



Exploring Nurses' Perceived Health and Occupational Burnout: The Impact of Sleep Quality, Workplace Violence, and Organizational Culture

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Received: 10 october 2023 **Revised:** 24 November 2023 **Accepted:** 08 December 2023

Chapter 1: Understanding Nurses' Perceived Health and Occupational Burnout

Occupational burnout is a psychological state characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, often resulting from chronic workplace stress. Perceived health, on the other hand, refers to an individual's subjective assessment of their physical and mental well-being (Diakos, Koupidis & Dounias, 2022). In nursing, these concepts are deeply intertwined, as the demanding nature of the profession exposes nurses to prolonged stress, potentially diminishing their sense of well-being. Burnout not only affects nurses' mental health but also compromises their ability to provide effective patient care. Understanding these phenomena in the context of nursing is crucial, as addressing the root causes of burnout and improving perceived health can lead to better outcomes for both healthcare providers and patients (Li et al., 2023).

Nurses play a pivotal role in healthcare delivery, often serving as the primary caregivers and the backbone of the system. Their physical and emotional well-being directly impacts the quality of patient care, workplace harmony, and overall healthcare outcomes. When nurses experience burnout or perceive their health as poor, their ability to perform effectively diminishes, leading to errors, reduced patient satisfaction, and increased turnover rates (White, Dulko & DiPietro, 2022). Moreover, a healthy and resilient nursing workforce is essential to cope with the growing demands of healthcare systems worldwide. By prioritizing the well-being of nurses, healthcare institutions can enhance performance,

ensure patient safety, and foster a supportive environment that promotes sustainable caregiving practices **(Sadeghi-Gandomani & Alavi NM, Afshar ,2019)**.

Sleep quality is a critical factor influencing nurses' health and burnout levels. The irregular schedules, long shifts, and night duties often inherent in nursing disrupt sleep patterns, leading to chronic sleep deprivation. Poor sleep quality affects cognitive function, emotional stability, and overall health, increasing the risk of errors and reducing job performance **(Jun et al .,2021)**. Research shows that nurses with inadequate sleep are more likely to report symptoms of burnout, including emotional exhaustion and decreased personal accomplishment. Addressing this issue requires organizational changes, such as implementing better shift rotations and promoting awareness about sleep hygiene. Improving sleep quality not only enhances perceived health but also supports the professional and personal lives of nurses **(Trumello et al .,2020)**.

Workplace violence is another significant factor contributing to nurses' occupational burnout and perceived health issues. Verbal, physical, and psychological abuse from patients, colleagues, or supervisors create a toxic work environment, eroding nurses' confidence and morale. This type of violence not only affects mental health but also undermines their sense of safety and belonging**(Aljabri et al .,2022)**.Studies indicate that exposure to workplace violence increases stress levels, leading to symptoms of burnout and even long-term psychological disorders. Institutions must address this issue by implementing strict anti-violence policies, training staff in conflict resolution, and fostering a culture of mutual respect. Preventing workplace violence is key to maintaining a healthy and motivated nursing workforce **(Zych et al .,2019)**.

Organizational culture plays a vital role in shaping nurses' experiences and influencing their perceived health and burnout levels. Supportive workplace environments that emphasize collaboration, open communication, and respect contribute to better mental health and professional satisfaction among nurses **(Dean , Jacobs & Manfredi , 2020)**. Conversely, toxic cultures characterized by favoritism, poor leadership, and inadequate support systems exacerbate stress and reduce job engagement. Effective organizational cultures also promote shared values, clear expectations, and opportunities for professional growth. Interventions such as leadership training, regular feedback mechanisms, and wellness programs can foster a positive culture that enhances nurses' resilience and reduces burnout **(Carpenter , Mulvey & Gould , 2020)**.

The interplay between sleep quality, workplace violence, and organizational culture magnifies the risks of occupational burnout among nurses. For example, a nurse experiencing disrupted sleep is more vulnerable to the effects of workplace violence, while a toxic organizational culture can amplify these stressors **(Fang et al .,2021)**: Poor workplace environments can make it difficult for nurses to recover from emotional and physical fatigue, leading to a vicious cycle of stress and declining perceived health. Understanding these interactions is essential for designing comprehensive strategies to improve nurses' well-being. Targeted interventions addressing all three factors collectively are likely to yield more sustainable improvements in reducing burnout **(Steele, Rodgers& Fogarty, 2020)**.

Burnout among nurses doesn't only affect their personal health; it has significant repercussions for patient care and workplace dynamics. Burnout leads to decreased empathy, impaired decision-making, and increased medical errors, jeopardizing patient safety **(Faria, 2020)**.Furthermore, stressed and disengaged nurses are less likely to collaborate effectively with their colleagues, causing disruptions in teamwork and communication. These challenges reduce overall workplace efficiency and can create a cascade of stress within healthcare teams. Addressing burnout is therefore not just a matter of individual well-being but a critical component of ensuring effective and safe healthcare delivery **(Gracia et al .,2019)**.

Healthcare organizations have a pivotal role in mitigating nurse burnout by fostering a supportive and resourceful work environment. Strategies include implementing flexible scheduling, providing mental health resources, and promoting staff recognition programs. Creating a feedback culture where nurses

feel heard and valued also contributes to reducing stress levels **(Davidson et al .,2020)**. Encouraging teamwork, ensuring fair workloads, and offering professional development opportunities further enhance nurses' perceived health. When organizations prioritize these measures, they not only improve nurses' well-being but also enhance retention and boost overall healthcare performance **(Einarsen et al .,2020)**.

Policy changes at both institutional and governmental levels are crucial to addressing the root causes of nurse burnout. Policies should emphasize adequate staffing, fair compensation, and stricter regulations against workplace violence **(Boca Raton.san& Hassan, 2021)**. Additionally, national frameworks can support nurse training in resilience and stress management while encouraging research into factors affecting perceived health and burnout. Policymakers must recognize the centrality of nurses in healthcare systems and advocate for systemic changes that prioritize their well-being. A well-supported nursing workforce is fundamental to achieving long-term improvements in healthcare quality **(Rodziewicz, Houseman& Hipskind, 2023)**.

