ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

GROUNDED THEORY

Building Safety in the Emergency Department: A Grounded Theory Study of Workplace Violence and Team Dynamics

Chiara d'Angelo[1], Lara Pierboni[2], Annamaria Carlini[2], Tiziana Perin[3], Lea Godino[4]

1 IRCCS Azienda Ospedaliero-Universitaria di Bologna, Bologna, Italy
2 Nursing and Technical Directorate, AUSL Romagna, Rimini, Italy
3 Department of Emergency, Internal Medicine and Cardiology, AUSL Romagna, Rimini, Italy
4 Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna, Bologna, Italy

Findings:

Analysis of 20 semi-structured interviews led to the development of the theoretical model "The Veterans' Spiral," built on three interconnected dimensions: team relationships, professional satisfaction, and emotional involvement. Team cohesion, mutual support, and the mentoring role of experienced professionals emerged as protective factors that enhance perceived safety, strengthen resilience, and promote workforce retention in the Emergency Department despite repeated exposure to workplace violence.

ABSTRACT

BACKGROUND: Workplace violence (WPV) against healthcare personnel is a growing global phenomenon. Nurses represent the professional group most frequently exposed, particularly in Emergency Departments. WPV has significant consequences for healthcare workers' well-being and for the quality of care delivered.

OBJECTIVE: This study aimed to explore workplace violence experienced by nurses and healthcare support workers operating in an Emergency Department, with a specific focus on factors influencing perceived safety.

METHODS: A qualitative study was conducted using a constructivist Grounded Theory approach. Data were collected through semi-structured interviews between July 1 and September 30, 2022, until theoretical saturation was achieved. Data analysis followed three main phases: open coding, axial coding, and selective coding.

RESULTS: Analysis of 20 semi-structured interviews led to the development of a theoretical model entitled "the veterans' spiral", grounded in three interrelated dimensions: team relationships, professional satisfaction, and emotional involvement. The model highlights how group cohesion and the recognition of individual competencies act as protective factors, fostering professional stability and enhancing the quality of care. Furthermore, the findings indicate that more experienced professionals play a mentoring role in managing violent incidents, drawing on essential communication and relational skills.

CONCLUSION: Promoting a cohesive work environment that values relational competencies is essential for strengthening healthcare workers' resilience and ensuring high-quality care in emergency settings.

KEYWORDS: *Workplace violence, Emergency Department, Nurses, Perceived safety.*

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

GROUNDED THEORY

Costruire sicurezza nel Pronto Soccorso: uno studio grounded theory sulla violenza e le dinamiche d'équipe

Chiara d'Angelo[1], Lara Pierboni[2], Annamaria Carlini[2], Tiziana Perin[3], Lea Godino[4]

1 IRCCS Azienda Ospedaliero-Universitaria di Bologna, Bologna, Italy
2 Direzione Infermieristica e Tecnica, AUSL Romagna, Rimini, Italy
3 Dipartimento Emergenza, Internistico e Cardiologico, AUSL Romagna, Rimini, Italy
4 Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna, Bologna, Italy

Riscontri:

L'analisi di 20 interviste semi-strutturate ha portato allo sviluppo del modello teorico "La spirale dei veterani", articolato in tre dimensioni interconnesse: relazioni di équipe, soddisfazione professionale e coinvolgimento emotivo. La coesione del team, il supporto reciproco e il mentoring dei professionisti più esperti sono emersi come fattori protettivi che rafforzano la percezione di sicurezza, favoriscono la resilienza e sostengono la permanenza degli operatori nel Pronto Soccorso nonostante la frequente esposizione alla violenza sul lavoro.

ABSTRACT

BACKGROUND: La violenza nei confronti del personale sanitario (WPV) è un fenomeno in crescente aumento a livello globale. Gli infermieri risultano la categoria più esposta, soprattutto nei Pronto Soccorso. La WPV ha rilevanti ripercussioni sul benessere degli operatori e sulla qualità dell'assistenza.

OBIETTIVO: Il presente studio si pone l'obiettivo di esplorare il fenomeno della violenza nei confronti degli infermieri e degli operatori socio-sanitari che operano in un Pronto Soccorso, focalizzandosi sui fattori che influenzano la percezione di sicurezza.

METODI: È stato condotto uno studio qualitativo basato sull'approccio della Grounded Theory costruttivista. I dati sono stati raccolti attraverso interviste semi-strutturate nel periodo dal 1° luglio - 30 settembre 2022, fino al raggiungimento della saturazione. L'analisi dei dati è stata suddivisa in tre fasi principali: open coding, axial coding e selective coding.

RISULTATI: L'analisi di 20 interviste semi-strutturate ha permesso l'elaborazione di un modello teorico denominato "la spirale dei veterani" che si fonda su tre dimensioni interconnesse: la relazione in equipe, la soddisfazione professionale ed il coinvolgimento emotivo. Il modello evidenzia come la coesione del gruppo e la valorizzazione delle competenze individuali possono fungere da elementi protettivi, favorendo la stabilità professionale e la qualità dell'assistenza erogata. Lo studio sottolinea inoltre che i professionisti più esperti fungono da mentori per la gestione di episodi violenti, essendo dotati di essenziali abilità comunicative e relazionali.

CONCLUSIONE: Promuovere un ambiente di lavoro coeso e orientato alla valorizzazione delle competenze relazionali risulta essenziale per lo sviluppo di resilienza del personale sanitario ed assistenza di qualità nei contesti di emergenza.

KEYWORDS: *Violenza sul lavoro, Pronto Soccorso, Infermieri, Sicurezza percepita*

