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The Impact of Workplace Violence on Work-Related Stress, Burnout, and Psychological Well-Being Among Healthcare Professionals: A Scoping Review

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ABSTRACT

Background: Workplace violence represents a major occupational hazard in healthcare settings and has been increasingly recognized as a significant threat to healthcare workers' psychological well-being. Exposure to aggressive behaviors may contribute to work-related stress, burnout, and adverse mental health outcomes, ultimately affecting workforce sustainability and quality of care. This scoping review aimed to map and synthesize the available evidence on the relationship between workplace violence, work-related stress, burnout, and psychological well-being among healthcare professionals working in hospital settings.

Methods: The review was conducted according to the Joanna Briggs Institute methodology for scoping reviews and reported following the PRISMA-ScR guidelines. A literature search was performed in PubMed and Scopus, including studies published in English between January 2021 and January 2026. Eligibility criteria were defined using the Population–Concept–Context framework. Data were extracted and synthesized through a descriptive and thematic analysis.

Results: Twelve studies were included in the review. Most adopted a cross-sectional design and were conducted across diverse geographical settings. Verbal and psychological aggression emerged as the most commonly reported forms of workplace violence. Burnout was the most frequently investigated outcome, with consistent evidence showing higher levels of emotional exhaustion, depersonalization, and reduced professional accomplishment among exposed healthcare workers. Workplace violence was also associated with increased occupational stress, anxiety, depression, emotional distress, post-traumatic symptoms, poorer mental health, and lower job satisfaction. Organizational factors, including social support, workplace safety, and organizational climate, appeared to influence the impact of violent incidents on workers' well-being.

Conclusions: The available evidence identifies workplace violence as a significant psychosocial risk factor associated with burnout, occupational stress, and poorer psychological well-being among healthcare professionals. Preventive organizational strategies and supportive work environments may play a key role in mitigating its negative consequences and promoting healthier and safer healthcare workplaces.

Keywords: Workplace violence; Burnout; Psychological well-being; Healthcare professionals; Occupational stress; Hospital settings.

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Introduction

Over the last decades, healthcare systems have undergone substantial transformations that have increased organizational complexity and the demands placed on healthcare professionals. Emergency departments (EDs), in particular, represent high-intensity work environments characterized by overcrowding, unpredictable patient inflows, and the need for rapid and effective decision-making. These characteristics create a setting with a high psychosocial risk profile, where work-related stress has emerged as a major occupational health concern among healthcare workers (Bernstein et al., 2009; Di Somma et al., 2015).

The emergency department is one of the healthcare settings most exposed to organizational and relational risk factors. High patient volumes, staff shortages, and the management of critical clinical situations contribute to a sustained and demanding workload, often accompanied by considerable emotional and cognitive pressure. In such contexts, healthcare professionals are required to maintain high levels of vigilance and operational readiness despite challenging and unpredictable working conditions (Christ et al., 2010). These circumstances may increase perceived stress and reduce the psychological resources available to cope effectively with occupational demands (Adriaenssens et al., 2015; Arnetz et al., 2020). While emergency departments represent one of the hospital settings most exposed to psychosocial and organizational stressors, workplace violence (WPV) is a widespread phenomenon affecting healthcare professionals across a variety of hospital contexts. Indeed, healthcare workers employed in general medical wards, intensive care units, specialized hospital services, and other inpatient settings may also be exposed to aggressive behaviors, with significant consequences for their psychological and occupational well-being (Lim et al., 2022).

Workplace violence encompasses physical, verbal, and psychological aggressive behaviors occurring in the course of professional activities and may be perpetrated by patients, relatives, or other individuals within healthcare facilities (World Health Organization, 2002; Spector et al., 2014). International evidence indicates that healthcare workers are among the occupational groups most frequently exposed to violence, with particularly high prevalence rates reported in emergency care settings (Liu et al., 2019; Mento et al., 2025).

Repeated exposure to workplace violence constitutes a significant risk factor for the development of work-related stress. According to the Conservation of Resources (COR) Theory, stress arises when environmental demands exceed an individual's available resources, resulting in a progressive depletion of physical and emotional energy (Hobfoll,

1989). Within emergency healthcare settings, this imbalance may be exacerbated by heavy workloads, irregular shift schedules, and conflictual interactions with patients and relatives, all of which contribute to a deterioration of healthcare workers' psychological well-being (Navajas-Romero et al., 2020; Adriaenssens et al., 2015). Beyond being an occupational stressor, workplace violence may also be conceptualized as a potentially traumatic experience. Repeated exposure to verbal aggression, threats, and physical assaults may overwhelm healthcare workers' coping resources, contributing not only to work-related stress and burnout, but also to broader psychological and psychopathological outcomes, including anxiety, depression, and post-traumatic stress symptoms (Wei et al., 2024). Although closely related, work-related stress, burnout, and psychological distress represent distinct constructs. While work-related stress reflects the perceived imbalance between occupational demands and available resources, burnout refers to a chronic occupational syndrome associated with prolonged exposure to occupational stressors. In contrast, psychological distress encompasses broader emotional symptoms that may extend beyond the occupational domain (De Beer et al., 2025).

