AG EDITOR

REVIEW

Occupational Health Nursing: Impact of occupational violence on the well-being of nurses

Enfermería en salud ocupacional: Impacto de la violencia ocupacional en el bienestar del personal de enfermería

Jeannette Mercedes Acosta Nuñez[1] ✉, Jose Israel Oña Oña[2] ✉, Leydi Mishell Tarco Maigua[2] ✉, Kerly Belén Vilca Vilca[2] ✉, Nicole Alejandra Yanchapanta Llambo[2] ✉

[1]Direccion de investigación y desarrollo DIDE. Universidad Técnica de Ambato. Facultad de Ciencias de la Salud. Carrera de Enfermería. Ambato, Ecuador.
[2]Universidad Técnica de Ambato. Ecuador.

ABSTRACT

Introduction: occupational violence in nursing is a growing problem that affects the physical, emotional and professional health of the staff, compromising the quality of care.
Objective: the aim of this study was to analyze the impact of such violence on nursing staff, comparing it with healthy work environments free of aggression, in order to evaluate its effects on physical, psychological and occupational well-being.
Method: a systematic review guided by the PRISMA 2020 guidelines was conducted, including original qualitative, quantitative or mixed studies published between 2020 and 2025 in international databases. Forty-six studies that met the inclusion criteria were selected.
Results: revealed a high overall prevalence of occupational violence (68,4 %), with verbal (66,8 %) and physical violence (20,8 %) predominating. The main impacts identified were anxiety (65,3 %), emotional exhaustion (58,4 %) and intention to resign (40,3 %). The interventions implemented reduced incidents by 31,7 %. Violence was more frequent in night shifts and emergency areas, while only a minority of institutions had complete protocols.
Conclusions: it is urgent to implement comprehensive policies with mandatory protocols, confidential reporting systems and institutional psychological support, in order to protect staff and improve the quality of care.

Keywords: Nursing Care; Occupational Violence; Psychological Well-Being.

RESUMEN

Introducción: la violencia ocupacional en enfermería es un problema creciente que afecta la salud física, emocional y profesional del personal, comprometiendo la calidad de la atención.
Objetivo: este estudio tuvo como objetivo analizar el impacto de dicha violencia en el personal de enfermería, comparándolo con entornos laborales saludables y libres de agresión, para evaluar sus efectos en el bienestar físico, psicológico y laboral.
Método: se realizó una revisión sistemática guiada por los lineamientos PRISMA 2020, incluyendo estudios originales cualitativos, cuantitativos o mixtos publicados entre 2020 y 2025 en bases de datos internacionales. Se seleccionaron 46 estudios que cumplieron con los criterios de inclusión.
Resultados: revelaron una alta prevalencia global de violencia ocupacional (68,4 %), predominando la violencia verbal (66,8 %) y la física (20,8 %). Los principales impactos identificados fueron ansiedad (65,3 %), agotamiento emocional (58,4 %) e intención de renuncia (40,3 %). Las intervenciones implementadas permitieron reducir los incidentes en un 31,7 %. La violencia fue más frecuente en turnos nocturnos y áreas de urgencias, mientras que solo una minoría de instituciones contaba con protocolos completos.

Conclusiones: que es urgente implementar políticas integrales con protocolos obligatorios, sistemas de denuncia confidenciales y apoyo psicológico institucional, con el fin de proteger al personal y mejorar la calidad asistencial.

Palabras clave: Atención de enfermería, Violencia ocupacional, Bienestar Psicológico.

INTRODUCTION

Nursing is a profession that goes beyond clinical care; it is a daily commitment to people's health and well-being. However, this noble work faces a silent but undoubtedly very important challenge: occupational violence. This problem not only threatens the physical integrity of nurses, but also damages their emotional health and their ability to perform comfortably. In a world where healthcare systems are already under pressure, workplace violence becomes an additional obstacle that weakens the quality of care and staff stability.[1] From verbal abuse to intimidation among colleagues, these experiences leave deep scars that affect not only professionals but also the patients who depend on their care.

Violence in the workplace takes many forms, and in the case of nursing, its effects are particularly severe due to the nature of the work. Long hours, constant contact with patients in critical situations, and a lack of resources in many healthcare centers create an environment conducive to tension and conflict. Recent data show that an alarming percentage of nurses have experienced some form of violence in their workplace, whether physical, verbal, or psychological. In areas such as emergency rooms, where stress is high, violent incidents are so frequent that many consider them inevitable, a perception that only exacerbates the problem.

The consequences of this violence are multiple and profound. Physically, it can result in injuries, sleep disorders, and ongoing health problems. But it is the emotional experiences that are the most difficult to overcome, such as anxiety, burnout, feelings of helplessness, and in extreme cases, even leaving the profession. When nurses live under the constant threat of aggression, their ability to provide compassionate and effective care is seriously compromised. In addition, violence among colleagues, although less visible, is equally harmful, as it destroys trust within teams and creates a toxic work environment.[2]

One of the most worrying aspects is the normalization of these attacks. In many places, nurses are instructed with phrases such as "when you are attacked" instead of "if you are attacked," which reinforces the idea that violence is an inherent part of the job. This passive acceptance not only prevents incidents from being reported, but also hinders the implementation of preventive measures. Many professionals choose not to report incidents for fear of reprisals, lack of trust in institutional processes, or simply because they believe that nothing will change.

This is compounded by the current global context, where work overload, staff shortages, and pressures on the healthcare system have exacerbated the risks of violence. In many countries, especially those with limited resources, nurses face precarious working conditions that make them even more vulnerable. The recent pandemic has only exacerbated this situation, exposing staff to higher levels of stress and aggression in an already difficult environment.

While some centers have begun to implement safety protocols and emotional support programs, many others lack even the most basic tools to deal with this reality. A paradigm shift is urgently needed that prioritizes the well-being of nurses not only as workers, but as fundamental pillars of any health system.

In this regard, it is important to understand that occupational violence is not an isolated problem, but a symptom of deeper flaws in the organization of work, the social value of nursing, and the structural conditions of the health sector. Combating it requires not only urgent measures, but also an immediate approach that includes improvements in working conditions, training in conflict management, and, above all, a real commitment by institutions to create safe and respectful environments.

Another critical factor that exacerbates the impact of occupational violence in nursing is the lack of emotional and technical preparation to handle these situations. Many professionals enter the field without adequate tools to deal with aggression, which increases their vulnerability. In addition, the institutional hierarchy in health centers often makes it difficult to seek support, as nurses fear being stigmatized or not taken seriously when reporting incidents. This dynamic is reinforced by unclear reporting systems and, in many cases, the absence of real consequences for perpetrators.

At the same time, the pressure to maintain high standards of care in adverse conditions leads many nurses to prioritize patient care over their own well-being, perpetuating a cycle of silent burnout. The combination of these factors not only affects nurses' quality of life, but also compromises patient safety, creating an environment where human error and emotional disconnection become latent risks.

Without a profound transformation in organizational culture and labor protection policies, this problem will continue to be an invisible barrier to excellence in health care.

The aim is not only to highlight a problem that has been underestimated for a long time, but also to create a space to reflect on the actions needed to change the reality of nurses. Because caring for those who care is not only an act of justice, but a fundamental condition for building more humane and resilient healthcare systems.[3]

