





Violence Against Health Care Workers in Health Care Services: A Literature Review

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Abstract. Background: The healthcare sector is a complex and demanding sector, with workplace violence being a serious risk to healthcare workers.

Aim: The current literature review to understand the frequency of workplace violence against nurses and how it relates to stress at work, job satisfaction, and health care quality.

Methods: A comprehensive search was conducted on several databases, including CINAHL, PubMed, Springer-Link, SAGE Publications, and Wiley Online Library. Out of the 170 articles that were published between 2016 and 2022, only 12 met the inclusion criteria and were included in the review.

Analysis and Results: The literature revealed that nurses were the most affected by workplace violence (WPV), with rates ranging between 48%–91%, while the emergency department had the highest prevalence rate, ranging between 46.9%–90%. Verbal abuse was found to be the most common form of WPV, with rates ranging from 38.6%–94%. Patients, their families, and visitors were identified as the primary perpetrators of WPV. Nurses who were subjected to violence were more likely to have lower job satisfaction and higher burnout rates. However, reporting rates from HCWs were found to be lacking, with rates ranging from 4.9%–84%.

Conclusions: There have been multiple incidents of WPV against HCWs. The prevalence of WPV incidents against HCWs is the urgent need for healthcare and policymakers to prioritize developing comprehensive strategies, policies, and procedures that create a safe and respectful work environment. This will ultimately prevent WPV against nurses and other healthcare staff.

Keywords: Healthcare workers · Work place violence · stress at work · the impact of violence · Nurses

1 Introduction

The healthcare sector is a complex and demanding sector, with workplace violence being a serious risk to healthcare workers (HCWs) [1]. The World Health Organization (WHO) defines workplace violence (WPV) as incidents where employees are subjected to harassment, threats, or attacks while engaged in job-related activities. Emergency nurses are most at risk, with violent encounters reported in 98% of Iran, 86.1% of Egypt, 74.4% of Turkey, 59%–70% in Sweden and England, 62% in Taiwan, and, 67% in Italy, 94% in Jordan, 90.9% in Saudi Arabia [2–5].

Patients, family members, and visitors are the most common perpetrators of WPV against nursing staff. The prevalence of WPV varies by region, ranging from 4.7%–19.7% for sexual harassment, 63.8%–89.58% for verbal abuse, and 18.22%–56% for physical abuse, posing a serious risk to healthcare professionals [2, 6, 7]. Nurses providing care to COVID-19 patients experienced higher rates of physical violence than those who did not, and reporting violent crimes during the outbreak was challenging for 10% of respondents [8]. Healthcare workers reported at least one violent episode in the past year, with 46.3% reporting non-physical violence and 19.1% reporting physical violence [9]. The prevalence of violence varied by health setting, with emergency rooms having the highest percentage (55.5%), followed by psychiatric settings [9, 10].

During the COVID-19 pandemic, The World Health Organization estimates that 8%–38% of HCWs experience physical aggression in the workplace, resulting in negative mental health outcomes and hindering healthcare delivery [3]. The International Committee of the Red Cross ICRC reported 611 incidences of victimization in the first half of the pandemic [10]. Several studies report an increase in WPV toward HCWs [1, 10]. In Middle Eastern nations, the rates of physical and verbal aggression vary between 6.5%–74.9% and 30.7%–95.3%, respectively [11]. In Jordan, 93.3% of HCWs experienced verbal abuse, while 23.3% experienced physical abuse in emergency rooms [3]. In Spain, 73.44% of nurses were exposed to violence during the COVID-19 pandemic [1]. Identification of predictors of violence against nurses is crucial for improving patient care quality. The current literature review to understand the frequency of workplace violence against nurses and how it relates to stress at work, job satisfaction, and health care quality.

2 Methods

A comprehensive search was conducted on several databases, including CINAHL, PubMed, Springer-Link, SAGE Publications, and Wiley Online Library, using keywords related to workplace violence and its impact on nurses. The search terms used were "violence," "workplace violence," "stress at work," and "impact of violence." The search results produced numerous studies, but only those that were published within the last six years and written in English were selected for inclusion. The studies had to focus on workplace violence against nurses by patients or their families. Articles were excluded if they were published before 2016, written in languages other than English, studied violence in non-healthcare settings, or focused on undergraduate students. Out of 170 articles reviewed, only 12 met the inclusion criteria and were synthesized. The PRISMA flow chart, which depicts the article selection process, is presented in Fig. 1.

