

Violence in Healthcare Settings: A Scoping Review of Theoretical Foundations and Implications for Violence Prevention in Healthcare Systems

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Abstract:

Background: Workplace violence in healthcare settings is a growing occupational health concern affecting healthcare workers worldwide. Exposure to aggression and threats can negatively impact staff wellbeing and the quality of patient care.

Objectives: This scoping review aimed to synthesize theoretical perspectives and empirical evidence related to workplace violence in healthcare settings and to examine implications for violence prevention strategies in healthcare systems.

Materials and Method: The review followed the methodological framework proposed by Arksey and O'Malley and further refined by Levac and colleagues. Literature searches were conducted in PubMed, CINAHL, PsycINFO, and the Thai-Journal Citation Index for studies published between 2014 and 2024. Titles and abstracts were screened independently by two reviewers, followed by full-text assessment based on predefined inclusion criteria.

Results: The search identified 1,847 records. After screening and eligibility assessment, 16 studies were included in the final synthesis. The literature highlighted several relevant theoretical perspectives, including emotional intelligence, ecological systems theory, and communication-based approaches to conflict management. Empirical findings indicate that workplace violence is shaped by interactions among patient characteristics, staff communication practices, and organizational factors.

Conclusion: Effective violence prevention requires integrated strategies addressing individual competencies, organizational policies, and systemic conditions within healthcare systems.

Keywords: Workplace violence; Healthcare workers; Violence prevention; Healthcare settings; Scoping review; Occupational health

Introduction

Workplace violence directed toward healthcare workers has become a significant concern within healthcare systems around the world.^{1,2} Healthcare professionals frequently encounter aggressive behavior in the form of verbal abuse, threats, and physical assault while performing their clinical duties.^{3,4} Research conducted across different countries consistently demonstrates that healthcare workers experience higher rates of workplace violence than employees in most other occupational sectors.^{1,2}

The impact of workplace violence extends beyond immediate physical harm. Exposure to aggression can lead to psychological distress, reduced job satisfaction, and increased burnout among healthcare workers.⁵ These consequences may contribute to staff turnover and workforce instability, which in turn can affect the quality and continuity of patient care.⁵ Environments characterized by frequent violence may also disrupt communication among healthcare teams and undermine patient safety.

Despite the growing body of research addressing workplace violence in healthcare settings, the existing literature remains fragmented across multiple academic disciplines. Studies addressing this issue have emerged from fields such as nursing science, occupational health, psychology, and healthcare management.^{2,5} While these contributions provide valuable insights, they often focus on specific aspects of violence rather than integrating theoretical and empirical perspectives into a comprehensive framework.

Another important limitation of the existing literature concerns geographical representation. Many studies on healthcare workplace violence originate from North America and Europe. Although these studies provide important evidence, their findings may not fully reflect the cultural and

organizational contexts of healthcare systems in other regions, particularly in Asia.

Healthcare interactions are influenced by cultural norms related to communication, authority, and social relationships. In many Asian healthcare systems, communication styles tend to emphasize respect for hierarchy and the maintenance of interpersonal harmony. These cultural characteristics may influence how conflicts emerge and how healthcare professionals respond to potentially aggressive situations.

Historically, institutional responses to workplace violence have often focused on security measures such as surveillance systems and the presence of security personnel.^{1,6} While these measures are important components of workplace safety, they do not address the interpersonal dynamics that frequently precede violent incidents. Communication breakdowns, unmet expectations, and emotional distress among patients or their family members can contribute to the escalation of conflict in healthcare settings.

A broader understanding of workplace violence therefore requires conceptual frameworks that consider individual behavior, interpersonal communication, and organizational context simultaneously. Scoping reviews provide a useful methodological approach for synthesizing diverse forms of evidence and identifying conceptual patterns within complex research fields. The present review was conducted to examine theoretical and empirical literature related to workplace violence in healthcare settings and to identify key concepts relevant to violence prevention strategies.

