

Workplace Violence Against Emergency Nurses

A Literature Review

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Violence against health care providers is one of the most pressing problems faced by health care systems around the world. Because of unpredictability and acuity of emergency cases, emergency nurses are more vulnerable to workplace violence. Violence against emergency nurses is a complex and multidimensional problem that has a devastating impact on the physical, psychological, and social well-being of nurse victims. The purpose of this review is to integrate evidence on manifestations, contributing factors, and consequences of workplace violence perpetrated by patients and/or their relatives against emergency nurses, in addition to behavioral responses of emergency nurse victims toward workplace violence. An integrative review was conducted by searching 3 main electronic databases: Web of Sciences, MEDLINE, and ScienceDirect. Eighteen studies met the inclusion criteria and were included in the final review process. The review identified the most common forms, contributing factors, unpleasant consequences of workplace violence, and behavioral reaction of nurse victims toward violence acts. Reporting rates of workplace violence among emergency nurses were found to be low. It is recommended to develop more effective workplace violence prevention and reporting programs. **Key words:** *emergency nurses, physical abuse, predisposing factors, verbal abuse*

VIOLENCE AGAINST health care providers is one of the most pressing problems faced by health care systems around the world. Because of high-level tension over the environment of health care settings, health care providers are considered to be the most vulnerable to workplace violence.¹ According to the Occupational Safety and Health Administration, the prevalence of nonfatal workplace violent accidents

in health care sector is 4 times compared with any other industrial sector.² Nurses who constitute the majority of health care personnel were identified as the most victimized from workplace violence in health care settings.^{3,4} Because of the critical unpredictable nature of emergency departments, several previous studies pointed to emergency nurses as the most exposed to workplace violence.^{5,6}

The concept of workplace violence was studied richly in the literature, which revealed that workplace violence is culturally sensitive as it may be perceived differently among different communities and situations that might have different sociopolitical realities,^{7,8} and this led to many definitions of this type of violence. However, the most recognized definition of workplace violence is that which was adopted by the International Labor Organization, International Council of Nurses, World Health Organization, and Public Services International, which viewed workplace violence as follows: “Incidents where staff are abused,

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The authors have disclosed that they have no significant relationships with, or financial interest in, any commercial companies pertaining to this article.

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DOI: 10.1097/CNQ.0000000000000353

threatened, or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being, or health."⁹

Workplace violence against emergency nurses is a widespread concern in the world. A recent study conducted in China showed that the prevalence of violent situations against emergency nurses has increased considerably to 89.9%.¹⁰ A national survey carried out in Italy revealed that approximately 77% of Italian emergency nurses were exposed to verbal and physical workplace violence.¹¹ In Jordan, the workplace aggression was considered a deep trouble based on the descriptive study conducted by Darawad and colleagues,¹² who reported that 91.4% of Jordanian emergency nurses were victims of violence. Three studies were conducted in Australia and showed higher rates of violence incidents against emergency nurses ranging from 87% to 97%.¹³⁻¹⁵ Other studies in the United States,¹⁶ Saudi Arabia,¹⁷ and Indonesia¹⁸ reported rates of different violence behaviors of 91.9%, 89.3%, and 54.6%, respectively.

The continued increase in the occurrence of violent incidents against emergency nurses urged nursing researchers and scholars to deeply study and explore violent events against nurses, which resulted in rich information and massive literature about this phenomenon. This literature review was conducted to establish the current state of manifestations, contributing factors, and consequences of workplace violence against emergency nurses. Information extracted through this literature might attract the attention of governmental and nongovernmental agencies toward the scope and impact of workplace violence, and it might assist interested individuals and groups to convince policy makers to include workplace violence issues to the policy agendas in order to find appropriate remedial and preventive measures to make emergency departments more safe and secure for both health care providers and clients that

reflect positively in increased emergency nurses' productivity and improved quality of care. The purpose of this review is to integrate evidence on manifestations, contributing factors, and consequences of workplace violence perpetrated by patients and/or their relatives against emergency nurses, in addition to behavioral responses of emergency nurse victims toward workplace violence.