The consequences of work-related stress extend across both individual and organizational levels. At the individual level, healthcare workers may experience chronic fatigue, irritability, impaired concentration, and sleep disturbances, negatively affecting both quality of life and professional performance. At the organizational level, elevated stress levels have been associated with reduced work effectiveness, increased absenteeism, and greater intentions to leave the profession (Duan et al., 2019; Woo et al., 2020). Furthermore, occupational stress may contribute to lower job satisfaction and a deterioration of the organizational climate, potentially compromising patient safety and the quality of care provided (Kim et al., 2021; Li et al., 2024).

Among the most significant consequences of prolonged occupational stress is burnout, a psychological syndrome resulting from chronic exposure to stressful working conditions. Burnout has been defined as a maladaptive response to chronic workplace stress and is characterized by three core dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 2016). Emotional exhaustion, considered the central component of burnout, reflects feelings of persistent fatigue and emotional depletion. Depersonalization involves detached and cynical attitudes toward patients, whereas reduced personal accomplishment is characterized by feelings of professional inefficacy and diminished motivation.

Several studies have reported a high prevalence of burnout among healthcare professionals,

particularly nurses and physicians working in emergency care settings. These professionals are routinely exposed to traumatic events, complex clinical decisions, and continuous patient care demands, all of which contribute to the progressive depletion of emotional and cognitive resources (Shanafelt et al., 2015; Ye et al., 2025). In addition, growing evidence suggests that exposure to workplace violence is a major predictor of burnout, especially in organizational contexts characterized by high workloads and limited support resources (Chen et al., 2022; Converso et al., 2021).

Beyond burnout, workplace violence may have profound psychological consequences for healthcare workers. Experiences of aggression can generate feelings of fear, insecurity, and vulnerability, negatively affecting therapeutic relationships and reducing the ability to maintain empathic engagement with patients (Lanctôt & Guay, 2014; Nam et al., 2021). Repeated exposure to violent incidents may also contribute to the development of anxiety, depression, and post-traumatic stress symptoms, with significant repercussions for both personal well-being and professional functioning (Gräske et al., 2025; Zhang et al., 2025).

Although workplace violence in healthcare settings has received increasing attention in the scientific literature, previous reviews have primarily focused on prevalence estimates, specific professional groups, or individual outcomes such as burnout or mental health symptoms. Furthermore, the available evidence remains fragmented across different healthcare contexts and study designs, limiting a comprehensive understanding of the combined impact of workplace violence on psychological and occupational outcomes among healthcare professionals working in emergency and urgent care settings. To date, no scoping review has specifically mapped recent evidence concerning the relationship between workplace violence, work-related stress, burnout, and broader psychological well-being within these high-intensity healthcare environments. Moreover, this review synthesizes recent evidence generated during and following the COVID-19 pandemic, a period characterized by substantial organizational changes and unprecedented psychosocial demands for healthcare professionals. A comprehensive mapping of the existing literature is therefore needed to better understand the characteristics of the available evidence, identify key risk factors and outcomes, and highlight gaps requiring further investigation. Given the growing concern regarding the psychological well-being of emergency healthcare workers and its implications for healthcare quality, patient safety, workforce sustainability, and organizational resilience, synthesizing the available evidence is essential to support future research and inform prevention strategies. Therefore, the aim of this scoping review is to map and synthesize the existing literature on the relationship between workplace violence,

work-related stress, burnout, and psychological well-being among healthcare professionals working in hospital settings, with particular attention to emergency and urgent care environments, in order to identify the main risk factors, reported outcomes, and areas requiring further research.

Methods

Study Design

This scoping review aimed to map and synthesize the available evidence regarding workplace violence directed toward healthcare professionals and its association with work-related stress, burnout, and psychological well-being. The review was conducted in accordance with the methodological framework proposed by the Joanna Briggs Institute (JBI) for scoping reviews (Peters et al., 2020) and reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018). A scoping review methodology was considered appropriate given the heterogeneous nature of the available literature and the need to comprehensively examine the extent, characteristics, and distribution of evidence on workplace violence and its psychological consequences among healthcare professionals.