Method

This study employed a scoping review methodology to explore the range of research addressing workplace violence in healthcare environments. The review

followed the methodological framework proposed by Arksey and O'Malley⁷ and later refined by Levac.⁸ Scoping reviews are particularly suitable for mapping interdisciplinary evidence and identifying conceptual gaps in the literature.

A comprehensive literature search was conducted using four electronic databases: PubMed, CINAHL Complete, PsycINFO, and the Thai-Journal Citation Index. Search terms were developed to capture three main concepts: workplace violence, healthcare settings, and prevention strategies. Keywords included combinations of terms such as "workplace violence," "aggression," "healthcare workers," "hospital," "communication," and "violence prevention." The search included studies published

between January 2014 and December 2024.

Two reviewers independently screened titles and abstracts to identify potentially relevant articles. Publications that appeared to meet the inclusion criteria were retrieved for full-text review. Disagreements between reviewers were resolved through discussion.

The initial search identified 1,847 records. After removing duplicate entries, titles and abstracts were screened to assess relevance. A total of 312 articles were considered potentially relevant and were retrieved for full-text review. Following the application of inclusion and exclusion criteria, 16 studies were retained for inclusion in the final synthesis.

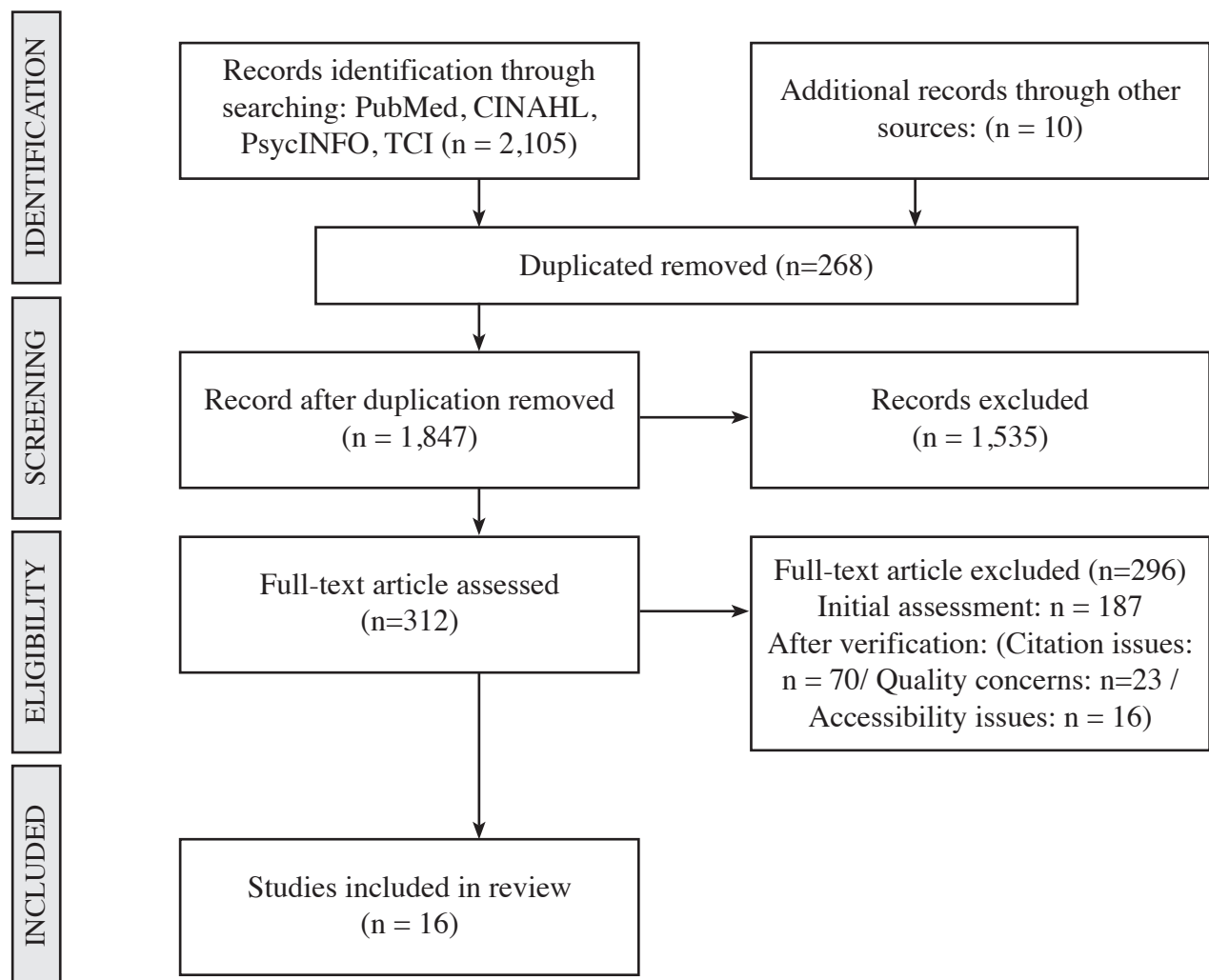


Figure 1 PRISMA flow diagram of the study selection process

Data extracted from each study included information on publication year, study location, research design, setting, and key findings. Because the included studies varied in design and objectives, the findings were synthesized using narrative thematic analysis.

This scoping review constitutes a component of a broader research initiative previously published elsewhere, which received ethics approval from the Ministry of Public Health Institutional Review Board (IRB No. EC 033-2568, issued 21 October 2025).

Results

The characteristics of the studies included in the final synthesis are summarized in Table 1. The selected publications represent a combination of empirical investigations, theoretical contributions, and methodological discussions related to workplace violence in healthcare settings. Most empirical studies were conducted in hospital environments, particularly emergency departments, psychiatric units, and inpatient wards, where healthcare workers

are frequently exposed to aggressive behaviors from patients or visitors.^{3,9,10}

