

Research Article

Open Access

Job Performance Among Nurses Experiencing Workplace Violence at Pediatric Emergency Departments: A Cross-Sectional Study in Baghdad

Mohammed Ibrahim Hindi MSc. *; Adraa Hussein Shawq, Ph.D.**.

* Academic Nurse, Medical City Complex, Ministry of Health, Iraq.

Email: mohammed.hindi2104m@conursing.uobaghdad.edu.iq. ORCID: <https://orcid.org/0009-0001-6079-5840>

** Professor, Pediatric Nursing Department, College of Nursing, University of Baghdad, Iraq.

Email: adraa.hussein@conursing.uobaghdad.edu.iq.

ARTICLE INFO

Article history:

Received: 19/05/2023

Accepted: 14/08/2023

Published: 31/14/2025

Keywords:

*Nursing job performance,
Nurses,
Emergency department,
Workplace violence.*

ABSTRACT

Objective(s): To assess the level of job performance among nurses exposed to workplace violence, and to examine the association between workplace violence exposure and nursing job performance in pediatric emergency departments.

Methods: A descriptive cross-sectional study was conducted to assess the job performance of nurses who were exposed to workplace violence at emergency departments. A non-probability, convenience sample was selected 72 nurses who experienced workplace violence at pediatric emergency departments in Baghdad Governorate pediatric hospitals. A Six-Dimensions Scale was used to assess job performance between nurses who experienced workplace violence, the data were collected using self-administration technique. The data analyzed by using the descriptive and inferential processes through SPSS version 26.

Results: Over half of the nursing staff (53.3%) had experienced workplace violence at emergency departments, predominantly non-physical violence (51.1%). Nurses with work violence exposure demonstrated a moderate level of job performance (80.6%; $M = 105.08 \pm 13.50$), whereas nurses without work violence exposure predominantly showed a good level (76.2%; $M = 130.79 \pm 15.43$). A statistically significant difference was identified between the two groups ($U = 482.5, p < 0.001$).

Conclusion: Workplace violence has a significant negative influence on nursing job performance, particularly across leadership, teaching/collaboration, planning/evaluation, interpersonal relations, and professional development domains. Critical care performance remained at a good level despite WPV exposure.

Recommendations: Healthcare authorities and Ministry of Health decision-makers need to enact a Nurses Protection Law, mandate systematic reporting of workplace violence incidents, and implement rotating shift systems to mitigate workload-related vulnerability.

الأداء الوظيفي بين الممرضين المعرضين للعنف في مكان العمل بأقسام طوارئ الأطفال: دراسة مقطعية في بغداد

المستخلص

الهدف: يهدف البحث إلى تقييم مستوى الأداء الوظيفي لدى الممرضين المعرضين للعنف في مكان العمل، ودراسة العلاقة بين التعرض للعنف في مكان العمل والأداء الوظيفي التمريضي في أقسام طوارئ الأطفال.

المنهجية: أجريت دراسة وصفية مقطعية لتقييم الأداء الوظيفي للممرضين الذين تعرضوا للعنف في مكان العمل داخل أقسام الطوارئ. تم اختيار عينة غير احتمالية بطريقة العينة المتاحة، شملت (٧٢) ممرضًا وممرضة ممن تعرضوا للعنف في أقسام طوارئ الأطفال في مستشفيات محافظة بغداد. تم استخدام مقياس الأبعاد الستة لتقييم الأداء الوظيفي لدى الممرضين المعرضين للعنف في مكان العمل، وتم جمع البيانات باستخدام أسلوب الاستبانة ذاتية الإدارة. جرى تحليل البيانات باستخدام الأساليب الإحصائية الوصفية والاستدلالية عبر برنامج الحزمة الإحصائية للعلوم الاجتماعية (SPSS) الإصدار ٢٦.

النتائج: أظهرت النتائج أن أكثر من نصف أفراد الملاك التمريضي (٥٣,٣٪) قد تعرضوا للعنف في مكان العمل داخل أقسام الطوارئ، وكان العنف غير الجسدي هو الأكثر شيوعًا (٥١,١٪). كما أظهر الممرضون المعرضون للعنف مستوى متوسطًا من الأداء الوظيفي (٨٠,٦٪؛ المتوسط الحسابي = $105,08 \pm 13,50$)، في حين أظهر الممرضون غير المعرضين للعنف مستوى جيدًا من الأداء الوظيفي (٧٦,٢٪؛ المتوسط الحسابي = $130,79 \pm 15,43$). وكشفت النتائج عن وجود فرق ذي دلالة إحصائية بين المجموعتين ($U = 482.5$) ($p < 0.001$).

