Literature Review

1. Indian journal of medical (1993)

A study was conducted on senior doctors noted that resident medical officers (RMOs) are usually entrusted with delicate tasks such as communicating the news of a relative’s death, negotiating for permission to do a post-mortem and explaining what has happened inside the operating theatre or emergency room. The presence of senior doctors can defuse the situation, but when sudden deaths occur after office hours few senior doctors are available for support. Juniors must cope as best as they can. When a relative starts an argument, others join in the fray. Many patients come to public hospitals desperate for help.


A study was conducted on Physicians to receive training in negotiating medical disputes or humanistic principles that underpin caregiving. Patient–physician mistrust precipitated medical disputes leading to the following outcomes: non-resolution with patient resentment towards physicians; violent resolution such as physical and verbal attacks against physicians; and non-violent resolution such as hospital-mediated dispute resolution. Policy responses to violence included increased hospital security forces, which inadvertently fuelled mistrust. Instead of encouraging communication that facilitated resolution, medical disputes sometimes ignited a vicious cycle leading to mob violence.


A study was conducted as One of the most difficult situations that physicians face is being threatened, abused, or physically harmed by one of their patients. This is not an uncommon problem: Bureau of Labor Statistics (BLS) data for 1995 indicate that more workplace assaults and violent acts occur in health care and social services industries than in any other. Nurses’ experiences and understanding of workplace violence in a trauma and emergency department. The aim of the study was to gain a deeper understanding of how nurses experience and understand work of violence. A qualitative, exploratory and descriptive study was conducted to explore the experiences and coping mechanisms of nurses regarding workplace violence.

4. Dario Palhares (2001)

A study was conducted on the workers in the Health Assistance sector frequently face aggressive behavior from patients. When a dependant patient is involved, the situation gets more complex, since he or she is the weakest link and is not responsible for the aggressive act. The child who is taken to the doctor is probably sick. However, if an adult gets into a conflict situation with a professional, chances of a clear and hopeful line of treatment will be less. In such cases, the child must at least be examined. If alert clinical signs are present, the child must be immediately treated, otherwise he/she must be referred to another professional.

5. Yanhong Gong1,(2001)

A study was conducted on the poor mental health among nurses not only hinders professional performance but also affects the quality of healthcare provided. To improve the prevention and management of depression among nurses in mainland China, we investigated the association between working conditions and depressive symptoms using a cross-sectional study with a sample of 3474 nurses with more than 1 year of work experience in public hospitals in Shenzhen in southern. These findings indicate that interventions to minimize workload and improve nurse–patient relationships are essential to combat depressive
symptoms among nurses. Additionally, in the prevention and management of depression among nurses, we must consider inter-department differences.

A study was conducted stating that doctors being molested, thrashed and abused by lay public for a trivial fault. A report from Bangladesh also throws light on the fact that violence in healthcare sector has been increasing at an alarming level throughout the country. A survey conducted among Physicians in Kuwait showed doctors had experienced verbal insults or imminent threat of violence had experienced physical attacks of which reported serious or fatal injury. A national survey in Australia revealed that of General Practitioners had experienced verbal abuse and 18% experienced property damage.

A study was conducted to compare the evaluation of the stressors present in the intensive care unit (ICU) from the point of view of the patient, relatives and the multiprofessional team and to identify differences and similarities with regard to the perception of stressors in order to optimize patient care. The professional team evaluated the intensity of the stressors higher than either the family or the patient. No statistical significance was detected between the intensity of the stressors as evaluated by the patient and the intensity evaluated by relatives and by the professional team. The conclusion was being in pain, being unable to sleep and having tubes in the nose and/or mouth were pointed out as the major stressors by the three groups.

A study was conducted on open-ended interviews with providers, administrative staff and patients in one teaching hospital and two peripheral hospitals in Mumbai were conducted to investigate the triggers to violence against hospital staff, the underlying conditions that give rise to such conflicts, the structural and organisational factors that contribute to these conditions, the steps taken to reduce the hostility towards the public health system and what needs to be done. Our findings indicate that the violent incidents are usually triggered by sudden deaths. Patients are frustrated by rude health providers and a lack of essential drugs and diagnostic equipment. On their part, resident doctors must provide life-saving treatment while also handling agitated crowds.

A study conducted in calculating the costs of violence to a nation’s economy, a wide range of factors need to be taken into consideration besides the direct costs of medical care and criminal justice. Indirect costs may include, for example: the provision of shelter or other places of safety and long-term care; lost productivity as a result of premature death, injury, absenteeism, long-term disability and lost potential; diminished quality of life and decreased ability to care for oneself or others; damage to public property and infrastructure leading to disruption of services. The costs of violence are rarely evenly distributed. Those with the least options for protecting themselves against economic hardship will be most seriously affected.

