

Workplace Violence Against Nurses and Its Association With Job Satisfaction and Turnover Intention

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ABSTRACT

Workplace violence (WPV) directed towards nurses is one of the most serious health issues worldwide, having far-reaching consequences for healthcare provision, nurses' well-being, and organizations' internal functioning. This literature review presents a state-of-the-art research in terms of current evidence obtained in recent years (2020–2024) regarding prevalence, causes, and outcomes of workplace violence directed toward nurses, especially concerning its connection with nurses' job satisfaction and turnover intention. Based on systematic reviews, meta-analysis, and large cross-sectional studies conducted in different geographical regions such as Ethiopia, China, USA, and the UK, this paper shows that workplace violence affects from 43.4% to 89.6% of nurses according to the type and settings. In addition, the presented results show that job satisfaction acts as an important mediating variable explaining the link between workplace psychological violence and turnover intention, accounting for 43.97% of the total effect. According to hierarchical regression analysis, workplace violence contributes 32.5% of turnover intention variance when controlling demographic variables. The obtained results emphasize the necessity to implement evidence-based organizational changes, policy reforms, and culture changes in order to prevent nurses' violence-related injuries and improve their satisfaction, thereby alleviating the problem of worldwide nursing shortage due to nurse turnover.

KEYWORDS: Workplace Violence, Nurses, Job Satisfaction, Turnover Intention, Healthcare, Occupational Safety, Nursing Retention.

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INTRODUCTION

Nurses represent the largest occupational group in the healthcare industry, consisting of roughly 28 million people working globally to serve as the core of all healthcare delivery systems (World Health Organization, 2020). Although nurses represent the largest occupational group in the healthcare industry, nurses face many more dangers than those faced by workers in other sectors owing to the persistent presence of the healthcare industry in the list of sectors that pose high risks of safety hazards to employees (International Labour Organization, 2022). Moreover, the recent global health crisis brought about by the coronavirus has worsened the safety concerns of nurses as they become increasingly vulnerable to physical, psychological, and verbal attacks by patients, their family members, and even nurses (Luo et al., 2024; Shahrour et al., 2024).

Violence against nurses at work refers to many activities performed to victimize nurses by means of verbal assaults and threats as well as physical and sexual violence. According to the World Health Organization, workplace violence against nurses is any form of assault that makes nurses fall victim to verbal attacks or physical or sexual abuse while discharging their professional duties, such as traveling to work places (WHO, 2022). Workplace violence against nurses.

This paper provides detailed elaboration on the following research results related to the modern prevalence and types of workplace violence and associated factors, including: (1) prevalence rates and nature of workplace violence among nurses; (2) causes of workplace violence and perpetrators; (3) direct and indirect effects of WPV on job satisfaction and turnover intention; (4) moderating role of job satisfaction in relation to the association between workplace violence and turnover intention; and (5) evidence-based strategies for overcoming workplace violence in nursing.

PREVALENCE AND TYPES OF WORKPLACE VIOLENCE EXPERIENCED BY NURSES

2.1 Worldwide Prevalence of Violence Against Nurses at Workplaces

Based on modern meta-analyses and systematic reviews, the prevalence rate of workplace violence experienced by nurses is quite high. As shown by Belay et al. (2023) and in 18 different papers published in Ethiopia, the prevalence of violence in the workplace among nurses was 52.8% (95% CI: 40.1–65.4%) in the reviewed studies, and a very high degree of heterogeneity was reported

(I² = 98.7%).

Table 1. Pooled Prevalence of Workplace Violence Types Among Nurses (Ethiopia, Systematic Review and Meta-Analysis, 2023)

Violence Type	Pooled Prevalence	95% Confidence Interval	Heterogeneity (I ²)	Number of Studies
Verbal Abuse	58.9%	43.2–74.6%	98.4%	14
Physical Violence	39.5%	26.8–52.2%	97.6%	14
Psychological Violence	39.8%	24.1–55.5%	98.1%	10
Sexual Harassment	10.1%	5.6–14.6%	94.2%	8
Bullying/Mobbing	16.2%	8.2–24.2%	96.8%	6

Source: Adapted from Belay et al. (2023). Note: Prevalence ranges across individual studies were substantial, with verbal abuse ranging from 28.2% to 89.6%.

