Interventions for Reducing Negative Impacts of Workplace Violence Among Health Workers: A Scoping Review

Iyus Yosep [1], Ai Mardhiyah [2], Hendrawati Hendrawati [1], Sri Hendrawati [2]

[1]Department of Mental Health, Faculty of Nursing, Universitas Padjadjaran, Sumedang, Jawa Barat, Indonesia; [2]Department of Pediatric Nursing, Faculty of Nursing, Universitas Padjadjaran, Sumedang, Jawa Barat, Indonesia

Correspondence: Iyus Yosep, Faculty of Nursing, Universitas Padjadjaran, Jl. Raya Ir. Soekarno KM. 21, Hegarmanah, Jatinangor, Sumedang, West Java, 45363, Indonesia, Tel +6281394665577, Fax +6202287793411, Email iyus.yosep@unpad.ac.id

Abstract: Workplace violence on health workers in the workplace causes physical and psychological problems. Negative impacts on victims of workplace violence such as physical problems, anxiety, depression, stress, and risk of death or risk of suicide. This problem needs to be addressed immediately so as not to impact post-traumatic stress disorder and reduce the work performance of health workers. The purpose of this study is to explore interventions to reduce the negative impact of workplace violence on health workers. This study used scoping review design with a descriptive approach to data analysis. The CINAHL, PubMed, and Scopus databases were used in this investigation. This study used PCC's framework (Population, Content, Context). The keywords are workplace violence, healthcare personnel, interventions, and programs were used by the authors. Search strategy used PRISMA Extension for Scoping Reviews. The sample are health workers, original research used a randomized control trial or quasi-experiment design, and the publication time had to be within the previous ten years (2014–2023). The JBI assessment was used to assess the quality of the article. We found 11 articles who discuss about interventions to reduce negative effects of workplace violence among health workers. This study shows that there is a decrease in psychological problems in victims of workplace violence such as anxiety, depression, and incidents of workplace violence. The range of sample in this study are 30–440 respondents. The authors discovered three different types of interventions: training programs, cognitive behavior therapy, and workplace violence programs. Interventions must focus on both the physical and psychological needs of the victims of workplace violence, psychiatric nurses and psychologists carried out interventions in a thorough manner. Interventions carried out by psychiatric nurses and psychologists can reduce the negative impact of workplace violence on health workers such as anxiety, depression and other psychological problems.

Keywords: health workers, interventions, programs, workplace violence

Introduction

Workplace violence are incidents in which staff are abused, threatened, or assaulted in circumstances related to their work, including travel to and from work that involves explicit or implicit challenges for their safety, well-being, or health.[1] Aggressive behavior of patients toward employees is a form of workplace violence. Physical and psychological violence, physical aggression, such as threats, intimidation, and harassment are all examples of this behavior.[2] Previous study defined workplace violence as the use of physical or non-physical force against individuals or groups that may cause injury to the victim's physical, mental, spiritual, sexual, moral, or social well-being.[3]

Previous study in the United States of America on 762 health workers in urban areas stated that as many as 76% of health workers had experienced violence, there are 33.4% physical violence and 87.1% verbal violence.[4] Previous research in several countries found that 50% of health workers had experienced workplace violence, with verbal abuse being the most common type.[5] According to another study, 10% of emergency nurses in Indonesia have experienced physical violence, while 54.6% nurses have non-physical violence by patients.[6,7] Previous research found that 50% of nurses had experienced incidents of workplace violence, the most common violence among health workers is verbal

violence.[8] According to previous study, verbal violence like threats had the highest prevalence (41.6%), physical violence (22.3%), then sexual harassment (19.7%). While bullying has the lowest prevalence in the workplace (9.7%).[9]

Incidents of workplace violence and bullying among health workers can occur in various rooms in the hospital. Previous research on 486 health workers showed that the rooms that experienced workplace violence were General (20%), Emergency Department (16%), and Other (gynecology, cardiology, children, labs, management, etc.) (64%).[10] Other research also showed that as many as 73% of nurses who work in emergency rooms in America feel that they have experienced violence in the workplace.[11] In addition, 50% percent of inpatient nurses in public spaces in Indonesia have also experienced violence and bullying in the workplace.[12]

