

Verbal Violence and It's Relationship to Job Satisfaction among Nurses at Teaching Hospitals

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Abstract

A descriptive correlation design was used in the present study from the period 5th November 2023 to 7th February 2024 to assess the level of verbal violence and to find out the relationship between verbal violence and job satisfaction. A purposive (non-probability) sample of 248 nurses is recruited in current study and selected from two teaching hospitals in Wasit City according to specific criteria. The questionnaire's content validity is determined by a panel of fifteen specialists, and its reliability is evaluated through a pilot study. The data were collected through interview using two scales that are verbal violence questionnaire, which was used in the current study taken from the study of (Al-Omari, H.2015), and Paul E. Spector, 1994 of job Satisfaction, and using the Statistical Package for Social Sciences, data were examined and interpreted (SPSS), version (IBM 26). The study findings indicate that nurses have high level of verbal violence. There are no significant correlation between level of verbal violence and job Satisfaction. This study recommends creating and executing a program to avoid violence against nursing staff in order to increase their sense of security and safety in the workplace as well as satisfaction in their job .

Keywords: (verbal abuse, Verbal violence, Verbal aggression Work violence, Job satisfaction, Nurse).

Introduction

Verbal abuse against nurses is a growing problem that leads to negative consequences on personal health and work productivity among health care professionals. In this study, verbal abuse is defined as language that is humiliating, degrading, or disrespectful; it may include the threat of 'physical force, sexual or psychological harm, or other negative consequences'. (Alzoubi FA 2021)

Verbal abuse could come from various sources, such as patients, patients' families, nurses' coworkers, physicians, and managers). According to (Albashtawy and Aljezawi 2016), the patients, patients' families, physicians, and other health care personnel considered the most frequent. Magnavita, Heponiemi, and Chirico (2020) expounded on the various forms of violence that nurses employed at teaching hospitals encounter, such as abuse that is sexual, verbal, or psychological. Zhang and colleagues (2017) shown that verbal aggression is the predominant form of violence directed at nurses, manifested through acts of abuse, exaggerated arguments, unpleasant remarks, and threats. Furthermore, Alkorashy & Al Moalad (2016) shown that hospital-employed nurses commonly reported experiencing psychological abuse and sexual harassment. The study conducted by Cheung, Lee, and Yip (2018) identified the primary sources of workplace violence against nurses. These sources include patients, family, coworkers, physicians, and other healthcare providers. Furthermore, "Any verbal act that causes, or is intended to cause, any physical or psychological injury, pain, or harm is considered violence". In addition, nurses not only witness violent incidents but also serve as the first line of defense for their client' safety (Emam, et al., 2018). As stated by Pihl-Thingvad and colleagues (2019), nurses and other healthcare professionals may be particularly vulnerable to workplace violence, which has the potential to escalate and become a global issue. 95% of healthcare personnel are thought to be victims of violence against them (Abdellah, & Salama, 2017). Violence against nurses is more common than previously thought, according to several research (35.1%–72.8%). Dissatisfaction with nursing performance, particularly in the areas of

interpersonal relationships and communication, is blamed for the greater rate of violence in the profession (**Hasan, El-sayed & Tumah, 2018**).

One of the most evident detrimental effects of job stress on nurses in every work context is job discontent. **Ameen, K., & Faraj, S. (2019), S.** A subjective attitude or emotion about several aspects of one's job that is impacted by a wide range of factors is called job satisfaction. Job stress has a significant impact on it (**Kumar et al., 2015**). More job satisfaction among nurses is positively correlated with better care quality and quantity, an enhanced work environment, increased productivity, staff self-esteem, organizational citizenship, life satisfaction, client interest, mood, and delicacy, according to recent studies in this field (**Melo, et al., 2011**). According to this viewpoint, **Alharthy et al. (2017)** demonstrated that nurses who experience workplace violence provide less effective care and have less concentration during work, which increases the risk of medical errors, burnout, decreased productivity, and issues with self-efficacy and professional satisfaction. Furthermore, being exposed to violence in the workplace compromises ethics and has a bad emotional impact on nurses, making them feel fearful, depressed, or angry. Additionally, **Del Carmen, et al. (2020)** noted that a mental health nurse's performance is impacted by their subjected to violence at work. They discovered that the effects of traumatic experiences included psychological issues such Depression, fear, anxiety, and uncertainty, dispersed sleeping, fragility, susceptibility, and loss of energy and confidence. In the event of violence, a nurse's adaptive coping strategy can be compared to that of being exposed to panic. In order to save both themselves and their patients, nurses must be equipped to handle these aggressive situations. The tragic consequences of this relationship are serious, growing concerns for nurses, patients' families, and hospitals; therefore, it is found necessary to assess the level of verbal abuse with job satisfaction and determine the effect of violence on job satisfaction among the nursing staff at teaching hospitals.

