsey, n.d). Workplace bullying is defined as occurring when one or more persons feel themselves to be the focus of repeated and systematic unpleasant behaviors on a weekly or longer basis (Leyman, 1996; Einarsen & Skogstad, 1996). In addition to the victim's attribution of the perpetrator's purpose to do damage, there is a power imbalance between the perpetrator and the target of bullying. Because of this power imbalance, the victim's capacity to deal with exposure to systematic negative behaviors is seriously harmed and mentally effected. (Mikkelsen & Einarsen, 2001; Chen & Cheng, 2017; Chu, Fan, Liu & Zhou, 2018).

Sexual harrassment in the workplace is considered a kind of aggression and/or aggressive behavior in the workplace, according to Fitzgerald, Gelfand, and Drasgow (1995). It consists of unwelcome sexual approaches, remarks, gestures, or physical contact that creates a hostile or frightening work environment. It can take many forms, including but not limited to verbal harassment (making sexual comments, telling sexual jokes, or making sexual advances), physical harassment (unwanted touching, grabbing, or kissing), visual harassment (displaying sexually suggestive material in the workplace or making sexually suggestive gestures), and online harassment (sending sexually explicit emails, text messages, or social media posts). Sexual harassment at work, according to the International Labour Organization (2021), is a type of discrimination that is illegal in most countries.

It is important to note that sexual harassment can occur between any individuals in the workplace, regardless of gender, sexual orientation or status. The employer shall be responsible for the creation and maintenance of a work environment that is not sexually harassing. It may also involve putting in place policies and procedures to ensure that workers are trained and taught on what constitutes harassment, as well as a prompt and appropriate response where an incident has been reported. Victims of sexual harassment at work can experience severe psychological and emotional effects, including anxiety, stress, and depression. In view of that, employers need to take the issue into account and support those who have been affected. Employers may, for example, introduce regular training and education, promote openness of the communication process, develop zero tolerance policies or have a single reporting system that allows them to identify instances of sexual harassment by speaking out against it, reporting incidents and supporting colleagues who have been affected.

### **Professions Under Risk**

Some workplaces and occupations, like taxi drivers, health care workers, teachers, social workers, domestics in foreign countries, people working alone, especially in late night retail operations, municipal workers are at higher risk than others of experiencing such violence. They are are frequently subjected to physical and verbal abuse. Women are especially at risk, because so many are concentrated in the high-risk occupations, particularly as teachers, social workers, nurses, and bank and shop workers (ILO, 1998; National Association of Social Workers, 2022; Peek-Asa, 2001). Police officers and other law enforcement personnel face a high risk of violence due to the nature of their work,

including confrontations with criminals and other dangerous individuals (Dursun & Aytaç, 2021b). Retail workers, such as cashiers and store managers, are often at risk of violence from customers, especially during late hours or in high-crime areas. Social workers, such as child protective services workers and probation officers, may face violence from clients or their families in the course of their work. Bus drivers, train conductors and other public transportation workers can be at risk of violence from passengers, particularly during incidents of fare evasion or other confrontations. However, it is important to note that workplace violence can occur in any industry and in any type of workplace, and that any employee may be at risk.

#### **Factors Leading to Workplace Violence**

When the literature is examined, it is seen that there are various factors associated with the emergence of workplace violence. These factors are; individual factors/personal factors, organizational factors and environmental/situational factors (Alkorashy & Al Moalad, 2016; Nielsen & Einarsen, 2018; Teferralikassa, 2015). According to Occupational Safety and Health Administration (2004) there are various risk factors such as, client and setting related risk factors and organizational risk factors. Client and setting related risk factors are stated as; interacting with individuals with a history of violence, substance abuse, gang involvement, working solo, poor workplace design that limits visibility or hinders escape during violent incidents, poor lighting in hallways, rooms, parking lots, and other areas, imited access to emergency communication, presence of weapons such as firearms and knives among workplace, employment in high-crime neighborhoods. The following conditions also contribute to the risk of workplace violence in terms of organizational risk factors: insufficient policies and training for recognizing and handling aggressive behavior from clients, visitors, or staff. Also, understaffing, particularly during meal times and visiting hours, high employee turnover rate, inadequate security and mental health staff, extended waiting times and overcrowded, uncomfortable waiting rooms, unrestricted access to clinics and hospitals by the general public, perception that violence is acceptable and that victims cannot report incidents or press charges.

