



Original Article

Assessment of Workplace Difficulties Faced by Nurses Working in Public Sector Hospitals of Lahore

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ABSTRACT

Nursing is recognized as a stressful profession, with adverse effects on both personal health and professional performance. However, there is a scarcity of data on stress prevalence among nurses in developing countries like Pakistan. **Objective:** To assess stress prevalence and contributing factors among nurses in government hospitals, informing interventions to improve their work environment and well-being. **Methods:** This descriptive cross-sectional survey collected data from Mayo Hospital, Lady Atchison Hospital, and Said Mitha Hospital in Lahore. A structured questionnaire assessed demographic information and perceptions across four domains: Occupational Stress, Job Satisfaction, Workplace Violence, and Workplace Harassment. Likert scale items were analyzed using SPSS version 26.0, with logistic regression examining factors associated with job satisfaction. **Results:** Findings reveal significant concerns regarding occupational stress, job satisfaction, workplace violence, and harassment among nurses. While nurses express satisfaction with certain aspects of their job, including opportunities to utilize their abilities and relations between management and staff, concerns arise regarding workload, recognition, pay rates, and workplace violence and harassment. Logistic regression analysis indicates that age, educational qualifications, marital status, experience duration, and department insignificantly influence job satisfaction among nurses in public sector hospitals. **Conclusions:** These findings emphasize the urgent need to address the challenges faced by nurses to enhance their well-being and maintain a positive work environment conducive to high-quality patient care.

INTRODUCTION

Medical professionals experience considerable stress as a consequence of the challenging nature of their job, which often leads to negative effects on physical as well as mental wellness. Stress, which is defined as experiencing tension, worry, and excessive workload, may arise from a range of internal and environmental reasons. Healthcare personnel often experience occupational stress, particularly stress connected to their employment, which originates mostly from their workplace [1, 2]. In addition, the occupational environment of the healthcare institutions is fueled with stress and burnout and high turnover [3]. The magnitude of stress, bullying, or even violence among Nurses varies from country to country ranged from 24.7% to 88.9% and even, the extent worse from one working department to another department; emergency, geriatric and psychiatry facilities

are among the leading departments Colleagues, supervisors/directors, physicians, patients and patients relatives are the primary perpetrators who inflict WPV on health professionals, which ultimately impact the Nurses health and safety and their service [4, 5]. Further, Patients can be challenging, angry and scared, and nurses may respond with increasing anger and irritation that may cause distress [6]. A study "found that 30% of the nursing assistants indicated that they previously experienced physical injuries from aggression by residents [7]. Nursing staff occasionally works long shifts and do not get enough rest. Consequently, it's a highly stressful profession, and also requires interaction with patients, who are also under stress due to their conditions. Patients can be challenging, angry and scared, and nurses may respond with increasing

anger and irritation that may cause distress [6]. The difficulty such as stress, bullying, or even violence inflicted injury could be physical, psychological or concurrent type that encompasses verbal abuse, bullying/mobbing, sexual harassment, racial harassment and from simple physical injury to possible homicide, that results physical, mental, spiritual, moral or social mal development. on the other hand a study conducted on health care staff working in an hospital in the United Kingdom showed that among all medical professionals nurses are under highest pressure [8]. An Indian study reported 87.3% prevalence rate of stress among the nurses [9]. The violence might be expressed in not only in a single incident but in repeated incidents also and in various forms, which cumulatively endangers the victim's wellbeing and their work performance. The healthcare workers might encounter the incident at work or from work or to work, which includes work related circumstances [10]. Previous research indicates that there is a higher incidence of violence against unmarried nurses in Pakistan and other developing regions[11, 12].

This study was aimed to assess stress prevalence and contributing factors among nurses in government hospitals, informing interventions to improve their work environment and well-being.

