

## **Introduction**

Research indicates that workplace violence (also known as WPV) has steadily become routine in nations such as Australia, the United States (US), and a host of other nations, with special reference to the health care environment. Such assaults have been ranked as the third most common cause of deaths that arise from injury, as far as US workers are concerned. Keeping in mind all the different kinds of health care backgrounds, it has been discovered that the Emergency Departments (EDs) are particularly known to be high-risk situations for such violence. (Taylor and Rew 2011) This research analyses some current epidemiology and study pertaining to ED workplace violence inflicted by patients on nurses. It also considers ways in which it can be prevented; analyses real-world actions as well as assets that Emergency Department providers, along with the concerned management can make use of in an attempt to minimise WPV, particularly in the case of ED; and pinpoints focus points for research in the future. It is also necessary to provide a list of recommendations to aid in the prevention of workplace violence in the Emergency Department. (Wolf et al. 2014)

The staff is faced with considerably heightened threats of physical attacks as contrasted with a range of diverse health care environments. Similar to various other kinds of violence, such as elder mistreatment, infant abuse, as well as domestic violence, workplace violence in the Emergency Department is an avoidable public health crisis that requires prompt and widespread attention. Emergency Department clinicians as well as the department's management could then take the necessary steps to acquire hospital assurance to minimise such violence in the ED. They could also go on to acquire a work-site-related analysis pertaining to the specific ED. (Talas et al. 2011) This would then require the usage of site-related violence deterrence mediations at the personal and organisational level, along with the need to back strategies and agendas that minimise the risk for Emergency Department WPV. Such attacks against Emergency Department health care staff is an actual problem with considerable consequences with respect to the targets and the specific department/organisation. Emergency Department workplace violence must be dealt with straightaway by shareholders with the help of sustained research pertaining to beneficial interventions relevant to Emergency Medication. Harmonisation, teamwork, and active support to the improvement of these involvements are vital. (Foureur et al. 2013)

What Does Workplace Violence Involve?

Work place violence could be defined as any condition in which an employee might be endangered, attacked or subject to abuse in a specific setting related to the employees work. This is inclusive of direct risk to the employee's wellbeing, health as well as their mental health. It could also involve indirect threats to the employee's wellbeing while in the workplace. (Gillespie et al. 2013)

Nursing, particularly pertaining to the Emergency Department, has been at the receiving end of exceptional attention for being a profession at great risk of violent assaults. As per statistics obtained from The National Crime Victimization Survey (in the years 1993-1999), it was discovered that the estimated annual rate pertaining to non-fatal violent attacks was 21.9 for every one thousand employees for nurses, contrasted with a far lower 12.6 for every thousand employees for diverse other professions. As per the Bureau of Labour Statistics, it was discovered that in the year 2004, forty six per cent of non-fatal assaults as well as violent deeds against medical practitioners, which also included days off work were carried out against RNs. The Emergency Department nurses are looked upon as being the most vulnerable targets of assaults while on duty. In a certain study, it was indicated that 82 per cent of the emergency department nurses stated that they were physically attacked at their workplace at certain points of time in the previous year. Additionally, it is also important to note that cases of verbal abuse are also on the rise, and it is this form of abuse which impacts one hundred per cent of emergency nurses in certain services.

It has also been discovered by The American Nurses Association that lower than 20 per cent of nurses graphed in 2001 experienced a feeling of safety in their existing work setting. Studies carried out have steadily discovered that nurses express their concern pertaining to fierceness and antagonism, insufficient safety procedures, as well as personal defencelessness in the Emergency Department. A number of nurses just lack a feeling of safety in their workplace. An apparent absence of institutional backing is a vital aspect in the disappointment that nurses experience. Such a feeling of organisational neglect might spring up from insufficient employment levels, exasperated assurances to increase environmental protection, disregarded anxieties, inadequate training and preparation, and absence of backing from colleagues, doctors, as well as overseers in the aftereffects of an event. Just and steady measures and principles of backing, instead of chastisement, for sufferers are vital. (Gates et al. 2011)

Aim of the Research

The purpose of this research is to carry out a critical review of the available literature to pinpoint factors that are contributing to workplace violence on nurses by patients, with reference to the Emergency Department, to enlighten and alter existing clinical practice so as to deal with this pressing concern. The outcomes of this review might be helpful in discovering areas for forthcoming research and variations in strategies pertaining to the wellbeing and safety of nursing staff in the Emergency Department. The advantage of this would be enhanced healthcare consequences for the ED nursing staff and reduced incidents of such atrocities in the healthcare system.

