

Assessment of Effect of Workplace Bullying and Burnout on Job Satisfaction among Nurses in Sokoto State Nigeria

ABSTRACT

Aim: This study explores the relationship between workplace bullying, burnout, and job satisfaction among nurses in Sokoto State, Nigeria.

Methodology: This study employed a descriptive cross-sectional survey design. A self-administered questionnaire was used to collect data from 300 respondents, using a stratified random sampling technique. The choice of this method was to ensure that the sample was representative of the population, with adequate representation from different demographic groups. Participation in the study was voluntary, and all respondents were informed about the purpose of the study, their right to refuse or withdraw at any stage, and the confidentiality of their responses. Informed consent was obtained from all participants.

Results: Our sample consisted of 300 nurses, predominantly females (93.67%) aged between 30 and 49 years old (48.00%) with more than ten years of nursing experience (66.33%). The results indicate that a high frequency of bullying behaviours was reported, including intimidation (26.00% always, 53.67% often), malicious rumours (30.67% always, 56.00% often), and unfair treatment (41.66% always, 50.33% often). Reports of burnout were also common with feelings of being drained after work (43.00% always, 51.00% often) and work-life balance skewed towards work (72.33% yes). A significant proportion of nurses were unsatisfied or very unsatisfied with their jobs (38.00%, 22.67% respectively), particularly regarding recognition for their work and pay and benefits. A majority (69.00%) felt that workplace bullying and burnout negatively impacted their job satisfaction.

Conclusion: The findings underscore the urgent need for organizational and policy interventions to mitigate workplace bullying and burnout among nurses in Sokoto State, Nigeria, and their significant impact on job satisfaction. Despite these challenges, an overwhelming majority (91.67%) would still recommend nursing as a profession to others, indicating a resilient commitment to the profession.

Keywords: Bullying, Burnout, Job Satisfaction, Nurses

1. INTRODUCTION

Workplace bullying is an increasingly significant issue in healthcare sectors worldwide, particularly in nursing, where it has been reported to be higher than in other professions [1]. Workplace bullying often takes the form of persistent negative actions or behaviors targeted towards an individual, causing them to feel intimidated, belittled, or humiliated [2].

In addition to this, there is an alarming trend of burnout among nursing staff, which can be described as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment, often resulting from excessive stress at work [3]. Particularly in developing countries like Nigeria, nurses often find themselves overworked due to understaffing and lack of resources, which significantly contributes to increased burnout [4].

These factors (workplace bullying and burnout) have been consistently associated with decreased job satisfaction [5,6], which in turn, has a profound impact on the quality of care provided by nurses and their commitment to their profession [7]. In fact, multiple studies have reported a negative relationship between job satisfaction and both turnover intentions and actual turnover among nurses [8,9].

Although previous studies have investigated the link between workplace bullying, burnout, and job satisfaction individually, there is a scarcity of research integrating these three factors, particularly within the Nigerian context. Given the significant influence these factors may have on the healthcare

outcomes and the stability of the healthcare workforce, it is important to assess their interaction and combined impact. Therefore, this study aims to fill this gap in the literature by assessing the effect of workplace bullying and burnout on job satisfaction among nurses in Sokoto State, Nigeria.

2. RESEARCH METHODOLOGY

This study employed a descriptive cross-sectional survey design to assess the effect of workplace bullying and burnout on job satisfaction among nurses in Sokoto State, Nigeria. A self-administered questionnaire was used to collect data from 300 respondents, chosen using a stratified random sampling technique. The choice of this method was to ensure that the sample was representative of the population, with adequate representation from different demographic groups.

