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# Violence Towards Nursing Employees in Slovenia

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## **Purpose:**

This paper presents a systematic review of research studies conducted in the field of violence directed towards nursing employees in Slovenia. The purpose of this paper is to establish the types and prevalence of violence, as well as the methodology and deficiencies of the research conducted to date. The findings can support systematic measures for preventing, reporting and surviving such violence.

## **Methods:**

The descriptive research methodology was applied when examining peer-reviewed literature on violence directed towards nursing employees in Slovenia. A systematic literature review was conducted as it enables data to be obtained from various sources, in our case 15 articles/sources were selected for the analysis, while ensuring a holistic understanding of the research subject.

## **Findings:**

The results show nursing employees are exposed to a high level of work-related violence against them, which in all fields is considerable, but especially in intensive psychiatric nursing care. Further qualitative research is needed to shed light on the detailed characteristics and background of such violence. Tackling violence within the healthcare system demands a wide and interdisciplinary approach.

## **Practical Implications:**

The results of this study can provide the basis for further research and the development of a comprehensive and multidisciplinary approach to tackle violence directed at nursing employees.

**UDC: 343.62:614**

**Keywords:** violence, aggression, nursing, employees, Slovenia

## **Nasilje nad zaposlenimi v zdravstveni negi v Sloveniji**

### **Namen prispevka:**

Prispevek predstavlja sistematični pregled raziskav na področju nasilja, ki je usmerjeno proti zaposlenim v zdravstveni negi v Sloveniji. Namen prispevka je ugotoviti vrste in prevalenco nasilja, uporabljene raziskave in pomanjkljivosti opravljenih raziskav. Ugotovitve lahko podpirajo sistematične preventivne, administrativne in preživetvene ukrepe.

### **Metode:**

Uporabljena je bila deskriptivna metoda za pregled recenzirane literature na področju nasilja, usmerjenega proti zaposlenim v zdravstveni negi. Sistematičen pregled literature je bil izbran, ker omogoča pridobitev podatkov iz več virov in zagotavlja celostno razumevanje obravnavane teme. Za analizo je bilo izbranih 15 člankov/virov.

### **Ugotovitve:**

Rezultati kažejo na visoko izpostavljenost nasilju zaposlenih v zdravstveni negi. Ta izpostavljenost je na vseh področjih velika, še posebej v intenzivni psihiatrični negi. Potreben je nadaljnji kvalitativen pristop, ki bo omogočal razkritje podrobnejših karakteristik in ozadij tovrstnega nasilja. Obravnava nasilja v zdravstvenem sistemu zahteva širok in interdisciplinarni pristop.

### **Praktična uporabnost:**

Rezultati prispevka so lahko temelj za nadaljnje raziskave in razvoj obsežnega ter multidisciplinarnega pristopa za obravnavo nasilja, ki je usmerjeno proti zaposlenim v zdravstveni negi.

**UDK: 343.62:614**

**Ključne besede:** nasilje, agresija, zdravstvena nega, zaposleni, Slovenija

## **1 INTRODUCTION**

In recent times, like elsewhere, several incidences of violence directed at nursing staff have occurred in Slovenia and, as a consequence, a number of studies have been conducted to examine violence directed at nursing staff. Since workplace violence in the healthcare system is a growing issue of concern, we carried out an overview of existing studies in Slovenia to support the required systematic measures for preventing, reporting and surviving such violence.

This paper presents a systematic review of research studies conducted in the field of violence directed at nursing employees in Slovenia. The paper's purpose is to establish the types and prevalence of violence, along with the methodology and deficiencies of the research conducted so far. The findings can support systematic measures for preventing, reporting and surviving such violence.

Work-related violence, defined as violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty, is recognised as a major problem (Gerberich et al., 2004).

Workplace violence is any act or threat of physical violence, harassment, intimidation or other threatening disruptive behaviour that occurs at the location of work. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers and visitors (US Department of Labor Occupational Safety and Health Administration, 2002).