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Milano University Press

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

BACKGROUND

Workplace violence (WPV) against healthcare professionals has emerged as a major global concern. Several international organizations have contributed to defining the concept of workplace violence. The World Health Organization (WHO), in particular, defines WPV as "incidents where staff are abused, threatened, or assaulted in circumstances related to their work […] involving an explicit or implicit challenge to their safety, well-being, or health." Hospitals represent one of the occupational settings most vulnerable to this phenomenon. (1) Indeed, the likelihood of experiencing WPV in healthcare settings is estimated to be four times higher than in other workplaces. (2) Over the past two decades, increasing awareness of this issue has led to a substantial growth in research aimed at quantifying its magnitude. Current estimates suggest that one in five healthcare professionals experiences workplace violence each year. (3) In the United States, the prevalence of workplace violence increased by 13%, rising from 30% during the period 2000–2004 to 43% during 2020–2022. (4) A recent umbrella review reported an overall prevalence of WPV of 58.7% among healthcare professionals, based primarily on studies conducted in China, India, and Iran, with verbal violence being the most frequently reported form (66.8%), followed by physical violence (20.8%). (5) These findings were corroborated by a subsequent systematic review and meta-analysis conducted in the Eastern Mediterranean Region, which found that 63.0% of healthcare workers had experienced verbal violence and 17.0% had been exposed to physical violence. (6) In Italy, more than 18,000 incidents of aggression against healthcare workers were reported nationwide in 2024, representing a 15% increase compared with 2023. (7) Nurses are the professionals most frequently affected by workplace violence. (8) Due to their continuous and direct contact with patients, nurses are particularly vulnerable to violent incidents, more so than any other healthcare professional group. Although physicians and support staff, such as healthcare assistants and technicians, are also exposed to aggression, their risk is generally lower than that reported among nurses. (9) Specifically, in Italy in 2024, 55% of reported violent incidents involved nursing personnel, followed by physicians (17.3%) and healthcare assistants (9.5%). (7) Emergency Departments (EDs) and acute psychiatric inpatient units are among the healthcare settings at greatest risk of violence. Furthermore, most violent incidents are perpetrated by patients, followed by family members and caregivers. (10) Workplace violence poses a significant threat not only to the physical safety of healthcare professionals but also to their psychological and occupational well-being. Exposure to violence has been associated with increased levels of stress, burnout, job dissatisfaction, absenteeism, and staff turnover. (11) Moreover, violence against healthcare workers may compromise the quality of care delivered, increase the likelihood of clinical errors, and weaken organizational commitment, with substantial consequences for both workers' mental health and healthcare systems' direct and indirect costs. (12) The economic burden associated with workplace violence primarily includes costs related to physical and psychological injuries sustained by victims, lost workdays due to absenteeism, and legal expenses. (13) Additional direct costs arise from the implementation of violence prevention strategies. In the United States, healthcare organizations have incurred security-related expenditures totaling approximately $4.7 billion, with nearly 18% specifically allocated to interventions aimed at preventing violent incidents. (14) Several preventive policies have been introduced in high-risk settings, particularly EDs. These interventions generally focus on environmental modifications, staff training programs, and organizational changes, including workforce expansion and staffing adjustments. (15) However, despite the widespread availability of legislative and organizational guidance

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

regarding violence prevention, the actual implementation of preventive measures remains limited and is often not accompanied by a reduction in violent incidents. (16,17) Current evidence remains inconclusive regarding the effectiveness of these interventions and their impact on improving healthcare professionals' well-being and perceived safety in the workplace. (18,19) Furthermore, workplace violence against healthcare professionals has been predominantly investigated through quantitative research designs, which often fail to capture the subjective and contextual dimensions of the phenomenon. Despite growing scientific interest, qualitative studies exploring healthcare professionals' perceptions and lived experiences remain scarce, particularly among those working in emergency care settings, where the risk of violence is especially high. Therefore, this study aims to address this gap by exploring the experiences, emotional responses, and coping strategies adopted by ED nurses when confronted with workplace violence, thereby providing a deeper and more contextualized understanding of this complex phenomenon.

AIM

The aim of this study was to explore the phenomenon of workplace violence experienced by nurses and healthcare assistants working in an ED using a qualitative approach. Particular attention was given to understanding the factors that influence perceptions of personal and professional safety in the workplace.

METHODS

Study Design

A qualitative study based on the Grounded Theory methodology was conducted to explore the phenomenon of workplace violence experienced by healthcare professionals working in the ED setting. (20) This methodological approach enables the development of a theoretical interpretation grounded in empirical data derived from participants' lived experiences and perceptions.

Participants

The study sample consisted of nurses working in the triage area and outpatient services of the ED, as well as healthcare assistants assigned to the same clinical units. The primary eligibility criterion was a minimum of five years of continuous employment in the ED (since 2017), ensuring that participants had substantial experience and could reflect on organizational changes implemented to prevent workplace violence. Before participation, all individuals received detailed information regarding the study aims, procedures, and measures adopted to ensure anonymity and confidentiality. Participation was voluntary, and participants were informed of their right to withdraw from the study at any time without consequences. Consistent with Grounded Theory methodology, a two-stage sampling process was employed. (21) Initially, convenience sampling was used to identify the first participants and facilitate the emergence of preliminary conceptual categories. Subsequently, theoretical sampling was undertaken to recruit additional participants capable of enriching and refining the emerging categories until theoretical saturation was achieved. The final sample comprised 20 participants, including 15 recruited during the initial sampling phase and five through theoretical sampling.

Setting

The study was conducted in an ED located in the Romagna region of Italy, a healthcare setting characterized by high patient volumes and considerable clinical complexity. According to data provided by the Hospital Prevention and Protection

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

Service, approximately one hundred incidents of workplace violence against healthcare professionals were recorded over the previous five years. Verbal aggression represented the most frequently reported form of violence, followed by physical assaults and property damage. This context highlighted the need for an in-depth qualitative exploration of the experiences and perceptions of healthcare professionals working in emergency care settings, where exposure to aggressive behaviors is particularly common.

Data Collection Instrument

Data were collected through audio-recorded semi-structured interviews designed to explore the processes through which healthcare professionals construct and perceive personal and professional safety in the workplace. The interview guide included open-ended questions aimed at eliciting narratives and firsthand experiences related to workplace violence and coping strategies, as well as probing questions used to clarify and deepen participants' responses. In addition, a Case Report Form (CRF) was completed for each participant to collect sociodemographic and professional information, including age, gender, professional role, and years of work experience.

Data Collection

Data collection was conducted between July 1 and September 30, 2022. Interviews took place in a private room within the hospital to ensure participants' privacy and confidentiality. Interviews were conducted by researchers with formal training in qualitative research methods and experience in nursing and healthcare research. Interviewers had no prior relationship with participants and did not hold supervisory or evaluative roles, thereby minimizing potential power imbalances and social desirability bias. Before each interview, researchers introduced themselves, described their professional backgrounds, and explained the study objectives to foster a climate of trust and transparency. Throughout both data collection and analysis, the research team adopted a reflexive stance, regularly discussing the potential influence of their professional backgrounds and clinical experiences on data interpretation in order to enhance methodological rigor and minimize interpretive bias. Consistent with Grounded Theory methodology, data collection and analysis occurred concurrently. The progressive emergence of conceptual categories informed theoretical sampling, guiding the recruitment of participants with diverse professional and experiential characteristics to further explore specific aspects of the phenomenon under investigation. Data collection continued until theoretical saturation was achieved, defined as the point at which subsequent interviews no longer generated novel conceptual insights or additional properties of the emerging categories. Three types of data were collected: (1) qualitative data derived from semi-structured interviews; (2) unstructured observations regarding participants' behaviors and emotional responses during interviews; and (3) sociodemographic and professional information obtained through the CRF. Interviews lasted approximately 40–60 minutes, were transcribed verbatim in anonymized form, and were checked for accuracy before analysis.