Workplace violence against health workers are carried out by patients or clients, families or relatives of patients, and fellow workers.[13] Previous study have shown that 40% of workplace violence incidents in healthcare workers at work are caused by patients.[14] According to other study, patients, patient families, hospital visitors, hospital employees such as nurses, doctors, superiors, and health students are the perpetrators of acts of violence in health care.[1,15] Other study also showed that the perpetrators of workplace violence that occur in nurses are caused by senior nurses, doctors, and patients.[16]

Workplace violence experienced by health workers also pertains to spiritual, moral, and social issues.[3,17] Furthermore, violence has a negative impact on the professionalism and quality of health service. Violence can reduce their productivity, alter their relationships with coworkers, and cause them to quit their jobs.[11] Previous studies showed that health workers who are victims experience problems, namely psychological stress, sleep disturbances, physical disturbances, and decreased quality of work.[18,19] In response to the violence they witness, health professionals report moderate levels of anxiety, avoidance, anger, and post-traumatic stress disorder (PTSD).[2,20] Various psychological problems such as frustration, distrust of hospitals, decreased patient satisfaction, and even cause prolonged trauma that causes mental health problems in health workers. Acts of violence experienced by nurses, according to other research, cause intellectual, social, physiological, and affective responses.[21,22]

Previous study has indicated that cognitive behavioral therapy can reduce the negative impact of violence on nurses such as decreasing work quality and patient satisfaction on health workers performance.[23,24] So the role of the head of the health workers is important for making policies and reducing the risk of violence. Following a 6-month evaluation, several other health workers complained about workplace violence in other health workers. This study suggested that future research on interventions to reduce the negative impact of workplace violence among health workers be conducted. Previous study also showed that counseling conducted by psychologists as a service to health workers in hospitals can reduce the impact of trauma on victims of workplace violence and bullying in the workplace.[25] This intervention is also assisted by head nurses, head doctors, chief pharmacists, and heads of other health workers. The purpose of this intervention is to provide assistance to staff from health workers who experience workplace violence and bullying in the workplace. This aims to streamline the process of implementing interventions for victims of workplace violence.

Previous study showed that nursing interventions are effective in preventing and mitigating the effects of bullying and violence on nurses (p=0.001).[26,27] The intervention in the study was in the form of cognitive behavioral therapy (CBT). In this intervention, participants can also do counseling with a mental nurse. In this study, interventions require collaboration with psychologists in counseling to reduce the risk of bias because the participants are the same profession, namely nurses. According to the findings of the study, collaborative interventions between nurses and other health workers were critical in reducing the impact of violence among nurses. Another scoping review showed that interventions by psychiatric nurses and psychologists to provide counseling and relaxation therapy to nurses for reducing the impact of trauma such as stress and depression on victims of workplace violence and bullying.[23] This therapy is only given to nurses, but other health workers also experience similar problems, namely becoming victims of workplace violence. So this study recommends a scoping review of interventions to reduce the impact of workplace violence on health workers. So, this study is the first scoping review to address interventions to reduce the negative impact of workplace violence on health workers.

Workplace violence causes many problems in physical and psychological that cause a decrease in work performance in the workplace.[28] So that patients feel dissatisfied with health services. If the problem is prolonged and not resolved, it causes

1410

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post-traumatic stress disorder. Even victims are at risk of death or risk of suicide.[16] To improve workplace safety and comfort, interventions to lessen the impact of workplace violence on health workers are required. As a result, the authors intend to conduct a scoping review of interventions to mitigate the impact of workplace violence among health care workers.

Materials and Methods
Design
Design in this study used scoping review. This design was chosen by the authors for investigating new topics in the world is the scoping review.[29] The authors chose this study because it has a clear conceptual range to present various research results on interventions to reduce the impact of workplace violence and bullying among health workers.[30] The authors used 5 stages in this study, namely: 1) determined research objectives; 2) identified research questions and determine the criteria of the articles used; 3) selecting articles; 4) selected research articles, and 5) reported the results of the analysis of the research.[31] The PRISMA Extension for Scoping Reviews (PRISMA-ScR) were used for selecting articles who relevant with the research objective, which was to discuss interventions to reduce the negative effects of workplace violence among health workers.[32]

