**Workplace Violence in Nursing:**

**Table of Evidence**

Compiled by the Colorado Nurses Association

Nursing Research Advisory & Networking Team (ANT)

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| **Author** | **Purpose** | **Design** | **Setting/ Sample** | **Survey/ Instruments** | **Findings** | **Implications**  |
| Ayasreh & Hayajneh (2021) | Examine ED nurse responses to WPV violence as well as contributing factors | Integrative review | Articles retrieved from Web of Science, MEDLINE, and ScienceDirect | 18 studies included in review | * ED nurses are the most vulnerable to WPV and have the most severe psychological responses.
* Reporting rates among ED nurses are low due to concerns about disapproval from management, patients, or colleagues and ineffective reporting systems.
 | * Recommend to urgently develop and implement WPV prevention and reporting programs.
* Failure to do so places the nursing workforce at risk, and ultimately, risks patient safety.
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| Bauersfield & Majers (2023) | Identify evidence-based interventions to promote a safer work environment for HCWs | Exploratory analysis of quantitative and qualitative data from a community assessment survey | 650-bed academic medical center / 361 HCWs in the U.S.. | Survey based on community data related to WPV | * HCWs are concerned for their safety and need supportive work environments.
* Staff often perceive violence as part of the job.
* Comprehensive programs addressing WPV among HCWs are needed.
 | * Leaders need to continually assess stressors, allocate resources, and ensure consistent execution of policies and training to create a safe work environment.
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| Brunero et al. (2021) | Describe how effective tabletop exercises are in preparing healthcare workers for WPV events | Sequential explanatory mixed method design with quantitative and qualitative phases to evaluate tabletop exercises | 49 staff participants from a 450-bed tertiary referral hospital in Sydney, Australia | Tabletop exercises utilizing focus groups | * Tabletop exercises can help prepare healthcare workers for WPV events in practice.
* Growth in three areas (role clarity, adult learning, and organizational support) was reported.
 | * May provide a low cost, context specific approach for educating staff in emergency violence response systems.
* Educators and policy makers should consider using tabletop exercises to prepare healthcare workers for future WPV events.
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| Chesire et al. (2021) | Examine how nurses perceive WPV within various dimensions | Card-sorting, multidimensional scaling design | 32 nurses in a level one trauma hospital in Florida | Violent incidents were written on cards and nurses were asked to sort each card into violent event categories (dimensions) | * Nurses categorized patient violence in three dimensions: physical versus verbal, active versus threatening, and more versus less severe.
* WPV can’t be reported in a single dimension as it is a complex perception by healthcare workers.
 | * Helps to understand why not every violent event is reported by nurses.
* Understanding how nurses perceive violence should inform future interventions.
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| Dafny & Beccaria (2020) | Examine patient and visitor violence against nurses, nurses’ perception of WPV, and gender themes in relation to WPV | Exploratory, qualitative design | 23 nurses from ED, ICU, and Psych departments in Queensland, Australia | Focus interviews with each nurse were performed and the qualitative data was analyzed by NVivo. The COREQ checklist was followed. | * Nurses reported frequent incidences of verbal and physical violence on a near daily basis.
* Severe incidents included punching, kicking, biting and scratching, threats of using weapons (such as knives).
* Patients were more physically violent towards male nurses and family members/visitors were more verbally violent towards nurses in general.
* 5 themes emerged from the interviews: the nature of WPV, perpetrators of WPV, gender and incidence of violence, acceptance of WPV as part of the job, and reporting violent incidents.
 | * Nurses believe that WPV is increasing, feel the burden to accept it as part of the job, and that the bureaucratic processes of the organization make it difficult to address violence or find support.
* Male nurses are more likely to experience threats of physical violence than females. Future interventions should focus on ensuring male nurses feel safe in their work environment.
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| Halm (2017) | Explore how de-escalation education affects outcomes in aggression management | Systematic review | CINAHL and Medline were searched for articles published between 2007-2017 | 7 papers were reviewed: 2 systematic reviews, 1 qualitative study, 1 integrative review, and 3 pre-post studies | * Nurses are the most