Data Analysis

Qualitative data were analyzed manually following the principles of Grounded Theory, using an inductive, iterative, and constant comparative approach. Within this methodology, theory emerges from the data rather than being imposed a priori, and analysis is conducted concurrently with data collection through an ongoing interaction between empirical observations and theoretical interpretation. (20) All interviews were transcribed verbatim in anonymized form and reviewed for accuracy against the original audio recordings. Researchers repeatedly read the transcripts to identify meaningful units of data—

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

phrases, segments, or words expressing concepts relevant to the research phenomenon. The first stage of analysis involved open coding, during which the transcripts were broken down into discrete units of meaning (e.g., paragraphs, sentences, or text segments). Each unit was assigned a code that captured the emerging concept, such as fear of aggression, de-escalation strategies, or the role of the organizational context. Throughout this process, newly coded data were continuously compared with previously coded material to refine codes, eliminate redundancies, and identify conceptual variations, in accordance with the constant comparative method. Simultaneously, analytical memos were developed to document researchers' reflections, emerging hypotheses, conceptual connections, and potential relationships among codes. These memos played a critical role in the development of categories and in tracing the emerging theoretical framework. Once preliminary categories had been identified, axial coding was undertaken to reorganize codes into broader conceptual categories by exploring relationships among categories, facilitating and constraining conditions, associated strategies, and their consequences. During this stage, emerging categories were examined through a paradigmatic framework encompassing causal conditions, the central phenomenon, context, intervening conditions, strategies, and consequences, thereby refining the relationships among concepts. Through iterative comparison and cross-analysis across interviews, categories were enriched with additional properties and dimensions, allowing the identification of internal variations and alternative configurations of the phenomenon. The final stage involved selective coding, in which analysis focused on identifying a core category that integrated and explained the phenomenon under investigation. Relationships among categories were further refined and articulated to develop a theoretical model describing the processes through which healthcare professionals construct perceptions of safety and insecurity within the ED environment. Data analysis continued alongside theoretical sampling and additional interviews until theoretical saturation was reached, that is, when no new conceptual insights or relevant category properties emerged from subsequent data collection.

Trustworthiness and Credibility

To enhance analytical rigor, two researchers independently conducted the coding and analysis processes. Codes, categories, and analytical memos were compared and discussed regularly to reconcile interpretations and address any discrepancies. This process of investigator triangulation contributed to the credibility and consistency of the findings. An audit trail documenting methodological decisions, coding procedures, analytical developments, and intermediate versions of the emerging theory was maintained throughout the study to ensure transparency and facilitate traceability of the analytical process. Researcher reflexivity was actively encouraged throughout the study. Members of the research team continuously reflected on their interpretive role and critically examined how their prior assumptions, professional backgrounds, and clinical experiences might influence data interpretation. To further strengthen the credibility of the findings, informal member checking was conducted with selected participants. Emerging categories were presented and discussed with participants to assess their consistency with lived experiences and to verify the coherence of the developing theoretical interpretation. Overall, the analytical process enabled the construction of an emergent theory grounded in participants' narratives, integrating personal, organizational, contextual, and strategic dimensions associated with perceptions of safety and insecurity in the ED setting.

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

Ethical Considerations

The study was approved by the Romagna Ethics Committee (C.E.ROM.; June 30, 2022) and authorized by institutional resolution No. 2196 of July 19, 2022. All participants received detailed information regarding the study objectives and procedures and provided written informed consent prior to participation. Informed consent included authorization for participation in the study and for the processing of personal data in accordance with applicable ethical and legal requirements.

RESULTS

The sample consisted of 20 healthcare professionals, equally distributed between nurses (n = 10, 50%) and healthcare assistants (n = 10, 50%). Most participants were female (75%). The mean age was 46 years (SD = 7.69), and 70% reported previous work experience in other healthcare settings. Participants had worked in the ED for a mean of 12.14 years (SD = 5.45), with 70% having more than ten years of experience in this setting. All participants reported being satisfied with their current work environment (Table 1).

Table 1. *Sociodemographic and Professional Characteristics of the Participants (N = 20)*

	n	***%***	***Mean***	***SD***
Age (years)			46	7.69
Gender				
Male	5	25.0		
Female	15	75.0		
Professional Role				
Nurse	10	50.0		
Healthcare Assistant	10	50.0		
Years of service in the ED			12.14	5.45
1–10 years	6	30.0		
11–20 years	12	60.0		
21–25 years	2	10.0		
Previous work experience in other healthcare settings				
Yes	14	70.0		
No	6	30.0		
Satisfied with current work environment				
Yes	20	100.0		

Note: SD= Standard Deviation

Initial line-by-line coding led to the identification of 24 labels, which were subsequently grouped into 11 focused categories. Through constant comparison and theoretical integration, these categories were synthesized into three overarching themes that formed the basis of the emerging theory: Team Relationships, Professional Satisfaction, and Emotional Involvement (Table 2).

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

Table 2. *Summary of the Qualitative Analysis*

THEME	FOCUSED CATEGORY	INITIAL LABELS
Team Relationships	Relationships among team members (20/20 interviews)	Relationships with colleagues: friendship, collaboration, support
		Relationships with colleagues: reduced support and team cohesion
Professional Satisfaction	Professional commitment (19/20 interviews)	Importance of anticipating violent incidents
		Reporting of underestimated violence
		Professional engagement
	Professional satisfaction (20/20 interviews)	Satisfaction with professional practice
		Recognition and appreciation from patients
		Sense of professional fulfillment
Emotional Involvement	Psychological aspects (19/20 interviews)	Psychological consequences
	Perceived ineffectiveness of interventions (19/20 interviews)	Need for greater protection
		Structural interventions: initial satisfaction
		Structural interventions: perceived insufficiency
	Emotions evoked by violence (20/20 interviews)	Feelings generated by violent incidents
		Feelings related to violence against colleagues
		Sense of helplessness
	Frustration (19/20 interviews)	Changes in patients' attitudes
		Perceived causes of aggression
		Frustration due to lack of recognition from patients
	Workplace insecurity (18/20 interviews)	Sense of uncertainty
	Emotional detachment (16/20 interviews)	Experiences extending beyond the workplace
	Self-perception (15/20 interviews)	Perceiving oneself as strong
		Perceiving oneself as vulnerable
	Feelings of abandonment (13/20 interviews)	Lack of organizational recognition
		Changes within the healthcare system

Team Relationships

Team relationships emerged as the first and most fundamental element in the development of a sense of safety among ED professionals. Long-term membership within the same work group fostered relationships characterized by collaboration, mutual support, and trust. These relationships contributed to a strong sense of belonging and provided a source of emotional refuge during challenging situations.

