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UHN Canada's Hospital

Current Review of Workplace-based Violence in Healthcare Publications

Main Takeaways Messages

Across diverse settings and study designs, the evidence consistently shows that workplace violence in healthcare is widespread, underreported, and worsened by systemic issues like understaffing, poor communication, and organizational barriers. Interventions that prove most effective emphasize early recognition, staff training in de-escalation, supportive leadership, accurate reporting systems, and cultural change that rejects violence as "part of the job." Integrating these strategies across policy, practice, and education is essential to protect healthcare workers' safety, mental health, and retention while ensuring high-quality patient care.

Literature Reviews

1. Abuhasheesh, S., Al -Hussami, M., Shehadeh, J., & Darwish Elhajji, F. (2024). The impact of workplace violence on healthcare professionals' quality of life: the mediating role of social support. Discover Social Science and Health, 4(1). https://doi.org/10.1007/s44155-024-00121-0

This publication details a study in Amman, Jordan, aimed to determine the prevalence of workplace violence (WPV) among healthcare professionals (HCPs) in medical, surgical, intensive care unit (ICU), and emergency departments of governmental hospitals and its association with their quality of life (QOL), as well as the mediating role that social support plays. The study employed a cross -sectional, descriptive, correlational research design, surveying 367 HCPs using self -administered questionnaires to assess verbal/physical WPV, their QOL (physical, psychological, social, and environmental domains), and the social support present in their lives. The study concluded that the greater the WPV, the lower the QOL across all areas, but then highlights that emotional aspects contribute to QOL and common aspects such as anger, sadness and fear have definite consequences such as burnout and secondary traumatic stress while decreasing job satisfaction . Using the PROCESS macro to directly test the moderating effect of social support on the relationship between WPV and QOL, researchers found a significant moderating effect, meaning that social support buffers the impact of WPV and its harmful consequences on HCPs' well -being. This support can come in the form of emotional, instrumental, or informational assistance from family, partners, or even colleagues in the workplace environment, although this study found most effective support came from family.

2. Agboola, I. K., Rosenberg, A., Robinson, L., Brashear, T. K., Eixenberger, C., Shah, D., ... & Wong, A. H. (2023). A Qualitative Study of Racial, Ethnic, and Cultural Experiences of Minority Clinicians During Agitation Care in the Emergency Department. Annals of Emergency Medicine.

The article summary provides an overview of racial, ethnic and cultural healthcare worker experiences when managing agitated patients and explored potential biases related to clinician interactions with patients. Researchers conducted semi -structured inter views with Black, Latino and multiracial clinicians at an urban quaternary care medical center in the US and conducted a thematic analysis of main themes and ideas from the interviews regarding lived experiences of managing patients with agitation in the E D. Primary themes from the study were: witness of perceived bias during clinical interactions who bear racialized presumptions of agitation, moral injury, added workload to address biased agitation management practices when facing discrimination in the workplace and allyship for agitated patients of color based on shared identities and life experiences. Overall, the study found that allyship amongst clinicians who were part of minority groups offered potential mitigation strategies for addressing biases amongst patients presented agitation at the ED.

3. Arnetz, J. E. (2022). The joint commission's new and revised workplace violence prevention standards for hospitals: a major step forward toward improved quality and safety. Elsevier Public Health Emergency Collection, 48(4): 241 –245 doi: 10.1016/j.jcjq.2022.02.001

Violence from patients against HCPs has been a problem for years but the incidence rate has increased since the pandemic started. Currently, the annual rate of WPV -related non - fatal injuries is 10.4 per 10000 full -time workers compared to 2.1 per 10000 full -time workers for all other private industries combined. To make matters worse, this number would be higher if it weren't for underreporting. HCPs do not always report as patients who are under the influence or are suffering from mental health conditions are not reported, as well HCPs may not have the time or energy to report, fear that reporting violence will make their team look bad, downplaying the incident, no clear definition of violence, the idea that reporting does not help, and the belief that violence is part of the job.

4. Avillion, A. E., & Mitus, M. C. (2023). Workplace Violence and Safety.

The review study explored strategies for effective recognition, prevention and resolution of WPV in healthcare settings. The article emphasizes the importance of a proactive approach to preventing workplace violence. It suggests implementing comprehensive policies and procedures, conducting risk assessments, and providing training for employees to raise awareness and enhance their ability to recognize and respond to potential violent incidents. The review examined what constituted WPV, the impact of WPV on healthcare workers and healthcare institutions, recognizing and responding to causal factors and barriers to WPV prevention program implementation. The article creates a comprehensive view of what WPV is and measures to minimize its impact. In addition, the article aimed to create a consensus on what WPV is to educate healthcare workers and provide foundations for prospective research exploring WPV management techniques.

Concepts explored in the review:

- What constitutes WPV
    - Specific actions that are indicative of WPV (bullying, physical abuse, spreading rumours about co -workers)
    - Designated 4 types of WPV
        - Violence by a stranger with criminal intent
        - Violence by a customer
        - Violence by a co-worker
        - Violence by someone with a personal relationship in a healthcare setting
- Impact of WPV on healthcare workers and healthcare institutions
    - Consequences towards healthcare worker stress levels and job efficiency

- - Consequences towards a culture of WPV acceptance and diminished reputation of the institution
  - Recognizing and responding to casual factors
    - Identifying behavioral risk factors and effective management techniques
  - Barriers to WPV prevention program implementation
    - High tolerance of WPV among staff due to high frequency of violenct events
    - Lack of follow -up and lack of reporting of info about a patient's history of violent behavior.