This research considers whether strategies applied in the emergency department minimise/avert violence/assaults against nurses by patients. It also considers whether these strategies minimise the number of fiercely violent instances taking place in the Emergency Department, thus causing it to become a nonviolent work setting. The cases of violence and aggression will primarily be those that have been inflicted upon the nurses by patients and their family/carers. (Campbell et al. 2011)

#### Methods

For the purpose of this research, a systematic search of the available literature was carried out. This involved literature pertaining to the theme of assaults/antagonism concerning ED nurses. This information was utilised for this critical review. The specified search was carried out with the help of Cinahl, PubMed and Medline databases along with Google Scholar. Search terms used here involved "Aggression, violence, workplace violence, nurses and Emergency, "Strategies and interventions". Such terms were then merged with the help of Boolean tools OR and AND. Also, the MeSH terms as well as the search words were merged to make sure that the required attention was paid to the detail of the search carried out. That spanned across a number of research papers in an attempt to make sure that numerous studies were incorporated to grasp the intricacies of the theme being spoken about in the study. Such a review would bring forth vital and beneficial information needed to carry out future research to precisely deal with the research question being asked here. (Campbell et al. 2011)

This specific search was carried out from the year 2011 to the year 2016 to make sure that the research reflects recent developments. The PICO structure was utilised to enhance literature search approaches. Search refinements will be inclusive of peer reviewed scholarly journals as well as relevant accessible articles. Additionally, full text articles were analysed to make sure that the linked content was able to

provide a fitting answer to the research question. The abstracts of relevant articles will be analysed with reference to the research question. In the primary search conditions, every research design and systematic review was examined. The research studied was carried out on adult populations in Australia, Europe and various parts of America.

The exclusion criteria was on articles that were not majorly focussed on forms of violence or aggression affecting nurses in the Emergency Department. Research that has been carried out in other settings, part from the Emergency Department, have been left out so as to boost the possibilities of connecting results to the research question. The Evaluative tool pertaining to mixed method analyses was used as a tool to analyse quantitative as well as qualitative analyses necessary to carry out a critical review of the available literature. It will also make way for the evaluation of erratic control trials, blended methods analyses, qualitative analyses, descriptive research as well as quantitative studies that are descriptive in nature, so as to efficiently assess the quality as well as the significance of evidence. (Holden 2011)

The select set of mixed method analyses will be utilised to merge the advantages of not only qualitative but also quantitative research, along with reducing the extent of limitation pertaining to the research analysed. The violence or aggression related to nurses' require the use of both kinds of methods in an attempt to comprehend novel experiences, along with measuring the degree of the concerns, inclusive of causes and effect, inclusive of strategies that are focussed on the reduction in the threat of aggression/assaults with reference to Emergency Department nurses: the use of existing methodologies. Finally, the utilisation of primary research will be beneficial in making sure that the bias is minimised and ideals such reliability and accuracy will be boosted. Existing research as well as theoretical models will reinforce the research question and aid in the identification of critically evaluating outcomes and approaches utilised.

| <b>Inclusion criteria</b>   | <b>Exclusion criteria</b>                       |
|-----------------------------|---|
| Workplace violence in ED    | Not violence inflicted by staff                 |
| Adult studies               | Not juvenile studies                            |
| 2011-2016                   | Published prior to 2011                         |
| English                     | Published in a language other than English      |
| Primary Research studies    | Articles than were not primary research studies |
| Focused on policy adherence | Articles did not related to policy adherence in |

|   |  |
|---|--|
| In workplace violence in the ED                                   | workplace violence in other departments  |
| Focused on interventions to improve Adherence in code of conduct. | Articles did not related to interventions to improve adherence in workplace violence |

