American Journal of Psychiatric Rehabilitation

Expert Opinion Article

Effectiveness Of Training Programme Among Security Personnel Regarding Knowledge Of Violence Management In Hospital Setting": A Narrative Review

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ABSTRACT

Introduction: Hospitals have faced growing challenges in ensuring the safety and security of their premises, patients, staff, and visitors. Training programs for security personnel in hospital settings play a crucial role in addressing these challenges and enhancing overall safety and security measures

Materials and methods: A systematic literature review was conducted using PubMed, Scopus, and Google Scholar, focusing on studies from France, Italy, Spain, the USA, Canada, and India. The inclusion criteria consisted of experimental and qualitative studies that assessed the impact of training programs on violence management in hospital settings. The selected studies involved pre-tests, post-tests, and demonstration sessions.

Results: Workplace violence (WPV) against healthcare workers, especially nurses, is widespread globally (14–43% prevalence), with verbal abuse, humiliation, and physical aggression most common. Perpetrators are often patients, relatives, or colleagues, with psychiatric units, emergency departments, and surgical wards most affected. Younger and male staff face higher risks of injury and absenteeism. WPV causes significant physical, psychological, and occupational harm, yet remains underreported due to perceived inaction. Risk factors include shift work, department type, and poor preventive measures. Training boosts confidence but fails to sustain reduction without organizational strategies. Integrated prevention, strong reporting systems, hazard pay, and safety-focused culture are essential.

Conclusion: It was found that training is effective in improving knowledge, skills and confidence of the participants.

Key words: Video-assisted lecture, Chart presentation, Demonstration, Security Personnels.

INTRODUCTION

BACKGROUND

Violence is defined as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."
(World Health Organization)

Violence management in a hospital setting is defined as the systematic approach to preventing, reducing, and addressing all forms of violence that may occur within healthcare facilities.
(World Health Organization)

An act of violence can be either physical or verbal. Although violence can happen anywhere, the health care industry is more likely to experience it because of its higher demands and stressful environment. Due to their close closeness to patients, healthcare providers, nurses, and nursing assistants are particularly vulnerable to violence in the healthcare industry. According to reports, there is 30% of workplace violence in the United States, 9.5% in England, 36.4% in Japan, 67.4% in Saudi Arabia, and 85.2% in Turkey. These acts of violence are described as a quiet epidemic that has grave repercussions or maybe fatal damage.

Violence has a significant impact on workplace safety, global health, and the lives of victims, patients, and healthcare organizations.

In the healthcare industry, violence takes many different forms. Physical abuse, harm, insults, defamation, and disruption of work are a few examples. Staff members who work in medicine and nursing are particularly vulnerable to both physical and psychological abuse. Patients, careers, nurses, doctors, and hospital staff may all be victims of this variety of violence, which primarily occurs in emergency departments, general wards, psychiatric wards, and intensive care units.

In hospitals, which are committed to healing, violence against medical staff is not expected; nonetheless, it is common and causes concern in the health system. The causes of hospital violence are not well understood, and the ways in which these causes interact are even less understood. The study's

objective was to ascertain and characterize the security personnel's impressions of the elements that contribute to patient and companion violence.
Workplace violence refers to any act or threat of violence committed against employees, whether they are working or not. It is an issue that affects both employers and employees in healthcare environments. It might include everything from minor bodily wounds to the person's death. Workers from all disciplines were impacted by the violence in the healthcare facility; among these, physicians were the targets of physical violence at a rate of 16.2 per 1,000 workers, nurses, at 21.9 per 1,000 workers, and patient care assistants, at 8.5 per 1,000 workers. Less is known about the contact and more is unknown about the facts that lead to the violence.

