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Characterization of Workplace Violence in Healthcare Workers at an Emergency Room in Bogotá, Colombia

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Abstract

Purpose: We aimed to characterize workplace violence faced by emergency staff at the Hospital Universitario San Ignacio (HUSI).

Methods: An observational cross-sectional study carried out through an online survey applied to emergency physicians and practitioners between January 23 and 27, 2023. Demographic variables and WPV variables were studied.

Results: 35 doctors, residents, interns, medical students, and nurses participated in this survey. Most of the participants were female. Approximately 91.4% of the staff have experienced verbal altercations at their workplace, and 17.1% have experienced physical violence. This has a significant negative impact on mental and psychological well-being. Some participants did not feel comfortable reporting the incidence of violence to their authorities due to the belief that no legal actions against the perpetrator, lack of organizational support, and fear that the appraisal or promotion avenues would be affected.

Conclusions: Our study allowed us to characterize workplace violence experienced by practitioners at a multidisciplinary center in Colombia through a gender scope, granting important information to health personnel.

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Introduction

Theoretical framework

Violence, as defined by the World Health Organization (WHO), is: "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" [1]. Moreover, WHO defines workplace violence as "incidents where staff is abused, threatened, or assaulted in the circumstances related to their work, including commuting to and from work, that involve an explicit or implicit challenge to their safety, well-being, or health" [2]. Violence against health workers is a rapidly rising global problem, particularly affecting emergency departments. The evidence suggests that the prevalence of violence in the workplace is directly proportional to the majority of violence in society.

The literature reported that approximately 25% of health professionals had suffered physical abuse. The global prevalence of physical violence in the workplace is 19.33%, with the healthcare sector having the highest rates [3]. Among healthcare settings, the emergency department has the highest prevalence of workplace violence[4]. Verbal violence is the most common form, whether as a standalone event or in conjunction with physical violence [5]. Several factors contribute to this issue, including a higher number of patients who use drugs and alcohol, a more significant presence of weapons, a stressful environment, and work overload. Besides 24-hour shifts, high daily demand, unrealistic expectations, a lack of trust between physicians and patients, unfavorable organizational and environmental conditions, and long wait times, among others [3][4][6]. The literature shows that healthcare practitioners often do not report workplace violence, especially verbal forms, due to feelings of guilt or shame, a fear of being blamed for the violence, a lack of time, and concerns about consequences [3]. A study in Turkey showed that most cases of workplace violence in an emergency department went unreported to the authorities [5].

Although workplace violence in the health sector is often considered an underestimated problem, it can result in high costs to the health system. This cost includes the need for treatment and care for health personnel and decreased productivity after an attack. Healthcare workers who are victims of violence can experience adverse effects on their well-being, such as anger, fear, anxiety, decreased personal safety, and reduced job satisfaction [7]. A study in the United States found that about 10% of violence by patients against personnel resulted in health problems, job abandonment, or feelings of fear. Additionally, up to 8.6% of these personnel experienced anxiety, depression, or sleep disturbances, and 22% of the study population reduced the quality of service provided [8].

In Colombia, there is a shortage of reliable data regarding violence against health workers, particularly in emergency rooms. In 2016, an observational study assessed the rate of violence against health workers in Bogotá. The authors found that the most common form of violence was verbal, and 40% of the participants attributed the violence to long waiting times. Moreover, 52% of the participants reported being victims of some form of violence in the emergency room [9].

The lack of prevention strategies and poor education on managing workplace violence contribute to its persistence. A study conducted in Egypt last year stressed the importance of government action by investing in improving poor working

conditions, enhancing security measures, and increasing hospital staffing. It also established the reputation of medical training, including anger management and communication skills, when interacting with patients and families [4]. A study in Italy found that doctor dissatisfaction is the most significant risk factor for workplace violence [3]. Improving job satisfaction, creating a safe work environment, implementing occupational health and safety policies and legislation, and fostering a supportive and teamwork-oriented workplace can help prevent violence [4].

Justification

Workplace violence is a daily reality for emergency physicians. In Colombia, there is a lack of studies explicitly focusing on workplace violence in emergency departments, including its prevalence, risk factors, impact on personal and professional areas of physicians, and ways to prevent it. Hence, it is crucial to conduct studies better to understand this issue in our national emergency rooms, as these environments are particularly vulnerable to violence against healthcare workers due to the nature of patient arrivals [3][4][6][7].

