

Workplace Violence: Patient's Against Staff Nurse in Mental Health Care Setting

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Abstract

Introduction: Workplace violence is now recognized as a major occupational health hazard for many organizations and employees the world over. In psychiatric mental health settings, workplace violence is an issue affecting most of the staff nurses working there, especially that nurses are working in front line of care providers who practice in a wide variety of settings caring for individuals facing all types of mental disorders and life threatening events. **Aim:** The aim of this paper is to present research findings regarding prevalence, causes, impact of violence on psychiatric nurses and consequences, in addition to provide recommendations regarding violence against psychiatric nurse. **Method:** Systemic review using Pubmed, PsycINFO, CINAHL , and Science direct database, using key words 'workplace violence', 'psychiatric nurses', 'prevalence', 'risk factor of violence', and 'consequences'. **Result:** literature revealed that there are many risk factors for this problem that summarized by patient factors, psychiatric nurse factors and environmental factors, on the other hand, this phenomena has many negative consequences that affect quality of care, psychological and physical health of psychiatric nurse and financially cost. **Conclusion:** understanding causes and consequences of this phenomenon express the needs to develop educational training program regarding violence in psychiatric settings. Research is needed to be conducted in psychiatric settings to evaluate outcomes related to staff training, examine staff characteristics and environmental factors.

Keywords: Workplace violence, Prevalence, Risk factors of violence, Consequences.

1. Introduction

Workplace violence is now recognized as a major occupational health hazard for many organizations and employees the world over, and many health practitioners are vulnerable to workplace violence and may suffer considerably as a consequences ,(Hinson.J and Shapiro.M, 2003). Work-related violence is the third leading cause of occupational injury fatality in the United States and the second leading cause of death for women at work, (Findorff, McGovern, Wall, & Gerberich, 2005).

Nurses are one of the health practitioner face off violence with high frequency. Kwok et al (2006) conduct a study in Hong Kong that show that the prevalence of any kind of violence was 75% and 88% for female and male nurses, which is a high percentage.

In psychiatric mental health settings, workplace violence is an issue affecting most of the staff nurses working there (Lepiesova. M et al, 2015 & Llor-Esteban. B, 2017), especially that nurses are working in front line of care providers who practice in a wide variety of settings caring for individuals facing all types of mental disorders and life threatening events . In a large survey in 2007, the American Psychiatric Nursing Association (APNA) found that safety is one of the top issues of concern for registered nurses (RNs) working in mental health settings.

Merecz .D, Rymaszewska .J, Moscicka.A, Kiejna.A and Jarosz-Nowak.J,(2006) Conduct a study to measure the difference in workplace violence among psychiatric and non-Psychiatric health setting, the study show that patients were significantly more frequent perpetrators in psychiatric wards than in others. In addition to the frequency of violent acts and stress related to them point out the strong need for the development of preventive programs to address the issue of violence at work.

The frequency in workplace violence is differ according to the type of setting, one of the most common type that concern has a higher rate for violence is the forensic mental health setting were the staff nurses face an inherent risk of personal safety from patients and offenders on a daily basis, Mary A. Hatch-Maillette , Mario J. and Scalora,(2001).

The purpose of this paper is to explore workplace violence against psychiatric nurse committed by their patients. Our goal is twofold: firstly, to present research findings regarding prevalence, influence of violence on psychiatric nurses and consequences. Secondary, provides recommendations regarding violence against psychiatric nurse.

2. Significance of the study

Violence is becoming increasingly common in many settings, and nurses and other health care workers are often involved. The literature suggests that high levels of workplace violence are a problem and that violence is not a feature of only hospital nursing (Jackson, Clare, & Mannix, 2002).

The significance of this paper lies in its goal to raise awareness of workplace violence in mental health setting. When a violent incident occurs in the workplace, staff members who have witnessed the violence or those who have been somehow drawn into the situation may experience strong feelings about it, in addition to the effect occur in their effectiveness at work and others. The benefits of this information gained can be evident in health care administration, staff education, and clinical practice. The phenomenon may also be applicable to spouses, family members, and caretakers of those who have suffered from a traumatic experience.

Findings of this paper may be applied to other institutions in which violence toward staff is likely to occur (e.g., correctional settings, emergency personnel, and school systems).