The growing awareness of nurses' perceived health and burnout calls for collective action from healthcare leaders and researchers. Institutions must implement evidence-based interventions to address burnout, improve workplace conditions, and promote work-life balance**(Einarsen et al .,2020)**. Researchers should focus on exploring innovative strategies to tackle the interconnected factors of sleep quality, workplace violence, and organizational culture. By taking proactive steps, stakeholders can ensure that nurses maintain their professionalism and well-being while providing the highest standard of care. The time to act is now to safeguard the future of nursing and healthcare delivery **(Hodkinson et al .,2022)**.

Chapter 2: The Role of Sleep Quality in Nurses' Health and Burnout

Sleep is essential for maintaining physical, mental, and emotional well-being, as it allows the body and mind to recover and prepare for daily challenges. Physically, sleep supports immune function, tissue repair, and hormonal balance, all of which are critical for nurses who often endure physically demanding shifts**(Sandhu, 2023)**. Mentally, adequate sleep enhances cognitive functions, including memory, problem-solving, and decision-making, which are essential in high-stakes healthcare environments. Emotionally, quality sleep fosters resilience, reducing the risk of stress and mood disorders. For nurses, sleep is not just restorative but also a key factor in their ability to perform critical clinical tasks, maintain compassion, and provide safe patient care. Without sufficient rest, both personal health and professional effectiveness are significantly compromised **(Winter, Schreyogg& Thiel, 2020)**.

The nature of nursing shifts—often irregular, long, and overnight—poses a significant challenge to maintaining healthy sleep patterns. Night shifts disrupt the body's natural circadian rhythms, making it difficult for nurses to achieve restful sleep during the day. Rotating shifts compound this issue, preventing the establishment of a consistent sleep-wake cycle. Additionally, long shifts of twelve hours or more leave minimal time for rest and recovery, especially when compounded by family or personal responsibilities**(Hodkinson et al .,2022)**. These patterns lead to sleep deprivation and chronic fatigue, impairing nurses' alertness and decision-making abilities. Over time, the misalignment of their biological clocks with their work schedules creates a cycle of poor sleep and declining performance, impacting both their well-being and the quality of care they provide **(Bakker, Demerouti& Sanz-Vergel, 2023)**.

The consequences of inadequate sleep for nurses extend beyond fatigue to severe health and professional implications. Sleep deprivation has been linked to increased risks of burnout, characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. In healthcare settings, this translates into a higher likelihood of errors in medication administration, patient monitoring, and clinical decision-making **(Panagioti et al .,2019)**. Long-term health problems associated with poor sleep include cardiovascular diseases, obesity, diabetes, and weakened immune function, all of which are prevalent among sleep-deprived nurses. Additionally, insufficient sleep contributes to mental health issues such as anxiety, depression, and irritability, further diminishing professional performance. For

nurses, addressing sleep quality is essential not only for their personal health but also for the safety and well-being of their patients **(West et al .,2020)**.

Numerous studies highlight the strong correlation between inadequate sleep and occupational burnout among nurses. Research shows that nurses who sleep less than six hours per night are significantly more likely to experience burnout symptoms compared to those with sufficient rest. For example, a study published in the *Journal of Nursing Management* found that nurses with poor sleep quality reported higher levels of emotional exhaustion and reduced job satisfaction **(Cao et al .,2020)**: Another study revealed that sleep-deprived nurses were twice as likely to make medical errors. These findings underscore the critical role of sleep in maintaining professional effectiveness and emotional resilience. The evidence highlights a pressing need for healthcare organizations to address sleep-related challenges as part of broader efforts to support nurses' well-being and reduce burnout rates **(Akinwale & George, 2020)**.

One effective strategy to improve sleep quality among nurses is the implementation of flexible scheduling. By providing nurses with greater control over their work hours, healthcare organizations can help them align shifts with their natural sleep patterns and personal needs **(Kim et al ., 2022)**: For instance, minimizing consecutive night shifts and allowing adequate recovery time between shifts can significantly improve sleep quality. Hospitals can also consider shorter shifts or a reduction in mandatory overtime, both of which alleviate fatigue and promote rest. Flexible scheduling is not only beneficial for nurses' health but also improves job satisfaction and retention. Ensuring that nurses have sufficient time to recover between shifts fosters a healthier workforce and reduces the risk of errors and burnout in clinical settings **(Davidson et al .,2020)**.

Education on sleep hygiene is another critical component in addressing sleep-related challenges among nurses. Training programs can teach nurses practical strategies to improve sleep, such as establishing a consistent bedtime routine, limiting caffeine intake before rest, and creating a sleep-conducive environment **(Kimhi et al .,2021)**: Nurses working night shifts can benefit from tips on managing light exposure, such as using blackout curtains or wearing sunglasses during their commute home. Education on the physiological effects of sleep deprivation can also raise awareness and encourage nurses to prioritize rest. By equipping nurses with knowledge and tools to enhance sleep hygiene, healthcare organizations can empower them to take proactive steps toward better sleep and overall well-being **(Leonhardt, 2022)**.

Organizational interventions play a vital role in promoting better sleep quality among nurses. Healthcare facilities can establish policies to support sleep health, such as enforcing mandatory rest breaks during shifts and providing designated nap areas for nurses. Promoting a culture that prioritizes well-being over excessive productivity is crucial in reducing stigma around rest **(Elhanafy & El Hessewi ,2021)**. Offering access to mental health services and wellness programs can also help nurses address stress and anxiety that may interfere with sleep. By fostering an environment that values recovery and rest, healthcare organizations can mitigate the risks of burnout and enhance the performance and satisfaction of their nursing staff **(Ortega et al .,2023)**.

Innovative technologies can be utilized to monitor and improve nurses' sleep quality. Wearable devices, such as fitness trackers, can help nurses track sleep patterns and identify areas for improvement. Mobile apps that provide relaxation techniques or guided meditations can aid in stress reduction and facilitate restful sleep **(King et al .,2021)**: Additionally, organizations can use aggregated data from these technologies to assess trends in staff well-being and implement targeted interventions. While technology cannot replace the need for systemic changes, it offers valuable tools for both nurses and employers to address sleep-related challenges in a measurable and proactive way **(Janssen et al .,2020)**.

Improving nurses' sleep quality requires collaboration among various stakeholders, including healthcare administrators, policymakers, and professional associations. Administrators must prioritize scheduling practices and workplace policies that reduce sleep disruption. Policymakers can advocate for regulations that limit shift lengths and ensure adequate rest periods **(Lai et al .,2020)**: Professional nursing associations can provide resources, training, and advocacy to raise awareness about the importance of

sleep. By working together, these stakeholders can create systemic changes that support nurses' well-being and foster a culture of rest and recovery in healthcare settings **(Fava et al .,2023)**.