Such a meta-analysis involved 4,834 nurses overall. Verbal abuse is the most frequently observed form of violence experienced by nurses at the place of their work. Physical violence and psychological violence come next on this list. Five out of ten nurses suffer verbal abuse at work, whereas 40% of nurses are subject to physical and psychological violence. Sexual harassment, however, ranks the lowest on this list of types of violence, but it implies a psychological effect (10.1%). This heterogeneity (I² > 94%) is due to the prevalence rate of violence, measurement techniques used, and cultural background.

2.2 Temporal Trends: Michigan Nurses Study

The longitudinal data obtained in the Michigan Nurses Study, which was conducted by the University of Michigan School of Nursing, made it possible to reveal essential temporal trends concerning workplace violence. Comparing data on workplace violence for the years 2022 and 2023 will show that while rates of violence have been declining, rates of sexual harassment have increased.

Figure 1. Range of Workplace Violence Prevalence Against Nurses (Systematic Review and Meta-Analysis, Ethiopia)

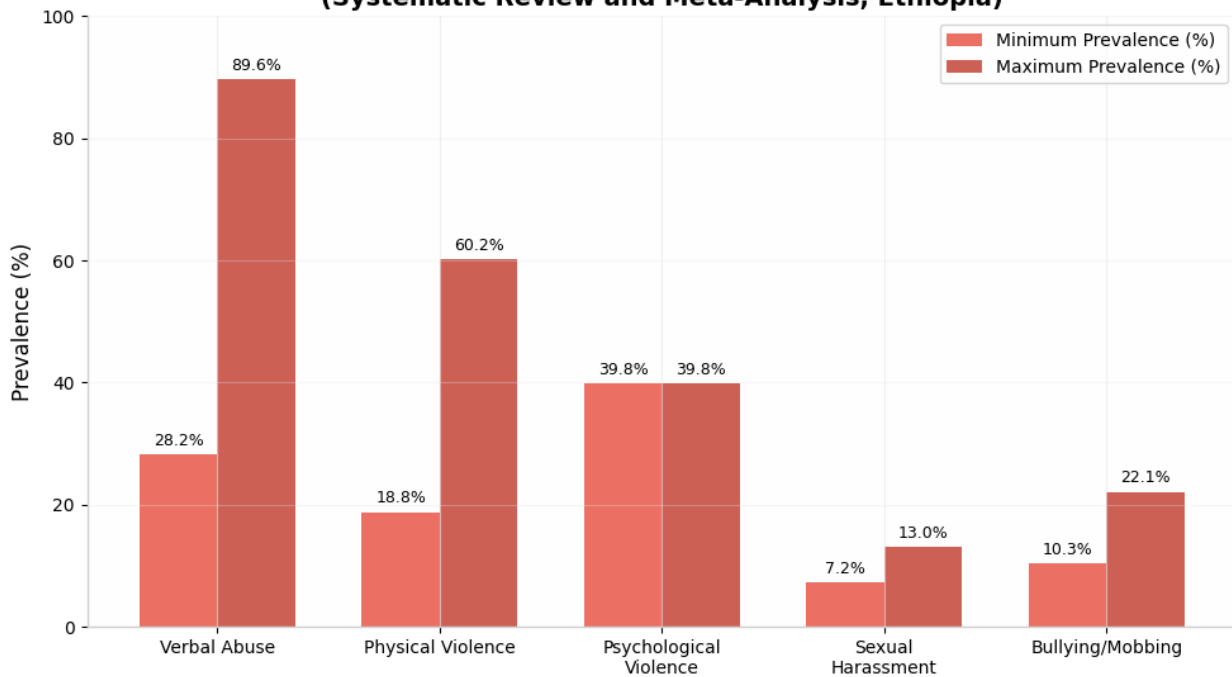
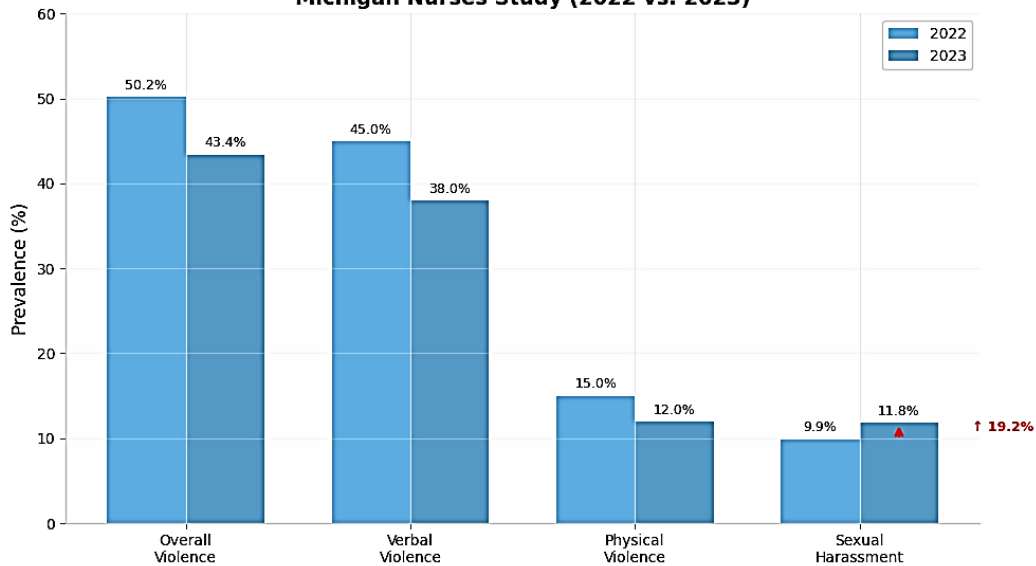


