

Factors, Impacts, and Prevention Strategies of Violence Against Nurses: A Qualitative Study

**Heryyanoor¹, Diana Hardiyanti¹, Melinda Restu Pertiwi¹,
Annisa Febriana², Hari Safarinasyah³**

¹Sekolah Tinggi Ilmu Kesehatan Intan Martapura, ²Universitas Lambung Mangkurat,

³Universitas Cahaya Bangsa

Email : heryyanoor37@gmail.com

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Abstract

Violence against nurses remains a significant challenge affecting their physical safety, psychological well-being, and professional performance. This study explored the factors contributing to violent behavior against nurses, their diverse impacts, and effective prevention strategies. A qualitative design was used to collect data from thirteen participants randomly selected from each inpatient ward in the hospital through interviews, and the data were analyzed thematically. The study findings revealed that internal factors such as high workload, ineffective communication, and staff attitudes, alongside external factors including patient and family expectations, emotional states, and socio-cultural influences, contributed to violent incidents. The impacts identified included physical injury, psychological trauma, decreased motivation, and compromised quality of care. Participants highlighted prevention strategies involving positive nurse attitudes, patient and family education, effective communication, precise reporting mechanisms, institutional support, psychosocial support, and use of digital technology. The study concluded that addressing violent behavior against nurses requires a comprehensive and multidimensional approach that integrates personal, organizational, and technological interventions. It is recommended that nursing practice prioritize therapeutic communication and empathy, supported by strong policies and psychosocial resources to improve nurse safety and quality of care.

Background

Violent behavior against nurses in hospitals is a serious problem (Leżnicka & Zielińska-Więczkowska, 2024) that hurts the well-being of health workers and the overall quality of health services (Tuominen et al., 2023). The violence that occurs can be in the form of physical, verbal, or psychological violence experienced by nurses while carrying out their duties (Dafny & Beccaria, 2020). This condition not only threatens the safety of nurses but also causes stress, trauma, and decreased work motivation, which leads to decreased productivity and quality of service (Rasool et al., 2020). Violence in the workplace can increase burnout and turnover rates of nurses, ultimately impacting the shortage of health workers in hospitals (Kim et al., 2023).

It is estimated that every year globally, one in five nurses experience physical violence in the workplace perpetrated by patients or visitors (Li et al., 2020). The results of a study by Babiarczyk et al., (2020) of 1089 nurses in Europe found that 54% stated that they had experienced verbal violence, 20% physical violence, and 15% experienced both. In addition, 18% of respondents confirmed that they had witnessed physical violence in their workplace. It is estimated that around 19.33% of 61,800 healthcare professionals in 30 countries experience verbal and physical violence in the workplace perpetrated by patients or visitors in one year. Other data shows that as many as 49 (88.9%) nurses have experienced violence in the workplace

with 21 (38%) experiencing verbal violence, 14 (25.4%) experiencing mobbing, 6 (11%) reporting physical violence, 5 (9.1%) experiencing sexual harassment, and 3 (5.4%) reporting racial discrimination (Bernardes et al., 2021). The results of research by Cao et al., (2023) at the Chinese Tertiary Hospital in one year also confirmed that 43.5% of health workers, including nurses, experienced verbal violence, and 39.2% were victims of physical and sexual violence.

Violent behavior against nurses in Indonesia also often occurs, but many cases are not fully revealed. Various cases of violence against nurses have been revealed since the COVID-19 pandemic (Saragih et al., 2022). For example, in 2021, a case of a nurse being bullied by a patient's family was revealed in Palembang, South Sumatra (Kompas.com, 2021), the results of the presentation by Putikadyanto & Laila, (2022) also explained the incident of physical violence (punched, slapped, kicked, and pulled hair) against nurse CRS (28 years old) on April 15, 2021 by the patient's family. In 2023, the nurse was beaten by the patient's family until she suffered hearing loss (Kompas TV, 2023).. Incidents of violent behavior in South Kalimantan also occurred, although only verbal violence was revealed. Analysis of the survey results of Heryyanoor et al, (2024) on 161 nurses in South Kalimantan found that around 51.6% had experienced mild and moderate violence in the form of verbal violence by being scolded and glared at, and 0.6% had experienced physical violence or severe categories by being pushed and slapped.

