

## Experiences of Violence and Aggression on Nurses in the Workplace: Literature Review

Iyus Yosep<sup>1</sup>, Rohman Hikmat<sup>2</sup>, Meideline Chintya<sup>3</sup>, Nanda Amilia<sup>4</sup>, Widya Nurwulan<sup>5</sup>, Ai Mardhiyah<sup>6</sup>

<sup>1</sup>Department of Mental Health, Faculty of Nursing, Universitas Padjadjaran, Bandung, Indonesia

<sup>2,3,4,5</sup> Faculty of Nursing, Universitas Padjadjaran, Bandung, Indonesia

<sup>6</sup>Department of Pediatric Nursing, Faculty of Nursing, Universitas Padjadjaran, Bandung, Indonesia

### ARTICLE INFO

#### *Article history:*

Received Aug 30, 2022

Revised Sep 15, 2022

Accepted Sep 23, 2022

#### *Keywords:*

Aggression

Nurse experience

Pressure

Violence

### ABSTRACT

Nurses are one of the health workers who are at risk of experiencing violence. In the last 10 years there has been a 110% spike in the rate of violent injuries to health care workers. Violence in the workplace can disrupt interpersonal relationships, damage people's self-esteem, affect physical and mental health and well-being, so that it will have an impact on the quality of care. This literature review uses a narrative review design which aims to find out the nurses' experiences of violence and aggressive treatment that have been experienced and seen. The article search method used the CINAHL, PubMed, and Science direct. The inclusion criteria for the articles used are articles with full text availability; in English and Indonesian, published in 2013-2022, are quantitative and qualitative research. Research respondents are nurses, and discuss the experiences of nurses against violence and aggressive treatment. We found 12 articles based on inclusion and exclusion criteria. Nurses' experiences regarding violence and aggression include physical, non-physical, emotional, psychological, and sexual violence. Nurses can be victims or perpetrators. One of the consequences of violence against nurses, one of which has an impact on a decrease in work. The physical violence experienced by nurses included being cornered, beaten, punched, bitten, stoned, grabbed, kicked, spat on, strangled, and threatened with sharp weapons. At the same time, non-physical violence against nurses more often took the form of verbal violence.

*This is an open access article under the [CC BY-NC](#) license.*



### *Corresponding Author:*

Iyus Yosep,

Department of Mental Health,

Faculty of Nursing, Universitas Padjadjaran

Jl. Raya Bandung-Sumedang KM. 21, Jatinangor, Sumedang, Indonesia 45363,

Email: [iyus.yosep@unpad.ac.id](mailto:iyus.yosep@unpad.ac.id)

## INTRODUCTION

Workplace violence is a growing phenomenon and has attracted the attention of researchers and policy makers around the world (Boafo, 2016). Violence in the health sector has been recognized as a global problem and has become a major public health problem (Xing et al., 2015). The categories of

health workers most at risk are nurses and other staff directly involved in patient care, emergency room staff, and paramedics. Violence against nurses has increased significantly in the last 10 years, with some studies showing an 110% spike in violent injury rates (E. Hassan et al., 2020). According to previous research more than half of nurses (55.8%) experienced violence in the workplace (Yosep, Mediawati, et al., 2022). The perpetrators of the violence were (57.4%) patients and (33.5%) were committed by staff. According other study The most perpetrators were relatives of patients (62.3%), followed by patients (22.6%) (Engelbrecht et al., 2021). In this case, the most perpetrators of violence are patients and their families.

Nurses are part of a professional group who are at risk of experiencing violence in the workplace, such as the risk of being exposed to physical violence, verbal harassment and sexual harassment. Incidence rates of workplace violence vary across countries, ranging from 18.22% to 56% for physical abuse, 63.8% to 89.58% for verbal harassment, and from 4.7% to 19.7% for sexual harassment (Berry et al., 2012). Physical violence includes hitting, kicking, slapping, stabbing, shooting, pushing, biting, pinching, and snatching. Verbal abuse is defined as communication that attacks someone professionally or personally it may refer to behaviors such as yelling, and verbal insults. Previous study showed that verbal violence such as harsh words, namely prostitutes, fat, or grabbing people's husbands, being scolded or rejected by the family, and threats to be killed (Yosep et al., 2021). Sexual harassment, such as pinching, persuasion to have sex, being accused of being a prostitute, being hugged by force, touching sexually sensitive areas (sexual organs) such as the breasts or buttocks), forced kissing, naked in front of a nurse, invited or forced to have sex, ordered groping in public, and others (Johnsen et al., 2020).

