

Workplace Violence Management Training among the Doctors, Nurses, and Hospital Personnel

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ABSTRACT:

Introduction: Physicians, nurses, emergency workers, health professionals, and all health care personnel and hospital staff are more exposed to workplace violence (WPV) than any other occupational group. The purpose of this study was to evaluate the implementation of WPV management training program among all health care personnel over the past ten years (2009-2019).

Materials and methods: This study was conducted a review of the existing literature in the field of research through the databases of authoritative articles and journals and by searching for the relevant keywords. In this study, 86 articles related to the research topic were extracted from which 64 articles were excluded from the study due to not having any of the inclusion criteria and finally 22 articles were evaluated and content evaluated.

Results: The results of this study illustrate the methods used to train violence management among hospital staff in research conducted over the past ten years.

Conclusion: Evidence from this study showed that, it is useful for Doctors, Nurses, and Hospital Personnel's to train violence management at work; to hold training seminars to promote personal skills, including courageous, conflict resolution, communication techniques, stress management and anger management by examining educational needs and perceptual support, organizational support; strategies, skills and attitudes; and coping with events. Thus, the health authority in all countries should have a raft of health policy and training programs specific to managing violence to equip its frontline healthcare workers to deal with aggressive episodes in clinical settings.

Key-words: workplace violence (WPV), WPV Management, Health Personnel, Violence Management

Key Messages (Provide appropriate messages of about 35-50 words to be printed in centre box)

INTRODUCTION

Rising expectations from health care centres, as well as a shortage of hospital staff, have led to an inability to meet the needs of patients and their families and cause workplace violence (WPV) and threats against the hospital staff [1-5]. The work environment affects on the health and safety of employees in all dimensions of social, cultural, economic, political and organizational concept. Psychological and social stress in the workplace can lead to job insecurity and adversely affect the quality of patient care [6].

WPV is an important issue in healthcare policy [7-8] and it is known as an accident or situation in which a person is exploited, threatened or attacked at workplace [7]. According to the National Institute of Occupational Safety and Health (NIOSH), WPV is considered as violent act of physical assault and threatening attacks on employees at their workplace [6]. This type of violence is more common in health care centres [9]. Due to the high prevalence of WPV in health care centres, it is considered an epidemic violence [10].

Violence against hospital staff generally manifests itself in the form of insults, threats, and physical harm. Various studies have shown the prevalence of WPV worldwide [11-17].

Violence against hospital staff and aggressive behaviour of patients can lead to adverse reactions of hospital staff to patients and have consequences such as endangering the therapeutic relationship, safety and comfort of patients, increasing accidents, higher financial costs for patients, increasing the absence of medical staff,

labour shortages, decreased job efficiency and performance of hospital staff, distancing from patients, expanded patient complaints and job burnout [18-22]. Studies of violence in the treatment environment are largely limited to measuring the extent and prevalence of violence and they have often focused on the emergency and psychiatric wards. These studies have also focused on employee violence [9,23-24] and staff violence against patients [10,25-26]. The most important factors in the spread of violence in studies include environmental factors, patient-related factors, and factors related to the relationship between nurses and patients [27]. In other studies, the relationship between nurse and patient has been emphasized as the most effective cause of violence in the hospital [28-30].

Numerous studies have been conducted on the negative consequences of violence in hospitals and their results indicate physical and mental damage to hospital staff which can affect them in the short and long term [31-34]. WPV also leads to high costs for the organization and reduced quality of medical care [35].

Given the widespread consequences of WPV, the need to prevent violence and to teach the necessary interventions when violence occurs to health care workers is felt [36] which has not been studied so far. Staff training, as an integral part of the WPV prevention and management approach, is very important [37]. Use employee training programs in the field of prevention and management of critical and acute conditions in the face of aggressive patients, it leads to an increase in the knowledge, attitude, and skills needed to prepare for stressful situations and manage WPV events [38]. Participating in WPV training

courses leads to an understanding of the nature of patient violence, increasing hospital staff tolerance of patient violence and reducing the negative emotions of health personnel about WPV [39]. The purpose of this scoping review is to answer the question: What are the methods of training for WPV management in health care personnel in the reviewed articles from 2009 to 2019?

MATERIALS AND METHODS

This study is a scoping review of research on training in the field of WPV management against physicians, nurses, and medical personnel in and out of the country. All articles published in Farsi-language and English-language articles published internally and abroad during the ten-year period (2009–2019) were reviewed.

