CORA Cork Open Research Archive
Cartlann Taighde Oscailte Chorcaí

Title	An exploratory study on workplace violence and its effect on residential disability social care workers in Ireland: a mixed method approach
Authors	Mech-Butler, Agnieszka;Swift, Róisín
Publication date	2019-07
Original Citation	Mech-Butler, A. and Swift, R. (2019) An exploratory study on workplace violence and its effect on residential disability social care workers in Ireland: a mixed method approach. Cork: Community-Academic Research Links, University College Cork.
Type of publication	Report
Link to publisher's version	https://www.ucc.ie/en/scishop/rr/
Rights	©2019, Agnieszka Mech-Butler and Róisín Swift.
Download date	2025-07-05 12:53:02
Item downloaded from	https://hdl.handle.net/10468/9380

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

An exploratory study on workplace violence and its effect on residential disability social care workers in Ireland: A mixed method approach

Agnieszka Mech-Butler and Róisín Swift

CARL Research Project

in collaboration with

SCI

SOCIAL CARE IRELAND

CARL

COMMUNITY - ACADEMIC RESEARCH LINKS

University College Cork, Ireland

Name of student(s):	Agnieszka Mech-Butler and Róisín Swift
Name of civil society organisation/community group:	Social Care Ireland
Name of community group liaison person:	Noel Howard
Academic supervisor(s):	Dr Eleanor Bantry White
Name and year of course:	Master of Social Work
Date completed:	July 2019

What is Community-Academic Research Links?

Community Academic Research Links (CARL) is a community engagement initiative provided by University College Cork to support the research needs of community and voluntary groups/ Civil Society Organisations (CSOs). These groups can be grass roots groups, single issue temporary groups, but also structured community organisations. Research for the CSO is carried out free of financial cost by student researchers.

CARL seeks to:

- provide civil society with knowledge and skills through research and education;
- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (www.livingknowledge.org).

What is a CSO?

We define CSOs as groups who are non-governmental, non-profit, not representing commercial interests, and/or pursuing a common purpose in the public interest. These groups include: trade unions, NGOs, professional associations, charities, grass-roots organisations, organisations that involve citizens in local and municipal life, churches and religious committees, and so on.

Why is this report on the UCC website?

The research agreement between the CSO, student and CARL/University states that the results of the study must be made public through the publication of the final research report on the CARL (UCC) website. CARL is committed to open access, and the free and public dissemination of research results.

How do I reference this report?

Author (year) *Dissertation/Project Title*, [online], Community-Academic Research Links/University College Cork, Ireland, Available from: http://www.ucc.ie/en/scishop/completed/ [Accessed on: date].

How can I find out more about the Community-Academic Research Links and the Living Knowledge Network?

The UCC CARL website has further information on the background and operation of Community-Academic Research Links at University College Cork, Ireland. http://carl.ucc.ie. You can follow CARL on Twitter at @UCC_CARL. All of our research reports are accessible free online here: http://www.ucc.ie/en/scishop/rr/.

CARL is part of an international network of Science Shops called the Living Knowledge Network. You can read more about this vibrant community and its activities on this website: http://www.scienceshops.org and on Twitter @ScienceShops. CARL is also a contributor to Campus Engage, which is the Irish Universities Association engagement initiative to promote community-based research, community-based learning and volunteering amongst Higher Education students and staff.

Are you a member of a community project and have an idea for a research project?

We would love to hear from you! Read the background information here http://www.ucc.ie/en/scishop/ap/c&vo/ and contact us by email at carl@ucc.ie.

Disclaimer

Notwithstanding the contributions by the University and its staff, the University gives no warranty as to the accuracy of the project report or the suitability of any material contained in it for either general or specific purposes. It will be for the Client Group, or users, to ensure that any outcome from the project meets safety and other requirements. The Client Group agrees not to hold the University responsible in respect of any use of the project results. Notwithstanding this disclaimer, it is a matter of record that many student projects have been completed to a very high standard and to the satisfaction of the Client Group.

Table of contents

Sections		Page
	Abstract……..	**8**
Chapter One: Introduction to Research		
1.1	Introduction……....	9
1.2	Workplace violence and underreporting in healthcare and social care work…..	10
1.3	Consequences…….....	12
1.4	Organisational training and support systems ……..	13
1.5	Informal supports ……	13
1.6	Legislation and policies …….....	15
1.7	Background to research ……..	15
1.8	Aims and objectives ……	15
1.9	Research questions explored in quantitative and qualitative studies……...	16
1.2.1	Mixed methods research……..	17
Chapter Two: Quantitative Research		
2.1	Theoretical underpinnings…….....	18
2.2	Post-positivism……..	18
2.3	Epistemology and objectivism……...	19
2.4	Methodology…….....	19
2.5	Ethical issues……..	20
2.6	Recruitment and sampling……..	20
2.7	Data collection and data analysis……	21
Chapter Three: Results and Discussion on Quantitative Research		
3.1	Introduction……	23
3.2	Table 1. Sample Profile……..	24
3.2.1	Sample profile……	25

3.3 Self-reported workplace violence…… 25
3.3.1 How common was workplace violence…… 25
3.3.2 What characteristics were associated with workplace violence……. 26
3.3.3 Gender and types of abuse……... 26
3.3.4 Years of experience and types of abuse……... 26
3.4 Effects on organisation……. 27
3.4.1 Personal effects on worker……... 28
3.5 Support utilisation…….. 29
3.5.1 Personal informal supports…… 29
3.5.2 Organisational supports…….. 29
3.5.3 Contractual status and sufficient supports……... 30
3.6 Discussion…… 31
3.6.1 The supports……... 31
3.6.2 Impacts and effects……. 32
3.6.3 Impact on the organisation……. 32
3.7 Conclusion…….. 33

Chapter Four: Qualitative Research

4.1 Theoretical approach to research ……. 34
4.2 Epistemological and ontological considerations…….. 34
4.3 Research methods……..…… 35
4.4 Methodology……..…… 36
4.5 Sampling …… 36
4.6 Data analysis…… 37
4.7 Ethical considerations, confidentiality and data storage……..... 37
4.8 Challenges, limitations and strengths of the study…….. 38

Chapter Five: Results and Discussion on Qualitative Study

5.1 Introduction……. 40
5.2 Profile of participants……. 41

5.3 Themes that emerged from the study……. 42
5.4 Contextualising workplace violence ……. 42
5.4.1 Normalising culture……..…… 43
5.4.2 Organisational structure and communication…… .. 44
5.4.3 Organisational supports…….. 46
5.4.4 Resourcing of individualised services…… 48
5.5 Preferred strategies and supports…….. 50
5.5.1 Peer and team support……..... 50
5.5.2 Self-care practices……. 51
5.5.3 Staff training……... 52
5.6 Discussion of qualitative findings…….... 53

Chapter Six: Mixed Method Analysis: Findings from integrating the studies

6.1 Similarities……. 56
6.2 Complementarity…… 57
6.3 Differences……. 59
6.4 Missing…… 59
6.5 Surprises…….. 60
6.6 Exploring connections to meet our objective of improving supports for social care workers…….. 60

Chapter Seven: Recommendations

7.1 Universal legislation…… 62
7.2 Interventions, planning and communication……. 62
7.3 Training…… 62
7.4 Supports…… 63
7.5 Educating service users and student social care workers about workplace violence…… 63
7.6 Addressing funding issues and carrying out further research……. 64
7.7 Conclusion…….. 64

Bibliography……. 65

Appendices

Quantitative study

Appendices A: Information sheet…… 73

Appendices B: Consent form……... 76

Appendices C: Survey questions……. 77

Appendices D: Ethical approval (both studies) …….. 81

Qualitative Study

Appendices E: Consent Form…….. 82

Appendices F: Information sheet……. 83

Appendices G: Interview Questions…… 86

Abstract

Social care workers working in the area of residential disability services in Ireland are at a high risk of workplace violence. Current literature provides limited knowledge about the supports and coping strategies available and utilised by Irish social care workers who are affected by this problem. This mixed method study consists of two parts. Part (a) is based on surveys completed by individuals (quantitative study) and part (b) includes interviews conducted with the participants (qualitative study). The survey inquired about a participant's experience of workplace violence in a residential disability service. In addition, it aimed to identify the effects of workplace violence and the supports which are most useful among affected workers. Lastly, it queried whether organisations provide enough supervision and training to lessen workplace violence. It looked at the prevalence of workplace violence in this study and what needs to be improved for social care workers working in residential disability services. The aim of this study was to determine if social care workers had access to supports from their organisations when they were affected by workplace violence. It also examined whether the supports were formal (structured from organisation/management, which include supervision or debriefing) or informal (from a spouse/partner, or colleague) within residential disability settings and if this was enough to alleviate the stress that comes with workplace violence. The findings from the quantitative study highlighted that workers felt workplace violence was underreported. The reasoning was the fear for professional capacity as well as fear of criticism from colleagues and time-consuming reporting procedures. Unfortunately, from this research over 70% of participants felt that organisations were not addressing the issue; which has negative consequences on the workforce.

The qualitative part of this research focused on semi-structured interviews to explore the experiences of social care residential workers in disability settings who have experienced violence in the workplace. Using thematic analysis, the results identified the 'context in which workplace violence occurs' and 'preferred strategies and supports' used by staff following an incident. Concerns were raised in relation to a culture which normalises workplace violence. This culture appears to impact on the supports that are offered by some organisations within the disability sector. Furthermore, social care workers highlighted that they mostly rely on the support of peers and work colleagues, who share similar experiences of workplace violence.
Findings of this study suggest that open communication between staff and management is essential to ensure that staff feel adequately supported and the problem of workplace violence

is being adequately tackled by the organisations. This will ensure that people who use the services receive the best quality care and support. Suggested recommendations that could promote safe working environment are provided within this report to encourage for workplace violence to be addressed universally.

Chapter 1

Introduction to the Research

1.1 Introduction

The Health and Safety Authority (2007) states that *"workplace violence occurs where people, in the course of their employment, are aggressively verbally abused, threatened or physically assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing and health"* (2007, p. 1). This research aims to examine the extent of workplace violence experienced by social care workers within the residential disability services. Social care workers in this setting are responsible for providing care, supports and protection to vulnerable individuals with physical and intellectual disabilities. In addition, social care workers advocate and work in partnership with their clients. Residential disability services refer to a place where people with disabilities live, which includes supported housing.

Both Irish and international literature reviewed within this study suggests that workplace violence has major negative implications for individuals who are affected as well as the organisations they work for. This research aims to measure how prevalent workplace violence is among social care workers working in the area of disability who took part in this study. It seeks to identify the impacts of workplace violence on social care workers; by highlighting various forms encountered by workers due to violence and other forms of harassment, physical assault and verbal abuse, to name a few. Moreover, it will establish how often social care workers are exposed to violence either daily, monthly, weekly or yearly and the effect this has on them. This study also describes the support systems provided by organisations and examines their effectiveness. While organisational responses are essential in reducing the impact of workplace violence, some informal supports used by social care workers are also discussed in this part of dissertation. The final part of this research summarises the Irish legislative response to this problem. Furthermore, it highlights the lack of specific universal policies that tackle workplace violence within the disability sector. Lastly, this study will aim to identify whether underreporting is an issue and the possible reasons for underreporting.

1.2 Workplace violence and underreporting in healthcare and social care work

The issue of workplace violence directed at **s**ocial **c**are workers and care staff is recognised globally as a rising problem (Keogh & Byrne, 2016: Beech & Leather, 2006: Milczarek 2010). A Swedish study conducted by Strand et al. (2004) investigated the violence experienced by both the **so**cial **c**are workers and patients with intellectual disabilities placed in group settings. Over 60% of respondents (n=75) stated they had been exposed to violent situations while providing care to their clients. An Irish study carried out by Keogh and Byrne (2016) as well as research conducted by Emerson and Hatton (2000) suggests that social care workers working in residential disability services are particularly affected by workplace violence. Over 90% of participants who reported being employed within this sector also stated they experienced violence at work (Keogh and Byrne, 2016). Leather et al. 1999 (cited in Beech & Leather 2006) suggest that the phenomenon of workplace violence is difficult to capture in the form of accurate statistical data as the criteria outlining workplace violence vary depending on the context and culture of various countries. The authors also indicate the differences in legal criteria for reporting incidents of workplace violence internationally, which creates further difficulty in comparing statistics and findings of the research conducted globally.

Notably, Di Martino (2002), cited in Lanctôt and Guay (2014), found that violence affects workers at least once a year and it is continuing to be underreported and ignored. Phillips (2016) reiterates this point and states that in the US *"researchers have yet to discover statistically significant, universally applicable methods of risk reduction"* (2016, p. 1661). If there was a universal approach, social care workers could understand what is meant by workplace violence; it would also emphasise the need to clarify what needs to be reported in cases of workplace violence. Harris and Leather in Keogh and Byrne (2016) found that *"the levels of violence differed across sectors of social care work"* (2016, p. 19). In relation to underreporting of violence, Keogh et al (2016) says that workers felt they may be viewed as *'unskilled'* and their self-perception of their worth is therefore diminished.

Lovell et al (2013) argues why they believe underreporting to be an issue and states the following reasons for same; (1) lack of time; (2) lack of support; (3) classification of incidents as minor; (4) reporting perceived as a waste of time; and (5) fear of repercussion (2013, p. 2264). Keogh (2001) cited in Keogh et al (2016) found that *"social care workers often do not report incidents of workplace violence as it is perceived to be part of the job"* (2016, p. 10).

The problem with this is that if social care workers do not report these incidents, it makes it impossible to: (1) monitor the levels of workplace violence, and (2) collate statistics that are accurate, and then learn from this *"treasure trove"* of accurate statistics.

1.3 Consequences

The research carried out by Keogh and Byrne (2016) drew attention to statistics in a study on Crisis, Concern and Complacency and emphasised that there was a 67% impact on burnout on staff, 58% on low morale, a 52% on job dissatisfaction and 50% on high absenteeism (2016, p. 53). Notably, these statistics demonstrate that organisations providing services to individuals with disabilities need a clearer understanding of what is defined as workplace violence and a framework to support workers who work in this area. Lanctôt el at (2014) emphasised that workplace violence varies *"considerably from one study to another"* (2014, p. 493). This could potentially decrease the negative consequences associated with workplace violence such as; anxiety, distress, job dissatisfaction and questioning your professional capacity.

According to Lanctôt and Quay (2014) the consequences of workplace violence are detrimental and mostly associated with, but not confined to psychological effects (2014, p. 499). Turner et al (2009) reiterates this point and stresses that *"working in an aggressive environment can lead to staff injury and increased sick leave" (2009, p. 28).* Hogh and Viitasara (2005) in Lanctôt and Quay (2014) found that the long-term effects of workplace violence *are "cognitive symptoms, emotional, psychosomatic symptoms and other reactions such as post-traumatic stress disorder"* (2014, p. 499). Dealing with workplace violence not only affects staff wellbeing but also impacts the development of staff-client relations. Mutkins et al (2011) stresses that burnout is linked to working with intellectual disability, and has *"implications for service providers, staff and their clients"* (2011, p. 501) which impact staff turnover rate, absenteeism and limits productivity.

Both Keogh and Byrne (2016) and Unison (2013) agree that workplace violence has harmful effects on all involved and emphasised that *"one assault on a worker can have devastating effects, not only for the individual, but his/her colleagues and the entire organisation"* (Unison 2013, p. 8). Turner et al (2009) argues that if workplace violence occurs, it can cause a severe breakdown in the relationship between staff and the service user which could result in further violent acts, as *"the situation does not allow relationships between staff and service users to*

develop, which might also lead to negative behavioural outcomes" (2009, p. 32). Gillespie et al (2010) argues that *"workplace violence is a problem plaguing all employers and employees who work in healthcare settings"* (2010, p. 177).

Research carried out by Lamothe and Quay (2016) found that there is an impact on the relationship between staff and service users when workplace violence has occurred' which includes *"eagerness to answer residents' call lights, avoidance of patients and the adoption of a more passive role"* (2016, p. 186). Hensel et al (2014) reiterated this and stated that *"negative consequences are believed to have an impact on service provision and client outcomes"* (2014, p. 744). Hogh et al (2011) emphasised the relationship between staff turnover rate and bullying. This highlights the need to try and address the occurrence of workplace violence and the need to implement a universal understanding that can be applied nationally.

The *Crisis, Concern and Complacency* report highlighted that between 25% and 48% of workers affected by workplace violence reduced the quality of care offered to service users. A further 27% to 55% stated that poor teamwork and communication were related to workplace violence (Keogh and Byrne 2016, p. 53). These figures suggest the effects that workplace violence is having on workers, yet, nothing has been changing in policy to mirror the challenges workers are currently facing in this area. Ultimately the failure to deal with the problem could lead to a systems wide failure which impacts all or most staff and thus all or most service users, even those who are non-violent.

