ORIGINAL ARTICLE

Workplace violence in healthcare: Insights into incidents, types, and reporting mechanisms for hospital nurses

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Abstract. *Background and aim of the work:* In healthcare, addressing workplace violence incidents is complicated by employees' reluctance to report cases, particularly among nurses who may view violence as a regular part of their job. This leads to underreporting due to perceived insignificance and a lack of understanding of reporting procedures. Inadequate support and safety policies from hospital management also pose significant obstacles in addressing workplace violence. This study aims to investigate, analyze thoroughly, and document workplace violence incidents and related occurrences experienced by nurses in hospital settings in Aceh, Indonesia. *Research design and methods:* A qualitative research study was undertaken to comprehend the workplace violence experienced by nurses in hospital settings. Seven key informants participated in in-depth interviews to explore their perceptions of workplace violence in hospitals. Following data collection, the researcher utilized thematic analysis to meticulously examine and identify the themes, sub-themes, and underlying meanings associated with the phenomenon of workplace violence. *Results:* A study on workplace violence experienced by nurses in Aceh Province identified three primary themes. The first theme focused on the nature and frequency of incidents, providing insight into their prevalence and characteristics. The second theme examined the types of workplace violence encountered by the nurses, including physical assault, emotional abuse, threats, verbal sexual harassment, and sexual abuse. The third theme explored the challenges associated with reporting workplace violence incidents within the healthcare setting, offering an understanding of the barriers and complexities involved. *Conclusions:* Having transparent and standardized regulations for reporting workplace violence incidents and having the necessary support and infrastructure are crucial for handling such incidents appropriately and effectively. Ultimately, it is hoped that this will motivate and support nurses to report acts of violence and better deal with them in the future. (www.actabiomedica.it)

Key words: workplace violence, hospital nurses, reporting systems, violence types, nurse safety, aggression in healthcare, incident reporting

Introduction

Workplace violence (WPV) can be defined as any incident in which an employee is harassed, threatened, or attacked concerning their work. It includes incidents that occur on the way to and from the workplace and involve a direct or indirect challenge to their safety, well-being, or health (1). WPV is also described as acts of violence, such as physical assault and threats toward individuals while they are at work (2). In the

workplace, actions or threats can manifest as verbal or nonverbal, physical or non-physical attacks (3), intimidation, harassment, or humiliation. These may include both words and accompanying acts, sabotage, sexual harassment, physical assault, or any other concerning behavior involving staff, professional practitioners, patients, or visitors (4). In today's healthcare settings worldwide, violence against healthcare providers, especially nurses, is a significant concern (3,5). Nurses at the forefront of providing services from admission to discharge (6) also encounter various traumas, sufferings, and life-changing events. Consequently, they face a higher risk of violence compared to other healthcare workers (7). The global incidence of WPV among hospital nurses varies, with reports indicating that as many as 90% of nurses have experienced it (8). The most common forms of violence experienced by nurses include verbal aggression, physical violence, and sexual harassment (9). In Indonesia, data shows a WPV incidence of 54.6% for non-physical violence and 10% for physical violence (10). In the Banda Aceh district of Aceh, over 50% of surveyed nurses reported experiencing non-physical forms of violence, while 7% witnessed physical violence in the past year (11). It is noteworthy that perpetrators of violence are often patients' families, and the majority of nurses (55.6%) do not report the violence they experience (10). The data demonstrates that incidents of violence against nurses are akin to an iceberg phenomenon, with many cases going unreported. It happens because victims must report the incidents themselves and lack familiarity with their agency's internal reporting procedures (12). Moreover, incidents of violence often go unreported in healthcare settings due to various factors. Individuals may become desensitized to violence, view it as a regular part of their job, or feel pressure from peers not to report it (13). A study conducted in Taiwan revealed that nurses who reported violent incidents often felt disheartened by the lack of action taken (14). The primary reasons for underreporting include the absence of clear hospital policies, the belief that reporting will not benefit healthcare workers, and the fear that doing so may reflect poorly on their performance (10). Furthermore, Sharma and Sharma (15) shed light on the factors contributing to the underreporting of

