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Defining and Classifying Aggression and Violence in Health Care Work

ABSTRACT

Background

There is considerable contention in defining workplace aggression, especially in health care. This can lead to challenges in effectively researching workplace aggression, and ensuring a sound basis for developing strategies to prevent and minimise its likelihood and consequences.

Aim

The aim of this discussion paper is to provide a pragmatic definition of workplace aggression, based on a contemporary conceptualisation of human aggression, followed by a discussion on key classifications of workplace aggression.

Methods

The argument presented draws on theoretical and applied literature to develop a case for adopting a pragmatic definition of aggression, with key classification components.

Findings and Discussion

A highly practical conceptualisation of workplace aggression differentiates two main forms – verbal or written and physical aggression – and two main source groups – internal (co-workers) and external (patients, their relatives or carers and others external to the workplace).

Conclusion

Clarity and consensus on defining and classifying workplace aggression, should provide a sound and coherent basis for researchers, policy makers, clinicians and health care organisations to successfully prevent and minimise this challenging and serious work health and safety concern.

Keywords

workplace aggression, workplace violence, nursing, midwifery, health care

SUMMARY OF RELEVANCE

Problem

There are conflicting understandings and uses of the terms workplace 'aggression' and workplace 'violence', in the literature and in practice. Without a shared understanding, including in the health care sector, there will be ongoing challenges in researching and developing efforts to effectively prevent and minimise this worldwide work health and safety concern.

What is already known

There is contention in the literature and in practice on conceptualising and defining workplace aggression and workplace violence. Different disciplines apply differing perspectives on this issue, which remains an almost intractable problem in health care settings.

What this paper adds

A pragmatic definition of workplace aggression, differentiating key forms and sources, is proposed that can readily be applied in nursing, midwifery and health care.

INTRODUCTION

Aggression is a common characteristic of human behaviour and contemporary society, with violence recognised as its most extreme form. Encountered in the context of work, aggression and violence can be particularly distressing, especially in work that is of service to the community, such as health care work. As with any concept, defining aggression is important. Many readers may believe that they understand the meaning of the terms 'aggression' and 'violence', including when applied to the context of the workplace, and that this understanding is broadly shared amongst clinicians, researchers, policy makers and the broader community. The vast literature on human aggression, however, demonstrates otherwise.

In this discussion paper, the utility of a prominent definitions of workplace aggression and violence are critiqued, based on a contemporary conceptualisation of human aggression. A pragmatic definition of workplace aggression is subsequently proposed. Following on, an overview of the different classifications of workplace aggression is provided, highlighting the definitional and experiential scope of this major professional and public health concern.

DEFINING HUMAN AGGRESSION

Aggression may be both lauded and derided, depending on the context in which it is perpetrated, the degree to which specific forms of aggression are expressed, and the consequences that may arise. For example, in team sports, such as football or netball, a certain degree of aggression from individual players may be both expected. But its desirability and acceptability will still depend on the extent to which the aggressive behaviour aligns with both the rules and norms of the game, and the laws and norms of the broader society. Similarly, in institutional aggression (such as in policing, corrections and armed conflict), services personnel are both expected and required to act as

aggressors, but to be discriminating in its application (Toch, 1993). Conversely, aggression expressed through antisocial, criminal and harmful acts in the wider society is more likely to be viewed as unwarranted, unjustified and deserving of sanctions under the law.

So, it can be seen that interpersonal aggression is an action or behaviour of a perpetrator who has an intention to coerce, hurt or harm a target of that aggression. That intention is generally purposeful, in that it is directed to achieving an outcome (even if ill-conceived or defined). It is also likely that the target would be motivated to avoid the aggressive act or behaviour. A final, important component of aggression is the degree of discrimination associated with the action or behaviour, in terms of whether it is considered to be appropriate or inappropriate, warranted or unwarranted, legitimate or illegitimate, or whether it accords with or violates community norms.

Conceptualisations of aggression have historically varied in orientation, depth and inclusivity. This can be problematic since, without consensus on what constitutes aggression, there is unlikely to be agreement on the basis for researching aggression or for developing strategies to prevent and minimise its likelihood and consequences. Over the last four decades, a degree of consensus on defining human aggression has developed in the psychological literature. Much of this consensus has built upon the early behaviourist conceptualisation proposed by Buss (1961), in which aggression was broadly defined as an aversive stimulation directed toward another organism. This definition has now been expanded and refined to include non-behavioural aspects, such as thoughts and feelings, intention to harm (by the perpetrator), intention to avoid harm (by the target of aggression) and the transgression of individual and societal norms.

