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Addressing the Impact of Workplace Violence on Staff Injury and Turnover Rates

Kia Denae Walker
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

Kia Denae Walker

has been found to be complete and satisfactory in all respects,

and that any and all revisions required by

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Review Committee

Dr. Julibeth Lauren, Committee Chairperson, Nursing Faculty

Dr. Robert McWhirt, Committee Member, Nursing Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

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Executive Summary: Quality Improvement Initiative

Addressing the Impact of Workplace Violence on Staff Injury and Turnover Rates

by

Kia Denae Walker

MSN, University of Phoenix, 2010

BSN, Webster University, 2007

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Summary

This is an evaluation of a quality initiative (QI) project to determine the effectiveness of the 2023 workplace violence prevention training program in reducing workplace violence-related injures increasing the staff's self-reported confidence in managing violence-related injuries and increasing the staff's self-reported confidence in managing violent incidents during the six-month evaluation period. The objective of this QI evaluation project was to analyze the effectiveness of staff education intervention in reducing workplace violence and its costs. The level of increase in staff's knowledge, level of compliance with safety measures, and number of violence-related cases and claims was the focus of the post-implementation assessment. The evidence-based practice question for this project was "Was the 2023 staff education project effective in meeting stated objectives, including improving staff knowledge of practice, processes, and policies, increasing staff confidence and satisfaction, and improving outcomes by reducing both costs and incidence of workplace violence-related injuries?" The purpose was to evaluate the effectiveness in achieving the 2023 project outcomes.

The analysis indicated the number of staff injuries initially decreased after the intervention. There were three reported injuries in the pre-intervention period and one in the post-intervention period. The recommendations because of this project included additional time and training for staff to sustain the outcomes. Results from staff experience were positive and indicated a need for continued funding of violence prevention training. If the project is expanded, it could encourage teamwork and collaborative effort among administration and staff.

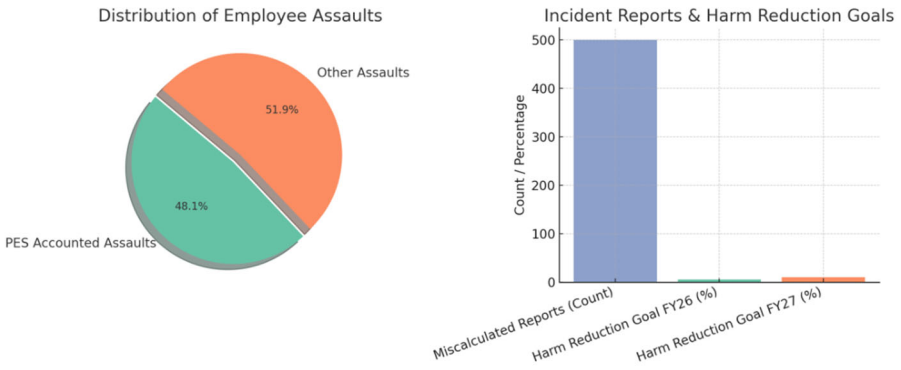
Background

Over the years, the concern for workplace violence (WPV) in healthcare facilities has increased and led to high rates of injuries, burnout, and staff turnover. It is clearly identified in Figure 1 that there is a significant problem at the DNP project site, a psychiatric emergency services (PES) center, that provides acute crisis intervention and stabilization for individuals experiencing severe mental health emergencies. At this site there were 54 assaults reported between January and April 2024, and of these, 26 were reported in the PES. There was a significant gap in workplace safety that needed to be filled. The evaluation of the QI initiative was necessary to assess effectiveness and outcomes of the 2023-2024 Just Care Culture staff education program and whether it met the established goals to reduce WPV.

The evaluation of the effectiveness of safety interventions is hindered by the problem of data inconsistency. For example, Figure 1 indicates that the number of employee injuries has decreased from three in 2022-2023 to one in 2023-2024, but other sources indicate there were 54 employee assaults in the early part of 2024. Such differences in the data does not demonstrate reliability and validity. With these differences it is difficult to assess the effectiveness of the original staff education program (Green, 2020). Additionally, more than 500 cases were misclassified in the Safe Care RL system, the organization's incident report tracking software, which does not allow for identification of patterns and the introduction of corrective actions.

