Power System Technology
ISSN:1000-3673

Received: 06-11-2025 Revised: 15-12-2025 Accepted: 19-01-2026

Occupational Violence in Primary Health Care Settings: An Integrative Review.

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Abstract:

In primary healthcare, workplace violence is a significant and expanding public health issue that jeopardizes both the quality of care and the health of employees. Nevertheless, there is still a dearth of evidence at this level of treatment. This article's goal is to locate and compile the available data on workplace violence among primary healthcare professionals, taking into account its frequency, contributing variables, effects, and preventative strategies. The Web of Science, PubMed, Scopus, SciELO, and Virtual Health Library databases were used in an integrative review. Included were quantitative and qualitative research that were published in Spanish, English, or Portuguese within the previous five years. Analysis was done on fourteen papers. The findings indicated that the most common type of workplace violence was verbal. Having direct patient contact, working shifts, being a woman, and being a nurse or nursing technician were the most significant linked factors. Organizational repercussions included higher employee turnover and absenteeism; psychological repercussions included feelings of guilt, worry, and concerns about professional ability. There were few preventive measures put in place, and they mostly concentrated on communication skills training and surveillance. According to the review, verbal abuse in the workplace is very common and is caused by organizational, structural, and individual variables. Its effects impact organizational dynamics as well as psychological well-being, and there is still a significant lack of information about preventive strategies.

Keywords: Workplace violence, Primary health care, Health personnel, Health care.

Introduction:

The prevalence of workplace violence has increased over time, making it a significant public health concern. It is described as "a set of unacceptable behaviors and practices, or threats of such behaviors and practices, whether manifested once or repeatedly, that aim to cause, or are likely to cause, physical, psychological, sexual, or economic harm" by the International Labor Organization (ILO). An estimated 23% of people worldwide have been victims of workplace violence. With a prevalence of 61.9% among nurses and doctors, health care professionals are among the most vulnerable categories. This highlights the necessity for a thorough examination into the problem and the implementation of contextualized, evidence-based preventative interventions (Liu et al., 2019).

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As the initial level of care, or the primary "entry point," for the population into the health care system, primary health care (PHC) services are an essential part of the health care network because they place a significant emphasis on illness prevention and health promotion. About 85% of the population's most prevalent health issues, which are typically associated with less serious illnesses, are resolved by these services (Lerea, 2019).

Physicians, nurses, midwives, physical therapists, dentists, psychologists, social workers, administrative, cleaning, and security personnel are just a few of the many experts that make up their teams. To guarantee the smooth operation of these facilities, provide a secure workplace, and support employee wellbeing as well as the standard of care provided to the community, comprehensive worker health protection is crucial (Bitton et al., 2017).

The "interactive model of workplace violence" is a multidimensional method that authors have proposed to evaluate and explain workplace violence, particularly in health care settings. This model takes into account a variety of risk factors that contribute to its genesis and evolution, such as the victim's and offender's personal characteristics, workplace circumstances, and pertinent social and contextual elements that aid in its comprehension, forecasting, and, eventually, prevention (Saboia, 2020).

Because PHC is impacted by several variables that could jeopardize both the standard of care and the wellbeing of the personnel, it is a high-risk setting for this kind of violence. These include service users who are frustrated because they have trouble getting services, receive subpar care, interact with patients in high-risk or urgent situations, and frequently meet people who are under a lot of stress. Additionally, a heavy workload makes healthcare professionals more tense or stressed, which raises the likelihood of violent incidents at work (Sun et al., 2017).

Adverse health reactions, including risky habits like smoking, drinking, and drug use, are common among victims of workplace violence. Beyond the person, these impacts affect families, coworkers, and society as a whole. They also lower their quality of life, jeopardize their mental health, and cause symptoms like low self-esteem, anxiety, tension, and even suicidal thoughts and actions. Workplace violence has a negative correlation with more absenteeism and lower job performance at the organizational level, which is reflected in lower staff retention and employee satisfaction (Lin et al., 2015).