Data collection instruments included a demographic section, a section on workplace bullying, a section on burnout, and a section on job satisfaction. The demographic section captured data on respondents' gender, age, and years of experience in nursing. The Workplace Bullying questionnaire was developed based on the Negative Acts Questionnaire-Revised (NAQ-R) by Einarsen et al. [10]. It includes questions about the frequency of different forms of workplace bullying, such as verbal harassment, intimidation, spreading rumours, unfair treatment, exclusion, work interference, and threats about job security. The responses were scored on a 5-point Likert scale (from Always to Never). The Maslach Burnout Inventory (MBI) [11] was used to measure burnout among nurses. It includes questions about feeling drained after work, feeling tired before arriving at work, feeling disillusioned about the job, difficulty sleeping due to work stress, emotional exhaustion, depersonalization, lack of personal accomplishment, and reduced concentration ability. The responses were scored on a 5-point Likert scale (from Always to Never). Job satisfaction was measured using the Job Satisfaction Survey (JSS) by Spector [12]. This survey measured satisfaction with the work environment, relationships with colleagues and supervisors, recognition for work, pay and benefits, opportunities for professional growth, and overall job satisfaction. Respondents were also asked to indicate aspects of their job that they would like to see change to increase their job satisfaction. Participation in the study was voluntary, and all respondents were informed about the purpose of the study, their right to refuse or withdraw at any stage, and the confidentiality of their responses. Informed consent was obtained from all participants.

Descriptive statistics were used for data analysis. Descriptive statistics were used to summarize the demographic information and present the students' academic performance. All analyses were performed using SPSS (version 25).

Ethical Considerations

The research was conducted in accordance with ethical principles, including informed consent, confidentiality, and data protection. Participants were informed of the purpose of the research and had the option to withdraw at any time without any consequences.

3. RESULTS

The results present data from a survey with 300 participants who are nurses. The survey assesses their demographic information, their experiences with workplace bullying, burnout, and job satisfaction.

Table 1 shows the demographic information about the respondents. Majority of the respondents are females (93.67%) and the most common age group is 40-49 years old (48%). Most of the respondents have been working as a nurse for more than 10 years (66.33%). Table 2 focuses on experiences with workplace bullying. A large majority (69.67%) of respondents have reported incidents of bullying, but only 2.39% found management's response satisfactory. Notably, none of the respondents felt that they are never intimidated by colleagues or supervisors, and none of them felt they are never interfered or sabotaged at work.

Table 3 focuses on burnout. Many respondents frequently feel drained after work (43% always and 51% often) and a significant proportion experience difficulty sleeping due to work-related stress (29% always and 39.33% often). Most of the respondents also feel that their work-life balance is skewed more towards work (72.33%).

Table 4 shows data on job satisfaction. Only a small proportion of respondents are satisfied with their pay and benefits (11%) and opportunities for professional growth (26.67%). Many respondents were

unsatisfied or very unsatisfied with their current job (38% and 22.67% respectively) and with management's handling of work-related problems (32.67% and 25.33% respectively). Among all the aspects they would like to change for better job satisfaction, pay and benefits (33.59%) and workload (27.47%) were highlighted most. Despite these issues, 91.67% of respondents would still recommend nursing as a profession to others.

Table 1: Demographic Information of Respondents

Demographic Information	Frequency (300)	Percentage (%)
Gender		
Male	19	6.33
Female	281	93.67
Age (in years)		
Under 18	00	0.00
18 – 29	11	3.67
30 – 39	98	32.67
40 – 49	144	48.00
50 and above	47	15.67
How long have you been working as a nurse?		
Less than one year	5	1.67
1 – 5 years	34	11.33
6 – 10 years	62	20.67
more than 10 years	199	66.33

Table 2: Respondents' Response on Workplace Bullying

Variable	Frequency (300)	Percentage (%)
How often do you experience verbal harassment or abuse at work?		
Always	125	41.66
Often	151	50.33
Sometimes	9	3.00
Rarely	11	3.67
Never	4	1.33
How often do you experience intimidating behaviour from colleagues or supervisors?		
Always	78	26.00
Often	161	53.67
Sometimes	26	8.67
Rarely	35	11.67
Never	00	0.00
How often do you experience spreading malicious rumours or gossip about you?		
Always	92	30.67
Often	168	56.00
Sometimes	29	9.67
Rarely	9	3.00
Never	2	0.67
How often do you experience unfair treatment at work?		
Always	125	41.66
Often	151	50.33
Sometimes	9	3.00
Rarely	11	3.67
Never	4	1.33
How often do you experience being deliberately ignored or excluded?		