#### Violent and Harassing Experiences at Work

The International Labour Organization and the Lloyd's Register Foundation and Gallup conducted a global poll on workplace violence and harassment in 2021 (ILO, 2022). It can be considered as the first attempt to present a worldwide experiences of employees' workplace violence and harassment. According to Experiences of violence and harassment at work: A global first survey results; workplace violence and harassment is a common occurrence across the world, with more than one in every five (22.8 percent or 743 million) people having encountered some type of workplace violence and harassment. One-third (31.8%) of those who had encountered workplace violence and harassment stated they had faced more than one kind, with 6.3% having suffered all three forms at some point in their care. Also, findings indicted that people who has active work life, about one in ten (8.5 percent or 277 million) people have encountered physical abuse and harassment at work. Men were more likely to report physical abuse and harassment than women. Psychological violence and harassment were the most often reported forms of violence and harassment by both men and women, with nearly one in every five (17.9% or 583 million) individuals in employment experiencing it in their working lives. In their work lives, one in every fifteen (6.3% or 205 million) persons has suffered sexual abuse and harassment at work. Women were more vulnerable to sexual abuse and harassment at work. The findings on sexual violence and harassment show by far the greatest gender gap (8.2 percent of women vs. 5.0 percent of males) among the three types of violence and harassment. The outcomes showed that workplace violence and harassment is also a common and chronic all around the worldd. More than three out of every five victims of workplace violence and harassment reported having experienced it many times, with the majority of them experiencing it within the past five years. Also findings reveaaled that certain demographic groups are especially vulnerable to workplace violence and harassment. Especially, young people, migrants, wage and salaried women and men were more likely to encounter workplace violence and harassment, necessarily for women. According to survey data, young women are twice as likely as young men to have experienced sexual assault and harassment, and migrant women are nearly twice as likely as nonmigrant women to report such incidents. People who had faced discrimination at some time in their lives on the basis of gender, handicap status, nationality/ethnicity, skin color, and/or religion were more likely to endure violence and harassment at work than those who had not. Those subjected to gender discrimination have suffered the most: Nearly five out of ten persons who have experienced gender-based discrimination in their lives have also experienced workplace violence and harassment, compared to two out of ten who have not experienced gender discrimination. Results indicated that it is still difficult to talk about personal experiences of abuse and harassment. Only slightly more than half (54.4%) of victims have reported their experience with someone, and typically only after experiencing many forms of assault and harassment. People were also more inclined to tell their friends or family than other informal or official methods. Among survey respondents, "waste of time" and "fear for their reputation" were the most common barriers discouraging people from talking about their own experiences of violence and harassment at work.

### **Consequences of Workplace Violence**

While workplace aggression and violence is a global public health problem, it continues to pose a serious threat to the physical and mental health of workers. In addition, depending on workplace violence, it can be thought that employees have negative effects in terms of their behaviors and emotions in their workplace and private lives. Various consequences may occur due to the trauma experienced by people who are exposed to physical and psychological violence. The consequences of workplace aggression and violence can be significant and far-reaching, both for the affected individuals and for the organization as a whole. Some of the consequences include physical harm, psychological harm, decreased productivity, increased absenteeism, legal and financial consequences, decreased employee retention and decreased customer satisfaction. Workplace aggression and violence can result in physical harm, including injury, trauma and even death. The impact of workplace aggression and violence on mental health can be profound and longlasting, including anxiety, depression, stress and post-traumatic stress disorder. In literature review it has shown that common among the individual outcomes are; mental problems and psychosomatic symptoms and complaints such as depression, substance abuse, anxiety, sleep problems, post-traumatic stress symptoms, musculoskeletal

complaints, headache, hypertension, respiratory and cardiac problems (Boyle & Wallis, 2016; Hogh et al., 2011; Hogh et al., 2012; Nielsen et al., 2008; Nielsen & Einarsen, 2012; Rodwell & Demir 2012).