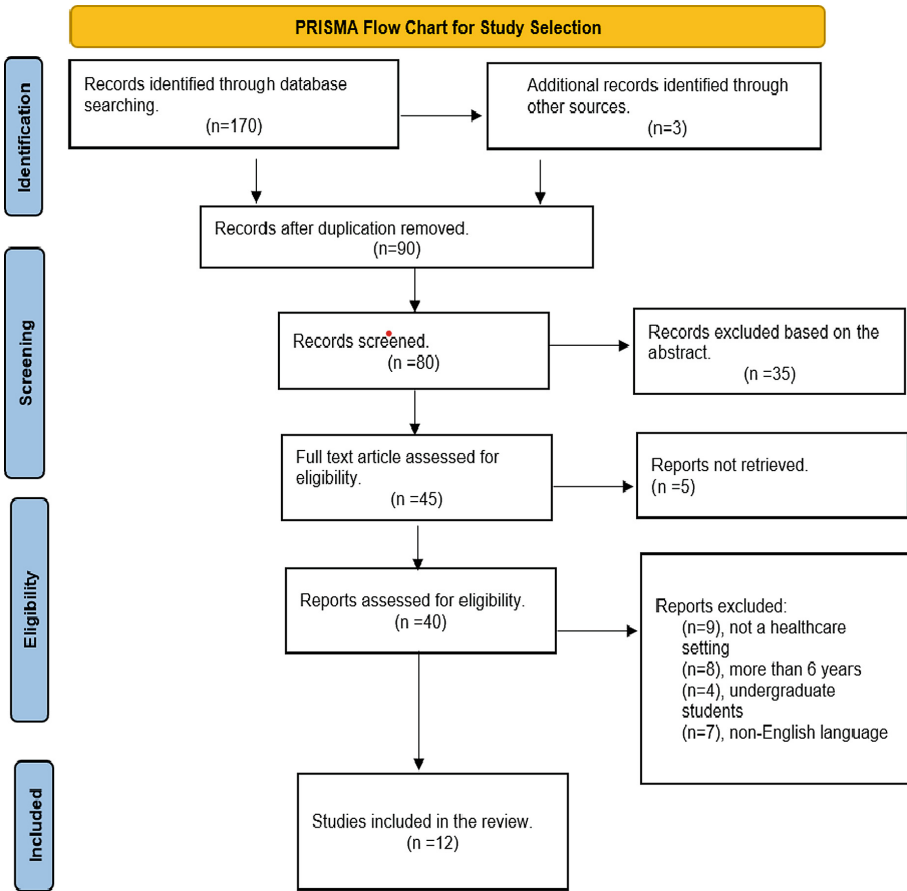


Fig. 1. Prisma flow chart

3 Results

The twelve studies that met the criteria to be included in this review of WPV among nurses included eleven cross-sectional studies and one descriptive study (see Appendix 1). The research was done throughout many areas, including Sudan, Spain, Oman, Taiwan, Iran, China, Saudi Arabia, Jordan, Italy, the United States, Korea, and Egypt. The findings revealed varying degrees of WPV in each area, demonstrating that WPV is a worldwide problem that affects nurses in many healthcare settings.

Moreover, the study’s findings, which are consistent with the workplace, indicate that the emergency department had the highest prevalence rate of WPV, with a range between (46.9%–90%) [10–13]. Followed by psychiatric wards ranging between (71%–86%) [4, 14]. Females report experiencing violence more than males. Similarly, in Australia studies show that females faced verbal violence more than males [8]. While in Ghana a study shows that females (54.3%) reported being attacked physically compared to males (45.7%) [15]. Other often cited indicators of WPV were shift work, work environment,

and job experience. Furthermore, in Sudan and China was reported that aggression has positively correlated with shift work, and job experience [10, 14].

Additionally, the research included a variety of WPV, including sexual, physical, verbal, emotional, or psychological abuse, with varying prevalence rates. This study shows that verbal abuse was the most frequent form of WPV ranging between (38.6%–94%) [3, 13, 16]. They were followed by Physical violence ranging between (7%–55.7%) [16, 17]. Followed by sexual violence ranging between (1%–32.4%) [11, 14]. A study conducted in Turkey shows most commonly (94.4%) verbal abuse was directed toward nurses. They were mostly exposed to yelling (98.1%), insulting (93.5%), marching toward the nurse (83.3%), cursing (76.9%), and intimidating (76.9%) [13].