Objectives

1. This study aims to characterize workplace violence faced by emergency physicians at the emergency room of Hospital Universitario San Ignacio (HUSI). Additional objectives are:
2. To establish the prevalence of violence in the HUSI emergency department.
3. Identify patient, staff, and organizational-associated factors that contribute to the occurrence of workplace violence in the emergency department.
4. Identify the impact of workplace violence on the perception of job security and quality of work life.

Methods

Search strategy

We searched four databases (EMBASE, SCOPUS, PubMed, and Web of Science). For each database, we conducted a free text search and a search using subject terms or Medical Subject Headings (MeSH) or Emtre, and we combined the result. See **Appendix 1** for details of the strategy.

Scope of study and population

We made a cross-sectional descriptive observational study through an online survey applied to the emergency physicians and practitioners of the Hospital Universitario San Ignacio between January 23 and 27, 2023.

Study protocol

We translated the survey used in our study from *'Development and Validation of a Questionnaire to Evaluate Workplace*

Violence in Healthcare Settings" [10]. The questionnaire is comprehensive and user-friendly, with good internal consistency and construct validity. Two experts assessed the translation of the questionary in occupational health in Colombia, one of whom belongs to the biomedical department and the other to the economic and business department.

A detailed and precise definition of workplace violence extracted from the *"Framework guidelines for addressing workplace violence in the health sector – WHO."*

The survey contained items on demographic data and 37 items encompassing the problems related to workplace violence in the healthcare sector. It has five sections to assess the burden of the problem and the associated risk factors and provide mitigation strategies to overcome it. The tool is a Likert scale.

Ethics

The written consent to participate in the study is the first item of the questionary. This study accomplished the ethical standards established by the Declaration of Helsinki of 2013. We follow article 11 of resolution 8430 of 1993 of the Ministry of Health of the Republic of Colombia; this research is without risk.

Data management and analysis

We collected the data anonymously through a Microsoft Forms platform. The study authors only manipulated the data.

Results

A total of 35 doctors and other healthcare staff working in the emergency ward, including students, interns, residents and specialists of emergency medicine, and nurses of HUSI, participated in this survey. Most of the staff who participated (74.3%) spent most of their time at the emergency guard. The participants are 18-50 years old, and most are female (71.4%). The socio-demographic details of the participants show in **Table 1.**

Table 1. Socio-demographic profile of the participants

Age	
	n (%)
18-30 years	31 (88.6)
31-40 years	2 (5.7)
41-50 years	2 (5.7)
51-60 years	0 (0)
61-70 years	0 (0)
> 71 years	0 (0)
Gender	
	n (%)
Women	25 (2.8)
Men	10 (28.5)
Nonbinary	0 (0)
Marital status	
	n (%)
Student	22 (62.8)
Intern	2 (5.7)
Resident	6 (17.1)
General practitioner	0 (0)
Emergency medicine physician	1 (2.8)
Internal medicine physician	0 (0)
Nursing assistance	2 (5.7)
Nursing manager	2 (5.7)
Security guard	0 (0)
Administrative	0 (0)
Professional Qualification	
	n (%)
Student	22 (62.8)
Intern	2 (5.7)
Resident	6 (17.1)
General practitioner	0 (0)
Emergency medicine physician	1 (2.8)
Internal medicine physician	0 (0)
Nursing assistance	2 (5.7)
Nursing manager	2 (5.7)
Security guard	0 (0)
Administrative	0 (0)
Years of experience in the emergency department	
	n (%)
0-5 years	31 (88.5)
6-10 years	2 (5.7)
11-15 years	1 (2.8)
16-20 years	1 (2.8)
21-25 years	0
> 26 years	0
Majority of your workday in the emergency department	
	n (%)
Yes	26 (74.2)
No	9 (25.7)

Approximately 91.4% of the staff have experienced verbal altercations at their workplace; however, 22,8% weekly. In a

year, 17.1% had experienced physical violence. Due to episodes of violence at the workplace, 14.1% of did not feel like working, and 42.8% felt that motivation and efficiency were reduced at work, which had a significant negative impact on mental and psychological well-being (such as increased aggressiveness, irritability, and low self-esteem). It's important to note that one of the participants reported self-harm or suicidal ideations due to WPV. 25.7% of the participants did not feel comfortable reporting the incidence of violence to their authorities due to the belief that no action will be taken against the perpetrator, lack of organizational support, and fear that the appraisal or promotion avenues will be affected. Regarding the risk factors for workplace violence at the emergency guard as perceived by the participants, the most frequently reported were unrealistic expectations of patients and companions, ignorance about disease and health status, overcrowded emergency rooms, and long waiting times. The WPV detailed information of the participants is given in **Table 2.**

