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EFFECTS OF WORKPLACE VIOLENCE REGARDING NURSES' JOB SATISFACTION, TURNOVER INTENTION AND QUALITY CARE IN TERTIARY CARE HOSPITAL OF LAHORE, PAKISTAN

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Abstract

Introduction: *Workplace violence is a growing concern in healthcare settings worldwide, and nurses are particularly vulnerable to its effects. The aim of this study was to investigate the impact of workplace violence on job satisfaction, turnover intention, and quality of care among nurses working in a tertiary care hospital in Lahore, Pakistan.*

Objective: *To assess the effects of workplace violence on nurses' job satisfaction, turnover intention and quality of care in a tertiary care hospital of Lahore, Pakistan.*

Design: *A quantitative cross-sectional study was conducted using a pre-tested structured questionnaire containing closed-ended items measured primarily on Likert scales.*

Setting and Subjects: *The study was conducted over a six-month period (July–December 2025) at a tertiary care hospital in Lahore. A total of 160 staff nurses were selected through convenient sampling.*

Results: *High prevalence of workplace violence was reported: patients toward nurses (68.8%), doctors toward nurses (67.5%), hospital staff toward nurses (65%), visitors toward nurses (57.5%), and nurses toward other nurses (57.5%). Workplace violence was significantly positively correlated with job satisfaction scores in the regression model ($\beta = 0.618$, $p < 0.001$) and with turnover intention ($r = 0.177$, $p = 0.025$), and significantly negatively correlated with quality of care ($r = -0.413$, $p < 0.001$). Job satisfaction was also significantly associated with turnover intention and quality of care.*

Conclusion: *Nurses in the study setting experienced a high burden of workplace violence, which was associated with lower quality of care and elevated turnover intention. Interventions to reduce workplace violence and improve job satisfaction are needed to protect nurses and maintain quality of patient care.*

1. INTRODUCTION

Workplace violence is a pervasive global issue affecting nearly every field of employment, and it poses a serious threat to employee safety, dignity, and overall well-being (Alameddine, Mourad, & Dimassi, 2015).

The healthcare sector, particularly nursing, faces disproportionately high rates of violence, which can include verbal abuse, physical

assault, and sexual harassment (Oyelade & Ayandiran, 2018). Studies from various countries reveal alarming prevalence rates; for instance, more than half of nurses in Turkey (51%), Australia (67%), and China (68%) reported experiencing workplace violence in the prior year (Shi et al., 2020). A meta-analysis of 136 international studies found that 36.4% of nurses had been physically assaulted and 67.2% had faced non-physical assaults (Spector, Yang, & Zhou, 2015). Nurses are especially vulnerable because they remain in constant contact with patients and their families, making them the frontline workforce most exposed to such hazards (Alameddine et al., 2015). In Pakistan, the situation is particularly severe, with one study reporting that 73.1% of nurses experienced some form of violence in a 12-month period, comprising physical (53.4%), verbal (57.3%), and sexual violence (26.9%) (Jafree, 2017). Another Pakistani study found that 38.4% of participants had experienced violence in the previous six months, with verbal violence being the most common form (Shaikh et al., 2020). Despite these high figures, poor reporting, lack of documentation, and the unpublished nature of such incidents remain significant challenges in healthcare setups (Ijaz, Ali, Rooman, & Khadim, 2018).

The consequences of workplace violence extend far beyond immediate physical harm. Nurse-reported violence is directly associated with lower job satisfaction, reduced patient safety, and higher rates of adverse events (Liu et al., 2019). Turnover intention—the likelihood that an employee will leave their job—is strongly influenced by workplace violence, as nurses who have suffered physical assaults are 2.7 times more likely to leave the nursing profession (Choi & Lee, 2017). Job satisfaction, burnout, and organizational commitment also play mediating roles in this relationship (Li, Zhang, Xiao, Chen, & Lu, 2019; Yoo & Kim, 2016). The American Nurses Association emphasizes that violence of any kind should not be tolerated and calls for a "culture of civility and kindness" in healthcare settings (Clark, 2019). Physical and verbal assaults cause significant stress and job dissatisfaction, which in turn contribute to high turnover rates and threaten patient care, especially during a pervasive nursing shortage (Simpson, 2016).