Workplace violence entails a broader problem. It is any act in which a person is abused, threatened, intimidated or assaulted in his or her employment. Such violence includes (Canadian Centre for Occupational Health and Safety, 2014):

- threatening behaviour – such as shaking fists, destroying property or throwing objects;
- verbal or written threats – any expression of an intent to inflict harm;
- harassment – any behaviour that demeans, embarrasses, humiliates, annoys, alarms or verbally abuses a person and which is known or would be expected to be unwelcome. This includes words, gestures, intimidation, bullying or other inappropriate activities;
- verbal abuse – swearing, insults or condescending language; and
- physical attacks – hitting, shoving, pushing or kicking.

Planning efforts must focus on preventing, reporting, surviving and responding to these incidents.

The most important component of any workplace violence prevention programme is management commitment. Management commitment is best communicated in a written policy. The policy should (Canadian Centre for Occupational Health and Safety, 2014):

- be developed by management and employee representatives;
- apply to management, employees, clients, independent contractors and anyone with a relationship with the company;
- define what is meant by workplace violence in precise, concrete language;
- provide clear examples of unacceptable behaviour and working conditions;
- state in clear terms the organisation's view on workplace violence and its commitment to preventing workplace violence;
- precisely state the consequences of making threats or committing violent acts;
- outline the process through which preventive measures will be developed;
- encourage reporting of all incidents of violence;
- outline the confidential process by which employees can report incidents, and to whom;
- assure no reprisals will be made against reporting employees;
- outline the procedures for investigating and resolving complaints;
- describe how information about potential risks of violence will be communicated to employees;
- make a commitment to provide support services to victims of violence;
- offer a confidential Employee Assistance Programme (EAP) to allow employees with personal problems to seek help;
- make a commitment to fulfil the violence prevention training needs of different levels of personnel within the organisation;
- make a commitment to monitor and regularly review the policy; and
- state the applicable regulatory requirements.

Certain work factors, processes and interactions can put people at increased risk of workplace violence. Examples include (Canadian Centre for Occupational Health and Safety, 2014):

- working with the public;
- handling money, valuables or prescription drugs (e.g. cashiers, pharmacists);

- carrying out inspection or enforcement duties (e.g. government employees);
- providing service, care, advice or education (e.g. healthcare staff, teachers);
- working with unstable or volatile persons (e.g. social services, or criminal justice system employees);
- working in premises where alcohol is served (e.g. food and beverage staff);
- working alone, in small numbers (e.g. store clerks, real-estate agents), or in isolated or low-traffic areas (e.g. washrooms, storage areas, utility rooms);
- working in community-based settings (e.g. nurses, social workers and other home visitors);
- having a mobile workplace (e.g. a taxicab); and
- working during periods of intense organisational change (e.g. strikes, downsizing).

### 1.1 Review of Past Studies

Healthcare professionals encounter many medical risks while providing healthcare services to individuals and the community (Ozturk & Babacan, 2014). For example, a study by Clements, DeRanieri, Clark, Manno & Kuhn (2005) showed that 35%–80% of all healthcare employees had experienced at least one physical assault in the workplace, whereby the nursing staff is the most exposed group of all. Increased workplace violence towards healthcare professionals was already reported many years ago as a serious issue by several studies (Alessi, 1991; Gates, Fitzwater, & Meyer, 1999; Jones, 1985). Healthcare workers are most frequently the object of patients' violent behaviour. However, other employees working with those patients – police officers, security officers, paramedics, nursing home staff – also experience some degree of workplace violence (Clements et al., 2005; Lundström, Saveman, Eisemann, & Åström, 2007).

The reported prevalence of workplace injuries in the healthcare field is high; yet, the actual prevalence of injuries in the workplace seems to be even higher since many incidents go unreported (Gates, Gillespie, & Succop, 2011). Some studies report that up to 70% of incidents remain unreported (Stokowski, 2010).