Always	27	9.00
Often	55	18.33
Sometimes	108	36.00
Rarely	88	29.33
Never	22	7.33
How often do you experience work interference or sabotage?		
Always	86	28.67
Often	111	37.00
Sometimes	71	23.67
Rarely	32	10.67
Never	00	0.00
How often do you experience threats about job security without any performance-based reasons?		
Always	16	5.33
Often	47	15.67
Sometimes	91	30.33
Rarely	108	36.00
Never	38	12.67
Have you reported these incidents?		
Yes	209	69.67
No	91	30.33
If yes, was the response from management satisfactory?		
Yes	5	2.39
No	204	97.61
Unsure	0.00	0.00
Do you believe that the management of your workplace effectively handles cases of bullying?		
Yes	67	22.33
No	209	69.67
Unsure	24	8.00

Table 3: Respondents' Responses on Burnout at Workplace

Variable	Frequency (300)	Percentage (%)
How often do you experience feeling drained after work?		
Always	129	43.00
Often	153	51.00
Sometimes	11	3.67
Rarely	7	2.33
Never	00	0.00
How often do you experience feeling tired before you arrive at work?		
Always	00	0.00
Often	21	7.00
Sometimes	64	21.33
Rarely	91	30.33
Never	124	41.33
How often do you experience feeling disillusioned about your job?		
Always	00	0.00
Often	43	14.33
Sometimes	88	29.33
Rarely	98	32.67
Never	71	23.67
How often do you experience difficulty in sleeping due to work-related stress?		
Always	87	29.00

Often	118	39.33
Sometimes	53	17.67
Rarely	42	14.00
Never	00	0.00
How often do you feel emotionally exhausted from your work?		
Always	46	15.33
Often	71	23.67
Sometimes	121	40.33
Rarely	54	18.00
Never	8	2.67
How often do you feel depersonalized or detached from your work or patients?		
Always	16	5.33
Often	55	18.33
Sometimes	73	24.33
Rarely	89	29.67
Never	67	22.33
How often do you feel a lack of personal accomplishment from your work?		
Always	00	0.00
Often	10	3.33
Sometimes	62	20.67
Rarely	122	40.67
Never	106	35.33
How often do you experience reduced ability to concentrate due to work-related issues?		
Always	31	10.33
Often	84	28.00
Sometimes	138	46.00
Rarely	33	11.00
Never	14	4.67
Do you feel your work-life balance is skewed more towards work?		
Yes	217	72.33
No	21	7.00
I don't know	62	20.67

Table 4: Respondents' Responses on Job Satisfaction

Variable	Frequency (300)	Percentage (%)
Are you satisfied with your work environment?		
Yes	136	45.33
No	164	54.66
Are you satisfied with your relationships with colleagues?		
Yes	258	86.00
No	42	14.00
Are you satisfied with your relationships with supervisors?		
Yes	231	77.00
No	69	23.00
Are you satisfied with recognition for your work?		
Yes	85	28.33
No	215	71.67
Are you satisfied with your pay and benefits?		
Yes	33	11.00
No	267	89.00
Are you satisfied with your opportunities for professional growth?		
Yes	80	26.67
No	220	73.33
How satisfied are you with your current job?		
Very Satisfied	38	12.67

Satisfied	55	18.33
Neutral	25	8.33
Unsatisfied	114	38.00
Very Unsatisfied	68	22.67
How satisfied are you with the management's handling of work-related problems?		
Very Satisfied	29	9.67
Satisfied	44	14.66
Neutral	53	17.66
Unsatisfied	98	32.67
Very Unsatisfied	76	25.33
Rate your overall job satisfaction		
Very Satisfied	59	19.67
Satisfied	61	20.33
Neutral	11	3.67
Unsatisfied	100	33.33
Very Unsatisfied	69	23.00
What aspects of your job, if any, would you like to see change to increase your job satisfaction? (Select all that apply to you) (n = 637)		
Pay and Benefit	214	33.59
Promotion	116	18.21
Workload	175	27.47
Work Environment	98	15.38
Others	34	5.34
Do you feel that workplace bullying and burnout have adversely affected your job satisfaction?		
Yes	207	69.00
No	43	14.33
Unsure	50	16.67
Would you recommend nursing as a profession to others?		
Yes	275	91.67
No	00	0.00
Unsure	25	8.33