The search was conducted through electronic databases including Academic Jihad Database (SID), IranMedex Database, IranDoc Research Institute, IranDoc, Magiran, Eric, CINAL, Ovid, PubMed, ProQuest, and Science Direct. The keywords that examined are: WPV (workplace violence), WPV Management, WPV Management Solutions, WPV Against Hospital Personnel, Hospital WPV, Hospital WPV Management Training. Inclusion criteria included: 1- Articles published in peer-reviewed scientific journals and ISI; 2- Research on WPV against hospital staff; 3- Published articles in Farsi and English; the publication time for the last ten years is 2009–2019. 4- Articles published about of training of management WPV. Exclusion criteria included: 1) inaccessibility to the full text of the article; 2) Research was carried out on non-medical and hospital staff. Titles and abstracts of articles were reviewed and then downloading the full-text articles from the mentioned database, each full text was reviewed and Related articles were reviewed based on inclusion and exclusion criteria and related items were included in the study. After reading the full text of the articles, each article was evaluated for eligibility of articles reviewed based on the purpose of this study and inclusion and exclusion criteria and any disagreement between

authors was resolved through consensus, if necessary. To review articles data extraction form designed according to the purpose of the study. This form includes sections including study methodology characteristics (purpose, internal or external, time and spatial distribution of research, publisher, type of study, type of educational content, study group, violence training and management method, violence management training scenario, and violence management training skills). The inclusion and exclusion process was done in four steps "Identification", "Screening", "eligibility," and "inclusion [40]. The output of the first stage of "identification" was 86 articles in ten databases. In the second phase of "screening", 13 duplicate works were identified and removed. In the third step, the "eligibility" criterion for deleting additional articles was that the text was not related to the hospital group, about the prevalence of WPV, does not focus on WPV management training methods and incorrect participants. Finally, in the fourth stage of "inclusion", 22 papers were selected for further analysis based on entry/exit criteria.

RESULTS

Based on a scoping review, 22 studies met the inclusion criteria and were analysed by reviewing the literature, reviewing these articles, which were used to form the basis for answering the questions of the study. Among these studies, one study was conducted in 2019, one study in 2018, three studies in 2017, one study in 2016, three studies in 2015, three studies in 2014, four studies in 2013, three studies in 2012, two studies in 2010, and one study in 2009 [Table 1]. As Table 1 shows, the USA is the top country in terms of number of studies ($n = 10$), Iran ($n=4$) Australia ($n = 3$), Canada ($n = 1$), Nigeria ($n = 1$), Jordan ($n = 1$), Taiwan ($n = 1$), Pakistan ($n = 1$) are next in the list. Among included articles, eighteen used a qualitative methodology, three used a quantitative methodology, and one applied a mixed methodology [Table 1].

Table 1- Comparison of studies related to violence management training in the workplace of medical personnel

Author	Year	Country	Target group	Method	WPV Management Training
Golubovich et al. [41]	2019	USA	Physiotherapists	Qualitative	Training by examining educational needs and perceptual support, organizational support; strategies, skills and attitudes; and coping with events
Rezaee Nayeh et al. [42]	2018	Iran	Nurses	Qualitative	Holding training classes for a month in the form of continuing education programs, communication skills training and patient interaction
Arnetz et al. [43]	2017	USA	Health professionals; office staff; professional manager; mental health professionals; nurses; patient care assistants; surgical technicians; security staff; emergency staff; psychiatric staff	Qualitative	Work with management to implement training to repel staff harassment in the unit as well as at home; patient care services; training in the learning network and extensive value system training; review all patient events with stakeholders and discuss in meetings
Ridenour et al. [44]	2017	Nigeria	Nurses	Qualitative	Training by identifying predictive factors for aggression and violence, verbal methods for disseminating aggressive behaviour, physical methods for disseminating or preventing aggressive behaviour, methods for controlling violent patients
Arbury et al. [45]	2017	USA	Health care staff	Quantitative	Training with Training-Instructor Program, Training Booklet for Trainees, Online Resources for Trainees, General Risk Factors for WPV, Policies and Procedures for

