

Construct Validity and Test–Retest Reliability of Questionnaires to Assess Workplace Violence Risk Factors (QAWRF): A Tripartite Perspective of Worksite-Specific Determinants in Healthcare Settings [Letter]

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Dear editor

We have read the paper written by Faizul Haris Mohd Hatta et al regarding Construct Validity and Test–Retest Reliability of Questionnaires to Assess Workplace Violence Risk Factors (QAWRF).¹ We congratulate all authors who have provided information that will become the basis development of Questionnaires to Assess Workplace Violence Risk Factors (QAWRF) to determine workplace violence (WPV) in health services. Violence and discrimination are common occurrences in the workplace, especially in health services. Workplace violence has detrimental health impacts and consequences for health care workers. However, this problem is still very little reported so it is largely ignored and unexplored due to the lack of comprehensive data and studies regarding this incident.²

The study conducted by Faizul Haris Mohd Hatta et al used QAWRF, an instrument that has three components consisting of QAWRF-Administrator, QAWRF-Workers, and QAWRF-Clients and has undergone content validation, face validation, and internal consistency reliability tests.¹ The instrument used is appropriate to the objectives to be achieved, but we would like to recommend a 9-item health survey measure whose overall question is “Have you experienced the following things in the last 12 months at work?”, noting that the answers may vary by nine different aspects and specific forms or types of violence and discrimination in the workplace, namely, five items about violence and aggression (verbal violence, threats and insults, physical violence, intimidation or bullying, sexual harassment) and four items about discrimination (treatment that is detrimental and unfair because of age, gender, disability and nationality, ethnicity or skin color).³

In this research, Faizul Haris Mohd Hatta et al obtained the results that QAWRF Administrators, QAWRF Workers, and QAWRF Clients had acceptable factor loadings, absolute suitability and additional suitability so that QAWRF could identify specific WPV risk factors that were considered prevalent by local stakeholders.¹ Therefore outreach is needed to increase awareness of workplace violence, training of doctors and residents in using workplace violence prevention programs to deal with WPV, video recording, enacting more laws to protect doctors, increasing guards security, increasing staff numbers, limiting visitor access to hospital departments, and a violence reporting system.⁴

In conclusion we agree that the QAWRF has good construct validity and reliability that can identify WPV risk factors thereby contributing to data-based, worksite-specific, and targeted WPV interventions in healthcare settings.¹ We therefore recommend that mandatory in-service education on workplace violence should be introduced to all health service

staff. The content of the program includes communication skills, service psychology (understanding client needs), service behavior (how to appropriately respond to client needs and personality enhancement) and safety training (handling aggression and de-escalating hostile situations).⁵

Disclosure

All authors report no conflicts of interest in this communication.

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