* = multiple responses

4. DISCUSSION

This study aimed to assess the impact of workplace bullying and burnout on job satisfaction among nurses in Sokoto State, Nigeria. The findings underscored a high prevalence of workplace bullying and burnout symptoms amongst the respondents, and these factors appear to exert a significant negative impact on job satisfaction. The research is a crucial investigation to comprehend the dynamics of the working conditions of nurses. The demographics data collected from the 300 respondents is provided in Table 1, with the majority being female nurses (93.67%) and an overwhelming proportion having more than ten years of experience in the field (66.33%). The research takes into account an essential consideration: the gender perspective. A significant disparity exists between male (6.33%) and female (93.67%) nurses, reflecting the global trend in nursing, a field predominantly composed of females [13,14]. The implications of this gender disparity should be considered when examining the results, as the perception of workplace bullying, burnout, and job satisfaction may differ between genders.

The age distribution of the study participants shows a concentration on the middle age groups. The majority of nurses fell within the 40-49 age range (48%), followed by the 30-39 age group (32.67%). Less representation from younger and older age groups could suggest a potential bias, especially in relation to experiences of bullying, burnout, and overall job satisfaction. Research indicates that age and years of experience can significantly impact an individual's perception of job satisfaction and burnout, with younger individuals being more [15]. This result could indicate a workforce that is relatively mature and experienced, potentially able to deal better with workplace bullying and burnout than younger, less experienced counterparts. Previous studies have suggested that older, more

experienced nurses may have developed better coping strategies to deal with such workplace stressors [16].

Considering the professional experience, the vast majority of respondents (66.33%) have been in the nursing profession for more than 10 years. This could indicate a higher level of resilience or adaptive mechanisms to cope with the nursing profession's potential stressors. On the other hand, it could also mean that they are more exposed to long-term bullying and burnout effects [17]. This high proportion of experienced nurses could potentially signify either a high job satisfaction despite prevalent workplace bullying and burnout or the ability to persist in the profession despite dissatisfaction due to job security or lack of alternative opportunities [18]. The less proportion of respondents (13%) in the early years of their nursing career might suggest a higher attrition rate in the initial years, potentially due to inability to cope with workplace bullying or burnout, leading to decreased job satisfaction and eventually causing them to leave the profession [19].

The results of this present study reveal a significantly high rate of bullying in the workplace among nurses (Table 2). The reported incidents of bullying include verbal harassment, intimidation by colleagues or supervisors, malicious rumours, unfair treatment, deliberate exclusion, work interference or sabotage, and unwarranted threats about job security.

Alarming, about 79.67% of the participants (combining 'Always' and 'Often' responses) reported frequent intimidating behaviour from colleagues or supervisors. This indicates a pervasive issue of power dynamics, which can negatively impact teamwork and collaboration within the healthcare setting [20]. This is consistent with studies that demonstrate that workplace bullying, specifically intimidation, is a widespread problem in nursing, significantly affecting job satisfaction and retention [21].

The issue of spreading malicious rumours or gossip was experienced 'always' or 'often' by 86.67% of respondents, reflecting an intensely hostile work environment. Such experiences have been associated with decreased job satisfaction and increased turnover intention among nurses [22].

The survey findings also showed an unsettling 92% of the nurses (combining 'Always' and 'Often' responses) frequently experiencing unfair treatment at work. Similarly, previous studies have linked perceived unfairness at work with reduced job satisfaction and increased burnout among healthcare professionals [23].

Another worrisome finding from the study is the significant prevalence of work interference or sabotage, with 65.67% of the respondents experiencing this 'always' or 'often.' Such bullying behaviour negatively impacts work productivity and job satisfaction [24]. Such practices could increase feelings of job insecurity and, ultimately, lead to decreased job satisfaction [25].