					Preventing Violence, Risk Assessment for Special Facilities, Assessment of Situational Threats Practicing convulsive techniques, training and practicing escape skills, training and practicing abstinence and ...
Al-Ali et al. [46]	2016	Jordan	Nurses	Qualitative	Training with different training techniques such as power level display, group discussion, case scenario and role play
Ball et al. [47]	2015	USA	Medical students in internship	Qualitative	Training using video podcasts, lectures and videos
Hills et al. [48]	2015	Australia	Physicians and physician assistants; dentists; nurses and midwives; affiliated health professionals (eg, physiotherapists, occupational therapists, speech pathologists, medical imaging, oral health, paediatricians, dietitians, vision assessors) and health care providers (such as staff), Health care assistants or colleagues, health care security personnel)	Qualitative	Training program to prevent and minimize aggression in the workplace
Heckemann et al. [49]	2015	USA	Nurses and nursing students	Quantitative	Training attitude, self-confidence, skills and knowledge
Gillespie et al. [50]	2014	USA	Emergency staffs	Qualitative	Training using online classes, training based on learner-teacher interaction, participatory learning
Lin et al. [51]	2014	Taiwan	Emergency staffs	Qualitative	Increase the knowledge and skills of healthcare professionals in risk assessment and self-defence through regular training programs with skill-based lectures and learning for new staff and repeated training, verbal methods to neutralize aggressive behaviour, obtain a history of patient violent behaviour, self-defence If preventive measures are not effective and the characteristics of patients and victims are aggressive and violent
Hemmati esmaeeli et al. [52]	2014	Iran	Nurses	Qualitative	Training with ongoing programs, implementation of educational interventions with different content and methods
McPhaul et al. [38]	2013	USA	All health care and hospital staff	Qualitative	Training using risk assessment methods, recognizing situations of violence, characteristics and perceptions of employees
Zafar et al. [53]	2013	Pakistan	Emergency physicians and nurses	Qualitative	Training using violence reporting approach in the workplace
Frances Gerditz et al. [54]	2013	Australia	Nurses and obstetricians	Qualitative-Quantitative	Training by modifying employees' attitudes toward preventing patient aggression
Imani et al. [55]	2013	Iran	Emergency staffs	Qualitative	Training with appropriate prevention strategies, proper management implementation, appropriate protective measures and public education
Rahmani et al. [56]	2012	Iran	Medical emergency personnel	Qualitative	Training with the development of verbal violence management strategy and policies
Kowalenko et al. [57]	2012	USA	Emergency staffs	Qualitative	Use of Hospital Commitment; Separate Analysis and Analysis of Workplace; Violence Prevention Interventions
Martindell [58]	2012	USA	Emergency nurses	Qualitative	Participate in violence prevention training
Roche et al. [59]	2010	Australia	Nurses	Qualitative	Training with a training program to understand WPV
Livingston et al. [60]	2010	Canada	All hospital staffs	Quantitative	Employee aggression management training
Peek-Asa et al. [61]	2009	USA	Employees of the psychiatric ward	Qualitative	Legislation-based training on violence prevention in the workplace in health care settings

Past studies have examined the methods of WPV management training among health care personnel including physicians, nurses, and hospital staff. Figure 1 and 2 shows the methods of training WPV on hospital personnel.