METHODS

This research used data obtained from a descriptive cross-sectional survey carried out at Mayo Hospital, Lady Atchison Hospital, and Said Mitha Hospital, located in Lahore. The measuring methodology performed in this research was the use of a structured questionnaire consisting of two primary components. The first component, designed to collect demographic data. The second component of the survey questionnaire aimed to evaluate nurses' attitudes as well as experiences in four specific areas: Workplace Harassment, Job Satisfaction, Occupational Stress, and Workplace Violence. This part was comprised of 43 Likert scale items. The survey lasted for a period of 4 months from January 2024 to 30, April 2024 after receiving clearance from Research Ethics Committee (REC) for the study description on January 1st, 2024, Ref No: REC-UOL-638-01-2024. The method of simple random sampling was used to select the participants.

Sample size of 303 nurses is estimated by using 95% confidence level, 8% absolute precision with expended % of Workplace difficulties faced by Nurses working in Public Sector Hospitals of Lahore As 73.1% [11].

$Z^2_{1-\alpha/2}$ = Confidence Level 95% = 1.96

p = Prevalence 73%

q = 1-p

d = absolute precision 8%

n = 303

$$n = \frac{Z^2_{1-\alpha/2} \cdot p \cdot q}{d^2}$$

SPSS version 26.0 was used for data analysis. All the demographic variables were presented as frequency and percentages. The responses of the items of questionnaire were also summarized using frequency and percentages. Subsequently, the data were tabulated, and the distribution of responses across age categories and categories of marital status were analyzed using chi-square. To calculate the mean satisfaction score for each item, item no. 5, 8, 19 to 43 were reverse coded. Healthcare staff members were categorized into two groups based on their job satisfaction: satisfied and dissatisfied. The overall perception of job satisfaction for each respondent was determined by averaging their scores across 43 items related to job satisfaction. Individuals with a mean score exceeding 3 were classified into the satisfied group (coded as 1), while those with mean scores equal to or below 3 were categorized into the dissatisfied group (coded as 0). Binary logistic regression was employed to assess the factors significantly linked with the two levels of job satisfaction. The statistical significance of these findings was assessed using a p-value, with a threshold set at 0.05

RESULTS

A total of 303 only female nurses participated in the survey. The demographic profile of the study participants was diverse. The majority (55.8%) were aged between 22-30 years, followed by 27.4% in the 31-40 years age group. In terms of educational background, 43.8% held a diploma in general nursing, 29.4% had completed Post RN BSN, and 26.7% attained a Generic BSN qualification. Marital status indicated that 64.5% were married, 34.1% unmarried, and only 0.33% reported being divorced or separated. Experience levels varied, with 32.3% having 1-5 years of experience, 29.5% with 6-10 years, 15.1% with 11-15 years, and 23.4% with over 15 years. Distribution across departments showed 29.0% in medical, 10.8% in surgical, 26.1% in emergency, 6.2% in psychiatric, and 27.3% in pediatrics, reflecting the diverse participant profile (Table 1).

Table 1: Demographic Characteristics of the Respondents

| Variable | n (%) |
|-------------------------------------|-------------|
| Age (n = 303) | |
| 22-30 years | 169 (55.8%) |
| 31-40 years | 83 (27.4%) |
| 41-50 years | 27 (8.9%) |
| >50 years | 24 (7.9%) |
| Educational Status (n = 303) | |
| Diploma in general nursing | 133 (43.8%) |
| Post RN BSN | 89 (29.4%) |
| Generic BSN | 81 (26.7%) |

| Marital Status (n = 303) | |
|--------------------------|-------------|
| Married | 196 (64.5%) |
| Unmarried | 106 (34.1%) |
| Divorced/ separation | 1 (0.33%) |
| Experience (n = 303) | |
| 1-5 years | 97 (32.3%) |
| 6-10 years | 89 (29.5%) |
| 11-15 years | 46 (15.1%) |
| More than 15 | 71 (23.4%) |
| Department (n = 303) | |
| Surgical | 33 (10.8%) |
| Medical | 88 (29.1%) |
| Emergency | 79 (26.1%) |
| Psychiatric | 19 (6.2%) |
| Pediatrics | 84 (27.7%) |