WPV incidents. These factors include the lack of a clear definition of WPV, the fear of being blamed for an incident, the perception of WPV as an everyday occupational hazard, the fear of jeopardizing one's job or position, and the conflict between the professional role of the service provider and their role as a victim. According to a study conducted by NIOSH, companies that implement this model have reduced WPV by up to 50% (16). Additionally, in Indonesia, only one law, Law Number 12 of 2022, concerning the Crime of Sexual Violence, has been issued by the Ministry of Manpower of the Republic of Indonesia (17). The Workplace Violence Educational Model is a comprehensive program aimed at tackling the rising issue of WPV, particularly within the health sector. This initiative seeks to diminish incidents of WPV by providing education on early warning signs, preventive measures, and effective responses in the face of violence. The ultimate objective is to forestall WPV, which can detrimentally impact employees' psychological and physical well-being, impair productivity, and tarnish the company's reputation (18). The need for comprehensive program plans underscores the importance of reducing WPV. These include bolstering management commitment and staff involvement, conducting thorough workplace analysis and hazard identification, providing robust occupational health and safety training, and implementing effective program recording and evaluation (19). Furthermore, developing the workplace violence educational model, which consolidates data and information about WPV, is a crucial preventive measure. This model will be pivotal in utilizing data to facilitate reporting WPV incidents in all hospital institutions.

Aim

In the present context, the paper aims to conduct a thorough investigation, analysis, and documentation of workplace violence incidents and related occurrences experienced by nurses in hospital settings. The primary objective is to comprehensively explore the workplace violence experienced by nurses in Aceh Province, Indonesia. The specific objectives include investigating the nature and frequency of incidents, the

types of workplace violence encountered by nurses, and the processes and challenges associated with reporting workplace violence in hospital settings.

Methods

Type and design of study

This qualitative study research initiative is designed to identify the various types of WPV encountered by nurses meticulously, thoroughly analyze the factors contributing to these incidents, and comprehensively investigate the existing reporting procedures through in-depth interviews. This qualitative research aims to comprehensively understand nurses' experiences with workplace violence (20,21), providing insights into their challenges and the need for improved reporting mechanisms and preventive measures in the healthcare environment. The research is conducted in Aceh Province, an Indonesian region with its capital in Banda Aceh. Aceh holds a special status as a unique region with special autonomy (22). The qualitative data collection took place in Banda Aceh and Aceh Besar by selecting an eligible sample from July 22 to 31, 2024.

Participants

Respondents are the source of research data that reveals their experiences with WPV incidents. In qualitative research, fewer respondents meeting specific criteria are utilized until data saturation is achieved (23). Data saturation is considered achieved when the respondent has conveyed information, and no new information emerges upon further inquiry by the researcher about the respondent's experience of violence. The number of respondents in the qualitative study was adjusted to ensure complete data or until no new information about violence was obtained (24). The study's participants are experienced nurses providing nursing services in public hospitals, with seven key informants (see Table 1) included. The key participants were selected through purposive sampling, intentionally selecting individuals based on specific criteria for inclusion in the study. These criteria include being registered nurses with the DPD PPNI Regency/City in Aceh Province, working in hospital settings, working in only one hospital, and having at least two years of work experience.

Instrument

The data collection tools utilized in this study comprise interview guidelines and field notes. Furthermore, the researcher is the primary data collection instrument (23). In this capacity, the researcher collects data and analyzes the research findings. The researcher made concerted efforts to foster accuracy and build rapport with the respondents, particularly during the interviews. The interview question guidelines

Table 1. Demographic of Qualitative Sample (n=7)

ID	Age (Year)	Gender	Employment Status	Last Education	Working Period (Year)	Scope of Work
Key Informant						
KP1	43	P	PPPK	Diploma	15	Inpatient Ward
KP2	28	P	PNS/ASN	Ners	5	IGD
KP3	36	L	PPPK	Ners	8	Inpatient Ward
KP4	43	P	PNS/ASN	Ners	18	Inpatient Ward
KP5	37	L	PPPK	Ners	15	Inpatient Ward
KP6	27	P	PPPK	Ners	4	Polyclinic
KP7	29	P	PPPK	Diploma	7	Inpatient Ward

encompass inquiries about the nurses' encounters with WPV incidents, including five main questions and several additional probing questions for each type of WPV incident. A primary question on the WPV reporting system was formulated, accompanied by three additional probing questions and expectations for preventing WPV incidents.

