Experiences of Workplace Violence among Nurses in Community Settings: A Systematic Review

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Background

- Community nurses typically work alone in isolated/uncontrolled environments.
- Workplace violence (WPV) against nurses is rising globally^(1,2).

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- One in four nurses reported being physically assaulted⁽³⁾.
- Key global public health issue: preventing WPV among nurses⁽⁴⁾.

Purpose

- Describe the state of science regarding community nurse experiences of WPV
- Identify WPV prevention
 strategies/interventions

Method

- Systematic Review PRISMA) guidelines⁽⁵⁾
- Inclusion: English-language, peer-reviewed, WPV experienced by at least 50% nursing role(s) in community settings, no time limits

Procedure

- Databases: Scopus, CINAHL, PubMed, PsycINFO
- **Keywords** related to nursing roles and characteristics of violence/aggression
- **Screening:** Covidence systematic review software (2024), Three reviewers
- Data Extraction: Microsoft Excel
- Quality Assessment: Joanna Briggs Institute critical appraisal tools⁽⁶⁾
- Final Review: 31 articles

dentification	Studies from databases/registers (n = 11105) Scopus (n = 3554) PubMed (n = 3557) CINAHL (n = 2324) PsycINFO (n = 1340)	References from other sources $(n = 0)$ Citation searching $(n = 0)$ Grey literature $(n = 0)$
Ider		References removed (n = 4154) Duplicates identified manuality (n = 209) O 975) Marked as ineligible by automation tools (n = 0) Other reasons (n =)
ų	Studies screened (n = 6921) + Studies sought for retrieval (n = 111) -	Studies excluded (n = 6810)
Screening	Studies assessed for eligibility (n =	Settien erecleded (n = 80) Unable to locate (n = 1) Not English language (n = 9) Does not indude over 50% nurses (n = 33) Not also unure interpersonal softer (n = 13) Not in shome carefyiorput home/halfway Not in peer reviewed journal/not empirical research (n = 15)
Included	Studies included in review (n = 31)	
		Included studies ongoing (n = 0) Studies awaiting classification (n = 0)
3rd Ap	ril 2025	i covidence

Figure 1. PRISMA Flow Diagram Community Nurse Safety

Results

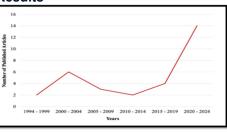


Figure 2. Published Articles on WPV among HHNs by World Region

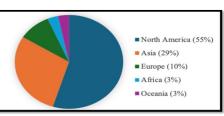


Figure 3 Published Articles on WPV among HHNs Over Time

Results

• Factors contributing to WPV: hazardous homes, neighborhood environments, patient-related risk factors, and nursing experience



- **Barriers to Reporting:** unstandardized reporting, fear of reliving trauma, believe it is a part of the job, and lack of action or follow-up
- **Consequences of WPV:** burnout, job dissatisfaction, negative emotions, decreased work engagement, and safety concerns

WPV Prevention Strategies:

- Individual level: pre-assessments, security tools, report assignments to agency pre-visit, rely on neighbors to alert of dangers
- **Organizational level:** security escorts, cars with agency logos, administrative safety assessments for new referrals

Conclusions/ Implications

- Community nurses face a high risk of experiencing multiple forms of WPV.
- WPV has profound and lasting effects, causing physical harm, and emotional and mental health challenges.
- Providing mental health support for employees who experience WPV is essential.
- Home health agencies should incorporate national standards into their policies and procedures.

Limitations

- Bias: Publication, Interpretation and Language
- Data Availability
- Quality of included studies

Reference List QR Code