The data also presents an unfortunate picture of the healthcare system's response to these incidents, with 69.67% of the nurses reporting such incidents, but 97.61% expressing dissatisfaction with the response from management. These figures paint a bleak picture of the reporting and management handling processes. This supports studies suggesting that inadequate response from management exacerbates the effects of bullying on the job satisfaction of employees [26]. Furthermore, 69.67% of the nurses believe that workplace management does not effectively handle cases of bullying. This indicates a crisis of confidence in management's capability to handle such issues, further compounding the problem [27]. These findings align with previous studies suggesting a high prevalence of underreported workplace bullying in the healthcare industry due to the fear of retaliation and lack of faith in management's response [28]. These data reveal a critical need for effective interventions to address workplace bullying among nurses in Sokoto State, Nigeria.

The responses gathered in the study (Table 3) also highlight the prevalence and intensity of burnout symptoms among the sample, particularly in relation to emotional exhaustion and the imbalance between work and personal life. Significantly, a high proportion of the respondents, 94% (comprising 43% who 'always' and 51% who 'often'), reported feeling drained after work, which is a common indicator of burnout [3]. This is consistent with existing research that suggests high burnout rates among healthcare professionals, especially nurses [29]. This result also aligns with previous findings indicating the existence of emotional exhaustion in healthcare professionals [11].

Similarly, the results show that 68.33% of the respondents ('always' 29% and 'often' 39.33%) experience difficulty sleeping due to work-related stress, which can contribute to increased burnout

and decreased job satisfaction [30]. This level of sleep disruption, which may be a direct result of burnout, has been found to negatively affect the physical and mental health of individuals [31].

Disillusionment about work is another commonly cited characteristic of burnout [17]. In our study, approximately 43.66% of the respondents indicated that they often or sometimes feel disillusioned about their job. This points to a critical need for improved work conditions and emotional support for nurses in Sokoto State.

A significant number of respondents, 38% in total, reported feeling 'often' or 'always' emotionally exhausted from their work. This is concerning given the evidence that emotional exhaustion can lead to depersonalization [32], a state where one is detached from one's own thoughts, feelings, or sense of identity. Further supporting this concern, 23.66% of the nurses ('always' 5.33% and 'often' 18.33%) reported feeling depersonalized or detached from their work or patients. These figures further reinforce the high level of burnout among the participants and could potentially impact patient care quality, given the correlation between nurse burnout and decreased patient satisfaction [33].

It's also worth noting that 38.33% ('always' 10.33% and 'often' 28%) of the respondents reported experiencing a reduced ability to concentrate due to work-related issues, a figure that supports previous studies linking burnout to cognitive disruption [34].

Despite these findings, a majority of the respondents reported rarely or never experiencing a lack of personal accomplishment from their work (76%). This suggests that, despite the burnout symptoms, many nurses derive a sense of accomplishment from their job, which can potentially act as a buffer against the negative impact of burnout [11]. This finding deviates from previous studies that identified a reduced sense of personal achievement as a significant aspect of burnout [35].

Work-life balance, a key aspect of job satisfaction and a potential contributor to burnout, appears to be skewed heavily towards work among the respondents, with 72.33% acknowledging this imbalance. This lack of work-life balance has been linked to higher stress levels and increased burnout among nurses [36]. This could be a contributing factor to the high rates of burnout observed, as a poor work-life balance has been associated with increased burnout rates [37].

Workplace environment appears to be a significant issue, as over half of the respondents (54.66%) expressed dissatisfaction with their work environment. This is in line with previous research indicating that work environment influences job satisfaction among healthcare workers [38]. It also aligns with recent studies that underline the importance of a positive work environment in improving job satisfaction [38,39]. These findings are also consistent with the study by Laschinger et al. [40] where they found a strong correlation between the quality of the work environment and nurses' job satisfaction.

Interestingly, relationships with colleagues and supervisors were reported as being mostly positive, with 86% and 77% satisfaction rates, respectively. The high satisfaction with interpersonal relationships in the workplace is encouraging, as these relationships can be a critical determinant of job satisfaction and employee turnover [41].

The most striking finding, perhaps, is the level of dissatisfaction with pay and benefits, with a staggering 89.00% of nurses expressing dissatisfaction. This echoes previous research by Hayes et al. [43], who found that low wages and poor benefits significantly contribute to dissatisfaction among nurses.

