Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 10, Issue, 07, pp.71264-71268, July, 2018

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

ISSN: 0975-833X

RESEARCH ARTICLE

INFLUENCE OF WORKPLACE VIOLENCE ON DISTRESS BY SECURITY GUARDS

[1,2,*]Sanja Brekalo Lazarevic, [1]Senada Selmanovic, [2]Ivana Lazarevic, [1]Azijada Beganlic, [3]Jasmina Biscevic Tokic and [2]Azra Kurtic

[1]Public Health Centre "Dr Mustafa Sehovic", 75 000 Tuzla, Bosnia and Herzegovina
[2]Facuty of Medicine, University of Tuzla, Univerzitetska 1, 75 000 Tuzla, Bosnia and Herzegovina
[3]Medical Faculty, University of Sarajevo, Cekalusa 90, 71000 Sarajevo, Bosnia and Herzegovina

ARTICLE INFO

Article History:
Received 24th April, 2018
Received in revised form
11th May, 2018
Accepted 19th June, 2018
Published online 30th July, 2018

Key Words:
Workplace Violence,
Security Guards,
Distress,
Mental Health.

ABSTRACT

Introduction: Workplace violence is widely recognized as an occupational health risk for employees in many organizations and it can damage their psychological health. Securitty guards are at comparably high risk of violent incidents. **Objective:** This aim of this work was to evaluate the association of non-physical form of workplace violence with distress among security guards and in what way does it affect mental health of the security guards. **Methods:** The cross-sectional study involved 250 security guards in Tuzla Canton and was conducted anonymously using the Questionnaire about violence at work. **Results:** Threats and intimidation as a form of non-physical violence in the last 12 months experienced 32.4% participants, whereas exposition to verbal assault reported 18.8% study participants. Due to exposure to different forms of violence at work, respondents feel consequences to mental health such as easily get angry and frustrated, insomnia and become harsh and insensitive. Study participants also become violent towards their family members and become harsh and insensitive which leads toward depression. Non-reporting of violence was also a concern, main reasons were lack of reporting procedure, previous experience of no action taken and fear of the consequences. **Conclusion:** There is association between violence and mental health of the security guards and it is necessary to take prevention actions at the organizational and individual level on time to protect workers and provide safer workplace environment.

Citation: ***Sanja Brekalo Lazarevic, Senada Selmanovic, Ivana Lazarevic, Azijada Beganlic, Jasmina Biscevic Tokic and Azra Kurtic*, 2018.** "Influence of Workplace Violence on Distress by Security Guards", *International Journal of Current Research*, 10, (07), 71264-71268.

INTRODUCTION

Workplace or occupational violence is a serious safety and health problem that is attracting increasing attention across the industrialized world. Workplace violence is any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at the work site (Lee, 2006).It ranges from threats and verbal abuse to physical assaults and even homicide (Amaranto *et al*., 2003; CFOI, 2016).Workplace violence can affect and involve employees, clients, customers and visitors. It is widely recognized as a major occupational health risk for employees in many professions and can have consequences for the physical and mental health of employees.

Corresponding author: **[1,2,*]Sanja Brekalo Lazarevic,**
[1]Public Health Centre "Dr Mustafa Sehovic", 75 000 Tuzla, Bosnia and Herzegovina.
[2]Facuty of Medicine, University of Tuzla, Univerzitetska 1, 75 000 Tuzla, Bosnia and Herzegovina.
DOI: https://doi.org/10.24941/ijcr.31539.07.2018

These risks can in turn have significant economic, legal and social costs for workers, their family, employersand the wider community (Chappell and Mayhew, 2002; Brekalo-Lazarevic *et al*., 2010). The European Commission proposed the following definition for work-related violence that includes both physical and psychological violence:

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 and health (Wynne *et al*., 1997).

Violent physical acts can affect workers' physical and psychological health. Psychological health impairments can manifest through reduced work satisfaction which may vary from anxiety, emotional distress, sleep disorders, fatigue, concentration problems, loss of attention to more serious mental disorders, such as depression, workplace burnout syndrome, post-traumatic stress disorder and even the risk of suicide (Field, 2003).

