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Effects of Interventions on Violence Against Nurses

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Effects of Interventions on Violence Against Nurses: A Systematic Review

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Abstract

Violence against nurses is a problem in the healthcare system that is becoming more prevalent. The purpose of this systematic review is to critically appraise the evidence about the effectiveness of interventions to outcomes indicating that nurses are better prepared to handle violent situations and possibly prevent them all together in acute care settings. The following PICOT question, a question that addresses patient problem, intervention, comparison, outcome, and time, will be answered: What effect does preventative and educational interventions have on violence against nurses in the hospital setting and influence nurses' perceptions regarding their ability to handle episodes of violence? Relevant publications were identified in CINAHL, PubMed, and Academic Search Complete with key search words of: violence, nurses, prevention, and intervention. Interventions across twenty studies were reviewed. The research showed that educational interventions increased nurses' perceived level of preparedness to respond to a violent event. However, further research needs to be conducted and strict policies put in place.

Nurses are exposed to high levels of violence in the workplace. Violence is so prevalent, that it has become the norm for nurses to think that it is a part of the job (Speroni, Fitch, Dawson, Dugan and Atherton, 2014). Violence can be defined as “any verbal or physical behavior resulting in, or intended to result in, physical or psychological injury, pain, or harm” (Lanza, Rierdan, Forester, & Zeiss, 2009, pp. 747). Not only are nurses exposed to violent events, they are also the first line of defense in protecting the wellbeing of their patients. Therefore, nurses need to be prepared to properly manage these violent occurrences to protect themselves and their patients.

The likelihood of a nurse experiencing a violent event is more than double of any other member of the healthcare field according to the United States Department of Labor Occupational Safety and Health Administration (as cited in Gillespie, Gates, & Mentzel, 2012). In a survey given to 762 nurses, 579 reported experiencing at least one violent event while at work (Speroni, Fitch, Dawson, Dugan, & Atherton, 2014). Of those, only 106 nurses reported their injuries to the employee health office. Of the 106 nurses who reported, 30 required treatment. The treatment cost the hospitals \$94,156. In the same study, Speroni, Fitch, Dawson, Dugan, and Atherton (2014) found that 25% occurred on psychiatric units and 14.2% occurred in emergency rooms. Furthermore, nurses who incurred a violent event in the workplace had more difficulty focusing their emotions and cognitions to the task at hand, even resulting in psychological symptoms of post-traumatic stress disorder (Gates, Gillespie, & Succop, 2011). Violence against nurses is a recurring theme in the healthcare industry that deserves to be further examined.

Several interventions have been tested to examine how to properly manage the problem of violence among nurses. Many techniques have been implemented and studied to identify those

that are most influential in decreasing violence. The purpose of this systematic review is to critically appraise the evidence about the effectiveness of interventions to better prepare nurses to handle violent situation and possibly prevent them all together in the acute care setting. The following PICOT question will be answered: What effect does preventative and educational interventions have on violence against nurses in the hospital setting and influence nurses' perceptions regarding their ability to handle episodes of violence? Nurses have increased likelihood and incidence of experiencing violent events and these events may then affect their ability to effectively provide care to their patients. As such, it is important to consider possible interventions to lessen the frequency of violent events against them.

Methods

The authors used the university library databases CINAHL Plus with Full Text, PubMed, and Academic Search Complete, sites that provide full text articles from nursing and other allied health journals. Keywords used to search were: violence against nurses and included the words prevention and/or intervention. After searching for articles, the following criteria were given for article parameters: peer-reviewed journals, primary sources, and published within the last ten years. Approximately sixty articles were identified that answered the PICOT question and later reviewed. Articles were further narrowed down to those with clearly defined methods and adequate citations of reference materials. Research from multiple journals, countries, and specialties were considered for inclusion and ultimately selected for review. References listed in articles that did not meet criteria for possible sources were also considered if they met criteria. Authors collaborated via Google Drive to review the articles considered relevant to the research.

Review of Literature

Violence against nurses includes both physical violence, which 7.8% of nurses report experiencing, and nonphysical violence, which 71.9% of nurses report experiencing (Jiao et al., 2015). Interventions to prevent and decrease the effects of violent events in nurses can generally be separated into three categories: those that occur before the precipitation of a violent event to educate nurses and prevent the events from happening in the first place, those that aid nurses while they are trying to handle a violent situation, and those that help nurses use their knowledge of past violent events to identify possible risk factors in the future. This integrated review of literature will describe what researchers have done and found in each category.

Nurses' perception of violent events.

Researchers have identified nurses' perceptions of violent events as influential in whether they report the incident. Nurses report violence as part of the job, or believe that the violence is not severe enough to be reported (Stevenson, Jack, O'Mara, Legris, 2015) These findings revealed that there is a decreased ability to understand workplace violence among nurses. In addition to nurses not reporting incidences of violence, some healthcare providers do not know how to report violent events. When asked how healthcare professionals reported violent events, only 7.6% of respondents (N= 802) answered that they utilize the correct reporting program in a specific hospital system. The other 92.4% of respondents either did not report violent events or did not report correctly (Rosenthal, Byerly, Taylor, & Martinovich, 2018).

Researchers have identified contributing factors and catalysts of patient violence after exploring nurses' and family members' perceptions of these events. In the emergency department, nurses identified waiting times and lack of communication as contributing factors to aggression, and triage as the area in the emergency department where aggression was most likely

to occur (Angland, Dowling & Casey, 2014). Patients also reported similar catalysts to violence against nurses in addition to bad treatment of other patients and relatives along with poor institutional management (Babaei et al., 2018). Relatives of patients also reported bad treatment of themselves and the patient by hospital personnel, concern about immediate medical needs, and a long wait for getting health care services as the most frequent causes of violence against nurses (Babaei et al., 2018). These findings suggest that violence prevention programs emphasize high-risk situations identified in the research. Patients who are cognitively impaired, demanding to leave, experiencing pain, etc. should be prioritized and checked on more often. In addition those needing restraints, needles, physical transfers, or patients being transferred to different units should also be checked on frequently (Arnetz et al., 2014). Focusing on high-risk areas and situations in violence prevention programs will be useful in conducting further research.