Violent behavior towards nurses is caused by various interrelated factors (Babiarczyk et al., 2020; Jang et al., 2022). The main causative factors include the psychological conditions of patients and families who are experiencing stress or frustration (Sim et al., 2020), unrealistic expectations of health services (Bingöl & İnce, 2021), and high workloads and pressure from an unsupportive work environment (Havaei & MacPhee, 2020). Incidents of violent behavior hurt nurses as victims; nurses can experience pain in physical forms such as injury and fatigue (Magnavita et al., 2022).. Other impacts are psychological in the form of stress, trauma, and decreased work enthusiasm (Cao et al., 2023), which has an impact on aspects of hospital operations such as declining quality of service and high nurse turnover rates (Pariona-Cabrera et al., 2020; Stafford et al., 2022).

Various previous studies have identified violence against nurses using a quantitative approach. Research by Babiarczyk et al., (2020) and Bernardes et al., (2021) describes violent behavior against nurses in the workplace. Meanwhile, the results of qualitative reviews and studies on the experiences and support needs of nurses after violence in the workplace (Zhang et al., 2021), as well as the impact of horizontal violence on nurses who experience violent behavior (Krut et al., 2021), have also been conducted. Research and reviews in Indonesia that discuss violent behavior against health workers are still minimal. Research by Damopoli et al., (2019) reviews the relationship between violence and work stress in emergency unit and intensive care unit nurses in hospitals. Qualitative research by Kholis et al., (2019) reviews the psychological trauma of emergency unit nurses in dealing with verbal violence in the workplace. Meanwhile, a review by Laksono, (2024) discusses violence perpetrated by patients against health workers in general. Research that discusses or explores the causal factors, impacts, and strategies for preventing violent behavior against nurses with a qualitative approach has never been conducted. Understanding the socio-cultural context that influences the occurrence of violence against nurses in hospitals is very important and urgent because this can later become information, solutions, and management considerations in preventing and overcoming violent behavior against nurses.

Knowing the causes, impacts, and strategies for preventing violent behavior against nurses. Efforts related parties can make include conducting practical communication training for nurses, strengthening hospital policies related to work safety, and increasing the role of management and patient families in creating a conducive environment. Based on this, this study has comprehensively identified the causes, impacts, and strategies for preventing violence against nurses in hospitals through a qualitative approach to form a deep understanding of the phenomenon of violent behavior for nurses to design effective interventions in preventing violence.

Methods

This study uses a qualitative method with a case study approach. Data collection was conducted through in-depth interviews with 13 (thirteen) participants, namely randomly selected ward nurses who had experienced minimal verbal violence behavior in the Hospital in the period April-May 2025. Data analysis employed the Collaizzi technique, utilizing NVivo 15 as the computer program. This study is part of a project that has received ethical approval from Stikes Intan Martapura, with the number 005 / KE / YBIP-SI / III / 2024.

Result and Discussion

Participants in this study were nurses who stated that they had experienced at least verbal violence behavior, totaling 13 people. The demographic data of the participants are as follows:

Table 1. Characteristics of participants

Partisipant Code	Gender	Age (Year)	Marital status	Education	Length of work (Year)	Employee Status	Income (IDR)
P1	Female	29	Married	Nursing Profession	4	Contractual Employee	Less than 3.5 Million
P2	Female	43	Married	Nursing Profession	19	Government Contract Employee	More than 3.5 million
P3	Female	41	Married	Vocational	19	Civil Servants	More than 3.5 million
P4	Female	30	Married	Nursing Profession	8	Government Contract Employee	More than 3.5 million
P5	Male	34	Married	Vocational	6	Contractual Employee	More than 3.5 million
P6	Female	33	Married	Master of Nursing	5	Civil Servants	More than 3.5 million
P7	Male	27	Unmarried	Nursing Profession	4	Contractual Employee	Less than 3.5 Million
P8	Male	32	Widower	Vocational	1	Contractual Employee	Less than 3.5 Million
P9	Female	29	Married	Nursing Profession	6	Contractual Employee	More than 3.5 million
P10	Female	32	Married	Vocational	8	Civil Servants	More than 3.5 million
P11	Female	41	Married	Nursing Profession	13	Civil Servants	More than 3.5 million
P12	Female	37	Married	Nursing Profession	8	Civil Servants	More than 3.5 million
P13	Female	29	Married	Nursing Profession	4	Contractual Employee	Less than 3.5 Million

From Table 1, most of the participants are female and married, with a professional education level of nurses. The longest work period is 19 years, and the shortest is 1 year. The number of contract workers is almost comparable to that of civil servants, earning an income above the regional minimum wage.