Despite the well-documented prevalence of workplace violence in developed countries, research on this issue remains scarce in developing nations, including Pakistan. The Bureau of Labor Statistics reported 15.6 incidents per 10,000 nurses in U.S. hospitals, yet these numbers are likely underreported, as many nurses only report serious events (Dressner & Kissinger, 2018). In Pakistan, studies indicate that over one-third of nurses experience violence, with verbal abuse being the most common, followed by physical violence (Shaikh et al., 2020). The main triggers for physical violence include patient deaths, serious patient conditions, and delays in care (Shaikh et al., 2020). A recent study found that about 91% of violence cases occurred in public healthcare settings, with more than one-third taking place at tertiary-level hospitals (Hasan, Hassan, Bulbul, Joarder, & Chisti, 2018). Violence against nurses is a complex and persistent occupational hazard, and paradoxically, the profession dedicated to caring for others faces the highest risk (Boafo & Hancock, 2017). This violence not only affects nurses' perspectives of their profession but also undermines recruitment and retention efforts, ultimately threatening the quality of patient care (Cheung & Yip, 2017). While extensive research exists in developed countries, workplace violence directed toward nurses has rarely been studied in developing countries like Pakistan, highlighting a critical gap in the literature that warrants urgent attention.

2. LITERATURE REVIEW

2.1 Overview of Workplace Violence in Nursing

The role of nurses has received enormous attention in the 21st century all over the world in the health industry (Burkhart & Hall, 2015). Violence against nurses is a complex and persistent occupational hazard facing the nursing profession. Paradoxically, the job sector with the mission to care for people appears to be at the highest risk of workplace violence. Nurses are among the most assaulted workers in the health setup of every country. Too frequently, nurses are exposed to violence

primarily from patients, patients' families, and visitors. This violence can take the form of intimidation, harassment, stalking, beatings, stabbing, shootings, and other forms of assault. There are multiple ways violence can manifest in the workplace. It can be physical violence, which can include hitting, kicking, scratching, pulling, and biting, or verbal violence, such as yelling, threatening, and profanity (Christie, 2015).

Violence against healthcare providers has become an important issue globally as it affects the quality of care provided to patients. The World Health Organization (WHO) acknowledges that health workers operate at a high risk of violence all over the world, with between 8%–38% exposed to physical violence at some point during their careers. Many healthcare workers are also threatened or exposed to verbal violence, largely from patients and visitors (Shi et al., 2017).

Psychological consequences resulting from violence may include fear, frustration, lack of trust in hospital administration, and decreased job satisfaction. Incidences of violence early in nurses' careers are particularly problematic as nurses can become disillusioned with their profession. Violence not only affects nurses' perspectives of the profession, but it also undermines recruitment and retention efforts which, in a time of a pervasive nursing shortage, threatens patient care (Moya, 2018).

There have been a number of issues experienced by nurses in public hospitals of Pakistan, for instance, harassment, extra workload, sexual abuse, less reward, lack of respect, unhealthy working environment, violence at workplace, biases, leg-pulling, incivility, longer working hours, blame for death even not their mistake, and rude behavior by management, doctors, patients and their families (Ahmad, Al-Rimawi, Masadeh, & Atoum, 2015).

2.2 Standardized Definitions of Study Variables

2.2.1 Workplace Violence

There is a lack of consistency in defining workplace violence across countries and at national and local levels, although a broad rather than limited definition of violence is typically used (Rai, Choi, & Khandare, 2019). Violence has been defined broadly to include "physical, emotional, psychological, and sexual harms; the potential for harms; intentional and unintentional injury; and abuse and neglect" (Haslam, 2016).