The causes of violence perpetrated by patients, such as long waiting times, use of alcohol and illegal drugs, access to firearms and other weapons, attitudes and behavior of nursing staff, and unexpected treatment outcomes are among the main triggers of violence against nurses (Boafo, 2016).

Violence in the workplace not only disrupts interpersonal and organizational relationships, but also damages people's self-esteem and affects their physical and mental health and well-being. Workplace violence can have a negative impact on the provision of medical services and ultimately create an uncomfortable environment for employees, and consequently affect the quality of service delivery (Yosep, Hikmat, & Mardhiyah, 2022; Yosep, Hikmat, Mardhiyah, et al., 2022). In addition, psychological stress can affect men and women in different ways. Studies conducted on posttraumatic stress disorder have shown that women are at a higher risk than men by a ratio of about 2:1, and it is estimated that women are 1.4 to 1.8 times more likely to be exposed to anxiety than men over their lifetime. (Mansourian et al., 2020).

Workplace violence is considered an endemic problem in health care and nurses are considered to be at a higher risk of experiencing violence. WHO defines workplace violence as, "Incidents" in which staff are harassed, threatened, or attacked in circumstances related to their work, including travel to and from work, which has an impact on safety, well-being or health (R. H. Hassan et al., 2017). The most common psychological consequences after receiving violence are anger, disappointment, anxiety, sadness, self-doubt, insecurity and loss of self-confidence. Physical consequences, such as physical injury and visible and invisible pain (Koh, 2016). In addition to its direct effects on victims, workplace violence against nurses affects the health care system in general by increasing turnover rates. It also reduces the quality of care. From the above background, this literature review aims to determine the experience of violence and aggressive treatment experienced by nurses and seen by nurses in the workplace.

## RESEARCH METHOD

### Design

This literature review uses a non-systematic design in the form of a narrative review. Where the narrative review itself is a literature review design that is carried out in a traditional way to review existing references to explain the current lack of knowledge (Demarzo et al., 2015; Ferrari, 2015).

### Search Method

In searching for articles about nurses' experiences related to violence and aggression, there are 3 databases used by researchers including the CINAHL Ebscohost database, Pubmed database, and Sciencedirect. The article search was conducted using the PCC format, where the PCC used were P: nursing OR nurses OR nurse; C : Experience OR impression; C : Aggressive Behavior OR violence OR aggression and keywords used Nursing OR nurses OR nurse AND experience OR impression AND aggressive behavior OR violence OR aggression.

### Eligibility Criteria

There are article criteria that are used as eligibility criteria for articles to be analyzed. The inclusion criteria set are articles that use Indonesian and English, with a range of years published 2013-2022, full text, are quantitative and qualitative research, where the respondents are nurses, and discuss the experiences of nurses against violence and aggressive treatment. Meanwhile, the exclusion criteria include review articles and pilot studies.

### Data Selection

The article selection process in this study uses the PRISMA flow chart guide. Articles are selected using keywords, then viewed and validated according to inclusion and exclusion criteria. The corresponding articles are then analyzed.

### Data Extraction and Analyzed

Data extraction was done manually by analyzing the title, author, year of publication, objectives, research design, population and sample, data collection methods, and research results. The process of selecting articles is carried out according to the inclusion and exclusion criteria that have been set previously. There were 12 articles that met the criteria and were synthesized. The flow of article selection is depicted in the prism diagram in Figure 1.

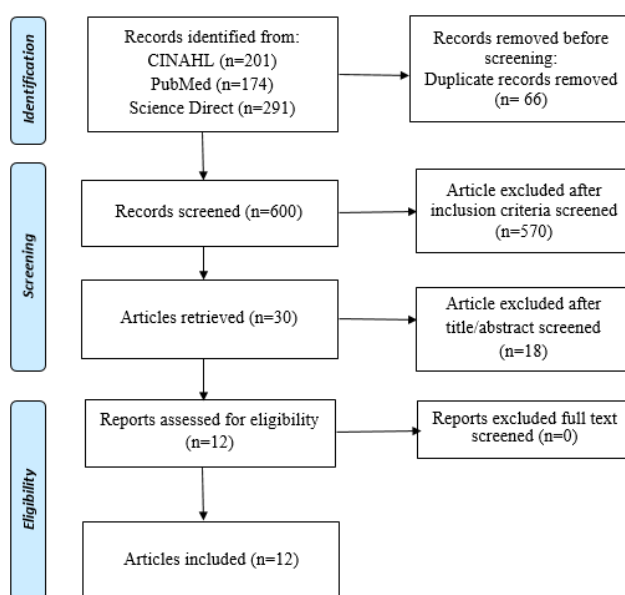


Figure 1. Prisma Flow Diagram

## RESULTS AND DISCUSSIONS

### Result

This study found 12 articles based on the inclusion and exclusion criteria. Of the twelve articles discussing violence and aggressive treatment that nurses had experienced.