Addressing sleep quality is essential for mitigating burnout and improving nurses' perceived health. As a cornerstone of physical, mental, and emotional well-being, sleep directly impacts nurses' ability to perform their roles effectively **(Caristo & Clements , 2019)**. By recognizing the challenges posed by shift work, educating nurses on sleep hygiene, and implementing supportive organizational policies, healthcare systems can create an environment conducive to rest and recovery. Collaborative efforts among nurses, employers, and policymakers are crucial in driving sustainable change. Investing in nurses' sleep health not only enhances their professional lives but also ensures better outcomes for patients and the healthcare system as a whole **(Asaoka et al .,2021)**.

Chapter 3: Workplace Violence and Its Impact on Nurses

Workplace violence in nursing encompasses various forms of aggression, including verbal, physical, and psychological abuse. Verbal violence often involves insults, threats, or demeaning language from patients, their families, or even colleagues. Physical violence includes hitting, pushing, or other forms of physical harm, which nurses frequently encounter, especially in emergency and psychiatric units. Psychological violence involves tactics like intimidation, bullying, or harassment, which can erode a nurse's confidence and well-being over time **(Feeg et al .,2021)**. These forms of violence create a hostile work environment, affecting the safety and functionality of healthcare facilities. Understanding the different types of workplace violence is crucial for implementing effective interventions that safeguard nurses and ensure a professional, respectful working atmosphere **(McFarland, Hlubocky& Riba, 2019)**.

Workplace violence against nurses is alarmingly prevalent worldwide. Studies show that over fifty percent of nurses experience some form of workplace violence annually, with verbal abuse being the most common. Emergency departments, psychiatric wards, and long-term care facilities are often hotspots due to the high-stress nature of these environments. Violence can originate from patients, family members, or even colleagues **(Lambert et al .,2021)**: In some regions, cultural norms and underreporting exacerbate the problem, making it difficult to address comprehensively. The prevalence of workplace violence highlights the urgent need for policies and strategies to protect nurses, who are essential to maintaining the quality and continuity of patient care in increasingly demanding healthcare environments **(Karuna et al .,2022)**.

The psychological impact of workplace violence on nurses is profound, often leading to stress, anxiety, and depression. Experiencing violence can leave nurses feeling devalued and unsafe, diminishing their emotional resilience. Long-term exposure to such hostile environments increases the risk of burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment **(Berg, 2022)**. Nurses may also develop post-traumatic stress disorder (PTSD), which can further hinder their ability to deliver compassionate care. These mental health challenges not only affect the well-being of nurses but also contribute to higher turnover rates, increased absenteeism, and compromised patient care, creating a vicious cycle of stress and reduced performance **(Marthy, 2022)**.

Workplace violence undermines nurses' professionalism by eroding their morale and job satisfaction. Nurses who face aggression may become disengaged, struggle to maintain a caring attitude, and find it challenging to collaborate effectively with colleagues. This erosion of professionalism can impact patient safety and the overall quality of care **(Papageorge et al .,2020)**. Furthermore, a lack of institutional support in addressing violence may leave nurses feeling undervalued, reducing their commitment to their role. Persistent exposure to violence fosters dissatisfaction and decreases motivation, leading to higher turnover rates and difficulty in retaining experienced staff, which further strains healthcare systems already burdened by staffing shortages **(Yalçın& Baykal, 2019)**.

Nurses subjected to workplace violence often report poor physical and mental health. The stress associated with violent encounters can lead to chronic conditions like hypertension, gastrointestinal

issues, and sleep disturbances. Psychological consequences, such as anxiety and depression, also impair nurses' overall health, diminishing their ability to perform effectively **(Fleming, 2023)**. These health issues create a ripple effect, as nurses struggling with their own well-being may struggle to provide optimal care for patients. Addressing workplace violence is essential not only for protecting nurses' health but also for preserving the integrity and effectiveness of healthcare teams **(Chung et al., 2020)**.

Despite the prevalence of workplace violence, several barriers hinder effective prevention and management. Underreporting is a significant issue, as nurses may fear retaliation or feel that reporting incidents will not lead to meaningful action. Inadequate institutional policies and a lack of enforcement mechanisms further perpetuate the issue **(Lluch et al., 2022)**. Cultural norms in some regions also normalize aggressive behavior, discouraging nurses from speaking out. These barriers emphasize the need for systemic changes, including creating a culture of safety, implementing robust reporting systems, and ensuring accountability at all levels of healthcare organizations **(De Simone, Vargas & Servillo, 2021)**.

Implementing robust security measures is critical in preventing workplace violence against nurses. Hospitals can introduce physical barriers, such as secure access points and surveillance systems, to limit unauthorized entry and monitor potentially violent situations. Employing trained security personnel in high-risk areas, such as emergency departments, can also deter aggressive behavior **(Lee, 2021)**. Moreover, hospitals should develop clear protocols for handling violent incidents, ensuring that nurses and other staff feel supported and protected. These measures not only improve safety but also contribute to a more secure work environment, enabling nurses to focus on delivering quality care **(Hall et al., 2020)**.

Equipping nurses with conflict resolution skills is an effective strategy for reducing workplace violence. Training programs can teach nurses how to de-escalate tense situations, recognize early signs of aggression, and use effective communication techniques to manage conflicts. Role-playing scenarios and simulations can prepare nurses to respond calmly and professionally during potentially violent encounters **(Davidson et al., 2020)**. Additionally, educating staff on assertiveness and boundary-setting can empower nurses to address inappropriate behavior confidently. By integrating conflict resolution training into professional development programs, healthcare institutions can reduce the frequency and severity of violent incidents while enhancing nurses' confidence and competence **(Aiken, Lasater & Sloane, 2023)**.

Creating a supportive reporting culture is essential for addressing workplace violence effectively. Healthcare organizations should establish anonymous and accessible reporting systems that encourage nurses to report incidents without fear of retaliation. Providing timely responses and transparent follow-up processes ensures that staff feel heard and valued **(Carthon et al., 2022)**. Additionally, involving staff in the development of reporting policies can increase trust and compliance. Support groups and counseling services for nurses who experience violence can also help them recover emotionally and maintain their professional resilience. Robust reporting mechanisms not only improve accountability but also contribute to a safer and more respectful workplace environment **(Labraguel & Alexis, 2020)**.