Emerson et al (2000) stated that *"behaviours may significantly impair the health and/or quality of life of the person themselves, those who care for them and those who live and work in close proximity"* (2000, p. 3). Magnavita (2014) reiterates this point and states that a lack of informed *"literature in this area makes it difficult to assess the exact frequency of the phenomenon"* (2014, p. 366). Quilliam (2017) highlights that these types of experiences can lead to front line workers *"experiencing work related stress, exhaustion, depression and burnout"* (2017, p. 396). Hegney et al (2006) reported that in their comparative study on workplace violence for nurses in Queensland, Australia it reported that *"self-reported results suggest an increase in workplace violence in all three sectors"* (2006, p1). Cheung et al (2017) reported that verbal abuse and physical assault are the most common types of abuse in his study on workplace violence towards nurses in Hong Kong, China. Unison (2013) identified the issues of

workplace violence but it also puts forth a noteworthy argument as to why social care workers' should regularly report the issue; *"the information can be used to spot trends and improve any training and preventative measures"* (2013, p. 3).

An Australian study found that low income wage, feeling of powerlessness in the decision-making process and the *"conflicting priorities between the Disability Support Workers and management and clients (violent) behaviour"* (Judd, 2017, p. 1112) contributes to the negative experience of workers. In contrast, receiving appreciation from the service user, colleagues or management was described as uplifting and rewarding aspect of the job and is helpful in dealing with violent incidents and sustaining high job satisfaction (Judd et al., 2017: Gillespie et al., 2010).

1.4 Organisational training and support systems

There are several strategies introduced by organisations to tackle the issue of workplace violence, including staff training, which is considered a primary approach to this problem (Beech and Leather, 2006). According to Allen and Tynan (2000), social care workers who received training on prevention and management of aggression are found to be more likely to report violent episodes. In their study, Keogh and Byrne (2016) found that nearly 85% of social care workers had received training in this area. However, over half of those disclosed not feeling confident that the training prepared them for facing violence in their workplace. While training may be considered being an integral part of prevention of workplace violence, it is important to acknowledge the importance of organisational supports provided to social care workers being affected by this problem. Those supports may include; debriefing, supervision, positive mentoring and medical assistance, which staff receive following an incident (Campbell, 2007). However, Keogh and Byrne (2016) point out that one third of respondents of their study indicated feeling reluctant to seek such support. The authors further added that although regular, professional supervision "is established as a statutory standard, inspected and monitored by the relevant authorities," it is rarely if ever provided to social care workers working in the disability sector (Keogh and Byrne 2016, p. 75). In addition to this inconsistency, the organisational strategies implemented to tackle workplace violence are also not evenly implemented. When considering the discrepancies between supports, preventative and management strategies applied by different employment sectors, Keogh and Byrne (2016) suggest that social care workers working in disability services may be particularly

disadvantaged. This in turn, may have a potential negative influence on the level and quality of services that are provided to individuals with disabilities in Ireland (Emerson & Hatter, 2000: Mills & Rose, 2011).

The Health Service Executive (HSE 2015) *Guidance Document on Supervision for Health and Social Care Professionals* highly encourage supervision for health care professionals and they provide a model of supervision which can be used to support the implementation of this. Their guidance promotes regular, high quality and confidential engagement between the worker and their line manager/ supervisor, which seeks to "combine a performance management approach with a dynamic, empowering and enabling supervisory relationship" (HSE 2015, p.4). Furthermore, they aim to enhance employee performance and improve the quality of service provided by strengthening employee engagement and support mechanisms. Vassos and Nankervis (2012) highlight the importance of supervision for health care staff, and state that supervision allows staff to reflect on their practice provides them with the opportunity to get some assistance in improving their skills and increasing their knowledge. Furthermore, the authors state that supervision can be linked to enhanced professional confidence and coping mechanisms, which in turn lower the risk of worker suffering from work related burnout. Davereux et al. (2009, as cited in Mutkins et al., 2011) confirms that poor organisational support and high demands of the job may be the cause of burnout among the support staff working in the area of Intellectual Disability.

1.5 Informal supports

A study conducted by Judd et al. (2017) describes the strategies implemented by workers which they found helpful in reducing the impact of work place violence. The participants described support received from their work colleagues as imperative and stated that an ability to debrief following incidents helped them to reduce the levels of stress they have been experiencing. Judd et al. (2017) also explains that opinions regarding the benefits of highlighting problems with management were divided, with some believing that this this was helpful, whilst others disagreed. Furthermore, the participants pointed out the importance of engaging in activities outside of their workplace, such as exercising and having hobbies as helpful in reclaiming a healthy life-work balance (Judd et al., 2017).

Moreover, Gillespie et al. (2010, p.181) explains that workers experiencing workplace violence commented on self-support techniques which they implement in practice, such as "humour, talking about the experience and taking advantage of leisure time". The participants of this Canadian study agreed on the importance of having strong social supports which protect them from the negative effects associated with work related violence. However, Gillespie et al. (2010) suggests that those supports may not decrease workers fear of future violence. Thus, it is essential for organisations to implement further preventative methods.

1.6 Legislation and policies

We can see from the literature that there is no one definition of workplace violence. The Safety, Health and Welfare at Work Act 2005 (amended in 2010) is the most applicable legislation that provides clear guidelines outlining the rights and responsibilities of both the employee and the employer to ensure safety at work (Government of Ireland 2005 & 2010). S.10 (1) of the Health and Safety at Work Act (2005) states that every employer shall ensure that *"instruction, training and supervision is provided in a form, manner and, as appropriate, language that is reasonably likely to be understood by the employee concerned"* (2005 p. 21). Employers have an obligation to ensure the staff are prepared for managing violence in the workplace. However, for this to work it may be argued that a universally recognised approach to the identification; reporting; and reviewing of workplace violence is necessary.

The Health Information and Quality Authority (HIQA) are an independent body whose job it is to develop standards for people using social and health care services. However, it must be noted that in Keogh and Byrne (2016, Crisis, Concern and Complacency) issues presenting in this area are yet to change. HIQA state that their aims are *"to safeguard people and improve the safety and quality of health and social care services across its full range of functions"* (2017, p. 1). This raises the question of whether social care workers come under the area of being 'safeguard[ed]'; frontline staff work directly with workplace violence on a daily basis, so why does this not equate to better working conditions for social care workers in this area.

The HSE's Policy on the Prevention and Management of Work-Related Aggression & Violence (2018) acknowledges that workplace violence challenges social care workers which impacts on service delivery to clients; as well as the quality of work for employees. The purpose of this report is to reduce risk *"by ensuring that resources are available for the provision of risk assessment and for appropriate education in the management of aggression and violence"* (2018, p. 4). This report also highlights that the HSE have adopted the EU definition of work-

related aggression and violence as: *"Any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health"* (2018, p. 4). However, the HSE Policy on the Prevention and Management of Work-Related Aggression & Violence (2018) only applies to those employed directly by HSE. This suggests that there is no one universal procedure used within disability services thus the organisational responses to this raising problem are more individualised.

1.7 Background to research

This research question's study was developed in partnership with Social Care Ireland, which is a Professional Representative Body for the Social Care Work Profession in Ireland and a collaborative partner of this group CARL project. The overall aim of this research is to explore the extent of workplace related violence experienced by social care workers in residential disability services. Previous research carried out by this organisation (Keogh & Byrne 2016) highlighted that the issue of workplace violence directed at social care workers employed in various work settings is very prominent. The findings suggested that those working within the disability services are at most risk of experiencing violence at work. Therefore, this study aims to capture the experience of social care workers working in residential disability services by providing them with an opportunity to discuss this rising problem in greater detail.

What this research expects to determine is how prevalent workplace violence is amongst social care workers in residential disability services in Ireland. Additionally, it seeks to identify the effects of workplace violence and it sets out to identify if underreporting is an issue in this area. This research aims to shine more light on workplace violence to raise awareness on the issue for management and policy makers. It will put forth recommendations once all the research has been gathered and collated.

1.8 Aims and objectives

The overarching aim of this collaborative project is to explore how prevalent workplace violence is for social care workers working in the area of disability. It will look at what supports are availed of by social care workers and what needs to be improved for social care workers affected by workplace violence in the area of residential disability services in Ireland.

This research focusses on social care workers experiences of workplace violence and it seeks to determine if organisations address the rising concerns adequately. Additionally, it strives to understand the effects it has on workers and if organisations and policy makers need to implement change around workplace violence. It seeks to provide social care workers with a voice in relation to workplace violence and to capture their views about the formal and informal supports that they value most. It will highlight if social care workers feel they need more training and supports from management on dealing with issues relating to workplace violence.

In addition, it may encourage organisations to review, enforce and improve support systems available to workers affected by workplace violence. By doing so, ultimately the aim is to promote safer working environments. Social Care Ireland, who is the collaborative body of this Community Research Project, may use the findings of this research to seek further intervention from relevant government bodies to universally address the problem of workplace violence affecting social care workers in Ireland.

The objective of this research is to determine the effects of workplace violence through the experiences of the participants that have taken part in the online survey and interview process in relation to workplace violence. It will highlight the effects workplace violence has had on individuals and identify if underreporting is an issue in residential disability services in Ireland. This research seeks to examine the supports used by social care workers and whether they are formal or informal; either from colleagues, spouses/partners, debriefing or supervision after experiencing workplace violence. Lastly, for the future the research identifies how the negative effects of workplace violence experienced by social care workers may be reduced.

1.9 Research Questions explored in quantitative and qualitative studies

1. How prevalent is workplace violence among social care workers in Irish residential disability settings in Ireland in this sample?
2. What is the context in which workplace violence occurs?
3. What supports are used in this sample by social care workers affected by workplace violence?

4. How can staff who experience workplace violence be better supported? What formal and informal supports are most effective and valued by social care workers who experience workplace violence?
5. What needs to be improved in this area to reduce the impact of workplace violence on social care workers?

1.2.1 Mixed methods research

Onwuegbuzie et al (2004) describes mixed methods research as "the class of research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study" (2004, p. 17). deMarrais et al (2004) explains that a "method is a particular research technique or way to gather evidence about a phenomenon" (2004, p. 4). Methods are used in research to understand the different research tools that can be used to gather data.

A mixed method approach was used within this CARL project. Creswell et al (2007) explained why mixing data is distinctive as it provides a comprehensive understanding of the research. Creswell et al (2007) states that it is practical as it utilises words and numbers to solve a problem "the combination of qualitative and quantitative data provides a more complete picture by noting trends and generalisations as well as in-depth knowledge of participants perspectives" (2007, p. 33). The mixed method design used within this project is embedded design. Creswell et al (2007) says that embedded design "is a mixed methods design in which one data set provides a supportive, secondary role in a study based primarily on the other data type" (2007, p. 67). The Embedded Design was used to merge the findings of both studies in order to achieve best representation of the combined research findings. This mixed methods design enabled the quantitative study findings to be strengthened by the findings if the more in-depth qualitative study (Creswell & Plano Clark 2007).

This research consists of two parts. Part A: which is the quantitative approach uses a structured questionnaire to collect and analyse data. Part B: of the research will be carried out by second researcher by using a qualitative approach that focusses on semi-structured interviews.

Chapter 2

Quantitative Research

2.1 Theoretical underpinnings

Punch (2014) describes research design as comprising *"all the issues involved in planning and executing a research project – from identifying the problem through to reporting and publishing the results"* (2014, p. 114). A theoretical perspective is a set of assumptions that informs the type of questions asked when conducting a questionnaire. deMarrais et al (2004) argues that the theoretical framework we use *"inform[s] how the study is conceived, designed and implemented"* (2004, p. 55). Essentially, it is about how we perceive something and give it meaning in order to focus and accurately report on what we see. This includes data collection and analysing the survey questionnaire to outline the issue of workplace violence. The theoretical framework underpinning this research is post-positivism and objectivism which is influenced by an epistemological stance.

2.2 Post-positivism

Panhwar et al (2017) explains post-positivism as the balancing of interpretivist and positivist methodologies. Clark (1998) and Fisher (1998) cited in Panhwar et al (2017) describes post-positivism as promoting *"The triangulation of [both] qualitative and quantitative methods that explores the diversity of facts researchable through various kinds of investigations but respecting and valuing all findings as the essential components for the development of knowledge"* (2017, p. 253). Panhwar et al (2017) states that post-positivism includes experiences. Carey (2010) further states that "it involves the social world as a more heterogeneous view with diversity and content" (2010, p. 59). What is more, Corby (2006, p. 49) argues that post-positivism cannot be viewed objectively. He believed that a researcher's values and views can influence what we are seeing in the social world. Carey (2011) reiterates this point and further stated that *"beliefs, opinions and prejudices*" (2011, p. 52) will guide their findings. Essentially, what the research has highlighted is that reality cannot be completely understood or captured by using one approach, but it can be estimated by using a mixed method approach.

2.3 Epistemology and objectivism

Carey (2011) explains that epistemology is the *"theory of knowledge"* (2011, p. 50). This can relate to any type or form of knowledge, including what the *"researcher counts as knowledge"* (Carey 2011, p. 68). It can transform over time and is a central aspect to epistemology. Bryman (2012) states that *"objectivism is an ontological position that implies that social phenomena confront us as external facts that are beyond our reach or influence"* (2012, p. 32). Essentially, it is about how we interpret meaning and engage with the research on an independent level. Pegues (2007) describes objectivism as the *"rejection of all false dichotomies (i.e. nature versus nurture) and that it is the recognition of the primacy of reality"* (2007, p. 319). Lakoff (1987) cited in Jonassen (1991) explains that objectivism has its roots embedded in essentialism and realism (1991, p. 8). Corby (2006, p. 55) believes that the objectivist paradigm can stay detached from the research and that by using research methods it allows scope for the researcher to measure social reality. In this case, the researcher will do this by using a questionnaire to measure what people's experiences of workplace violence are and estimate how prevalent workplace violence is by drawing on experiences of frontline workers working in the residential disability services from this sample. In essence, in carrying out this research it will endeavour to remain open about workplace violence and seek to determine through the research if workplace violence is happening, is a social phenomenon that can be influenced by others around us, and will seek to extrapolate from all this some learning of what is, the effects of what is, and how to use that learning to signpost the way towards better work practices.

2.4 Methodology

Carey (2011, p. 68) states that methodology shares the theoretical and philosophical assumptions linked to a certain topic. For the purpose of this dissertation, it will focus on workplace violence and how the researcher investigates this topic by using a quantitative approach (questionnaire), but also reviewing the literature to highlight issues of workplace violence that are world-wide. Tuckman (1994) cited in deMarrais et al (2004) states that *"methodology includes a way of looking at a phenomena that specifies how a method captures the object of study"* (2004, p. 5). Researching workplace violence and the people affected tells a story that a management hierarchy cannot ignore. Research suggests that workplace violence is underreported. Therefore, carrying out this research is targeting a specific group to try and change policy and working conditions for social care workers and other frontline workers who

experience this type of violence in work. This questionnaire was approved by the UCC ethics committee.

The questionnaire consisted of seventeen questions that participants were asked to answer. The majority of the questions on the survey were closed questions, two were open ended questions. The researcher had to convert the Google documents into excel, code the data, then upload the data to SPSS. The purpose of using SPSS was so the researcher could use statistical analysis. This can enhance the researcher's understanding of correlations in determining how often two variables can be connected. Byrne (2002, p. 14) stated that a questionnaire is a tool that measures the world. Bateson (1984) cited in Byrne (2002) argued that a questionnaire *"trades in meanings"* of knowledge and linguistics and involves three people, the informant, the client and the researcher (2002, p. 61). Compiling the facts, the real life stories of those working in the frontline and analysing them honestly, possibly eliminates and certainly mitigates, the possibility of making theories fit the facts.

2.5 Ethical issues

To proceed with this research, it was necessary to apply for the MSW ethical approval, which was granted in November 2018. The ethical considerations of researching this topic had to be outlined for the MSW team to ensure approval of the study. As the nature of the topic can be considered sensitive, there are clear ethical issues that could arise over the course of the research. Firstly, it was necessary to inform participants that it is a voluntary process and should give them an indication of what may transpire over the course of the study. Secondly, it provided participants with an information sheet and consent form ensuring participants were fully informed about the nature of the study, how it remains anonymised and that they consented to participate after being fully informed. Participants in the study who experienced any distress throughout the course of the research, could contact the designated person within Social Care Ireland. As part of the process and in association with the CARL project, UCC and the Social Research Ethics Committee require that data will be deleted/destroyed after ten years and in the meantime, confidentiality will be maintained.

2.6 Recruitment and sampling

As this research is part of a CARL project, a collaborative approach with Social Care Ireland was used to get social care workers to participate in the research. Social Care Ireland and the

researchers promoted this research through social media to identify social care workers who experience workplace violence in residential disability services. Punch (2014) explains that purposive sampling *"means sampling in a deliberate way, with some purpose or focus in mind"* (2014, p. 161). In this research, purposive sampling was appropriate. Participants who are social care workers working in residential disability services were applicable to this study and were targeted for the purpose of the research. As this research is using a mixed method approach as well as being a collaborative approach with Social Care Ireland, the principal focus of this research will be centred on primary research, in the form of interviews and by using a questionnaire.