3. Types of Violence and Definition

The Union and Workplace Violence, (2006) define the work place violence as "any act of aggression that causes emotional or physical harm, such as threats, verbal abuse, and assaults. World health organization (2002) also defined work place violence as " Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health.

Violence operationally defined as "the commission of acts intended or likely to harm or threaten a nurse, or the omission of acts needed to protect a nurse from harm or threat", (Lanza.M, Zeiss.R and Rierdan.J., 2006).

Other definitions that should be defined well related to workplace violence are:

- Threat: promised use of physical force or power (i.e. psychological force) resulting in fear of physical, sexual, psychological harm or other negative consequences to the targeted individuals or groups.
- Victim: any person who is the object of acts of violence or violent behaviors.
- Perpetrator: any person who commits acts of violence or engages in violent behaviors.

According to International Labor Office (ILO), 2002. Workplace violence divided to physical, psychological and sexual violence.

- Physical violence: the use of physical force against another person or group that results in physical, sexual or psychological harm. It includes among others, beating, kicking, slapping, stabbing, shooting, pushing, biting and pinching.
- Assault/attack: Intentional behavior that harms another person physically, including sexual assault. Psychological violence: Intentional use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, moral or social development. It includes verbal abuse, bullying/mobbing, harassment and threats.
- Bullying/Mobbing: Repeated and over time offensive behaviors through cruel or malicious attempts to humiliate or undermine an individual or groups of employees.
- Sexual harassment: Any unwanted, unreciprocated and unwelcome behavior of a sexual nature that is offensive to the person involved, and causes that person to feel threatened, humiliated or embarrassed.

4. Literature Review

4.1 Prevalence

Violence in health care setting was extensively researched and still until the moment a major concern for health care professional. Violence in the workplace is a serious and growing occupational hazard for health care workers in general and for nurses in particular. Nurses have the highest risk of being physically assaulted and emotionally abused at work in comparison to other health professionals (Nursing Health Services Research Unit, 2009& Ferri. P et al 2016). In addition, the psychiatric mental health nurse have highest risk of being violated in comparison to the other nurse. Staff surveys show that 75% to 100% of nursing staff on acute psychiatric units have been assaulted during their careers, (Hatch-Maillette et al., 2007). Moreover, incidence rates of violence against psychiatric nurses is reported between 34 to 81 percent (Foster, C., Bowers, L., & Nijman, H., 2007; Moylan, L., & Cullinan, M., 2011).

Chen.W, Sun.Y, Lan.T and Chiu.H, (2009) conduct a study with 167 staff nurse working in chronic psychiatric setting in Taiwan to reveal the incidence rate and risk factors for workplace violence, the study show that there are 971 events were reported between 2005 and 2006. The incidence rates of physical violence, verbal abuse, bullying/mobbing, sexual harassment, and racial harassment were 1.7, 3.7, 0.2, 0.3, and 0 per staff-year.

Another study in Turkey, carried out with 162 randomly selected nurses working in the psychiatric institutions show that rate of being subjected to verbal assault by the patients between 1–10 times in one's career is 38.9% ($n = 63$); the rate of being subjected to physical assault is 54.9% ($n = 89$) (Bilgin.H and Buzlu.S, 2006). Maguire .J and Ryan. D (2007) and Oztung.G (2006) show that verbal violence is the most common type of violence toward nurse in psychiatric setting and the physical violence coming next.

The female staff in psychiatric setting was more exposed to violence than male. Female patients are also more violent to female staff than to male staff (Ome'rov.M, Edman.G, Wistedt.R 2002).according to the type of violence were found that female staff reported significantly more verbally stated sexual threats and sexual assaults than men, while male were reported more physical threat and violence than female, (Hatch-Maillette. M, Scalora. M, Bader. M & Bornstein. H, 2007).

4.2 Causes and risk factors of workplace violence

There is obviously no one cause of violence in in-patient settings. The literature confirms that there are many important factors implicated in violence and that violence should be managed in a number of different ways. And this risk factors can be divided to:

Patient factors

Violence in psychiatric setting may due to the to the nature of the populations served and mental illness in itself may of course lead to violent behaviors (Mericle.A & Havassy.B, 2008). People with mental illness, those with schizophrenia, major depression, or bipolar disorder were two to three times as likely as people without such an illness to be assaultive. In absolute terms, the lifetime prevalence of violence among people with serious mental illness was 16%, as compared with 7% among people without mental illness, and the attributable risk has been estimated to be 3 to 5% much lower than that associated with substance abuse,(Friedman.R,2006).