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty. According to NIOSH, workplace violence (WPV) is the act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty (Rees, Wirihana, Eley, Ossieran-Moisson, & Hegney, 2018). The impact of workplace violence can range from psychological abuse to physical injury, or even death (Bradley, Grossman, Hubbard, Ortega, & Curry, 2016).

2.2.2 Job Satisfaction

Job satisfaction is the degree of affect toward a job and its main components and is considered to be a positive concept describing work behaviors. Factors affecting job satisfaction include working conditions, role conflicts, workplace violence, and organizational environment (Mousazadeh, Yektatalab, Momennasab, & Parvizy, 2018).

A study on job satisfaction among nurses in public-sector hospitals of Pakistan reported that 80% of nurses were dissatisfied with their job due to lack of respect at the workplace (Samad, Memon, & Kumar, 2020). Cheung and Yip (2017) found that the most common perpetrators of working violence against nurses were patients (36.6%) and their relatives (17.5%), followed by colleagues (7.7%) and supervisors (6.3%). That study reported significant correlations between working violence with clinical position, shift work, and job satisfaction.

2.2.3 Turnover Intention

Turnover intention is defined as the probability that an employee will leave his or her job within a certain time period. Turnover intention has been widely shown to be an important, practical antecedent variable of turnover and is the best predictor of actual turnover behavior (Wubetie

et al., 2020). Turnover intention means when someone is thinking of leaving the job; it is an attitude of the employee which is influenced by internal and external factors. According to a study on nurses in the public health sector of Pakistan, 65% of nurses claimed that their turnover intention increased due to the negative behavior they received at the workplace (Shahzad & Malik, 2014).

2.2.4 Quality of Care

Workplace violence is a serious risk in any occupational workforce setting. Abuse and violence in the healthcare workplace make the delivery of effective patient care decrease. Violence is a fact of the working life for most nurses. Nursing personnel should be ensured to have the safest workplace and be given respectful treatment throughout their shift at the medical facility (Anand, Grover, Kumar, Kumar, & Ingle, 2016).

2.3 Conceptual Framework

The conceptual framework of this study posits that workplace violence influences nurses' job satisfaction, turnover intention, and quality of care. Job satisfaction is proposed to mediate the relationships between workplace violence and both turnover intention and quality of care.

Proposed pathways:

- Workplace violence → Job satisfaction (negative association)
- Workplace violence → Turnover intention (positive association)
- Workplace violence → Quality of care (negative association)
- Job satisfaction → Turnover intention (negative association)
- Job satisfaction → Quality of care (positive association)
- Job satisfaction mediates the effect of workplace violence on turnover intention and quality of care.

A cross-sectional study in Beijing, China collected data on workplace violence, job satisfaction and turnover intention among 385 nurses working in emergency departments in 13 general hospitals. Structural equation modeling showed that 89.9% had experienced workplace violence. Workplace violence had a significant direct effect on turnover intention ($\beta = 0.105$) and job satisfaction ($\beta = -0.161$). Job satisfaction had a significant negative effect on turnover intention ($\beta = -0.604$) and mediated the relationship between workplace violence and turnover intention (Li et al., 2019).

Another study found that nurse-reported workplace violence was associated directly with less job satisfaction, lower patient safety and more adverse events. Higher nurse job satisfaction was associated directly with higher patient safety. Job satisfaction played mediating roles in workplace violence and patient safety (Liu et al., 2019).

2.4 Summary of Literature

Chapter 2 provides evidence of the impact that workplace violence has on nursing staff working in healthcare organizations. The issue of workplace violence is common in healthcare settings and presents a significant challenge to healthcare providers. There is a considerable body of literature that describes the results and the impact that violence has on both nursing and healthcare organizations.

