

EXPOSURE OF EMERGENCY NURSES TO WORKPLACE VIOLENCE AND THEIR COPING STRATEGIES: A CROSS-SECTIONAL DESIGN



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Contribution to Emergency Nursing Practice

- The exposure of nurses working in different regions to violence is a situation that maintains its place on the agenda.
- Our findings reveal that emergency nurses are exposed to violence many times during their working time. Although nurses have developed their own methods, these cannot adequately protect them against workplace violence.
- To prevent workplace violence in the emergency department, security measures should be increased. In addition, training to deal with such violence should be provided.

Abstract

Introduction: Violence against nurses working in the emergency department is a serious problem worldwide.

Methods: This descriptive study used a participant questionnaire and was conducted in-person, using semi-structured interviews with 120 emergency nurses (69 female, 51 male) working in the emergency department between September 1 and November 30, 2017.

Results: Overall, 90% of the study participants were exposed to workplace violence at least once while working in the emergency department, and 94.4% experienced verbal abuse, including insults, shouting, threats, and swearing. Most of such workplace violence came from the patients relatives. Most workplace violence incidents occurred during the 4 PM to midnight time slot and in the triage area. The most important perceived reasons for workplace violence were the long waiting period for treatment and care (79.6%) and not being prioritized for treatment (68.5%). The top 3 coping methods used were reporting to the nurse in charge (78.1%), followed by reaching out to the security personnel (72.8%) and filing lawsuits if exposed to physical violence (65.8%).

Conclusions: Most emergency nurses had experienced workplace violence. Hospital administration should take more effective security measures, hospitals should provide education and training programs for dealing with workplace violence, and programs to support staff members on encountering workplace violence should be implemented.

Key words: Emergency department; Coping with violence; Workplace aggression; Verbal abuse

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Introduction

Interpersonal violence has emerged as an ever-increasing negative behavioral pattern worldwide. It is witnessed in internal family dynamics as well as workplaces. Although workplace violence is more common in business feuds, in the recent years, it is becoming increasingly common in the health services sector, especially emergency services.¹ Reportedly, ED workers are at a higher risk of exposure to workplace violence than health personnel working in other hospital departments.²⁻⁴ The World Health Organization stated that workplace violence is a global epidemic that negatively affects health personnel and the delivery of health services.⁵ The Emergency Nurses Association substantiated this by also stating that workplace violence continues to be an important problem that has reached epidemic proportions in the emergency department, especially threatening emergency nurses.⁶

Several reasons make emergency departments susceptible to workplace violence: the fact that patients are usually brought into the emergency department regardless of whether their situation is nonurgent or life-threatening,⁷ the ease of access to emergency services, the frequent overcrowdedness that prolongs waiting time, unrealistic patient expectations, medically and legally inappropriate patient requests for interventions, and visits by behavioral health patients exhibiting nervous and aggressive behaviors.^{3,8,9} More than half of ED professionals are mostly exposed to verbal abuse from patients or their relatives.⁹ Emergency departments are stressful environments for health professionals as well as for patients and their relatives. Patients brought into the emergency department generally require urgent medical attention, which worries them and their relatives. Many patients and their relatives believe that examinations and consultations only delay the treatment process. Consequently, in some cases, they hold health care professionals responsible for the death of the patient. This also makes emergency departments more prone to workplace violence because the patients' relatives turn to workplace violence, blaming the staff of medical negligence.¹⁰⁻¹² Considering such unavoidable exposure to workplace violence and the inability to exit their work area or alter the environment, nurses develop their own unique coping mechanisms. This is more so because, despite the increasing workplace violence in emergency departments, adequate and effective measures have not yet been taken to prevent such workplace violence, the existing measures are insufficient, and all health professionals, especially emergency physicians and nurses, remain under constant threat.^{4,7,9}

In Turkey, emergency departments provide emergency medical services 24/7 for traumas such as injuries,

burns, and fractures, and a variety of patient populations such as obstetric and pediatric emergencies and conditions including acute heart disease.^{1,2} The ED team consists of the prehospital intervention team, emergency nurses, emergency physicians, social workers, family counselors, respiratory therapists, and other workers.³ There are few studies on workplace violence against Turkish emergency nurses, and none have investigated the coping methods of emergency nurses exposed to workplace violence in Turkey. Determining the situations of exposure of emergency nurses to workplace violence and their use of coping methods may help solve this issue and provide information on how to take much-needed measures in this regard.