الاستنتاج: للعنف في مكان العمل تأثير سلبي معنوي على الأداء الوظيفي التمريضي، لا سيما في مجالات القيادة، والتعليم والتعاون، والتخطيط والتقييم، والعلاقات الشخصية، والتطوير المهني. في المقابل، حافظ أداء الرعاية الحرجة على مستوى جيد بالرغم من التعرض للعنف في مكان العمل.

التوصيات: الحاجة إلى تشريع قانون لحماية الممرضين من قبل الجهات الصحية وصنّاع القرار في وزارة الصحة، وإلزام المؤسسات الصحية بالتبليغ المنهجي عن حوادث العنف في مكان العمل، فضلًا عن تطبيق نظام المناوبات الدورية للحد من قابلية التعرض المرتبطة بضغط العمل.

الكلمات المفتاحية: الأداء الوظيفي التمريضي، الممرضين، قسم الطوارئ، العنف في مكان العمل

Introduction:

The emergency department (ED) has consistently been identified as one of the highest-risk clinical environments for workplace violence (WPV) against healthcare staff^(1,2). Violence in the ED is not an isolated phenomenon. It represents a systemic challenge that disproportionately affects nursing staff, who constitute the largest healthcare workforce component and serve as the primary point of patient contact⁽³⁾.

Nurses experience WPV at a rate approximately three times higher than workers in other professions, a disparity attributable to their continuous bedside presence, coordination responsibilities across disciplines, and frontline accessibility^(4,5). Nursing job performance is inherently multidimensional, encompassing leadership, critical care provision, teaching and collaboration, planning and evaluation, interpersonal relations and communication, and professional development.⁽⁶⁾ Each of these domains is susceptible to disruption by psychological and physiological stressors.

WPV introduces a constellation of such stressors including fear, moral distress, emotional exhaustion, and diminished occupational self-efficacy that collectively erode the cognitive and relational capacities required for safe, high-quality nursing care⁽⁷⁾.

The pediatric emergency setting amplifies these dynamics. Parents and caregivers of critically ill children frequently present in states of acute psychological distress, which may manifest as verbal aggression or physical confrontation toward healthcare staff⁽⁸⁾. This heightened emotional context, combined with resource constraints endemic to healthcare systems in low-and-middle-income countries, creates a particularly vulnerable environment for nurses⁽⁹⁾.

Nurses are the backbone of the healthcare field, and they play an essential role in every facet of their nursing activities including leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations (IPR)/communications, and professional development, which is classified as patient-related and non-patient-

related job performance ⁽¹⁰⁾. Overall, job performance is a multi-dimensional phenomenon that can be affected by a wide range of variables, including individual characteristics, the demands of the job, job satisfaction, skill level, the value placed on recognition of achievements, the availability of social support, the quality of communication and feedback, the style of management, and the culture of the workplace ⁽¹¹⁾.

Despite the global recognition of WPV as an occupational hazard, evidence from the Iraqi healthcare context remains sparse ⁽¹²⁾. Understanding the magnitude of WPV exposure and its effect on nursing job performance within pediatric EDs in Baghdad is essential for informing evidence-based policy, workforce protection legislation, and institutional safeguarding protocols ^(13, 14). The present study was therefore designed to assess nursing job performance and its relationship with WPV.

Research question

What are the types of workplace violence among pediatric nurses at EDs in Baghdad? What are the levels of nursing job performance among WPV exposed and non-exposed nurses? Is there any statistical association between WPV exposure and nursing job performance?

Methods

Study design

A descriptive cross-sectional design was applied to assess the job performance of nurses who were exposed to violence and find out its relationship with workplace violence. Data collection was gathered for the period from September 7th 2022 to May 16th 2023.

Setting of the study

The research was carried out at the emergency departments EDs in six hospitals in Baghdad Governorate, that providing health care services for pediatric patients. The included hospitals are: Al-Elwya Children's Teaching Hospital, Ebin Al-Baladi Hospital for Maternal and Children, Fatima Al-Zahraa Teaching Hospital for Maternal and Children, Children Welfare Teaching Hospital, Central Teaching Hospital of Pediatric, and Al-Kadhimiya Hospital for Children.