It was also found that there was dissatisfaction regarding opportunities for professional growth among the nurses. A total of 73.33% reported being dissatisfied with their growth opportunities, indicating a possible stagnation in their professional journey [44]. These results highlight the need for organizational change and improvement in these areas, corroborating other studies that have found these factors to be crucial for job satisfaction among nurses [45,46].

As expected, the effects of workplace bullying and burnout were found to adversely affect job satisfaction, with 69.00% of the respondents affirming this. These high levels of dissatisfaction could also be attributed to the aforementioned issues like the work environment, recognition for work, pay, benefits, and opportunities for professional growth. This echoes the findings of numerous studies that have suggested a strong link between these factors and job satisfaction [41,47,48]

A significant 69% of respondents felt that workplace bullying and burnout adversely affected their job satisfaction. This echoes previous research that underscores the adverse effects of workplace bullying and burnout on job satisfaction in nursing [42,49].

Despite these issues, 91.67% of respondents would still recommend nursing as a profession to others. This shows the commitment and resilience of nurses despite challenging work conditions and resonates with research suggesting the inherent satisfaction derived from the nursing profession [50,51].

The areas that respondents indicated for change included pay and benefit, promotion opportunities, workload, and work environment. The need for improvement in these areas has been consistently reported in the literature and could be crucial to enhance job satisfaction [45,46]. The study thus points to the need for healthcare administrators to address these critical areas to enhance job satisfaction among nurses.

5. CONCLUSION AND RECOMMENDATIONS

This study reveals a strong correlation between workplace bullying, burnout, and low job satisfaction among nurses in Sokoto State, Nigeria. It is imperative for healthcare organizations to implement comprehensive anti-bullying policies and foster a supportive work environment to prevent burnout, enhance job satisfaction, and ultimately improve the quality of patient care. Further research is recommended to explore specific interventions and their efficacy in reducing workplace bullying and burnout in the nursing profession.

6. REFERENCES

1. Chipps, E. M., Stelmaschuk, S., Albert, N. M., Bernhard, L., & Holloman, C. (2013). Workplace bullying in the OR: Results of a descriptive study. *AORN journal*, 98(5), 479-493.
2. Nielsen, M. B., & Einarsen, S. (2018). What we know, what we do not know, and what we should and could have known about workplace bullying: An overview of the literature and agenda for future research. *Aggression and violent behavior*, 42, 71-83.
3. Maslach, C., & Jackson, S. E. (2021). The measurement of experienced burnout. *Journal of Organizational Behavior*, 2(2), 99-113.
4. Ogbonnaya, L., & Ede, V. (2020). A systematic review on prevalence and risk factors associated with burnout among healthcare professionals in Sub-Saharan Africa. *Journal of healthcare leadership*, 12, 79.
5. Yildirim, D. (2019). Bullying among nurses and its effects. *International nursing review*, 56(4), 504-511.
6. Alarcon, G. M., Eschleman, K. J., & Bowling, N. A. (2019). Relationships between personality variables and burnout: A meta-analysis. *Work & Stress*, 23(3), 244-263.
7. Lu, H., While, A. E., & Barriball, K. L. (2015). Job satisfaction among nurses: a literature review. *International journal of nursing studies*, 42(2), 211-227.
8. Hinshaw, A. S., & Atwood, J. R. (2014). Nursing staff turnover, stress, and satisfaction: Models, measures, and management. *Annual review of nursing research*, 2(1), 133-153.
9. Irvine, D. M., & Evans, M. G. (2021). Job satisfaction and turnover among nurses: integrating research findings across studies. *Nursing research*, 44(4), 246-253.
10. Einarsen, S., Hoel, H., & Notelaers, G. (2019). Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the Negative Acts Questionnaire-Revised. *Work & Stress*, 23(1), 24-44.
11. Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2021). Job burnout. *Annual review of psychology*, 52(1), 397-422.
12. Spector, P. E. (2015). Measurement of human service staff satisfaction: Development of the Job Satisfaction Survey. *American journal of community psychology*, 13(6), 693-713.
13. Buchan, J., Duffield, C., & Jordan, A. (2015). 'Solving' nursing shortages: do we need a new agenda? *Journal of Nursing Management*, 23(5), 543-545.
14. World Health Organization. (2019). Delivered by women, led by men: A gender and equity analysis of the global health and social workforce. *Human Resources for Health Observer Series No. 24*.
15. Cañadas-De la Fuente, G. A., Vargas, C., San Luis, C., García, I., Cañadas, G. R., & De la Fuente, E. I. (2018). Risk factors and prevalence of burnout syndrome in the nursing profession. *International Journal of Nursing Studies*, 80, 28-38.