The findings of a Swiss study (Hahn et al., 2010) show that in a one-year period 72% of nursing staff had experienced verbal violence, whereas 42% of the nursing staff had encountered physical violence from both patients and visitors. Further, 23% of the nursing staff had suffered physical injuries and 1.4% of them had to take time off for one or several days. The nursing staff was under a lot of distress due to the violent behaviour of patients and visitors (Hahn et al., 2010).

According to a Swedish study (Soares, Lawoko, & Nolan, 2000), the majority of respondents (85%) reported having been exposed to violence at some point in their career, with 57% reporting having been victimised in the past 12 months. The results of this study (Soares et al., 2000) also showed that nurses had experienced a high level of indirect threats (48%), direct threats of violence (40%) and violent

acts (40%). Forty-five percent of nurses had witnessed violence and threats made toward other staff (Josefsson & Ryhammar, 2010). In Jordan (Albashtawy, 2013), more than three-quarters of study participants (75.8%) had been exposed to at least one form of violence. The number of incidents of verbal violence was approximately five times the number of incidents of physical violence.

A study conducted in Hong Kong (Kwok et al., 2006) shows that 76% (95% confidence interval, 72%–80%) of nurses reported different types of verbal abuse (73%), bullying (45%), physical abuse (18%) and sexual harassment (12%). Most (82%) nurses who experienced verbal abuse tended to confide in their friends, family members, or colleagues. Some (42%) ignored the incident altogether.

In a Kuwait-based study (Atawneh, Zahid, Al-Sahlawi, Shahid, & Al-Farrah, 2003), 70 out of 81 nurses had experienced verbal insults or threats of imminent violence, while 13 had also been physically attacked during the first year.

Helplessness, sadness, anger and feelings of insecurity were the feelings most often experienced by staff encountering violent behaviour (Aström, Bucht, Eisemann, Norberg, & Saveman, 2002).

Physical aggression was more frequently present at nursing homes (83.9% of employees), while verbal violence was more common in psychiatric hospitals (96.7% of employees) (Franz, Zeh, Schablon, Kuhnert, & Nienhaus, 2010). In the United States, the highest incidence of workplace assault can be observed among nursing assistants employed in long-term healthcare settings (Gates et al., 2011). According to a study conducted by Lundström et al. (2007), 31% of caregivers ( $n = 120$ ) had been subjected to violence in the previous year with physical violence being the most frequent category. All types of caregivers were exposed to violence and their reactions were commonly very emotional (Lundström et al., 2007).

## 2 METHODS

The descriptive research methodology was used when examining the peer-reviewed literature on violence directed at nursing employees in Slovenia. A systematic literature review was conducted as it enables data to be obtained from various sources and ensures a holistic understanding of the research subject. The literature search was carried out using the following databases: PubMed, Cobiss and Cumulative Index of Nursing and Allied Health Literature (CINAHL), according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA-P) 2015 guidelines (Moher et al., 2015). Several combinations of selected search words in the English and Slovenian language and their synonyms were prepared and used with the Boolean operators AND or OR: Nasilje<sup>1</sup>() OR Zdravstvena nega<sup>2</sup>() OR Zdravstveni<sup>3</sup>() OR Medicinske sestre<sup>4</sup>() OR Violence \*() OR Nursing care \*() OR Medical\*() OR Nurses \*() OR Slovenia \*(). We searched in the title, key words and abstract.

1 Nasilje = violence

2 Zdravstvena nega = nursing care

3 Zdravstveni = healthcare

4 Medicinske sestre = nurses

The criterion for selecting the literature was that articles were published in the last 15 years, namely from 2002 to 2017.