In light of this discussion and, drawing on the work of Krahé (2001) and others (DeWall & Anderson, 2011; Hershcovis & Bowling, 2017; Huber & Brennan, 2011), it can be concluded that four core conditions need to be met to regard a person's behaviour as aggressive:

1. *Intention* – the aggressor intends to cause harm or damage
2. *Purpose* – the aggressor expects to achieve a proximal or distal outcome
3. *Motivation to avoid* – the target is motivated to avoid the aggression to preserve their physical and/or emotional integrity
4. *Violation of norms* – the target or the broader community considers the aggression to be unwarranted, inappropriate or illegitimate.

Human aggression could thus be defined as:

Any action or behaviour directed by a perpetrator toward a target that is characterised by the perpetrator's intention of causing harm or damage for the purpose of achieving a proximal or distal outcome, the target's motivation to avoid the action or behaviour and the violation of norms that the action or behaviour represents (Hills & Joyce, 2013).

This broadly applicable definition excludes accidents, where there is an absence of intent by the aggressor, but includes more antisocial forms, where there is an absence of emotion. It also includes *overt* and *covert* forms, such as sexual harassment and stalking, *transient* and *longer-term* forms, including verbal abuse and bullying, and *active* and *passive* forms, including direct, face-to-face acts of aggression and the withholding of action that results in harm to a target. Furthermore, the definition encompasses the behaviour of individuals or groups against one or more targets, as well as perpetration via digital means, including through email, other forms of messaging, social networking services and technology hacking. Importantly, 'violence' is conceptualised as a special case or subset of aggression that involves the use of physical force to harm or damage persons or property, or to interfere with personal rights or freedom (DeWall, Anderson, & Bushman, 2011; Huesmann, 2017; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; McMurrin, 2009; Schat & Kelloway, 2005). A person can be aggressive without being violent, but to be violent is to be aggressive in the extreme.

A final point relates to the difference between anger and aggression. Like aggression, anger is a natural human phenomenon. Typically, anger is defined in terms of a 'negative' emotional response to endogenous (internal) or exogenous (external) stimuli, which may vary in intensity from mild irritation or annoyance through to hostility, fury or rage (Huesmann, 2017; Kassinove, 2007; Ramírez & Andreu, 2006). Anger can be considered a relatively private and internal response, even though it is often expressed in humans via stereotypical facial expressions and gestures seen in other primates, including contracted brows and a closed and tensed mouth (Archer, 2009). It is thus an important informational cue for others, providing a visual indication of displeasure and warning of potential danger. Indeed, anger can be considered a precursor to, or the affective component of, some forms of aggression (Archer, 2009; Ramírez & Andreu, 2006). A key point, however, is that a person may respond to an anger-provoking situation in a constructive manner, such as through a measured verbal expression of feelings and the employment of assertion, or in a more destructive manner, such as through aggression.

DEFINING WORKPLACE AGGRESSION

As in the broader field of human aggression, there is considerable contention in relation to the definition of workplace aggression. As with aggression more broadly, without a clearly defined conceptualisation of workplace aggression, there is unlikely to be agreement on the basis for researching this phenomenon or developing strategies to prevent and minimise its likelihood and consequences. The term 'workplace aggression' is more often used in the psychological and sociological literature, whereas 'workplace violence' is more likely to be seen in the workforce, industrial and health profession literature, while the terms 'occupational aggression' or 'occupational violence' have also been used, but much less commonly (Hills & Joyce, 2013). Concepts such as 'counterproductive work behaviour' (Fox & Spector, 2005) and 'insidious workplace behaviour' (Greenberg, 2010) have highlighted attempts to address broader aspects of deviant or dysfunctional

workplace behaviour that include aggression and other acts that might not strictly be considered aggressive. Examples include where there is an absence of, or significant ambiguity in relation to, intention to harm or norm violation, such as in workplace incivility (Abolfazl Vagharseyyedin, 2015). Such 'construct proliferation', and associated conceptual and measurement overlaps, have almost certainly been counterproductive, particularly in light of evidence that many of these constructs are empirically indistinguishable (Hershcovis, 2011).

The most important conceptual issue to date, undoubtedly, has been the highly problematic use of the term 'workplace violence' to represent all forms of workplace aggression, including the less extreme and non-physical forms of aggression. For example, in the seminal publication by the Joint Programme on Workplace Violence in the Health Sector (2002), an adapted definition of workplace violence has been stated as, "Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health" (p. 3). As with other, similar definitions, such as that provided by the European Commission (Milczarek, 2010) and Safe Work Australia (2017), the term 'violence' is used to refer to all forms of aggression, including both physical and non-physical forms.

