

# SOLVE: ILO tackles violence at work

*Violence and other psychosocial problems in the workplace feed on each other. Dealing with them together is the focus of SOLVE, a holistic ILO education and action programme.*

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Violence has unfortunately always been part of working life, but its status is changing. It used to be the case that violence was part of the unequal relationship between employers and workers, or among workers or between workers and clients. Today, through increasing respect for human rights and the influence of trade unions in many parts of the world, it is no longer considered acceptable.

Nevertheless violence still exists in the world of work for millions of people. It can take a number of different forms. Acts of violence originating outside the workplace may be psychological or physical, for example committed by frustrated or impatient clients or customers. On the other hand, workers may be victims of people committing a crime, such as a grocery store robbery. Internal acts of violence may also be psychological or physical and can be carried out by co-workers, be they superiors, subordinates or peers.

## Fear does not belong in a decent workplace

Different types of violence tend to happen more in certain sectors. Health care, education and retailing, in particular convenience store clerks and taxi drivers, are among the occupations suffering a higher incidence of external physical violence.<sup>1</sup> Psychological violence (be it bullying, mobbing or emo-

tional violence) between co-workers, on the other hand, can and does happen in just about any profession, but it is more difficult to measure and it is mostly not reported. There can, however, be no doubt that it is very widespread. A 1998-1999 Internet survey of South African workers reported that, of those interviewed, 78 per cent had experienced hostile behaviour at the workplace at some time during their working life. In addition, it is well documented that both physical and psychological violence has considerable consequences for bystanders as well as for those immediately involved.<sup>2</sup> The wider impact of violence, in creating an atmosphere of fear at the workplace, is often neglected. Fear does not belong in a decent workplace and should be dealt with wherever possible.

The consequences of workplace violence can be immense, both in health terms and financially. For the worker, physical violence may be the cause of injury, psychological or physical illness, disability or even death. Witnessing a violent act can be so traumatic for bystanders that they may, without adequate counselling, suffer from the long-term effects of post-traumatic stress disorder. Psychological violence can also lead to serious mental health problems and even breakdown. Taking a wider perspective, it sours the work atmosphere for all workers whether they are directly involved or not and can lead to widespread job dissatisfaction.

For the employer, acts of physical and psychological violence may result in increased absenteeism, greater staff turnover, decreased morale and decreased productivity. Eventually, even the survivability of the enterprise may be threatened as productivity decreases and costs increase. Loss of productivity has been measured, for example, in a survey in the United States, conducted by the University of North Carolina, in which 53 per cent of the victims of psychological violence lost time worrying about future encounters with the perpetrator. Altogether, 46 per cent of the victims surveyed considered changing jobs to avoid the person concerned. The overall costs of bullying in the United Kingdom have been estimated at £32 billion per year, while in the USA the cost of workplace violence in general is put at more than US\$25 billion.

### Violence in context

Before we can develop strategies on solving the problem of workplace violence, we have to consider the phenomenon in

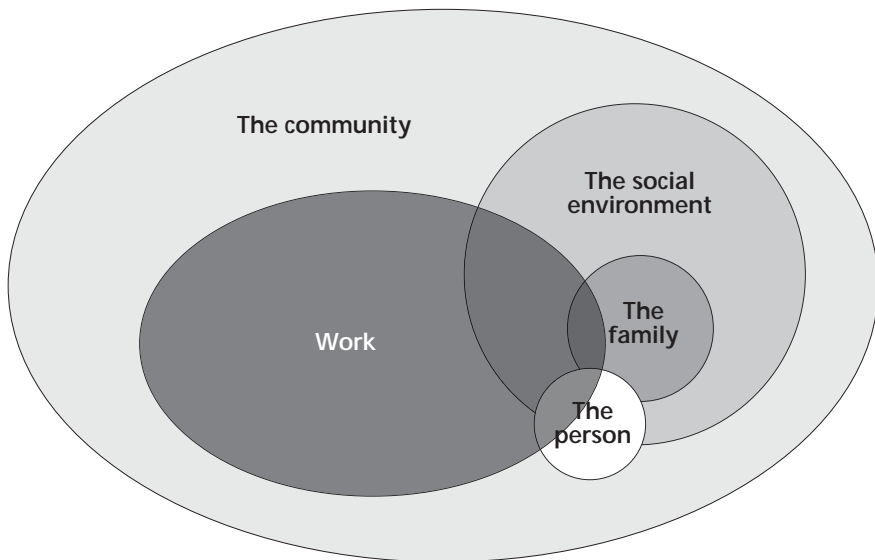
its relevant environment. There are in our view two crucial vectors which influence the occurrence of workplace violence and which are key to our concept of how to address the issue.