5. Bellacov, R., Obariase, E., Gillespie, G., & Davis, K. (2025). A workplace violence policies influence on the occurrence of violence. Home Healthcare Now, 43(3), 144 –149. https://doi.org/10.1097/nhh.0000000000001338

This publication explores the quality of workplace violence policies in home healthcare. The research conducted from April to November 2022 included seven home healthcare agencies in Ohio, Oregon and Texas and evaluated each agency based on reporting, training, policy, workplace conduct and policy review. Findings suggested deficiencies in policy. Only one of the agencies explored had workplace violence policy that exceeded 50% of the criteria used to evaluated effective WPV prevention. Most agencies cover ed reporting procedures but lacked policies related to WPV policy content, workplace conduct, and policy review. Interestingly, the study found that zero agencies had policies for workplace conduct measures like informing a point -of-contact of a worker's location during a shift, conducting home visits after dark, ending a home visit early, using a buddy system, or using police or security escorts.

6. Benning, L., Teepe, G. W., Kleinekort, J., Thoma, J., Röttger, M. C., Prunotto, A., Gottlieb, D., Klöppel, S., Busch, H. -J., & Hans, F. P. (2024). Workplace violence against healthcare workers in the emergency department — a 10-year retrospective single -center cohort study. Scandinavian Journal of Trauma Resuscitation and Emergency Medicine, 32(1). https://doi.org/10.1186/s13049 -024-01250 -w

This study was a retrospective single -center cohort study. conducted in the Emergency Department (ED) of a tertiary German University Hospital from 2014 to 2023. Researchers analyzed ten years of workplace violence (WPV) events using data from the Staff Observation Aggression Scale -Revised (SOAS -R) documented in electronic health records (EHRs). The study aimed to describe the trends, causes, and characteristics of WPV and to explore the impact of de - escalation training (DET) on reported incidents. Key findings revealed a non -significant rise in WPV incident rates with nursing staff being the primary reporters and targets. Interestingly, WPV events occurred most often in the trauma treatment cubicles and the detoxification rooms and were more frequent and severe during off -hours. A surprising finding was that the presence of staff with completed DET led to significantly higher SOAS -R scores and higher perceived severity of WPV events, suggesting a need to re - evaluate its impact beyond simply reducing incident s.

7. Blomquist, J. K. (2025). Addressing Organizational Factors Contributing to the Underreporting of Workplace Violence in Nursing. ScholarWorks. https://scholarworks.boisestate.edu/dnp/69/

This quality improvement project was conducted on an inpatient medical/surgical unit in the Pacific Northwest. The project implemented a three -phase intervention over eight weeks, beginning with training for nurses (the DIVER framework), followed by staff education through multiple hospital channels, and ended with staff meetings to reinforce learning. Pre - and post - intervention surveys were used to assess changes in staff perceptions and reporting behaviours

related to workplace violence (WPV). The findings revealed a 19% increase in perceived support from charge nurses, a 7% rise in staff understanding of WPV definitions, and that 91% of staff expressed a greater likelihood to report incidents, with a 9% decline in the perception of WPV as a normal part of the job. However, it is important to take note of the worsened negative perception of the reporting tool post-intervention. This means that more awareness and leadership support may not translate to increased reporting if the reporting system remains a barrier . Additionally, the intervention was more successful in improving staff perceptions of support from frontline charge nurses than from organizational leaders.

8. Byon, H. D., Sagherian, K., Kim, Y., Lipscomb, J., Crandall, M., & Steege, L. (2021). Nurses' Experience With Type II Workplace Violence and Underreporting During the COVID -19 Pandemic. Workplace Health & Safety, 2165079921103123, https://doi.org/10.1177/21650799211031233

373 US registered nurses completed an online survey regarding customer-on-worker WPV against nurses during the pandemic. The survey revealed that 44.4% of registered nurses experienced physical violence and 67.8% experienced verbal abuse during the pandemic with a majority reporting that they experienced WPV 2 or 3 times. It was reported that 51.2% of registered nurses that provided care for COVID-19 patients experienced physical abuse in comparison to 30.1% of registered nurses who did not care for COVID-19 patients. Before the pandemic, other reviews found that 26.8% and 44.9% of nurses around the world faced physical and/or non-physical abuse respectively, demonstrating that WPV has increased for nurses during the pandemic. Interestingly, hospitals in the US saw a reduction in patient admissions so the number of encounters between nurses and patients, visitors and family members was lower despite WPV being higher. Possible explanations for this increase include visitor restrictions frustrating patients and visitors, pandemic-related stress and impact on work environment leading to nurses being burnt out and vulnerable to violence and a lack of resources for nurses and hospital workers.

9. Chakraborty, Mashreky, S. R., & Dalal, K. (2022). Violence against physicians and nurses: a systematic literature review. Journal of Public Health, 1 –19. https://doi.org/10.1007/s10389 -021-01689 -6

A systematic review investigates workplace violence against physicians and nurses. Common themes included that HCPs in emergency departments were most likely to be exposed to WPV, verbal abuse was the most often form of violence, doctors were more likely to experience physical violence and nurses were more likely to face sexual harassment. The most common cause of WPV was excessive wait times for patients. Other factors include poor communication, unrealistic expectations by patients, a lack of understanding by patients,

10. Chataway, M., Duff, J., & Xu, G. (2025). Introducing a new model of fear of workplace violence: Examining nurses and midwives' perceptions of victimization risk in their workplaces. Victims & Offenders. https://doi.org/10.1080/15564886.2025.2497544

This publication introduces a new model of fear of workplace violence, examining how violence exposure impacts nurses' and midwives' perceptions of risk in their workplaces. The study was conducted at a large public hospital in Queensland, Australia and it used an Ecological Momentary Assessment (EMA) approach where 108 nurses and midwives reported experiences through a smartphone app over three weeks. Findings indicated that exposure to violence significantly increased nurses' and midwives' reports of fear , prospective worry, perceived likelihood of future victimization, and perceived consequences of such events. The unique aspect of this study is the use of EMA with smartphone technology, which allows for real - time data collection on perceptions of fear and risk . Another standout finding was the

unexpected relationship between perceived control and future victimization, where those exposed to violence were more likely to report higher levels of perceived control . Furthermore, the study showed with evidence that fear can exist strongly without direct exposure the same way it can if there is direct exposure. In this publication we see the low official reporting rate for incidents (7%) compared to app -based reporting, suggesting EMA could offer improved insights.