10. Aiken LH (2002)
A study was conducted on seminal studies in the United States have shown strong associations between nurses' working conditions and patient safety, with high patient-to-nurse ratios and greater patient turnover being linked to increased mortality. This multinational survey of nurses and patients found that improved nurse work environments and reduced patient-to-nurse ratios were linked to better perceptions of quality and patient satisfaction. Moderately strong correlations were found between patient satisfaction and nursing reports of care quality, although there were wide variations in both measures across different countries. This study lends additional support to the view that improving the work environment for nurses can strengthen patient safety.

A study was conducted on the guidelines are intended to cover a broad spectrum of workers, including those in: psychiatric facilities, hospital emergency departments, community mental health clinics, drug abuse treatment centers, pharmacies, community-care centers, and long-term care facilities. Healthcare and social service workers covered by these guidelines include: registered nurses, nurses’ aides, therapists, technicians, home healthcare workers, social workers, emergency medical care personnel, physicians, pharmacists, physicians’ assistants, nurse practitioners, and other support staff who come in contact with clients with known histories of violence. Employers should use these guidelines to develop appropriate workplace violence prevention programs, engaging workers to ensure their perspective is recognized and their needs are incorporated into the program.

A study was conducted to determine the incidence of verbal abuse and physical violence in accident and emergency departments and to discover the extent of provision of security measures and instructions for staff on how to deal with these problems. A postal questionnaire was used in the departments in the UK and the Republic of Ireland. Two hundred and seventy three consultants named in charge of 310 departments. Frequency of physical violence and verbal abuse, injuries sustained, perceived precipitating factors, security measures instituted, and legal action taken. Two hundred and thirty three replies were received. Alcohol, waiting times, recreational drug usage, and patients' expectations were perceived as the chief causes. The conclusion was the Staff within A&E departments are regularly abused, both verbally and physically.

A study was conducted on violent behavior may be an appropriate response to a given set of environmental conditions in nature. Social organizations as power systems ensure stability through force or threat. However, there is a growing concern about the violence against health service staff in both hospitals and outpatient facilities. The participating physicians, however, reported that there is a serious increase in the frequency and diversity of aggressive behavior towards medical profession by patients and negative attitude of the general public indicating serious issues in public health care. Most often patients’ aggression was provoked by factors associated with the health system organization and effectiveness and the socio-economic status of the population.

A study was conducted after gaining approval from the Ethical Review Committee of Dow University of Health Sciences, a cross-sectional study, using convenience sampling, was conducted in the four major government hospitals of Karachi: Civil Hospital, Karachi, Jinnah Postgraduate Medical and Dental College, Abassi Shaheed Hospital and Lyari General Hospital from the 1st to 30th December 2012. The inclusion criterion in the study was that the subject should be at least MBBS graduates working in a government hospital in recent past years. The exclusion criteria were General Practitioners and Doctors working in Basic Faculties or in private hospitals.

A study was conducted on cases similar to this hypothetical one presented frequently for consideration early on in our working group’s history. They highlighted the lack of a clear set of policies and procedures in hospitals that recognised the implications of violence. There were no proactive systematic and coordinated strategies to prevent further episodes of aggression and violence once a situation had been recognized. Key outcomes of the group’s review were: The development of a staff and patient awareness campaign to prevent aggression and violence. This took the form of a series of public posters promoting the message that violence is unacceptable at Austin Health and a promotional “Say no to aggression” day that was led by the Chief Executive Officer and hospital executive.

A study was conducted on our results suggest that promoting employees’ control opportunities in health care organisations might help to provide a buffer against the negative effects of workplace violence on turnover intentions in physicians. In addition, we showed that physical violence and bullying has longitudinal effects on job satisfaction and turnover intentions. Workplace violence is an extensive problem especially in the health care sector and organisations should approach this problem through multiple means, such as, by giving health care employees more opportunities to control their own work, in addition to direct measures.

A study was conducted on the new profile of violence at work that emerges is one which gives equal emphasis to inappropriate physical and psychological behaviour, and full recognition to the significance of non-physical workplace violence. It is also a profile that recognizes that violence at work is not limited to a specified workplace. This concern is being matched by calls for action to prevent such violence and/or, when it occurs, to deal with it in a way which alleviates the enormous social, economic and allied costs to the victims, their families, employers and the community at large. However, questions remain as to the nature and direction of the action that should be taken, and the identity of those who should be held responsible for the implementation of preventive interventions.