"...I owe a lot to my colleagues because I came from a completely different hospital experience. Everything I can contribute or improve today, I learned from my colleagues. Now I realize that I can offer the same support to new colleagues..." (Int. 4)

Although staff turnover, often exacerbated by episodes of violence, had the potential to disrupt established relationships, experienced professionals appeared less affected by these changes. Participants with more than ten years of service continued to report high levels of collaboration, support, and satisfaction within the team.

"...There has certainly been staff turnover over the years, but people like me, who have become reference points, have helped

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

maintain stability. Sometimes we are jokingly called the 'grandparents,' but having experienced staff members is essential when there is constant movement of personnel..." (Int. 15)

Participants also emphasized that positive interpersonal relationships contribute not only to staff well-being but also to the quality of patient care. A cohesive and collaborative team was perceived as a protective factor against workplace violence.

"...I see the Emergency Department as a big family. I have always had good relationships with my colleagues, and I try to maintain them because I believe they are essential for providing effective patient care..." (Int. 10)

Overall, positive team relationships acted both as the foundation for a supportive and safe work environment and as a protective factor capable of mitigating the risk and impact of violent incidents.

Professional satisfaction

Professional satisfaction emerged as a central factor underpinning participants' commitment to the ED. The dynamic nature of emergency care was consistently described as one of the most rewarding aspects of the work environment and was strongly associated with participants' willingness to remain in the unit despite its challenges.

"...The Emergency Department is a dynamic place where you provide initial care and respond to any situation, especially when people are frightened, anxious, and uncertain about what is happening to them..." (Int. 7)

Professional autonomy was identified as another key source of satisfaction. Participants described autonomy as an opportunity to apply their knowledge and skills while actively contributing to patient care and decision-making processes.

"...Working in the Emergency Department is the most rewarding job in the world. It requires responsibility and decision-making because you have a great deal of autonomy..." (Int. 7)

Perceptions of autonomy appeared particularly strong among experienced professionals, who described their work as a source of both professional and personal growth.

"...It has given me enormous professional and human enrichment. Patients arrive here with fear and uncertainty, and you are their first point of contact in the hospital. Over the years, I have learned how to provide reassurance and confidence in those moments..." (Int. 17)

Professional satisfaction enabled participants to cope with the negative consequences of workplace violence and strengthened their attachment to the ED.

"...This job gives me enough satisfaction to outweigh the negative feelings and difficulties that might otherwise make me want to leave..." (Int. 11)

"...I truly love working in the Emergency Department. I chose this environment; I did not end up here by chance..." (Int. 9)

Interestingly, experienced participants described the ability to manage violent incidents as a professional competence acquired over time. Rather than viewing workplace violence solely as a threat, they perceived their capacity to handle aggression as part of their professional expertise.

"...Safety, violence, and aggression are certainly important issues, but over time I have learned to manage them. If I worked somewhere where these situations never occurred, I might even feel that a skill I have developed was no longer being used..." (Int. 11)

Emotional Involvement

Participants described the ED as an emotionally intense environment characterized by constant exposure to challenging situations. Although feelings such as fear, anxiety, anger, and helplessness were commonly associated with experiences of workplace

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

violence, participants' emotional responses were often more complex and multifaceted.

"...These situations create anxiety, agitation, and sometimes fear. Some episodes stay with you and affect your emotional state throughout the entire shift..." (Int. 19)

Experiencing violence frequently generated feelings of abandonment and resignation, largely due to the perception that organizational leaders failed to provide adequate protection or support.

"...Sometimes you ask yourself, 'Why do I keep doing this?' Even if you love your job, when these episodes happen, you wonder why you continue working in a place where you feel so poorly protected..." (Int. 6)

Participants also reported feelings of guilt when witnessing colleagues being subjected to violence.

"...I blamed myself for not having done anything and wondered whether I could have done more..." (Int. 3)

A further source of emotional distress was frustration arising from the perceived lack of recognition from patients and the public. Participants described a progressive deterioration in patient attitudes, particularly following the COVID-19 pandemic, with increased impatience, hostility, and unrealistic expectations.

"...Since COVID-19, people seem to have become much harsher. They have less patience, and their perception of illness often seems amplified compared with the actual situation..." (Int. 9)

"...They do not recognize the commitment and responsibility associated with our professional role..." (Int. 3)

Despite these challenges, participants reported a strong sense of belonging to their team, particularly among more experienced staff members who often described the workplace as a second family. The coexistence of positive emotions, such as trust, affection, and security, and negative emotions, such as fear, frustration, and helplessness, generated a deep emotional attachment to the workplace. Shared experiences of violence further strengthened team cohesion and reinforced collective perceptions of safety.

Table 3. *Summary of the Main Themes and Their Interpretative Meaning*

THEME	INTERPRETATIVE MEANING
Team Relationships	Positive relationships among team members foster a supportive work environment and contribute to professionals' sense of safety. These relationships also act as a protective factor against workplace violence and tend to be particularly strong among experienced staff members.
Professional Satisfaction	Professional fulfillment, shaped by occupational commitment, autonomy, and recognition from patients, promotes loyalty to the Emergency Department and helps professionals cope with workplace challenges, including violent incidents.
Emotional Involvement	The coexistence of positive and negative emotions enables healthcare professionals to navigate the uncertainties associated with workplace violence, strengthening their sense of belonging, resilience, and emotional attachment to the team and work environment.

Theoretical Model: The Veterans' Spiral

The qualitative analysis identified three fundamental and closely interconnected dimensions—Team Relationships, Professional Satisfaction, and Emotional Involvement—which, through their

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

dynamic interaction, form the theoretical model termed The Veterans' Spiral.

The process begins with the development of positive relationships among team members, characterized by collaboration, mutual support, and a shared sense of belonging. These relationships constitute the foundation of a work environment perceived as cohesive, trustworthy, and psychologically safe, providing healthcare professionals with a source of support during critical situations and a stable point of reference in everyday practice.

Strong interpersonal relationships foster professional satisfaction, which arises not only from the dynamic nature of emergency care but also from opportunities to exercise professional autonomy, make independent decisions, and apply advanced clinical competencies. Professional satisfaction therefore acts as a motivational resource that helps healthcare professionals cope with the challenges of the ED environment, including verbal and physical aggression, while reinforcing their commitment to the unit.

The interaction between positive team relationships and professional satisfaction generates a profound form of emotional involvement. This involvement extends beyond the experience of negative emotions associated with workplace violence and occupational stress, encompassing feelings of trust, affection, security, and attachment to the work group. Within this context, the shared management of critical events, including episodes of aggression, becomes a powerful source of cohesion that strengthens both collective resilience and the sense of belonging among team members.