11. Chen, R., Ji, L., Jia, Q., Wang, H., Liu, L., Fan, K., & Fan, L. (2025). Workplaceviolence in the emergency department: A bibliometric analysis. Journal of Emergency Nursing. https://doi.org/10.1016/j.jen.2025.04.003

This study, conducted by authors primarily from Lanzhou, China, examines workplace violence (WPV) in the emergency department (ED). The researchers analyzed 348 English -language publications from the Web of Science Core Collection database that spanned from 1988 to 2024. Findings indicate an overall upward trend in publications, with a surge since 2015 and peaks in 2022 and 2023. Gillespie is identified as the most cited author in this field , and the University of Cincinnati is the most productive institution in this research area . The Journal of Emergency Nursing leads in both publications and citations . The research covers four main themes: factors associated with violence, prevention strategies, their psychological and occupational impact on ED staff, and different forms of violence. Trends in keywords such as "experience" and "qualitative research," were found. Furthermore, "COVID -19" also emerged as a strong keyword trend since 2021, suggesting a potential link between the pandemic and both WPV incidents and research attention .

12. Dilshad, B. N., Sabri, B., Noor, S., Ali, A. (2024). Organizational determinant of workplace violence leading to turnover intention among healthcare professionals. Priority -The International Business Review, (2)2, 1-15. Retrieved from https://www.researchgate.net/profile/Waqas -Bin-Dilshad/publication/389522094_ORGANIZATIONAL_DETERMINANT_OF_WORKP LACE_VIOLENCE_LEADING_TO_TURNOVER_INTENTION_AMONG_HEALTH CARE_PROFESSIONALS/links/67c6ad5f461fb56424eff92a/ORGANIZATIONAL - DETERMINANT -OF-WORKPLAC E-VIOLENCE -LEADING -TO-TURNOVER - INTENTION - AMONG -HEALTHCARE -PROFESSIONALS.pdf

This research paper aimed to evaluate the impact of various organizational factors such as work stress, interpersonal conflict, efficiency, teamwork, safety climate, and mental health on workplace violence, and subsequently, the effect of workplace violence on turnover intention among healthcare professionals. A quantitative approach was used for data collection, with 402 samples analyzed. The findings revealed that while work stress had a positive but insignificant effect on workplace violence, interpersonal conflict and mental health had a positive and significant effect, whereas efficiency, teamwork, and safety climate had a negative and significant effect on workplace violence. Furthermore, the study found that workplace violence had a positive and significant effect on turnover intention. Notably, this research uniquely integrated work stress, staff interaction factors, safety climate, and mental health within a single framework to investigate their unique influences on workplace violence and turnover intention in the Pakistani healthcare context .

13. Dopelt, K., Davidovitch, N., Stupak, A., Ben Ayun, R., Lev Eltsufin, A., & Levy, C. (2022). Workplace Violence against Hospital Workers during the COVID -19 Pandemic in Israel: Implications for Public Health. International Journal of Environmental Research and Public Health, 19(8), 4659 –. https://doi.org/10.3390/ijerph19084659

A cross -sectional study using that surveyed 486 HCPs in Israel investigated WPV during the COVID -19 pandemic. The results revealed that 71% of HCPs were exposed to at least one example of WPV in the 6 months leading up to the survey. The paper investigated different forms

of workplace violence including verbal violence, passive -aggressive behaviour, verbal threats, destruction of property in protest, physical violence, sexual harassment, and internet shaming, with verbal violence, passive -aggressive behaviour and verbal threat s being the most frequent. In addition, the survey found that nurses and physicians were most likely to face WPV. Before the investigation, the author lists many reasons why WPV could increase during the pandemic such as HCPs being accused of spreading CO VID-19, lack of resources to treat patients, the spread of misinformation regarding COVID -19, religious views, and longer wait times. However, the survey states that long wait times were the biggest factor, followed by the patients arriving early, dissatisfaction with staff, bureaucracy, unsatisfied with treatment, uncomfortable physical conditions, being under the influence of alcohol, drugs or medication, racism and communications problems.

14. Elsharkawy, N. B., Alruwaili, A. N., Ramadan, O. M. E., Alruwaili, M. M., Alhaiti, A., & Abdelaziz, E. M. (2025). Barriers to reporting workplace violence: a qualitative study of nurses' perceptions in tertiary care settings. BMC Nursing, 24(1). https://doi.org/10.1186/s12912 -025- 03039 -3

This publication details the explored barriers to reporting workplace violence (WPV) among nurses working in hospitals in the Aljouf region of Saudi Arabia. The study uses two theoretical frameworks (Ajzen's Theory of Planned Behaviour & the Social Ecological Model) to understand these barriers. Six focus groups comprised of six nurses (36 participants in total) were involved in interview sessions of 60 -90 minutes that were held in which a doctoral -level moderator and nurse researcher documented non -verbal cues and nuances of the participants. The three major themes that emerged from the overall data were emotional and psychological barriers (including fear of blame and reliving trauma), organizational inefficiencies (such as complex and difficult reporting systems and lack of follow -up), and cultural and hierarchical influences (such as power imbalances and normalization of violence). A particularly unique finding of this study was the detailed influence of hierarchical dynamics in the deterrence of reporting, especially among female nurses who were hesitant to report male authority figures.

