

NURSES IN NEED OF PROTECTION: STRATEGIES FOR REDUCING WORKPLACE VIOLENCE AGAINST NURSES - A POLICY BRIEF

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ABSTRACT

Workplace violence is a major occupational hazard that disproportionately affects nurses due to their direct and prolonged interactions with patients and their families. This policy brief, developed through a comprehensive review of global literature and policy documents, argues that existing frameworks are insufficient to address the root causes of this violence.

This analysis reveals a critical disconnect between policy and practice, stemming from inadequate legal enforcement, persistent staffing shortages, and a lack of specific, context-aware interventions. This brief outlines evidence-based strategies to mitigate violence and enhance nurse safety. It proposes a prioritized set of recommendations, including implementing effective incident reporting and post-incident support systems and providing context-specific de-escalation training, as well as long-term structural reforms focused on addressing chronic nursing shortages, fostering a culture of safety and security presence in healthcare settings.

By adopting these measures, policymakers, healthcare managers, and professional organizations can create a safer, more supportive environment for nurses, ultimately improving patient care and strengthening the entire healthcare system.

KEYWORDS

nurse, patient, workplace violence, policy brief

INTRODUCTION

Workplace violence has emerged as a significant challenge within healthcare systems and has been identified as a critical health priority by the World Health Organization [1]. Workplace violence encompasses any act or threat of physical violence, harassment, intimidation, or other disruptive and threatening behaviors intended to inflict harm upon or abuse employees. While violence occurs in various occupational settings, nurses are more exposed to workplace violence, particularly from patients and their families [2]. Given their long interactions with patients and their families, particularly during critical incidents such as severe injuries, failed resuscitations, and patient deaths, they are more susceptible to mistreatment and aggression from various individuals within the healthcare system [3, 4].

According to the International Council of Nurses, healthcare workers, particularly nurses, are at a higher risk of experiencing violence compared to prison guards and police officers [5, 6]. Recent data shows that healthcare workers account for nearly 75% of all nonfatal workplace assaults worldwide, with nurses being five times more likely to suffer a workplace violence-related injury than other workers overall. Furthermore, according to a 2023 survey by National Nurses United, 8 in 10 nurses have experienced at least one type of workplace violence in the past year, with nearly half reporting an increase in violent incidents on their unit [2, 5, 7]. In the United States, a 2024 meta-analysis showed a 43% pooled prevalence of violence against nurses between 2020 and 2022 alone [8].

The nature and causes of this violence often differ by context [9]. While violence is a major issue in high-income countries, it is also a significant problem in low- and middle-income countries (LMICs), where it is often linked to weak healthcare systems and a lack of resources. For example, studies in some African countries show prevalence rates ranging from 19% to 67% [10]. The context of rural versus urban settings also presents distinct challenges. In urban environments, particularly in large emergency departments, nurses may experience higher rates of physical assault and serious threats [11, 12]. In contrast, nurses in rural settings may face more frequent verbal aggression and often lack on-site security, having to rely solely on local law enforcement [13].

Nurses who encounter workplace violence frequently experience a range of emotional, behavioral and physical consequences, including depression, anxiety, fear, family disputes, decreased professional satisfaction, internalized anger, job dissatisfaction, and job turnover [4, 14]. Many of these consequences ultimately affect patients as a core target of healthcare system. The ramifications of job turnover and nursing shortages can result in suboptimal or poor-quality patient care, with far-reaching implications [15].

Providing high-quality patient care necessitates a supportive environment that enables nurses to fully utilize their knowledge and skills. It is essential to recognize that nurses, as caregivers, also require care. Given these considerations, this policy brief will delineate recommendations aimed at mitigating workplace violence and enhancing safety for nurses. Given these considerations, the purpose of this policy brief is to analyze the challenges of workplace violence and propose a series of evidence-based recommendations to mitigate this problem and enhance safety for nurses.