Growing awareness of the effects of workplace violence in the medical field has prompted the implementation of global solutions to lessen the issue. The World Health Organization, the ILO, the International Council of Nurses, and the International Federation of Health Workers collaborated to create the "Framework Guidelines for Addressing Workplace Violence in the Health Sector." These guidelines, which include a questionnaire and study protocol intended to examine the extent and effects of violence in these situations, are meant to assist in the

Power System Technology
ISSN:1000-3673
Received: 06-11-2025 Revised: 15-12-2025 Accepted: 19-01-2026

establishment of preventative measures in non-emergency circumstances (Moghabghab, 2018).

Although there is a body of research on workplace violence, there are still few studies that particularly address PHC, which makes it challenging to completely comprehend the problem at this level of care. In this context, having access to up-to-date and accurate data facilitates the creation of more successful preventive measures. This integrative review's objective is to locate and compile the body of research on workplace violence among PHC employees, considering its frequency, contributing variables, effects, and preventative strategies.

Methods:

A systematic methodological approach was used in this integrative review to guarantee that the scientific evidence was rigorously organized, synthesized, and integrated. The procedure comprised developing a research question and topic, defining objectives and search strategies, choosing Descriptores en Ciencias de la Salud (DeCS) and Medical Subject Headings (MeSH), choosing a database, carrying out the search in accordance with predetermined criteria, applying filters and inclusion and exclusion criteria, evaluating the methodological quality, and, finally, analyzing and synthesizing the results.

In addition to reviews or syntheses of earlier studies that addressed workplace violence among PHC employees using quantitative, qualitative, or mixed methodologies, the review included original studies with primary data. Excluded were theses, books, reviews, letters to the editor, and duplicate research.

Concept and Definition of Occupational Violence:

The International Labour Organization (ILO) defines occupational violence as behaviors, incidents, or practices that deliberately or indirectly harm, threaten, or endanger workers in the course of their employment. This definition emphasizes that violence is not limited to physical acts but also includes non-physical forms such as verbal abuse, harassment, and intimidation. In health care environments, occupational violence often arises from interactions with patients, family members, or members of the public, but it may also originate from coworkers or supervisors (Sturbelle, 2020).

Workplace violence is a closely related term and is often used interchangeably with occupational violence in literature. Workplace violence generally refers to any act or threat of physical violence, harassment, intimidation, or other disruptive behavior that occurs at the worksite. According to the World Health Organization (WHO), workplace violence in the health sector includes incidents where staff are abused, threatened, or assaulted in work-related circumstances, including commuting to and from work, and that explicitly challenge their safety, well-being, or health (Serrano, 2020; Almutairi, 2022).

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The Prevalence of Workplace Violence in PHC:

In PHC, the prevalence of workplace violence varies from 22.4% to 89%, with verbal abuse or violence being the most reported type. This pattern is in line with research conducted in hospitals, indicating that workplace violence is widespread at all care levels. According to one study, roughly 63% of healthcare workers report experiencing verbal abuse at work. This could be attributed to the frequent and direct interaction with patients as well as the normalization of aggressive behaviors in the workplace, which makes it easier for employees to vent their frustrations by yelling or insulting others. Sexual, racial, and physical violence were recorded less frequently, probably because they take place in more private or obscure contexts, making reporting and documenting more challenging. However, reviews conducted in hospitals reveal a high frequency of sexual violence, underscoring contextual variations (Maestre et al., 2020; Yusoff et al., 2023).

Working as a nurse or nursing technician (TENS) is related to an increased risk of workplace violence, which is consistent with research from Asia and Europe. Physicians may therefore be more susceptible in some situations, which reflects how exposure is influenced by occupational roles. Verbal aggressiveness is more likely to occur during direct and ongoing contact with patients or service users who are under stress or anxiety, especially during morning shifts (Ismael, 2020).

Men tend to report greater physical aggression, whereas women are more likely to endure psychological and verbal abuse.in line with the results This pattern may be related to cultural connotations of men with strength and authority, the feminization of the health care workforce, and the belief that women are less susceptible, making them targets of subtle or covert types of assault. Increased workplace violence is also linked to structural factors including excessive wait times and a shortage of accessible appointments. affirm that unfulfilled needs and lengthy wait times are significant contributors to violence, which in turn fuels patient annoyance aimed at medical staff. Violence can also come from bosses, doctors, or coworkers, reflecting hierarchical and power dynamics (Dirican, 2020; Almutairi, 2022).