Author (Yrs.) & State, Country	**Study, Objective, Design & Setting**	**Methodology (Population, sample size, sampling technique, tools for data collection)**	**Results (Key findings, conclusion, recommendations and Comments)**
Zhi Ying Lim et.al (October,2023) Brunei	Study: Abuse of workers in inpatient mental health facilities Purpose: The purpose of this study is to investigate how violence affects nurses and what experiences nurses have had with it at work. Design: exploratory qualitative research. Setting: Raja Isteri Pengiran Anak Saleha Hospital, Brunei Darussalam's Mental Health Unit Kiarong	Population: Nurses at Brunei Darussalam's Raja Isteri Pengiran Anak Saleha Hospital's Mental Health Unit Kiarong Methodology: Individual interviews were conducted through internet platforms to gather data. Only pertinent passages were translated into English for the write-up from the verbatim transcripts of the interviews, which were conducted in either English or Malay.	Findings: Three themes emerged from this study: the perception of workplace violence's impact, violence as a norm in psychiatric settings, and the coping strategy of "Talk, Report, and Accept." In summary, it is clear that workplace violence is accepted worldwide in the nursing profession, particularly in the psychiatric context. There are numerous detrimental long- and short-term effects of workplace violence on nurses. Despite this, there are a lot of reasons why workplace violence remains unreported, the primary one being that nothing changes once it is reported. Encouraging nurses to report any incidents of violence at work can be achieved by offering hazard pay and exhibiting successful adjustments.
Md. Shahjalal et.al (June 2023) Bangladesh	Research: Impact of occupational violence on workers' health, injuries, and absenteeism in Bangladesh The purpose of the study was to find out how often occupational injuries and WPV-related absenteeism were among Bangladeshi	The population comprises of hospital employees with a minimum of one year of experience, including registered physicians, nurses, paramedical staff, medical technicians, and attendants. Method: Over the course of the previous 12 months, encounters with workplace	The findings indicate that among HWs, the prevalence of occupational injuries and absenteeism attributable to work-related violence was 14.10% (95% CI 11.23–7.57) and 22.44% (95% CI 18.87–26.45), respectively. The incidence of injuries was

	healthcare workers, as well as how these characteristics linked to health facilities, work conditions, and rotating shift work were associated with these outcomes. Study design: cross-sectional Location: Bangladesh	violence and its effects on work functioning were evaluated using a self-administered questionnaire based on the "Workplace Violence Survey Questionnaire (2003, ILO/ICN/WHO/PSI)".	higher among young HWs (20.83%) and males (17.67%). Absenteeism from work was more prevalent in male HWs (25%) and public hospital employees (23.46%). In conclusion, this study found that WPV was a significant cause of occupational injuries and absenteeism among healthcare workers in a variety of hospital departments, including the intensive care unit, emergency room, surgical department, and gynecology and obstetrics unit. To address violence in healthcare settings, policymakers in Bangladesh should include appropriate tactics in the country's national health strategy.
Jenny Jakobsson et.al (April,2023) Sweden	Study: Examining workplace violence in Sweden's surgical units Goals: Investigate WPV against Swedish registered nurses and assistant nurses who work in surgical wards. Study design: cross-sectional Setting: Swedish surgical wards	Population: a registered or assistant nurse who works in a surgical ward. The Psychosocial Safety Climate (PSC) short version and the Swedish standard version of the Copenhagen Psychosocial Questionnaire (COPSOQ III) components were used for the sampling process.	Findings: Among workplace violence incidents, humiliation was the most commonly reported form (28.8%), followed by physical aggression (24.2%), threats (17.7%), and unwelcome sexual attention (12.1%). According to reports, patients and their guests are mostly responsible for all forms of exposure. Furthermore, a third of the participants reported instances of humiliation at the hands of peers. In summary, our research indicates that, in spite of a highly Despite the high frequency of WPV, there doesn't seem to be much preparation for stopping or managing such incidents.
Henok Legesse et.al (Nov 2022) Eastern Ethiopia	Research: Factors linked to workplace violence among nurses employed in public hospitals in eastern Ethiopia: Goal: to evaluate the	Nurses in a Penang, Malaysia government hospital comprise the population. Sample size: 410 nurses who were chosen at random	Findings: 43.9% of cases of reported WPV were present. Verbal abuse (82.2%) was the most frequent type of WPV, followed by psychological