The members of the family of employees feel the consequences of exposure to workplace violence which multiplied this problem (Mayhew, 2001). Consequences of workplace related violence are generally associated with declining labour effectiveness, absence from work and reduced productivity of an individual and the work place organization.
Security guards, together with occupations such as mental health nurses, jailers and police officers, represent a high-risk occupation for workplace violence (Chappell and Di Martino, 2006). In Australia, security and police were in the top three highest claiming occupations for work-related injuries and deaths from occupational violence, with security guards at number one in both instances. Additionally, injuries to security guards appeared more serious than those experienced by police (Ferguson *et al*., 2011).

In many countries, security guards work in or around private, commercial, financial, health-care and government facilities and properties. They are employed to protect vulnerable businesses against the threat of attack and illegal activities. Such businesses include banks, stores, betting shops, gambling casinos and other work sites where large amounts of cash and valuables are located but also control access to areas and protect people and property. Security guards wear uniforms and carry weapons. The work exposes security guards to a number of risks and situations that may induce a stressful state, harming their personal life and leading to physical and psychological damage. There is very limited literature on injuries and violence experienced by security guards. Threats and violence in security guards workplace represent an important work environment issue. The aim of this work was to evaluate the incidence of workplace violence as well as examines the consequences of violence against security guards working for private security agencies in the area of Tuzla Canton. To our best knowledge, this is the first study on security guards work place violence in Bosnia and Herzegovina. The results of this work will support the development of sound policy and strategies to prevent and manage work place violence.

MATERIALS AND METHODS

This cross-sectional study was conducted from May 2013 to September 2013. Participants were 250 male security guards employed by the private security agencies in the area of Tuzla Canton employed for the protection of persons and property. The subjects were randomly selected from the four security agencies in Tuzla Canton comprising 951 security guards. A total of 250 security guards were randomly selected. All participants signed informed consent and the study was approved by the Ethics Committee of the Institution Health Centre. The study was conducted according to the ethical standards of the Declaration of Helsinki. The study was designed as a cross-sectional study. The survey was conducted by questionnaires which participants answered at the Occupational Health Department of the Health Care Centre Tuzla.

Questionnaire about Workplace Violence: The study instrument was prepared on the basis of the questionnaires used in two earlier studies (Leino *et al*., 2011a, Leino *et al*., 2011b). The questionnaire gathered information on the following areas: socio-demographic data of the participants (age, marital status and work experience), exposure to non-physical violence (verbal abuse, threats and intimidation)in the past 12 months, violence reporting and consequences on mental health that may be related to violent exposure at work (anger, insomnia, depression, violent behavior at home, becoming harsh and insensitive).Questions about exposure and consequence are designed to give answers to the frequency of the problem (none, seldom, somewhat often, very often).

Statistical Data Analysis: All statistical analyses were performed using SPSS Statistic software 10.0. Standard methods of descriptive statistics were used. ANOVA linear regression analysis was used for exposure predictors. Differences were considered statistically significant for $p<0.05$.

RESULTS

The mean age of subjects was 31.2 ± 7.63 years. Out of 250 security guards participants, 166 (66.4%) were younger than 34 years and 163 (65.2%) were married. The subjects had been working as the security guard for a mean of 5.97 ± 4.26 years and 71.2% had less than 5 years of work experience. Not exposed to threats and intimidation as a form of non-physical violence in the last 12 months were 67.6% participants, whereas no exposition to verbal assault reported 81.2% study participants (Table 1). Regarding reporting of violent events shown in Table 1, 76.0% of the respondents did not report the incident to the employer. As a reason they stated that it was useless and no action would be taken, were afraid of negative consequences at work or did not know to whom they should report. A correlation matrix of exposure to violent verbal behavior at work and distress at work is showed in Table 2. Exposure to harsh, impolite behavior, intimidation and terror and verbal threats are statistically significantly related to distress. The development of distress depends on the exposure to workplace violence. Due to exposure to different forms of violence at work, study participants may feel consequences to mental health such as easily get angry, suffer from insomnia, get violent towards their family members and become harsh and insensitive which could lead to depression and suicidal thoughts. Table 3 shows that study participants most often stated that they easily get angry (29.2%) as a consequence to violence at work, followed by suffering from insomnia (28.8%) and depression (24.8%), but only a small number were violent (4%) or rude and insensitive toward family members (7.2%). Table 4 shows a correlation matrix about the causal correlation between mental health, distress and its clinical symptoms and signs. The study participants, in relation to exposure to non-physical violence at work, get easily angry and frustrated and suffer from insomnia. They become family offender, become rough and impolite and because of this they feel depressed. There is a statistically significant correlation between all symptoms of distress expect between parameters “insomnia” and “become family offender”. Exposure predictors of work-related violence and distress are shown in Table 5. Predictors of distress are the increasing frequency of violence at work, exposure to rude and impolite behavior and low satisfaction with work as well as mental health disorders related to violence at work.