Methodology

Study Design: A correlation study, the researcher used a descriptive-correlation design because it suitability with the study goals to find out the relationship between verbal violence and job satisfaction among nurses working at teaching hospitals in Wasit city. The study period started from the period of **5th November 2023, to 7th February 2024.**

Setting of the Study: Data were collected from nurses who worked in two teaching hospitals in Wasit City (Al-Zahraa Teaching Hospital, Al-Karama Teaching Hospital).

Population: The target population was 700 nurses working in two teaching hospitals in Wasit City (Two teaching hospitals: Al-Karama and Al-Zahraa) the population of nurses from each hospital was 168 and 80 , respectively.

Sample size: The sample size was estimated according Soper sample calculator ; the minimum sample size was 100 nurses ,considering the possibility of incomplete or non-responses from the participants. The researcher selects a sample of 148 nurses to get more representation of sample population and get more accurate results.

Sample Method: A purposive (non- probability) sample of 248 nurses was selected according to specific inclusion criteria, the population of academic nurses from each hospital was (Al -Zahraa Teaching Hospital, Al-Karama Teaching Hospital) 168 and 80. Sample number of each hospitl 168,80 respectively.

Administrative arrangements: The study's protocol and formal approval to perform it were obtained by the University of Karbala's College of Nursing. After obtaining the title and the questionnaire, After reviewing the study tools (questionnaire), the College of Nursing Ethics Committee made the decision to proceed with the research. getting approval from the nurse during the interview as well.

Study Instrument: The WPV in the health sector questionnaire, created as a collaborative effort by Public Service International, the International Labor Office, the World Health Organization, and the International Council of Nursing, served as the basis for the questionnaire. To measure the problem statement, the researcher employs an instrument that consists of three parts: demographic information data, the Verbal Violence Questionnaire, and Paul E. Spector's Job Satisfaction Scale from 1994.

PartI: Demographic Data: The socio-demographic sheet includes the nurse's age, sex, marital status, education qualification, work shift, number of work hours in a shift,

role in the department, years of experience in emergency, hospital, and years of experience, response to the violence incident.

Part II: Verbal Violence Questionnaire: The questionnaire was derived from the WPV in the health sector questionnaire, developed as a joint program of the International Labor Office, WHO, International Council of Nursing, and Public Service International, - which was used in the current study taken from the study of (Al-Omari, H.2015). It consisted of 6 items, (6) items for the Verbal Assaults, (6) items for the verbal threats, (7) items for the sexual assaults/harassment, and (7) items for the source of verbal violence covering the type of verbal violence,. The response was designed on the questionnaire, as follows: Never, Once, Twice, Thrice, Four or More Times.

Part III: Paul E. Spector, 1997 Survy of job Satisfaction: The Job Satisfaction Scale was originally developed in 1979 by Warr, Cook, and Wall, and it is used in some countries such as Canada, Australia, and Ireland. Paul E. Spector created the Job Satisfaction Survey (JSS) in 1985 and detailed it so that researchers could understand the overall satisfaction of employees, as well as be able to assess the nine facets of job satisfaction (Spector, 2021). Used the scale translated into the Arabic language by the researcher in this study. The JSS is a 36-item instrument specifically developed to measure job satisfaction in the context of health professions education and patient care for administration to health professions students and practitioners, items are answered on a 3-point Likert -type scale (1 = Disagree, 2 = Neutral, 3 = Agree), seventy of the items are positively worded and directly scored, while the Negatively worded items are 2, 4, 6, 8, 10, 12, 14, 16, 18, 19, 21, 23, 24, 26, 29, 31, 32, 34, 36. (reverse scored) .**Validity of the Questionnaire:** To make the instrument more valid, it was presented to a panel of (15) experts (they have more than 10 years of experience in their job field) in the different fields related to the study title, changes and modifications slightly were made based on the experts' suggestions and recommendations in order to best fit to nursing sample.**Pilot**