Review Question and PCC Framework

The review question was developed according to the Population–Concept–Context (PCC) framework recommended by the Joanna Briggs Institute (JBI). The population of interest consisted of healthcare professionals, including physicians, nurses, healthcare assistants, and other healthcare workers involved in direct patient care. The central concept was workplace violence and its association with work-related stress, burnout, and psychological well-being. The context of interest was represented by hospital healthcare settings. The review was guided by the following research question: *What evidence is available regarding workplace violence directed toward healthcare professionals in hospital settings and its impact on work-related stress, burnout, and psychological well-being?*

Eligibility Criteria

Eligibility criteria were established a priori and aligned with the review question and PCC framework.

Studies were included if they:

- involved healthcare professionals working in hospital settings;
- investigated physical, verbal, or psychological workplace violence directed toward healthcare workers;
- reported outcomes related to work-related stress, burnout, psychological well-being,

psychological health outcomes, or occupational safety perceptions;

- employed quantitative, qualitative, or mixed-method designs;
- were published in peer-reviewed journals;
- were available in English.

Studies were excluded if they:

- were conducted outside hospital settings;
- focused on violence not directly targeting healthcare professionals;
- did not address outcomes relevant to the review question;
- consisted of editorials, commentaries, letters to the editor, conference abstracts, opinion papers, or purely theoretical publications.

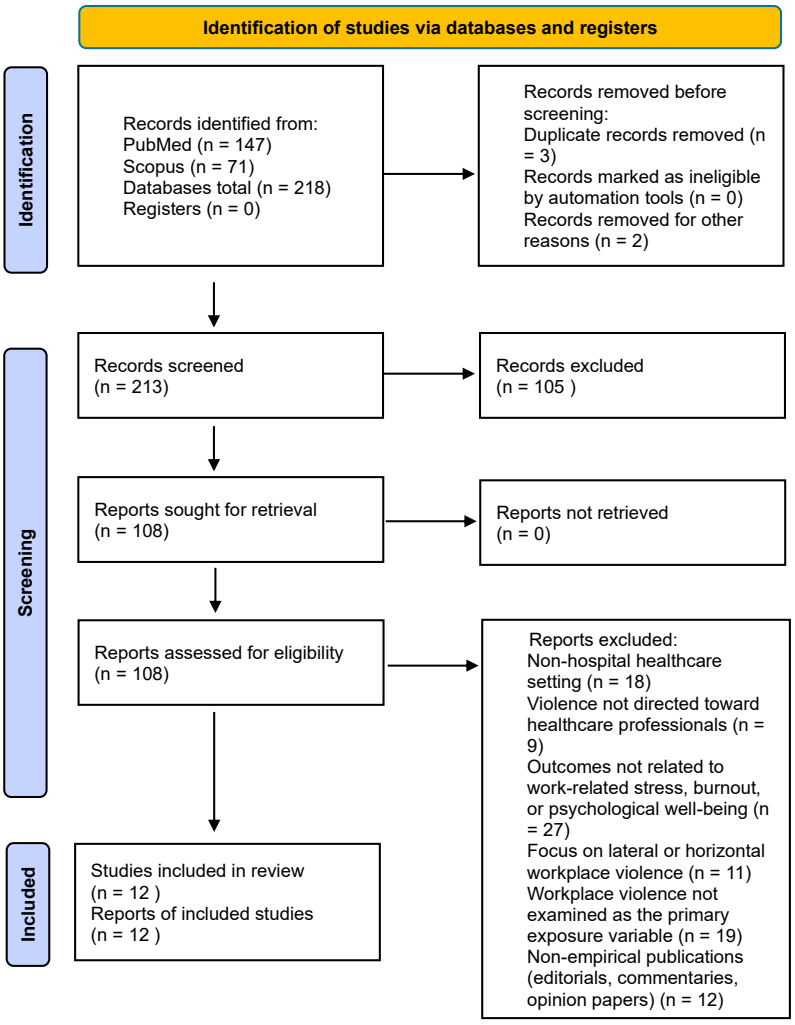
Search Strategy

A comprehensive literature search was conducted in the PubMed and Scopus databases to identify studies investigating workplace violence among healthcare professionals and its association with burnout, work-related stress, and psychological well-being. The search strategy was developed according to the PCC framework, and database-specific adaptations were applied when necessary. The following search string was used in both databases: ("workplace violence") AND ("healthcare workers") AND ("burnout"). Searches were performed within the title, abstract, and keyword fields. The database search was conducted on February 1, 2026. To ensure the relevance of the evidence to contemporary healthcare contexts, the search was limited to studies published between January 2021 and January 2026. This time frame was selected to provide an updated synthesis of evidence generated during and following the COVID-19 pandemic, a period characterized by substantial organizational changes and increased psychosocial demands within healthcare settings. Additional filters were applied to include only studies involving human participants and articles published in English.