Addressing workplace violence requires a strong commitment from healthcare organizations. Leadership must prioritize creating a culture of safety and respect, integrating anti-violence policies into the organization's core values. Regular evaluations of workplace safety and employee well-being should guide improvements in practices and policies. Collaboration with external stakeholders, such as policymakers and professional associations, can further reinforce efforts to combat workplace violence **(Li et al., 2020)**. Ultimately, protecting nurses from violence is not only a moral obligation but also a strategic investment in the health and sustainability of the entire healthcare system. By fostering a safe work environment, healthcare organizations can empower nurses to thrive professionally and deliver the highest quality of care **(Devi, Purborini & Chang, 2021)**.

Chapter 4: The Role of Organizational Culture in Nurses' Well-Being

Organizational culture refers to the shared values, beliefs, behaviors, and practices that define the working environment of an institution. In healthcare settings, this culture shapes how staff members interact, make decisions, and approach their roles. For nurses, organizational culture directly impacts job satisfaction, performance, and overall well-being (**Jarrar et al .,2021**). A positive culture fosters collaboration, open communication, and mutual respect, creating an environment where nurses feel valued and supported. Conversely, a negative culture characterized by rigid hierarchies, poor communication, or lack of respect can hinder morale and productivity. Understanding organizational culture's influence on healthcare delivery is essential for creating workplaces that promote nurses' well-being and support high-quality patient care (**Ryan et al .,2023**).

Supportive organizational cultures prioritize teamwork, respect, and recognition of staff contributions. These environments encourage collaboration, provide opportunities for professional growth, and prioritize employee well-being. For nurses, supportive cultures translate to reduced stress, higher job satisfaction, and better patient care (**Moksnes& Lazarewicz, 2019**). On the other hand, toxic cultures are marked by poor leadership, high-stress levels, and lack of communication. In such environments, nurses often feel undervalued, leading to disengagement, burnout, and higher turnover rates. Research shows that supportive cultures result in better patient outcomes and staff retention, whereas toxic workplaces compromise the quality of care and employee well-being. Transforming toxic cultures into supportive ones is critical for improving nursing experiences and healthcare outcomes (**Fleming, 2023**).

Leadership plays a pivotal role in shaping organizational culture and its effects on nurses. Leaders who adopt inclusive and transparent approaches foster trust and collaboration, creating a positive work environment. They prioritize nurses' well-being by addressing concerns, recognizing achievements, and promoting work-life balance. Conversely, authoritarian or disengaged leadership styles contribute to stress and dissatisfaction, exacerbating burnout (**Salvado et al .,2021**). Effective leaders also model ethical behavior, ensuring fairness and accountability within the organization. By aligning leadership strategies with the values of compassion and respect, healthcare institutions can cultivate cultures that empower nurses and enhance their professional experiences (**Abd-Ellatif et al .,2021**).

Organizational policies significantly influence the work culture experienced by nurses. Policies that promote fairness, equity, and professional development create an environment of trust and support. For example, providing clear guidelines for conflict resolution or ensuring equitable workloads can reduce workplace stress (**West et al .,2020**). Conversely, unclear policies or favoritism can erode trust and contribute to feelings of frustration among staff. Practices such as regular feedback, transparent decision-making, and opportunities for career advancement reinforce positive cultural values. Ensuring that institutional policies align with the principles of fairness and respect is crucial for fostering a culture that supports nurses' well-being (**Li et al .,2023**).

Workplace dynamics, including interpersonal relationships and team interactions, are central to nurses' experiences. In collaborative environments where team members communicate effectively and support one another, nurses report higher job satisfaction and lower stress levels (**Fava et al .,2023**). Conversely, environments with poor communication or interpersonal conflicts can create tension and undermine nurses' confidence. Additionally, hierarchical dynamics in healthcare settings often leave nurses feeling undervalued, particularly when their input is overlooked in decision-making processes. Building an inclusive workplace dynamic that values every team member's contributions can enhance nurses' sense of belonging and improve their professional experiences (**Lopez, Pettitte& Snyder , 2019**).

A toxic organizational culture is one of the leading contributors to nurse burnout. High workloads, lack of support, and poor communication create an environment where nurses feel overwhelmed and undervalued. Over time, this can lead to emotional exhaustion, reduced job performance, and detachment from patient care (**Yousaf,Nassani & Haffar M , 2021**). Conversely, a positive culture that emphasizes support, recognition, and professional growth helps mitigate burnout. By addressing factors like workload distribution and ensuring nurses have access to resources, healthcare organizations can reduce

burnout and improve staff retention. Focusing on cultural improvements is a key strategy for combating burnout and promoting nurses' well-being **(Rodziewicz, Houseman& Hipskind, 2023)**.

Creating a supportive organizational culture requires intentional efforts from leadership and staff. Inclusive leadership practices, such as involving nurses in decision-making and recognizing their contributions, foster trust and collaboration. Open communication channels ensure that staff concerns are addressed promptly, promoting a sense of belonging and value **(Sinsky et al .,2022)**. Wellness programs that prioritize physical and mental health further demonstrate an organization's commitment to staff well-being. Celebrating achievements, providing professional development opportunities, and creating a respectful work environment are essential components of a supportive culture. Such initiatives not only enhance nurses' experiences but also contribute to improved patient care **(Huang et al .,2019)**.

Wellness programs are critical tools for transforming organizational culture and supporting nurses. Programs that include stress management workshops, mental health resources, and physical fitness initiatives demonstrate a commitment to employee well-being. For nurses, these programs provide much-needed support to manage the physical and emotional demands of their work **(Aljabri et al .,2022)**. Additionally, wellness programs that promote peer support and teamwork can foster a sense of community within the organization. Institutions that prioritize wellness create a culture of care and respect, reducing burnout and improving job satisfaction among nurses. Incorporating wellness into organizational culture is a proactive approach to enhancing the nursing experience **(Verhoef et al .,2021)**.

Clear communication is a cornerstone of a positive organizational culture. When communication channels are transparent and accessible, nurses feel informed and valued. This fosters trust and reduces misunderstandings, contributing to a more harmonious workplace **(De Geus et al .,2020)**:Effective communication also ensures that nurses have a voice in organizational decisions, empowering them to advocate for their needs and those of their patients. Conversely, poor communication breeds confusion and frustration, eroding morale. By establishing open communication practices, such as regular meetings, feedback systems, and accessible leadership, healthcare institutions can strengthen their organizational culture and enhance nurses' well-being **(Sandhu, 2023)**.