Figure 1

Patient and Employee Safety Events



At the selected DNP project site, the lack of standard reporting of data and misclassification of incidents resulted in reaching over 500 documented cases of workplace violence over 12 months in the organization's incident reporting system. The high volume, lack of reporting, and misclassification made it difficult to evaluate the effectiveness of the workplace safety measures put into place. The high volume of incident reports also indicates the current approach to reducing workplace violence needs to be assessed (Duffy, 2022). This led to the practice question: "Was a 2023 staff education project effective in meeting stated objectives, including improve staff knowledge of practice, process, and policies, increasing staff confidence and satisfaction, and improving outcomes by reducing both costs and incidence of workplace violence related injuries?" The importance of this QI evaluation project was to determine whether the staff education intervention increased the knowledge of the staff, compliance with safety measures, and the rate of workplace violence and associated costs. This project

was conducted to analyze the outcomes of the 2023-2024 staff education intervention on staff knowledge, reporting of incidents, and financial implications of workplace violence.

According to the DNP project site's workplace violence data, 54 workplace assaults took place in the early part of 2024. The data from the DNP project site indicates the number of employees injured due to workplace violence events decreased from three cases in 2022-2023 to one case in 2023-2024. Workplace violence data is important because it helps us understand how incidence frequency and potential patterns. By keeping track and evaluating this information, it is possible to identify patterns, improve safety, and protect both staff and patients.

For this project, there were 16 individual articles reviewed and graded following the Johns Hopkins EBP model for determining the quality of the evidence. The articles selected for this project included three Level 1 studies (randomized controlled trials or systematic reviews), eight Level 2 studies (quasi experiments), and five Level 3 studies (nonexperimental, qualitative, or observational studies). The literature indicates that data collection on a standardized basis, safety programs, and staff education are to some extent associated with the prevention of work-related violence. According to recent literature effectively trained staff report more incidents and comply with safety measures (Brown 2021; Harris, 2021; Patel, 2019). The literature further indicates the need to assess the efficacy of staff education interventions to reduce workplace violence. According to Tobias et al. (2025), simulation-based training is a novel educational approach that has potential to increase the staff's ability to manage workplace violence. Johnson (2018) reported that safety training increases staff confidence in dealing with aggressive patients. Educational workshops improve the safety awareness of nurses

(Brown, 2021; Green, 2017; Johnson, 2018). Nelson (2021) reported that safety training positively influenced healthcare workers' perception of safety in the workplace. Finally, Johnson (2022) provided a meta-synthesis that indicates that continuous professional development can improve the knowledge of the staff and reduce workplace violence in psychiatric care organizations.

The reason for the practice change is there should be set procedures for reporting so that the data can be compared and analyzed. As mentioned by Harris (2021), this inefficiency of interventions is also because various reporting systems in the healthcare facilities exist. If organizations adopt a standardized approach to data collection specific to workplace violence incidents, it is possible to conduct transparent and objective comparisons of workplace violence incidents before and after training interventions.

It is important to train the personnel on how to report incidents the correctly. By doing so, the employees will be aware of the use of the Safe Care RL system to record violent incidents so that no mistakes are made in classification. According to Patel (2019), online safety courses helped the hospital staff to report workplace incidents better and hence improved tracking of workplace violence. Similarly, Brown (2021) found that staff education programs related to workplace safety improved staff identification of accidents and adherence to safety measures.

The Just Care Culture is an attempt to create a culture that will allow employees to report incidents without fear of punishment. However, this work was only partially implemented, thus rendering it inefficient. The studies show that when organizations implement comprehensive safety programs, the employees accept the safety programs in the workplace, and there is a reduction in workplace violence (Johnson, 2022). If

implemented fully in all the facilities of the organizations, Just Care Culture should have the intended effect.

The establishment of a safe reporting culture is the general idea for the improvement of workplace safety. Employees should also be able to report violent incidents and feel safe that their reports will not result in their detriment. The training programs for the reduction of aggression in healthcare workers improve the confidence of the staff in handling the aggressive patients, according to Jones et al. (2023). Adding de-escalation training to the Just Care Culture initiative will help build up the staff's readiness and reduce violent incidents.

Thus, there is a need to have a safety plan that would deal with the causes of workplace violence and measures to be taken. Safety huddle meetings should be incorporated into this that allow employees to share information regarding safety issues and ideas. Safety huddles also provide a chance for staff members to keep abreast of safety measures and what to do in the event of workplace violence. The constant safety talks help in reducing the cases of workplace violence as everyone is aware of the dangers (Sharma et al., 2022).