Study sample

A non-probability, convenience, sample of 72 out of 135 nurses who worked in pediatric EDs were participated in the study. They were defined as nurses who experienced workplace violence WPV by themselves. This approach was considered appropriate due to the practical nature of the clinical setting and the need to include accessible participants actively involved in pediatric emergency care.

The inclusion criteria of the sample include nurses who exposed to EPV at least for last 6 months, and working at pediatric EDs no less one year. While the excluded criteria are: nurses who have experience less than one year at EDs in pediatric hospitals, expose to WPV less than six months, not working at EDs.

Study Instrument

The data were collected Six-Dimensions Scale of Nursing Job Performance (6-DSNP), originally developed and validated by AlMakhaita et al. in Saudi Arabia ⁽¹¹⁾, The scale comprises 52 items distributed across six subscales: leadership (5 items), critical care (7 items), teaching/collaboration (11 items), planning/evaluation (7 items), interpersonal relations/communication (12 items), and professional development (10 items). Each item is rated on a three-point Likert scale (Seldom = 1, Occasionally = 2, Frequently = 3). Performance levels were categorized as Poor (1.22–1.71), Moderate (1.72–2.21), or Good (2.22–2.72).

The face and content validity has been determined throughout the use of a panel of experts, and Cronbach's Alpha approach was used to measure the questionnaire's reliability that was 0.96. Nurses additionally reported their own WPV exposure (yes / no for the preceding six months). In addition to the nurses' socio-demographic data.

Data collection

Data collection commenced following receipt of institutional approvals. All participants received written information about the study purpose, the voluntary nature of participation, and confidentiality protections. Written administrative consent was obtained prior to questionnaire distribution. The questionnaire was self-administered.

Data analysis

Data were analyzed by using the Statistical Package for Social Sciences (SPSS), Version

26. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize socio-demographic and study variables. The Mann–Whitney U test was employed to examine the association between WPV exposure and nursing job performance, given the non-normal distribution of scores. Statistical significance was set at $p < 0.05$.

Ethical Consideration and Administrative Permissions

The study has the ethical approval from the Research Ethics Committee of the College of Nursing, University of Baghdad (Ref. No. 33,

Results

dated 26/11/2022). The approval obtained from the Ministry of Planning and the Ministry of Health. Moreover, the formal permission was given by the six selected hospitals to perform the study. Furthermore, the administrative consent was obtained from the participants before the data was collected. They identified the aims of the study, and assured that the data collected would be used solely for scientific purposes, that they could withdraw from the study at any time, and that their participation would not affect their confidentiality, which would be protected.

Table 1. Distribution of Nurses' Socio-Demographic Characteristics (n = 135)

Characteristics	f	%	
Sex	Male	56	41.5%
	Female	79	58.5%
Age (M±SD = 28.64 ± 5.71)	20-29 years	97	71.9%
	30-39 years	29	21.5%
	40-49 years	8	5.9%
	50-59 years	1	0.7%
Educational level	Nursing school	37	27.4%
	Diploma	82	60.7%
	Bachelor	15	11.1%
	Postgraduate	1	0.7%
Years of experience (M±SD = 3.54 ± 2.19)	1-5 years	113	83.7%
	6-10 years	20	14.8%
	11-15 years	2	1.5%
Work shift	Day	47	34.8%
	Night	88	65.2%
	Total	135	100%

f: frequency, %: percentages, M: Mean, SD: Standard Deviation

Table 1 summarizes the socio-demographic profile of all 135 participating nurses. Female nurses comprised the majority (58.5%), consistent with the predominantly female composition of the nursing workforce in Iraq. The sample was largely young, with 71.9% aged between 20–29 years ($M = 28.64 \pm 5.71$ years), reflecting a workforce characterized by relative inexperience and potential vulnerability to occupational stressors.

The predominance of diploma-level education (60.7%) is indicative of the current educational infrastructure for nursing in Baghdad, where diploma-awarding institutes outnumber degree-level programs. A large majority of nurses (83.7%) had 1–5 years of experience ($M = 3.54 \pm 2.19$ years), suggesting substantial workforce turnover or recent recruitment into emergency care settings. Nearly two-thirds of participants (65.2%) worked the night shift, reflecting institutional staffing structures and service demand patterns.