METHOD

The systematic review was guided by the established guidelines of the PRISMA 2020 statement and focused on analyzing how workplace violence affects the physical, emotional, and occupational well-being of nursing staff from an occupational health perspective. The available evidence on the consequences of workplace violence in this professional group was sought and summarized, also considering the associated organizational and psychosocial factors. The main research question was to identify the impact of occupational violence on the overall well-being of nurses. To conduct this review, five relevant scientific databases were consulted: PubMed/MEDLINE, SciELO, LILACS, Web of Science, and CINAHL. Controlled search terms (DeCS, MeSH) and free terms were used, combined with Boolean operators (AND).
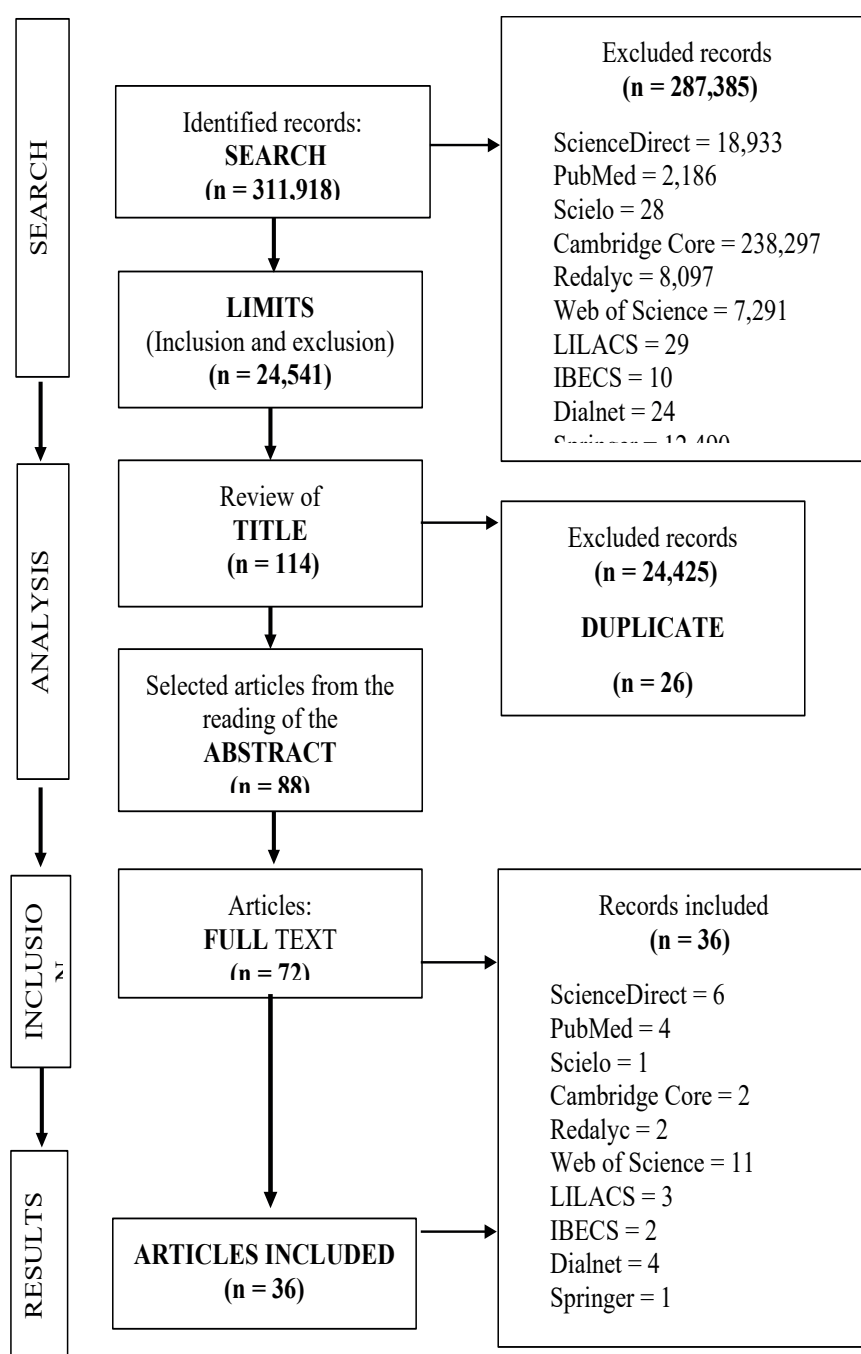

Figure 1. Search strategy flowchart

Search strategy

Table 1. Search strategies and results of the bibliographic search										
Database Search engine Library	Search Algorithms	Search results	Limits Inclusion and exclusion criterio exclusion	Articles Obtained	Title Selection	Duplicate	Abstract Selection	Full Reading	Scientific rigor	Included Articles
Science Direct	Workplace Violence AND Psychological Well-Being AND Nursing Care	2	Years 5 Original scientific articles. (Clinical trials) Free access. Language unrestricted.	8	5	3	5	3	3	0
	Workplace Violence OR Occupational Violence AND Nursing Care	18 970		94	6	0	5	4	4	4
	Workplace Violence AND Nursing Staff AND Psychological Well-Being	2		8	2	3	1	1	1	1
	Nursing Care AND Workplace Violence NOT Physicians	19		3	2	0	1	1	1	1
PubMed	Workplace Violence AND Psychological Well-Being AND Nursing Care	190	Years 5 Scientific articles (clinical trial, systematic review, text completely free) Open access. No language restrictions.	4	3	2	2	2	2	1
	Workplace Violence OR Occupational Violence AND Nursing Care	1140		2	5	4	5	4	3	1
	Workplace Violence AND Nursing Staff AND Psychological Well-Being	70		5	3	0	3	2	2	2
	Nursing Care AND Workplace Violence NOT Physicians	819		3	2	1	2	2	1	0
Scielo	Workplace Violence AND Psychological Well-Being AND Nursing Care	0	Years 5 Scientific articles Open access Language unrestricted Systematic review	0	0	0	0	0	0	0
	Workplace Violence OR Occupational Violence AND Nursing Care	2		1	1	0	1	1	1	0
	Workplace Violence AND Nursing Staff AND Psychological Well-Being	0		1	1	1	1	1	1	1
	Nursing Care AND Workplace Violence NOT Physicians	0		0	0	0	0	0	0	0
Cambridge Core	Workplace Violence AND Psychological Well-Being AND Nursing Care	2	Years 5 Scientific articles, original. Free access. Language unrestricted.	2	2	2	2	2	2	2
	Workplace Violence OR Occupational Violence AND Nursing Care	0		0	0	0	0	0	0	0
	Workplace Violence AND Nursing Staff AND Psychological Well-Being	260 362		22 065	5	2	4	2	2	0
	Nursing Care AND Workplace Violence NOT Physicians	0		0	0	0	0	0	0	0

The main descriptors included "occupational health," "nursing staff," "workplace violence," "psychological well-being," "job satisfaction," and their equivalents in Spanish. Filters were applied to include studies published between 2020 and 2025, in Spanish and English, with access to the full text. The search was conducted between January and March 2025. The inclusion criteria considered original studies that addressed the impact of occupational violence (physical, verbal, or psychological) on the well-being of nursing staff, with qualitative, quantitative, or mixed methodological designs. Research focused on other health professions, as well as editorials, letters to the editor, protocols, duplicate studies, or those without sufficient information on their methodology, were excluded.[4]

The study selection process was carried out in three stages. First, duplicates were removed using EndNote software. Then, two independent reviewers read the titles and abstracts, and the full texts of the preselected studies were reviewed. The entire selection process was documented using the PRISMA 2020 flow chart. To assess the methodological quality of the included studies, validated tools were used, chosen according to the type of design of each study. Each study was classified as high, moderate, or low quality based on the score obtained.

Finally, the data were extracted using a matrix designed specifically for this purpose, which included information on the author, year of publication, methodological design, population studied, type of violence assessed, and the most important findings. The synthesis of the results was organized narratively and by theme, grouping the impacts into three main categories: physical, psychological, and occupational. Due to the methodological and results diversity among the studies, a meta-analysis was not performed, opting instead for a qualitative and descriptive presentation of the findings.[5]

RESULTS

A systematic review of 46 studies published between 2020 and 2025 reveals an alarming crisis in nursing: 68,4 % of staff suffered occupational violence, meaning that more than two-thirds experienced aggression in their workplace. Verbal violence is the most prevalent form, affecting 66,8 % of nurses and leaving "deep scars" on their emotional health, despite not being physical. Physical violence, meanwhile, affected 20,8 % of staff, posing a direct risk to their physical integrity and occupational safety. These percentages reflect a dangerous normalization of aggression, exacerbated by high-pressure contexts and insufficient resources, requiring an immediate response from health institutions and authorities.

The main impacts on well-being are the most significant and harmful effects identified in the physical, psychological, and professional well-being of nursing staff, which are detailed below: 65,3 % of nurses report anxiety, manifested in "sleep disorders and constant health problems," indicating a serious deterioration in their mental health. 58,4 % suffer from emotional exhaustion (burnout), characterized by "professional attrition" and "feelings of helplessness," which deepens a "cycle of silent attrition." In addition, 40,3 % are considering leaving their jobs due to violence, which has become an "additional obstacle that weakens the quality of care and staff stability." This combination threatens the continuity of care and the sustainability of health systems.