METHODS

This review was conducted to explore the literature on workplace violence against emergency nurses, factors that contribute most to this violence, consequences of workplace violence against emergency nurses, and behavioral responses of nurse victims toward workplace violence. The phenomenon of interest was workplace violence against nurses in emergency departments. Eligibility criteria for inclusion in the present review were any quantitative or qualitative research articles addressing violence against emergency nurses and published in English language between 2010 and 2020, excluding editorial and review articles. Restricting the literature search to the last 10 years was due to the presence of extensive body of literature addressing the workplace violence against emergency nurses within the past years. Three main electronic databases were searched, Web of Sciences, PubMed, and ScienceDirect, using specific key words in different combinations. These key words included "workplace violence," "abuse," "emergency departments," "bullying," "emergency nurse," "victims," "contributors," "consequences," and "responses." The searches began in November 2019 and ended in February 2020. The initial search resulted in 443 studies that had the search terms either in the title or in the abstract. After removing duplicates among databases, 191 studies were excluded. After screening for relevance to the phenomenon and the population of interest of the current review, 228 studies were discarded, among which 148 studies addressed

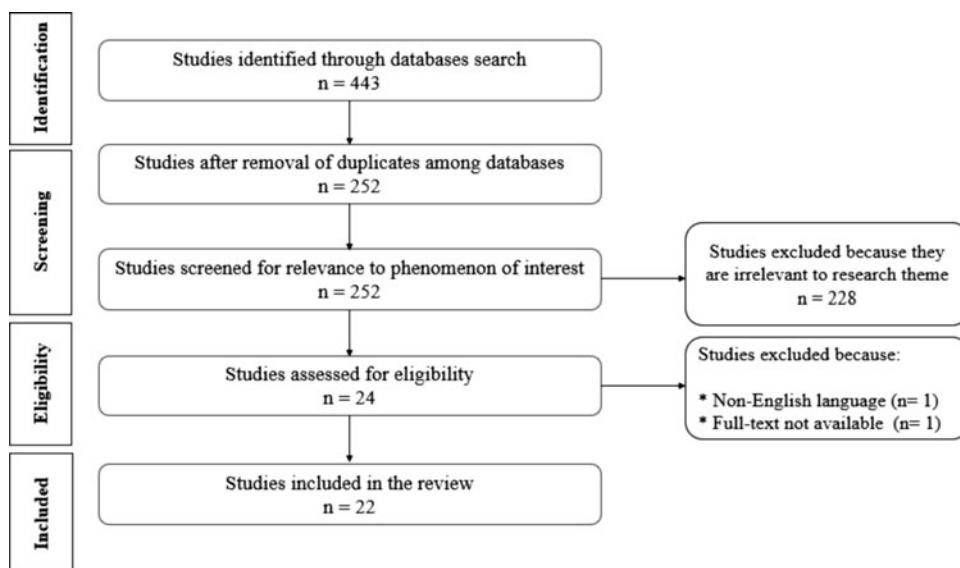


Figure. Literature review flow diagram.

health care providers other than emergency nurses, 42 studies were related to horizontal violence and bullying among nurses, 36 were related to social and partner violence, and 2 studies were related to psychometric analysis of instruments. Twenty-four studies were evaluated for eligibility. One study was excluded as it was published in non-English language, and another was excluded because of inability to get its full text. The final number of studies included in the review was 22. A 4-phase flow diagram representing the number of studies identified, screened, excluded, and included is shown in the Figure.

The quality of eligible studies was assessed by the primary researcher using the assessment tool recommended by Kmet et al¹⁹ for evaluating the quality of quantitative studies. This tool has 14 criteria, for which the scoring can be as follows: (Yes = 2); (Partially = 1); (No = 0); and not applicable.¹⁹ The quality score of each article was calculated by summing the total score of items and dividing it by the highest possible total score after removing nonapplicable items. The final quality scores articles ranged from 0.60 to 0.87. This evaluation process was confirmed by the second researcher.

Studies were summarized and tabulated under the following headings: authors, publication year, country, design, population and sample size and characteristics, and main results. More details are shown in the literature review matrix (see the Table).