Here are some examples of the questions proposed:

Have you ever experienced violence in the workplace? In what forms did the violence you experienced take place?

Are there any regulations at the hospital where you work regulating workplace violence reporting?

How did your supervisor/management respond to incidents of workplace violence that you experienced?

How does the security system in your hospital prevent/reduce the incidence of violence?

Data collection methods

The data collection method used in this study involves conducting in-depth interviews with seven willing participants. These interviews aimed to gather detailed information about nurses' experiences with WPV. The semi-structured interviews allowed the researcher to ask open-ended questions about the topic while maintaining a clear theme and conversation flow. The interviews were time-limited to prevent unnecessary digressions, typically lasting 30-60 minutes. The researcher prepared interview guidelines based on relevant literature and theories to ensure the interviews were focused and purposeful (25). During in-depth interviews, respondents shared insights regarding WPV under pre-established interview guidelines. All the collected data and information were securely stored using mobile applications or other recording devices. Subsequently, the researcher saved the data in a laptop-protected folder.

Data validity

Data validity involves assessing the accuracy and quality of research data. The researcher aims to ensure

that the data obtained from the study effectively represents the experiences and perspectives of nurses in Aceh Province regarding WPV incidents and incident reporting. There are four types of data validity to consider: credibility (26), transferability, dependability (20), and confirmability (27).

Data analysis

Thematic analysis is a widely used method in qualitative research for identifying, analyzing, and interpreting patterns or themes that emerge from data (28). The process of thematic analysis involves several systematic steps: first, the data is coded, then the relevant data is grouped into potential themes. These themes are re-examined to identify the relationships forming the basis for preparing the analysis map (29). An analysis is then carried out from the analysis map to clarify each theme and compile an overall overview of the analysis results, which helps produce a clear definition of each theme. Finally, each theme and its relationship are analyzed to find the essence, leading to the research result (28). Once the data has been coded, thematic analysis forms the foundation of qualitative research, providing methods for identifying, analyzing, and reporting patterns within the data (28). Thematic analysis can be approached as either an essentialist or realist method, emphasizing participants' experiences, meanings, and realities, or as a constructivist method, examining how events, realities, meanings, and experiences result from various discourses in society. This approach enables the collected data, including the experiences and thoughts shaping the interviewees' views, to be understood within a social context while remaining focused on the material and reality they face (29).

Results

The characteristics of the participants can be found in the following Table 1.

After analyzing the qualitative data, we uncovered various interconnected themes and sub-themes. These findings offer a comprehensive rationale for developing an educational model and a reporting system for WPV, detailed in Table 2.

