

<https://doi.org/10.33472/AFJBS.6.6.2024.8675-8694>



African Journal of Biological Sciences

Journal homepage: <http://www.afjbs.com>



Research Paper

Open Access

Resilience Development of Nurses Following Suffering Workplace Violence: A Systematic Review

Jing Sun¹, Faridah Mohd Said^{2*}, Beng Geok Tan²

^{1,2}Faculty of Nursing, Lincoln University College (LUC), Kuala Lumpur, 47301, Malaysia.

³Faculty of Nursing, Open University Malaysia, Kuala Lumpur, Malaysia.

* **Corresponding Author: Faridah Mohd Said**

Email: faridah.msaid@lincoln.edu.my

Article Info

Volume 6, Issue 6, August 2024

Received: 09 June 2024

Accepted: 12 July 2024

Published: 27 August 2024

doi: [10.33472/AFJBS.6.6.2024.8675-8694](https://doi.org/10.33472/AFJBS.6.6.2024.8675-8694)

ABSTRACT:

Background: Workplace violence is a common phenomenon in the healthcare industry and has a particularly negative impact on nurses, as they experience significant psychological and professional problems. It is, therefore, important for nurses to build their capacity to manage such adverse experiences and bounce back from the effects. However, many significant barriers limit the development of effective resilience among nurses.

Objective: The aim is to establish the challenges to resilience promotion in working nurses who have experienced violence at the workplace and to review the efficiency of multiple interventions that promote resilience.

Methods: A literature review was carried out in the context of the studies of workplace violence against nurses and the strategies to build resilience. PubMed, Scopus, Web of Science, and PsycINFO were information sources. Inclusion criteria included original and peer-reviewed articles only, available in English, and published between January 2000 and December 2023. The data were collected using a particular form and evaluated on the quality and relevance criteria.

Results: This review outlined the barriers to resilience development as follows: lack of organizational support, workload, staffing, lack of training and education, negative culture, and self and system factors. Mindfulness training, zero-tolerance policies, and peer support groups significantly improve resilience. The literature analysis emphasized the importance of addressing the problem by integrating individual, organizational and external resources.

Conclusion: It is essential to point out that the development of resilience is affected by barriers, and countermeasures need to be taken to enhance nurses' coping strategies in case of workplace violence. The critical components of human resources are organizational support, staffing, training, and a favorable organizational culture. These results support the notion that the WHO's resilience-building interventions should be multifaceted in any healthcare context.

Future Work: Future research should continue to use longitudinal studies or clinical trials to support the efficacy of resilience integration interventions. Studying the effectiveness of these interventions and identifying the key factors of such interventions will be important for improving nurses' quality of life and performance.

Keywords: Workplace Violence, Resilience, Nurses, Barriers, Interventions, Systematic Review.

© 2024 Zahraa Abbas A. Al-Abrihemy, This is an open access article under the CC BY license (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made

1. Introduction

Workplace violence is a prevalent hazard in the workplace, especially for nursing personnel, since they are most likely to come across as violent patients. The effects that are likely to arise from violence at the workplace may compromise the psychological health of the nurses [1]. These professionals need to be able to manage and overcome such adverse experiences, thus the need to foster resilience [2]. This systematic review aims to identify the processes and approaches necessary for building resilience in nurses after Workplace Violence. Concerning the present literature, this review aims to describe existing evidence on what constitutes effective interventions and how this knowledge may inform nursing practice and policy. Nursing is a profession known to be associated with high levels of stress, and therefore, the issue of workplace violence only complicates the situation. According to the WHO report on health worker safety, workplace violence in the healthcare sector is inter-sectional and affects patients and healthcare workers [3]. Nurses are at a potential for regular verbal or physical abuse because most of the time the nurses are the immediate line of interaction with the patient and their families [4]. It is thus important to regard Workplace Violence and the necessity to improve the Nurses' resiliency levels as significant. The ability to maintain or return to normal when pressured or harassed and be able to bounce back when there are disturbances is well-known as resilience as it has an impact on mental and job health. The enhanced personal resources capacity facilitates the nurses to manage workplace violence pressure with minimal patient abandonment, turnover, and poor health.

This shows that Resilience is, therefore, a skill that can be acquired, as people learn from personal and organizational coping mechanisms, as well as professional help such as therapy and support groups [5]. Realization of these measures ensures that healthcare institutions are safer and suitable for healthcare staff. In addition, understanding the sources of resilience can contribute to the establishment of appropriate measures and practices to support the recovery of nurses after violent events and enable them to be ready for violent events in the workplace. This helps maintain the commitment and effectiveness of the nurses despite the challenges they face. Therefore, this systematic review will investigate the current literature regarding the development of resilience in nurses subjected to workplace violence to identify the most common strategies and how they can be implemented. This effort is relevant to expanding the literature on OHS in nursing to improve nurses' strength and health worldwide.

Objectives of the Review

This systematic review aims to identify the state of knowledge on developing resilience in workplace violence-affected nurses. Specifically, it aims to:

- Review the personal and organizational measures aimed at increasing the resilience of nurses.
- Examine the conceptual foundations of resilience across the lens of workplace violence.
- Assess the strength of the different approaches aimed at developing resilience.
- Identify the challenges to resilience development and suggest future research and practice implications.

To attain these objectives, this review seeks to give clear insight into how nurses can enhance resilience and positively impact their health and the stability of the nursing profession.

2. Methodology

This section describes the methodological approach used in this review, including the search strategy, eligibility criteria, data extraction process, and quality assessment of the studies to include in the literature analysis on resilience promotion among nurses after Workplace Violence.

2.1 Search Strategy

A systematic approach to identify the existing literature regarding the development of resilience in nurses subjected to workplace violence was employed. This approach involved searching in different electronic databases including PubMed, Scopus Web of Science and PsycINFO. These databases were selected by the author because they gave full coverage of the medical, psychological, and social science fields.

The identified search terms were also well chosen to help include all the related literature in the study. The selected terms are “workplace violence”, “nurses”, “resilience”, “coping mechanisms”, “burnout”, “and mental health”. To enhance the efficiency of the search, the Boolean operators used included AND and OR. For instance, the following options were used: “workplace violence AND nurses,” “resilience AND nursing,” and “coping strategies AND burnout. “

However, since the present study required identifying any additional studies that may have been omitted from the databases, the reference lists of the selected articles were also manually reviewed. More specifically, the search was conducted among articles published between 2000 and 2023. Only articles in peer-reviewed journals, systematic reviews, and meta-analyses were included to ensure the quality of sources.

2.2 Inclusion and Exclusion Criteria

Therefore, the following inclusion and exclusion factors were set to determine the type of studies to be included in this review.