There are three themes related to violent behavior towards nurses from the results of the analysis collected through in-depth interviews with 13 participants who have experienced violent behavior at least verbally. The central theme that describes the various experiences of nurses who have experienced violent behavior verbally is the factors causing violent behavior towards nurses, the impacts, and strategies for preventing violent behavior towards nurses. The following is a description of each theme specifically:

Theme 1: Factors causing violent behavior towards nurse

Themes related to factors causing violent behavior towards nurses based on participant perceptions can be classified into internal and external factors. Internal factors include high workload of nurses, slow service, lack of knowledge related to procedures and service information, curt or indifferent attitudes and expressions of nurses, limited hospital facilities, ineffective therapeutic communication, and slow doctor responses. At the same time, external factors come from patients and families such as high or unrealistic expectations, emotional characters who are easily angered, dissatisfaction, psychological conditions such as panic and stress, economic factors, sensation-seeking behavior, extended length of stay, services that do not meet expectations, and social and cultural influences that influence how to express anger or dissatisfaction.

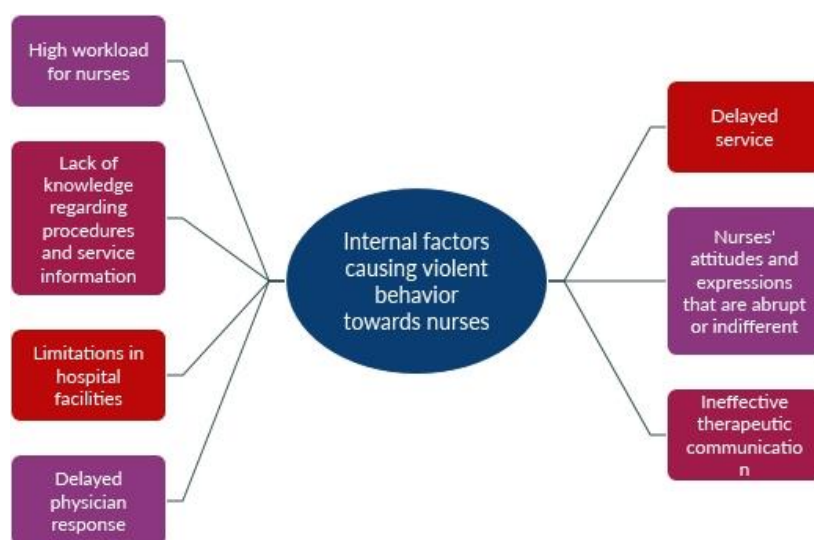


Figure 1. Internal Factors Causing Violent Behavior Towards Nurses

The following are keywords in the form of participant answers regarding internal factors causing violent behavior towards nurses:

Workload: "Unclear service flow, limited facilities, nurse workload (P5)", "Nurse workload and job satisfaction (P13)". Service: "Service dissatisfaction (P1)", "Unclear service flow, limited facilities, nurse workload (P5)", "Length of hospitalization days (P6)". Communication: "Therapeutic communication, level of knowledge (P2)", "Unsatisfactory/inappropriate communication (P4)", "Lack of communication or frequent miscommunication between staff

and patients/families (P5)", "Miscommunication, internal factors (P7)", "Miscommunication between nurses and patients/families (P8)", Therapeutic communication (P13)". Knowledge: "Therapeutic communication, level of knowledge (P2)", "Lack of knowledge of information (P11)". Attitude: "Nurses who are curt or seem indifferent, slow doctor response (P5)". Staff Response: "Nurses who are curt or seem indifferent, slow doctor response (P5)", "Slow doctor visit (P3)".