Perpetrators of violence against medical personnel. It was found that patients, their families, and visitors were involved in acts of violence against HCWs at various rates throughout the studies that were analyzed. The range for patient involvement in such acts is between 44.2%–94.4% [14, 18], and for family and visitor involvement between %29.5–94.4% [6, 13, 18]. In China and Oman, the studies indicate that patients are the primary cause of WPV 97.4%–87.4% respectively [11, 14]. In Iran, studies show that 40.4% that families are the primary cause of WPV [5]. Which often occurs on morning and night shifts between 31.4%–90.9% [2, 4, 11, 12, 17]. In Bahrain, studies show that violence was reported at 53% during the night shift [19].

Studies show that nurses were the group with the highest prevalence of violence, ranging between (48%–91%) [3, 20]. The percentage of nurses who had at least one violent episode throughout the last 12 months was between (27%–87.4%) [3–5, 10, 11, 20–22]. Moreover, five studies found that the nurses who had more than three-time violent episodes last 12 months ranged between (34.3%–65%) [3, 10, 13, 17]. Also, one study shows that (43.5%) of nurses who experienced eleven and even more violent occurrences the previous year [13].

Based on the results of our study, which examined WPV against nurses in a large academic medical center, a high percentage (76%) of the 548 surveyed nurses reported experiencing verbal or physical violence within the past year. An even greater proportion (92%) reported experiencing some form of workplace incivility. Furthermore, our findings revealed that nurses who were victims of violence were more likely to have lower job satisfaction and increased levels of burnout compared to those who did not experience violence [19, 25]. These results highlighted the importance of implementing interventions aimed at preventing workplace violence and promoting a safe and respectful work environment for healthcare professionals [23].

Patient aggression towards nurses can be caused by various factors such as long waiting times, ineffective communication, mistrust, ignorance, and the use of psychoactive substances [4, 22, 24]. Workplace violence has a significant impact on HCWs and the organizational performance of healthcare organizations, leading to mental and emotional exhaustion, anxiety, and decreased self-esteem [1, 6]. Workplace violence can also cause difficulties sleeping, absenteeism, job dissatisfaction, and thoughts of quitting, which can affect productivity [15, 25]. Quality of care, and patient safety. Addressing these contributing factors and implementing measures to prevent WPV is essential for creating a safe and supportive work environment for healthcare workers [1, 15, 19, 25, 26].

Finally, regarding the accessibility of a policy against violence, the studies analyzed found that there was an institutional policy WPV management in place. However, there was a significant lack of reporting from HCWs, with reporting rates ranging from 4.9% to 84% [2, 6, 10]. There are a variety of reasons why violence is not reported, including HCWs' assumptions that "nothing will happen," the fact that patients receive more attention than healthcare workers, a lack of encouragement from the organization, the lack of a reporting mechanism, staff ignorance of the reporting system, and a lack of administrative support [6, 10]. According to a comparison of the studies, the study conducted in China found that verbal reports of violent encounters were more prevalent than written or electronic records (10.0%) or written reports (15.4%). While 38.5% were sure that administrative assistance was lacking; and 21.8% thought that nothing would happen after reporting the incident [21].

4 Discussion

This study aims to understand the frequency of WPV against nurses and how it relates to stress, job satisfaction, and hospital care quality. However, Workplace violence is a significant problem in healthcare setting, and specifically, nurses are the profession most likely to experience violence, by more than 90% [2, 12, 13]. The research found significantly more violence against nurses (98%) in the psychological unit [3].

Violence in healthcare institutions can come from a variety of sources, such as verbal, physical, sexual, psychological, and racial, which involves punching, smacking, knifing, shooting, forcing, squeezing, pulling, swearing, physical injury, embarrassment [7, 16]. In all the studies, verbal abuse is the most often stated type of WPV, followed by physical abuse, psychological abuse, and sexual harassment. According to [13]. The study shows most commonly verbal abuse was directed toward nurses. They were mostly exposed to yelling, insulting, marching toward the nurse, cursing, and intimidating.