Before violent incidents.

Researchers have examined the effects of education and training interventions among hospital staff on preventing violence prior to violent events. Many found that these interventions decreased violent events. For example, in a quasi-experimental study using a pre-/post-test, Adams, Knowles, Irons, Roddy, and Ashworth (2017) studied the effect of an education intervention in nurses, nursing assistants, and patient care assistants (N=65) and found decreased frequency of violence after education and use of de-escalation strategies. In a similar design using a pretest and posttest method, Nau, Halfens, Needham, and Dassen (2009) looked at the effect of aggression management training on student nurses' ability to de-escalate violent events in a hospital setting (N=78). They found that the training led to improved performance in de-escalation of aggressive behavior and ultimately decreased violent events.

Educational interventions were also found to improve outcomes when patients participated in addition to staff. In a twenty week pretest/posttest study, Lanza, Rierdan, Forester, and Zeiss (2009) studied the effects of violence prevention community meetings, involving 21 nurses and an unknown number of psychiatric patients, on rates of violent incidents and found that the violent incidents decreased by 44%. The intervention included staff-patient meetings focused on topics about how patients and staff could work together, knowledge of resources, and possible signs of violence.

Researchers have also examined the effect of hospital and state level policies, procedures, and/or laws on outcomes. Lakotos and colleagues (2018) found decreases in violent events after policy and procedures were implemented at three U.S. hospitals. In a survey taken by staff members (N=1,886), Lakatos and colleagues (2018) assessed the outcomes of the implementation of a quality improvement policy and found nursing staff assaults resulting in injury reduced by 40%. In a nine year pre/post-policy study, Casteel and colleagues (2009) studied the effects of the enactment of the California Hospitals Safety and Security Act. They found reduced rates of violent incidents in emergency and psychiatric departments of three trauma and general acute care hospitals in California. Assaults against nurses in California decreased 59% on psychiatric units and 48% in emergency departments.

During violent incidents.

Researchers have been examining the effects of interventions, such as de-escalation training, that can help nurses during the precipitation of a violent event. An example of an intervention affecting outcomes during violent situations against nurses is de-escalation. In a quasi-experimental, pre and posttest trial at three midwestern emergency departments in the United States (N=315), Gillespie, Gates, and Mentzel (2012) studied the effects of de-escalation

training in medical staff. The intervention included education about techniques to use during violent events that would de-escalate potential offenders. The posttest revealed significant increase in knowledge about de-escalation in those who completed the training. Using this information about de-escalation decreased the severity or level of impact that these violent offenses can afflict. Their findings were consistent of those of Ferrarra, Davis-Ajami, Warren, and Murphy (2017) who used a convenience sampling of 34 nurses in a pre and posttest study design. The researchers examined nurses' confidence levels during violent events before and after a de-escalation training seminar. After the de-escalation training, nurses reported higher levels of confidence about capabilities of handling these events safely.

Researchers have also used simulation in interventions to affect outcomes. In a quasi experimental study Brown and colleagues. (2018) studied, a sample of hospital staff (N=136) and used simulation training scenarios about how to react in violent scenarios. These scenarios included violent events ranging from verbal assault to an active shooter situation. Researchers administered a pre and posttest to examine how prepared these participants felt if they were to face violence. A 56% increase in confidence levels occurred after the simulation training had taken place. This dramatic increase in preparedness is in accordance with findings that simulation is a method in which nurses can be trained to appropriately respond to a variety of violent events, ranging from verbal aggression to the use of a weapon to cause harm.

Finally, researchers examined the effectiveness of staff education about hospital resources for responding to violent events. Kaur and Kaur (2015) showed that only 14% of hospital nurses (N=100) actively utilized the hospital resources when violent events occurred. Gates, Gillespie, Smith, Rode, Kowalenko, and Smith (2011) utilized focus groups (N=96) in a two phase study. In the first phase the researchers asked the focus groups, made up of hospital

employees and managers, to come up with appropriate interventions to use when dealing with violent patients. In the second phase the researchers evaluated the interventions using the Haddon matrix, a guide for decreasing the likelihood of injury in healthcare. Resources, such as hospital security and isolation rooms, recommended by nurses, were all in accordance with the Haddon matrix and were, therefore, considered feasible and acceptable for use in the healthcare setting. By utilizing these resources, nurses have the capability to appropriately react to violent situations and patients and keep themselves and others safe.

After violent incidents.

Workplace violence has consequences on the well-being of nurses. Violent incidents have led nurses to report missing work, consider leaving the career, or experience some amount of posttraumatic symptoms. These posttraumatic symptoms include nightmares, unavoidable memories or thoughts of the incident, on guard, watchful, or easily startled, feeling numb or detached from others, and avoidance of situations that are similar to the violent event (Rosenthal et al., 2018). A study performed in the emergency department performed by Hassankhani, Parizad, Gacki-Smith, Rahmani, and Mohammadi (2017) found that workplace violence can negatively affect nurses' lives and patient care. The researchers broadly coined this finding as "suffering nurses" and was a main theme of the study (Hassankhani, et.al., 2017). This was further divided into subcategories including mental health risks, physical health risks, threats to professional integrity, and threats to social integrity.

Nurses have responded with suggestions on how to decrease workplace violence. These include in-service training, pre-placement education, competent interaction, adequate staffing, and responsive action in violent events (Lantta, Anttila, Kontio, Adams & Välimäki, 2016). Nurses' responses additionally expressed a need for formal debriefing following a violent event,

and a more supportive work environment to help decrease the prevalence of workplace violence (Stevenson et al., 2015).

