

Evaluation of an Online Training Program for Workplace Violence
Abstract

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Purpose: Evaluation of an online workplace violence (WPV) training program for health care workers

Background: Recognition of the prevalence of WPV (physical, emotional-verbal, and sexual) and the potential vulnerability of specific workers suggests a great need for employers to provide training to all healthcare workers as a first line effort to reduce or prevent WPV.

Methods : Thirteen healthcare workers from high risk areas (Group A) completed a three-hour online training program for WPV. Twenty-three (Group B) workers from low risk areas served as controls. Workers refusing training, or not completing the online training within the designated time period, were designated as study non-completers (Group C). Pre-training assessments of WPV were compared for all study groups. Assessment of WPV for Group A was made at one month. At six months, pre and post-training assessments of WPV was compared for Group A. Additionally, at six months WPV assessments between all groups were compared

Findings : Workers of similar demographics reported 200 WPV events over a six-month period prior to training. Pre-training reports of WPV were statistically different between groups, especially emotional-verbal. At six months post-training a reduction in the number of all types of WPV was noted. Emotional-verbal abuse was most commonly reported before and after training and was statistically significant between groups at six months. For emotional-verbal abuse a significant difference was seen between the control group and the study non-completers.

Discussion: WPV is prevalent in all work areas, including those perceived to be low risk. While training is important to reduce/prevent WPV, a significant number of healthcare workers did not make training a priority. A lower number of events reported by all groups at six months may be indicative of training. The number of WPV events reported by Group A at one month was reduced but remained fairly high. Commonly following training a heightened awareness occurs followed by stabilization. Reporting rates may signal an increased recognition of WPV via a personal redefinition of the types and categories of WPV post-training, especially emotional-verbal WPV, as well as heightened staff and administration sensitivity to reporting. Group A reported the most events pre and post training; however, a small sample size prevented any significant changes noted between groups. The lack of statistical difference between workers receiving training (Group A) and study non-completers (Group C) could have indicated contamination (sharing of training information) between workers employed in the same work areas. Potentially sharing of information could also have lead to the statistical difference noted between (Group B) the control group and (Group C) the study non-completers. Replication of this study with a larger sample size is necessary. The finding that training made a difference with the training group for emotional-verbal WPV necessitates recognition of this type of WPV in all training programs. Research and training in the area of family violence has long recognized the short and long term consequences of chronic emotional-verbal abuse.