Across the included studies, research designs varied considerably. Several investigations employed cross-sectional survey methods to assess the prevalence and correlates of workplace violence among healthcare workers. Other studies adopted qualitative approaches to explore healthcare professionals' experiences and perceptions of violent incidents. In addition, a number of publications provided theoretical frameworks or conceptual models relevant to violence prevention, including perspectives from psychology, communication theory, and organizational behavior.

The geographical distribution of the studies reflects the global nature of workplace violence in healthcare, with research conducted across North America, Europe, and Asia. Despite differences in healthcare systems and cultural contexts, the studies consistently highlight similar risk factors, including high patient volumes, inadequate staffing, communication breakdowns, and insufficient organizational support for incident reporting and prevention.

Table 1 Characteristics of Studies Included in the Scoping Review

Author	Year	Country	Study Design	Sample/Setting	Key Findings
Arnetz et al. ¹¹	2015	USA	Cross-sectional	Hospital staff	Workplace violence frequently underreported
Spector et al. ¹	2014	International	Meta-analysis	Nurses worldwide	High prevalence of workplace violence
Lanctôt & Guay ⁵	2014	Canada	Literature review	Healthcare workers	Violence linked to psychological distress
Peek-Asa et al. ⁶	2009	USA	Intervention study	Psychiatric facilities	Prevention programs reduce incidents
Liu et al. ²	2019	China	Systematic review	Healthcare workers	Violence prevalent across clinical settings

Table 1 Characteristics of Studies Included in the Scoping Review (con.)

Author	Year	Country	Study Design	Sample/Setting	Key Findings
Shi et al. ⁴	2020	China	Cross-sectional	Hospital staff	Organizational factors linked to violence
Aljohani et al. ⁹	2021	Saudi Arabia	Cross-sectional	Emergency departments	High exposure to verbal aggression
Hassankhani et al. ¹⁰	2018	Iran	Qualitative	Nurses	Staff perceive violence as routine
Chapman et al. ³	2009	UK	Cross-sectional	Nurses	Patient aggression common
Barrera & Castro ¹²	2006	USA	Conceptual	Intervention science	Cultural adaptation framework
Fredrickson ¹³	2001	USA	Theory	Psychology	Positive emotions build resilience
Fredrickson ¹⁴	2013	USA	Theory	Psychology	Broaden-and-build theory
Goleman ¹⁵	1995	USA	Theory	Organizational behavior	Emotional intelligence framework
Bronfenbrenner ¹⁶	1979	USA	Theory	Developmental systems	Ecological systems theory
Levac et al. ⁸	2010	Canada	Methodological	Research synthesis	Improved scoping review methods
Arksey & O'Malley ⁷	2005	UK	Methodological	Research synthesis	Scoping review framew