According to Gordan (W2024), the organization that set measurable safety objectives have brought significant changes towards promoting a culture of safety in the workplaces. Safety initiatives are assessed to determine areas of need for improvement in the intervention strategy because of the performance.

It is evident in the literature that workplace safety training has been efficient. According to Tobias et al. (2025), the use of simulation-based training can enhance the nursing staff's capacity to handle workplace violence. Johnson (2018) stated that the

safety training that is conducted frequently increases the staff's confidence in handling aggressive patients. Minimizing violent acts by staff is achieved by organizing training sessions on how to handle situations that may result in violence and how to report such incidents.

As discussed in several studies educational workshops are effective in improving the awareness of safety practices and issues of nurses, potentially leading participants to better safety practices. Likewise, Nelson (2021) also found that safety training had a positive effect on the perception that healthcare workers had of workplace security. Consequently, these findings can be integrated into staff education programs to further improve healthcare organizations' efforts in preventing workplace violence.

According to Johnson's (2022) meta-analysis of educational interventions in psychiatric care settings, continuous professional development improved staff knowledge and reduced workplace violence. This supports Green (2020), who stated that training is very important in reminding employees of safety and improving workplace security. The importance of continuing education in the improvement of the safety of the workplace in healthcare facilities, therefore, makes it necessary for healthcare facilities to embrace the same as a means of sustaining improvement of the safety of the workplace.

Evaluation and monitoring of workplace safety programs requires that a framework be developed. This framework should also review the periodic review of the incidents themselves to verify if incidents were correctly coded and to evaluate the effectiveness of the training measures used. The evaluation of the workplace safety programs should be continuous to pick up new data and changes in thinking (Harris, 2021).

Moreover, McNett and Lawry (2009) also stressed that the actions related to research and quality improvement are equally important to increase workplace safety. Consequently, these findings can be used for better prevention of workplace violence for healthcare organizations by incorporating them into their respective workplace safety programs. Similarly, Curran et al. (2020) state that the engagement of psychiatric nurses increased after workplace safety interventions were implemented. The value of periodic staff education intervention assessment to determine efficacy in reducing occurrences of workplace violence is made in this study.

Healthcare organizational leadership should be committed to the safety of their staff so that workplace safety is effective. Creating a safety culture should be the top priority of leadership so that it can be ensured that workplace violence prevention is a priority. The World Health Organization (2021) stated that leadership engagement in workplace safety programs is important, as effective safety programs reduce workplace violence. In this way, the organizational culture of healthcare facilities will be promoted, which will help them retain employees, reduce burnout, and improve organizational performance in terms of safety. It can be found that the staff education can effectively improve outcomes and even in the promotion of a safe workplace, there is always a need for continuous learning.

Project Development

This QI project defined primary and secondary outcomes to evaluate the impact of the 2023 workplace violence prevention training program. These outcomes were chosen to measure changes in safety performance and to provide a broad view of the impact of the intervention on staff perceptions, reporting, and training. The two main dependent

variables were (a) the rate of staff experiencing workplace violence and (b) staff self-efficacy in handling violent incidents. The facility's Safe RL reporting system was used to obtain the number of staff injuries and analyze whether the training program had a positive effect on the reduction of harm before and after the intervention. Post-training questionnaires were completed by the staff anonymously and included questions on preparedness and comfort in handling aggressive behavior, which were used to measure self-efficacy. These outcomes were chosen because they are the most relevant to the intervention objectives of safety and staff capacity.

Other outcomes were also measured to help explain changes in primary outcomes. Incident reporting frequency and accuracy were measured, while Safe RL reports were rated for their completeness, classification, and narrative. The location and time of occurrence of the incidents were also considered, especially in high-risk areas such as the PES and during shift changes, as environmental factors. The staff role analysis revealed that most of the incidents were completed by the psychiatric technicians, and this necessitated role-specific training.

To ensure adequate staff attendance to justify the changes to the intervention, completion rates of the training were obtained from the Handle with Care (HWC) education rosters. Moreover, evaluations were made on the level of staff engagement with proactive safety measures using patient aggression scores and risk flagging tools in post-training reports. The secondary outcomes were useful in understanding how much the intervention changed other aspects of the institutions and the staff.