Table 2. Comparison of Nurse-Reported Workplace Violence: Michigan Nurses Study (2022 vs. 2023)

Violence Category	2022 Prevalence	2023 Prevalence	Change	Statistical Significance
Overall Violence	50.2%	43.4%	-13.5%	p < 0.01
Verbal Violence	45.0%	38.0%	-15.6%	p < 0.01
Physical Violence	15.0%	12.0%	-20.0%	p < 0.05
Sexual Harassment	9.9%	11.8%	+19.2%	p < 0.05

Source: Adapted from Staggs & Heo (2024). N = 1,052 nurses in 2022; N = 1,048 nurses in 2023.

Figure 2. Comparison of Nurse-Reported Workplace Violence: Michigan Nurses Study (2022 vs. 2023)



Based on the findings from the data analysis in Michigan, one can assume that whereas organizational interventions might have been able to reduce direct and overt acts of violence, other forms of violence have occurred or worsened as a result of such interventions. An example of a scenario under which this has been observed is in the case of the waterbed effect in occupational safety and health research.

2.3 Sources and Perpetrators

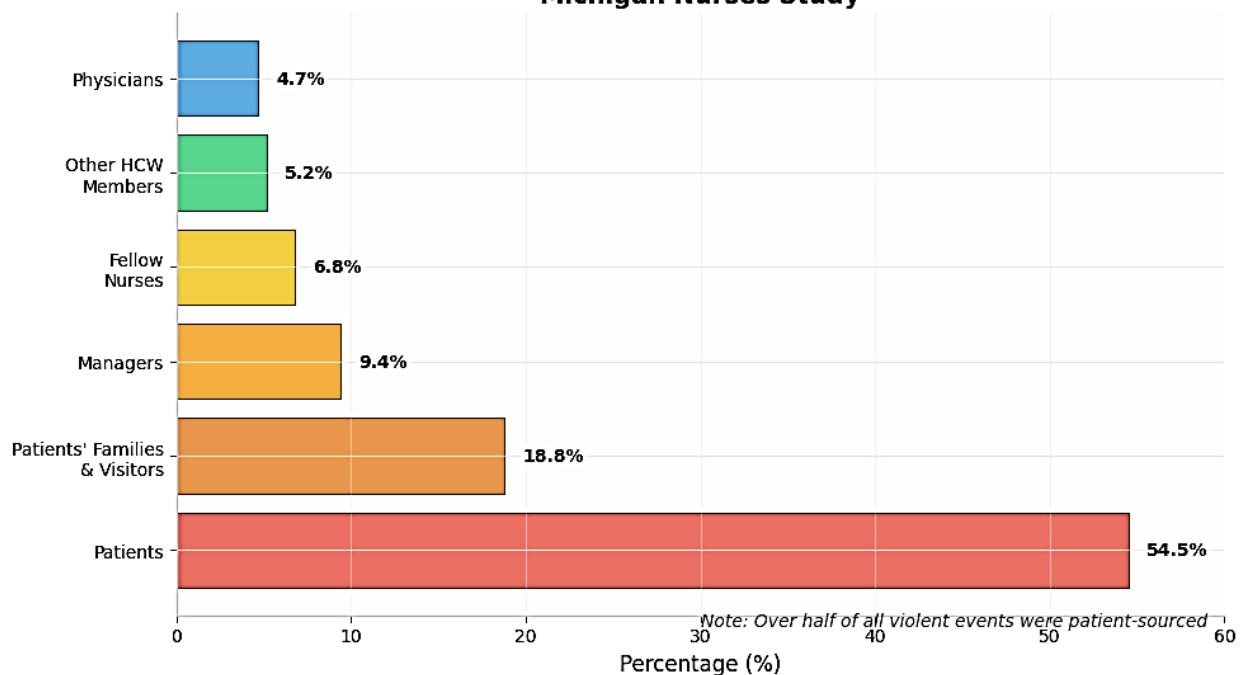
It is important to know the perpetrators of violence against nurses in order to intervene effectively. Based on the Michigan Nurses Study of 2023, it is clear that the main sources of violence against nurses are patients themselves, followed by the families and visitors of patients.

Table 3. Sources of Workplace Violence Against Nurses (2023 Michigan Nurses Study)

Source	Percentage of Violent Events	Primary Violence Type
Patients	54.5%	Physical, Verbal
Patients' Families & Visitors	18.8%	Verbal, Threats