#### Factors That Cause Workplace Violence in the ED

Workers in various departments in hospitals, healthcare centres, and a range of diverse healthcare environments are subject to considerable risks pertaining to workplace violence. This could be any form of physical or oral attack upon an individual in a work setting. Such violence in healthcare settings takes on a number of forms and is known to have a range of diverse origins, which include verbal intimidations or bodily assaults by a patient, or group attacks in the emergency department (ED), a hysterical family person who could turn abusive or might even turn into a shooter, an internal disagreement that overflows into the work environment, and a range of other such issues that result in violence. (Peggy Berry MSN 2013) The healthcare setting has a range of aspects that boost the chances of violence taking place, which include working with patients who might possess a history of being violent or those who might be delirious or living in a drugged state. In certain cases, workers or patients could be convinced to believe that that violence must be tolerated as being a part of their job, which could aggravate the issue by increasing instances of workplace violence. (Gholamzadeh et al. 2011)

However, in the case of the Emergency Department (ED), the rates of such workplace violence are noted to be far higher primarily because of the 'life and death' situations that are dealt with in the ED. Workplace violence results in the workplace having to pay a very high price. Firstly, it has a harmful effect on the nurses—which is generally not just physical, but also emotional damage—and causes it to become increasingly difficult for them to carry out their duties. Additionally, the employees are also faced with a number of costs. Even one major injury could result in nurses' compensation damages worth several thousands of dollars, which would also involve several thousands of dollars in supplementary costs pertaining to overtime, interim staffing, or employing and teaching a standby. Even in cases where a nurse does not have to miss out on work, such violence could give rise a set of "hidden expenses" which are inclusive of a higher turnover along with the worsening of efficiency and self-esteem. However, despite the fact that the issue is rather complex in nature, a number of solutions can be worked out. Such solutions are able to work most effectively when they are synchronised with the help of a detailed workplace violence deterrence initiative. (Adriaenssens et al. 2012)

### Strategies to Handle Workplace Violence against nurses in the ED

Creating a prevention programme that tackles workplace violence generally starts by organizing a development unit or a task force that is focussed on dealing with the issue. On the other hand, a hospital or healthcare centre might charge a present safety and health unit with the responsibility of dealing with workplace violence. Irrespective of what the point of beginning is, the management of the centre must make sure that whichever person is overseeing the endeavour must possess the authority as well as the knowledge to arrange the unit and encourage participation, assist the needed modifications to policies as well as procedures, while ensuring that the necessary resources are at hand and can be used for creating and sustaining an operative strategy. (Kowalenko et al. 2012)

Management assurance and employee involvement: Administrators establish their assurance to workplace violence deterrence, communicate the necessary information pertaining to such a commitment, and take the necessary steps to document the overall outcomes. It then becomes possible to ensure that workplace violence deterrence becomes a priority, institute goals as well as objectives offer the necessary amount of resources as well as support, recruit leaders who have the power and the knowledge to bring about change, and ensure that a good example is set. Workers, with their unique insight of the work environment, ideally are a part of every aspect of the initiative. The nurses are to be motivated to communicate in an open manner with the management as well as report their apprehensions without there being any fear of retaliation. (Esmailpour et al. 2011)

Work-area (ED) analysis as well as hazard documentation: Practices and measures need to be in order so as to be able to constantly pinpoint workplace threats as well as assess the risks involved. There must exist a preliminary evaluation of hazards and controls, systematic re-examinations, as well as formal re-assessments post the occurrence of such incidents, with the help of accident review panels or post-action evaluations. (Taylor and Rew 2011)