The consequences individual and organizational levels:

Stress, worry, plans to quit, disinterest, guilt and humiliation, poor performance, and hypervigilance are all reported at the individual level. These findings are corroborated by showing the connection between violence, emotional exhaustion, and intention to resign. At the organizational level, violence is linked to staff turnover, absenteeism, task abandonment, and decreased work efficiency, which affects team stability, continuity of care, and service quality (Busnello et al., 2021).

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Although only a small number of PHC studies specifically address preventive measures, several strategies have been identified, including organizational actions like appointment scheduling and hiring more staff, surveillance measures like security cameras and guards, and leadership and communication-focused training programs. Research indicates that enhancing communication and offering ongoing training are accessible and successful interventions; nevertheless, more study is required on preventive tactics that are especially suited to PHC (Al-Ghareeb, 2021; Carvalho et al., 2023).

When considered collectively, the results demonstrate the intricate and multifaceted character of workplace violence in PHC, emphasizing the interplay of contextual, organizational, and individual elements in line with Chappell & Di Martino's model. In order to achieve zero violence in health services, there is an obvious need for more evidence to support successful preventive interventions that guarantee respectful, safe, and violence-free work environments (Trindade et al., 2022).

Recommendations:

several recommendations can be proposed to address occupational violence in primary health care (PHC) settings at both individual and organizational levels. Given the significant negative consequences associated with workplace violence including emotional distress, burnout, reduced performance, and increased intention to leave comprehensive and evidence-based interventions are urgently needed.

- **At the organizational level,** health care institutions should adopt clear, enforceable policies that promote a zero-tolerance approach to violence. These policies must be supported by effective reporting systems that encourage staff to report incidents without fear of blame or retaliation. Improving staffing levels, optimizing appointment scheduling, and reducing workload pressures are essential structural measures that can help minimize risk factors associated with violence. Additionally, enhancing environmental safety through security personnel, surveillance systems, and facility design modifications may further reduce the occurrence of violent incidents in PHC settings.
- **At the individual level,** targeted training programs should be implemented to strengthen health care workers' communication skills, conflict management abilities, and de-escalation techniques. Ongoing education and professional development can improve workers' confidence and preparedness when dealing with aggressive behaviors. Equally important is the provision of psychological support services, such as counseling and peer support programs, to mitigate the long-term emotional and psychological effects of violence, including stress, fear, and emotional exhaustion.
- **From a leadership and policy perspective,** managers and health system leaders play a critical role in fostering a safe and respectful workplace culture. Leadership commitment to workplace safety, open communication, and staff well-being should be clearly demonstrated.

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Integrating occupational violence prevention into national health policies and occupational health and safety regulations is also recommended to ensure consistent and sustainable implementation across PHC systems.

Future Studies:

notable research gaps remain, particularly in primary health care settings. Future studies should prioritize PHC environments and focus on understudied professional groups, such as health assistants and paramedics, who are often at heightened risk of occupational violence. Longitudinal studies are needed to examine the long-term psychological, professional, and organizational impacts of violence, as well as its cumulative effects over time.

Moreover, there is a critical need for intervention-based research that evaluates the effectiveness of preventive strategies tailored specifically to PHC contexts. Comparative studies assessing different organizational, educational, and environmental interventions would provide valuable evidence to guide best practices. Future research should also aim to standardize definitions and measurement tools for occupational violence to improve comparability across studies.

Conclusion:

Verbal abuse is the most prevalent type of workplace violence in PHC, particularly among nurses and nursing technicians. It is caused by both individual and organizational elements, including sex, professional category, direct patient interaction, and work shift structure. Its effects have an impact on the psychological health of employees as well as the stability and effectiveness of health care teams.

The need for comprehensive research on workplace violence in PHC and the creation of preventive strategies suitable for this level of care is highlighted by the fact that, despite the identification of preventive strategies pertaining to surveillance, organizational measures, and training, their implementation is still restricted. In addition to more research, specific institutional activities are needed to create safe work environments. This integrative review offers up-to-date data on the incidence, contributing factors, and outcomes of workplace violence, providing helpful context for future studies and the creation of preventative measures and regulations that improve safety and care quality in PHC settings.