Managers/Supervisors	9.4%	Psychological, Bullying
Fellow Nurses	6.8%	Bullying, Horizontal Violence
Other Healthcare Members	5.2%	Verbal, Discrimination
Physicians	4.7%	Verbal Abuse, Intimidation

Source: Adapted from Staggs & Heo (2024). N = 455 nurses reporting violent events.

Figure 3. Sources of Workplace Violence Against Nurses (2023) Michigan Nurses Study



The predominance of the violence from patients (54.5%) indicates the vulnerability of the nurses as they maintain constant interaction with the patients much more than any other health care professional. The prevalence of the violence coming from colleagues and supervisors (20.9%) altogether makes clear that workplace violence is also an internal problem related to the organizational issues. One type of dysfunctional intra-professional relationship is called horizontal violence between nurses. This type of violence is also known as "nurses eating their young" as it is one of the oldest types of violence among the nursing community (Diana et al., 2021).

RELATION TO JOB SATISFACTION AND TURNOVER INTENTION

3.1 Direct Effect of Workplace Violence

As shown in modern scientific research on the topic, there is a high degree of negative correlation between job satisfaction and workplace violence, as well as a significant positive correlation between violence and turnover intention. Thus, for instance, the work carried out by Luo et al. (2024) among 1,091 clinical nurses in Sichuan Province, China, has shown such connections for the first time using the structural equation modeling method.