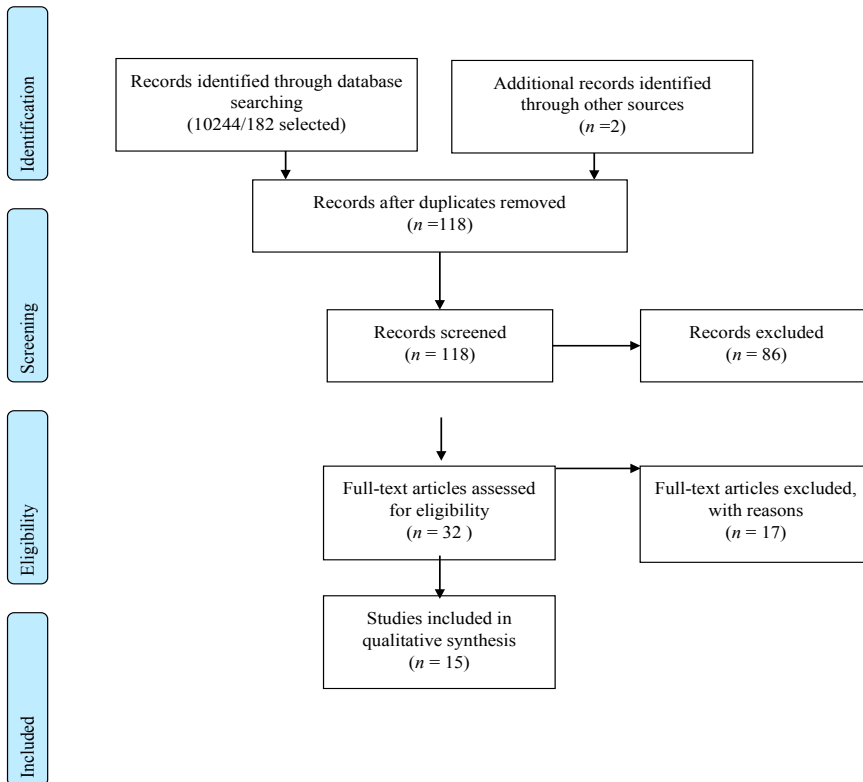
Articles concerning violence in nursing care in peer-reviewed scientific journals, as well as international documents, standards, guidelines and research studies performed in the EU, were considered for review. Information from editorials, letters, interviews, posters and articles without access to the full text were excluded from the study.

Grey documents were identified by means of an opportunistic search, meaning a targeted or focused one. The term grey literature was used to describe information which is not published commercially or is otherwise hard to find, including government reports, NGO reports, theses, technical reports, white papers etc.

The process of the literature review is displayed in a search table (Table 1) and in the PRISMA diagram as shown in Figure 1, while the inclusion and exclusion criteria are shown in Table 2.

**Table 1:**  
**Search table**

	Key word	No. of hits	Chosen hits	Final selection
PubMed	Violence Nursing care	8,995	6	1
	Violence Medical Slovenia	3	8	0
	Violence Nurses Slovenia	5	3	2
Cobiss	Nasilje Zdravstvena nega	55	10	3
	Nasilje Zdravstveni	371	6	2
	Nasilje Medicinske sestre	0	0	0
	Violence Nursing care	61	39	0
	Violence Medical	257	58	2
	Violence Nurses Slovenia	27	0	0
Cinahl	Nasilje	1	1	1
	Nasilje Zdravstveni	0	0	0
	Nasilje Medicinske sestre	0	0	0
	Violence Nursing care	297	46	0
	Violence Medical	157	0	0
	Violence Nurses Slovenia	13	5	2
Other sources		2		2
		10,244	182	15



**Figure 1:**  
Flowchart of  
the search  
strategy and  
literature  
selection  
process –  
PRISMA  
diagram

Inclusion criteria	Exclusion criteria
Published in the Slovenian or English language	Not published in the Slovenian or English language
Full-text accessibility	Access only to abstract or bibliographic data
Original research scientific article, monography, review scientific article	Debate articles, professional articles, letters to the editor
Thematic adequacy	Paper that is not directly connected with our review
Selected words in title, key words and abstract	Literature that does not apply to the overall theme

**Table 2:**  
The inclusion  
and exclusion  
criteria

### 3 RESULTS

The literature search was performed using three databases: PubMed, Cobiss and Cinahl – grey literature was also included. The total number of all search results was 10,244. After excluding duplicates and taking the inclusion criteria into account, 15 articles/sources finally remained for the analysis.