15. Fawzy, Y., Siddiqui, Z., Narouze, S., Potru, S., Burgart, A. M., & Udoji, M. A. (2023). Violence in the pain clinic: the hidden pandemic. Regional Anesthesia & Pain Medicine.

The article addresses the understudied issue of WPV prevalence occurring in pain clinics. It discusses incidents of physical assault, verbal abuse, threats, and property damage that staff at pain clinics endure. These acts of violence can have profound con sequences, leading to physical injuries, emotional distress, and compromised patient care. The authors propose strategies such as enhancing security measures, implementing comprehensive violence prevention programs, promoting staff training on de -escalation techniques, and establishing support systems for healthcare providers affected by violence. While WPV has an immediate impact on healthcare providers, these issues can become chronic in hospital clinics, creating a culture of unsafe working environments and deteriorating patient -provider relationships. By taking proactive steps, healthcare organizations can create safer environments that prioritize the well -being of both healthcare providers and patients. Current research has indicated that evidence -based training programs as the most effective in educating staff on how to manage instances of WPV.

16. Ferrari, G., Makali, S., Ghislain Bisimwa Balaluka, Riyadh Lafta, Schindler, C., Bugugu, D., Lurhangire, E., Fabrizio Tediosi, Jessica Ramirez Mendoza, & Merten, S. (2023). Understanding context of violence against healthcare through citizen science and evaluating the effectiveness of a co -designed code of conduct and of a tailored de - escalation of violence training in Eastern Democratic Republic of Congo and Iraq: a study protocol for a stepped wedge randomized controlled trial. Trials, 24(1). https://doi.org/10.1186/s13063 -023-07839 -3

This publication details a study of a three -phase project aiming to reduce violence against healthcare workers (HCWs) in the Eastern Democratic Republic of Congo (DRC) and Baghdad, Iraq, which are described as fragile settings. The overall goal is to determine if de - escalation of violence training for HCWs, combined with a publicly displayed Code of Conduct co -designed by HCWs and local communities can decrease the frequency and severity of violent incidents in the workplace. The study employs a three -phase design: the first phase involves research using qualitative and citizen science methods (narrative inquiries and observations from storytelling and recorded conversations and behaviour) to understand the motivations and causes of violence and to co -design the code of conduct and adapt the training. The second phase is a trial to evaluate the effectiveness of these two interventions (the training and the code of conduct). The final phase will estimate the economic cost and cost -effectiveness of implementing the interventions. The study anticipates providing evidence on effective and affordable approaches to address violence against HCWs in these vulnerable locations.

17. Flowerdew, L., Brown, R., Russ, S., Vincent, C., & Woloshynowych, M. (2012). Teams under pressure in the emergency department: an interview study. Emergency Medicine Journal, 29(12).

The article focuses on investigating the experiences of healthcare teams working under pressure in the emergency department (ED). Additionally, the article states that experimental research has shown that individual focus on completing tasks takes precedence over team structure and team dynamics when healthcare teams are faced with stressful situations. Researchers collected data through qualitative semi -structure d interviews with hospital staff members regarding perceived stressors, the effects of stress on healthcare workers and suggestions for possible interventions to improve team structure in stressful situations. After analyzing the broad themes identified in the interviews, there were four main themes identified in t he analysis. The researchers commented that solidified leadership roles and and extensive leadership experience in high -pressure situations are key to successful team function in high -pressure situations in emergency departments.

Identified themes

Stressors
- The most common stressors for healthcare teams included excessive workload and staff shortages
- Common stressors were linked together and tended to have an additive effect to overall stress in high -pressure situations

Effects of working under pressure
- Significant lack of communication amongst junior and senior staff when working under pressure
- Difficulties in managing patient flow and team workload

Interventions and advice
- Many interviewees agreed with the implementation of leadership training and training to improve teamwork skills
- Many interviewees also expressed the importance of staying calm while under pressure, however there were little practical suggestions provided by interviewees

Senior versus junior staff
- Senior staff have acquired numerous strategies to deal with high pressure situations in emergency departments while junior staff had few suggestions on strategies to improve high - pressure situation response
- Some junior doctors lack understanding about the responsibilities and roles of staff in ED team and underestimate the influence of teamwork towards ED team safety

18. Gillespie, G. L., Gates, D. M., Miller, M., & Howard, P. K. (2012). Emergency department workers' perceptions of security officers' effectiveness during violent events. Work, 42(1), 21 -27.

This study interviewed 31 healthcare providers from an urban pediatric emergency department in the United States. The authors identified 6 themes from the interviews including a need for security officers, security officers ' availability and response, security officers ' presence or involvement, security officers' ability to handle violent situations, security officers' role with restraints, and security officers' role with access. The main takeaway was that early communication between HCP and security before violent events occur is important. As well, HCPs need to have a clear understanding of security's role and responsibilities.

19. Gurdap, Z., Komurkara, S., & Cengiz, Z. (2024). Violence experiences and solution approaches healthcare workers in emergency department. Medicinescience.org. https://www.medicinescience.org/article/6384?t=1742150910

This publication details a study that employed an exploratory descriptive design to evaluate the prevalence of violence against healthcare workers in emergency departments and identify solution approaches. The study was conducted among healthcare workers e mployed in the adult and pediatric emergency departments of a research hospital located in Türkiye. Data was collected from a total of 149 healthcare workers in the emergency department through face -to-face interviews between September and October of 2022. Key findings revealed that 92.6% of participants experienced violence , with 92.8% subjected to verbal violence. Main reasons for violence included the perpetrator justifying their behaviour (42.0%), refusal of requests (50.0%), perceived neglect (37.7%), dissatisfaction with treatment (41.3%), and dissatisfaction with overall healthcare policies (33.3%). Interesting ly, a significant difference was found between staff's professional experience and their exposure to violence, as well as the types of violence encountered. Furthermore, there was a significant difference between the profession and the gender of the perpetrator, with physicians and other professionals generally facing violence from men, while nurses and midwives experienced violence from both women and men. The study concluded that emergency department health workers face high rates of violence and existing measures are inadequate.

