University of Kerbala
College of Nursing

Verbal Violence and Its Relationship to Psychological Stress and Job Satisfaction among Nurses

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in the Nursing Sciences

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بِسْمِ اللَّهِ الرَّحْمَٰنِ الرَّحِيمِ

سورة الحجرات

بِسْمِ اللَّهِ الرَّحْمَٰنِ الرَّحِيمِ

يَٰٓأَيُّهَا ٱلَّذِينَ ءَامَنُواْ لَا يَسْخَرْ قَوْمٌ مِّن قَوْمٍ عَسَىٰٓ أَن يَكُونُواْ خَيْرًا مِّنْهُمْ وَلَا نِسَآءٌ مِّن نِّسَآءٍ عَسَىٰٓ أَن يَكُنَّ خَيْرًا مِّنْهُنَّ وَلَا تَلْمِزُوٓاْ أَنفُسَكُمْ وَلَا تَنَابَزُواْ بِٱلْأَلْقَٰبِ بِئْسَ ٱلِٱسْمُ ٱلْفُسُوقُ بَعْدَ ٱلْإِيمَٰنِ وَمَن لَّمْ يَتُبْ فَأُوْلَٰٓئِكَ هُمُ ٱلظَّٰلِمُونَ ﴿١١﴾

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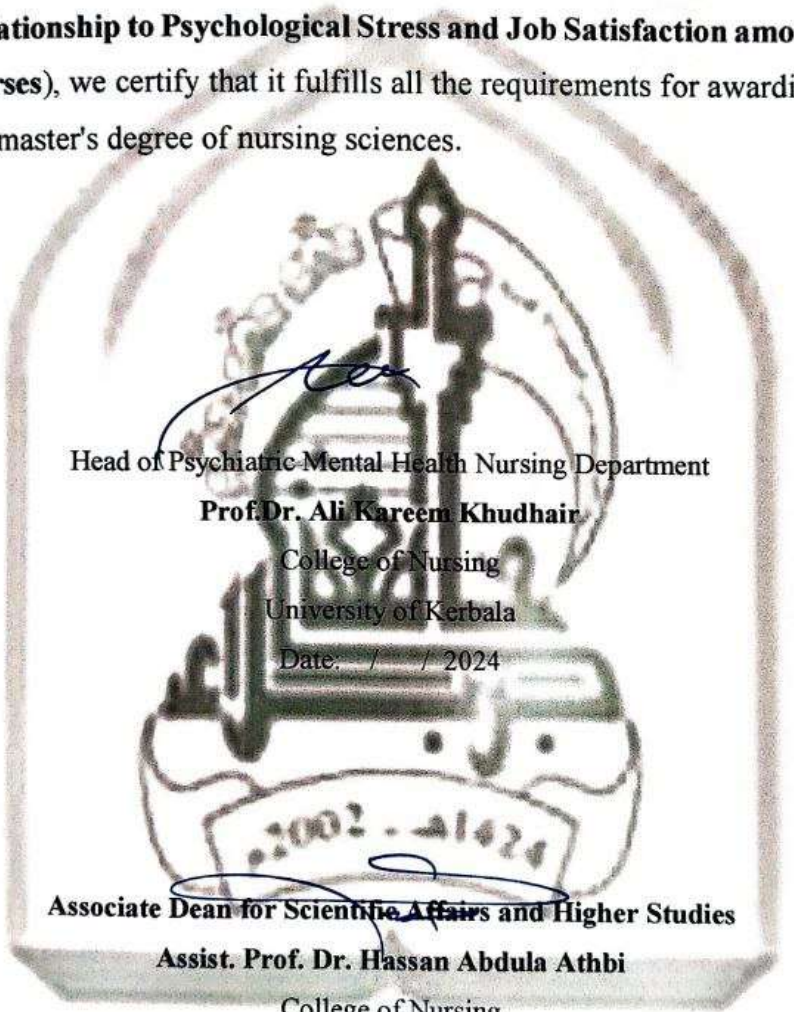
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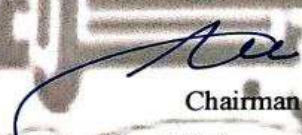College of Medcine
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Dedication

To whom all my endeavors were aimed at seeing the looks of pride in their eyes, to the source of my happiness in this life my beloved mother and father..

To those who witnessed on the troubles of my studies,to those who helped me in my path my dear brothers and sisters..

My Brothers and sisters, with love and respect.

And to my dear friends, I am very grateful for your help….

To everyone who supported me, even if it was just a word..

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Abstract

A descriptive correlational design was used in the current study for a period from September26th, 2023, to June 25th, 2024, to determine the relationship between verbal violence,psychological stress and job satisfaction among nurses working in teaching hospitals.

A purposive (non-probability) sample of 248 nurses was recruited in the current study and selected from two teaching hospitals in Wasit city according to specific criteria.

Through interviews using three scales: the Verbal Violence Questionnaire (29 items), the Psychological Stress Scale associated with nurses' work (26 items), and the Paul Spector Job Satisfaction Scale for Health Professions (36 items). The data are analyzed and interpreted through the use of the statistical package, for Social Sciences (SPSS), version (IBM 26).

The results showed that there is a significant correlation between verbal violence and psychological stress, there is a correlation between psychological stress, age, workplace, and years of emergency experience, and there is a correlation between job satisfaction and sex.

The study did not find that verbal violence and psychological stress cause job dissatisfaction, and this was not confirmed by a statistical relationship between them for nurses in Wasit teaching hospitals.

The study recommended preparing additional studies in all health hospitals and preparing awareness and training programs for nursing staff to deal with verbal violence and psychological stress in a better way, as well as educating people through the media about the danger of verbal violence because of its negative impact in the future on their lives, their psychological health, and their jobs in the future.

Keywords: Workplace violence, Verbal violence, Verbal abuse, psychological stress, Job-related stress,Job satisfaction

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List of abbreviations

Abbreviation	Meaning
APA	American Psychiatric Association
CCU	Critical Care Unite
CFNU	Canadian Federation of Nurses Union
CROS	Communicatively Restricted Organizational Stress
Df	Degree of Freedom
e.g	For Example
ED	Emergency Department
EDS	Emergency Department System
Eds	Emergency Departments
et al	And Others
RCU	Respiratory care unite
F	Frequency
Fig	Figure
HCW	Health Care Workers
HP	Health Professional
i.e.	id est (that is)
ICN	International Council of Nurses
ICU	Intensive Care Unite
ILO	International Labour Organization
MBI	Maslach Burnout Inventory
N	Number of Samples
N.S	Not Significant
NIOSH	The National Institute for Occupational Safety and Health
No.	Number
OSHA	Occupational Safety and Health Administration
P	Probability
PHC	Primary Health Care
PTSD	Post Traumatic Stress Disorder
P-Value	Probability Value
R	Reliability Coefficient
S	Significant
SD	Standard Deviation
SET	Social Exchange Theory
Sig	Significance
SPSS	Statistical Package for Social Sciences
USA	Unite Status of America
WHO	World Health Organization
WPV	Workplace Violence
WVQ	Work Violence Questionnaire

List of Symbols

Symbol	Meaning
%	Percentage
=	Equal to
&	And
-	Minus
±	Minus/plus
>	More than
%	Percentage
<	Less than
χ^2	Chi-Squared Test
≤	Less than or Equal

Chapter One

Introduction

Chapter one

1.1. Introduction

Violence in human societies of different types varies due to the differing nature of the social structures, cultural systems, and political ideologies associated with such civilizations. The variations and variances in the design, habits, and types of specific activities associated with this phenomenon are contingent upon these elements. Violence is learned, aberrant behavior that is a nuisance to society. The manifestations and characteristics of this phenomenon are constantly evolving, and its origins, intensifications, and consequences have all been extensively recorded (Kylie, Sue, Anne M. Williams & Lesley, 2012). Violence is the intentional application of physical force or power, whether it is carried out or just threatened, towards oneself, another person, a group or community, or all of them, to cause hurt, death, psychological damage, impaired development, or deprivation. The source cited is the World Health Organization (WHO, 2012).

The WHO (2012) defines violence as a matter of public health and promotes the use of a public health strategy to decrease violence. Violence can be manifest in different ways and situations, such as intimate partner abuse, workplace violence(WPV), child maltreatment, or sexual assault. Its consequences go beyond the victim and perpetrator. The consequences of verbal violence, including its physical, psychological, social, and economic effects, impose a substantial burden on efforts to restore well-being, fairness, and the provision of public care. Additionally, these consequences impact individuals, their social connections, and neighboring communities (Scottish Household Survey, 2017).

The issue of verbal abuse directed at nurses is becomes more prevalent and has a detrimental impact on both their personal well-being and productivity at work. 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).

Nurses encounter a higher incidence of violence compared to other occupations. Nurses, as primary care providers, work in many settings to provide care for persons who are experiencing life-altering events. The source of this information is a study conducted by Fute M in 2015. Verbal abuse, particularly, has a notable influence on the productivity and proficiency of healthcare personnel (Mehta, 2015).

Job stress is a significant psychosocial hazard in the workplace, and it is a major worry for healthcare professionals. Job stress is present in all occupations, but in nursing, it seems to be more pronounced at work compared to other healthcare professionals in teaching hospitals. Internationally, a significant proportion of nurses, ranging from 9.20% to 68.0%, experience job-related stress, which subsequently intensifies their inclination to quit their profession (Dagget et al., 2014).

Job-related stress can have a negative impact on workers, leading to decreased productivity and perhaps affecting the quality of services provided by healthcare professionals. Additionally, it may increase the risk of errors made by nurses (Abbas & Mohammed, 2018).Over the past ten years, the issue of work-related stress has emerged as a significant and intricate problem on both national and worldwide scales (Kennedy NA.,2018). Stress is a vital psychological response that humans experience when faced with anything that poses a threat to their life or overall equilibrium (Pawlina MMC.,2018). The healthcare sector is known for having a highly stressful work environment due to the exposure of healthcare workers (HCWs) to patients and their relatives from diverse cultural backgrounds. This exposure has the potential to create situations that can have negative effects on both the HCWs and the patients (Khademloo M., 2013).

Job satisfaction is a crucial determinant of both human resource productivity and efficiency. Hence, job satisfaction can be described as the collective attitudes and emotions of individuals, particularly employees, towards their work and work-related experiences. It serves as an indicator of

how employees perceive and evaluate their jobs in relation to their expectations and past experiences (Elsherbeny, 2018).

Job satisfaction is positively associated with the meeting of human needs and the fulfillment of those needs through employment. Job satisfaction is determined by an individual's perception of how well their employment aligns with their various needs. Job satisfaction is an emotional state, either positive or bad, that is linked to one's recognition of their job and has a significant impact on a company's performance. Nurse job satisfaction pertains to the sentiment or disposition towards specific elements of the work setting, such as salary increments, chances for advancement, and the rapport between staff members and supervisors (Rachhpaul, 2018).

Verbal violence significantly impacts nurses' emotional exhaustion, job satisfaction, highlighting its negative effects on their well-being and work environment, verbal violence leads to negative emotional responses in nurses, impacting job satisfaction. It may result in missed nursing care due to stress caused by such incidents, in healthcare settings significantly impacts nurses' stress levels and job satisfaction. Research indicates that exposure to verbal abuse correlates with increased stress that lead to emotional responses to verbal violence, such as feeling sad and unsafe, exacerbate stress and can lead to missed nursing care and decreased job satisfaction among nurses(Bae, 2022).

1.2. Importance of the Study:

The objective of this study is to determine the frequency and determine the factors that contribute to verbal violence among healthcare professionals in Wasit teaching hospitals. Additionally, the study aimed to comprehend the psychological strain experienced by healthcare workers as a result of verbal violence, and investigate whether verbal violence in the workplace has an effect on the emotional exhaustion and job satisfaction of healthcare professionals. This will offer fresh insights into developing programs that genuinely address the requirements of the workforce in a novel

environment of aggression, and provide policymakers with suggestions for efficient approaches to avoid and manage verbal violence.

Nurses, as the primary healthcare providers for patients, play a crucial role in delivering care. Consequently, enhancing the work environment for nurses can lead to improve health outcomes for patients, increased work efficiency, and decreased expenses associated with hiring and replacing nurses. Examining the effects of verbal abuse on the self-esteem of nurses and their level of dedication to their employment. The presence of WPV has been identified as a substantial hazard in therapeutic settings (Elgilany & shoada.,2010). Violence against health-care professionals is a significant occupational hazard that negatively affects the efficiency of nurses, their work satisfaction, recruitment, retention, and patient satisfaction (Gates, 2011; Hegney, 2010 ; (E. Cho et al., 2016)

1.3. Problem Statement

The current study's problem statement is named *"Verbal violence and its correlation with psychological stress and job satisfaction among nurses."*The objective of this issue statement is to examine the correlation between verbal violence and its effects on the psychological stress experienced by nurses. This research specifically attempts to examine the impact of verbal violence, including verbal assault, verbal threat, and sexual harassment, on the self-esteem, emotional regulation, and job satisfaction of nurses.

Understanding the relationship between verbal violence, psychological stress, and job satisfaction is crucial for developing interventions and support systems to improve the well-being of nurses in healthcare settings.It seeks to understand how verbal abuse contributes to stress and discontent among nurses. Additionally, this study will examine how various demographic factors, such as age, gender, marital status, years of experience in emergency care, work hours per shift, work shift,

workplace, educational qualification, and years of experience, may influence the impact of verbal violence on nurse's outcomes(Byon & Noh, 2024).

Verbal violence issues are one of the most important factors involved in interpersonal conflicts among nurses, which can lead to medical errors, poor cooperation, and poor quality care. Verbal violence can lead to negative reactions and psychological stress such as unilateral decision-making, blaming the other group, and job dissatisfaction, thus causing frustration and work abandonment .Verbal violence has serious consequences for both the patient and the professionals (Mahvar et. al., 2020).

Although we are aware of these facts, we find it difficult for most nurses to express the psychological stress caused by verbal violence, which causes them psychological problems in the future and the constant thinking about leaving work and study a new scientific specialty, such as medicine or pharmacy, to get rid of the problem of underestimating its value and in order to develop effective relationships and communication strategies to solve these problems. To achieve this goal, we would like this study to contribute to encouraging health care professionals to appreciate the need to communicate solutions regarding future concerns about the increase of this condition and the psychological problems that lead to nurses and the migration of many of them from their jobs in the Ministry of Health to other ministries in search of safety from this phenomenon through and with the proper use of relationship skills, community education and teaching employees coping mechanisms. This will help them achieve greater job satisfaction and reduce personal conflicts against nurses(Itzhaki et al., 2018).

1.4.The Present Study Objectives

1.To Assess the occurrence of verbal violence, job satisfaction, and psychological stress among nurses involved in research.

2.To Determin the correlation between verbal violence and job satisfaction.

3.To Determin the correlation between verbal violence and psychological distress.

4.To Determin the correlation between job satisfaction and psychological stress, as well as various demographic factors including age, gender, marital status, years of experience in emergency care, number of work hours per shift, work shift, workplace, educational qualifications, and overall years of experience.

1.5. Research Question

Is there a relationship between Verbal violence, stress and Job satisfaction among nurses?

1.6 Hypotheses : It is hypothesized that:

H_0:There is no significant relationship between verbal violence, psychological stress, and job satisfaction among nurses.

H_1:There is a significant relationship between verbal violence, psychological stress, and job satisfaction among nurses.

1.7. Definition of the Terms :

1.7.1. Verbal violence

1.7.1.1.Theoretical Definition:

Is a prevalent issue that significantly impacts their emotional and professional well-being. Defined as abusive language, threats, or insults directed at nurses, this form of violence is more common than physical or sexual violence in healthcare settings.Violence is characterized as aggressive actions perpetrated by an individual towards others during their service or profession, with the intention of causing physical harm or making verbal threats (Bayram et al. 2023).

1.7.1.2. Operational Definition:

is a significant concern in healthcare settings, characterized by various forms of abusive communication. An operational definition encompasses any act of verbal abuse, including swearing, insults, threats, and shouting, which can lead to emotional distress and impact patient care. Utilizing verbal violence questionnaire, adapted from the WPV in the health sector questionnaire. A program of the International Labor Office, WHO, the

International Council of Nursing, and Public Service International scale in arabic version was used in this study .

1.7.2.Psychological Stress

1.7.2.1. Theoretical Definition:

stress is an emotional and physical reaction that occurs when the demands of a job exceed the capabilities or resources of the workers, resulting from the interaction between the workers and their environment (Leka, 2003).

1.7.2.2. Operational Definition:

Nurses at a teaching hospital in Wasit City experience emotional reactions as a result of their interactions and exposure to various stressors in their work environment. The behavior of the respondent linked to their physical, psychological, and social health is influenced by their work experience. Job related stress scale is a three-point Likert-type scale was taken from a prior Iraqi study used in this study where the researcher developed a stress questionnaire by including and refining the scales from similar prior research.

1.7.3. Job satisfaction

1.7.3.1.Theoretical Definition:

refers to the subjective experience of positive or negative emotions towards various aspects of the work environment, such as compensation, benefits, and prospects for advancement (Rachhpaul, 2018).

1.7.3.2.Operational Definition:

Is crucial for understanding the factors influencing nurses' attitudes towards their jobs and the overall quality of healthcare delivery. as operationally defined using Spector's Job Satisfaction Survey from 1997, encompasses various dimensions of their work experience. One key aspect that affects the performance of nurses in general wards in teaching hospitals in Wasit city is their response to these situations. Paul E. Spector, 1997 Scale of job Satisfaction was used in this study.

Chapter Two

Review of Literature

Chapter Two

Literature Review

2.1. Verbal Violence An Overview

The problem of verbal violence in nursing has received more attention in recent years because of its substantial influence on the psychological stress and job satisfaction of nurses. The problem of verbal violence in nursing has received more attention in recent years due to its substantial influence on nurses' psychological stress and job satisfaction (Alshammari et al., 2023) .

Prior research has shown the frequency of verbal abuse and its harmful impact on the overall health and welfare of nurses , the widespread occurrence of verbal abuse and its consequences on the personal and professional lives of nurses (Abdou & Baraka, 2018). Shoghi et al.,(2020) conducted a study and found that 87% of nurses were subjected to verbal abuse and 27% suffered physical violence over a period of six months. This highlights the prevalence of this issue, as emphasized by Farrokhian it al, in their research (2016). 63% of nurses encountered verbal abuse and 50% encountered physical violence in their professional environment, highlighting the concerning frequency of such mistreatment (Dhamala et al., 2021).

Verbal violence is a widespread problem in the healthcare industry. Verbal abuse has been recognized as the predominant type of violence encountered by nurses in numerous studies, even surpassing rates of physical and sexual assault (Bordignon & Monteiro, 2021).

The widespread occurrence of verbal violence in nursing can have substantial consequences for job satisfaction, rates of burnout, and the overall standard of patient care. The effects of verbal violence on nurses' job satisfaction and psychological stress have been a subject of research interest in the nursing profession (Dhamala et al., 2021).

The act of using abusive language has been identified as a notable cause of stress for nurses, resulting in varying degrees of professional stress ranging from moderate to high levels (Farrokhian et al., 2016). Verbal violence not only exacerbates psychological stress but also negatively impacts nurses' job satisfaction, the literature extensively documents the effect of verbal abuse on nurses' job satisfaction (Teymourzadeh et al., 2014).

2.2.1. Concept of Verbal Violence

Violence in the workplace is described as "incidents where staff are abused, threatened or assaulted in circumstances related to their work" by the ILO, ICN and WHO, and Public Services International occupation, which includes travel to and from work, poses a direct or indirect threat to their health, safety, and welfare (2002, p.3). There are three subtypes of verbal violence: perpetrated by someone with whom the victim does not have an employment relationship; perpetrated by someone who receives services from the provider; and perpetrated by someone who is a coworker, boss, or management (ILO,2016; ICN,2016; WHO,2015) .

Despite changes in language and social mores, verbal abuse has persisted throughout history. The causes and effects of verbal abuse have been the subject of much research, from analyses of political discourse on social media sites (Nascimento et al., 2022) to literary works such as "The Merchant of Venice" (Iftikhar et al., 2022).Research on the role of power dynamics in society has examined language as a tool for exclusion and insult while studies on verbal violence in online remarks and celebrity discourse ,have shown how anonymity enables such behaviors(Guaranha & Gomes, 2019). On top of that, research on the effects of verbal violence in schools has shown that it hinders both instruction and student success(Holz Nunes et al., 2019).The cumulative impact of these studies deepens our comprehension of the historical persistence and societal effects of verbal violence(Ninitas, 2020).

Verbal violence refers to a form of speech that is acknowledged to inflict harm upon the recipient (Ezenwa-Ohaeto et al., 2022). Verbal abuse in the workplace is a type of violence that does not cause physical harm, but it may have a severe impact on the victim's sense of self. Verbal abuse is communicated through words, tone, or behavior that belittles, intimidates, condescends, threatens, accuses, or shows disrespect towards someone (Çelik et al., 2017). Verbal violence refers to the violation of linguistic rules in a manner that is degrading, demeaning, and lacks respect for the individual's dignity and value (Sayed et al., 2022).

Any action that causes another individual to feel degraded or embarrassed is considered verbal violence (Nowrouzi-Kia et al., 2019). One form of non-physical abuse that has affected nurses is verbal violence (Alshehri, 2016).

One form of emotional abuse is verbal abuse. The term refers to the detrimental effects on another person's mental health caused by verbal abuse, including but not limited to attack, dominance, ridicule, manipulation, and degrading. One way to exert and keep influence over another individual is through verbal abuse(Karakurt & Silver, 2013).

Verbal violence refers to the use of aggressive and harmful language in various contexts, such as online interactions, social movements, political discourse, and social media platforms. It involves attacking individuals or groups verbally, erasing their dignity, and perpetuating stereotypes and prejudices (Ferreira & Benfica, 2020; Guaranha & Gomes, 2019). Verbal violence can be strategically employed to target enemies, mobilize supporters, build identities, and manage emotions within social movements. This form of violence can directly harm individuals and initiate violent processes indirectly, while also serving instrumental purposes for social movements. Verbal violence often manifests in discussions about linguistic prejudice, reflecting a desire to erase social identities and target minority

groups. It can be intensified in environments where individuals feel protected by anonymity or group support(Moïse, 2012)

Emergency's department nurses are more vulnerable to verbal abuse compared to other nurses (Raveesh et al., 2015). Any verbal volence , physical assault, and threats have been recognized as the predominant and recurring forms of violence documented in general hospitals (Magnavita 2014). The research participants most commonly experienced verbal abuse, which was often followed by physical threats and attacks (Wei et al., 2015).

Multiple studies have investigated instances of verbal abuse among nurses and healthcare professionals an instance of this can be seen in research conducted in Korea, where 205 nurses employed at City D's major public hospitals were studied. The study found that newly hired nurses often experience verbal abuse (Park et al., 2022).

The vast majority of assaults on nurses in healthcare facilities take the form of verbal abuse. Compared to physical violence, it happens three times more frequently(Al-Qadi, 2021).

2.1.2. Definition of Verbal violence

Verbal abuse refers to activities that belittle, harm, or demonstrate a lack of respect for the dignity and worth of an individual. The individual referred to is the one who remains at the limits of language without engaging in physical confrontation. This person is characterized by their tendency to insult others, describe them negatively, or refer to them using terms they despise. They also engage in disrespectful behavior such as speaking loudly, causing harm, embarrassing others, and displaying anger and intimidation (WHO, 2012).

Verbal abuse is a frequently occurring form of violence that has several detrimental impacts on the victim, including emotional discomfort, irritability, diminished self-confidence, embarrassment, and terror. A study conducted in Chinese hospitals indicated that psychological settings workers are the most vulnerable to verbal attacks. Additionally, more than half of

nurses in western nations have reported experiencing such aggression while on duty (Geng & Wang, 2013; Hu, Xu, & Zhang, 2015; Ridenour, 2015; Zeng, 2013).Verbal abuse is the person receiving professionally demeaned, attacked, or undervalued by the use of words, manner, or tone,verbal abuse may not result in physical injuries, but it can have a profoundly damaging impact on a person's emotional well-being (Abdellah,&Salama,2017).

Verbal abuse refers to the intentional use of words to inflict harm or mental anguish against nursing. Researchers have classified several forms of verbal violence, such as derogatory comments, aggressive gestures, physical assault, use of excessive force, and hostile conversation (Hajaj,2014).

According to the WHO , both physical and psychological violence is prevalent, although the prevalence of psychological violence appears to be higher. Psychological violence refers to deliberate actions directed towards an individual or a collective, resulting in physical, mental, spiritual, moral, or social damage. Examples include insults, threats, attacks, verbal abuse, or harassment. We incite psychological violence through the utilization of verbal abuse, threats, and sexual harassment (Li et al., 2018).