To sustain positive organizational cultures, healthcare institutions must adopt a multifaceted approach. Leadership should model behaviors that align with cultural values, such as respect, transparency, and accountability. Regularly assessing and addressing workplace challenges through surveys and feedback systems ensures that staff needs are met. Investing in professional development programs helps nurses build their skills and feel valued in their roles **(Havaei, Astivia& MacPhee, 2020)**. Recognizing and celebrating achievements fosters a sense of pride and belonging among staff. Finally, creating policies that prioritize fairness, inclusivity, and wellness solidifies a culture of support and respect. By committing to these strategies, healthcare organizations can ensure a positive culture that promotes nurses' well-being and enhances patient care **(Chanana,2021)**.

Chapter 5: Interconnected Factors and Recommendations

Sleep quality, workplace violence, and organizational culture are deeply interconnected and collectively impact nurses' perceived health and burnout levels. Poor sleep, often caused by irregular work schedules and high job demands, reduces resilience, making nurses more vulnerable to stressors like workplace violence **(Ahorsu et al .,2020)**. Simultaneously, experiencing violence at work can lead to anxiety and insomnia, further diminishing sleep quality. Organizational culture plays a mediating role by either exacerbating or mitigating these issues. A toxic culture may neglect nurses' well-being, leaving them unsupported in addressing violence and sleep disruptions, while a supportive culture prioritizes interventions to promote better health and safety. Understanding these relationships is essential for designing effective strategies to address nurses' burnout and perceived health challenges in a comprehensive manner**(Ortega et al .,2023)**.

Burnout among nurses often stems from the combined effects of these interrelated factors. Chronic sleep deprivation impairs cognitive function, reducing nurses' ability to manage stress and workplace conflicts effectively. This can heighten the emotional toll of experiencing or witnessing workplace violence, leading to a vicious cycle of stress and exhaustion. Additionally, an unsupportive organizational culture that fails to address these issues intensifies feelings of helplessness, dissatisfaction, and disengagement **(Bakioğlu, Korkmaz & Ercan, 2020)**. Burnout manifests as emotional exhaustion, depersonalization, and reduced personal accomplishment, severely affecting nurses' professional performance and overall health. Addressing these factors as interconnected contributors, rather than isolated issues, provides a clearer understanding of burnout's root causes and facilitates the development of targeted, effective solutions **(Maslakçı, Sürücü & Sesen, 2021)**.

A holistic approach is critical in tackling the complex interplay between sleep quality, workplace violence, and organizational culture. These factors do not operate independently; instead, they influence one another in ways that compound their effects on nurses' well-being. For instance, improving organizational culture by fostering open communication and supportive leadership can indirectly enhance sleep quality by reducing stress **(Maeyer & Schoenmakers, 2019)**. Similarly, addressing workplace violence through preventive policies and training can create a safer environment, reducing anxiety and improving sleep patterns. A fragmented approach may yield short-term benefits but fails to address the root causes. By considering these factors collectively, healthcare institutions can implement comprehensive strategies that simultaneously improve workplace conditions, enhance nurses' health, and reduce burnout **(Okeke-James et al., 2020)**.

Healthcare policies must acknowledge the interconnected nature of these issues and implement systemic changes. For sleep quality, policies could include limiting consecutive night shifts, enforcing adequate rest periods, and providing resources for sleep hygiene education. To address workplace violence, institutions should establish zero-tolerance policies, ensure robust reporting systems, and offer regular training on conflict de-escalation **(Kubicek, Bhanugopan & O'Neill, 2019)**. For organizational culture, promoting leadership accountability and fostering a supportive, inclusive environment is essential. These policies should be aligned to create a cohesive framework that prioritizes nurses' well-being, recognizing that improvements in one area can positively influence others. For instance, reducing workplace violence through better policies not only ensures physical safety but also alleviates stress, thereby enhancing sleep quality. A unified policy approach creates a sustainable foundation for long-term improvements in nurses' professional and personal lives **(Ryan et al., 2023)**.

Awareness campaigns are crucial in addressing these interconnected factors. Educating healthcare staff and administrators about the impact of poor sleep, workplace violence, and toxic organizational culture can foster a collective commitment to change. Campaigns could focus on recognizing signs of burnout, understanding the importance of sleep hygiene, and promoting a zero-tolerance stance toward workplace violence **(Han et al., 2019)**. By raising awareness, organizations can break the stigma around discussing these challenges, encouraging nurses to seek help without fear of judgment. Awareness efforts should be paired with actionable resources, such as wellness programs and support groups, to empower nurses to take proactive steps in managing their health and addressing workplace issues **(de Beer, Horn & Schaufeli, 2022)**.

Interdisciplinary collaboration offers a powerful way to address these interconnected challenges. Engaging leaders from nursing, human resources, occupational health, and mental health services ensures a multifaceted approach **(Willard-Grace et al., 2019)**. For example, occupational health specialists can work with leadership to design shift schedules that promote sleep, while HR can implement policies to prevent workplace violence. Mental health professionals can provide counseling and resilience training for nurses affected by burnout. Collaboration also fosters a sense of shared responsibility, ensuring that nurses are supported by a network of professionals committed to improving their well-being. This interdisciplinary approach not only addresses the individual factors contributing to burnout but also enhances the overall organizational culture **(Schlak et al., 2021)**.

Organizational culture is the cornerstone of addressing these challenges. A culture of safety and support prioritizes nurses' physical and emotional well-being, creating an environment where they feel valued and protected (**Aebersold & Schoville , 2020**). Leadership plays a critical role by promoting transparency, encouraging feedback, and taking swift action against workplace violence. Supportive initiatives, such as mentorship programs and wellness incentives, can further reinforce positive cultural norms. When nurses perceive their workplace as a safe and supportive environment, they are more likely to experience reduced stress, better sleep, and greater job satisfaction. Building such a culture requires a sustained commitment from all levels of the organization, with a focus on fostering trust, respect, and inclusivity (**De Hert, 2020**).

Technological advancements can play a key role in mitigating the impact of these interconnected factors. Tools such as wearable devices can monitor nurses' sleep patterns and provide actionable insights for improving rest. Digital reporting systems can streamline the process of documenting workplace violence incidents, ensuring timely intervention (**Adly et al .,2020**): Additionally, virtual platforms can facilitate training sessions on resilience, conflict resolution, and wellness. These technologies empower nurses to take control of their well-being while enabling organizations to implement data-driven interventions. Integrating technology as part of a holistic strategy ensures that solutions are accessible, scalable, and aligned with the needs of modern healthcare environments (**Hartmann et al .,2019**).