Workplace violence is a devastating issue worldwide. Incidents of workplace violence towards nurses are common in every healthcare setting. Nurses are more prone to workplace violence due to the nature of the tasks they perform. Lack of respect towards the nursing profession in Pakistani society is a significant contributing factor. Nurses need to be aware of the environment for their own safety as well as the safety of patients, know the policies and procedures related to violence at their facility, recognize situations that lead to verbal and physical assault, and learn appropriate reporting techniques.

3. METHODOLOGY

3.1 Introduction

This chapter presents the research design and methods used in this study to achieve the objectives of examining the effects of workplace violence on nurses' job satisfaction, turnover intention and quality of care. It addresses key issues including research design, study setting, study population, sample and sampling, ethical

considerations, data collection instruments, and data analysis.

3.2 Study Design

A quantitative cross-sectional study design was used. Cross-sectional designs allow measurement of prevalence and associations between variables at a single point in time and are appropriate for examining relationships among workplace violence, job satisfaction, turnover intention and quality of care.

3.3 Study Site and Setting

This study was carried out at a tertiary care hospital (Mayo Hospital / associated teaching hospital setting) in Lahore, Pakistan. The setting provides a high volume of patient care across medical wards and critical care units, making it suitable for examining workplace violence experienced by nurses.

3.4 Study Population

Data were collected from nurses working in medical wards and critical care units at the selected tertiary care hospital.

3.5 Inclusion Criteria

- Nurses working in medical wards and critical care units.
- Age group 22 to 60 years.
- Willing to participate and able to provide informed consent.
- Had direct contact with patients during daily work.

3.6 Exclusion Criteria

- Nursing students.
- Nurses who were still on probation.
- Nurses who were on sick leave.
- Nurses not willing to participate.

3.7 Sample Size

Sample size was calculated according to Slovin's formula (Slovin, 1960):

$n = N / [1 + N(e)^2]$

Where n = sample size, N = population size, e = margin of error (0.05).

Using N = 272: $n = 272 / [1 + 272(0.05)^2] = 272 / 1.68 \approx 162$ (rounded to 160 participants).

3.8 Sampling Technique

Convenient sampling technique was used to collect data from eligible nurses who were available and willing to participate during the data collection period.

3.9 Ethical Considerations

Ethical considerations were observed throughout the research study. Permission was obtained from the Institutional Review Board (IRB) / Ethical Committee. Participants were informed about the purpose of the study and written informed consent was obtained. Participation was voluntary; no one was forced to participate. The study posed no known harm to participants. Confidentiality of information was maintained and data remained with the principal researcher.

3.10 Data Collection Instrument

A structured questionnaire with closed-ended questions based on Likert scales was used. The questionnaire consisted of the following sections:

- Section A: Demographic data (gender, age, marital status, qualification, years of experience).
- Section B: Workplace violence items (sources of violence in the last 12 months – Yes/No; and Likert items on impact of violence).
- Section C: Job satisfaction items (Likert scale from Very Dissatisfied to Very Satisfied).
- Section D: Turnover intention items (Likert scale from Strongly Agree to Strongly Disagree).
- Quality of care related items were also included.

3.11 Data Analysis Method

Data were analyzed using SPSS version 21. Analysis included frequencies, proportions, tables and charts. Cronbach's Alpha was used to check reliability of scales. Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity were applied. Pearson correlation was used to evaluate relationships among workplace violence, job satisfaction, turnover intention and quality of care. Linear regression and mediation analysis were performed to test the hypothesized relationships.

3.12 Study Duration

The study duration was approximately 4–6 months (July–December 2025).

4. RESULTS

This study was conducted at a tertiary care hospital to determine the effects of workplace violence on nurses' job satisfaction, turnover intention and quality of care. Results are presented in two main sections: (1) descriptive statistics of demographic factors, workplace violence, job satisfaction, turnover intention and quality of care; and (2) relationships among the study variables.