2.1.3.Prevalence of Verbal violence: The incidence of WPV exhibits variation across different countries, the predominant kind of violence observed at Basra hospitals is verbal violence and intimidation, with physical violence being the subsequent most prevalent form,theft of hospital property due to violence is rather rare, with rates falling within the average range observed internationally.The most alarming instances of violence take place during the daytime shift, with the primary offender typically being a male individual who is commonly a family member, relative, friend, or acquaintance of the patient, the variation in the intensity of fear felt during accidents aligns with the variation in the intensity of aggression following an incident of WPV, victims often refrain from taking any action or only take minimal steps in the immediate aftermath, with a tendency towards inaction

being more common. In addition, the violence does not have any lasting consequences for Iraqi professionals (Abed, 2014).

Verbal abuse was present in 41.8% of the cases according to Aksakal et al. (2015), the majority of nurses who encountered verbal abuse in the emergency department were more inclined to resign from their positions, organization, and professions. If they had the chance, significant proportion of emergency professionals, specifically 72.3%, have experienced various forms of violence, while an even higher percentage, namely 87.3%, have reported being subjected to verbal abuse (Kaya 2016).

In a study that perform on 286 healthcare workers found that 61% individuals reported experiencing WPV once, whereas 115 people reported experiencing it multiple times (Pekince et al., 2022).The most of nurses did not react to violent occurrences. The majority of participants reported encountering verbal hostility, accounting for 48.7% of the cases (Shdaifat et al., 2020).

According to Kitaneh and Hamdan (2012), the highest occurrence of threatening nurses was observed in Australia (66%) and Germany (55%), while the lowest occurrence was reported in Palestine (20%). An analysis of 275 Italian nurses revealed that 43% of them encountered verbal violence during their job in the emergency department. The primary source of these attacks was patients or their relatives and acquaintances (Abd Al-al et al., 2024).

Reports indicate that nurses are often subjected to verbal abuse, which encompasses behaviors such as yelling, swearing, and shouting,instances of verbal violence directed towards healthcare personnel, predominantly in the form of profanity, derogatory remarks, and threats (Pekince et al., 2022).Doctors were the cause of humiliation for nurses more often (34.3%), while other nurses were responsible for spreading harmful rumors (26.5%) (El Ghaziri 2015).

Nurses in Egypt documented incidences of verbal abuse at a rate of 69.5% and physical abuse at a rate of 9.3%. A majority of healthcare personnel at Saudi hospitals, namely 67.4%, reported experiencing violence, with nurses being more susceptible to WPV compared to physicians (p 0.001). 75 percent of emergency room nurses in Jordan experience some form of violence (Abdellah and Salama,2017).

More than one-third of hospital personnel in central Taiwan reported experiencing verbal abuse. Non-physical violence was found to be more prevalent than physical violence in both the public and private sectors of Hong Kong.Approximately 10% of workers in Italy reported experiencing WPV, while up to 33% reported experiencing non-physical violence within the past year according to Li et al.(2018).

Brazilian studies indicate that health-care workers are at a higher risk of experiencing WPV, with nurses being the most likely targets. A study conducted in Brazil including 8,345 nurses revealed that 19.7% of them experienced violence. Psychological, physical, and sexual abuse accounted for 66.5%, 15.6%, and 0.9% of the reported occurrences, respectively(Luiza et al., 2020).

Nurses reported experiencing psychological abuse at the highest rate (65.2%), followed by physical abuse (10.6%), and sexual abuse (7.3%). The value is 0.6%. Occupational violence has been linked to mental health issues such as anxiety, insomnia, and feelings of tiredness. (Bernardes et al., 2020).

Iranian nurses have experienced WPV and harassment,violence against nurses in Iran has significantly increased in recent years, for the past six months, the majority of Iranian nurses have subjected to abuse, within the identical time frame. 27% of the participants reported experiencing physical attack. 66% of all reported incidents of physical assault did not result in any bodily harm (Azami et al.,2018) . One-third of instances of verbal abuse were documented, whereas half of instances of the physical attack were recorded (Hajaj.2014).

In the United States, a significant number of workers have reported being victims of workplace aggression, unfortunately, many of these cases go unreported.Additionally, researchers have identified factors that increase the risk of violence towards employees in the workplace, such as exchanging money with the public and hiring individuals who are unstable or unbalanced, in addition, working independently or in isolated locations, providing services and care, and being employed in establishments where alcohol is drunk, often during late hours in areas with high crime rates, staff members who are at a greater risk of experiencing violence include those who work alone or in small groups, healthcare professionals, and anyone who handle financial transactions in public according to Occupational Safety and Health Administration (OSHA 2018).

Due to direct interaction with aggressive individuals, staff members in hospitals, healthcare facilities, and nursing homes are at a significant risk of occupational violence. From 2002 to 2013, the rate of actual incidents resulting in serious injuries in the healthcare sector was more than four times higher than in all other industries combined (OSHA, 2015).

Between 2006 and 2015, the rate of occupational violence against healthcare professionals was over sixty percent, which is three times greater than the rate for police and penitentiary officials Canadian Federation of Nurses Union (CFNU, 2017). Annually in the US, over one million and seventy thousand cases of occupational violence occur, with 50% involving clinical specialists such as nurses, community staff, human service workers, and psychologists. Additionally, 48% of non-fatal violence incidents involve patients or their relatives as the aggressors (NIOSH, 2017).

Nurses are at a higher risk of experiencing violence compared to other members of the healthcare team due to the stressful work environment and their close proximity to vulnerable patients , the global prevalence rates for somatic and psychological violence are 43% and 69% respectively (Spector & Che, 2014). According to the WHO in 2020, a significant percentage of

healthcare workers worldwide, ranging from 8% to 38%, experience physical discomfort due to somatic violence. This includes verbal threats from patients or their family. Additionally, healthcare workers are at risk of experiencing violence from groups or political entities. The highest risk of violence is faced by personnel working in emergency and paramedic roles according to International Council of Nurses (ICN, 2017).

Nurses who work with patients suffering from psychological disorders or in high-stress environments are at a heightened risk of experiencing violence. The majority of occurrences occurred at the entrance doors (ED) due to their role as the initial point of contact for clients (Ehsan T, Arash R, 2014). In 2017, the occurrence of violence in the workplace resulted in significant financial losses for the health system. Specifically, U.S. hospitals incurred a cost of approximately $2.7 billion in 2016 due to violence. This cost included $280 million for preparation and prevention efforts, $852 million for medical care that was not reimbursed for fatalities, $1.1 billion for safety and training expenses, and an additional $429 million for various costs related to violence against hospital workers, such as healthcare, employment, and insurance expenses (American Hospital Association, 2017).

2.1.4.Theoretical framework :

2.1.4.1. Social exchange theory

When one person helps another out, the idea behind social exchange relationships is called "reciprocity," and it is central to the Social Exchange Theory (SET). To compensate for the favor, the receiver will often act in a way that benefits the original party more and offers more benefits (Susanto et al., 2022).

When managers show their employees with benefits, it makes them feel more invested in the company's success and motivates them to go above and beyond to ensure its continued prosperity (Vayre, 2019).

Workers are more likely to go above and beyond in their work when they feel their employers or supervisors care about their health and happiness, according to several studies that looked at the topic of work-life balance (Campo et al., 2021).

Several studies on work-life balance have found that employees are more willing to go above and beyond in their work when they believe their superiors or employers are concerned about their well-being.(Wei et al., 2015).

Lack of reciprocity, which can occur with clients, coworkers, managers, and organizations, depletes the emotional reserves of professionals and causes chronic emotional exhaustion. This viewpoint holds that dealing with clients or users raises significant interpersonal expectations that can become emotionally taxing and ultimately result in burnout. Therefore, as stress coping methods, depersonalization or cynicism are used to avoid interaction with the initial source of discomfort, which ultimately leads to low personal fulfillment (Edú-Valsania et al., 2022). Verbal abuse causes stress which leads to strain and burnout and thus it causes a decrease in self-esteem and negative job outcome, ultimately it causes job dissatisfaction figure (2-1) (Havaei et al., 2020; Havaei & MacPhee, 2021; Loinaz, 2020)
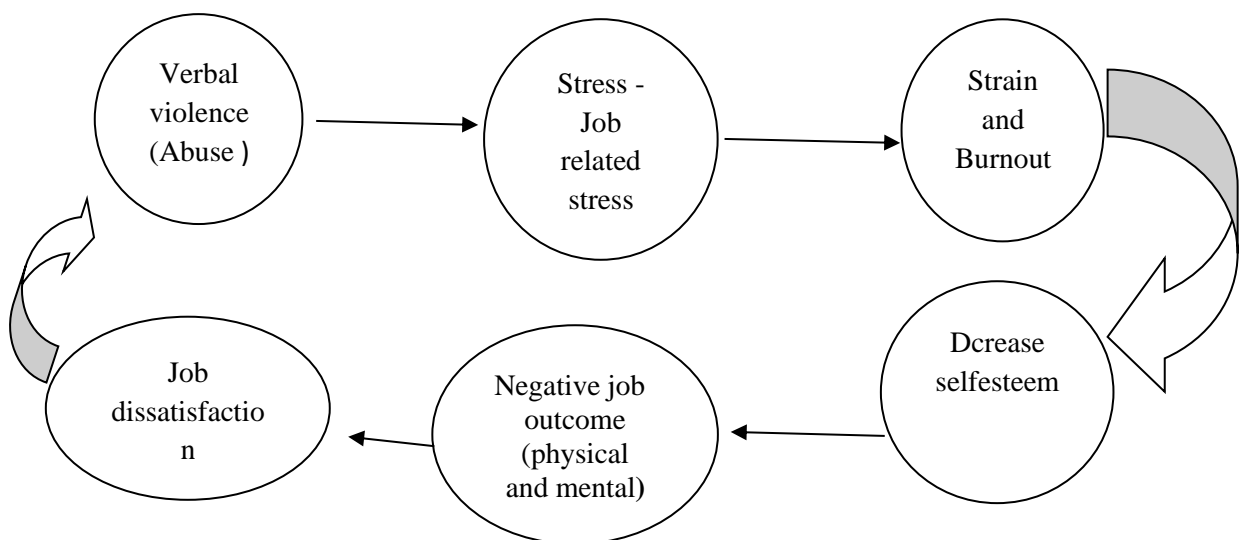
Figure (2-1) Conceptual framework of verbal violence

2.1.5. Type of Verbal violence: There are five types of verbal violence

2.1.5.A. Bullying or Harassment:

Bullying and harassment in the workplace have become a widespread occurrence on a global scale in recent decades (León-Pérez et al., 2021). To clarify, a commonly discussed type of violence that victims often report in research is bullying. Bullying refers to the persistent and recurrent use of physical or verbal violence to humiliate or intimidate the victim. Bullying can be described as a consistent and unpleasant pattern of behavior aimed at undermining an individual or a group of employees, often involving malicious or harmful intentions (Koh et al., 2016).

Bullying, as defined by Blackstock et al. (2015), is a form of psychological harassment that encompasses actions that have wider implications and effects compared to discrimination based on an individual's gender, race, or ethnicity (Blackstock et al., 2015). Harassment is the term used to describe any unwelcome behavior that poses a threat to the dignity of individuals in the workplace based on factors such as age, disability, marital status, gender, gender identity, race, color, language, religion, trade union affiliation, political opinion, national or social origin, minority status, property ownership, birth, or any other characteristic (Brunetto et al., 2016).

Workplace bullying encompasses the misuse of authority and influence within the organization, often resulting in the victim feeling exposed and significantly compromising their capacity to uphold their self-respect at work (E. Cho et al., 2016) . Workplace bullying or harassment refers to any ongoing harmful or threatening actions carried out by an individual or group of individuals in the workplace that jeopardize the well-being and safety of the workers (Reynolds et al., 2015).

There is a prevalent occurrence of bullying among emergency department nurses in Jordan. The impact on nurses' perceptions of their effectiveness and level of care has been substantial,when incidents of bullying were reported. About 61.7% of nurses stated that it had a negative

impact on their cognitive abilities, ability to offer support, engage in appropriate conversations, provide safe care, and deliver competent care. Despite nurses' assertions of taking measures to combat bullying, this pervasive problem remained inadequately resolved, as nurses with limited experience in the emergency department were disproportionately targeted for bullying compared to their colleagues (Al-Ghabeesh et al.2019).

The incidence of violent harassment/bullying in the emergency department was 17.1%. Additionally, the majority of nurses who were subjected to such violence expressed a strong desire to switch their employment and organization (Aksakal et al., 2015). Nurses that experienced bullying from both patients and their family members (Elewa and El Banan, 2019). Most of nurses 54.1% experienced workplace bullying. Among these nurses, 60.6% were bullied by patients and their relatives, while 33.3% were bullied by their supervisors and managers (Hassan and Rashwan, 2021).

Workplace bullying has significant ramifications for individual well-being, collaboration among colleagues, and the provision of patient care (Duffy and Sperry 2018). A prevalence rate of 33.8% for bullying and aggressive behavior among nurses. The study found that young emergency department nurses, specifically those aged 19 to 29, who had less than five years of work experience, had the highest occurrence of bullying and harassment behavior, as reported by Somani et al. in 2015. The nurse's primary duty is to provide care for patients. Bullying has a detrimental impact on patient health, healthcare institutions, and patient safety (Ekici and Beder 2014).

2.1.5.B. Threat :

A risk can be defined as the deliberate use of physical force or coercion (such as psychological force) resulting in fear of physical, sexual, mental harm or other adverse consequences to the targeted individuals or groups (WHO, 2020). Danger refers to the intentional use of words, gestures, or

actions with the intention of causing fear, terror, or harm, whether physical or otherwise (Dworkin et al., 2018).

According to Blackstock and colleagues (2018), harassment is defined as a repetitive kind of mistreatment where the victim of the harassing behavior experiences loud verbal attacks, threats, embarrassing situations, or intimidating actions. Instances of harassment are also observed in healthcare settings, where patients and their relatives employ intimidation tactics towards nurses, particularly those who are inexperienced in the nursing field (Johnson et al., 2015). The offender transfers a portion of their frustration onto others through negative verbal or nonverbal expression. This type of aggression is expected to be commonplace inside a mistreated collective such as the nurses (Hubbard, 2015).

2.1.5.C. Horizontal (Lateral Verbal Violence)

Horizontal violence refers to instances where healthcare professionals engage in violent behavior towards their colleagues. In the field of nursing, there is a significant amount of horizontal violence or nonphysical conflict between different groups. This conflict is characterized by both obvious and hidden hostile behaviors,these encompass acts such as harassment, physical or verbal abuse, deliberate disruptions, and other forms of unethical conduct (Volz et al.,2017).

According to(Guaranha & Gomes, 2019) , horizontal violence is characterized as aggressive behavior exhibited by one nurse against another nurse, resulting in a hostile work environment. Although there are strict restrictions against it, this form of mistreatment still impacts about 50% of nurses (Hubbard et al., 2016). The cost is considerable and the potential implications are severe, including elevated nurse attrition rates, a rise in illness rates, reduced efficiency, and a deterioration in the quality of patient care (Bloom et al., 2019). Higher levels of stress from horizontal violence compared to attacks from physically dangerous customers (E. Cho et al., 2016).

Furthermore, horizontal violence has been observed to impact several individuals within the healthcare setting, including nurses, nursing managers, other medical and administrative personnel, patients, and their relatives (Bloom et al., 2014). In addition, engaging in these acts may have detrimental effects on the provision of patient care, leading to adverse outcomes for nurses such as anxiety, depression, post-traumatic stress disorder (PTSD), and voluntary termination of employment (Purpora et al., 2012.

Level or lateral savagery refers to any act of hostility, mistreatment, or aggression within the workplace (Taylor, 2016). According to Hubbard (2016), savagery refers to acts of hostility committed by one nurse colleague towards another nurse colleague, resulting in hostility within the workplace, more explicit manifestations include yelling or physical aggression (Volz, Fringe, Walters & Kowalenko, 2017). The terms "slidrong viciousness" and "level brutality" can be used interchangeably and are typically defined as mistreatment or aggression in the job (Chu & Evans, 2016). Various titles, including as incivility, bullying, social hostility, and WPV, have also been employed to describe the phenomenon of horizontal violence (Spiri et al., 2016).

2.1.5.D. Vertical Verbal Violence:

The term used to describe the manner in which a senior coworker engages with a subordinate is known as "vertical violence" (W. Xu et al., 2023). Vertical violence, defined as encompasses any kind of violence between individuals at different levels of a hierarchical organization. This includes acts such as yelling, making hurtful remarks, withholding important information, displaying rudeness, disregarding others, and engaging in humiliating actions (Hansson & Weiss, 2023).

Nurses, whether working in emergency units or community settings, are also identified as targets of this conduct (Tian et al., 2019). Newly employed nurses are frequently subjected to both horizontal and vertical

violence due to the consistent influence of individuals higher in the hierarchy, such as nurse supervisors (Framke et al., 2019). Additional healthcare professionals have also been alleged to engage in both horizontal and vertical hostility towards nurses(Ferrara et al., 2022).

Vertical violence is said to have diverse negative impacts on emotions of inferiority, sorrow linked to victimization, and the inclination to seek refuge. Furthermore, this form of aggressiveness can be halted, hence eradicating professional efficiency or fostering a hostile work environment (Pettersson & Öberg, 2020). Nurses often have a sense of powerlessness within the hospital's hierarchical structure and are unable to obtain assistance from the hospital administration (Barber et al., 2017)

Vertical brutality is defined as any form of violence, such as screaming, ridiculing remarks, withholding relevant information, rudeness, ignoring, and humiliating practices, that occur between two or more individuals at different levels of the hierarchical system, vertical viciousness refers to the behavior of a senior associate towards a subordinate, characterized by cruelty or aggression. Nurses are also exposed to physical aggression from other healthcare workers (Russell, 2016).

2.1.5.E. Mobbing:

Harassment is detrimental occurrence that happens in every professional domain. Bullying in the workplace is characterized by the intentional and repetitive use of intimidating, demeaning, offensive, isolating, dismissive, and unjust words and actions towards a specific individual(Hodgins & Mannix McNamara, 2017). Mobbing is the deliberate and systematic mistreatment of an individual by one or more colleagues through hostile behavior and unethical speech (Durmus et al., 2018).

The risk of mobbing is elevated for recent graduates and nurses with fewer than five years of experience, as indicated by (Al-Ghabeesh & Qattom, 2019)Similarly, this applies to nurses who have a work experience and decide to change their location of employment (Somani et al., 2015). The

primary factors contributing to mobbing, include ineffective workplace communication, work team difficulties, and a demanding workload (Turan and Öncü 2018).

Mobbing has a negative influence on society, the individual being targeted, and the overall functioning of the work organization. Consequently, it adversely affects the health and overall state of well-being of the individual(Notelaers & Van der Heijden, 2021). Exposure to this may result in both physical symptoms, such as headaches, back pain, joint pain, and gastrointestinal problems, as well as mental health issues, including post-traumatic stress disorder, burnout syndrome, frequent job changes, and decreased job satisfaction (Babiarczyk et al., 2019; Fugueiredo-Ferraz et al., 2015; Nielsen et al., 2012; Tong et al., 2017). The presence of mobbing in the emergency department has a detrimental effect on all staff members, not just those who are directly targeted by the bad behavior. Individuals who observed the attack may potentially be susceptible to the same medical conditions as the victims (Myers et al., 2016).

Nurses are the most vulnerable group to experiencing mobbing within the medical profession. Nurses had a significantly higher likelihood of experiencing mobbing compared to other healthcare professionals, with a potential increase of up to 7 times (Fugueiredo-Ferraz et al., 2015). An inquiry was also carried out to examine the frequency and impact of mobbing on nurses at Al Mukhtar Hospital. The participants reported a mobbing rate of 10.5%, which was lower than the average rate of 40% reported in other studies (Václavková et al., 2021). Nurses are more prone to experiencing mobbing compared to other health professionals. Specifically, 2.85% of nurses reported experiencing mobbing on a daily basis, 4.15% on a weekly basis, 19.3% on a monthly basis, and 24.8% infrequently (Al-Sagarat et al. 2016; Carter et al. 2015).

2.1.6.Sources of Verbal Violence against nurses:

Violence is a specific cause for worry. Another subject that has received significant attention is the origin of abuse, encompassing patients, their families, friends, and healthcare professionals, such as doctors and nurses. Although patients and their families/friends are primarily responsible for most cases of physical violence, other staff members also contribute significantly to incidents of non-physical violence (Spector et al., 2014).

Organizations should acknowledge that WPV can harm employee retention, job satisfaction, and organizational commitment. WPV has been associated with employee absenteeism, stress, mental health problems, and musculoskeletal pain. According to a recent review of documented Type III WPV inside the hospital system, certain employees were subjected to such severe mistreatment by their coworkers that they chose to quit their jobs (Hamblin et al., 2016).

Out of the 250 nurses 64.8 percent reported experiencing some form of violence. The majority of these incidents (61%) occurred in the workplace. 32.8 percent of the individuals surveyed reported experiencing physical violence, with the highest percentage (87.6%) of abusers being relatives of the sufferers. Approximately 55.6 percent of individuals who experienced WPV reported having moderate degrees of mental health issues, (Hamzah and Al-Ameri .,2020).

The most prevalent perpetrators of violence against nurses were patients, patients' families, visitors, doctors, and other health-care workers, patients (79 percent), families of patients (55 percent), and professional colleagues (41 percent) were the primary sources of WPV against nurses. In contrast, physicians accounted for 68 percent, 33 percent, and 8 percent respectively. The act was carried out by patients, followed by families of patients, and then professional colleagues. WPV has been associated with inadequate security measures, insufficient staffing levels, night-shift

schedules, intense emotional interactions with patients, and the predominantly female occupation of nursing(Alhamad et al., 2021).

Among the respondents, coworkers were identified as the primary source of verbal violence towards nurses, accounting for 39.6% of incidents. Patients and physicians were also significant sources, each accounting for 39.3% of incidents. The value is 39.3 percent. 35.1 percent Patients accounted for 20.8% of the physical violence incidents, while other nurses were responsible for 15.5%. According to the study, bosses were the primary perpetrators of violence at the leadership level. They were responsible for verbal violence in 22.3 percent of incidents and physical violence in 8.7 percent of cases, subordinates are the least common individuals who commit acts of violence (Kvas and Seljak. 2015).

Patients and visitors are the primary instigators of WPV in the health-care profession. However, it is possible that coworkers or superiors may engage in workplace physical violence against health care workers. The occurrence of physical violence that carried out by colleagues or supervisors in the workplace was distinct from violence committed by patients or visitors. Nevertheless, numerous studies have been unsuccessful in determining the responsible party for incidents of WPV. The majority of systematic reviews did not successfully identify the culprits. The exact extent of workplace physical aggressiveness by patients and visitors towards health care personnel is uncertain, and there is a lack of comprehensive quantitative data on this matter (Li et al., 2020).

2.1.7. Theories that talked about the impact of verbal violence on institution

2.1.7.1. Organizational Behavior :

The organisational behaviour examines how structures, organisations, and individuals within an organisation affect its performance and efficiency, changes at one level of an organisation have repercussions at the other two

levels. Group dynamics are shaped by both individual and structural elements inside the organisation, while individual actions are interconnected with the larger organisational setting. Everyone in the company contributes something special due to their own set of experiences, viewpoints, traits, and history. Additionally, in response to group dynamics and the organization's policies and procedure, every individual behaves and reacts in their own special way (Walston, 2017).

Organisational processes, activities, and behaviour outcomes can be better understood by delving into the dynamics of organisational behaviour. Leadership, power, communication, teamwork, satisfaction, commitment, decision-making, conflict, learning, and other critical management topics can be studied and understood through it as well. To sum up, the study of organisational behaviour provides managers with insight into employee motivations and provides tools for enhancing their own behaviour. If leaders don't create a work environment that encourages positive group and organisational relationships, then employees won't be interested in their work, and that won't lead to the desired long-term performance from organisations.

Many of the theories discussed in this book originate from fields as diverse as sociology, anthropology, economics, psychology, and social psychology.They all pertain to the study of organisational behaviour and how it is impacted by factors such as structure, technology, people, and the outside world (Investopedia 2021).

The overarching goal of organisational theory is to understand how organisations work as a whole. Its goal is to shed light on the inner workings and external influences of organisations, as well as their interactions within and across sectors and communities. According to Jeffrey Pfeffer (1997), organisational theory is concerned with the ways in which the traits and activities of social organisations and individuals impact the attitudes, behaviours, and performance, success, and survival of organisations. It also

examines the ways in which organisations' political, cultural, resource, and task environments impact these outcomes.