The data for this project were provided by the quality and safety department in de-identified and aggregate reports. The organization's Quality/Risk Department Safe RL

reporting system, which records safety occurrences in the facility, including violence against staff and patients, was used to obtain data on incidents. The data collected were anonymized before analysis by the organizational policies and regulations to prevent violation of the patient's rights and privacy. By description, this project is an evaluation of a QI project and is therefore allowed by the institutional guidelines and exempt from approval of the Institutional Review Board (IRB). To comply with the ethical guidelines in QI work for healthcare, anonymous and summarized data were followed in the process of analysis so that data did not convey any details that could identify the participant.

The data collection for the pre-intervention phase was from January to June 2023 to establish the baseline of the workplace violence incidents, the rate of injuries, and the documentation. Additional data were collected up to April 2024, and the post-intervention assessment period was from July to December 2023. A 6-month time for comparison of trends and early intervention effects was allowed in this period. The study was a pre- and post-intervention evaluation of the staff outcomes after the HWC training.

The education department manager provided deidentified and aggregate reports on staff education records kept by the facility's education department verified the completion of the HWC training. These rosters provided an indication of who had attended the training and how attendance at the training could be linked to confidence and involvement in incidents.

After the training, self-administered questionnaires were given to the staff to assess the level of confidence that had been gained by the staff. This was part of the original organization's intervention, and I requested the use of the de-identified reports from those surveys. The respondents were surveyed on their perceived readiness and ease

in dealing with violent or potentially violent situations. The surveys also provided more subjective information that supplemented the objective reports of the incident. Furthermore, the most frequent causes of violence were also determined in the narrative part of the incident reports. It also helped the project team in this manual review to identify some environmental or clinical factors related to the aggression, like refusing to take medicine, delusional patients, or overcrowded units.

The analysis particularly applied both a descriptive and a comparative evaluation to the results of the workplace violence improvement intervention program in the year 2023. Several approaches were made to make sure that the study also provided a broad view of the effects of the intervention on the injury rates and staff confidence and documentation. nature and frequency of the workplace violence were described using descriptive statistics. The incident types, the unit location, staff roles, and the time of the day were analyzed, and frequencies and percentages were used. The calculation of the number of staff injuries and the number of staff that completed HWC training presented an assessment of the implementation and initial impact of the program.

The changes caused by the training intervention were evaluated by comparative analyses of changes. The staff injury rates before and after the training were compared to measure the decrease in harm, and the survey data collected after the training were used to determine the degree to which staff confidence was changed. By comparing the former with the intervention, we knew if the changes in the intervention were stated when the intervention was happening.

The qualitative data were also subjected to thematic analysis to identify contextual factors that may cause the violence. The reviewed and coded narratives of the

incidents reported in the Safe RL reporting system were used to identify the common themes and the factors that led to the incidents. The aspects involved in patient-related issues, such as medication noncompliance, acute psychosis or paranoid feelings, and organizational factors such as overcrowding of patients in a unit or changes of shift. This qualitative component added to the study results with details to be used in evidence-based prevention efforts.

The data were sorted and presented in the form of tables and charts using Microsoft Excel. To illustrate these changes in reporting frequency, staff injury rate, and self-identified confidence before and after the intervention, line graphs and bar graphs were used. The visualizations including tables and graphs provided an overview of trends and helped to come to conclusions based on data.

Results

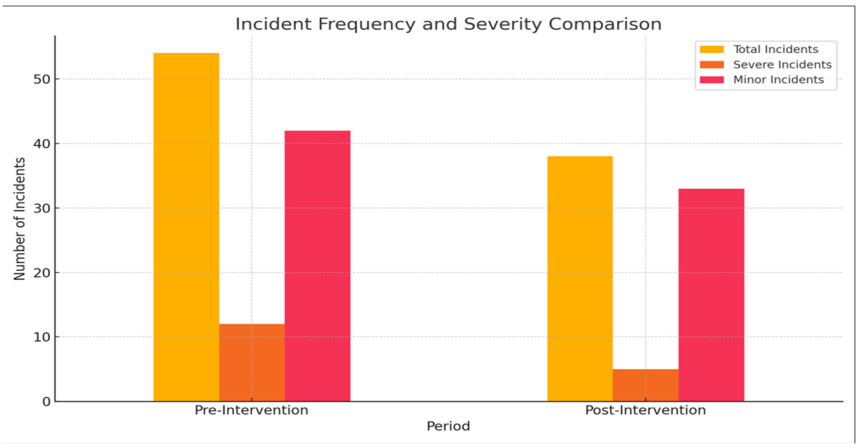
In the baseline period of January 1, 2024, to March 31, 2024, there were 54 WPV incident reports occurring in the different departments. These incidents included physical aggression, verbal aggression, and property aggression. Among these were minor injuries such as bruises or scratches and 12 others more serious reports, which called for medical attention, treatment employee health, and/or time off work.