Violence is concentrated in specific contexts: emergency departments show an odds ratio (OR) of 3,41, where incidents are "so frequent that many consider them inevitable" due to high stress, high demand for care, and exposure to patients in acute crisis without prior screening. Night shifts (OR 1,78) present a higher risk due to accumulated fatigue, reduced availability of support staff, and reduced supervision, creating environments conducive to aggression. Both environments share critical factors such as "long working hours, constant contact with patients in critical situations, and a lack of human and material resources," which creates an explosive cocktail of tensions that will generate more demands on nursing professionals, causing them to feel more overwhelmed.

Despite the seriousness of the problem, institutions have systemic flaws in their response: only 22 % have comprehensive protocols to address violence, revealing a widespread lack of formal tools and real commitment. In addition, a "culture of silence" prevails, with only 12 % of incidents being officially reported. This underreporting reflects a "passive acceptance" attributed to "fear of reprisals, lack of confidence in institutional processes, or belief that nothing will change." Thus, violence is normalized as "an inherent part of the job," perpetuating impunity and highlighting institutional neglect of staff. This not only undermines professional dignity but also generates higher healthcare costs and reduces the quality of care for patients.

The results underscore the urgency of comprehensive policies based on three pillars: 1) mandatory protocols with ongoing training and annual practical training; 2) confidential reporting systems with real protection against reprisals and highly effective investigations; and 3) accessible and free institutional psychological support. Specific legislation, investment in primary prevention (safe design of spaces, adequate ratios), and a cultural change that denaturalizes violence through awareness and reflection campaigns are also required. The reduction in incidents has been thanks to the interventions of several people who have broken their silence, confirming that these measures are viable and ethically unavoidable to protect both nurses and the healthcare system.

			Table 2. PRISMA results			
Author	Original topic	Year	Type of study	Objective	Methodology	Results
Gillespie, Gordon L. Berry, Peggy	Qualitative analysis of workplace assault outcomes from the perspective of emergency nurses.[10]	2023	Qualitative study	To explore the consequences of workplace violence on emergency nurses, focusing on the effects on: The nurses themselves (physical/ psychological). Patients and visitors. The work environment. The quality of care.	Qualitative study with conventional content analysis. Participants: 167 emergency nurses (91 % women, 86 % day shift). Data collection: Written descriptions of an episode of workplace aggression.	Workplace violence seriously affects emergency nurses, causing injuries, anxiety, and depression (62 % trained, but without effective protection). It also impacts patient care (5 % of aggressors arrested) and the work environment (lack of clear protocols). Real support and prevention measures are urgently needed.
Kolutek, Rahsan Erkutlu, Hakan Chafra, Jamel	Workplace violence and nurses' psychological well-being: the mediating role of burnout and the moderating role of psychological resilience.[11]	2024	Cross-sectional quantitative research	To examine the impact of workplace violence on the psychological well-being of nurses, focusing on: The mediating role of burnout The protective effect of psychological resilience.	Sample: 945 nurses from 15 university hospitals in Turkey. Analysis: Hierarchical multiple regression to test the mediation (burnout) and moderation (resilience) hypotheses.	High prevalence: 61,3 % suffered workplace violence (mostly verbal/physical) Psychological effects: 35 % increase in risk of depression Burnout accounted for 68 % of psychological damage. Resilience: Reduced the negative impact by 42 %.
Yang, Hui Ling Tai, Ju Chun Wang, Chia Hui Shyu, Yuh Kae Chou, Kuei Ru Pien, Li Chung	Workplace violence, job characteristics, and seniority levels among nurses: a cross-sectional study.[12]	2025	Quantitative research	Compare the prevalence of workplace violence among novice nurses (≤2 years of experience) and veteran nurses (>2 years) Identify associated risk factors.	Sample: 1000 nurses from Taiwanese hospitals (2021) Instrument: Validated questionnaire with: Demographic data Experiences of violence (verbal, physical, psychological) Work variables (psychological demands, job fairness).	Overall prevalence: 50 % suffered violence in the last year Types: verbal (60 %), physical (25 %), psychological (15 %) Differences by experience: New nurses: • 65 % higher risk of psychological violence (OR=1,65) • Main factors: High psychological demands (OR=2,3) Low job justice (OR=1,8).
Shi, Lei Li, Guoqiang Hao, Jiatong Wang, Weidong Chen, Wei Liu, Shihui Yu, Zhixin Shi, Yu Ma, Yuanshuo Fan, Lihua Zhang, Leijing Han, Xuanye	Psychological exhaustion in doctors and nurses exposed to workplace violence: a cross-sectional study using propensity score analysis. [13]	2020	Quantitative research	To assess the causal impact of workplace violence on symptoms of depression/anxiety Compare effects between doctors and nurses.	Sample: 2637 professionals (1264 exposed to violence) from 15 Chinese hospitals Technique: Propensity score matching to control for confounding variables.	Prevalence: 47,9 % experienced workplace violence (mostly non-physical violence) Nurses showed greater vulnerability than doctors Psychological impact: Adjusted OR for depression: 1999 (95 % CI: 1497-2670) Adjusted OR for anxiety: 1999 (95 % CI: 1497-2670). Nurses had a 30 % higher risk than doctors.

Dafny, Hila Ariela Snaith, Nicole Cooper, Paul Waheed, Nasreena McCloud, Christine Champion, Stephanie	The effects of workplace violence on nursing students from the perspective of facilitators or clinical preceptors.[14]	2025	Qualitative study	To determine clinical facilitators' perceptions of the impact of workplace violence on nursing students during their clinical placements.	Interviews were conducted with 11 clinical facilitators in healthcare centers in southern Australia; the data were analyzed thematically with the support of NVivo 12.	Three key themes were identified: effects on academic and professional development, impact on mental and physical health, and repercussions on students' personal lives.
Pien, Li-Chung, Wang, Chia-Hui, Cheng, Wan-Ju, Lin, Yu-Huei Chou, Kuei-Ru; Hsu, Chia-Yueh	The relationship between resilience and mental health status in nurses with experiences of workplace violence: a cross-sectional study. [15]	2025	Quantitative research	Analyze how workplace characteristics, resilience, and workplace violence are related to nurses' mental health, and investigate the effect of resilience on mental health.	A survey was conducted among 334 nurses at a hospital in Taiwan who had experienced workplace violence. Variables such as resilience, mental health (burnout and distress), sleep quality, and job characteristics were assessed. Chi-square analysis and multivariate logistic regression were used.	Low resilience was associated with greater mental distress, poorer sleep, less job control, and perceived injustice. Resilience reduced distress and improved sleep, but did not influence professional burnout.
Camila De Souza, Maria Quina, Maynara Carvalho, Alessandro Rolim, Jhonny De Melo Gomes, Júlia Trevisan.	OCCUPATIONAL VIOLENCE: EXPERIENCES AND STRATEGIES OF NURSES IN EMERGENCY CARE UNITS.[16]	2022	Qualitative study	To understand the experiences and coping strategies adopted by nurses in emergency care units in response to violence suffered in the workplace.	The study was conducted with 21 nurses using semi-structured interviews lasting 31 minutes, which were recorded and transcribed. The analysis followed the Bardin technique, involving pre-analysis, coding, categorization, and interpretation of the data.	The nurses identified reasons for the violence, such as delays in care, dissatisfaction, lack of resources, and poor quality of public services. They feel unprotected, and the violence affects their mental health, causing fear, helplessness, and indifference. To cope with the situation, they resort to complaining, dialogue, calmness, and spirituality.
Kahloul, I. Kacem, A. Ghenim, Ajmi, W. Naija, A. Chaouch, and N. Mrizak	Impact of emotional intelligence on anxiety-depressive disorders in intensive care nursing staff.[17]	2023	Descriptive, cross-sectional, and analytical method	To evaluate the impact of emotional intelligence (EI) on anxiety-depressive disorders in ICU nursing staff.	A descriptive, cross-sectional, and analytical study was conducted among nursing staff in the ICUs of two hospitals in Tunisia. Data collection was carried out over a period of three months. EI was assessed using the SSEIT self-report test, and the Hospital Anxiety and Depression Scale (HADS) was used to measure anxiety-depressive disorders. Sociodemographic aspects were also considered.	The study included 92 healthcare professionals, most of whom were women (67,4 %) between the ages of 25 and 54. Fifty-eight point seven percent of the participants were nurses, and approximately half had less than five years of experience. In terms of lifestyle habits, 76 % were smokers, 90,2 % did not consume alcohol, and 53 % did not engage in leisure activities. The average EI (emotional intelligence) score was 109,9. Anxiety affects 43,49 % and depression 51,08 %. A significant association was found between anxiety and the perception of emotions, as well as the management of emotions in others and depression. EI showed a positive correlation with the HADS questionnaire.