Another reason for violence against psychiatric nurse was the involuntary admission to the psychiatric ward (Salerno.S, Dimitri.L and Talamanca.I, 2009& Iozzino.L et al, 2015). In addition, history of violence among mentally ill patient play a role in patient violence against nurses, Rao.H (2007) revealed the rates of violence against health workers were over 20-fold greater among patients with a history of violence than those without (23.6% vs. 1%).

Alcohol and drug use or abuse also increase the risk of violence and there are a strong correlation between alcohol ,drug consumption and violent behaviors (Boles. M and Miotto.K, 2003; Iozzino.L et al, 2015). Higher incidence of violence coming from those patients with dual diagnosis issues (Health Services Research Department, 1999).

Patients acutely ill with psychiatric problems, such as psychosis, pose the greatest risk for violent behavior due to the fact they may misinterpret communication or have delusions and command hallucinations to harm others (Hamrin.V, Iennaco.J & Olsen.D, 2009).

A lot of research's showed that being adult (Sturup, J., Monahan, J., & Kristiansson, M., 2013), having a previous history of violence, (Monahan, J et al., 2001; Sturup, J., Monahan, J., & Kristiansson, M. 2013) and

have personality disorder (Owen, C., Tarantello, C., Jones, M., & Tennant, C., 1998) will increase the risk for developing aggression and commit violence.

Staff factors

Higher anxiety level among psychiatric nurse and shorter duration of employment was related to higher prevalence of workplace violence. The explanation of this result might be the anxiety of staffs could provoke patient's emotion and in turn to a violence behavior (Chen.W, Sun.Y, Lan.T & Chiu.H, 2009).

In addition, there are a lot of factors can influence how staff reacts to a stressful situation that may increase the violence occurrence such as frustration at work, being punitive or harshly judgmental, reacting to quickly, being too indirect or unclear to patients, overworked and too busy to monitor, ignoring frustrated or angry patients, confronting patients in front of people, ordering people around or being autocratic (Egel.D & Torino.T 2006).

Owen. C, Tarantello. C, Jones. M and Tennant. C (1998) found that more staff without psychiatric training or aggression training, and more staff absenteeism had a positive relationship with violence, whereas two additional factors, younger staff and staff with higher levels of psychiatric expertise had a negative relationship with violence.

Further more the characteristics of staff, including job satisfaction, locus of control, and anxiety, are associated with violence. Also, units where staff did not develop therapeutic rapport, were fearful of patient interaction, or had less knowledge of the patients had more violent encounters (Hamrin.V, Iennaco.J & Olsen.D, 2009).

Environmental factors

Environment is another factor causing workplace violence against psychiatric nurses, it was found that over crowded environment, mixed of cases (acute and chronic) in same place (Owen. C, Tarantello. C, Jones. M & Tennant. C, 1998; Ellen C et al, 2003) poor environment facilities and poor light and poor ventilation (Lawoko. S, Soares.J & Nolan.P, 2004), play a major role in increasing stressors that lead to violence in psychiatric setting.

Health Services Research Department (1999) provided that environmental factors, including ward layout, lack of programmes, boredom, and staff attitude towards patients, can increase levels of violence.

4.3 Consequences

Exposure of psychiatric nurse's to violence by patients presumably has a deleterious consequences on the psychological and physical health of nurses, quality of care in psychiatric setting, financially cost .etc...

Psychological and physical impact:

Many of psychiatric nurse who face a workplace violence by their patients suffer from post traumatic stress disorders, frustration, burnout and decrease on job satisfaction (Inoue.M et al.,2006. Lawoko.S, Joaquim.F & Nolan.R., 2004).

Also the International Labour Office (ILO), International Council of Nurses (ICN), World Health Organization (WHO) and Public Services International (PSI) (2003) summarized the psychological and physical impact on the nurses by: shock, disbelief, guilt, anger, depressions, overwhelming fear; Physical injury; increased stress levels; physical disorders (e.g. migraine, vomiting); loss of self-esteem and belief in their professional competence; paralyzing self-blame; feelings of powerlessness and of being exploited; sexual disturbances; voidance behaviors that may negatively affect the performance of duties and thereby; negative effect on interpersonal relationships; loss of job satisfaction; absenteeism; loss of morale and efficiency; and anxiety of patients, staff and loved ones.