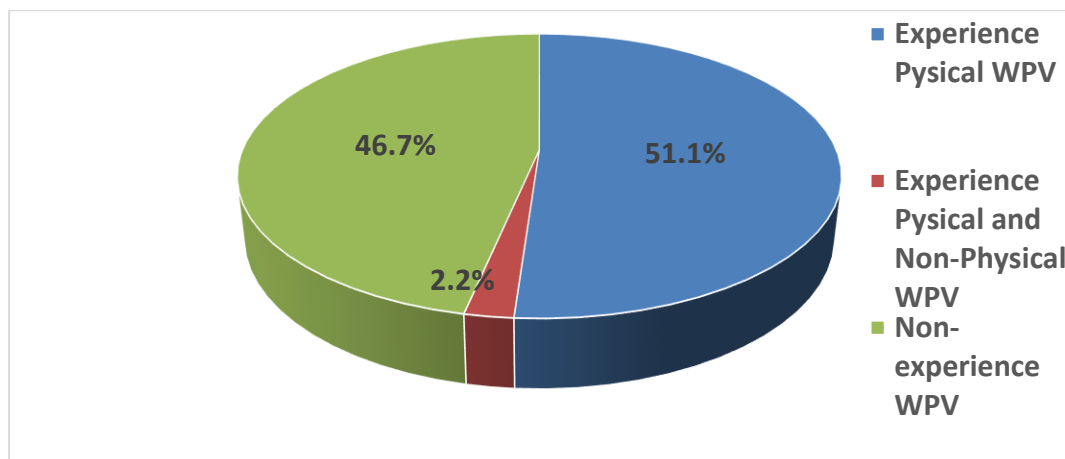


Figure 1: Types and Prevalence of Workplace Violence (WPV) Among Nurses at Emergency Departments in Pediatric Hospitals (n=135)

Of the 135 nurses, 53.3% ($n = 72$) reported exposure to WPV in the preceding six months. The predominant form was non-physical violence (51.1%), encompassing verbal abuse, threats, and intimidation. Combined physical and non-physical violence was reported by 2.2% of nurses, while 46.7% reported no WPV exposure. These findings position the WPV prevalence rate in this sample within the upper range reported across comparable ED settings in the region.

Table 2. Assessment of Job Performance Levels Among Nurses in both Groups (n=135)

Level of Nursing Job Performance	Work Place Violence Group					Non-Work Place Violence Group				
	F	%	M	SD	Ass.	F	%	M	SD	Ass.
Poor	9	12.5	105.08	13.496	Moderate	0	0	130.79	15.430	Good
Moderate	58	80.6				15	23.8			
Good	5	6.9				48	76.2			
Total	72	100				63	100			

f: frequency, %: percentage, M: Mean score, SD: standard deviation, Ass: assessment
 Poor= 52 – 86.66, Moderate= 86.67 – 121.33, Good=121.34 – 156

Table 2 reveals a striking contrast in job performance levels between the two groups. Among WPV-exposed nurses, 80.6% demonstrated moderate performance ($M = 105.08 \pm 13.50$), while only 6.9% achieved a good level. Conversely, among non-exposed nurses, 76.2% demonstrated good performance ($M = 130.79 \pm 15.43$), with none scoring in the poor category. The 25-point gap in mean scores underscores the substantive negative influence of WPV on nurses' overall job performance.

Table 3. Nursing Job Performance Subscale Scores Among Work Place Violence Exposed Nurses (n=72)

