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Commentary

Commentary on "Assessing the efficacy of a workplace violence educational model for nursing professionals: A prototype model"

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To the editor,

We read with great interest the recent article by Putra et al., which evaluated the STOP educational model aimed at raising awareness of and encouraging the reporting of workplace violence (WPV) among nurses in Aceh, Indonesia (1). The authors should be congratulated for developing and testing a locally relevant, user-friendly and context-sensitive web-based application that addresses an urgent, globally recognised issue. As scholars and clinicians involved in WPV research, we found the study both inspiring and timely. It effectively illustrates how targeted educational interventions can raise awareness and encourage nurses to report violent incidents — an essential yet often overlooked step in addressing WPV in healthcare settings (2). The emphasis on accessibility, clarity of language and cultural adaptation is particularly noteworthy. We would like to contribute a complementary perspective that we believe can enrich the ongoing dialogue and broaden the potential impact of such interventions. This perspective is grounded in the view that complex challenges such as workplace violence require multidimensional and integrated responses. In our own research, we have conceptualised workplace violence against healthcare workers, particularly emergency nurses, through the GAVEN theoretical framework (3). This model takes a 360-degree approach, emphasising not only educational tools, but also the structural, managerial, cultural and psychological dimensions of violence. It suggests that WPV cannot be tackled solely at the individual level and that effective prevention strategies must engage institutional policies, organisational support systems and broader socio-cultural mechanisms. The STOP model, as currently implemented, prioritises raising awareness and preparing individuals to act. While this is an essential foundation, we argue that such efforts could be significantly strengthened by integrating them into a broader systemic strategy. For example, involving hospital administration, staff leadership, peer networks and local policymakers in interventions could amplify the programme's efficacy and sustainability (2). We also appreciated the authors' acknowledgement of the study's limitations, particularly with regard to the sample size and geographical focus. In a commentary on Tan et al., we discussed the challenge of generalising findings from context-specific qualitative studies. However, as we have previously argued, WPV shares many common themes across cultures and settings, such as underreporting, feelings of fear and helplessness, a lack of institutional support and the normalisation of violence in high-stress departments such as emergency care (4). These shared experiences suggest that even a localised study, such as that conducted by Putra and colleagues, can provide globally relevant insights — particularly when interpreted within a comparative or integrative framework. In this context, we recognise the significant potential of the STOP model, both as an independent initiative and as part of a broader institutional response to WPV. We encourage the authors and the wider research community to consider future iterations of the programme that integrate interdisciplinary collaboration and policy-level

engagement. This would be in line with both the GAVeN framework and the growing international recognition of the value of multidimensional, system-oriented models for preventing and managing workplace violence in healthcare (3). In conclusion, Putra and his colleagues have made a valuable contribution to the field. We fully support their commitment to developing practical, culturally sensitive tools to address workplace violence in nursing. Our aim is simply to emphasise the importance of incorporating such educational models into a wider systemic framework that recognises the multifaceted nature of WPV and highlights the joint responsibility of institutions and individual practitioners.

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