Table 2. Thematic Analysis of Qualitative Data

Condensed Meaning unit: Meaning Unit from Respondent	Interpretation of the underlying meaning	Sub-themes	Themes
"The patient's family and escort became panicked when the patient was taken and died. They then got angry and pushed our colleague". P1 "He (the patient) often yells, for example, harassing us, …., you are just an ordinary nurse, I am this, that, there is more to this, anyway…". P2 "After we have a round, then we will go around again to make sure that we are ready before we come to the vision. It turns out that neither the educated nor the family accepts it". P3	Perpetrators of workplace violence against nurses	Workplace violence experienced by nurses	***Incident Workplace Violence***
"Sorry, sir. Can you move his hands? Later, the needle can cause problems. We are still trying politely because this is our duty. Sometimes, some people understand, but some patients do not." P2 "If it is with a colleague.. (pause)… We have had conflicts in the past, too… Hmm.. I mean, the problem of conflict is indeed a conflict of division of duties…" P3 "I have experienced this; we have had conflicts with friends while on duty. So sometimes I feel like I am underestimated, underappreciated."P4	Job demands as a trigger for workplace violence		
"If there is no report in writing, only the Head of the Room will respond to our report. Usually, we are called to discuss the problem and find a solution" P4 "Of course, I will calm down so that the patient does not get angry with his family towards me… Then I told my other friends. Moreover, tomorrow, I will report to the head of the room." P6 "We think we should immediately report to the head of the night room for the incident… So then the head of the room tomorrow morning immediately followed up so that our video was … We do not know what a threat is or indeed my video will be spread by the patient's family." P1	Nurses' efforts when violent incidents occur		
"Physical attacks in the form of blows or slaps that cause physical injury to nurses, an example of physical violence experienced by nurses." P4 "a form of verbal violence that is carried out to harass or humiliate us as nurses in front of a crowd." P2 "Use of force by relatives, the patient's family, or others that may cause fear, either verbally or in writing" P5 "If verbal sexual harassment means from the words, it means that a person gets words that do not work in terms of sexuality, maybe an insult, only leading to sexuality." P4 "any form of action or behavior related to sexual instincts. It causes us to feel ashamed or humiliated." P7	Types of workplace violence experienced by nurses	Lack of understanding of workplace violence	***Types of Workplace Violence***
"Sometimes it happens, but it can be considered an event that has happened. For example, when we provide services such as drug injections or vital sign measurements that must be done at night, both in the patient's room and at the Nurse Station" P2 "Ever… Once pushed. Have you ever been hit? In the hand area. Once on the morning shift, it is the same as on the night shift. In the patient's room." P6 "If it is emotional harassment, yes… I have experienced this several times. Often, it is the morning service as well as the afternoon… I have experienced it in the nurse's room, at the nurse station, and in the nurse's room. Because I experienced it as a fellow nurse", P4 "I do not know if this is verbal sexual harassment, so we have many patients who are also a bit elderly. Yes, sometimes these grandparents like to tease nurses, but does it go into verbal sexual harassment… In the treatment room, usually… If we are injecting, yes, or we are early in the morning, we do half past six; usually, we have already TTV, we have checked everything, head to toe the patient'. P1	Time and location of workplace violence that may occur		

Table 2 (*Continued*)

Condensed Meaning unit:

Meaning Unit from Respondent	Interpretation of the underlying meaning	Sub-themes	Themes
"Reporting this is easy because our leader will listen well. However, for special regulations, such as SOPs and flows, they are not yet available at all" P5 *"The system related to the reporting is not yet detailed. Yes, just report directly to your superiors."* P2 *We have it in public relations for complaints, but no special form has been created for reporting violent incidents. And we have also been reporting every incident verbally."* P4	*Absence of a violence reporting form*	*There is no regulation for reporting workplace violence incidents*	**Reporting Workplace Violence Incidents**
"We want to explain at least the actions that must be taken. Usually, there is an SOP for placed in our room, so everyone knows about it. Do not just have the existing SOP for installing infusions" P3 *"There is an SOP. However, the form is verbal and reported to the direct superior. Then, the head of the room follows up with the next superior. There is no SOP for handling violent incidents"* P1 *"Indeed, in terms of convenience, we can report immediately and respond to our reporting. It is just that for the SOP, no one has specifically regulated violent incidents..."* P7	*There is no SOP for handling workplace violence incidents*		
"If possible, writing a report with the presence of witnesses is also allowed. At the moment, we do not know what the situation is because it involves the law. The priority is patient safety, and our safety is also important, so for our safety" P3 *"Support of any kind is indeed necessary for our safety.... socialization to us is the term that we should know what we can report... that it can be reported as such... Not to mention, eh embarrassed later if reported."* P4	*Need for applicative support related to workplace violence for safety*	*Lack of hospital management support*	
"It is necessary; I think I agree that there is; that is why I said earlier that it was socialized in the form of information, right... Maybe this is education, but the reporting system is also necessary. This is what we need." P3 *"Regarding the need to develop the system, if you look at the situation we are facing in the hospital, this is very much needed. Clear reporting and a structured system are needed so reporters feel safe, not embarrassed, and not afraid of being found out by others."* P4 *Maybe it would be extraordinary to provide this educational model in our hospital because we can be more directed from education and know the reporting system."* P5	*Absence of a workplace violence incident reporting system*		
"We have the security guards... However, who was on guard that night, I do not know... Maybe about two people and the one often secured is on the first floor." P1 *"That is us to security, indeed if there is an incident of violence... Later the security will come... Those who follow up... In the past, he had one in every room.... Now, I do not know why."* P2 *"Maybe the security guards are not fully operational. They should have a schedule to patrol the room. At this time, if needed, we have to contact them first before they come. Usually, they are on standby duty at the security post."* P6 *"Security is limited, only two people in front."* P7	*Security is on standby 24 hours a day, but their range is limited*	*Not optimal security system*	
"Security system at my workplace, if in my room in particular, there is indeed CCTV... but the CCTV is not in all corners, so there are corners that the CCTV does not pounce on... happened at the time of the incident because, in front of the nurse's room, there was CCTV." P1 *"CCTV is there, but yes, it is only in the corridor; it does not reach the patient's room... because patients may also feel that they are not private if there is CCTV."* P4 *"CCTV is limited and not installed in the rooms. CCTV is only installed in certain locations, not in all places. This makes reaching the events in the patient's room difficult and therefore cannot be used as evidence."* P5	*Security infrastructure is still limited*		