### Verbal abuse

It was found that nurses received a lot of violence and aggressive treatment. The perpetrators committed the most acts of violence, namely patients and their families, with the type of violence most frequently occurring, namely verbal violence. According to Yosep et al. (2019) verbal violence such as harsh words i.e. prostitutes, fat, or grabbing people's husbands, being scolded or rejected by the family, and threats to be killed. In this study, it was found that verbal violence was the most common type of violence experienced by nurses during their lives, reaching around 52.6%, followed by sexual type 18.1%, psychological 17.7%, and lastly, physical assault 11.6% (Al-Hassan et al., 2019).

The results of this violent behavior were that 30.5% were treated differently because of their educational status, 24.9% were hostile, 20.6% were ignored or not considered, 19.8% were negative comments due to being a nurse, 17.7% were shouted at. Respondents in this study identified the category of practitioners as the most likely actors: nurses (24.4%), nursing staff 16.7%, nursing assistants 12%, D3 students (8.1%) and undergraduate students (5.5%) identified as perpetrators of violence (Engelbrecht et al., 2021).

Perpetrators of violence are co-workers in nursing with a total sample (n=366), the results of verbal violence experienced are offensive and insulting, spreading rumors that are not groundless, accused of doing things that were not done, criticizing and rejecting decisions, often interrupting, being insulted in front of many people, belittling your work as worthless and unimportant, and being a threat (Hutchinson et al., 2010). There are six groups of actors identified by nurses including families or people who observe actions or guardians who take patients, those who have mental health problems, or patients who experience medical disorders such as delirium, sepsis, hypoxia, or taking medication, or because of the complexity of the problem, and/or violence related to repeat offenders. The type of violence alluded to in this study is in the form of treatment from perpetrators who intimidate nurses and ignore important nurse warnings so that they shout or use high tones when talking to nurses (Spelten et al., 2020).

The results where verbal violence is the most frequent violence experienced by nurses, as many as 73% of respondents stated that they had experienced verbal violence. 63% of respondents experienced violence against property, and 40% experienced verbal sexual violence. Nearly 30% of respondents have experienced a serious attack in their professional life. All nurse characteristics were associated with inpatient psychiatric violence against nurses, especially a history of sexual violence (Schultze-Krumbholz et al., 2016). It was found that 52.8% of respondents in this study said they had experienced violence where 25.2% had experienced two episodes of violence and aggression, 6.9% and 15.1% said they had experienced three or more aggressions, respectively. Verbal violence was experienced by 87.4% (n=139) by patients and 74.2% (n=118) by family members (Las Hayas et al., 2019). The form of aggression that patients often observe is verbal aggression using a raised voice. Patients use high voices more often when communicating with nurses or medical rescue workers. The frequency of patient threats to nurses was significantly higher than in the case of the remaining professional groups. Aggression done to nurses by patients more often occurs in front of other patients (Kowalczyk & Krajewska-Kula, 2017).

Physical aggression accounted for 43.7%, being the most frequent incidence of aggression in nurses discussed in this study. Physical aggression is most often provoked when the patient has to go through an involuntary assessment of a health condition. Nearly a third of attackers are women, and nurses are the most frequent targets of all types of aggression (Hall et al., 2016). A statistically significant relationship was identified between the effects of suffering from violence and the personal, health and work variables. Of the 265 professionals, 60% (n=159) reported experiencing

verbal harassment at work in the past 12 months, and 40.8% experienced four or more times (157 respondents) (Smith et al., 2015). The patient becomes the main aggressor in this type of violence; and verbal abuse is often not recorded, and the victim is not helped. Verbal harassment was the most abuse that occurred to nurses in this study. Incidence of physical violence occurred in 15.8% (n=41) among 259 respondents, and 56.4% (22/39) suffered at least twice in the past year. Dominated by physical violence without weapons and carried out by patients. Most of the victims did not receive assistance and there are no records of any incidents of violence. Furthermore, 6.1% (n=16) of 263 respondents stated that they had experienced sexual violence in the previous year, and 33.3% experienced four or more times (15/5). In this case, the patient, co-worker, and boss are the main aggressors. These events occur mainly at night and in the morning. Most of the victims received no assistance and no record of abuse. It was revealed that in 93.8% of cases the perpetrators of sexual harassment were men and the victims were women. Regarding sexual harassment in the workplace.