2.1.7.2. The Early Job Demand- Resources model (JD-R)

To explain the relationship between the study variables, the Early Job Demand-Resources model (JD-R) that was designed by Demerouti et al. (2001) was utilised. The approach proposes a two-part classification of working conditions: job demands and job outcomes. Job demands are described as "those physical, social, or organisational aspects of the job that require sustained physical or mental effort and are therefore associated with certain physiological and psychological costs.Work pressure, interacting with patients who are dependent, repositioning patients, interpersonal issues, emotional demands, insecurity in one's employment, bullying, and abuse are all examples of job demands (Demerouti et al., 2001, 101). Workplace resources were also described as "those physical, social, or organisational aspects of the job that may do any of the following (a) be functional in achieving work goals; (b) reduce job demands and the associated physiological and psychological costs; (c) stimulate personal growth and development" (Demerouti et al., 2001, p. 501). Job resources include things like feedback from the head nurse, opportunities for self-evaluation, financial rewards, and ongoing training and education.

According to the JD-R model, workers experience greater levels of physical and mental exhaustion as a result of the increased effort needed to maintain current levels of performance when faced with high job demands. Lack of resources also makes it harder to accomplish work objectives and fulfil employment obligations, which in turn causes people to withdraw and avoid going to work.

Many fields, including psychology and nursing, have made heavy use of this approach in recent years,negative impacts on work performance and the development of chronic stress and strain are common among nurses who

have experienced verbal abuse,despite the fact that nurses may face a variety of challenges and opportunities.this study narrows its attention on verbal abuse and low self-esteem as factors that influence work-related outcomes like dedication and intention to remain. According to the available research, nurses who have high self-esteem are better able to deal with stress, remain active and professional, and go forward in their careers (Hassankhani et al., 2018; Keller et al., 2018).

2..1.8.Response to Workplace Violence Incidents

Healthcare providers in the Emergency Department System (EDS) respond to WPV by exhibiting various behaviors, including non-action, denial, notifying the security personnel, filing a lawsuit against the aggressor, attempting to pacify the violent individual, taking measures to protect themselves, and reporting the incident to their superiors (Babaei et al., 2018).

Medical attendants in the United States reacted to WPV by either resigning, remaining silent, or responding to the perpetrator in an emotional manner, such as by becoming angry. Additionally, Emam and colleagues (2018) stated that the primary response to WPV at EDs was self-preservation. This involved greeting the aggressor to defuse the situation, refraining from taking any action, pretending that nothing had happened, seeking assistance, assisting colleagues, and sharing the incident with friends and colleagues (Bloom., 2019).

According to (Feng, 2019), there have been numerous instances of aggressive attacks against emergency department nurses, perpetrated by the patients they were treating. Al-Ali, Faouri, and Al-Niarat (2016) found that individuals in Jordan tended to ignore incidents of violence since they believed that reporting them would be ineffective. Various researchers have stated that the highly skilled EDS staff did not seek assistance during the violent incident (Al Khatib et al., 2023)

According to Boafo and Hancock (2017), the most frequent response to physical violence against nurses in Ghanaian hospitals was reported to the supervisory staff or the responsible unit. This was followed by notifying a colleague about the incident and then taking no action. In Pakistan, Awal Khan and colleagues (2015) reported that the predominant response among emergency department attendees in Peshawar city hospitals to the existence of wild poliovirus (WPV) was a lack of action taken against the violence. In addition, Aksakal et al. (2015) stated that the primary response reported by nurses in cases of physical or verbal violence was to approach the perpetrator and request them to cease their actions. Furthermore, the majority of nurses who experienced mobbing indicated that they informed a colleague about the incident.

Ebrahim and Issa (2018) stated that the predominant response of attendants in the EDs of Basra municipal medical clinics to WPV was a lack of action. A cross-sectional study was conducted in Riyadh city emergency clinics in Saudi Arabia, involving 150 attendants working in the EDs. The study findings revealed that the majority of the medical attendants reported advising the individual to cease, some individuals reported informing a partner while others chose not to take any action (Al-Yaemni and Al-Hudaithi 2016).

2.1.9.Impact of Verbal Violence on the Nurses

Analysts have discovered that the presence of violence among nurses leads to detrimental consequences. Nurses who experience violence are more likely to have emotional discomfort, absenteeism, difficulty concentrating, and job turnover (Alsharari et al., 2022). Flight attendants are susceptible to both immediate and long-term effects of violence, which include physical consequences such as cuts, wounds, and musculoskeletal strain or injury, as well as emotional aftermaths such as Post-Traumatic Stress Disorder

[PTSD], anger, fear, shame, and difficulty maintaining focus(O. Ope-babadele & E. Ilesanmi, 2019).

According to the (Ramacciati et al., 2018), over 27% of nurses contemplated resigning from their positions in the EDs due to their encounters with violence, nurses working in EDs reported experiencing frequent incidents of aggressive behavior. The most commonly reported outcomes of these incidents were anger, frustration, stress, fear, embarrassment, disturbance, physical harm, and feelings of incompetence or guilt according to (Cesarec et al., 2020).

Blythe (2018) stated that the primary consequences of WPV were emotional or physical trauma. Additionally, Wolf, Delao, and Perhats (2014) the most frequently reported outcomes of WPV against ED nurses were chronic injury, loss of productivity, and changes in job responsibilities. Furthermore, approximately 95% of the nurses experienced anxiety and gastrointestinal symptoms as a result of WPV, while 72% reported experiencing headaches asserted that WPV has a detrimental impact on the well-being of staff members (Pompeii et al., 2015)**.**

The predominant emotional response among ED staff members following exposure to physical violence was the emergence of distressing memories, thoughts, or images of the violence (Aljohani et al., 2021). They also reported avoiding thinking or talking about the violence, as well as avoiding any emotions associated with it. Additionally, the staff members experienced heightened alertness and vigilance and felt as though everything required extra effort stated that the primary consequences of physical violence on nurses include severe stress, bodily injuries, decreased work productivity, and death (Itzhaki et al., 2018).

The primary consequences of verbal danger experienced by nurses in Eds were highly distressing, whereas the most commonly reported effects of inappropriate behavior in EDs were the difficulties encountered by a majority of the nurses (Bayram et al., 2017). In addition, the use of verbally

abusive language can cause significant psychological distress and anxiety for nurses, even if no physical harm has happened,this psychological impact can persist for up to a year after the incident (Ras, 2023).

The most announced long haul outcomes of WPV on the EDs staff were (62.8%) of not or once in a while consider viciousness when they don't intend to, and the majority of them (89.8%) don't or once in a while have dreams about brutality. Simultaneously, some of the EDS staff revealed that they don't expel the subject from memory and half of EDS staff don't discuss brutality, while 33% of them abstain from letting themselves get furious when they consider being helped to remember viciousness occurrences (Abdel-Sattar et al., 2020).

2.1.10.Impact of Verbal violence on the performance:

Verbal abuse in the workplace has a substantial effect, leading to decreased morale, heightened job discontent, and the establishment of a hostile working environment. Moreover, the act of using abusive language undermines the nurturing environment within a workplace and exposes the firm to many risks such as higher employee turnover, increased legal disputes, decreased productivity, heightened occurrence of mistakes, and diminished overall quality of services provided. If hospitals fail to address verbal abuse, they run the risk of experiencing higher employee turnover and increased expenses due to reduced productivity and job satisfaction(Cheung & Yip, 2017).

The occurrence of severe injuries that need taking time off work due to WPV is three times higher in healthcare settings compared to other professional fields (OSHA 2015). Violence causes persistent and significant disruption to collaborative relationships, the organization of work, and the general work environment (Dal Pai et al., 2018).

A majority of emergency medical attendants experienced the negative effects of WPV. The most commonly reported consequences of WPV were lower work motivation and a desire to quit their jobs (Na Lia and

colleagues.,2019). In addition, Chang and Cho (2016) stated that the primary reported consequences of WPV by patients and their family members were substantial financial losses for the healthcare organization, emergency nurses are more likely to experience WPV, and the negative effects of such violence can contribute to their decision to quit their jobs (Li et al., 2017).

Injuries and stress are common factors that often lead some nurses to abandon the profession. The average cost of replacing a nurse ranges from $27,000 to $103,000. This fee include the costs associated with partitioning, use, relocation, coordination, and training. Some estimates also account for missed production, although a substitute is employed and produced (Bae, 2022).Furthermore, according to (Mento et al., 2020), the significant consequences of WPV on hospitals include increased absenteeism and use of sick leave, decreased nurses' confidence and motivation, disruptive behavior affecting nurses' performance, and increased expenses for the maintenance and repair of healthcare equipment. WPV has been found to impact nurses' decision to remain in their workplace and their nursing practice. The emotional and professional harm caused by WPV may lead them to resign from their hospital (Chang & Cho, 2016).

WPV leads to negative consequences in terms of authority, such as reduced employee confidence, increased job stress, higher nurse turnover, lost trust in management and colleagues, and a hostile work environment (Duncan and colleagues ,2016)

The incidence of WPV can have a significant effect on nurses' job performance and the quality of nursing care. The impact of crisis situations on both the personal and professional qualities of nurses can increase their inclination to quit the hospital due to heightened levels of anxiety and fatigue (Han et al., 2017). According to the Bureau of Labor Statistics, nurses are 10 times more likely to take time off work due to injuries caused by violence compared to other types of injuries (Bureau of Labor Statistics, 2014). According to Hamdan and Abu Hamra (2015), the majority of EDS workers

who reported experiencing WPV were 3.5 times more likely to leave their positions in EDs. This objective was rated at 2.2 for physical violence and 3.2 for non-physical cruelty.

A study conducted by (H. Cho et al., 2020)found that approximately 17.5% of newly licensed nurses leave their first nursing job within the first year, and 33.5% of them leave within two years due to experiencing aggressive behavior from their colleagues(R. Keller et al., 2018).In Ghana revealed that 20% of medical attendants who experienced WPV stated intentions to quit their nursing profession. Similarly, medical caregivers who experienced physical violence were 2.7 times more likely to intend to quit their nursing profession compared to those who have not been victims of workplace physical violence(Boafo & Hancock, 2017).

A cross-sectional study conducted among 538 nurses employed at the university hospital in Turkey found that the majority of nurses who experienced verbal violence and mobbing were significantly more inclined to switch their job, change their profession if given the opportunity, and change their organization (Aksakal et al., 2015). A study revealed that 13.1% of nurses in Italy left the nursing profession due to experiencing violence from other nurses, indicating a significant problem of parallel violence within the profession (Stefano et al., 2019).

2.1.11. How to reduce verbal violence against nurses

To reduce verbal violence against nurses, it is crucial to implement interventions that focus on multiple aspects highlighted in the research papers. Strategies such as zero tolerance of violence, training for nurses, lobbying with the government for protection, creating respectful organizational cultures, modeling leadership behaviors, and developing workplace safety plans are essential (Kalikote, 2023).To reduce verbal violence against nurses, interventions like zero tolerance policies, nurse training, and promoting respectful organizational cultures are crucial for creating a safe workplace environment. Additionally, addressing emotional

reactions and burnout caused by verbal violence can significantly decrease turnover intention among new nurses(Sarwar et al., 2021) .

To reduce verbal violence against nurses, interventions targeting emotional reactions and burnout are crucial. Improving relationships and quality of life can help decrease turnover intention among new nurses. Furthermore, recognizing the link between workplace violence and adverse health outcomes like headaches and sleep disturbances emphasizes the importance of preventing violence to reduce neuropsychological disorders in nurses (Magnavita et al., 2022) .Establishing clear definitions of verbal violence, providing education for employees, and implementing reporting systems for all forms of violence are crucial steps to combat pervasive verbal violence in healthcare settings (Woo et al., 2022).

2.2. Psychological Stress

2.2.1. Historical Evolution of Stress

Prior to the 1950s, the term "stress" did not had any of its present-day broad meanings. In the 14th century, there was a phrase used to describe a state of difficulty or stress with a psychological aspect,in English, the term "middle" is regarded as a type of anguish. It originated from old French and refers to prolonged constrained use. In physics, it describes the internal distribution of a force applied to a physical body, leading to stress. In the 1920s and 1930s, the term "stress" was infrequently employed in psychological circles to signify mental pressure or undesirability, and in medicine, it referred to a harmful environmental factor capable of inducing disease. (Keil, 2004).

Starting in the late 1960s, academic psychologists began to embrace Selye's concept and sought to measure "life stress" by documenting "significant life happenings." Some studies were conducted to examine the connections between stress and various illnesses. By the late 1970s, stress had emerged as the primary concern in the medical field. Throughout the 1990s, "stress" became a fundamental aspect of scientific understanding in

various fields of physiology and human functioning, including occupational stress and the development of stress management techniques (Viner, 1999).

Hans Selye's research on stress over the past 50 years has led him to define stress as the body's non-specific response to any demand placed upon it. This means that the body reacts in a similar way to various types of stressors, which Selye referred to as the general adaptation syndrome (GAS)(Szabo et al., 2017).

The term "non-specific" indicates that a wide range of stressors elicit a common response. Selye identified three phases within the GAS, each associated with changes in the functioning of the nervous and endocrine systems: the alarm reaction, the stage of resistance, and the stage of exhaustion (Jones & Bright, 2012).

While stress itself is not classified as a medical illness, it is recognized as a vulnerability that might contribute to psychological issues or mental disorders. A persons engaged in high-stress occupations are twice as likely to have a significant increase in depression or anxiety compared to those in less stressful occupations (Melchior et al., 2007).

The term "stress" was initially used by Hans Selye in 1926 within the field of positive psychology. While stress is a commonly known term, the term "strain" is used to describe the notion and implies that various external influences cause unexplained changes within the organism and result in bodily damage (Baqutayan, 2015).

Previous literature has identified several challenges that nurses are exposed to, including a lack of time to provide emotional support to patients, exhaustion, disagreement with doctors, and the burden of caring for a large number of patients (Damit, 2007).

Job-related stress is a common occurrence in all types of employment. However, nursing seems to be predominantly characterized by high levels of

stress,after evaluating more than 100 occupations and comparing work pressures using a stress rating scale, nursing emerged as one of the highest-scoring professions in the service sector(Lapeña-Moñux et al., 2015).

According to a survey by the National Health Services (NHS) in the United Kingdom and Australia, health professionals experience higher levels of job-related stress compared to other occupations of the same nature (Kinman et al., 2020).The elevated level of stress in the health service sector has been acknowledged as a consequence of the demanding nature of the work performed by healthcare professionals, including nurses, doctors, and hospital management. These individuals encounter challenges in delivering aid to individuals experience crises (Abbas & Mohammed, 2018).

Job-related stress and professional frustration may lead to burnout, which Paine defines as a progressive deterioration in work and other performance as a result of increasing difficulties in coping with high and continuing levels of such stress (Paine, 1984).

Chronic work-related stress may lead to a phenomenon called occupational burnout, which may result in fatigue, sleeplessness, family issues, absenteeism, and a lack of job satisfaction (Dadkhah-Tehrani & Adib-Hajbagherg, 2022).

2.2.2. Definitions Psychological Stress

Stress is that it is a neutral term, referring to pressures or demands. Some stress is healthy and energizes us; this healthy stress has also been called eustress (Selye 1976).

Stress has been recognized as a work-related hazard since the mid-1950s (Jones, 2012; Jennings, 2003). Indeed, job-related stress has been identified as a primary health concern (Jones, 2012). The evaluation of job-related stress in nursing was first conducted in 1960, which indicated four primary sources of concern among nurses: patient care, decision-making, accountability, and change (Jennings, 2008).

Explaining the precise definition and progress of the term stress is challenging due to the varied usage of the term across different fields with separate analytical traditions and varying standards. Hence, it is imperative to provide a concise chronicle of the usage of the term "stress" in the field of human research.

Stress is typically regarded as a combination of internal and environmental factors that influence the one who is experiencing it. Vulnerability refers to a condition when certain factors exceed a person's ability to adapt, resulting in psychological, behavioral, and particularly biological reactions that might increase the risk of disease (Cohen, Gianaros, & Manuck, 2016).

The biological impact of specific stressors is measured by disruptions to physiological systems that are crucial for maintaining balance and controlling metabolism. Within the biological tradition, it is assumed that these physiological perturbations or reactions provide as short-term support for adaptive behavioral activity or coping. However, in the long run, these physiological processes may disadvantageous and associate with the likelihood of developing diseases. (Cohen et al., 2016).

Both physiological and psychosocial traumatic events in life, together with their detrimental consequences, can result in stress. If equilibrium is not restored, an increase in mortality and morbidity can be anticipated. Examples include, but are not limited to, respiratory infections, coronary artery disease, poor progression of various health conditions such as Acquired Immune Deficiency Syndrome (AIDS), wound healing, and autoimmune illnesses (Cohen, Janicki-Deverts, & Miller, 2007).

Stress is a complex phenomenon that involves various factors, including the release of hormones such as Cortisol and Epinephrine, which are produced by the pituitary-adrenal system. It also involves the regulation of physiological measures like heart rate and blood pressure by the autonomic nervous system. The physiological parameters are often change

in response to different stimuli, but their activation is generally considered to be complex and influenced by multiple factors. The phenomenon may be elicited by an excessive, persistent, or repeated stimulation (Cohen, Kessler, & Underwood Gordon, 1995; Smyth, Zawadzki, & Gerin, 2013).

Radhakrishnan and Jins (2012) defined stress as the cumulative effect of physical, mental, and emotional stresses or tensions experienced by an individual. Stress arises from the interaction between individuals and their living environment. The purported lack of adaptability and leadership abilities pose a threat to human welfare.

The diagram presented by Muscatell and Eisenberger (2012) illustrates the impact of stress on many physiological characteristics of the body. These parameters include autonomic, neuroendocrine, cardiovascular, and immunological physiology, as well as the effect on neuronal function.

Stress is a multifaceted occurrence that encompasses an individual's psychological, physiological, and behavioral reactions to actual or imagined sources of pressure. According to Ganster DC and Rosen CC (2013), long-term stress in the job negatively affects all areas of health. Individuals who experience persistent stress in their work environment are at danger of developing burnout, exhibiting elevated levels of depression and anxiety, and facing an increased likelihood of developing post-traumatic stress disorder (Justin P, Boren 2023).

Chronic stress causes a decrease in the activity of the immune system, leading to the development of metabolic syndrome, cardiovascular disease, and increased risk of death among workers (Shirom A et al 2011). Healthcare workers, especially nurses, are more susceptible to stress and stress-related diseases due to the unique requirements of their occupations (Kim H et al., 2011).

Nurses constitute the most significant proportion among all vocations in the health professions (Haddad LM et al, 2023). Currently, there are approximately 3.9 million nurses and midwives in the United States. It is

projected that nursing will experience the most rapid growth in terms of career opportunities in the country (Haddad LM et al, 2023). Nevertheless, certain specialts within the nursing profession have been reported to see turnover rates as high as 37%, which is a significant problem. Nurses, in particular, have been reported to encounter more demanding working conditions in comparison to other healthcare professions, resulting in the highest levels of burnout (Chou L-P 2014).

Nurses must contend with various challenges in their work surroundings, including compassion fatigue, general stress, and worries over safety and wellness (Wei H et al, 2018). Though significant research has been conducted to investigate the different factors that contribute to stress among nurses, both prior to and during the pandemic (Craw ES 2022), there is a need for further clarification on the factors that alleviate or worsen professional stress for nurses. For example, recent models like effort-reward imbalance have been employed to illustrate how rewarding aspects might counterbalance the pressures encountered by nurses (Justin P. Boren 2023).

The effort-reward imbalance (ERI) model is a stress-focused paradigm that explains organizational environments (Siegrist J. 2016). The model delineates the correlation between the stress-inducing factors of an individual's job and the perceived benefits derived from that job. According to Siegrist (2016), ERI argues that when there is a consistent pattern of investing a lot of effort at work but receiving little in return, it triggers negative emotions of feeling frustrated with the lack of rewards. This, in turn, activates specific circuits in the brain's reward system. ERI is based on a social-exchange viewpoint, where additional incentives can make up for more efforts, but putting in more efforts tends to diminish the perception of the relationship. ERI involves the connection between the employee and their subjective evaluation of the work environment.

As per the paradigm, efforts encompass all types of demands and obligations, such as physical, psychological, and psychosocial rewards, on

the other hand, consist of appropriate compensation, recognition, work stability, and social connections, among other things. When the worker thinks that the amount of effort they put into their profession is more than the rewards they receive, they experience an imbalance, which is intrinsically stressful (Justin P. Boren 2023).

One example of a meta-stressor is Communicatively Restricted Organizational Stress (CROS), which significantly influences the sensation of stress and has detrimental impacts on the individual's outcomes (Boren JP 2015). Individuals with CROS may feel constrained or disheartened in their capacity to express their stressors to others, serving as a meta-stressor for the person, which refers to stress arising from the inability to communicate. Consequently, the impact of the stressor is intensified (Veksler AE & Boren JP.2017). CROS operates in various ways: Initially, the encounter with CROS diminishes an individual's capacity to directly confront and/or resolve the stressor. Furthermore, CROS can manifest as a deficiency in social support when an individual perceives a scarcity of individuals to seek assistance from. Furthermore, the experience of CROS might manifest as a decline in one's ability to cope when their impression of the support available to them is diminished. CROS can hinder a person's capacity to turn perceived support into actual assistance, leading to frustration (Boren JP 2015).

2.2.3.Concept of Job-related Stress :

Stress is a psychological condition characterized by tension that arises when a person's ability to adapt falls short of the expectations they perceive from their environment. Robbins's stress model categorizes stressors into three main types: environmental, organizational, and personal elements. These stressors interact with individual characteristics, resulting in the occurrence of stressful situations (Zhou Y, et al., 2022).

Nursing is seen as a career that has a moderate amount of stress when compared to other occupations (Yang H, et al 2017 & Dincer B.2012).Nurses may experience unpleasant emotions, heightened psychological stress, and

compromised physical health as a result of an augmented workload and hazardous working conditions. These issues can hinder nurses from delivering top-notch care, and can significantly diminish their work productivity. The primary sources of stress were identified as work-related and familial pressures (Xin S et al 2019). About 76%, had a high level of stress in their workplace, stress can diminish the work effectiveness of nurses and negatively impact their quality of life According to Jin M (2015).

Stress is a complex concept that is challenging to define, yet we can all relate to the bodily, mental, emotional, and behavioral responses that indicate our experience of stress. (Murray, 2011).

Fletcher described it as a continuous process where individuals interact with their environment, evaluate their conditions, and try to deal with any challenges that may arise. Stress is a condition in which a person experiences pressure and lacks sufficient capacity to deal with it. Stress has a direct and detrimental impact on both individuals and society, hindering the attainment of goals (Abbas & Mohammed, 2018).

Stress serves as a signal to the brain, prompting it to prepare the body for a defensive reaction. The neurological system becomes stimulated and releases hormones to heighten consciousness. This leads to an increase in pulse rate, heavy breathing, and muscle tension. This physiological response is known as the fight or flight response, which is crucial as it serves to safeguard the body from threatening conditions. The reaction occurs intrinsically within our bodies. Regardless of whether the stress is caused by work or personal life, the resulting reaction remains consistent. Intermittent or infrequent stress will pose lower risks. However, if worrisome events are not resolved, the body remains in a condition of heightened alertness for an extended duration, leading to an accelerated deterioration of the human body. Eventually, fatigue or physical harm ensues, rendering the body incapable of repairing and safeguarding itself from stressful circumstances. Consequently, the risk of harm or illness escalates. (Sohail, 2015).

Individuals are different in managing the stress they are encountering may encounter several issues, including physical, psychological, cognitive, and behavioral problems. Physical ailments encompass symptoms such as headache, bruxism (teeth grinding), clenched jaws, chest pain, difficulty breathing, cardiovascular issues, elevated blood pressure, muscular discomfort, upset stomach, irritable bowel syndrome, excessive perspiration, fatigue, insomnia, and chronic illness. Psychosocial disorders encompass a range of emotional and social difficulties, such as stress, aggravation, sadness, protectiveness, rage, mood swings, susceptibility, lack of interest, depression, reduced cognitive processes, and diminished motivation(Id et al., 2020).