Search Methods
To search for articles, the authors used three databases: CINAHL, Pubmed, and Scopus. The keywords used in PubMed are "program"[MeSH Terms] OR program[Text Word] OR intervention[Text Word] AND "workplace violence"[MeSH Terms] OR workplace violence[Text Word] OR work violence[Text Word] AND "health personnel"[MeSH Terms] OR healthcare personnel[Text Word] OR healthcare workers[Text Word]. The keywords used in Scopus are ALL (program OR intervention) AND ALL (workplace violence OR work violence) AND ALL (healthcare personnel OR healthcare workers). The keywords used in CINAHL are: program OR intervention AND workplace violence OR work violence AND healthcare personnel OR healthcare workers. Identification of this research question is whats the methods for providing interventions to reduce the negative impact of workplace violence on health workers?

Inclusion and Exclusion Criteria
The way to measure the criteria in this study used The PCC framework (population, concept, and context) namely:

Population: health workers (nurses, doctor, psycholog, apotecer, etc).

Concept: interventions for health workers.

Context: reduce negative impact, randomized control trial, quasi-experiment

The PRISMA Extension for Scoping Review (PRISM -ScR) search strategy was used by the authors to identify methods of intervention to reduce the negative impact of workplace violence on health workers (Figure 1). In this study, the authors used inclusion and exclusion criteria for selecting the articles. This study's inclusion criteria were health workers, interventions, full text, a randomized control trial design or quasi experiment, and a setting within the last ten years (2013–2022). Non-health worker samples were excluded from this study.

Selection Articles
Three authors performed a search of articles from all three databases. Each author performed an article search from one database. Then three authors checked the title and abstract of the article search results. Then the three authors determined the articles selected for the full-text review that are in accordance with the inclusion criteria and are relevant to the research objectives. Disagreements in each stage of selecting articles were resolved by discussion (deliberation and consensus between the three authors). If an agreement is not reached by deliberation, then the fourth author is invited to determine the eligibility of the articles.

Data Extraction
Manual tables were used to extract data in this study. The authors created manual tables to make it easier to classify the appropriate data from the article review results. For subsequent descriptions, the authors compared study results from
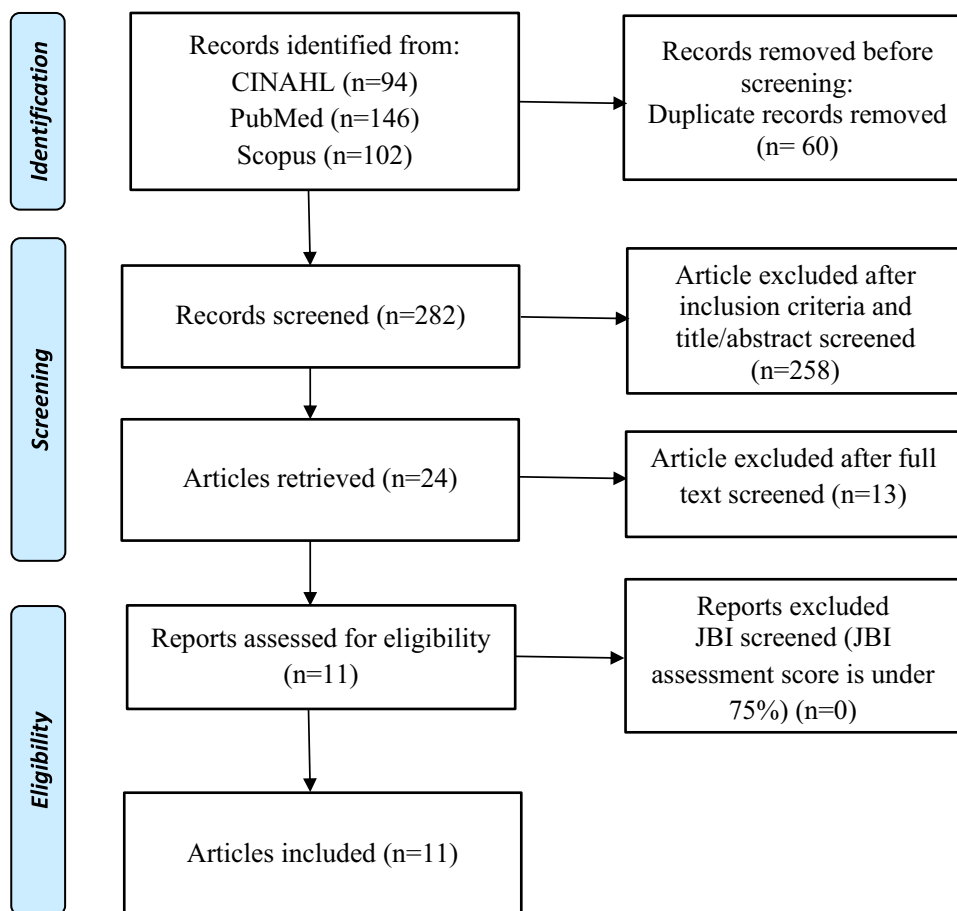
Figure 1 PRISMA flow diagram.
Notes: Adapted from Page MJ. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. Published online 2021. Creative Commons.[33]