DISCUSSION

Security guards face physical and non-physical violence at work due to the nature and the conditions of their job.

Table 1.Characteristics of participants and study variables of exposure to non-physical violence

Characteristic	N (%)
Age	
-<25	37 (14.8)
-25-34	129 (51.6)
-35-44	70 (28.0)
->45	14 (5.6)
Married	
-Yes	163 (65.2)
-No	87 (34.8)
Work experience	
-<1	9 (3.6)
-1-5	169 (67.6)
-6-10	36 (14.4)
->10	5 (2.0)
Violence reporting to employer	
• Yes	13 (5.2)
• No	190 (76.0)
• No answer	47 (18.8)
Exposure to non-physical violence in the last 12 months	
1)Threats and intimidation	
• None	
• Seldom	169 (67.6)
• Somewhat often	65 (26.0)
• Very often	15 (6.0)
2)Verbal assaults	1 (0.4)
• None	
• Seldom	203 (81.2)
• Somewhat often	41 (16.8)
• Very often	6 (2.4)
	0

Table 2. Correlation matrix of exposure to violent verbal behavior at work and distress at work

Exposure to violence	Frequency of exposure to violence			
Frequency of exposure to violence	1.000* 0†	Impolite behavior		
Impolite behavior	0.824 0.001	1.000 0	Intimidation and terror	
Intimidation and terror	0.522 0.001	0.509 0.001	1.000 0	Verbal threats
Verbal threats	0.635 0.001	0.608 0.001	0.616 0.001	1.000 0

*correlation factor p
†P

Table 3.Consequences to mental health

Characteristic	N (%)
Mental health as a consequence of exposure to violence in the workplace Anger	
• None	
• Seldom	
• Somewhat often	
• Very often	177 (70.8)
Insomnia	44 (17.6)
• None	12 (4.8)
• Seldom	17 (6.8)
• Somewhat often	
• Very often	203 (81.2)
Depression	29 (11.6)
• None	6 (2.4)
• Seldom	12 (4.8)
• Somewhat often	
• Very often	213 (85.2)
Violent behavior at home	26 (10.4)
• None	7 (2.8)
• Seldom	4 (1.6)
• Somewhat often	
• Very often	240 (96.0)
Harsh and insensitive	7 (2.8)
• None	2 (0.8)
• Seldom	1 (0.4)
• Somewhat often	
Very often	232 (92.8)
	10 (4.0)
	4 (1.6)
	4 (1.6)

Table 4.Correlation between mental health, distress and its clinical symptoms and signs

Symptoms and signs of distress	Easily gets angry				
Easily gets angry	1.000* 0†	Insomnia			
Insomnia	0.384 0.001	1.000* 0†	Depression		
Depression	0.491 0.001	0.327 0.001	1.000* 0†	A family offender	
Family offender	0.176 0.003	0.074 0.121	0.486 0.001	1.000* 0†	I'm getting harsh and insensitive
Becoming harsh and insensitive	0.367 0.001	0.341 0.001	0.764 0.001	0.509 0.001	1.000* 0†

