
Commentary: The relationship between workplace violence, emotional exhaustion, job satisfaction and turnover intention among nurses during the COVID-19 pandemic

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This interesting paper explores the relational factors between workplace violence, emotional exhaustion, job satisfaction and turnover intention for nurses during the COVID-19 pandemic in Turkey. Five hundred and thirteen nurses were surveyed using questionnaires that were translated into Turkish. SPSS and process macro analysis were used to analyse the data.

COVID-19 was, of course, an extreme situation for all healthcare staff globally: workloads were not only high, but patients' needs were intensive, death rates increased, and resources were ominously lacking. The resultant pressures were profound, with the levels of fear, anxiety, burnout and vicarious trauma experienced by staff devastating. It is of no doubt that the unique events that occurred during this period will have served to intensify the outcomes of the research. None the less, the findings are pertinent not only to any future extreme situations, but also to the everyday practice of nurses and other healthcare practitioners who are working in healthcare settings. Moreover, as the paper identifies, there appears to be common factors in this field at global levels; and thus, this study does have international significance.

For example, the study highlights a wealth of research reporting extremely high levels of violence against nurses in the workplace globally, that this is a growing problem and that casual factors include a lack of resources, limited training, long waiting times, overcrowding and failure to meet the expectations of patients and families. This is an all too familiar story in contemporary healthcare and a damning indictment of a lack of investment to meet growing needs in health care provision.

Emotional exhaustion, stress and fears of raising concerns, are all, as my own work clearly attests, commonly reported issues in healthcare staff that impact on, not only job satisfaction, turnover and emotional exhaustion, but overall life balance, wellbeing and meaning in life

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(Clouston, 2014, 2015, 2019). Whilst the influence of the latter three factors is not mooted in the introduction and conceptual development sections of the paper, the authors do mention work–life balance in the findings and conclusion of their study. Moreover, the authors suggest that healthcare organisations should address this issue in both material and moral terms if job satisfaction and intention to leave are to be reduced.

Whilst the findings of the study do not generally identify any surprises, they do support the literature and add to the body of knowledge underpinning it. For example, job satisfaction was found to have a partial mediating effect on the relationship between emotional exhaustion and turnover intention, that is, the presence of emotional exhaustion was correlated with job dissatisfaction and a higher rate of turnover intention. This would suggest that if workloads were reduced, staff were supported, and critically, a cultural change was implemented, that put care and wellbeing before productivity and outcomes in the health workplace, then this would reduce these factors (Clouston, 2015, 2019). Although cultural determinants are not a strong factor in the paper, the authors do, as mentioned previously, indicate the need for meeting personal and organisational needs both morally and materially. This is such an important point, and, the authors suggest, it is a necessary requirement of change to increase job satisfaction and reduce turnover. However, they merely touch on this tantalising dilemma and do not consider the complexity this entails in terms of meeting both organisational drivers and individual wellbeing. That said, as this was not an aim of the study, perhaps it is necessary for readers to consider this potential conundrum in their own analysis and reflections on the findings from this study.

A second finding in the paper indicated that exposure to violence at work increases the levels of emotional exhaustion, anxiety and turnover intention in staff. As nurses reportedly have higher levels of risk in terms of experiencing violence than other healthcare workers (because it seems, of their working hours), this is a notable factor for the profession to consider. As the authors contest, employers should be addressing this threat of violence in the workplace by providing training, assuring support and prevention, and, I would add, they should strictly enforce a zero-tolerance policy that should be implemented and upheld both for the protection of staff and those accessing the services.

Many workplaces are of course, addressing this. In the United Kingdom context, the recent violence, protection and reduction standard (NHS England, 2020) has been implemented in England and the protocol for dealing with violence and aggression towards NHS staff in Wales (Welsh Government, 2022) in the Welsh NHS. However, how much these will actually help in addressing the problem remains to be seen; nevertheless, time will tell and we, the workers, researchers and service users, will all be watching.

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