Cognitive impairments encompass difficulties in concentration, restricted thinking, persistent memory deficits, inefficient cognitive processing, diminished analytical abilities, learning disabilities, and susceptibility to distractions. Behavioral issues encompass alterations in eating patterns, agitation, propensity for conflict, indecisiveness, escalated substance abuse, heightened tobacco consumption, social withdrawal, negligence, diminished work productivity, uncleanliness, shifts in religious practices, and alterations in familial connections,the body is unable to difine itself aginst the impact of the event ,psychological regulation diminishes and

if the stress continuous death may result (Schulz & Vögele, 2015)
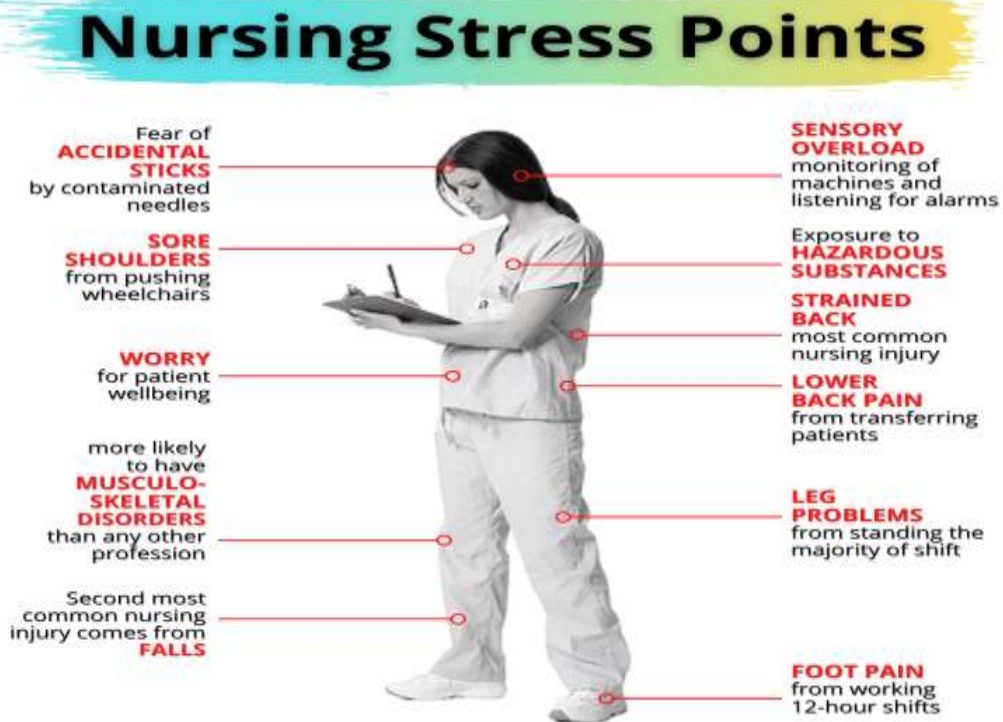
Figure(2-2) symptoms of stress

Stress is the underlying factor behind numerous physiological and psychological ailments. During periods of stress, blood is redirected from the internal organs and skin to the brain and muscles. This triggers the activation of fatty acids and cellulose in the blood to provide energy. Additionally, stress enhances eyesight and listening abilities, making a person more attentive. The normal physiological support processes, such as digestion, immune response, and healing systems, are all compromised. This is a typical physiological response to stress that occurs when an individual perceives stress(Allen et al., 2020).

However, if the stress persists over an extended period of time and is severe and inadequately handled, it can pose a significant health risk. The immune system is disrupted due to intense stress, causing the body to lose its ability to operate properly and become susceptible to a range of diseases and illnesses. Psychopathological disorders arising from work-related stress have a significant negative impact on both employees and employers.

Depression, tension, and other psychological disorders often lead to absenteeism due to illness, medical visits, and dysfunction (Park et al., 2015)

2.2.4. Risk Factors for Stress

2.2.4.A. Workload

When seen from the standpoint of the organization, workload equals productivity ,on the other hand, from the point of view of the person, workload involves energy and time , at the moment. There are three ways in which the burden is dealt with: the job is more intensive, it requires more time, and it is more complicated. Staff members should work harder without breaks in order to increase productivity within the organization, employees are working extended hours and attempting to meet overwhelming demands. In other words, occupations necessitate multitasking, staff members simultaneously assume multiple duties (Vargas et al., 2015).

High workload has been identified as one of the main causes of burnout, psychological suffering, and lower performance at work, which is not unexpected (Mahudin & Zaabar, 2021). Workload becomes excessive when job requirements exceed human capacity, this is one of the primary contributors to the development of exhaustion, when it becomes a chronic rather than emergency work condition (Claponea & Iorga, 2023).

2.2.4.B. Hours and Shifts

Nurses are often requested to work extra hours or on their days off as temporary solutions to address staffing shortages , working long hours is associated with poor inter shift recovery and exhaustion, a heightened response to stress, and an increased probability of making mistakes, all of which lead to negative outcomes for patients (Maunder et al., 2021).An accurate analysis of the correlation between nurses' work hours and negative outcomes has led to the recommendation that even with voluntary overtime. Nurses should not work more than 12 hours per day and no more than 60 hours per week (Bae, 2021).

2.2.4.C. Interpersonal Conflict and Lack of Support

There is a correlation between interpersonal conflict and elevated levels of burnout (Dall'Ora et al., 2020). Interpersonal and professional conflicts are also linked to burnout among healthcare professionals, burnout is linked to elevated levels of doctor\doctor conflict,doctors and nurses have family conflict. This conflict occurs more frequently between staff members with similar levels of authority (Dubale et al., 2019).

Furthermore, burnout rates are higher among nurses and doctors who report a lack of social support from their peers and managers (Maunder et al., 2021).

2.2.4.D. Violence and Abuse

The prevalence of violence and maltreatment in healthcare settings is widespread. The WHO categorizes workplace violence into two types: emotional and physical. Physical violence is characterized by the use of physical force that cause damage (e.g., beating and kick),emotional violence refers to the use of non-physical power in manner causes harm (e.g., verbal abuse, bullying) (Havaei et al., 2020).

Bullying is a prevalent occurrence for young physicians, particularly women (rates of 30-95% in 18 studies). These experiences have constantly been linked with burnout (Samsudin et al., 2018).

2.2.5.Factors Associated with Job-related Stress among Nursing Profession.

2.2.5.A.Interpersonal relationships

The sources of stress in this sector include interpersonal problems with co-workers and doctors, difficulties arising from balancing work and family duties and responsibilities, and inadequate staffing. Another study revealed that a lack of social support from both peers and supervisors, as well as lower levels of satisfaction with head nurses, were significant factors contributing to the experience of stress. Additionally, inadequate training to address the

emotional needs of patients and their families, along with difficulties with management, were also identified as key issues (Abbas & Mohammed, 2018).

2.2.5.B.Nature of Nursing

Nurses are driven by a strong desire to help persons requiring assistance or attention. However, they frequently face or personally see situations that contradict their early expectations of the nursing profession. Nurses face a wide range of work obligations, such as long shifts, challenging job demands, inadequate staffing, absence of essential patient care equipment, limited time for task completion, witnessing patient suffering and death, and being exposed to work-related violence and assaults(Eldin et al., 2021).

2.2.5.C.Organizational Factors

Organizational stress and management issues are interconnected factors that contribute to stress due to a perceived absence of organizational support, insufficient income, lack of self-reliance and confidence, inadequate communication and guidance, low salaries, and weakened interpersonal relationships caused by subpar management(Lu et al., 2015).Inadequate guidance and support, lack of consultation and communication, insufficient resources, inadequate manpower, and ongoing organizational stress as other factors of stress (Z. Xu & Yang, 2021).

2.2.5.D.Individual Characteristics

A research has also found that work-related stress is caused by social structures that are influenced by the organization of work and the interaction between these organizational elements and the characteristics of individual employees. Job-related stress in nursing is defined by the nurse's ability to adjust to stress variables in the workplace. The primary factors contributing to nurses' stress include their reluctance to address patients' demands, leading to workplace anxiety(Zaidouni et al., 2019).

2.2.5.E.Working Environment

Gray-Toft and Adderson examined the stress-inducing elements that impact work performance and discovered three sources: the social, physical, and psychological environment. For instance, they found that inadequate temperature, ventilation, and inappropriate lighting can contribute to this stress. Cooper's inability to maintain psychological equilibrium in the face of stressful conditions results in violent behavior (Alenezi et al., 2018).

2.2.6. Source of stress:

causes of stress differ due to the circumstances (Zhou Y et al., 2022). Prior research has indicated that medical personnel experienced stress during the SARS pandemic due to panic, separation anxiety, and fear of death. The primary causes of stress for front-line medical personnel during the Middle East respiratory syndrome (MERS) outbreak were social isolation and the demanding nature of their work (Lehmann, M., et al., 2015).

Moreover, a research has indicated that medical professionals who were involved in administering primary care during the pandemic had a greater prevalence of posttraumatic stress disorder (PTSD) compared to those who were not involved in providing primary therapy (Zhou Y et al., 2022).

2.2.7 . Prevention of Stress

In order to handle stress better, nurses and doctors need to build trustworthy relationships with their team, think positively about situations, and focus on their own strengths as ways of self-care and avoiding burnout (Wei et al., 2020).

Self-care refers to an action taken on purpose to improve one's emotional, mental, and spiritual health. It is important for all workers, but especially for nurses, who spend their time looking after people (Russell, 2016).

Multiple strategies can be utilized to reduce nurse fatigue so as to reduce stress among doctors and nurses. Various helpful activities have been used, like meditation, yoga, spending time with friends in the evening, and participating in training programs to develop new skills. It is also helpful when the administration appreciates the hard work and contributions of nurses (Alexander et al., 2015; Aryankhesal et al., 2019)(Foster et al., 2018).

Positive improvements were seen in individuals after they meditated for many weeks or several sessions using a computer, leading researchers to conclude that meditation is an effective intervention (Kurosaka, 2020). Nurses who are experiencing burnout should have access to treatments and mental counseling , which should be provided by healthcare organizations (Nowrouzi et al., 2015).

Additionally, mindfulness is considered one of the most effective methods for addressing this issue , due to its beneficial effects on stress reduction, anxiety-depression symptoms, and overall life satisfaction, stress management has acquired popularity ,where person can choose what they want to think about. According to theories, this skill helps to have more endurance by making painful memories and worrying thoughts less important (Jubair & Muttaleb, 2022).

Nursing professionals may benefit from mindfulness-based training in several ways, including better stress management, better health, more attentive caregiving, more empathy and present with patients and their families, and greater job satisfaction, calmness on the job, and a reduced risk of burnout (Adhikari & Tripathi, 2021). Also, lifestyle changes such as regular exercise, a healthy diet, and sufficient adequate sleep reduce burnout(Ross et al., 2017).

2.3. Job Satisfaction

2.3.1. Overview

Job satisfaction studies have been conducted since the 19th century. In 1924, Elton Mayo conducted the inaugural job satisfaction research known as the "Hawthorne study" in Massachusetts. This study examined the influence of observation on workers' productivity. In 1935, psychologist Robert Hoppock conducted research that primarily focused on job satisfaction in connection to the nature of the job itself and the dynamics between colleagues and managers. In his 1935 study, Hoppock defined job satisfaction as a combination of psychological, physiological, and environmental factors that allow people to express contentment with their work. In 1940, Minnesota University conducted a study on job happiness, specifically focusing on nurses (J. et al., 2017).

The study revealed that job satisfaction is influenced by various aspects such as working hours, salaries, level of participation in work, opportunities for advancement, and chances for promotion. The study on job satisfaction among health professionals was initially conducted in 1971 on laboratory workers in the United States of America, as reported by Ugwa and Charity (2006). Numerous nursing research studies have been conducted worldwide since 1971 to investigate work satisfaction (Shalonda, 2019).

2.3.2. Concept of Job Satisfaction

Job satisfaction is extensively studied in the disciplines of psychology, sociology, and organizational behavior due to several causes. For instance, certain studies suggest that one's general attitude towards life is significant and profoundly impacts their entire existence. Weiss (2002) states that job satisfaction is a comprehensive concept encompassing job qualities and work environment. Spector (1997) defines job satisfaction as the subjective evaluation of several facets of one's employment, whereas Ellickson and the work environment propose that it is the degree to which employees have a positive attitude towards their occupations. The majority of study on job satisfaction, as stated by Spector (1997), primarily examines the cognitive

processes through which workers evaluate their situations to determine their level of satisfaction. The word "job satisfaction" is ambiguous, indicating a wide range of notions. However, existing literature indicates that workers have unique needs, and the level of job satisfaction is influenced by the extent to which these needs are fulfilled (Al Maqbali, 2015).

Job satisfaction provides a clear indication of workers' feelings and opinions about their occupations. Put simply, it elucidates the degree of contentment that employees have in fulfilling their professional desires and requirements. Thus, the happy sensations that emerge from the recognition of an employee attaining the desired level of needs. Job satisfaction can be expressed or felt through emotional sensations as an intangible factor. Essentially, it depends on the internal dialogue and mindset of each person in relation to a certain task. For instance, when a job fulfills the expected psychological or physiological requirements, employee satisfaction is elevated. Nevertheless, if the task fails to meet the psychological or physiological criteria, satisfaction is said to be low. Employment pleasure is commonly regarded as being inherent to an individual's disposition (Owusu, 2014).

Job satisfaction is associated with various factors, such as professional characteristics, workplace and organizational expectations, and professional connections. The dominant organizational culture refers to the fundamental assumptions, values, and beliefs of an organization, which are upheld by all its members and influence their professional job satisfaction. Job satisfaction variables have been classified using several conceptual models. The motivation-hygiene hypothesis distinguishes between factors related to job satisfaction and those linked to job unhappiness. According to Fleury et. al. (2018), job happiness can be influenced by intrinsic workplace components including acknowledgment, personal development opportunities, and work problems. On the other hand, job discontent may be associated with extrinsic

factors such as interpersonal relationships and compensation(Jamal Ali & Anwar, 2021).

Job satisfaction is a complex concept with multiple aspects. The technique can be categorized into five groups of variables: human variables, social variables, cultural variables, organizational variables, and environmental variables. The job itself is determined by organizational characteristics. Work satisfaction is a component of the broader concept of job satisfaction. Job satisfaction can be defined as the degree to which employees experience positive feelings towards their work. Herzberg's two-factor theory of motivation and work satisfaction states that there are two sets of variables that influence these parameters: external factors, also known as hygiene factors, and intrinsic factors, also known as motivation factors (POH, 2008).

2.3.2.A. Extrinsic factors: Hygiene or maintenance aspects are elements that, when lacking, might cause discontent. Herzberg (1959) identified compensation, job security, working conditions, managerial level and efficiency, business policy and administration, and interpersonal interactions as extrinsic variables. Extrinsic characteristics such as interaction, organizational procedures, and remuneration have an impact on the job satisfaction of nurses (Fareed & Jan, 2016).

2.3.2.B. Intrinsic Factors: Motivate individuals to attain exceptional levels of exertion and productivity. The intrinsic factors might also be classified as growth variables. They influence the feelings of satisfaction. Herzberg (1959) identified several intrinsic elements that contribute to job satisfaction, including sense of success, appreciation, transparency, job design, and personal development and advancement. The task needs, such as autonomy and professional standing, are intrinsic variables that serve as motivators for nurses (Atefi et al., 2016).

Job satisfaction is correlated with professional characteristics, interpersonal relationships, and the expectations mental health professionals have for their workplace and organization. According to Herzberg et al(2016) motivation-hygiene theory, job satisfaction and job dissatisfaction are influenced by many factors. Job satisfaction is associated with intrinsic aspects such as challenging tasks, acknowledgment, and opportunities for personal growth. On the other hand, job discontent is linked to extrinsic factors like salary and benefits (Fleury et. al., 2017).

2.3.3.Definitions of Job Satisfaction

The literature on the idea of job satisfaction is extensive but lacks a complete classification.While there may be variations in the definition of job satisfaction, the literature on nursing identifies common attributes that contribute to job satisfaction. These attributes can be categorized into three groups: experiencing positive emotions or satisfaction with working conditions, meeting desirable expectations even in challenging situations, and fulfilling desired requirements within the work environment while maintaining a sense of fairness and value in the job. This classification can be associated with the categorization proposed by Locke (1969), which classifies the elements of job satisfaction into affective reactions (based on personal values), cognitive reactions (based on perceptions of job aspects), and evaluative reactions (based on the relationship between perception and personal values)(Ferris et al., 2008).

Traditionally, job happiness has been defined as the emotional inclination of individuals towards the employment positions they currently hold. Many writers have constructed their definitions of this emotional response to a work based on both internal and external aspects(Sohail Butt et al., 2020).

In 1935, Hoppock was among the pioneers who initially conceptualized the notion of job satisfaction as the "quantity of psychological, physiological,

and environmental factors that contribute to an individual's expression of contentment with their employment.Locke (1976) provides a definition of one of the most prevalent interpretations, stating that it refers to a "satisfying or favorable emotional condition that arises from evaluating one's work or job experiences." The emotional feelings are emphasized as the core of work satisfaction by various interpretations (Abd Razak & Gamundi, 2018).

Job satisfaction is the level of liking or appreciation that an employee has for their job. It could pertain to an individual's general demeanor or perspectives toward their job. An individual's level of job satisfaction can be influenced by the importance they attach to the incentives and benefits offered in their job. Job satisfaction among employees can be enhanced by providing them with a monetary reward that holds significant value to them. An employee experiences a pleasant emotional state due to the advantages of their position, leading to increased job satisfaction. Nurse job satisfaction is a critical problem when it comes to attracting and retaining nursing staff in hospitals (Chien & Yick, 2016).

Job satisfaction is contingent upon the evaluation of one's preconceived expectations regarding the job and the subsequent actualization of the job experience. Research has demonstrated that job satisfaction has a significant role in shaping individuals' attitudes and emotions towards their work. It has been recognized as a component of an attitude that involves both emotions and thoughts. When evaluating job happiness, it is important to focus on the emotional well-being of workers in relation to their occupations and workplace relationships (OTERA, 2018).

Additionally, it is crucial to consider the impact of leaders on employee satisfaction. Research has demonstrated a positive correlation between employee contentment and their productivity and loyalty towards their employers. Additionally, there is evidence of a substantial connection between employee satisfaction and patient satisfaction with their health outcomes (Lorber & Skela Savič, 2012).

Employee job satisfaction is influenced by individuals' cognitive, emotional, and perceptual experiences of their employment (Spector, 1997). Within the realm of human resources, it is widely accepted that job satisfaction surveys incorporate both internal and external aspects (Chang, 1999). Put simply, work satisfaction refers to the emotional state that arises from evaluating the negative impact of one's occupation or the whole experience of a job(Dimitrios & Athanasios, 2014) .

Rainey (1997) states that the organizational employee satisfaction survey is extensively researched, with a significant focus on individuals' attitudes towards their work and different parts of their job. "This refers to the level of satisfaction or dissatisfaction that individuals have towards their job" (Spector, 1997). According to Le'vy-Garboua and Montmarquette (2004), employee satisfaction can be described as a measure of the extent to which individuals are inclined to utilize their current knowledge and skills in their career, rather than seeking opportunities outside of their current employment (Balouch & Hassan, 2014).

Employment satisfaction and unhappiness are influenced by both the nature of the work and the employee's expectations of their employment provisions. Reducing the expenses associated with convenience, increasing the benefits related to organization, social interaction, and personal fulfillment can enhance job satisfaction. Job satisfaction is a complex and ever-changing phenomena that is influenced by various factors, including pay, working environment, autonomy, communication, and organizational commitment (Parvin & Kabir, 2011).

Job satisfaction is a complex phenomenon that is affected by various elements associated with work, such as aspirations and individual levels of happiness and dissatisfaction. It has consequences for one's views towards oneself, family, and the organization. Research indicates a correlation between job satisfaction and work overload, as an elevated workload leads to decreased workplace happiness. Unsatisfactory conditions and

dissatisfaction in the workplace can result in both physical and mental fatigue, which in turn can hurt productivity, performance, attendance, employee turnover, willingness to go above and beyond (Oliveira et. al., 2019).

2.3.4. Elements of Job Satisfaction

Research and studies have aimed to exploit the overall level of satisfaction by examining the variables that members prioritize while evaluating their job, as well as the extent to which members are satisfied with other job-related factors that impact their overall satisfaction(Jung & Suh, 2019). This calculation is conducted as follows:

2.3.4.A. Satisfaction with pay: Several investigations have established a direct correlation between the income level and job happiness of workers(Walsh et al., 2018).

2.3.4.B. Satisfaction with the Work Content: Several studies have indicated that job satisfaction is mostly influenced by the work content. However, for certain employees, work content may be the sole determining factor. Additionally, various other characteristics can be associated with work content (Al-Mahayreh & Abdel-Qader, 2015).

2.3.4.B.1. Degree of Job Tasks Diversity if the responsibilities vary, the employee will not experience short-term boredom, which will result in increased comfort.

2.3.4.B.2. Degree of Self Control given for Individual: The employee's work performance speed was directly affected by the flexibility to choose their own working techniques. They were motivated to select the safest and quickest manner to do the specified job(Bal & De Lange, 2015).

2.3.4.B.3. Individual Utilization for his Abilities: The worker's job happiness increases in proportion to the use of his talents, experiences, and competence in the workplace(Jamal Ali & Anwar, 2021).

2.3.4.C. Satisfaction with Opportunities for Promotion: According to Anin et. al. (2015), when a workes believe that their employment involves receiving recognition, respect, and opportunities for advancement, it can enhance their professional growth and thus improve their job performance.

2.3.4.D. Satisfaction with Supervision: The satisfaction of subordinates in their work can be influenced by the presence of supervisors who are capable of understanding and adapting to their subordinates. This allows subordinates to carry out their duties without any unexpected demands or surprises from their supervisors (Al-Mahayreh & Abdel-Qader, 2015).

2.3.4.E.Satisfaction about the Working Group: Having a supportive work environment and the ability to effectively collaborate with colleagues can significantly contribute to an employee's job satisfaction, making it a reliable indicator (Kapur, 2018).

2.3.4.F.Satisfaction with Working Hours: The more closely the employee's working hours coincide with their time off, the greater their satisfaction with their employment, and conversely (Wanger et. al., 2017).

2.3.5. Models of Job Satisfaction: the job satisfaction literature has produced three models of work satisfaction. These models include situational, dispositional, and interactional factors. Three primary methods have typically been employed to gauge the level of job satisfaction among employees in firms (Franěk, & Večeřa, 2008).

2.3.5.A. The situational model of job satisfaction

Job happiness is obtained from the characteristics of the job. This technique operates under the assumption that all individuals possess comparable demands and that identical job attributes are therefore satisfied (Ridlwan et al., 2021).

2.3.5.B. The dispositional model of job satisfaction

Regardless of the specific job and circumstances, an individual's relatively stable features have an impact on their job happiness. The study supporting the model has usually utilized five personality factors as a paradigm to reflect the dispositional approach. The theory of disposition was limited by an important model developed by Franěk and Večeřa in 2008(A. C. Keller & Semmer, 2013).

2.3.5.C. The core self-evaluations model of job satisfaction

There are four primary self-assessments determine an individual's inclination toward job satisfaction: self-esteem, general self-efficacy, locus of control, and neuroticism. According to this paradigm, increased levels of self-esteem and overall self-efficacy are associated with greater job satisfaction. Acquiring an internal control locus leads to increased job satisfaction (Zhang, et. al., 2014).

2.3.5.D. The interactional model of job satisfaction

According to him, the compatibility between the employee and the environment has an impact on job happiness. This technique is referred to as the Person-Environment Fit. Spokane conducted a comprehensive analysis of the literature on the Person-Environment Fit model and determined that there is a positive correlation between Person-Environment Fit and job satisfaction (Franěk, & Večeřa, 2008).

2.3.6. Job Satisfaction of Nurses

Within a hospital setting, the nurse assumes a crucial responsibility in providing round-the-clock care for the patient. The traditional medical model focused on curing diseases is being substituted with a comprehensive therapy approach that addresses the patient's physical, psychological, and spiritual requirements. The relationship between the nurse, patient, and family is triadic. When tending to the patient, nurses must exhibit compassion and attentiveness, which is valued by the patient, as opposed to simply giving clinical care. An individual who is well-matched or ideally suited to their environment is perceived as displaying high efficiency, happiness, and

minimal stress. Intrinsic factors are positively correlated with heightened feelings of satisfaction and commitment, while extrinsic factors are negatively associated with job satisfaction and commitment (Bit-Lian et al., 2022).

The level of job satisfaction among nurses is an indicator of the high quality working environment and effective management within the institution. Job discontent has been assessed implicitly rather than openly. An unfavorable patient performance, such as a heightened patient fall rate, indicates an escalation in healthcare expenses. Poor patient outcomes increase the average length of hospital stay and result in higher resource utilization, hence increasing the overall cost of treatment. The American Nurses Association (ANA) and the Joint Commission on Accreditation of Healthcare Organizations have established quality benchmarks as criteria for monitoring healthcare institutions (Sharma et. al., 2020).

Nurses emphasize that job satisfaction is strongly linked to stress levels, the desire to quit their job, and the rate at which nurses leave their positions. According to studies, the main determinants of job satisfaction are a heavy workload and insufficient peer support. Studies have found that poor organizational climate, lack of autonomy, and low income are additional characteristics that are associated with nurses' job satisfaction. Job satisfaction in nursing is influenced by various aspects, including a demanding workload, lack of support from peers, the overall organizational environment, level of autonomy, and compensation. These characteristics, as highlighted in nursing literature, have been found to contribute to high staff turnover rates (Chien & Yick, 2016).