Critical Appraisal and Synthesis of the Evidence

The methods used to compile studies were carefully refined to yield the highest quality studies available to the researchers. The researchers were limited to academic journals that were accessible through The University of Akron libraries. During the research process, a scant number of articles were found making thorough investigation of information difficult for generalization purposes. All but five studies used convenience samples in their design which may skew the results. Convenience samples may have more biases within the results because they require voluntary participation and only consider a specified population of people.

There are other limitations within and across the studies that require examination. Many of the studies, Adams, Knowles, Irons, Roddy, and Ashworth (2017), Casteel and colleagues (2009), Angland, Dowling & Casey (2014), Ferrarra, Davis-Ajami, Warren, and Murphy (2017), Gates, Gillespie, Smith, Rode, Kowalenko, and Smith (2011), Hassankhani, Parizad, Gacki-Smith, Rahmani, and Mohammadi (2017), Lantta, Anttila, Kontio, Adams & Välimäki (2016), Lanza, Rierdan, Forester, and Zeiss (2009), and Nau, Halfens, Needham, and Dassen (2009), have a small population size of under 100 participants. With a small population size, it is more difficult to generalize findings to all nurses or all healthcare facilities and make a valid argument to initiate change to policy or procedure without repeating the study with more participants.

A limitation that was found across studies was that many of the studies used different units of the hospital in their research. Hospital wide research was done by Brown and colleagues (2018), Babaei and colleagues (2018), Speroni, Fitch, Dawson, Dugan, and Atherton (2014), Jiao

and colleagues (2015), and Arnetz and colleagues (2014). On the other hand, Gillespie, Gates, and Mentzel (2012), Ferrarra, Davis-Ajami, Warren, and Murphy (2017), Adams, Knowles, Irons, Roddy, and Ashworth (2017), Casteel and colleagues (2009), Lanza, Rierdan, Forester, and Zeiss (2009), Lantta, Anttila, Kontio, Adams & Välimäki (2016), Angland, Dowling & Casey (2014), Stevenson, Jack, O'Mara, Legris (2015), and Hassankhani, Parizad, Gacki-Smith, Rahmani, and Mohammadi (2017) focused their research in one specific unit of the hospital. The studies referenced in this systematic review used a combination of inpatient psychiatric, medical surgical, and emergency departments. Methods that work for one type of unit may not work for another making studies done within one unit difficult to generalize to all nursing violence and interventions.

In the area of violence against nurses, science is greatly lacking in research on how to make nursing a safer occupation. The research for interventions to protect nurses from violence are in the beginning stages and need repeat studies and more studies with large populations before real changes can be seen within the healthcare system as a whole. Even hospital systems who are evaluating the need for violence intervention training are doing so on a volunteer basis and therefore have skewed results compared to what would happen if the entire system was to complete required training. In order to fully understand and make the most impactful changes on nursing violence, research will have to be expanded and more interventions will need to be tested.

Recommendations

Research has demonstrated the effectiveness of education, establishing protocols, and debriefing after a violent event in reducing the incidence of violent events and reducing injury during violent events. Future studies should focus on larger studies that use a variety of hospital

units and require all nurses and other healthcare professionals to participate. Doing so will make the research more broadly applicable and can aid in the removal of violence from nursing that has proven to be plaguing the occupation for far too long. In addition, laws and policies should be put into place as these seem to be the most successful interventions in nurses perception of their ability to handle violent events.

Systematic Review Table of Evidence

APA formatted reference	Purpose statement. Research question.	Clinical Practice Setting, Sampling methods, Sample size.	Design. Level of Evidence.	Findings, Conclusion	Practice & Research Implications	Limitations of Findings
I.Gillespie, G.L., Gates, D.M., & Mentzel, T. (2012). An educational program to prevent, manage, and recover from workplace violence. <i>Advanced Emergency Nursing Journal</i> , 34(4), 325-332. doi: 10.1097/TME.0b013e318267b8a9	Purpose Statement: "...evaluate the achievement of learning outcomes with a sample of ED employees." (p. 326) Research Question: Is web-based learning effective for teaching healthcare professionals about violence in the workplace?	Setting: 3 Midwestern U.S. EDs Sampling Method: All employees were required to complete the training unless on sick or maternity leave Sample Size: 315 employees (mostly unlicensed assistive personnel or nurses)	Design: Quasi-experimental with pre and post-tests administered Level of Evidence: 3	Nurses who engaged in the workplace violence training saw a steep increase in their post-test score, showing a high level of knowledge attainment from the training seminar.	Nurses who have a higher level of education about workplace violence in healthcare can carry that information with them into practice and can help to prevent and appropriately react when violence occurs.	The pretest and posttest were identical and although the participants were not given the answers to the pretest, they may have discussed the answers amongst themselves. Also, the pre and posttests were given online and the participant could have used outside sources on them.