The studies included in this review represented a combination of theoretical contributions, methodological discussions, and empirical investigations of workplace violence in healthcare settings. Theoretical works provided conceptual perspectives on communication, emotional regulation, and conflict management, while empirical studies examined patterns of violence within specific healthcare environments.

Research across different healthcare systems consistently indicates that healthcare workers frequently encounter verbal aggression and threatening behavior.^{1,2,4} Although physical violence occurs less often, it remains a significant occupational risk. Studies conducted in emergency departments

and psychiatric facilities report particularly high exposure rates due to the intensity and unpredictability of patient interactions in these settings.

Several studies also highlight the problem of underreporting.¹¹ Healthcare workers may perceive aggression as an unavoidable aspect of clinical work or may believe that reporting incidents will not lead to meaningful organizational change. As a result, official incident records often underestimate the true prevalence of workplace violence.

The literature identifies multiple factors that contribute to the occurrence of violence in healthcare environments. Patient-related factors include psychological distress,

cognitive impairment, substance intoxication, and frustration associated with illness or healthcare access. Staff-related factors may involve limited experience in conflict management or communication difficulties during stressful situations. Organizational factors, including staffing shortages, high patient volumes, and inadequate reporting systems, also play a critical role in shaping the risk of violent incidents.

Research examining prevention strategies suggests that effective interventions typically involve multiple components. Communication training programs designed to enhance empathy and de-escalation skills are frequently cited as key elements of prevention. However, studies also emphasize the importance of organizational support, clear reporting procedures, and leadership commitment to staff safety.

Discussion

The findings of this review indicate that workplace violence in healthcare settings is a complex phenomenon influenced by multiple interacting factors. Empirical studies consistently show that healthcare workers experience high levels of verbal aggression, particularly in high-intensity clinical environments such as emergency departments and psychiatric services. Although physical violence occurs less frequently, it remains a serious occupational risk.

Theoretical frameworks identified in the literature provide important insights into the mechanisms underlying violent incidents. Emotional intelligence theory emphasizes the role of emotional awareness and regulation in managing difficult interactions.¹⁵ Similarly, the broaden-and-build theory of positive emotions suggests that positive emotional states may enhance resilience and adaptive coping in stressful situations.^{13,14}

Ecological systems theory highlights the influence of organizational and environmental conditions on individual behavior.¹⁶ From this perspective, workplace violence should be understood not only as an interpersonal problem but also as an outcome of structural conditions within healthcare systems.

The literature also highlights the importance of communication practices in preventing the escalation of conflict. Healthcare workers who receive training in communication and de-escalation techniques may be better equipped to manage emotionally charged interactions with patients or family members. However, training alone is unlikely to eliminate workplace violence without broader organizational support.

Organizational interventions and structured prevention programs have been shown to reduce workplace violence incidents in healthcare environments.⁶ In environments where aggression is perceived as an inevitable aspect of clinical work, incidents may go unreported and preventive measures may be limited. In contrast, institutions that recognize workplace violence as a significant occupational health issue are more likely to implement effective reporting systems and prevention strategies.

Conclusion

Workplace violence remains a significant challenge for healthcare systems worldwide. The evidence synthesized in this review suggests that effective prevention strategies must address individual competencies, interpersonal communication processes, and organizational structures simultaneously. By integrating theoretical and empirical perspectives, this study provides a conceptual foundation for the development of comprehensive violence prevention initiatives in healthcare settings.

AI-Assisted Writing Disclosure

Artificial intelligence–assisted writing tools were used to support language editing and improve clarity during manuscript preparation. The authors were responsible for all intellectual content, interpretation of findings, and final approval of the manuscript.

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