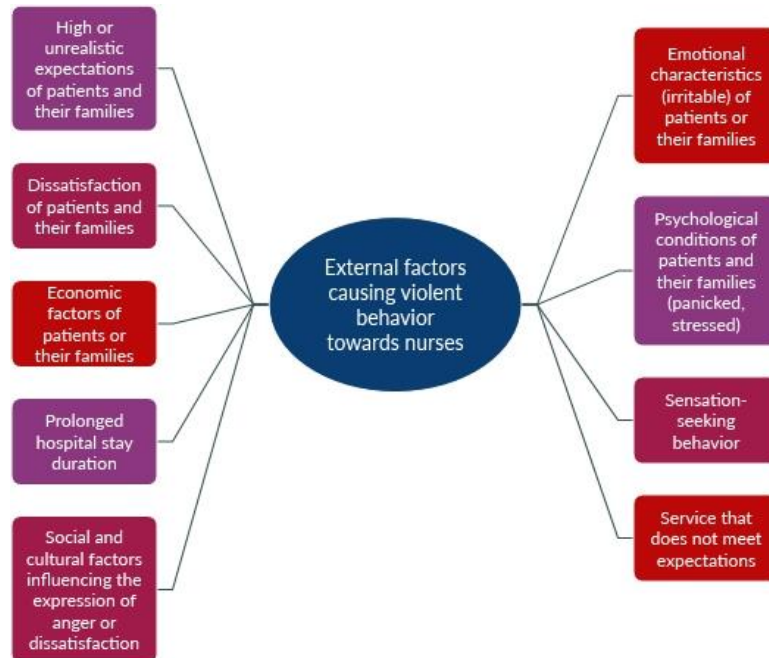


Figure 2. External Factors Causing Violent Behavior Towards Nurses

The following are keywords in the form of participant answers related to external factors causing violent behavior towards nurses:

Psychological Conditions: "Interrupting when the patient/family feels tired, exhausted, panicked (P3)", "Psychological conditions of patients and families (P4)", "Officers or patients/families in a state of panic (P5)", "Mental disorders, depression, unable to control emotions (P10)". Patient/Family Emotions: "Mental disorders, depression, unable to control emotions (P10)". Expectations: "Patient expectations are not appropriate (P5)". Patient/Family Satisfaction: "Dissatisfaction with services (P1)", "Patients and families feel dissatisfied with services and information (P12)". Social and Cultural: "Socio-cultural factors (P4)".

Theme 2: Impact of violent behavior towards nurses

The second theme related to the impact of violent behavior towards nurses, according to participants' perceptions, includes various physical, psychological, operational, and professional aspects. Physically, nurses experience injuries in the form of wounds and feel threatened and unsafe during or after experiencing violent behavior. In the psychological aspect, violence experienced by nurses causes mental health disorders such as trauma, stress, and fear, which have an impact on decreased concentration and focus on work and cause uncomfortable psychological conditions. Another impact is a decrease in the reputation of nurses due to tarnished good names and incidents of violence. The operational and professional impacts experienced by nurses include decreased motivation and work performance, decreased quality

of health services, reluctance or even unwillingness to care for patients, loss of sympathy and empathy towards patients, and less than optimal implementation of nursing care.