Also aggressive and violent behavior in the workplace can create a hostile and stressful work environment, leading to decreased employee morale, motivation and productivity. Employees who experience or witness workplace aggression and violence may take time off work for their own well-being, leading to increased absenteeism. Fear can be acquired through direct experience with a threat, but also through social learning, such as observing others (Olsson, & Phelps, 2007). In parallel with this, studies showed that the stress levels of violence witnesses are higher than those of non-witness workers (Vartia, 2001).

Organizations can face significant legal and financial consequences if they are found to be liable for workplace aggression and violence, including lawsuits, compensation claims and damage to their reputation. Employees who experience or witness workplace aggression and violence may choose to leave their job, leading to increased turnover and decreased employee retention. A workplace culture of aggression and violence can also have a negative impact on customer satisfaction and perceptions of the organization. Therefore, it is important for organizations to take proactive measures to prevent and address workplace aggression and violence, to minimize the impact on employees and the organization as a whole. Studies show that the most common organizational outcomes include; burnout, job dissatisfaction, loss of performance and productivity, low quality of life, high employee turnover, and high organizational costs (Bernaldo-De-Quirós et al. 2015; Cooper and Swanson, 2002; Heckemann et al. 2015; Roche et al. et al. 2010; Woelfle & McCaffrey 2007; Yang et al. 2012; Zeng et al. 2013).

### Preventions to be Taken Against Workplace Violence

Preventing workplace aggression and violence is crucial and requires action from both institutions and workers. The ILO (2022) suggests that institutions should educate employees about violence and harassment by providing them with contact information for support organizations outside of the workplace. This training ensures that employees

are informed of their legal rights and have access to legal assistance. Institutions can safeguard their employees from violence by enabling them to decline to perform particular activities under specific conditions, offering them the right to abstain from work, reducing their workload, or altering their location of work or job responsibilities based on their requirements. In situations where employees are exposed to violence or are at risk, institutions should establish a secure and confidential means of communication, taking into account any potential security issues that may arise if employees work from home or have to provide information about their new location, bank details, or health status.

It is critical that institutions develop effective complaint, investigation, referral, assistance, and compensation systems within their human resources departments and occupational health and safety boards. Employees should be informed on how to retain evidence of occurrences, and flexible and prolonged leave periods should be allowed. To guarantee broad coverage, the board should include representatives from the human resources department, employees, employers, independent members, an occupational physician, a psychiatric counselor, an occupational safety specialist, and managers.

It is critical that authorities who receive complaints about violent episodes obtain sufficient training on how to recognize and respond to such situations, as well as promote prompt and effective reporting of such instances. The complaint procedure should be neutral, fair, and discreet. Employees who report occurrences should be confident that they will experience no repercussions in their jobs or personal life. Third-party complaints, notifications, and reports, in addition to those made by impacted personnel, should be taken into account.

It is also critical to focus education in the endeavor to prevent violence. It is critical to provide comprehensive training programs that are adapted to the unique workplace and accessible to all, and that include the rights and obligations of all relevant persons, as well as to ensure that all relevant managers and employees engage in these trainings. This includes training on violence and harassment prevention, as well as protocols for reacting to occurrences, assessing and identifying possible dangers, and offering first and secondary intervention. Training on these themes should be incorporated into all relevant

trainings. It is critical to emphasize the examination of violence within the context of occupational health and safety procedures, as well as the fact that dangers in the workplace are systematic and systemic.

Individual and psychological risks and hazards must be included in risk assessments, and suitable actions to avoid workplace violence must be implemented. Employees who report or help with an inquiry into a violent occurrence should be safeguarded from retribution and discrimination, and any kind of reprisal should be grounds for disciplinary action and investigation.

In conclusion, employees should be trained how to detect and avoid potentially violent situations, as well as how to report events and threats and protect themselves. Employees should also be encouraged to report instances, be educated of their legal rights, and have access to on-site counseling services. Workplace violence trends should be assessed, and all incidences should be documented. Ensuring that these techniques are integrated into organizational culture as part of a decent work approach will result in a comprehensive strategy to combating workplace violence.