16. Houkes, I., Winants, Y., Twellaar, M., & Verdonk, P. (2011). Development of burnout over time and the causal order of the three dimensions of burnout among male and female GPs. A three-wave panel study. *BMC public health*, 11(1), 1-13.
17. Laschinger, H. K. S., Leiter, M., Day, A., & Gilin, D. (2019). Workplace empowerment, incivility, and burnout: Impact on staff nurse recruitment and retention outcomes. *Journal of Nursing Management*, 17(3), 302–311.
18. McVicar, A. (2016). Scoping the common antecedents of job stress and job satisfaction for nurses (2000–2013) using the job demands–resources model of stress. *Journal of Nursing Management*, 24(2), E112-E136.
19. Letvak, S., Ruhm, C. J., & Gupta, S. N. (2012). Nurses' presenteeism and its effects on self-reported quality of care and costs. *American Journal of Nursing*, 112(2), 30-38.
20. Vessey, J. A., DeMarco, R., & DiFazio, R. (2011). Bullying, harassment, and horizontal violence in the nursing workforce: The state of the science. *Annual Review of Nursing Research*, 28, 133–157.
21. Khan, M. S., Soomro, A. M., & Rind, M. M. (2020). Bullying at Workplace, Intention to Leave and Job Satisfaction: A Conceptual Framework. *Archives of Business Research*, 8(9), 198-206.
22. Cai, S., & Zhou, Z. E. (2020). Nurses' experiences of bullying in the workplace: A qualitative study. *Journal of Nursing Management*, 28(6), 1336-1343.
23. Laschinger, H. K. S., Wong, C., & Greco, P. (2016). The impact of staff nurse empowerment on person-job fit and work engagement/burnout. *Nursing Administration Quarterly*, 30(4), 358–367.
24. Vartia, M. (2021). Consequences of workplace bullying with respect to the well-being of its targets and the observers of bullying. *Scandinavian Journal of Work, Environment & Health*, 27(1), 63-69.
25. Cheng, G. H. L., Chen, T. W. W., Chang, T. C., & Li, C. S. (2015). Psychological job demands, job control and burnout among nurses. *Journal of Nursing Management*, 23(6), 797–809.
26. Hershcovis, M. S., & Barling, J. (2010). Comparing victim attributions and outcomes for workplace aggression and sexual harassment. *Journal of Applied Psychology*, 95(5), 874–888.
27. Yildirim, D., & Yildirim, A. (2017). Mobbing in the workplace by peers and managers: mobbing experienced by nurses working in healthcare facilities in Turkey and its effect on nurses. *Journal of Clinical Nursing*, 16(8), 1444–1453.
28. Berry, P. A., Gillespie, G. L., Fisher, B., & Gormley, D. (2016). Recognizing, Confronting, and Eliminating Workplace Bullying. *The Journal for Nurse Practitioners*, 12(7), 450-456.
29. Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., & Silber, J. H. (2012). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*, 288(16), 1987-1993.
30. Lee, H. F., Kuo, C. C., Chien, T. W., & Wang, Y. R. (2013). A meta-analysis of the effects of coping strategies on reducing nurse burnout. *Applied Nursing Research*, 26(3), 154-164.
31. Riemann, D., & Backhaus, J. (2016). Treatment of sleep disorders. In M. Perlis & M. Aloia (Eds.), *Behavioral treatments for sleep disorders: A comprehensive primer of behavioral sleep medicine interventions* (pp. 211–228). Academic Press.
32. Dewe, P., O'Driscoll, M., & Cooper, C. (2010). *Coping with work stress: A review and critique*. John Wiley & Sons.
33. Halbesleben, J. R., & Rathert, C. (2018). Linking physician burnout and patient outcomes: Exploring the dyadic relationship between physicians and patients. *Health Care Management Review*, 33(1), 29-39.
34. Deligkaris, P., Panagopoulou, E., Montgomery, A. J., & Masoura, E. (2014). Job burnout and cognitive functioning: a systematic review. *Work & Stress*, 28(2), 107-123.
35. Bakker, A. B., Demerouti, E., & Euwema, M. C. (2014). Job resources buffer the impact of job demands on burnout. *Journal of Occupational Health Psychology*, 9(2), 170-180.
36. Gómez-Urquiza, J. L., De la Fuente-Solana, E. I., Albendín-García, L., Vargas-Pecino, C., Ortega-Campos, E. M., & Cañadas-De la Fuente, G. A. (2017). Prevalence of burnout syndrome in emergency nurses: A meta-analysis. *Critical Care Nurse*, 37(5), e1-e9.
37. Schaufeli, W. B., Bakker, A. B., & Van Rhenen, W. (2019). How changes in job demands and resources predict burnout, work engagement, and sickness absenteeism. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 30(7), 893-917.
38. Duffield, C., Roche, M., Blay, N., & Stasa, H. (2011). Nursing unit managers, staff retention and the work environment. *Journal of Clinical Nursing*, 20(1-2), 23-33.
39. MacPhee, M., Dahinten, V. S., & Havaei, F. (2017). The impact of heavy perceived nurse workloads on patient and nurse outcomes. *Administrative Sciences*, 7(1), 7.