Thus, this study determined emergency nurses' exposure to workplace violence by patients and their relatives and the nurses' use of coping behaviors/methods.

Methods

This descriptive study used a cross-sectional study design. The study participants worked in emergency departments between September 1 and November 30, 2017, in 4 state hospitals located in the city's center affiliated to the General Secretariat of Gaziantep Public Hospitals Association. All of these hospitals are level III general (adult and child) trauma centers with more than 15 beds each, more than 100,000 patients visiting each hospital's emergency department annually. Before starting the research, we obtained approval of the Local Ethics Committee and written permission from the General Secretariat of Gaziantep Public Hospitals Association. The emergency nurses were informed about the research, and their written consent was obtained. Despite voluntary participation, it was made clear that they could leave the study at any time.

Nurses who worked in the emergency department of any of the 4 hospitals for at least a year and those who were actively working in any of these hospitals during data collection were included in the study. A total of 149 nurses were working in the emergency departments of the hospitals during the period of the study. Of the 149 nurses, 120 (80.5%) met the sampling criteria and voluntarily participated in the study. Of the 29 nurses who were not included in the study, 14 were excluded because they had not completed a year in an emergency department, 10 nurses did not want to participate in the study, and 5 did not participate because they were on annual leave. The data were collected by the researcher through a questionnaire completed by the emergency nurses.

TABLE 1
Characteristics of the nurses working in the emergency departments (N = 120)

Characteristics	N	%
Age group (y)		
20-25	59	49.2
26-47	61	50.8
Marital status		
Married	33	27.5
Single	87	72.5
Educational status		
Health vocational high school	36	30
Associate degree	17	14.2
Bachelor's and above*	67	55.8
Assignment in the emergency department		
I was assigned at my request	66	55.0
I was assigned randomly	54	45.0
Job description in the emergency department		
Service/clinical nurse	116	96.7
Educational nurse	1	0.8
Charge nurse of the emergency department	3	2.5
Working area in the emergency department		
Trauma/resuscitation area	8	6.7
Observation/treatment/care area	109	90.8
Nursing management division of the emergency department	3	2.5
Shift worked in the emergency department		
Day shift and night (8 AM-4 PM and 4 PM-midnight)	97	80.8
Night shift only (4 PM-midnight or midnight-8 AM)	10	8.3
Other (variable shift system)	11	10.8
Attending training on "Violence and Dealing with Violence in the emergency department"		
Yes	56	46.7
No	64	53.3
If yes, where did you get the training?†		
I received in-service training at the hospital where I work	56	100.0

* Three nurses with postgraduate education are combined with the undergraduate group.

† This is the response of 56 nurses who received training.

DATA COLLECTION TOOLS

The data were collected through the Data Collection Form developed for this study, consisting of 2 parts and a total of 44 questions. The questions were prepared using similar studies¹¹⁻¹⁷ and were designed to collect information about sociodemographic characteristics and workplace violence in the emergency department.

Sociodemographic Characteristics

These included nurses' age, gender, education level, marital status, current working status, overall work experience in nursing (years), work experience (years) in an emergency department, job description, place of duty in the emergency department, working style, and any in-service training or course on "violence and coping with violence in the emergency department" (there is no formal in-service training on workplace violence in Turkey; however, such trainings can be organized by hospitals from time to time).^{1,13}

Questions About Workplace Violence in the Emergency Department

These included the estimated number of workplace violence encounters in the past year, the most common type of workplace violence experienced, the state of being physically injured when exposed to workplace violence, the state of experiencing psychological or emotional discomfort when exposed to workplace violence, perpetrators of workplace violence, place of workplace violence, the period of time when the incidents occurred, activity/action taken when exposed to workplace violence, reasons for exposure to workplace violence, coping behaviors/methods applied when faced with workplace violence, and frequency of using coping methods.

