Appendix B: Illustrative Quotes on the Role of Leadership

(aligned with Section 3.3)

Main Category	Subtheme	Illustrative Quote	Participant Characteristics
Role of Practice Leadership	Active leadership engagement	"It really depends on the leadership. How violence prevention is lived in the practice depends a lot on us, as practice owners or senior GPs. I think awareness still needs to be sharpened… it should be a daily routine to check in with staff about potential risks."	GP, female, practice owner, urban group practice
Role of Practice Leadership	Lack of formalisation of responsibilities	"We don't have formally assigned responsibilities for violence prevention. Mostly it falls under general leadership—protecting staff, being a role model—but there's little training, and it often gets lost among all the other tasks."	GP, male, senior physician, suburban soloed practice
Role of Practice Leadership	High awareness and staff support	"Our practice owner always asks how we feel after difficult encounters. It shows that staff safety really matters to them."	MA, female, urban group practice
Role of Practice Leadership	Reactive leadership approach	"It seems like leadership only notices when something really bad happens. Everyday aggression? That doesn't count. So there's no real guidance until a crisis hits."	GP, male, suburban group practice
Role of Practice Leadership	Low prioritisation without external pressure	"If there's no rule saying we have to do it, it feels like the practice owner won't invest the time or resources. Prevention is only on paper."	MA, female, rural solo practice

Main Category	Subtheme	Illustrative Quote	Participant Characteristics
Role of Practice Leadership	Resource constraints limiting leadership action	“We’re always told to optimise patient flow and reduce costs. So, investing in alarms or extra staff for safety is often seen as a luxury, not a necessity.”	GP, female, urban group practice
Role of Practice Leadership	Limited implementation despite willingness	“Even when our senior GP wants to implement new safety measures, we just don’t have the staff or the money to do it properly. So, ideas stay ideas.”	MA, male, suburban group practice
Role of Practice Leadership	Promoting a reporting and learning culture	“Our owner now encourages reporting even minor incidents. Before, verbal aggression wasn’t taken seriously, but now we have small debriefs and discuss strategies after each case.”	MA, female, rural group practice
Role of Practice Leadership	Lack of leadership support	“Without leadership backing, we’re basically on our own. Everyone just improvises, and prevention depends on who’s on shift that day.”	GP, male, urban group practice
Role of Practice Leadership	Role modelling behaviour	“Our senior physician handles aggressive patients calmly and explains to the team afterward. It sets a standard for how we should act.”	GP, female, suburban group practice
Role of Practice Leadership	Open communication and psychological safety	“The practice owner encourages us to report incidents and openly discusses them, so we don’t feel left alone.”	MA, female, rural group practice
Role of Practice Leadership	Lack of follow-up and reinforcement	“Policies exist, but if leadership doesn’t follow up, everyone interprets them differently. It’s confusing.”	MA, male, urban group practice

Appendix C: Illustrative Quotes on Facilitators and Barriers (aligned with Section 3.5)

Main Category	Subtheme	Illustrative Quote	Participant Characteristics
Facilitators	Leadership support and prioritisation	"When the practice owner takes time to discuss safety, we all notice it. It sends a clear signal that managing aggressive patients is important."	GP, female, urban group practice
Facilitators	Structured training and guidelines	"The de-escalation training gave me concrete steps. Now I know what to do without panicking."	MA, female, rural single-handed practice
Facilitators	Environmental safety measures	"Even a small thing like a silent alarm gives me peace of mind. I can focus on calming the patient."	MA, female, urban group practice
Facilitators	Peer support and informal learning	"We debrief after incidents and share what worked. That peer feedback is just as important as formal training."	GP, female, rural group practice
Facilitators	Professional experience	"After years in practice, you develop a sense of when something might escalate."	GP, male, urban group practice
Barriers	High workload and time pressure	"When we're short-staffed, it's impossible to follow all the steps. You just have to get through the day."	MA, female, rural solo practice
Barriers	Staff shortages	"If only one MA is on duty, it's almost impossible to manage a difficult patient safely."	MA, female, rural solo practice

Main Category	Subtheme	Illustrative Quote	Participant Characteristics
Barriers	Financial constraints	“Installing safety equipment costs money. We want to, but the budget just isn’t there.”	GP, female, suburban group practice
Barriers	Lack of awareness and guidance	“We have documents and SOPs, but unless someone teaches you to use them, they’re just words on paper.”	MA, female, suburban group practice
Barriers	Normalisation of violence	“You just get used to it… verbal aggression becomes part of daily work.”	GP, male, urban group practice
Barriers	Individual stress and fatigue	“After a long day, it’s hard to stick to all the steps.”	GP, male, urban group practice
Interaction of factors	Interdependence of levels	“Leadership, alarms, and training all work together. Miss one and it’s much harder.”	GP, female, rural solo practice
Interaction of factors	Misalignment reduces effectiveness	“We can train all we want, but without leadership and a safe environment, it doesn’t work.”	MA, female, urban group practice