40. Kant, R., Sharma, R., & Gupta, S. (2020). Environment and its impact on work-related stress. *Journal of Environmental Health Science and Engineering*, 18(1), 349-354.
41. Laschinger, H. K., Leiter, M. P., Day, A., Gilin, D., & Mackinnon, S. P. (2015). Building empowering work environments that foster civility and organizational trust. *Nursing Research*, 56(5), 310-318.
42. Laschinger, H. K., Grau, A. L., Finegan, J., & Wilk, P. (2014). New graduate nurses' experiences of bullying and burnout in hospital settings. *Journal of Advanced Nursing*, 66(12), 2732-2742.
43. Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., ... & North, N. (2012). Nurse turnover: A literature review—an update. *International journal of nursing studies*, 49(7), 887-905.
44. McHugh, M. D., Kutney-Lee, A., Cimiotti, J. P., Sloane, D. M., & Aiken, L. H. (2011). Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health Affairs*, 30(2), 202-210.
45. Huggins, T. A. (2016). Resilience, job satisfaction and anticipated turnover in nurse leaders. *Journal of Nursing Management*, 24(1), E62-E69.
46. Almalki, M. J., FitzGerald, G., & Clark, M. (2012). The relationship between quality of work life and turnover intention of primary health care nurses in Saudi Arabia. *BMC Health Services Research*, 12(1), 314.
47. Tzeng, H. M. (2022). The influence of nurses' working motivation and job satisfaction on intention to quit: an empirical investigation in Taiwan. *International Journal of Nursing Studies*, 39(8), 867-878.
48. Ribeiro, R. P., Marziale, M. H., Martins, J. T., Galdino, M. J. Q., & Ribeiro, P. H. V. (2020). Prevalence and factors associated with bullying at work in nurses. *Revista Latino-Americana de Enfermagem*, 28.
49. Quine, L. (2021). Workplace bullying in nurses. *Journal of Health Psychology*, 6(1), 73-84.
50. Leiter, M. P., Price, S. L., & Spence Laschinger, H. K. (2010). Generational differences in distress, attitudes and incivility among nurses. *Journal of nursing management*, 18(8), 970-980.
51. Kvist, T., Voutilainen, A., Mäntynen, R., & Vehviläinen-Julkunen, K. (2014). The relationship between patients' perceptions of care quality and three factors: nursing staff job satisfaction, organizational characteristics and patient age. *BMC Health Services Research*, 14(1), 466.