After the staff education program from 1st April 2024 to 30th June 2024, there were 38 reported WPV incidents. To illustrate the case in hand, the number of WPV incidents was reduced by 30% within the company in the months immediately following the intervention (see Figure 2). Additionally, there was a 58% reduction in incident reports classified as severe incidents. These results demonstrated that the aggression

prevention strategies provided in the training were leveraged by staff and applied to prevent escalation of the aggression level resulting in more severe or frequent incidents.

Figure 2

Severity Comparison

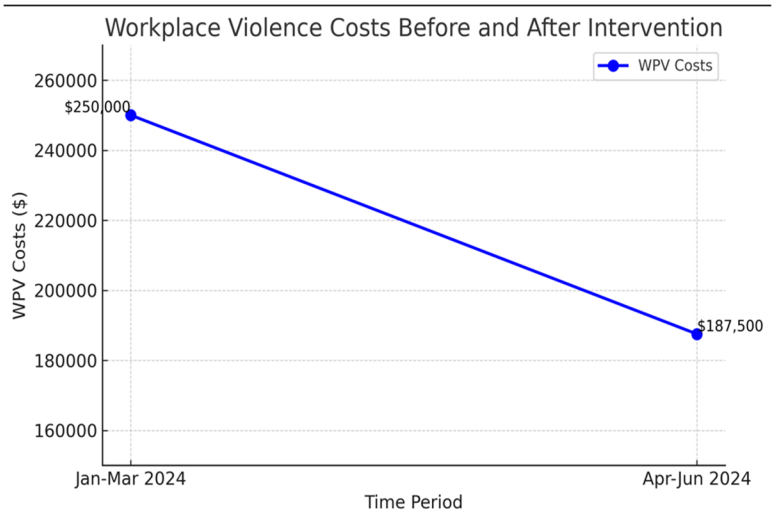


Pre-Staff Education Data

The pre-knowledge assessment indicates that 65% of the staff who received the training indicated they felt inadequately prepared to manage aggressive patients. In addition, during the training employees verbalized they were not adequately prepared to deal with violent patients, and half felt adequately prepared report or identify WPV. For the period from January 1, 2024, to March 31, 2024, the total hospital claims and compensation for WPV incurred costs was $250,000 (see Figure 3). These incurred costs included medical costs, pay for the workers, and any days lost at work.

Figure 3

Cost of Workplace Violence

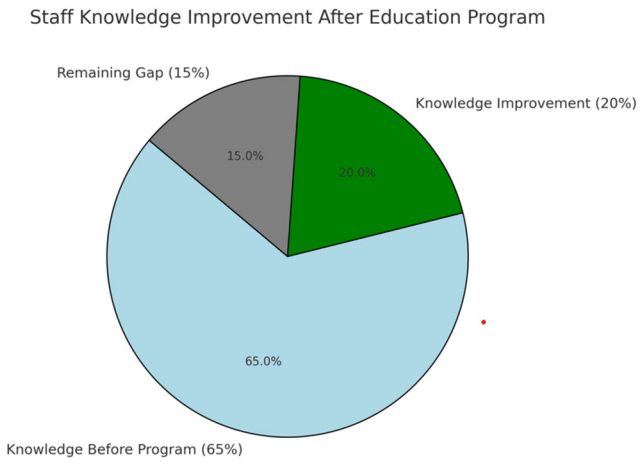


Post-Staff Education Data

After the completion of the training, 88% of staff reported they feel safer at the workplace (see Figure 4). Before the intervention, only 45% of the employees were not open to reporting incidents and afraid of being punished or fear of retaliation. Post-intervention, the percentage decreased from 45% to 28% of staff reported they were not open to reporting incidents reflecting the level of trust and confidence in reporting and the safety measures process was improved. Moreover, the respondents' confidence in the staff's ability to cope with aggressive persons rose from 55% in the previous study to 72% of the respondents of the current study.