2.7 Data collection and data analysis

This research piloted the survey to a number of social care workers. In this dissertation the data collection method used was a survey. Bryman (2012) states that data collection *"represents the key point of any research project"* (2012, p. 12). Data collection brings together the data from the survey so that research questions can be answered. The purpose of the survey was to gather as many participants as possible who had experienced workplace violence in order to capture the prevalence of workplace violence, the supports used and what can be done to change the experiences that social care workers face daily. The survey looked at previous research carried out by Social Care Ireland to identify appropriate questions. The survey was circulated by using Google documents. The researcher then used SPSS to collate the data.

Data was imported from Google documents into Microsoft excel. Once in Microsoft excel the data was imported into the software package for the statistical analysis, IMB SPSS statistics 25. Data cleaning took place to ensure variables were coded correctly for the purposes of statistical analysis (for example codes given 1 = yes, 2 = no). A final check was completed on the data to ensure the frequencies were accurate.

The purpose of the quantitative data analysis was to summarise the information provided by participants using descriptive statistics. All variables of the data collected were nominal and therefore, were summarised by percentages with the value of each percentage also reported using *n.*

Further exploratory analysis was carried out to examine if certain sample characteristics were associated with sustaining workplace violence. For all analysis statistical significance was set

at p=0.05 which is standardly used in social science research (Bland 2000). Specifically, the data was examined to ascertain if gender and contractual status were linked with physical assault, harassment, and verbal abuse. This arose from previous studies that had identified such associations, (see chapter two). The non-parametric test, Pearson chi-square X^2 was used to examine if connections existed between variables. The Pearson chi squared is suitable for investigative relationships between nominal variables (Bland 2000). While inferential statistics such as the Pearson chi-square were traditionally used only in samples that were generated from random sampling methods their use in non-randomly generated samples has become more common and particularly where it is not possible to generate a random sample within a population (McHugh 2013). The number of social care workers in this sample cannot be represented as this research cannot determine how often participants completed the survey. Furthermore, the survey was aimed at all ages of social care workers. However, the age categories from 55 to 66 + did not generate a lot of responses. More research could be done to determine what would be the more accurate way to contact this age category in future research. In conducting this exploratory analysis, it is important not to draw inferences that these associations, if found, are representative of the wider population. However, McHugh (2013) notes that exploratory analysis can be used for identifying potential trends in the data and she recommends that these can be tested out in further replication studies. If associations are found these would be contextualised within the limitation of the sampling method and recommendations would be made to inform future research.

The two open ended qualitative questions were summarised by grouping similar statements and comments together before being reported to enrich the quantitative data. Given the brief nature of the comments full thematic analysis would not have been appropriate (Sommer and Sommer 2002). Finally, the data was reported using text tables and histograms.

Chapter 3

Results and Discussion on Quantitative Research

3.1 Introduction

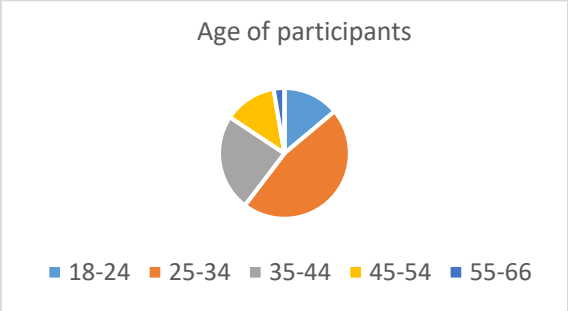
This chapter reports the results of the survey (n=338). The chapter begins with a description of the sample, followed by the frequency and type of workplace violence reported by participants in this sample. This chapter then reports the formal and informal supports workers draw upon by the sample, the self-reported effects violence had on workers. Responses to the two open ended questions are summarised. Results are then discussed and contextualised in the wider literature presented in chapter two.

As discussed in chapter three, the sample (n=338) was not generated by random sample and so the study cannot make inferences to the wider population of social care workers. However, the data were explored to fully understand the issues as reported by this sample. Pearson chi-squared test was used to search for associations between a range of variables identified from the literature review as potentially playing a role in workplace violence (statistical significance set at $p = 0.05$). If associations were found, these findings would need to be replicated in future studies to establish whether results apply to the wider population from which the sample was drawn from McHugh (2013).

3.2 Exploring the extent of workplace related violence experienced by social care workers in residential disability services.

Table 1. Sample profile

Sample profile	n (338)	(%)*
Age		
18 – 24	47	13.9
25 – 34	157	46.4
35 – 44	81	24.0
45 – 54	44	13.0
55 – 66	9	2.7



Sex		
Male	43	12.7
Female	293	86.7
Transgender	1	0.3
Missing data	1	0.3
Employment contract		
Part – time temporary	10	2.9
Part – time permanent	53	15.7
Full – time temporary	19	5.6
Full – time permanent	197	58.3
Agency relief staff	6	1.8
Organisation relief staff	53	15.7
Years' experience		
< 1	19	5.6
1 – 5	176	52.1
6 – 10	69	20.4
11 – 15	34	10.1
15 +	40	11.8

3.2.1 Sample profile

A total of 338 participants completed the online survey. The most common age group was 25 - 34 years, 46.4% (n=157). The least common age group was 55 - 66 years, 2.7% (n=9). 18 - 24 years was 13.9% (n=47), 35 - 44 years was 24% (n=81) and lastly, 45 - 54 years, 13% (n=44). The most common gender was female 86.7% (n=293), male was 12.7% (n=43), transgender in this sample was 0.3% (n=1) and missing data was 0.3% (n=1).

The most common employment contract in this sample was full-time permanent 58.3% (n=197). The least common was agency relief staff with 1.8% (n=6). Part-time temporary was 2.9% (n=10), full-time temporary was 5.6% (n=19), part-time permanent was 15.7% (n=53) and organisation relief staff was 15.7% (n=53). Over half the sample 52.1% (n=176) had 1 - 5 years' experience. The next most common was 6 - 10 years 20.4% (n=69) and the remaining were 11 - 15 years with 10.1% (n=34), 15 + with 11.8% (n=40) and less than one year with 5.6% (n=19).

3.3 Self-reported workplace violence

3.3.1 How common was workplace violence?

Workplace violence was extremely common in the sample. 24% (n=81) reported that they experienced workplace violence daily. 39.9% (n=135) reported that they experienced it weekly, with 28.1% (n=95) reporting it occurred monthly. Lastly, 8% (n=27) reported that they experienced it yearly. 68.9% (n=233) of participants reported sustaining physical assault during the past twelve months, 69.8% (n=236) reported experiencing verbal abuse, 72.5% (n=245) reported harassment and a further 7.4% (n=25) reported other forms of violence without specifying the type of violence.

Table 2. Type of workplace violence

Experienced workplace violence	n (338)	(%)*
Physical assault	233	68.9
Verbal abuse	236	69.8
Harassment	244	72.5
Other	25	7.4

3.3.2 What characteristics were associated with workplace violence?

The data was examined to identify if any association existed between workplace violence and gender, contractual status and years of experience.

3.3.3 Gender and types of abuse

This study did not find a relationship between gender and self-reported workplace violence. In this sample there were no significant statistical associations found between gender and physical assault (X^2 .214, p= .644 Pearson chi-squared), gender and verbal abuse (X^2 .000, p= .985 Pearson chi-squared), gender and harassment (X^2 .140, p= .708 Pearson chi-squared).

3.3.4 Years of experience and types of abuse

This study did not find a relationship between years of experience and self-reported workplace violence. In this sample, there were no statistical associations found between years of experience and physical assault (X^2 .1.132, p= .889 Pearson chi-squared), years of experience and verbal abuse (X^2 .6.847, p= .144 Pearson chi-squared), or years of experience and harassment (X^2 .3.035, p= .552 Pearson chi-squared).

Qualitative responses to the open-ended questions suggested participants linked workplace violence with years of experience: it was *"seen as part of the job. They continue to recruit unqualified/inexperienced staff to work with high support clients"*. However, the quantitative results do not support this finding.

Table 3. Impact of workplace violence on organisation

Effects on organisation	n (338)	(%)*
Staff turnover rate		
Yes	256	75.7
No	34	10.1
Sometimes	48	14.2
Absenteeism		
Yes	247	73.1
No	44	13.0
Sometimes	47	13.9
Quality of care provided to residents		
Yes	186	55.0
No	100	29.6
Sometimes	52	15.4
Staff burnout and low job satisfaction		
Yes	289	85.5
No	15	4.4
Sometimes	34	10.1
Negatively impacted communication and teamwork		
Yes	206	60.9
No	77	22.8
Sometimes	55	16.3
Staff retention and recruitment		
Yes	235	69.5
No	45	13.3
Sometimes	58	17.2

3.4 Effects on organisation

The participants identified workplace violence as having the following impacts on the organisation: 75.7% (n=256) said it affected staff turnover rate; 73.1% (n=247) reported that workplace violence is connected to absenteeism; 55% (n=186) of participants highlighted how workplace violence affected the quality of care provided to service users; 85.5% (n=289) linked workplace violence to staff burnout and low job satisfaction; 60.9% (n=206) reported that workplace violence negatively impacts their communication and teamwork; and a further 69.5% (n=235) reported that it negatively impacted staff retention and recruitment.

3.4.1 Personal effects on worker

In this study, participants highlighted the negative effects that workplace violence had on them. 11.2% (n=38) said that they used occupational injury leave; 7.7% (n=26) of participants said that it led to distress; with a further 13.9% (n=47) fearing for their safety. 21.3% (n=72) said that negative effects included anxiety; with a further 4.7% (n=16) stating that the negative effects include self-blame. 14.2% (n=48) said that negative effects of workplace violence led to job dissatisfaction and 9.8% (n=33) feared negative perceptions. Lastly, 17.2% (n=58) were left questioning their professional capacity.

In this research 15.7% (n=53) of participants highlighted that underreporting occurs as they feel it may impact on job loss, 46.7% (n=158) reported that they fear criticism from management and colleagues. Participants who self-blame amount to 0.9% (n=3), whereas, 37.9% (n=128) report fear of undermined professional capacity. 46.2% (n=156) of participants conveyed that reporting was time consuming. Lastly, 17.8% (n=60) reported "other" which was not specified in the online survey.

Table 4. Supports utilisation

Support profile	n (338)	(%)*
Organisational support		
Sufficient support		
Yes	100	29.6
No	238	70.4
Likely to seek support		
Likely	103	30.5
Unsure	92	27.2
Unlikely	143	42.3
Formal supports		
Colleague	204	60.4
Management	26	7.7
Supervision	23	6.8
Debriefing	16	4.7
Employee assistance programme	4	1.2
Use of informal supports		
Spouse/partner	65	19.2

3.5 Support utilisation

29.6% (n=100) reported that they receive sufficient support from their organisation following an incident of workplace violence, whereas, 70.4% (n=238) of respondents reported they are not receiving sufficient support from their organisations in relation to workplace violence. Respondents were asked if they receive adequate training from their organisations, 61.5% (n=208) reported that they do not receive sufficient training to deal with workplace violence. Furthermore, respondents were asked if organisations are addressing the issue of workplace violence; 73.1% (n=247) do not think their organisation is addressing the issue of workplace violence. Lastly, in this study respondents were asked if workplace violence is underreported in residential disability services; 91.7% (n=310) think that workplace violence is underreported.

3.5.1 Personal informal supports

In this research, 19.2% (n=65) of participants reported they received support from their spouse/partner after involvement in a violent incident in work. Participants were asked if they feel they receive sufficient support and many reported that *"No, I usually just take a minute or two for myself after an incident and then get back to work. The reports about the incident are often seen as more important than the emotional, mental and physical effects of the incident".*

3.5.2 Organisational supports

This research identified that participants used informal organisational supports, for example peer support from colleagues, and used formal organisational supports less frequently. 60.4% (n=204) of participants received most support from their colleagues after enduring a violent incident in the workplace. Management accounted for 7.7% (n=26), supervision accounted for 6.8% (n=23) and debriefing accounted for 4.7% (n=16) support. Lastly, 1.2% (n=4) reported utilising the employee assistance programme. The participants from the survey say that not enough is being done by management and this is compounded by staff shortages affecting everyone from the staff to the service users. "*Staff shortages are not being addressed. Inexperienced staff being recruited resulting in low retention rates. Unrealistic / not accurate descriptions of job titles/type of work being told at interview"*.

Many of the participants from the online survey stated that there are no supports from management when it comes to workplace violence. One participant stated that *"if the violence doesn't cause severe injury, management do not provide support to staff and often staff are left to bring these issues home with them and unable to care sufficiently for clients".* If this is a

common issue and organisations know this issue effects the service user, more should be done in terms of staff well-being. Ensuring this would mean the service user is getting a quality service from staff. Another participant stated that "*no inquiry as to staff wellbeing, no follow up, NIMS not sent to HIQA*".

3.5.3 Contractual status and sufficient supports

In this sample, the analysis examined whether there was a relationship between contractual status and whether participants felt there was sufficient supports available for workers who experienced workplace violence. This study did not identify a statistically significant association between contractual status and sufficiency of organisational supports (X^2 .0039, p= .959 Pearson chi-squared), meaning there were no significant differences between staff on permanent and temporary contracts as to their opinions on the adequacy of organisational supports. The study also examined whether there were differences by contractual status and likelihood of using organisational supports following an incident of workplace violence. This study did not find any statistical associations between contractual status and willingness to use organisational supports (X^2 .1.220, p= .543 Pearson chi-squared), meaning staff on permanent and temporary contracts did not differ in regard to this.

The overall responses to the open-ended questions illustrated that social care workers did not feel supported by their organisations when dealing with workplace violence. Due to the level of workplace violence and how often it occurs, participants reported a high turnover rate amongst social care workers, often leading to unqualified workers attaining a social care position. One participant said;

> *"at one time a former managers opinion was we pay them enough, they need to get used to it", staff are being penalised with pay stoppages for occupational injury leave, attitude is, let them sue us to get support. Incidents and health and safety reports are not being followed up on.*

3.6 Discussion

Due to the limited research carried out on workplace violence in residential disability services in Ireland, prevalence of workplace violence among social care workers has not yet been established. International research on the health sector shows that workplace violence is common. A study done by Lanctôt and Guay (2014) highlighted the prevalence of workplace violence from an international perspective and the most at risk was the healthcare sector. Di Martino (2002) cited in Lanctôt and Guay (2014) noted that physical violence is frequent and workers are affected by it at least once a year. They reported statistics from different countries with *75.8% in Bulgaria, 67.2% in Australia, 61% in South Africa, 60% in Portugal, 54% in Thailand and 46.7% in Brazil.* Phillips (2016) reiterated this point and stated that it is *"underreported, ubiquitous, and persistent problem that has been tolerated and largely ignored"* (2016, p. 1661). This study suggests that self-reported rates of workplace violence in this research are similar with those reported in the international research on violence within the health care sector. While this study is not a representative sample, it is an important step in generating an Irish evidence base on the prevalence of workplace violence among social care workers in Ireland.

3.6.1 The supports

Hogh et al (2011) noted that when workers are not in receipt of sufficient supports to deal with workplace violence they are more likely to leave their current jobs. Another study by Lanctôt and Guay (2014) drew on the work of Frenandes et al (1999) and stated that "*victims of workplace violence sought support mainly from colleagues rather than professionals*" (2014, p. 496). In this research, participants emphasised that they received most support from their colleagues when dealing with violence in work. While a certain amount of peer support and family support is good, clearly there is a need for an effective organisational support at management level to be implemented on a more systematic basis. Interestingly, Hegney et al (2006) emphasised that in Australia healthcare workers were unaware of supports available to them, when dealing with violence within the workplace. Likewise, Cheung et al (2017) stressed that workers who do not receive support are more likely to internalise emotional abuse which further exacerbates stress and anxiety. Furthermore, Cheung et al (2017) stresses that workers do not report violence because there is a lack of support from management.

If workers report workplace violence, organisations, management and policy workers need to institute common-sense policies, properly and uniformly implement them and support their workers in the reporting of them. Of course, there should also be an on-going system introduced of monitoring and assessing progress. If this is achieved then workers will feel comfortable reporting violence. This research study suggests that workplace violence is underreported. Moreover, international research suggests that the underreporting is still prevalent in this area and it has negative effects on all involved.

3.6.2 Impacts and effects

The literature review highlights that working in an environment where workplace violence is prevalent can have a range of *"psychological effects, cognitive symptoms, emotional, psychosomatic symptoms and post-traumatic stress disorder"* (Lanctôt & Quay, 2014; Turner et al., 2009; Hogh & Viitasara, 2005). In a UK study, Harris and Leather (2012) reported on the consequences of exposure to workplace violence and stated that workers were left with mixed emotions and emotionally exhausted. Phillips (2016) noted that data from the bureau of labour statistics showed that *"healthcare workers are nearly four times as likely to require time away from work as a result of violence incidence"* (2016, p. 1662) as well as other forms of injury at work. Further research suggests that workplace violence can lead to low morale, job dissatisfaction and burnout (Phillips 2016). The research suggests that workers on part-time temporary contracts found it easier to leave their jobs when they felt that sufficient support was not being provided by their organisation following ongoing exposure to violence with the workplace (Hogh et al 2011).