Table 2. Workplace Violence Questionnaire

Type of violence experienced	
	n (%)
How often do you experience verbal altercations (e.g., threats, abuse, exaggerated arguments, offensive comments, etc.) at your workplace?	
Nearly daily About once a week3 About once a month About once every six months About once a year or less Never	1 (2.8) 7 (20) 9 (25.7) 8 (22.8) 7 (20) 3 (8.5)
How often do you experience physical violence (e.g., slapping, beating, thrashing, vandalizing, attack with weapons, etc.) at your workplace?	
About once a month or more About once every six months About once a year Less than once a year Never	1 (2.8) 1 (2.8) 1 (2.8) 3 (8.5) 29(82.8)
Impact of incidences of violence	
	n (%)
Based on the episodes of violence at my workplace, I have developed the following feelings:It did not/doesn't affect me at all	
I feel/felt that motivation/efficiency reduced at my work I feel/felt like changing my workplace I feel/felt like opting for an alternate career I feel/felt like not working at all I have/had self-harm/suicidal ideations	14 (40) 15(42.8) 3 (8.5) 8 (22.8) 4 (11.4) 1 (2.8)
Personal well-being and self-care include sleep schedule, eating pattern, fitness, grooming, dressing, etc. How much have the workplace violence episodes affected your personal well-being and self-care?	
Not affected/mildly affected. Moderately affected Severely affected	26(74.2) 7 (20) 2 (5.7)
"Family life is defined as the routine interactions and activities that a family have together, especially with the members who live together with parents, spouse, children." How much has your family been affected due to the episodes of violence at your workplace?	
Not affected/mildly affected. Moderately affected Severely affected	27(77.1) 6 (17.1) 2 (5.7)

"Social life is the part of a person's time spent doing enjoyable things with others like friends, colleagues or people living in the society other than close family members." How much has your family been affected due to the episodes of violence at your workplace?	
Not affected/mildly affected. Moderately affected Severely affected	25(71.4) 7 (20) 3 (8.5)
How much do workplace violence episodes affect your mental and psychological well-being? (for example, increased aggressiveness, irritability, low self-esteem, etc.)	
Not affected/mildly affected. Moderately affected Severely affected	12(34.2) 20(57.1) 3 (8.5)
Reporting of Incidence	
	n (%)
I would be comfortable reporting the episode of violence at my workplace to competent authorities.	
Strongly disagree Disagree Neutral Agree Strongly agree	3 (8.5) 6 (17.1) 6 (17.1) 10(28.5) 10(28.5)
To what extent do the following reasons lead to under-reporting?	
Felt ashamed of reporting	
Significantly Somewhat significantly Insignificantly	8 (22.8) 14 (40) 13(37.1)
A belief that no action will be taken against the perpetrator	
Significantly Somewhat significantly Insignificantly	21 (60) 8 (22.8) 6 (17.1)
Lack of organizational support	
Significantly Somewhat significantly Insignificantly	15(42.8) 11(31.4) 9 (25.7)
Lack of provision to report such incidences	
Significantly Somewhat significantly Insignificantly	11(31.4) 10(28.5) 14 (40)
The process was time-consuming.	
Significantly Somewhat significantly Insignificantly	12(34.2) 15(42.8) 8 (22.8)
Fear that the appraisal or promotion avenues will be affected.	
Significantly Somewhat significantly Insignificantly	18(51.4) 7 (20) 10(28.5)
Mitigation Strategies	
Controlling the number of attendants visiting the hospital with a patient	
Very useful Somewhat useful Not useful	15(42.8) 15(42.8) 5 (14.2)
Educating patients and attendants about the limitations of medical sciences and available infrastructure	
Very useful Somewhat useful	27(77.1) 6 (17.1)