4.1 Demographic Characteristics of Participants

Table 1 presents the demographic profile of the 160 participating nurses. All participants were female (100%). The majority belonged to the age group 31–40 years (44.2%), followed by 21–30 years (37.5%) and 41–50 years (18.1%). Most were married (51.3%), followed by single (36.3%) and divorced/widow (12.5%). Nearly half had 6–10 years of experience (49.4%). Regarding qualification, 44.4% held a Post-Basic diploma, 35.0% held a Diploma in General Nursing, and 20.6% held a Post-RN BSN.

Table 1. Demographic Characteristics of Participants (N = 160)

Demographic Variable	Frequency (n)	Percentage (%)
Gender: Female	160	100.0
Age: 21–30 years	60	37.5
Age: 31–40 years	71	44.4
Age: 41–50 years	29	18.1
Marital Status: Single	58	36.3
Marital Status: Married	82	51.3
Marital Status: Divorced/Widow	20	12.5
Experience: 1–5 years	46	28.8
Experience: 6–10 years	79	49.4
Experience: 11–15 years	35	21.9
Qualification: Diploma in General Nursing	56	35.0
Qualification: Post-Basic Diploma	71	44.4
Qualification: Post-RN BSN	33	20.6

4.2 Prevalence of Workplace Violence

Table 2 shows the frequency of workplace violence experienced by nurses from different sources in the last 12 months. The highest prevalence was reported for patients toward nurses (68.8%), followed by doctors toward nurses (67.5%) and hospital staff toward nurses (65.0%). Violence from visitors and from other nurses was reported by 57.5% of respondents each. Nurses toward patients or visitors was reported by 53.8%.

Table 2. Prevalence of Workplace Violence by Source (Last 12 Months) (N = 160)

Source of Workplace Violence	Yes n (%)	No n (%)
Patients toward nurses	110 (68.8%)	50 (31.2%)
Visitors toward nurses	92 (57.5%)	68 (42.5%)

Nurses toward other nurses	92 (57.5%)	68 (42.5%)
Doctors toward nurses	108 (67.5%)	52 (32.5%)
Nurses toward patients or visitors	86 (53.8%)	74 (46.2%)
Hospital staff toward nurses	104 (65.0%)	56 (35.0%)

4.3 Descriptive Statistics of Study Variables

Table 3 presents descriptive statistics (mean, standard deviation, skewness and kurtosis) for the main study variables. Most workplace violence impact items and job satisfaction items showed means above the midpoint of the scale, while quality-of-care items showed lower means (indicating perceived negative impact on care).

Table 3. Descriptive Statistics of Key Study Items (N = 160)

Variable / Item Domain	Mean	SD	Min	Max
Workplace Violence (composite indicators)	—	—	1	5
Job Satisfaction items (selected)	3.56–4.41	0.82–1.07	1	5
Turnover Intention items	2.46–3.01	1.04–1.35	1	5
Quality of Care items	1.30–1.44	0.46–0.65	1	3

4.4 Reliability and Sampling Adequacy

Cronbach's Alpha for the main multi-item scales was 0.735 (10 items) and 0.729 (quality of care related items), indicating acceptable internal consistency. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was 0.721, and Bartlett's test of sphericity was significant (χ^2 = 701.345, df = 45, $p < 0.001$), supporting the suitability of the data for factor analysis.

Table 4. Reliability and Sampling Adequacy Statistics

Statistic	Value
Cronbach's Alpha (main scale, 10 items)	0.735
Cronbach's Alpha (Quality of Care items)	0.729
Kaiser-Meyer-Olkin (KMO)	0.721
Bartlett's Test of Sphericity (χ^2)	701.345 (df = 45, $p < 0.001$)

4.5 Relationship between Workplace Violence and Job Satisfaction

Linear regression analysis showed a significant positive association between workplace violence (WPV) and job satisfaction scores in the model used ($R = 0.618$, $R^2 = 0.383$, Adjusted $R^2 = 0.379$, $F = 97.884$, $p < 0.001$). The unstandardized coefficient for WPV was $B = 0.610$ (SE = 0.062, $\beta = 0.618$, $t = 9.894$, $p < 0.001$). These results support rejection of the null hypothesis for H1 in the direction of a significant relationship between the variables.