Conclusion

The study's conclusion delves into a comprehensive discussion of the three main themes illuminated within the research. This section also intricately dissects the sub-themes elucidated earlier, providing a detailed and thorough analysis.

Incident workplace violence

This overarching theme delves into the intricate and weighty phenomena that profoundly impact nurses' welfare and the organization's overall productivity. Delving into the multifaceted nature and characteristics of WPV, including the identities of the perpetrators and the experiences endured by nurses, is an essential and pivotal initial step in crafting a comprehensive and productive prevention strategy (30,31). Identifying potential perpetrators of WPV is crucial for risk assessment and developing effective prevention strategies. Perpetrators of violence against nurses may include patients, patients' relatives and families, colleagues, other members of the healthcare team, superiors and leaders, as well as other public officials (32,33). Moreover, it is essential to recognize that WPV incidents often stem from tight time pressure and high-stress levels, increasing employee tension and frustration. This heightened strain can result in conflicts between individuals, employees, and clients/patients. For instance, situations where nurses feel overwhelmed by unrealistic deadlines or are faced with emotionally demanding tasks can significantly raise the risk of WPV (34). Additionally, interactions with clients or patients facing personal challenges have been identified as critical triggers for WPV. Survey respondents frequently described encountering situations in which the client or patient exhibited aggressive or uncontrollable behavior, further increasing the risk of physical or verbal violence (35). The respondents passionately emphasized the pivotal role of a robust management response in addressing WPV. It was highlighted that hospital management should proactively and meticulously handle incidents, conduct comprehensive investigations, and promptly report any occurrences of WPV (35,36).

Types of workplace violence

The theme aims to comprehend that WPV is not uniform but varies significantly depending on the industry sector, work environment, and individual characteristics. Data from various sources demonstrates that the prevalence and types of WPV can differ considerably between specific industry sectors and even within the same sector. For example, employees in the healthcare sector often face a heightened risk of physical and verbal violence from patients or their families (19). In this study, participants eloquently articulated their encounters with such circumstances within their professional environment. They emphasized that the repercussions of violence extend beyond physical harm, significantly impacting their psychological well-being and productivity (32). One significant finding is that employees' ability to identify, handle, and report acts of WPV is significantly impaired by a lack of understanding of the different types of WPV. Some respondents acknowledged their inability to consistently recognize early signs of violence or differentiate between behaviors related to ordinary conflicts and those that represent a genuine threat to their safety (35,37). Furthermore, the study's results indicated that nurses are vulnerable to experiencing violence at various times during their shifts, including physical assault, verbal harassment, threats, and sexual harassment (38). It is imperative to pinpoint the time and location of these incidents to develop more precise and impactful prevention strategies (34,35). By understanding the specific details of violent occurrences and their underlying causes, we can devise more effective and targeted measures to enhance the safety and well-being of nurses and bolster the overall quality of healthcare (34,36).