3.6.3 Impact on the organisation

In a study carried out by Keogh and Byrne (2016), male staff more commonly reported physical violence. However, in this research, there was no significant statistical associations found between gender and physical assault. A study carried out by Cheung et al (2017) on workplace violence towards nurses in Hong Kong presented correlations between years' experience and types of abuse, "*younger nurses with less than 15 years of experience were more likely to report physical assault than those with 25 years or more years of experience"* (2017, p. 2). However, their findings were not corroborated by this study. Anderson and Parish (2003) in Gillespie (2003) in their study on violence in healthcare settings found no associations between workplace violence and years of experience. This data corresponded with the findings of this study.

Research suggests that the consequences of workplace violence in other healthcare sectors are similar and connected to staff burnout and low job satisfaction as well as quality of care provided to residents. Magnavita et al (2012, p. 2) argues that it not only affects the patient but also the entire workforce. Furthermore, an American study carried out by Bresler et al (2015) on risk assessments on healthcare workers found that professionals who work in mental health are at a higher risk of workplace violence. However, they also state that this is highly underreported and they say *"medical and mental health professionals consider aggression to be part and parcel of their respective jobs; some simply do not report it"* (2015, p. 73). This study reported that the impacts and effects of workplace violence affects both the organisation and the worker. This is similar to international research.

3.7 Conclusion

This chapter presents and discusses workplace violence that social care workers are faced with in residential disability services both in Ireland and internationally. Further, it outlined the findings gathered from the statistical data that participants in the survey have presented including quotes to illustrate the findings. Graphs and a table of participants were included to provide a clear representation of statistical data. This chapter discussed the prevalence of workplace violence and illustrated what supports are being utilised.

Chapter 4
Qualitative Research

4.1 Theoretical approach to research

This overall Community Based Research project was completed in collaboration with Social Care Ireland, who are invested in conducting research into the issue of workplace violence among social care workers working in the area of disability. To achieve this goal, the researchers used a participatory approach to quantitative (survey) and qualitative (interviews) research methods to gain wider knowledge about this phenomenon. Strand et al. (2003) outlines that participatory research approaches aim to produce knowledge about the problems faced by a particular community. This knowledge can be subsequently channelled to promote social justice through the use of social action. Social research is believed to be influenced by theoretical assumptions; however it also has the potential to *"contribute to 'theory' by providing greater understanding of, and knowledge about, the social world"* (Ritchie & Lewis 2003, p. 25).

4.2 Epistemological and Ontological consideration

This research is informed by a constructivist epistemology. Crotty (1998, p. 54) explains the meaning of constructivism by stating that *"meanings are constructed by human beings as they engage with the world they are interpreting"*, thus their knowledge and understanding of various problems is based on individual perspectives. The meanings individuals place on certain aspects of their lives are changeable and affected by social interaction (Bryman, 2012). This approach allowed the researcher to comprehend various personal experiences related to workplace violence, as each individual may have their own understanding of this problem.

Furthermore, social interpretivism is often associated with qualitative research methods. Bryman (2012, p.30) explains that interpretivism *"is predicated upon the view that a strategy is required that respects the differences between people and the objects of the natural sciences and therefore requires the social scientist to grasp the subjective meaning of social action."* Ritchie and Lewis (2003, p. 26) claim that *"a social researcher has to explore and understand the social world through the participants' and their own perspectives; and explanations can only be offered at the level of meaning rather than cause".* Social care workers who experience workplace violence may have diverse understandings and personal interpretations of this issue, which this research aims to thoroughly examine. A social interpretivism approach allowed me

to explore and understand the personal experiences of the participants in this research, the supports received by staff after a violent incident and the strategies they have implemented to reduce the effects of workplace violence, which was the primary research question of this study.

4.3 Research methods

In this combined CARL research project, the researchers applied a mixed methods approach by incorporating both quantitative and qualitative methods to gain a multidimensional understanding of the issue of workplace violence. Ritchie and Lewis (2003) suggests that by using both quantitative and qualitative approaches, the strengths of both can be drawn upon. In doing so, a mixed methods approach provides a unique insight and depth to a research study that individually quantitative or qualitative approaches cannot accomplish.

A quantitative method (survey-study A) used by a colleague was most suitable to capture the nature and extent of workplace violence affecting social care workers working in the area of disability. Qualitative approach (interviews-study B) was most appropriate in examining individual experiences of supports and coping strategies used by the workers affected by this issue. Ritchie and Lewis (2003) argue, that despite some criticisms associated with combining the two approaches, mixed methods allow for measuring the problem and providing better understanding of its nature and origins at the same time. Further, Anderson (2016, p. 236) suggests that "*mixing methods can enhance the validity or trustworthiness of inferences and assertions by providing mutual confirmation of findings".*

While both studies will be presented in a form of separate dissertations, for the purpose of CARL project the findings of both will then be combined to allow the reader to develop more comprehensive overview of the problem. Researchers intend to use the Embedded Design to merge the findings of both studies in order to achieve best representation of the combined research findings. This mixed methods design allows for the quantitative study findings to be strengthened by the findings if the more in-depth qualitative study (Creswell & Plano Clark 2007).

For the purpose of this dissertation, the following chapter reviews the qualitative research method used within this part of the study.

4.4 Methodology

Miles et al (1994, p. 30) describes that *"qualitative data, with their emphasis on people's lived experiences, are fundamentally well suited for locating the meanings people place on the events, processes, and structures of their lives and for connecting these meanings to the social world around them".* Thus, a qualitative approach to this research study enabled me to *"establish the meaning of a phenomenon from the views of participants"* (Creswell 2009, p. 16), while exploring the coping strategies and support systems utilised by social care workers. Creswell (2009) suggests that this form of research allows the researcher to gain extensive knowledge about the topic of the study based on individual responses, which form themes and patterns that emerge throughout analysis.

This research study consisted of 6 semi-structured interviews, one of which was conducted over the phone and the remaining five were carried out during a face to face meeting. An equal number of male and female participants was achieved to ensure both parties received an equal representation in the study. Three of the participants have been recruited and selected by Social Care Association of Ireland, while the remaining three individuals had been recruited by the researcher with a full approval from the collaborative body. The interviews were digitally recorded before being manually transcribed and coded by the researcher. Bryman (2012) suggests, that the flexibility associated with qualitative interviewing is an advantage, as it allows the researcher to freely explore significant issues raised by the participants which may emerge throughout the interview unexpectedly. Further, Galetta (2013) suggests that semi-structured interviews provide a platform for the researcher to use self as 'an instrument' and encourage in depth, elaborative answers and seek further clarification from the participants when required. This research method enabled social care workers to openly discuss their account of personal experience, coping strategies and supports they have found more and less helpful when faced with workplace violence. In addition, it provided participants with an opportunity to discuss their individual ideas on what social care workers and organisations could do to reduce the negative impact that workplace violence has on social care workers working in the area of residential disability.

4.5 Sampling

Purposive sampling was carried out with one participant during a telephone call interview. The findings of this study were subsequently included into data collection of this research.

Ritchie and Lewis (2013, p. 78) explain that non-probability sampling which was used within this study occurs then, *"the sample units are chosen because they have particular features or characteristics which will enable detailed exploration and understanding of the central themes and puzzles which the researcher wishes to study".* This research deliberately targeted social care workers who currently work or have worked in the area of residential disability service and have experienced workplace violence during the course of their career. It is essential to note that this sample did not claim to be representative of the overall social care work population.

4.6 Data analysis

The thematic analysis framework was chosen to analyse the interview transcripts. This process involved the researcher in becoming familiar with the data, generating codes and searching for themes (Ritchie & Lewis 2003), following the process of transcription. The themes were identified based on repetition, similarities and differences within the data (Ryan & Bernard cited in Bryman 2012). The researcher was then able to name, define and organise the themes and subthemes, which were then further analysed to generate findings. This process ensured that the voices of social care workers affected by workplace violence were adequately represented.

4.7 Ethical consideration, confidentiality and data storage

This group research project was approved by the MSW Research Committee in UCC on 9th of November 2018. An important ethical consideration for this research was to ensure that all participants were adequately informed of the research process and the benefits and risks associated with participating. In order to address this ethical concern, prior to interview proceedings, participants were provided with a copy of information sheet. Participants also must provide their wilful consent to participate in research. All participants therefore signed a consent form. The information sheet and consent form were also orally explained to participants who took part in an over the phone interview process.

In order to protect participant's anonymity and confidentiality, all participants were assigned a code name. No participants were named in this research and there were no identifiers. Furthermore, during the process of this research study, the researcher used an encrypted laptop when working with transcribed interviews. Data was not stored on any online database to ensure the research was fully compliant with General Data Protection Regulation (GDPR) and

stored the hard copy of the data on UCC One Drive to ensure its adequate protection. Physical copies of consent forms signed by interviewees were stored separately in a locked cabinet in University College Cork. Only the researchers and the research team had access to the data. Upon completion of this research, physical copies of data retained by the researcher and research supervisor will be destroyed. However, an electronic copy of the research will be retained by the research supervisor and destroyed after a ten-year period, in line with data protection guidelines

Due to the sensitive nature of this research study, it was important to consider the possibility of participants experiencing some level of psychological stress when recounting their experiences. In order to address this concern, all participants were provided with information on how to avail of a formal phone debrief session, which was provided by Social Care Ireland.

It is important to note that all the participants who contributed to this research study had been approved by the representative of this CARL collaborative body- Social Care Association of Ireland. Interviewees recruited directly by the researcher had no social connection to the researcher.

4.8 Challenges, limitation and strengths of the study

The recruitment of participants who were willing to partake in this study proved to be a challenge, despite ongoing encouragement from the Disability Special Interest Group within Social Care Association of Ireland. While this study was strictly confidential, there is a possibility that individuals were reluctant to partake in this study due to concerns regarding potential negative implications for their current employment status. Moreover, due to the personal and sensitive nature of this research, social care workers may have also been reluctant to participate.

Some of the limitations of this study include; time constraints, word count limitations for the write-up of this dissertation. The small sample size of this research means that this research cannot be generalised to the wider population of social care workers in residential disability settings in Ireland. Furthermore, since the research project was divided into two separate pieces of work for two researchers, the results of both combined are not reported here. The reporting of both quantitative and qualitative research methods would strengthen the validity of the research findings presented in this report. These limitations must be taken into consideration when assessing the validity of this small-scale study.

The researcher's previous experience of working in the field of Intellectual Disability was a strength of the research. When conducting interviews and recruiting participants for this study. The researcher was able to understand the participants and use common, and familiar language to the participants. Understanding the vernacular of the social care workers also significantly shortened the process of analysis.

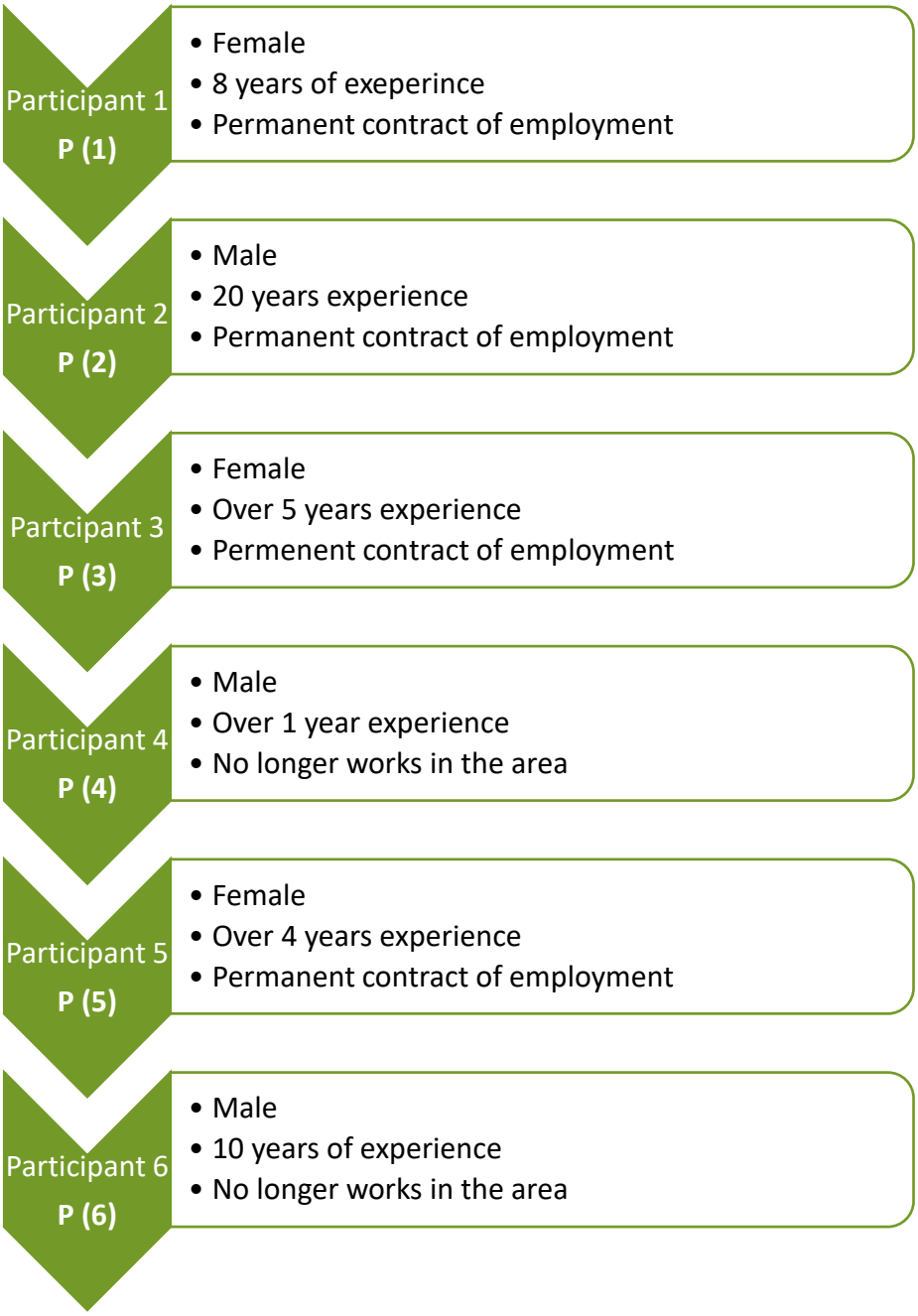
Chapter 5

Results and Discussion on Qualitative Research

5.1 Introduction

This chapter presents and discusses the findings from the analysis of research data created through thematic analysis, which involved examining the information within the context of the research questions. Two key themes that emerged within the findings relate to context in which the workplace violence occurs and the organisational attitude towards this problem, and preferred coping strategies and supports used by staff following an incident.

5.2 Profile of participants



To ensure that both male and female staff received an opportunity to be equally represented, an identical number of both male and female workers participated in this research. The information was gathered from interviewees working in various residential services across five different counties in Ireland. To protect anonymity of interviews any identifying information had been changed or omitted.

5.3 Themes that emerged from the study

The two themes that emerged from the study relate to the context in which workplace violence occurs and preferred strategies and supports used by social care workers who are affected by this issue. The following themes are described in detail in the next section.

5.4 Contextualising workplace violence: understanding and responding to workplace violence

This finding was a common theme that emerged in this research. The sub-themes explored below describe the experience of staff who feel that there is a common culture of acceptance towards WPV within disability sector. Further, participants noted that organisational structure and communication with the management impacts on; how WPV is responded to and the supports that staff receive as a result. Finally, limited resources and funding allocated to organisations and staff were also recognised to be a problem that affects the workers and people who use the services.