Nurses are indispensable to every healthcare institution, as they are essential for achieving the institution's goals, purpose, and vision. Nurses have a crucial role in evaluating the efficacy of patient outcomes. Therefore, nursing managers must possess knowledge and comprehension of the aspects that bring satisfaction and motivation to nurses. The issue of job satisfaction

among registered nurses is a matter of worldwide importance following the implementation of modern nursing management. This is because it has a direct impact on the job performance of nurses and the overall quality of healthcare services. Work satisfaction is essential in nursing since it poses a significant challenge for healthcare organizations due to rising labor expenses and severe nurse shortages. The job satisfaction of nurses is crucial for nurse supervisors and management to effectively strategize and comprehend the procedures involved in human healthcare resource planning (Shalonda, 2019).

Given that nurses constitute the majority of employees in most healthcare institutions, the level of job satisfaction among nurses has significant and wide-ranging consequences. The level of job satisfaction among nurses is crucial for both the organization and the patients. The work environment of nurses has a significant impact on various factors, such as job satisfaction, intention to quit, quality of care, and patient safety outcomes. The outcomes were characterized as complications, failure to rescue, and patient satisfaction. There exists a robust link between job satisfaction and patient outcomes. Work-related stress can be caused by various factors, including breakdowns in communication, working settings, or institutional stress. and factors driven by care. There are differences in the level of job discontent among nurses from various countries.The United States had the highest proportion of work discontent at 41%, followed by Scotland (38%), England (36%), Canada (33%), and Germany (17%) (Al-Qahtani et. al.,2020).

2.3.7. Work Dissatisfaction

Nurses whose job commitment is strong find workload less minatory, this is because a high level of workplace commitment provides nurses with a sense of belonging and security. However, a lack of commitment may lead to burnout, lower levels of burnout were found among nurses who were content with their jobs and who received getting recognition such as a good

wage, appreciation from patients, or the thanks from of their patients' families (Diehl et al., 2021).

Also, low pay is one source of job dissatisfaction which, in turn, may lead to cynicism and burnout (Mcmillan et al., 2016). The risk of exhaustion was substantially enhanced among nurses who reported thinking about work during their free time (Silva et al., 2015) .

In addition It has been shown that nurses who are dissatisfied with their job are more likely to experience burnout, and that this dissatisfaction is strongly associated with their evaluation of the quality of care they have delivered to patients (Martinelli et al., 2020).

2.3.8.Factors That Influence Job Satisfaction in Daily Nursing Practice Include:

2.3.8.A.Violence in workplace

Verbal abuse that occurs inside a work environment, it include bodily harm, psychological abuse, coercion, and the mistreatment of nurses based on their sexual or racial identity. Nurses who experience physical and verbal violence are dissatisfied with their work and exhibit symptoms of fatigue, insomnia, apprehension, and worry. Additionally, they perceive a lack of appreciation for the nursing profession.The absence of proper regard exhibited towards nurses in their professional environment serves as yet another illustration of workplace mistreatment(Abdullah & Maqbali, 2015).

The level of respect in the nursing profession has a direct impact on the quality of care provided to patients and the ability to retain skilled nurses. This is because the level of respect influences the overall job satisfaction of nurses, which in turn affects their ability to provide optimal care to patients. The persistent absence of regard for nurses results in discontent, apprehension, and diminished job contentment. According to Sharma (2016), several instances of violence among nurses in the workplace result in nurses becoming disillusioned with their nursing vocation. Nurses experience a sense of helplessness when faced with situations involving

assault, leading them to reluctantly accept violence as a normal aspect of their employment. This, in turn, diminishes their level of job satisfaction (Shalonda, 2019).

2.3.8.B. Sexual harassment

Harassment refers to the deliberate and continuous mistreatment of a person, involving activities that are improper, insulting, and degrading. These actions may include unwelcome physical contact, rude sexual remarks, and propositions. Sexual harassment is a type of gender-based discrimination that can manifest as an assertion of sexual dominance, authority, and control. Merkin and Shah (2014) showed that sexual harassment negatively affects workers by diminishing their work satisfaction and affective involvement. Sexual assault not only compromises the well-being of workers, but also exacerbates psychological stress, leading to physical disease (Aqeel et al., 2022) .

2.3.8.C. Victimization

Workplace victimization is the use of words or actions, or both, by one or more workers to cause bodily or psychological harm to each other in the work environment. Verbal violence refers to the use of speech with the intention of insulting, damaging the reputation of, and shaming the target, resulting in the recipient feeling a lack of respect. Verbal violence includes behaviors such as shouting, using offensive language, engaging in name-calling, and making threats by verbal means, including tone of voice and eye movements (Shalonda, 2019).

2.4. Previous Studies :

2.4.1- Study of Al- Omari (2015)

Physical and Verbal Workplace Violence against Nurses in Jordan.
The researcher determined the physical and psychological consequence of nurses who exposure to WPV by using WVQ in Jordan hospitals , (468)

of nurses participant in the study , the result was (52,9%) male participants, aged 30 years or younger, married, had bachelor's degree and has experience less than ten years. The investigators conclude that oral abuse more common than bodily attacks (67.8% - 52.8%) respectively, so the physical consequences include visible, invisible somatic injury and pain, however, the psychological impact was consist from distress, anger, rage, disappointment, helplessness, anxiety, sadness, self-doubt, insecurity and loss of confidence.

2.4.2.Study of Chen, Lin, Ruan et al., (2015)

Workplace violence and its impact on burnout and turnover attempt among Chinese medical staffs.

The researchers used the Chinese version of wpv scale and Maslach burnout inventory by 2020 responses of medical staffs in stratified cluster method. Investigators found 48.8% of workers experience wpv which had positive correlation with emotional exhaustion and cynicism. The incidence of WPV among medical staffs was 48.0 % (969/2020), and the highest was emotional abuse (45.9 %), followed threat (24.2%), physical assault (22.5%), verbal sexual harassment (6.0%) and sexual assault (2.8%), frequency for five types of WPV among medical staffs.

2.4.3.Study of Xiang, Yanga, Stonec etal., (2017)

"Incidence, Type, Related Factors, and Effect of Workplace Violence on Mental Health Nurses: A Cross-sectional Survey".

Investigators identify WPV and its impact on mental health nurses in china hospitals by using wpv questionnaire and Maslach burnout inventor. The investigators concluded that (94,6%) of nurses exposure to violence ranging from oral, sexual,and physical attacks, the forms of violence

significantly correlated with each other (r > 0.5, p = 0.000). Male nurses who working in psychiatric ward at higher risk of wpv. Burnout level increases with repeated occurrence of violence, the organization must identify strategy to reduce incidence and minimize its impact on nurses.

2.4.4. Ebrahim and Issa (2018)

"Workplace Violence Against Nursing Staff Working in Emergency Departments at General Hospitals in Basra City".

The study in Basra city found high workplace violence rates (90.5%) among emergency department nurses, mainly verbal, from patients' relatives during night shifts,often unreported due to perceived insignificance.Majority of nurses exposed to workplace violence, mainly verbal. Relatives of patients major source of violence in EDs.

2.4.5. Study of Boafo (2018)

Examining how workplace violence and respect affect Ghanaian nurses' job happiness.

Methods: A tomographic survey was used to conduct the research. A total of 592 trained nurse practitioners from Ghanaian public hospitals took part in the study. Data was collected between September 2013 and April 2014.

Results: Overall, nurses were neither content nor unsatisfied with their occupations (M = 3.19, SD =.54), according to the findings. More than half of the participants (52.7%) had encountered verbal abuse in the 12 months leading up to the study, and 13% had experienced sexual harassment. The majority of nurses (m = 3.77, s.d. =.70, status = 4) stated that they are courteous at work. Multiple regression models revealed that verbal abuse and perceived deference were statistically significant factors of nurses' job satisfaction. Nurses who were verbally assaulted and insulted were more likely to be unhappy at work.

2.4.6. Study of *Liu et al. (2019)*

The goal of this study was to investigate the relationship between workplace violence, nurse outcomes, and patient safety. To see if nurse weariness and job satisfaction had anything to do with the link between workplace violence and patient safety.

Methods: In Guangdong Province, China, a cross-sectional study was undertaken on 1502 female nurses in 23 hospitals. The structural equation model design was tested using the permitted measurement techniques.

Result: Nurses who report workplace violence have been linked to greater rates of burnout, worse job satisfaction, less patient safety, and more adverse events. Nurse weariness has been linked to a reduction in patient safety and a rise in adverse events. Nurse job satisfaction has been demonstrated to be linked to patient safety. Nurse tiredness and job satisfaction helped to reduce workplace violence and patient safety. Nurses reported 19.8% of patient health and 35.0 percent of adverse events, respectively, according to the model.

2.4.7. Study of Nabil Basem Nasser Al-Marabi (2019)

A Study of Psychological Violence against Health Care Workers in Emergency Departments of Al-Najaf Al-Ashraf City Hospitals

The study defined the most type of aggression experienced by workers and to find out relationship between intensity, types and their socio demographic features. Descriptive review was done in in AL-Najaf AL-Ashraf city. Emotional ferocity was the most common type which related to 33.7%,and the result of the present study showed a logical significance between psychological violence and health care workers in the night shift. The study recommended encouraging continuing education courses for health care workers on how to respect the rights of the patient as well as strengthen coordination between the security services and the management of the health institution to support the emergency department.

2.4.8.Study of Kumar et al. (2019)

A Survey on Workplace Violence Experienced by Critical Care Physicians.

This is the first study of its kind among critical care India physician who experience workroom violence. A study done by use self- administered, semi-structured questionnaire, 118 of responses. So the result was 72%were victims of attack in their duty especially oral abuse (67%). More than (60%) leave or change their work, because of these attacks. Researchers concluded that health care team at high risk of WPV, therefore (98%) respondents opined that conflict management should be part of regular curriculum in medical education.

2.4.9. Study of Li et al. (2019)

"The relationship between workplace violence, job satisfaction and turnover intention in emergency nurses".

The goal of this article is to examine the relationship between WPV, job satisfaction, and the intention to switch emergency nurses. In a cross-sectional study, data on WPV, job satisfaction, and intention to turn were obtained from 385 nurses working in emergency departments of 13 Beijing general hospitals. Structural equation modeling was utilized to test their relationship.

Workplace violence was found in 89.9% of them in the prior year. Over 80% of them are affected by WPV in the short and long term. Job satisfaction and intention to leave were rated as 2.48 0.49 and 2.75 0.58, respectively. WPV had a direct effect on turning intention (= 0.105), as well as job satisfaction (= 0.161). Job satisfaction had a substantial negative impact on spin intention (= 0.604) and mediated the WPV-spin intention link.

2.4.10. Study of Loinaz (2020)

"*Violence and job satisfaction of nurses: importance of a support network in healthcare*".

The goal of this study was to look into the link between nursing staff aggression and job satisfaction, as well as the mediating role of social support in this relationship. A study was conducted on 1,357 nurses, ranging in age from 22 to 58, participated in the study,The findings revealed that workplace aggression and bullying by coworkers, users, family members, or other individuals accompanying the patient had a direct detrimental impact on internal and external job satisfaction, which was modulated by perceived social support. These findings highlight the importance of bolstering an existing healthcare support network in order to increase nurses' job satisfaction by reducing the negative consequences of workplace violence.

2.4.11. Study of El-Hneiti et al. (2020)

"*An explorative study of workplace violence against nurses who care for older people*".

Which aimd to assess the prevalence of workplace violence among Jordanian nurses caring for the elderly, as well as its relationship to work stress, job satisfaction, and care quality. Using a cluster random sampling, the researcher chose 485 nurses from three government hospitals, three private hospitals, and 17 health care centers in Amman, Jordan. The results were nearly 60 percent of individuals polled said they had been the victim of workplace violence in the previous year. Nurses who believe in workplace violence have greater levels of stress (p= 01), as well as worse levels of care quality (p= 01) and job satisfaction (p= 01).

2.4.12. Study of Hamzah et al. (2020)

"*Impact of Physical Violence on the Mental Health of the Nurses Working in the Teaching Hospitals of Al-Dewaniya City, Iraq*".

The research amid to examine the influence of workplace violence on nurses' mental health, and identify the link between workplace violence.A study sample was 250 nurses working in teaching hospitals in Iraq's Al-Diwaniyah city was used in this descriptive and analytical study. The majority 64.8 percent of the participants had been exposed to workplace violence, Relatives were identified as the primary perpetrators of violence (87.6 percent). About 55.6 percent of those who had their mental health affected by workplace violence had a moderate degree of mental health.

2.4.13. Study of Hanerlioglu (2021)

"Does Workplace Violence Reduce Job Satisfaction Levels of Emergency Service Workers?".

Who aim to see how workplace violence affects emergency service personnel's job happiness, data were collected from 136 emergency service professionals at a university hospital.The study participants' average age was 30.94.77, and their average year of emergency service work was 3.91.401. It was discovered that 61% of the participants were single, 38.2% had completed high school, and 41.9% worked as nurses. It was discovered that 86.6 percent of the participants had been subjected to violence while working in the emergency services, with 84.6%of the violence being insults and 84.6% being subjected to violence from patients' families. There was a statistically significant difference between the job satisfaction ratings of emergency service professionals and their exposure to workplace violence (p = 0.04).

2.4.14. Study of Hassan Ibrahim (2021)

" *Effectiveness of Work place Violence Management Training Program on Job Satisfaction among Staff Nurses*".

The research was conducted at Benha University Hospital on 158 nurses. Data were collected using three different methods: (3) a job satisfaction survey, (1) a workplace violence knowledge test, and (2) a nurses watch list to assess to see if the program had an impact on their job happiness. The result found the program's intervention, there was a statistically significant increase in staff nurses' knowledge and performance about their processes for preventing and managing violence against staff nurses. Employee and nurse satisfaction with work increased statistically significantly after the program was implemented. In terms of preventing and managing workplace violence against nurses, workplace violence training programs have been demonstrated to improve nursing staff knowledge, performance, and job satisfaction

Chapter Three

Methodology

Chapter Three
Methodology

This chapter describes the research design which was used in the study, administrative arrangements, setting of the study, population of the study, instrument development, validity of the questionnaire, pilot study, reliability of the questionnaire, sample of the study, method of data collection, and statistical data analysis and ethical considerations.

3.1. Design of the study

A correlation study, to determine the relationship between verbal violence, psychological stress and job satisfaction, the researcher carried out a descriptive-correlation study, which is a type of correlational research. The research included nurses for the period from September 26th, 2023, and ended in June 25th, 2024.

3.2. Administrative Arrangements

An official authorities involved in this subject must receive a formal request before the current research may be started in order to properly begin. As part of the study procedure, a protocol for research design was devised. The college of nursing's Ethics Committee assessed the study's instruments (the questionnaire) and gave its approval after reviewing the protocol's title, aims, and other components (Appendix A). Therefore, a formal administrative request was made to the nursing college for facilitate the task of collecting samples.Then a formal administrative request was submitted by the College of the Nursing / University of Kerbala to Waist Health Directorate (Appendix B).

Waist Health Directorate (Training Department and Development) assigned the researcher to fill out the approval form of a Research Protocol\ Ministry of Health which has information related to the study. Then i sent the approval form to training department and development present in two teaching hospitals in Waist city(Al –Zahraa Teaching Hospital, Al-Karama Teaching Hospital).To obtain permission to collect samples from this

hospitals. A formal letter from the Wasit Health Directorate (Department of Training and Development) is required as the final administrative document. Permission Submission to teaching hospitals for facilitate the task of collecting data (Appendix B1). In addition, the consent helped the researcher collect the data from teaching hospitals and meet the nurses to gather information using the structured questionnaire format after obtaining the nurses permission to participate in the study.

3.2.1. Ethical Consideration

The first ethical approval was obtained from the Ethical Committee at College of Nursing, University of Kerbala which reviews the content of questionnaire and giving their approval with approval number uok.con.23.011.Then the researcher obtained written informed approval from each nurse. Before nurses participated in the study, the researcher described the goal of the study to them. Additionally, the researcher made it clear to the participants that taking part in this study was entirely elective and according to the subject's consent sheet, also gave assured them that would maintain the confidentiality of the data and that it would be safely maintained both during and after the course of the research.

3.3. The Setting of the Study

Data were collected from nurses working in two teaching hospitals in Wasit city (Al-Zahraa and Al-Karama Teaching Hospitals).Al-Zahraa Teaching Hospital (with a capacity of 400 beds)include units and department which are: psychiatric wards, psychiatric consultation, rehabilitation units, emergency unit, operation rooms, dialysis units, intensive care unit(ICU), pediatric, respiratory care unit (RCU), critical care unit (CCU),medical and surgical wards, and burns units. While Al-Karama Teaching Hospital(with a capacity of 295 beds) is the second hospital after Al-Zahraa in Wasit City include different units and departments that are: emergency units, operation rooms, ICU, RCU, CCU ,medical and surgical wards.

3.4. Population and Sample size

The target population was 700 nurses working in two teaching hospitals in Wasit city (both Al–Zahraa and Al-Karama Teaching Hospitals). The population of nurses from each hospital was 168 and 80 , respectively.The target population of this study was the nurses who are working at all wards at teaching hospitals.

Sample of size

To determine the sample size, the Soper sample calculator was used (Soper, 2023). One hundred nurses could be considered a minimum sample size. Thinking about the fact that participants might not respond at all or only provide partial answers. In order to obtain more representative data.

$$n = \frac{N \times p(1-p)}{\left[\left[N - 1 \times (d^2 \div z^2)\right] + p(1-p)\right]}$$

n= Sample size

z= Standard critical of 95% confidence level = 1.96

d= Significance level (0.05)

p= probability (0.05).

N= population

3.5. Sample Method

Using a convenient (non-probability) sampling technique. The researcher used the convenient sample to be suitable sampling methods with research design, we chose a total of 700 nurses from two hospitals: Al-Zahraa and Al-Karama Teaching Hospitals, with corresponding populations of 450 and 250 nurses respectively . the largest number of nurses was from Al-Zahraa Teaching Hospital that has various departments and units.

Table (3-1) : The Population and Sample Number of Each Hospital

Selected Hospitals	Population	sample
Al –Zahraa Teaching Hospital	450	168
Al-Karama Teaching Hospital	250	80
Total	700	248

3.5.1. Inclusion Criteria

The study sample was selected according to the following criteria:

1. Nurses that are working in different units of hospital and general wards that have direct contact with patients.
2. Nurses who work at the teaching hospitals and exposure to verbal violence (verbal assault, threats, or sexual harassment or assaults).
3. Those who are working at hospitals and are engaged in nursing tasks.
4. Nurses more than 1 year of experience .

3.5.2. Exclusion Criteria

1. Staff nurses who are serving as nurse administrators, as well as those who are on leave due to illness or pregnancy.

2. Nurses who have seen uncooperation and withdrawal of participation in the study.

3.6. Study Instrument

The researcher utilizes an instrument consisting four sections of demographic information data In 2003, A self-reported questionnaire was used for data collection. (Appendix C) that was adopted from the International Labor Office (ILO), (ICN), and (WHO). As a result, the researcher developed a stress questionnaire by including and refining the scales that help reach the study's goals. Based on the following, the researcher was creating the study's instrument:

1.Thorough examination of the current literature.

2. Scales from similar prior research, include:

a. Gray-Toft and Anderson, (2016).

b. Goyal, (2015).

(Appendix C) Study instruments consist from:

3.6.1. PartI Socio-demographic Characteristics and Employment Sheet.

This sheet contains the following information about the nurses: age, sex, marital status, education level, job, years of experience, number of years in the emergency unit, shift, nursing qualification, departmental role, response to the violence incident, feelings after the incident, and level of safety.

3.6.1.1. Verbal Violence

The subsequent component of the instrument included utilizing verbal violence questionnaire, adapted from the WPV in the health sector questionnaire. This was used in the current study, taken from Al-Omari (2015) translated the Arabic version from Jordan.Whose items were adapted to the target population and developed as a joint program of the International Labor Office, WHO, the International Council of Nursing, and Public Service International. It consisted of 28 items distributed. The questionnaire included verbal assaults were investigated by six items from the Al-Omari study,six items for verbal threats from (Muhammed E. and Issa S., 2018) study, seven items for sexual assaults or harassment, and seven items for the source of verbal violence (Al-Ameri M., 2020), all based on a five-point Likert scale. The questionnaire designed the responses: never = 0, once = 1, twice = 2, thrice = 3, four or more times = 4

To get an idea of the total score for verbal violence, we first determined the range of possible scores from lowest to highest; then, we divided that range into three categories: Low= 0 – 25.33, Moderate= 25.34 – 50.66, and High= 50.67 – 76. The sub-scale of verbal assault and verbal threats scored as: Low= 0 – 8, Moderate= 8.1 – 16, and High= 16.1 – 24, the sexual

harassment scored as: Low= 0 – 9.33, Moderate= 9.34 – 18.66, and High= 18.67 – 28.

3.6.2. Part II: Psychological Stress

The third part of the instrument's job-related stress scale originated from a study by(Abbas & Mohammed, 2018) . It consisted of 26 items. We rated all items on a three-point Likert-type scale (never stressful = 1, sometimes stressful = 2, severely stressful = 3). This scale was taken from a prior Iraqi study. Where the researcher developed a stress questionnaire by including and refining the scales from similar prior research. After determining the minimum and maximum scores, the range for the overall psychological stress score was estimated. This range was then divided into three levels: low (26–43.33), moderate (43.34–60.66), and high (60.67–78).

The job-related stress scale, which measures nurses' exposure to stress on the job, is comprised of 26 items, some of which are included in this section. A number of sub-domains pertaining to occupational stress that make up the scale include :

1. The workload: these are the elements (1, 2, 3, 4, and 5).

2. The conflict: things like 6, 7, 8, and 9 stand for conflict.

3. Loss of support: comprised of the things numbered 10, 11, and 12

4. The uncertainty regarding patient treatment: shown by the objects (13, 14, 15, and 16).

5. Death and dying: stood for by the things that were listed as (17, 18, and 19).

6. The organizational decisions: represented by the items (20, 21, and 22).

7. The items (23, 24, and 25) demonstrate inadequate preparedness.

8. The sexual harassment: represented by the item 26.

3.6.3.Part III : Job Satisfaction scale

Workers' happiness in their work and its many facets can be gauged using the Job Satisfaction Scale. Warr, Cook, and Wall created the Job Satisfaction Scale in 1979; it is used in certain nations like Ireland, Canada,

and Australia. Paul E. Spector elaborated on it and made more developments. Pay, advancement, supervision, perks, operational procedures (needed rules and regulations), communication, teammates, nature of work, and performance-based compensation are the nine categories into which the 36 elements on the scale fall.

A 3-Likert scale was used for job satisfaction scale and scored as follows: disagree (1), neutral (2), and agree (3). The negative items are reversely scored that are 2, 6, 8, 10, 12, 14, 16, 18, 19, 21, 23, 24, 26, 31, 32, 34, and 36 (Table 3-2) .

Table (3-2): Shows the Distribution of Positive and Negative items (Job satisfaction scale)

Items type	Items
Positive	1,3,5,7,9,11,13,17,20,22,25,27,30,33.
Negative	2,4,6,8,10,12,14,16,18,19,21,23,24,26,29,31,32,34,36.

After determining the minimum and highest scores, the range score was used to determine the overall score. The range score was then categorized into three levels: low (36–60), moderate (60.1–84), and high (84.1–108). Scores on the subscale ranged from 4 to 6.66 for low, 6.67 to 9.33 for moderate, and 9.34 to 12 for high.

Job satisfaction is not a monolithic concept but rather the result of a number of distinct factors. While the scale was initially designed for use with human organizations, it can be used with any kind of organization. Various public and commercial sector organizations are represented among the accessible standard values on this page.

The scale offers a holistic perspective on the use, assessment, causes, and consequences of job satisfaction. It goes on to talk about the distinctions and difficulties of utilizing surveys to gauge contentment in the workplace.

3.7. The validity of Study Instrument

To make the questionnaires more valid, it was presented to a panel of experts 14 professionals from the universities of Kerbala, Baghdad, Babylon, and Kufa evaluate and confirm the content validity of the verbal violence questionnaire, psychological stress and job satisfaction. Changes on the scale and modifications were made based on the experts' recommendations to best fit to sample. Many items of the job-related stress scale and verbal violence questionnaire were modified to slang language, it is difficult for the researcher to see matters from the sample's viewpoints because people are different. These experts were (5) faculty member from the College of Nursing / University of Karbala, (4) faculty member from the College of Nursing / University of Baghdad, (3) faculty member from the College of Nursing / University of Kufa, (1) faculty member from the College of Medicine/ University of Kufa.