2.2.1 Inclusion Criteria

- **Population:** Research should involve nurses in different health organizations, hospitals, clinics, and other facilities that treat patients.
- **Phenomenon of Interest:** The primary focus of the studies must be on workplace violence experienced by nurses and the subsequent development of resilience.
- **Study Design:** Both qualitative and quantitative studies, such as cross-sectional studies, cohort studies, case-control studies, and randomized controlled trials, were included.
- **Outcomes:** Studies must report on outcomes related to resilience, including psychological well-being, coping strategies, and mental health impacts.
- **Language:** Only studies published in English were considered to ensure clarity in data extraction and analysis.
- **Publication Type:** Only peer-reviewed journal articles were included to ensure the credibility and reliability of the data.

2.2.2 Exclusion Criteria

- **Non-Nursing Populations:** Studies focusing on other healthcare professionals or non-healthcare workers were excluded to maintain the focus on nurses.
- **Unrelated Topics:** Articles that did not address workplace violence or resilience in nursing were excluded.
- **Non-Empirical Studies:** Editorials, commentaries, opinion pieces, and anecdotal reports were excluded to ensure the inclusion of empirical evidence.
- **Non-English Publications:** Studies published in languages other than English were excluded due to language constraints and potential issues with accurate translation.

The review aimed to identify the best available evidence to establish how resilience can be fostered in nurses exposed to workplace violence by applying these criteria. Such a methodological approach guarantees that all conclusions and recommendations developed

during the review are sound and accurate. The flowchart of the proposed work is shown in Figure 1.

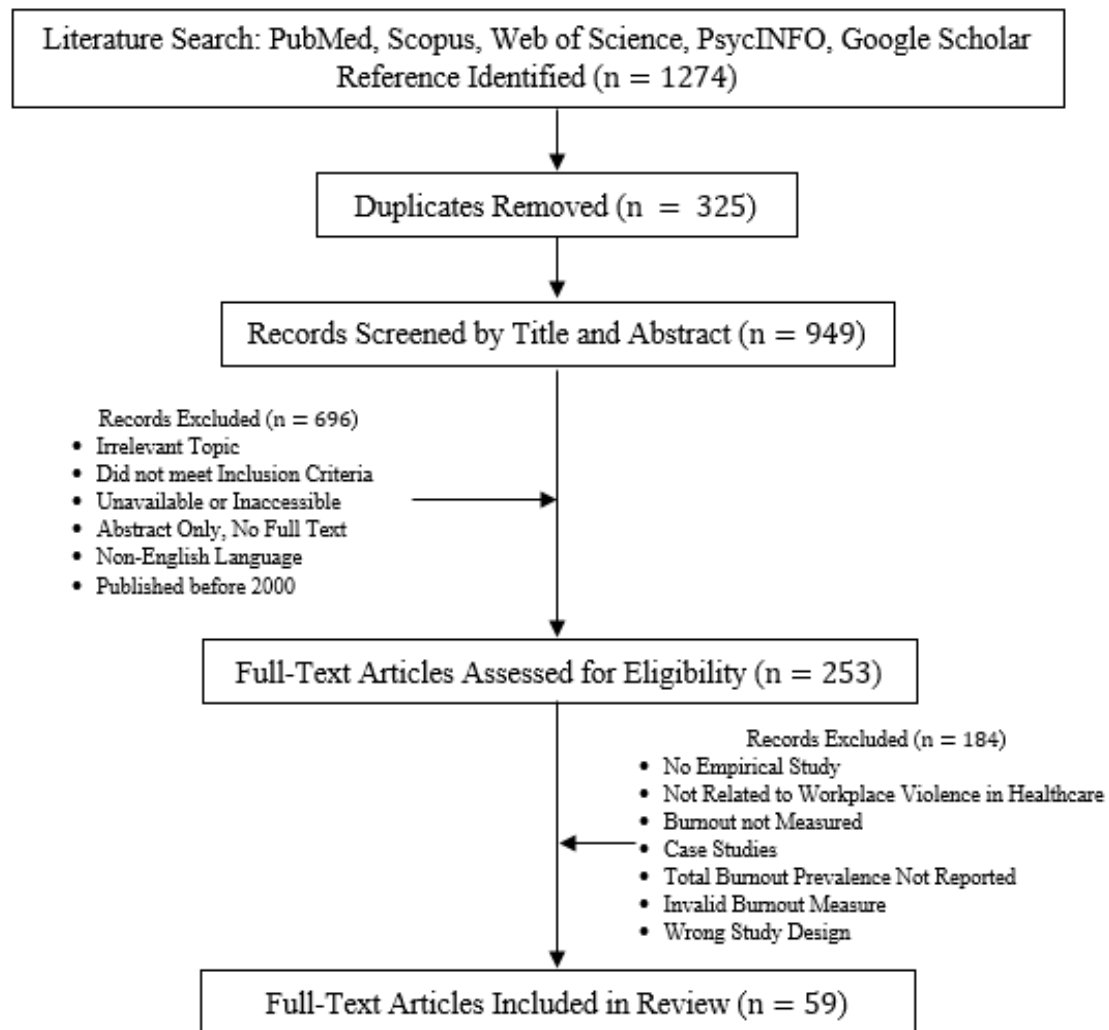


Figure 1: PRISMA Flowchart

2.3 Data Extraction Process

Data extraction is a crucial step in the systematic review process to find all the relevant data from the selected papers. In line with the literature review, a comprehensive data extraction form was formulated for the analysis of resilience development in nurses after workplace violence. This form was completed based on the Joanna Briggs Institute Reviewer's Manual to minimize any areas that may be overlooked and also to enhance compliance with standard procedures [6].

During the review process of selected studies, information from each of them was analyzed to obtain the required data. The data extraction form included sections for the following details:

- **Study Characteristics:** Authors, year of publication, country and type of study.
- **Population Details:** Sample size, demographic information (age, gender), and professional role (e.g., nurse, nurse practitioner).
- **Workplace Violence Details:** Type of violence (physical, verbal, sexual), frequency of incidents, and the setting in which the violence occurred.
- **Resilience Measures:** Tools and scales assess resilience and any reported outcomes.

- **Interventions and Strategies:** Description of any interventions or strategies used to build resilience, including individual-level, organizational-level, and external support mechanisms.
- **Outcomes:** Main findings related to resilience development, including psychological well-being, coping strategies, and any impact on professional practice.

To minimize the possibility of bias, two different reviewers extracted the data. Inter-reviewer differences were discussed; if required, a third reviewer was involved in the decision-making process. This process reduces the level of bias and increases the reliability of the extracted data [7].

2.4 Quality Assessment of Studies

Assessing the quality of the included studies is crucial for evaluating the strength of the evidence and the reliability of the review's conclusions. For this systematic review, the quality of each study was assessed using an adapted version of the Downs and Black checklist, which is widely used for evaluating methodological quality in health research [8].