Hazard aversion and management: Developments, processes, as well as courses are put into effect in an attempt to get rid of or minimise workplace threats and attain work-area violence deterrence targets and goals. Advancement in applying controls must be monitored. As far as safety and wellbeing training is concerned, all of the employees need to have the necessary education and teaching concerning

hazard identification as well as control, and concerning their duties as part of the program, inclusive of what needs to be done in a crisis. (Healy and Tyrrell 2011)

Record-keeping as well as package assessment: Precise records pertaining to injuries, sicknesses, occurrences, attacks, threats, remedial steps, patient backgrounds, along with training can assist the employers in analysing the enormity of the violence issue, pinpoint tendencies or layouts, assess means of threat regulation, pinpoint areas of requirement for training, as well as come up with the necessary strategies for the development of a beneficial initiative. Initiative are assessed on a regular basis so as to pinpoint insufficiencies and prospects for upgrading. (Avander et al. 2016)

The fundamental elements can be looked upon as being interrelated, which is why every one of them is vital to the overall accomplishment of the healthcare system, in its entirety. After being merged into a wide-ranging Emergency Department violence prevention initiative, especially a written endeavour, such elements are able to bring forth a detailed systematic approach, which can be utilised by both the employers as well as the employees, functioning as a unit, in an attempt to discover and rectify workplace threats prior to the occurrence of such injuries as well as regular checks being conducted. Such components are also capable of aligning with the central components of a protection and well-being management practice, which can offer an all-encompassing background for scheduling, executing, appraising, and enhancing all workplace security and health administration initiatives. This could especially deal with concerns arising from the actions of aggressive patients and carers in the healthcare centre, particularly in critical divisions like the Emergency Department. (Duffy et al. 2015)

Research on nurse-attitudes and organisation-attitudes reveal that safety-focussed actions are observed when the employed workers uphold the belief that there exists value for safe actions. This is why, when employees are of the belief that there exists no such advantage, like in the case of the advantage of reporting such instances, it is quite likely that they will lack the interest to take part in such safety processes. The Hawthorne Effect initiated this belief primarily because it was able to showcase that if the administration displayed a keen and genuine interest in their workforce, there would be a rise in the overall efficiency and involvement. (Ramacciati 2016)

A critique of such research indicates that the primary loophole here is the fact that self-reporting was considered as the means of acquiring the necessary information pertaining to workplace violence in the

ED. It is important to note that self-reporting is widely considered as being a comparatively inaccurate means of reporting incidents such as these, which involve accuracy and precision while reporting. Any inaccuracy could severely affect the resultant conclusions of such research. However, such research has been able to provide the analysts with a great deal of research material on violence in the ED against nurses along with the drawbacks in the current measures that have been taken to mitigate this issue. It also points out the areas where scope of improvement does exist and pinpoints remedial steps that can be taken to deal with the concern. (van der Zwan et al. 2011)

One of the studies pinpointed that the lack of security in the workplace was one of the biggest reasons for there being alarmingly common cases of patient-inflicted violence upon nurses in the ED. Nurses reported that even in cases when violence would take place in the presence of security personnel, they would either be unable to curb the violence (for want of number) or would display a placid attitude towards the crisis. (Buurman et al. 2011)

Research carried out in a general hospital in Switzerland indicated that in order to avert patient as well as guest violence, along with improvising administration and combatting strategies, teaching that emphasises on interaction skills. (AnnMarie et al. 2013) However, this can be considered as being precise to the specialised setting, and which is predominantly focussed on patient-friendliness. There is an urgent need for a monitoring protocol to be created and initiated. A powerful organizational pledge is vital to aid in the reduction of such cases of violence. This was brought forth by the revelation that a mere sixteen per cent of the staff in this setting were capable of countering instances of violence in the workplace. (Hahn et al. 2012)

A host of other studies also point towards the need for federal as well as state laws to safeguard nurses in the Emergency Department from instances of violence. Even though a few states and nations have ensured that an attack on a nurse is considered a felony, many other nations and states fail to possess and enforce laws as stringent as these, which can offer suitable protection to nurses. Regrettably, laws like this are passed post an occurrence of a tragic nature against a nurse on duty. (Knapp 2013) In order to ensure that this is made into a legislative urgency, the frontrunners of healthcare units must utilise their government affairs divisions to increase legislators' consciousness. In the absence of legislative remedies at not only the state but also the federal level, along with novel improvisations at the unit and

division stage, analysts consider there to be no practical hope of considerably reducing Emergency Department violence. (Cerdeira 2016)