5.4.1 Normalising culture

This theme describes how participants perceive the acceptance towards workplace violence within their organisations. It also illustrates the feelings of individual responsibility being placed on the workers to deal with violence experienced at work. Participant (3) stated that:

> *"there is an (organisational) attitude towards workplace violence and even naming it does not go down well. There is an expectation that staff should accept that violence is a part of their job and even though there are policies and procedures in place, for me they are not very practical."*

Further, Participant (6) explained that *"when we were assaulted, we were told to go back to work and it (workplace violence) is part of our job."*

While describing the culture of acceptance of workplace violence, Participant (3) gave an example when she had been told by a line manager that:

> *"at least it was a staff member (victim of workplace violence) and not another service user. It makes staff feel less important and it brings the staff morale down because you are not feeling respected."*

There was a clear disappointment expressed by the respondents while they described their experience having to accept individual responsibility for having to deal with the effects of violence they have endured at work. Moreover, different types of workplace violence may also be responded to differently. Participant (3) acknowledged that verbal abuse she is subjected to on regular basis is minimised and not considered to be related to workplace violence, thus she does not always report it. In her decision not to pursue reporting each incident of verbal abuse Participant (3) said that:

> *"it would be something you need to get used to and it nearly goes over your head and it is then just a part of your day. Because there would be do debrief for that, oh no! There would be nothing (no supports)."*

Further, Participant (4) described how experience of dealing with challenging behaviour is desired at interviews for positions within disability sector:

> *"When you go to an interview in a disability service, they will ask you 'have you got experience of working with people with challenging behaviour and how have you dealt with it?'. But they won't say 'yes, there is challenging behaviour and this is what we do to minimise it'. I think it (workplace violence) is very much accepted."*

Participant (6) noted that workplace violence can be a gendered experience. In his interview, he recalled how *"male staff were only a bodyguards and that is how we were treated"* by the

organisation. Commitment from male staff to work with an individual who was extremally aggressive and physically strong was expected from his employer, especially from staff who were not employed on permanent basis, had not yet received training:

> *"Because you are a male staff you are just thrown in there without any training whatsoever (…) and non-permanent staff are treated like dirt basically, because they (employer) can tell you they have no more work for you if you refuse to work with that person."*

5.4.2 Organisational structure and communication

Two of the participants (2 & 6), who had the most experience of working in the area described how the occupational background of the managers within their organisation impacted on the ability to communicate effectively. Participant (2) noted the changes within his organisation in the past number of years that impacted on the supports received by staff:

> *"All of our new managers have never worked frontline. None of them (…) Our previous managers worked frontline for years and they would understand the situation and call to the house immediately if there was something going on. But now our managers just come from an accountancy position (…) Some of the management come straight from college with no experience of working frontline."*

In contrast, Participant (6) discussed how in his experience the managers who worked frontline had higher expectations of the staff, were less understanding and appeared to concentrate on issues related to budgets rather than wellbeing of the staff members.

> *"Two of my managers worked their way up, they started in the floor. So you would think they would be more understanding but they were worst of them. (…) They love being the boss having that power, they only care about the budgets and it is the people who are after power that will be promoted."*

The participant (2) explained how that the lack of experience of working in the area among the management impacted on their understanding of the needs and challenges faced by staff and thus, they are failing to offer appropriate supports to workers: *"I don't think they have the training to provide supports to be honest*" (P2).

Further adding:

> *"I do find with my line manager that she can become very sensitive when you have a grievance and her behaviour would last the whole day. Whereas, the previous line manager who worked frontline would take it on the chin and they would say 'alright, lets work on this and move on'."*

It was also acknowledged that the managers do not visit the residents regularly and there appears to be lack of them:

"The service managers just aren't around. The service got so much bigger and there just isn't enough service managers to go around, so it is definitely crisis driven situations when you would see your manager (…) We deal with a lot of mental health issues and anxiety can hit through the roof. Our residents look up to managers because they put their mind at ease. (When residents see managers) the incident levels drop and anxiety is down." (P2)

The issues outlined above appeared to impact on the communication and trust between staff and the members of the management. Participant (2) explained that his line manager failed to contact him for 6 weeks following a serious incident at work:

"We had some major incidents (of workplace violence) and the support just was not there whatsoever. I was badly injured at work and it took 6 weeks for my service manager to ask me how I was".

This participant considered the lack of consistent and immediate response as *"normal".*

Participant (4) described how he felt that he could not have an open and honest debriefing session with his line manager by saying:

"If you were coming to a member of the management to debrief or to get few things of your chest, there was certain boundaries in what you could say and how far you would go with it for fear of being considered weak or being redeployed to another part of the organisation".

While discussing the same question, Participant (4) noted that:

"Communication is the key but open communication ends when the worker has a fear factor on what they can and can't say to the manager out of fear of consequences".

Clearly, the deficit of open communication and support systems within the organisation can lead to frustration what damages the trust between staff and their superiors.

However, the experience described from other interviewees differed. Participant (1) explained that communication within her organisation *"is very open and things are not brushed under… We communicate together and it works very well for the team. Communication is very important".*

Nevertheless, the same participant noted that: *"Sometimes you might hold back a little from saying things to your manager because not everything is always 100% confidential".*

Participant (5) spoke positively about the communication channels between staff and line management within her organisation, by receiving:

"very strong support from our management. As soon as you tell them anything (point out issues) they are straight at it and they will come over and they will talk to you and the service user. They wouldn't just leave you off, they would check on you".

Further, Participant (5) described that her managers appeared very responsive and understanding towards staff when issues related to workplace violence arose. Line management was reported to monitor the behaviour of the service users who presented aggressive on a weekly basis. In addition, they sought feedback from staff on the effectiveness of the interventions implemented to tackle this violent behaviour.

5.4.3 Organisational supports

The timely manner of managerial response to staff following an incident varied. As mentioned above Participant (2) described having to wait a few weeks before his manager enquired about his health. In contrast, Participant (5) noted that the response she received *"depended if the manager was still on shift when something happened."* She further explained that:

"If you ring them and say that something happened, they will come over straight away. Whereas if it is on at the weekend it won't be dealt with till Monday but if something happened in the evening or night time they (manager) will be over the next day. But it will be addressed as soon as they come on their shift.".

While the majority of the participants described the support services as limited, those who received regular supervision and debriefing generally found them helpful. Participant (5) described that during supervision her manager:

"Would check on you and would want to know how the plans they have put in place to tackle the behaviour are working. They would ask you 'is this working? (...) Should we take that out of the plan or try this (approach) (…) They (management) are great."

The responses of individuals who confirmed receiving supervision varied from having it on demand, every six weeks to twice a year. In addition, Participant (2) described how supervision he receives is based solely on a case management approach: *"they just want to know if you are up to date on your paperwork because we could get an unexpected visit from HIQA".*

He further described how the lack of debrief and contact from his manager following an incident had affected him:

"You know it takes a human touch and sometimes it would be nice knowing that you are not just a number (…) Even if I got an email (post incident) saying 'Look, I am up to my eyeballs

but I heard you got hurt on shift, hope everything is ok?'. That approximately takes two minutes to compose."

Participant (4 & 5) spoke positively about staff's suggestions and requested being listened to and taken into consideration during the planning process for the particular service users who presented as challenging. Based on this, staff felt more inclined to seek advice and support from the organisation and felt appreciated. Participant (4) noted that: *"it is great to feel that you are being listened to and see that what you are requesting is being acted upon".* However, he also noted that only a limited amount of suggestions made by staff are in fact responded to.

Participant (6) also described his negative experience while seeking organisational support:

"One time I was badly hurt at work and I was in pain. When I called my line manager around 9am, they told me that I had to stay at work until 1pm until new staff come in" (P6). While describing this, the participant was clearly disheartened by this response from his employer.

In contrast, Participant (1) described feeling appreciated and valued by the organisation and explained how her team received very positive feedback from other professionals within the health care system. *"We got a lot of praise on one occasion during a hospital appointment with a service user. Even the doctor commented how well the staff looked after the service user".* She then expressed her pride by saying *"we are a good service and the word is out there that we are better service than other services out there."*

Three individuals who spoke about the phone service (which is a part of Employee Assistance Programme-EAP) that was available to them as a form of debriefing/ counselling, agreed that overall, they did not find this service helpful. While speaking about this service Participant (2) said that employees are aware of its existence, but he also described his annoyance about the advice offered to him by the service provider following an incident:

"They (service operator) had no idea about working in residential so they were like, 'take an hour off and walk around the park'. But you are like 'well, I work in residential, I can't take an hour and walk around the park'. In the ideal world you could do that, but it does not happen in our job. It often happens that you have an indecent you are still on the premises, adrenaline is high, but you know you can't leave. It is terrible."

Moreover, Participant (4) suggested feeling that by offering EAP, the employer was somewhat removing themselves from taking a responsibility for the violence in the workplace that occurred within their organisation: *„I feel that it (service) is there because the management only want to hear certain things and if you went too far (in complaining about WPV) you are considered weak".*

5.4.5 Resourcing of individualised services

Participants noted that workplace violence they have experienced was often associated with the environment in which their clients live their everyday lives. The lack of resources and funding and high levels of staff turnover appear to increase the risk of aggression towards staff.

The ongoing staff turnover has a negative effect on people who use the services, as it takes time for staff and residents to get to know each other. Participant (1) explained who she feels *„that the new staff come in and they are thrown in to the deep end"* and they learn about aggressive behaviours on the job.

In contrast, Participant (2), who possessed most experience spoke about the advantages of knowing your clients well, which can help to prevent or de-escalate potentially treating behaviour easier:

> *"If you know your job and you know the person, you can deescalate the situation quicker and I do find that a sense of humour works amazingly in our house. That you have a situation that is about to go over the cliff, you crack a joke and it comes down. You learn those little nuances and tricks over the years, and they help you."*

While Participant (2) noted that workplace violence cannot be entirely prevented, he highlighted that good knowledge of the residents and their potential triggers is very important.

When discussing the level of funding, Participant (4) suggested, that while he was able to openly speak to his management, he was disappointed when the practical suggestions which could possibly reduce the level of workplace violence experienced by staff were not implemented due to limited organisational resources:

> *"When you work in disability sector you have the social and environmental factors that can impact the behaviour of a person with Intellectual Disability and you might make recommendations and requests based on your observations (...) but it was always put to us (staff) that they (organisation) haven't got the funds to improve resources and that was very frustrating".*

Sometimes improving resources for service users meant having an adequate staffing level to support an individual in achieving their personal goals and integrating with their community:

> *"I was a key worker to a service user and I knew she would like to go shopping. But sometimes she was quite aggressive (...) and we would need an extra staff to go out shopping as per her Person Centred Plan. But when I went up to my manager about it he said 'ha you must be joking me'. They (organisation) only have a certain budget to be able to facilitate paying extra money to bring another staff (...) But when I told the service user we won't be able to go shopping she got angry at me, and that is what you are up against."*

He further added:

> *"Implementing Personal Centred Planning is fantastic (for the Service User) but they (organisation) cut the staffing levels, so to actually implement it you have to do more with the clients. So there should be more staff on shift rather than less." (P6)*

Due to stretched staffing levels, social care workers also feel under pressure having to complete a lot of paperwork during their shift, which may cause them feeling guilty for not giving that time to people they support:

> *"There is so much paper work to do, (before) you used to sit down with the lads till 11pm, now you are only sitting with them till 10pm and then you will hear "oh you are on the computer again."(P2)*

Speaking about the lack of resources Participant (3) explained how she feels that, *"the management try their best but they don't always have the resources"* to implement changes that are needed and the management must then make difficult decisions to comply with their budget. She further commented how the high job demands and low income earned by social care workers is one of the direct causes of understaffing within the disability sector.

5.5 Preferred strategies and supports

This theme outlines the importance of peer support, which is highly valued among social care workers who experience workplace violence. Further, it describes some of the self-care practices which staff implement to deal with challenges of their work and to ensure balance in their work and private lives. Finally, it looks at mostly positive opinions about training received by social care workers and its practicalities while working in highly demanding and busy environment

5.5.1 Peer and team support

Team and peer support received following an incident were recognised as most important and valued by social care workers. Participant (2) explained how his team supported each other in the absence of organisational support by saying:

> *"Everyone (on the team) would ask you if you are ok, do you need to take 10 minutes. Good staff team I think is the key (…) My staff are my go to people and if there was an incident at the weekend and even when staff were not on duty but heard what have happened would send you a message 'are you ok?'"*

Strong peer support appeared to increase the level of job satisfaction. Participant (2) spoke with great enthusiasm about his career:

> *"I love my job. I love working with my colleagues (…) I still do take 150% pride in my job and you would take a pride if you took your initiative and got something up and running (regardless of the lack of organisational support)."*

Participant (6) said how the support received from his colleagues is what *'sustained'* him in the job, suggesting the supportive relationship he created with his co-workers was crucial during the time he was affected by workplace violence:

> *"I have got great support from people I worked with, my colleagues and that is what sustained me. We have worked together for 10 years in a very challenging behaviour unit and we created a bond."*

Overwhelmingly, the participants mentioned feeling comfortable speaking to their colleagues about the incident, as workplace violence is a shared experience among the team members. Participant (2) explained how:

> *"Peer support would be the biggest help (you get) because you could debrief with them and they would understand what you are going through because you work directly on the floor with them."*

Moreover, Participant (6) described how the staff would be sympathetic, used humour and understood each other, thus the communication channel between peers was more utilised:

> *"Humour got us through (when facing WPV). We have laughed about things and we were there for each other, we knew what each was feeling and that is what got us through."*

For individuals with lesser amount of experience it appeared to be important to rely on the advice of more senior staff members when facing challenging situations. For example, one of the participants emphasised that while she had received support from her line manager after an incident, she also sought her colleague's opinion on best way to approach similar situation in the future. In her interview she explained:

> *"When it (directed aggression) is happening to me I was asking other staff 'what am I doing wrong?' They would explain to me the way they carry out their evening routine and I tried that and it worked for a while and the behaviours levelled off (…) I might ask more senior staff how to approach something and it works." (P5).*

5.5.2 Self-care practices

Self-care proved to be important to social care workers to ensure they maintain balance between their professional and personal life and sustain themselves in the challenging work environment. Participants described that engaging in various activities outside of work was very important to them and it prevented them from brining worries from work back into their households. Participant (1) described how *"you have to be able to switch off and care for yourself"* before she explained

how on return to her home, she has a shower *"to wash the work off and leave it behind the front door".*

Likewise, Participant (2) illustrated personal techniques used by him and his work colleagues to reduce impact of a stressful work day, such as engaging in sports; swimming, cycling and walking. In addition, he spoke about observing his co-workers practicing mindfulness and breathing exercises before and after they commence their shift:

> *"Because no one wants to bring their work home with them or the stresses the day brought. So we all have our little ways of dealing with it."*

When discussing how social care workers could be better supported, Participant (3) suggested that promoting self-care practices within organisations would be welcome by staff:

> *"I think offering something like healthcare insurance (…) discounted gym membership and training such as self-management for your mental health might be something (to help workers)"*

5.5.3 Staff training

While it was a common agreement among participants that workplace violence can never be fully prevented due to the nature of the client group those individuals work with, it was noted that training is an important preventative and responsive measure to workplace violence. However, the issue of understaffing remained to be problematic when trying to implement the training in practice:

> *"While training is good and necessary, we (staff) are so stretched that it is not always possible to implement it (…) in real life it (technique) might not work if I am under pressure and don't have enough workers beside me" P4*

The majority of participants spoke positively about the level and type of training in managing and prevention of aggression in the workplace they have received from their organisations. Participant (2) described his experience by saying:

> *"My organisation certainly provides good in-house training. I can't knock them for that, their Continuous Professional Development is fantastic. Training they provide is phenomenal and they are brilliant at doing that".*

While majority of the participants spoke positively about the timely manner in which the training was offered to them, it appears that at times staff employed on permanent basis may be prioritised in terms of training. Participant (6) noted that:

"I got training in CPI but I was working there a good bit before I got trained because I was not permanent I wasn't prioritised (…) So I was just thrown in there (into challenging behaviour unit) with no experience whatsoever"

Further, Participant (5) suggested, that the training was more useful to her when she had completed it for the second time, which was after she had gained experience of working frontline:

"If you haven't done the job (are new to the service) you are sitting there (at training session) and you are taking it in but it is not actually until you go out and work and then re-do your training later that you might be saying to yourself 'oh so that is why they (service user) said that or did that'. So I think that training is more helpful the second time around."

The exploration of this theme allows to develop a better understanding of the individualised strategies used by staff working in very challenging and stressful environment. Shared experience of workplace violence appears to bond workers and encourage them to provide each other with invaluable support, encouragement and help. The next section of this chapter will seek to capture how the key research findings of this study relate to national and international literature related to the topic of workplace violence.

5.6 Discussion of qualitative findings

In order to better understand the phenomenon of workplace violence it is essential to recognise the context in which it occurs. The findings of this study suggest, that normalising culture of workplace violence within residential disability services influences organisational and managerial responses to that issue. Acceptance of violence within the workplace impacts negatively not only on the communication channels between staff and management but also limits the supports offered to staff. Within the small sample of this study, social care workers overwhelmingly expressed more interest in seeking informal support from their peers, regardless if they have or have not received any support from their organisations. Where organisational supports appeared to be limited, individuals stressed the need to engage in self-care practices to maintain their physical and mental health. Moreover, participants acknowledged the importance of training and continuous professional development.

The findings of this study indicate that there is an existing culture of tolerance and acceptance of workplace violence within residential disability services. Each of the participants of this study acknowledged that violence is normalised by organisations and consequently becomes 'part of the

job'. Evidence from this data is consistent with other studies (Keogh and Byrne 2016: Beech & Leather 2006, Milczarek 2010: Strand et al 2004: Lovell & Skellern 2013), that reported acceptance and expectancy of workplace violence within the social care and healthcare sectors in various countries. Normalisation of workplace violence may lead to individual responsibility being placed on the worker to deal with violence experienced at work and their reluctance in seeking supports from the organisation out of fear, that their professional abilities will be questioned (Beech and Leather 2006).