Subscales		f	%	Mean	SD.	Assessment
Leadership	Poor	24	33.3	9.25	1.59	Moderate
	Moderate	43	59.7			
	Good	5	6.9			
Poor= 5 – 8.33, Moderate= 8.34 – 11.66, Good= 11.67 - 15						
Critical Care	Poor	0	0	16.75	1.798	Good
	Moderate	37	48.4			
	Good	35	51.6			
Poor=7 – 11.66, Moderate= 11.67 – 16.33, Good= 16.34 - 21						
Teaching/ Collaboration	Poor	19	26.4	21.54	4.242	Moderate
	Moderate	34	47.2			
	Good	19	26.4			
Poor=11 – 18.33, Moderate= 18.34 – 25.66, Good= 25.68 - 33						
Planning/ Evaluation	Poor	14	19.4	13.9	2.764	Moderate
	Moderate	44	61.1			
	Good	14	19.4			
Poor=7 – 11.66, Moderate= 11.67 – 16.33, Good= 16.34 - 21						
Interpersonal Relations/ Communication	Poor	12	16.7	25.89	5.196	Moderate
	Moderate	29	40.3			
	Good	31	43.1			
Poor=12 – 19.9, Moderate= 20 – 27.9, Good= 28 - 36						
Professional Development	Poor	15	20.8	18.32	2.122	Moderate
	Moderate	55	76.4			
	Good	2	2.8			
Poor=10 – 16.66, Moderate= 16.67 – 23.33, Good= 23.34 - 30						

f: frequency, %: percentage, SD: standard deviation,

Table 3 provides a granular analysis of job performance across the six subscales among WPV-exposed nurses. Five of six subscales: leadership, teaching/collaboration, planning/evaluation, interpersonal relations/communication, and professional development were assessed at a moderate level. The critical care subscale was the sole dimension assessed at a good level ($M = 16.75 \pm 1.80$; 51.6% good), which may reflect the deeply internalized clinical protocols and acute task-focused performance that nurses maintain even under adversity.

Professional development showed the narrowest performance range, with 76.4% at moderate and only 2.8% achieving good performance, suggesting this non-clinical domain is particularly vulnerable to the erosive effects of WPV exposure. Leadership subscale performance was also notably affected, with 33.3% of nurses scoring at a poor level.

Table 4. Association Between Nursing Job Performance and Workplace Violence by Mann–Whitney U Test

Statistical Parameter	Value
Mann–Whitney U	482.500
Wilcoxon W	3110.500
Z	-7.878
Asymptotic Significance (2-tailed)	p < 0.001

The Mann–Whitney U test revealed a statistically significant difference in job performance between WPV-exposed and non-exposed nurses ($U = 482.5$, $Z = -7.878$, $p < 0.001$). This result confirms that WPV exposure is a significant negative predictor of nursing job performance in pediatric emergency departments.

Discussion

Nurses' Sociodemographic Characteristics

The results of (table, 1) demonstrated, high percentage of nurses were between (20-29) years with 71.9 percent at the mean of age (28.64 ± 5.71). These data reflect the demographic profile of young nurses in emergency settings in Iraqi hospitals. However, this may be pedagogically intentional, it simultaneously positions inexperienced nurses in the most volatile clinical environments, potentially compounding their susceptibility to the psychological sequelae of WPV.

These findings are aligned with Sabbar and Kassim (2022) and Razzaq and Al-Ogaili, both of authors identified a predominance of young nurses (20–29 years) in emergency settings across Iraq. The high proportion of night-shift workers (65.2%) is also consistent with Iraqi and regional evidence, as well as with the pattern observed by Hussein and Faraj⁽¹⁵⁾ and Hassan et al.⁽¹⁶⁾ were reflect a structural staffing vulnerability during lower-supervision hours when WPV incidents are more likely to occur unreported.

Concerning the sex of nurses, the finding demonstrated that females made up over half (58.5%) of the nurses. This finding might be explained by the reality that women usually

choose pediatric care because they are more sympathetic, and understanding with young children. This result agreement by two studies in Iraq, they found more than half of nurses were females^(17, 18). The result showed, over half (60.7%) of the nurses held a diploma level in the nursing profession. This may be explained by the desire of most nurses to get employed faster due to less duration of study. This result concurred with two previous studies, whom revealed more than half of nurses had a diploma degree^(19, 20).

The finding related to years of experience in pediatric emergency departments demonstrated that most of nurses (83.7%) had (1-5) years of experience. From the researcher's point of view, due to the stressful work environment in EDs and workload, some nurses turn their work department to more less stressful department. This result agreed with a study in Iraq by Jasem and Mohammed at emergency departments, whom demonstrated that most of nurses had (1-5) years in EDs⁽²¹⁾. As well as, Li YF et al. in their study on nurses' avoidance of emergency department violence found that, the majority of nurses had one to five experience years⁽²²⁾.