Firstly, while workplace violence in the narrowest terms is an occupational problem, the causes of violence do not necessarily respect the border between the workplace and the community or between the worker and the family. Psychosocial problems at work are different to other traditional workplace problems. Although the act of violence may occur in the workplace, the event that precipitated the act of violence may have occurred at home, in the community or in the social environment.

The ecological model is used to illustrate factors that may describe either the origins of violence or where the results of violence may be played out.

Figure 1 shows the interrelationships of the ecological model. The model explains that behaviour can be affected by or can affect individual factors (intrapersonal), interpersonal factors (social), organizational factors (institutional), community factors and public policy factors.<sup>3</sup>

Figure 1. The ecological model



Source: Di Martino et al., 2002

The interrelationships between the factors point us towards a new way of addressing workplace violence. Concentrating purely on the workplace would fall short of the real problems. Any workplace-based intervention on violence must be oriented towards taking outside influences into account.

Secondly, the occurrence of workplace violence may be related to other psychosocial problems. Take the following case study as an example:

**A group of workers in a health care facility has been working together for a number of years. They come from the same community and share the same extended family. One of the individuals was recently diagnosed as being HIV-positive. Due to a lack of understanding among his co-workers, he is now eating alone in the canteen and the colleagues are keeping their distance, out of an unnecessary fear of infection. The anxiety of knowing he has HIV, the isolation and the stigmatization, as well as increased financial pressure on the family to pur-**

**chase new medications, have created increased levels of stress. He has now started to smoke and consume more alcohol. Sometimes, leaving the workplace and drinking alone at lunch, he has been observed becoming more and more abusive towards his colleagues and friends. He repeatedly insults or cajoles individuals about their work or their private lives. He has now been accused of bullying and faces possible disciplinary action.**

This case, although fictitious, is close to reality. There is clear evidence that psychosocial problems are causal factors of other psychosocial problems. HIV/AIDS, stress, alcohol and violence are interrelated and they can reinforce each other in a most negative way.<sup>4</sup> As a result, in an enterprise or organization where there is much violence, there is a high risk that one or more additional psychosocial problems are either already rampant or will emerge as serious issues in the near future. Clearly, the impact of multiple psychosocial problems on worker health and enterprise survivability will be even more severe than violence

Figure 2. The interrelationships between psychosocial problems



Source: Di Martino et al., 2002

alone. There will be significant increases in absenteeism and staff turnover, as well as worker ill-health and discontentment.

A new approach is therefore needed that does not treat psychosocial issues in isolation but recognizes the true and troublesome links between them. In addition, the causal links between the issues also make it all the more imperative to adopt a preventive strategy. Waiting until a problem is judged serious enough to warrant a reaction also means waiting until other psychosocial problems have had the chance to take root. Prevention is the only way to stop the downward spiral from one problem to the next. Therefore, a major paradigm shift towards an integrated, proactive and prevention-oriented approach is essential.

### The ILO solution

The SOLVE programme, operated by the ILO's SafeWork, provides a response to the problems and the relationships outlined above. It combines economic and social objectives by stressing win-win, low-cost, practical solutions that meet the needs of both industry and workers. With the implementation of SOLVE activities, a capacity can be established to address, in a combined way, violence, drugs, alcohol, stress, tobacco and HIV/AIDS issues within occupational safety and health and industry development programmes.

To address these problems at the enterprise or organizational level, a comprehensive policy should be put into place. A holistic enterprise policy focusing on occupational safety and health needs should also include psychosocial problems. Traditional approaches have addressed neither the policy requirements nor the action needed in order to reduce the negative impact of psychosocial problems.

Through educational courses, SOLVE encourages senior executives, directors of human resources, occupational safety and health professionals, employers' and workers' representatives and others to develop a comprehensive policy for their

respective workplaces. This policy should incorporate issues such as prevention, non-discrimination, social support, worker involvement, the provision of training and information and the provision of treatment and rehabilitation. The policy should call for an occupational safety and health management system to ensure smooth development, implementation and evaluation. These are common policy elements which are relevant to preventing not only violence but also stress, problems related to tobacco, alcohol and drug use and social problems pertaining to HIV/AIDS, if not many more psychosocial problems. Incorporating all these policy elements into an integrated policy provides a stable and comprehensive basis for dealing with all psychosocial problems.

For workers and supervisors, SOLVE provides for action through education and training, translating policy into action at the shop-floor level. A series of worker-supervisor training packages are provided to enterprises and organizations that have been through the SOLVE courses mentioned above. As the policy in an organization develops, so should the vehicles providing information on that policy to the whole workforce and improving policy implementation at all levels.

