An exploration of violence experienced by professionals from three sectors delivering key services in rural and remote workplaces

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Background
Locally based health professionals, teachers and police are invaluable to rural and remote Australia, delivering services that contribute to the well-being, stability and sustainability of the communities they serve. Attracting and retaining an experienced workforce of these professionals is a challenge for many rural and remote communities for a multiplicity of reasons (1).

One of the keys to retaining locally based health professionals, teachers and police is to provide a working environment where workers feel safe and supported.

Workplace violence has far reaching consequences at the individual, organisational, and community level.

At the individual level, the impacts of workplace violence are well known with the potential for serious psychological and physical effects that include anxiety, depression and physical illness. In addition, job dissatisfaction, burn out and a decision to leave have all been identified as sequelae of occupational violence (2, 3).

Employers who are unable to provide a safe and supported work environment face dealing with absenteeism, loss of productivity, poor staff morale, higher workers compensation premiums and expenses, decline in work quality, the need for counselling, mediation or grievance procedures, increased error margins, and can result in difficulty in retaining staff (4,5).

At the community level in rural and remote areas, workplace violence may lead to disruption or loss of basic services for periods of time if staff are unable to continue working, or choose to leave.

The realisation that this issue was a common concern across rural professional organisation led to a “round table” on rural occupational violence in Canberra in 2009 (6).

Subsequently a steering group of organisations developed a project “working safe in rural and remote Australia” which was funded by the Department of Health and Ageing. This project was undertaken as a collaboration between the Rural Doctors Association of Australia (RDAA), Australian College of Rural and Remote Medicine (ACRRM), Australian Nursing Federation (ANF), Police Federation of Australia (PFA), Queensland Teacher’s Union (QTU) and Council of Remote Area Nurses Australia Plus (CRANAPlus). and Urbis Keys and Young were engaged as consultants to undertake the project.

The key aims of the project were to understand the incidence, prevalence and impact of workplace violence experienced in Australian rural and remote workplaces (1,2,3), identify initiatives being implemented at the local level to reduce workplace violence in rural and remote communities and provide professionals, and the rural and remote communities they serve, with information and strategies to assist with building safer work environments.

A multipronged approach was undertaken to achieve the objectives of the survey. This included a literature review, key informant interviews and an online survey of professionals working in the three selected sectors in rural and remote area.

This paper presents the findings of the literature review and survey.

While the concept of “working safe” in rural and remote communities can encompass a range of risks and hazards that can harm workers, the focus of this project was the protection of these workers from
violence and other factors that pose a risk to their physical and/or emotional well-being in the unique context of rural and remote settings.

For the purposes of the project, a rural or remote community was defined as a community classified 4-7 under the Rural, Remote and Metropolitan Areas (RRMA) classification system

**Literature review**

A comprehensive literature review was undertaken through searching key electronic databases, viewing academic journals online and searching the websites of peak bodies and associations. The websites of national and state/territory health, education and police departments were searched for occupational health and safety guidelines. The focus was originally on Australian literature authored in the last 10 years, but was then broadened to incorporate older literature. A total of 80 pieces of literature were reviewed.

A key finding from the literature review is that the incidence and prevalence estimates of workplace violence in rural and remote areas appeared unreliable in the absence of uniform data collection standards. With the exception of data on work-related homicide, there is no national collection of solid, uniform statistics on workplace violence in Australia (7). The lack of uniform data is compounded by an under-reporting of violence in the workplace and ambiguity surrounding definitions of workplace violence.

According to the literature, there are a number of reasons that workplace violence is under-reported. These include employees viewing some level of violence as ‘part of the job’, employees fearing reprisals, and an absence of mechanisms, policies and procedures to deal with workplace violence (8, 9, 10, 11).

There is disagreement in the literature surrounding what does and does not constitute violence, as well as where the boundaries of the workplace begin and end.

There was some consensus in the literature reviewed that workplace violence can be both physical and psychological, and can come from a number of perpetrators i.e. any person with whom a person in the workplace might come into contact, including customers, clients, students, co-workers, and supervisors.

The type of violence experienced can range from verbal abuse, harassment, threats and intimidation, to physical assault and homicide.

A lack of data makes it difficult to determine the extent of the problem nationally across the different professions and gauge whether workplace violence is more prevalent in rural and remote locations, as opposed to urban locations in Australia.

The literature review did identify that, while there are a number of risk factors associated with workplace violence in any setting, there are some risk factors that are unique to the rural and remote setting. These include:

- a lack of anonymity [for professionals]
- cultural issues
- distance line management and support
- difficulties with mandatory reporting requirements.