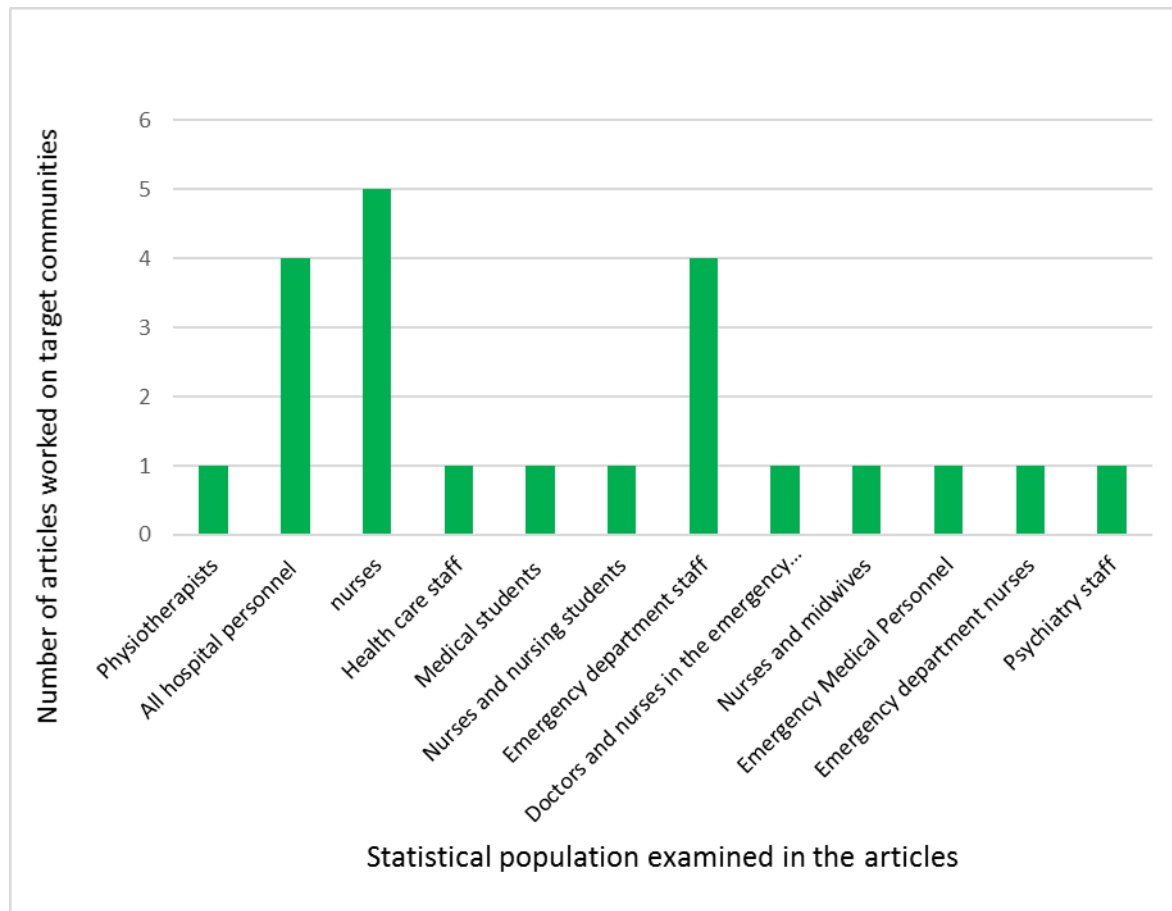


Figure 1- Study cases in previous studies as shown in Figure 1, and previous studies have been conducted on different target communities, including: Nurses and nursing students, Emergency department staffs, Doctors and nurses in the emergency department, Nurses and midwives, Emergency Medical Personnel, Emergency department nurses and Psychiatry staffs.

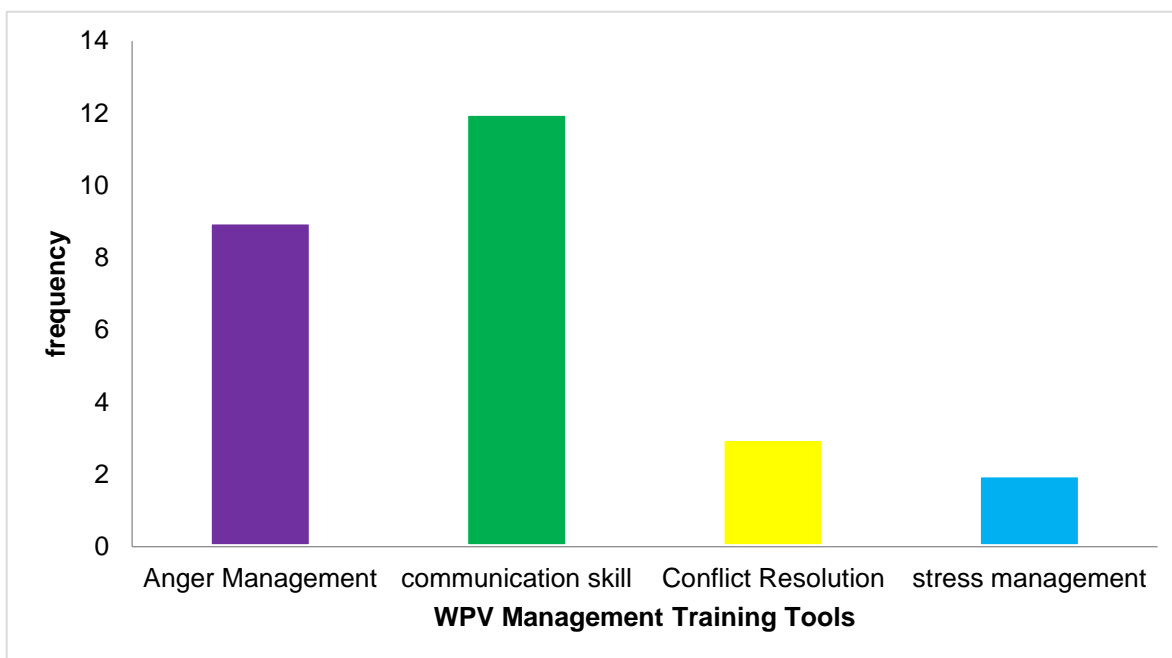


Figure 2- Type of educational content in the previous studies the WPV Management methods of previous studies are shown in Figure 2. As shown in Figure 2, communication skill, Conflict Resolution, and stress management used to train WPV management among hospital personnel's.