The current finding showed, around two-thirds of nurses were work in the night shift (65.2%). This may be attributed to risk of WPV

and burden of care. This result agreed with Iraqi study that investigate the risk of violence among nurses in EDs, that showed over half of nurses were working in the night shift ⁽²³⁾. Also, a study in Egypt to assess the prevalence of violence against nurses found, majority of nurses were from night shift ⁽²⁴⁾.

Type and Prevalence of Workplace Violence Among Nurses at Pediatric Emergency Departments in Baghdad

The current study findings indicated that over half (53.3%) of nursing staff in pediatric EDs experienced various types of WPV over a six-month (figure, 1). The non-physical violence encompassing (verbal abuse, intimidation, and threatening behavior) was the predominant form (51.1%). The relatively low rate of combined physical and non-physical violence was (2.2%). This rate of violence is belonged to pediatric guardians unaccepted behaviors, as most children are admitted as critical and urgent cases and their relatives were anxious and confused about their child. Also, they may interpret delays in medical diagnosis as neglect by healthcare members and may react aggressively with them.

The prevalence of WPV is considering mirroring patterns observed across similar settings in Jordan, Egypt, and Pakistan. The current result is consistent with Abdelhamid et al. ⁽²⁵⁾, who reported a 53% rate of WPV among nurses, and aligns with El-Hneiti et al. ⁽²⁶⁾, whose explorative study confirmed the widespread nature of WPV against nursing staff across diverse healthcare settings. The specific context of pediatric emergency care in which caregivers of critically ill children may present in heightened states of emotional reactivity offers a plausible explanatory mechanism for this elevated prevalence.

Nursing Job Performance Among Nurses in both Groups

The finding in (Table 2) showed the most of nurses who exposed to WPV (80.6%) their level of job performance was assessed at a moderate level with mean score (105.08±13.496), compared to (76.2%) of non-exposed WPV nurses performing at a good level, represents a substantive performance

deficit attributable to violence exposure. The (25.71) point mean difference in performance scores between the two groups is not merely statistically significant it is clinically meaningful.

This result is supported by Islam et al. ⁽¹⁰⁾ in Bangladesh, who similarly found moderate job performance to be the predominant level among nurses in high critical settings. The study by Al-Makhaita et al. ⁽¹¹⁾ found that nearly half of nurses in optimal work environments performed at a good level a benchmark this study's violence-exposed group fell substantially short of. Chronic exposure to stress contributes to emotional exhaustion and compassion fatigue, reducing nurses' capacity for empathic patient engagement, collaborative communication, and proactive professional development. The morale-depressing effect of perceived institutional indifference to WPV manifested in the absence of formal reporting mechanisms and protective legislation further attenuates motivation and occupational commitment ^(21, 24).

In addition, (table, 3) reflected the subscale of nursing job performance, that identify the critical care tasks in nursing profession including cardiopulmonary assessment, medication administration, and emergency resuscitation are highly proceduralized activities governed by explicit protocols and reinforced through repetitive practice. The routinized, task-focused nature of critical care may render it relatively resistant to the cognitive disruption caused by WPV, as psychomotor skills and algorithmic clinical actions are less dependent on the higher-order executive functions that WPV most compromises.

In contrast, leadership (33.3% poor performance) and professional development (76.4% moderate performance) showed the greatest relative impairment. Leadership requires sustained motivational capacity, interpersonal influence, and strategic orientation functions that are among the first to deteriorate under chronic occupational stress. Professional development, being a non-urgent, discretionary activity, may be de-prioritized by nurses consumed with managing the psychological aftermath of violent incidents.

The moderate performance in interpersonal relations and communication (with 43.1% at good level) suggests a partial preservation of nurses' relational competencies despite WPV exposure, perhaps reflecting the professional socialization that emphasizes patient-centered communication as a core nursing value.

Relationship Between Nursing Job Performance and Workplace Violence

When compared the nursing job performance between the two groups (table, 4) that revealed a significance statistically differences between them ($p < 0.001$), that confirms that WPV exposure is a robust negative determinant of nursing job performance in pediatric emergency settings. The justification of this result could be for aggressive behaviours that nurses exposed to. In which nurses who experienced violence were influenced negatively at work environment and their care outcomes were less efficient than nurses who not experienced violence. This finding agreed with a study in China by Lin et al. ⁽²⁷⁾, that demonstrated a significant inverse relationship between WPV and job performance, mediated through quality-of-life reductions. The consistency of this finding across diverse cultural and healthcare system contexts underscores the universality of WPV's adverse occupational effects.