common victims and patients are the main perpetrators (however, visitors and employees also can contribute to WPV).* 76% of nurses in the U.S. report at least one incidence of WPV.
* Nurses report feeling that they can better recognize and respond to aggressive behavior after participating in an aggression management educational program.
 | * De-escalation training for nurses should include the recommended cognitive, affective, and behavioral outcomes for aggression management education.
* More programs are needed to determine if education is effective in reducing aggressive behavior (rather than simply making nurses feel more empowered).
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| Havaei et al. (2019) | Examine nurses’ perceptions of WPV and safety in med-surg vs mental health settings | Exploratory correlational design using ordinal logistic regressions | 771 nurses in med-surg and 189 nurses from mental health units in British Columbia, Canada.  | A questionnaire was sent through a large e-news announcement from the British Columbia Nurses Union. Data were collected from March 2017-January 2018.  | * WPV rates are particularly high among USA and Canadian nurses.
* All nurses perceive systemic violence at high rates (not just those in mental health and ED settings).
* Nurses had higher perceptions of safety when there were WPV policies/prevention strategies in place.
* Nurses felt safer when they were not expected to physically intervene during a WPV situation.
* Incident reviews, fixed alarms, and enough trained responders enhanced feeling safe.
 | * Nurse-employer engagement is critical to nurses' perceptions of feeling safe at work.
* Appropriate violence prevention strategies, collaborative debriefing after violent incidents, and co-development and updates of patients' behavioral care plans are essential.
* Need to shift away from research in “high risk” areas to better understand how violence affects nurses across settings.
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| Kafle et al. (2022) | Explore the concept and prevalence of WPV, trends, consequences, and influences on nursing | Narrative review | Did not describe search strategy. | Summary of evidence. | * WPV is an occupational hazard of nursing that is only getting worse.
* 8-38% of nurses suffer from WPV at some point in their career.
* WPV decreases the quality of care provided by nurses.
 | * Need innovative strategies to address.
* Nurses should be educated on hospital policies against WPV and be encouraged to report any incidence.
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| Kim et al. (2020) | Understand relationships between nurses’ experiences of WPV, emotional exhaustion, and patient safety | Descriptive, correlational, cross sectional  | Large academic medical center in the U.S. / 1781 nurses. | Agency for Healthcare Research and Quality Hospital Survey on Patient Safety Culture (HSOPS) | * All types of WPV were positively correlated with emotional exhaustion and negatively correlated with patient safety.
* Significant negative correlation between emotional exhaustion and patient safety.
* Incidents of verbal abuse were rarely reported.
 | * WPV negatively affects nurses’ emotional exhaustion and patient safety.
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| Liu et al. (2019) | Synthesize the evidence on the prevalence of WPV against healthcare workers | Systematic review and meta-analysis.  | PubMed, Embase, and Web of Science from inception to 2018 | Two authors assessed studies to be included-253 eligible studies selected from 331, 544 results | * 61.9% reported exposure to some form of WPV, 42.5% reported exposure to non-physical violence, 24.4% reported experiencing physical violence in the past year.
* Verbal abuse, threats, and sexual harassment were the most common non-physical forms of WPV.
* Among healthcare workers, nurses and physicians were at greatest risk.
 | * WPV is a growing problem, especially in North American and Asian countries; ED and psych settings are at highest risk.
* WPV is a global problem that needs to be addressed by government, policies, and organizations.
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| Mento et al. (2020) | Examine the impact that exposure to WPV has for healthcare professionals and to improve healthcare professionals’ knowledge about the consequences | Systematic review | PubMed | 27 studies included | * WPV mostly occurs in psych departments, ED, polyclinics/waiting rooms, and geriatric units.
* Lack of information, insufficient personnel and equipment, and communication breakdowns increase the risk for WPV.
* Mostly perpetrated by patients and their relatives in the forms of verbal abuse, psychological violence, physical assault, and sexual abuse/harassment.