References

1. **Abd-Ellatif E E, Anwar M M, Aljifri A A, & El Dalatony M M ,(2021):**Fear of COVID-19 and Its Impact on Job Satisfaction and Turnover Intention Among Egyptian Physicians. *Safety and Health at Work Journal* . P 490-495 .
2. **Adly, H. M., Aljhdali, I. A., Garout, M. A., Khafagy, A. A., Saati, A. A., & Saleh, S. A. (2020):** Correlation of COVID-19 pandemic with healthcare system response and prevention measures in Saudi Arabia. *International Journal of Environmental Research and Public Health*, 17(18), 6666.
3. **Aebersold M, Schoville R. (2020):** How to prevent the next generation of nurses from “eating their young” *Clinical Simulation in Nursing* .;38:27–34.
4. **Ahorsu D K , Lin C, Imani V , Saffari M , Griffiths M D, & Pakpour A H(2020):**The Fear of COVID-19 Scale: Development and Initial Validation. *International Journal of Mental Health and Addiction*.
5. **Aiken, L., Lasater, K. B., & Sloane, D. M. (2023).** Physician and nurse well-being and preferred interventions to address burnout in hospital practice: Factors associated with turnout, outcomes, and patient safety. *JAMA Health*.
6. **Akinwale, O. E., & George, O. J. (2020):** Work environment and job satisfaction among nurses in government tertiary hospitals in Nigeria. *Rajagiri Management Journal*, 14(1), 71-92.
7. **Aljabri, D., Alshatti, F., Alumran, A., Al-Rayes, S., Alsalman, D., Althumairi, A., Al-Kahtani, N., Aljabri, M., Alsuhaibani, S., & Alanzi, T. (2022).**Sociodemographic and Occupational Factors Associated with Burnout: A Study Among Frontline Healthcare Workers During the COVID-19 Pandemic. *Frontiers*.
8. **Asaoka, H., Sasaki, N., Kuroda, R., Tsuno, K., & Kawakami, N. (2021):** Workplace Bullying and Patient Aggression Related to and its Association with Psychological Distress among Health Care Professionals during the Pandemic in Japan. *Tohoku J. Exp. Med*, 255(4).pp:283-289.
9. **Bakioğlu F ,Korkmaz O , &Ercan H ,(2020):**Fear of COVID-19 and Positivity: Mediating Role of Intolerance of Uncertainty, Depression, Anxiety, and Stress . *International Journal of Mental Health and Addiction* .
10. **Bakker, A.B., Demerouti, E., & Sanz-Vergel, A. (2023).** Job demands-resources theory: Ten years later. *Annual Review of Organizational Psychology and Organizational Behavior*, 10, 25–53.
11. **Berg, S. (2022).** Burnout benchmark: 28% unhappy with current health care job. *American Medical Association*. <http://www.ama-assn.org/practicemanagement/physician-health/burnout-benchmark-28-unhappy-current-healthcare-job>

12. **Boca Raton.san, M. El., & Hassan, M.A.(2021):** Workplace Bullying among Nurses in Primary Health Care Centers in Port Said. *Port Said Scientific Journal of Nursing*, 8(1);pp 163-165.
13. **Cao, W., Fang, Z., Hou, G., Han, M., Xu, X., Dong, J., & Zheng, J. (2020):** psychological impact of the COVID-19 epidemic on college students in China.' *Psychiatry Research*, 112934.
14. **Caristo JM, Clements PT. (2019):** Let's stop "eating our young": Zero-tolerance policies for bullying in nursing. *Nursing2020 Critical Care*. 2019;14(4):45-48.
15. **Carpenter H, Mulvey T, Gould L. (2020):** Examining and improving nurse wellness: Healthy nurse, healthy nation. Norwood, MA: Infusion Nurses Society; 2020.
16. **Carthon, J. M. B., Hatfield, L., Brom, H., Houton, M., Schlak, A., & Aiken, L. (2022).** System-level improvements in work environments lead to low nurse burnout and higher patient satisfaction.
17. **ChananaN ,(2021):** The impact of COVID-19 pandemic on employees organizational commitment and job satisfaction in reference to gender differences .P 1-12 .
18. **Chung, S., Dillon, E. C., Meehan, A. E., Nordgren, R., & L Frosch, D. (2020).** The relationship between primary care physician burnout and patient-reported care experiences: A cross-sectional study.
19. **Received: 10 october 2023 Revised: 24 November 2023 Accepted: 08 December 2023**
Hert, S. (2020). Burnout in healthcare workers: Prevalence, impact and preventative strategies.
20. **De Simone, S., Vargas, M., & Servillo, G. (2021).** Organizational strategies to reduce physician burnout: a systematic review and meta-analysis. *Aging Clin Exp Res*, (33): 883-894.
21. **Received: 10 october 2023 Revised: 24 November 2023 Accepted: 08 December 2023**
Diakos, G., Koupidis, S., & Dounias, G. (2022). Measurement of job satisfaction among healthcare workers during the COVID-19 pandemic: A crosssectional study.
22. **Einarsen, S. V., Hoel, H., Zapf, D. & Cooper, C. L. (2020).**Bullying and harassment in the places: Theory, research, and practice. Taylor & Francis Group.
23. **Elhanafy E Y ,& El Hessewi G S ,(2021):**Effect of fear of COVID-19 pandemic on work satisfaction and turnover intentions of nurses . *Egyptian Nursing Journal*.P 39-40 .
24. **Fang L., Hsiao L.P., Fang S.H., and Chen B.C. (2021):** Workplace bullying, personality traits and health among hospital nurses: The mediating effect of social support. *J Clin Nurs*. 30(23-24):3590-3600.
25. **Faria, L. (2020):** The Effect of Personality on Work Motivation and Its Impact on Organizational Citizenship Behavior of Employees of Public Department in Portugal. *Studies*, 9(2), 96-110.
26. **Fava, G. A., Sonino, N., Lucente, M., & Guidi, J. (2023):** Allostatic load in clinical practice. *Clinical Psychological Science*, 11(2), 345-356.
27. **Feeg VD, Mancino DJ, Rushton CH, Waligora Mendez KJ, Baierlein J. (2021):** Ethical dilemmas for nursing students and faculty: In their own voices. *Nursing Education Perspective*. 2021;42(1):29-35.
28. **Fleming, W.J. (2023).** Employee well-being outcomes from individual-level mental health interventions: Cross-sectional evidence from the United Kingdom. *Industrial Relations Journal*, 1-21.
29. **Gracia, C., Abreu, L., Ramos, J., Castro, C., Smiderle, F., Santos, J., & Bezerra, I. (2019).** Influence of Burnout on Patient Safety: Systematic Review and Meta- Analysis. *National Library of Medicine*. 55(9) 553.
30. **Hall, L.H., Johnson, J., Heyhoe, J., Watt, I., Anderson, K., & O'Connor, D.B. (2020).** Exploring the impact of primary care physician burnout and well-being on patient care: A focus group study. *Journal of Patient Safety*, 16(4), 278-283.
31. **Han, S., Shanafelt, T.D., Sinsky, C.A., Awad, K.M., Dyrbye, L.N., Fiscus, L.C., Trockel, M., & Goh, J. (2019).** Estimating the attributable cost of physician burnout in the United States. *Annals of Internal Medicine*, 170(11), 784-790.
32. **Hartmann, S., Weiss, M., Newman, A., & Hoegl, M. (2019).** Resilience in the workplace: A multilevel review and synthesis. *Applied Psychology* 69(3):913-959.