Selection of Sources of Evidence

All records identified through the database searches were exported and screened for duplicate entries. Following duplicate removal, titles and abstracts were independently reviewed by the research team according to the predefined eligibility criteria. Potentially relevant studies were subsequently assessed through full-text review to determine their eligibility for inclusion. Any uncertainties regarding study selection were resolved through discussion among the reviewers until consensus was reached. The selection process was documented using a PRISMA-ScR flow diagram detailing the identification, screening, eligibility assessment, and inclusion phases of the review (Figure 1).

Figure 1. PRISMA 2020 *flow diagram*



Data Charting and Synthesis

Data were independently extracted by the reviewers using a standardized data-charting form developed specifically for this review in Microsoft Excel. The form was designed to systematically collect and organize information from each study, including authorship, year of publication, country, study design, participant characteristics, healthcare setting, type of workplace violence investigated, and psychological and occupational outcomes. Study characteristics were summarized in a tabular format (Table 1), while a narrative synthesis was conducted to identify recurring themes related to workplace violence, its psychological and occupational consequences, and factors influencing healthcare workers' well-being. This approach enabled the mapping of the available evidence and the identification of gaps requiring further investigation. Consistent with the exploratory purpose of scoping reviews, a formal critical appraisal of the methodological quality of the included studies was not undertaken.

Table 1. Characteristics and main findings of the studies included in the scoping review

Author Year	Country	Study Design	Sample	Context	WPV (source/type)	Main Outcomes	Main results
Hu et al., 2024	China	Cross-sectional study	1199 health workers	COVID-19 Mobile Hospitals	Verbal, physical violence and sexual harassment	Burnout, perceived stress	WPV is significantly associated with burnout; perceived stress mediates the relationship between violence and burnout.
Anbesaw et al., 2023	Ethiopia	Cross-sectional study	251 health professionals	Specialized hospital	Physical violence	Burnout	Significant association between exposure to physical violence and increased risk of burnout; burnout is also associated with job dissatisfaction and low interest in the profession.
Tsukamoto et al., 2021	Brazil	Cross-sectional study	Nursing staff	University Hospital	Verbal and physical violence	Burnout	WPV exposure is associated with increased emotional exhaustion and depersonalization.
Chen et al., 2022	China	Cross-sectional study	Healthcare professionals	General hospitals	Verbal, physical violence and threats from patients/family members	Burnout	WPV experience is associated with an increased likelihood of burnout.
Vidal-Alves et al., 2022	Spain	Cross-sectional study	950 nurses	General hospitals	Physical and non-physical violence from patients	Burnout, mental health	Violence experienced predicts burnout, which in turn is associated with worse mental health outcomes.
Cao et al., 2022	China	Cross-sectional study	825 health workers	Level III public hospitals	Verbal and physical violence from	Job burnout	WPV is significantly associated with job burnout.

Note. WPV = workplace violence; PTSD = post-traumatic stress disorder; COVID-19 = coronavirus disease 2019.

Results

The study selection process resulted in the inclusion of 12 studies published between January 2021 and January 2026. Most studies employed cross-sectional observational designs and were conducted across a range of geographical settings, including China, Ethiopia, Brazil, Spain, Germany, Italy, and South Korea. The study populations predominantly consisted of nurses, physicians, and other healthcare professionals working in hospital settings.

Across the included studies, workplace violence was primarily perpetrated by patients and family members. Verbal and psychological aggression emerged as the most frequently reported forms of violence, whereas physical assaults were reported less frequently but remained a significant concern. The outcomes most commonly investigated included burnout, occupational stress, psychological well-being, mental health, post-traumatic symptoms, and job satisfaction.

Relationship Between Workplace Violence and Burnout

Burnout was the most frequently examined outcome among the included studies. Consistent evidence indicated that healthcare professionals exposed to workplace violence experienced higher levels of emotional exhaustion, depersonalization, and reduced personal accomplishment compared with non-exposed colleagues. Studies conducted across different healthcare systems and cultural contexts reported remarkably similar findings, suggesting that the association between workplace violence and burnout is not limited to specific organizational or geographical settings. Evidence from Hu et al. (2024) suggested that perceived stress as a potential intermediary mechanism linking exposure to violence and burnout development, particularly in healthcare workers exposed to repeated aggressive incidents.

These findings highlight workplace violence as a relevant occupational risk factor contributing to the depletion of emotional and professional resources among healthcare workers.