RESULTS

Integration of evidence on manifestations of workplace violence

Previous studies identified a set of manifestations of workplace violence as being constituents of violent behaviors against emergency nurses. These manifestations were grouped into 3 main categories: verbal, physical, and sexual violence. Most of prior research works agreed upon that verbal violence was the most common type of violence experienced by emergency nurses,¹¹⁻²⁶ and this may be explained by the fact that most nurses and other health care providers in emergency departments tend to accept verbal forms of violence as a part of their job and tend not to report this type of violence to associated authorities. This might result in increased patients' and patient relatives' verbal

Table. Literature Review Matrix

Authors	Country	Study Design	Sample Size and Characteristics	Key Results
Ramacciati et al (2018) ¹¹	Italy	Cross-sectional design	620 Italian emergency nurses	<p>76% of participants were victims of verbal violence and 15.5% were victims of physical violence.</p> <p>The most common forms of verbal violence were rudeness and bad manner; threat of legal action, and screaming or shouting.</p> <p>The most common forms of physical violence were pulling/grabbing, pushing, and punching/slapping.</p> <p>Patients' relatives were the most commonly reported perpetrators of violence.</p> <p>The most commonly reported predisposing factors to violence were long waiting times, overcrowding, and feelings of lack of caring.</p> <p>Conditions of drunkenness, agitation, and under the influence of illicit drugs were the most common triggers of violence.</p> <p>Triage area was the most commonly reported risk area.</p> <p>Most violence case reporting was informal.</p> <p>91.4% of participants reported experiencing workplace violence.</p> <p>Most common forms of violence were verbal, followed by physical form.</p> <p>More than half of violence acts were perpetrated by patients' relatives.</p> <p>Nonattainment of legal procedures and reports not being considered were the most common causes of not reporting violence.</p> <p>Overcrowding and shortage of nurses were the most common causes of violence.</p> <p>A significant negative relationship was found between workplace violence and age and years of experience of nurse participants.</p>
Darawad et al (2015) ¹²	Jordan	Cross-sectional descriptive design	174 emergency nurses in Jordan hospitals	

(continues)

Table. Literature Review Matrix (Continued)

Authors	Country	Study Design	Sample Size and Characteristics	Key Results
Partridge and Affleck (2017) ¹⁴	Australia	Descriptive design	330 emergency staff nurses from 4 public hospitals in Queensland	89.9% of nurse participants were victims of verbal violence. Forms of verbal violence included threatening tone of voice, abusive language, and verbal threats. 53.4% of nurse participants were victims of physical violence. 18% of nurse participants were exposed to violence using weapons. 23% of nurse participants were exposed to violence using body fluids.
Pich et al (2017) ¹⁵	Australia	Cross-sectional design	537 emergency nurses who were members of the College of Emergency Nursing Australasia (GENA)	Most of participants said that security was not effective. 87% of participants experienced violence in the last 6 mo. Verbal violence was the most common type of workplace violence. Older nurses (aged >40 y) were significantly at a lower risk than younger nurses. More experienced nurses were significantly at a lower risk than less experienced ones. Triage, dealing with patients' reactions to delay, and assisting patients in waiting rooms were significant predictors of violence.
Gillespie et al (2017) ¹⁶	United States	Quasi-experimental, repeated-measures study	209 participants from 2 EDs of level I trauma centers	Inadequate staffing, ineffective communication, and workload were significant factors leading to violence. Patients with alcohol intoxication, mental problems, and substance abuse were the perpetrators of violence. Most of the violent acts were verbal. Patients with altered mental status perpetrated a higher percentage of assaults. Participants did not complete a formal report for 60% of the assaults or 62% of the physical threats. 20% of assaults reported resulted in an injury. Intervention groups experienced a significant decrease in the rate of assaults and in threats from pre- to postintervention. (continues)

Table. Literature Review Matrix (Continued)

Authors	Country	Study Design	Sample Size and Characteristics	Key Results
Alyaemni and Alhudaithi (2016) ¹⁷	Saudi Arabia	Cross-sectional design	121 Saudi emergency nurses from 3 hospitals in Riyadh	89.3% of participants were exposed to workplace violence. The most common perpetrators of violence were patients. 45.6% of participants informally reported violent accidents to the senior staff. 59.3% of participants did not report violent accidents to any authority, and 47.2% said that they feel reporting violent incidents is useless. Verbal violence was the most common form. Female nurses significantly experienced more verbal and sexual violence, whereas male nurses experienced more physical violence. The most common cause of violence misunderstanding. 72.3% of participants were not satisfied with how hospital administration deals with violent cases. 52.1% of participants said that their hospitals lack a violence-reporting procedure. Verbal abuse was the most common form and perpetrated by patients' relatives. Most of physical violence was perpetrated by patients. The most common responses to violence were to talk with a colleague about the event. Most of the participants tended to tolerate nonphysical violence rather than physical ones. 75% of participants had experienced violence within the last 6 mo. Although not significant, male nurses suffered violence more than their female counterparts. Verbal violence was the most common form. Treatment room was the most commonly reported place of violence.
Zahra and Feng (2018) ¹⁸	Indonesia	Cross-sectional descriptive design	169 emergency nurses from 6 hospitals in Jakarta and Bekasi	
AlBashrawy and Aljezawi (2016) ²⁰	Jordan	Cross-sectional design	227 emergency nurses from 8 governmental and 4 private hospitals in Jordan	