 | * WPV may lead to various negative impacts on health workers' psychological and physical health such as increased stress and anxiety levels; anger, guilt, insecurity; burnout.
* Resilience-promoting and proactive strategies are needed, including whole staff training (not just training for providers/nurses).
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| Perkins et al. (2020) | Evaluate the impact of inpatient nursing specialties on their perceptions of WPV | Descriptive, cross sectional | 864-bed, not-for-profit single-site hospital in Florida / 250 inpatient nurses | Survey of Violence Experienced by Staff (SOVES) | * Frequency of WPV: 84.9% reported verbal abuse, 58.8% physical assault, and 55.6% threats. Varied significantly among specialties.
* Increased physical assaults in medical, trauma, and critical care units.
* Less prevalent in pediatric settings.
 | * WPV extends beyond psych and ED settings.
* Nurses largely underreport acts of violence - especially from patients with altered level of consciousness, confusion, or neuro/psych conditions.
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| Pol et al. (2018) | Evaluate if policies that move patients through the ED quickly have an impact on WPV violence rates  | Retrospective review of medical records | 45 bed ICU in a tertiary hospital in Victoria, Australia | No established survey tool used, so a data collection purpose-designed tool made specifically for this project and tested prior to use | * Increases in the incidence of WPV are sometimes attributed to the increased pressure on EDs to accelerate the throughput of patients and meet targets.
* There was an increase in WPV incidents in the ED following National Emergency Access Target (NEAT) implementation.
* Most common comorbidities associated with WPV: head trauma, multi trauma, drug overdose, cardiac arrest.
* Female nurses, male nurses, and clinical nurse specialists were the most at risk of occupational violence.
* Male nursing staff members were found to be more likely to be involved in incidences of verbal violence.
 | * Accelerating the pace of care/movement of patients through the ED increased the rate of WPV.
* There is a need to improve our understanding of WPV and create new strategies to minimize risk.
* Findings should inform policy development, professional education, and practice.
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| Powell et al. (2023) | Examine the impact of WPV on ED nurses’ personal and professional lives | Descriptive phenomenological | 11 ED nurses from 3 EDs in the U.S.. | Interviews with semi-structured interview guide. | * WPV was highly traumatizing for victims.
* Most experienced anxiety or stress after experiencing WPV.
* Some no longer wanted to be nurses after experiencing a violent event.
* Many nurses had feelings of betrayal toward organizations following a WPV event.
 | * Illustrates the long-lasting psychological impact of WPV on nurses.
* Left untreated, WPV may increase turnover and accelerate the nursing shortage.
* Need for zero-tolerance policy.
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| Shafran-Tikva et al (2017) | Explore what WPV acts are being committed, the frequency, the location, and who is committing these acts | Qualitative questionnaire including focus groups and interviews  | A 700 bed university affiliated hospital in Israel. 628 physician and nurse respondents to the survey | A questionnaire was given to healthcare workers that had been validated through interviews, reviews, and corrections.  | * 58% of nurses and physicians had experienced violence within the last 6 months, but nurses experienced twice as much violence as physicians.
* Verbal violence was the most prevalent, the ED and outpatient clinics experienced the most violence, and less experienced staff experienced more violence.
* Nurses in the ED were 5.5x more likely to experience violence than those in internal medicine.
 | * Uniform definitions of a range of different violent behaviors and assessments of their prevalence are needed.
* More research needed on effective interventions to prevent violence including country-wide (or global) interventions to prevent violence.
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| Somani et al. (2021) | Identify and consider different interventions that aim to decrease the magnitude/prevalence of WPV against nurses | Systematic review | Medline, CINAHL, Web of Science | 26 studies included in the review | * Multicomponent interventions are the most effective approach for impacting WPV.
* Involvement of key stakeholders and positive management support are essential for successful implementation.
* The commitment of individual nurses to learning and practicing different strategies is crucial but should include an emphasis on WPV not being an inevitable part of the nursing profession.