Psychological Consequences of Workplace Violence

In addition to burnout, workplace violence was consistently associated with adverse psychological outcomes. Studies reported increased levels of anxiety, depression, emotional distress, poorer mental health, reduced occupational well-being, and symptoms related to post-traumatic stress among healthcare professionals exposed to aggressive behaviors (Vidal-Alves et al., 2022; Nam et al., 2021; Magnavita et al., 2024). Furthermore, studies focusing on burnout dimensions reported higher levels of emotional exhaustion and depersonalization among healthcare workers exposed to workplace violence, suggesting a

broader impact on psychological well-being and professional functioning (Converso et al., 2021).

Evidence further suggested that exposure to violence may negatively influence emotional functioning and interpersonal relationships in clinical practice. Nam et al. (2021), for example, reported lower levels of empathy and greater psychological distress among healthcare workers who had experienced verbal aggression, whereas Vidal-Alves et al. (2022) and Magnavita et al. (2024) documented broader negative effects on mental health and well-being.

Overall, the findings suggest that workplace violence may negatively influence not only occupational functioning but also the broader psychological health of healthcare professionals.

Occupational Stress and Job Satisfaction

Occupational stress emerged as another recurrent outcome associated with workplace violence. Healthcare workers exposed to aggressive incidents consistently reported higher levels of perceived stress and lower levels of job satisfaction than their non-exposed counterparts (Hu et al., 2024; Magnavita et al., 2024; Cascales-Martínez et al., 2024).

Magnavita et al. (2024) and Cascales-Martínez et al. (2024) emphasized the influence of organizational factors on this relationship. Perceived workplace safety, social support, staffing adequacy, and organizational climate appeared to play important roles in shaping workers' responses to violent incidents. Evidence suggested that supportive work environments may partially mitigate the negative psychological consequences of workplace violence, whereas organizational constraints may exacerbate them.

Discussion and Conclusion

The findings of this scoping review identify workplace violence against healthcare professionals as a significant issue in contemporary hospital settings, with important implications for both workers' psychological well-being and healthcare organizations. The convergence of evidence from the twelve included studies suggests that exposure to aggressive incidents—predominantly verbal, but in some cases also physical—constitutes a relevant psychosocial risk factor for healthcare personnel. This evidence is consistent with the international literature, which recognizes workplace violence as a major threat to healthcare workers' health, safety, and professional functioning (World Health Organization, 2002; Liu et al., 2019).

The synthesis of findings highlights workplace violence as a factor consistently associated with increased levels of burnout among healthcare professionals. Tsukamoto et al. (2021) reported that exposure to verbal and physical violence among nursing staff was associated with higher levels of emotional exhaustion and depersonalization. These findings are consistent with evidence showing that aggression from patients and visitors contributes to emotional exhaustion among nurses, negatively influencing perceptions of patient safety and representing a potential mechanism through which workplace violence affects not only individual well-being but also the quality of care delivery (Kim et al., 2021; Hacer & Ali, 2020). Converging evidence further suggests that exposure to aggressive behaviors perpetrated by patients or family members is associated with increased emotional exhaustion and depersonalization among nurses (Roth et al., 2025; Converso et al., 2021; Molero-Jurado et al., 2022). Similarly, Chen et al. (2022) and Cao et al. (2022) further supported the association between workplace violence and burnout in large samples of hospital-based healthcare professionals, while Hu et al. (2024) highlighted the mediating role of perceived stress in the association between experiences of violence and psychological distress. Collectively, these findings are in line with previous literature identifying workplace violence as a major occupational stressor associated with higher levels of burnout and deteriorating psychological well-being among healthcare workers (Lanctôt & Guay, 2014; Liu et al., 2019).

Additional evidence suggests that emotional exhaustion may represent one of the mechanisms through which workplace violence influences occupational and organizational outcomes, including job satisfaction and turnover intention (Gedik et al., 2023). In this regard, Anbesaw et al. (2023) reported that physical violence, although less frequent than verbal aggression, was associated with an increased risk of burnout, suggesting that such experiences may act as particularly intense psychological stressors. These findings are supported by recent studies linking workplace violence to higher levels of emotional exhaustion, psychological distress, and reduced occupational well-being among healthcare professionals (Cannizzaro et al., 2025; Campione et al., 2025; Luo et al., 2025). From a theoretical perspective, these observations may be interpreted through the COR Theory (Hobfoll, 1989), according to which repeated exposure to threatening or demanding situations progressively depletes emotional and cognitive resources, increasing vulnerability to stress-related outcomes.