(continues)

Table. Literature Review Matrix (Continued)

Authors	Country	Study Design	Sample Size and Characteristics	Key Results
Guan et al (2019) ²¹	China	Cross-sectional design	444 ED nurses from 8 general hospitals in Beijing, China	<p>The most commonly reported factors leading to violence were waiting time, overcrowding, and patient and family expectations.</p> <p>Only 16.6% had reported acts of violence to authorities. Staff being accustomed to violence, no harm was done, and peer pressure not to report were the most commonly reported reasons for not reporting violence.</p> <p>96.8% of participants had suffered from verbal assaults, 43.2% from physical assaults, and 4.3% from sexual assaults.</p> <p>86% of assaults were perpetrated by patients' relatives and 48.2% by patients.</p> <p>Nurses who were exposed to different types of assaults suffered more significantly than those who were exposed to 1 or 2 types of assaults from patients with posttraumatic stress symptoms.</p>
Hsieh et al (2016) ²²	Taiwan	Cross-sectional correlational design	180 emergency nurses from 2 hospitals in Taiwan	88.3% of participants were exposed to verbal and physical violence.
Jeong and Kim (2018) ²³	Korea	Cross-sectional descriptive design	214 nurses from the EDs of 7 hospitals in Seoul	<p>46.5% of abused participants had depressive tendency.</p> <p>89.3% of nurses were exposed to verbal abuse from patients' relatives.</p> <p>26% of participants were exposed to physical violence from patients.</p> <p>Only 23% responded always by reporting violent events to head nurses.</p>
Lee et al (2020) ²⁴	Taiwan	Descriptive cross-sectional design	407 emergency nurses from 2 public and 3 private hospitals in Taiwan	<p>61% of participants tended to leave the hospital.</p> <p>92.9% of participants experienced workplace violence within past 2 y.</p> <p>91.2% of emergency nurses who experienced WPV suffered from verbal abuse and 75.2% suffered from physical abuse. (continues)</p>

Table. Literature Review Matrix (Continued)

Authors	Country	Study Design	Sample Size and Characteristics	Key Results
Renker et al (2015) ²⁵	United States	Cross-sectional mixed-methods descriptive design	51 emergency nurses and paramedics	<p>The 3 most common precipitating factors were “patient/visitors under the influence of alcohol (88.7%), “holding/boarding patients” (85.5%), and “prolonged waiting times” (72.4%).</p> <p>79.6% of participants preferred to work in departments other than the ED because of WPV.</p> <p>92.7% tended to leave nursing profession because of WPV.</p> <p>96.1% of participants experienced physical violence.</p> <p>Approximately, all participants experienced verbal abuse.</p> <p>Hitting, pinching, and spitting were the most common forms of physical violence.</p> <p>Being yelled or shouted, sworn or cursed, and been called names were the most common forms of verbal abuse.</p> <p>Patients were the most common perpetrators of violence.</p> <p>Overcrowding, no smoking policy in the waiting area, drug-seeking behaviors, and patients being under the influence of alcohol were the most commonly reported causes of violence.</p>
Stene et al (2015) ²⁶	United States	Quality improvement project	154 emergency nurses at a large academic, level 1 trauma center in the Upper Midwest	<p>55.8% of participants considered workplace violence a part of their job.</p> <p>Verbal abuse was the most common form.</p> <p>47% of participants said that they were not instructed to report violence.</p> <p>69% of participants said that they did not formally report violent incidents.</p> <p>Reasons for not reporting violence were the feelings of nothing happens, too much work, and part of the job. (continues)</p>

Table. Literature Review Matrix (Continued)