Research carried out through a cross-nation study discovered there to be five major kinds of violence that nurses go through on duty, namely physical violence, non-physical violence, intimidation, sexual persecution, and a combination of any of the above kinds of violence. (Ahmad et al. 2015) This study indicated that approximately a third of the total number of assessed nurses all over the world reported being subject to physical violence as well as intimidation, around one third stated that they were injured, approximately one quarter said that they had been subject to instances of sexual harassment, and around two-thirds claimed to be victims of nonphysical forms of violence. However, the study pointed out that physical forms of violence were most dominant in the case of emergency departments, aged care, as well as psychiatric departments. (Gerdtz et al. 2013) This study indicated that physical forms of violence as well as sexual harassment were commonplace in Anglo nations, while nonphysical forms of violence and intimidation were rampant in the nations of the Middle East. Statistics also indicated that patients were responsible for most cases of physical atrocities in the Anglo countries, along with Europe, while the patient's kin and friends were responsible for the majority of such cases in the Middle Eastern region. (Kennedy and Julie 2013)

A pre-test and post-test study carried out in Australia aimed to understand the extent to which training endeavours were beneficial in curbing the problem of violence against nurses in the Emergency Department. However, there existed partial evidence to prove that the initiative considerably altered staff attitudes concerning the curbing of patient violence with the help of the Management of Aggression and Violence Attitude Scale as a reference. Supplementary survey objects that particularly analyse staff approaches concerning the utilisation of check in emergency situations are necessary to enhance comprehension of decision making concerning restraining methodologies. Additional work is necessary to measure the effect of training in medical practice to this effect. (Morcken et al. 2015)

## Conclusion

An in-depth analysis of the available literature on the topic of workplace violence among ED nurses indicates a number of vital aspects concerning this pressing medical issue. These primarily point towards the fact that little, on the personal and governmental front, has been done to curb such atrocities.

Future endeavours towards research must be directed at investigating workplace violence from every source and spanning every medical professional sub-division in the varied locations in which they carry out their practice. (Morphet et al. 2014) Particular attention must be given to pinpointing primary risk as well as protective aspects for workplace violence disclosure, inclusive of concerns with reference to practitioner profiles, the backgrounds and situations of medical practice, along with the existence of primary aggression deterrence and reduction initiatives, both on an individual basis and in amalgamation. (Beck, 2011)

Out of all of the strategies analysed here, the most recommended ones involved an implementation and initiation of a training programme for nurses who find themselves victims of such assaults, along with other nurses who have not yet experienced such violence. Research indicated the benefits being mental strengthening to combat the harmful effects of such assaults and training as to how future instances could be handled. In terms of lessening the occurrence of such instances in the ED, multiple researches pointed towards stringent medical and legislative policies by the organisation and the government that punish violators. (Flarity et al. 2013)

It is also recommended that this concern be acknowledged and discussed more openly so as to raise awareness of the gravity of the issue, given the fact that a huge majority of ED nurses have faced such issues at some point in their careers. The effect of workplace violence on the health, mental balance, work outcomes and work involvement of the nurses in the Emergency Department continues to be under-analysed. Broadly speaking, an increasingly extensive and powerful evidence base is necessary to allow there to be guided decision-making that can minimise the possibilities and negative impacts of workplace violence in clinical practice, with emphasis on the Emergency Department. (AnnMarie et al. 2013)