different articles. The authors enter the following information in the manual table: authors, year, country, research design, sample, intervention, and study results.

Quality Appraisal

The authors assessed the quality of articles used the Joanna Briggs Institute (JBI) instrument's assessment method. The JBI assessment method consists of statements filled out by the authors as an assessment method. The evaluation of articles with randomized control trial designs included 13 statements, while the evaluation of articles with quasi-experimental designs included 9 statements. There are four response options for each statement: yes, no, unclear, and not applicable. The value of one is assigned to the yes answer option, while the value of zero is assigned to the other answer options. The author evaluates the quality of the article by discussing with all authors (4 authors). During the discussion, the authors agreed on the value of each statement in each article. When there is a debate between authors, the authors vote to give a score to each statement from each article. The authors then added up the worth of each statement. The authors' standard value for articles determined by the JBI method for use in this study is greater than 75%.

Data Analysis

For data analysis, the authors used a descriptive approach. After acquiring articles based on inclusion and exclusion criteria. The authors examined the article review findings, which are shown in the data extraction table. The authors then discussed the findings of the extraction table analysis, which discussed interventions to reduce the impact of workplace violence on health workers. The data was organized into categories based on similar intervention methods.

Results

The authors found 342 articles by searching three databases with keywords. The authors were then eliminated based on article duplication using Mendeley's application; 60 articles were duplicated. The authors then eliminated articles based on inclusion criteria and read the titles and abstracts, resulting in 24 articles. The authors then read articles relevant to the research objectives, resulting in 11 articles discussing interventions to reduce the negative impact of workplace violence on the workforce. The authors double-check the articles obtained to ensure that they meet the research objectives and exclusion criteria. The authors then conducted a JBI assessment to ensure high-quality articles. The JBI assessment results are presented in a table (Table 1).

The authors extracted data and analyzed the results obtained after discovering 11 articles discussing interventions to reduce the negative impact of workplace violence on health workers. According to the articles obtained, interventions guided by nurses and psychologists can help to reduce the negative impact of workplace violence. The authors obtain three kinds of interventions: training programs, cognitive behavior therapy, and workplace violence prevention programs. The data extraction results are presented in the manual table (Table 2):

According to the characteristics of the articles in this study, 11 articles originated in developed and developing countries. 8 articles came from developed countries (3 from the United States, 2 from Taiwan, 1 from Turkey, 1 from Korea, and 1 from Australia), and 3 from developing countries (1 from Jordan, 1 from Pakistan, and 1 from Iran). The design of this study included 9 quasi-experimental articles and 2 randomized control trial articles. The article's respondents range from 30 to 440. The samples of six articles were nurses, while the other five articles the samples were all health workers, including psychologists, doctors, nurses, and midwives. This study found that three types of interventions can be used to reduce the negative impact of workplace violence on health workers: training programs, cognitive behavior therapy, and workplace violence programs.

The results of this study focus on interventions to reduce the impact of workplace violence and bullying on health workers in the workplace. The author classifies intervention findings based on similar interventions. This finding shows that some of the articles have facilitators/instructors and clients with similar professions such as nurses and psychologists. However, the instructor/facilitator is a specialist level profession or the head of the profession so that it can reduce the risk of distrust from clients.