Study: A pilot study is done before data collection to determine the study instrument's reliability. It was applied to (20) nurses working in hospitals (Al-Zahraa Teaching Hospital, Al-Karama Teaching Hospital) time taking to fill the forms before conducting a full-scale study. The average time taken to fill the form was 15-20 minutes which was considered acceptable, The pilot study was conducted from **December 21th, 2023, to 25th December 2023.** the sample of the pilot study is excluded from the original study.

Reliability of the Instrument: Cronbach's alpha coefficients were used to test the reliability of the current study instrument. The result of the test showed acceptable and demonstrated construct validity. Cronbach's alpha is 0.89 for the Verbal violence scale, and Cronbach's alpha is 0.74 for Job satisfaction.

Data collection: The self-administer method was used by asking the participants to complete the format of the questionnaire and fulfill the questions. The data collection process has been performed from **15th January, 2024 to the 10th February 2024** after obtaining permission from the Wasit Health Directorate to conduct the questionnaire in its hospitals and institutions. Then the researcher explains the purpose of the study in a simple way to nurses. An agreement of participation was obtained from all nurses prior to the interview, the average time required for each respondent of the nurses has taken approximately 15-20 minutes to filling out the questionnaire form.

Data Analysis: The data were analyzed and interpreted through use of the application of Statistical Package for Social Sciences (SPSS) , version (IBM 26).

Results:

Table (1) Study Sample Demographic Data

List	Characteristics	F	%
1	Age (year) 20 – 29	160	64.5
	M±SD= 29.6 ± 6 30 – 39	54	21.8

		40 – 49	33	13.3
		50 and more	1	.4
		Total	248	100
2	Sex	Male	115	46.4
		Female	133	53.6
		Total	248	100

f: Frequency, %: Percentage, M: Mean, SD: Standard deviation

Table (1): Continued

List	Characteristics	F	%	
3	Marital status	Unmarried	110	44.4
		Married	120	48.4
		Divorced	9	3.6
		Separated	4	1.6
		Widowed/ er	5	2
		Total	248	100
4	Qualification in nursing	Secondary school	47	19
		Diploma	108	43.5
		Bachelor	83	33.5
		Postgraduate	10	4
		Total	248	100

f: Frequency, %: Percentage, M: Mean, SD: Standard deviation

Table 1 demonstrates that the age group of 20–30 years old accounts for the largest percentage of nurses (64.5%), followed by the 30-39 year age group (21.8%). Gender:

Female, as indicated by 53.6% of participating nurses. In terms of marital status, the majority of research participants reported being married (48.4%), followed by being single (44.4%). In terms of nursing qualifications, 43.5% of nurses hold a diploma in nursing, while 33.5% hold a bachelor's degree in the field.

Table (2): The arrangement of nurses based on their professional attributes

List	Characteristics	F	%	
1	Workplace (Hospital)	Al-Karama	80	80
		Al-Zahra'a	168	67.7
		Total	248	100
2	Years of experience in nursing M±SD= 7 ± 7	1 – 5	25	10.1
		6 – 10	118	47.5
		11 – 15	50	20.2
		16 – 20	33	13.3
		21 and more	22	8.9
		Total	248	100
3	Years of experience in emergency unit M±SD= 2 ± 1	1 – 3	203	81.9
		4 – 6	40	16.1
		7 and more	5	2
		Total	248	100
4	Shift working hours	6	109	43.7
		7	38	15.4
		18	101	40.7
		Total	248	100
5	Shift call	Morning	107	43.2
		Evening	37	14.9
		Night	104	41.9
		Total	248	100
6	Role in department	Staff nurse	218	87.9
		Supervisor	30	12.1
		Total	248	100