Collectively, these findings make a compelling evidence-based case for urgent structural, regulatory, and institutional responses to WPV in Iraqi pediatric hospitals.

Limitation

Several limitations were noted: the directionality and temporal sequence of the relationship between WPV and job performance cannot be definitively established, the data were collected through self-administration, the WPV exposure was assessed without capturing its frequency and severity, the study did not control for potential confounders such as individual resilience, coping styles, or the availability of institutional support systems.

Strengths

This study presents several notable strengths. It is among the first Iraqi studies to

systematically compare nursing job performance between WPV exposed and non-exposed nurses using a validated multi-dimensional instrument. The multi-site design, encompassing six public pediatric hospitals in Baghdad, enhances the representativeness of findings within the capital's healthcare system. The use of a non-parametric statistical test appropriate for the data distribution strengthens the validity of the inferential analysis. Furthermore, the high internal consistency of the 6-DSNP ($\alpha = 0.96$) supports confidence in the measurement accuracy of the performance assessment.

Conclusion

This study demonstrates that more than half of nurses in pediatric EDs in Baghdad were exposed to WPV, with non-physical violence as the predominant form. WPV-exposed nurses performed less job performance than non-violence nurses in the same work place. The WPV affect negatively on nursing job performance.

There is a broader deterioration across leadership, professional development, and teaching/collaboration domains risks to healthcare quality of the nursing workforce. While the critical care performance was partially preserved among WPV-exposed nurses.

Recommendations

Based on the findings, the following recommendations are proposed: the Iraqi Ministry of Health need to enforcement of a Nurses' Protection Law, implement mandatory electronic WPV reporting systems, hospital administrations need to rotate nursing shift systems to reduce workload burden on nurses, and integrated psychological support services into occupational health services.

Acknowledgment

The authors would like to thank all nurse who participated in this study.

Conflict of interest:

None

Funding

None.

Data availability statement

The data that support the findings of this study are available from the authors, but restrictions apply to the availability of these data, which were used under license for the current study and are not publicly available. However, the data can be obtained from the authors upon reasonable request and with appropriate permissions.

Author contribution

MI designed, conducted, and analyzed the study, and drafted the manuscript. AHS supervised the research and provided critical review.

References

1. Jeong IY, Kim JS. The Relationship between Intention to Leave the Hospital and Coping Methods of Emergency Nurses after Workplace Violence. *Int J Lab Hematol*. 2018;27(7–8):1692–701.
2. Hameed AT, Sachit AA, Dabis HA. Workplace violence against health care providers in emergency departments: An underrated problem. *Indian J Forensic Med Toxicol*. 2020;14(4):1850–6.
3. ALBashtawy M, Al-Azzam M, Rawashda A, Batiha AM, Bashaireh I, Sulaiman M. Workplace violence toward emergency department staff in Jordanian hospitals: A cross-sectional study. *J Nurs Res*. 2015;23(1):75–81.
4. Abdellah RF, Salama KM. Prevalence and risk factors of workplace violence against health care workers in emergency department in Ismailia, Egypt. *Pan Afr Med J*. 2017;26:1–8.
5. Zafar W, Siddiqui E, Ejaz K, Shehzad MU, Khan UR, Jamali S, et al. Health care personnel and workplace violence in the emergency departments of a volatile metropolis: Results from Karachi, Pakistan. *J Emerg Med [Internet]*. 2013;45(5):761–72. Available from: <http://dx.doi.org/10.1016/j.jemermed.2013.04.049>
6. Pandey M, Bhandari TR, Dangal G. Workplace Violence and its Associated Factors among Nurses. *J Nepal Health Res Counc*. 2018;15(3):235–41.
7. Al Ameri MHI. Night Shift and its Impact upon the Quality of Life of Nurses Working at the Teaching Hospitals of the Medical City Complex in Baghdad City, Iraq. *J Nurs Care*. 2017;6(4):6–10.
8. Chang HE, Cho SH. Workplace Violence and Job Outcomes of Newly Licensed Nurses. *Asian Nurs Res (Korean Soc Nurs Sci) [Internet]*. 2016;10(4):271–6. Available from: <http://dx.doi.org/10.1016/j.anr.2016.09.001>
9. Ahmed AQ, Hattab KM. Effectiveness of an Intervention Program on Nurses' Practices toward Neonatal Intubation Suctioning Procedure at Neonatal Intensive Care Unit. *Iraqi Natl J Nurs Spec*. 2022;35(5):650–1. <https://injns.uobaghdad.edu.iq/index.php/INJNS/article/view/532>.
10. Islam S, Khatun F, Nesa M. Job Performance of Clinical Nurses at Tertiary Level Hospital in Bangladesh. *IOSR J Nurs Heal Sci [Internet]*. 2019;8(5):63–72. Available from: www.iosrjournals.org
11. AlMakhaita H, Sabra A, Hafez A. Job performance among nurses working in two different health care levels, Eastern Saudi Arabia: a comparative study. *Int J Med Sci Public Heal*. 2014;3(7):832.
12. Cho H, Han K. Associations Among Nursing Work Environment and Health-Promoting Behaviors of Nurses and Nursing Performance Quality: A Multilevel Modeling Approach. *J Nurs Scholarsh*. 2018;50(4):403–10.
13. D'Ettorre G, Mazzotta M, Pellicani V, Vullo A. Preventing and managing workplace violence against healthcare workers in emergency departments. *Acta Biomed*. 2018;89(1):28–36.
14. ALBashtawy M. Workplace violence against nurses emergency departments in Jordan. *Enferm Clin*. 2013;28(2010):184–90.
15. Sabbar DK, Kassim WJ. Relationship between Workplace Related Violence and Job Satisfaction among Nurses Staff. *Pakistan J Med Heal Sci*. 2022;16(3):1018–20.