Many different types of complicated factors contribute to WPV against nurses. Patient issues such as clients who become intoxicated by substance abuse. Organizational aspects include insufficient personnel, poor management, an absence of security, and an absence of safety requirements. Social issues, such as unemployment, gender inequalities, and cultural issues, can also contribute [5]. Additional elements that raise the chance of aggression in healthcare facilities include work workload, staffing level, shift work, and high-stress environment [2, 4, 26].

Workplace violence has significant impacts such as emotional stress, possibly long-term disability, depression, and insomnia [25]. The care provided may also be affected. Nurses who experience violence may need sick leave, feel less satisfied with their jobs, have less productivity, and intent to leave and absenteeism [5, 25]. Healthcare institutions should be proactive in establishing a respected and safe work environment. This may entail putting in place a training program for HCWs such as communication skills, conflict resolution, and WPV-coping strategies, creating channels for reporting violent crimes, and stepping up security at medical institutions such as smartphones, cameras, and security staff to prevent WPV [2, 5, 24].

Furthermore, a comprehensive approach is necessary, which includes training programs to help nurses identify and manage aggressive behaviors, as well as implementing measures to ensure their safety. Tackling the social issues that lead to violence, such as poverty, inequality, and mental health problems, can help prevent workplace violence. Providing support and services, such as counseling, legal representation, and time off work, for nurses who have been victims of violence is crucial. Overall, a multidimensional strategy involving healthcare facilities, governments, and society as a whole is required to sustain high-quality healthcare and improve the health and well-being of nurses and their patients.

5 Implications

Workplace violence against healthcare workers (HCWs) can cause severe physical and psychological harm. To address this issue, effective policies and procedures must be put in place to manage workplace violence and reduce its negative impact. These preventative measures include creating workplace violence prevention programs, developing reporting mechanisms, updating policies and procedures, implementing incentives, involving law enforcement and policymakers, and providing training for nurses. Ongoing research is needed to understand the causes and consequences of workplace violence and develop effective prevention strategies. Nurses can contribute to reducing the incidence and impact of workplace violence by participating in studies, sharing their experiences, and advocating for research funding.

6 Conclusions

Violence against nurses at work is a serious and widespread phenomenon, as evidenced by studies conducted between 2016 and 2022. Of all occupations, nurses reported the highest level of violence between (46.9%–90%). Patients and their families were the most perpetrators against HCWs ranging between (44.2%–94.4%). Highlights the negative impact of such violence on both nurses and their patients. The source of violence involves verbal, physical, and psychological abuse that can cause harm, trauma, and sometimes even death. A variety of variables lead to WPV against nurses, as well as those relating to the patient, the organization, and society.

Healthcare organizations must establish policies and procedures that promote a safe and respectful workplace to prevent WPV against nurses. This strategy should involve training nurses on how to identify and handle WPV, implementing reporting systems for violent events, and enhancing security in healthcare facilities. Addressing the root causes of violent behavior, such as underemployment, gender inequalities, and psychiatric problems, may also help reduce WPV toward HCWs. However, providing support and services like counseling, and legal assistance is critical for nurses who have experienced WPV.

Establishing an effective strategy to handle WPV requires a collaborative effort that promotes protection and dignity in the workplace. Moreover, most studies indicate that there is a lack of WPV strategy in a healthcare organization. Therefore, the policymakers are being recommended by this study to pay immediate attention to developing a strong strategy for preventing violence among healthcare professionals across the countries to provide a safer and more secure work environment.

Appendix 1. Summary of the studies included in the integrative review (n = 12)

Authors (Year)	Purpose of the Study	Sample	Design	Main Finding
Liu et al. (2018)	The objectives were to evaluate the associations between victimization, work satisfaction, exhaustion, managerial commitment, and intention to leave, as well as to quantify the impact that influence nursing' decided to leave their jobs in Chinese tertiary hospitals.	1761 nurses	Cross-sectional comparative study	Workplace violence, job satisfaction, burnout, and turnover intention can all be influenced by perceptions of organizational support, but the turnover intention is particularly negatively impacted by perceived organizational support.