## CONCLUSION

Workplace aggressiveness and violence refers to any type of activity that is meant to cause hurt, discomfort, or distress to employees. With its harmful effects on peoples lives and organizations, is now being addressed on a global basis, and a remedy is being developed. As a result of its prevalence, the idea of workplace violence has become a unique subject of investigations. This might include everything from verbal harassment and bullying to physical attacks and even murder.

Workplace aggression and violence is an increasing issue for both employers and employees, since it may have major ramifications for the safety and well-being of people involved, as well as the organization's productivity and reputation. Employees might suffer substantial physical, psychological, and emotional effects as a result of workplace aggressiveness and violence, including injury, stress, anxiety, despair, and even posttraumatic stress disorder.

Aggressive behavior in the workplace can create a hostile and stressful atmosphere, lowering employee morale and motivation and resulting in decreased production and efficiency. If employers are judged to be accountable for workplace aggressiveness and violence, they may face substantial legal and financial implications, including litigation, compensation claims, and reputational harm.

As a result, it is critical for employers to take preventions to avoid and resolve workplace aggression and violence in order to provide employees for safe, healthy and productive work places.

#### REFERENCES

- Allen, J.J., & Anderson, C.A. (2017). Aggression and violence: Definitions and distinctions. <u>https://doi.org/10.1002/9781119057574.whbva001</u>
- Alkorashy, H. A., & Al Moalad, F. B. (2016). Workplace violence against nursing staff in a Saudi university hospital. *International Nursing Review*, 63(2), 226-232. <u>https://doi.org/10.1111/inr.12242</u>
- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders*. 4. Washington, DC: Author; 1994
- American Psychiatric Association (1996), Diagnostic and Statistical Manual of Mental Disorders, 4th ed., (3rd ed. revised 1987), American Psychiatric Association, Washington, DC.
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <u>https://doi.org/10.1176/appi.books.9780890425787</u>
- Ames, D. L., & Fiske, S. T. (2013). Intentional harms are worse, even when they're not. *Psychological Science*, 24(9), 1755-1762. doi: <u>10.1177/0956797613480507</u>
- Arias, I., Lyons, C. M., & Street, A. E. (1997). Individual and marital consequences of victimization: Moderating effects of relationship efficacy and spouse support. *Journal of Family Violence*, *12*, 193–210. https://psycnet.apa.org/doi/10.1023/A:1022888728475

- Aytac, S., Bozkurt, V., Bayram, N., Yildiz, S., Aytac, M., Akinci, F. S., & Bilgel, N. (2011). Workplace violence: a study of Turkish workers. *International Journal of Occupational Safety and Ergonomics*, 17(4), 385–402. <u>https://doi.org/10.1080/10803548.2011.11076902</u>
- Barron, O. (2003) Workplace violence and bullying: Your rights, what to do and where to go for help. Melbourne: Jobwatch and WorkSafe Victoria. Retrieved from: https://www.daru.org.au
- Belsey, B. (n.d) Cyberbullying: An emerging threat to the "always on" generation. www.cyberbullying.ca (accessed May 1, 2023)
- Bernaldo-De-Quirós, M., Piccini, A.T., Gómez, M.M. & Cerdeira, J.C. (2015). Psychological consequences of aggression in pre-hospital emergency care: Cross sectional survey. *International Journal of Nursing Studies*, 52, 260-270. https://doi.org/10.1016/j.ijnurstu.2014.05.011
- Boyle, M. J. & Wallis, J. (2016). Working towards a defnition for workplace violence actions in the health sector. *Safety in Health*, 2(1),1-6. https://doi.org/10.1186/s40886-016-0015-8
- Chen, L., & Cheng, Y. (2017). Perceived severity of cyberbullying behaviour: Differences between genders, grades and participant roles. *Educational Psychology*, 37(5), 599–610. https://doi.org/10.1080/01443410.2016.1202898
- Chu, X. W., Fan, C. Y., Liu, Q. Q., & Zhou, Z. K. (2018). Cyberbullying victimization and symptoms of depression and anxiety among Chinese adolescents: Examining hopelessness as a mediator and self-compassion as a moderator. *Computers in Human Behavior*, 86, 377–386. DOI: 10.1016/j.chb.2018.04.039
- Cole, L. L., P. Grubb, S.L. Sauter, N.G. Swanson & P. Lawless. (1997). Psychosocial correlates of harassment, threats and fear of violence in the workplace. *Scandinavian Journal of Work, Environment & Health, 23* (6), 450–457. DOI: <u>10.5271/sjweh.268</u>