In rural and remote communities, local health professionals, teachers and police play a prominent role in the local public “eye” and experience a lack of anonymity. Problems can arise when community members have expectations that these workers will be accessible 24 hours a day, seven days a week (12). One study found that high visibility and lack of anonymity had a negative impact on rural welfare and social workers, with research participants reporting being verbally abused and threatened in public spaces by clients (13). Cultural issues in rural and remote communities are complex and multi-faceted.
Ignorance of cultural norms can result in unintended breaches of community protocols, lead to people taking offence and subsequent conflict (14).

In some cases management and co-workers can be located some distance from professionals in rural and remote areas. This can impact on the capacity of the workplace to be a safe environment and on the support that can be provided following a violent incident (15).

There can be practical difficulties surrounding mandatory reporting of suspected child abuse in rural and remote communities, where there may be a lack of anonymity and a community preference to resolve issues internally (16, 17).

The literature review identified a range of strategies designed to improve workplace safety that are being implemented at the government, industry, community and workplace level but very few of these strategies have been formally evaluated to gauge their effectiveness.

**Method**

Key informants were generally individuals identified by the project steering committees who represented a range of professions including police, doctors, nurses and allied health professionals. A discussion guide was developed to support these interviews which explored issues such as perceived and actual risk, causes of violence, levels of cooperation between health, education and policy and the role of employers in improving workplace safety. Interviewees also identified sources for the literature review.

A total of thirteen interviews were conducted. Each interview was recorded manually and later transcribed using a common template, before being coded and analysed. The analysis divided the interview data into themes that were used to inform the design of the online survey.

The findings from the interviews are not presented in this paper.

A sample of convenience was used for the survey. The survey was opened for a four week period and accessed through an online portal at www.workingsafesurvey.com. The survey link was disseminated via peak bodies with voluntary participation. To encourage participation in the survey, respondents were offered the opportunity to win an iPod Touch valued at $200.

The survey asked respondents about issues surrounding workplace safety, including exposure to workplace violence, and effective strategies to respond to and manage workplace violence.

All responses to the survey remained confidential. The survey instrument used a combination of likert scaling, nominal-polytomous closed-ended questions and open-ended questions.

**Survey results**

In February 2012, an online survey was conducted of professionals delivering key services in rural and remote communities.

A total of 624 respondents completed the survey of which 57% were health professionals, 28% were police and 15% were education professionals.

Respondents were more likely to work in NSW followed by Queensland, South Australia and the Northern Territory. There were no respondents from the ACT across any sector, and no respondents from the police sector in Victoria and South Australia, or the education sector in Tasmania.

In the health sector, participants were largely working in RA 3-5 areas (71%), followed by police (57% rural) and education professionals (27% rural). Education professionals however were mostly working in remote areas (RA 5) (73%) followed by police (43% remote) and health professionals (29% remote).
Across all three sectors, most respondents reported working in a location with a population 1,000–4,999 (health 29%, education 30% and police 35%) as shown in Figure 5 below. Around a quarter of health professionals (24%) and police (24%) reported working in larger locations, with population sizes over 10,000; while education professionals were mostly working in locations with smaller populations, with 41% working in a location with less than 1,000 people.

Across the three sectors, most respondents reported they had been working in rural and remote Australia for between 3-9 years (health 33%, education 37% and police 51%). A higher percentage of respondents in the health sector reported working in a rural or remote location for more than 20 years (32%) when compared to the education (20%) and police (13%) sectors. Conversely, a higher percentage of respondents in the education (21%) and police (20%) sectors reported working in rural and remote Australia for less than 2 years when compared with respondents from the health sector (9%).
Respondents to the survey generally accepted that there is a level of risk that comes from working in these jobs or in these locations, and indicated that they often feel vulnerable to violence in the workplace when working alone in isolated settings and working unsociable hours.

However, overall concerns expressed about workplace violence did not appear to be unduly high across survey respondents. The majority of respondents across the health, education and police sectors reported feeling safe most of the time (70%, 62% and 69% respectively). Only a very small number (1%) of respondents across each sector reported rarely feeling safe and no respondent reported never feeling safe.

In looking at demographic differences among respondents, females were slightly more likely to report feeling safe most of the time (72%) than males (63%). Respondents who currently work in Western Australia were also more likely than respondents from any other state to report they feel safe most of the time (83% of WA respondents), however in all jurisdictions more than 60% of respondents reported feeling safe most of the time.