The model unfolds as a virtuous spiral, in which each dimension continuously reinforces the others. Positive team relationships promote professional satisfaction; professional satisfaction, in turn, enhances positive emotional involvement; and emotional involvement further strengthens interpersonal bonds within the team. Through this cyclical process, healthcare professionals gradually develop a robust sense of personal and professional security despite frequent exposure to workplace violence.

This process appears to be particularly evident among more experienced professionals, whose prolonged exposure to the ED environment has enabled them to transform potentially destabilizing experiences into opportunities for professional growth, adaptation, and resilience. Over time, these professionals become increasingly rooted within the organizational context, demonstrating stronger commitment to the unit and a lower propensity to leave the workplace.

The Veterans' Spiral therefore represents a conceptual model illustrating how, in highly demanding and emotionally intense healthcare environments such as EDs, team cohesion, professional fulfillment, and emotional connectedness operate as mutually reinforcing protective factors. Together, these dimensions promote workforce stability, resilience, and the maintenance of high-quality patient care despite the ongoing presence of workplace violence.

DISCUSSION

This qualitative study, conducted using a Grounded Theory approach, explored the experiences of nurses and healthcare assistants working in EDs in the Romagna region of Italy. The findings identified three interrelated dimensions—team relationships, professional satisfaction, and emotional involvement—which interact dynamically to generate the theoretical model termed The Veterans' Spiral.

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

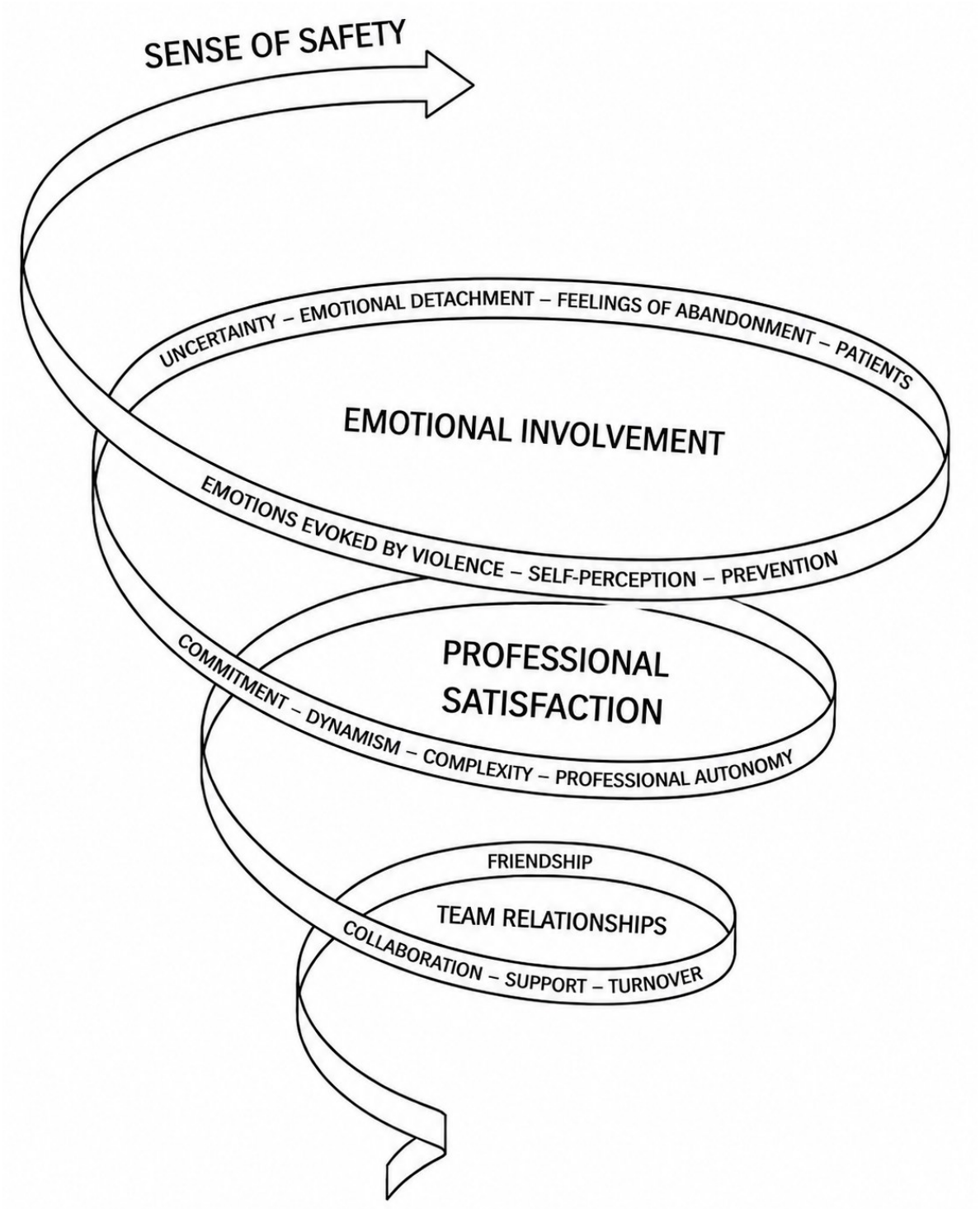
DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 **DOI:** 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