<p>2. 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. <i>Issues in Mental Health Nursing</i>, 38(9), 742-749. doi: 10.1080/01612840.2017.1335363</p>	<p>Purpose Statement: "...determine the effectiveness of de-escalation training on medical-surgical nurses' confidence levels in handling agitated patients..."</p> <p>Research Question: Does de-escalation training increase the confidence level of medical-surgical nurses when dealing with agitated patients?</p>	<p>Setting: 66-bed medical-surgical unit in a large suburban medical center in Maryland that frequently used their behavioral health alert system</p> <p>Sampling Method: Convenience sampling</p> <p>Sample Size: 34 full or part-time nurses working day or night shift</p>	<p>Design: Single-group, pre and post-test design</p> <p>Level of Evidence: 3</p>	<p>The confidence level in the post-test compared to the confidence level in the pretest for handling agitated or violent patients increased significantly in the medical-surgical nurses who engaged in the de-escalation training.</p>	<p>De-escalation training is an effective way of increasing a nurse's confidence level when working with patients who may become violent. Using this training may help nurses better handle violent events.</p>	<p>Small sample size makes it difficult to generalize results for nurses overall. The results were rather unit-specific rather than in general for nurses.</p>
<p>3. Adams, J. (2017). Assessing the effectiveness of clinical education to reduce the frequency and recurrence of workplace violence. <i>Australian Journal of Advanced Nursing</i>, 34(3).</p>	<p>Purpose Statement: "assessed the effectiveness of clinical education to identify patients with a high risk for violence and to reduce the frequency of violent incidents."</p> <p>Research Question: Does clinically based education intervention reduce violence and effect nurses' confidence levels?</p>	<p>Setting: Two adult medical wards at a teaching hospital in Western Australia</p> <p>Sampling Method: Convenience sample</p> <p>Sample Size: 65 nurses, assistants in nursing, and patient care assistants</p>	<p>Design: A before and after study with an educational intervention</p> <p>Level of Evidence: 3</p>	<p>education led to increased nurse confidence, increase in de-escalation, and decreased incidence of violence.</p>	<p>Education training that provides de-escalation techniques can be helpful in increasing nurses' confidence and decreasing occurrence of violent situations.</p>	<p>More training is needed to give staff members resources to handle violent situations.</p>