- Cooper, C., & Swanson, N. (2002). Workplace violence in the health sector. Geneva, Switzerland: International Labor Organization, World Health Organization, International Council of Nurses.
- Crick, N. R., & Grotpeter, J. K. (1995). Relational aggression, gender, and socialpsychological adjustment. *Child Development*, 66(3), 710–722. DOI: 10.1111/j.1467-8624.1995.tb00900.x
- Dalvand, S., Ghanei Gheshlagh, R., Najafi, F., Zahednezhad, H. & Sayehmiri, K. (2018).
   The prevalence of workplace violence against iranian nurses: a systematic review and meta-analysis. *Shiraz E-Medical Journal, 19*(9), e65923
   <a href="https://doi.org/10.5812/semj.65923">https://doi.org/10.5812/semj.65923</a>
- Di Martino, V. & Musri, M. (2001). Guidance forthe prevention of stress and violence at the workplace. In Ministry of Human Resources Malaysia and International Labour Organization.
- Dursun, S. & Aytaç, S. (2021a). The prevalence of violence against healthcare workers in Turkey and employee job satisfaction. *Pakistan Journal of Medical and Health Sciences*, 15(6), 1607-1610. <u>http://dx.doi.org/10.53350/pjmhs211561607</u>
- Dursun, S. & Aytaç, S. (2021b). Workplace violence against police officers and the effect of workplace violence on mental health. *Pakistan Journal of Medical and Health Sciences*, 15(12), 3491-3493. DOI: <u>10.53350/pjmhs2115123491</u>
- Einarsen, S., & Skogstad, A. (1996). Bullying at work: Epidemiological findings in public and private organizations. *European Journal of Work and Organizational Psychology*, 5(2), 185–201. <u>https://doi.org/10.1080/13594329608414854</u>
- Einarsen, S. (2000). Harassment and bullying at work: A review of the Scandinavian approach. *Aggression and Violent Behavior*, 5(4), 379–401. <u>https://doi.org/10.1016/S1359-1789(98)00043-3</u>
- Einarsen, S., Hoel, H., & Notelaers, G. (2009). Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the Negative Acts Questionnaire-Revised. Work & Stress, 23(1), 24-44. https://doi.org/10.1080/02678370902815673

- Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. L. (2011). The concept of bullying and harassment at work: The European tradition. In S. Einarsen, H. Hoel, D. Zapf, & C. L. Cooper (Eds.), Bullying and harassment in the workplace: Developments in theory, research, and practice (pp. 1-39). Boca Raton, FL: CRC Press/Taylor & Francis.
- Escartín, J., Rodríguez-Carballeira, Á., Zapf, D., Porrúa, C., & Martín-Peña, J. (2009). Perceived severity of various bullying behaviours at work and the relevance of exposure to bullying. Work & Stress, 23(3), 191-205. http://dx.doi.org/10.1080/02678370903289639
- European Agency for Safety and Health at Work (2015). Workplace Violence. https://oshwiki.osha.europa.eu/en/themes/workplace-violence
- Fischer, T., Van Reemst, L., & De Jong, J. (2016). Workplace aggression toward local government employees: Target characteristics. *International Journal of Public Sector Management*, 29(1), 30-53. https://doi.org/10.1108/IJPSM-05-2015-0100
- Fitzgerald, L. F., Gelfand, M. J. & Drasgow, F. (1995). Measuring sexual harassment: Theoretical and psychometric advances. *Basic and Applied. Social Psychology*, 17, 425-445. https://doi.org/10.1207/s15324834basp1704\_2
- Gardner, B. (2014). Black's law dictionary. St. Paul, MN :Thomson Reuters.
- Gerberich, S. G., Church, T. R., McGovern, P. M., Hansen, H. E., Nachreiner, N. M., Geisser, M. S., Ryan, A. D., Mongin, S. J., & Watt, G. D. (2004). An epidemiological study of the magnitude and consequences of work related violence: the Minnesota Nurses' Study. *Occupational and Environmental Medicine*, 61(6), 495-503. https://doi.org/10.1136/oem.2003.007294
- Green, B. N., Johnson, C. D., & Adams, A. (2006). Writing narrative literature reviews for peer-reviewed journals: Secrets of the trade. Journal of Chiropractic Medicine, 5(3), 101-117. <u>https://doi.org/10.1016/S0899-3467(07)60142-6</u>
- Heckemann, B., Zeller, A., Hahn, S., Dassen, T., Schols, J. & Halfens, R. (2015). The effect of aggression management training programmes for nursing staff and students working in an acute hospital setting: A narrative review of current