METHOD

This literature and policy review was conducted over a defined search period from January 1, 2015, to August 31, 2025, ensuring all contemporary policy shifts and post-pandemic evidence were captured. Systematic searches were performed across four core electronic databases: MEDLINE (via PubMed), CINAHL, Scopus and Web of Science. The search strategy utilized a robust combination of keywords and subject headings ("Nurse," "Workplace Violence," "Occupational Aggression," and "Policy") to maximize document retrieval. Our Inclusion/Exclusion Criteria were highly specific to guarantee the relevance and focus of the brief: we included only peer-reviewed original research, systematic reviews, and official policy documents (national and international) published in English that explicitly focused on violence directed toward nursing staff. We strictly excluded all editorials, commentaries, conference abstracts, or studies where data was not disaggregated to specifically report on nurses. Furthermore, to guarantee research reliance, every selected empirical study underwent formal Quality Assessment using the validated Joanna Briggs Institute (JBI) Critical Appraisal Tools appropriate for the study design. Only studies meeting a pre-defined minimum quality threshold (indicating a low risk of bias) were retained for the final policy synthesis, ensuring our recommendations are founded on the highest quality evidence.

CURRENT POLICIES AND ANALYSIS OF IMPLEMENTATION

Current policies addressing workplace violence show significant variation across countries and healthcare organizations. Despite these differences, common strategies are implemented by numerous healthcare systems. This policy brief adopts a global perspective, analyzing common strategies implemented across different legal and cultural contexts to provide key aspects of current policies for workplace violence:

1. **Universal Declaration of Human Rights:** This declaration emphasizes the right of all individuals to a safe and healthy work environment. It stipulates that all personnel have the right to work in an environment that is physically and psychologically safe. Employers are obligated to implement measures to ensure such an environment. Individuals who experience workplace violence have right to file a complaint, and any damages incurred must be compensated [16, 17].
2. **International Labor Organization Convention 190:** This convention addresses the issue of violence and harassment in the workplace. It provides definitions, principles, and fundamental rights for workers to address this phenomenon. Complementary Convention 190, Recommendation No. 206 offers guidance to governments, employers, and workers on preventing and addressing violence and harassment in the workplace [18, 19].
3. **Islamic Penal Code:** Under this legislation, any individual, including patients and their relatives, who engages in verbal or physical abuse towards healthcare personnel during the execution of their duties is subject to imprisonment for three to six months, up to 74 lashes, and a monetary fine. The use of profane language, insults, humiliation, verbal abuse, and any physical actions (such as striking) that are deemed insulting or humiliating falls within this category [20].
4. **Criminalization of Violence Against Healthcare Workers:** Countries like Iran, France and Albania have enacted legislation that criminalizes violence against healthcare workers by imposing severe penalties on offenders. These penalties may include fines, imprisonment, mandatory community service in a healthcare setting, compensation for damages, and criminal records, which can have long-lasting adverse consequences for the perpetrator [21, 22].
5. **Occupational Health and Safety (OHS) Legislative Mandates:** This approach places a legally binding duty of care on employers to proactively manage violence as a psychosocial hazard. This is a central strategy in many Anglophone countries. For example, in Australia and New Zealand, the Model WHS Laws and the Health and Safety at Work Act 2015, respectively, require healthcare employers to conduct mandatory risk assessments and implement preventative measures to eliminate or minimize the risk of violence against nurses and other personnel [23, 24].

It is imperative to note that the enforcement and efficacy of these laws are significantly influenced by regional policies and vary by country. Below is a comparison of the actions taken by different countries to prevent workplace violence against nurses:

UNITED STATES, CANADA, AND EUROPEAN COUNTRIES

These nations mostly focus on strong legal and organizational frameworks.

- **United States:** Some states, like North Carolina, have passed laws requiring the presence of law enforcement officers in emergency departments. The Occupational Safety and Health Administration (OSHA) has also issued guidelines to protect healthcare workers from violence [25].
- **Canada:** Provincial and federal laws require employers to assess the risks of violence and implement prevention programs [26].
- **United Kingdom:** The United Kingdom addresses this issue through a combination of statutory obligations and its Common Law foundation. The primary legislation is the Health and Safety at Work Act 1974, which places a broad, overarching duty on all employers, including the National Health Service (NHS), to protect staff from foreseeable harm, explicitly covering violence and aggression. Furthermore, the Common Law Duty of Care reinforces this by allowing for civil liability if employers fail to take reasonable preventive measures informed by mandatory risk assessments [27].
- **European Union:** Social partner agreements between employers and trade unions condemn workplace violence and harassment, and they encourage member states to pass binding national laws [28].

ASIAN COUNTRIES

The measures taken in many Asian countries are often focused on training and cultural change.