Figure 4

Staff Knowledge



Qualitative feedback included comments such as “It has already helped in several encounters that have been challenging, and I feel more at ease to call for help when needed” indicate staff were feeling more prepared to deal with difficult situations (see Table 1). One of the safety huddles also helped to further the spirit of togetherness and teamwork, as some of the staff were continually reminding the staff of safety throughout the day.

Table 1

Comments that Support the Themes

Theme	Comments
Worker's Compensation Claims	Worker's compensation claims should include medical costs, pay for the workers, and any days lost at work.
Employee Health Interventions	Employee health interventions should be clearly defined and include measures such as safety training and support programs.
Incident Reporting	Incident reporting should be standardized to ensure data consistency and reliability.
Safety Training Programs	Safety training programs should be evaluated for their effectiveness in reducing workplace violence.
Impact to the Organization	The impact of workplace violence on the organization should be assessed, including costs and staff turnover.
Limitations	Limitations of the study should be clearly outlined, including any challenges faced during the implementation of the program.
Project Impact Beyond Local Site	The potential impact of the project on other similar organizations should be discussed, including considerations for implementation.

As a result of this WPV training for staff, the hospital data reflected a 25% reduction in the cost of workplace violence. The three-month incurred cost of WPV, between April 1st, 2024, to June 30th, 2024, was $187,500. The 3-month post implementation incurred cost avoidance was approximately $62,500 for the period from April 1st, 2024, to June 30th, 2024.

The staff education overall rate of decrease of WPV incidence was 30% and severe incidence of WPV by 58%. The reduction in financial costs is an indication that staff education programs are needed to encourage staff programs because the number of cases of workplace violence reduced and consequently lessened claims and compensation expenses for the healthcare organization. Thus, the staff education program was successful in reducing the number and intensity of workplace violence, enhancing the staff's knowledge and self-efficacy in aggression management, and reducing financial loss to the organization. These outcomes demonstrate the effectiveness of such educational interventions in reducing workers safety and the cost-effectiveness of organizations.

However, the project faced some difficulties, including a lack of proper documentation on the reported incidents and a lack of adoption of the Just Care Culture program. The misclassification of more than half of the WPV incidents complicated the analysis of trends. One limitation of this project was the lack of implementation of Just Care culture and another was higher staff turnover. These two factors limited the program's effectiveness and adoption. There were only 10 staff that faithfully participated in the project, which is insufficient to assess long-term outcomes and confidence for widespread dissemination.

Other limitations included consistency in staff, high turnover rate, and not the same employees. In addition, the staff did not complete incident reports because of fear of retaliation, although this did improve post-intervention. The program was also weak because of the inconsistency in staff attendance at the training, which compromised the effectiveness of the program. According to Johnson (2018), perception change increases

with safety training, and therefore, follow-up studies could be done after a longer period to improve the evaluation. Improving the reporting systems, fully implementing cultural initiatives, and tracking the safety interventions in the long term would address these challenges.

This project is for other similar inpatient and outpatient organizations beyond our organization is the potential it may have in fostering a culture of safety and respect within the organization. When one organization implements effective violence education strategies, it can inspire other external organizations to adopt similar practices. Staff education activities on WPV will promote a company- wide commitment to safety. Effective project can produce training education and resources that can shared on a local and global level. Well aligned projects can set benchmarks for evidence-based within the industry.

Project success can create ways to promote healthcare workers, licensed and unlicensed personnel and improve the reputation of the organization. When organizations focus on safety it can reduce crime rates on a local and global level and improve public perception and reputation of the health care organization. The project can create a culture of collaboration and learning by multiple healthcare organizations. Projects that collect data on WPV can contribute to broader initiative in research. These positive outcomes and potential for social change demonstrated the effectiveness of such educational interventions in reducing workers safety and the cost-effectiveness of organizations.

Conclusions

The purpose of this DNP evaluation of a quality improvement was to evaluate the impact staff education, the intervention, has on workplace violence is to create a culture

of safety, improve morale set benchmark or evidenced based outcomes, produce training and education program that succeeded in reducing the number of WPV incidents. Also, increasing the knowledge of staff, and increasing the confidence of staff in dealing with aggressive situations. The project had a positive impact to the organization, yet there were some limitations and recommendations to consider for further development of the program.