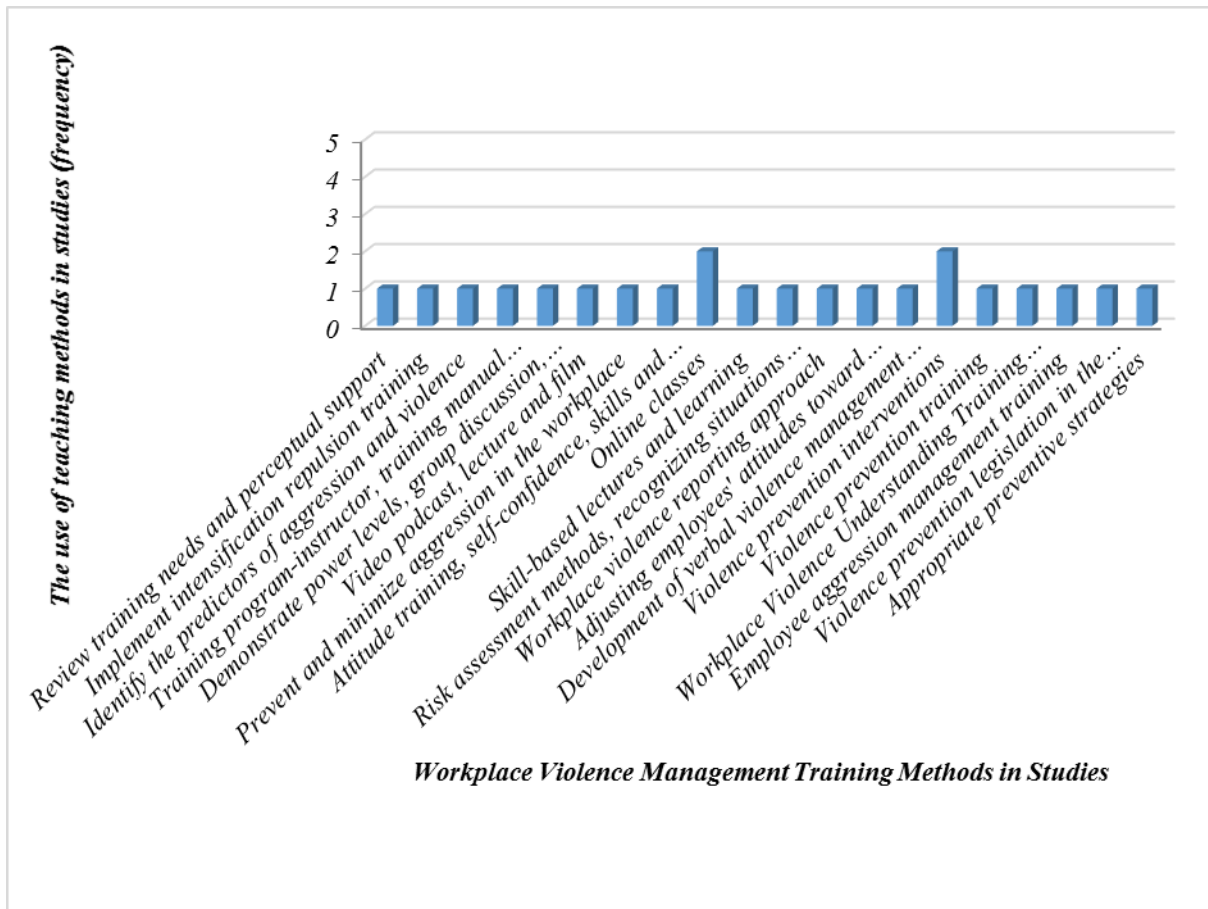


Figure 3- Methods of teaching violence management in the articles under review In this section, we review the main findings and themes of the articles that include: Golubovich et al. examined the training needs and perceived support of physiotherapists for WPV and considered differences in perceptual needs as a function of their level of regulation and experience. They interviewed 91 licensed physiotherapists working in all 17 states of USA. To identify the content of the recommendations, the text of the interview was analysed using content coding. The recommendations revolved around: organizational support; strategies, skills, and attitudes; and event management. They concluded WPV training by examining educational needs and perceptual support, organizational support; strategies, skills and attitudes; and coping with events can be useful for WPV management [41].

Rezaei Nayeh et al. conducted a semi-experimental study of a group of pre-test-post-test groups on 51 nurses working in the wards of Tehran's 7th of July Martyrs Hospital, who experienced the violence of the patients. The intervention was carried out in the form of one-month training classes in the form of ongoing training programs entitled Communication Skills Training and Patient Interaction. Following the training, out of 51 participants in the course, 33 (64.7%) experienced violence in the last 4 months after the training course. The results showed that teaching communication skills to nurses reduced the significance of threats and beatings and general violence in

the workplace. Finally, this study suggested holding training classes for a month in the form of continuing education programs, communication skills training and patient interaction to WPV management [42].