There were significant negative correlations between WPV and job satisfaction ($r=-0.516$, $p<0.001$), while WPV showed positive correlations with turnover intention ($r=0.489$, $p<0.001$). There were also highly significant negative correlations between job satisfaction and turnover intention ($r=-0.477$, $p<0.001$). The above-mentioned correlations may reflect that there is a direct connection that implies that violence causes low levels of job satisfaction and subsequently turnover intention.

Table 4. Correlation Matrix: Workplace Psychological Violence, Job Satisfaction, and Turnover Intention

Variable	1	2	3
1. Workplace Psychological Violence	1.000		
2. Job Satisfaction	-0.516***	1.000	
3. Turnover Intention	0.489***	-0.477***	1.000

*Source: Adapted from Luo et al. (2024). $N = 1,091$. *** $p < 0.001$.

3.2 Hierarchical Regression Analysis

The study by Luo et al. (2024) uses hierarchical regression analysis to establish the added value of workplace violence and job satisfaction on turnover intention. The three models are presented as follows:

Table 5. Hierarchical Regression Analysis Predicting Turnover Intention

Model	Predictors	R ²	ΔR^2	F Change	Significance
Model 1	Demographics (age, gender, education, marital status, tenure, department, shift, night duty, monthly income, hospital grade)	0.276	0.246	41.23	$p < 0.001$
Model 2	Model 1 + Workplace Psychological Violence	0.354	0.325	78.56	$p < 0.001$
Model 3	Model 2 + Job Satisfaction	0.393	0.361	45.89	$p < 0.001$

Source: Adapted from Luo et al. (2024). $N = 1,091$. All models significant at $p < 0.001$.

In the hierarchical regression analysis, the variance in turnover intention explained by demographic variables is 27.6%. When workplace violence is introduced into the regression analysis, the explained variance increased to 35.4%, which shows a significant increase of 7.8% ($\Delta R^2 = 0.325$ for Model 2). With the introduction of job satisfaction, the variance explained becomes 39.3%. However, it is important to state that the explained variance contribution of job satisfaction is 3.9 percent.

When job satisfaction is included in the regression model, its effect is that it reduces the direct effect of workplace violence on turnover intention from 0.352 to 0.274 but still remains statistically significant ($p < 0.001$).

3.3 The Mediation Effect of Job Satisfaction

The major theoretical contribution of current literature refers to the confirmation of the mediating effect of job satisfaction in the relationship between workplace violence and turnover intention. The hypothesis was tested using structural equation modeling and maximum likelihood estimation approach suggested by Luo et al. (2024).

Figure 4. Mediation Model: Job Satisfaction as a Mediator Between Workplace Psychological Violence and Turnover Intention (Luo et al., 2024)

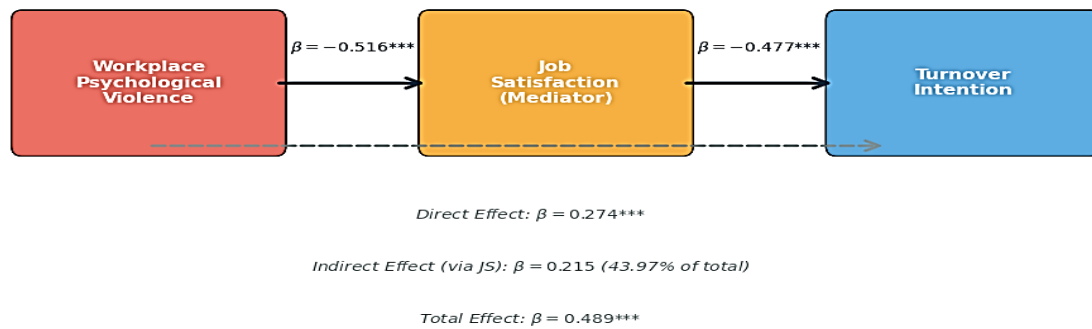


Figure 5. Hierarchical Regression Analysis of Turnover Intention Predictors (Luo et al., 2024)