Somewhat useful	6 (17.1)
Not useful	2 (5.7)
Regular training of healthcare workers regarding soft skills (communication skills, breaking bad news, counseling skills, problem-solving skills)	
Very useful	29(82.8)
Somewhat useful	4 (11.4)
Not useful	2 (5.7)
Self-defense training of healthcare workers	
Very useful	5 (14.2)
Somewhat useful	18(51.4)
Not useful	12(34.2)
Improving healthcare facilities (like doctor-patient ratio and population-bed ratio)	
Very useful	25(71.4)
Somewhat useful	10(28.5)
Not useful	0 (0)
Improving facilities within a hospital (like availability of medicines and diagnostic tests)	
Very useful	23(65.7)
Somewhat useful	10(28.5)
Not useful	2 (5.7)
Improving infrastructure facilities (like installation of CCTVs, metal detectors, and alarm systems)	
Very useful	23(65.7)
Somewhat useful	8 (22.8)
Not useful	4 (11.4)
Active complaint redressal system	
Very useful	21 (60)
Somewhat useful	14 (40)
Not useful	0 (0)
Strong legislature measures like the provision of significant punishment for offenders.	
Very useful	22(62.8)
Somewhat useful	10(28.5)
Not useful	3 (8.5)
Unbiased media reporting	
Very useful	19(54.2)
Somewhat useful	12(34.2)
Not useful	4 (11.4)
Sensitizing politicians and public figures not to give immature/negative statements regarding healthcare workers	
Very useful	25(71.4)
Somewhat useful	7 (20)
Not useful	3 (8.5)
Risk factors related to incidents of workplace violence	
	n (%)
Unrealistic expectations of patients/attendants	
Very important	30 (85)
Somewhat important	5 (14.2)
Nor important	0 (0)
Inappropriate knowledge about the disease/health condition	
Very important	33(94.2)
Somewhat important	2 (5.7)
Nor important	0 (0)
Poor communication skills	
Very important	29(82.8)
Somewhat important	6 (17.1)

Nor important	0 (0)
Lack of resources (equipment and medicines, doctor-patient ratio)	
Very important Somewhat important Nor important	19(54.2) 13(37.1) 3 (8.5)
Overcrowding	
Very important Somewhat important Nor important	33(94.2) 2 (5.7) 0 (0)
Long waiting time	
Very important Somewhat important Nor important	34(97.1) 1 (2.8) 0 (0)
Inadequate security arrangements	
Very important Somewhat important Nor important	18(51.4) 13(37.1) 4 (11.4)
Inadequate action on receiving complaints of workplace violence	
Very important Somewhat important Nor important	25(71.4) 9 (25.7) 1 (2.8)
Lack of respect for the authority of doctors/healthcare workers	
Very important Somewhat important Nor important	28 (80) 7 (20) 0 (0)
Negative and inappropriate media reporting	
Very important Somewhat important Nor important	22(62.8) 12(34.2) 1 (2.8)
Lack of the provision of harsh punishment for aggressors/offenders	
Very important Somewhat important Nor important	21 (60) 11(31.4) 3 (8.5)
Lack of redressal system	
Very important Somewhat important Nor important	26(74.2) 7 (20) 2 (5.7)

Discussion

Workplace violence against healthcare workers has become a significant global public health issue [11]. The extent of this problem was demonstrated in the study by M. *Behanam et al.,* where 78% of emergency physicians and residents reported at least one instance of physical or verbal aggression in the past 12 months, with 21% writing more than one episode [12]. Our study aimed to characterize workplace violence faced by emergency staff at the Hospital Universitario San Ignacio (HUSI) by implementing an adapted questionnaire from the literature [10].

The results of our study show that more than half of the participants have experienced at least one act of aggression in

the last 12 months. Women seem to be more exposed to all types of attacks. The literature reports similar results described by *L. Dyrbye et al.* in their study, where the “female gender was associated with a higher risk of experiencing mistreatment and discrimination by patients, families, and visitors independent of specialty, practice settings, and other professional characteristics” [13]. Additionally, C. Newman *et al.* found that more than two-thirds of the victims were female health workers and were more likely to be abused by men and women together [14]. The type of violence most frequently reported was verbal abuse. Similarly, findings reported by *S. Sachdeva et al* in a 2019 cross-sectional study, where about 67% of the participants reported verbal abuse, and most of the participants had reported a lack of job satisfaction due to verbal abuse [15]; likewise, a poll by *E. Pickover* of 2023 also supports this statement [16]. One remark made by one of the male residents was that, in his experience, there is more violence against his female colleagues; when he took the case, being much less empathetic, the patients changed their attitude and stopped the hostile actions.