A. Koubaa, N. Khouja, S. Ismail, E. Bechrifa, E. Baraketi, A. Ben Jemaa, J. Hsinet, and A. Benzarti	Psychological impact of workplace violence on emergency room nurses. [18]	2023	Cross-sectional study	To describe the psychological impact of workplace violence on nurses in the emergency department.	A cross-sectional study based on questionnaires was conducted, including nurses working in emergency departments in different hospitals in Tunisia. Data from the respondents were collected between March and September 2022.	A total of 164 nurses were included. Nineteen nurses had a history of one or more mental disorders, including anxiety disorder in 12 cases and depressive disorder in 11. All nurses had been victims of violence at work, and 104 had witnessed at least one violent act. Perceptions of safety in the workplace varied: 29,8 % reported little or no concern, 29,9 % expressed mild concern, and 40,2 % reported being seriously concerned about their safety, with 14,6 % often feeling at risk and 12,2 % always feeling at risk. Forty-nine point four percent said there was prejudice surrounding their mental health, in contrast to the low 14 % who sought support from mental health professionals. In addition, several reported nightmares (44 cases), avoidance (56 cases), or intrusive memories (48 cases) related to workplace violence. The majority of participants (58,5 %) reported psychosomatic symptoms, such as palpitations (46 cases), nervousness (56 cases), pain (23 cases), fatigue (29 cases), or nonspecific digestive symptoms (17 cases).
Paula Ceballos-Vásquez, Felipe Espinoza-Arrué, José Solorza-Aburto	Psychological and physical violence perceived by workers in private emergency units in Chile. [19]	2023	Cross-sectional, explanatory study	To determine the perception of workplace violence and associated factors in emergency units of private health facilities.	In 2019, a study was conducted with 130 workers in private emergency units in Chile. A questionnaire was administered that included biosociodemographic, occupational, and workplace violence variables in healthcare. For inferential analysis, chi-square, Fisher's exact, and logistic regression tests were used.	In the study, psychological violence was the most prevalent (54,6 %). The logistic regression model showed that age and concern about violence are factors that increase the risk of experiencing psychological violence, with statistically significant results (p ≤ 0,05).
Wendy Foster, Nicola Williams, Jackie Wood, Susan Dyer, Anita Minkus	Adaptation and Implementation of the RNAO Good Clinical Practice Guidelines on abuse of women: A critical reflection. [20]	2024	Qualitative research	Critical reflection on the implementation of the Ontario Registered Nurses' Association's Best Practice Guide, specifically the guide "Abuse of Women	The study uses a critical reflection methodology based on the six phases of the Ontario Registered Nurses' Association's Knowledge to Action Process, through reports and reflective conversations.	The implementation of the Good Practice Guide in Australia improved healthcare staff knowledge and detection of violence, strengthened leadership and collaboration, and showed promising sustainability despite limiting costs.

					It employs qualitative methods to assess knowledge, leadership, collaboration, and staff development, as well as to analyze costs and sustainability of cultural change in care for women who are victims of violence.	
Li, Shengjia Yan, Hongwei Qiao, Shuai Chang, Xiaolin	Prevalence, influencing factors, and adverse consequences of workplace violence against nurses in China: a cross-sectional study. [21]	2022	Quantitative research	To determine the prevalence of workplace violence among Chinese nurses Analyze association with: demographic characteristics, quality of work life, and coping styles	Sample: 2769 nurses from Chinese hospitals Instruments: Workplace violence questionnaire Work quality of life scale Coping styles scale)	Prevalence: 49,12 % experienced violence in the last 6 months Risk factors: Night shifts (OR=1,78) Chronic diseases (OR=1,53) Passive coping (OR=1,47)
Cranage, Kylie Foster, Kim	Mental health nurses' experiences in challenging work situations: a qualitative descriptive study. [22]	2022	Qualitative research	To analyze episodes of violence and their consequences in Australian MHN.	Sample: 374 mental health nurses Design: Online qualitative survey with open-ended responses Analysis: Thematic coding of narratives about violence	Prevalence: 89 % experienced verbal violence (threats, insults) 63 % faced physical aggression 45 % received specific personal threats Psychological impact: 72 % developed work-related anxiety 58 % reported symptoms of post-traumatic stress 81 % suffered from sleep disorders
Fabri, Natalia Violim Martins, Júlia Trevisan Galdino, Maria José Quina Ribeiro, Renata Perfeito Moreira, Aline Aparecida Oliveira	Workplace violence and professional quality of life among primary care nurses. [23]	2022	Quantitative research	To analyze the association between workplace violence and professional quality of life in nurses working in Basic Health Units.	Sample: 101 primary care nurses Instruments: Workplace Violence in Healthcare Questionnaire Professional Quality of Life Scale (ProQOL) Analysis: Descriptive statistics Wald's chi-square (p<0,05)	Prevalence of violence: 65,3 % verbal harassment 29,7 % moral harassment 17,8 % physical violence Impact on quality of life: 58,4 % high burnout 57,4 % high post-traumatic stress 54,5 % low satisfaction due to compassion
Üzar-Özçetin, Yeter Sinem Russell-Westhead, Michele Tee, Stephen	Workplace violence: a qualitative study based on the perspectives of UK nursing students. [24]	2021	Qualitative research	To explore the impact of workplace violence (WV) on nursing students from their perspective.	Sample: 444 nursing students (United Kingdom) Design: Qualitative study with thematic analysis Technique: Interviews/open-ended questionnaires	Alarming prevalence: 52 % experienced violence during their placements 78 % witnessed violent incidents

Authors	Title	Year	Type	Objective	Methodology	Results
Ham, Elke Ricciardelli, Rosemary Rodrigues, Nicole C. Hilton, N. Zoe Seto, Michael C.	Beyond workplace violence: Direct and indirect trauma in psychiatric hospital workers. A qualitative study.[25]	2022	Qualitative research	Explore the impact of direct/ vicarious trauma on the mental health of psychiatric nurses and their relationship with patients.	Sample: 30 psychiatric workers Design: Qualitative analysis of open-ended responses Instruments: Workplace violence survey PTSD symptom questionnaire	Dual impact of trauma: 83 % affected by direct violence 67 % suffered vicarious trauma (patient stories) Aggravating factors: Lack of organizational support (90 %) Chronic exposure to crisis (OR=4,2) Consequences: 73 % presented symptoms of PTSD 60 % developed empathy fatigue
Thomas, Brodie Jacob, Alycia McCann, Damhnat Buykx, Penny Schultz, Rebecca Kinsman, Leigh O'Meara, Peter Edvardsson, Kristina Spelten, Evelien	Analysis of violent incidents in five regional and remote emergency departments in Australia: a retrospective descriptive study.[26]	2024	Quantitative research	Identify characteristics of perpetrators and violent situations in remote EDs in Australia.	Design: Retrospective descriptive study Sample: Complete records from five Australian regional Eds Period: 12 months (January–December 2018) Data sources: 342 official reports of violent incidents 1896 associated medical records	Temporal patterns: Homogeneous distribution by day/shift 60 % occurred in the first 4 hours of care Impact: 1 in 6 incidents caused injuries 45 % required multidisciplinary intervention
Han, Chin Yen Chen, Li Chin Lin, Chun Chih Goopy, Suzanne Lee, Hui Ling	How emergency nurses develop resilience in the context of workplace violence: a grounded theory study. [27]	2021	Qualitative research	To analyze the process of resilience development in emergency nurses facing workplace violence.	Design: Interpretive qualitative study Sample: 30 emergency nurses from 3 Taiwanese hospitals Techniques Semi-structured interviews (60-90 min) Theoretical sampling until saturation Recording and verbatim transcription	Professional commitment as the main driver 83 % linked resilience to their identity as caregivers Barriers Lack of institutional support (reported by 70 %) Unaddressed post-traumatic stress (45 %)
Odes, Rachel Chapman, Susan Ackerman, Sara Harrison, Robert Hong, Oi Saeng	Differences in workplace violence incident reporting practices in hospitals: a mixed methods study.[28]	2022	Mixed research	To evaluate the implementation of the WVIRS in California and analyze patterns of reporting violence against healthcare workers.	Design: Quantitative analysis of WVIRS data (2017-2020) Qualitative study in six hospital systems (2019-2020) Sample: 413 hospitals (quantitative data) 18 administrators (qualitative interviews)	Quantitative data: Range: 0-6 incidents/bed (3 years) Only 3,9 % of hospitals reported ≥2 incidents/bed Qualitative findings: Inconsistency in reporting: • 50 % only record physical assaults • 33 % use direct electronic reporting • 17 % rely on supervisors