<p>4. Gates, D., Gillespie, G., Smith, C., Rode, J., Kowalenko, T. and Smith, B. 2011. Using action research to plan a violence prevention program for emergency departments. <i>Journal of Emergency Nursing</i>, 37(1).</p>	<p>Purpose Statement: “to determine whether the strategies being planned for intervention were relevant, acceptable, feasible, and comprehensive.” Strategies include: “better communication, enhanced and more frequent training for staff and managers, staffing issues, and separating patients early when obvious aggression is occurring.”</p> <p>Research Question: What strategies do healthcare professionals working in EDs and patients being treated in the ED think would be helpful to implement.</p>	<p>Setting: Three Midwestern US hospitals (two urban and one suburban)</p> <p>Sampling Method: Stratified random sampling</p> <p>Sample Size: 96 participants consisting of 24 in management, 47 employees, and 25 patients</p>	<p>Design: Analyzed focus groups</p> <p>Level of Evidence: 4</p>	<p>The intervention strategies requested by the 96 participants were deemed relevant and feasible making them more likely to be tested and put into place.</p>	<p>Hospitals should partner with research groups to test the interventions discussed to evaluate the effectiveness and put new policies and procedures into place.</p>	<p>Findings may not be generalized to all hospitals and departments and further studies need to be conducted in order to close the education gap and implement policies and procedures.</p>
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<p>5. Kaur, R., & Kaur, A. (2015). Prevalence of violence towards staff nurses and their knowledge and utilization of safety resources. <i>Asian Journal of Nursing Education & Research</i>, 5(1). DOI: 10.5958/2349-2996.2015.00027.0</p>	<p>Purpose Statement: "A descriptive study to assess the prevalence of violence by patients and their relatives towards staff nurses with respect to their knowledge and utilization of safety resources in a selected hospital of Amritsar, Punjab."</p> <p>Research Question: Are nurses aware of safety resources regarding violence among staff nurses?</p>	<p>Setting: Guru Nanak Dev Hospital</p> <p>Sampling Method: Convenient sampling</p> <p>Sample Size: 100 staff nurses</p>	<p>Design: Survey</p> <p>Level of Evidence: 4</p>	<p>All nurses evaluated had experienced assault and 99% had experienced verbal assault. Many nurses reported having minimal knowledge of safety resources and even less actually used those resources.</p>	<p>Nursing education should include education on how to assess for and prevent violence and promote safety. Zero tolerance policies should be put into place.</p>	<p>Study does not list resources available to help prevent violence that could be useful for policy implementation.</p>
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<p>6. Gates, D., Gillespie, G. and Succop, P. (2011). Violence against nurses and its impact on stress and productivity. <i>Nursing Economic\$, 29(2)</i>, 59-67. Retrieved from http://web.b.ebscohost.com.ezproxy.uakron.edu:2048/ehost/pdfviewer/pdfviewer?vid=4&sid=0bb10ada-e5bf-4d03-acc-9393399c14a4%40sessionmgr104</p>	<p>Purpose Statement: “The purpose of this study was to examine how violence from patients and visitors is related to emergency department (ED) nurses’ work productivity and symptoms of post-traumatic stress disorder (PTSD).”</p> <p>Research Question: What is the effect of violent events on healthcare workers ability to provide safe and compassionate care?</p>	<p>Setting: Emergency Nurses Association in the United States</p> <p>Sampling Method: Randomized survey</p> <p>Sample Size: 264 nurses</p>	<p>Design: Cross-sectional</p> <p>Level of Evidence: 5</p>	<p>Violence in the workplace is a problem for ED nurses and can lead to distress, decreased productivity, and quality of care.</p>	<p>Prevention and management of violence should be a priority in healthcare settings. Future research should be conducted to find the most effective policies and procedures.</p>	<p>Cross sectional studies do not allow for cause and effect relationships to be identified. There is also no way to consistently rate severity of violence which could contribute to level of stress/PTSD.</p>
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<p>7. Casteel, C., Peek-Asa, C., Nocera, M., Smith, J. B., Blando, J., Goldmacher, S., . . . Harrison, R. (2009). Hospital employee assault rates before and after enactment of the California hospital safety and security act. <i>Annals of Epidemiology</i>, 19(2). doi:10.1016/j.annepidem.2008.10.009</p>	<p>Purpose Statement: "This study examines changes in violent event rates to hospital employees before and after enactment of the California Hospital Safety and Security Act in 1995."</p> <p>Research Question: Is policy an effective method to increase safety to healthcare workers?</p>	<p>Setting: Emergency department and psychiatric units of trauma and general acute care hospitals in California and New Jersey counties with at least 250,000 residents.</p> <p>Sampling Method: Convenience Sampling</p> <p>Sample Size: 95 hospitals in California and 46 hospitals in New Jersey</p>	<p>Design: 9-year pre-post study (3 years before mandate and 6 years after)</p> <p>Level of Evidence: 3</p>	<p>Policy should be considered an effective way to increase safety to healthcare workers.</p>	<p>States, or at least hospitals, should consider putting laws and policies in place to decrease violent incidents in hospitals. Further research should be conducted to determine compliance and effectiveness.</p>	<p>Cannot measure hospital compliance to the legislature and unable to make a direct cause and effect relationship.</p>
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<p>8. Lanza, M.L., Rierdan, J., Forester, L., & Zeiss, R.A. (2009). Reducing violence against nurses: the violence prevention community meeting. <i>Issues in Mental Health Nursing</i>. 30(12), 745-750. doi: 10.3109/01612840903177472</p>	<p>Purpose Statement: To test the efficacy of a certain intervention to decrease violence against nurses, called the Violence Prevention Community Meeting treatment.</p> <p>Research Question: Is the VPCM treatment effective in reducing patient violence against nurses?</p>	<p>Setting: Acute inpatient psychiatry unit</p> <p>Sampling Method: Convenience sampling</p> <p>Sample Size: 21 nurses (13 female, 8 male); the patients on the psychiatry unit were also subjected to the VPCM</p>	<p>Design: 20 week pretest posttest study</p> <p>Level of Evidence: 3</p>	<p>The posttreatment phase showed a 41% decrease in violent events from the beginning of the treatment for all shifts combined.</p>	<p>Training of staff and patients simultaneously can lead to a dramatic decrease in violent events in the acute care setting and should be evaluated as a possible implementation required of all hospital units.</p>	<p>Single-sample design study (could be strengthened with a control group); could be argued that the positive outcome of the VPCM may only be due to an increased contact with staff members for the patients rather than the actual training itself. Small sample size and the use of only one unit in the hospital makes it difficult to generalize to the entire nursing population.</p>