20. Hameed, H., Shahid, R. A., Rahim, E., Qadeer, A. A., Mahmood, R., Kant, S. B., & Abbasi, M. M. J. (2024). Timings, reporting procedures about violence incident and encouragement to report WPV among health care workers. Annals of PIMS -Shaheed Zulfiqar Ali Bhutto Medical University, 20(SUPPL -1), 474 –477. https://doi.org/10.48036/apims.v20isuppl -1.999

This publication details a study aimed at evaluating and gaining insight into the timings, reporting procedures, and encouragement to report workplace violence (WPV) events among healthcare workers (HCWs). The cross -sectional study was conducted at the eme rgency department of a hospital in Multan from June to August 2019. Researchers collected quantitative data using a World Health Organization (WHO) tool from 167 universally sampled healthcare workers who had been employed for at least six months. The questionnaire they used had sections on sociodemographics, reporting procedures. encouragement, and worriedness about violence, along with the details of violent incidents and responses. The findin gs indicated that one-third of subjects reported physical violence occurred during the morning shift and on the first day of the week. This contrasts with some other studies referenced throughout the publication that found a higher risk of violence during night or evening shifts. The study suggests that the higher occurrence of violence on Mondays may be due to increased patient flow afte r the weekend leading to longer wait times, overcrowding and higher workloads for HCWs (and also more frustration from patients). Furthermore, researchers reported Friday as the second -highest day for violent events. All participating HCWs reported on their knowledge of the existence of reporting procedures, their use, and encouragement to report WPV. Notably, the primary source of encouragement was colleagues (92.7%) rather than management/employer (2.4%).

21. Harthi, M., Olayan, M., Abugad , H., & Wahab, M. A. (2020). Workplace violence among health -care workers in emergency departments of public hospitals in Dammam, Saudi Arabia. Eastern Mediterranean health journal, 26(12).

A cross -sectional study was performed at four emergency departments in Damman, Saudi Arabia . The study included a questionnaire that was completed by 324 HCPs. Most of the respondents identified as women and most of the respondents were nurses. 155 of the respondents had experienced 1 type of workplace violence in the year prior to the survey. The survey revealed that 52% of these incidences were verbal abuse, 19% of incidences were physical violence, 16% was bullying, 10% was racial harassment and 3% were sexual harassment. 40.4% of respondents reported that they were not encouraged to report workplace violence. HCPs reported that WPV was caused by an absence of punishment, lack of security, staff shortages, long waiting time for patients, overcrowding, personality type, cultural beliefs, l ack of patient privacy and language barriers. The authors found that lack of encouragement to report incidents and Saudi nationality were significant variables that were associated with workplace violence.

22. He, Y., Holroyd, E., & Koziol -McLain, J. (2023). Understanding workplace violence against medical staff in China: a retrospective review of publicly available reports. BMC Health Services Research, 23(1), 1 -10.

The article collected evidence on WPV incidents in China from 2013 to 2017 to identify patterns of WPV and the role of key risk factors in the perpetuation of WPV. WPV creates a cycle of stress and violence that adds to already present levels of work -related stress and anxiety in medical settings. The authors also iterate on the increasing level of patient mistrust in Chinese public health systems, stating that low government spending on public health systems and misplaces incentives within hospital settings as underlying causes of patient mistrust. The findings from the review revealed that WPV is a significant issue faced by medical staff in China. About 54% of identified cases (54 cases in the study) of WPV were related to a lack of trust toward medical staff. Additionally, limit ed health literacy among a patient's family members was mentioned as a factor in underestimating a patient's behavior when receiving care. Various additional factors contributing to workplace violence were also discussed, including long wait times, poor do ctor-patient communication, crowded healthcare facilities, and public dissatisfaction with medical services. Overall, the study mentions the role that patient mistrust and respect play in the perpetuation of WPV in healthcare settings. Empathetic communica tion, updating family members' health literacy and creating care -centered hospital settings were suggested as potential prevention methods.

23. Jimenez, J. D. M., Walden, C., Carey, A., Miller, J., Young, K. K., Morris, L., & Erbaio, T. (2025). Seclusion rates and workplace violence on a psychiatric emergency department unit. Journal of the American Psychiatric Nurses Association, 1–7. https://doi.org/10.1177/10783903251338043

This publication focuses on a quality improvement project conducted on a psychiatric emergency department (ED) unit at an academic medical center in the southeast United States, aiming to reduce seclusion and workplace violence rates. The methods involved multiple factors. One being the implementation of a violence risk identification and management protocol that included brief staff training. Also, the use of the Violence Assessment Tool (VAT). With this, Section A of this tool measures violence risk based on observable behaviours and known history of violence, assigning a score from 0 to 9. Section C specifically focuses on identifying patient - specified agitation factors and de -escalation preferences, including checkboxes and space for patients to elaborat e. This focus on patient -centered identification of triggers and preferred de-escalation methods is a notable aspect of the approach. Furthermore, researchers used postincident debriefing with both staff and patients. Following implementation, the average seclusion rate decreased by 33% from 5.56 seclusion hours per 1,000 length of stay hours preintervention to 3.73 postintervention. Workplace violence reports decreased by 25% in the psychiatric ED. The

preintervention seclusion rate of 5.57/1,000 patient care hours on the psychiatric ED unit significantly exceeded current data benchmarks for 2022, indicating a much higher baseline rate in this ED setting compared to other reported averages.