Of those respondents who reported feeling safe all of the time, 26% were from locations with a population size of 10,000-24,999, and 25% had been working in a rural or remote location for more than 20 years. The figure indicates that for all sectors the majority of the respondents felt safe all or most of the time.

Figure 3 Degree to which respondents feel safe in the location in which they mainly work

In terms of concerns relating to behaviours or actions that might put them in a position of risk, respondents were most concerned about working long hours and/or unsocial hours and being recognised and approached by community members while conducting personal business.

Perceptions of the risk of workplace violence did differ across the three sectors.
Key differences in safety concerns included the following:

- police respondents reported higher levels of concern regarding violence than health and education professionals
- health professionals expressed highest concerns compared to the other sectors about verbal abuse from community members teachers were most concerned about deliberate property damage (for example, damage to cars or office) compared to the other sectors
- police were more likely than health and education professionals to express concerns about home visits, working on their own and going about their own business in the community where people might know who they are
- health professionals were more likely than police and education professionals to report concern about bullying or harassment from colleagues
- education professionals were more likely than police or health professionals to express concern about driving in rural and remote locations.

While survey respondents reported feeling safe most of the time, all respondents reported feeling increased stress and anxiety resulting from concerns about workplace violence.

The analysis also looked at what proportion of respondents who reported concerns about either verbal abuse, physical abuse or bullying or harassment had also experienced this behaviour in the previous year. Of respondents who reported that they had a serious concern about workplace violence, at least one quarter also reported actual experiences.

Overall, 21% of respondents reported having experienced physical violence, and 57% reported verbal abuse from clients or community members.

Police were significantly more likely to have experienced physical violence from community members (police 54%, health professionals 7% and education professionals 8%).

After reporting their concerns, respondents were asked to indicate (by responding yes, no or not sure/can’t say) whether their concerns about workplace violence had led to impacts, such as increased anxiety, increased stress, a decrease in confidence for performing work, a desire to leave the profession, and withdrawal from family, friends and colleagues.

The most frequently reported impacts across the three sectors were increased stress (62% police, 62% education, 56% health) and increased anxiety (58% police, 50% education, 51% health). For police and education professionals, this was followed by a feeling that you want to leave the location you are in. Overall, police reported that their concerns had a greater impact on them personally than education and health professionals.

Respondents were less likely to report that their concerns for workplace violence had led to them experiencing a feeling that you don’t want to work in any rural or remote location, or had led to a decrease in the standard of your work.
Across the three sectors, significant differences were observed for a number of reported impacts, particularly differences between police and health professionals. Police were significantly more likely than health professionals to report that their concerns had led to:

- a feeling that you don’t want to work in any rural or remote location (police 26%, health 14%)
- withdrawal from family, friends and colleagues (police 40%, health 21%).

Police and education professionals were significantly more likely than health professionals to report that they had experienced a decline in physical health (police 38%, education 38%, health 24%) because of their concerns about workplace violence.

Overall, respondents who experienced incidences of workplace violence generally did not report these incidents to their employers, although incidences such as physical violence, property damage or intimidating behaviour were more likely to be reported.

When asked for suggestions on how workplaces could be improved to prevent workplace violence, most related to improved training (particularly in managing violent and aggressive behaviour), enforcing existing policies, and improving work practices.

Respondents were also asked to identify the extent to which health workers, teachers and police in their location work together to prevent workplace violence, using a five-point scale comprised of to a large extent, to some extent, to a minor extent, not at all and not sure/can’t say.
There was not a large difference across the sectors in terms of the extent to which respondents felt their sectors currently work together. Most respondents indicated that their sectors were currently working together to some extent (health 27%, education 29%, police 31%). Health respondents were more likely to indicate that this cooperation was occurring to a large extent (17% health) while police were more likely than health and education professionals to report that the three sectors did not cooperate at all (police 28%, health 21% and education 13%).

The final question in the section of the survey on supports to prevent workplace violence presented respondents with a list of possible issues, and asked respondents about the extent to which each of these issues impacted on their employer’s ability to prevent workplace violence.

In responding to this question, respondents used a five-point scale which included: to a large extent, to some extent, to a minor extent, not at all and not sure/can’t say. Figure 5 below represents the total ‘net impact’ score (which is comprised of to a large extent and to some extent) for each of the three sectors.