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<p>9. Brown, R.G., Anderson, S., Brunt, B., Enos, T., Blough, K., Kropp, D. (2018). Workplace violence in the nursing arena (p. 60). using simulation: a combination of classroom learning, simulation, and hands-on defense techniques improves preparedness. <i>American Journal of Nursing</i>, 118 (10), 56-68. doi:10.1097/01.NAJ.0000546382.12045.54</p>	<p>Purpose Statement: "...to demonstrate the effectiveness of the enABLE model...", the training model used in the case study to better prepare for violence in the nursing arena (p. 60). Research Question: Is the enABLE model an effective model to prepare nurses for violent events in order to properly handle them?</p>	<p>Setting: Summa Health System in Akron, Ohio Sample Method: Convenience sampling Sample Size: 196 healthcare workers participated in the pre-test and 136 participated in the post-test</p>	<p>Design: Pretest posttest study Level of Evidence: 3</p>	<p>After administering the post-test, the percentage of participants that felt they were more capable of adequately responding to a violent workplace situation increased dramatically compared to the pretest.</p>	<p>The enABLE model, a combination of simulation, defense training, and normal lecture-style training is effective in teaching healthcare workers about workplace violence and help them to feel more prepared to handle violent situations in the future.</p>	<p>The simulation center that was used in the enABLE model was not specified to each particular unit. Some units and hospital rooms can vary from floor to floor, so the healthcare workers did not have a chance to practice in the exact layout that they work in. Also, participants came from a variety of healthcare backgrounds, rather than just being nurses, which is a limitation since this research is for violence against nurses only.</p>
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<p>10. Rosenthal, L., Byerly, A., Taylor, A. and Martinovich, Z. (2018). Impact and prevalence of physical and verbal violence toward healthcare workers. <i>Psychosomatics Journal</i>. 1-7. doi:10.1016/j.psych.2018.04.007.</p>	<p>Purpose Statement: "...we first needed accurate measurement of physical and verbal assault directed against our workforce. Standard methods of reporting existed but demonstrated a low incidence and did not assess the prevalence, location, or type of healthcare worker involved, or the resulting impact of incidents without physical injury in a standardized fashion." (p. 2)</p> <p>Research Question: Will a safety and quality improvement project be able to fully assess the incidence and impact of aggression against healthcare workers in an academic, tertiary care, and urban hospital?</p>	<p>Setting: AQSI and Hospital Administration</p> <p>Sampling Method: Cross-sectional survey/Convenience sampling</p> <p>Sample Size: 2005 physicians, 445 nurse practitioners or physician assistants, 2455 nurses, and 52 social workers</p>	<p>Design: Survey</p> <p>Level of Evidence: 4</p>	<p>Assessing both verbal and physical violence against healthcare workers should be a standardized precaution in the healthcare field via other professionals.</p>	<p>There is evidence that improvement can be made in the area of reporting aggressive acts in the healthcare line of work. There is a need for healthcare organization to actively track incidences with appropriate reporting.</p>	<p>There is a possibility of bias in the response surveys collected in this research. The bias results from those being affected by violence having a greater likelihood of responding to this specific survey on violence. This bias could have created numbers to seem higher than in reality.</p>
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<p>*11. Nau, J., Halfens, R., Needham, I., & Dassen, T. (2009). Student nurses' de-escalation of patient aggression: a pretest-posttest intervention study. <i>International Journal of Nursing Studies</i>. 47, 699-708. doi:10.1016/j.ijnurstu.2009.11.011</p>	<p>Purpose Statement: "The aim of this study was to test the influence of 24 h of training on students' performance in de-escalation aggressive situations." (pg. 702)</p> <p>Research Question: How does de-escalation training affect nursing students in their ability to handle aggressive situations?</p>	<p>Setting: Nursing school in Germany</p> <p>Sampling Method: Convenience sample</p> <p>Sample Size: 76 nursing students</p>	<p>Design: Pretest and posttest between two groups design</p> <p>Level of Evidence: 3</p>	<p>The scores that the student received based on their performance on scenario A increase from a 2.5 to a 3.7 and the scores in scenario B increased from a 3.01 to a 3.61 after training. A rating of 3 is "neither good nor bad" and a rating of 4 is "good performance".</p>	<p>The de-escalation training is effective in nursing students in preparing them for violent situations and may be able to help other healthcare workers as well.</p>	<p>The limited number of participants caused there not to be a control group. Also, the presence of a researcher in the room and making observations may have caused some of the participants to be distracted.</p>
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<p>*12. Lakatos, B. E., Mitchell, M. T., Askari, R., Etheredge, M. L., Hopcia, K., DeLisle, L., Smith, C., Fagan, M., Mulloy, D., Lewis-O'Connor, A., Higgins, M., and Shellman, A. (2018). An interdisciplinary clinical approach for workplace violence prevention and injury reduction in the general hospital setting: S.A.F.E response. <i>Journal of the American Psychiatric Nurses Association</i>, 00(0), 1-9. doi: 10.1177/1078390318788944.</p>	<p>Purpose Statement: "The purpose of this article is to share and discuss the quality improvement program that was developed and implemented to address workplace violence." (p. 2)</p> <p>Research Question: Does the mnemonic "S.A.F.E." which stands for Spot a threat, Assess the risk, Formulate a plan, and Evaluate the outcome reinforce the active process needed to prevent violence?</p>	<p>Setting: Inpatient clinicians</p> <p>Sampling Method: Cross-sectional survey/Convenience sampling</p> <p>Sample Size: 1,866 employees (46% were female and 50% male) and 4% did not answer, sixty-one percent identified their role (42% nurse, 7% physician, 2% social work, 10% other) and 39% did not identify their role</p>	<p>Design: Survey</p> <p>Level of Evidence: 4</p>	<p>There was a reduction in assault against nursing staff members after this quality improvement project. When staff members are educated on the proper knowledge, skills, and resources that unsafe situations can be de-escalated properly. This approach is more on the side of prevention rather than intervention when an unsafe event actually occurs, thus reducing injury overall.</p>	<p>Implementing nationwide efforts to standardize assessments and interventions when dealing with unsafe measures towards staff members needs to be improved. Continual research to be able to identify appropriate approaches to prevention violent acts towards clinical staff is a necessity to nationally reduce the rate of injuries.</p>	<p>After the implementation of the S.A.F.E. intervention tool can lead to a heightened awareness, thus creating an increase in event reporting. There is also difficulty in comparing assault data because how assault and reporting is defined differs. A lack in the ability to compare and cross reference information on violent acts was limited because of the difficulty to categorize data and identify common themes.</p>