In addition to psychological impact, there is also risk of physical consequences including physical injuries, and temporary or permanent disability (Pai, H., & Lee, S., 2011).

Quality of care

Quality of care are influenced by the nurse's attitude towards the perpetrator, which may show itself as avoidance behaviors. Work performance also affected by a lack of concentration, decreased job satisfaction, burnout and increased sick leave caused by violence, (Madangeng.V & Wilson.D, 2009). Role conflict and issue of power and control are another issues influenced nurses as a response of patient violence (Stevenson. K et al, 2015).

Financial cost

Violence against psychiatric nurse are costly. The costs of replacing staff who are on sick leave and payment of

medical expenses are noteworthy. Furthermore, there is the cost of recruiting and training new staff to replace nurses when they leave their jobs, (McKinnon.B & Cross.W, 2008). Nurse's productivity also affected negatively as a result of violence against them (Gates. D, Gillespie. G & Succop. P., 2011).

5. Prevention

Runyan (2001) recommends moving forward with research on the prevention of workplace violence. There are many facets of workplace violence that could be studied, such as interventions, both behavioral and administrative, or conceptual frameworks and social and behavioral theories.

Aggression management training uses both verbal and non-verbal communication to decrease the anger of potential perpetrators. De-escalation technique that focus on how to be calm but authoritative and utilize personal space in managing aggression. On the other hand, there is a need to convey reassurance and respect for the patient. In addition, avoid challenging behaviors and show calm, slow and deliberate movements which are signal to the angry patient that a nurses is not going to harm them.

6. Recommendation

According to this literature review about workplace violence against psychiatric nurse by their patient and after standing on the prevalence, cause and consequences of violence, there are some recommendations to decrease or overcome this problem.

6.1 Educational training

Basic training, appropriate for all staff, might cover the causes of violence; recognition of warning signs; relevant interpersonal skills; details of working practices and control measures; and incident reporting procedures. In addition to basic training, staffs who work with violent or potentially violent people may require training in diffusing, de-escalating and avoiding incidents, and breakaway training.

Psychiatric nurse should be aware and comprehensively covered the risk assessment that concludes: previous incidents of violence; misuse of drugs and/or alcohol; male gender (under 35 years of age); previous expression of intent to harm others; previous dangerous, impulsive acts; paranoid delusions about others; violent command hallucinations; signs of anger and frustration; preoccupation with violent fantasies; previous admissions to secure settings; denial of previous dangerous acts; and side effects of prescribed medication.

Moreover, there are some strategy to reduce violence by psychiatric nurse such as early intervention; the provision of meaningful activities to reduce boredom; separation of acutely disturbed patients; improved staff attitudes; implementation of effective justice procedures

6.2 Environment

The environment is one of a major factor in the causation of violence in psychiatric setting, so the staff nurse should assure that noise levels are controlled and crowding avoided, safe activities inside and outside are provided, ensuring an access to fresh air and all areas are clean and tidy.

For ensuring safe environment the hospitals should be aware about construction of mental health setting that should conclude: adequate natural lighting and fresh air, non-smoking and smoking areas are provided, a safe area for severely disturbed people (strong fabrics, secure fittings, reinforced glazing, sound insulation and toilet and washing facilities), exits and entrances are within sight of staff, movable objects are of safe weight, size and construction, ensured privacy in toilet, bathroom and single sex areas and ambient temperature and ventilation are adequately controlled.

6.3 Administration and organization

The literature shows that there is a psychological effect on psychiatric nurse after violence occurring so the manager or nurse officer should establish post-event protocols to assist staff-victims and determine the need for counseling, social support or time off to overcome the violence psychological effect.

- Nurse's officer should encouraging employees to promptly report incidents and to suggest ways to reduce or eliminate risks.
- Adopting a written violence-prevention program, communicating it to all health team members, and designating a "Patient Assault Team," task force or coordinator to implement it.
- Ensuring adequate staff coverage at all times.

6.4 Research

- Evaluate outcomes related to staff training program.
- observe staff characteristics and environmental factors that increase the risk of aggression and violence.
- Explore the effect of nurse-patient relationships on reducing the incidence of violence.
- Develop an instrument for measuring aggression and violence that will identify the type and mode of aggression and the severity of the impact.