f: Frequency, %: Percentage, M: Mean, SD: Standard deviation

Regarding hospital highest percentage of Al-Zahra'a teaching hospital represented (67.7%). Concerning years of experience in nursing highest percentage indicates (6–10 years) represented (47.5%). While 81.9% of nurses seen with 1-3 years of experience in emergency units, the average years refer to 2±1 years in emergency units. The hours of shift work reveals that 43.7% of nurses working for six hours, 40.7% working

for 18 hours, and only 15.4% working for seven hours. .Concerning the work shifts the highest percentage indicates that morning as reported by 43.2% of participants, while other participants from night represented only (41.9%). Relative to role in department, 87.9% of nurses reported that their role is staff nurse and only 12.1% are supervisor.

Table(3):The assignment of nurses based on how they react to violent accidents

Response	f	%
Do nothing	18	7.3
Managed it by myself	179	72.2
Ask for help	43	17.3
Another person helped me	8	3.2
Total	248	100

f: Frequency, %: Percentage

The response of nurses to verbal violence accidents is seen in this table: 72.2% of nurses said they handled the situation on their own, 17.3% said they sought assistance, and 7.3% did nothing.

Table (4) Nurses' Perceived Emotions following a Violence Accident (N = 248)

Feelings	No		Yes	
	f	%	f	%
Angry	48	19.4	200	80.6
Sorrow	76	30.6	172	69.4
Aggrieved	117	47.2	131	52.8

Disappointed	101	40.7	147	59.3
Humiliation	212	85.5	36	14.5
Reduced work quality	216	87.1	32	12.9
Reduced work enthusiasm	104	41.9	144	58.1
Feeling guilty	220	88.7	28	11.3
Scared	194	78.2	54	21.8
Unable to concentrate	92	37.1	156	62.9
Insomnia	122	49.2	126	50.8

f: Frequency, %: Percentage

This table displays the emotions that nurses experience following a violent accident; they commonly report feeling angry (80.6%), sad (69.4%), resentful (52.8%), disappointed (59.3%), having poor job quality (58.1%), having trouble focusing (62.9%), and having insomnia (50.8%).

Table (5): Sources of Verbal Violence among Nurses (N=248)

List	Source	Verbal Violence	f	%
1	Patient	None	48	19.4
		Threat	59	23.8
		Assault	136	54.8
		Sexual	5	2
2	Patients companions (relatives or friends)	None	3	1.2
		Threat	162	65.3
		Assault	79	31.9
		Sexual	4	1.6
3	Physician	None	4	1.6
		Threat	186	75

		Assault	58	23.4
		Sexual	0	0
4	Nurses	None	80	32.3
		Threat	62	25
		Assault	99	39.9
		Sexual	7	2.8
5	Managers of nursing	None	6	2.4
		Threat	160	64.5
		Assault	46	18.5
		Sexual	36	14.5
6	Managers of physicians	None	8	3.2
		Threat	179	72.2
		Assault	44	17.7
		Sexual	17	6.9
7	Technician	None	136	54.8
		Threat	25	10.1
		Assault	81	32.7
		Sexual	6	2.4
8	Clerk	None	127	51.2
		Threat	25	10.1
		Assault	83	33.5
		Sexual	13	5.2
9	Housekeepers	None	142	57.3
		Threat	11	4.4

		Assault	33	13.3
		Sexual	62	25

f: Frequency, %: Percentage

In this table the sources of violence against nurses are shown patients were the most frequently reported source of verbal assault (54.8%); patients' friends and relatives were the most frequently reported source of verbal assault (65.3%); physicians were also the most frequently reported source of verbal assault (75%); nurses' colleagues were the most frequently reported source of verbal assault (39.9%) and verbal threat (25%); nursing managers were the most frequently reported source of verbal assault (64.5%); physicians' managers were the most frequently reported source of verbal assault (72.2%); technicians were the most frequently reported source of verbal assault (32.7%); clerks were most frequently reported source of verbal assault (33.5%); and housekeepers were most frequently reported source of sexual assault (25%).