The questionnaire data reveals various insights into occupational stress, job satisfaction, workplace violence, and harassment experienced by nurses. When it comes to occupational stress, approximately 34.6% of respondents agreed or strongly agreed that they have to handle a significant workload in their job. However, only about 37.7% felt that most of their suggestions were taken into consideration, and roughly 31.7% believed that higher authorities adequately care for their self-respect. Moreover, around 49.5% expressed dissatisfaction with the monotonous nature of their assignments, and about 29.7% reported having to undertake tasks unwillingly due to group or political pressure. Additionally, concerns regarding official interference in their working methods or jurisdiction were voiced by approximately 49% of respondents. Regarding job satisfaction, around 39.3% perceived the physical working conditions positively, while a similar percentage, approximately 48.2%, expressed dissatisfaction with the level of freedom to choose their working methods. Recognition for good work was acknowledged by about 37.7% of respondents, while similar, around 39%, felt secure in their job. Concerns about workplace violence were significant, with 42% expressing concerns about its increase over the last twelve months, and nearly 42% finding it worrying. The workplace violence affects nurses' ability to provide effective care, motivation to work, and potential for errors indicating adverse effects. Regarding workplace harassment, a substantial number of nurses reported experiencing various forms of mistreatment, including unwanted sexual advances, ridicule, verbal abuse, and threats of physical abuse. Instances of being deprived of responsibility or work tasks and social exclusion were also distressingly common. Moreover, approximately 32.4% reported experiencing unwanted sexual attention, while around 30.4% noted receiving hints or signals from others to quit their job. The study findings indicate that nurses generally expressed satisfaction with certain aspects of their job, as reflected

by mean satisfaction scores exceeding 3. These aspects include opportunities to use their abilities, relations between management and staff, and physical conditions in the workplace. However, where mean satisfaction scores were below (Table 2).

Table 2: Mean Satisfaction Scores for Various Aspects of Job Satisfaction, Occupational Stress, Workplace Violence, and Workplace Harassment

| Variable | Mean \pm SD |
|--|-----------------|
| Occupational Stress | |
| I have to do lot of work at job | 2.83 \pm 1.25 |
| Most of my suggestion are heeded and implemented here | 2.87 \pm 1.35 |
| Higher authorities do care of myself respect | 2.68 \pm 1.25 |
| My assignments are of monotonous nature | 2.68 \pm 1.25 |
| I have to do some work unwillingly owing to certain group or political pressure | 3.31 \pm 1.25 |
| Official do not interfere with jurisdiction or my working methodp or political pressure | 2.75 \pm 1.28 |
| My decision and instruction concerning distribution among employees are properly followed | 2.91 \pm 1.37 |
| The available information related to my job role and its outcomes are vague and insufficient | 3.13 \pm 1.38 |
| Job Satisfaction | |
| The physical conditions in which you work is good | 2.89 \pm 1.39 |
| Freedom to choose your own working methods | 2.82 \pm 1.33 |
| The recognition you get for good work | 2.85 \pm 1.41 |
| The amount of responsibility you are given | 2.86 \pm 1.30 |
| The rate of pay for nurses is good | 2.93 \pm 1.41 |
| The opportunity to use your abilities | 3.01 \pm 1.43 |
| Relations between management and staff | 3.09 \pm 1.46 |
| Future chance of promotion | 2.72 \pm 1.30 |
| Security of employment | 2.89 \pm 1.39 |
| Your job Security | 2.89 \pm 1.39 |
| Workplace Violence | |
| Workplace violence has increased over the last twelve months | 3.03 \pm 1.42 |
| Workplace violence is worrying for me | 3.07 \pm 1.33 |
| Reduce ability to offer effective care to patients | 3.07 \pm 1.32 |
| Reduce motivation to work | 2.90 \pm 1.43 |
| Increase potential to make errors | 3.02 \pm 1.40 |
| Negatively impacts relationship with staff | 2.99 \pm 1.40 |
| Negative psychosocial effect | 2.96 \pm 1.40 |
| Repeated disturbing memories or thoughts of attack | 2.97 \pm 1.40 |
| Repeated thinking or thoughts of attack | 3.06 \pm 1.36 |
| Being super alert or watchful and on guard | 3.05 \pm 1.31 |
| Workplace Harassment | |
| Someone withholding necessary information so that your work gets complicated | 3.11 \pm 1.33 |
| Unwanted sexual advances | 3.17 \pm 1.32 |
| Ridicule or insulting teasing | 3.09 \pm 1.33 |
| Ordered to do work below your level of competence | 3.06 \pm 1.36 |
| Being deprived of responsibility or work tasks | 3.31 \pm 1.22 |
| Gossip or rumors about you | 3.27 \pm 1.26 |
| Social exclusion from co-workers or work group activities | 3.34 \pm 1.22 |
| Repeated offensive remarks about you or your private life | 3.28 \pm 1.20 |
| Verbal abuse | 3.26 \pm 1.35 |