The quality assessment criteria included:

- **Reporting:** Clarity of the study's objectives, detailed description of the interventions and outcomes, and transparency in reporting results.
- **External Validity:** The study findings are generalizable to the broader population of nurses experiencing workplace violence.
- **Internal Validity—Bias:** Examine confounding variables and their impact on the study, selection bias and measurement bias. This includes determining whether the study had a control group and the sample's ability to handle the potential confounders.
- **Internal Validity—Confounding:** This is the consideration of how well the study accounted for potential confounding factors that could affect the results.
- **Power:** The statistical power of the study to detect significant effects, considering the sample size and effect sizes reported.

These criteria were applied to each study, and a quality score was determined for each. The studies were classified as high, moderate, or low quality, depending on the total points obtained. These three types of studies included high-quality research, which minimized the risk of bias; moderate quality, which had some limitations but was still reliable; and low-quality studies, which had substantial limitations. Lower-quality studies generally had methodological flaws, which might result in biased Findings.

Two reviewers performed the quality assessment on the studies separately. In most cases, discrepancies were solved through discussions or by a third party, if not by the two primary reviewers. This quality assessment was very comprehensive, and this made it possible to make conclusions from the systematic review of the best available evidence [9].

3. Findings from Systematic Review

The following findings emerged from the systematic review of the development of resilience in nurses after workplace violence. These reflect the resilience strategies and factors and the general issues and trends revealed in the studies reviewed.

The review highlighted that nurses experience different types of workplace violence-physical, verbal and emotional. The most frequently received type of abuse was verbal, and the second one was physical aggression. This constant exposure also highlights the need for proper resilience enhancement measures [10]. Workplace violence has severe consequences on the

mental health of nurses and increases stress, anxiety, depression, and burnout. These psychological impacts can negatively influence nurses' performance and quality of care [11]. The studies highlighted several approaches that can be used to develop resilience among nurses. Some organization-level prevention measures include personal and environmental changes such as practicing mindfulness, managing stress, and seeking professional help. Coping mechanisms include encouraging employees to have a positive workplace environment, avail conflict resolution training to employees, and having zero tolerance policies for workplace violence [12]. Colleagues, family, and friends are significant sources of social support that contribute to the development of resilience. Another source of support is peer support groups and mentoring within the workplace, which also help the nurses deal with violent events [13]. The review concluded that, in general, improvement of resilience interventions proved to minimize the effects of workplace violence [14, 15]. These interventions involved resilience training, psychological support services, and work-related organizational changes. Nevertheless, it was noted that the response depended on the form and extent of the intervention [16]. Some common hindrances highlighted are lack of organizational support, staffing, high workload, and poor training in handling workplace violence. Overcoming these barriers is essential to effectively implementing programs to build resilience. [17, 18].

3.1 Included Studies

The systematic review assessed 59 studies to determine which fit the inclusion criteria. These studies offered much information concerning the predictors of resilience of nurses exposed to workplace violence.

3.1.1 Study Characteristics

- **Geographical Distribution:** The studies were conducted in different regions, such as North America, Europe, Asia, and Australia, offering a broad outlook.
- **Study Design:** The review encompassed quantitative and qualitative research. Most quantitative studies used a cross-sectional research design, while qualitative studies used interviews and focus group discussions to collect contextual information.
- **Sample Size:** The samples ranged from those of less than 100 participants to those of several thousand nurses.
- **Types of Violence Examined:** The majority of the studies examined verbal and physical aggression, while a limited number examined emotional and sexual aggression. Instruments, including the Negative Acts Questionnaire and the Workplace Aggression Research Questionnaire, measured the types of violence [19].

3.1.2 Population Details

- **Demographics:** The studies included subjects who were nurses and they had variations in age, sex, and the number of years of experience. Female patients were depicted more often than male patients this was in line with the number of female nurses in the nursing profession.
- **Professional Settings:** The works incorporated described various areas of healthcare delivery including hospital, their units, care homes and psychiatric units. This diversity was beneficial in the sense that the understanding of workplace violence was holistic depending on the type of nursing context involved.

3.1.3 Outcomes Assessed

- **Psychological and Emotional Impact:** Some of the assessment parameters adopted to assess the effectiveness of the intervention were self-rated stress, anxiety, depressive

symptoms, as well as burnout among the nurses. These outcomes were assessed using instruments such as the Maslach Burnout Inventory and the General Health Questionnaire [20].

- **Resilience Measures:** Some of the instruments used were the Connor-Davidson and Resilience Scale for Adults. These tools helped to quantify the level of nurses' resilience and conditions that foster resilience [21].

In this way, the presented review allowed for a synthesis of existing evidence and a comprehensive understanding of what is currently known about nurses' development of resilience in the face of workplace violence. The findings suggest that more specific efforts and conducive milieux are needed to enhance these nurses' resiliency.

3.2 Key Themes and Patterns

The systematic review outlined several emerging meta-synthesis themes and patterns in the development of resilience among abused nurses. These themes demonstrate that workplace violence is a complex subject with multiple factors involved and that the ability to cope with violence is also a complex issue. The first of these was the fact that there are numerous forms of workplace violence that nurses encounter. Hospitals and healthcare institutions expose nurses to various types of violence: verbal, including insults, threats, and unjustified reprimands and humiliation; and physical, including hitting and pushing [22, 23]. Besides, psychological and emotional abuse, bullying and sexual harassment were listed as some of the significant issues of concern. The level of verbal abuse was extensively reported and rated higher than physical violence, thus pointing toward the fact that nurses are constantly subjected to aggressive behaviors in their workplaces [24, 25].

The psychological effects of workplace violence on nurses also emerged as another important theme. This type of violence was found to pose a considerable impact on the psychological health of the nurses, which results in stress, anxiety and burnout [26, 27]. Whereby persistent working under violent and high-stress circumstances leads to emotional exhaustion, depersonalization and reduced personal accomplishment, resulting in [28]. In severe cases, it leads to depression and post-traumatic stress disorder-PTSD, which worsens mental health and job performance [29, 30].

Workplace violence was found to be a significant problem affecting organizations, but employees' support was found to play an essential role in minimizing the effects of violence in organizations. Target-hardening, through having friendly, understanding and responsive management in dealing with workplace violence, makes the workplace safer and more responsive [31, 32]. Also, there is a need to come up with effective policies and procedures that define the handling of cases of workplace violence since this has been identified as a significant threat to nurses [33].

Another significant aspect that contributes to the overall resilience among the nurses is the availability of support from colleagues, families, and friends. Occupational support and counselling, buddy systems, and advocate programs assist those who have experienced workplace violence by offering encouragement and guidance on how to deal with the situation. Furthermore, family and community support enables the nurses to deal with stress and effectively deal with traumatic events while observing that a support network is a crucial necessity in building resilience [34].

3.3 Effective Interventions and Programs

The review also highlighted several interventions and programs for increasing coping among nurses who are subject to workplace violence. These interventions can be categorized as those targeted at the individual level, the organizational level, and external support systems.