24. Joyce, A., Pellatt, R., Ranse, J., Doumany, A., Hall, E., Sweeny, A., & Keijzers, G. (2023). Occupational violence in a tertiary emergency department: A retrospective descriptive study. Australasian Emergency Care.

The article examined the occurrence and characteristics of WPV in healthcare settings and the incidence of code black activation in a tertiary emergency department in Australia. The article iterated the importance of examining effective management strategies i n addition to potential contributory factors to code black activation. It should also be noted that according to the government of South Australia, code black is an umbrella term that encompasses both violent patients and all violent persons in the hospita l. Researchers obtained data on cases from code - black databases and electronic patient records and focused on three main variables that contribute to code -black activation in their review: Individual (age and sex of patient, medical history), encounter (nu mber of code -black activations for a single patient, primary diagnosis, time to first code -black activation) and details regarding activation (duration of code black, management and medications used). It was stated that the primary diagnosis for code black activations was mental illness -related (55.1% of activations) and alcohol intoxication was a suspected factor in 30.9% of activations. In addition, chemical or physical restraints were used in 54.1% of code black activation. Several risk factors associate d with occupational violence in the ED were identified, including patient -related factors (such as substance use or psychiatric conditions), environmental factors (such as overcrowding or long wait times), and system - related factors (such as inadequate sec urity measures or lack of staff training). The article supports the concept of keeping accurate and detailed records of code black activations and instances of WPV as a means of developing later studies to improve policy reforms in EDs.

25. Liu, Li, Y., An, Y., Zhang, L., An, F. -R., Luo, J., Wang, A., Zhao, Y. -J., Yuan, A., Cheung, T., Ungvari, G. S., Qin, M. -Z., & Xiang, Y. -T. (2021). Workplace violence against frontline clinicians in emergency departments during the COVID -19 pandemic. PeerJ (San Francisco, CA), 9, e12459 –e12459. https://doi.org/10.7717/peerj.12459

A cross -sectional, online study used a nine -item workplace violence (WPV) scale to measure WPV across China during the early pandemic. Nearly 30% of emergency department clinicians faced WPV in a span of 5 days. This was indirectly compared to WPV rates before the pandemic where only 15.8% of emergency department clinicians faced verbal WPV, and 3.3% faced physical workplace violence in one month in Asia and 12.1% of emergency department clinicians in the US faced WPV in a span of one year. This increase co uld be due to several reasons such as redeployed staff being in roles that they are not accustomed to , therefore they were not prepared for certain situations. As well, low clinician -to-patient ratios when patients may need immediate attention and an increase in workload and pressure due to the pandemic may affect the quality of care provided by clinicians. An increase in mental stress and the use of personal protective equipment may negatively impact a clinician's communication with the patient. Miscommuni cation may be triggering for patients. Lastly, new policies related to COVID -19 such as masking, temperature checks, and screening lead to longer wait times and higher medical expenses for patients. The study found a number of interesting correlations such as clinicians who smoked or had family/friends/colleagues with COVID -19 reported more WPV.

26. Luo, L., Wu, Y., Li, S., Li, F., Wang, X., & Wei, X. (2025). Identifying the most critical predictors of workplace violence experienced by junior nurses: An interpretable machine learning perspective. Journal of Nursing Management, 2025, Article 5578698. https://doi.org/10.1155/jonm/5578698

The study discussed in this publication aims to predict workplace violence risk and identify the factors that influence junior nurses the most. This study was conducted in 90 hospitals across Sichuan Province in China. Data was collected through questionnaires taken by 5663 junior registered nurses. The LightGBM model (superior to the other machine learning models) drew key workplace violence predictors from a pool of 76 potential predictors. These key predictors included medical complaints, psychological demands, professional identity, and occupational exposure. A standout finding, revealed by the ALE analysis, was the identification of significant nonlinear relationships between influencing factors and workplace violence, including a possible U-shaped effect for daily roundtrip time and stepwise effects for professional identity and job satisfaction, providing deeper insights for targeted interventions

27. Magalhães, A. P. N. de, Souza, D. de O., & Ribeiro, S. M. P. (2025). The relationship between workplace violence, anxiety, and depression in nurses during the COVID-19 pandemic. Revista Brasileira de Medicina Do Trabalho, 23(01), 01 –08. https://doi.org/10.47626/1679 -4435 -2024 -1337

This publication details a study conducted in three municipalities in Alagoas, Brazil, between January and June 2022, investigated the relationship between workplace violence (WPV), anxiety, and depression among frontline nurses during the COVID -19 pandemic using a design involving qualitative interviews with six nurses and a quantitative survey of 131 nurses. The study's findings revealed a high prevalence of workplace violence, with psychological violence being the most common (52.7%), and significant symptoms of anxiety (21.4%) and depression (30.5%) among the nurses. This supports the idea of a cycle where the demanding pandemic conditions led to psychological distress and increased vulnerability to violence, which in turn worsened mental health. Furthermore, the research underscores that WPV is intertwined with structural violence, stemming from precarious working conditions, overload, and devaluation of nursing work, and suggests that gender -based inequality within the predominantly female nursing profession may contribute to the violence experienced. The authors highlight the need for structural initiatives to combat violence and protect nurses' mental health, potentially drawing lessons from strategies such as awareness programs, law enforcement collaboration, and integration into nursing education.