Implementation of interventions to reduce the impact of workplace violence and bullying on health workers in the workplace focuses on training to intervene independently, cognitive behavioral therapy, and programs that focus on preventing and treating workplace violence and bullying problems. Activities in the form of counseling, increasing

Table 1 JBI Critical Appraisal Tool

Author, Published Year	JBI Critical Appraisal Tool	Study Design
[25]	88.9% (8/9)	Quasi-experiment
[34]	77.8% (7/9)	Quasi-experiment
[35]	88.9% (8/9)	Quasi-experimental
[36]	100% (9/9)	Quasi-experiment
[37]	88.9% (8/9)	Quasi-experiment
[38]	100% (9/9)	Quasi-experiment
[39]	84.6% (11/13)	RCT
[40]	88.9% (8/9)	Quasi-experiment
[41]	77.8% (7/9)	Quasi-experiment
[42]	77.8% (7/9)	Quasi-experiment
[43]	92.3% (12/13)	RCT

Table 2 Extraction Data

No	Author & Year	Outcome	Country	Design	Sample	Intervention	Result
1.	[25]	Reduce negative impact of workplace violence on nurses	Turkey	Quasi-experiment	30 Nurses	Assertiveness Training	Effective in reducing the negative impact of workplace violence and improving psychological health
2.	[34]	Reduce workplace violence among nurses	Jordan	Quasi-experiment	97 nurses	Training program	Significant in reducing the impact of workplace violence and improving the support system
3.	[35]	Reduce the incidence of workplace violence (WPV) against health workers	United States America	Quasi-experimental	160 health workers	Comprehensive intervention	Significant decrease workplace violence
4.	[36]	Reduce workplace violence among female homecare workers	United States of America	Quasi-experiment	306 health workers	Computer-based training (CBT) intervention	Significant in reducing the impact and incidence of workplace violence
5.	[37]	Reduce impact of workplace violence with coping	Taiwan	Quasi-experiment	66 health workers	Simulation Training	Significant for increasing adaptive coping in reducing the negative impact of workplace violence
6.	[38]	Reduce symptoms of stress, depressive symptoms, and improve resilience among nurses	Taiwan	Quasi-experiment	159 nurses	Biofeedback Training and Smartphone-Delivered Biofeedback Training	Significant reducing in depressive and stress symptoms, and improving resilience
7.	[39]	Reduce workplace bullying and violence	Korea	RCT	40 nurses	Cognitive Rehearsal Program	Significant improving interpersonal relationships and reducing negative impact of workplace bullying and violence
8.	[40]	Reduce negative impact of workplace violence	Australia	Quasi-experiment	440 nurses	Workplace violence training program	Significantly reducing negative impact of workplace violence
9.	[41]	Reduce incidence and negative impact of workplace violence	Pakistan	Quasi-experiment	141 health workers	De-escalation training	Significantly reducing negative impact of workplace violence and its incidence
10.	[42]	Reduce negative impact of workplace violence	Iran	Quasi-experiment	68 nurses	Workplace violence prevention program	Effective in reduction of workplace violence and its negative impact
11.	[43]	Reduce workplace violence and related injury in hospitals	USA	RCT	41 health workers	Training program	Effectively reducing workplace violence and related injury in hospitals

independent skills in reducing the negative impact of workplace violence and bullying in the workplace, and increasing cognitive abilities in solving problems due to workplace violence and bullying. Assistance for victims is also needed in order to carry out useful activities to reduce the negative impacts that are felt.

The following is an explanation of each intervention found from the results of the scoping review:

Training Program

The training program is an intervention that focuses on increasing the ability of individuals to independently manage the impact of workplace violence and bullying. Participants are given a mentor/facilitator to train their abilities so they can solve their own problems accompanied by a facilitator. Training is conducted online and offline. Some of the interventions that provide training are: assertiveness Training is carried out for 2–2.5 hours/session. Creating a positive training environment, nonverbal communication, nonverbal behavior, assertive praise, express feelings, take responsibility, self-introduction, and do self-reflection to increase self-capacity.[25] Each group's activities are guided by the head nurse. Nurses also facilitate victims' counseling needs and efforts to resolve problems resulting from the trauma they experience. Giving interventions to victims can reduce the effects of trauma on victims.