Beyond burnout, several studies highlighted the broader impact of workplace violence on healthcare workers' mental health. Vidal-Alves et al. (2022) observed that exposure to

patient violence was associated with poorer psychological outcomes, including anxiety, depression, and emotional distress. These findings are consistent with recent studies identifying workplace violence as a significant risk factor for deteriorating psychological well-being and reduced coping capacity among healthcare professionals (Zhang et al., 2025; Zheng et al., 2024), as well as with literature reviews reporting a broader negative impact on nurses' quality of working life (Kafle et al., 2022).

Further psychological consequences were described by Nam et al. (2021), who reported an association between workplace violence and post-traumatic symptoms, as well as reduced empathy toward patients. Similar findings have been reported by recent studies showing that exposure to workplace violence is significantly associated with symptoms consistent with post-traumatic stress disorder among healthcare workers, reinforcing the potentially traumatic nature of aggressive experiences in healthcare environments (Gräske et al., 2025). These findings suggest that the consequences of workplace violence extend beyond occupational functioning and affect broader aspects of psychological health, emotional resilience, and interpersonal relationships. From a psychological perspective, workplace violence may be conceptualized not only as an occupational stressor but also as a potentially traumatic experience. Although work-related stress, burnout, psychological distress, and post-traumatic symptoms are closely related, they represent distinct constructs. Work-related stress reflects the perceived imbalance between occupational demands and available resources, whereas burnout refers to a chronic occupational syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. In contrast, psychological distress and post-traumatic symptoms encompass broader emotional and clinical manifestations that may extend beyond the occupational domain. Furthermore, the heterogeneity of outcomes observed across studies suggests that individual and contextual factors, such as resilience, coping strategies, perceived social and organizational support, professional experience, and career stage, may influence healthcare workers' responses to workplace violence. These factors may help explain why professionals exposed to similar experiences exhibit different psychological outcomes and should be further explored in future research.

The impact of workplace violence also appears to extend beyond the individual level. Magnavita and Meraglia (2024) reported higher levels of occupational stress among nurses exposed to aggressive behaviors, emphasizing the importance of organizational variables in understanding the phenomenon. Similarly, Cascales-Martínez et al. (2024) identified an association between experiences of aggression and reduced job satisfaction, suggesting

potential implications for professional engagement and workforce retention. These findings are consistent with previous studies linking workplace violence to increased turnover intention and reduced perceived quality of care (Duan et al., 2019). Taken together, this evidence suggests that the consequences of workplace violence may extend to the organizational level, influencing therapeutic relationships, staff retention, and, indirectly, the effectiveness and quality of healthcare delivery.

From a practical perspective, the findings of this review highlight the need for multi-level strategies aimed at preventing and managing workplace violence within healthcare organizations. Interventions focused on improving workplace safety, implementing structured violence-reporting systems, providing psychological support services, and strengthening healthcare workers' competencies in managing aggressive behaviors may help reduce the impact of violent incidents on both individual and organizational outcomes. In this regard, La Barbiera et al. (2026) emphasized the importance of continuous training programs, multidisciplinary involvement, organizational commitment, and integrated prevention strategies as key success factors in workplace violence prevention initiatives within healthcare settings. These findings further support the need for comprehensive and proactive approaches to violence prevention.

Overall, the evidence synthesized in this review suggests that workplace violence should be considered not only an occupational safety issue but also a critical determinant of healthcare workers' psychological health, workforce sustainability, and healthcare quality. Addressing this phenomenon requires coordinated efforts at individual, organizational, and policy levels to promote safer, healthier, and more supportive healthcare environments. In an era marked by increasing healthcare demands, workforce shortages, and growing attention to mental health, protecting healthcare professionals from workplace violence may represent a fundamental prerequisite for fostering resilient healthcare systems capable of ensuring both worker well-being and high-quality patient care.

Limitations and Future Directions

The findings of this scoping review should be interpreted considering several limitations. Most of the included studies adopted cross-sectional designs, limiting the possibility of establishing causal relationships between workplace violence and the psychological and occupational outcomes observed. In addition, considerable methodological heterogeneity was identified across studies, particularly regarding measurement instruments, and assessed outcomes, reducing the comparability of findings. The widespread use of self-report measures may have also introduced recall and response biases. Moreover, the search strategy

included the term "burnout" as a proxy indicator of occupational psychological distress. Although studies reporting a broad range of psychological outcomes were considered during the screening process, this choice may have limited the identification of studies investigating other mental health outcomes without explicitly referring to burnout. Consistent with scoping review methodology, no formal critical appraisal of study quality was performed; therefore, the evidence should be interpreted with caution. Future research should prioritize longitudinal and prospective designs to better understand the relationships between workplace violence, work-related stress, burnout, and psychological well-being. Greater standardization of assessment tools would facilitate comparisons across studies and strengthen the evidence base. Finally, further intervention studies are needed to evaluate the effectiveness of organizational strategies aimed at preventing workplace violence and supporting healthcare workers, including training programs, managerial support initiatives, and psychological support services.

