Abstract

Workplace Violence in Emergency Care After COVID-19: Evidence Synthesis and Implications for Nursing Practice

Flavio Gheri[1], Nicola Ramacciati[2], Sara Morales Palomares[2]

[1] Department of Biomedicine and Prevention, University of Rome Tor Vergata, Rome, Italy
[2] Department of Pharmacy, Health and Nutritional Sciences (DFSSN), University of Calabria, Rende, Italy (Corresponding Author: gheri.flavio@gmail.com)

Citation: Gheri F, Ramacciati N, Morales Palomares S. "Workplace Violence in Emergency Care After COVID-19: Evidence Synthesis and Implications for Nursing Practice" (2026) *International Journal of Health Supplements* 1(Suppl. 1):41. Supp. DOI: https://doi.org/10.82051/ijhs-2026-1

Introduction. Workplace violence (WPV) represents a persistent occupational hazard for healthcare workers, particularly in emergency and critical care settings. Although the COVID-19 pandemic intensified this phenomenon, the post-pandemic landscape remains insufficiently synthesized, especially regarding underreporting and barriers to disclosure.

Methods. A systematic review was conducted following PRISMA 2020 guidelines and registered in PROSPERO (CRD420251035696). Six databases were searched for studies published between March 2020 and February 2025. Cross-sectional, qualitative, and mixed-methods studies addressing WPV prevalence, underreporting, and reporting barriers in emergency departments, intensive care units, and emergency medical services were included. Methodological quality was appraised using JBI, MMAT, and CASP tools, and findings were narratively synthesized.

Results. Twenty-two studies from 15 countries were included. WPV prevalence remained high across settings, with verbal abuse exceeding 75% in several studies and physical violence ranging from 5.8% to 62%. Underreporting was pervasive, with fewer than 25% of incidents formally documented in many contexts. Key barriers to reporting included normalization of violence, perceived futility of reporting, fear of retaliation, lack of time, and unclear institutional procedures. Nurses and prehospital professionals appeared particularly vulnerable.

Discussion. WPV continues to be a systemic and underreported problem in emergency care after COVID-19. Evidence highlights the need for integrated, system-level strategies combining leadership engagement, accessible reporting systems, staff training, and a culture of psychological safety to translate evidence into meaningful organizational change.

Keywords: Workplace Violence, Emergency Department, Underreporting, Systematic Review

Funding: This research received no external funding. **Conflict of Interest:** The authors declare no conflict of interest.