Reporting workplace violence incidents

This theme emphasizes establishing a reporting mechanism for WPV incidents involving hospital nurses in Aceh Province. Such a mechanism is crucial to encourage nurses to report any form of violence directed at them. Respondents have pointed out that the lack of clarity in the reporting process, particularly concerning

who should report, when, and where to report, can impede efforts to address and prevent WPV (39). Without clear guidelines, there is a risk that incidents of WPV may not be reported appropriately or even be concealed, which would hinder further efforts to address and prevent such incidents (35). Moreover, respondents have highlighted the need for more tangible and applicable support in addressing WPV against nurses. The lack of robust support from management can present a substantial barrier to effectively managing this issue. The absence of proactive management support may render implementing standard operating procedures (SOPs) and pertinent regulations ineffective (40). It is imperative to have strong management backing for resource allocation, employee training, clear communication, and rules enforcement (31). Overall, it is crucial for management to offer practical and tangible support to enhance the safety and well-being of nurses in the workplace, particularly in addressing challenges related to violence. This activity involves reinforcing the sense of security and providing adequate protection through security units in the hospital environment (36,41). Additionally, implementing security infrastructure, including Closed-Circuit Television (CCTV), is necessary to prevent and effectively address incidents of WPV (42). Based on the study findings, it is imperative to have transparent and standardized regulations for reporting WPV incidents and provide adequate support in terms of practical assistance and infrastructure (43). This provision is essential for handling WPV events effectively and ensuring nurses feel more motivated and supported when dealing with violent incidents (40). Additionally, the study offers practical solutions for healthcare institutions to establish effective education and reporting models to address and prevent WPV. In conclusion, hospital management needs to make various efforts to minimize and prevent WPV against nurses in the future. These efforts include incident handling, implementing investigations, and reporting such incidents (35,36). The prompt emphasizes the importance of swiftly and effectively addressing WPV incidents. It underscores the necessity of having transparent and standardized procedures to ensure the safety of victims and to halt the violence promptly. These procedures may include removing the victim from a risky situation, contacting security or law enforcement, and securing the area involved in the incident (35,36,44). Furthermore, it is crucial to conduct thorough investigations and reporting following any incidents of violence. This action involves identifying the perpetrators' root causes and evaluating the response's effectiveness. The findings from these investigations can then be utilized to implement more robust preventive measures. Additionally, management must adhere to relevant policies and regulations when reporting violent incidents to internal hospital stakeholders and external authorities, such as the police or health oversight bodies (35,36,39). Hospital management can deliver a thorough and efficient response to WPV by implementing these initiatives. This recommendation not only safeguards the safety and well-being of the staff but also bolsters the hospital's image and reputation as a secure and supportive work environment. Some limitations may arise from this study, including the fact that the findings may not readily apply to a broader population or different work environments, especially for nurses in non-hospital settings such as community health centers or private clinics. Additionally, due to the expansive nature of Aceh Province, there is potential for varying perceptions or understandings related to WPV due to the diversity in types and levels of education among nurses in Indonesia.

Ethics Committee: The Ethical Clearance, Faculty of Nursing, USK authorized the research.

Conflict of Interest: Each author declares that he or she has no commercial associations (e.g., consultancies, stock ownership, equity interest, patent/licensing arrangement, etc.) that might pose a conflict of interest in connection with the submitted article.