Emergency nurses also were asked to respond to statements about their behavioral response and what measures they would be willing to take when faced with workplace violence (the response options included "always," "often," "rarely," and "never"). Responses were re-coded to 2 categories: always/often and rarely/never. In this section, one of the options regarding the coping behaviors of nurses was the "white code call," which is a security protocol created by the Ministry of Health for use all over Turkey.^{1,8,13,17} This protocol includes hospital staff dialing 113 to call security personnel to the scene during violent incidents and using the phrase "code white" when they do.

TABLE 2

Exposure to workplace violence in the emergency department and distribution of the places and persons exposed to workplace violence (N = 120)

Features of exposure to workplace violence in the emergency department	n	%
Have you been subjected to any workplace violence during your time working in the emergency department?		
Yes	108	90.0
No	12	10.0
How many times have you been exposed (approximately) to workplace violence in the last year?*		
1 time	2	1.9
2-5 times	37	34.3
6-10 times	22	20.4
≥11	47	43.5
What is the most common form of workplace violence you are exposed to in the ED?*		
Physical violence	6	5.6
Verbal abuse	102	94.4
What type(s) of workplace violence have you been exposed to?†		
Shouting	106	98.1
Insulting	101	93.5
Walking toward the nurse (to threaten and intimidate)	90	83.3
Swearing	83	76.9
Threatening	83	76.9
Pushing	54	50.0
Throwing items	50	46.3
Punching	33	30.6
Kicking	28	25.9
Restraint by patient/visitor (forced hold)	27	25.0
Slapping	25	23.1
Attack with a knife or gun	8	7.4
Which of the following people perpetrated the workplace violence?†		
Patients	79	73.1
Patients' relatives	102	94.4

continued

TABLE 2

Continued

Features of exposure to workplace violence in the emergency department	n	%
Place(s) where you were subjected to workplace violence in ED†		
Emergency corridor (triage area)	91	84.3
Short-term (24 h) observation and treatment section	88	81.5
Long-term (patient requiring treatment longer than 24 h) treatment and care section	85	78.7
Emergency examination room	84	77.8
Trauma/resuscitation room	79	73.9
Emergency intensive care unit	35	32.4
Personnel resting room	28	25.9
What time period did you experience the most workplace violence?*		
8 AM-4 PM	2	1.7
4 PM-midnight	105	87.5
Midnight-8 AM	1	0.8

ED, emergency department.

* Denominator is 108 people who have been subjected to workplace violence.

† Denominator is 108 people who have been subjected to workplace violence; >1 response could be selected.

DATA ANALYSIS

The data were transferred to SPSS for Windows 23.0 (IBM Corp, NY), and statistical analyses were conducted. Frequencies (n), percentages (%), means, and SDs were calculated. Chi-Square test was used for statistical comparisons. A $P < .05$ value was accepted for indicating statistical significance.

Results

A total of 120 emergency nurses (69 female, 51 male) working in the emergency department of 4 hospitals participated in the study. Table 1 shows the distribution of characteristics of the nurses working in the emergency department. The mean age of the nurses was 27.5 years (SD = 6.0), 55.8% of them held a bachelor's degree and above, mean years of nursing experience was 5.2 years (SD = 5.7), and mean work experience in the emergency department was 2.6 years (SD = 2.7). Fifty-nine nurses (49.2%) were between the ages of 20 and 25 years. More

TABLE 3
Emergency nurses' (N = 108) perceived causes of workplace violence in the emergency department