Table (6) Overall Assessment of Exposure to Verbal Violence among Nurses

Verbal violence	F	%	M	SD	Ass.
Low	114	46	27.12	12.368	Moderate
Moderate	122	49.2			
High	12	4.8			

<i>Total</i>	<i>248</i>	<i>40.7</i>			
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f: Frequency, %: Percentage

M: Mean for total score, SD: Standard Deviation for total score, Ass: Assessment
Low= 0 – 25.33, Moderate= 25.34 – 50.66, High= 50.67 – 76

This table shows that nurses associated with low to moderate verbal violence experience as seen with 46% low level and 49.2% moderate level.

Table (7) Overall Assessment of Job Satisfaction among Nurses

Job satisfaction	F	%	M	SD	Ass.
Low	116	46.8	63.46	9.052	Moderate
Moderate	130	52.4			
High	2	.8			
<i>Total</i>	<i>248</i>	<i>100</i>			

f: Frequency, %: Percentage

M: Mean for total score, SD: Standard Deviation for total score, Ass: Assessment
Low= 36 – 60, Moderate= 60.1 – 84, High= 84.1 – 108

This table reveals that 52.4% of nurses associated with moderate level of job satisfaction.

Table (8) Relationship among Verbal Violence and Job Satisfaction among Nurses (N=248)

Correlation		Job satisfaction	Verbal violence
Job satisfaction	Pearson Correlation	1	-.023
	Sig. (2-tailed)		.717
Verbal violence	Pearson Correlation	-.023	1
	Sig. (2-tailed)	.717	

This table displays there is no significant relationship between exposure to verbal violence and job satisfaction among nurses.

Discussion:

Healthcare workers face a career threat from workplace violence, which also has a negative impact on their health. According to this study, 64.5% of nurses understudy had a mean age of 29.6 ± 6 years. It explains why younger nurses were more likely to experience verbal abuse than senior nurses, who have more nursing skills and are better equipped to handle patients and guests, which lowers conflict. The present investigation's results aligned with those of **Hasan & Tumah (2019)**, Researchers found that because of their outstanding conflict resolution and communication skills with patients, families, and coworkers, senior and experienced nurses were less likely to witness violent episodes. The current investigation demonstrated that the majority of nurses' understudies have nursing qualifications and were given inadequate wages while putting in over 36 hours a week on average. It can assist in explaining why nurses who successfully complete technical nursing diploma programs have fewer prospects for career growth and are unable to enhance their monthly compensation to keep up with their high work hours as compared to nurses who hold bachelor's degrees in nursing. The majority of nurses understudied in this study report not feeling comfortable at work and not having enough safety precautions against workplace violence, according to the study's findings. It may be the result of an unsupportive work environment with few security guards, a severely low nurse-to-patient ratio, inadequate leadership, and lax enforcement of rules and policies that uphold the rights of nurses as the first victims of workplace violence and increase their sense of safety in the workplace. **Konttila, Pesonen, and Kyngäs (2018)** showed a substantial correlation between exposure to verbal violence and a lack of feeling safe at work, which corroborated the study's findings. They stated that exposure to workplace violence heightened feelings of anxiety due to perceived risk, defensive actions, and perceived professional stress, while

also lowering employee enthusiasm, loyalty, and professional development as well as the desire to ask to change jobs or change careers.