*correlation factor p
†P

Table 5. Exposure predictors of work-related violence and distress

Predictors as independent variables	β and 95% Reliability interval (95%CI)*		
	β	P	95%CI
Increasing frequency of exposure to violent behavior	-0.322	0.001	-5.578 – 1.583
Mental health suffers	0.114	0.047	0.059- 7.871
Exposure to harsh, impolite behavior	0.194	0.044	0.066- 4.509
Not satisfied with work	0.163	0.001	6.891- 9.088

This study focused on security guards and prevalence of two non-physical forms of work-related violence, threats and intimidation as well as verbal assault and assessed consequences to mental health that may be related to violent exposure at work. The results of this study are difficult to compare to other studies because there is very few studies on security guards work related violence. Also, there is inconsistency in what has been considered as workplace violence which often contains combination of verbal aggression, threats and physical acts. The average age of security guards in this study was 31.2 years and the average length of service was 6 years. Several studies showed that younger employees have higher risk of third party violence than older, more experienced employees (Soares *et al*., 2000; Arnetz *et al*., 1996a). During the last 12 months 19.2% of participants were exposed to verbal assault and 32.0% were exposed to threats and intimidation which is in agreement with other studies (Leino *et al*., 2011b; Kitaneh and Hamdan, 2012). It should be noted that the incident of violence was reported only by 5.2% study participants and 18.8% of respondents did not answer this question. As a reason they stated that it was useless to report the violence as no action would be taken, they were afraid of negative consequences at work or did not know to whom they should report. Low violence reporting level is also noted in other studies among health care workers (Arnetz *et al*. 2015b; Abu AlRub *et al*., 2007). Various studies showed that symptoms and signs of mental health disorders are often the result of exposure to workplace violence (By *et al*.; 2002; Einarsen *et al*.; 2003). It has been proven that experiencing a critical violent incident is associated with burnout and other stress reactions (Verkuil *et al*., 2015; Schat and Kelloway, 2003). Also, study participants indicated psychological and emotional feelings such as anger, fear, depression, stress, frustration, anxiety and sleep disturbance (Hogh and Viitasara, 2005). Insomnia is also a consequence of violence exposure. In this study, 18.8% of participants stated that they suffered from insomnia. The result is much lower than in a study on security guards conducted in Sweden where almost 50% of participants reported sleeping problems (Menckel *et al*.; 2000). Furthermore, earlier studies among hospital staff have showed the correlation of prolonged exposure to violence and depression (Choi *et al*.; 2010; Gates *et al*.; 2003).

Poor working conditions, poor wages, and constant exposure to violence, as well as fear of repeated violence, were causes of depression. In this study, 14.8% of participants reported depression, which is lower compared to other studies (Fang *et al*.; 2018). The violence towards the closest family members was reported by 4.0% participants. It is also important to emphasize that 7.2% of participants stated they have become harsh and insensitive compared to period be fore employment as security guard. The difference in the results on mental health between this and other studies may be in the fact that participants in this study were not comfortable and willing to give answers about mental health as they fear of losing jobs, given the current economic situation and unemployment rate in Bosnia and Herzegovina.

Conclusion

The results of this study showed an association between exposure to work-related violence and symptoms of distress among security guards. Distress predictors are the increased frequency of violence at work, exposure to rough and impolite behavior and dissatisfaction with work, as well as mental health disorders associated with it. Non-reporting of violence is a concern. There is the need to encourage reporting of workplace violence through development of guidelines and policies on violence reporting. The results of this study showed that it is necessary to take organizational measures to manage and reduce the violence at workplace and its negative influence on individuals and organizations.

Conflict of interest: Authors declare no conflict of interest.

REFERENCES

Abu Al Rub RF., Khalifa MF., Habbib MB. 2007. Workplace violence among Iraqi hospital nurses. *J Nurs Scholarsh.* 39:281–288.

Amaranto E., Steinberg, J., Castellano, C., Mitchell, R. *2003.* Police stress interventions. *Brief Treat Crisis Intervent. Spring* 3:47-53.

Arnetz J., Arnetz BB., Petterson IL. 1996a. Violence in the nursing profession: occupational and lifestyle risk factors in Swedish nurses. *Work and Stress.* 10:119–127.