Figure 1. *The Veterans' Spiral*



Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

This model describes how team cohesion and professional fulfillment mitigate the emotional impact of workplace violence, ultimately strengthening professionals' sense of safety and belonging. A key finding of this study is the central role of team relationships in shaping healthcare professionals' responses to workplace violence. Positive interpersonal relationships emerged as the foundation of a supportive and constructive work environment, capable of enhancing both staff well-being and the quality of patient care. In turn, these factors were perceived as reducing the likelihood and impact of violent incidents. Existing evidence supports this interpretation, suggesting that teams characterized by strong relational cohesion are less vulnerable to the negative consequences of workplace violence and may, under certain circumstances, contribute to the prevention of aggressive behaviors. (22) Team relationships can therefore be understood as a protective factor that enhances perceived safety and fosters both individual and collective resilience. (23) Our findings further suggest that within cohesive teams, violence is no longer interpreted solely as a threat directed at an individual professional but rather as a shared occupational risk. Trust, mutual support, and a strong sense of belonging appear to reduce individual vulnerability while promoting collective control and psychological safety. Consistent with previous research, social support and team cohesion have been shown to protect psychological well-being by buffering the stressful effects of violent events. (24,25) Conversely, poor workplace relationships and limited social support have been associated with greater exposure to third-party violence in healthcare settings. (26) A novel contribution of this study is the identification of the "veteran professional" as a pivotal figure within the ED team. Through prolonged exposure to the emergency care environment, veteran professionals accumulate experiential knowledge that enables them to develop a deep understanding of organizational dynamics, interpersonal relationships, and workplace violence management. Participants described these professionals as informal mentors who support less experienced colleagues not only through the transmission of technical competencies but also through role modelling effective communication and conflict-management strategies. Although the relationship between veteran professionals and the mitigation of workplace violence outcomes has received limited attention in the literature, several studies provide a foundation for interpreting this phenomenon. (27-29) Experienced healthcare professionals are often better able to recognize early signs of conflict and implement communication strategies that prevent escalation. The ability to interpret verbal and non-verbal cues and apply de-escalation techniques based on therapeutic communication is widely recognized as a cornerstone of violence prevention. (27) The role of veteran professionals may also be understood through the lens of professional identity. Previous research has demonstrated that turnover intentions are positively associated with workplace violence and negatively associated with a strong professional identity. (28) In our study, veteran professionals appeared to possess a well-established professional identity and reported a strong commitment to remaining within the ED despite repeated exposure to violence. A consolidated professional identity may function as a stabilizing resource, enabling healthcare professionals to navigate workplace challenges while maintaining engagement with their profession. (29) Another notable finding is that participants reported high levels of professional satisfaction despite recurrent exposure to workplace violence. Satisfaction appeared to be closely linked to intrinsic characteristics of the emergency care environment, particularly professional autonomy and the dynamic nature of the work. This finding contrasts with studies describing unpredictability, complexity, and fluctuating care demands as sources of occupational stress and

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

burnout among emergency healthcare professionals. (30,31) However, recent evidence suggests that the impact of these demanding working conditions depends heavily on organizational factors. Excessive workloads, inadequate staffing levels, and poor managerial support amplify the negative effects of dynamic work environments, whereas supportive organizational climates promote retention even in highly demanding settings. (32) Participants consistently identified professional autonomy as a major source of job satisfaction and organizational commitment. The opportunity to influence clinical decisions, exercise professional judgment, and contribute meaningfully to patient care appeared to offset many of the negative emotions associated with workplace violence. These findings align with Self-Determination Theory, which identifies autonomy as a fundamental psychological need associated with job satisfaction, organizational commitment, and psychological empowerment among healthcare professionals. (33) Similarly, previous qualitative research conducted in Italy found that limited autonomy and poor professional recognition contributed to dissatisfaction, frustration, and feelings of social devaluation among nurses. (34) Consistent with previous literature, participants described workplace violence as generating a range of negative emotions, including fear, anger, helplessness, resignation, and abandonment. Importantly, these emotions were not solely linked to violent incidents themselves but also to the perception of inadequate recognition and support from both patients and organizational leadership. In this context, healthcare professionals are required to engage in substantial emotion work, regulating and managing their emotional responses in order to maintain professional behaviour in situations characterized by aggression, tension, and threat. (35) Our findings suggest that emotional regulation should not be interpreted as emotional suppression or vulnerability. Rather, the ability to manage emotional responses appears to facilitate professional growth and adaptation, enabling healthcare professionals to respond effectively to challenging situations. While the emotional experiences of individual professionals undoubtedly influence the broader work environment, this study highlights the importance of a collective emotional experience. Participants described how facing violent incidents together strengthened interpersonal bonds and reinforced team belonging. This interpretation is supported by previous qualitative research demonstrating that healthcare professionals working in emergency settings may develop a progressive adaptation to traumatic events, whereby peer support transforms emotional exhaustion and stress into professional satisfaction and loyalty to the team. (36) The emotional involvement described by participants therefore appears to be grounded in collective resilience. Unlike individual resilience, collective resilience emerges as a dynamic property of the team, enabling members to adapt to chronic stress, maintain performance, pursue shared goals, and manage repeated adversity through cohesion and mutual support. (37) Within this framework, the veteran professional occupies a central position, acting as a key facilitator of collective coping processes and a crucial contributor to the development of psychological safety. At a time when healthcare organizations worldwide are facing increasing turnover rates and significant workforce retention challenges (34, 38-40), our findings suggest that team cohesion and workplace belonging may play a critical role in supporting long-term retention within emergency care settings. Moreover, veteran professionals may contribute significantly to intergenerational integration by facilitating knowledge transfer, professional socialization, and emotional support across different generations of healthcare workers. (41,42) Overall, the findings highlight the importance of understanding workplace violence not solely as an occupational hazard but also as a relational and organizational phenomenon. The

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

Veterans' Spiral offers a novel interpretation of violence in EDs, demonstrating that perceived safety does not arise exclusively from structural or organizational interventions. Rather, it emerges through relational and emotional processes embedded within work teams. Cohesive relationships foster professional satisfaction, which in turn promotes constructive emotional involvement, generating a virtuous cycle of belonging, resilience, and organizational stability.

Practical Implications and Future Research

The findings of this study highlight that healthcare professionals' perceptions of safety and well-being are shaped not only by structural and organizational measures but also—and perhaps more importantly—by the relational and emotional dynamics embedded within work teams. Positive team relationships, professional satisfaction, and constructive emotional involvement emerged as key protective factors in emergency care settings, capable of buffering the impact of workplace violence and strengthening professional resilience. Several practical implications arise from these findings. First, healthcare organizations should invest in fostering collaborative workplace cultures that promote interprofessional communication, mutual trust, and peer support. Strengthening these relational dimensions may contribute not only to staff well-being but also to the development of safer and more resilient work environments. Second, the findings underscore the importance of recognizing and valuing veteran professionals as educational and mentoring resources for less experienced staff. Their experiential knowledge, professional identity, and ability to navigate challenging situations position them as key contributors to the development of collective psychological safety and team cohesion. Third, violence prevention initiatives should extend beyond physical safety measures and include training programs focused on emotional regulation, therapeutic communication, conflict management, and de-escalation strategies. Such interventions may enhance healthcare professionals' capacity to respond effectively to aggression while preserving their psychological well-being and professional engagement. Future research should explore the organizational and relational conditions that may hinder, disrupt, or reverse the process described by The Veterans' Spiral. In particular, further investigation is needed to examine the influence of factors such as high staff turnover, intra-team conflict, limited organizational support, and repeated exposure to severe forms of violence. Such studies would contribute to refining the theoretical boundaries of the model and assessing its transferability across different healthcare settings and organizational contexts.