Causes	N*	(%) [†]
Long waiting time/waiting of patients due to high patient volume	86	79.6
Perception of the patient/patient's relatives that the patient's care was not being prioritized	74	68.5
Poor communication due to bad attitudes of patients and their relatives or busy work environment	59	54.6
The patients and/or their relatives think that they are not adequately informed	50	46.3
Patient/patient's relatives thinking that they or their patient do not receive adequate treatment and care	39	36.1
Inability to access the health care team	36	33.3
High treatment costs	20	18.5
Bad/negative communication between health care personnel and patient/relatives	20	18.5
Transferring the patient to another hospital	15	13.9

* Participants could choose >1 option.
 † Percentages calculated for 108 participants.

than half of the nurses (57.5%, *n* = 69) were female, and 73% (*n* = 87) were single.

Whereas 55% (*n* = 66) of the nurses stated that they were assigned to work in the emergency department at their own request, the rest (45%) stated that they were randomly assigned by the hospital management. Most of the nurses (96.7%) were service/clinical nurses, and most (90.8%) worked in the fields of observation/care/treatment. Most (80.8%) participants worked the day shift (8 AM–4 PM). Of those who received training, 100% (*n* = 56) received this training within the scope of the hospital's in-service training program (Table 1).

Most nurses (90.0%, *n* = 108) stated that they had been exposed to workplace violence at least once during their time in the emergency department. When these nurses were asked for an estimated number of times they had been exposed to workplace violence in the past year, 34.3% responded with 2 to 5 times and 43.5% with 11 or more times. The nurses were exposed to verbal abuse most frequently (94.4%). They were mostly exposed to shouting (98.1%), insulting (93.5%), walking toward the nurse (to threaten and intimidate) (83.3%), swearing (76.9%), and threatening (76.9%).

Of the 108 nurses who stated that they were exposed to workplace violence in the emergency department, 94.4% stated that the patients' relatives perpetrated this workplace violence, and 73.1% claimed the patients to be the perpetrators. Regarding the places they experienced workplace violence, 84.3% of the nurses experienced workplace violence in the emergency corridor (triage area), 81.5% in the short-term (24-hour) observation and treatment section, and 78.7% in the long-term (patient requiring treatment longer than 24 hours) treatment and care section. Most (87.5%) stated that they were exposed to workplace violence during the evening shift (4 PM-midnight) (Table 2).

It was determined that 17.6% (*n* = 19) of the nurses who were exposed to workplace violence had physical injuries; 9.3% (*n* = 10) received care and treatment for this injury. A total of 86 (79.6%) nurses experienced psychological or emotional injury/discomfort due to workplace violence, and 17 (15.7%) of them stated that they received treatment and care for psychological injury.

Frequently perceived causes of workplace violence in the emergency department were prolonged waiting time or delays in care (79.6%), not prioritizing the patient/relatives (68.5%), inability to communicate well due to bad attitude of patients and their relatives (54.6%), and patient and/or relatives not being informed adequately (46.3%) (Table 3).

Table 4 lists the coping behaviors that nurses used when exposed to workplace violence, ordered by frequency of use. Most often used strategies included reporting the situation to the nurse in charge (78.1%), ensuring that the perpetrators are escorted out by security personnel (72.8%), suing for physical violence (65.8%), physically self-defending (64.0%), and withdrawing from the treatment process (61.4%).

According to the descriptive characteristics of nurses, when the reactions to violence in the workplace are examined in terms of gender, it was observed that there was a statistically significant difference in "I am physically defending myself" (*P* = .013); however, it was not found statistically significant when looking at gender in other behaviors (*P* > .05). According to the education level of the nurses, there was a significant difference in only 1 item, namely, "I refer the perpetrators of violence to the hospital management" ($\chi^2 = 13.794, P = .003$); other behaviors did not make a statistically significant difference according to education level (*P* > .05). When the behavioral reactions of nurses to workplace violence were compared according to age, 58.3% of the participants in the 20 to 25 age group and 41.7% of the participants in the 26 to 47 age group marked the item "I direct the perpetrators to hospital management" as "always/mostly." The same item was marked as "rarely/never" by