SOLVE as an educational programme was originally designed for the manufacturing sector. However adaptations are under way to develop SOLVE for the health sector, emergency workers, the maritime sector, and for the management of large events. A number of multinational companies are using SOLVE as a way to address psychosocial problems at work.

Psychosocial problems are culturally sensitive. There is a need to make sure that the development of both policy and solution-oriented action fits into the local culture. Because SOLVE is highly participative (half of the policy course consists of discussion and simulation exercises) the participants are able to role play and participate using their existing cultural norms. This allows SOLVE to fit into the local culture rather than trying to make the local culture fit into SOLVE.

SOLVE currently exists in English, French and Thai. Translations into Portuguese, Spanish, Russian, German, Italian and Bulgarian are in various stages of negotiation or completion. Other languages will soon follow.

The ILO is striving to establish the capacity to develop and implement SOLVE in a number of different countries around the world, in both the developing and the developed regions. Part of the SOLVE educational package trains course directors and national facilitators to organize and implement the SOLVE programme. The capacity to implement SOLVE currently exists in 25 countries with over 150 course directors world-wide.

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**Notes**

- <sup>1</sup> See Cooper and Swanson, 2002.
- <sup>2</sup> See, for example, Bennett and Lehman, 1999.
- <sup>3</sup> See also Stokols et al., 1996, also McLeroy et al., 1988.
- <sup>4</sup> For two examples from the scientific literature, see Bennett and Lehman, 1999 and Richman, 1999. For survey-based evidence of correlations, see also the National Health Interview Survey conducted by the US Government at regular intervals.

**References**

Barling, J. 1996. "The prediction, psychological experience and consequences of workplace violence", in VandenBos G. and Bulatao E.Q. *Violence on the job: Identifying risks and developing solutions*. American Psychological Association, Washington, DC.

Bennett, J.B. and Lehman, W.E. 1999. "The relationship between problem co-workers and quality work practices: A case study of exposure to sexual harassment, substance abuse, violence and job stress". *Work & Stress*, No. 13, pp. 299-311.

Committee on Post Office and Civil Services. 1992. *A post office tragedy: The shooting at Royal Oak*, Govt Printing Office, Washington, DC.

Cooper, C.L. and Swanson, N. 2002. *Workplace violence in the health sector: State of the art*. ILO, Geneva.

Di Martino, V., Gold, D. and Schaap, A. 2002. *Managing emerging health-related problems at work*. SOLVE, ILO, Geneva.

Fox, J.A. and Levin, J. 1994. "Firing back: the growing threat of workplace homicide", *The Annals of the American Academy of Political and Social Science*, No. 534, pp. 16-30.

Gielen, A.C., McDonnel, K.A., Wu, A.W., O'Campo, P. and Faden, R. 2001. "Quality of life among women living with HIV: The importance of violence, social support and self care behaviors", *Social Science and Medicine*, No. 52, pp. 315-322.

Greenberg, L. and Barling, J. 1999. "Predicting employee aggression against co-workers, subordinates and supervisors: The roles of person behaviours and perceived workplace issues", *Journal of Organizational Behaviour*, No. 20, pp. 897-913.

ILO. 1996. *Management of alcohol- and drug-related issues in the workplace. An ILO code of practice*. Geneva.

—. 2001. *Code of practice on HIV/AIDS and the world of work*. Geneva.

—. 2003. *Code of practice on workplace violence*. Geneva (in print).

Lundberg, I. 2001. "The labour market, working life and mental ill-health", in Marklund, S. (ed.) *Worklife and Health in Sweden*, National Institute for Working Life, Stockholm.

McLeroy, K.R., Bibeau, D., Steckler, A. and Glanz, A. 1988. "An ecological perspective on health promotion programmes", *Health Education Quarterly*, No. 15, pp. 351-377.

Northwestern National Life Insurance Company. 1993. *Fear and violence in the workplace*, Northwestern National Life Insurance, Minneapolis, MN.

Richman, J.A., Rospenda, K.M., Nawyn, S.J., Flaherty, J.A., Fendrich, M., Drum, M.L. and Johnson, T.P. 1999. "Sexual harassment and generalized workplace abuse among university employees: prevalence and mental health correlates", *American Journal of Public Health*, No. 89, pp. 358-363.

Stokols, D., Pelletier, K.R. and Fielding, J.E. 1996. "The ecology of work and health: Research and policy directions for the promotion of employee health", *Health Education Quarterly*, No. 23, pp. 137-158.

Voss, M., Folderus, B. and Diderichsen, F. 2001. "Physical, psychosocial and organisational issues relative to sickness absence: a study based on Sweden Post", *Occupational and Environmental Medicine*, No. 58, pp. 178-184.