The training program is an intervention that is carried out for each group one day per week from 09.00–16.00 (as requested by the hospital administration). The program's components include a definition of workplace violence and guidelines on general rights and responsibilities; selecting the best approach, violence, recognition, and judgment; intervention at work; and monitoring and evaluation.[34] Activities are accompanied by a facilitator to provide direction to participants and counseling by a counselor. This shows that there was a significant reduction in stress on the participants.

Simulation Training is carried out for 1–2 hours/session for 3 months. This intervention provides information about types of workplace violence. Then participants also take part in verbal and nonverbal stimulation, improve problem solving skills, and plan to achieve goals as an effort to recover from trauma.[37] The activities carried out by the participants were education about workplace violence, improving communication skills, presenting cases and scenarios of violence that might be encountered in the workplace, responding to violence, recovering from stress and trauma, and discussing after activities with the facilitator. After the intervention was given, there was a decrease in workplace violence in nurses and there was an increase in resilience in victims.

Training in Biofeedback and Smartphone-Delivered Biofeedback Training is a type of intervention that can be done both online and offline.[38] Participants will receive one 60-minute session per week for six weeks. To increase their resilience, each participant watched a video about meditation and deep breathing techniques for 1–6 weeks. In addition, the video also discusses education and training. The content in the video is information about workplace violence, coping strategies, and efforts to increase resilience. This study found that interventions can help reduce the negative effects of workplace violence on nurses.

The training program lasts 10 months and consists of 12 sessions (2 hours each).[43] This intervention was carried out to reduce the effects of trauma on victims, the activities carried out were information about workplace violence, coping, post-traumatic stress disorder, problem solving, and resilience. Activities are carried out to improve the ability of participants to manage themselves to solve their problems. In addition, participants were also accompanied by nurses and psychologists for consultation on their psychological problems. This intervention is proven to reduce the impact of stress due to violence.

Cognitive Behavior Therapy

Cognitive behavioral therapy is a form of psychotherapy that focuses on participant behavior to solve a variety of problems, including depression, anxiety disorders, alcohol and substance abuse problems, family problems, and other mental health problems. Activities carried out in cognitive behavior therapy are identifying problems, solving problems, and practicing positive habits. Some of the interventions in this invention are computer-based training (CBT) intervention is carried out for 60–90 minutes/session.[36] Participants take part in the first module with education about the definition of workplace violence, being assertive, setting work boundaries, and increasing resilience. The second module discusses preventing workplace violence, namely body language training, signs and symptoms of violence, skills to prevent violence, and de-escalation techniques. This intervention also teaches about techniques for eliminating trauma due to violence. Participants are invited to recognize the problem and solve the problem they are experiencing. This study shows that there is a significant reduction in the impact of trauma on victims.

The Cognitive Rehearsal Program is made up of 10 sessions totaling 20 hours spread out over 5 weeks (2 hours per session). Counseling to improve nonviolent communication at the primary and secondary levels to help nurses in reducing negative impact of workplace violence on.[39] Counseling is also provided to victims in order to find solutions to their problems. According to this study, the interventions effectively reducing negative impact of violence.

Workplace Violence Program

Workplace violence program is an intervention that focuses on preventing and dealing with problems of workplace violence and bullying in the workplace. Participants are trained to understand various things that can be done to reduce the incidence and impact of workplace violence in the workplace. The activities carried out are in the form of therapy to reduce psychological problems in victims, understanding policies that can be applied, as well as several therapies that are carried out independently. One of the workplace violence program interventions is a comprehensive intervention that is carried out for 3 months (60–90 minutes/session). The intervention was carried out over three sessions, namely environmental modification, employee policies, and education and training. Each group is guided to solve problems and training in dealing with trauma by nurses and psychologist.[35] This study showed that the intervention is effective in reducing the impact of violence in the workplace.

The workplace violence training program is carried out for 6 months with 10 sessions.[40] Each session is carried out for 60 minutes. The training material is given comprehensively by the nurse. Activities consist of understanding violence and bullying, recognizing stress and coping, and solving problems. This study shows that there is a decrease in the impact of workplace violence on nurses.