 | * Researchers, stakeholders, policymakers, and funding agencies are urged to collaborate for the implementation of WPV interventions.
* How management frames WPV training will impact its efficacy
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| Ulrich et al. (2021) | Status report on the 2021 National Nurse Work Environments Survey | Online descriptive survey | 9335 currently practicing RNs in the U.S. | 32-item AACN Critical Care Nurse Work Environment Survey (repeated in 2006, 2008, 2013, 2018, 2021) evaluating both nurses and their organizations | * 7399 nurses reported at least one violent incident in past 12 months (2021): 65% reported experiencing verbal abuse, 28% physical abuse, 23% discrimination, and 13% sexual harassment.
* Fewer participants agreed with the statement “My organization values my health and safety” compared with the 2018 study.
* 216,767 incidents of abuse were reported to have occurred in the past year: all types had increased since 2018 and were mostly perpetuated by patients and families, but discrimination came from all sources.
 | * Strong positive correlation between participants’ perceptions that their organization valued their health and safety and job satisfaction – when RNs know that the organization values their health and safety, it improves job satisfaction and retention.
* Failure to get WPV under control threatens the nursing workforce in the U.S.
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| Wirth et al. (2021) | Summarize evidence on WPV prevention interventions implemented in EDs to reduce violent incidents caused by patients | Systematic review | MEDLINE, Web of Science, Cochrane Library, CINAHL, and PsycINFO | 15 studies included | * Behavioral and multidimensional interventions show promise in reducing WPV.
* Training is commonly focused on de-escalation skills, violent person management, and self-defense techniques with mixed results.
* Research on organizational and environmental interventions is sparse.
 | * Organizations need to conduct risk assessments, involving various stakeholders such as security and management, to identify specific needs for preventive measures.
* Ongoing (long-term) evaluation of implemented interventions is essential.
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| Yoo et al. (2018) | Examine coping methods for ICU nurses who have experienced violence from patients or families  | Mixed methods design using a survey to collect quantitative data and interviews for qualitative data.  | 200 nurses from an ICU in a tertiary hospital in Seoul, Korea | An 11-item survey tool was used comprised of items looking at verbal abuse, physical threats, and physical violence as well as a Korean version of the Assault Response Questionnaire (ARQ-K) | * 99.5% of ICU nurses reported experiencing violence from patients; 67.5% reported violence from visitors/family members.
* Verbal violence was more common than physical violence.
* Four themes were discovered from the nurse interviews: perception of violence, coping with violent experiences, coping resources, and establishing a caring mind after violence was experienced.
 | * This study suggests that ICU nurses in Korea experience more violence than other hospital areas and are failing to cope effectively.
* The most frequent coping mechanism was asking colleagues for help.
* Future studies should focus on how ICU nurses’ needs should be prioritized when it comes to WPV.
* A safe working environment is essential to deliver quality care.
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| Zhang et al. (2017) | Explore what influences WPV and the prevalence of WPV against nurses in China  | Multi-center, cross-sectional study | 4125 nurses across 25 hospitals in 14 cities across 7 geographical regions in China | Questionnaires: WPV Incident Questionnaire, Jefferson Scale of Empathy-Health Professionals, Practice Environment Scale of Nursing Work Index  | * 25.77% reported experiencing physical violence, 63.65% non-physical violence, 2.76% sexual harassment, 11.72% organized healthcare disturbances.
* Nurses more likely to experience WPV: less experienced, ED or pediatric setting, those with low empathy levels, and those who worked in low socioeconomic areas.
 | * Several complex factors are associated with a greater risk of WPV including nurses' personal characteristics, work settings, and work environments.
* Support for nurses from unit leadership and up the chain of command is needed.
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**Table Key**

WPV= Workplace Violence

ICU= Intensive Care Unit

ED= Emergency Department

Psych= psychiatric department

HCWs- Healthcare workers

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