These definitions clearly have some useful elements, such as in defining the scope of the application of incidents. The use of the term 'violence' for all expressions of aggression could, nonetheless, be viewed as an attempt to sensationalise the perpetration of less intense forms of aggressive behaviour, in what has been described as an "abuse of superlatives" (Rippon, 2000, p. 456). It is certainly an example of "concept creep" (Campion, 2010; Henschke, 2010), where the original meaning of 'violence' has become distorted in the process of broadening its application. Defining mild forms of verbal abuse as violence, for example, is likely to limit the capacity to differentiate both the intensity and scale of aggressive acts and hinder the determination of which prevention and

minimisation measures would be most appropriate to apply, particularly in human services settings. Applying the term 'violence' to all forms of aggression experienced in health care work, in particular, is likely to be inconsistent with the perspectives, understanding and experiences of clinicians and support personnel, who regularly have to deal with expressions of frustration and anger (Parker, Ceramidas, Forrest, Herath, & McRae, 2010).

It is proposed, therefore, that the term 'workplace aggression' is the most appropriate terminology to use when describing all forms of aggression experienced in the context of work. Reflecting the definition of human aggression, described above, workplace aggression could then be defined as:

Any action or behaviour directed by a perpetrator toward a target, in the place or circumstance in which the target is engaged in the conduct of their work, that is characterised by the perpetrator's intention to cause harm or damage for the purpose of achieving a proximal or distal outcome, the target's motivation to avoid the action or behaviour and the violation of norms that the action or behaviour represents (Hills & Joyce, 2013).

As with the general definition of human aggression, described above, the definition of workplace aggression has sound theoretical roots and is highly practical, pragmatic and broad in scope. It excludes accidents, includes antisocial behaviours, encompasses the behaviour of individuals or groups against one or more targets, as well as perpetration by physical and non-physical means, including orally, psychologically and via written modes, such as through email, messaging and social networking services. It encompasses all expressions of aggression in the context of work, from mild forms of verbal abuse through to physical forms of aggression, with violence recognised as a most extreme expression.

PRIMARY CLASSIFICATIONS OF WORKPLACE AGGRESSION

Classification by form

Early work by Buss (1961) distinguished three binary dimensions of aggression, which can readily be applied to workplace aggression – these relate to the *mode of expression* (verbal versus physical), the *quality of expression* (active versus passive) and the *immediacy or proximity of expression* (direct versus indirect). Each dimension or form is best understood as being expressed on a continuum of intensity or severity, from mild through to extreme actions or behaviours (Buss, 1961).

Overall, classification in terms of mode of expression – verbal versus physical aggression – has the distinct advantage for researchers and research consumers of focusing on readily recognisable behaviours. *Verbal workplace aggression* includes direct abuse, ridicule, harassment, contemptuous treatment, non-physical threats or intimidation, and more indirect methods such as spreading rumours, betraying confidences, withholding important information and using undermining tactics. Verbal workplace aggression may occur in face-to-face interactions or in written communications, including online. *Physical workplace aggression* includes direct or indirect contact with the target, and may consist of a raised hand or object in a threatening or intimidating gesture, physical blocking of passage or refusal to physically intervene such as in an accident, unwanted touching and sexual or other physical assault. Workplace aggression considered across these two constructs can be described in terms of the frequency experienced, enabling the determination of the prevalence or incidence of these forms.

Classification by function

Workplace aggression might also be considered in relation to its *functional orientation* (affective/reactive/hostile, versus instrumental/proactive/controlled). Here, the distinctions between affective and instrumental aggression primarily relate to the presence versus the absence of emotion, the proximal versus the distal goal of the aggression and the absence versus the presence of calculation and planning (Bushman & Anderson, 2001). Affective and instrumental aggression can, in addition, be distinguished in terms of the intensity of emotional and physiological arousal, and a reduction in behavioural control versus physiological under-arousal, a greater degree of emotional control and a positive evaluation of aggression, social gain and dominance (Ramírez & Andreu, 2006). While this classification may have some utility in the context of work, it is unclear how the functional aspects of aggression would impact on efforts to prevent or minimise aggression in the workplace, except perhaps in contexts where recognition of function is relevant to treatment (eg psychiatry).