literature. *Nurse Education Today*, *35*, 212-219. https://doi.org/10.1016/j.nedt.2014.08.003

- Hogh, A., Mikkelsen, E. G., & Hansen, Å. M. (2011). Individual consequences of workplace bullying/mobbing. In S. Einarsen, H. Hoel, D. Zapf, & C. L. Cooper (Eds.), Bullying and Harassment in the Workplace: Developments in Theory, Research and Practice (2.ed. ed., pp. 107-128). CRC Press.
- Hogh, A., Hansen, A. M., Mikkelsen, E. G., & Persson, R. (2012). Exposure to negative acts at work, psychological stress reactions and physiological stress response. *Journal of psychosomatic research*, 73(1), 47–52. <u>https://doi.org/10.1016/j.jpsychores.2012.04.004</u>
- International Labour Office [ILO]. (2022). Experiences of violence and harassment at work: A global first survey, Geneva:https://doi.org/10.54394/IOAX8567 https://www.ilo.org/wcmsp5/groups/public/---dgreports/--dcomm/documents/publication/wcms\_863095.pdf
- International Labour Office [ILO]. (2020). Şiddet ve tacizle mücadele işyeri politika belgesi. <u>https://www.ilo.org/wcmsp5/groups/public/---europe/---ro-geneva/---</u> ilo-ankara/documents/publication/wcms\_865042.pdf
- International Labour Office [ILO]. (2021). Violence and Harrasment in the world of work. <u>https://www.ilo.org/wcmsp5/groups/public/---dgreports/---</u> gender/documents/publication/wcms\_814507.pdf
- Kang, M. & Gong, T. (2019). Dysfunctional customer behavior: conceptualization and empirical validation. *Service Business*, 13(4), 625–646. DOI: 10.1007/s11628-019-00398-1
- Leymann, H. (1990). Mobbing and psychological terror at workplaces. *Violence and Victims*, 5(2), 119-126. <u>https://doi.org/10.1891/0886-6708.5.2.119</u>
- Leymann, H. (1996). The content and development of mobbing at work. European Journal of Work and Organizational Psychology, 5, 165-184. https://doi.org/10.1080/13594329608414853

- Li, X. & Zhou, E. (2013). Influence of customer verbal aggression on employee turnover intention. *Management Decision*, 1(4), 890–912. http://dx.doi.org/10.1108/00251741311326635
- Löfgren Nilsson, M. & H. Örnebring. (2016). Journalism under threat: Intimidation and harassment of Swedish journalists. *Journalism Practice*, 10(7), 880–890. http://dx.doi.org/10.1080/17512786.2016.1164614
- Magnavita, N., Heponiemi, T., & Chirico, F. (2020). Workplace violence is associated with impaired work functioning in nurses: An Italian cross-sectional study. *Journal of Nursing Scholarship*, 52(3), 281–291. DOI: <u>10.1111/jnu.12549</u>
- Manier, A. O., Kelloway, E. K., & Francis, L. (2017). Damaging the workplace: Consequences for people and organizations. In N. A. Bowling & M. S. Hershcovis (Eds.), Research and theory on workplace aggression (pp. 62-89). Cambridge University Press. https://psycnet.apa.org/doi/10.1017/9781316160930.004
- Mikkelsen, E. G., & Einarsen, S. (2001). Bullying in Danish Work-Life: Prevalence and Health Correlates. *European Journal of Work and Organizational Psychology*, 10, 393-413.