Individual-level interventions involve promoting personal coping and stress reduction to improve one's ability to cope with another's stress. Such programs include mindfulness training, which assists people to remain attentive and cope with stress. Research on mindfulness-based programs demonstrates a clear benefit in the areas of stress and emotional regulation [35]. Techniques such as deep breathing, progressive muscular relaxation, and cognitive behavioral interventions assist nurses in managing acute stress and averting burnout. Finally, the availability of professional counselling services enables the nurses to get the kind of support that they require to deal with their experiences, and consequently, they can develop appropriate coping mechanisms [36].

Organizational-level strategies aim to make workplace changes through legal instruments and organizational policies. Adopting zero-tolerance policies within workplaces helps ensure that workplace violence is well addressed and met with the necessary measures, enhancing workplace safety [37]. Training for nurses within organizations is usually aimed at making the nurse strong enough to cope with different forms of stress, learn to regulate emotions, and stay healthy in an environment where pressure is inevitable. Leadership management styles that include staff support offer ways of handling violence and encouraging communication, which go a long way toward supporting the development of resilience [38].

Organizational resources are additional support structures apart from the organizational environment. Support groups provide companionship and information, empowering nurses to cope with similar situations in their daily practice. Community mental health services as a source makes available to nurses external outlets for support and rehabilitation [39]. Employers can seek professional counseling services to provide skills for managing the effects of workplace violence and achieving sustainable psychological well-being [40]. Table 1 categorizes the various interventions that help nurses manage stress and build resilience in the face of workplace violence, highlighting individual, organizational, and external support strategies.

Table 1: Types of Interventions for Resilience Development

Intervention Type	Description	Examples
Individual-Level Strategies	Personal coping mechanisms and self-care practices that help nurses manage stress and build resilience.	Mindfulness training, stress management techniques, professional counseling
Organizational-Level Strategies	Institutional policies and practices that create a supportive and safe work environment.	Zero-tolerance policies for violence, resilience training programs, supportive leadership practices
External Support Systems	Support from external sources, including professional organizations and community resources.	Peer support groups, community mental health services, professional counseling services

3.4 Barriers to Resilience Development

Several studies highlighted the following factors as potential sources of hindrances to enhancing resilience among nurses subjected to workplace violence, as the systematic literature review revealed. These barriers include individual, organizational, and systemic barriers that influence the difficulty that nurses experience in developing and sustaining resilience. One of the most significant challenges that hinder resilience growth is the lack of support on the organizational level. A significant number of healthcare organizations lack the essential frameworks and tools to protect nurses and support them in dealing with violence at work. This

includes the scarcity of adequate training on how to handle violence, policy guidelines on how to report and address acts of violence, and a lack of appropriate psychological support services. Without these supports, nurses are on their own in handling the psychological and emotional needs of handling workplace violence [10]. One major factor that has been noted to cause stress and burnout among nurses is high patient-nursing ratios, and chronic understaffing makes it almost impossible for nurses to build resilience. The pressure exerted by these schedules does not allow nurses to engage in self-care or other activities that make them resilient. In addition, high workloads lead to increased error rates and ineffective patient care, which can escalate stress levels [11]. Most of the nurses claim to have received insufficient training to deal with violence and bolster their defence mechanisms. Existing training programs are frequently not integrated enough or not updated frequently enough to reflect the most up-to-date best practices. This lack of training prepares nurses to handle the challenges they are bound to encounter, thus denying them proper coping mechanisms [41]. Inadequate management of violence in today's workplace can greatly hinder resilience by creating a culture that supports or ignores the issue. Thus, in cultures where workplace violence is the norm or where reporting acts of violence results in the victimization or the stigmatizing of the victim, the nurse feels abandoned. Such cultures do not encourage the flow of information or support creating a positive staff culture [13]. Psychological factors such as perceived self-efficiency, coping resources, and prior mental health influence resilience as barriers. The following are some factors that make it challenging to develop resilience: Nurses who are not confident in their ability to deal with stress or who have poor personal support systems can find it extremely hard to develop resilience. These personal factors may be further exacerbated by the accumulated effect of multiple vulnerabilities to acts of workplace violence [21]. Systemic barriers include inadequate healthcare resources and policy backing for resilience measures. Inadequate healthcare financing can mean that adequate support structures or even sufficient staffing ratios may not be feasible. Furthermore, inadequate policy measures may create further openings in safeguarding healthcare employees, which in turn may amplify the incidence and consequences of workplace violence [16]. Table 2 highlights the types of barriers that negatively affect resilience development among nurses, as well as a description and examples of each barrier.

Table 2: Barriers to Resilience Development

Ref.	Barrier Type	Description	Examples
[10]	Lack of Organizational Support	Absence of necessary resources and support systems from healthcare institutions.	Inadequate training programs, lack of clear policies, insufficient psychological support
[11]	High Workload and Staffing Issues	Chronic understaffing and high patient-to-nurse ratios increase stress and burnout.	High workloads, increased likelihood of errors, adverse patient outcomes
[41]	Insufficient Training and Education	Lack of adequate and updated training on handling violence and building resilience.	Outdated or insufficient training programs
[13]	Negative Workplace Culture	Environments that tolerate violence or stigmatize reporting incidents hinder support.	Normalization of violence, victimization, lack of open communication
[21]	Personal Factors	Individual characteristics hinder resilience, such as low	Low confidence, limited personal support networks,

		self-efficacy and poor coping skills.	pre-existing mental health conditions
[16]	Systemic Barriers	Broader systemic issues such as inadequate funding and policy support.	Underfunded healthcare systems, insufficient policy frameworks

4. Discussion

The discussion section goes further by analyzing the results obtained in the systematic review, discussing their resemblance with previous research, and discussing the significance of the results for nursing practice and policymaking. It also encompasses the challenges that hamper resilience development and provides broad strategies to counter them.

4.1 Interpretation of Findings

The study findings from the systematic review offer valuable information concerning the enhancement of resilience among nurses subjected to workplace violence. Knowledge from these studies may guide practice and policy that addresses the needs of nurses in complex work settings.

4.1.1 Types and Impact of Workplace Violence

The review showed that nurses are often exposed to different types of WCV, such as verbal abuse, physical aggression, and emotional harassment. Verbal abuse was the most common form observed; this is supported by literature where nurses are most likely to experience threats and use of abusive language from patients and families in particular [10]. Stress, anxiety, depression, and burnout are some of the effects of violent actions that have an impact on the psychological aspect of the individuals involved. This highlights the need to address these adverse effects and provide interventions to benefit nurses' mental health [20].

4.1.2 Role of Organizational Support

A key theme identified was the need for organizational support to foster resilience. Nurses who found their organization supportive said they had better ways of handling stress and were more resilient. Permissive managerial style and policies on handling workplace violence were decisive. These findings are consistent with prior studies that have highlighted the importance of organizational support for employee health and job satisfaction [16]. Organizations should ensure that they protect the nurses by ensuring that the workplace is safe for the nurses.