Fourteen experts in fields including mental nursing, statistics, community health nursing, and psychiatric medicine evaluated the study instruments to establish their validity and reliability.

After presenting the questionnaire to the experts, they suggested many corrections and rephrasings of some questions and items to make it easier and simpler for the sampleAmong these amendments is the amendment of some paragraphs of the verbal violence questionnaire, especially the paragraphs of exposure to verbal assault, including the third and fifth paragraphs of the Arabic version of the questionnaire, which have the same meaning in English. As for the questionnaire of exposure to verbal threats, all paragraphs were amended for the Arabic version as well, without affecting the original scale in English, and implementing the experts' suggestions.

The experts' suggestions also included demographic information and suggested that the responses to psychological stress (never stressful, sometimes stressful, and extremely stressful) and job satisfaction (disagree,

neutral, and agree) be on a three-point Likert scale instead of a five-point Likert scale, and the suggestions were implemented.

3.8. Pilot of the Study

A pilot study was accomplished before data collection was gathered. It was applied to Thirty nurses working in two teaching hospitals (twenty nurse from Al Zahraa Hospital and ten nurse from Al Karama Hospital) from Wasit City. To evaluate the reliability of the scales. The average time taken to complete the questionnaires was 25-40 min. The pilot study was conducted from November 12th, 2023, to December 5th, 2023, the research was carried out.

 The objectives of the pilot project were to ascertain:

1.If you encounter any issues or questions that are not obvious in the questionnaire.

2.To assess the reliability of the study .

The results of pilot study display that the items of the questionnaire were clear and understood and the time required for answering the questionnaire range from (25- 40 minutes).

3.9. Reliability of the Study Instrument

The reliability of the items was assessed by calculating Cronbach's alpha coefficient. This coefficient was applied using IBM SPSS version 26.0, as shown in Table (3-1), on a convenience sample of 30 participants.The results of reliability as following table (3-3)

Table (3.3) The Reliability of Scale (N= 30)

A Scale	Cronbach's Alpha (r)	The Internal Consistency
Level of Verbal Violence	0.89	Accepted
Psychological stress	0.82	Accepted
Job satisfaction	0.74	Accepted

The result of the reliability was statistically adequate, and means that the questionnaires had adequate level of internal consistency and equivalence measurability.

3.10. Data Collection of plans

All respondents participating in the study sample were asked to fill out a self-administrative questionnaire, specifically one with an Arabic form, in order to gather data for this study. From January 15th, 2024 until March 25th, 2024, data collection was underway .The first seven weeks were for collecting data from Al Zahraa Teaching Hospital and three weeks for collecting data from Al Karama Teaching Hospital, Samples were taken from Al Zahraa Hospital from the psychiatric and dialysis departments, which are not present in Al Karama Teaching Hospital. As for the rest of the departments, such as operations room , pediatric, ICU, RCU, CCU, and other departments, and even the nurses assigned to administrative work.

Following nurses' informed consent, the researcher distributed the questionnaire for nurses after taking their willing to participate in this study, the questionnaire was clearly explained for verbal violence, psychological stress as well as the job satisfaction. It took about 5 to 10 minutes for interviewing and after that the questionnaire was collected. Some of nurse's reject completed questionnaire on the day of the interview, but complete the second day.

3.11. Statistical Data Analysis:

Research in the field of nursing relies heavily on data analysis. This process requires the researcher to employ several methods in order to analyze and interpret the data that has been gathered. The analysis approach used to numerical data in quantitative studies can be either descriptive or inferential, depending on the type of data collected.The data was analyzed and interpreted using SPSS, version 26.0, for the social sciences.

3.11.1. Descriptive Statistical Data Analysis:

The following computations were used to conduct this analysis:

This analysis was performed through the computation of the following:

- Frequencies (F).

- Percentages (%).

- It was applied to describe the nurses according to their socio-demographic characteristics (gender, age, marital status, nursing qualification, work shift, and years of experience, and workplace).

- Mean of total score: M

- Standard deviation: SD

It was applied to describe the nurses according to overall assessment of verbal violence ,psychological stress and overall assessment job satisfaction levels and sub-scales of job satisfaction among nurses

3.11.2. Inferential Statistical Tests

In order to conduct this analysis, the following steps were used:

1. Significance at a level of p= 0.05.

2. At $p < 0.05$, it is not significant.

3.11.2.1. Cronbach Alpha (α): The reliability and internal consistency of a collection of survey items can be measured by Cronbach's alpha coefficient. Find out if a set of items reliably measures the same property by using this statistic. The reliability is measured by Cronbach's alpha, which is a standardized 0–1 scale. Indicative of item-to-item agreement, larger values are better (Polit & Hungler, 2013). The study instrument's internal consistency was estimated using it.

3.11.2.2. Spearman's rank correlation coefficient: By summing the Pearson correlation coefficients of the rank variables, we get the Spearman correlation coefficient. If two variables' rank values are Pearson-correlated, then their Spearman correlation is also Pearson-correlated. In a 2003 study, Myers et al. It was utilized to ascertain the correlations between sociodemographic variables and nurses' experiences of verbal violence, psychological stress, and work satisfaction.

3.11.2.3.Point Biserial Correlation: is the calculates Pearson's product-moment correlation when a variable is binary, meaning it can only take on the values 0 or 1. One helpful metric for gauging the statistical significance of a discrepancy in means between two groups is the point biserial correlation. This is based on the work of Kornbrot (2014), who used Pearson's product moment correlation. It was utilized to ascertain the correlation between the demographic characteristics and the stress and job satisfaction experienced by nurses.

3.12. The Study Limitations

1- The long scale makes it difficult for nurses to reply.

2. The sampling method may influence the generalizability of findings.

3. The average time required for the data collection too much (25 -40).

4. There is a shortage of district-relevant studies.

Chapter Four
Results of the Study

Chapter Four

Results of the Study

This chapter presents the descriptive analysis of the sample related to socio-demographic characteristics for nurses, and describes the levels of verbal violence, psychological stress and job satisfaction, and determines the relationship of verbal violence with psychological stress and job satisfaction among nurses. This chapter also defines the significant relationship among levels of psychological stress and job satisfaction with nurses' sociodemographic characteristics.

The statistical procedures was applied for the purpose of analyzing the results of the present study; the results were manipulated and interpreted. Those results are based on the sample responses to the study questionnaire.

Table (4-1): Distribution of Nurses according to their Socio-demographic Characteristics

List	Characteristics		F	%
1	**Age (year)** **M,SD= 29.6 ± 6**	20 – 29	160	64.5
		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*
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 4-1 shows that average age for nurses is 29.6±6 years; 64.5% of them are seen within age group of 20 – 29 year.

The sex of nurses refers to female among 53.6% of them and refers to males among 46.4% of them.

The marital status reveals that 48.4% of nurses are married while 44.4% of them are still unmarried.

Regarding qualification in nursing, 43.5% of nurses are graduated with diploma degree in nursing and 33.5% graduated with bachelor degree in nursing.

Table (4-2): Distribution of Nurses according to their Professional Characteristics

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

Table 4-2 reveals that 67.7% of nurses are working in Al-Zahra'a hospital and remaining are working in Al-Karama hospital.

The average years of experience in nursing for nurses refers to 7±7 years; 47.5% of them seen with 6-10 years of experience in nursing. 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.

Hours of shift work reveals that 43.7% of nurses working for 6 hours, 40.7% working for 18 hours, and only 15.4% working for 7 hours.

The shift call indicates that 43.2% of nurses working during morning shift and 41.9% working during night shift.

Relative to role in the department, 87.9% of nurses reported that their role is staff nurse and only 12.1% are the supervisor.

Table (4-3): Overall Assessment of Exposure to Verbal Violence among Nurses

Verbal violence	F	%	M	SD	Ass.
Low	114	46			
Moderate	122	49.2	27.12	12.368	Moderate
High	12	4.8			
Total	*248*	*40.7*			

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 manifests that nurses exposed to moderate level of verbal violence experience as reported by 49.2% of them (M,SD= 27.12, 12.368).

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

Table (4-4): Overall Assessment of Psychological Stress among Nurses at Workplace

Stress	F	%	M	SD	Ass.
Low	10	4			
Moderate	158	63.7	57.50	6.932	Moderate
Sever	80	32.3			
Total	*248*	*40.7*			

f: Frequency, %: Percentage
M: Mean for total score, SD: Standard Deviation for total score, Ass: Assessment
Low= 26 – 43.33, Moderate= 43.34 – 60.66, High= 60.67 – 78

This table indicates that 63.7% of nurses are perceive moderate psychological stress related to workplace (M,SD= 57.50, 6.932).

Table (4-5): Overall Assessment of Job Satisfaction among Nurses

Job satisfaction	F	%	M	SD	Ass.
Unsatisfied	116	46.8			
Satisfied	130	52.4	63.46	9.052	Moderate
Highly satisfied	2	.8			
Total	*248*	*100*			

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 illustrates that 52.4% of nurses associated with moderate job satisfaction (M,SD= 63.46,9.052).

Table (4-6): Relationship among Verbal Violence, Psychological Stress, and Job Satisfaction among Nurses (N=248)

Correlation		Stress	Job satisfaction	Verbal violence
Stress	Pearson Correlation	1	-.134[*]	.376[**]
	Sig. (2-tailed)		.034	.001
Job satisfaction	Pearson Correlation	-.134[*]	1	-.023
	Sig. (2-tailed)	.034		.717
Verbal violence	Pearson Correlation	.376[**]	-.023	1
	Sig. (2-tailed)	.001	.717	

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

This table indicates that there is strong positive relationship between exposure to verbal violence and psychological stress among nurses at p-value= .001 while there is no significant relationship between exposure to verbal violence and job satisfaction among nurses.
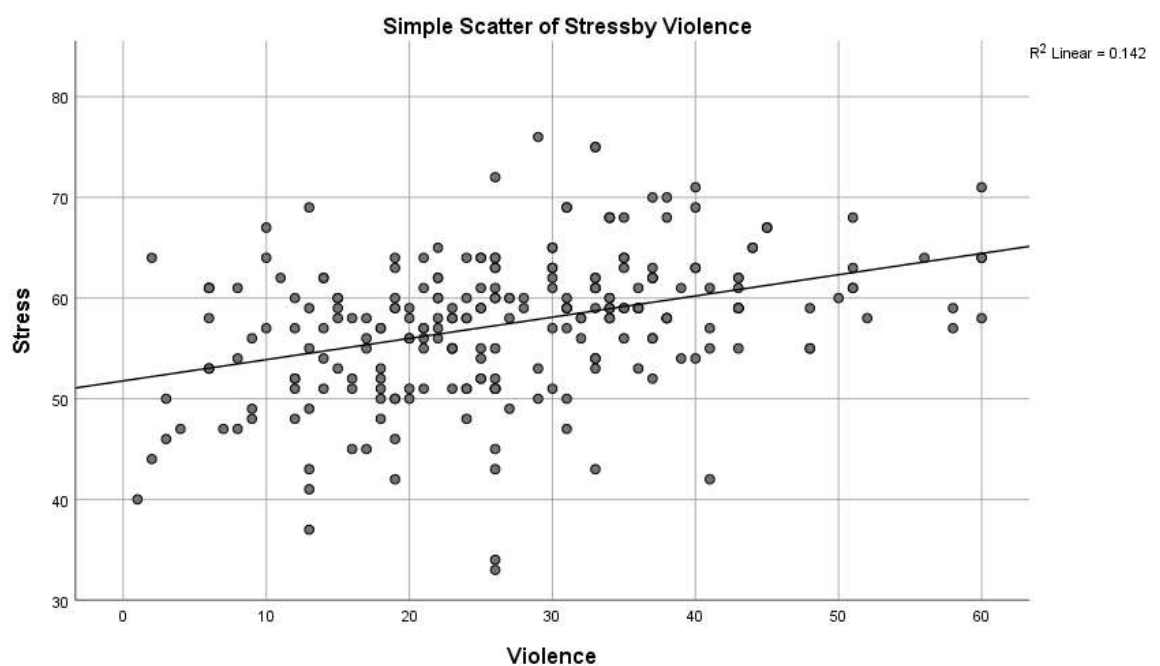
Figure (4-5): Simple Scatter for Psychological Stress by Verbal Violence

This figure displays the positive relationship between verbal violence and stress among nurses; the level of stress increases as exposure to verbal violence increases.

Table (4-7): Relationships among Nurses' Psychological Stress and their Sociodemographic Variables

Variables		Psychological Stress				Relationship
		Low	**Moderate**	**High**	**Total**	
Age (year)	20 – 29	7	109	44	160	r^s = .166 P-value= .009 Sig= S
	30 – 39	2	32	20	54	
	40 – 49	1	16	16	33	
	50 and more	0	1	0	1	
	Total	10	158	80	248	
Sex	Male	6	73	36	115	r^*= 058 P-value= .631 Sig= N.S
	Female	4	85	44	133	
	Total	10	158	80	248	
Marital status	Unmarried	3	69	38	110	r^s = .065 P-value= .310 Sig= N.S
	Married	5	81	34	120	
	Divorced	0	5	4	9	
	Separated	0	1	3	4	
	Widowed/ er	2	2	1	5	
	Total	10	158	80	248	
Qualification in nursing	Secondary school	2	29	16	47	r^s = .050 P-value= .433 Sig= N.S
	Diploma	6	73	29	108	
	Bachelor	2	49	32	83	
	Postgraduate	0	7	3	10	
	Total	10	158	80	248	

r^s: Spearman Correlation coefficient, r^*: Biserial correlation coefficient, P: Probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High Significant

This table depicts that there is a significant relationship between nurses' psychological stress and their age group at p-value= .009 while there is no significant relationship with remaining variables of sex, marital status, and qualification in nursing.

Table (4-8): Relationships among Nurses' Psychological Stress and their Professional Variables

Variables		Psychological Stress				Relationship
		Low	**Moderate**	**High**	**Total**	
Workplace (Hospital)	Al-Karama	4	60	16	80	r^*= .223 P-value= .001 Sig= H.S
	Al-Zahra'a	6	98	64	168	
	Total	10	158	80	248	
Years of experience in nursing	1 – 5	1	17	7	25	r^s = .097 P-value= .126 Sig= N.S
	6 – 10	5	79	34	118	
	11 – 15	2	32	16	50	

	16 – 20	2	17	14	33	
	21 and more	0	13	9	22	
	Total	10	158	80	248	
Years of experience in emergency unit	1 – 3	7	134	62	203	r^s = .121 P-value= .048 Sig= S
	4 – 6	1	22	17	40	
	7 and more	2	2	1	5	
	Total	10	158	80	248	
Shift working hours	6	5	74	30	109	r^s = .012 P-value= .847 Sig= N.S
	7	0	20	18	38	
	18	5	64	32	101	
	Total	10	158	80	248	
Shift call	Morning	5	75	27	107	r^s = .035 P-value= .582 Sig= N.S
	Evening	0	19	18	37	
	Night	5	64	35	104	
	Total	10	158	80	248	
Role in department	Staff nurse	9	142	67	218	r^*= 075 P-value= .240 Sig= N.S
	supervisor	1	16	13	30	
	Total	10	158	80	248	

r^s: Spearman Correlation coefficient, r^*: Biserial correlation coefficient, P: Probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High Significant

This table indicates that there are significant relationships among nurses' psychological stress and their workplace (Al-Zahra'a hospital) and years of experience in emergency units at p-values= .001 and .048 respectively, while there is no significant relationship that is reported with remaining variables.

Table (4-9): Relationships among Nurses' Job Satisfaction and their Sociodemographic Variables

Variables		Job satisfaction				Relationship
		Low	**Moderate**	**High**	**Total**	
Age (year)	20 – 29	75	84	1	160	r^s = .010 P-value= .880 Sig= N.S
	30 – 39	28	26	0	54	
	40 – 49	12	20	1	33	
	50 and more	1	0	0	1	
	Total	116	130	2	248	
Sex	Male	42	72	1	115	r^*= .189 P-value= .003 Sig= H.S
	Female	74	58	1	133	
	Total	116	130	2	248	
Marital status	Unmarried	49	59	2	110	r^s = .028 P-value= .660 Sig= N.S
	Married	62	58	0	120	
	Divorced	3	6	0	9	
	Separated	1	3	0	4	
	Widowed/ er	1	4	0	5	

		Low	Moderate	High	Total	
	Total	116	130	2	248	
Qualification in nursing	Secondary school	27	18	2	47	r^s = .030 P-value= .640 Sig= N.S
	Diploma	38	70	0	108	
	Bachelor	47	36	0	83	
	Postgraduate	4	6	0	10	
	Total	116	130	2	248	

r^s: Spearman Correlation coefficient, r^*: Biserial correlation coefficient, P: Probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High Significant

This table reveals that there is a high significant relationship between nurses' job satisfaction and their sex at p-value= .003 while there is no significant relationship with remaining variables of age, marital status, and qualification in nursing.

Table (4-10): Relationships among Nurses' Job Satisfaction and their Professional Variables

Variables		Job Satisfaction				Relationship
		Low	Moderate	High	Total	
Workplace (Hospital)	Al-Karama	40	39	1	80	r^*= 009 P-value= .893 Sig= N.S
	Al-Zahra'a	76	91	1	168	
	Total	116	130	2	248	
Years of experience in nursing	1 – 5	7	18	0	25	r^s = .072 P-value= .259 Sig= N.S
	6 – 10	65	53	0	118	
	11 – 15	21	28	1	50	
	16 – 20	18	15	0	33	
	21 and more	5	16	1	22	
	Total	116	130	2	248	
Years of experience in emergency unit	1 – 3	99	103	1	203	r^s = .050 P-value= .433 Sig= N.S
	4 – 6	16	23	1	40	
	7 and more	1	4	0	5	
	Total	116	130	2	248	
Shift working hours	6	61	47	1	109	r^s = .121 P-value= .057 Sig= N.S
	7	11	26	1	38	
	18	44	57	0	101	
	Total	116	130	2	248	
Shift call	Morning	60	46	1	107	r^s = .123 P-value= .052 Sig= N.S
	Evening	11	25	1	37	
	Night	45	59	0	104	
	Total	116	130	2	248	
Role in department	Staff nurse	102	114	2	218	r^*= 011 P-value= .862 Sig= N.S
	supervisor	14	16	0	30	
	Total	116	130	2	248	

r^s: Spearman Correlation coefficient, r^*: Biserial correlation coefficient, P: Probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High Significant

This table exhibits that there is no significant relationship that is reported among nurses' job satisfaction and their professional variables regarding to workplace, years of experience, shift hours, and role in the department.

Chapter Five

Discussions, Conclusions and Recommendations

Chapter Five

Discussion of the Result

This chapter of the thesis focuses on discussing the results that obtained through analyzing the results of the present study.

5.1.Discussion of Demographic Characteristic of Nurses participated in the study:

The findings of data analysis indicated that the majority of nurses were females more than male of the nursing staff because the rates of institutes and colleges of nursing accept female students at the rates of admission less than male students by a difference of 3 degrees and more acceptance rates, the study conducted in Roma, Italy, by M. Cannavò1, F. (2019) yielded comparable results,whose goal was it to find out how often, what kinds of violent incidents, and what causes and effects of violence emergency room workers face while interacting with patients, their families, and friends, and if verbal violence is a specific risk factor for stress and potential stress-related diseases in this population which resulted most of the participants being female.

Furthermore, it was found by Farinaz and Maura (2020) that the study included primarily female participants, their research set out to determine how often nurses took medicine as a result of both direct and indirect effects of workplace violence on psychological stress responses.

The bulk of the participants were female according to a Chinese study by Nan Tang and Louise (2019) that sought to investigate the connection between healthcare disruption, surface acting as a reaction to emotional labor, and depression symptoms in healthcare workers in China.

Furthermore,the findings agree with (Liu et al., 2019) sought to investigate the relationship between patient and visitor violence and ED nurses' work productivity,the study found the majority of the participants were female. This disproportionately large number of female participants

may be reflective of the actual number of female nurses employed by various Iraqi and global institutions.

Most nurses in current study are young adults, falling within the 20-29 age bracket. The average age of the nurses who participated was 29 years old or younger because the average age of the majority of nurses in the two hospitals was from the age of 25 to 30 years who represents the opinion of the researcher, which agrees with other research like the one by (Hafiz Riyadli, 2020). The bulk of the participants were between the ages of 21 and 30, according to the study by Salah (2017), which surveyed female nurses in the Iraqi city of Al-Najaf to determine the causes and effects of workplace violence against them.

Most of the people who were victims of workplace violence were younger than 30 years old according to the research by Asmaa and Hana (2015). Finding out how often and how violent workplace violence affects emergency department nurses in Riyadh was the primary goal of this research.

Regarding to the marital status of the nurses who participated in the present study the majority were married,this finding is consistent with that of (Boafo & Hancock, 2017) whose research sought to characterize the relationship between nurses' perceptions of workplace violence and their levels of job satisfaction, as well as to examine the influence of the non-economic variables of respect and workplace violence on nurses' levels of job satisfaction in Ghana, finding that most of the nurses who participated were married and about were single is only one of many risk variables for intrinsic and extrinsic job satisfaction that this study delves into.(Dehghan-Chaloshtari & Ghodousi, 2020) found similar results.

Regarding the educational background of the nurses who took part in the study, the data reveal that most of the nurses who experienced workplace violence had a diploma degree in nursing because Wasit Governorate does not contain a nursing college, the majority of the nursing staff in this study

are of a diploma degree this represents the researcher's opinion on this finding, while the majority had a bachelor's degree in nursing ,this finding is in line with that of Duaa Kadhim (2022), who also discovered that among the sample mostly had a nursing diploma. I concur with the findings of Wafa Basfr's (2019) study, which indicated the majority of the sample had a nursing diploma,while disagree with (Hanerlioglu et al., 2021) who found that most of their sample had a bachelor's degree in nursing, our results show that this is not the case. It was also found to be incorrect by Maryam Al-Kalbani (2024), who found that most of the people surveyed had a bachelor's degree.One possible explanation for this divergence of opinion is that, in Iraq, the majority of registered nurses (RNs) have only a secondary school diploma in nursing, while the minority have degrees from four-year universities. Annually, hundreds of qualified persons with diploma degrees are graduated from modernized medical and health institutions in Iraq's provinces, enabling them to work in the country's health institutions.

The majority of participants had ten years of experience or less, according to the results of this survey the researcher's opinion is that ,because the nursing institutes in the governorate in the center of Kut and the district of Suwaira are newly established, not more than ten years , the findings are consistent with those of the study of Hoda Sayed Mohamed and Neamat Mohamed Ali (2021). The results showed that most of the participants had less than ten years of experience with workplace violence. Furthermore, this finding is in agreement with Hussein and Faraj (2021) and Al-Bashtawy (2015).

The majority of the nurses in our study had 1-3 years of experience, accounting majority of the total which agrees with Lahya Afshari Saleh (2020) found a similar outcome, the purpose of the research was to look into how WPV relates to stress on the job in the emergency room, this group is more needed by the emergency room than more seasoned patients, according to the researcher, as they are just starting out with their appointment.

University nurses in Iraq work in specific areas or on specific shifts within hospitals, typically in the most critical care units like the intensive care unit, the hemodialysis department, or cardiac care.

Concerning working hours in the workplace, Our findings corroborate those of Ebrahim et al. (2018), which found that most of the nurses surveyed worked 6 hours per day. It is safe to say that many nurses would rather work fewer hours in high-demand environments like the emergency department, where patient admissions and accidents happen more frequently, and where physical exertion is paramount.

Our survey indicated that nurses make up the largest single occupation category in hospitals, accounting for most of all hospital employees, which agree with Hussein and Faraj (2021) and Khan et al. (2015) both back up this finding, this is in line with the findings of Hanerlioglu (2021), who sought to determine the impact of workplace violence on the job satisfaction of emergency service professionals.

5.2. Discussing Overall Assessment of Verbal Violent Events at Work Among Nurses

Concerning verbal violent events at work among nurses, The survey found the majority of nurses working at teaching hospitals had experienced verbal violence in the previous year, when asked about incidents of verbal violence on the job. Similarly, Al-Omari (2015) discovered that physical assaults occur less frequently than verbal abuse . According to a different study by Ebrahim and Issa (2018), the majority of participants reported experiencing verbal abuse, with some nurses also reporting physical assault on the job. On top of that corroborated the present study's findings.

In regards to verbal abuse, most of nurses said they had been yelled at and other are less said they had been cursed at while on the job; this conclusion is backed by research from Pekince et al., 2022, when asked about incidents of sexual violence on the job, a little of nurses said they had experienced sexual harassment.

5.3. Discussion for Overall Assessment of Stress among Nurses

Among 248 nurses who participated in the survey, most of them reported feeling moderate levels of stress; a similar pattern was found in the study by Ghoreishinia et al. (2016), which examined the stress levels of nurses employed by teaching hospitals; the majority of those nurses reported feeling moderate levels of stress. Additionally, a study conducted by Dagget et al. (2016), which included most of participants, provided further evidence for this findings.