Emmerling, Sheryl A. McGarvey, Jeremy S Burdette, Kaitlyn S.	Evaluation of a workplace violence management program and nurses' confidence in dealing with patient aggression. [29]	2024	Quantitative research	To evaluate the impact of a violence prevention program on nurses' confidence in handling aggression.	Design: Pre-post intervention study Sample Clinical nurses (Midwest US) Criteria: >51 % time in direct patient care	Nursing staff who completed the training in 2022 showed significantly higher confidence than those who completed it in 2019.
Yang, Hang Ju Liu, Yen Ling Pien, Li Chung Yang, Yun Chieh Cheng, Wan Ju	Workplace violence and mental well-being among long-term care nursing assistants in different workplaces: a cross-sectional study. [30]	2025	Quantitative research	To analyze the association between work violence and mental health in LTC depending on the work environment (nursing homes vs. home care).	Design: Cross-sectional observational study Sample: 937 certified LPNs (Taiwan, 2022-2023) Instruments: Workplace violence questionnaire (4 types) Brief Symptom Scale (mental health) Copenhagen Burnout Inventory	Prevalence by environment: Residential homes: 78 % psychological violence, 65 % verbal Home: 62 % psychological violence, 58 % verbal Impact on mental health: Psychological violence: OR=2,38 (95 % CI: 1,40-4,05) Mediator burnout: Indirect effect=35 % (p<0,01)
Qutishat, Mohammed Ghalib	Protecting our angels: how to combat workplace bullying against nurses working in community settings. [31]	2025	Quantitative study	To examine the prevalence and experiences of workplace bullying among community nurses in Oman.	Quantitative study with convenience sampling; 197 nurses completed an online questionnaire between September and October 2023.	71,1 % experienced harassment, mainly verbal and emotional, mostly from coworkers. Although they were aware of reporting mechanisms, 65 % did not report cases due to lack of trust in the system. 71,1 % expressed an intention to leave their job.
Han, Chin Yen Chen, Li Chin Lin, Chun Chih Goopy, Suzanne Lee, Hui Ling	How emergency nurses develop resilience in the context of workplace violence: a grounded theory study. [32]	2021	Qualitative study	To understand how emergency nurses develop resilience in the face of workplace violence.	Qualitative study conducted through semi-structured interviews with 30 nurses in three emergency departments in Taiwan between August and December 2018.	The development of resilience occurred in three stages: emotional release, interpretation of thoughts and actions, and establishment of coping strategies. Professional commitment to care was the main driver of resilience.
da Silva Junior, René Ferreira; Cardoso Silva Jany Kelly; Pereira Goncalves, Camila; Maia Gusmão, Ricardo Otavio; PEREIRA, Victor Guilherme; Oliveira e SILVA, Carla Silvana.	Strategies adopted by nursing professionals in response to violence experienced in emergency and urgent care settings. [33]	2024	Descriptive, qualitative study using symbolic interactionism.	Identify the meanings and strategies adopted by nursing professionals in situations of violence in an emergency unit.	A descriptive and qualitative study based on symbolic interactionism. The study used a focus group consisting of eight professionals from the nursing team of a hospital emergency department.	The meanings were complex and the strategies focused on promoting tolerance of violence to maintain control at work. Conflicts were handled by seeking to calm violent situations, prioritizing the safety of others, while maintaining a certain distance from the patient or companion causing the problem.

Oliveira, Camila; Quina Galdino, Maria Jose; Carvalho Barreto, Maynara Fernanda; Scholze, Alessandro; De Melo Gomes, Jhonny Richard; Trevisan Martins, Julia	Violence at work: experiences and coping strategies of nurses in emergency care units.[34]	2022	Qualitative study	To learn about the experiences and coping strategies of nurses in emergency care services who suffer from workplace violence.	A qualitative study was conducted between November and December 2018. Data were collected through individual interviews recorded with 21 nurses from two Emergency Care Services in a city in Paraná, Brazil. Bardin's content analysis technique was used to analyze the data.	Four key categories were identified: 1) Causes of violence in nursing work; 2) Manifestations of this violence in the work process; 3) Feelings of nurses towards violence at work; and 4) Strategies used by healthcare professionals to deal with this situation. Experiences of violence are related to factors such as delays in care, being a woman, and working in public spaces. The strategies adopted include communication with authorities, active listening, empathy, maintaining calm, and fostering spirituality.
Fernández-Fernández, Jesús Antonio; Sánchez-Valdeón, Leticia; Casado-Verdejo, Inés; Gómez-Salgado, Juan; Méndez-Martínez, Carlos; García-Suárez, Mario; Fernández-García, Daniel.	Analysis of intimidation and harassment experienced by fourth-year nursing students during their clinical practice.[35]	2022	Descriptive cross-sectional study	To analyze the intimidation and/or harassment experienced by nursing students during their clinical practice.	A descriptive study was conducted at the University of León. The study population consisted of fourth-year nursing students. The measurement instrument was a 24-question questionnaire, which was approved by the university's Ethics Committee. Data analysis was performed using statistical tests such as chi-square, Student's t-test, and Mann-Whitney U.	It was observed that 26,5 % of students (n=83) experienced episodes of intimidation and/or harassment. Younger students were the most affected, mainly by doctors, patients, and family members. This had an impact on their psychological well-being, causing feelings of depression, humiliation, and incapacity, which negatively affected the care they provided to patients.
Busnello, Grasiele Fátima; Trindade, Letícia de Lima; Pai, Daiane Dal; Brancalione, Daiana; Calderan, Manoela Marciane; Bauermann, Kaciane Boff.	Confronting violence in nursing work in the hospital setting and in primary health care.[36]	2021	Mixed sequential explanatory study	To understand and analyze the mechanisms used by nursing professionals to cope with violence in the hospital setting and in primary health care.	An explanatory study with a mixed sequential design was conducted, including 198 nurses from a hospital and 169 from primary care centers in a municipality in southern Brazil. Data were collected through a survey in the quantitative phase and interviews in the qualitative phase. The data were analyzed using statistical software for social sciences and thematic analysis.	Fifty-one percent of participants had experienced violence. Workers tend to use individual and collective coping mechanisms, demonstrating that the problem is often directed at the victim. Collective work was highlighted as key to resisting violence, with an emphasis on dialogue and support among colleagues. A lack of institutional support for managing behavior in cases of violence and repercussions for perpetrators was also observed.

Campuzano Zaldívar, María Fernanda De Haro Contreras, Frida Angélica Hernández Delgado, Daniela Ochoa Estrada, María Cristina Gallegos Alvarado, Monica	Level of workplace bullying (mobbing) in the surgical area.[37]	2024	Quantitative study	To determine the level of workplace bullying among healthcare personnel in the surgical department of a second-level hospital in Durango, Mexico.	The modified LIPT-60 instrument was applied to 43 workers in the surgical area; the study was quantitative and cross-sectional.	96 % reported low levels of workplace violence; however, medium and high levels were observed in specific dimensions such as disparagement (9 % medium, 5 % high) and intimidation (9 % medium, 2 % high).
Aydogdu A	Workplace violence against nurses: A qualitative investigation.[38]	2023	Qualitative research	Identify the experiences of nursing staff working in the state of Rio de Janeiro, Brazil, in workplace violence and provide recommendations to prevent these acts.	This is a descriptive study with a qualitative approach and used the checklist of criteria for the Presentation of Qualitative Research Reports of Qualitative Research, which included 42 nurses working in the state of Rio De Janeiro, and these results were collected in March 2022 using an online form with open and closed questions.	The average age of the respondents ranged from 33 to 64 years old, with work experience varied, as did were as follows: verbal (73,8 %) and psychological (66,7 %); social (35,7 %), and physical (11,9 %).
Cisneros K. Vederzoto E. Maldonado V.	Violence in the workplace from the perspective of nursing professionals in a pediatric emergency department.[39]	2024	Qualitative research	Exploring the perception of nursing professionals on workplace violence in the performance and execution of healthcare activities in the emergency department. Identify emergency nursing	This was a qualitative research study with a phenomenological design that focused on obtaining information, recounting and describing the experiences of who were nursing professionals of both sexes, with a total of 32 people on violence in the workplace through focus groups in a pediatric emergency department.	Each participant was identified with the letter "E" and assigned to 3 deductive categories deductive categories and 8 inductive subcategories were assigned to each group, which were then assigned the abbreviation GF with its respective number. For identify males, the letter "M" was used the letter M was used and F for femalesAccording to the observations made, GF1 and GF3 participated less, and GF2 and GF4, on the contrary, as they had the opportunity to focus more on the topic and discuss it.
María Isabel Serrano Vicente; M Teresa Fernández	External aggression towards professionals of the Aragon Health Service in Primary and Specialized Care during 2018.[40]	2020	Descriptive cross-sectional study	To analyze the assaults reported by professionals in the Aragon Health Service, comparing the characteristics of those that occurred in primary care with those that took place in specialized care during 2018.	A descriptive cross-sectional study was conducted using data from the 2018 record of assaults in Aragon. The sociodemographic characteristics of the victims, types of assault, medical care, and sick leave were analyzed.	A total of 236 assaults were reported in the healthcare setting, with 75,4 % occurring in specialized care. The average age was 45 years. Doctors suffered more assaults in primary care, and nursing staff in specialized care. In primary care, v erbal assaults predominated, while in specialized care, physical assaults were more common.