| | |
|---|-------------|
| Unwanted sexual attention | 3.21 ± 1.33 |
| Hint or signals from others that you should quit your job | 3.37 ± 1.30 |
| Physical abuse or threats of physical abuse | 3.37 ± 1.32 |
| Repeated reminders about your blunders | 3.34 ± 1.25 |
| Silence or hostility as a response to your questions or attempts at conversations | 3.46 ± 1.25 |
| Devaluing of your work and efforts | 3.34 ± 1.28 |

Note: Item no. 5, 8, 19–43 are reverse coded.

The logistic regression analysis examined factors associated with job satisfaction among nurses in public sector hospitals of Lahore. Age, educational status, marital status, experience, and department were compared between "Dissatisfied" and "Satisfied" groups. Results showed no significant differences in job satisfaction across age groups, educational statuses, marital statuses, experience levels, or departments ($p > 0.05$ for all comparisons). Although nurses with Post RN BSN and Generic BSN qualifications had higher odds of satisfaction compared to those with a Diploma in general nursing, the difference was not statistically significant. Similarly, nurses in the Pediatrics department showed higher odds of satisfaction, but this result did not reach statistical significance. Overall, age, educational status, marital status, experience, and department were not significant predictors of job satisfaction among nurses in this study (Table 3).

Table 3: Factors Influencing Job Satisfaction among Nurses

| Factors | Dis-satisfied (n = 135) | Satisfied (n = 168) | B | P value | OR | 95% CI for OR | |
|--------------------------------------|-------------------------|---------------------|--------|---------|-------|---------------|-------|
| | | | | | | Lower | Upper |
| Age (n = 303) | | | | | | | |
| 22-30 years (ref) | 78 (57.8%) | 91 (54.2%) | - | 0.706 | - | - | - |
| 31- 40 years | 38 (28.1%) | 45 (26.8%) | -0.657 | 0.297 | 0.519 | 0.151 | 1.781 |
| 41- 50 years | 10 (7.4%) | 17 (10.1%) | -0.391 | 0.552 | 0.676 | 0.186 | 2.456 |
| >50 years | 9 (6.7%) | 15 (8.9%) | -0.440 | 0.567 | 0.644 | 0.143 | 2.903 |
| Educational Status | | | | | | | |
| Diploma in general nursing (ref) | 78 (57.8%) | 91 (54.2%) | - | 0.706 | - | - | - |
| Post RN BSN | 38 (28.1%) | 45 (26.8%) | -0.657 | 0.297 | 0.519 | 0.151 | 1.781 |
| Generic BSN | 10 (7.4%) | 17 (10.1%) | -0.391 | 0.552 | 0.676 | 0.186 | 2.456 |
| Marital Status (ref: married) | | | | | | | |
| Unmarried/ divorced | 43 (35.2%) | 48 (32.0%) | 0.168 | 0.674 | 1.183 | 0.540 | 2.594 |
| Experience | | | | | | | |
| 1-5 years (ref) | 45 (33.8%) | 50 (31.1%) | - | 0.518 | - | - | - |
| 6-10 years | 40 (30.1%) | 47 (29.2%) | 0.629 | 0.334 | 1.875 | 0.524 | 6.711 |
| 11-15 years | 22 (16.5%) | 22 (13.7%) | -0.193 | 0.669 | 0.824 | 0.339 | 2.001 |
| More than 15 | 26 (19.5%) | 42 (26.1%) | -0.181 | 0.730 | 0.835 | 0.299 | 2.333 |