Authors	Country	Study Design	Sample Size and Characteristics	Key Results
Li et al (2019) ¹⁰	China	Cross-sectional design	385 emergency nurses from 13 general hospitals in Beijing	<p>51.7% of nurses reported being exposed to more than 5 violent accidents.</p> <p>Verbal violence was the most common form (89.9%), followed by threats (70.6%), physical (20.5%), and sexual abuse (3.9%).</p> <p>The most reported negative consequences of violence were feeling angry, aggrieved, reduced work enthusiasm, and enhanced intention to quit.</p> <p>Nonphysical violence was the most common form.</p> <p>Patients' relatives were the most commonly reported perpetrators.</p> <p>Prolonged working times, absence of effective violence prevention methods, and unmet expectations of patients and families were the most common causes of violence.</p> <p>59% of participants said that reporting of violence accidents is useless because no actions would be taken.</p> <p>Younger, less experienced staff and who were working in large hospitals were at a higher risk of workplace violence.</p> <p>74% of participants said that violence negatively affected their psychological status and quality of provided care.</p> <p>Verbal violence was the most common form of violence.</p> <p>The only significant predictor of violence was the number of years of experience in the ED (≤ 5 y).</p> <p>Most of the violent incidents happened during the afternoon shifts.</p> <p>Increased waiting time, overcrowding, and high expectations of clients and their families are perceived as major contributors to violence.</p> <p>Male nurses were more exposed to violence.</p> <p>(continues)</p>
Hamdan and Abu Hamra (2015) ²⁹	Palestine	Cross-sectional design	444 emergency staff nurses (161 nurses) from 8 hospitals in the West Bank and 6 from Gaza Strip	
Albshatwy (2013) ³⁰	Jordan	National cross-sectional study	227 emergency nurses from 12 randomly selected hospitals	

Table. Literature Review Matrix (Continued)

Authors	Country	Study Design	Sample Size and Characteristics	Key Results
Child and Sussman (2017) ³¹	United States	A grounded theory methodology	28 registered nurses from across the state of California	OD and was a major theme in all 28 interviews. The subthemes were protective, contributing, and neutral factors to OD. Protective factors from experiencing higher levels of OD included the presence of "the calmer." Contributing factors to OD included the presence of "the escalator." Neutral factors included the presence and involvement of management and questionable usefulness of mandatory behavior management classes.
Yoon and Sok (2016) ³²	Korea	Cross-sectional descriptive design	236 women nurses in the emergency medical center setting at 3 metropolitan areas in Korea	The patients were the most common perpetrators of violence. 66.1% of incidents occurred in the absence of security. 52.5% of incidents occurred during the night shift. The most common causes of violence included unprovoked one-sided action, and uncooperative doctor or other medical personnel. 78% of participants said that they did not receive any educational course about how to cope with violence.
Kleissl-Muir et al (2019) ³³	Australia	Retrospective cohort design	RiskMan entries and available Haddon matrices for CG and CB over a 5.5-y period, between January 2013 and June 2018	There was a significant positive relationship between burnout and all forms of violence and a significant negative relationship between violence and job satisfaction. The violent incident rate was 3.4 per 1000 ED presentations. Intoxication was the primary reason for violent escalation. 52.2% of incidents were verbal.

(continues)

Table. Literature Review Matrix (Continued)

Authors	Country	Study Design	Sample Size and Characteristics	Key Results
Wolf et al (2014) ³⁴	United States	Qualitative descriptive design	46 English-speaking emergency nurses who had been physically or verbally assaulted in the ED	<p>“Culture of acceptance,” “unsafe workplace,” and “nobody cares, nothing changes” were the main contributing factors that fall under the environment theme.</p> <p>Other environmental factors included long waiting times, patients with psychiatric and drugs abuse disorders, patients with a history of violence, hospital administration responses, and an ineffective legal/judicial system.</p> <p>Respondents described the effect of violence to impede their ability to work in the emergency setting.</p> <p>75% of participants said that they worry about workplace violence.</p> <p>Verbal violence was the most common form of violence.</p> <p>Younger nurses were significantly at a more risk of physical and sexual violence rather than older ones.</p> <p>Up to 77.1% of victim participants did not take any action on the violence they were exposed to.</p> <p>96% of participants supported a suggestion of providing more effective security to decrease violence incidence.</p>
Abou-ElWafa et al (2015) ⁵	Egypt	Cross-sectional comparative design	128 emergency nurses and 147 nonemergency nurses from Mansoura University Hospital	