7. Conclusion

Workplace violence in health care setting is a global problem affecting all health team members in general and psychiatric nurse in particular. There are many risk factors for this problem that summarized by patient factors, psychiatric nurse factors and mental health setting environment factors, on the other hand, this problem has many consequences that affect quality of care, psychological and physical health of psychiatric nurse and financially cost. So there is an argent need for the development a policy within hospitals to overcome this problem through staff education training, provide a safe environment and conducting research that present an evidence practice in this field.

Reference

- Bilgin, H & Buzlu, S. (2006). A study of psychiatric nurses beliefs and attitudes about work safety and assaults in Turkey. *Issues in Mental Health Nursing*, 27, 75–90.
- Boles, M. S & Miotto, K. (2003). Substance abuse and violence. *Aggression and Violent Behavior*, 8, 155–174.
- Chen, W.C., Sun, Y. H., Lan, T. H., & Chiu, H. J. (2009). Incidence and risk factors of workplace violence on nursing staffs caring for chronic psychiatric patients in taiwan. *International Journal of Environmental Research and Public Health*, 6, 2812-2821.
- Crampton, S & Hodge, J. (2006). The union and workplace violence. *International Journal of Diversity in Organization, Communities and Nations*, 5, 1.
- Egel, D. & Torino, M.T. (2006). Violence intervention prevention. *Journal of Addictions Nursing*, 17, 13–19.
- Fagan-Pryor, C. E., Habre, C. L., Dunlap, D., Nall, L. J., Stanley, G. & Wolpert, R. (2003). Patients views of causes of aggression by patients and effective interventions. *American Psychiatric Association*, 54, 549-553.
- Ferri, P., Silvestri, M., Artoni, C and Lorenzo, R. (2016). Workplace violence in different settings and among various health professionals in an Italian general hospital: a cross-sectional study. *Psychology Research and Behavior Management*. 10.2014.
- Findorff, J. M., McGovern, M. P & Sinclair, S. (2005). Work-related violence policy. *American Association of Occupational Health Nursing*, 53, 8.
- Friedman, A. R. (2006). Violence and mental illness - how strong is the link?. *National English Journal of Medicine*, 355, 20.
- Gates, D, Gillespie, G & Succop, P. (2011). Violence against nurses and its impact on stress and productivity. *Nursing Economics*. 29(2), 59-66.
- Hatch-Maillette, A. M. & Scalora, J. M. (2002). Gender, sexual harassment, workplace violence, and risk assessment: Convergence around psychiatric staff's perceptions of personal safety. *Aggression and Violent Behavior*, 7, 271–291.
- Hatch-Maillette, A. M., Scalora, J. M., Bader, M.S & Bornstein, H. B. (2007). A gender-based incidence study of workplace violence in psychiatric and forensic settings. *Violence and Victims*, 22, 4.