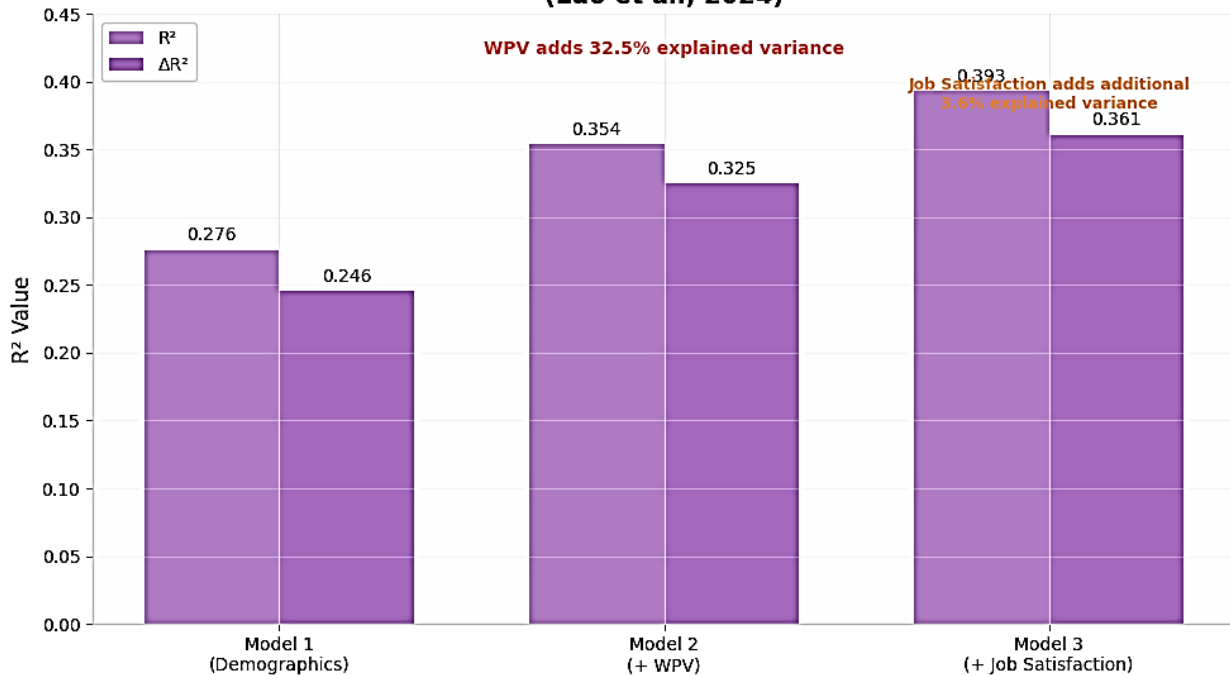


Table 6. Path Coefficients for the Mediation Model

Path	β Coefficient	Standard Error	t-Value	p-Value	95% CI
WPV \rightarrow Job Satisfaction (a path)	-0.516	0.042	-12.29	< 0.001	[-0.598, -0.434]
Job Satisfaction \rightarrow Turnover Intention (b path)	-0.477	0.038	-12.55	< 0.001	[-0.551, -0.403]
WPV \rightarrow Turnover Intention (c' path, direct)	0.274	0.041	6.68	< 0.001	[0.193, 0.355]
WPV \rightarrow Turnover Intention (c path, total)	0.489	0.039	12.54	< 0.001	[0.412, 0.566]

Source: Adapted from Luo et al. (2024). $N = 1,091$. WPV = Workplace Psychological Violence.