28. Magnavita, N., Larese Filon, F., Giorgi, G., Meraglia, I., & Chirico, F. (2024). Assessing workplace violence: Methodological considerations. La Medicina del Lavoro, 115(1), e2024003. https://doi.org/10.23749/mdl.v115i1.15186

This publication presents a general review and perspective on the methodological considerations for assessing workplace violence, primarily focusing on the situation in Italy. The authors discuss various methods for risk identification, such as checklists and focus groups. The publication finds that spontaneous reporting is insufficient for risk assessment and proposes a more systematic approach that includes integrating questions about experienced violence into periodic medical examinations of workers. This method allows for the collection of prevalence data, identification of perpetrators, and longitudinal monitoring. Furthermore, the authors advocate for moving beyond risk assessment to impact assessment by combining prevalence data with the harm suffered by victims to guide future resource allocation. The emphasis on the limitations of current approaches prevalent in Italy and the specific proposal of using periodic health surveillance for systematic data collection represent particularly important aspects of this publication.

29. McGuire, Gazley, B., Majerus, A. C., Mullan, A. F., & Clements, C. M. (2022). Impact of the COVID -19 pandemic on workplace violence at an academic emergency department. The American Journal of Emergency Medicine, 53, 285.e1 –285.e5. https://doi.org/10.1016/j.ajem.2021.09.045

A mixed-methods study compared the hospital referral region COVID -19 case rate per 100,000

people to the rate of violent incidents per 1000 ED visits and found a positive association between the two variables, with an r -value of 0.24. As well, the rate of violence during the pandemic was more than twice as high as the 3 months before the pandemic began with a rate of 2.53 incidents per 1000 visits compared to 1.13 incidents per 1000 visits. When surv eying staff, it was reported that violent incidences were higher as well.

30. Naseem, M., Shahil Feroz , A., Arshad, H., Ashraf, S., Asim, M., Jamali, S., & Mian, A. (2022). Perceptions, challenges and experiences of frontline healthcare providers in Emergency Departments regarding Workplace Violence during the COVID -19 pandemic: A protocol for an exploratory qualitative study from an LMIC. BMJ Open, 12(2), e055788 –e055788. https://doi.org/10.1136/bmjopen -2021 -055788

The COVID -19 pandemic has affected the daily lives of many, particularly healthcare providers. HCPs have undergone endless stress due to exposure to COVID -19, increased workload, psychological distress, fatigue and burnout. Despite working tirelessly for the general public, HCPs have faced an increase in WPV from patients and visitors, particularly in emergency departments. One study found that 1 in 6 physicians experienced physical abuse and 3 in 5 experienced verbal abuse in the last year. It is suggested that these attacks could be due to patient or visitor's fear, anxiety, propaganda about the spread of the pandemic and psychological distress created by, "conspiracy theories, global socioeconomic crisis, travel restrictions, adjournment of religious, sports, cultural and entertainment events, panic buying and hoarding." (Naseem et al., 2022). Patients and visitors have unfortunately taken their frustrations out on HCPs in a number of ways resulting in an increase of WPV for HCPs. Not only have HCP's been attacked around the world, but they have been dying of COVID -19 due to a lack of PPE.

31. Oztermeli, A. D., Oztermeli, A., Şancı, E., & Halhallı, H. C. (2023). Violence in the emergency department: what can we do?. Cureus, 15(7).

The article discussed a study at a tertiary academic emergency medicine clinic in which researchers collected data regarding the time and date of recorded violent incident s, the type of violence, and details about the HCW and patient involved in the situation. The study collected 141 reports of violence recorded during the study period (4 years in total). Results from the study found that physicians were targeted in 55.2% of WPV incidents, additionally it was found that the highest rate of violent incidents occurred during the time period of 8 am to 4pm. In the study, it was found that verbal abuse was the most common form of violence against HCWs (98.6% of cases). Researchers noted that verbal abuse is the most common form of abuse because patients believe there will be no legal repercussions against them and are less provable than physical acts. Thus, it was stated that the belief among patients that verbal abuse is not seen as a crime, will only cause verbal abuse rates to worsen.

32. Pien, L. -C., Cheng, Y., Lee, F. -C., & Cheng, W. -J. (2024). The effect of multiple types of workplace violence on burnout risk, sleep quality, and leaving intention among nurses. Annals of Work Exposures and Health, 68(7), 678 –687. https://doi.org/10.1093/annweh/wxae052

This publication details a cross -sectional survey aimed at investigating the relationship between various forms of workplace violence (WPV) and negative outcomes such as burnout, sleep problems, and the intention to leave employment, specifically among a s ample of 1,742 nurses. Researchers collected data on WPV experiences from these nurses via self -administered questionnaires. Multivariate logistic regression analysis, adjusted for demographic and work - related factors, was used to assess the associations between WPV exposure and the identified negative effects. The findings revealed that a high percentage (66.7%) of nurses reported experiencing WPV, and notably, nurses who reported experiencing multiple types of WPV exhibited significantly worse work conditions, higher burnout risk (both personal and client - related), poorer sleep quality, and a stronger intention to leave compared to their counterparts

who did not report WPV. Specifically, these nurses facing multiple WPV types had over two -fold higher odds of high personal and client -related burnout risk and nearly two-fold higher odds of poor sleep quality and high leaving intention , highlighting the cumulative negative impact of experiencing various forms of workplace violence on nurses' well-being and retention.

33. Riggins, J. K. (2024). Reflections on Combating Implicit Bias and Workplace Violence in the Emergency Department Through Simulation. Simulation in Healthcare the Journal of the Society for Simulation in Healthcare. https://doi.org/10.1097/sih.0000000000000833

This publication details an interdisciplinary simulation workshop designed to address workplace violence and implicit bias among emergency medicine (EM) workers. The methods involved a combination of asynchronous literature review, lectures on de -escalation, security -implemented programs, and two simulation scenarios. These scenarios focused on a frustrated parent of a patient and an agitated patient with opioid use disorder, prompting participants to role -play and reflect on their responses. The findings revealed that participants gained pragmatic techniques for counteracting workplace violence and, more importantly, acknowledged and began to address their implicit biases, particularly towards patients deemed "high risk" such as those with psychiatric illnesses, drug addictions, or recent incarceration . This emphasis on directly tackling the harmful effects of implicit bias through simulation, rather than solely focusing on physical de -escalation stands out within this publication.