### Physical Violence

Physical violence includes hitting, kicking, slapping, stabbing, shooting, pushing, biting, pinching, and snatching. A total of 106 of 840 (12.6%) respondents reported being physically assaulted at work in the previous 12 months (Xing et al., 2015). Most perpetrators were relatives of patients (62.3%), followed by patients (22.6%), 73.6% of perpetrators aged between 20 and 40 years. Of the incidents of physical violence, approximately 56.6% (n = 60) resulted in violent physical injury, and 45.4% of respondents took two or three days of sick leave.

It was found that nurses experienced physical, emotional and verbal abuse. Types of physical violence include being chased and cornered, beaten, punched or grabbed, kicked, spat on, strangled, and using weapons, such as breaking windows (Stevenson et al., 2015). Four incidents included a combination of these, such as being hit and kicked simultaneously. The experience is not only limited to physical violence with many incidents also involving verbal violence in the form of threats, insults or degrading comments.

This study discusses violence against nurses, both nurses as victims and nurses as perpetrators. In this study, it was stated that nurses experienced physical violence in the form of being bitten, stoned, or even threatened with sharp weapons such as knives by patients (Sim et al., 2020). This makes nurses experience emotional stress that hurts feelings coupled with the position of nurses to get legal protection is more limited than patients make nurses can become perpetrators committed to victims. Physical violence perpetrated by nurses on victims includes compulsive treatment or restraint procedures.

**Table 1.** Extraction Data

No	Author, Year	Destination	Research Design	Samples	Method Of Collecting Data	Results
1	(Hassan Et Al., 2020)	To Assess The Prevalence Of External (Perpetrated By The Patient) And Internal (Perpetrated By A Staff Member) Violence Against Nurses	A Cross-Sectional Study	385 Nurses	Questionnaire	More Than Half Of Nurses (55.8%) Experienced Violence In The Workplace. External Violence (Perpetrated By Patients) During The Past Year Was Significantly Higher (57.4%) Than Internal Violence (Perpetrated By Staff) (33.5%).
2	(Park & Choi, 2022)	To Determine Who Is The Most Likely Perpetrator And What Type Of Intraprofessional Violence Was	Quantitative Research Design	680 Undergraduate Nursing Student	Questionnaire	Of All Respondents, 95% Indicated They Had Experienced At Least One Or All Of The 12 Possible Behaviors That Constitute Intraprofessional Violence.

	Experienced		s			
3	(Xing Et AL., 2015)	To Identify Risk Factors For Physical Violence In Chinese Hospitals	A Cross-Sectional Survey	442 General Practitioners And 398 Nurses	Questionnaire	A Total Of 106 Of 840 (12.6%) Respondents Reported Being Physically Assaulted At Work In The Previous 12 Months.
4	(Luciani Et AL., 2016)	To Find Out The Violence Of Co-Workers In Nursing.	A Cross-Sectional Study	1376 Nurses	Questionnaire	The Results Of This Study Were 47% (N=366) Nurses Experienced Lateral Violence; 10.3% (N=38), 10.1% (N=37), 8.2% (N=30), 4.6% (N=17), 4.3% (N=15), 3.8% (N=14), And 3.2% (N=12) Reported Reasons For Co-Worker Violence As Jealousy, Having A Higher Level Of Education, Competition, Being A Novice In The Clinic, Workload And Patient Density, Differences In Political Views, And Physical Appearance.
5	(Spelten Et AL., 2020)	To Identify And Discuss The Perceptions Held By Emergency Unit Nurses About Perpetrators Of Violence And Work Aggression.	Two Focus Groups Descriptive Analysis	18 Nurses	Interviews	Violence Is A Major Problem For Emergency Unit Nurses And Has A Considerable Impact On Them.
6	(Schlup Et AL., 2021)	To Elucidate The Prevalence And Severity Of Psychiatric Inpatient Violence Against Nurses	Cross Sectional Study	1128 Nurses	Questionnaire	The Results Of This Study Reported That 73% Of Nurse Respondents Reported Facing Verbal Violence, 63% Violence Against Property, 40% Verbal Sexual Violence, 28% Physical Violence, And 14% Physical Sexual Violence.
7	(Sim Et AL., 2020)	To Understand And Interpret Physical And Psychological Experiences As Well As Positive And Negative Aspects Associated With Nursing Practice Of Patients With Angry And Aggressive Behavior.	A Phenomenological Study	12 Nurses	Interviews	Fear Related To Violence Is Divided Into 3 Themes, Namely The Difficulty Of Dealing With Violence In The Acute Stage; Experiencing Unexpected Physical Violence Such As Being Subjected To Compulsive Acts Of Violence By The Patient.
8	(Pérez-Fuentes Et AL., 2020)	To Analyze The Effect Of Aggression On Nursing Personnel And The Mediating Role Of Anxiety In Physical Somatic Symptoms.	Quantitative , Observational Cross-Sectional Study	1357 Professional Nurse	Questionnaire	52.8% Said The Violence Had Happened To Them, 25.2% Had Experienced Two Episodes Of Violence And Aggression, While 6.9% And 15.1% Said They Had Experienced Three Or More Aggressions, Respectively.