A study was presented on a document that will provide practical guidance for workplaces where people may be exposed to various forms of workplace violence including: physical assault, threats, intimidation and harassment. Verbally abusive behaviours of some clients can result in serious harm to staff. The guide is intended to raise general awareness among employers and staff about workplace violence in their sectors and provide a generic list of mechanisms for developing effective management plans in particular work settings.
Australian states will have similar guiding legislation. The advice and information provided is made available in good faith and is from sources believed to be accurate and reliable at time of publication.

A study was conducted in one of the most difficult situations that physicians face is being threatened, abused, or physically harmed by one of their patients. This is not an uncommon problem: Bureau of Labor Statistics (BLS) data for 1995 indicate that more workplace assaults and violent acts occur in health care and social service. Furthermore, being threatened or harmed while providing care may be difficult to reconcile for a physician who strives to bring compassion and respect to each clinical encounter. The purpose of this article is to provide a general overview of aggression and violence in the health care setting and a more specific focus on violence directed toward physicians by their patients.

A study was conducted on physical violence against nurses has become an endemic problem affecting nurses in all settings. The purpose of this study was to describe acts of physical violence against emergency nurses perceived as stressful using a qualitative descriptive design with a national sample of emergency nurses. Discussion of the study findings suggests that efforts to prevent violence and promote workplace safety need to focus on designing work environments that allow for the quick egress of employees, establishing and consistently enforcing policies aimed at violence prevention, and maintaining positive working relationships with security officers.

A study on Health care law involves many facets of U.S. law, including torts, contracts, antitrust, and insurance. To protect themselves against the massive costs of such claims, physicians purchase malpractice insurance. Medical malpractice liability can extend to hospitals and even to health maintenance organizations. Every state prohibits the practice of medicine without a license, and because a corporate or business entity may not obtain a license to practice medicine, the historical model provided that all physicians were independent contractors even in their role on the medical staff of a hospital. Without an explicit employer-employee relationship, the liability of a physician for malpractice is most likely could not be imputed to a hospital. The legal theory of ostensible agency can also attach liability to a hospital or healthcare organization for an individual physician's

A study conducted in New Zealand has one of the best value health care systems in the world, but as a proportion of GDP, our spending on health care has increased every year since 1999. Further, there are issues of quality and safety in our system that we must address, including rates of adverse events. The Health Quality & Safety Commission was formed in 2010 as a crown agent to influence, encourage, guide and support improvement in health care practice in New Zealand. The New Zealand Triple Aim has been defined as: improved quality, safety, and experience of care; improved health and equity for all populations; and best value for public health system resources. The Commission is pursuing the Triple Aim via two fundamental objectives: doing the right thing by providing care supported by the best
evidence available, focused on what matters to each individual patient, and doing the right thing right, first time, by making sure health care is safe and of the highest quality possible.

23. Laura Forrest (2009)
A study was conducted in addition, grey literature, such as editorials and commentaries addressing patient initiated aggression and violence in the general practice workplace in Australia, was collected to ensure no unpublished prevalence studies were missed. Four empirical studies in Australia were found to have investigated patient initiated aggression and violence toward general practice staff. The first Australian study was conducted by Tolhurst et al (2003) and involved General practitioners located in rural Western Australia, one rural division of general practice in New South Wales, and one rural division of general practice in Victoria. Alexander and Fraser (2004) subsequently conducted a multidisciplinary survey involving General practitioners and other health professionals with the Australian studies as it was conducted on a national rather than regional scale. This study involved mailing a survey to all vocationally registered General practitioners in New Zealand and received a response rate. To date, no national study has been conducted in Australia.

A study was conducted on the personal experiences of aggression or violence in the workplace leads to serious consequences for nurses, the patient, patient care and the organization. While there is a plethora of research on this topic no review is available that identifies types of aggression encountered, individuals perceived to be most at risk and coping strategies for victims. The aim of this systematic review was to examine occupational anxiety related to actual aggression in the workplace for nurses. The major findings of the review were that physical aggression was most frequent in mental health, nursing homes and emergency departments while verbal aggression was more commonly experienced by general nurses. Nurses exposed to verbal or physical abuse often experienced a negative psychological impact postincident.

A study conducted on Healthcare settings are notorious for exposing their employees to high levels of verbal and physical violence. A recent study on occupational violence at Lebanese Emergency Departments (EDs) revealed that 70% of surveyed ED workers were exposed to at least one incidence of violence over the last twelve months. Acting on the findings of this study a multi-stakeholder policy forum was held with key ED stakeholders to discuss possible policy and practice changes to reduce health workers’ exposure to occupational violence. Engaging with various stakeholders in an open forum was a unique initiative that contributed to building a consensus among key stakeholders on a road map to help protect health workers in EDs and beyond.