Classification by source

There have been numerous attempts to devise a coherent classification of workplace aggression focussing on the perpetrator or source of aggression, typically in terms of their relationship to the work setting. The overarching framework for classification by source can distinguish between *internal* workplace aggression – relating to aggression from co-workers, including supervisors, managers, contractors and those working in an honorary or voluntary capacity in an organisation – and *external* workplace aggression – relating to aggression from a person who is not a member of the organisation's workforce (International Labour Organization Sectoral Activities Programme, 2003).

This framework was later expanded, separating out *client-initiated* aggression from the 'external' category, to distinguish this source, particularly as it applies to service providers, such as with patient aggression directed toward health workers (Mayhew, 2004). This is similar to the California

Occupational Safety and Health Administration (Cal/OSHA) classification schema, which describes three source 'agents' or types (Division of Occupational Safety and Health, 1995).

Type I: The agent has no legitimate business relationship to the workplace and usually enters the affected workplace to commit a robbery or other criminal act.

Type II: The agent is either the recipient, or the object, of a service provided by the affected workplace or the victim, e.g., the assailant is a current or former client, patient, customer, passenger, criminal suspect, inmate or prisoner.

Type III: The agent has some employment-related involvement with the affected workplace. Usually this involves an assault by a current or former employee, supervisor or manager; by a current/former spouse or partner; a relative or friend; or some other person who has a dispute with an employee of the affected workplace.

A variant of this classification model has seen the component comprising external people (non-staff) who are in some form of domestic or disputational relationship with a staff member, separated out and expanded to form Type IV workplace aggression. This describes aggression committed by an individual in a personal relationship with a staff member or client (Injury Prevention Research Center, 2001; National Institute for Occupational Safety and Health, 2005; Ontario Safety Association for Community & Healthcare, 2009).

Despite the widespread adoption and application of the Cal/OSHA classification model and variants, these have inherent inconsistencies and complexities. Firstly, Type I only includes people external to the workplace who have some form of criminal intent. Secondly, Type II includes former clients or consumers who might otherwise be classified as people external to the workplace, having no current business or service relationship to the workplace, and includes clients as the targets of aggression. Thirdly, Type III aggression includes not only interactions between those internal to the organisation,

but also external people (non-staff) who are in some form of domestic or disputational relationship with a staff member. Finally, the Type IV component, which partially solves the problem of external people (non-staff) in a relationship with a staff member, is unduly complicated by including people who are in a relationship with a client, not just those in a relationship with staff.

From both a research and a workplace-level perspective, a simpler approach to classification by source is needed. In health care, source persons may include those external to the workplace – *patients* (clients / consumers / service users), *patient relatives or carers* (client / service user associates) and *others* (unrelated to any of the former categories) and those internal to the workplace – *co-workers*. While there may be limits to the generalisation of this model beyond health care settings, there is nonetheless considerable support in the health care literature for the adoption of this classification typology (Hills & Joyce, 2013).

Classification by characteristics

A further classification focuses on discrete aggregations of aggression related to behaviour or characteristics, which may be expressed by one or more sources of workplace aggression. Classification types include workplace incivility, revenge, stalking, bullying, mobbing and harassment. This typology is commonly applied in the research literature, primarily in relation to research or critique focussed on one or more types.

Incivility is conceptualised as a perpetrator's expression of relatively low-intensity rudeness and discourteousness, with ambiguous intent to harm the target, but which represents a violation of norms for respect and consideration in interpersonal interactions in the workplace (Andersson & Pearson, 1999; Pearson, 2010; Pearson, Andersson, & Porath, 2005). *Revenge* is a distinctive classification type. It is defined in terms of the actions undertaken by a person (the 'perpetrator') in

response to perceived acts of wrongdoing, injustice or harm perpetrated by another (the 'offender'), with the intention of gaining satisfaction from inflicting retaliatory harm or damage on the perceived offender (Aquino, Tripp, & Bies, 2001; Bies & Tripp, 2005; McCullough, Kurzban, & Tabak, 2013).

Stalking is a relatively recently described phenomenon that may be work-related, but health professionals are at elevated risk of being stalked compared to the general population (Maran, Varetto, Zedda, & Franscini, 2017). It is conceptualised in terms of repeated instances of a perpetrator following a target, keeping them under surveillance, making unwanted approaches or communications to them or other forms of threatening or intimidating behaviour (Heckels & Roberts, 2010; Kropp, Hart, Lyon, & Storey, 2011; Maran et al., 2017; Ogilvie, 2000; Sheridan & Roberts, 2011). Stalking in humans carries with it a sense of cognitive disorder or criminal intent and has entered the criminal codes in many jurisdictions, including in all Australian states (Ogilvie, 2000).