Arnetz et al. To investigate the effect of randomized controlled interventions on patient violence on staff (Type II) and related injuries in hospitals, 40 patients were randomly assigned to two intervention groups (21) and control (20). The study was conducted in a multi-purpose hospital system in Midwest, the United States, with about 15,000 employees and an extensive electronic database to report incidents of WPV. Behavioural interventions for violence management training include: working with management to implement training to repel staff repression in the unit as well as at home; patient care services; Discussion in meetings. This study based on intervention-based intervention showed a reduction in the risks of patient violence to health care workers and related injuries and work with management to implement training to repel staff harassment in the unit as well as at home; patient care services; training in the learning network and extensive value system training; review all patient events with stakeholders and discuss in meetings are the WPV management training [43].

Ridenour et al. to examine the New Jersey State nurses' knowledge of Prevention of Violence Act, the law on WPV, WPV education and WPV experience; conducted a survey of 309 nurses (22.5% of respondents).

Respondents experienced the highest rate of verbal abuse (57.8%), followed by threats (52.3%) and physical assaults (38.3%). Respondents who followed the regulations (89.6%) received higher levels of education than those who did not (57.9%). Nurses who received at least 80% of the required training components felt more secure in the workplace. Therefore, it is suggested that education be used as an important tool for managing violence in the workplace using identifying predictive factors for aggression and violence, verbal methods for disseminating aggressive behaviour, physical methods for disseminating or preventing aggressive behaviour, methods for controlling violent patients [44].

Arbury et al. Used OEMA guidelines to prevent WPV for health care workers and reviewed WPV literature in 12 programs using OEMA guidelines. In this study, the OSHA (OEMN) Department of Occupational Medicine and Nursing (OEMN) examined the types of training offered to employees by reviewing commercial WPV prevention training programs. WPV Training Programs include: Several Learning Levels, Training-Instructor Program, Training Guide for Apprentices, Online Resources for Trainees, General Risk Factors for WPV, Violence Prevention Policies and Procedures, Special Facility Risk Assessment, Situational Threat Assessment, Four Types of WPV, Planned Violence (Hunting), Primary Identification Training, Enhancing Behaviour Techniques, Exercise anticonvulsant techniques, escape and escape skills training, escape and escape skills training, avoidance and retention training, avoidance and retention practice, Risks associated with abstinence and abstinence, prohibited types of abstinence and preservation, team approach to abstinence and preservation, Pharmacology, work alone, legal issues, facilities for reporting violent incidents, multicultural information, post-event monitoring of staff, employee rights, protection of job disclosure, program evaluation with data on effectiveness, resources provided. Training with Training-Instructor Program, Training Booklet for Trainees, Online Resources for Trainees, General Risk Factors for WPV, Policies and Procedures for Preventing Violence, Risk Assessment for Special Facilities, Assessment of Situational Threats Practicing convulsive techniques, training and practicing escape skills, training and practicing abstinence are the best WPV management methods [45].

Al-Ali et al. used a pre- and post-design group at a Jordanian military hospital. In this paper, the guideline framework for examining WPV in the health sector is used. Preparatory meetings were held for one day a week for five weeks. The post-test assessment was performed for more than five weeks using the same questionnaire. A total of 97 nurses completed the survey. The components of this program are derived from the guidelines and include the following: 1) Definitions of violence in the workplace and guidance on public rights and responsibilities. 2) Selection of the best approaches; 3) Violence, recognition and evaluation; 4) Interventions in the workplace and 5) Monitoring and evaluation. The results of this study prove that training on violence prevention in the workplace for employees is an important step in relieving seizures and resolving problems that can management with different

training techniques such as power level display, group discussion, case scenario and role play [46].

Ball et al. examined the effects of a podcast-based violence training program on improving students' self-knowledge and self-confidence in identifying and responding to violence. According to the results, using an educational video podcast, lectures and videos is an effective way to improve medical students' self-confidence and self-esteem in response to a violent or violent situation in the workplace of the emergency department and can be useful in other cases of health care [47].

Hills et al. Used randomized controlled trials as clusters before and after control studies. All health care staffs included in the study from all ages, genders, and occupations who interacted with patients or their caregivers at any public or private health care facility, including physicians and physician assistants, dentists, nurses, and others. Midwives; affiliated health professionals (e.g. physiotherapists, occupational therapists, speech pathologists, medical imaging, oral health, paediatricians, dietitians, vision and surveyors) and health care support staff (such as admissions staff, health care assistants or co-worker's staffs and healthcare security personnel and trained to prevent and minimize aggression in the workplace [48].