A study was conducted in the current survey, we explored the prevalence of verbal and physical abuse against the nurses in different hospitals of north of Iran. We performed a cross-sectional survey. Nurses were interviewed using a standardized questionnaire (Staff Observation Scale Revised (SOAS-R)). The sample covered 400 participants from 5 hospitals of Mazandaran University. The conclusion was Verbal abuse a common type of violence in our study in north of Iran. There is a requirement to increase awareness about this significant problem among health care workers.
27. Polyxeni Mangoulia (2013)

A study was conducted to examine the types of violence experienced by physicians, nurses and nurse assistants in various departments by patients’ visitors. Few studies have focused on patients’ visitors’ violence against nurses or physicians in general hospitals and various departments in the beginning of economic crisis in Greece. Violation of visiting hours and long waiting periods were among the most common causes of violence. Associations were found between workplace violence and demographics and types of wards. Nurses identified economic crisis to be the major cause of violence. The most significant finding is the high rate of workplace violence caused by patients’ visitors due to economic crisis and the fact that we found no statistically significant differences in the prevalence of violence among different health professionals.


A study was conducted by the Occupational Safety and Health Administration (OSHA) reports that over 2 million American workers are victims of workplace violence each year. Violence can strike any workplace; no area is immune. But who may be more at risk? Commonly, violence occurs at work and refers to a broad spectrum of behaviors that result in a concern for personal safety. This article provides a brief overview of workplace violence, and discusses the settings where it often occurs. Advocacy strategies for nurses are offered to address workplace violence on several levels, such as legislative advocacy, workplace policy, and education.


A study was conducted on Descriptive exploratory study with a quality approach, as it is based on the description of experiences, which allows the identification of others subjectivities. The study will be accomplished in four FDP units in Niteroi city, Rio de Janeiro state. The criteria of inclusion will be: Brazilian adults, FDP health care professionals with at least six months of work in each unit, and as a criterion of exclusion: professionals with different off-work reasons. There will be a field research and the data gathering will be through a semi structured interview that will follow a script elaborated by the researchers and after its application in a preview test.


A study was conducted on the effects of deliberate and systematically repetitive psychological oppression become evident as a collection of injuries that develop gradually in the individual. They experience a variety of work performance and psychological problems that are related to the intense stress and depression of bullying. This cross-sectional and descriptive study examined workplace bullying behaviour experienced by physicians and nurses in Turkey and also investigated the effects of bullying on work performance and depression status.

31. Windsor Barra (2014)

A Nationwide Study was conducted on All Danish hospitals which treated patients with stroke or heart failure during 2004---2008 or treated patients with bleeding or perforated ulcer during 2006---2008 were included. The hospitals were categorized in two groups, non---accredited hospitals (i.e., hospitals no participating in an accreditation program) and hospitals
accredited either by Joint Commission International or Health Quality Service. Individual-level processes of care data was obtained from national population-based registries. The accredited and non-accredited hospitals were compared using 19 processes of care indicators reflecting hospital compliance with national clinical guidelines.

32. Dr. Meruna (2015)
A study was conducted on job satisfaction level of hospital staff can be a concern for management of hospital & there are various factors which can influence this level. Herzberg described them as hygiene factors & the motivators. The need of this study is to determine satisfaction level of staff & how intrinsic factors & extrinsic factors affect level of satisfaction among hospital staff. This study concludes that maintenance factors were found to influence job satisfaction level more than motivation factors. Management should concentrate more on existence of extrinsic factors in order to maintain a reasonable level of satisfaction amongst staff as these plays an important role in retention of manpower in an organization.

33. Rahul Amte (May 2015)
A study was conducted to assess the moderate to severe stress levels in critical care doctors of India were lower than comparable international studies, despite the higher workload as discovered in our survey. With stress levels of moderate magnitude as reported by studies across the globe, including our survey, it is time to make appropriate interventions like improving inter-professional relationships, changes in work environment, modifying off duty time, streamlining decision making such as end of life developed by the National level societies of critical care and efforts have to be made to implement the same at the institutional level. An institutional level committee monitoring stress level in critical care doctors can serve as an early warning system to ward off burnout and underperformance in this subset of professionals.

34. Mohamad Kitaneh (2012)
A study was conducted on Healthcare workers are at comparably high risk of violent incidents in Palestinian public hospitals. Decision makers need to be aware of the causes and potential consequences of such events. There is a need for intervention to protect health workers and provide safer hospital workplaces environment. The results can inform developing proper policy and safety measures.

A study was conducted and it was found that a great majority of healthcare providers were exposed to violence. Physical and verbal violence were the most common type of violence, the offenders of violence were mostly patients whereas the victims of the violence were mostly nurses as well as the staff working in contained wards. Investigating violence risk factors in psychiatric work environment, implementing an effective and systematically working security system, training of employees about the management of violence, improving the recording procedures for violence events, and developing written policies were suggested.