TABLE 4
Emergency nurses' ($N = 114$) use of coping behaviors when encountering workplace violence

Behaviors	Always + mostly		Rarely + never	
	N	(%)	N	(%)
I report the situation to the nurse in charge	89	78.1	25	21.9
I ensure that perpetrators are escorted out by security personnel	83	72.8	31	27.2
I sue for physical violence	75	65.8	39	34.2
I defend myself physically	73	64.0	41	36.0
I withdraw from the treatment process	70	61.4	44	38.6
I report the situation to the hospital management	62	54.4	52	45.6
I call for "white code" (security response for workplace violence)	60	52.6	54	47.4
I direct the perpetrators to the hospital administration	60	52.6	54	47.4
I make the necessary explanations that I think can prevent violence (patient information, reasons for delay in treatment, treatment plan and other reasons, etc.)	57	50.0	57	50.0
I get support after violence	43	37.7	71	62.3
I sue for verbal abuse	40	35.1	74	64.9
I continue to treat the patient	33	28.9	81	71.1
I don't react at all, I stay away from the environment	33	28.9	81	71.1
I respond the same way to perpetrators (I react according to the type of violence they use)	27	23.7	87	76.3
I only perceive serious events such as injury as violent	26	22.8	88	77.2

continued

TABLE 4
Continued

Behaviors	Always + mostly		Rarely + never	
	N	(%)	N	(%)
I try to lighten the situation or atmosphere by apologizing	23	20.2	91	79.8
I prefer to remain silent after violence	22	19.3	92	80.7
I ignore violence	20	17.5	94	82.5
I perceive violence as part of the job, I do nothing	17	14.9	97	85.1

The questions in the table were asked to all participants ($N = 120$), and the answers of 114 nurses who answered these questions are included.

38.9% of the participants in the 20 to 25 age group and by 61.1% of participants in the 26 to 47 age group ($\chi^2 = 4.300$, $P = .038$, $P < .05$). Other behaviors did not make a statistically significant difference according to age groups ($P > .05$). These statistics are not shown in the table.

Discussion

This study showed that, parallel to other studies,¹³⁻²⁶ most of the emergency nurses were exposed to workplace violence in the emergency department at least once during their working life. In the current study, similar to Ferri et al,²⁷ most nurses were exposed to workplace violence in the emergency corridor (triage area). Triage areas are usually the most crowded and the first areas where patients and relatives encounter health care workers in the emergency department. In addition, patients visit the emergency department mostly in the evening hours in Turkey.¹ Patients and their relatives are commonly stressed when visiting the emergency department because of the patient's health status. These may be the main reasons why workplace violence is the most common in the triage areas and in the evening shift. Violence is more common because of the fact that triage is the first area that patients visit and everyone wants their patient to be cared for as soon as possible, and because of nervous patient relatives. Additional measures should be taken, and administrative arrangements should be made in such areas where the patient density is usually high.

The most common types of workplace violence included shouting, insulting, swearing, threatening, and

walking in an intimidating manner toward the nurse. Nearly half of the nurses had been exposed to workplace violence approximately 11 or more times in the previous year. Although this number was similar to those reported in some studies,¹⁸⁻²⁰ it was higher than the results of some other studies.^{27,28} It is overwhelming to realize that emergency nurses are exposed to workplace violence at such serious rates and in similar ways worldwide.²⁹

In this study, most nurses stated that they prefer reporting (78.1%), calling security guards (72.8%), and exercising their legal rights for physical violence (65.8%) when they encounter workplace violence. These frequencies are higher than the rates reported in existing literature.^{15,21} Studies have shown that nurses do not report workplace violence to security guards because they are afraid of the threat of harm by the perpetrators.^{12,21} Roy,²² who investigated the behavioral signs of patient violence in the emergency department, stated that only 10% of victimized nurses took legal action. Mutlu¹ stated that only 14.7% of the emergency nurses became a plaintiff after an incident of workplace violence. In addition, it was stated that 60.3% of the nurses did not initiate any legal action despite being exposed to physical violence, and 50% of them tried coping on their own when faced with both physical violence and verbal abuse.¹ Consistent with the literature, our findings also highlight the need of emergency nurses to be more encouraged and informed about taking legal action against workplace violence.