Rodrigo; Fernando Urcola Pardo; Pedro José Satústegui Dordá.		2020	Descriptive cross-sectional study		Frequencies and percentages were calculated for qualitative variables, and means and standard deviations were obtained for quantitative variables. The relationship between variables was examined using Mann-Whitney and Chi-square tests.	
Hong, Soyun Nam, Sujin Wong, Janet Yuen Ha Kim, Heejung	Post-traumatic responses to workplace violence among nursing professionals: a collaborative and comparative study in South Korea and Hong Kong.[41]	2023	Quantitative study	To examine differences in the rate, associated factors, and post-traumatic responses to workplace violence among South Korean and Chinese nurses in Hong Kong.	A total of 471 registered nurses (319 South Korean and 152 Chinese in Hong Kong) were surveyed using a structured questionnaire between January 2020 and July 2021; statistical analyses such as Student's t-test, chi-square, and binary logistic regression were applied.	Approximately 31 % of both populations reported experiencing workplace violence; these nurses showed lower perceptions of the problem and worse mental health indicators, which were more pronounced in South Koreans.
Sʰafran Tikva, Sigal Gabay, Gillie Shkoler, Or Kagan, Ilya	Association of nursing care quality with violence burden, exhaustion, and listening climate.[42]	2024	Quantitative study	To analyze the associations between workplace violence, listening climate in hospital wards, professional burnout, and perceived quality of care among nursing staff.	765 nurses from Israel recruited through social media participated; they completed an online questionnaire with validated measures of violence, burnout, listening climate, and quality of care.	The burden of violence was negatively related to perceived quality of care and associated with higher burnout; furthermore, the listening climate moderated the impact of burnout on care quality.
Eltagi Elsadeg Sulliman Rahama, Mohammed Elmadani, Malak Mokhtar Mohammed, and Zainab Ali Osman Eqrer	Workplace violence against nursing staff in operating rooms at hospitals in the town of Murzuq, Libya (2024).[43]	2025	Cross-sectional study	To investigate the prevalence, types, and effects of such violence on nursing staff in operating rooms in hospitals in the town of Murzuq, Libya, in order to inform effective prevention strategies.	This cross-sectional study analyzed the violence faced by nurses in three hospitals in Murzuq, Libya. Data were collected from 50 nurses in general surgery and emergency departments over four weeks using a questionnaire. Factors such as gender, experience, types of violence, sources, impacts, and strategies to reduce violence were examined. Descriptive statistics and tests were used for analysis, with a significance level of 0,05. Ethical approval and consent were obtained from the participants.	Verbal insults (60 %) and discrimination (64 %) were the most common types of violence. The main causes were patients' companions (68 %), patients (40 %), and colleagues (28 %). Violence affected nurses: 62 % felt stress, 48 % lost job satisfaction, and 28 % considered leaving their job. In addition, 40 % had difficulty concentrating. Relationships were found between gender and sources of violence, as well as between work experience and types and impacts of violence.

Yan, Huimin Yang, Xiaoqing Xu, Yujuan Zhao, Xijuan Yang, Chunmei Cai, Tingting	Prevalence and risk factors of intimate partner violence among ICU nurses.[44]	2025	Quantitative study	To investigate the prevalence and risk factors of intimate partner violence (IPV) among nurses in intensive care units in Yunnan, China.	A total of 191 ICU nurses were surveyed using a questionnaire that assessed IPV, demographic data, coping, anxiety, depression, and social relationships; descriptive analysis and regression were performed using SPSS 25.0.	58,1 % reported experiences of IPV, with psychological and physical aggression being the most common. Factors such as being an only child, age, partner's occupation, anxiety, and social support were significantly associated with IPV.
El-Etreby, Rania Rabie Hamed, Warda Elshahat AbdElhay, Eman Sameh Kamel, Nesma Ahmed	Attitudes of nursing students toward intimate partner violence and its relationship with self-esteem and self-efficacy.[45]	2024	Quantitative study	To explore nursing students' attitudes toward intimate partner violence and its relationship with self-esteem and self-efficacy.	A total of 1322 students from Mansoura University, Egypt, participated in the study. Validated scales on attitudes toward violence (IPVAS), self-esteem (Rosenberg), and general self-efficacy were administered between April and June 2023.	78,7 % disapproved of abuse, but 72,6 % approved of violence and 34,2 % approved of control; 65,8 % showed moderate self-esteem and 62,8 % showed low self-efficacy. Higher self-esteem and self-efficacy were associated with lower approval of intimate partner violence.

DISCUSSION

Occupational violence against nursing staff is an occupational health problem with multidimensional repercussions. The findings of this systematic review demonstrate that this phenomenon has become normalized in healthcare settings, particularly in high-pressure services such as emergency rooms and psychiatric units. Studies such as that by Gillespie and Berry reveal that 62 % of nurses consider violence to be "an inherent part of the job," a perception reinforced by organizational factors such as the lack of effective reporting protocols and fear of reprisals.[6] This normalization leads to an alarming culture of silence, where only 12 % of incidents are formally reported.

The psychological impact of this violence is particularly worrying. Evidence shows high rates of mental disorders among affected staff, including post-traumatic stress (58 %), anxiety (65 %), and burnout syndrome (68 %). These effects are not limited to the emotional sphere, but manifest themselves physically through sleep disorders, chronic fatigue, and musculoskeletal problems, compromising both individual health and the quality of care provided. Kolutek's study highlights that burnout significantly measures (68 %) the psychological damage resulting from continued exposure to violent situations.

At the institutional level, serious deficiencies have been identified in systems for preventing and managing workplace violence. Incident reporting reaches critical levels, with only 3,9 % of hospitals adequately recording cases.[7] In addition, existing interventions have significant limitations: while training programs can reduce violence by 30-50 %, their implementation is irregular and often disconnected from structural changes in organizational culture. This situation is exacerbated in low- and middle-income countries, where resources to address the problem are particularly scarce.[8]

Faced with this scenario, both individual and collective coping strategies emerge. Peer support proves to be a fundamental mechanism, used by 51 % of nurses to process violent experiences. Other strategies include self-care practices, relaxation techniques, and, in some contexts, the use of spiritual elements.

However, as Han et al. warn, these individual measures are insufficient without profound institutional transformations. The present review highlights important gaps in research on the subject. Ninety percent of the studies come from high-income countries, leaving vast regions such as Africa and Latin America underrepresented. In addition, there is a notable lack of longitudinal evaluations of the effectiveness of interventions. These limitations underscore the need to broaden the scope of future research and develop culturally adapted approaches.[9]

CONCLUSIONS

The study found a high prevalence of occupational violence among nursing staff (68,4 %), mainly verbal (66,8 %) and physical (20,8 %), with consequences such as anxiety, emotional exhaustion, and intention to quit. These findings highlight the urgency of addressing this problem as a priority in occupational health to protect staff well-being and ensure quality patient care.