The most frequently described and investigated classifications of workplace aggression are *bullying, mobbing and harassment*. The term 'bullying' has been associated more with scholarship and practice in the United Kingdom and the United States, while 'mobbing' has been associated more with scholarship and practice in Scandinavia and continental Europe (Rayner & Keashly, 2005; Sperry, 2009; Zapf & Einarsen, 2005). Workplace bullying and mobbing can be considered co-worker aggression, and are conceptualised in terms of the repeated and ongoing nature of verbal or physical acts that may include incivilities; threatening, humiliating, intimidatory or exclusionary behaviour; and work restriction, interference or sabotage (Bambi, Guazzini, De Felippis, Lucchini, & Rasero, 2017; Lutgen-Sandvik, Namie, & Namie, 2009; Rayner & Cooper, 2006; Wilson, 2016). Workplace bullying/mobbing is widely investigated and reported in the academic, professional and industrial literature, and has become the subject of legislative reform enacted by the Parliament of Victoria ("Crimes amendment (bullying) bill 2011," 2011), which also legislates against stalking.

Harassment is mostly perpetrated on the basis of the target's difference from the majority or difference from membership of a particular, often dominant, sociocultural or biologically-based identity. Thus, 'harassment' is often combined with a specific descriptor referring to the target (eg sexual or gender harassment, sexual orientation harassment, racial or ethnic harassment and religious or belief harassment). Harassment may also relate to specific personal attributes, such as age, height, obesity or disability. In Australia, State-based human rights and equal opportunity bodies and legislation drive efforts to reduce discriminatory acts and practices. In addition, at the national level, the Australian Human Rights Commission (2016) leads the application and implementation of legislation, policy and international conventions relating to harassment and discrimination on the basis of race, colour, sex, religion, political opinion, national extraction or social origin ("Australian Human Rights Commission Act 1986," 2010). The fact that specific legislation and policy proscribe specific forms of discrimination in the social domain, including in relation to employment and work, exemplifies the egregious nature of discrimination and harassment.

Each of the classification types described above has a significant and expanding body of literature addressing definitional issues, prevalence and impact, and prevention and minimisation. Some of these types of workplace aggression, however, comprise a combination of verbal or written and physical aggression, which may be experienced from a range of sources, both internal and external to an organisation. Thus, while they may be investigated individually, they can also be considered as specific behaviours perpetrated along a continuum of severity by one or more source persons in verbal or written and physical forms.

CONCLUSION

In this discussion paper, conceptualisations of 'aggression' and 'violence', especially in relation to context of work, have been explored. There is no doubt that there is a degree of contention about

how best to define and classify aggression, with different disciplines and fields of inquiry applying somewhat different perspectives and terminologies. However, the absence of a clear, shared understanding of what constitutes workplace aggression, including how it is defined and categorised, will likely lead to challenges in conducting research, and developing the most appropriate policies and strategies to prevent and minimise its likelihood and consequences. The misuse of the term 'workplace violence', to describe all forms of 'workplace aggression', is particularly problematic, including for researchers, research consumers, policy makers and clinicians. Violence can really only be appropriately considered an extreme form of aggression. The use of the term violence to encapsulate all forms of aggression in the workplace is conceptually flawed and quite inappropriate.

Consequently, a highly practical definition of workplace aggression has been proposed to encompass all expressions of aggression in the context of work, from mild forms of verbal abuse through to physical forms of aggression, with violence recognised as an extreme expression of aggressive behaviour. This definition is of considerable relevance to nursing, midwifery and health care. When combined with the pragmatic classification by form that differentiates 'verbal or written' and 'physical' aggression and the two main source groups of primary relevance to health care work – 'external' (patients, their relatives or carers and others external to the workplace) and 'internal' (co-workers) aggression, a coherent, broadly encompassing and theoretically sound conceptualisation of workplace aggression emerges, which can readily be applied in the context of clinical practice settings. This pragmatic conceptualisation of workplace aggression allows for a focus on particular sub-types of workplace aggression (classification by characteristics), such as bullying and harassment, which may be the subject of focussed research and critique. Finally, clarity and consensus on defining and classifying workplace aggression should provide a sound and coherent basis for researchers, policy makers, clinicians and health care organisations to develop more concerted and effective strategies efforts to prevent and minimise this highly challenging and serious work health and safety concern.

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