Abbreviations: CB, code black; CG, code grey; ED, emergency department; OD, Occupational disappointment; WPV, workplace violence.

abuse against emergency nurses.¹⁸ Verbal violence is expressed in different manifestations as revealed by a descriptive study conducted on 330 emergency nurses from 4 public hospitals in Australia by Partridge and Affleck,¹⁴ who found that verbal abuse was mainly manifested in offensive language and threatening tone of voice.¹⁴ These findings were congruent with the results of a more recent study conducted by Ramacciati and colleagues,¹¹ which revealed that verbal aggression was represented in rude ways of speaking, verbal threats of using legal authorities, and yelling.¹¹ However, some researchers used a term of “emotional violence” to describe any nonphysical associated violent behaviors, which might be verbal and nonverbal gesticulations such as intimidation gestures.²⁶

Most of prior studies showed that physical violence was the less commonly occurring violence against emergency department nurses.^{10,12-15,20,21,28} This type of violence had a harmful impact on nurses such as contusions, lacerations, and scratches,²⁸ especially if it is accompanied by use of sharp objects and weapons.²⁸ Physical violence took many forms including being pushed, punched, grabbed, kicked,^{11,20} and being assaulted through bodily fluids such as saliva.¹⁴ Although sexual violence was manifested in behaviors that had both verbal and physical nature such as insolent touch, comments, and harassment,²⁷ this type of violence was identified by most of the literature as a separate type,^{17,21,27,29} and this might be related to the gender-based specificity of this violence, which had been evident in an earlier study conducted by Alyaemni Alhudaithi¹⁷ on 121 emergency nurses in Saudi Arabia and showed that despite the lower rates of sexual violence against nurses, female nurses were more exposed to sexual violence than males.¹⁷ Furthermore, sexual violence is a sensitive issue and is strongly associated with social stigma, particularly in culturally conservative societies, and therefore it might be largely underreported by emergency nurse victims.^{20,29}

Integration of evidence on contributing factors of workplace violence

A recent study conducted by Pich et al¹⁵ to explore patient-related violence and its precipitants and antecedents as experienced by 537 Australian emergency nurses found that contributing factors of workplace violence can be categorized into 3 clusters: nurse associated, patient associated, and emergency department associated.¹⁵ The findings of that study showed that younger (<40 years old) and less experienced nurse were significantly more exposed to workplace aggression, and this was congruent with findings of other previous studies.^{30,31} This might be explained as that younger and less experienced nurses lack effective communication skills that might enable them to mitigate any conflict arising between them and patients or patients' relatives, which make the emergency department environment more troublesome.³⁰ Regarding the gender of nurse victims, few studies found a significant relationship with the risk of workplace aggression as a whole, such as that which was conducted by Albashtawy³⁰ in Jordan, who found that male nurses were more exposed to violence than females. The researcher attributed this finding to the males' feelings of masculinity that prevents them from allowing others to criticize their caring behaviors. In addition, aggression against women is considered an unwelcome behavior in the Jordanian community.³⁰ However, other studies showed that the gender was a significant contributing factor for specific types of violence, as found by the Alyaemni and Alhudaithi¹⁷ study, which revealed that female nurses were significantly more exposed to verbal and sexual violence, whereas male nurses were significantly more exposed to physical violence.¹⁷ Personality characteristics of emergency nurses were identified as one of the contributing factors to violence against nurses, as revealed by a qualitative study conducted by Child and Sussman,³¹ who interviewed 28 registered nurses working in California and found there were some emergency nurses who

were called “escalators,” as they made any conflict between them and patients or visitors more complicated. These nurses might be miserable because of being forced to work in the emergency department or in a troublesome setting and who need more training on communication skills.³¹

Patient-related factors were found to be mainly associated with clinical conditions of the client aggressors, particularly being alcoholic and mentally ill.^{11,15,18,24,31-33} Another patient-related factor was patients and their relatives’ misunderstanding of health care processes provided by the emergency department staff. This fact was obvious in the Albashtawy and Aljezawi²⁰ study, who found that 46% of violent acts against emergency nurses occurred when health care activities provided by nurses did not meet the expectations of patients and relatives.²⁰

Many prior studies pointed to the emergency system and environment characteristics as strong predictors of workplace violence against emergency nurses such as prolonged waiting times,^{15,20,29,34} overcrowding,^{12,20,34} understaffing of emergency departments,^{12,15} and ineffective institutional security.¹⁸ The type of health care institute was identified as a significant predictor for workplace violence as revealed by the previous work of Darawad et al,¹² which was conducted in Jordan and indicated that workplace violence against emergency nurses in governmental hospitals was more prevalent than in private and educational hospitals. This may be explained as that Jordanian governmental hospitals are characterized by nurses’ shortage and overcrowding,²⁰ and these factors contribute to workplace aggression as mentioned previously.