http://dx.doi.org/10.1080/13594320143000816

- Millon, T., Davis, R., Millon, C., Escovar, L., & Meagher, S. (2000), Personality disorders in modern life. New York: John Wiley
- National Association of Social Workers (2022). Protecting social workers and health professionals from workplace violence act. <u>https://www.socialworkers.org/LinkClick.aspx?fileticket=KC9ZuSiXjkk%3d&p</u> ortalid=0
- National Institute for Occupational Safety and Health [NIOSH]. (2002). Violence: Occupational Hazards in Hospitals. <u>http://www.cdc.gov/niosh/docs/2002-101/</u>.
- National Institute for Occupational Safety and Health [NIOSH]. (2022). Occupational Violence. <u>https://www.cdc.gov/niosh/topics/violence/default.html</u>

Neumann, J. E. (1989). Why people don't participate in organizational change in

Woodman, R.W. and Pasmore, W.A. (Eds). Research in Organizational Change and Development, Vol. 3, JAI Press, Greenwich, CT, pp. 181-212.

- Nielsen, M. B., Matthiesen, S. B., & Einarsen, S. (2008). Sense of coherence as a protective mechanism among targets of workplace bullying. *Journal of Occupational Health Psychology*, 13(2), 128–136. <u>https://doi.org/10.1037/1076-8998.13.2.128</u>
- Nielsen, M.B. & Einarsen, S. (2012). Outcomes of exposure to workplace bullying: A meta-analytic review. Work and Stress, 26(4), 309-32. DOI: 10.1080/02678373.2012.734709
- Nielsen, M. B. & Einarsen, S. V. (2018). What we know, what we do not know, and what fwe should and could have known about workplace bullying: An overview of the literature and agenda for future research. *Aggression and Violent Behavior*, 42, 71-83. DOI: 10.1016/j.avb.2018.06.007
- NIOSH (2020). Types of Workplace Violence. https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit1\_5
- Occupational Safety and Health Administration (2015). Preventing workplace violence: A roadmap for healthcare facilities. U.S. Department of Health and Human Services. https://www.osha.gov/sites/default/files/OSHA3827.pdf
- OÊLeary, K. D., & Jouriles, E. N. (1994). Psychological abuse between adult partners: Prevalence and effects on partners and children. In L. LÊAbate (Ed.), Handbook of developmental family psychology and psychopathology (pp. 330–349). London: Wiley
- Occupational Safety and Health Administration [OSHA]. (2015). Guidelines for preventing workplace violence for healthcare and social service workers. U.S. Department of Labor. https://www.osha.gov/sites/default/files/publications/osha3148.pdf
- Olsson, A. & Phelps, E. A. (2007). Social learning of fear. *Nature neuroscience*, *10*(9), 1095–1102. <u>https://doi.org/10.1038/nn1968</u>