Figure 3. Impact of Violent Behavior Against Nurses

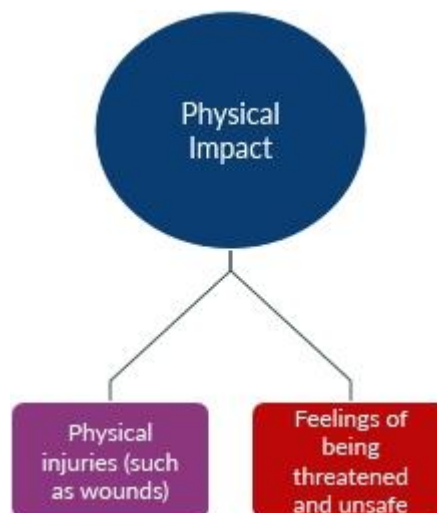


Figure 4. Physical Impact of Violent Behavior Against Nurses

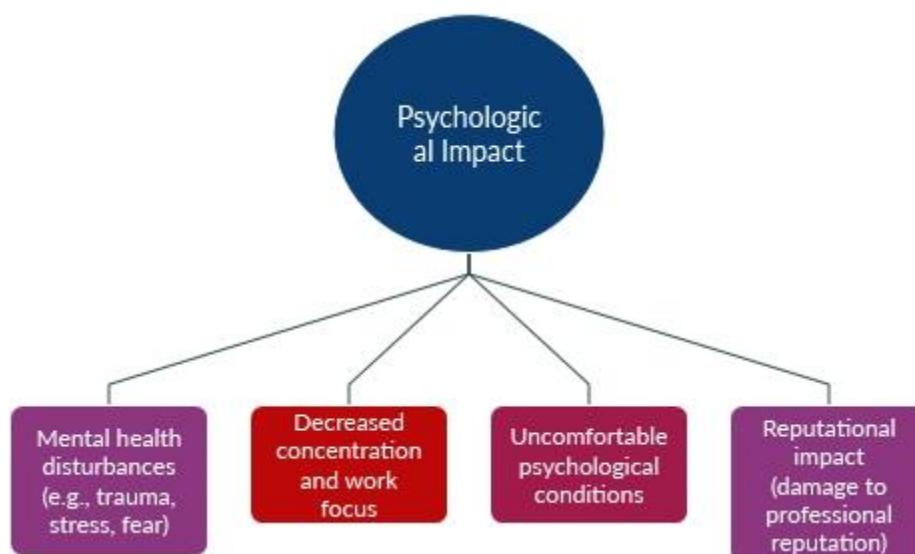


Figure 5. Psychological Impact of Violent Behavior Against Nurses



Figure 6. Operational and Professional Impact of Violent Behavior Against Nurses

The following are keywords in the form of participant answers related to the Impact of violent behavior towards nurses:

Physical Impact: "Nurses feel physically threatened (P1)", "Injuries due to physical violence, even to the point of having to be treated in the ER (P5)", Physical trauma experienced by nurses (P8)". Psychological Impact: "Feeling mentally threatened (P1)", "Nurses are afraid to treat the patient again (P2)", "Leaving trauma (P3)", "Trauma to the point of choosing not to treat the patient (P4)", "Feelings of trauma experienced by nurses (P5)", "Trauma at work (although it can also be a motivation) (P7)", "Mental trauma experienced by nurses (P8)", "Loss of sympathy and empathy for patients (P9)", "Stress experienced by nurses (P11)", "Mental health disorders that affect nurses' emotions (P13)". Operational and Professional Impact: "Impact on nurses' reputation (good name tarnished because they are considered not to follow SOPs) (P5)", "Suboptimal health services (P6)", "Impact on the service process, including education and explanation of the patient's condition (P10)", "Nurses are traumatized and avoid providing services to these patients (P12)", "Decreased nurse performance due to mental and emotional disorders (P13)".

Theme 3: Strategies for Preventing Violent Behavior Towards Nurses

The last theme regarding strategies for preventing violent behavior towards nurses according to participants' perceptions is positive attitudes and behavior of nurses and showing concern in services; education and increasing understanding of patients and families regarding health services; effective communication between nurses and patients and families; transparent reporting and response mechanisms for incidents of violence; institutional and regulatory support that protects nurses; fostering trusting relationships between nurses and patients and families; psychosocial support and professional development for nurses; and the use of digital technology as a means of supporting communication and health services.