9	(Kowalc zuk & Krajews ka- Kulak, 2017)	To Assess The Exposure Of Various Groups Of Healthcare Professionals To Patient Aggression, And To Identify The Potential Determinants (Medical Profession, Age, Gender, Professional Experience And Occupation In An Outpatient/Inpatient Care Unit) Of This Exposure. .	<i>Correlational Design</i>	493 Nurses	Question naire	The Patient's Form Of Aggression That Was Often Observed Was Using A Raised Voice, And The Form Of Aggression That Was Rarely Observed Was The Use Of Direct Physical Violence Or Attempts To Use Direct Physical Violence (Attempts To Attack).
10	(Johnsen Et Al., 2020)	To Characterize The Incidence Of Aggressiveness In An Emergency Primary Health Care Clinic In Norway.	<i>Qualitative Designs</i>	The Study Was Conduc ted In 10 Emerge ncy Primary Health Care Clinics From Nine Differen t Districts In Norway .	Question naire	There Were 320 Aggressive Incidents Registered In This Study. The Mean Overall SOAS-RE Score For Reported Aggressive Incidents Was 9.7 On A Scale Of 0-22, And 60% Of Incidents Were Considered Severe.
11	(Park & Choi, 2022)	To Investigate Workplace Violence Against Nursing Professionals, Its Relationship To Personal, Health And Occupational Variables, And To Determine The Possibility Of Prevention.	<i>Descriptive And Cross- Sectional Study, With Quantitative Approach</i>	267 Nursin g Professi onals From The Urgenc y And Emerge ncy Depart ment	Data Collectio n Was Carried Out Using A Question naire	61.6% Reported Having Been The Victim Of Verbal Harassment, Sexual Harassment, Or Physical Violence At Work In The Past 12 Months. A Statistically Significant Relationship Was Identified Between The Effects Of Suffering From Violence And The Personal, Health And Work Variables.
12	(Stevens on Et Al., 2015)	To Explore The Experience Of Psychiatric Nurses On Patient Violence In A Psychiatric Inpatient Room	<i>An Interpretive Descriptive Study (Qualitative Research)</i>	12 Register ed Nurses	Intervie w	Nurses Reported Experiencing Physical, Emotional And Verbal Abuse. Types Of Physical Violence Include Being Chased And Cornered, Beaten, Punched Or Grabbed, Kicked, Spat On, Strangled, And Using Weapons, Such As Breaking Windows.

## Discussion

Sixteen articles related to aggression and violence have been filtered in this study. Not only get violent behavior from patients, but often nurses get bad behavior from colleagues. Patients and co-workers of nurses in hospitals are subjects who are often reported to have committed acts of violence against nurses. Violence that is often done by nurses against their colleagues is a form of verbal violence. This is usually due to differences in higher education levels or occurs in those who have just started work as clinical nurses (Koh, 2016). In addition, nurses also often accept bad behavior from patients or their families in hospitals.

Nurses in mental health are nurses who receive many acts of violence. Patients with mental disorders are identified as a group category that has the potential to commit violence against health workers in hospitals (Spelten et al., 2020). Assessments of mental patients that have a long duration and require nurses to study individually are one of the risk factors for patients to commit physical violence against nurses (Sharifi et al., 2020). Mental nurses are often exposed to violent behavior given by patients (Ferrara et al., 2017). The high incidence of violence in the psychiatric realm makes nurses have a high level of stress and affects the relationship between nurses and patients themselves (Zhang et al., 2018). Mental nurses who have received physical violence from patients with mental disorders will show an attitude of fear, avoidance and reluctance to interact with these patients (Yosep, Hikmat, & Mardhiyah, 2022).