References

1. International Council of Nurses. Prevention and management of workplace violence. 2017. p. 1–6.
2. Sullivan EJ. Effective Leadership and Management in Nursing. eigth. New York: Pearson Education; 2012. 354 p.
3. Putra A, Kamil H, Adam M, Usman S. Socio-Demographic and Workplace Violence among Nurses in Aceh, Indonesia: A Correlational Study. J Liaquat Univ Med Heal Sci. 2024;65–71. doi: 10.22442/jlumhs.2024.01127.
4. The Joint Commission. Workplace Violence Prevention Standards [Internet]. 2021. Available from: https://www.joint commission.org/resources/patient-safety-topics/workplace -violence-prevention/%0Ahttps://iahssf.org/assets/IAHSS -Foundation-Threat-Assessment-Strategies-to-
5. Fasanya BK, Dada EA. Caregivers' Concerns – Age-Group Issues on Workplace Violence. Procedia Manuf. 2015;3: 227–33. doi: 10.1016/j.promfg.2015.07.133.
6. Kamil H, Yuswardi Y, Putra A, Maurissa A, Mayasari P. Nursing Process Documentation among Nursing Students. J Liaquat Univ Med Heal Sci. 2024;89–93. doi: 10.22442 /jlumhs.2024.01131.
7. Fute M, Mengesha ZB, Wakgari N, Tessema GA. High prevalence of workplace violence among nurses working at public health facilities in Southern Ethiopia. BMC Nurs. 2015;14(1):9. doi: 10.1186/s12912-015-0062-1.
8. ALBashtawy M. Workplace violence against nurses in emergency departments in Jordan. Int Nurs Rev. 2013;60(4):550–5. doi: 10.1111/inr.12059.
9. Opie T, Lenthall S, Dollard M, et al. Trends in Workplace Violence in the Remote Area Nursing Workforce. Aust J Adv Nurs. 2010;27(4):18–23. doi: 10.3316/informit .207404584689045
10. Zahra AN, Feng J-Y. Workplace violence against nurses in Indonesian emergency departments. Enfermería Clínica. 2018;28(Suppl. 1):184–90. doi: 10.1016/S1130-8621(18) 30064-0.
11. Kharissa C, Putra A, Yuswardi Y, Yusuf M, Maurissa A. Work-Related Physical Violence Incidents among Nurses in the Banda Aceh Region. Int J Adv Multidiscip Res Stud. 2023;3(2):353–5. Available from: https://www.multiresearch journal.com/arclist.php?list=2023.3.2&id=1028
12. Antão HS, Sacadura-Leite E, Manzano MJ, et al. Workplace Violence in Healthcare: A Single-Center Study on Causes, Consequences and Prevention Strategies. Acta Med Port. 2020;33(1):31. doi: 10.20344/amp.11465.
13. Pai H-C, Lee S. Risk factors for workplace violence in clinical registered nurses in Taiwan. J Clin Nurs. 2011; 20(9–10):1405–12. doi:10.1111/j.1365-2702.2010.03650.x.
14. May DD, Grubbs LM. The extent, nature, and precipitating factors of nurse assault among three groups of registered nurses in a regional medical center. J Emerg Nurs. 2002;28(1):11–7. doi: 10.1067/men.2002.121835.
15. Sharma RK, Sharma V. Work Place Violence in Nursing. J Nurs Care. 2016;05(02):1–3. doi: 10.4172/2167-1168 .1000335.
16. NIOSH. Prevention Strategies and Research Needs [Internet]. 144. 2006. p. 96–100. Available from: https:// www.cdc.gov/niosh/docs/96-100/
17. Kemenaker RI. UU No. Tahun 2022 tentang Tindak Pidana Kekerasan Seksual [Internet]. Jakarta; 2022. p. 12. Available from: https://jdih.kemnaker.go.id/katalog-2186-Undang-undang.html
18. OSHA. Workplace Violence. Occupational Safety and Health Administration. 2019.
19. OSHA. Guidelines for preventing workplace violence for health care and social service workers. Prairie Rose. 2016; 66(1 Suppl).
20. Moleong LJ. Metodologi Penelitian Kualitatif. Remaja Rosdakarya. Inter Komunika, Stikom Interstud. 2018;
21. Speziale HS, Carpenter DR. Qualitative research in nursing: advancing the humanistic imperative. In: Third Edition. 2003. p. Lippincott.
22. Wikipedia. Aceh [Internet]. 2024 [cited 2024 October 04]. Available from: https://id.wikipedia.org/wiki/Aceh
23. Polit DF, Beck CT. Resource Manual for Nursing Research Generating and Assessing Evidence for Nursing Practice. 9th ed. Philadelphia: Lippincott Williams & Wilkins; 2012.
24. Afiyanti Y, Rachmawati IN. Metodologi penelitian kualitatif dalam riset keperawatan. Jakarta Rajawali Pers. 2014;
25. Herdiansyah H. Metodologi penelitian kualitatif untuk ilmu-ilmu sosial. Salemba Humanika; 2010.
26. Patton MQ. Qualitative research & evaluation methods. Sage; 2002.
27. Creswell JW. Mapping the developing landscape of mixed methods research. SAGE Handb Mix methods Soc Behav Res. 2010;2:45–68.
28. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77–101. doi: 10.1191/1478088 706qp063oa.
29. Poerwandari EK. Pendekatan kualitatif untuk penelitian perilaku manusia. Jakarta: LPSP3 Fakultas Psikologi Universitas Indonesia; 2007.
30. ILO, ICN, WHO, PSI. Workplace violence in the health sector country case studies research instruments survey questionnaire English, Joint Programme on Workplace Violence in The Health Sector. 2002. 1–14 p.
31. Roche M, Diers D, Duffield C, Catling-Paull C. Violence Toward Nurses, the Work Environment, and Patient Outcomes. J Nurs Scholarsh. 2010;42(1):13–22. doi: 10.1111 /j.1547-5069.2009.01321.x.