16. Razzaq, M.S. and Al-Ogaili, S.S.C., Effect of Workplace Violence against Nurses in Al-Najaf Teaching Hospitals. *age* (Years), 20(34),pp.121..php/INJNS/article/view/469.
17. Sabbar, D.K. and Kassim, W.J., 2022. Workplace Related Violence among Nurses Staff in Nasiriyah Teaching Hospitals. *Mosul Journal of Nursing*, 10(3), pp.97-103.18. Kadhim KJ, Bakey SJ. Barriers Confronting Nurses' Practices during Intravenous Cannulation for Children in the Emergency Units. *Pakistan J Med Heal Sci*. 2022;16(3):896–8.
19. Abdel-Sattar SA, Saleh MS, Alenezi A. Experience of workplace violence against emergency nurses: Suggesting managerial policies and control measures. *International Journal of Advanced and Applied Sciences*. 2020 May 2;7(9):21-8.
20. Kadhim NS, Shawq AH. Evaluation of Nurses ` Practices toward Chemical Poisoning in Children. *Iraqi Natl J Nurs Spec*. 2022;35(2). <https://injns.uobaghdad.edu.iq/index.php/INJNS/article/view/612>
21. Jasem AH, Mohammad DWK. Assessment of Knowledge about Priorities of Nurses' Responsibilities at Emergency Departments in Baghdad Teaching Hospitals. *J Nurs Heal Sci*. 2016;05(05):66–70.
22. Li YF, Chao M, Shih CT. Nurses' intention to resign and avoidance of emergency department violence: A moderated mediation model. *International Emergency Nursing*. 2018 Jul 1;39:55-61.
23. Hussein MM, Faraj RK. Risk of Violence among Nurses in Emergency Departments at Baghdad City Hospitals: The Mediating Role of the Work Environment. *Med Leg Updat*. 2021;21(2):303–9.
24. Hassan EE, Amein NM, Ahmed SM. Workplace violence against nurses at Minia district hospitals. *J Heal Sci*. 2020;10(1):76–82.
25. Abdelhamid M, Abdelmohsen NS, Department PN. Relationship between Workplace Violence and Job Satisfaction among Nurses Working In Psychitric Setting. 2017;8(2).
26. El-Hneiti M, Shaheen AM, Bani Salameh A, Al-dweeri RM, Al-Hussami M, Alfaouri FT, et al. An explorative study of workplace violence against nurses who care for older people. *Nurs Open*. 2020;7(1):285–93.
27. Lin WQ, Wu J, Yuan LX, Zhang SC, Jing MJ, Zhang HS, et al. Workplace violence and job performance among community healthcare workers in China: The mediator role of quality of life. *Int J Environ Res Public Health*. 2015;12(11):14872–86.