The most frequently mentioned forms of violence from the sixteen articles filtered were verbal and physical violence. Physical violence and trauma as well as verbal abuse. Physical violence and trauma will cause several signs of psychological disorders such as fear, anxiety, palpitations, panic, fear of death to make nurses want to quit their jobs (Roche et al., 2010). Anger, bad judgment, criticism and condescension are the most common types of verbal abuse. Nurses who receive this type of verbal abuse feel angry, sad and hurt towards their co-workers. It doesn't just happen to nurses, prospective nurses or students of the nursing profession also often get verbally violent behavior (E. Hassan et al., 2020). This directly affects the emotions and hinders prospective nurses from carrying out their duties less than optimally (Shdaifat et al., 2020). In addition, nurses who often get verbally violent behavior tend to feel dissatisfied with their work and allow them to provide services that are not up to standard. When the behavior of verbal violence has affected the psychological and social aspects of nurses and affects work results, the hospital management must take further action against the incident.

In addition to verbal violence, physical violence is also a common thing experienced by nurses (Stevenson et al., 2015). Physical violence will lead to other types of violence such as psychological violence and sexual harassment. Several studies have shown that female nurses are the nurses who receive the most physical violence, especially from patients and their families (Asi Karakaş & Okanlı, 2015; Schlup et al., 2021). Although many incidents of physical violence were received, not all reported it to the management for fear of being stigmatized and considered incompetent in carrying out their duties (Fallahi-Khoshknab et al., 2016). This is also found in one of the filtered articles where nurses who experience physical violence do not report and usually the victim does not help (Mansourian et al., 2020).

Whatever the form of violence received and whoever the subject of the violence is, it will affect the psychosocial aspects of nurses who receive the violence. From all articles mentioned that nurses showed a decreased response to performance after receiving violent treatment. Therefore, violence that occurs in nurses or other health workers in hospitals must be followed up immediately so that it does not cause other problems that are prolonged.

## CONCLUSION

Nurses can be both perpetrators and victims of violence and aggression. Forms of violence and aggression experienced by nurses can be in the form of physical violence and non-physical violence.

Examples of non-physical violence received by nurses include emotional violence, verbal violence, repeated violence that hurts the soul, or often nurses are treated differently because of their educational status, being hated, ignored or not considered, received negative comments for being a nurse, and being shouted at. Physical violence experienced by nurses included being chased and cornered, beaten, punched, bitten, stoned, grabbed, kicked, spat on, strangled, threat with sharp weapons. Nurses, especially female nurses, also experience sexual harassment in the form of physical sexual violence and verbal sexual violence by co-workers, patients, or superiors. Verbal violence is a type of violence that is often experienced by nurses.

## ACKNOWLEDGEMENTS

All authors say thank you to Faculty of Nursing, Universitas Padjadjaran who has been facilitating the database for this study.

## References

- Al-Hassan, L., Zafer, M. M., & El-Mahallawy, H. (2019). Multiple sequence types responsible for healthcare-associated *Acinetobacter baumannii* dissemination in a single centre in Egypt. *BMC Infectious Diseases*, 19(1), 1–6.
- Asi Karakaş, S., & Okanli, A. E. (2015). The Effect of Assertiveness Training on the Mobbing That Nurses Experience. *Workplace Health and Safety*, 63(10), 446–451. <https://doi.org/10.1177/2165079915591708>
- Berry, P. A., Gillespie, G. L., Gates, D., & Schafer, J. (2012). Novice Nurse Productivity Following Workplace Bullying. *Journal of Nursing Scholarship*, 44(1), 80–87. <https://doi.org/https://doi.org/10.1111/j.1547-5069.2011.01436.x>
- Boafo, I. M. (2016). "...they think we are conversing, so we don't care about them..." Examining the causes of workplace violence against nurses in Ghana. *BMC Nursing*, 15, 68. <https://doi.org/10.1186/s12912-016-0189-8>
- Demarzo, M. M. P., Cebolla, A., & Garcia-Campayo, J. (2015). The implementation of mindfulness in healthcare systems: a theoretical analysis. *General Hospital Psychiatry*, 37(2), 166–171. <https://doi.org/10.1016/j.genhosppsy.2014.11.013>
- Engelbrecht, M. C., Heunis, J. C., & Kigozi, N. G. (2021). Post-traumatic stress and coping strategies of south african nurses during the second wave of the covid-19 pandemic. *International Journal of Environmental Research and Public Health*, 18(15). <https://doi.org/10.3390/ijerph18157919>
- Fallahi-Khoshknab, M., Oskouie, F., Najafi, F., Ghazanfari, N., Tamizi, Z., & Afshani, S. (2016). Physical violence against health care workers: A nationwide study from Iran. *Iranian Journal of Nursing and Midwifery Research*, 21(3), 232–238. <https://doi.org/10.4103/1735-9066.180387>
- Ferrara, K. L., Davis-Ajami, M. L., Warren, J. I., & Murphy, L. S. (2017). De-Escalation Training to Medical-Surgical Nurses in the Acute Care Setting. *Issues in Mental Health Nursing*, 38(9), 742–749. <https://doi.org/10.1080/01612840.2017.1335363>
- Ferrari, R. (2015). Writing Narrative Style Literature Reviews. *Medical Writing*, 24(4), 230–235. <https://doi.org/https://doi.org/10.1179/2047480615z.000000000329>
- Hall, L. H., Johnson, J., Watt, I., Tsipa, A., & O'Connor, D. B. (2016). Healthcare staff wellbeing, burnout, and patient safety: A systematic review. *PLoS ONE*, 11. <https://doi.org/10.1371/journal.pone.0159015>
- Hassan, E., Amein, N., & Ahmed, S. (2020). Workplace violence against nurses at Minia district hospitals. *Journal of Health Sciences*. <https://doi.org/10.17532/jhsci.2020.865>
- Hassan, R. H., Eldegl, H., Elmorsy, F., & Eldars, W. M. (2017). Clinical and microbiological characteristics of healthcare-associated infections in a tertiary care pediatric hospital. *Egyptian Pediatric Association Gazette*, 65(4), 127–131. <https://doi.org/https://doi.org/10.1016/j.epag.2017.09.001>
- Hutchinson, M., Vickers, M. H., Wilkes, L., & Jackson, D. (2010). A typology of bullying behaviours: the experiences of Australian nurses. *Journal of Clinical Nursing*, 19(15–16), 2319–2328. <https://doi.org/https://doi.org/10.1111/j.1365-2702.2009.03160.x>
- Johnsen, G. E., Morken, T., Baste, V., Rypdal, K., Palmstierna, T., & Johansen, I. H. (2020). Characteristics of aggressive incidents in emergency primary health care described by the Staff Observation Aggression Scale - Revised Emergency (SOAS-RE). *BMC Health Services Research*, 20(1), 33. <https://doi.org/10.1186/s12913-019-4856-9>