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<p>13. Babaei, N., Rahmani, A., Avazeh, M., Mohajjelaghdam, A., Zamanzadeh, V., & Dadashzadeh, A. (2018). Determine and compare the viewpoints of nurses, patients and their relatives to workplace violence against nurses. <i>Journal of Nursing Management</i>, 26(5), 563–570. doi:10.1111/jonm.12583</p>	<p>Purpose Statement: “The present study aims to assess the perception of nurses, patients and their relatives regarding the nature of workplace violence against nurses.” (p. 1)</p> <p>Research Question: Do nursing staff members and patients properly know how to identify, examine, and compare workplace violence?</p>	<p>Setting: Nine health care centers with intensive care units (28), emergency wards (9), and medical and surgical wards (68) in affiliation to the Tabriz University of Medical Sciences</p> <p>Sampling Method: Convenience sampling</p> <p>Sample Size: 61 male and 312 female nurses, 150 male and 234 female patients, 153 male and 223 female patient relatives</p>	<p>Design: Quasi-experimental with face-to-face interview questionnaires</p> <p>Level of Evidence: 3</p>	<p>The phenomenon about violence being prevalent in the clinical setting proves true. The way it is perceived is different between nurses, patients, and their relatives. For example, verbal violence is most common for nurses but abuse is most common for patients and their relatives.</p>	<p>Preventative measures need to be enforced to help with the severity of workplace violence. Measures such as training programs, general training, regulating relative presence, improved safety, and more. This creates need for those such as nursing managers and policy makers to collaborate and tackle this epidemic. Further studies are needed to address low reports of specific acts of violence like sexual and cultural violence.</p>	<p>The findings are based solely on participants’ reporting. Convenience sampling can complicate the validity of the findings. Also, participants may have lacked reporting all violent acts that they have been subject to like sexual or cultural abuse.</p>
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<p>*14. Speroni, K. G., Fitch, T., Dawson, E., Dugan, L., & Atherton, M. (2014). Incidence and Cost of Nurse Workplace Violence Perpetrated by Hospital Patients or Patient Visitors. <i>JEN: Journal of Emergency Nursing</i>, 40(3), 218–228. doi:10.1016/j.jen.2013.05.014</p>	<p>Purpose Statement: “Nurses researched WPV in their hospital system to address the following: incidence of hospital WPV against nurses by patient and visitor perpetrators, types of verbal and physical violence experienced, WPV causes, causes and characteristics of the most serious type of WPV over a nurse’s career, WPV reporting barriers, types of workplace prevention/de-escalation training programs, and WPV treatment and indemnity charges for incidences reported by nurses.” (p. 219)</p> <p>Research Question: Over the past year, how did nurses experience, interpret, and respond to violence and what barriers were discovered along the way?</p>	<p>Setting: Multi-hospital system located in an urban/community setting in the mid-Atlantic region of the United States</p> <p>Sampling Method: Cross-sectional survey/Convenience sampling</p> <p>Sample Size: Approximately 5,000 nurses primarily being white female registered nurses, aged 26 to 64 years, with more than 10 years of experience</p>	<p>Design: Survey</p> <p>Level of Evidence: 4</p>	<p>76% of hospital system nurses experienced some form of violence by either a patient or visit within the past year. The specific reasons for underreporting include no physical injury, inconvenient reporting processes, and the understanding that violence comes in the job description.</p>	<p>Prevention and de-escalation training programs are needed to decrease the incidences of violent acts against nurses. Programs should be extended more so to those in positions more prone to workplace violence like emergency nurses. Reporting measures also need to be enhanced in order to ensure this continually occurs regardless of the outcome.</p>	<p>Selection bias may have occurred as nurses who have been subjected to workplace violence may have been more inclined to respond to this survey. As well as the idea that those that participated may perceive violence in different ways. Because the findings were subjected to a large urban/community hospital setting, it may be difficult to generalize it to nurses in other settings.</p>
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<p>*15. Lantta, T., Anttila, M., Kontio, R., Adams, C. E., & Välimäki, M. (2016). Violent events, ward climate and ideas for violence prevention among nurses in psychiatric wards: A focus group study. <i>International Journal of Mental Health Systems</i>, 10(1). doi:10.1186/s13033-016-0059-5</p>	<p>Purpose Statement: "This study aimed to explore nurses' experiences of violent events in psychiatric wards, give insight into ward climates and examine suggestions for violence prevention."</p> <p>Research Question: Does understanding aggravating factors of WPV decrease the incidence of WPV? When it comes to de-escalation, is the focus on nursing competence more effective than the focus on physical restraints?</p>	<p>Setting: Three closed psychiatric inpatient wards in one Finnish hospital district.</p> <p>Sampling Method: Focus groups and open-ended questions .</p> <p>Focus groups were tape-recorded, transcribed, and further analyzed</p> <p>Sampling Size: 22 nurses working on target wards during the time period of August 27-September 4, 2012).</p> <p>Participants had to be registered or licensed clinical nurses, have a permanent/long-term position, be aged older than 18. 6 men and 16 women. Nine worked on the acute admissions ward, six on the acute forensics ward, and seven on the treatment and rehab ward.</p>	<p>Design: Five focus groups were created with a range of 3-7 participants in each. The questions were open-ended and based on descriptions of violent events, and what interventions would be effective.</p> <p>Level of Evidence: 4</p>	<p>Nurses descriptions of violent events were organized into three categories: <u>signs of violence</u>, <u>targets of violence</u>, and <u>responsive action in violent events</u>.</p>	<p>Participants had suggestions for how prevention of violence could be more effective. These fell into four categories: in-service training, competent interaction, presence of nurses and security improvements.</p> <p>De-escalation techniques taught in Finland in the 1990s have not resulted in much change of violence. Instead , de-escalation should focus less on physical restraint and more on the competency of the nurse and understanding patient conditions</p>	<p>Using Nurse Managers as contact individuals for choosing participants could have altered results. The sample also included nurses working with each other, so this could also have affected the data.</p>
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<p>*16. Jiao M, Ning N, Li Y, et al. Workplace violence against nurses in Chinese hospitals: a cross-sectional survey. <i>BMJ Open</i> 2015;5:e006719. doi:10.1136/bmjopen-2014-006719J</p>	<p>Purpose Statement: “To determine the prevalence of workplace violence that Chinese nurses have encountered, identify risk factors and provide a bases for future targeted interventions”</p> <p>Research Question: Can identifying and understanding risk factors provide a sufficient enough basis for creating proper interventions for decreasing WPV in the future?</p>	<p>Setting: Heilongjiang, a province in northeast China</p> <p>Sampling Method: From July to September 2013, 100 nurses were randomly selected from various hospital departments: internal medicine, surgery, gynecology, obstetrics, pediatrics, ICU, and the ER</p> <p>Sampling Size: 588 nurses</p>	<p>Design: A cross-sectional survey. Nurses were given a questionnaire, and were told to complete and return it anonymously.</p> <p>12 nurses were individually surveyed</p> <p>Level of Evidence: 4</p>	<p>Violence towards and aggression towards nurses occurs frequently. Non-physical violence occurs more frequently (71.9%), compared to physical violence (7.8%). inexperienced nurses were more likely to report physical or non-physical violence compared with experienced nurses.</p> <p>Participants explained that financial burdens, unsatisfactory treatment outcomes and miscommunications as factors that can lead to WPV.</p>	<p>“Preplacement education should focus on high-risk groups to reduce workplace violence. Increased awareness from the public and policymakers is necessary to develop effective control strategies at individual, hospital and national levels.”</p>	<p>Participants were only selected from seven hospitals in the same province.</p> <p>Recall bias can occur when participants have to report after an incidence</p>