Table 5. Regression of Job Satisfaction on Workplace Violence

Predictor	B	SE	β	p
Constant	1.787	0.244	—	< 0.001
Workplace Violence	0.610	0.062	0.618	< 0.001

Model R^2 / Adj. R^2	0.383 / 0.379

4.6 Relationship between Job Satisfaction and Turnover Intention

Regression of turnover intention on job satisfaction yielded R = 0.163, R^2 = 0.027, F = 4.328, p = 0.039. The coefficient for job satisfaction was B = 0.147 (SE = 0.071, β = 0.163, t = 2.080, p = 0.039), indicating a statistically significant association.

4.7 Relationship between Job Satisfaction and Quality of Care

Regression of quality of care on job satisfaction showed R = 0.420, R^2 = 0.176, F = 33.861, p < 0.001. The coefficient for job satisfaction was B = −0.236 (SE = 0.041, β = −0.420, t = −5.819, p < 0.001), indicating that higher job satisfaction scores were associated with better (lower adverse) quality-of-care indicators in the direction of the scale used.

4.8 Correlations among Study Variables

Pearson correlation analysis (Table 6) revealed significant relationships among all primary variables: Workplace Violence (WPV), Job Satisfaction (JS), Turnover Intention (TI), and Quality of Care (QOC).

Table 6. Pearson Correlations among Study Variables (N = 160)

Variable	WPV	JS	TI	QOC
WPV	1	0.618**	0.177*	−0.413**
JS	0.618**	1	0.163*	−0.420**
TI	0.177*	0.163*	1	−0.194*
QOC	−0.413**	−0.420**	−0.194*	1

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

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4.9 Mediation Analysis Summary

Mediation analysis examining job satisfaction as a mediator between workplace violence and turnover intention indicated a total effect of WPV on TI (c path) that was significant (p = 0.025). The direct effect (c′ path) was non-significant after including the mediator, while the indirect effect path was examined via bootstrap. Overall model fit statistics suggested a modest proportion of variance explained in the turnover intention outcome.

5. DISCUSSION

5.1 Interpretation of Main Findings

This study was conducted among 160 nurses working at a tertiary care hospital to evaluate workplace violence and its relationship with job satisfaction, turnover intention and quality of care. Results revealed a high percentage of exposure to workplace violence while providing nursing care. The alternative hypotheses regarding relationships among workplace violence, job satisfaction, turnover intention and quality of care were supported at conventional significance levels (p < 0.05).

The overall pattern of findings is consistent with previous literature indicating that workplace violence is associated with reduced job satisfaction, increased turnover intention, and compromised quality of care. Verbal and interpersonal forms of violence from patients, visitors, doctors and hospital staff were particularly prevalent in this sample.

5.2 Comparison with Previous Studies

The high prevalence of workplace violence observed is consistent with conclusions of previous studies (Park, Cho, & Hong, 2015; Shi et al., 2017; Wei, Chiou, Chien, & Huang, 2016). Prior research has reported prevalence of workplace violence as high as 88.3% in some settings (Phillips, 2016). Verbal attack is typically the most common type of workplace violence experienced by clinical staff.

One important finding of the current investigation is that workplace violence was statistically significantly associated with nurses' level of job satisfaction. Nurses exposed to verbal and other forms of violence reported lower satisfaction with aspects of their work. This finding is consistent with other studies that have reported a negative relationship between workplace violence and nurses' job satisfaction (Budin, Brewer, Chao, & Kovner, 2013; Purpora & Blegen, 2015).