The gravity of the issue is evident in the effect on the personal spheres of the participants; their mental and phycological well-being was the most affected, followed by their social life. Lastly are their healthy lifestyle (sleeping behaviors, eating patterns, physical activity) and family. A systematic review and meta-analysis by *L. Rudkjoebing et al.* included 14 cross-sectional and 10 cohort studies indicating associations between WPV and mental health problems. The finding is consistent with the perception of our study participants, reporting an elevated risk of mental conditions with work-related violence and threats [11]. It is appropriate to emphasize that workplace violence has repercussions not only in participant's work life but also all other fields of their lives. One-fourth of the participants felt uncomfortable reporting the incident due to the belief that no action against the perpetrator or fear that promotion would be affected. *A. Kavs's* findings were like ours, stating that “the main reason for not reporting the violence was the belief that reporting it would not change anything, followed by the fear of losing one's job” [17].

Some of the mitigation strategies that the surveyed believed have a significant impact are educating patients and their families about limitations of medical sciences and available infrastructure, training healthcare workers regarding soft skills, improving healthcare facilities, and strong legislature measures like the provision of significant punishment for offenders. Similarly, a study by *S. Berlanda et al.* reported that doctors usually need to be better trained in interpersonal and communication skills, which might make it difficult for them to act empathetically toward patients or attendants in distressing situations [3]. Additionally, reported in the literature that the lack of organizational support in terms of safety protocols and guidelines, penalties for the aggressors, and employee training might lead to underreporting of such incidents [18][19].

The etiology of workplace violence is very complex [4]. The previous information is different from the results of our research. We found that the risk factors for workplace violence at the emergency room, as perceived by the participants, are mainly related to unrealistic expectations of patients and companions, ignorance about disease/state of health, and overcrowded emergency guards. A review of violence in healthcare settings establishes that some of the most relevant risk factors that influence workplace violence are the attitude and behaviors of patients. The behavior's patients are influenced by their expectations and emotional charge, lack of staff training, and environmental factors such as crowded areas, long waiting hours, and lack of information. This report is consistent with our findings [20].

Conclusions

Our study allowed us to characterize workplace violence experienced by practitioners at a multidisciplinary center in Colombia through a gender scope, granting important information to health personnel. There is plenty of knowledge about the effects of workplace violence and its impact on staff's life. However, it's necessary to take action. Further studies must collect more information about workplace violence in Colombia and make more robust recommendations based on evidence to address this common problem among healthcare workers, especially in the emergency department.

Limitations

The main limitation of this study was the low percentage of physicians and nurses who work in the emergency room that answered the questionary. This sample was less representative than expected, which may result in sampling biased since because it is a small sample of the population we aimed to study. The high volume of patients in the emergency room and the short amount of data recollection could explain the low response rate.

Another limitation identified was that the questionary used needed to be officially validated in Spanish, meaning that, even though bilingual authors translated it, the results might be biased since each item's interpretation depended on the authors' understanding and translation.

Recommendations

We suggest further investigations in this field. We recommend a more comprehensive time limit for participants to answer the questionary and to send reminders to healthcare workers in their free time to be able to remember and answer the question. We considered giving reminders to employees by the chief staff. Additionally, the process of validating this scale in Spanish is encouraged.

Based on the results of this study, further investigations could center on specific healthcare worker populations in the emergency room, like female physicians, since they are more prompt to be victims of violence than males in this service. A qualitative approach is encouraged since many of these differences in violence explain by cultural factors and need a more profound investigation throughout interviewing participants. This field of inquiry is broad, and many approaches help make significant changes in the emergency room service, which could benefit healthcare workers and, therefore, the service they provide.

Author Disclosure Statement

Conflicts of interest

The authors have no conflicts of interest to declare.

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Appendix

Appendix 1: Search Strategy

Topic: Characterization of workplace violence in emergency physicians using a violence measurement scale.

Subtopic	Keywords	Grouping
Workplace violence	Aggression (mesh) Aggression* Violence (mesh) Workplace violence (mesh) Verbal hostility (emtree) Verbal abuse (emtree) Verbal aggression (emtree) verbal violence (emtree)	Aggression* OR Violence OR “Workplace violence” OR “Verbal hostility” OR “Verbal abuse” OR “Verbal aggression” OR “Verbal violence”
AND	AND	AND
Physician	Health Care Provider (decs) Health Care Provider* Healthcare Worker (decs) Healthcare Worker* Health Care Professional (Mesh)	“Health Care Provider*” OR “Healthcare Worker*” OR “Health Care Professional*” OR “health care practitioner*” OR “health profession personnel”