4.1.3 Effectiveness of Interventions

The interventions for resilience promotion were promising at the individual level, involving mindfulness and stress reduction; at the organizational level, involving a no-tolerance policy for workplace violence; and support from external sources, including support groups. These interventions were found to have a highly positive effect on minimizing the psychological effects of WVE and improving the nurses' coping mechanisms. This implies that a multi-faceted approach is the most effective way of parenting since all three areas of support are essential in developing resilience [41].

4.1.4 Barriers to Resilience Development

Some challenges that hinder resilience training include lack of support from the organization, working pressure, lack of training, negative organizational culture, personal factors, and system constraints. These challenges limit the capacity of the nurses to build and sustain their

resilience, which calls for strategies to address them. For example, addressing high workloads through improved staffing policies and ensuring that staff receive continuous training on managing workplace violence minimizes these barriers [11].

4.1.5 Social Support

The findings emphasized the importance of social support from colleagues, family, and friends. Nurses who had strong support networks were better able to cope with the stress and trauma of workplace violence. This reinforces the need for healthcare institutions to facilitate peer support programs and encourage a culture of mutual support among staff [13]. Table 3 compares the effectiveness of various interventions in building resilience among nurses, highlighting the advantages of multi-faceted approaches that combine individual, organizational, and external support systems.

Table 3: Comparison of Intervention Effectiveness

Ref.	Key Theme	Interpretation	Examples
[10] [20]	Types and Impact of Workplace Violence	Frequent exposure to verbal abuse, physical aggression, and emotional harassment. Significant psychological impact leading to stress, anxiety, depression, and burnout.	Verbal threats, physical assaults, bullying
[16]	Role of Organizational Support	Critical for resilience, supportive leadership, and clear policies are essential.	Supportive leadership, clear reporting policies
[41]	Effectiveness of Interventions	Multi-faceted interventions (individual, organizational, external) are most effective.	Mindfulness training, zero-tolerance policies, peer support groups
[11]	Barriers to Resilience Development	Organizational, workload, training, cultural, personal, and systemic barriers hinder resilience.	Lack of support, high workload, insufficient training
[13]	Social Support	Essential for coping with workplace violence, strong support networks improve resilience.	Peer support groups, family support

The findings of this review emphasize the complexity of resilience development among nurses facing workplace violence. While effective strategies and interventions exist, addressing the barriers that impede resilience is crucial. By enhancing organizational support, providing comprehensive training, fostering a positive workplace culture, and ensuring robust social support systems, healthcare institutions can significantly improve the resilience and well-being of their nursing staff.

4.2 Comparison with Existing Literature

The findings of the current systematic review can be discussed and built upon current literature reviewing the measures for resilience promotion among nurses exposed to workplace violence. In this section, the review's findings are compared with the prior research regarding correlations

and differences in several critical areas, including types of violence, psychological effects, organizational support, effectiveness of interventions, and barriers to resilience.

4.2.1 Types and Impact of Workplace Violence

The review also found that verbal aggression is the type of WVE most reported by the nurses, followed by physical and emotional aggression. This supports earlier studies that showed that many women are threatened with verbal violence and verbally abused [10], [11]. The present review and prior literature also emphasize the general psychological consequences of Workplace Violence on employees such as stress, anxiety, depression, and burnout symptoms [20].

4.2.2 Role of Organizational Support

Organizational support is highlighted in the literature as the most significant factor that may help nurses become more resilient. As supported by this review and [13] have conducted studies that stress the need for supportive leadership and policy to enhance safety and prevent workplace bullying. Such studies indicate that if organizational support is provided, the negative effects of workplace violence can be reduced, and resilience can be improved.

4.2.3 Effectiveness of Interventions

Some viable approaches include personal-level interventions, for example, mindfulness training, and organizational-level interventions, such as zero-tolerance policies. These findings are in line with previous studies that showed that complex interventions are the most helpful in strengthening resilience [41], [21]. Nevertheless, this review also goes beyond the current literature by extensively synthesizing individual, organizational, and external support factors.

4.2.4 Barriers to Resilience Development

The literature also describes challenges highlighted in this review, such as lack of organizational support, high workload, and inadequate training. [11] and [10] Also, these barriers are confirmed as major hindrances to resilience development. The current review adds to the literature by offering a detailed exploration of these barriers and suggesting comprehensive strategies to address them. Table 4 compares the key themes and findings from the current review with existing literature, highlighting similarities and differences.

Table 4: Comparison with Existing Literature

Ref.	Key Theme	Current Review Findings	Existing Literature Findings
[10], [11], [20]	Types and Impact of Violence	Verbal abuse is most common; there is a significant psychological impact	Verbal threats and derogatory remarks are most common, increased stress and burnout
[10], [13]	Role of Organizational Support	Critical for resilience; supportive leadership and clear policies	Essential for mitigating violence impact; supportive environment crucial
[21, 41]	Effectiveness of Interventions	A multi-faceted approach is the most effective	Individual and organizational strategies effective; combined approaches recommended

[11], [10]	Barriers to Resilience	Lack of support, high workloads, insufficient training	Organizational and workload issues are commonly reported as barriers
------------	------------------------	--	--

Figure 2 illustrates the comparative effectiveness of various interventions identified in the current review and existing literature. The multifaceted approach, which combines individual, organizational, and external support systems, demonstrates the highest effectiveness in both sources.

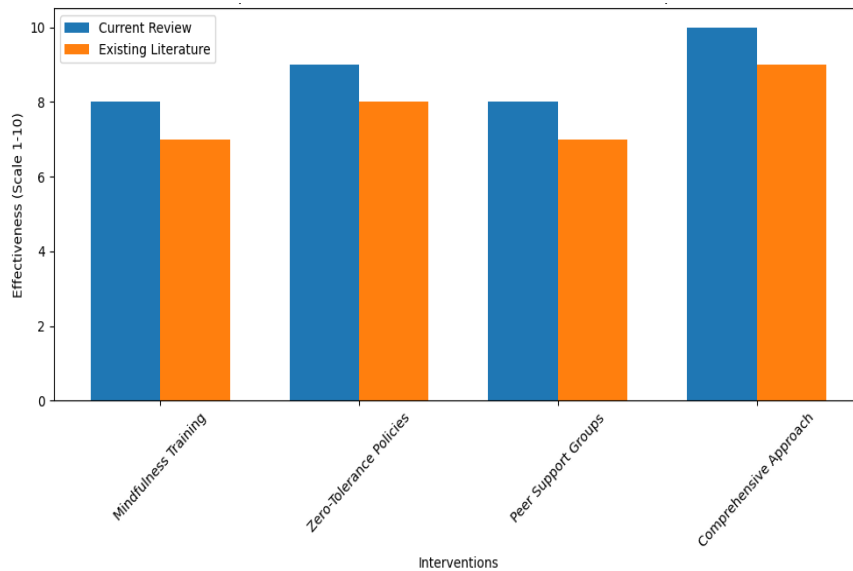


Figure 2: Comparison of Intervention Effectiveness

Figure 2 comparing the effectiveness of various interventions for resilience development among nurses, with multi-faceted approaches shown to be the most effective.