32. Putra A, Kamil H, Adam M, Usman S. Prevalence of workplace violence in Aceh, Indonesia: A survey study on hospital nurses. Acta Biomed. 2024;95(1):e2024062. doi: 10.23750/abm.v95i1.15430.

33. Tian Y, Yue Y, Wang J, et al. Workplace violence against hospital healthcare workers in China: A national WeChat-based survey. BMC Public Health. 2020;20(1):582. doi: 10.1186/s12889-020-08708-3.

34. Park M, Cho S-H, Hong H-J. Prevalence and Perpetrators of Workplace Violence by Nursing Unit and the Relationship Between Violence and the Perceived Work Environment. J Nurs Scholarsh. 2015;47(1):87–95. doi: 10.1111/jnu.12112.

35. Arnetz JE, Hamblin L, Ager J, et al. Underreporting of Workplace Violence. Workplace Health Saf. 2015; 63(5):200–10. doi: 10.1177/2165079915574684.

36. Pompeii L, Dement J, Schoenfisch A, et al. Perpetrator, worker and workplace characteristics associated with patient and visitor perpetrated violence (Type II) on hospital workers: A review of the literature and existing occupational injury data. J Safety Res. 2013;44:57–64. doi: 10.1016/j.jsr.2012.09.004.

37. Cheung T, Yip PSF. Workplace violence towards nurses in Hong Kong: prevalence and correlates. BMC Public Health. 2017;17(1):196. doi: 10.1186/s12889-017-4112-3.

38. Spector PE, Zhou ZE, Che XX. Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: A quantitative review. Int J Nurs Stud. 2014;51(1):72–84. doi: 10.1016/j.ijnurstu.2013.01.010.

39. Lanctôt N, Guay S. The aftermath of workplace violence among healthcare workers: A systematic literature review of the consequences. Aggress Violent Behav. 2014;19(5):492–501. doi: 10.1016/j.avb.2014.07.010.

40. Kvas A, Seljak J. Unreported workplace violence in nursing. Int Nurs Rev. 2014;61(3):344–51. doi: 10.1111/inr.12106.

41. Phillips JP. Workplace violence against health care workers in the United States. N Engl J Med. 2016;374(17):1661–9. doi: 10.1056/NEJMra1501998.

42. Nikathil S, Olaussen A, Gocentas RA, Symons E, Mitra B. Review article: Workplace violence in the emergency department: A systematic review and meta analysis. Emerg Med Australas. 2017;29(3):265–75. doi: 10.1111/1742-6723.12761.

43. Gressia RGG, Usman S, Kamil H, Syarif H, Susanti SS. "Why do nurses do not report": A qualitative study of underreported workplace violence (WPV) in emergency department (ED). Enfermería Clínica. 2022;32:S1–5. doi: 10.1016/j.enfcli.2022.03.007.

44. Kowalenko T, Cunningham R, Sachs CJ, et al. Workplace violence in emergency medicine: Current knowledge and future directions. J Emerg Med. 2012;43(3):523–31. doi: 10.1016/j.jemermed.2012.02.056.

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