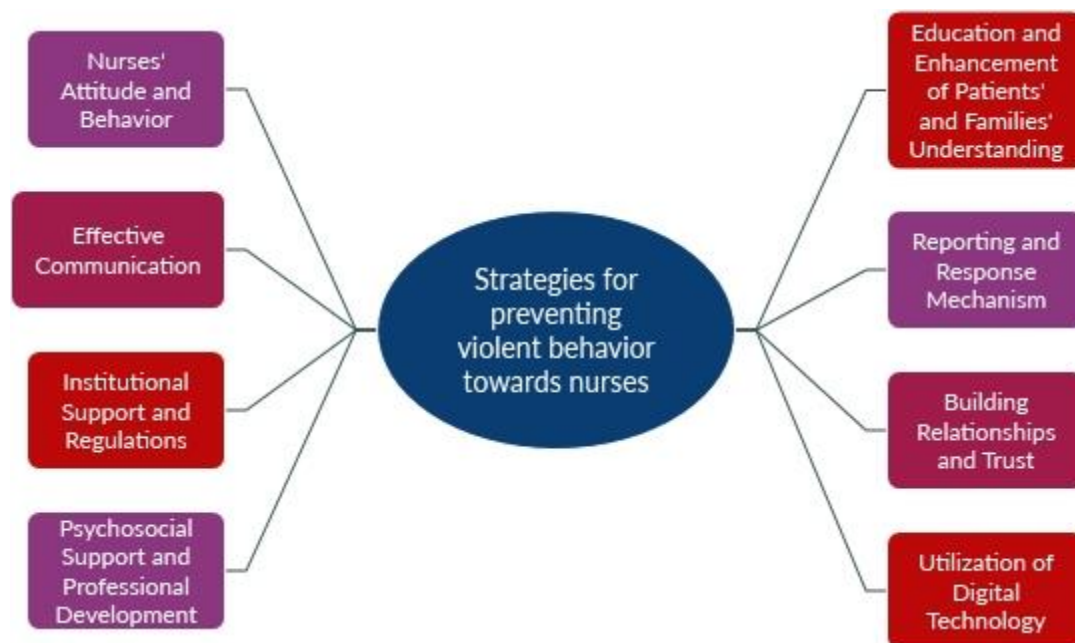


Figure 7. Strategies for Preventing Violent Behavior Against Nurses

The following are keywords in the form of participant answers related to strategies for preventing violent behavior towards nurses:

Nurses' Attitudes and Behaviors: "Providing services according to SOP, building a relationship of mutual trust, providing services with full compassion and wholeheartedly (P1)". Education and Improving Understanding of Patients and Families: "Providing services with full compassion and wholeheartedly (P1)", "Good provision before the incident occurs, the role of PPNI and hospitals (P9)", "Educating patients and families to respect each other (P13)". Effective Communication: "Improving communication, reviewing the patient's mental health status, consulting a psychiatrist if necessary (P4)", "Improving nurses' communication skills in services (P7)", "Providing effective communication training (P10)", "Improving effective communication with patients and families (P12)". Reporting and Response Mechanisms: "Report to security and complaint unit (P2)", "Conduct evaluation and report if there are nurses who experience violent behavior (P8)", "Direct patient families to complain to the management complaint unit (UPM) (P11)". Institutional and Regulatory Support: "There are laws that protect nurses (P3)", "The role of hospital directors, management, ward heads, and nurses in prevention (P8)", "Protection by government laws and management support in nursing services (P13)". Relationship Building and Trust: "Building a relationship of mutual trust (P1)", "Improving communication and relationships with patients (P4)", "Involving various parties in evaluation and prevention (P8)", "All parties are involved in providing services (12)", "Involving nurses, patients, families, and service management (P13)". Psychosocial Support and Professional Development: "Providing a psychiatric place for nurses to express problems or incidents they experience (P5)". Utilization of Digital Technology: "Installing CCTV in health service locations (P6)", "Using CCTV in rooms as part of prevention (P13)".

Factors causing violent behavior towards nurses

As in this study, negative behavior towards nurses is influenced by internal and external factors eksternal (Al-Qadi, 2021). Internal factors are related to the conditions and behavior of nurses and the work environment in the hospital (Pagnucci et al., 2022), while external factors come from patients and families who interact with health workers (Bingöl & İnce, 2021). This finding

is in line with research by Pagnucci et al., (2022) and Leźnicka & Zielińska-Więczkowska, (2024), which emphasize that violence in health services is a complex phenomenon involving various personal, organizational, and social aspects.

The most important internal factors include high nurse workload, slow and inefficient service, lack of knowledge regarding service procedures and information, nurses' attitudes that seem curt or indifferent, ineffective therapeutic communication, and slow doctor responses. According to research by Abbaszadeh et al. (2025), high workload causes stress and fatigue in nurses, which can psychologically reduce their ability to provide the best service and maintain good interpersonal relationships with patients and families. In addition, slow service and unclear workflows cause patient and family dissatisfaction, which has the potential to trigger aggressive reactions (Jennings et al., 2022). Poor communication and miscommunication between nurses and patients or families are also important factors that worsen the situation (Norouzadeh et al., 2022), because they can cause misunderstandings and distrust. Negative nurse attitudes and slow doctor responses further add to the tension in interactions, often influenced by work stress and a lack of interpersonal communication training. This is in line with research by Du et al., (2020) and Caruso et al., (2022), which explains that violent behavior towards health workers is triggered by the attitude of health workers that is not good according to patient perceptions, such as slow service. Research by Cao et al., (2023) also confirms that violent behavior towards health workers occurs because of attitudes in communicating and services that do not meet expectations.