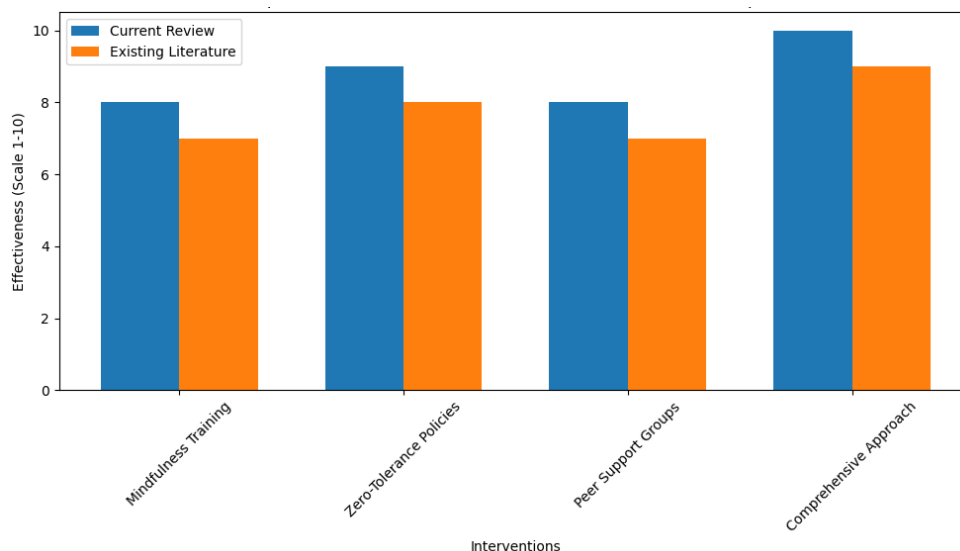


Figure 3: Comparison of Intervention Effectiveness for Resilience Development

Figure 3 illustrates the comparative effectiveness of various interventions in building resilience among nurses. The blue bars represent the findings from the current review, while the orange bars represent findings from existing literature. The comprehensive approach, which combines

individual, organizational, and external support systems, demonstrates the highest effectiveness.

4.3 Implications for Nursing Practice

The findings from this systematic review have several important implications for nursing practice. Therefore, determining the factors that enhance resilience and the factors that prevent or reduce it would help shape nursing practice to assist nurses in managing workplace violence.

4.3.1 Enhancing Training and Education

The first of the key implications is that training and education should be improved. Such programs should empower nurses to prevent and handle workplace violence appropriately. Specific measures for prevention and control should include training for handling conflicts, reducing aggression, and strengthening the employee's emotional health. A yearly update and similar workshops are crucial to educate nurses about the newest trends and rules [41].

4.3.2 Promoting Supportive Leadership

Supervision is an essential factor in promoting a positive organizational culture. Workplace violence is a serious issue that needs to be addressed in nursing organizations. Nurse managers and leaders should know how to identify signs of workplace violence and support the nurses subject to it. Supportive leadership entails adopting an organizational culture that allows nurses to freely report incidents, provide emotional and psychological support to the nursing staff, and acknowledge their input [16].

4.3.3 Implementing Resilience-Building Programs

Therefore, healthcare institutions need to adopt “self-care” programs that foster resilience in the nurses. Such programs may include training, stress management courses and support groups from fellow students. Hire: Allowing the nurses to take time and have resources to attend such programs will benefit them in being able to cope when faced with such situations [21].

4.3.4 Creating a Safe Work Environment

Protecting employees and maintaining a safe workplace is crucial. This includes implementing guidelines that help in combating acts of violence at the workplace and ensuring that the matter is a priority. Frequent evaluation and modifications of the physical and social context can help to prevent violent incidents and increase staff's feelings of safety [11].

4.3.5 Encouraging Peer Support

Peer support is, therefore, crucial in building resilience. Arranging occasions when the nurses may come together and swap stories can go a long way toward reinforcing the idea of community and caring. Mentorship programs can also go a long way in supporting less experienced nurses [13].

4.4 Implications for Policy and Management

The review also raises several implications for policy and management in healthcare organizations. Policies and management practices are crucial to fostering a protective environment for nurses and minimizing the effects of violence in the workplace.

4.4.1 Developing Comprehensive Workplace Violence Policies

Employers in the healthcare industry should embrace and implement policies that aim to prevent workplace violence in all its manifestations. These policies should include guidelines on how to report and handle cases of incidents so that everyone in the institution should

understand the policy. There should be zero tolerance for aggression at the workplace, and all cases reported should be treated and acted on accordingly [10].

4.4.2 Ensuring Adequate Staffing Levels

Measures should be taken to provide enough manpower, distribute workload, and combat burnout due to staff shortages. Staffing improves the quality of care delivered to patients and reduces the level of job stress, thus improving the nurses' work environment and resilience [11].

4.4.3 Providing Access to Mental Health Resources

Healthcare organizations should ensure that their employed nurses can access counseling and or psychological support. These are important to be readily available for HCWs, and steps should be taken to remove any barriers to seeking mental healthcare [16].

4.4.4 Supporting Ongoing Professional Development

Additional policies should support continued education and employee training for company resilience and stress management. Giving the nurses a chance to improve their professional practice by learning new ideas and updating on the best practices can assist in enhancing their professional capacity, thus helping in the issue of burnout and job satisfaction [41].

4.4.5 Promoting a Positive Organizational Culture

Management should encourage and support a healthy organizational culture that enhances staff nurse recognition, appreciation, and respect. This consists of praising desirable behaviors, promoting mobility within the company, and encouraging negotiation. Organizational culture can have both beneficial effects on nurses' health and strength [13]. Table 5 presents the policy/management area in the systematic review and specific actions to promote nurse resilience development.

Table 5: Policy and Management Implications

Ref.	Policy and Management Area	Key Actions
[10]	Comprehensive Workplace Violence Policies	Develop and enforce clear policies; adopt a zero-tolerance approach; ensure clear reporting procedures.
[11]	Adequate Staffing Levels	Implement policies to ensure sufficient staffing, reduce workload, and decrease stress and burnout.
[16]	Access to Mental Health Resources	Provide counseling and psychological support; facilitate easy access; destigmatize mental health services.
[41]	Ongoing Professional Development	Encourage continuous learning and professional growth; offer resilience and stress management training.
[13]	Positive Organizational Culture	Promote a culture of value, respect, and support; recognize positive behaviors; foster open communication.

By implementing these practice and policy recommendations, healthcare organizations can better support their nursing staff, reduce the impact of workplace violence, and foster a resilient and healthy workforce.

5. Conclusion

The systematic review also reveals that workplace violence has adverse effects on nurses and that implementing resilience strategies to manage these adverse events is crucial. The results highlight that several constraints, including lack of support at the workplace, excessive workload, inadequate training, negative organizational culture, personal factors, and systematic problems, hamper the development of nurse resilience. Eradicating all these barriers is essential in ensuring that the workplace offers everyone a safe environment.