**Figure 5** Factors affecting employers’ ability to prevent workplace violence (net impact score)

For police and health professionals who participated in the survey, the biggest impact on an employer’s ability to prevent workplace violence was lack of staff (police 75% net impact, health 48% net impact). For education professionals, the biggest impact was lack of time (46% net impact) followed by other priorities (45% net impact).
Discussion
The findings of this project have provided an insight into the workplace safety concerns of some health professionals, teachers and police working in rural and remote parts of Australia, and how these concerns may be addressed.

Workplace safety concerns are different across the three sectors, reflecting the fact that health professionals, teachers and police engage in different types of work, and have different skill sets and training.

In view of these complexities, violence prevention strategies must be multi-faceted and consider individual, organisational and situational factors to be effective. They must also address perceived risks as well as actual risks.

Exposure to some level of workplace violence is a fact of life for health professionals, teachers and police in some small rural and remote communities. The primary concerns that this literature review and survey explore relate to the risk of:

- physical assault by community members
- verbal abuse by community members
- violence when working long and/or unsocial hours
- recognition by community members when off duty.

From the survey results there appears to be some correlation between workers feeling safe at work all of the time and the length of time they spend working in rural and remote communities.

The survey results indicate that respondents believe workplace violence may have a greater impact when experienced where staff have not had appropriate training in how to manage violent and aggressive behaviour, and where the employer does not have policies and practices in place, and the resources to implement those policies and practices.

These results of the survey and the literature review provide some important insights for employers seeking to attract and retain these professionals in rural and remote areas.

A good starting point for employers is to commit to multi-faceted violence prevention policies that are underpinned by an understanding of:

- the various risks, including what employees perceive to be risks
- the seriousness of the risks (e.g., by collecting data on violent incidents)
- if and how the risks differ for different employees (e.g., males and females, younger and older workers)
- any work-related risks employees face when off-duty
- cultural issues that may pose a risk to workplace safety
- the various strategies that exist to respond to the risks (e.g., at the system, industry or workplace level);
- the extent to which other sectors and the broader community can be involved in responding to the risks and preventing workplace violence
- obligations under Work, Health and Safety legislation and relevant industry policies and guidelines.

The findings of the literature review and the survey highlight a number of issues employers should consider when implementing violence prevention policies. These include the findings from the
literature review that little is known about the prevalence of workplace violence or the effectiveness of workplace violence prevention strategies, and the findings from the survey surrounding the underreporting of workplace violence and scope for better responses to creating a safe working environment.

In view of these findings, employers should:

- ensure staff understand the risks and workforce policies, and how they can access help if they are feeling threatened by behaviour that should not be tolerated
- create a culture in which violence is not considered ‘part of the job’ and where reporting of violent incidents is encouraged and supported
- ensure policies are consistently enforced, and that mechanisms and processes are in place to respond promptly to violent incidents and other unacceptable behaviour
- ensure that policies are accompanied by work practices that improve the wellbeing of staff (eg ensuring staff do not regularly work long and/or unsociable hours)
- develop a system for monitoring the effectiveness of individual policies whilst recognising the interaction of strategies required.

The literature review did not unearth any examples of formal cross-sector cooperation to address workplace violence in rural and remote communities. The findings of the survey did indicate that there are interagency committees that focus on community safety, rather than occupational safety and there appear to be flow on benefits for occupational safety from the work of these committees. In addition informal strategies exist to mutual benefit.

**Conclusion**

Minimising and mitigating the risk of occupational violence in rural communities remains core business for community members, employers and professionals in the rural and remote sector. A safe, secure and supportive work environment that addresses employee’s concerns and responds to incidences of violence can reduce the level of anxiety and stress experienced by employees in their day-to-day work and contributes to their retention.

The findings of the literature review and survey conducted as part of this project shed some light on the following issues as they relate to rural and remote areas of Australia:

- the prevalence of workplace violence in the health, education and policing sector
- the impact of workplace violence
- workplace safety risks, including unique risks for professionals in rural and remote Australia
- strategies to improve workplace safety and reduce workplace violence, including cooperative efforts between the health, education and police sectors
- the workplace safety concerns of police, teachers and health professionals working in rural and remote Australia
- attitudes to workplace safety
- experiences of workplace safety incidents for police, teachers and health professionals working in rural and remote Australia
- support that could be provided to prevent workplace violence
- factors affecting the ability of employers to prevent workplace violence.
The information gathered as part of this project forms the basis of an online portal designed as a ‘one stop shop’ for information, and links, on workplace violence for employers and professionals working in rural and remote Australia (18).

Further work is required to unpack both the formal and informal responses in order to share wisdom and ensure that the systematic response to the ever present risk of violence is minimised for rural professionals.

References