Heckerman et al. used a systematic review method to review and compile existing research evidence on the impact of aggression management training for nurses and nursing students working in public hospitals and to obtain recommendations for further research. They used from training attitude, self-confidence, skills and knowledge methods to WPV management. The findings of this study confirm the results of studies on mental health care education, which points to the lack of high-quality research. Training does not reduce the risk of aggression. Aggression must be dealt with at the organizational level [49].

Gillespie et al. presented a program to prevent violence in the workplace in accordance with the needs of emergency department staff, by online classes, training based on learner-teacher interaction, participatory learning and reported its results. They used a semi-experimental design to determine the level of knowledge retention derived from the content of a combined educational intervention follow-up program (both online and in class). According to the results of this study, the use of a combined method can significantly increase learning outcomes [50].

Lin et al. conducted a cross-sectional study from April to July 2012 in the emergency department of Taiwanese hospitals. In this study, a semi-structured interview was used to gather information on the risks of WPV in the emergency department to increase the knowledge and skills of healthcare professionals in risk assessment and self-defence through regular training programs with skill-based lectures and learning for new staff and repeated training, verbal methods to neutralize aggressive behaviour, obtain a history of patient violent behaviour, self-defence If preventive measures are not effective and the characteristics of patients and victims are aggressive and violent. The results of their study showed that concerns about WPV caused by patients and their family members

could probably be attributed to problems in designing the physical environment of emergency departments and dissatisfaction with current WPV interventions [51].

Hemmati esmaeeli et al. performed a semi-experimental study by a group of 65 nurses before and after working in the emergency department of Imam Reza Hospital in Mashhad. The intervention was implemented as a three-day seminar in the form of continuing education programs entitled "Prevention of WPV in Emergency" and training with ongoing programs, implementation of educational interventions with different content and methods. The results show that education can improve nurses' attitudes toward violence in terms of violence management [52].

McPhaul et al. provided a framework for comprehensive programs to prevent violence in existing scientific evidence, supervisory guidelines, and local practical evidence. Management style; relationship management with the union or leadership of direct care staff and staff of the Health and Safety Committee can provide qualitative textual information about the effects of health care policy, the workplace, care and customer, and the extent and type of violence. They suggested the assessment methods, recognizing situations of violence, characteristics and perceptions of employees as WPV management training methods [38].

Zafar et al. to determine the prevalence and nature of violence in the workplace reported by doctors and nurses working in the emergency department at four major hospitals of excellent care in Karachi, Pakistan and understanding the impact of mental health on WPV experience conducted a cross-sectional study between September and November 2008 using the WHO extensive questionnaire. According to the study, WPV is an important challenge in the emergency department of large hospitals in Karachi. The majority of respondents who trained using violence reporting approach in the workplace felt that violence in the workplace was predictable, but only a minority group of attackers faced consequences [53].

Frances Gerdtz et al. used a mixed method, including pre-test-post-test study of participants in individual training and interviews with key stakeholders. They Training by modifying employees' attitudes toward preventing patient aggression show 82.3% of qualified interview managers and instructors expressed their understanding of the impact of the training program. In general, these perceptions were consistent with the significant changes observed in the survey cases. There is limited evidence to suggest that employees' attitudes toward patient aggression prevention have been modified using the Anti-Violence and Aggression Management Scale [54].

Imani et al. investigated the causes and solutions of violence in the workplace of nurses working in the emergency department of selected educational hospitals of Hamadan University of Medical Sciences, Iran. All nurses working in the emergency department of selected hospitals of Hamadan University of Medical Sciences (52 people) were studied in 2012 and Trained with appropriate prevention strategies, proper management implementation, appropriate protective measures and public education. The results show that in order to minimize violence in the hospital environment, appropriate preventive strategies,

proper management implementation, appropriate protective measures and public education should be considered by the authorities [55].

Rahmani et al. were examined 160 emergency medical personnel working in pre-hospital emergency centres in east Azerbaijan Province, Iran, using descriptive-cross-sectional methods and Trained with the development of verbal violence management strategy and policies. The results of this study indicate the high prevalence of WPV against emergency medical personnel in east Azerbaijan Province. To reduce the level of violence against these personnel, general training as well as emergency medical staff training in the field of violence control is recommended [56].