Good, open communication between frontline staff and management was described by the Health and Safety Authority (2014) as a vital part of management and prevention of workplace violence. While all the participants agreed that good communication is essential while working in a challenging environment, the results of this research show, that social care workers had various experiences of communicating with line management following an incident. Those who reported being able to communicate easily and effectively also stated feeling more supported when affected by violence at work. Consistently, those individuals who described communication with their management as poor or non-existent, also noted lack of organisational supports being provided to them after an incident took place. The reluctance in seeking support from the members of management, who themselves had never worked frontline was also noted in this research. Judd et al (2016) highlighted that positive experiences of organisational supports are essential in lessening the impact of workplace violence. The author also suggested that it raises the level of personal job satisfaction among disability support workers in Australia. In addition, ongoing organisational support may lower the risk of staff burnout and rise their sense of personal accomplishment and increase workers productivity (Mutkins et al 2011: Inerand et al 2018).

In contrast, research exploring job dissatisfaction among health care workers in Sweden found its correlation with increased staff turnover (Ineland et al 2018). This also presents as an existing problem within the disability services, as participants of this study noted that low income and high job demands often result in understaffing and poor retention of professionally qualified social care workers.

Our findings support those of Keogh and Byrne (2016) as they indicate that the lack of funding and resources greatly impacts on the quality of service being provided within the disability sector. In addition, limited budgets and understaffing within organisations prove to be a major obstacle in implementing best quality, individualised service and lead to frustration within the workforce.

In this study, participants reported that support received from their work colleagues following an incident was most valued and helpful in dealing with the negative effects of an aggressive incident. This included debriefing, receiving a call or a message or seeking advice while trying to cope with a difficult situation. This finding corresponds with other studies, where disability and healthcare workers agreed, that the support received from their co-workers was invaluable and most effective in tacking the stress associated with the violent event (Gillespie et al 2010: Judd at al 2017: Mutkins et al 2011). Shared experience proved to be an encouraging factor for social care workers who openly seek support from their peers.

Additionally, self-care practices were important to social care workers to keep their professional and personal life at balance. Similarly, to the study conducted by Judd et al (2017), participants acknowledged that connecting with their social network, engaging in hobbies and remaining active was helpful in tackling emotional exhaustion associated with the stressful work environment.

Receiving adequate and good quality training is an important preventative measure in reducing workplace violence experienced by staff working in the disability sector (Emerson & Hatton 2000). An Irish study on workplace violence among social care workers reported that 85% (*n=402*) of workers received training in relation to workplace violence (Keogh & Byrne 2016). Majority of the participants of our study acknowledged, they had access to good quality training, which they found useful. However, one participant reported having to wait a substantial amount of time to receive training on management of violence, regardless of the fact he was already working with a very challenging client. This could suggest, that while training provided by organisations had improved it is not yet implemented universally across the disability sector.

Following this detailed discussion of key research findings, the next chapter seeks to propose recommendations on how the impact of workplace violence directed towards staff within disability residential services could be considerably reduced through implementation of appropriate interventions.

Chapter 6

Mixed Method Analysis: Findings from integrating the studies

6.1 Similarities

The qualitative and quantitative research findings both report the lack of consistency in terms of workers receiving support from their organisations. The quantitative results reported that 29.6% (n=100) of social care workers in this study received sufficient support from their organisation following an incident of workplace violence. However, 70.4% (n=238) of respondents reported they are not receiving sufficient support from their organisations in relation to workplace violence. Supports received from management accounted for 7.7% (n=26); supervision accounted for 6.8% (n=23) and debriefing accounted for 4.7% (n=16) support. Lastly, 1.2% (n=4) reported utilising the employee assistance programme.

The qualitative study reported that normalisation of workplace violence may lead to individual responsibility being placed on the worker to deal with violence experienced at work. This can result in reluctance in seeking supports from the organisation out of fear, that their professional abilities will be questioned (Beech and Leather 2006). Each of the participants of the quantitative study acknowledged that violence is normalised by organisations and consequently becomes 'part of the job'. Evidence from this data is consistent with other studies (Keogh and Byrne 2016: Beech & Leather 2006, Milczarek 2010: Strand et al 2004: Lovell & Skellern 2013), that reported acceptance and expectancy of workplace violence within the social care and healthcare sectors in various countries.

In addition, social care workers reported that they mostly rely on peer support from their colleagues following an incident of workplace violence. 60.4% (n=204) of participants of the survey received most support from their colleagues after enduring a violent incident in the workplace.

In the qualitative study, participants reported that support received from their work colleagues following an incident was most valued and helpful in dealing with the negative effects of an aggressive incident. This included debriefing, receiving a call or a message or seeking advice while trying to cope with a difficult situation. This finding corresponds with other studies, where disability and healthcare workers agreed, that the support received from their co-workers was invaluable and most effective in tacking the stress associated with the violent event (Gillespie et al 2010: Judd at al 2017: Mutkins et al 2011). Shared experience proved to be an encouraging factor for social care workers who openly seek support from their peers.

6.2 Complementarity

In the quantitative study it transpired that 46.7% of workers were less likely to report an incident due to fear of criticism from management and colleagues (n=158). The qualitative study found that staff were less likely to seek organisational supports as they feared they would be judged and criticised by management. This finding indicates an existing relationship between fear of criticism, underreporting and the reluctance in seeking organisational supports. 15.7% (n=53) of participants highlighted that underreporting occurs as they feel it may impact on job loss. Participants who self-blame amount to 0.9% (n=3), whereas, 37.9% (n=128) report fear of undermined professional capacity. 46.2% (n=156) of participants conveyed that reporting was time consuming. In relation to underreporting of violence, Keogh et al (2016) says that workers felt they may be viewed as *'unskilled'* and their self-perception of their worth is therefore diminished. The research carried out by Keogh et al (2016) drew attention to statistics in a study on crisis, concern and complacency and emphasised that there was a 67% impact on burnout on staff, 58% on low morale, a 52% on job dissatisfaction and 50% on high absenteeism (2016, p. 53). Notably, these statistics demonstrate that organisations providing services to individuals with disabilities need a clearer understanding of what is defined as workplace violence and a framework to support workers who work in this area. Lanctôt el at (2014) emphasised that workplace violence varies *"considerably from one study to another"* (2014, p. 493).

Di Martino (2002), cited in Lanctôt and Guay (2014), found that violence affects workers at least once a year and it is continuing to be underreported and ignored. Phillips (2016) reiterates this point and states that in the US *"researchers have yet to discover statistically significant, universally applicable methods of risk reduction"* (2016, p. 1661). If there was a universal approach, social care workers could understand what is meant by workplace violence; it would also emphasise the need to clarify what needs to be reported in cases of workplace violence. This could potentially decrease the negative consequences associated with workplace violence such as; anxiety, distress, job dissatisfaction and questioning your professional capacity. Emerson et al (2000) argues that workplace violence is prevalent and there are emerging patterns; he states that *"violence or the threat of violence is likely to be a fairly common occurrence for social care staff supporting people with intellectual disabilities"* (2000, p. 2).

Furthermore, participants from both studies highlighted that workplace violence impacted negatively on communication between staff and management and thereby, on teamwork. 60.9% (n=206) of participants in the survey reported that workplace violence negatively impacts their

communication and teamwork. The social care workers who took part in the qualitative study had various experiences of communicating with line management following an incident. Those who reported being able to communicate easily and effectively also stated feeling more supported when affected by violence at work. Consistently, those individuals who described communication with their management as poor or non-existent, also noted lack of organisational supports being provided to them after an incident took place. Keogh and Byrne (2016) also highlighted form their study that 27% to 55% of social care workers stated that poor teamwork and communication contributes to workplace violence.

The issue of staff turnover and retention was also a common theme that emerged in both studies. An overwhelming majority of participants in the survey reported that staff turnover and retention impact negatively on their organisation. 75.7% (n=256) of social care workers said it affected staff turnover rate; 73.1% (n=247) reported that workplace violence is connected to absenteeism; 55% (n=186) of participants highlighted how workplace violence affected the quality of care provided to service users; 85.5% (n=289) linked workplace violence to staff burnout and low job satisfaction. Mutkins et al (2011) stresses that burnout is linked to working with intellectual disability, and has *"implications for service providers, staff and their clients"* (2011, p. 501) which impact staff turnover rate, absenteeism and limits productivity.

Both Keogh and Byrne (2016) and Unison (2013) agree that workplace violence has harmful effects on all involved and emphasised that *"one assault on a worker can have devastating effects, not only for the individual, but his/her colleagues and the entire organisation"* (Unison 2013, p. 8). Turner et al (2009) argues that if workplace violence occurs, it can cause a severe breakdown in the relationship between staff and the service user which could result in further violent acts, as *"the situation does not allow relationships between staff and service users to develop, which might also lead to negative behavioural outcomes"* (2009, p. 32). Gillespie et al (2010) argues that *"workplace violence is a problem plaguing all employers and employees who work in healthcare settings"* (2010, p. 177). Research carried out by Lamothe and Quay (2016) found that there is an impact on the relationship between staff and service users when workplace violence has occurred' which includes *"eagerness to answer residents' call lights, avoidance of patients and the adoption of a more passive role"* (2016, p. 186). Hensel et al (2014) reiterated this and stated that *"negative consequences are believed to have an impact on service provision and client outcomes"* (2014, p. 744).

Similarly, social care workers who took part in the qualitative study emphasised that the lack of resources and funding results in higher staff turnover that consequently affect the quality of service being provided. Our findings support those of Keogh and Byrne (2016) as they indicate that the lack of funding and resources greatly impacts on the quality of service being provided within the disability sector. In addition, limited budgets and understaffing within organisations prove to be a major obstacle in implementing best quality, individualised service and lead to frustration within the workforce.

6.3 Differences

The differences emerging from both studies related to gender and training. The qualitative study reported that male social care workers are more likely to work in a more challenging environment. However, this result was not supported by the findings within the quantitative research. In a study carried out by Keogh and Byrne (2016), male staff more commonly reported physical violence, while in the quantitative study there was no correlation between gender and workplace violence. The research suggests that the mixed methods approach may be more successful in capturing the lived experience of social care workers.

The quantitative study reported that the majority of social care workers (n=208) did not receive sufficient training in management and prevention of workplace violence. Whereas, the majority of interviewees in the qualitative study reported that their organisation provided them with satisfactory training. According to Allen and Tynan (2000), social care workers who received training on prevention and management of aggression are found to be more likely to report violent episodes. In their study, Keogh and Byrne (2016) found that nearly 85% of social care workers had received training in this area. However, over half of those disclosed not feeling confident that the training prepared them for facing violence in their workplace. Unison (2013) puts forth a noteworthy argument as to why social care workers should regularly report the issue; *"the information can be used to spot trends and improve any training and preventative measures"* (2013, p. 3).

6.4 Missing

The quantitative research did not include sexual harassment in the definition and thus, this issue was not investigated. It is possible that participants in the quantitative study used the 'other' category to refer to this. Given the limits of our data, we cannot explore it in the context of this

study and it would therefore, need to be explored in future research to determine if sexual harassment can be linked to workplace violence.

6.5 Surprises

When carrying out correlations in the quantitative research, the researcher was surprised there were no relationships between self-reported workplace violence and gender, years of experience or contractual status. Anderson and Parish (2003) in Gillespie (2003) in their study on violence in healthcare settings found no associations between workplace violence and years of experience. However, a study carried out by Cheung et al (2017) on workplace violence towards nurses in Hong Kong presented correlations between years' experience and types of abuse, "*younger nurses with less than 15 years of experience were more likely to report physical assault than those with 25 years or more years of experience"* (2017, p. 2). However, within this study there no statistical significance between the two. In addition, Keogh and Byrne (2016) reported a positive correlation between workplace violence and years of experience. In their study, social care workers who had less than five years experience were more likely to be affected by violence on daily, weekly and monthly basis.

It was also surprising that the overwhelming majority of participants from both studies reported Employee Assistance Programme was an ineffective support.1.2% (n=4) of the 338 participants who took part in the survey reported using the Employee Assistance Programme (EAP). In addition, half of the participants of the quantitative study reported that telephone service offered to them as part of EAP was not helpful.

6.6 Exploring connections to meet our objective of improving supports for social care workers

Data permitting, we would like to explore how the self-care practices and supports valued by social care workers that were identified in the qualitative study might connect with the participants' reports of the negative personal impacts of workplace violence. This would help us to begin to explore how support responses might moderate negative impacts, thus starting the process of building a tentative theory of change to inform research needed to develop intervention responses. We are conscious in exploring this not to extend findings beyond what is emerging from the data and cognisant of the limitations of our data.

Within the quantitative study, participants highlighted the negative effects that workplace violence had on them. 11.2% (n=38) said that they used occupational injury leave; 7.7% (n=26) of participants said that it led to distress; with a further 13.9% (n=47) fearing for their safety. 21.3%

(n=72) said that negative effects included anxiety; with a further 4.7% (n=16) stating that the negative effects include self-blame. 14.2% (n=48) said that negative effects of workplace violence led to job dissatisfaction and 9.8% (n=33) feared negative perceptions. Lastly, 17.2% (n=58) were left questioning their professional capacity. Psychological distress and burnout are closely related to workplace violence and they could affect everybody from the client, colleagues and other professions.

A comparative study carried out by Howard et al. (2009) explored the relationship between ongoing stress and burnout among staff supporting individuals with intellectual disabilities. They found that the stress associated with witnessing or experiencing work related violence has potentially damaging consequences on psychological and physical well-being of an employee (Howard et al. 2009. Other research has found similar results (E.g. Di Martino et al. 2003). This in turn, may result in absenteeism and high levels of staff turnover, which is evidently linked to significant social and economic costs (Di Martino et al. 2003). Considering the fact that representatives of the Health and Social Work sector *"account for 13% of all employment"* in Ireland, the negative impact of workplace violence on the overall Irish economy raises a significant concern (HSA 2017, p. 6).

The findings of the qualitative study suggest that self-care practices were important to social care workers to keep their professional and personal life at balance. Similarly, to the study conducted by Judd et al. (2017), participants acknowledged that connecting with their social network, engaging in hobbies and remaining active was helpful in tackling emotional exhaustion associated with the stressful work environment. Those findings suggest, that promoting self-care practices within organisations could possibly reduce the negative consequences experienced by social care workers.

Chapter 7

Recommendations

7.1 Universal legislation

A universal definition of what constitutes workplace violence should be implemented into the Irish legislation. This would provide workers and organisations with more understanding of what needs to be reported and what type of behaviour should not go unnoticed. It would determine whether sexual violence should be included in this definition. This could improve the reporting procedures as the findings of this study highlighted the prevalence of underreporting. Improved reporting procedures would assist researchers in measuring statistics and highlight if this is a re-occurring issue. It would be highly beneficial if a universal policy on workplace violence prevention was developed and implemented on a national level.

7.2 Interventions, planning and communication

Organisations should implement organisational planning and preventative measures when dealing with workplace violence in social care settings in contemporary Ireland. Consistent and effective communication between staff and line management should be promoted within services. This also implies that the culture of acceptance towards workplace violence within the disability service needs to be tackled and stamped out. This would help in developing a trusting and professional relationship between staff and management.

7.3 Training

Furthermore, social care workers should learn how to use the service user's personalised plan to de-escalate a situation. If organisations personalised/ improved a service user's care plan, then social care workers could approach a situation where there is the possibility of violence with a strategy. Staff would also benefit from receiving high quality training in the areas of positive behaviour management and crisis prevention management. In addition, coaching from sufficiently trained members of the management would ensure that the skills learned by social care workers are developed and appropriately applied in practice.

Over half the participants who completed this survey said that they are not provided with sufficient training. This paper advises that organisations identify a training programme that workers feel would equip them to handle violence in work. Getting the necessary training would safeguard and

promote better working conditions and may decrease absenteeism, staff turnover rate and quality of care provided by staff. If this was implemented, it would be advisable that the staff concerned were consulted about the training content. Working at the coalface gives them a unique perspective on what is relevant to the training programme.

7.4 Supports

Participants accounts indicate that support services for social care workers experiencing workplace violence within organisations are lacking and are not equally distributed within the disability sector. This is corroborated by another Irish study carried out by Keogh and Byrne (2016). Participants were often left seeking support from a spouse/partner and work colleagues. Organisations need to recognise that more support needs to be initiated. Having that support is essential as it can reduce anxiety and increase job satisfaction and most importantly make for a safer working environment. Applying these methods would help to reduce the negative impact that workplace violence has on social care workers and also enable staff to deal with workplace violence when it does arise. Overall, it would promote the welfare needs of all people working in this area.

Peer support should be recognised and promoted within organisations. Staff would benefit from engaging in organisational team building days and activities promoting their mental health. One participant spoke how *"regular breaks and promoting staff's health through offering a discounted gym membership and mental health training"* would be a welcome initiative.