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Appendix A.

Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	The Impact of Workplace Violence on Work-Related Stress, Burnout, and Psychological Well-Being Among Healthcare Professionals: A Scoping Review	1
ABSTRACT			
Structured summary	2	This scoping review aimed to map and synthesize the available evidence regarding workplace violence against healthcare professionals in hospital settings and its association with work-related stress, burnout, and psychological well-being. The review was conducted following the Joanna Briggs Institute methodology for scoping reviews and reported according to the PRISMA-ScR guidelines. A literature search was performed in PubMed and Scopus using the search string "workplace violence AND healthcare workers AND burnout". Studies published in English between January 2021 and January 2026 were considered eligible if they investigated hospital healthcare workers exposed to physical, verbal, or psychological violence and reported outcomes related to psychological or occupational well-being. Following the screening and eligibility assessment process, 12 studies were included. The evidence consistently showed that workplace violence was associated with higher levels of burnout, occupational stress, psychological distress, post-traumatic symptoms, and reduced job satisfaction. Overall, workplace violence emerged as a significant psychosocial risk factor affecting healthcare workers' well-being and highlighting the	1

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
		need for effective organizational prevention and support strategies.	
INTRODUCTION			
Rationale	3	The review was conducted to explore and map the available evidence regarding workplace violence against healthcare workers in hospital settings and its association with work-related stress, burnout, and psychological well-being. Although growing attention has been devoted to this topic, the literature remains heterogeneous in terms of study populations, healthcare settings, outcomes investigated, and methodological approaches. A scoping review was therefore considered the most appropriate methodology to examine the breadth and nature of the available evidence, clarify how the phenomenon has been conceptualized in the literature, and identify existing knowledge gaps to inform future research and practice.	1-2
Objectives	4	The aim of this scoping review was to map and synthesize the available evidence regarding workplace violence against healthcare professionals in hospital settings and its association with work-related stress, burnout, and psychological well-being. Guided by the Population–Concept–Context (PCC) framework, the review focused on healthcare professionals as the target population, workplace violence as the central concept, and hospital settings as the context of interest. Specifically, the review sought to identify the forms of workplace violence reported in the literature, examine their psychological and occupational consequences, and explore existing gaps in the current evidence base.	1-3
METHODS			
Protocol and registration	5	A protocol was developed prior to conducting this scoping review to guide the review process and ensure methodological consistency. The review was conducted following the Joanna Briggs Institute (JBI) methodology for scoping reviews and reported according to the PRISMA Extension for Scoping Reviews (PRISMA-ScR) guidelines. The protocol was not registered in any international review registry.	3-8
Eligibility criteria	6	Studies were eligible for inclusion if they involved healthcare professionals working in hospital settings and examined exposure to workplace violence, including physical, verbal, or psychological aggression. Eligible studies reported outcomes related to work-related stress, burnout, psychological well-being, mental health, occupational well-being, or related psychosocial consequences. Quantitative, qualitative, and mixed-methods studies published in English between January 2021 and January 2026 were considered. Studies conducted in non-hospital settings, studies not focused on violence directed toward healthcare professionals, and publications without empirical data (e.g., editorials, commentaries, opinion papers, and theoretical articles) were excluded.	3-8
Information sources*	7	The literature search was conducted in the electronic databases PubMed and Scopus. These databases were selected to ensure broad coverage of biomedical, health, and interdisciplinary	3-8