34. Sanders, J., Thomas, L., Kerr, T., Benita, T., Abela, K., & Ulrich, B. (2023). Interventions to prevent and mitigate workplace violence: Teaming up for a safer environment. Nursing Management, 54(8), 20 -30.

The article focused on strategies and interventions aimed at preventing and reducing workplace violence to create a safer environment in healthcare settings. The article details a QI project conducted by a WPV project team who focused on improving emergency department HCW's safety in a hospital located in Texas, USA. The project was designed to reduce the severity and frequency of WPV against nurses, collect WPV identification factors, deploy a hospital WPV response team and train and educate nurses on WPV prevention and de-escalation . Interventions that were implemented in the study were identified through quantitative data collection from nursing staff focus group discussions. The first intervention included improving WPV reporting systems which used an online survey where staff answered prompts about a violent incident and then went in -depth into the WPV incident. The second intervention was the implementation of an education program that was implemented to increase team member competence and increase confidence regarding early recognition of WPV and subsequent use of de -escalation techniques. Important fin dings from the study found that staff competence and confidence increased after education program intervention along with an increased awareness of crisis prevention among education program team members . Additionally, the authors of study urge future WPV QI projects to focus on policy review, gathering sufficient evidence to support the use of training simulations and the importance of incorporating organizational leader s.

35. Uçar YG, Kuş C, Gümüştakım RŞ, Yılmaz ME. (2023). The approach of society regarding the violence against healthcare providers the violence against healthcare providers. Interdiscip Med J., 14(49):117 -125. https://doi.org/10.17944/interdiscip.1351983

The article highlighted a study conducted by researchers in Turkey which attempted to investigate current approaches and trends regarding workplace violence (WPV) prevention in health care settings in Türkiye. The authors state that the current rate of health care staff in Turkey who have reported experiencing WPV is about 50.8%. Main factors in the article identified as causes of WPV were low education on de -escalation techniques among healthcare workers, negative attitudes and behaviors among healthcare workers and poor support and

representation for WPV prevention by media. Researchers in the study surveyed participants who were 18 years or older and were not healthcare workers (HCWs) or did not receive an education in a health-related field. Participants were surveyed on the place of HCWs in society and their perceptions of violence against HCWs. Results from the survey found a relationship between participant socio economic status, education and sex participants who stated they are against violence however, it is deserved in certain scenarios. Participants whom only received a high school education, had a moderate economic situation or were male were more likely to state that violence is necessary in certain scenarios. Additionally, it was found that a significant relationship was found between educational and economic status and the perception that violence in health is caused by HCWs behaviors . Overall, the article found that members of the general public believe that violence against HCWs is not always needed, however it is justified in certain scenarios and is not an unordinary occurrence for workers in healthcare settings.

36. Woon, C. (2023). An international study on violence and aggression in neuroscience nursing. Journal of neuroscience nursing, 55(2), 45 -48.

The article presents findings from a study that examines the prevalence and nature of violence and aggression experienced by neuroscience nurses worldwide. The study involved an international sample of 272 neuroscience nurses who completed a survey assessing their experiences with workplace violence and aggression. The findings reveal that violence and aggression are pervasive issues in neuroscience nursing, 97.1% of RNs had experienced verbal aggression from a patient and 86.1% of RNs reported physical assault in their careers . In addition, 18.8% of RNs surveyed reported that they did not receive any support after incidents of WPV. The study also highlights the various strategies employed by nurses to address violence and aggression. However, the researchers note that there is a need for more comprehensive measures and interventions to effectively prevent and address violence in the workplace. For instance, it was reported that only 43% of RNs had a code system for emergencies of WPV. Overall, the article iterates the urgent nee d for targeted interventions and systemic changes to create a safer work environment for healthcare professionals and ensure the delivery of high - quality patient care.

37. Yu, Q., Huang, C., Tian, Y., Li, X., Yang, J., Ning, M., Chen, Z., Liu, Y., & Li, Y. (2025). Relationships between workplace violence, psychological symptoms, and adverse events: a nationwide cohort study of Chinese nurses. Journal of Affective Disorders, 385, 119418–119418. https://doi.org/10.1016/j.jad.2025.119418

This publication discusses a study of Chinese nurses using baseline data from the Nurses' Mental Health Study (NMHS), conducted across 67 hospitals in 31 regions of China. The study set out to examine the relationships between workplace violence (WPV) from patients and their relatives, psychological symptom s, and adverse events. A large sample of 105,614 nurses was included in the final analysis. Findings revealed that WPV from patients and their relatives was significantly associated with increased psychological symptoms and adverse events among Chinese nurses. Before matching the nurses to eliminate the possibility that problems like depression or anxiety were caused by external factors, 30.3% of nurses reported WPV exposure, and prevalence rates for outcomes were high, including 53.0% for depression, 36.5% for anxiety, a notably high 74.2% for obsessive -compulsive symptoms , 42.4% for burnout, 22.1% for insomnia, and 32.3% for adverse events. After matching the nurses, nurses exposed to WPV were significantly more likely to report these outcomes. The researc h also investigated the relationship between multiple instances of exposure to different types of WPV and outcomes, finding that exposure to multiple forms significantly increased risks . Furthermore, the study highlighted sexual abuse as having the highest odds across nearly all outcomes despite being less frequently reported.