For the mediation model, the effect of workplace violence on turnover intention through job satisfaction is $\beta = 0.215$ ($a \times b = -0.516 \times -0.477 = 0.246$, standardized), representing 43.97% of the entire size of the effect. This considerable share of mediation means that the mediating effect accounts for roughly half of the violence effect on turnover, with the latter happening due to the negative effect on job satisfaction. The other 56.03% is the direct effect, implying that workplace violence has an effect on turnover, but not necessarily because of job satisfaction. These could be related to psychological problems, physical injuries, and distrust towards organizations.

CROSS-CULTURAL GENERALIZATION AND MODERATORS

4.1 Results of Research in the UK

Conclusions from studies done by the Royal College of Nursing (RCN, 2024) in countries with rich resources confirm these connections. Thus, when conducting research among 4,600 nurses in the UK, it was discovered that 37%, 24%, and 66% of them suffered from physical assault, sexual harassment, and verbal abuse, respectively, during one year. It should be emphasized that nurses exposed to workplace violence were significantly more dissatisfied with their jobs (OR = 3.2, 95% CI: 2.8–3.7) and had

higher chances of turnover and intention to leave the job (OR = 2.9, 95% CI: 2.5–3.4).

This distinction was provided by RCN researchers as well, with horizontal workplace violence (in relation to coworkers) showing higher correlation with turnover intentions ($\beta = 0.38$) than vertical violence (patient-directed) ($\beta = 0.22$).

4.2 Findings from the Middle East

The results of research by al-bashtawy et al. (2023), involving 450 Jordanian nurses, indicated that 71.3% of them were exposed to at least one incident of workplace violence in the past year. Structural equation modeling showed a link between violence, job satisfaction, and intention to leave, mediated by job satisfaction. It was estimated to account for 38.4% of the total effect in their research, which is quite similar to Chinese cases despite considerable cultural and organizational dissimilarity.

4.3 Factors That Moderate the Relationship

Several moderating factors have been identified through recent studies affecting the relationship between violence, job satisfaction, and turnover intentions:

Perceived organizational support: Nurses who perceive the organizational support and preventive measures regarding violence have much less job satisfaction damage from violence (Diana et al., 2021).

Individual resilience: Individual resilience, as assessed by the Connor-Davidson Resilience Scale, significantly affects the link between violence and the turnover intention. Nurses with higher levels of resilience experience much less increase in turnover intention due to violent situations (Luo et al., 2024).

Social support: Supervisor and peer social support significantly reduce the adverse effects of violence. Nurses with high social support have higher job satisfaction and lower turnover intentions than those with

DISCUSSION AND IMPLICATIONS

5.1 Synthesis of Findings

A summary of the results of this paper reveals that the existence of solid empirical findings from diverse geographical and organizational settings offers an opportunity to make a number of conclusions:

First, workplace violence against nurses is quite common with a prevalence rate varying from 43% to 89%, depending on the form of violence and location where it occurs. Verbal abuse is the most common form of workplace violence against nurses. Nevertheless, psychological violence and sexual harassment are also not rare occurrences.

Second, the most common sources of workplace violence include patients and their family members; however, co-workers and supervisors account for almost one fifth of all cases.

Third, workplace violence leads to a negative influence on job satisfaction and a positive influence on the turnover intention, accounting

Fourth, and above all, job satisfaction functions as a mediator that transmits about 44% of the effect of violence on turnover intentions.

5.2 Theoretical Implications

Indeed, the findings support and extend Conservation of Resources theory postulated by Hobfoll (1989). According to the theory, people strive to preserve and collect resources, while their loss is perceived as stressful and provokes withdrawal behaviors. Workplace violence may be regarded as a direct threat to nurses' bodily, psychological, and occupational resources. The model of mediation—workplace violence leads to the deterioration of satisfaction (as one of the resources), thus causing nurses' withdrawal—fits the theoretical premises presented within COR theory.

Furthermore, the findings are consistent with the Job Demands-Resources theory formulated by Bakker & Demerouti (2017). Workplace violence may be considered one of the significant sources of job demand, which depletes existing resources causing health issues, such as burnout and turnover.