According to this study, the majority of workplace violence encountered by nurses' understudies was verbal in nature, meaning they were frequently subjected to yelling, swarming, and the use of disparaging language and putdowns. **Maghraby, Elgibaly, and El-Gazzar (2020)** looked at workplace sexual harassment among hospital nurses at Egyptian universities in a related study. They discovered that nearly half of the nurses who were understudied were abused psychologically, which can take the form of bullying, isolation, intimidation, or threats. Additionally, they discovered that 25% of nurses' understudies reported experiencing sexual violence as a result of unwelcome sexual contact or sharing the nurses' images without consent. Regarding the effect of verbal abuse on nurses who work with patients under study, the findings of this study showed that exposure to workplace violence had a significant negative impact on nearly half of the nurses who worked with the patients, primarily on their productivity, contentment in the workplace and drive to continue in the sector. Additionally, it adversely impacts nurses' daily interactions with their families (parents, spouses, and kids), their mental and psychological health, which can result in increased aggression, irritability, low self-esteem, and a lack of interest in maintaining their physical fitness or well-being. The present investigation's outcomes were consistent with those of a previous study conducted by Duan et al. (2019), which examined the impact of workplace violence on job satisfaction, job burnout, and intention to leave the sector. They found that, when providing treatment following a large violent episode, Over 50% of the nurses who experienced violence from their patients sometimes experienced role conflict between their personal obligations and those of others. Furthermore, **Al-Azzam et al. (2017)** noted that in addition to the negative effects of incidents of aggression on mental health, which include increased irritability, aggression, social disengagement, and a lack of self-care practices like eating a healthy diet, exercising, sleeping on a schedule, grooming, and dressing, psychiatric nurses also experience poor self-esteem as professionals and discontent with their field of work.

The study's findings regarding the professional satisfaction levels of nurses examined revealed that, compared to over 50% of nurses who expressed a moderate level of satisfaction with their jobs, Less than half of the nurses who worked with the study patients expressed dissatisfaction with their professional status. Their higher tolerance for work-related stressors and acceptance of verbal violence as one of these stressors may have resulted from professional adjustment and the mistaken perception that violence is a part of their employment in healthcare facilities. These unexpected findings corroborated those of a related study by **Ham et al. (2021)**, which demonstrated that because nurses tolerate violence and accept it as a necessary part of their job as psychiatric nurses, their degree of satisfaction with their jobs was unaffected by workplace violence. Stated differently, the absence of association between verbal aggression exposure and job satisfaction may be interpreted as an adaptive reaction to the challenges involved in providing medical facility patient care.

The findings of this study were in conflict with those of **Chiou-Fen et al. (2020)**, who demonstrated that over half of nurses employed in healthcare facilities experienced professional dissatisfaction as a result of exposure to verbal violence, in addition to other work-related stressors like a higher workload, extended work hours, a low monthly income, and stigma from the community. Frequent absences from work, a history of medical mishaps or blunders, poor communication between healthcare providers, and a decline in output and performance are all indicators. In their research, Japanese mental healthcare nurses' experiences with workplace violence and its effects on burnout and secondary traumatic stress, **Kobayashi et al. (2020)** hypothesized that there is a connection between work stress and nurses' exposure to violence. It could make you feel uncomfortable, which makes other work-related anxieties worse. **Mento et al. (2020)** discovered, however, that stress at work might trigger hostility and start a violent cycle. In addition to increasing job stress, an unsafe workplace for mental health nurses lowers life and professional satisfaction, according to a different study by **Pai et al. (2015)**. Additionally, by heightening emotions of uneasiness at work, this may help to counteract.

The findings of **Yoshizawa et al. (2016)**, who discovered that healthcare personnel who encounter violence report lower job performance, greater levels of professional stress, and restricted job satisfaction, were consistent with the findings of this study.. According to a related study by **Yang et al. (2018)**, workplace violence is the main cause of psychological stress among nurses, This has a deleterious influence on job satisfaction and performance and finally leads to burnout. According to a different study by **Hilton et al. (2021)**, there is evidence that increases staff turnover, low professional quality of life, and compassionate tiredness are associated with workplace violence against nurses.

Conclusions:

- Most understudies in nursing staff have experienced verbal abuse.
- Approximately 50% of nurses who worked with patients in the study experienced significant negative effects from verbal abuse, mostly in terms of their motivation to stay in the field, productivity, and sense of professional fulfillment.
- There was no statistically significant link between verbal violence exposure and job satisfaction among nursing understudies; less than one-third of them reported being professionally dissatisfied, while more than half reported being professionally somewhat content .

Recommendations: The following are the recommendations made by this study:

1. Creating and executing a verbal violence prevention program for nurses in order to increase their sense of security and safety in the workplace, reduce their stress levels, and improve their job satisfaction.
2. Give nurses access to a stress management training program to increase their job happiness.
3. The researcher suggests that additional research be done on the relationship between verbal abuse and nurses' job satisfaction .

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