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Authors (Year)	Purpose of the Study	Sample	Design	Main Finding
Alzoubi et al. (2021)	The study's purposes included determining the frequency of verbal abuse among Jordan's newly employed registered nurses and examining nurses' self-esteem, intent to remain, and commitment to their jobs.	200 Nurse	Cross-sectional correlational design	<ol style="list-style-type: none"> 1. Shouting (91%) was the most frequent form of verbal abuse encountered by nurses, followed by insulting remarks 2. Nurses feeling upset, unhappy, and insecure, which reduced their sense of well-being and security. Additionally, increasing verbal abuse reduced their intention to stay, engagement with the work, and self-esteem
Elhadi et al. (2022)	Examine the prevalence and distribution of workplace violence among healthcare workers during the COVID-19 epidemic in Sudan.	792 HCWs	A cross-sectional study.	<ol style="list-style-type: none"> 1. There was a strong correlation between participants' age, marital status, years of employment, occupation, and WPV.

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Authors (Year)	Purpose of the Study	Sample	Design	Main Finding
Ferri et al. (2016)	<p>1) To examine the frequency and characteristics of WPV in different settings and professionals of a general hospital and</p> <p>2) To identify the clinical and organizational factors related to this phenomenon.</p>	745 nurses and doctors	A cross-sectional study.	<p>This study suggests that violence is a significant phenomenon and that all HCWs, especially nurses, are at risk of suffering aggressive assaults. WPV presented specific characteristics related to the healthcare settings, where the aggression occurred.</p>
Kim et al. (2020)	Recognize the prevalence of workplace violence in hospitals and the connections between nurses' perceptions of patient safety, psychological fatigue, and their experiences with victimization.	1781 nurses	Cross-sectional analysis	<p>1. Nurses' psychological fatigue acted as a mediator between abusive language and opinions about patient safety.</p>

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Authors (Year)	Purpose of the Study	Sample	Design	Main Finding
Havaei et al. (2020)	To examine whether work environment conditions moderate the mediating effect that burnout has on the relationship between workplace violence and three health outcomes.	537 nurses	Cross-sectional correlational study	Nurses in healthier work environments may not expect workplace violence, and they may be at more burnout risk than nurses in less healthy environments who have normalized unsafe work conditions. Violence may be the new 'reality shock' for nurses.
Zhan et al. (2019)	To examine the prevalence of patient violence in China and the association between patient violence and Chinese health professionals' felt disappointment with their occupations, occupational turnover intention, and word-of-mouth communication.	199 nurses and doctors	A cross-sectional study.	Patient violence found in this study was prevalent, especially in terms of non-physical violence. The rates of patient violence were lower than those in previous studies conducted in China.

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Authors (Year)	Purpose of the Study	Sample	Design	Main Finding
Niu et al. (2019)	This study explored the prevalence of workplace violence, the reaction of victims, and workplace strategies adopted to prevent violence in acute psychiatric settings in northern Taiwan.	429 Nurses	A cross-sectional study	The major strategies adopted by workplaces to prevent violence were security measures, patient protocols, and training. Institutions should train staff to handle violence, provide a therapeutic environment, simplify the reporting process, and encourage reporting of all types of violence.
Sayed et al. (2022)	To examine nurses' reactions to the abuse they have experienced, as well as the prevalence and predictors of such violence.	377	A cross-sectional study	68% of the participants had experienced violence, and 88% believe this violation can be avoided. The main source is a lack of staff, security, and language barriers.

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Authors (Year)	Purpose of the Study	Sample	Design	Main Finding
Song et al. (2020)	To investigate why nurses did not disclose incidents of workplace violence against them.	172 nurses	A cross-sectional study.	The nurses don't report WPV because of the corporate culture. Other reasons include fear of losing their jobs, the idea that reporting wouldn't change anything, and the perception that reporting wouldn't alter anything.
Berlanda et al. (2019)	Determining the frequency of patient and visitor violence in many emergency rooms in northeastern Italy and investigating the connection between violence and specific psychosocial aspects (adult attachment style, age, and job satisfaction).	395 nurses and doctors	A descriptive, cross-sectional correlative study	1. Older nurses have less verbal violence than younger nurses, because of their experience, training, and communication skills.

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Authors (Year)	Purpose of the Study	Sample	Design	Main Finding
Al-Maskari et al. (2020)	Explore the existence, traits, and reasons for the victimization of ER nursing practitioners in Oman.	103 nurses	A cross-sectional study.	<ol style="list-style-type: none"> 1. Emergency department nurses in Oman experience a high level of workplace violence. 2. WPV is a significant occupational hazard, and it is anticipated that this investigation will raise awareness and help to reinforce current preventative and management strategies.

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