**Table 3:**  
Description  
of studies  
included in  
the literature  
review

Author and year	Research design	Sample (number of respondents)	Research purpose	Key findings
Klemenc & Pahor, 2004	Descriptive research	N = 376 Survey in all fields of nursing work	To deal with different forms of violence against nurses, nursing technicians and midwives in the workplace in Slovenia	72.3% of nurses had experienced violence, 59% verbal violence, 53% psychological violence, 29% physical violence
Planinšek & Pahor, 2004	Descriptive research	N = 376 Survey in all fields of nursing work.	The article deals with the problem of sexual violence in the workplace	34.8% reported having experienced sexual violence. Since most Slovenian health institutions do not have specific protocols for addressing an act of violence, a holistic and systematic approach that includes managers, workers and civil society is required.
Babnik, Štemberger Kolnik, & Kopač, 2012	Quantitative descriptive research	N = 692 Survey in all fields of nursing work	A focus on describing the forms, frequency and most common perpetrators of psychological violence toward nurses	60.1% had experienced psychological violence. The prevalence of psychological violence established in this research is comparable to the results of previous studies.
Košir, 2012	Quantitative descriptive research	N = 692 Survey in all fields of nursing work	To determine the prevalence and nature of the violence perceived and experienced by nurses, and to identify the primary perpetrators of violence	The perpetrators are most commonly the patients (74.8%). Nurses listed different violent acts directed against them at work or on duty, such as punching, kicking, pushing and similar



Table 3:  
Continuation

Author and year	Research design	Sample (number of respondents)	Research purpose	Key findings
Keblić, 2013	Master's thesis Quantitative research	N = 177 Emergency nursing care	To identify violence committed by patients and their relatives in emergency nursing care	98% of nurses had experienced some form of violence, 77% psychological violence, 15% physical violence
Gabrovec, Eržen, & Lobnikar, 2014	Quantitative descriptive research	N = 203 Intensive psychiatric nursing care	To define the types and frequency of violence encountered by medical staff in psychiatric healthcare	92.6% of nurses had experienced verbal violence, 84.2% physical violence, 24.6% sexual violence, 63.5% of nurses had been injured in the past
Kvas & Seljak, 2014	Quantitative descriptive research	N = 692 Survey in all fields of nursing work	To explore violence in nursing in primary, secondary and tertiary healthcare as experienced by nurses in Slovenia	60.6% had been exposed to violence in the previous year, most to psychological violence – 60.1%, 28.9% to economic violence, 10.9% to physical violence
Jerkič, Babnik & Karnjuš, 2014	Quantitative research	N = 62 Emergency units nursing care	To study the incidence of verbal and other forms of indirect violence on a sample of emergency services nursing care employees, namely: to identify the frequency of experiencing the violence, the different forms, the most common perpetrators of verbal abuse, perceived causes and demographic variables of the employees in relation to the higher frequency of detecting violence at work	74.2% had experienced verbal or other forms of indirect violence at the workplace, especially in forms of verbal indirect active aggression from family members and patients. The most frequent reasons for abuse are: inadequate, overcrowded waiting rooms (36 responses)