5.4. Discussion of Job Satisfaction Levels among Nurses:

According to the results, nurses working in general wards report a moderate level of job satisfaction, with a majority indicating a high level, on the other hand, nurses working in teaching hospitals report a moderate level of job satisfaction, most of the total sample reporting a moderate level (n=248). Consistent with (Hakami et. al., 2020), the majority of nurses express satisfaction with their hospital's orientation program, the assistance provided by nursing directors, and the collaborative nature of their work. Research showing that the majority of RNs working in public hospitals in Windhoek, Namibia were satisfaied in their jobs lends credence to this claim (Shalonda, 2019).

Results also corroborated those of a related study by Ham et al. (2021), which found that psychiatric nurses' beliefs that verbal violence is an inherent part of their job and their tolerance of violent coworkers had no effect on their satisfaction levels. Contrary to what was found in the previous study (Andrioti et al., 2017), this one found that nurses were happy in their jobs. Psychiatric wards exhibit a moderate level of job satisfaction, which is related to the fact that most nurses in the research were content with certain aspects of their work but unsatisfied with others. Consistent with this conclusion, also discovered that nurses in their study reported a modest degree of work satisfaction (Loinaz, 2020) .

5.5.Discussion of the relationship between Verbal Violence, Psychological Stress, and Job Satisfaction among Nurses.

Table (4-13) reporte that there was a strong positive statistically significant correlation between the exposure to verbal violence, perceived stress at p-value= .001, and there is no significant relationship between exposure to verbal violence and job satisfaction among nurse's understudy, according to the researcher's point of view the majority of the participants in the study had a diploma degree in nursing, which makes them moderate in their job satisfaction and makes them adapt to verbal violence. It can be attributed to the fact that frequent exposure to verbal violence leads to emotional trauma associated with negative feelings including anger, anxiety, depression, frustration, fear, and loss of self-efficacy, all of which could lead to job burnout, and job satisfaction.

This results were in harmony with the result of Yoshizawa, et al., (2016), who found that healthcare workers who experience workplace violence reported a lower level of job performance, higher level of professional stress, and satisfied . The absence of association between exposure to verbal violence and job satisfaction may be viewed as an adjustment reaction to the challenges of working with patients in hospitals. In a similar study conducted by Yang, et al, (2018), they found that workplace violence was the major contributor to work stress among nurses, which has a negative impact on job satisfaction

In another study conducted by Hilton, et al., (2021), they mentioned that workplace violence toward nurses has been shown to cause the poor professional quality of life, increased compassionate fatigue, and staff turnover. Also another similar achieved by Neamat Mohamed Ali(2021) .which found most nurses working with psychiatric patients are exposed to workplace violence mostly verbal and physical violence.

The majority of psychiatric nursing staff understudy had a moderate level of work stress and more than one-third of them were professional

unsatisfied. This illustrated that workplace violence leads to increased perceived work stress and unsatisfied among psychiatric nursing staff understudy. Aso ,Kobayashi, et al., (2020) suggested in their study titled workplace violence and its effects on burnout and secondar traumatic stress among mental healthcare nurses in Japan that nurses' exposure to violence in psychiatric wards is associated with work stress. It can cause a feeling of unsafety, which enhances other work stressors.

However, Mento, et al., (2020), found that stress in a workplace environment may arouse aggression, and create a cycle of violence. Another study conducted by Pai, et al., (2015), found that an unsafe working environment for mental health nurses not only impacts work stress but also reduces life professional and moderate job satisfaction. This also might contribute to counterbalance by enhancing feeling of insecurity in workplace.

This study's results disagreed with the results of Chiou-Fen, et al., (2020), who showed that more than half of nurses working in mental health hospitals were professionally dissatisfied due to exposure to workplace violence, in addition to other types of work stressors as increased workload, long working hours, low monthly income, and community stigma, it is evidenced by frequent absenteeism, multiple incidents or medical error, ineffective communication with other healthcare providers, and decreased productivity and job performance.Another study's result disagree with my results conducted by El-Hneiti et al. (2020) who found significant relationship between workplace violence with work stress, job satisfaction, and care quality at (p= 0.01).

5.6.Discussion Relationships among Nurses' Psychological Stress and their Sociodemographic Variables

Table 4-16 displays the results of current study, which show that there is a positive association (p =.009) between stress exposure and age, but no such relationship between stress and any of the other sociodemographic

variables. In line with our current study's findings, Farinaz Havaei (2020) sets out to investigate the ways in which psychological stress reactions influence nurses' medication intake rates, both directly and indirectly. Another study was opposed to current study achived by Iman.A. Isaa1 (2021), which set out to assess the stress levels of general ward nurses employed by Baghdad City teaching hospitals.

5.7. Discussion Relationships among Nurses' Psychological Stress and their Professional Variables

In the finding we found a significant relationship between nurses' psychological stress and their workplace (Al-Zahra'a hospital) and years of experience in emergency units (p=.048 and.001, respectively) . However, in current study did not find a significant relationship with the other variables. The current finding agrees with (Fatimah Haran Daham, 2020) which indicate the prevalence of stress was hight among the health workers studied in Al-kut city and the goal of the study was to discover workplace stress among healthcare workers.

5.8. Discussion relationships among Nurses' Job Satisfaction and their Sociodemographic Variables

Finally, the results of this study demonstrate that, when controlling for age, marital status, and nursing qualification, there is a highly significant correlation between nurses' job satisfaction and sex (p-value=.003). These findings are in line with those of a prior study by Kamal Jummah Ameen (2019), the author of which set out to determine whether and how occupational stress affected nurses' levels of job satisfaction. Research by Morteza Akbari (2020) that sought to determine whether or not Iranian nurses were satisfied with their jobs lend credence to these findings. The purpose of this research was to compare and contrast male and female nurses in Iran with regard to their levels of work satisfaction across various aspects. In a similar studies, Hind I. Al-Haroon (2020) which indicates most nurses reported moderate levels of overall job satisfaction and greater job

satisfaction was related to demographic factors such as sex (i.e. male) and age (i.e. older) accomplishes its goal of investigating nurses' work satisfaction and the effect of important demographic factors on this variable.In addition, Liu et al. (2019) found similar results to mine; they set out to examine the connections between violent incidents in the workplace, the results for nurses, and the safety of patients.

5.9.Conclusions and Recommendations

5.9.1. Conclusions:

Regarding the interpretation and discussion of the study findings, the study can conclude that:

5.9.1.1. This study investigated the relationship between verbal abuse, psychological stress, and job satisfaction among nurses working in teaching hospitals in Wasit. More than half of the nurses had experienced mild psychological stress and nearly half said they had experienced verbal abuse. Additionally, there is moderate job satisfaction among nurses in this study.

5.9.1.2. verbal abuse causes a great deal of stress for nurses. The study also implies that variables such as shift schedules and work environments may affect the likelihood of verbal abuse.

5.9.1.3. The study did not find that verbal violence and psychological stress cause job dissatisfaction, and this was not confirmed by a statistical relationship between them for nurses in Wasit teaching hospitals.

5.9.1.4. The study found that psychological stress decreases with age, and there is a strong relationship between psychological stress and age at (p =.009).

5.9.1.5. Most nurses staff in Wasit hospitals have a diploma because there is no nursing college in the city.

5.9.2.Recommendation:

5.9.2.1. To safeguard all health workers, especially nurses, from verbal abuse of any kind, the Ministry of Health and Environment, along with associated

executive and legal entities, must draught, approve, and publish a unique statute.

5.9.2.2. Health care personnel should support one another in the event of workplace violence, and the Ministry of Health and Environment should establish regulations to govern and organize responses to such incidents.

5.9.2.3. Legal protections, ethical responsibilities, and policies for dealing with violence should be part of ongoing nursing education.

5.9.2.4. There should be time off for nurses who have witnessed or experienced violence on the job so that they can cope with the emotional and mental fallout.

5.9.2.5. Programs should be put in place to teach nurses how to cope with stress on the job and its impacts, and to improve their skills in problem-solving and coping mechanisms.

5.9.2.6. Researchers should look into how nurses in public and private hospitals deal with stress on the job and how workplace violence affects their quality of life.

5.9.2.7. Subsequent investigations ought to go deeper into these correlations, encompassing plausible origins and how the workplace shapes risk. With this information, initiatives to lessen workplace violence and enhance the well-being of nurses can be created.

5.9.2.8. Working with relevant authorities to create job descriptions for nurses in hospitals.

5.9.2.9. Proposed a new wage scale approach for male and female nurses that aligns with the high cost of living for those working in general hospitals. This would improve remuneration and incentives for nurses, preventing them from leaving their current jobs. The proposal would be sent to the Ministries of Health and Finance.

5.9.2.10. Establishment of a nursing college in Wasit City.

5.9.2.11. Educated posters at hospitals to avoid violence against nursing staff.

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Appendices

Appendix A

Ethical Consideration

Ministry of Higher Education and
Scientific Research
University of Karbala / College of Nursing
Scientific Research Ethics Committee

UOK.CON.23.011

Ethical Committee Code:
Date: 13 / 11 /2023

Research Ethical Approval Form

Title of the research project	
In the English language	**In the Arabic language**
Verbal Violence and It's Relationship to Psychological Stress and Job Satisfaction among Nurses	العنف اللفظي وعلاقته بالإجهاد النفسي والرضا الوظيفي بين الممرضين

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Study objectives

1. To assess verbal violence , job satisfaction and psychological stress .
2. To find out the relationship between verbal violence and job satisfaction and psychological stress .
3. To find out the relationship between job satisfaction and psychological stress and some demographic variables among study objects

Time and Setting of the Study

Time: Starts 26ᵗʰ of September 2023 to August 2024
The samples will be collected from nurses in the teaching hospitals (AL –Zahraa Teaching Hospital and AL – Karama teaching Hospital in AL- Kut city)

Study Design

Descriptive study (Correlation study)

Sampling method and sample size

A convenient sample (300)

Statement of Ethical Commitment

I am Hayder Najm Abd pledge to conduct the research in accordance with what was mentioned in the protocol above and to commitment that all rules set by the ethical policy are followed in my research process. I also make a commitment to abide by ethical principles, moral values, law and instruction of the institutions. My research carries no bias for ethnicity, gender, regional aspects and is totally impartial and objective. I will have taken an informed consent from participants, and to provide clarifications and information about the study to the sample members. I deal with the data of the sample members in complete confidentiality.

Name and signature of the researcher
Hayder Najm Abd

Recommendation of the College's Research Ethical Committee

[✓] Agreement to conduct the study   [ ] Disagreement to conduct the study

Instructor Dr. Sajidah Saadoon Oleiwi
Member

Ass. Prof. Dr. Zeki Sabah Musihb
Member

Ass. Prof. Dr. Ghazwan Abdalhussein
Member

Ass. Prof. Dr. Hassan Abdullah Athbi
Chairman of the Committee

Appendix B

Adminstrative Agreements

Republic of Iraq
Ministry of higher education & scientific research
University of Karbala
College of Nursing
Graduate studies Division

جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جــــامعة كربلاء
كــلية التمريـــض
شعبة الدراسات العليا

التاريخ: 13 / 11 / 2023

العدد : د.ع/ 341

الى / دائرة صحة واسط

م/ تسهيل مهمة

تحية طيبة...

يرجى التفضل بالموافقة على تسهيل مهمة طالب الدراسات العليا / الماجستير
(حيدر نجم عبد كاظم) في كليتنا للعام الدراسي (2023-2024) لغرض جمع العينات
الخاصة برسالته الموسومـــة :

"العنف اللفظي وعلاقته بالإجهاد النفسي والرضا الوظيفي بين الممرضين"

"Verbal violence and it's relationship to psychological stress and
job satisfactions among nurses"

** مـــع التقديـــر **

أ.م.د. سلمان حسين فارس الكريطي
معاون العميد للشؤون العلمية و الدراسات العليا
13 / 11 / 2023

نسخة منه الى :
- مكتب السيد المعاون العلمي المحترم .
- شعبة الدراسات العليا .

العنوان : العراق - محافظة كربلاء المقدسة ـ حي الموظفين - جامعة كربلاء
Mail: nursing@uokerbala.edu.iq   website:

Appendix B1

Republic of Iraq
Ministry of Health
Directorate Wasit of Health
Training and developing center

جمهورية العراق

وزارة الصحه
دائرة صحة واسط
مركز التدريب والتنمية البشرية
شعبة أدارة المعرفة
العدد //
التاريخ / ٢٠٢٣/١

(واسط ٠٠ أعمار واستثمار ٢٠٢٠-٢٠٢٥)

إلى // المؤسسات الصحية كافة
الموضوع // تسهيل مهمة

يهديكم مركزنا أطيب التحيات ...

أشــــارة الـــى كتـــاب رئاســـة جامعـــة كـــربلاء /كليـــة التمـــريض/ شـــعبة الدراســـات
العليا ذي العدد ٣٤١ بتاريخ ٢٠٢٣/١١/١٣
للتفضـــل بتســـهيل مهمـــة طالـــب الدراســـات العليـــا / الماجســـتير(حيـــدر نجـــم عبـــد
كـــاظم) وذلـــك لغـــرض جمـــع البيانـــات والمعلومـــات لأســـتكمال متطلبـــات بحثـــه
العلمي ٠٠٠

للتفضـــل بالاطـــلاع..........مع الاحتـــــرام.

مدير أقدم
سليم كاظم جبر
مدير مركز التدريب والتنمية البشرية
٢٠٢٣/١١/

نسخة منه إلى :-
• مكتب المدير العام / للتفضل بالاطلاع .... مع الاحترام.
• مركز التدريب والتنمية البشرية مع الأوليات كافة
• التوثيق (اضبارة البحوث)

الكيمياوي:- رشا كامل

البريد الالكتروني لمركز التدريب والتنمية البشرية   Email :trs wassit@yahoo.com
مركز التدريب والتنمية البشرية / بناية مركز طيبة النموذجي التدريبي / الطابق الثاني

Appendix C

Questionnaire of the Study- Arabic

تحية طيبة ..

الممرضين الأعزاء يشرفني إن أضع بين أيديكم استبانه لدراسة:

Verbal Violence and It's Relationship to Psychological Stress and Job Satisfaction

among Nurses at Teaching Hospitals

"العنف اللفظي وعلاقته بالإجهاد النفسي والرضا الوظيفي لدى الممرضين في المستشفيات التعليمية"

راجين منكم ملئها بحرص وعناية، والتأكد من الإجابة على جميع الأسئلة لان الإجابات الناقصة (ترك سؤال)

تؤدي إلى إلغاء الاستمارة علما أنه سيتم التعامل مع البيانات الواردة فيها بسرية تامة وستكون مجهولة المصدر

ولا تحتوي على فقرة الاسم وتستخدم لأغراض البحث العلمي حصراً مع فائق الود والاحترام.

هل توافق بالمشاركة ..؟

نعم   لا

إذا كانت الإجابة بنعم رجاءا أكمل الاستبيان

الباحث: حيدر نجم عبد كاظع

ماجستير تمريض الصحة النفسية والعقلية

القسم الأول: المعلومات الديموغرافية

يرجى وضع علامة (√) في المربع المناسب وإعطاء إجابات حيثما تم تحديد ذلك.

الجزء الأول :

أولاً: المعلومـات الديموغرافيـة

١ـ١ العمــر .... سنـة

٢ـ١ الجنس: ذكر ☐   أنثى ☐

٣ـ١ الحالـة الأجتماعيـة:

غير متزوج ☐   متزوج ☐   مطلق ☐   منفصل ☐   أرمل ☐

١ـ٤ التحصيل الدراسي :

....

ثانياً: المعلومـات الوظيفيـة :

١ـ٢ مكان العمل (اسم المستشفى والردهة)...................................

٢ـ٢ عدد سنـوات الخبرة في التمريض ...... سنـة

٣ـ٢ عدد سنـوات الخبرة في قسـم الطوارئ ...... سنـة

٤ـ٢ عدد ساعـات العمل في الخفاره   .... ساعـة

٥ـ٢ وقت الخفاره : صباحاً ــ ☐   مساءاً ــ ☐   خفر ــ ☐

٦ـ٢ دورك في الردهة او القسم :   ممرض ☐   مسؤول القسم او الردهة ☐

ثالثاً : معلومات عامه عن حوادث العنف اللفظي (ضع إشارة (√) :

مـاذا كانت إستجابتك لحادثـة العنـف اللفظي ؟

تعاملت مع الأمر بنفسي ☐   طلبت المساعدة ☐   شخصٌ آخر ساعدني ☐

لـم أقَم بأي شيء ☐

رابعاً : مـا الـذي شعـرت بـه بعد حصـول حادثـة العنف اللفظي ؟ (يمكن إختيـار أكثر من إجابـة) (ضع إشارة (√)

الخوف	( )		( )	خيبـة الأمل	( )	الغضب
صعوبـة التركيز	( )	قلـة الحماسـة للعمـل	( )	الإذلال	( )	الحزن
صعوبة النوم	( )	الذنب	( )	عدم الكفاءة	( )	السخط

خامساً : الشعور بالأمـان: لأيّ مـدى تشعر بالأمـان؟ (ضع إشارة (√)

١- آمِن كثيراً ☐   ٢ـ آمِن إلى حدٍ مـاً ☐   ٣ ـ محايد ☐

٤ـ غيـر آمِن إلى حدٍ مـاً ☐   غيـر آمِن كثيراً ☐

فضلا...   تأكد من انك أجبت على جميع العبارات

الجزء الثاني :استبانة العنف اللفظي :

بين يديكم قائمة تحتوي على مجموعة من الحالات التي مرت بك سابقاً تحتوي عنفاً لفضياً، ارجوا قراءة كل تلك العبارات ووضع إشارة (√) في المكان المناسب الذي يتطابق مع ما واجهت منها مسبقا ، راجياً التكرم بالاجابة على جميع العبارات بكل صراحة وصدق ممكنين. ، لذا ارجوا الاجابة على جميع العبارات دون استثناء، ولكم خالص الشكر والتقدير.

اولاً: التعرض الى الاساءة اللفظية :

أربع مرات او اكثر	ثلاثة مرات	مرتان	مرة واحدة	و لا مرة	العبـارة	ت
					الصياح او الصراخ عليك	١.
					واجهت سلوكا او تصرفا غير مناسب مثل سلوكاً سيئا او وقحا أو معاديا	٢.
					التقليل من شأنك او أذلالك بالكلمات	٣.
					مقاطعة حديثك أو عدم الأصغاء اليك	٤.
					الشتم او الدعاء عليك	٥.
					أتعرض للتجاهل	٦.

ثانياً: التعرض الى التهديد اللفظي :

أربع مرات او اكثر	ثلاثة مرات	مرتان	مرة واحدة	و لا مرة	العبـارة	ت
					تعرضت لكلمات التهديد بالضرب	١.
					تعرضت لكلمات التهديد بالقتل	٢.
					تعرضت لكلمات التهديد بتقطيعك او تمزيقك	٣.
					تعرضت للتهديد بنقلك الى منطقة بعيدة	٤.
					التهديد بأشخاص لديهم الاستعداد لأطلاق النار	٥.
					مشاجرتك خارج المستشفى في وقت لاحق	٦.

ثالثاً :التعرض الى التحرش الجنسي لفظيا :

أربع مرات او اكثر	ثلاثة مرات	مرتان	مرة واحدة	و لا مرة	العبارة	ت
					التعرّض الى سّماع نكات ,قصص,أسئلة أو كلمات جنسيّة غير مرغوبٍ بها	١.
					التعرّض الى سلوكيات ملمحه للجنس , بالعين , اليد أو الوجه	٢.
					الطلب منك للخروج على موعدٍ ما	٣.
					تلقي رسائل أو مكالمات هاتفية غير مرغوبٍ بها	٤.
					إظهار جسم شخصٍ ما بما يوحي للجنس	٥.
					لمس الجسم	٦.
					تعرّضت لأيّة محاولة للاعتداء الجنسي	٧.

رابعاً: من الشخص الذي قام بالاعتداء اللفظي او الاساءة .(يمكنك اختيار اكثر من جملة)

التحرش أو المضايقات الجنسية	الاساءة اللفظية	التهديد اللفظي	الفقره	ت
			المريض	١.
			مرافق المريض (اقاربه أو اصدقائه)	٢.
			الطبيب	٣.
			الممرضين أو الممرضات	٤.
			مدراء التمريض	٥.
			مدراء الاطباء	٦.
			التقنيين او الفنيين	٧.
			الكاتب او الموظف الاداري	٨.
			عمال الخدمات	٩.

فضلا...   تأكد من انك أجبت على جميع العبارات

الجزء الثالث : مقياس فحص مستوى ضغوط التمريض النفسية المتعلقة بالعمل

العوامل التالية تمثل العوامل التي تسبب لك الضغط والاجهاد النفسي في مكان العمل ، ارجوا قراءة كل تلك العبارات ووضع إشارة (√) في المكان المناسب الذي يتطابق مع ما واجهت منها مسبقا ، راجياً التكرم بالاجابة على جميع العبارات بكل صراحة وصدق ممكنين.

مجهد جدا	مجهد	غير مجهد	الفقرة	ت
			عدد الملاكات التمريضية غير كافي لتغطية عمل الوحدة او القسم	١
			الوقت غير كافي لاستكمال جميع مهامي التمريضية	٢
			الوقت غير كافي لتقديم الدعم العاطفي للمريض	٣
			تكليفي بمهام غير التمريضية كالعمل الكتابي	٤
			لاامتلك الوقت الكافي للرد على إحتياجات أسر المرضى	٥
			الإختلاف مع الطبيب	٦
			الإختلاف بشأن علاج المريض	٧
			الإختلاف مع مسؤول التمريض حول العمل	٨
			صعوبة العمل مع بعض الممرضين او الممرضات في الوحدة	٩
			عدم وجود فرصة للتحدث علنا مع أفراد الوحدة الأخرى حول المشاكل في الوحدة التي اعمل فيها	١٠
			عدم وجود فرصة لتبادل الخبرات والمشاعر مع الموظفين الاخرين في الوحدة	١١
			لايوجد دعم من قبل المسؤول المباشر	١٢
			عدم كفاية المعلومات من الطبيب فيما يتعلق بالحالة الطبية للمريض	١٣
			أمر الطبيب بعلاج قد يبدو غير مناسب للمريض	١٤

مجهد جدا	مجهد	غير مجهد	الفقرة	ت
			عدم تواجد الطبيب عند الحاجة اليه في الحالات الطارئة	١٥
			عدم معرفة مايجب على المريض او أسرته معرفته حول حالة المريض والعلاج	١٦
			الشعور في عدم كفاية الدعم المقدم للمريض في حالة فشله في التحسن	١٧
			مراقبة معاناة المريض	١٨
			موت المريض	١٩
			التغيير المتكرر لعمل الوحدة او القسم	٢٠
			تناوب العمل الدوري في الاقسام المختلفة	٢١
			المركزية وفقدان فرصة المشاركة في صنع القرار	٢٢
			الشعور بعدم كفاية الاستعداد للمساعدة في الإحتياجات العاطفية للمريض	٢٣
			سؤالي من قبل المريض وعدم إجابتي المقنعة له	٢٤
			الشعور بعدم كفاية الاستعداد للمساعدة في الإحتياجات العاطفية لأسرة المريض	٢٥
			التعرض للإعتداء خلال العمل	٢٦

فضلا...   تأكد من انك أجبت على جميع العبارات

الجزء الرابع: مقياس الرضا الوضيفي :

بين يديكم قائمة تحتوي على مجموعة من الحالات التي مرت بك سابقاً ، ارجوا قراءة كل تلك العبارات ووضع إشارة (√) في المكان المناسب الذي يتطابق مع ما واجهت منها مسبقا.

موافق	محايد	غيرموافق	الفقرة	
			أشعر بأني أتقاضى أجرا عادلا مقابل عملي	١.