Study Limitations

Several limitations should be considered when interpreting the findings of this study. First, the relatively small sample size and the fact that data were collected within a single organizational setting limit the transferability of the findings. Consequently, the results should be interpreted as reflecting the experiences of healthcare professionals working within a specific ED context rather than as broadly representative of all emergency care settings. Second, the theoretical model of The Veterans' Spiral emerged within a professional environment characterized by relatively strong team cohesion, high professional commitment, and long-term staff retention despite frequent exposure to workplace violence. As a result, the present study did not fully explore the conditions under which this process may fail to develop or may be interrupted, such as contexts characterized by persistent interpersonal conflict, high turnover,

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

limited organizational support, or severe occupational distress. Third, as with all qualitative research, the interpretive nature of the methodology may have influenced data analysis and theory development. Nevertheless, methodological rigor was enhanced through systematic coding procedures, theoretical sampling, investigator triangulation, reflexive practices, and continuous comparison throughout the analytical process. Finally, the sensitive nature of workplace violence may have introduced elements of social desirability bias. Some participants may have underreported feelings of insecurity, distress, or vulnerability, potentially leading to a partial representation of their experiences.

CONCLUSIONS

This study contributes to a deeper understanding of workplace violence experienced by ED healthcare professionals by developing an emergent theoretical model, The Veterans' Spiral. The model illustrates how team cohesion, professional satisfaction, and emotional involvement interact dynamically to generate a sense of safety, belonging, and resilience despite repeated exposure to workplace violence. The findings emphasize that protecting healthcare professionals cannot rely exclusively on structural or organizational interventions. Rather, effective prevention and support strategies should also recognize the relational and emotional dimensions of healthcare work, acknowledging the importance of interpersonal connections, professional meaning, and collective coping processes. By highlighting the central role of veteran professionals in fostering team cohesion and psychological safety, this study offers a new perspective on workforce retention and resilience within emergency care settings. Ultimately, promoting cohesive, participatory, and supportive work environments may represent a critical strategy for strengthening healthcare professionals' well-being and sustaining high-quality patient care in increasingly challenging healthcare systems.

REFERENCES

1. World Health Organization. Preventing violence against health workers [Internet]. Geneva: World Health Organization; 2022. Disponibile su: https://www.who.int/activities/preventing-violence-against-health-workers

2. Stahl-Gugger A, Hämmig O. Prevalence and health correlates of workplace violence and discrimination against hospital employees: A cross-sectional study in German-speaking Switzerland. BMC Health Serv Res. 2022;22(1):291. doi:10.1186/s12913-022-07602-5

3. Li YL, Li RQ, Qiu D, Xiao SY. Prevalence of physical workplace violence against healthcare workers by patients and visitors: A systematic review and meta-analysis. Int J Environ Res Public Health. 2020;17(1):299. doi:10.3390/ijerph17010299

4. McLaughlin L, Khemthong U. The prevalence of type II workplace violence in US nurses 2000 to 2022: A meta-analysis. West J Nurs Res. 2024;46(3):248–55. doi:10.1177/01939459231222449

5. Liu W, Zhao W, Liu P, Wu H, Chen X, Liu X. Prevalence of workplace violence against health care workers in hospital and pre-hospital settings: An umbrella review of meta-analyses. Front Public Health. 2022;10:895818. doi:10.3389/fpubh.2022.895818

6. Önal Ö, Evcil FY, Batmaz K, Çoban B, Doğan E. Systematic review and meta-analysis of verbal and physical violence against healthcare workers in the Eastern Mediterranean Region. East Mediterr Health J. 2023;29(10):819–30. doi:10.26719/emhj.23.083

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

7. Osservatorio Nazionale sulla Sicurezza degli Esercenti le Professioni Sanitarie e Sociosanitarie. Relazione sull'attività anno 2024 [Internet]. Roma: Ministero della Salute; 2025. Disponibile su: https://www.quotidianosanita.it/allegati/allegato1741795235.pdf

8. Feruglio L, Bressan V, Cadorin L. Violenza contro gli infermieri durante l'assistenza: una revisione sistematica. J Clin Nurs. 2024. doi:10.1111/jocn.17424

9. Rossi MF, Beccia F, Cittadini F, Amantea C, Aulino G, Santoro PE, et al. Workplace violence against healthcare workers: An umbrella review of systematic reviews and meta-analyses. Public Health. 2023;221:50–9. doi:10.1016/j.puhe.2023.05.021

10. Wang J, Zeng Q, Wang Y, Liao X, Xie C, Wang G, et al. Workplace violence and the risk of post-traumatic stress disorder and burnout among nurses: A systematic review and meta-analysis. J Nurs Manag. 2022;30(7):2854–68. doi:10.1111/jonm.13809

11. Gedik Ö, Ülke Şimdi R, Kıbrıs Ş, Sivuk DK. The relationship between workplace violence, emotional exhaustion, job satisfaction and turnover intention among nurses during the COVID-19 pandemic. J Res Nurs. 2023;28(6–7):448–66. doi:10.1177/17449871231182837

12. Çakır O, Akkoç İ, Arun K, Dığrak E, Uluırmak Ünlüeroğlugil HS. The complex dynamics of violence and burnout in healthcare: A closer look at physicians and nurses. Int Nurs Rev. 2025;72(3):e70075. doi:10.1111/inr.70075

13. Hassard J, Teoh KRH, Cox T. Estimating the economic burden posed by work-related violence to society: A systematic review of cost-of-illness studies. Saf Sci. luglio 2019;116:208–21. doi:10.1016/j.ssci.2019.03.013

14. Grossman DC, Choucair B. Addressing workplace violence in hospitals: Strategies and outcomes. J Healthc Manag. 2020;65(5):341–52. doi:10.1097/JHM-D-20-00456

15. Wirth T, Peters C, Nienhaus A, Schablon A. Interventions for Workplace Violence Prevention in Emergency Departments: A Systematic Review. Int J Environ Res Public Health. 10 agosto 2021;18(16):8459. doi:10.3390/ijerph18168459

16. Beattie J, Innes K, Griffiths D, Morphet J. Workplace violence: Examination of the tensions between duty of care, worker safety, and zero tolerance. Health Care Manage Rev. 2020;45(3):E13–22. doi:10.1097/HMR.0000000000000286

17. Vrablik MC, Lawrence M, Ray JM, Moore M, Wong AH. Addressing workplace safety in the emergency department: A multi-institutional qualitative investigation of health worker assault experiences. J Occup Environ Med. 2020;62(12):1019–28. doi:10.1097/JOM.0000000000002031

18. Geoffrion S, Hills DJ, Ross HM, Pich J, Hill AT, Dalsbø TK, et al. Education and training for preventing and minimizing workplace aggression directed toward healthcare workers. Cochrane Database Syst Rev. 2020;(9):CD011860. doi:10.1002/14651858.CD011860.pub2