- Koh, W. M. S. (2016). Management of work place bullying in hospital: A review of the use of cognitive rehearsal as an alternative management strategy. *International Journal of Nursing Sciences*, 3(2), 213–222. <https://doi.org/https://doi.org/10.1016/j.ijnss.2016.04.010>
- Kowalczyk, K., & Krajewska-Kulak, E. (2017). Patient aggression towards different professional groups of healthcare workers. *Annals of Agricultural and Environmental Medicine : AAEM*, 24(1), 113–116. <https://doi.org/10.5604/12321966.1228395>
- Las Hayas, C., Izco-Basurko, I., Fullaondo, A., Gabrielli, S., Zwiefka, A., Hjemdal, O., Gudmundsdottir, D. G., Knoop, H. H., Olafsdottir, A. S., Donisi, V., Carbone, S., Rizzi, S., Mazur, I., Krolicka-Deregowska, A., Morote, R., Anyan, F., Ledertoug, M. M., Tange, N., Kaldalons, I., ... Arnjford, U. B. (2019). UPRIGHT, a resilience-based intervention to promote mental well-being in schools: Study rationale and methodology for a European randomized controlled trial. *BMC Public Health*, 19(1), 1–10. <https://doi.org/10.1186/s12889-019-7759-0>
- Luciani, M., Spedale, V., Romanenghi, M., Villa, C. E., Ausili, D., & Di Mauro, S. (2016). [Not Available]. *La Medicina del lavoro*, 107(3), 191–204.
- Mansourian, M., Faghihi, M., Farshad, A., Abhari, M., & Azadi, N. (2020). *The Components of Workplace Violence against Nurses from the Perspective of Women Working in a Hospital in Tehran: A Qualitative Study*. <https://doi.org/10.21203/rs.3.rs-51312/v1>
- Park, S.-H., & Choi, E.-H. (2022). The Cycle of Verbal Violence Among Nurse Colleagues in South Korea. *Journal of Interpersonal Violence*, 37(5–6), NP3107–NP3129. <https://doi.org/10.1177/0886260520945680>
- Pérez-Fuentes, M. D. C., Molero Jurado, M. D. M., Martos Martínez, Á., Simón Márquez, M. D. M., Oropesa Ruiz, N. F., & Gázquez Linares, J. J. (2020). Cross-sectional study of aggression against Spanish nursing personnel and effects on somatisation of physical symptoms. *BMJ Open*, 10(3), e034143. <https://doi.org/10.1136/bmjopen-2019-034143>
- Roche, M., Diers, D., Duffield, C., & Catling-Paull, C. (2010). Violence Toward Nurses, the Work Environment, and Patient Outcomes. *Journal of Nursing Scholarship*, 42(1), 13–22. <https://doi.org/https://doi.org/10.1111/j.1547-5069.2009.01321.x>
- Schlup, N., Gehri, B., & Simon, M. (2021). Prevalence and severity of verbal, physical, and sexual inpatient violence against nurses in Swiss psychiatric hospitals and associated nurse-related characteristics: Cross-sectional multicentre study. *International Journal of Mental Health Nursing*, 30(6), 1550–1563. <https://doi.org/10.1111/inm.12905>
- Schultze-Krumbholz, A., Schultze, M., Zagorscak, P., Wölfer, R., & Scheithauer, H. (2016). Feeling cybervictims' pain-The effect of empathy training on cyberbullying. *Aggressive Behavior*, 42(2), 147–156. <https://doi.org/10.1002/ab.21613>
- Sharifi, S., Shahoei, R., Nouri, B., Almvik, R., & Valiee, S. (2020). Effect of an education program, risk assessment checklist and prevention protocol on violence against emergency department nurses: A single center before and after study. *International Emergency Nursing*, 50(June), 100813. <https://doi.org/10.1016/j.ienj.2019.100813>
- Shdaifat, E. A., Al Amer, M. M., & Jamama, A. A. (2020). Verbal abuse and psychological disorders among nursing student interns in KSA. *Journal of Taibah University Medical Sciences*, 15(1), 66–74. <https://doi.org/10.1016/j.jtumed.2019.12.007>
- Sim, I. O., Ahn, K. M., & Hwang, E. J. (2020). Experiences of Psychiatric Nurses Who Care for Patients with Physical and Psychological Violence: A Phenomenological Study. *International Journal of Environmental Research and Public Health*, 17(14). <https://doi.org/10.3390/ijerph17145159>
- Smith, G. M., Ashbridge, D. M., Davis, R. H., & Steinmetz, W. (2015). Correlation between reduction of seclusion and restraint and assaults by patients in Pennsylvania's state hospitals. *Psychiatric Services (Washington, D.C.)*, 66(3), 303–309. <https://doi.org/10.1176/appi.ps.201400185>
- Spelten, E., Thomas, B., O'Meara, P., van Vuuren, J., & McGillion, A. (2020). Violence against Emergency Department nurses; Can we identify the perpetrators? *PloS One*, 15(4), e0230793. <https://doi.org/10.1371/journal.pone.0230793>
- Stevenson, K., Jack, S., O'Mara, L., & LeGris, J. (2015). Registered nurses' experiences of patient violence on acute care psychiatric inpatient units: An interpretive descriptive study. *BMC Nursing*, 14. <https://doi.org/10.1186/s12912-015-0079-5>
- Xing, K., Jiao, M., Ma, H., Qiao, H., Hao, Y., Li, Y., Gao, L., Sun, H., Kang, Z., Liang, L., & Wu, Q. (2015). Physical Violence against General Practitioners and Nurses in Chinese Township Hospitals: A Cross-Sectional Survey. *PloS One*, 10(11), e0142954. <https://doi.org/10.1371/journal.pone.0142954>
- Yosep, I., Hikmat, R., & Mardhiyah, A. (2022). Types of Nursing Intervention to Reduce Impact of Bullying