**Table 3:**  
**Continuation**

Author and year	Research design	Sample (number of respondents)	Research purpose	Key findings
Vičar, 2015	Master's thesis Cross sectional	N = 121 Survey in all fields of nursing work	To identify which forms of violence occur in healthcare and who is the one who carries out violence among the workers	72.7% of nurses had experienced some form of violence, 90.8% psychological violence, 46% physical violence
Kvas & Seljak, 2015	Quantitative descriptive research	N = 692 Survey in all fields of nursing work	To study the frequency and degree of violence against nurses and to analyse correlations between various sources and types of violence	The most frequent perpetrators of verbal violence were patients (listed as a source of violence by 39.3% of respondents) and peers (39.6%), with the most forceful identified as physicians and patients. Physical violence against nurses was most often initiated by patients (20.8%).
Gabrovec, 2015	Quantitative descriptive research	N = 246 Nursing care in paramedic services	To identify the type of violence suffered by nursing care in paramedic services and the frequency of violence.	78.0% had experienced verbal violence, 49.6% physical violence, 24.4% sexual violence, 26.8% had been injured in their working career
Bojić, Bole & Bregar, 2016	Quantitative research	N = 197 Intensive psychiatric nursing care and Emergency nursing care	To identify the rates of occurrence and types of adverse events perpetrated by patients to which healthcare workers are exposed in emergency and inpatient psychiatric care settings	The pervasiveness of aggression in acute psychiatric and other mental health settings has been documented. The health personnel in psychiatric settings experience higher rates of mild patient violence than other respondents. The most vulnerable group includes respondents with a lower education and those working in shifts. Women are more likely to be victims of sexual aggression than men.

Table 3:  
Continuation

Author and year	Research design	Sample (number of respondents)	Research purpose	Key findings
Gabrovec & Eržen, 2016	Quantitative descriptive research	N = 527 Nursing staff in Slovenian nursing homes	To identify the prevalence of violence towards nursing staff in Slovenian nursing homes	71.7% had been a victim of verbal violence, 63.8% physical violence, 35.5% sexual violence, 35.5% had been injured in their working career
Gabrovec, 2017	Quantitative descriptive research	N = 337 Nursing care in Community nursing	To explore the frequency of violence toward community nurses in Slovenia	56% reported an experience of verbal violence, 3.5% physical violence, 30% sexual violence
Gabrovec, Jelenc, Prislan, & Lobnikar, in press	Quantitative descriptive research	N = 54 Nursing care employees in the Slovenian drug addiction rehabilitation centre network	To identify the prevalence of violence towards nursing care employees in the Slovenian drug addiction rehabilitation centre network	85.7% of respondents had experienced verbal violence, 28.6% physical violence, 7.1% sexual violence, 9.5% had been injured in their working career

The first systematic research on violence directed at nursing staff in Slovenia was conducted by Klemenc & Pahor (2004). The study revealed the high prevalence of violence, with 72.3% of nurses having experienced some form of violence. Most (59%) had experienced verbal violence and psychological violence (29%). In the same year and using the same sample, Planinšek & Pahor (2004) revealed high exposure to sexual violence (34.8%). Both studies focused on nursing staff working in any field of nursing and both call for specific protocols to be prepared to address acts of violence, namely, a holistic and systematic approach that includes managers, workers and civil society.

Two similar studies were carried out in 2012 (Babnik, Štemberger Kolnik, & Kopač, 2012; Košir, 2012). In this research, psychological violence against nurses was little higher (60.1%) and most violence had been perpetrated by patients (74.8%). Among violent acts, the nurses listed punching, kicking, pushing and similar.

In two master's theses (Keblič, 2013; Vičar, 2015), we can find different data about the prevalence of violence, where both studies were conducted on smaller samples ( $N = 177$ ;  $N = 121$ ). Keblič (2013) found that 98% of nurses had experienced some form of violence, 77% psychological violence and 15% physical violence. Vičar (2015) established that 72.7% of nurses had experienced some form of violence, 90.8% psychological violence and 46% physical violence.

Other studies examining nursing staff working in any field of nursing include those carried out by Kvas & Seljak (2014) (60.6% had been exposed to violence in the previous year, mostly psychological violence (60.1%) and economic violence (28.9%)), and Kvas & Seljak (2015) (the most frequent perpetrators of verbal

violence were patients (39.3%) and peers (39.6%), with the most forceful being identified as physicians and patients. Physical violence against nurses was most often initiated by patients (20.8%).