- Peek-Asa, C. (2001). Workplace violence in municipal occupations. Occupational Medicine, 16(1), 109-123.
- Pinar, T., Acikel, C., Pinar, G., Karabulut, E., Saygun, M., Bariskin, E., Guidotti, T. L., Akdur, R., Sabuncu, H., Bodur, S., Egri, M., Bakir, B., Acikgoz, E. M., Atceken, I., & Cengiz, M. (2017). Workplace Violence in the Health Sector in Turkey: A National Study. *Journal of Interpersonal Violence*, *32*(15), 2345–2365. https://doi.org/10.1177/0886260515591976
- Priesemuth, M., Mitchell, M., & Folger, R. (2017). Third-party reactions to workplace aggression. In N. Bowling & M. Hershcovis (Eds.), Research and theory on workplace aggression (pp. 156-185). Cambridge University Press.
- Roche, M., Diers, D., Duffield, C., & Catling-Paull, C. (2010). Violence toward nurses, the work environment, and patient outcomes. *Journal of nursing scholarship : an* official publication of Sigma Theta Tau International Honor Society of Nursing, 42(1), 13–22. https://doi.org/10.1111/j.1547-5069.2009.01321.x
- Rodwell, J. & Demir, D. (2012) Psychological consequences of bullying for hospital and aged care nurses. *International Nursing Review*, 59, 539-546.
  DOI: <u>10.1111/j.1466-7657.2012.01018.x</u>
- Rowe, M. M & Sherlock, H. (2005). Stress and verbal abuse in nursing: do burned out nurses eat their young? *Journal of Nursing Management*, 13(3), 242–248. doi: 10.1111/j.1365-2834.2004.00533.x.
- Schat A. C. H., Kelloway E. K. (2005). Workplace aggression. In Barling J., Kelloway E. K., Frone M. R. (Eds.), *Handbook of work stress* (pp. 189-218). Thousand Oaks, CA: SAGE.
- Spector, P.E., Zhou, Z.E., & Che, X.X. (2014). Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: A quantitative review. *International Journal of Nursing Studies*, 51(1), 72-84. <u>https://doi.org/10.1016/j.ijnurstu.2013.01.010</u>
- Teferralikassa, & Jira, C. (2014). Assessment of the prevalence and predictors of workplace violence against nurses working in referral hospitals of Oromia

regional state, Ethiopia. *JIMS8M: The Journal of Indian Management & Strategy*, 20, 61-64. https://doi.org/10.5958/0973-9343.2015.00009.5

- Vartia M. A. (2001). Consequences of workplace bullying with respect to the well-being of its targets and the observers of bullying. *Scandinavian Journal of Work, Environment & Health*, 27(1), 63-69. <u>https://doi.org/10.5271/sjweh.588</u>
- World Health Organization (2003). Workplace Violence in the Health Sector Country
   Case Study Research Instruments Survey Questionnaire.
   https://www.who.int/publications/m/item/workplace-violence-in-the-health-sector--country-case-study-research-instruments---survey-questionnaire
- World Health Organization (2002). Framework guidelines for addressing workplace violence in the health sector. International Labour Office ILO International Council of Nurses ICN.
- WHO (2014). Global Status report on violence prevention 2014. Geneva: World Health Organization,<u>http://www.who.int/violence\_injury\_prevention/violence/world\_re</u> port/en/
- Woelfle, C.Y. & McCaffrey, R. (2007). Nurse on nurse. *Nursing Forum*, *42*, 123-131. DOI: 10.1111/j.1744-6198.2007.00076.x
- Workplace Bullying Institute (2021). Workplace Bullying Survey Results. https://workplacebullying.org/
- Wynne, R., Clarkin, N., Cox, T., & Griffiths, A. (1997). Guidance on the prevention of violence at work, Luxembourg: European Commission, DG-V. (Ref. CE/VI-4/97).
- Zapf, D., & Einarsen, S.V. (2001). Bullying in the workplace: Recent trends in research and practice–an introduction. *European Journal of Work and Organizational Psychology*, 10, 369 - 373. https://doi.org/10.1080/13594320143000807
- Zeng, J. Y., An, F. R., Xiang, Y. T., Qi, Y. K., Ungvari, G. S., Newhouse, R., Yu, D. S.,Lai, K. Y., Yu, L. Y., Ding, Y. M., Tang, W. K., Wu, P. P., Hou, Z. J., ve Chiu,H. F. (2013). Frequency and risk factors of workplace violence on psychiatric

# 212 Workplace aggression and violence

nurses and its impact on their quality of life in China. *Psychiatry Research*, 210(2), 510–514. https://doi.org/10.1016/j.psychres.2013.06.013

Yang, L-Q., Spector, P.E., Chang, C-HD., Gallant-Roman, M. & Powell, J. (2012) Psychosocial precursors and physical consequences of workplace violence towards nurses: A longitudinal examination with naturally occurring groups in hospital settings. *International Journal of Nursing Studies*, 49, 1091-1102. https://doi.org/10.1016/j.ijnurstu.2012.03.006