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<p>*17. Arnetz, J. E., Hamblin, L., Essenmacher, L., Upfal, M. J., Ager, J., & Luborsky, M. (2014). Understanding patient-to-worker violence in hospitals: A qualitative analysis of documented incident reports. <i>Journal of Advanced Nursing</i>, 71(2), 338-348. doi:10.1111/jan.12494</p>	<p>Purpose Statement: "To explore catalysts to, and circumstances surrounding, patient-to-worker violent incidents recorded by employees in a hospital system database."</p> <p>Research Question: How can the understanding of patient behavior, patient care and situational events lead to a better prediction of WPV?</p>	<p>Setting: An American hospital system comprising of seven separate hospitals</p> <p>Sampling Method: a qualitative content analysis was conducted on the total sample of 214 type II incidents reported by employees. All personal identifiers were removed prior to the analysis.</p> <p>Sampling Size: A total sample of 214 type II incidents documented in 2011 by employees of an American hospital system with a centralized reporting system. The hospital system comprised of seven hospitals: one pediatric, one rehab, and five speciality hospitals.</p>	<p>Design: Qualitative content analysis</p> <p>Level of Evidence: 4</p>	<p>Most of the incidents were reported by nurses (39.8%), security staff (15.9%) and nurse assistants (14.4%). <u>Three themes were found from analyzing the data: Patient behavior, patient care and situational events.</u> Factors relating to patient behavior included cognitive impairments and demands to leave. Patient care factors included needle usage, patient pain/discomfort, and physical transfers of patients. Situational factors included the use of restraints, transitions in the care process, intervening to protect patients and/or staff, and redirecting patients.</p>	<p>Understanding aggravating factors of patient violence in hospitals informs administrators about the best ways to apply interventions. Hospital staff should and can be trained to recognize specific risk factors for violence.</p>	<p>Participants were taken from the same hospital system.</p>
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<p>*18. Angland, S., Dowling, M., & Casey, D. (2014). Nurses’ perceptions of the factors which cause violence and aggression in the emergency department: A qualitative study. <i>International Emergency Nursing</i>,22(3), 134-139. doi:10.1016 /j.ienj.2013. 09.005</p>	<p>Purpose Statement: “To explore nurses’ perceptions of the factors that cause violence and aggression in an Irish ED.” Research Question: Does understanding nurses’ perceptions of violence help to create better interventions for decreasing WPV in the future?</p>	<p>Setting: An ED in Ireland Sampling Method: Purposive sampling. Criteria for selection included nurses with a minimum of 6 months experience in the ED and involvement in a violent incident within the previous month Sampling Size: 12 nurses</p>	<p>Design: Survey Level of Evidence: 4</p>	<p>The participating nurses expressed that waiting times and lack of communication as contributing factors of aggression. Most of the recommendatio ns from the nurses are related to communication. Nurses explained different factors that cause violence and aggression. This communication was grouped into two categories: environmental and communication factors</p>	<p>Nurses suggest implementing strategies to indicate waiting times could be useful. Communicatio n training for ED staff was also recommended.</p>
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<p>*19. Stevenson, K. N., Jack, S. M., O'Mara, L., & Legris, J. (2015). Registered nurses' experiences of patient violence on acute care psychiatric inpatient units: An interpretive descriptive study. <i>BMC Nursing, 14</i>(1). doi:10.1186/s12912-015-0079-5</p>	<p>Purpose Statement: To explore psychiatric nurses' experiences with violent events in acute inpatient psychiatric setting.</p> <p>Research Question: Does gaining insight to nurses' perspectives on WPV help to develop better interventions for preventing WPV?</p>	<p>Setting: Within Canada's publicly-funded healthcare program. From one acute care psychiatric inpatient unit in South Central Ontario.</p> <p>Sampling Method: Data was collected over nine months in 2013, by conducting individual interviews.</p> <p>Sampling Size: Nurses who have an RN licensure, who are fluent in English, who are currently/previously employed in psychiatric adult inpatient care, and who have experienced any type of patient violence.</p>	<p>Design: Individual interviews</p> <p>Level of Evidence: 4</p>	<p>Findings/Conclusion: 33 specific experienced with patient violence were analyzed. Many nurses described acute inpatient violence as "part of the job". Some nurses expressed conflict between taking care of a patient and one's duty to care for oneself during violent incidents. The nurses supported the need for more education, debriefing following an incident, and a supportive work environment to prevent future violence.</p>	<p>If we understand the experiences and perspectives of nurses who have experienced violence in the acute inpatient psychiatric setting, we can have a greater understanding of patient violence overall. This would lead to a greater development of interventions of how to prevent and respond to violent patients.</p>	<p>Limited setting, only in Iran</p>
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<p>*20. Hassankhan i, H., Parizad, N., Gacki- Smith, J., Rahmani, A., & Mohammad i, E. (2018). The consequenc es of violence against nurses working in the emergency department: A qualitative study. <i>International Emergency Nursing</i>, 39, 20–25. doi:10.1016 /j.ienj.2017. 07.007</p>	<p>Purpose Statement: “In order to understand the consequences of WPV for emergency nurses in Iran, it is essential to explore their perspectives and experiences of WPV. This study aimed to investigate the aftermath and consequences of WPV from the emergency nurse’s perspective by using a qualitative research approach.” (p. 21) Research Question: What are the exact aspects of the consequences and aftermath of workplace violence for nurses in the emergency department?</p>	<p>Setting: Emergency departments in give hospitals in West and East Azerbaijan in Iran Sampling Method: Purposive sampling Sample Size: 16 emergency department nurses with the requirements of a minimum of one year of work experience</p>	<p>Design: Qualitative exploratory design Level of Evidence: 4</p>	<p>Those nurses that have been subject to workplace violence have multidimension al consequences that they suffer from. Their physical, mental, social, and professional lifestyles can be altered which affects all aspects of their lives. The consequences are not always addressed in full creating an even larger risk for nurses.</p>	<p>What was discovered in this study can hopefully further help healthcare managers grasp the consequences of workplace violence. Being able to properly identify it leads to appropriate ways to implement prevention programs for those working in emergency departments. Preventive and supportive measures are the two main components to be focused on in future studies.</p>	<p>Nurses were the only individuals of the healthcare realm interviewed and other viewpoints of the emergency department staff were not considered. A full grasp of how exactly workplace violence touches those in the emergency department made be better understood by including all staff members. A study to follow up those that leave the emergency department after a significant violent act may also be an asset to better understand the severity of violent acts against nurses.</p>
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