De-escalation training was carried out for 4 months in 8 sessions (4 hours/session). The training consists of four modules, namely understanding violence and stress, aggressive behavior de-escalation techniques, management of victims of post-traumatic stress disorder, and ways of communicating with victims of workplace violence.[41] The training was carried out with a series of activities, namely brainstorming, videos based on scenarios and theater. This study shows that there is a reduction in the impact of negative workplace violence and its occurrence in the hospital.

The workplace violence prevention program is a seminar activity entitled prevention of violence in hospitals. The intervention consists of three databases: before, during and after the intervention to reduce workplace violence.[42] Activities include an introduction to violence, communication to victims who experience trauma, efforts to improve problem solving skills, and interventions for post-traumatic stress disorder. This intervention is proven to reduce the incidence and impact of workplace violence on nurses in the hospital.

Discussion

The results of this study indicate that interventions to reduce the negative impact of violence on health workers in the workplace need to be carried out as an effort to reduce ongoing violence. There are several methods that can be done, namely skill training programs, cognitive based training, and workplace violence training. The intervention was carried out by health workers, namely psychologists and doctors. Collaboration between various parties is also important to reduce the negative impact of workplace violence on health workers.

Interventions to reduce the negative impact of workplace violence and bullying such as post-traumatic stress disorder, anxiety, depression, and other problems are carried out by health workers such as psychiatric nurses, psychologists, and doctors. Psychological problems are the most common problems experienced by victims. So that therapy in the form of counseling and cognitive therapy is an activity carried out to reduce psychological problems in victims. Therapy also takes months to overcome the psychological problems experienced by victims of workplace violence and bullying. This is in line with previous studies which showed that counseling therapy by psychologists and psychiatric nurses can reduce trauma problems in victims of workplace violence in the workplace.[44,45] In addition, other studies also show that cognitive therapy can reduce the impact of anxiety, depression, and trauma on health workers who are victims of workplace violence and bullying in the workplace.[46,47] Cognitive therapy is provided by psychiatric nurses by providing skill training in solving problems due to workplace violence and bullying in the workplace.

This study shows that violence against health workers occurs in both developed and developing countries. Violence against health workers is not caused by the progress of a country. Although previous studies have shown that incidents of

violence against health workers are more common in developing countries. This is caused by the lack of economic factors so that it becomes a burden and stressor. Then take out with violence to co-workers.[48] Meanwhile, other studies also show that economic inequality in developing countries causes jealousy, resulting in workplace violence among health workers. In developed countries, workplace violence also occurs quite a lot.[49,50] Implementation of interventions to reduce the negative impact of workplace violence on health workers also does not require large costs, resources for facilitators/instructors can use psychologists and psychiatric nurses in the workplace.[51,52] In addition, the implementation of the program also only requires experts to guide the therapy carried out, so it does not incur costs for equipment and other things that require high costs.[15,53] So that the articles used in this scoping review are evenly distributed from developed countries and developing countries, because the implementation of the intervention is not influenced by the progress of the country. This is due to personal problems that are vented with violence at work. So that workplace violence can occur anywhere and is not influenced by the progress of a country.

Interventions that were found to reduce the negative impact of workplace violence were mostly carried out by nurses and psychologists. Nurses and psychologists act as counselors to deal with psychological problems experienced by victims of workplace violence. Then nurses also act as educators to promote efforts to reduce workplace violence among health workers.[54] Nurses also have a role to be a facilitator in building peer support among health workers. Previous studies have shown that the role of psychologists and nurses is important in reducing the psychological impact on victims of workplace violence.[55,56] Other study also show that peer support from nurses is needed to reduce anxiety and decrease work motivation in nurses.[57]

Program implementation to reduce the impact of workplace violence needs to pay attention to various aspects, namely physical, psychological, spiritual, and cultural. The first stage that must be done is to provide protection and show partiality to the victim. Efforts to overcome physical problems need to be done for victims who have physical impacts due to workplace violence. The effects of workplace violence such as anxiety and depression are given therapy to overcome traumatic feelings from stressors that arise due to workplace violence.[20] A spiritual and cultural approach is carried out so that victims feel safe and comfortable in carrying out the therapy provided to reduce the impact of workplace violence.[58]