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
		research relevant to workplace violence and healthcare professionals. The final search was performed in January 2026.	
Search	8	The search strategy was developed according to the Population–Concept–Context (PCC) framework and was designed to identify studies addressing workplace violence among healthcare professionals and its psychological and occupational consequences. The primary search string was "workplace violence AND healthcare workers AND burnout" and was applied to the title, abstract, and keyword fields. Minor adaptations were made to ensure compatibility with the search interfaces of the different databases. Searches were limited to studies published in English between January 2021 and January 2026.	3-8
Selection of sources of evidence	9	Records identified through the database searches were screened after the removal of duplicate records. Titles and abstracts were assessed against the predefined eligibility criteria, and potentially relevant articles were subsequently retrieved and evaluated through full-text assessment. Studies meeting the inclusion criteria were included in the review. The entire selection process was documented and summarized using a PRISMA-ScR flow diagram.	3-8
Data charting process	10	Data were extracted from the included studies using a predefined data-charting form developed for this review. The charting process aimed to systematically capture key study characteristics and outcomes of interest, including authorship, year of publication, country, study design, participant characteristics, healthcare setting, type of workplace violence investigated, and psychological and occupational outcomes. The data-charting process was iterative and allowed for refinement of categories when necessary to ensure comprehensive capture of relevant information.	3-8
Data items	11	Variables considered included author and year of publication, country of study conduct, research design, sample characteristics, hospital setting, type of violence reported, and main psychological or work outcomes.	3-8
Critical appraisal of individual sources of evidence	12	A formal critical appraisal of the methodological quality of the included studies was not undertaken. Consistent with the exploratory purpose of scoping reviews, the objective of this review was to map and summarize the available evidence rather than to assess the risk of bias or methodological rigor of individual studies.	Not applicable
Synthesis of results	13	The results were synthesized using descriptive, narrative, and thematic approaches. Study characteristics were summarized in a tabular format, while the findings were organized according to the main forms of workplace violence reported and their associated psychological and occupational outcomes. This approach facilitated the mapping of the available evidence and the identification of recurring themes and knowledge gaps within the literature.	3-8
RESULTS			

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Selection of sources of evidence	14	The database searches identified 218 records. After the removal of duplicate records and the screening of titles and abstracts, 108 full-text articles were assessed for eligibility. Following the application of the predefined inclusion and exclusion criteria, 12 studies were included in the final review. The study selection process is presented in the PRISMA-ScR flow diagram (Figure 1).	8-9
Characteristics of sources of evidence	15	The characteristics of the included studies were summarized in Table 1. Extracted information included authors, year of publication, country, study design, participant characteristics, healthcare setting, type of workplace violence investigated, outcomes assessed, and principal findings. The included studies were conducted across different geographical and healthcare contexts and predominantly employed cross-sectional designs.	8-9
Critical appraisal within sources of evidence	16	A critical appraisal of the included studies was not conducted, consistent with the exploratory purpose of the review.	8-9
Results of individual sources of evidence	17	For each included study, data were reported regarding study characteristics, type of workplace violence investigated, and the associated psychological and occupational outcomes. The findings consistently highlighted associations between workplace violence and adverse outcomes, including burnout, occupational stress, psychological distress, post-traumatic symptoms, reduced job satisfaction, and impaired well-being among healthcare professionals.	8-9
Synthesis of results	18	The synthesis of the available evidence suggests that workplace violence is consistently associated with adverse psychological and occupational outcomes among healthcare professionals. Across the included studies, exposure to verbal, psychological, and physical aggression was linked to higher levels of burnout, occupational stress, psychological distress, post-traumatic symptoms, poorer mental health, and reduced job satisfaction. Verbal and psychological violence emerged as the most frequently reported forms of aggression, while organizational factors such as social support, workplace safety, and managerial support appeared to influence the impact of violent experiences on workers' well-being.	8-9
DISCUSSION			
Summary of evidence	19	The available evidence consistently suggests that workplace violence represents a significant psychosocial hazard for healthcare professionals working in hospital settings. Across the included studies, exposure to verbal, psychological, and physical aggression was associated with higher levels of burnout, occupational stress, psychological distress, post-traumatic symptoms, and reduced job satisfaction. Verbal and psychological violence emerged as the most frequently reported forms of aggression. The findings further indicate that organizational factors, including social support, workplace safety, and managerial support, may influence the extent to	10-11

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
		which workplace violence affects healthcare workers' well-being and occupational functioning.	
Limitations	20	The findings of this review should be interpreted in light of several limitations. Most of the included studies employed cross-sectional designs, limiting the ability to establish causal relationships between workplace violence and psychological or occupational outcomes. Considerable methodological heterogeneity was observed across studies in terms of definitions, measurement instruments, and outcomes assessed, reducing comparability between findings. In addition, most evidence was derived from self-report data and from high-intensity hospital settings, which may limit the generalizability of the results. Finally, no formal critical appraisal of methodological quality was conducted, consistent with the exploratory nature of the scoping review.	11
Conclusions	21	The evidence mapped in this scoping review suggests that workplace violence is a significant psychosocial risk factor associated with burnout, occupational stress, and impaired psychological well-being among healthcare professionals working in hospital settings. The findings underscore the need for comprehensive organizational, preventive, and training strategies aimed at reducing workplace violence and supporting healthcare workers' mental health. Strengthening safe and supportive work environments may contribute not only to workforce well-being but also to healthcare quality, organizational sustainability, and patient safety.	10-11
FUNDING			
Funding	22	This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.	11