- and Aggression on Nurses in the Workplace. *Healthcare*, 10(8).  
<https://doi.org/10.3390/healthcare10081463>
- Yosep, I., Hikmat, R., Mardhiyah, A., Hazmi, H., & Hernawaty, T. (2022). Method of Nursing Interventions to Reduce the Incidence of Bullying and Its Impact on Students in School: A Scoping Review. *Healthcare*, 10(10). <https://doi.org/10.3390/healthcare10101835>
- Yosep, I., Lindayani, L., & Mediani, H. S. (2021). Mental Health Nurses in Indonesia: A Cross-sectional Survey of Workplace Violence and its Associated Factors. *Mental Health Nurses in Indonesia Pacific Rim Int J Nurs Res*, 25(4), 614-625.
- Yosep, I., Mediawati, A. S., & Mardhiyah, A. (2022). Experiences of Aggressive Behavior Patient after Physical Restraint in Mental Hospital, A Qualitative Study . *Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal)*, 8(2 SE-Articles). <https://doi.org/10.33755/jkk.v8i2.361>
- Zhang, S.-E., Liu, W., Wang, J., Shi, Y., Xie, F., Cang, S., Sun, T., & Fan, L. (2018). Impact of workplace violence and compassionate behaviour in hospitals on stress, sleep quality and subjective health status among Chinese nurses: a cross-sectional survey. *BMJ Open*, 8(10), e019373. <https://doi.org/10.1136/bmjopen-2017-019373>