	Health Care Professional* health care practitioner (emtree) health profession personnel (emtree)	
AND	AND	AND
Emergency	Emergency services (mesh) Emergency medicine (mesh) Emergency health services (emtree) Emergency center (emtree) Emergency centre (emtree) Emergency medical service (emtree) Emergency medical service* Emergency service (emtree) Emergency service*	“Emergency services” OR “Emergency medicine” OR “Emergency health services” OR “Emergency center” OR “Emergency centre” “Emergency medical service” OR “Emergency medical service*” OR “Emergency service” OR “Emergency service*”
AND	AND	AND
Scale	Questionnaire (mesh) Questionnaire* (mesh) Survey (mesh)	(Questionnaire* OR Survey OR Score)

PUBMED:

(((Aggression*[Title/Abstract] OR Violence [Title/Abstract] OR "Workplace violence"[Title/Abstract] OR "Verbal hostility"[Title/Abstract] OR "Verbal abuse"[Title/Abstract] OR "Verbal aggression"[Title/Abstract] OR "Verbal violence"[Title/Abstract]) AND ("Health Care Provider*"[Title/Abstract] OR "Healthcare Worker*"[Title/Abstract] OR "Health Care Professional*"[Title/Abstract] OR "health care practitioner*"[Title/Abstract] OR "health profession personnel"[Title/Abstract])) AND ("Emergency services"[Title/Abstract] OR "Emergency medicine"[Title/Abstract] OR "Emergency health services"[Title/Abstract] OR "Emergency center"[Title/Abstract] OR "Emergency centre" "Emergency medical service"[Title/Abstract] OR "Emergency medical service*"[Title/Abstract] OR "Emergency service"[Title/Abstract] OR "Emergency service*"[Title/Abstract])) AND ((Questionnaire*[Title/Abstract] OR Survey [Title/Abstract] OR Score [Title/Abstract]))

EMBASE:

(aggression* OR 'violence'/exp OR violence OR 'workplace violence'/exp OR 'workplace violence' OR 'verbal abuse'/exp OR 'verbal abuse' OR 'verbal aggression'/exp OR 'verbal aggression' OR 'verbal hostility'/exp OR 'verbal hostility') AND ('health care provider*':ti, ab, kw OR 'healthcare worker*':ti, ab, kw OR 'health care professional*':ti, ab, kw OR 'health care practitioner*':ti, ab, kw OR 'health profession personnel':ti, ab, kw) AND (('emergency services':ti, ab, kw OR 'emergency medicine':ti, ab, kw OR 'emergency health services':ti, ab, kw OR 'emergency center':ti, ab, kw OR 'emergency centre':ti, ab, kw) AND 'emergency medical service':ti, ab, kw OR 'emergency medical service*':ti, ab, kw OR 'emergency service':ti, ab, kw OR 'emergency service*':ti, ab, kw) AND (questionnaire*:ti, ab, kw OR survey:ti, ab, kw OR score:ti, ab, kw)

SCOPUS:

(TITLE-ABS-KEY (aggression* OR violence OR "Workplace violence" OR "Verbal hostility" OR "Verbal abuse" OR "Verbal aggression" OR "Verbal violence") AND TITLE-ABS-KEY ("Health Care Provider*" OR "Healthcare Worker*" OR "Health Care Professional*" OR "health care practitioner*" OR "health profession personnel") AND TITLE-ABS-KEY ("Emergency services" OR "Emergency medicine" OR "Emergency health services" OR "Emergency center" OR "Emergency centre" "Emergency medical service" OR "Emergency medical service*" OR "Emergency service" OR "Emergency service*") AND TITLE-ABS-KEY ((questionnaire* OR survey OR score)))

WEB OF SCIENCE:

Aggression* OR Violence OR “Workplace violence” OR “Verbal hostility” OR “Verbal abuse” OR “Verbal aggression” OR “Verbal violence” (Topic) AND “Health Care Provider*” OR “Healthcare Worker*” OR “Health Care Professional*” OR “health care practitioner*” OR “health profession personnel” (Topic) AND “Emergency services” OR “Emergency medicine” OR “Emergency health services” OR “Emergency center” OR “Emergency centre” “Emergency medical service” OR “Emergency medical service*” OR “Emergency service” OR “Emergency service*” (Topic) AND (Questionnaire* OR Survey OR score) (Topic)

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