Kowalenko et al. reviewed epidemiology and recent research on WPV in the emergency department and its prevention. Emergency physicians and emergency department physicians can use: 1) Hospital commitment to reduce WPV in the emergency department. 2) Obtain specific analysis and analysis in the workplace of their emergency department. 3) Use interventions to prevent violence at the individual and institutional level. And 4) support policies and programs that reduce the risk of WPV in the emergency department. They suggested use of Hospital Commitment; Separate Analysis and Analysis of Workplace; Violence Prevention Interventions as WPV management training [57].

Martindell used the Pennsylvania Patient Safety Reporting System, which is a confidential online reporting system across the country. Emergency nurses need to be aware of the importance of participating in violence prevention training for their own safety, as well as the safety of patients and visitors. Teaching violence prevention strategies as part of a comprehensive violence prevention program can increase the safety of patients, staff and visitors. Special training is recommended for hospital policies, procedures, and risk factors [58].

Roche et al. examined the relationship between nurses' self-assessed perceptions of violence (emotional abuse, threats, or actual violence) in medical and surgical units in the nurses' work environment and patient outcomes. They used the method of collecting cross-sectional data using survey and training with a training program to understand WPV. Higher skills and a percentage of nurses with a bachelor's degree in nursing were associated with a lower understanding of reported violence at the department level [59].

Livingston et al. conducted a comprehensive literature review of all articles published in English between January 1, 1990 and April 1, 2007, evaluating an aggression management training program. The study's findings show that relying too heavily on aggression management training will have a limited impact on a wide range of issues related to patient-related violence in psychiatric hospitals [60].

Peek-Asa et al. compared WPV prevention programs in psychiatric units in California and New Jersey. Information was collected through interviews, facility implementation, and review of written policies and training materials. Legislation is one of the potential approaches to promoting WPV prevention programs in healthcare settings [61].

Due to space limitations, only summaries of the findings were presented, and it is suggested to refer to the original articles for more information.

DISCUSSION

This study investigated all the research done during the last ten years in the field of WPV management training against hospital staffs and health care professionals using scoping review approach. One of the related factors to the incidence of violence against emergency personnel and nurses is insufficient anger management and communication skills [62]. It is important to implement training programs to prevent violence and aggression to bring about the necessary skills in this regard [63]. Effective communication skill is one of the most effective anger management skills in dealing with the violence of patients and their companions [64]. According to the literature, it was demonstrated that the implementation of the curriculum on anger management had a positive effect on the knowledge, attitude, and practice of emergency nurses [65]. If nurses lack the necessary training to manage violent events, patients and companions feel unsafe and behave aggressive with any excuses [66]. Despite the high rates of violence against nurses in different places, including Australia with 93% [67], Taiwan with 62%, [68] and Iran namely in cities, such as Babol with 72% [69] and Tehran with 69% [70] In the studies mentioned in Iran, no training program was considered by hospital managers to solve this problem.

This study is the only scoping review examining the WPV management training among medical personnel's. Because only English language articles were included, the missing of some studies is possible. Furthermore, books and conference articles were not taken into account. Another limitation of this study is the uncertainty of the quality of articles. Furthermore, the unavailability and non-use of some databases can be cited as our limitations.

CONCLUSIONS

WPV is detrimental to individual's physical, psychological and mental well-being. Nonetheless, patients' violence or aggressive behaviour's should be regarded as a preventable occupational risk. Even so, training may not be sufficient to avert violence without further organizational support in the form of reporting and monitoring measures. Holding training classes in the form of continuing education programs, communication skills training and patient interaction, training with Training-Instructor Program, Training Booklet for Trainees, Online Resources for Trainees, General Risk Factors for WPV, Policies and Procedures for Preventing Violence, Risk Assessment for Special Facilities, Assessment of Situational Threats Practicing convulsive techniques, training and practicing escape skills, training and practicing abstinence are some useful method to WPV management. The authority should set up WPV prevention initiatives at organizational level allowing hospitals and other institutions to intervene to mitigate the negative impact of violence on healthcare workers. Physicians and nurses who are at disproportionately high risk of WPV should strengthen their stress-coping strategies and foster their level of resilience to minimize the negative psychological consequences of

violence that jeopardize their psychological and mental wellbeing. With clear evidence of the prevalence of WPV, it is useful for Doctors, Nurses, and Hospital Personnel's to train violence management at work; to hold training seminars to promote personal skills, including courageous, conflict resolution, communication techniques, stress management and anger management by examining educational needs and perceptual support, organizational support; strategies, skills and attitudes; and coping with events. Thus, the health authority in all countries should have a raft of health policy and training programs specific to managing violence to equip its frontline healthcare workers to deal with aggressive episodes in clinical settings.

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