Mindfulness training, zero-tolerance policies, and peer support groups revealed potential strategies for increasing resilience in the review, which also align with the study objectives and can be considered effective in strengthening nurses' access to resilience. This is also highlighted by the literature analysis, which underlines the necessity of multi-level intervention that involves the individual, the organization, and the external environment. These general approaches help prevent and combat the effects of workplace violence on nurses' psychology and profession and enhance their health and job satisfaction.

Healthcare organizations must have a positive workplace culture, adequate staffing, and professional development. These strategies can enhance the health and productivity of the nursing workforce, which in turn can enhance the health of their patients and reduce turnover rates in health facilities.

Therefore, future research should employ longitudinal studies and clinical trial designs to confirm these findings and formulate standardized integrated treatment packages. Furthermore, studying the processes through which resilience-building interventions and coping resources work will help shed more light on how these resources work and be useful in designing more effective coping interventions.

Therefore, promoting resilience among nurses is crucial for their well-being, their effectiveness in their work, and the improvement of the healthcare system. A multidimensional and comprehensive framework for resilience promotion can surely add value to the client's recovery processes and contribute to improving the organizational climate for nurses who experience workplace violence.

6. References

1. M. Itzhaki, I. Bluvstein, A. Peles Bortz, H. Kostistky, D. Bar Noy, V. Filshtinsky, and M. Theilla, "Mental health nurse's exposure to workplace violence leads to job stress, which leads to reduced professional quality of life," *Frontiers in psychiatry*, vol. 9, pp. 59, 2018.
2. P. Han, X. Duan, J. Jiang, L. Zeng, P. Zhang, and S. Zhao, "Experience in the development of nurses' resilience: A meta-synthesis," *Nursing Open*, vol. 10, no. 5, pp. 2780-2792, 2023.
3. C. Mento, M. C. Silvestri, A. Bruno, M. R. A. Muscatello, C. Cedro, G. Pandolfo, and R. A. Zoccali, "Workplace violence against healthcare professionals: A systematic review," *Aggression and violent behavior*, vol. 51, pp. 101381, 2020.
4. M. Roche, D. Diers, C. Duffield, and C. Catling-Paull, "Violence toward nurses, the work environment, and patient outcomes," *Journal of Nursing Scholarship*, vol. 42, no. 1, pp. 13-22, 2010.
5. E. B. Fisher, M. M. Coufal, H. Parada, J. B. Robinette, P. Y. Tang, D. M. Urlaub, C. Castillo, L. M. Guzman-Corrales, S. Hino, and J. Hunter, "Peer support in health care and prevention: cultural, organizational, and dissemination issues," *Annual review of public health*, vol. 35, pp. 363-383, 2014.
6. Z. Munn, S. Moola, K. Lisy, D. Riitano, and C. Tufanaru, "Methodological guidance for systematic reviews of observational epidemiological studies reporting prevalence and

- cumulative incidence data,” *JBIE Evidence Implementation*, vol. 13, no. 3, pp. 147-153, 2015.
7. F. Ullah, S. Shah, D. Shah, A. Salam, and S. Ali, “Protocol for Systematic Literature Review of Face Recognition in Uncontrolled Environment,” *EAI Endorsed Transactions on Scalable Information Systems*, vol. 5, no. 16, pp. e11, 2018.
 8. S. H. Downs, and N. Black, “The feasibility of creating a checklist for the assessment of the methodological quality both of randomized and non-randomized studies of health care interventions,” *Journal of Epidemiology & Community Health*, vol. 52, no. 6, pp. 377-384, 1998.
 9. A. P. Siddaway, A. M. Wood, and L. V. Hedges, “How to do a systematic review: a best practice guide for conducting and reporting narrative reviews, meta-analyses, and meta-syntheses,” *Annual review of psychology*, vol. 70, pp. 747-770, 2019.
 10. J. M. Gimenez Lozano, J. P. Martínez Ramón, and F. M. Morales Rodríguez, “Doctors and Nurses: a Systematic Review of the Risk and Protective Factors in Workplace Violence and Burnout,” *International Journal of Environmental Research and public health*, vol. 18, no. 6, pp. 3280, 2021.
 11. S. Chen, S. Lin, Q. Ruan, H. Li, and S. Wu, “Workplace violence and its effect on burnout and turnover attempt among Chinese medical staff,” *Archives of Environmental & Occupational Health*, vol. 71, no. 6, pp. 330-337, 2016.
 12. M. D. Bruce, and W. A. Nowlin, “Workplace violence: Awareness, prevention, and response,” *Public Personnel Management*, vol. 40, no. 4, pp. 293-308, 2011.
 13. I. Galián-Muñoz, J. A. Ruiz-Hernández, B. Llor-Esteban, and C. López-García, “User violence and nursing staff burnout: The modulating role of job satisfaction,” *Journal of interpersonal violence*, vol. 31, no. 2, pp. 302-315, 2016.
 14. S. Forbes, and D. Fikretoglu, “Building resilience: The conceptual basis and research evidence for resilience training programs,” *Review of General Psychology*, vol. 22, no. 4, pp. 452-468, 2018.
 15. J. Wild, S. El-Salahi, and M. Degli Esposti, “The effectiveness of interventions aimed at improving well-being and resilience to stress in first responders,” *European Psychologist*, 2020.
 16. H. K. S. Laschinger, C. A. Wong, and A. L. Grau, “The influence of authentic leadership on newly graduated nurses’ experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study,” *International Journal of Nursing Studies*, vol. 49, no. 10, pp. 1266-1276, 2012.
 17. W. Liu, S. Zhao, L. Shi, Z. Zhang, X. Liu, L. Li, X. Duan, G. Li, F. Lou, and X. Jia, “Workplace violence, job satisfaction, burnout, perceived organizational support and their effects on turnover intention among Chinese nurses in tertiary hospitals: a cross-sectional study,” *BMJ Open*, vol. 8, no. 6, pp. e019525, 2018.
 18. H. K. S. Laschinger, and A. L. Grau, “The influence of personal dispositional factors and organizational resources on workplace violence, burnout, and health outcomes in new graduate nurses: A cross-sectional study,” *International Journal of nursing studies*, vol. 49, no. 3, pp. 282-291, 2012.
 19. S. Einarsen, H. Hoel, and G. Notelaers, “Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the Negative Acts Questionnaire-Revised,” *Work & stress*, vol. 23, no. 1, pp. 24-44, 2009.
 20. C. Maslach, and S. E. Jackson, “The measurement of experienced burnout,” *Journal of organizational behavior*, vol. 2, no. 2, pp. 99-113, 1981.
 21. K. M. Connor, and J. R. Davidson, “Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC),” *Depression and anxiety*, vol. 18, no. 2, pp. 76-82, 2003.