Skill training program is one method to reduce the impact of workplace violence on health workers. This method is carried out by nurses and psychologists to improve abilities in the psychological aspects of victims of workplace violence. Previous studies have shown that this method is also carried out in groups with the leader being a nurse. Skill training includes resilience, coping, problem solving, and adaptability.[16,18] Participants are expected to be able to control themselves to face workplace violence and reduce its impact. Resilience increases the ability of nurses to respond to unpleasant events from workplace bullying. Supported by previous studies which show that resilience can reduce stress levels in victims of violence.[59,60] Adaptive coping can improve the ability to respond to stress in victims of workplace violence. Previous study have shown that health workers have avoidant coping in dealing with stressors due to workplace violence.[61] So that an increase in adaptive coping in health workers is needed to be able to deal with stress due to workplace violence. Problem solving and adaptive abilities are important things for health workers to have in order to be able to deal with problems caused by workplace violence. This is consistent with the previous statement which shows that problem solving abilities can reduce the negative impact of workplace violence.[62]

Cognitive behavior therapy is an intervention that focuses on cognitive abilities to overcome problems caused by workplace violence. Nurse-guided interventions are psychotherapies that have been shown to be effective for a wide range of issues, including depression, anxiety disorders, alcohol and substance abuse issues, family issues, eating disorders, and severe mental illness. Previous research has shown that cognitive-based training can help reduce depression caused by workplace violence.[39,63] This intervention is also able to help victims to increase work motivation at work. Nurses as leaders in cognitive based behavior therapy provide education and guide therapy that focuses on solving the problems of victims of workplace violence. Other studies also show that CBT interventions are effective in reducing the impact of bullying such as stress and depression.[64,65]

Workplace violence training is an intervention that focuses on workplace violence given to health workers. This intervention introduces the risks and management of workplace violence to health workers who are at risk of becoming victims. Previous studies have shown that educational activities about workplace violence for hospital staff can reduce

the incidence of workplace violence.[66,67] Other studies also show that nurses who understand the management of workplace violence are able to reduce the negative effects on victims of workplace violence.[68,69] Nurses who understand the management of workplace violence are able to intervene independently and provide support to colleagues who are victims of workplace violence.

Interventions to reduce the impact of workplace violence are important things to be done by workplace managers. Efforts to reduce workplace violence require the collaboration of various parties in order to have awareness of violence in the workplace. By improving the job performance of health workers in the workplace, workplace awareness can help to create a supportive work environment. Interventions to reduce the negative impact of workplace violence on health workers can also improve victims' psychological health. So that victims can feel safe and secure while performing their duties.

Limitation

The limitation of the study is that the search for articles is restricted to the last ten years. As a result, the authors do not discuss interventions beyond the time allotted. Furthermore, the study is limited by the design of the articles reviewed, which are quasi-experiments and randomized control trials. As a result, findings based on a qualitative or mixed-methods design are not found in this study. This study is also limited in that it does not evaluate the efficacy of interventions to reduce the negative impact of workplace violence on health workers.

Conclusions

The authors discovered 11 articles discussing interventions for reducing the negative impact of workplace violence among health workers. Psychologists and psychiatric nurses serve as counselors and facilitators in the activities that are carried out. Professional similarities between instructors and clients can be overcome by presenting instructors with higher levels of education such as specialists or high functional positions such as heads of professions in health workers such as heads of rooms or senior health workers. Intervention is provided in a comprehensive manner, taking into account both physical and psychological aspects in order to provide victims with protection, security, and comfort. The authors discovered three types of interventions: skill training programs, cognitive based training, and workplace violence program.

The implication of this study is that there is a foundation for the workplace to reduce the impact of workplace violence on health workers. This study also shows that counseling is an effort to reduce the impact of workplace violence and bullying in the workplace, so that workplaces such as hospitals can provide special counseling services for health workers. Apart from that, hospital management also needs to make policies related to the problem of workplace violence and bullying among health workers. So that the workplace becomes a safe and comfortable place in providing the best health services for patients. Management in the workplace can also form a special team to provide therapy such as cognitive therapy and training related to self-therapy to reduce the impact of workplace violence as an effort to reduce problems of workplace violence and bullying in the workplace. Future study with a systematic review and meta-analysis design are recommended for future research to assess the effectiveness of nursing interventions in reducing the negative impact of workplace violence among nurses.

Disclosure

The authors report no conflicts of interest in this work.

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