7.5 Educating service users and student social care workers about workplace violence

Educating the service users about the effects of workplace violence on staff is necessary. It may not change everyone's actions. However, it is about informing others of the effects it has on professionals and how that impacts on the job they do. It has consequences for all involved and leads to anxiety, job dissatisfaction, distress and questioning your professional capacity. By educating the service users it could also inform social care workers about what to report and what is not necessary to report; nearly all the participants of the survey felt that workplace violence was underreported. Therefore, educating all involved about the effects could inform practitioners and service users. If the above recommendations were fully implemented there would likely be a substantial diminution of low morale, anxiety, distress, self-blame, job dissatisfaction and the self-questioning of professional ability.

The issue of workplace violence should be discussed during professional social care work training in third level institutions across the country. Social care students would benefit from gaining a thorough understanding of physical and intellectual disabilities and challenges associated with those.

7.6 Addressing funding issues and carrying out further research

The issue of limited funding within the disability sector, which affects the quality of the service provided to individuals with disabilities should be addressed by relevant government bodies. In addition, organisations should be held accountable for implementation of national policy at a local level, which perhaps could be regulated and guided by HIQA, that will soon regulate the social care work profession.

It is recommended that further research be carried out to carefully examine the issue of acceptance of violence within the workplace and to identify effective strategies to challenge workplace cultures. In addition, supplementary research would help to measure the effectiveness of the changes proposed in this study.

7.7 Conclusion

The researchers used an integrated mixed method approach by capturing the participants views by creating and using surveys and interviews. The overall outcome for this research was practicality by using the survey to inform what questions could be gleaned from this to inform the interview process. This process provided the researchers with an in-depth understanding on what the participants perspectives were on workplace violence and whether it was occurring and what supports organisations were providing when workplace violence occurs. From using a mixed method approach the researchers could identify the similarities the studies had, the surprises, the differences and how the studies complemented each other. Overall, the research highlighted that workplace violence is continuing to be a concern for social care workers working in residential disability services.

Bibliography

Allen D. & Tynan H. (2000) Responding to aggressive behaviour: impact on training on staff members' knowledge and confidence. *Mental Retardation* **38**(2), 97-104. Retrieved from: https://ucc-summon-serialssolutions-com.ucc.idm.oclc.org/2.0.0/link?t=1535803545732 on 22 July 2018.

Anderson V. R. (2016) Introduction to Mixed Methods Approaches in *Handbook of Methodological Approaches to Community Based Research.* (Jason L. A. & Glenwick D. S. eds.) Oxford University Press, New York, pp. 233-240.

Beech B. & Leather P. (2006) Workplace Violence in the healthcare sector: a review of staff training and integration of training evaluation models. *Aggression and Violent Behaviour* **11** (1), 27-43.

Bland M. (2000) *An introduction to statistics*. 3rd edn. New York, Oxford University Press Inc.

Bresler S., & Gaskell B. M. (2015) Risk assessment for patient perpetrated violence: *Analysis of three assaults against healthcare workers.* **51** (1), 73-77. Retrieved from: http://content.ebscohost.com/ContentServer.asp?T=P&P=AN&K=107788014&S=R&D=rzh&EbscoContent=dGJyMMTo50SeqLc4y9fwOLCmr1GeprZSr6q4SK%2BWxWXS&ContentCustomer=dGJyMPGpsk21qa9LuePfgeyx44Dt6fIA, DOI: 10.3233/WOR-141888 on the 28th March 2019.

Bryman A. (2012) *Social Research Methods.* 4th edn. New York, Oxford University Press Inc.

Burke J. R., & Onwuegbuzie A. J. (2004) Mixed Methods Research: *A Research Paradigm Whose Time Has Come. Educational Researcher.* **33** (7), 14–26. Retrieved from: https://journals-sagepub-com.ucc.idm.oclc.org/doi/pdf/10.3102/0013189X033007014, DOI: 10.3102/0013189X033007014 on the 12th March 2019.

Byrne D. (2002) *Interpreting Quantitative Data*. London, Sage Publications.

Campbell M. (2007) Staff training and challenging behaviour: who needs it? *Journal of Intellectual Disabilities* **11**(2), 143-156. Retrieved from: http://journals.sagepub.com.ucc.idm.oclc.org/doi/abs/10.1177/1744629507076928 in 14 August 2018.

Carey M. (2011) The Social Work Dissertation: *Using Small-Scale Qualitative Methodology*. England, McGraw Hill Open Press University.

Chappell D., & Martino V. (2006) International Labour Office, *Violence at Work*, (3rd edn). Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_publ_9221108406_en.pdf on the 28th February 2019.

Cheung T., & Yip P. S. F. (2017) Workplace violence towards nurses in Hong Kong: *prevalence and correlates.* **17** (1), 196-206. Retrieved from: https://link.springer.com/article/10.1186/s12889-017-4112-3, DOI: 10.1186/s12889-017-4112-3 on the 10th March 2019.

Cooper B. (2001) Constructivism in social work: *Towards a participative practice viability*. **31** (5), 721-738. Retrieved from https://doi-org.ucc.idm.oclc.org/10.1093/bjsw/31.5.721, DOI: 10.1093/bjsw/31.5.721 on the 24th of August 2018.

Corby B. (2006) *Applying Research in Social Work Practice*. England, McGraw Hill Open Press University.

Creswell J. W. & Plano Clark V. L. (2007) *Designing and conducting mixed methods research*. Sage Publications, Thousand Oaks.

Creswell J. W. (2009) *Research Design; Qualitative, Quantitative and Mixed Methods Approaches*. 3rd end. SAGE Publications, London.

Crotty M. (1998) *The Foundations of Social Research: Meaning and Perspective in the Research.* Sage Publications, London.

deMarrais K., & Lapan D. S. (2004) Foundations for research*: Methods of Inquiry in Education and the Social Sciences.* London, Lawrence Erlbaum Associates Publishers.

Di Martino V., Hoel H., & Cooper C. (2003) *Preventing violence and harassment in the workplace.* European Foundation for the Improvement of Living and Working Conditions, Dublin.

Emerson E. & Hatton C. (2000) *Violence against social care workers supporting people with learning difficulties: a review.* Institute for Health Research, Lancaster.

Franz S., Zeh A., Schablon A., Kuhnert S. & Nienhaus A. (2010) Aggression and violence against health care workers in Germany-a cross sectional retrospective survey. *BMC Health Services Research* 10(1). Retrieved from: https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-10-51 on 4 August 2018.

Galetta A. (2013) *Mastering the Semi-Structured Interview and Beyond: From Research Design to Analysis and Publication.* New York University Press, New York.

Gillespie G. L., Gates D. M., Miller M., & Howard P. K. (2010) Workplace Violence in Healthcare Settings: *Risk Factors and Protective Strategies.* **35** (5), 177-184. Retrieved from: https://search-proquest-com.ucc.idm.oclc.org/docview/748868487?pq-origsite=summon, DOI: 10.1002/j.2048-7940.2010.tb00045.x, on the 10th April 2019.

Government of Ireland (2005) *Safety, Health and Welfare Act 2005*. Stationary Office, Dublin. Retrieved from: http://www.irishstatutebook.ie/eli/2005/act/10/enacted/en/print on 7 June 2018.

Government of Ireland (2005) Safety, Health and Welfare at Work Act: *Instruction, training and supervision of employees.* Retrieved from: http://www.irishstatutebook.ie/eli/2005/act/10/enacted/en/print#sec10 on the 19th February 2019

Government of Ireland (2010) *Safety, Health and Welfare at Work (General Application) (Amendment) Regulations 2010*. Stationary Office, Dublin. Retrieved from: https://www.hsa.ie/eng/Legislation/Regulations_and_Orders/General_Application_Regulations_2007/General_Application_Amendment_Regulations_2010/General_Application_Amendment_Regulations_2010_.pdf on 7 June 2018.

Harris B., & Leather P. (2012) Levels and Consequences of Exposure to Service User Violence: *Evidence from a Sample of UK Social Care Staff.* **42** (5), 851-869. Retrieved from: https://www-jstor-org.ucc.idm.oclc.org/stable/pdf/43771698.pdf?refreqid=excelsior%3A588846003a4bc480d3aab417d5d159de, DOI: 10.1093/bjsw/bcr128, on the 1st March 2019.

Health and Safety Authority (2007) *Violence at Work.* Retrieved form: https://www.hsa.ie/eng/Publications_and_Forms/Publications/Occupational_Health/Violence_at_Work.pdf on the 8th February 2019.

Health and Safety Authority (2014) *Managing the risk of work-related violence and aggression in healthcare.* Retrieved from: https://www.hsa.ie/eng/Publications_and_Forms/Publications/Information_Sheets/Violence_in_Healthcare_Information_Sheet.pdf on 17 June 2018.

Health and Safety Authority (2014) *Violence at Work Cover.* Retrieved from: https://www.hsa.ie/eng/Publications_and_Forms/Publications/Occupational_Health/Violence_at_Work.pdf received on the 8th February 2019.

Health and Safety Authority (2017) *Summary of Workplace Injury, Illness and Fatality Statistics 2016-2017*. Retrieved from: https://www.hsa.ie/eng/Publications_and_Forms/Publications/Corporate/HSA_Stats_Report_2017.pdf on 20 June 2018.

Health Information and Quality Authority (HIQA) (2013) *National Standards for Residential Services for Children and Adults with Disabilities.* Health Information and Quality Authority, Dublin.

Health Information and Quality Authority (HIQA) (2017) *Overview of HIQA regulation of social care and healthcare services 2017.* Retrieved from: https://www.hiqa.ie/sites/default/files/2018-06/Regulation-overview-2017_0.pdf on the 20th February 2019.

Health Service Executive (2008) *Linking Service and Safety: Together creating Safer Places and Service. Strategy for Managing Work-related Aggression and Violence within the Irish Health Service.* Retrieved from: https://www.hse.ie/eng/staff/resources/hrstrategiesreports/linking-service-safety.pdf on 20 January 2019.

Health Service Executive (2015) *HSE/ Public Health Sector Guidance Document on Supervision for Health and Social Care Professionals; Improving Performance and Supporting Employees.* Retrieved from: https://www.hse.ie/eng/staff/resources/hr-circulars/circ00215.pdf on 20 January 2019.

Health Service Executive (2016) *Policy on Management of Work-Related Aggression and Violence.* Retrieved from: https://www.hse.ie/eng/staff/resources/hrppg/aggpol.pdf on 5 July 2018.

Health Service Executive (2018) *Policy on the Prevention and Management of Work-Related Aggression and Violence: Safety and Service*. Retrieved from: https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policy%20on%20the%20prevention%20and%20management%20of%20work-related%20aggression%20and%20violence%202018.pdf on the 19th February 2019.

Hegney D., Eley R., Plank A., Buikstra E., & Parker V. (2006) Workplace violence in Queensland, Australia: *The results of a comparative study.* **12** (4), 220-231. Retrieved from: https://onlinelibrary-wiley-com.ucc.idm.oclc.org/doi/full/10.1111/j.1440-172X.2006.00571.x, DOI: 10.1111/j.1440-172X.2006.00571.x on the 10th April 2019.

Hogh A., Hoel H., & Carneiro G. I. (2011) Bullying and employee turnover among healthcare workers: *a three-wave prospective study*. **19** (6), 724-751. Retrieved from: https://onlinelibrary-wiley-com.ucc.idm.oclc.org/doi/epdf/10.1111/j.1365-2834.2011.01264.x, DOI: 10.1111/j.1365-2834.2011.01264.x, on the 10th April 2019.

Howard R., Rose, J. & Levenson V. (2009) The Psychological Impact of Violence on Staff Working with Adults with Intellectual Disabilities. *Journal of Applied Research in Intellectual Disabilities* **22**(6), 538-548. Retrieved from: https://onlinelibrary-wiley-com.ucc.idm.oclc.org/doi/abs/10.1111/j.1468-3148.2009.00496.x on 4 August 2018.

Ineland J., Sauer L. & Molin M. (2018) Sources of job satisfaction in intellectual disability services: a comparative analysis of experiences among human service professionals in schools, social services and public health care in Sweden. *Journal of Intellectual and Developmental Disability* **43**(4), 421-430. Retrieved from: https://eric.ed.gov/?id=EJ1198112 on 1 February 2019.

Judd M. J., Dorozenko K. P. & Breen L. J. (2017) Workplace stress, burnout and coping: a qualitative study of the experiences of Australian disability support workers. *Health and Social Care* **25**(3), 1109-1117. Retrieved from: https://onlinelibrary-wiley-com.ucc.idm.oclc.org/doi/full/10.1111/hsc.12409 on 10 February 2019.

Keogh P. & Byrne C. (2016) *Crisis, Concern and Competency: A study on extent, impact and management of workplace violence and assault on social care workers.* Social Care Ireland, Dublin.

Lamothe J., & Guay S. (2016) Workplace violence and the meaning of work in healthcare workers: *A phenomenological Study*. **56** (2), 185-197. Retrieved from: https://www.researchgate.net/publication/313834187_Workplace_violence_and_the_meaning_of_work_in_healthcare_workers_A_phenomenological_study, DOI: 10.3233/WOR-172486 on the 28th February 2019.

Lanctôt N., & Quay S. (2014) The aftermath of workplace violence among healthcare workers: *A systematic literature review of the consequences*. **19** (5), 492-501. Retrieved from: https://www-sciencedirect-com.ucc.idm.oclc.org/science/article/pii/S1359178914000809, DOI: 10.1016/j.avb.2014.07.010 on the 13th August 2018.

Lovell A. & Skellern J. (2013) 'Tolerating violence': a qualitative study into the experience of professionals working within one UK learning disability service. *Journal of Clinical Nursing* **22**(15-16), 2264-2272. Retrieved from: https://onlinelibrary-wiley-com.ucc.idm.oclc.org/doi/abs/10.1111/jocn.12164 on 5 July 2018.

Malgorzata M. (2010) European Agency for Safety and Health at Work, European Risk Observatory Report: Workplace Violence and Harassment: *a European Picture*. Retrieved from: https://osha.europa.eu/en/tools-and-publications/publications/reports/violence-harassment-TERO09010ENC on the 28th February 2019.

Mays N. & Pope C. (2000) Qualitative Research in Health Care: Assessing Quality in Qualitative Research. British Medical Journal **320** (7226), 50-52. Retrieved from: https://www-jstor-org.ucc.idm.oclc.org/stable/25186737?pq-origsite=summon&seq=1#metadata_info_tab_contents on 29 March 2019.

McHugh L. M. (2013) Lessons in biostatistics: *The Chi-square test of independence.* **23** (2), 143-149. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3900058/, DOI: 10.11613/BM.2013.018 on the 12th April 2019.

McKenna K. (2008) Linking Safety and Service: *Together Creating Safer Places of Service.* Health Service Executive Ireland. Retrieved from: https://www.lenus.ie/bitstream/handle/10147/219291/LinkingServiceSafety.pdf?sequence=1&isAllowed=y on the 28th February 2019.

Meyer J. (2011) *Workforce age and technology adoption in small and medium-sized service firms.* **37** (3), 305-324. Retrieved from: https://link-springer-com.ucc.idm.oclc.org/article/10.1007%2Fs11187-009-9246-y, DOI: 10.1007/s11187-009-9246-y on the 14th April 2019.

Milczarek, M. (2010) *Workplace Violence and Harassment: a European Picture*. Retrieved from: https://osha.europa.eu/en/tools-and-publications/publications/reports/violence-harassment-TERO09010ENC on 7 January 2019.

Miles M., Huberman A. M. & Saldana J. (1994) *Qualitative Data Analysis A Method Sourcebook,* 3rd edn. SAGE Publications, London.

Mills S. & Rose J. (2011) The relationship between challenging behaviour, burnout and cognitive variables in staff working with people who have intellectual disabilities. *Journal of Intellectual Disability Research* **55**(9), 844-857. Retrieved from: https://onlinelibrary-wiley-com.ucc.idm.oclc.org/doi/abs/10.1111/j.1365-2788.2011.01438.x on 4 August 2018.

Mutkins E., Brown R. F. & Thorsteinsson E. B. (2011) Stress, depression, workplace and social supports and burnout in intellectual disability support staff. *Journal of Intellectual Disability Research* **55**(5), 500-510. Retrieved from: https://onlinelibrary-wiley-com.ucc.idm.oclc.org/doi/full/10.1111/j.1365-2788.2011.01406.x on 10 February 2019.

Onwuegbuzie A. J., & Johnson R. B. (2004) Mixed Methods Research: *A Research Paradigm Whose Time Has Come.* **33** (7), 14-26. Retrieved from: http://www.jstor.org/stable/3700093 on the 14th March 2019.

Panhwar A. H., Ansari S., & Shah A. (2017) Post-positivism: *An Effective Paradigm for Social and Educational Research*. **45** (45), 253-260. Retrieved from: https://www.researchgate.net/publication/317605754_Postpositivism_An_Effective_Paradigm_for_Social_and_Educational_Research on the 12th March 2019.