33. **Havaei, F., Astivia, O. L. O., & MacPhee, M. (2020):** The impact of workplace violence on medical-surgical nurses' health outcome: A moderated mediation model of work environment conditions and burnout using secondary data. *International journal of nursing studies*, 109, 103666.
34. **Hodkinson, A., Zhou, A., Johnson, J., Geraghty, K., Riley, R., Zhou, A., Panagopoulou, E., Chew-Graham, C. A., Peters, D., Esmail, A., & Panagiotti, M. (2022).** Associations of physician burnout with career engagement and quality of patient care: Systematic review and meta-analysis. *BMJ (Clinical Research Ed.)*, 378, 070442.
35. **Huang, Y., Espelage, D. L., Polanin, J. R., & Hong, J. S. (2019).**A meta-analytic review of school-based anti-bullying programs with a parental component.*International Journal of Bullying Prevention*, 1(1), 32–44.
36. **Janssen, M., Van der Heijden, B., Engels, J., Korzilius, H., Peters, P., & Heerkens, Y. (2020).** Effects of mindfulness-based stress reduction training on healthcare professionals' mental health: Results from a pilot study testing its predictive validity in a specialized hospital setting. *International Journal of Environmental Research and Public Health*, 17(24), 9420.
37. **Jarrar, M., Al-Bsheish, M., Aldhrmadi, B. K., Albaker, W., Merri, A., Dauwed, M., & Minai, M. S. (2021).** Effect of practice environment on nurse reported quality and patient safety: The medication role of person-centeredness.
38. **Jun, J., Ojemeni, M. M., Kalamani, R., Tong, J., & Crecelius, M. L. (2021).** Relationship between nurse burnout, patient, and organizational outcomes: Systematic review. *International Journal of Nursing Studies*, 119(103933).
39. **Karuna, C., Palmer, V., Scott, A., & Gunn, J. (2022).** Prevalence of burnout among GPs: A systematic review and meta-analysis. *British Journal of General Practice*, 72(718): e316-e324 Doi: 10.3399/BJGP.2021.0441.
40. **Kim, N.; Choi, J.; Park, Y.; Sohn, Y.W. (2022):** The multidimensional workaholism scale in a Korean population: A cross-cultural validation study. *J. Career Assess.* 30, 258–284.
41. **Kimhi, S., Eshel, Y., Adini, B., Aruta, J. J. B. R., Antazo, B. G., Briones-Diato, A., ... & Marciano, H. (2021):**Distress and resilience in days of COVID-19: International study of samples from Israel, Brazil, and the Philippines. *Cross-Cultural Research*, 55(5), 415-437.
42. **King R, Taylor B, Talpur A, Jackson C, Manley K, Ashby N, et al. (2021):** Factors that optimise the impact of continuing professional development in nursing: A rapid evidence review. *Nurse Educ Today*. 2021; 98:104652.
43. **Kubicek, A., Bhanugopan, R., & O'Neill, G. (2019).** How does cultural intelligence affect organizational culture: the mediating role of cross-cultural role conflict, ambiguity, and overload? *The International Journal of Human Resource Management*, 30(7), 1059-1083.
44. **Labraguel J , & Alexis J ,(2020):**Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses . *Journal of Nursing Management* . P 1-9 .
45. **Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., & Wei, N...& Hu, S. (2020):**Factors associated with mental health outcomes among healthcare workers exposed to coronavirus disease 2019. *JAMA Network Open*, 3(3), e203976.
46. **Lambert, L.S., Gray, T., Davis, A., Erdmann, M., Mcdermott, R. (2021):** An overlooked aspect of measurement: Does the content of verbal anchors matter? In Southern Management Association 2021 Meeting.
47. **Lee, J. H. (2021):** Effect of sports psychology on enhancing consumer purchase intention for retailers of sports shops: Literature content analysis. *Journal of Distribution Science*, 19(4), 5-13.
48. **Leonhardt, M. (2022).** 66% of companies are making changes to better support mental well-being. *Fortune*. [https://fortune.com/well/2022/06/01/companies-making-changes-to-support- mental-wellbeing/](https://fortune.com/well/2022/06/01/companies-making-changes-to-support-mental-wellbeing/) Assessing Workplace Mental Health Services
49. **Li, C.J., Shah, Y.B., Harness, E.D., Goldberg, Z.N., & Nash, D.B. (2023).** Physician burnout and medical errors: Exploring the relationship, cost, and solutions. *American Journal of Medical Quality*, 38(4), 196–202.