More targeted research studies were performed in emergency care by Jerkič et al. (2014) and Bojić et al. (2016) in intensive psychiatric nursing care and emergency nursing care. Jerkič et al. (2014) found that 74.2% had experienced verbal or other forms of indirect violence at the workplace, especially in the forms of verbal indirect active aggression from family members and patients. Bojić et al. (2016) established that the health personnel in psychiatric settings had experienced higher rates of mild patient violence than other respondents in emergency care.

Several targeted studies with same research tool were conducted between 2014 and 2017 (Gabrovec, 2015, 2017; Gabrovec & Eržen, 2016; Gabrovec et al., 2014; Gabrovec et al., in press). These studies focused on a specific field of nursing: intensive psychiatric nursing care, nursing homes, nursing care in paramedic services, community nursing and nursing care in drug addiction centres. The results of these studies are presented in Table 4.

**Table 4:**  
Specific forms  
of violence  
in different  
nursing fields

	Intensive psychiatric nursing care	Nursing homes	Nursing care in Paramedic services	Nursing care in Commu- nity nursing	Nursing care in the Drug addiction rehabilitation centre net- work
Author	Gabrovec et al., 2014	Gabrovec & Eržen, 2016	Gabrovec, 2015	Gabrovec, 2017	Gabrovec et al., in press
Sample	203	527	246	337	42
Verbal violence*	92.6%	71.7%	78%	56.1%	85.7%
Physical violence*	84.2%	63.8%	49.6%	3.5%	28.6%
Injury in the past**	63.5%	36.8%	26.8%	3.5%	9.5%
Sexual violence*	24.6%	35.5%	24.4%	30%	7.1%

\* in the past year

\*\* in whole working career

The results show nursing employees are highly exposed to work-related violence, which is considerable in all fields, but especially in intensive psychiatric nursing care where 84.2% of employees had experienced physical violence in the previous year and 63.5% had been injured by a patient in their working career.

## 4 DISCUSSION

The number of studies looking at violence directed at nursing employees in Slovenia has increased in recent years. All of them point to the high level of exposure to and prevalence of violence, especially in intensive psychiatric nursing care, nursing homes and nursing care in paramedic services. However, related

knowledge is still lacking as we know little about the causes of violence. The results of these research studies are comparable to studies conducted abroad, yet studies differ in their reporting of the prevalence of physical violence. Clements et al. (2005) report a prevalence ranging from 35% to 80% in the previous year, Hahn et al. (2010) report 42% and Franz et al. (2010) report 83% in the previous 12 months. Compared to the rest of the world, the results are only comparable with a study conducted in Sweden (Soares et al., 2000) and another in Turkey (Picakciefe et al., 2012). The frequency of physical violence committed by patients is higher in Slovenia than in either the USA (Clements et al., 2005; Privitera, Weisman, Cerulli, Tu, & Groman, 2005) or Switzerland (Hahn et al., 2010).

Further qualitative research is needed to shed light on the detailed characteristics and background of such violence. The strong prevalence of any violence should trigger a systematic and comprehensive reaction. As revealed by the studies, types of violence are interconnected: one violence triggers another and, accordingly, the high prevalence of physical violence against nursing employees in Slovenia also conceals other types of violence.

Tackling violence within the healthcare system demands a wide and interdisciplinary approach, as suggested by Lešnik Mugnaioni (2012) and Gabrovec and Lobnikar (2014). A systematic approach is still hard to find, although some successful preventive programmes have already been implemented, bringing positive results (Gabrovec, 2016; Gabrovec & Lobnikar, 2015). An organisational model for ensuring safety and the quality of treatment in the case of an aggressive patient with a mental disorder has been tested. Preliminary results show a positive impact. We can assert that the organisational model is suitable for wider use by all stakeholders involved in treating a patient with a mental disorder and also for the preparation of a related healthcare standard and manual.

Healthcare workers are not trained to deal with patients' violent behaviour, yet they are still responsible for their safety, the safety of environment and the safety of other patients. A comprehensive strategy and action is needed to help healthcare workers deal with patients' violence.

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