22. H. A. Dafny, and G. Beccaria, "I do not even tell my partner: Nurses' perceptions of verbal and physical violence against nurses working in a regional hospital," *Journal of Clinical Nursing*, vol. 29, no. 17-18, pp. 3336-3348, 2020.
23. F. Najafi, M. Fallahi-Khoshknab, F. Ahmadi, A. Dalvandi, and M. Rahgozar, "Human dignity and professional reputation under threat: Iranian Nurses' experiences of workplace violence," *Nursing & health sciences*, vol. 19, no. 1, pp. 44-50, 2017.
24. S. Kim, C. Mayer, and C. B. Jones, "Relationships between nurses' experiences of workplace violence, emotional exhaustion and patient safety," *Journal of Research in Nursing*, vol. 26, no. 1-2, pp. 35-46, 2021.
25. P. A. Tawiah, E. Appiah-Brempong, P. Okyere, G. Adu-Fosu, and M. E. Ashinyo, "Prevalence, risk factors and psychological consequences of workplace violence among health workers in the Greater Accra region, Ghana: a cross-sectional study," *BMC public health*, vol. 24, no. 1, pp. 563, 2024.
26. D. Karaferis, and D. Balaska, "Violence in the workplace of the health sector main causes of presentation and development of the phenomenon," 2024.
27. D. I. Jackson, T. Maa, J. Luna, Y. Huang, M. A. Fristad, and E. Sezgin, "Challenges and Opportunities for Workplace Violence Training for Healthcare Workers: A Qualitative Study of Staff Experiences," Available at SSRN 4723436, 2024.
28. B. J. Kim, N. Jeon, H. Sohn, N. Lee, and M. J. Kim, "The impact of corporate social responsibility on employee burnout: The crucial role of work overload," *Corporate Social Responsibility and Environmental Management*, 2024.
29. N. de Souza, R. Kumar, A. Pruyser, E. Blunt, W. Sanders, A. Meydan, P. Lawrence, U. Venkatesan, C. Mac Donald, and J. Hoffman, "NIDILRR ARRT Fellows Symposium: Examining Lifetime Trauma Exposure in Women with a History of Traumatic Brain Injury," *Archives of Physical Medicine and Rehabilitation*, vol. 105, no. 4, pp. e2, 2024.
30. J. Wang, Y. Huang, S. Wang, Z. Zhang, Y. He, X. Wang, and H. Guo, "The impact of workplace violence on job burnout among Chinese correctional officers: the chain mediating effects of stress and insomnia," *BMC public health*, vol. 24, no. 1, pp. 566, 2024.
31. T. Capper, B. Ferguson, and O. Muurlink, "Health professionals' experiences of whistleblowing in maternal and newborn healthcare settings: A scoping review and thematic analysis," *Women and Birth*, pp. 101593, 2024.
32. T. De Mesa, B. Duncan, E. Evans, A. Harbinger, H. Kent, and O. Waldorf, "Developing an eBook for First Responders: Exploring Arts-Based Interventions to Counter Burnout and Build Resilience," 2024.
33. E. C. King, J. Chan, A. Benn, M. B. Michener, T. A. Van Belle, and S. M. McKay, "Shifting the safety culture: evaluation of a novel approach to understanding and responding to workplace harassment and violence experienced by homecare workers," *Workplace Health & Safety*, pp. 21650799241232148, 2024.
34. M. Ford-Gilboe, C. Varcoe, K. Scott-Storey, A. J. Browne, S. M. Jack, K. Jackson, T. Mantler, S. O'Donnell, N. Patten-Lu, and V. Smye, "Longitudinal effectiveness of a woman-led, nurse-delivered health promotion intervention for women who have experienced intimate partner violence: iHEAL randomized controlled trial," *BMC public health*, vol. 24, no. 1, pp. 398, 2024.
35. J. L. Brown, P. A. Jennings, D. S. Rasheed, H. Cham, S. L. Doyle, J. L. Frank, R. Davis, and M. T. Greenberg, "Direct and moderating impacts of the CARE mindfulness-based professional learning program for teachers on children's academic and social-emotional outcomes," *Applied Developmental Science*, pp. 1-20, 2023.
36. B. J. Werkmeister, A. M. Haase, T. Fleming, and T. N. Officer, "Experiences of the COVID-19 lockdown and telehealth in Aotearoa New Zealand: lessons and insights from

- mental health clinicians,” *International Journal of Environmental Research and Public Health*, vol. 20, no. 6, pp. 4791, 2023.
37. A. P. Agu, B. N. Azuogu, A. F. Una, B. Ituma, I. I. Eze, F. I. Onwe, O. U. Oka, D. O. Igwe-Okomiso, U. N. Agbo, and R. Ewah, “Management staff’s perspectives on intervention strategies for workplace violence prevention in a tertiary health facility in Nigeria: a qualitative study,” *Frontiers in public health*, vol. 11, pp. 1210571, 2023.
 38. L. Jiang, W. Wider, J. C. M. Tanucan, and J. K. C. Bien, “Reforming China’s healthcare management in the wake of COVID-19: A psychological well-being perspective,” *Journal of Infrastructure, Policy and Development*, vol. 7, no. 3, 2023.
 39. L. Kpobi, U. M. Read, R. K. Selormey, and E. Colucci, ““We are all working toward one goal. We want people to become well’: A visual exploration of what promotes successful collaboration between community mental health workers and healers in Ghana,” *Transcultural Psychiatry*, vol. 61, no. 1, pp. 30-46, 2024.
 40. M. Cleary, S. West, and C. Hungerford, “Resilience: One Part of a Larger Toolkit for Managing Stress,” *Issues in Mental Health Nursing*, vol. 45, no. 1, pp. 114-117, 2024.
 41. D. Jackson, A. Firtko, and M. Edenborough, “Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: a literature review,” *Journal of Advanced Nursing*, vol. 60, no. 1, pp. 1-9, 2007.
 42. Taslima, N., Sayem, M. A., Sidhu, G. S., & Chowdhury, F. Mitigating inflation: a comprehensive analysis of policy measures and their impacts on the us economy.
 43. Sayem, M. A., Taslima, N., Sidhu, G. S., & Ferry, J. W. (2024). A quantitative analysis of healthcare fraud and utilization of ai for mitigation. *International journal of business and management sciences*, 4(07), 13-36.
 44. Sayem, M. A., Chowdhury, F., Shadhana, S. C., Ferry, J. W., Anwar, A. S., & Rowshon, M. (2024). The transformative impact of business intelligence on unemployment insurance: enhancing decision making and operational efficiency through a mixed-methods approach. *International Journal of Innovation Studies*, 8(1), 456-481.
 45. Shabbir, A., Anwar, A. S., Taslima, N., Sayem, M. A., Sikder, A. R., & Sidhu, G. S. Analyzing Enterprise Data Protection and Safety Risks in Cloud Computing Using Ensemble Learning.