The systematic review confirms that occupational violence is highly prevalent among nursing staff, especially verbal and physical violence, with serious consequences for mental health and a high intention to resign. Incidents are concentrated in night shifts and emergency areas, exacerbated by the lack of effective protocols and low reporting rates. This highlights structural failures that perpetuate the problem, making it urgent to implement comprehensive policies, mandatory protocols, secure reporting systems, and institutional psychological support to protect staff and ensure better patient care.

The findings show that occupational violence affects staff health and compromises the quality of care. It is urgent to implement mandatory protocols, confidential reporting systems, and psychological support programs. The interventions analyzed reduced incidents by 31,7 %, highlighting the effectiveness of conflict management training, multidisciplinary teamwork, and improved working conditions. In addition, it is necessary to promote a cultural change that eliminates the normalization of violence and ensures safe and respectful work environments.

The study has significant limitations, such as the lack of representation of countries with fewer resources, methodological heterogeneity that prevented a meta-analysis, and the scarcity of longitudinal studies, which limits knowledge of the long-term impact of interventions. In addition, the normalization of violence may have led to underreporting of cases, underestimating their true magnitude.

It is essential to implement institutional policies with mandatory protocols, rapid response mechanisms, and clear sanctions for perpetrators. In addition, emotional support programs are needed to prevent post-traumatic stress and burnout among healthcare personnel. It is also necessary to strengthen research in underrepresented regions and promote awareness campaigns that eradicate the normalization of violence and foster a culture of safe reporting.

BIBLIOGRAPHIC REFERENCES

1. Miller O, Dobson O, Casey T, Newnam S. Work-related violence interventions in the disability sector:

A systematic review and systems mapping exercise. Saf Sci. 2025;184(106765):106765. http://dx.doi.org/10.1016/j.ssci.2024.106765

2. Corneau M-E Lauzier M. Effectiveness of workplace lateral violence training for healthcare workers: A scoping review. Saf Health Work. 2025. http://dxdoi.org/10.1016/j.shaw.2025.03.002

3. Gillespie GL, Berry P. Qualitative analysis of Workplace Assault outcomes from the perspectives of emergency nurses. J Emerg Nurs. 2023;49(3):450–60. http://dx.doi.org/10.1016/j.jen.2022.09.015

4. Kolutek R, Erkutlu H, Chafra J. Workplace violence and nurses' psychological well-being: The mediating role of burnout and the moderating role of psychological resilience. Arch Psychiatr Nurs. 2024;53:177–83. http://dx.doi.org/10.1016/j.apnu.2024.10.015

5. Chen, M., Xie, H., Liao, X. et al. Violencia laboral e intención de rotación entre enfermeras: el papel mediador de la fatiga por compasión y el papel moderador de la resiliencia psicológica. BMC Public Health. 2024; 2437. https://doi.org/10.1186/s12889-024-19964-y

6. Oliveira CS, Quina MJ, Carvalho MF, Scholze AR, Gomes JR, Martins JT. VIOLÊNCIA NO TRABALHO: VIVÊNCIAS E ESTRATÉGIAS DE ENFRENTAMENTO POR ENFERMEIROS DE UNIDADES DE PRONTO ATENDIMENTO. Enferm Cien. 2022. https://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0717-95532022000100209

7. Ferrada M, Bermúdez V, Orquera F, Véliz L. Workplace violence and its effect on nurses at the hospital level: A systematic review. Bvsalud.org. https://pesquisa.bvsalud.org/portal/resource/es/biblio-1367874

8. Junior RF, Cardoso JK, Gonçalves C, Maia RO, Pereira VG, Silva CS. Estratégias adotadas pelos profissionais de enfermagem a partir da violência sofrida na urgência e emergencia. Bvsalud.org. https://pesquisa.bvsalud.org/portal/resource/es/biblio-1587402

9. Humberto Ordoñez DAGCRG. Scielo. https://ve.scielo.org/scielo.php?script=sci_arttextCpid=S2739-00632025000202002.

10. Gordon. L Gillesped, Berry P. Análisis cualitativo de los resultados de las agresiones en el lugar de trabajo desde la perspectiva de las enfermeras de urgencias. Sciencie Direct. 2023; 49(3):450 y 460. https://www.sciencedirect.com/science/article/abs/pii/S0099176722002422

11. RashonK, Hakan E, Jamel CH. Violencia en el lugar de trabajo y bienestar psicológico de las enfermeras: el papel mediador del agotamiento y el papel moderador de la resiliencia psicológica. Sciencie Direct. 2024; 53: 177-183. https://www.sciencedirect.com/science/article/abs/pii/S0883941724002048

12. Yanh H, Tai J, Wang CH, Shyu Y, Chou K, Pien L. Violencia en el lugar de trabajo, características del trabajo y niveles de antigüedad entre enfermeras: un estudio transversal. Springer. 2025; 24 (281). https://link.springer.com/article/10.1186/s12912-025-028873?utm_source=getftr&utm_medium=getftr&utm_campaign=getftr_pilot&getft_integrator=scopus

13. Shi L, Li G, Hao J, Wang W, Chen W, Liu SH, Yu Z, Shi Y, Ma Y, Fan L, Zhang L, Hen W. Agotamiento psicológico en médicos y enfermeras expuestos a la violencia en el lugar de trabajo: un estudio transversal que utiliza el análisis de la puntuación de propensión. Sciencie Direct. 2020; 103. https://www.sciencedirect.com/science/article/abs/pii/S0020748919303001

14. Dafny H, Snaith N, Cooper P, Waheed N, Cloud CH, Cert P, Champion S. Los efectos de la violencia laboral en los estudiantes de enfermería desde la perspectiva de los facilitadores clínicos o preceptores. Sciencie Direct. 2025; 56: 104- 112. https://www.sciencedirect.com/science/article/abs/pii/S8755722324001935

15. Chung P, Hui w, Ju, CH, Huei L, Ru Ch, Yueh H. La relación entre la resiliencia y el estado de salud mental entre enfermeras con experiencias de violencia en el lugar de trabajo: un estudio transversal. Scopus Direct. 2025; 34(1). https://www-scopus-com.uta.lookproxy.com/record/display.uri?eid=2-s2.0-85212782908&origin=resultslist&sort=plf-f&src=s&sot=b&sdt=cl&cluster=scosubjabbr%2C%22NURS%22%2Ct%2Bscosubtype%2C%22ar%22%2Ct%2Bscoexactkeywords%2C%22Workplace+Violence%22%2Ct&s=TITLE-ABS-KEY%28Workplace+Violence+AND++Nursing+Staff+AND++Psychological+Well-Being%29&sessionSearchId=1911c6ecfb78327a193adcc3ffd0e14d&relpos=1

16. Souza C, Quina M, Carvalho M, Rolim A, Melo J y Trevisan J. Violencia en el trabajo: experiencias y estrategias de afrontamiento de enfermeras en unidades de urgencias. Scielo. 2022; 28 /10). https://www.scielo.cl/pdf/cienf/v28/0717-9553-cienf-28-10.pdf

17. Kahloul M, Kacem I, Ghenim A, et al. Impacto de la inteligencia emocional en los trastornos ansiodepresivos en personal de enfermería de la unidad de cuidados intensivos. Psiquiatría Europea. 2024; 67(1):590-S591. https://www.cambridge.org/core/journals/european-psychiatry/article/impact-of-emotional-intelligence-on-anxiodepressive-disorders-in-nursing-staff-in-the-intensive-care-unit/9966DE6B4B1E1ACFF236907BFEC81 AE2

18. Koubaa A, Khouja N, Ismail S, et al. Impacto psicológico de la violencia laboral hacia las enfermeras del servicio de urgencias. Psiquiatría Europea. 2023; 66(1):868-S868. https://www.cambridge.org/core/journals/european-psychiatry/article/psychological-impact-of-workplace-violence-towards-nurses-in-the-emergency-department/27DCC898665996D3569EBAC9083C525B

19. Vàsquez P, Espinioza F, Solorza J. Violencia psicológica y física percibida por trabajadores de unidades de emergencias privadas de Chile. Redalyc. 2023. https://www.redalyc.org/journal/562/56281269008/

20. Foster W, Williams N, Wood J, Dyer S y Minukus A. Adaptación e implementación de la guía de buenas prácticas de la RNAO sobre maltrato a la mujer: una reflexión crítica. Redalyc. 2024; 27 (1): 32-41. https://www.redalyc.org/articulo.oa?id=71979998005