			توجد فرصة ضئيلة جداً للترقية في وظيفتي	٢.
			مسؤولي كفء تماماً في اداء وظيفته	٣.
			لست راضيًا عن الاعمال الإضافية التي أكلف بها .	٤.
			عندما اقوم بعمل جيد، فاني احصل مقابله على الاحترام المناسب .	٥.
			هناك عدة تحديات تجعل القيام بعمل جيد أمراً صعبا.	٦.
			أكن التقدير للأفراد الذين أعمل معهم .	٧.
			احيانا أشعر أن عملي لا معنى له.	٨.
			مهارات التواصل بين الممرضين جيدة داخل المستشفى .	٩.
			العلاوات والترفيعات المالية غير مناسبة مع العمل الذي يقدم.	١٠.
			توجد إمكانية كبيرة للترفيع لأصحاب الأداء الجيد .	١١.
			مسؤولي في العمل يسيء معاملتي.	١٢.
			الامتيازات الإضافية التي احصل عليها جيدة كتلك المقدمة في أغلب مؤسسات الدولة .	١٣.
			لا أشعر أن العمل الذي اقوم به يحضى بالتقدير .	١٤.
			كثرة الإجراءات المعقدة تعيقني عن القيام بعمل جيد.	١٥.
			أجد نفسي مجبرا على العمل بجهد أكبر نظراً لعدم كفاية الأفراد الذين أعمل معهم .	١٦.
			أحب فعل الأشياء التي أقوم بها في العمل .	١٧.
			أهداف المستشفى ليست واضحة لي .	١٨.
			عندما أفكر بما أتقاضاه أشعر أني غير مقدر .	١٩.

				٢٠.	يترفع الممرض في السلم الوظيفي بنفس السرعة لما يحدث في أماكن اخرى .
				٢١.	يظهر مسؤولي أهتماماً قليلاً جداً بمشاعر مرؤوسيه من الممرضين.
				٢٢.	نحصل على مزايا إضافية عادلة.
				٢٣.	يوجد القليل من المكافأت للعاملين هنا .
				٢٤.	مهنتي تتطلب مني العمل الكثير .
				٢٥.	أقدر زملائي في العمل.
				٢٦.	في الغالب أشعر أني لا أعلم ما يحدث في المستشفى .
				٢٧.	أشعر بالفخر عند القيام بعملي .
				٢٨.	أشعر بالرضا عن فرصي للحصول على زيادات في الأجر.
				٢٩.	هناك امتيازات ماديه لا نحصل عليها والتي كان من الواجب وجودها .
				٣٠.	أكن التقدير لمسؤولي.
				٣١.	لدي الكثير من الأعمال المكتبية.
				٣٢.	أشعر أن جهودي لا تكافأ بالطريقة الملائمة .
				٣٣.	أشعر بالرضا بخصوص فرصتي للترفيع والعلاوه .
				٣٤	هناك الكثير من النزاع في العمل.
				٣٥	عملي ممتع .
				٣٦	مهام العمل غير مشروحة بشكل كامل .

Appendix D

Questionnaire of the Study- English

Part I: Demographic Data Please mark (√)the appropriate box and give answers where indicated

Part one

Firstly : Demographic characteristics for the sample:

1-1 Age ……………….. Year

1-2 Sex : male ☐   female ☐

1-3 Marital status:

 Single ☐ Married ☐ Divorced ☐ Separated ☐   ☐
Widowed

1-4 Education Qualification:

……………………………………………………………………

Secondly : Occupational Data

2-1 Hospital name (The unit you currently work in):

……………………………………………………………………….

2-2 Number of years of experience in Nursing ………………………..
Years

3-2 Number of years of experience in emergency
………………………….. Years

4-2 Number of work hours in shift …………………………………..
hour

5-2 Work shift: Morning shift ☐ Evening shift ☐ Night shift ☐

6-2 Role in the department : Staff nurse ☐   Supervisor ☐

Third :

What was your response to the violence incident?

Managed it by myself ☐   Asked help ☐

Asked the help of another person ☐   Did nothing ☐

Fourthly :

How did you feel after the violence happened? (More than one answer can be selected) :

Scared	( )			Disappointed	( )	Angry	( )
Unable to concentrate	( )	Reduced work enthusiasm	( )	Humiliation	( )	Sorrow	( )
Insomnia	( )	Feeling guilty	( )	Reduced work quality	( )	Aggrieved	( )

Fifth : feeling safe : How safe do you feel ?

1. Very safe ☐   **2. Fairly safe** ☐   **3. Neutral** ☐

4. Not safe to an extent ☐   **5. Very unsafe** ☐

Part two : Verbal violence questionnaire

First :   Exposure to Verbal Assaults

List	Item	Never	Once	Twice	Thrice	Four or More Times
1.	Were yelled or shouted at					
2.	Experienced inappropriate, nasty, rude, or hostile behavior					
3.	Were belittled or humiliated					
4.	Were interrupted or not listened					
5.	Were cursed at or sworn at					
6.	Were distained or ignored					

Secondly. Exposure to verbal threats

List	Item	Never	Once	Twice	Thric	Four or More Times
1.	I was exposed to threating words and beating					
2.	I was exposed to threatened with killing					
3.	I was exposed to threatened with cutting					
4.	I was exposed to threatened with Assignment to a remote area					
5.	Having the person fired					
6.	Fighting outside later					

Third : Exposure to sexual assaults/harassment

List	Item	Never	Once	Twice	Thrice	Four or More Times
1.	Were subjected to unwanted sexual jokes, stories, question, or words					
2.	Were subjected to allusive sexual behaviors					
3.	Were unwillingly asked out					
4.	Received unwanted mail or telephone calls					
5.	Were shown someone's body sexually					
6.	Were touched on the body					
7.	Experienced any attempt to assault					

Fourth : Source of Violence
Who is the perpetrator (you can select more than on answer)?

List	Perpetrator	Verbal Threat	Verbal Assault	Sexual Assault/ Harassment
1.	Patient			
2.	Patients companions (relatives or friends)			
3.	Physician			
4.	Nurses			
5.	Managers of nursing			
6.	Managers of physicians			
7.	Technician			
8.	Clerk			
9.	Housekeepers			

Third part :   Nurse stress questionnaire

No	Items	Never stressful	Sometime stressful	Severely stressful
I	**Workload**			
1.	Not enough staff to adequately cover the unit.			
2.	Not enough time to complete all of my nursing tasks.			
3.	Not enough time to provide emotional support to the patient			

4.	Too many non-nursing tasks required, such as clerical work			
5.	Not enough time to respond to the needs of patients' families			
II	**Conflict**			
6.	Conflict with physician.			
7.	Disagreement concerning the treatment of a patient			
8.	Conflict with a nurse supervisor.			
9.	Difficulty in working with a specific nurse in the unit.			
III	**Lack of support**			
10.	Lack of opportunity to talk openly with other unit personnel about problems in the unit.			
11.	Lack of opportunity to share experiences and feelings with other personnel in the unit.			
12.	Lack of support of my immediate supervisor			
IV	**Uncertainty regarding patient treatment**			
13.	Inadequate information from a physician regarding the medical condition of a patient.			
14.	A physician ordering what appears to be inappropriate treatment for a patient.			
15.	A physician not being present in a medical emergency.			
16.	Not knowing what a patient or a patient's family ought to be told about the patient's condition & treatment.			

V	**Dealing with death & dying**			
17.	Feeling as my support is helpless in the case of a patient who fails to improve.			
18.	Watching a patient suffer.			
19.	The death of a patient.			
VI	**Organizational decisions**			
20	Frequent change of unit of work.			
21.	Rotating work shift.			
22.	Centralization; low participation in decision making.			
VII	**Inadequate preparation**			
23.	Feeling inadequately prepared to help with emotional needs of a patient.			
24.	Being asked a question by a patient for which I do not have satisfactory answer.			
25.	Feeling inadequately prepared to help with the emotional needs of a patient's family.			
VIII	**Sexual harassment**			
26.	Being sexually harassed/requests for sexual favors, and other verbal			

Part four : Job Satisfaction questionnaire

List	Item	Disagree	Neutral	Agree
1.	I feel I am being paid a fair amount for the work I do.			
2.	There is really too little chance for promotion on my job.			
3.	My supervisor is quite competent in doing his/her job.			
4.	I am not satisfied with the benefits I receive.			
5.	When I do a good job, I receive the recognition for it that I should receive.			
6.	Many of our rules and procedures make doing a good job difficult.			
7.	I like the people I work with.			
8.	I sometimes feel my job is meaningless.			
9.	Communications seem good within this bank.			
10.	Raises are too few and far between.			
11.	Those who do well on the job stand a fair chance of being promoted.			
12.	My supervisor is unfair to me.			
13.	The benefits we receive are as good as most other organizations offer.			
14.	I do not feel that the work I do is appreciated.			
15.	My efforts to do a good job are seldom blocked by red tape.			

16.	I find I have to work harder at my job because of the incompetence of people I work with.			
17.	I like doing the things I do at work.			
18.	The goals of this bank are not clear to me.			
19.	I feel unappreciated by the bank when I think about what they pay me.			
20.	People get ahead as fast here as they do in other places.			
21.	My supervisor shows too little interest in the feelings of subordinates.			
22.	The benefit package we have is equitable.			
23.	There are few rewards for those who work here.			
24.	I have too much to do at work.			
25.	I enjoy my coworkers.			
26.	I often feel that I do not know what is going on within the bank.			
27.	I feel a sense of pride in doing my job.			
28.	I feel satisfied with my chances for salary increases.			
29.	There are benefits we do not have which we should have.			
30.	I like my supervisor.			
31.	I have too much paperwork.			
32.	I don't feel my efforts are rewarded the way they should be.			
33.	I am satisfied with my chances for promotion.			

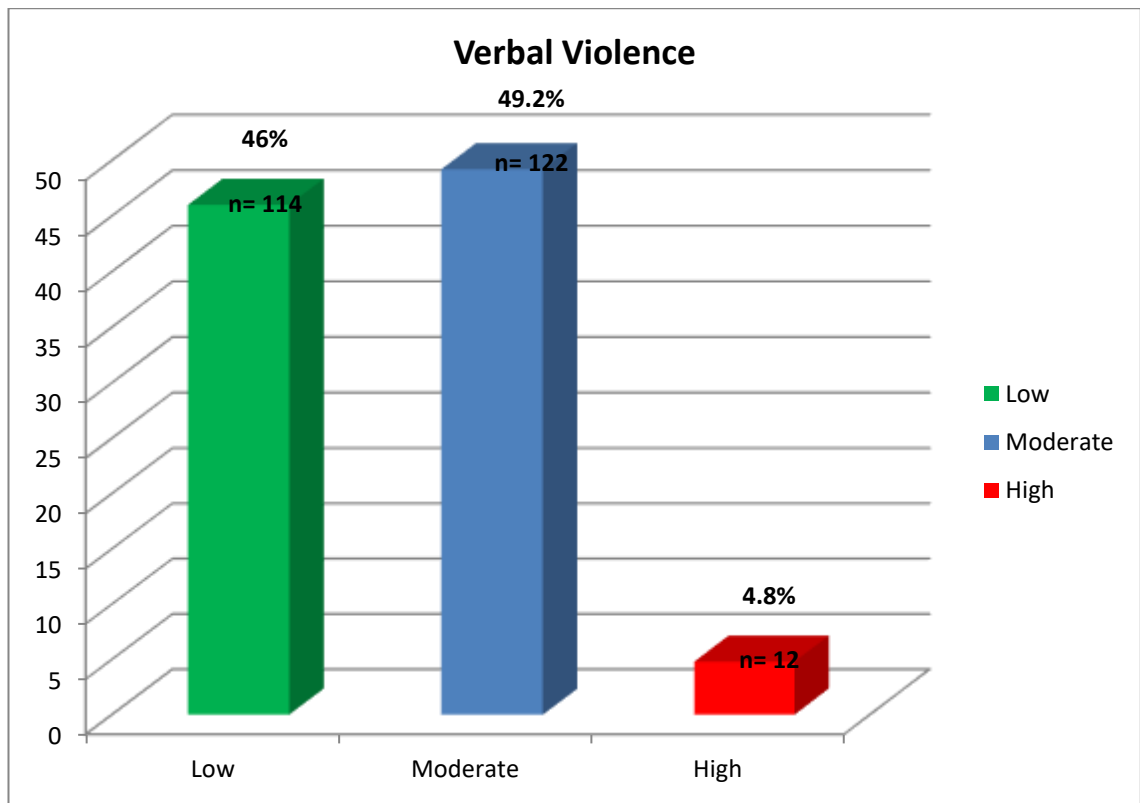|				
34.	There is too much bickering and fighting at work.			
35.	My job is enjoyable.			
36.	Work assignments are not fully explained.			

Figure (4-1): Levels of Verbal Violence among Nurses (N=248)

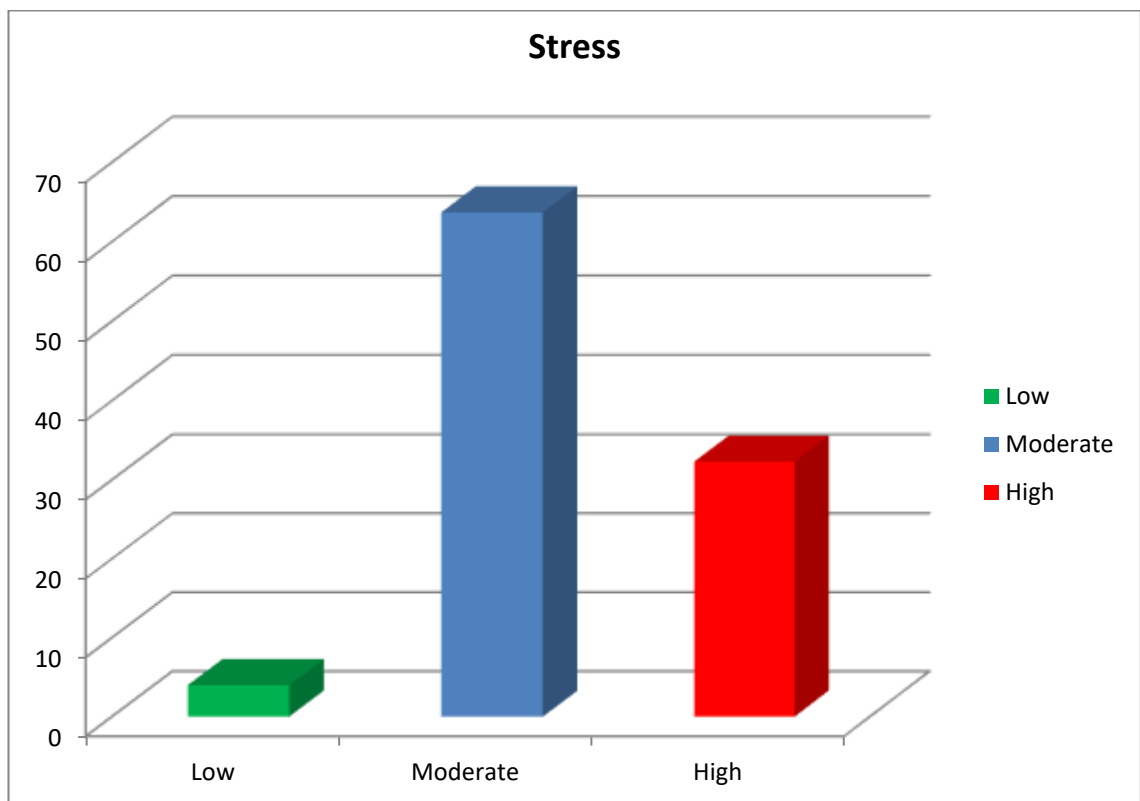**Figure (4-3): Levels of Psychological Stress among Nurses (N=248)**
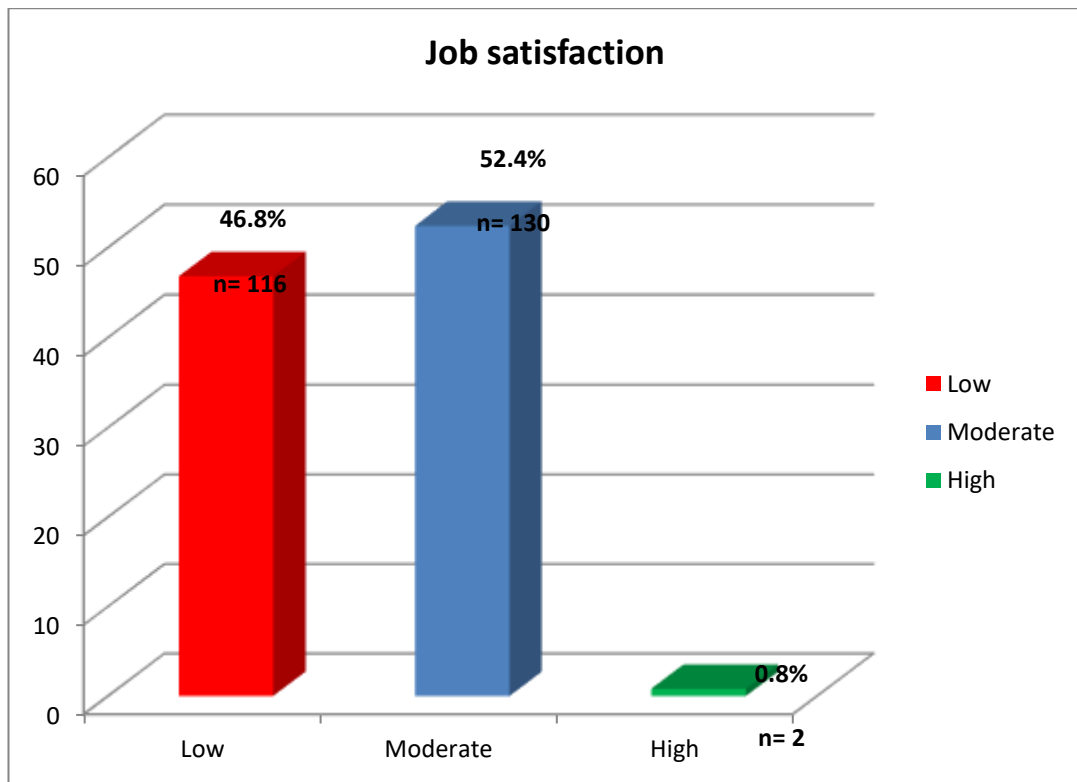
Figure (4-4): Levels of Job Satisfaction among Nurses (N=248)

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Appendix E

Expert's Panel

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قائمة أسماء لجنة الخبراء

مكان العمل	الاختصاص الدقيق	سنوات الخبرة	اللقب العلمي	اسم الخبير	ت
جامعة كربلاء\ كلية التمريض	تمريض الصحة النفسية والعقلية	٣١	أستاذ	ا.د. علي كريم خضير	1
جامعة الكوفه \كلية الطب	الإمراض النفسية	٢٠ سنه	استاذ	ا.د عرفات الدجيلي	2
جامعة الكوفة/ كلية التمريض	تمريض الصحة النفسية والعقلية	١٤ سنه	استاذ مساعد	ا.د. حيدر حمزة علي الحدراوي	3
جامعة بغداد/ كلية التمريض	تمريض الصحة النفسية والعقلية	١٥ سنه	استاذ	ا.د. قحطان قاسم محمد	4
جامعة بغداد/ كلية التمريض	تمريض الصحة النفسية والعقلية	١٥ سنه	استاذ مساعد	ا.د. حسن علي حسين	5
جامعة الكوفة/ كلية التمريض	تمريض الصحة النفسية والعقلية	١٩سنه	استاذ	ا.د. حسام مطشر زان	6
كلية الكوت الجامعة	تمريض الصحة النفسية والعقلية	١٩	استاذ مساعد	ا.م.د. معن حميد ابراهيم العامري	7
جامعة بغداد/ كلية التمريض	تمريض الصحة النفسية والعقلية	٤١ سنه	استاذ مساعد	ا.م.د. كريم رشك ساجت	8
جامعة كربلاء/ كلية التمريض	تمريض صحة مجتمع	٣٣سنه	استاذ مساعد	ا.م.د. سلمان حسين فارس	9
جامعة كربلاء/ كلية التمريض	تمريض صحة مجتمع	١٩سنه	استاذ مساعد	ا.م.د. غزوان عبد الحسين عبد الواحد	10
جامعةالكوفة/ كلية التمريض	دكتوراه إحصاء حياتي	١٥سنه	استاذ مساعد	ا.م.د. علي عبد الزهرة الفحام	11

جامعة كربلاء/ كلية التمريض	تمريض صحة مجتمع	٧سنوات	مدرس دكتور	م.د. حقي اسماعيل منصور	12
جامعة بابل / كلية التمريض	تمريض صحة نفسية	١٤سنه	أستاذ مساعد	م.د. علي الحطاب	13
جامعة كربلاء \كلية التمريض	تمريض صحة نفسية	٢٣ سنه	مدرس دكتور	م.د. ندى عبد علي	14

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العراق
تعليم العالي والبحث العلمي
جـــامعة كربلاء
كـلية التـمريـض
شعبة الدراسات العليا

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إقرار الخبير اللغوي

أشهد بـأن الرسالة الموسومـة :

" العنف اللفظي وعلاقته بالإجهاد النفسي والرضا الوظيفي بين الممرضين "

" Verbal Violence and It's Relationship To Psychological Stress and Job Satisfactions among Nurses "

قد جرى مراجعتها من الناحية اللغوية بحيث أصبحت بإسلوب علمي سليم خـال من الأخطـاء اللغويـة و لأجلـه وقعت .

توقيع الخبير اللغوي :

الإسم و اللقب العلمي : ا.م.د. توفيق مجيد احمر

الإختصاص الدقيق : علم اللغة التطبيقي

مكان العمل : جامعة كربلاء / كلية التربية للعلوم لا زنسانية

التاريخ : 13/ 06 /2024

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جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جــــامعة كربلاء
كـلية التــمريــض
شعبة الدراسات العليا

إقرار الخبير الإحصائي

أشهد بأن الرسالة الموسومة :

" العنف اللفظي وعلاقته بالإجهاد النفسي والرضا الوظيفي بين الممرضين "

" Verbal Violence and It's Relationship To Psychological Stress and Job Satisfactions among Nurses "

قد تم الإطلاع على الإسلوب الإحصائي المتّبع في تحليل البيانات و إظهار النتائج الإحصائية وفق مضمون الدراسة و لأجله وقعت .

توقيع الخبير الإحصائي :
الإسم و اللقب العلمي : م.د. انصاف ميثم مهدي محمود
الإختصاص الدقيق : احصاء تطبيقي
مكان العمل : جامعة كربلاء / كلية الادارة والاقتصاد / قسم الاحصاء
التاريخ : ۱٤/ ٩ / 2024

الخلاصة

تم استخدام الارتباط الوصفي في الدراسة الحالية لمده من ٢٦ أيلول ٢٠٢٣ إلى ١٥ ايار ٢٠٢٤ لمعرفة علاقة أساليب العنف اللفظي و الضغط النفسي والرضا الوظيفي بين الممرضين العاملين في المستشفيات التعليمية.

تم اختيار عينة هادفة (غير احتمالية) من ٢٤٨ ممرضاً وممرضه في الدراسة الحالية من مستشفيين تعليميين في مدينة واسط.

تم جمع البيانات من خلال مقابلة الممرضين والممرضات باستخدام ثلاثة مقاييس هي استبانة العنف اللفظي (٢٩ عنصرًا) ،مقياس الاجهاد النفسي المرتبط بعمل الممرضين (٢٦عنصرآ) و مقياس باول سبيكتور للرضا الوظيفي للمهن الصحية (٣٦ عنصرًا) ، تم تحليل البيانات وتفسيرها من خلال استخدام تطبيق الحزمة الإحصائية للعلوم الاجتماعية (SPSS) ، الإصدار (IBM 26).

أظهرت نتائج الدراسة الحالية بواسطة العلاقة الإحصائية معامل الارتباط بيرسون ومعامل سبيرمان أن هناك ارتباطًا كبيرًا بين الرضا الوظيفي والاجهاد النفسي وهنالك ارتباط بين الاجهاد النفسي والعمر ومكان العمل وسنين الخبرة في الطوارئ , وهناك ارتباط بين الرضا الوظيفي والجنس.

ولم تجد الدراسة أن العنف اللفظي والضغوط النفسية يسببان عدم الرضا الوظيفي، ولم تؤكد ذلك علاقة إحصائية بينهما لدى الممرضات في مستشفيات واسط التعليمية.

أوصت الدراسة بإعداد دراسات اضافية في جميع المستشفيات الصحية واعداد برامج توعوية وتدريبية للكوادر التمريضية للتعامل مع العنف اللفظي والاجهاد النفسي بشكل افضل وكذلك تثقيف الناس من خلال وسائل الإعلام بخطورة العنف اللفظي لما له من تأثير سلبي مستقبلا على حياتهم وصحتهم النفسية ووظائفهم في المستقبل.

الكلمات الدالة عن البحث: العنف في مكان العمل، العنف اللفظي، الإساءة اللفظية، الضغوط النفسية، الضغوط المرتبطة بالعمل، الرضا الوظيفي

العنف اللفظي وعلاقتة بالاجهاد النفسي والرضا الوظيفي بين الممرضين

رسالة مقدمة

الى مجلس كلية التمريض / جامعة كربلاء

وهي جزء من متطلبات نيل درجة الماجستير علوم في التمريض

كُتبت بواسطة:

حيدر نجم عبد كاطع

بأشراف:

أ.م.د. صافي داخل نوام