**Appendices:**

Appendix 1: Example of a search undertaken/Medline

| Search ID# | Search Terms                         | Search Options                | Last Run Via  | Results |
|------------|--------------------------------------|-------------------------------|---|---------|
| S7         | workplace violence                   | Search modes - Boolean/Phrase | Interface -<br>EBSCOhost<br>Research<br>Databases<br>Search Screen -<br>Advanced Search<br>Database -<br>MEDLINE Complete | 110     |
| S6         | violence emergency<br>department     | Search modes - Boolean/Phrase | Interface -<br>EBSCOhost<br>Research<br>Databases<br>Search Screen -<br>Advanced Search<br>Database -<br>MEDLINE Complete | 30,020  |
| S5         | strategies violence nurses           | Search modes - Boolean/Phrase | Interface -<br>EBSCOhost<br>Research<br>Databases<br>Search Screen -<br>Advanced Search<br>Database -<br>MEDLINE Complete | 6,350   |
| S4         | Strategies prevent nurse<br>violence | Search modes - Boolean/Phrase | Interface -<br>EBSCOhost<br>Research  | 30,208  |

|    |  |                               |   |        |
|----|--|-------------------------------|---|--------|
|    |  |                               | Databases<br>Search Screen -<br>Advanced Search<br>Database -<br>MEDLINE Complete   |        |
| S3 | S1 OR S2   | Search modes - Boolean/Phrase | Interface -<br>EBSCOhost<br>Research<br>Databases<br>Search Screen -<br>Advanced Search<br>Database -<br>MEDLINE Complete | 42,006 |
| S2 | emergency department<br>nurse aggression OR<br>emergency department<br>nurse attacks | Search modes - Boolean/Phrase | Interface -<br>EBSCOhost<br>Research<br>Databases<br>Search Screen -<br>Advanced Search<br>Database -<br>MEDLINE Complete | 8,709  |
| S1 | strategies interventions<br>nurse violence   | Search modes - Boolean/Phrase | Interface -<br>EBSCOhost<br>Research<br>Databases<br>Search Screen -<br>Advanced Search<br>Database -<br>MEDLINE Complete | 31,244 |

| Study                                    | Aim   | Sample  | Methods   | Major Findings  | Strengths & Limitations  |
|--|---|---|---|---|--|
| Adriaenssens, <i>et al</i> (2012) UK (I) | The impact of traumatic events on emergency room nurses.  | 248 Emergency Nurses, from 15 Flemish (Belgian) general hospitals | analysis of cross-sectional data  | nurses were found to be suffering from stress and depression. 8.5 per cent matched up to clinical levels of PTSD. | wide range of hospitals, through restricted to Belgium                             |
| Ahmad <i>et al</i> 2015                  | Workplace Violence by Patients and Their Families Against Nurses: Literature Review                                 | 29 qualitative design studies were used                           | non-probability convenience samples, probability random samples, stratified random samples. | insight into the violence experienced by nurses, different types of violence.                                     | less emphasis on preventive measures.  |
| Avander <i>et al</i> 2016                | Trauma Nurses' Experience of Workplace Violence and Threats: Short- and Long-Term Consequences in a Swedish Setting | nurses from a trauma unit in Sweden's university hospital         | inductive qualitative study   | the negative impacts on the health of the nurses (both physical and mental) were analysed                         | limited to a Swedish setting. includes both long-term and short-term consequences. |

|                                 |   |   |  |   |  |
|---------------------------------|---|---|--|---|--|
| Flarity<br><i>et al</i><br>2013 | The Effectiveness of an Educational Program on Preventing and Treating Compassion Fatigue in Emergency Nurses     | 2 emergency departments in Colorado Springs<br><br>convenience sample of self-selected emergency nurses | univariate statistics                          | an educational program led to an overall increase in the CS (Compassion Satisfaction) among nurses. | analysed the difference between baseline as well as post-intervention groups. . Small sample size                                  |
| Kennedy and Julie<br>2013       | Nurses' experiences and understanding of workplace violence in a trauma and emergency department in South Africa. | 8 nurses in the trauma and emergency department in West Cape, South Africa                              | qualitative, exploratory and descriptive study | the effectiveness of a range of coping methods was analysed.  | details of nurses' perspectives on violence and coping<br><br>No details on how participants were recruited.<br>small sample size. |

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