In the study, it was determined that the nurses (61.1%) who stated that they rarely/never refer the perpetrators to the hospital administrators were between the ages of 26 to 47 ($P < .05$). This shows that as the age of the nurse progresses and experience in the profession increases, nurses prefer to develop solutions to violence by using their own coping methods. According to Coşkun and Tuna Öztürk,³⁰ as age progresses, progress is achieved in coping with physical violence and verbal abuse.

According to the study conducted in the emergency department of a hospital in Iran, it was stated that the older employees were more sensitive and calm in the face of violence. It showed that after getting used to their profession and ED environment, nurses could manage stress-related attitudes better, and they learned to manage their stress as well.

In our study, although the ratio was almost equal for female and male nurses who stated that they would always/ mostly defend themselves physically when faced with physical violence, it was observed that the rate of female nurses who stated that they would rarely resort to this method was considerably lower than the rate of male nurses. Ayranci et al¹² investigated the frequency of exposure to violence in health institutions and health professional groups, and it was

determined that while the rate of men being exposed to violence was 48.4%, this rate was higher in women (52.5%), but men responded to violence with violence more than women.¹⁰

Limitations

The study was conducted with only 120 emergency nurses working in 4 state hospitals in Gaziantep, Turkey, and may not be generalizable to other emergency departments. Furthermore, the data were collected using questionnaires and self-reports of emergency nurses. The definition and types of workplace violence were not explained before the questionnaire was administered to the nurses, and the nurses were asked to evaluate using only their then-current knowledge.

Implications for Emergency Nursing

In light of this study's findings, emergency nurses can take institutional and administrative measures against workplace violence in the emergency department. In addition, these findings can contribute toward formulating legal regulations specific to the field of health, provision of counseling services to nurses who have been exposed to workplace violence, and improving the protection of health care workers against workplace violence. Such measures can prevent workplace violence in the emergency department. Furthermore, this study emphasizes the importance of providing emergency nurses with the necessary training to help them cope with/respond to a violent situation.

Because workplace violence has physical, psychological, and emotional effects, and these adversely affect the functionality of the employees at work as well as the quality and cost of nursing care,³¹ individual, institutional, and legal measures should be taken to prevent workplace violence in emergency departments. Every health care worker should be conscious about the prevention of workplace violence in health units and contribute to the development of strategies to prevent workplace violence. Reporting workplace violence during and after the incident, calling security guards to the unit, and seeking legal rights in all types of incidents that fall under the definition of workplace violence can be counted as individual strategies.

Training of emergency nurses on effective coping behaviors and effective communication also will have important effects on reducing workplace violence. It should be noted that every health care worker should be conscious

of the prevention of workplace violence in health units and contribute to the development of strategies to prevent workplace violence. Nurses too can contribute to the reduction of workplace violence through maintaining a calmer demeanor when dealing with patients and their relatives, showing empathy, gaining the ability to manage a complex environment, and controlling their own emotions.

Conclusion

This study was conducted to determine emergency nurses' exposure to workplace violence and their use of coping methods. It was determined that the rate of exposure to workplace violence in emergency nurses is high, which supports the existing literature, which also states that they are more frequently exposed to verbal abuse and try to cope with workplace violence on their own. Taking drastic institutional and administrative measures and training the nurses to equip them to deal with workplace violence and develop coping strategies may be beneficial for the prevention of workplace violence in emergency departments.

Author Disclosures

Conflicts of interest: none to report.

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