- **Japan:** To combat violence, hospitals have implemented measures such as installing cameras and providing staff training [29].
- **Iran:** Efforts to address violence against nurses have focused on strengthening legal protections, promoting public awareness, and providing communication skills training for staff [30].

OCEANIA COUNTRIES

- **Australia:** The Australian legal framework is primarily defined by the Model Work Health and Safety (WHS) Laws adopted across its states and territories. This legislation imposes a non-negotiable Duty of Care on all employers, known as Persons Conducting a Business or Undertaking (PCBUs)—including hospitals and healthcare facilities. They are legally required to manage violence and aggression as a significant psychosocial hazard [31].
- **New Zealand:** New Zealand's legal approach is governed by the Health and Safety at Work Act 2015 (HSWA), which is enforced by WorkSafe NZ. Similar to Australia, the HSWA establishes a Primary Duty of Care requiring PCBUs to ensure the health and safety of their staff [23].

AFRICAN COUNTRIES

In African countries, preventative actions often take the form of management and educational interventions. Some nations, like South Africa, are working to improve laws and provide training for nurses. Programs have been implemented to include assessing patient risk upon admission, using empathetic communication with patients and their companions, and training hospital security personnel to manage high-risk situations [10].

Current policies on workplace violence show significant variation, but a critical analysis reveals common limitations in their implementation. While international conventions and national laws provide a legal foundation, they often fail to drive meaningful change. Here are limitations of current policies:

Descriptive, Not Enforceable: Instruments like the Universal Declaration of Human Rights and the International Labor Organization Convention 190 offer vital principles but are not always translated into specific, enforceable national laws. This leaves their application to the discretion of governments and healthcare organizations, leading to inconsistent protection for nurses.

Focus on Punishment, Not Prevention: While some countries, such as those with legislation based on the Islamic Penal Code, have criminalized violence against healthcare workers, the effectiveness of these laws is often limited. Their emphasis on punishment over proactive prevention fails to address the underlying causes of violence, such as mental health issues, patient frustration, or systemic failures.

Inconsistent Application: Even in high-income countries with robust frameworks, such as the U.S. and Canada, studies show a significant gap between policy and practice. Despite laws requiring employers to assess risk, incidents remain vastly underreported due to a culture of acceptance ("violence is part of the job"), fear of reprisal, and complex, cumbersome reporting systems. In Canada, for example, nurses report high rates of violence despite the existence of provincial laws requiring prevention programs [16].

Weak Governance and Leadership: A lack of decisive leadership from hospital management and government bodies prevents the allocation of sufficient funding and the establishment of a zero-tolerance culture. Without top-down commitment, policies become mere words on a page.

Organizational Culture: A prevalent culture that discourages reporting and normalizes violence as part of the job is a major barrier. Nurses often believe that reporting an incident is futile, leading to an insidious cycle of underreporting that masks the true scale of the problem [23].

Insufficient Funding: Many policies are not backed by dedicated financial resources. This prevents hospitals from implementing essential security infrastructure, robust training programs, and comprehensive psychosocial support for their staff [32-34].

POLICY IMPLICATIONS AND RECOMMENDATION

To address these challenges, a strategic prioritization of recommendations is essential. The following recommendations are prioritized by their potential for low-cost/high-impact versus long-term structural reforms, offering a clear roadmap for action across diverse national contexts. It is acknowledged that many high-income nations, such as Australia, have already successfully implemented numerous Priority 1 (Low-Cost / High-Impact) interventions; for these countries, the critical focus shifts immediately to the more complex Priority 2 and 3 structural and legislative reforms. Conversely, this roadmap allows resource-limited systems to focus on achieving immediate safety gains with minimal investment.

PRIORITY 1: LOW-COST / HIGH-IMPACT INTERVENTIONS

These are immediate, actionable steps that can be implemented quickly and provide immediate safety benefits.

Implement effective incident reporting and post-incident support systems: Hospitals should immediately adopt a confidential, simple-to-use reporting system that guarantees non-retaliation. Following an incident, nurses should be provided with immediate, on-site psychosocial support. This support is critical for mitigating the psychological trauma that can lead to burnout and turnover [35].