Phillips P. J. (2016) Workplace violence against healthcare workers in the United States: *The new England Journal of Medicine*. **374** (17), 1661-1669. Retrieved from: https://search-proquest-com.ucc.idm.oclc.org/docview/1785294272/fulltextPDF/F89D03985AE4438BPQ/1?accountid=14504, DOI: 10.1056/NEJMra1501998 on the 6th April 2019.

Poveda D., Moscoso F. M., & Jociles I. M. (2018) From Reflexivity to Normalization*: Parents and Children Confronting Disclosure in Families Formed through Assisted Reproduction Involving Gamete Donation.* **77** (1), 10-21. Retrieved from: https://search.proquest.com/docview/2042209907?pq-origsite=summon, DOI: 10.17730/1938-3525.77.1.10 on the 15th March 2019.

Punch F. K. (2010) Introduction to Social Research: *Quantitative and Qualitative Approaches.* London, Sage Publications.

Quilliam C., Bigby C., & Douglas J. (2017) Being a valuable contributor on the frontline: *The self- perception of staff in group homes for people with intellectual disability.* **31** (3), 395-404. Retrieved from: https://onlinelibrary.wiley.com/doi/epdf/10.1111/jar.12418, DOI: 10.1111/jar.12418 on the 19th February 2019.

Ravoux P., Baker P. & Brown H. (2011) Thinking on your feet: *Understanding the immediate responses of staff to adults who challenge intellectual disability services*. **25** (3), 189-202. Retrieved from: https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1468-3148.2011.00653.x, DOI: 10.1111/j.1468-3148.2011.00653.x on the 19th February 2019.

Ritchie J. & Lewis J. (2003) Designing and Selecting Samples in *Qualitative Research Practice; a Guide for Social Science Students and Researchers.* (Ritchie J., Lewis J. & Elam G. eds.), SAGE Publications, London, pp. 77- 108.

Ritchie J. & Lewis J. (2003) The Applications of Qualitative Methods to Social Research in *Qualitative Research Practice; a Guide for Social Science Students and Researchers.* (Ritchie J., Lewis J. & Elam G. eds.), SAGE Publications, London, pp. 24-36.

Skills for Care (2013) *Violence against social care and support staff: Summary of research.* Skills for Care, Leeds. Retrieved from: https://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Research/Violence-reports/Violence-against-social-care-workers---composite-report.pdf on 12 July 2018.

Social Care Ireland (2018) *CORU Registration.* Retrieved from: https://socialcareireland.ie/coru-registration/ on 10 April 2019.

Sommer R. & Sommer. (2002) A practical guide to behavioural research: *Tools and Techniques.* 5th edn. New York, Oxford University Press.

Strand K. J., Nicholas C., Randy S., Marullo S. & Donohue P. (2003) *Community Based Research and Higher Education: Principles and Practices*. Jossey-Bass, San Francisco.

Strand M. L., Benzein E. & Saveman B. I. (2004) Violence in the care of adult persons with intellectual disabilities. *Journal of Clinical Nursing* **13**(4), 506-514. Retrieved from: https://onlinelibrary-wiley-com.ucc.idm.oclc.org/doi/abs/10.1046/j.1365-2702.2003.00848.x on 19 June 2018.

Turner K., & Clarke D. (2009) Aggression in Disability: *A New Approach*. **14** (2), 28-36. Retrieved from: https://search-proquest-com.ucc.idm.oclc.org/docview/213844947?pq-origsite=summon, DOI: 10.1108/13619322200900012 on the 15th July 2018.

Unison (2013) It's not part of the job: *A health and safety guide on tackling violence at work*. Euston Road, London.

Vassos M. V. & Nankervis K. L. (2012) Investigating the importance of various individual, interpersonal, organisational and demographic variables when predicting job burnout in disability support workers. *Research in Developmental Disabilities* **33**(6), 1780-1791. Retrieved from: https://www-sciencedirect-com.ucc.idm.oclc.org/science/article/pii/S0891422212001084 on 10 February 2019.

Appendices A

Information sheet

Purpose of the Study:

As part of the requirements for Master of Social Work at UCC, we, XXXXXXXX and XXXXXXXX are carrying out this research study. The study seeks to examine the formal and informal support systems available to social care workers who experience workplace violence while supporting individuals within residential disability settings. In addition it seeks to identify the effects of workplace violence and the supports which are most useful among affected workers. The study has been approved by the MSW research ethics committee of UCC. The study is part of a collaborative initiative by CARL (www.carl.ucc.ie) and Social Care Ireland (www.socialcareireland.ie). This survey will be active until the 22nd of February. We kindly ask participants to complete it before this date.

What will the study involve?

This survey will take approximately 10 - 15 minutes to complete. The reasoning for this research is to show how common workplace violence is and to improve supports for workers who experience this issue. Additionally this research aims to outline how workplace violence may be reduced in the future.

Why have you been asked to take part?

We kindly ask you to participate in this study if you are a Social Care Worker currently working in the area of disability.

Do you have to take part?

Participation in this study is voluntary. If you wish to take part in this research, you will be required to consent by ticking a box at the beginning of this survey. In order to familiarise yourself with this study please read the information sheet provided. Participants have a right to withdraw before the study commences and discontinue before data collection has started. Participants also have the right to withdraw within two weeks of participation and can ask for their data to be destroyed.

Will your participation in the study be kept confidential?

To safeguard your anonymity, we will make sure that no clues to your identity will appear in the dissertation and/or any other publications or presentations related to this research. Any extracts from what you say that may be quoted in the dissertation, any reports and presentations will be kept entirely anonymous.

What will happen to the information which you give?

The information you share will be kept confidential from third parties. Individuals who may have access to the information will include the researchers, UCC staff members on Master of Social Work team and representatives of Social Care Ireland. The data will be securely stored. On completion of the project, findings will be retained for a further ten years and then destroyed.

What will happen to the results?

The results will be delivered in the form of dissertation and presentation. They will be seen by our supervisor, a second marker and the external examiner. The dissertation may be read by future students on the course. The study may also be published in a research journal. The combined findings of the study will be presented to Social Care Ireland in a report and the organisation holds the right to publish this study and utilise it for further research.

This research may highlight the level of violence in this sector and Social Care Ireland may use this research to provide recommendations which may capture and inform the policy making process. The copy of this report will be made available on the CARL web-site and the Social Care Ireland website.

What are the possible disadvantages of taking part?

It is possible that thinking about your experience of workplace violence may cause some distress. If you become distressed while completing this survey you can discontinue your participation and can contact Charlotte Burke (CPD officer) on 087-7463926 who will be able to provide you with support. Charlotte will link you with the Social Care Ireland safeguarding officer; Leon Ledwidge who will be available to support participants.

What if there is a problem?

If participants become distressed throughout the study, as mentioned above there are supports they can avail of via phone-call for the duration of the research.

Who has reviewed this study?

Any further queries?

If you need any further information, you can contact us:

Name: XXXXXXXX & XXXXXXXX

Email: 117221207@umail.ucc.ie

Supervisor contact details: Eleanor Bantry White

Email: E.BantryWhite@ucc.ie

Appendices B

Consent form

Please read the information below and indicate your consent on the bottom of the page. I agree to participate in CARLs (CARL project) on Violence effecting Social Care Workers working in residential Disability Services.

The purpose and nature of the study has been explained to me in writing. I am participating voluntarily. I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating. I understand that I will not be identifiable in the write up of this study. I understand that disguised extracts from my survey may be quoted in the thesis and any subsequent publications if I give permission below: I agree to quotation/publication of extracts from my survey**.**

If you agree with the above statements, please tick the box to proceed with the research. Please complete this survey only once.

Appendices C

Survey Questions

Description of workplace violence (WPV) adapted for the purpose of this research is defined as:

"Workplace violence as violence that occurs where people, in the course of their employment, are aggressively verbally abused, threatened or physically assaulted".

(Health and Safety Authority, 2014)

1. Please indicate your age:

18 to 24 □

25 to 34 □

35 to 44 □

45 to 54 □

55 to 66 □

66 + □

2. Please specify your gender: _____

3. How many years' experience do you have working with individuals with disabilities in a residential setting:

Less than 1 year □

1 - 5 years □

6 - 10 years □

11 - 15 years □

15 + years □

4. Which best describes your current employment contract:

Part – time temporary □

Part – time permanent □

Full – time temporary □

Full – time permanent □

Agency Relief staff □

Organisation relief staff □

Other _____

5. Over the past 12 months have you experienced any of the following:

Physical assault □

Verbal abuse □

Harassment in the form of threatening behaviour, aggressive gestures, heightened levels of volume in the discourse, and sometimes silence □

Verbal □

Physical □

Other: □

6. How often are you be exposed to workplace violence in your current employment:

Daily □

Weekly □

Monthly □

Yearly □

7. What negative effects did workplace violence have on you:

Occupational injury leave □

Distress □

Fear for safety □

Anxiety □

Self-blame □

Job dissatisfaction □

Fear of negative perceptions □

Questioning your professional capacity □

Other _____

8. Do you feel that workplace violence has impacted your organisation in terms of:

	Yes	No	Sometimes
Staff turnover rate	□	□	□
Staff burnout and low job satisfaction	□	□	□
Negatively impacted communication and teamwork	□	□	□
Absenteeism	□	□	□
Quality of care provided to residents	□	□	□
Staff retention and recruitment	□	□	□

9. Do you think that your organisation is addressing the issues outlined above:

Yes □

No □

If yes or no in what way:

---

10. Do you feel you receive sufficient supports from your organisation in relation to workplace violence:

Yes □

No □

If yes or no, please elaborate:

---

11. How likely are you to seek support from your organisation after enduring workplace violence:

Likely □

Unsure □

Unlikely □

12. From whom/what do you receive most support following involvement in a violent incident:

Management □

Supervision □

Debriefing □

Colleague □

Spouse/Partner □

Employee assistance programme □

Occupational injury leave □

13. Do you think your organisation provided you with adequate training when dealing with workplace violence:

Yes □

No □

14. Do you think workplace violence in the disability sector is under reported:

Yes □

No □

15. If answered yes to the previous question; what do you believe may be the issue causing under reporting in a residential setting:

Fear of job loss □

Fear of Criticism from management/ colleagues □

Self-blame □

Fear of undermined professional capacity □

Time consuming reporting procedure □

Researchers take into consideration that participation in this study may unintentionally cause psychological distress. If after completing this survey you wish to seek some professional help we advise you to contact our designate person ***Charlotte Burke*** *on* ***087 – 7463926.***

Thank you for your contribution to this research.

Appendices D

Email of ethical approval

MSW Research Ethics Committee

School of Applied Social Studies

Applicant:	XXXXXXXX, MSW2, 2018/2019
Committee Date:	25thOctober 2018
Tutor(s):	Dr Eleanor Bantry White
Reference:	2018-10

Dear XXXXXXXX
Thank you for your application to the MSW research ethics committee.

The committee has reviewed your application. The decision of the committee is to grant ethical approval for your study.

Please note that receiving ethical approval for your study does not absent you from also seeking ethical approval from external agencies, if this is required. Also, appropriate agency level / gate keep permissions are also required in addition to this approval.

On the day of the submission of your MSW dissertation, you must provide UCC with a copy of the raw data (audio files, transcripts, completed surveys, etc.) and your data analysis files. All research data should be deleted from your PC and UCC cloud storage, and all paper documentation (consent forms, printed transcripts, etc.) given to UCC for confidential shredding. UCC will securely store electronic copies of all of the study data and consent forms for you for 10 years. This stipulation does not prohibit you from publishing your findings and presenting the data outside of UCC, once your informed consent process provides such permission.

We wish you the best of luck with your study. If you have questions, please contact your MSW tutor.

Best wishes,

Dr K. B.
On behalf of the MSW Research Ethics Committee

Appendices E
Consent form

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Please read the information below and indicate your consent on the bottom of the page.

I …….. agree to participate in Community Academic Research Links (CARL project) on workplace violence effecting social care workers working in residential disability services.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of completing the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

I agree to quotation/publication of extracts from my interview ☐

Signed: ……. Date: ……

Appendices F
Information sheet

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Purpose of the Study.

As part of the requirements for Master of Social Work at UCC, we are carrying out a research study. The study seeks to examine the formal and informal support systems available to social care workers who experience workplace violence while supporting individuals within a residential disability settings.

In addition it seeks to identify the effects of workplace violence and the supports which are most useful among affected workers.

What will the study involve?

A small number of participants who wish to contribute to further research are being asked to take part in an interview. The interview aims to highlight the most effective supports available to staff. The interview process will be arranged one on one and may take up to 45 minutes to complete and you will be asked questions about your experience of workplace related violence. Participants will be contacted in advance to arrange the interview.

The reasoning for this research is to show how common workplace violence is and to improve supports for workers who experience this issue. Additionally this research aims to outline how workplace violence may be reduced in the future.

The interview process will consist of answering open ended and closed questions.

Why have you been asked to take part?

We kindly ask you to participate in this study if you hold a social care qualification, have been or currently are working in the area of disability.

Do you have to take part?

Participation in this study is voluntary. If you wish to take part in this research, you will be required to confirm that at the beginning of the interview process. In order to familiarize yourself with this study please read the information sheet provided.

Participants have a right to withdraw before the study commences and discontinue before data collection has started. Participants also have the right to withdraw within two weeks of participation and can ask for their data to be destroyed.

Will your participation in the study be kept confidential?

To safeguard your anonymity, we will make sure that no clues to your identity will appear in the dissertation and/or any other publications or presentations related to this research. Any extracts from what you say that may be quoted in the dissertation, any reports and presentations but they will be kept entirely anonymous. Consent forms at the start of the study will be coded and stored separately to other documentation.

What will happen to the information which you give?

The information you share will be kept confidential from third parties. Individuals who may have access to the information will include the researches, UCC staff members on Master of Social Work team and representatives of Social Care Ireland. The data will be securely stored. On completion of the project, findings will be retained for a further ten years and then destroyed.

What will happen to the results?

The results will be delivered in the form of dissertation and presentation. They will be seen by our supervisor, a second marker and the external examiner. The dissertation may be read by future students on the course. The study may also be published in a research journal.

The combined findings of the study will be presented to the Social Care Association of Ireland in a report and the organization holds the right to publish this study and utilize it for further research. This research may highlight the level of violence in this sector and Social Care Association of Ireland may use this research to provide recommendations which may capture and inform the policy making process. The copy of this report will be made available on the CARL web-site.

What are the possible disadvantages of taking part?

Researchers do not intend any harm towards participants. However, it is possible that talking about your experience of wor place violence may cause some distress. To provide adequate support Social Care Ireland have nominated a designated contact person; Charlotte Burke (CPD officer), on 087-7463926. Charlotte will then link individuals in with Social Care Ireland safeguarding officer; Leon Ledwidge who will be available to participants for the duration of the research.

What if there is a problem?

If participants become distressed throughout the study, as mentioned above there are supports they can avail of via phone-call for the duration of the research.

If a participant becomes distressed during the interview process, we may pause the interview. In cases where participants do not wish to continue with the interview they have the right to withdraw. At the end of the interview the researcher will discuss with you how you found the experience and how you are feeling.

Who has reviewed this study?

Approval was granted by the MSW Ethics Committee of UCC.

Any further queries?

If you need any further information, you can contact us:

Name: Agnieszka Mech-Butler & Roisin Swift

Email: 117221443@umail.ucc.ie

Supervisor contact details: Eleanor Bantry White; E.BantryWhite@ucc.ie, 021-4903000.

Appendices G

Interview questions

Description of workplace violence (WPV) adapted for the purpose of this research is defined as:

"Workplace violence occurs where people, in the course of their employment, are aggressively verbally abused, threatened or physically assaulted"

(Health & Safety Authority, 2014)

1. What do you think helped you when you experienced workplace violence?
   (What personal resources and formal/informal supports were most helpful to you during that time?
   Who did you rely on for support?)

   …….

2. Did you avail of organisational supports? What supports were/are available to you following an incident of workplace violence?
   (I.e. Supervision/ de-briefing/ Medical Assistance/ Employee Assistance Programme/ Counselling/ Occupational Injury Leave/ peer support/ offer to end your shift early)

   (If you haven't availed of or received supports what was the reasons for it?
   Did you feel that you could look for support from your manager/supervisor?
   If not, why?)
   …….

3. If you availed of supports offered by your organisation which support you find most helpful/unhelpful?
   (What was your experience of the supports you have got received?
   How soon after the incident were the supports offered to you?)
   ……

4. What practical developments do you think would be effective, to make sure that social care workers are better prepared and feel supported while dealing with workplace violence?
   (Do you think that organisations could support you better?
   Do you think there is anything social care workers can do to make sure they get sufficient training and support?)
   …….

Researches take into consideration that participation in this study may unintentionally cause some psychological distress. If after completing this interview you wish to seek some professional help we advise you to contact our designated person ***Charlotte Burke*** *on* ***087-7463926****.*

Thank you for your contribution to this research.