50. **Received: 10 October 2023 Revised: 24 November 2023 Accepted: 08 December 2023** Luch, C., Galiana, L., Domenech, P., & Sanso, N. (2022). The Impact of the COVID-19 Pandemic on Burnout, Compassion Fatigue, and Compassion Satisfaction in Healthcare Personnel: A Systematic Review of the Literature Published During the First Year of Pandemic. MDPI Journals.
51. **Lopez, S., Pettitte, J., and Snyder, C. (2019)**: positive psychology .the scientific and practical exploration s of human strength s, 4th ed. thousand ok as, CA Sag.
52. **Maeyer, C. D., & Schoenmakers, B. (2019)**. Exploring Intergenerational Differences in Burnout and How They Relate to Work Engagement, Norms, and Values: A Mixed-Methods Study.
53. **Marthy, V. (2022)**. Health Worker Burnout. U.S. Department of Health and Human Services Office of the U.S. Surgeon General. <http://www.hhs.gov/surgeongeneral/priorities/health-workerburnout/>
54. **Maslakçı A, Sürücü L, & Sesen H, (2021)**: Fear of COVID-19 and work-quality of life among nurses: The mediating role of psychological well-being . <https://www.researchgate.net/publication/350431979> . P 1985 .
55. **McFarland, D.C., Hlubocky, F., & Riba, M. (2019)**. Update on addressing mental health and burnout in physicians: What is the role for psychiatry? *Current Psychiatry Reports*, 21(11), 108.
56. **Received: 10 October 2023 Revised: 24 November 2023 Accepted: 08 December 2023** Okeke-James, N. J., Igbokwe, I. C., Anyanwu, A. N., & Obineme, O. P. (2020): Gender influence on school climate and organizational silence amongst teachers in Anambra State. *European Scientific Journal*, 16(10), 223-237
57. **Ortega, M.V., Hidrue, M.K., Lehrhoff S.R., Ellis, D.B., Sisodia, R.C., Curry, W.T., del Carmen, M.G., & Wasfy, J.H. (2023)**. Patterns in physician burnout in a stable-linked cohort. *JAMA Netw Open*, 6(10):e2336745.
58. **Panagioti, M., Geraghty, K., Johnson, J., Zhou, A., Panagopoulou, E., Chew-Graham, C., Peters, D., Hodkinson, A., Riely, R., & Aneez Esmail. (2019)**. Association between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction. National Library of Medicine.
59. **Papageorge, M.V., Resio, B.J., Mosalve, A.F., Canavan, M., Pathak, R., Mase, V.J., Dhanasopon, A.P., Hoag, J.R., Blasberg, J.D., & Boffa, D.J. (2020)**. Navigating by stars: Using CMS star ratings to choose hospitals for complex cancer surgery. *JNCI Cancer Spectrum*, 4(5).
60. **Rodziewicz, T.L., Houseman, B., & Hipkind, J.E. (2023)**. Medical error reduction and prevention. In *StatPearls*. StatPearls Publishing.
61. **Ryan, E., Hore, K., Power, J., & Jackson, T. (2023)**. The relationship between physician burnout and depression, anxiety, suicidality and substance abuse: a mixed methods systematic review. *Frontiers in Public Health*, 11, 1133484.
62. **Sadeghi-Gandomani H, Alavi NM, Afshar M, (2019)**. Psychometric testing of the Persian version of the conditions of work effectiveness questionnaire-II (CWEQII- PV). *J Educ Health Promot*; 8:32.
63. **Salvado, M., Marques, D., Pires, I., & Silva, N. (2021)**. Mindfulness-Based Interventions to Reduce Burnout in Primary Healthcare Professionals: A Systematic Review and Meta-Analysis. National Library of Medicine.
64. **Sandhu, S. (2023)**. Tighter margins call for an elevated spend management approach. *Modern Healthcare*. <https://www.modernhealthcare.com/finance/tighter-margins-callelevated-spend-management-approach>
65. **Schlak, A., Aiken, L. H., Chittams, J., Poghosyan, L., & McHugh, M. (2021)**. Leveraging the Work Environment to Minimize the Negative Impact of Nurse Burnout on Patient Outcomes. MDPI Open Access Journals.
66. **Sinsky, C.A., Shanafelt, T.D., Dyrbye, L.N., Sabety, A.H., Carlasare, L.E., & West, C.P. (2022)**. Health care expenditures attributable to primary care physician overall and burnout-related turnover: a cross-sectional analysis. *Mayo Clinic Proceedings*, 97(4):693-702.
67. **Steele, N. M., Rodgers, N., & Fogarty, G. J. (2020)** :The Relationships of Experiencing Workplace Bullying with Mental Health, Affective Commitment, and Job Satisfaction: Application of the Job Demands Control Model, *International Journal of Environmental research and Public Health* 17, 2151 .

68. **Trumello, C., Sonia Monique Bramanti, Ballarotto, G., Candelori, C., Cerniglia, L., Cimino, S., Crudele, M., Lombardi, L., Pignataro, S., Maria Luisa Viceconti, & Babore, A. (2020).** Psychological Adjustment of Healthcare Workers in Italy during the COVID-19 Pandemic: Differences in Stress, Compassion Satisfaction between Frontline and Non-Frontline Professionals. *MDPI Journal*.
69. **Verhoef, N., De Ruiter, M., Blomme, R. J., & Curfs, E. C. (2021).** Burnout among Dutch General Practitioners. *Mendeley Data*.
70. **West, C.P., Dyrbye, L.N., Sinsky, C., Trockel, M., Tutty, M., Nedelec, L., Carlasare, L.E., & Shanafelt, T.D. (2020).** Resilience and burnout among physicians and the general US working population. *JAMA Netw Open*, 3(7):209385.
71. **White, K., Dulko, D., & DiPietro, B. (2022).** The effect of burnout on quality of care using Donabedian's Framework. *Science Direct*, 57(1), 115–130.
72. **Willard-Grace, R., Knox, M., Huang, B., Hammer, H., Kivlahan, C., & Grumbach, K. (2019).** Burnout and Health Care Workforce Turnover. *The Annals of Family Medicine*.
73. **Winter, V., Schreyogg, J., & Thiel, A. (2020).** Hospital Staff Shortages: Environmental and Organizational Determinants and Implications for Patient Satisfaction. *Science Direct*.
74. **Yalçın, B., & Baykal, U. (2019):** Development and psychometric testing of the Organizational Silence Behavior Scale for healthcare professionals. *Nursing & health sciences*, 21(4), 454-460.
75. **Yousafz ,Nassani A A , &Haffar M ,(2021):** Destructive Role of COVID-19 Fear on Nurses Performance: Mediating Role of Stress. *Nurs. Rep.* 2021, <https://doi.org/10.3390/nursrep11040087> .P 11, 955–964.
76. **Zych, I., Viejo, C., Vila, E., & Farrington, D. P. (2019).** School bullying and dating violence in adolescents: A systematic review and meta-analysis. *Trauma Violence Abuse*.