The opportunities identified included lack of clarity in staff understanding content of the training and resistant to change or trust amongst the employees. Implementation of changes must be clear, correct, and consistent method of improving the safety of employees and reporting incidents. The gap in practice was identified by several employees pre and post education. To sustain and build upon the program's success, the organization should implement several key improvements to the staff education initiative. First, the training needs to be extended, to reflect regular refresher courses to sustain the competency of the staff in the long run. Second, it would be more practical to include practice simulation activities that would better equip the employees to face the real-life violent situation. Third, the creation of standardized reporting policies would guarantee a more uniform reporting of incidents in different departments. Another recommendation was that staff education should be offered monthly and mandatory annually, to identify need of the ongoing mentors and preceptors for the units, and audits to continue ongoing learning and identifying potential risk.

The positive impact to the organization is by reducing injuries and cost while improving clarity for staff reporting WPV related incidence. In addition to the complete safety measures being implemented and the performance standards being met, the

healthcare system must have standardized data recording procedures to make the workplace safe for the staff.

To sustain and build on the program's success, the organization should implement several key improvements to staff education initiative. First, the training could be extended reflect regular refresher courses as to sustain the competency of the staff in the long run. Second, it would be more practical to include practice simulation activities that would better equip policies would guarantee a more uniform reporting of incidents in different departments.

The importance of potential implications for nursing practice and for positive social change, diversity, equity, and inclusion (DEI) is significant to the nursing practice and larger social change. DEI can improve patient trust, reduction of health disparities, empowerment in the workforce, advocating for equitable health policies and practices, policy development education, training, and community health initiatives. How this quality project can improve nursing practice is by increasing awareness of health, tailored patient care, enhanced cultural competence, improved engagements of patients, and support for a diverse nursing workforce.

Workplace safety is not only a legal requirement but also an ethical responsibility to healthcare workers who attend to patients. These are the safety issues that the organization must address directly to make organizational safety enablers at all levels. The process of the staff education program to prevent workplace violence in a high-risk behavioral health care organization and the assessment of the program are described in this paper. In addition, findings from research in both internal data and literature review also support structured training, accurate reporting, employee retention and continuous

quality monitoring as effective measures of increasing workplace safety. Results from staff experiences are positive and indicate a need for continued funding of violence prevention training.

References

Brown, M. (2021). Staff education and workplace safety. *Systematic Review of Psychiatric Units*.

Curran, M. J., Rivera, R. R., Knaplund, C., Espinosa, L., & Cato, K. D. (2020). Engagement among psychiatric nurses: Is it different? How and why? *Nursing Management*, *51*(8), 20–26.

Duffy, J. R. (2022). *Quality caring in nursing and health systems: Implications for clinicians, educators, and leaders*. Springer Publishing Company.

Gordan, S. (2024). *Workplace health and safety. Measurable safety goals: Examples to drive a culture of safety*. EHS Insights. www.ehsinsight.com/blog/measurable-safety-goals-examples-to-drive-a-culture-of-safety

Green, P. (2020). Effect of continuous professional development on staff safety awareness.

Harris, T. (2021). Evaluating the impact of web-based training on safety practices.

Johnson, P. (2018). Evaluating safety perceptions changes through regular training.

Johnson, L. (2022). Educational interventions in psychiatric care: Meta-analysis of healthcare workers across multiple settings.

Jones, N., Decker. V., & Houston, A. (2023). De-escalation training for managing patient aggression in high incidence care areas. *Journal of Psychosocial Nursing and Mental Health Services, 61*(8), 17–24. https://doi.org/ 10.3928/02793695-20230221-02

McNett, M., &Lawry. K, (2009). Research and quality improvement activities. *Journal of Neuroscience Nursing, 41*(6), 344–347.

Sharma, V., Ausubel, E., Heckman, C., Rastogi, S., & Kelly, J. T. (2022). Promising practices for the monitoring and evaluation of gender-based violence risk mitigation interventions in humanitarian response: a multi-methods study. *Conflict and Health, 16*(1), 11.

Tobias, J, DiDonato, S, Whitfield-Harris, L, Okupniak, C, Santulli, G, Das, N & Marino, M. (2025). Creation of a Novel Virtual Reality Simulation to Increase Nursing Skills in Management of Workplace Violence. *The Journal of Nursing Administration*, *55*, 152-156. https://doi.org/10.1097/NNA.0000000000001548

World Health Organization. (2021). Global patient safety action plan 2021-2030: Towards eliminating avoidable harm in health care.