21. Shengja L, Hongwey Y, Shuai Q, Xiaolin Ch. Prevalencia, factores influyentes y consecuencias adversas de la violencia laboral contra enfermeras en China: un estudio transversal. Web of Science. 2022; 30 (6):1801-1810. https://www.webofscience.com/wos/woscc/fullrecord/WOS:000820222100001

22. Cranage K, Foster K. Experiencia de enfermeras de salud mental en situaciones laborales desafiantes: un estudio descriptivo cualitativo. Web of Science. 2022; 31 (3): 665-676. https://www.webofscience.com/wos/woscc/fullrecord/WOS:000780020900001

23. Fabri N, Martins T, Galdino M, Ribeiro R, Moreira, A. Violencia laboral y calidad de vida profesional en enfermeras de atención primaria. Web of Science. 2022; 35 (6). https://www.webofscience.com/wos/woscc/fullrecord/WOS:000811600700001

24. Uzar O, Yeter Sinem, Russell W, Tee, S. Violencia en el lugar de trabajo: un estudio cualitativo basado en las perspectivas de estudiantes de enfermería del Reino Unido. Web of Science. 2021; 28 (1) 27-34. https://www.webofscience.com/wos/woscc/full-record/WOS:000615230200004

25. Jamón E, Ricciardelli R, Rodrigues C, Hilton N. Más allá de la violencia laboral: Trauma directo e indirecto en trabajadores de hospitales psiquiátricos. Un estudio cualitativo. Web of Science. 2022; 30 (6) 1482-1489. https://www.webofscience.com/wos/woscc/full-record/WOS:000679317800001

26. Thomas B, Jacob A, McCann D, Buykx P, Schultz R et al. Análisis de incidentes violentos en cinco departamentos de emergencia regionales y remotos de Australia: un estudio descriptivo retrospectivo. Web of Science. 2024; 10. https://www.webofscience.com/wos/woscc/full-record/WOS:001274967100001

27. Thomas B, Jacob A, McCann D, Buykx P, Schultz R et al. Análisis de incidentes violentos en cinco departamentos de emergencia regionales y remotos de Australia: un estudio descriptivo retrospectivo. Web of Science. 2024; 10. https://www.webofscience.com/wos/woscc/full-record/WOS:001274967100001

28. Han C, Chen L, Lin C, Goopy S, Lee H. Cómo las enfermeras de urgencias desarrollan resiliencia en el contexto de la violencia laboral: un estudio basado en la teoría fundamentada. Web of Science. 2021; 53 (5) 533-541. https://www.webofscience.com/wos/woscc/full-record/WOS:000648037800001

29. Odas R, Chapman S, Ackerman S, Harrison R, Hong O. Diferencias en las prácticas de denuncia de incidentes de violencia en el lugar de trabajo en hospitales: un estudio de métodos mixtos. Web of Science. 2021; 53 (5) 533-541. https://www.webofscience.com/wos/woscc/fullrecord/WOS:000855110100003

30. Emmerling S, McGarvey J, Burdette K. Evaluación de un programa de gestión de la violencia en el lugar de trabajo y la confianza de las enfermeras para afrontar la agresión del paciente. Web of Science. 2021; 53 (5)

533-541. https://www.webofscience.com/wos/woscc/full-record/WOS:001174771300007

31. Yang H, Liu Y, Píen L, Yang Y, Cheng W. Violencia laboral y bienestar mental entre auxiliares de enfermería de cuidados a largo plazo en diferentes lugares de trabajo: un estudio transversal. Web of Science. 2025; 2025 (1). https://www.webofscience.com/wos/woscc/full-record/WOS:001435502800001

32. Qutishat M. Protegiendo a nuestros ángeles: cómo combatir el acoso laboral contra enfermeras que trabajan en entornos comunitarios. Web of Science. 2025; 12 (1) 74-84. https://www.webofscience.com/wos/woscc/full-record/WOS:001397465100001

33. Fernández J, Sánchez L, Casado I, Gómez J. Méndez C, García M, Fernández D. Análisis de la intimidación y acoso experimentado por estudiantes de Enfermería de cuarto curso durante sus prácticas clínicas.RESP. 2022; 96. https://www.sanidad.gob.es/biblioPublic/publicaciones/recursos_propios/resp/revista_cdrom/VOL96/O_BREVES/RS96C_202210077.pdf

34. Busnello G, Trindade L, Pai D, Brancalione D, Calderan M, Bauermann K. Enfrentamiento de la violencia en el trabajo de enfermería en el contexto hospitalario y en la Atención Primaria de Salud. Scielo. 2021; 20 (62) 216-228. https://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1695614120210002 00007&lng=es&nrm=iso&tlng=es

35. Zaldivar M, Contreras F, Delgado D, Ochoa M, Gallegos M. Nivel de acoso laboral (mobbing) en el área quirúrgica. Dialnet. 2024; 5 (5). https://dialnet.unirioja.es/servlet/articulo?codigo=9658669

36. Ferreira A. Violencia contra enfermeras en el lugar de trabajo. Dialnet. 2023; 38 (5) 22-29. https://dialnet.unirioja.es/servlet/articulo?codigo=9070932

37. Almeida K, Arellano E, Medina V. Violencia en el lugar de trabajo desde la percepción de profesionales de enfermería en un servicio de emergencia pediátrica. Dialnet. 2024; 23 (2) 122-152. https://dialnet.unirioja.es/servlet/articulo?codigo=9528683

38. Serrano M, Fernadnez M, Pardo F, Satustegui P. Agresiones externas hacia los profesionales del Servicio Aragonés de Salud en los servicios de Atención Primaria y Especializada durante el año 2018. Dialnet. 2020; 94. https://dialnet.unirioja.es/servlet/articulo? codigo=7721431

39. Hong S, Eong J, Kim H. Respuestas postraumáticas a la violencia laboral entre profesionales de enfermería: un estudio colaborativo y comparativo en Corea del Sur y Hong Kong. SP. 2023; 22 (354). https://doi-org.uta.lookproxy.com/10.1186/s12912-023-01502-7

40. Shafran S, Gabay G, Shkoler O. et al. Asociación de la calidad de la atención de enfermería con la carga de violencia, el agotamiento y el clima de escucha. SP. 2023;13 (22). https://doiorg.uta.lookproxy.com/10.1186/s13584-024-00601-3

41. Rahama S, Elmadani M, Mohammed M et al. Violencia laboral contra el personal de enfermería en las salas de cirugía de los hospitales de la localidad de Murzuq, Libia. SP. 2024;24 (222). https://doi.org/10.1186/s12912-025-02870-y

42. Yan H, Yang X, Xu Y. et al. Prevalencia y factores de riesgo de violencia de pareja entre enfermeras de UCI. SP. 2024;24 (377). https://link-springer-com.uta.lookproxy.com/article/10.1186/s12912-025-03000-4#citeas

43. Etreby R, Hamed W, Kamel N y Ahmed N. Actitudes de los estudiantes de enfermería hacia la violencia de pareja y su relación con la autoestima y la autoeficacia. SP. 2024; 23 (210). https://link-springer-com.uta.lookproxy.com/article/10.1186/s12912-024-01868-2#citeas

AUTHORSHIP CONTRIBUTION

Conceptualization: Jeannette Mercedes Acosta Nuñez, Jose Israel Oña Oña, Nicole Alejandra Yanchapanta Llambo.

Data curation: Jose Israel Oña Oña, Nicole Alejandra Yanchapanta Llambo, Leydi Mishell Tarco Maigua.

Formal analysis: Jose Israel Oña Oña, Kerly Belén Vilca Vilca.

Research: Leydi Mishell Tarco Maigua, Jose Israel Oña Oña.

Methodology: Leydi Mishell Tarco Maigua.

Project management: Leydi Mishell Tarco Maigua, Kerly Belén Vilca Vilca.

Resources: Kerly Belén Vilca Vilca.

Software: Kerly Belén Vilca Vilca, Jose Israel Oña Oña.

Supervision: Jose Israel Oña Oña, Nicole Alejandra Yanchapanta Llambo.

Validation: Jeannette Mercedes Acosta Nuñez, Nicole Alejandra Yanchapanta Llambo.

Visualization: Jeannette Mercedes Acosta Nuñez.

Writing – original draft: Leydi Mishell Tarco Maigua, Kerly Belén Vilca Vilca, Nicole Alejandra Yanchapanta Llambo.

Writing – review and editing: Jeannette Mercedes Acosta Nuñez.