This study's external behavior factors come from the characteristics and conditions of patients and families. Factors include high and unrealistic expectations, emotional characters who are easily angered, dissatisfaction, psychological conditions such as panic and stress, economic factors, sensation-seeking behavior, extended length of stay or treatment, and social and cultural influences. Unrealistic expectations and dissatisfaction are the primary triggers of violence; this finding is in line with the research of Havaei & MacPhee, (2020), where excessive expectations and dissatisfaction of patients and families are the primary triggers of violence against nurses. Meanwhile, the psychological condition of patients who are experiencing stress or panic increases the risk of aggressive behavior (Leźnicka & Zielińska-Więczkowska, 2024). Economic and cultural factors also shape how patients and families express their anger or dissatisfaction towards health workers (Du et al., 2020; Babiarczyk et al., 2020; Karatuna et al., 2020), so preventive interventions must also consider the existing socio-cultural context.

These findings reinforce the results of previous studies that emphasize the importance of workload, communication, and psychosocial factors in triggering violence against health workers (Havaei & MacPhee, 2020; Kang & Bang, 2024; Eshah et al., 2024). However, this study has added an important dimension related to nurses' attitudes and doctors' responses as internal factors that need more attention in prevention efforts. Meanwhile, external factors involving economic and cultural aspects provide a broader perspective, indicating that prevention strategies must be multidimensional and contextual according to patient characteristics and local culture.

Violence against nurses results from a complex interaction between internal factors related to working conditions and the behavior of health workers, including nurses (Cao et al., 2023), as well as external factors originating from patients and their social environment (Al-Qadi, 2021). A thorough understanding of these factors is essential for designing effective prevention strategies, such as workload management, therapeutic communication training, facility improvement, and an approach sensitive to patients' psychological and cultural conditions.

Based on this, efforts to prevent violence can be more focused and positively impact the safety and well-being of health workers and the quality of health services as a whole.

Impact of violent behavior towards nurses

Violent behavior towards nurses has a broad and profound impact (Vento et al., 2020) from various aspects, including physical, psychological, operational, and professional aspects. Physically, it was revealed that nurses can experience injuries in the form of wounds and feel threatened and unsafe during and after the violent incident. This condition not only causes direct physical trauma but can also have long-term impacts on the health and safety of nurses in the work environment. According to research by Leźnicka & Zielińska-Więczkowska, (2024), the feeling of threat experienced by nurses creates an uncondusive work atmosphere. It can ultimately disrupt productivity and the quality of health services.

The psychological impact experienced by nurses due to the violent behavior they receive is also very significant. This can result in mental health disorders for nurses, such as trauma, stress, and ongoing fear. This is in line with research by Jang et al. (2022) and Pariona-Cabrera et al. (2020), which explains the psychological impacts, such as trauma, for nurses who experience violent behavior. This trauma not only causes psychological discomfort but also reduces the concentration and focus of nurses' work. This can potentially interfere with the optimal implementation of nursing duties (Cranage & Foster, 2022). In addition, violence experienced by nurses can also cause a loss of sympathy and empathy for patients (Mottaghi et al., 2020), even though this is an important aspect in therapeutic relationships and quality of service. This psychological impact is in line with research that explains that violence in the workplace can trigger burnout, depression, and anxiety in health workers (Aguglia et al., 2020; Leźnicka & Zielińska-Więczkowska, 2024).

In terms of operational and professional aspects, violence against nurses has an impact on decreasing the motivation and work performance of nurses, which has an impact on decreasing the overall quality of health services (Cao et al., 2023). Nurses who experience violence tend to be reluctant or even refuse to care for specific patients, which can disrupt the continuity and effectiveness of nursing care. Furthermore, the impact of nurses' reputations can also be tarnished due to incidents of violence (Üzar-Özçetin et al., 2020), especially if they are considered not to have implemented standard operating procedures (SOPs) properly, thus causing negative stigma and social pressure. This impact shows that violence not only harms individual nurses but also threatens the professionalism and integrity of health services.

These findings are consistent with the reviews of Pariona-Cabrera et al. (2020) and Fabri et al. (2022), which confirmed that workplace violence hurts the physical and mental well-being of health workers and reduces the quality of care. However, this study also highlights the previously under-discussed impacts on reputation and professionalism, adding an important dimension to understanding the consequences of violence against nurses. This emphasizes the need for a multidimensional approach to violence management that focuses on physical prevention, psychological support, and professional protection.

The impact of violence on nurses is the result of a complex interaction between physical trauma, psychological stress, and interrelated operational consequences (Foli, 2022).. A thorough understanding of these impacts is essential for designing comprehensive interventions, such as providing psychological counseling services, stress management training, strengthening violence reporting systems, and policies that protect the rights and safety of nurses. According

to Ferracuti et al., (2022), prevention and handling of violence can improve the welfare of health workers while maintaining the quality of health services to the community.