	prevalence of workplace violence and risk variables related with it among nurses employed in public hospitals in eastern Ethiopia Cross-sectional design Environment: Eastern Ethiopia	to answer Methodology: self-administered questionnaire with a standardized WPV questionnaire	(8.9%), physical (8.3%), and sexual (0.6%) violence. The majority of the offenders were patients' relatives (51.7%), then other patients (30%). The results of multiple logistic regression showed that the risk of WPV was six times higher for nurses working in the emergency department (ED) compared to those working in other departments.
Sarah Stafford et.al (Sept 2022)	Research: What effect does patient aggression in the ER have on the purpose of departing emergency nurses? The purpose of this study is to investigate the relationship between patient aggression experienced in the emergency room and emergency nurses' intention to quit. Plan: comprehensive analysis	Population: Emergency Nurse Data collecting instruments: For this review, a thorough, targeted, and sensitive search strategy was employed. To guarantee reproducibility and transparency, a precise record of the search method was kept. Using preset key search phrases, the search method was carried out in the CINAHL, Medline, and PsycINFO databases through November 2021.	Result: Despite initiatives including formal incident reporting methods, education, training, and indoor safety measures, violence is still a common occurrence in renal units. Recent years have seen a significant increase in the amount of money dedicated to the prevention of workplace violence through the use of specialized courses, which has increased the number of complaints and episode reports. The study's conclusion demonstrates the steps taken in renal units over the past ten years to prevent and manage violence against nurses, and it indicates that staff education and training have received the most funding recently.
Stephanie A. Rolin et.al (April 2021) New York	Research: Aggression in mental health settings: demographic and clinical traits of patients who were the objects of hostility The purpose of this study is to determine the features of patients who were the targets of other patients in order to pinpoint a demographic that is more vulnerable to victimization.	Population: describing the patients engaged in cases classified as physical assaults between individuals Methods: For every patient found through the incident reports, a chart review was done. After conducting separate reviews of the medical records, two coders (REL and SAR) gathered data on clinical histories, diagnoses, treatment	Findings: During the study period, 184 distinct occurrences were recorded in the incident reporting system, out of which 72 patients were recognized as the targets of violence. Roughly 37 percent of those people were also found to have started an attack.

	Setting: a sizable teaching hospital with multiple campuses in New York City that provides psychiatric care.	features, and demographics.	
Kristin M Holland et.al(Feb 2021)17U.S	Trends in US ED Visits for Overdose, Violence, and Mental Health Concerns Prior to and During the COVID-19 Pandemic Goal: To assess how the COVID-19 pandemic affected US ED visits related to mental health problems (MHCs), suicide attempts (SAs), overdoses (ODs), and violent consequences.	Patients who visit the emergency room comprise the population. The purpose of this analysis is to look at how the COVID-19 pandemic affected US ED visits related to mental health problems (MHCs), suicide attempts (SAs), overdoses (ODs), and violent consequences. Study design: cross-sectional Setting: Emergency department of US hospitals.	Result: Weekly counts of all drug and opioid ODs varied from 1% to 45% higher in 2020 compared with the same week in 2019. However, there was a minor drop in all drug ODs from March 29 to April 11 (range, 3.4%-4.3%) compared with the same weeks in 2019. On the other hand, between March 15, 2020, and May 17, 2020, ED visits for SCAN showed a more marked decline than ED visits overall (range, 30.8%-50.7%). The results of this study highlight the need for ongoing screening, interventions, and messages on MHC, OD, suicide, and violence prevention at the individual, relationship, community, and societal levels. Longitudinal surveillance is also necessary to monitor the long-term effects of COVID-19.
Yunhwa Jeong et.al (2020 June) Korea	Research: Creating and Improving a Clinical Training Program for Preventing Violence Among Nursing Students Goal: Evaluating the efficacy of a program designed to reduce violence against nursing students. Plan: Almost an experimentSetting: North Gyeongsang, Korea's K University	People: Students pursuing nursing 45 is the sample size. Technique for sampling: semi-structured interview	In summary, the program proved to be a successful intervention in enhancing problem-focused coping strategies, enhancing the capacity to handle violent situations, and diminishing emotion-focused coping methods.
Scott Lamontet.al (September,2018) Australia	Research: The impact of a program on workplace violence prevention on generalist nurses working in acute hospitals	Population: Nurses employed in fields where violence has been classified as a "high risk." Method: A one-day workshop was utilized as	Findings: Eighty-seven participants finished the pre- and post-workshop assessment forms. In fourteen out of the fifteen components related to