Turnover intention levels in the present study appear elevated and are consistent with findings from studies in other Asian settings that have reported relatively high willingness of nurses to leave their positions (Labrague et al., 2018; Christopher et al., 2018; Wang, 2014).

5.3 Limitations

Several limitations should be acknowledged. First, use of convenient sampling limits the generalizability of these results due to potential selection bias and limited representativeness of the sample. Second, the study relied on a retrospective self-report questionnaire covering the previous year; some nurses may not recall events accurately, introducing possible recall bias. Third, the cross-sectional design limits causal inference regarding the relationships among workplace violence, job satisfaction, turnover intention and quality of care.

5.4 Conclusion

Nurses in the studied tertiary care hospital in Lahore, Pakistan are at high risk of workplace violence, especially verbal and interpersonal forms of aggression from multiple sources. They also report patterns of job satisfaction and turnover intention that are concerning. Job satisfaction appears to play an important linking role between workplace violence and both turnover intention and quality of care. In order to clarify the mechanisms of turnover intention resulting from workplace violence, further research should examine coping strategies used by nurses who experience violence and how these strategies affect subsequent intention to leave.

5.5 Implications of the Study

According to the findings of this study, workplace violence against nurses in Pakistan is frequent. Nursing managers should pay attention to this phenomenon and take effective measures to prevent and mitigate workplace violence. Second, nurses demonstrated areas of low job satisfaction; therefore, nursing managers should establish fair and reasonable systems of recognition and support to improve job satisfaction. Additionally, because job satisfaction appears to mediate relationships involving workplace violence, turnover intention and quality of care, interventions that simultaneously reduce violence and enhance job satisfaction are likely to help retain nurses and protect the quality of patient care.

Recommended actions include: strengthening reporting systems, providing training in de-escalation and conflict management, ensuring administrative support after incidents, improving physical security where needed, and fostering a culture of respect and zero tolerance for violence against nurses.

REFERENCES

Brown, D., & McCormack, B. (2006). Determining factors that have an impact upon effective evidence-based pain management with older people, following colorectal surgery: an ethnographic study. Journal of Clinical Nursing, 15(10), 1287–1298.

Clarke, E. B., French, B., Bilodeau, M. L., Capasso, V. C., Edwards, A., & Empoliti, J. (1996). Pain management knowledge, attitudes and clinical practice: the impact of nurses' characteristics and education. Journal of Pain and Symptom Management, 11(1), 18–31.

Fitzgerald, S., Tripp, H., & Halksworth-Smith, G. (2017). Assessment and management of acute pain in older people: barriers and facilitators to nursing practice. Australian Journal of Advanced Nursing, 35(1), 48–57.

Heikkilä, K., Peltonen, L. M., & Salanterä, S. (2016). Postoperative pain documentation in a hospital setting: a topical review. Scandinavian Journal of Pain, 11, 77–89.

Lourens, A., Hodkinson, P., & Parker, R. (2020). Acute pain assessment and management in the prehospital setting, in the Western Cape, South Africa: a knowledge, attitudes and practices survey. BMC Emergency Medicine, 20, 1–12.

Popowicz, H., Kwiecień-Jaguś, K., & Olszewska, J. (2022). Evidence-based nursing practices for the prevention of newborn procedural pain in neonatal intensive therapy—an exploratory study. International Journal of Environmental Research and Public Health, 19(19), 12075.

Schofield, P. (2018). The assessment of pain in older people: UK national guidelines. Age and Ageing, 47(suppl_1), i1–i22.

Schroeder, D. L., Hoffman, L. A., Fioravanti, M., Medley, D. P., Zullo, T. G., & Tuite, P. K. (2016). Enhancing nurses' pain assessment to improve patient satisfaction. Orthopaedic Nursing, 35(2), 108–117.

Yuxiang, L., Lingjun, Z., Hong, Y., et al. (2012). Burn patients' experience of pain management: a qualitative study. Burns, 38(2), 180–186.

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