5.3 Practical Implications and Recommendations

On the basis of the reviewed evidence, the following evidence-based recommendations are proposed:

Interventional Approaches at an Organizational Level:

1. **Zero Tolerance Policies:** Implement zero tolerance workplace violence policies that include reporting, investigation, and punishing perpetrators (Belay et al., 2023).
2. **Environmental Modification:** Change environmental conditions making them safe, including installing lighting, hiring security guards, providing panic buttons, and establishing escape routes (Staggs & Heo, 2024).
3. **Training Programs:** Arrange training programs aimed at teaching de-escalation techniques, self-defense classes, and violence awareness among all nurses (RCN, 2024).
4. **Support Structures:** Create employee assistance programs, counseling services, and peer networks for nurses suffering due to workplace violence (Diana et al., 2021).

Improvement Approaches in Promoting Job Satisfaction Among Nurses:

1. **Autonomy and Control:** Provide greater autonomy to the nurses in decision-making as a means of reducing job satisfaction resulting from exposure to workplace violence (Luo et al., 2024).
2. **Recognition and Reward:** Implement recognition programs for acknowledging the professional contributions made by the nurses in challenging environments.
3. **Career Development:** Offer career development programs along with training opportunities as an aspect of promoting job satisfaction among nurses.
4. **Policy Approaches in Addressing Work-related Violence:**
5. **Legislation and Punishment:** Draft legislation that explicitly criminalizes acts of violence directed towards healthcare workers due to their vulnerability (WHO, 2022).
6. **Reporting and Surveillance Programs:**
 - a. **National Databases:** Establish reporting systems for documenting cases of workplace violence at the national level for surveillance purposes.
 - b. **Nurse to Patient Ratios:** Implement laws regarding nurse-to-patient ratio to mitigate the risk factors associated with workplace violence.

5.4 Limitations and Future Research Directions

A few limitations exist in the current evidence base. Firstly, cross-sectional studies have predominated, limiting causal inferences. The need for longitudinal investigations is critical to elucidating temporal precedence and following violence-dissatisfaction-turnover trends.

Secondly, measurement disparities hinder comparative analyses. Researchers should adopt standardized instruments for violence assessments, such as the Workplace Violence Scale validated by Luo et al. (2024).

Lastly, the underreporting of violence incidents poses considerable challenges. According to Staggs and Heo (2024), only 34% of nurses exposed to violence had filed reports due to fear of reprisals, normalization of violence, and lack of faith in the efficacy of filing reports.

Future research should focus on the following areas: (1) longitudinal studies tracing the nurses' careers from recruitment to turnover; (2) intervention trials using randomized control design; (3) qualitative studies on the nurses' experiences of violence and meaning-making; and (4) intersectionality studies on the influence of multiple dimensions on vulnerability to violence and its psychological consequences.

CONCLUSION

Violence against nurses in the workplace represents a global crisis, posing serious threats to the quality of healthcare delivery, well-being of nurses, and sustainability of the nursing workforce. As identified from the literature review, the occurrence of violence is extremely common and perpetrated mostly by patients, but also between professionals, and it exerts significant negative effects on job satisfaction and turnover intention through direct and indirect pathways.

The identification of job satisfaction as a mediator factor in 44% of violence's impact on turnover intention represents an important opportunity for intervention. In making improvements in job satisfaction through changes in the organization, such as providing autonomy, recognition, and safety, healthcare institutions can counterbalance part of the effects of violence and voluntary termination.

Nonetheless, it is apparent that the direct effect of violence on turnover intention (56%) is too high to be solved only by increasing job satisfaction. Preventive, rehabilitative, and organizational measures must be taken in order to protect nurses' safety and mental well-being.

Given the worsening trend in the nursing shortage situation across the globe, expected to rise to 10 million nurses by 2030, according to the World Health Organization, dealing with workplace violence evolves from a matter of occupational health to one of global health security. Nurse protection is no longer an ethical issue but a necessity in ensuring functional healthcare facilities globally.

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