- Hamrin, V., Iennaco, J. & Olsen, D. (2009). A Review of ecological factors affecting inpatient psychiatric unit violence: implications for relational and unit cultural improvements. *Issues in Mental Health Nursing*, 30, 214–226.
- Hinson, J& Shapiro, M. (2003). Violence in the workplace: awareness and prevention. *Australian Health Review*, 26, 1.
- International Labour Office (ILO), International Council of Nurses (ICN), World Health Organisation (WHO) & Public Services International (PSI). (2003). Joint programme on workplace violence in the health sector. Management of workplace violence victims.
- International Labour Office (ILO), International Council of Nurses (ICN), World Health Organisation (WHO) & Public Services International (PSI). (2002). Joint programme on workplace violence in the health sector.
- Inoue, M., Tsukano, K., Muraoka, M., Kaneko, F. & Okamura, H. (2006). Psychological impact of verbal abuse and violence by patients on nurses working in psychiatric departments. *Psychiatry and Clinical Neurosciences*, 60, 29–36.
- Iozzino, L., Ferrari, C., Large M., Nielsse, O., de Girolamo, G. (2015). Prevalence and Risk Factors of Violence by Psychiatric Acute Inpatients: A Systematic Review and Meta- Analysis. *PLoS ONE* 10(6): e0128536. doi:10.1371/journal.pone.0128536
- Kwok, RPW., Law, YK., Li, KE., Ng, YC., Cheung, MH., Fung, VKP.,...Leung, WC. (2006). Prevalence of workplace violence against nurses in Hong Kong. *Hong Kong Med Journal*, 12, 6-9.
- Lanza, L. M., Zeiss, R & Rierdan, J. (2006). Violence against psychiatric nurses: sensitive research as a science and intervention. *Contemporary Nurse*, 21, 1.
- Lawoko, S., Soares, F. J, & Nolan, N. (2004). Violence towards psychiatric staff: a comparison of gender, job and environmental characteristics in England and Sweden. *Work and Stress Journal*, 18, 1, 39- 55.
- Lepiesova, M et al (2015). Experience of nurses with in-patient aggression on the slovac republic. *Cent Eur J Nurs Midw*. 6(3):306–312.
- Llor-Estebana, B., Sánchez-Munoz, M., Ruiz-Hernández, R., and Jiménez-Barbero, J. (2017). User violence towards nursing professionals in mental health services and emergency units. *The European Journal of Psychology Applied to Legal Context*. 9. 33-44.
- Maguire, J & Ryan, D. (2007). Aggression and violence in mental health services: categorizing the experiences of Irish nurses. *Journal of Psychiatric and Mental Health Nursing*, 14, 120–127.
- McKinnon, M. & Cross, W. (2008). Occupational violence and assault in mental health nursing: A scoping project for a Victorian Mental Health Service. *International Journal of Mental Health Nursing*, 17, 9-17.
- Merecz, D. A., Rymaszewska, J. B., Mościcka, A. A., Kiejna, A. B., Jarosz-Nowak. J. C. (2006). *Journal European Psychiatry*, 21, 442–450.
- Mericle, A. A. & Havassy, B. E. (2008). Characteristics of recent violence among entrants to acute mental health and substance abuse services. *Soc Psychiatry Psychiatric Epidemiology*, 43, 392–402.
- Monahan, J., Steadman, H., Silver, E., Appelbaum, P., Robbins, P., Mulvey, E., et al. (2001). Risk assessment: the MacArthur study of mental disorder and violence. *Oxford: Oxford University Press*.
- Moylan, L., & Cullinan, M. (2011). Frequency of assaults and severity of injury of psychiatric nurses in relation to the nurses' decision to restrain. *Journal of Psychiatricand Mental Health Nursing*, 18, 526-534.
- Ome'rov, M., Edman, G. & Wistedt, D. (2002). Incidents of violence in psychiatric inpatient care. *NORD Journal of Psychiatry*, 56, 3.

Owen, C., Tarantello, C., Hons, B. A., Jones, M & Tennant, C. (1998). *Violence and aggression in psychiatric units*. American Psychiatric Association, 49, 1452-1457.

Oztung, G. (2006). Examination of incidents of workplace verbal abuse against nurses. *Journal of Nursing Care Quality*, 21, 4, 360-365.

Pai, H., & Lee, S. (2011). Risk factors for workplace violence in clinical registered nurses in Taiwan. *Journal of Clinical Nursing*, 20, 1405-1412.

Rao, H., Luty, J. & Trathen, B. (2007). Characteristics of patients who are violent to staff and towards other people from a community mental health service in South East England. *Journal of Psychiatric and Mental Health Nursing*, 14, 753-757.

Salerno, S., Dimitri, L & Talamanca, F.I. (2009). Occupational risk due to violence in a psychiatric ward. *Journal of Occupational Health*, 51, 349-354.

Stevenson, K., Jack, S., O'Mara, L and LeGris, J. (2015). Registered nurses' experiences of patient violence on acute care psychiatric inpatient units: an interpretive descriptive study. *BMC Nursing*. 10.1186/s12912-015-0079-5.

Sturup, J., Monahan, J., & Kristiansson, M. (2013). Violent behaviour and gender of Swedish psychiatric patients: a prospective clinical study. *Psychiatric Services*, 64(7), 688-693.

Ventura-Madangeng, J.& Wilson, D.(2009). Workplace violence experienced by registered nurses: A concept analysis. *Nursing Praxis in New Zealand*, 25, 3.

Wang, S., Hayes, L & O'Brien-Pallas, L. (2008). Review and evaluation of workplace violence prevention programs in the health sector. *Nursing Health Services Research Unit*.