	The aim of this study is to investigate how a workplace violence training program affects confidence levels, de-escalation skills, breakaway strategies, and risk assessment and management procedures in an acute hospital setting. Study design: quasi-experimental Setting: Sydney, Australia's metropolitan tertiary referral hospital with 440 beds	the pre-post-test design for the participants. Two validated questionnaires were used in the workshop evaluation: the Confidence in Coping with Patient Aggression Instrument and the Continuing Professional Development Reaction questionnaire. Calculations were made for descriptive and inferential statistics. The statistical significance of the pre- to post-intervention improvements in the clinical behavior intention and confidence ratings was evaluated using the paired t-test. The magnitude of the significant outcomes was ascertained by computing Cohen's d effect sizes.	the three main workshop objectives, there were statistically significant increases in behavior intention scores and confidence ratings. In certain constructs, medium to high effect sizes were noted. A post-test with a substantial effect size also revealed a significant increase in general confidence in handling patient hostility. In conclusion Positive outcomes from the training on workplace violence were noted. A multifaceted organizational strategy that incorporates governance, quality, and review processes must be used in conjunction with training.
B.Heckemann et.al (January,2015)	Research: The impact of courses on aggression management on students and nursing personnel employed in acute care settings. The aim of this study is to examine and compile existing research on the impact of anger management instruction on nurses and nursing students employed in general hospitals, and to provide suggestions for further investigations. Design: Narrative, systematic review.	Population: General hospital employees who are nurses or nursing students Method: electronic databases in PubMed, psycArticles, CINAHL, MEDLINE, Cochrane library, Embase, PsycINFO, and psycINFO	The findings indicate that of the nine studies that were included, four were cohort studies without control groups (Beech, 2001, Fernandes et al., 2002, Grenyer et al., 2004); two were longitudinal cohort studies (Beech and Leather, 2003, Nau et al., 2009a); one was a quasi-experimental pretest posttest design control study (Doyle and Klein, 2001); one was a within-and-between groups design study (Nau et al., 2010). In conclusion, training broadens nurses' understanding of risk assessment and aggressive behavior management. Although it increases self-assurance in handling PVA, training has no discernible long-term impact in lowering PVA incidence. This emphasizes the advice made recently to address PVA using a whole-

			organization strategy that incorporates "outer shifts," such as employee training and health and safety.

The issue of workplace violence has become a worldwide concern that has to be addressed right away. The primary affected profession is nursing, and the special susceptibility of nurses to violence in the workplace is especially noticeable in the context of mental health nursing.

The International Labour Organization (ILO) defines violence as "any action, incident, or behaviour that deviates from reasonable conduct in which an individual is attacked, intimidated, harmed, or injured during, or as a direct consequence of, their employment." Violence can therefore be either physical or psychological in nature.

In the medical setting, nurses deal with a great deal of stress. Numerous pressures, including as lengthy work hours, coping with pain, grief, and emotional suffering, tending to dying patients, and supporting families, have always been a part of the job. Nurses have been under more stress lately due to a number of additional issues, including a lack of staff, patients who are becoming more complicated, budgetary restrictions at work, and the growing demand for them to be knowledgeable about rapidly evolving technologies. The already high stakes for nurses are raised by the effects of stress on higher order cognitive processes, particularly attention and memory. Every day, nurses have to deal with extremely challenging situations that call for prompt, precise judgments that have an impact on people's lives. Attentional lapses raise the possibility of major outcomes including drug mistakes and failing to identify life-threatening

Aggression in the workplace is a severe problem for companies and healthcare professionals. Aggression is associated with poor physical and mental health in individuals as well as high employee turnover rates, absenteeism, and decreased productivity or quality of work in organizations. Organizations have employed a range of treatments, like as education and training, to offset these detrimental effects by giving employees the information and abilities necessary to stop hostility. [4]

A violence prevention training program should cover how to increase security personnel's confidence in their ability to communicate during a violent incident as well as strategies for handling violent situations. It has been discovered that group activities incorporating simulation, education-based lectures, and the distribution of pamphlets are successful.

Effective agreement is urgently needed for the management and prevention of violent acts in hospitals because this is a critical issue that may have an impact on healthcare staff happiness and work performance. Thus, security officers must receive training on how to deal with violent behaviour. An initiative to enhance security personnel Distribution of pamphlets in medical settings; knowledge, skills, capacities, and confidence when handling violent patient behaviours through simulation training.

Conclusion:

The conclusion of this study effectively summarizes the core findings regarding the impact of the training program on the knowledge and preparedness of security personnel in managing violence in hospital settings. The research confirms that the training program was both *effective* and *necessary*, as it significantly enhanced the understanding and response capabilities of security personnel when confronted with violent incidents.

The authors appropriately highlight that prior to the program, security personnel lacked sufficient awareness of violence management strategies, and many were underprepared to de-escalate potentially dangerous situations. However, the post-training results show a marked improvement in both theoretical knowledge and practical application of violence management techniques, such as non-violent communication, crisis intervention, and personal safety protocols.

One strength of the conclusion is its clear link to the broader implications for hospital safety. It reinforces the idea that security personnel are a crucial part of the healthcare system's safety infrastructure and that ongoing professional development in this area can help reduce incidents of violence and improve overall hospital environment for both staff and patients. The conclusion also emphasizes the importance of continuous training and the need for tailored, context-specific programs that can evolve as the nature of hospital violence changes.

Conflict of interest:

The author declares that they have no conflicts of interest

Funding:

The author declares that there was no funding source

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