References:

1. Liu J, Gan Y, Jiang H, Li L, Dwyer R, Yan S, et al. Prevalence of workplace violence against healthcare workers: a systematic review and meta-analysis. Occup Environ Med. 2019;76(12):927–937.

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2. Lerea MJ, Tullo JE, López P. Estrategia de atención primaria de salud y su impacto en las hospitalizaciones evitables por condiciones sensibles a la atención ambulatoria. Rev Panam Salud Publica. 2019;43:e69.
3. Bitton A, Ratcliffe HL, Veillard JH, Kress DH, Barkley S, Kimball M, et al. Primary health care as a foundation for strengthening health systems in lowand middle-income countries. J Gen Intern Med. 2017;32(5):566–571.
4. Saboia I, Dai Pai D, Tavares J, Trindade L, Beck C, Matos V. Types of workplace violence in family health, aggressors, reactions, and problems experienced. Rev Bras Enferm. 2020;73:e20200210.
5. Sun T, Gao L, Li F, Shi Y, Xie F, Wang J, et al. Workplace violence, psychological stress, sleep quality and subjective health in Chinese doctors: a large cross-sectional study. BMJ Open. 2017;7(12):e017182.
6. Lin WQ, Wu J, Yuan LX, Zhang SC, Jing MJ, Zhang HS, et al. Workplace violence and job performance among community healthcare workers in China: the mediating role of quality of life. Int J Environ Res Public Health. 2015;12(11):14872–86.
7. Moghabghab R, Tong A, Hallaran A, Anderson J. The difference between competency and competence: a regulatory perspective. J Nurs Regul. 2018;9(2):54–59.
8. Sturbelle ICS, Pai DD, Tavares JP, Trindade LL, Beck CLC, Matos VZ. Workplace violence types in family health, offenders, reactions, and problems experienced. Rev Bras Enferm. 2020;73(Suppl 1):e20190055.
9. Serrano M, Fernández M, Urcola F, Satústegui P. Estudio comparativo de las agresiones a profesionales de atención primaria frente a atención especializada, en el servicio Aragonés de salud durante el año 2018. Rev Esp Salud Publica. 2020;94:e202010096.
10. Maestre M, Fernández J, Solís M, Royuela A, Arranz S, Giner C, et al. Notificación de agresiones
11. Ismael A, Gorab AA, Areej A. Violence Against Healthcare Workers at Primary Care Centers in Dammam and Al Khobar, Eastern Province, Saudi Arabia, 2019. Int J Gen Med. 2020;13:667–676.
12. Dirican O, Bozyel Ö, Hülür N, Öztaş D. Mobbing in the case of primary health care providers, Antalya, Turkey. Anadolu Psikiyatri Derg. 2020;21(1):5–13.
13. Busnello GF, Trindade LL, Dal Pai D, Brancalione D, Calderan MM, Bauermann KB. Enfrentamiento de la violencia en el trabajo de enfermería en el contexto hospitalario y en la atención primaria de salud. Enferm Glob. 2021;20(62):216–253.

Power System Technology
ISSN:1000-3673
Received: 06-11-2025 Revised: 15-12-2025 Accepted: 19-01-2026

14. Al-Ghareeb H, Al-Wotayan R. Violence against physicians and nurses on the workplace in Kuwait: a cross-sectional study. World Fam Med. 2021;19(5):13–27.
15. Trindade L, Dal Pai D, Borges M, Bordignon M, Bauermann KB, Busnello GF, et al. Assédio moral entre trabalhadores da saúde da atenção primária e hospitalar brasileira. Acta Paul Enferm. 2022;35:eAPE039015134.
16. Almutairi R, Jahan S. Prevalence of physical and verbal violence against physicians and nurses in primary health care centres, Buraidah, Qassim Province. World Fam Med. 2022;20(4):36–45.
17. Carvalho K, Araujo P, Santos F, Oliveira P, Silva J, Santos K, et al. Violence in the nursing workplace in the context of primary health care: a qualitative study. Int J Environ Res Public Health. 2023;20(17):6693.
18. Yusoff HM, Ahmad H, Ismail H, Reffin N, Chan D, Kusnin F, et al. Contemporary evidence of workplace violence against the primary healthcare workforce worldwide: a systematic review. Hum Resour Health. 2023;21(1):20.