Arnetz JE., Hamblin L., Ager J., Luborsky M., Upfal MJ., Russell J., Essenmacher L. 2015b. Underreporting of workplace violence, *Workplace Health Saf.*63:200-210.

Brekalo-Lazarevic S., Pranjic N., Nurkić B. 2010. Uticaj individual nihi faktorar adnog mjestanabolovanje u pacjenata s depresivnimporemećajem. *Sigurnost.* 52(3):235-244.

Bureau of Labor Statistics, Census of Fatal Occupational Injuries (CFOI), 2016, https://www.bls.gov/ news.release/ cfoi.nr0.htm.

By LB., Manon M., Kelloway EK. 2002. Predictors and outcomes of workplace violence and aggression. *J Appl Psych.*87:444-453.

Chappell D., Di Martino V. 2006b. Violence at work (3rd Edition), Geneva, Switzerland: ILO.

Chappell D., Mayhew C. 2002a. An overview of occupational violence. *Austral Nursing J: ANJ, The.* 9(7):34-45.

Choi ES., Jung HS., Park H. 2010. The influence of workplace violence on work-related anxiety and depression experience among Korean employers. *J Korean Acad Nurs.*40:650-661.

Einarsen S., Hoel H., Zapf D., Cooper C. 2003. (Eds.) Bullying and emotional abuse in the workplace. Taylor and Fransis, London.

Fang H., Zhao X., Yang H. *et al* 2018. Depressive symptoms and workplace-violence-related risk factors among otorhinolaryngology nurses and physicians in Northern China: a cross-sectional study. *BMJ Open* 8:e019514.

Ferguson P., Prenzler T., Sarre R., de Caires B. 2011. Police and Security Officer Experiences of Occupational Violence and Injury in Australia. *Int J Police Sci and Manag.* 13(3):223–233.

Field T. 2003. Workplace bullying.*Br Med J.* 326:776-777.

Gates D., Fitzwater E., Succop P. 2003. Relationships of stressors, stain, and anger to caregiver assaults. *Issues Mental Health Nurs.* 24:775-793.

Hogh A., Viitasara E. 2005. A systematic review of longitudinal studies of nonfatal workplace violence. *Eu J Work Org Psychol.*14:291-313.

Kitaneh M., Hamdan M. 2012. Workplace violence against physicians and nurses in Palestinian public hospitals: a cross-sectional study. *BMC Health Services Res*. 12:469-478.

Lee D.2006. Violence in the health care workplace. *HKMJ* 12:4–5.

Leino TM., Selin R., Summala H., Virtanen M. 2011a. Violence and psychological distress among police officers and security guards. *Occup Med.*61:400-406.

Leino TM., Selin R., Summala H., Virtanen M. 2011b.Work-related violence against security guards – Who is most at risk. *Ind Health*49:143-150.

Mayhew, C. 2001.Occupational Health and Safety Risks Faced by Police Officers. Australian Institute of Criminology, Trends and Issues in Crime and Criminal Justice, Canberra, Australia. http://www.aic.gov.au

Menckel E., Carter N., Viitasara E. 2000. Violence towards caregivers of persons with developmental disabilities. Developing a system for recording challenging behavior. WORK. *J Prev Assess Rehabilitat.*15:3-8.

Schat AC., Kelloway EK. 2003. Reducing the adverse consequences of workplace aggression and violence: the buffering effects of organizational support. *J Occupat Health Psychol.*8(2):110-122.

Soares JJF., Lawoko S., Nolan P. 2000. The nature, extent and determinants of violence against psychiatric personnel. *Work and Stress* 14:105–120.

Verkuil B., Atasayi S., Molendijk ML. 2015. Workplace bullying and mental health: A meta-analysis on cross-sectional and longitudinal data. *PloS One.* 10:1-16.

Wynne R., Clarkin N., Cox T., Grifths A. 1997.Guidance on the prevention of violence at work, Brussels, European Commission, DG-V, Ref. CE/VI-4/97.

****