Provide context-specific de-escalation training: All staff, particularly those in high-risk areas, should receive mandatory de-escalation training tailored to their specific patient population. A study by Alkorashy HAE and et al. demonstrated that targeted crisis management training can effectively reduce violence and improve nurses' coping abilities [36]. In some cases, nurses expressed a desire for training in dealing with verbal aggression from colleagues. Conducting training sessions for nurses and other hospital staff to enhance problem-solving and crisis management skills can help reduce tension and improve management of stressful situations. Additionally, if nurses are aware of their rights and responsibilities during such incidents, they can approach the management of these challenges with greater confidence (29).

PRIORITY 2: MEDIUM-TERM REFORMS

These strategies require a more coordinated effort and funding but can lead to significant, lasting change across healthcare systems.

Strengthen legal frameworks with a focus on enforcement: Policymakers should pass legislation that specifically criminalizes violence against nurses, ensuring that the law covers both physical and verbal abuse. Critically, these laws must be backed by dedicated funding for legal aid and specialized prosecutorial units to ensure consistent enforcement, which is a key weakness of current policies [25].

Launch national public awareness campaigns: Policymakers should fund campaigns that use social and traditional media to educate the public [10, 25]. Media have become powerful tool for disseminating information and educating the public [37]. Creating programs that address workplace violence in healthcare settings, highlighting the harm experienced by nurses and patients and the legal consequences for perpetrators can foster a culture of awareness and prevention [38]. By receiving these messages through media and social networks, individuals are better equipped to make informed decisions when faced with similar situations. Sharing the challenges nurses face in their work environments, clarifies that they are not responsible for all outcomes experienced by patients and highlighting the reality of nursing shortages in many healthcare settings, the public can develop a more accurate and empathetic understanding of the profession. Consequently, individuals are more likely to interact with nurses in a respectful and supportive manner [39].

Schools can also foster this culture of respect. By educating students about the importance of respecting healthcare workers from a young age through various methods such as plays, involving students whose parents are healthcare professionals, and having these parents give speech to students, we can instill a deep-rooted appreciation for nurses, doctors, and other medical staff. This can contribute to positive behavioral changes within society in the future [40, 41].

PRIORITY 3: LONG-TERM STRUCTURAL REFORMS

These are fundamental changes that require significant political will and a sustained effort to address the root causes of violence.

Address chronic nursing shortages: The most significant long-term solution is to resolve chronic staff shortages. There is a direct correlation between high patient loads, workload factors (like unfinished tasks due to understaffing), and an increase in emotional and physical abuse [14, 15]. This finding, echoed in numerous other studies, establishes a clear link between chronic staffing shortages and the rise in violent incidents [9, 15, 42]. Policymakers must invest in nursing education, offer tuition forgiveness programs, and enact legislation that mandates safe nurse-to-patient ratios. Studies have consistently shown a direct correlation between high patient loads and increased violence, as patient dissatisfaction with delayed care is a primary trigger [9, 42].

Foster a culture of safety: Hospital management, in partnership with professional organizations, must work to fundamentally change the organizational culture. This involves creating a safe space where nurses are encouraged, not punished, for reporting incidents. This top-down change is essential to ensuring that all other interventions are effective [43, 44].

Security presence in healthcare settings: In certain social environments, influenced by specific cultural factors, levels of violence may be higher than those in other societies. This can contribute to an increased risk of violence in health care settings. Beyond acting as a deterrent against disturbances caused by patients or their families, security personnel can provide support and reassurance to nurses [45, 46]. Identifying high-risk areas within hospitals, such as intensive care units, emergency departments and burns units can enable proactive measures and improve the likelihood of successful crisis management. Implementing warning systems for patients and their families who are at a higher risk of violent behavior, as well as screening individuals seeking healthcare services with a history of violence, can also be effective strategies [18, 45].

CONCLUSION

Workplace violence against nurses is a complex and pressing issue in the health care system. Ignoring this problem can lead to a decline in quality of care, increased nurse dissatisfaction and turnover and ultimately a weakened healthcare system. The COVID-19 pandemic has highlighted the critical role nurses play in preserving public health, indicates the need to address the challenges they face in their work environments. This policy brief proposed several strategies to mitigate workplace violence, including ensuring adequate staffing and improving hospital infrastructure, providing crisis management training, increasing security presence in healthcare settings, and promoting public awareness and education.

ETHICAL CONSIDERATION

All data used in this manuscript is in accordance with National Health and Medical Research Council ethical standards.

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