| Department | | | | | | | |
|----------------|------------|------------|--------|-------|-------|-------|--------|
| Surgical (ref) | 11 (11.2%) | 8 (5.9%) | - | 0.427 | - | - | - |
| Medical | 30 (30.6%) | 44 (32.4%) | -1.031 | 0.086 | 0.357 | 0.110 | 1.156 |
| Emergency | 31 (31.6%) | 35 (25.7%) | -0.155 | 0.685 | 0.856 | 0.404 | 1.815 |
| Psychiatric | 1 (1%) | 5 (3.7%) | -0.424 | 0.273 | 0.654 | 0.307 | 1.396 |
| Pediatrics | 25 (25.5%) | 44 (32.4%) | 0.439 | 0.721 | 1.551 | 0.140 | 17.234 |
| Constant | - | - | 0.077 | 0.929 | 1.080 | - | - |

DISCUSSION

The proportion of working women within Pakistan had a progressive growth from thirteen percent in 2000 to 22 percent in the year 2011 [13]. Nevertheless, despite the advancements made, women often encounter restrictions that confine them to traditionally feminine professions like nursing and teaching. Consequently, they typically have little employment benefits and insufficient safeguards in the workplace. Studies indicate that workplace violence (WPV) targeting nurses has substantial adverse effects, affecting their physical as well as emotional well-being, their responsibilities in patient care, hospital collaboration, including overall security of patients [14]. A study conducted recently on the difficulties encountered by nurses has uncovered concerning revelations. According to a research, 42 percent of nurses see an exacerbation of violence in the workplace in the last year. Approximately 28.1% of the participants reported encountering physical aggression, while 32.6% experienced verbal abuse, and 34.7 percent faced various other types of violence [11]. According to local research, nurses often work in dangerous and aggressive environments, experiencing as much as 80% of incidents involving patient aggression as well as verbal abuse [15]. Patients, relatives, and colleagues are the main culprits responsible for workplace violence towards nurses. Crucially, female nurse practitioners who encounter violence in hospital environments may also be subjected to abuse at home, since individuals who commit acts of violence at work are more prone to engaging in domestic abuse [16, 17]. This highlights the pressing need to tackle incidents of violent behavior at work towards nurses in Pakistan. The present research results on occupational stress amongst nurses, when compared to previous studies, demonstrate similar patterns and difficulties encountered by nursing professionals. The data suggests that a substantial percentage of nurses (about 35%) have a sense of burden due to the demands of their task. This finding is consistent with prior research that has identified workload as a primary source of stress amongst nurses [18]. Furthermore, the failure to put into effect the recommendations made by nurses and the perception of

inadequate concern from higher authorities align with the results of previous research studies, underscoring the need of resolving these problems in order to avoid dissatisfaction as well as disconnection among nursing professionals [19]. Regarding job satisfaction, nurses often express worries about insufficient recognition, wages, and advancement chances, which consistently emerge as challenges in many surveys. However, they also acknowledge positive features such as decent working conditions and opportunity to maximize their expertise [19]. These characteristics have a substantial influence on the overall work satisfaction as well as motivation of nurses, highlighting the necessity for interventions to tackle these problems and improve job satisfaction in nursing field. The data also revealed concerns regarding violence in the workplace, as nurses express concern about its frequency and influence on their capacity to deliver efficient care, as well as a possibility for errors. This aligns with extensive research indicating the adverse effects of violence in the workplace on nursing staff's overall well-being as well as the outcomes of patient care [20].

CONCLUSIONS

In conclusion, this study sheds light on the prevalence of stress among nurses in government hospitals in Pakistan, highlighting the need for targeted interventions to alleviate their burden. Despite some positive indicators of job satisfaction, concerns regarding occupational stress, workplace violence, and harassment persist. Future research and policy initiatives should focus on implementing effective strategies to create supportive work environments in Pakistan.

Authors Contribution

Conceptualization: AS, JA

Methodology: BR, AA, SMZHN, JM

Formal analysis: AS, BR, AA, MK, SMZHN,

Writing-review and editing: AS

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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