Integration of evidence on consequences of workplace violence

It was obvious through review of the literature that workplace violence had a devastating impact on nurse victims.^{10,22,29} Li et al¹⁰ identified that nurses who experienced workplace violence felt anger and were aggrieved, and this was reflected negatively on

their passion for work, which led their desire to quit their jobs.¹⁰ These findings were highly consistent with the earlier studies of Li et al²⁸ and Yoon and Sok.³² A recent descriptive cross-sectional study conducted by Lee et al²⁴ in Taiwan found that more than 90% of emergency nurse study participants had developed a negative perception and attitude toward working in emergency departments and toward nursing job, and this might affect the society’s perspective about nursing profession. Another study conducted by Hamdan and Abu Hamra²⁹ found that deleterious effects of workplace violence extend to quality of care provided by emergency nurse victims, as the continuous exposure to aggression from patients and their relatives leads to negative attitudes among 74% of nurse participants toward their patients through avoiding and mitigating contact with them and this might reflect negatively on quality of care.²⁹ Furthermore, previous studies found that psychological status of emergency nurse victims was extremely affected, as revealed by Hsieh et al,²² who conducted a descriptive study on 180 Taiwanese emergency nurses and found that about 47% of verbally and physically abused nurse participants had signs of depressive tendency.

Integration of evidence on nurse victims’ responses to workplace violence

The responses of emergency nurses to workplace violence was the focus of many prior studies, which revealed that there was a discrepancy in emergency nurse victims’ reactions to violent acts perpetrated by patients and their relatives.^{11,17,18-20,23,26} However, most of these responses were informal and did not contribute to mitigating the rates of violence against emergency nurses. Such informal responses included talking to colleagues about the violent event,²³ asking the perpetrator to stop, telling a friends or family about the violent event,¹⁷ and tolerating the violent act without taking any action.¹⁸ Previous studies showed that the tendency of nurse victims to refrain from

formal reporting of acts of violence to responsible authorities was due to many factors including nurse victims' perception of that formal reporting was futile²⁹ and that most of legal procedures following reporting were mostly not implemented^{5,12}. This finding was congruent with the findings of the Alyaemni and Alhudaithi¹⁷ study, which showed that 72.3% of nurse participants were not satisfied with how hospital administration deals with violent cases.¹⁷ Furthermore, some nurse victims considered workplace violence as part of their work,²⁶ so nurses tended to tolerate these violent events rather than denouncing them. Peer pressure was another factor for not reporting workplace violence, particularly when the violent event was perpetrated by relatives and friends of victim nurses' colleagues.²⁰

Implications for occupational health practice, research, and education

There are a number of implications that might be extracted from the results of this review. First, further research—particularly qualitative research—is needed to deeply explore perceptions of nurse victims toward victimization process, which might assist in building more effective actions and measures to mitigate workplace violence. In addition, further research is needed to study perceptions of aggressors either patients or patients' relatives in order to explore in depth what are the motives behind violent acts perpetrated

against emergency nurses. This might assist in developing more effective workplace violence prevention programs. Second, developing educational programs focusing on improving emergency nurses' communication skills is strongly recommended to train nurses on how to deal with aggressive patients and their relatives. Third, policy makers and nursing administrators should modify and update workplace violence-reporting systems in a way that is culturally competent and encourages emergency nurses to follow it. Fourth, it is strongly recommended to incorporate a workplace violence curriculum and how to deal with violent accidents in the curriculum in academic nursing programs in order to enhance the awareness of nursing students about this problem and its preventive measures.

CONCLUSION

Workplace violence against emergency nurses is a complex and multidimensional concept that takes different forms including verbal, physical, and sexual. Emergency nurses suffer from a variety of devastating effects due to the physical, psychological, and social (including job-related) aspects of the nurse victims of workplace violence. Reporting rates of workplace violence among emergency nurses were found to be low, and it is recommended to develop effective workplace violence prevention and reporting programs.

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