19. Okubo CVC, Martins JT, Malaquias TDSM, Galdino MJQ, Haddad MDCFL, Cardelli AAM, et al. Effectiveness of the interventions against workplace violence suffered by health and support professionals: A meta-analysis. Rev Lat Am Enfermagem. 2022;30:e3638. doi:10.1590/1518-8345.5923.3638

20. Corbin JM, Strauss A. Grounded theory research: Procedures, canons, and evaluative criteria. Qual Sociol. 1990;13(1):3–21. doi:10.1007/BF00988593

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

DISSERTATION NURSING V.5, N.2, (31/07/2026)

ISSN: 2785-7263 DOI: 10.54103/dn/30678

DISSERTATION NURSING®

JOURNAL HOMEPAGE: HTTPS://RIVISTE.UNIMI.IT/INDEX.PHP/DISSERTATIONNURSING

21. Mortari L, Zannini L. La ricerca qualitativa in ambito sanitario. 1a ed. Roma: Carocci; 2017.

22. Balducci C, Vignoli M, Dalla Rosa G, Consiglio C. High strain and low social support at work as risk factors for being the target of third-party workplace violence among healthcare sector workers. Med Lav. 2020;111(5):388–98. doi:10.23749/mdl.v111i5.9910

23. Oprea N, Giacomelli G, Sartirana M, Trinchero E, Georgescu I. Meso-organisational determinants of healthcare workers' resilience: Results of a scoping review. Health Policy. 2025;161:105412. doi:10.1016/j.healthpol.2025.105412

24. Abuhasheesh S, Al-Hussami M, Shehadeh J, Feras DE. The impact of workplace violence on healthcare professionals' quality of life: the mediating role of social support. Discov Soc Sci Health. 2024;4:62. doi:10.1007/s44155-024-00121-0

25. Duan X, Ni X, Shi L, Zhang L, Ye Y, Mu H, et al. The impact of workplace violence on job satisfaction, job burnout, and turnover intention: the mediating role of social support. Health Qual Life Outcomes. 2019;17(1):93. doi:10.1186/s12955-019-1164-3

26. Barros C, Meneses RF, Sani A, Baylina P. Workplace violence in healthcare settings: Work-related predictors of violence behaviours. Psych. 2022;4(3):516–24. doi:10.3390/psych4030039

27. Jackson DI, Maa T, Luna J, Huang Y, Fristad MA, Sezgin E. Challenges and opportunities in healthcare workplace violence training: A qualitative study of staff experiences. J Workplace Behav Health. 2025;40(4):641–54. doi:10.1080/15555240.2025.2474055

28. Wang H, Liu F, Ren Y, Sun Y. Workplace violence, career identity, and turnover intentions: the mediating role of job burnout among newly recruited rotational nurses. BMC Nurs. 2025;24(1):689. doi:10.1186/s12912-025-03389-y

29. Hu H, Wang C, Lan Y, Wu X. Nurses' turnover intention, hope and career identity: the mediating role of job satisfaction. BMC Nurs. 2022;21(1):43. doi:10.1186/s12912-022-00821-5

30. Lu X, Yang J, Bai D, Cai M, Wang W, He J, et al. The effect of psychological contract on turnover intention among nurses: A meta-analytic review. BMC Nurs. 2023;22(1):358. doi:10.1186/s12912-023-01496-2

31. Jiang N, Zhou X, Gong Y, Tian M, Wu Y, Zhang J, et al. Factors related to turnover intention among emergency department nurses in China: A nationwide cross-sectional study. Nurs Crit Care. 2023;28(2):236–44. doi:10.1111/nicc.12770

32. Ren H, Xue Y, Li P, Yin X, Xin W, Li H. Prevalence of turnover intention among emergency nurses worldwide: A meta-analysis. BMC Nurs. 2024;23(1):645. doi:10.1186/s12912-024-02284-2

33. Ferrari L, Panari C, Manna E. L'impatto dell'empowering leadership infermieristica sulla soddisfazione dell'équipe dei professionisti: uno studio in due organizzazioni ospedaliere. Consulen G Ital Ric E Appl. 2022;15(2):14–36.

34. Decaro R, Gazineo D, Godino L. Percezione che l'infermieristica italiana ha di sé stessa: uno studio qualitativo. Diss Nurs. 2024;3(2):83–95. doi:10.54103/dn/23525

35. Theodosius C. Emotional labour in health care: The unmanaged heart of nursing. London: Routledge; 2008. doi:10.4324/9780203894958

36. Pierboni L, Gazineo D, Triani R, Bagli P, Godino L. La lealtà degli infermieri in prima linea nei reparti di emergenza Covid-19: uno studio qualitativo basato sulla grounded theory. Diss Nurs. 2025;4(2). doi:10.54103/dn/28708

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026

Milano University Press

37. Hendrikx IEM, Vermeulen SCG, Wientjens VLW, Mannak RS. Is team resilience more than the sum of its parts? A quantitative study on emergency healthcare teams during the COVID-19 pandemic. Int J Environ Res Public Health. 2022;19(12):6968. doi:10.3390/ijerph19126968

38. Gazineo D, Contaldo F, Rizzello F, Bastianini S, Spadola M, Volpato S, et al. Perché gli studenti abbandonano I corsi di laurea in Infermieristica? Un'indagine regionale con disegno mixed methods. Diss Nurs. 10 dicembre 2025;5(1). doi:10.54103/dn/29148

39. Gazineo D, Malfa EL, Torella A, Godino L. Italian nurses abroad: insights into motivations, challenges, and opportunities. Br J Nurs. 8 maggio 2025;34(9):478–87. doi:10.12968/bjon.2024.0493

40. Bandino M, Decaro R, Regano D, Gazineo D, Bertonazzi B, Cristini A, et al. Lessons learned from the COVID-19 pandemic: resilience and coping strategies among healthcare professionals: a systematic review. Discov Public Health. 4 marzo 2025;22(1):80. doi:10.1186/s12982-025-00459-z

41. Gazineo D, Ricco M, Di Lembo V, La Malfa E, Godino L. Examining negative interactions and generational dynamics in the multigenerational nursing workforce in Italy. Discov Public Health. 15 settembre 2025;22(1):550. doi:10.1186/s12982-025-00897-9

42. Godino L, La Malfa E, Poli P, Di Lembo V, Ricco M, Cioni L, et al. Experiences and dynamics of a multigenerational nursing workforce: a qualitative study. Br J Community Nurs. 2 ottobre 2025;30(10):474–82. doi:10.12968/bjcn.2025.0005

Corresponding author:
Lea Godino: lea.godino2@unibo.it
Medical Genetics Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna Via Massarenti 9 40138, Bologna (BO) ITALY

Submission received: 14/01/2026
End of Peer Review process: 18/05/2026
Accepted: 01/06/2026