Strategies for preventing violent behavior towards nurses

Participants in this study perceived various strategies for preventing violent behavior toward nurses as important steps to creating a safe and conducive work environment. These strategies include positive attitudes and behaviors of nurses, education and increasing understanding of patients and families, effective communication, transparent reporting and response mechanisms, institutional and regulatory support, building trusting relationships, psychosocial support and professional development, and utilizing digital technology as a supporting tool.

Positive attitudes and behaviors of nurses, such as providing services according to standard operating procedures (SOPs), building relationships of mutual trust, and showing care and compassion in services, are the main foundations in preventing violence. This aligns with research by Reißmann et al. (2023), which explains that positive attitudes and mutual respect between health workers and patients impact good relationships and reduce the risk of violent behavior in health services. The therapeutic communication principles also emphasize the importance of empathy and warmth in interactions with patients and families, which can reduce tension and potential conflict (Mercan & Mersin, 2025). What is also very important is education and increasing understanding of patients and families regarding health services, because with adequate knowledge, it is hoped that managing patient expectations will reduce the risk of dissatisfaction that leads to violent behavior.

In this study, participants also criticized the role of professional organizations and hospitals in providing supplies and education as part of preventive efforts, including effective communication between nurses and patients and families as another strategy and improving communication skills with practical communication training, as well as assessing the patient's mental health status and consulting a psychiatrist if necessary. These are steps that can improve interactions and reduce miscommunication that often triggers violence. This aligns with research by Norouzadeh et al. (2022) and Dees et al. (2022), emphasizing the importance of effective communication and a therapeutic approach in creating good relationships between nurses and patients. A transparent reporting and response mechanism for incidents of violence is also critical to provide protection and support to nurses. Reporting to the complaint unit, evaluating incidents, and management involvement in following up on reports are part of the system that must be optimized so that nurses feel safe and supported. Research by Spencer et al. (2023) and Ferracuti et al. (2022) on managing and preventing violence against health workers in hospitals.

Institutional and regulatory support that protects nurses, such as the existence of laws against perpetrators of violence and the active role of hospital management, directors, heads of rooms, and professional nursing organizations, is the legal and policy basis that strengthens prevention efforts (Pariona-Cabrera et al., 2020). Building a relationship of mutual trust between nurses, patients, and families (Rushton et al., 2021) and the involvement of various parties in evaluation and prevention emphasize the importance of collaboration and synergy in creating a harmonious and healing-focused service environment (Wei, 2022). In addition, psychosocial support and professional development for nurses, such as providing counseling services or a place for nurses to express their problems, are important aspects in maintaining mental health and work motivation. Another strategy with the use of digital technology, especially the installation of CCTV (Closed-Circuit Television) in service areas, is also recognized as an effective means of

preventing and documenting incidents of violence, thereby increasing the sense of security for health workers (Volonnino et al., 2024).

The strategies for preventing violence against nurses identified in this study align with the research of Bordignon & Monteiro, (2021), which emphasizes the need for a multidimensional approach involving personal, educational, communication, institutional, and technological aspects. This approach not only aims to reduce the incidence of violence but also to improve the quality of health services and the welfare of health workers (Di Prinzio et al., 2023). Implementing these strategies in an integrated manner is expected to create a safer, more productive, and more service-oriented work environment that is humanistic and professional.

Conclusion

This study successfully uncovered various factors causing violent behavior towards nurses, including internal aspects such as high workload, ineffective communication, and attitudes and responses of health workers. As for external factors originating from the characteristics and conditions of patients and families. The impact of this violence is not only physical and psychological, but also affects operational and professional aspects such as decreased motivation, quality of service, and nurses' reputation. These findings emphasize the complexity of violence in the health care environment, which requires a multidimensional approach in its prevention and handling. Identified prevention strategies, such as increasing effective communication, patient and family education, institutional support, precise reporting mechanisms, and digital technology, provide a practical foundation for creating a safer and more conducive work environment. Therefore, it is recommended that nursing practice prioritize strengthening therapeutic communication and empathetic attitudes supported by policies and regulations that protect health workers and provide adequate psychosocial support. Further research is essential to explore the implementation of prevention strategies on an ongoing basis and assess their effectiveness in various cultural contexts and health care organizations to improve the safety and well-being of nurses.

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