

THE EFFECT OF WORKPLACE VIOLENCE ON EMOTIONAL LABOR AND TURNOVER INTENTION OF EMERGENCY SERVICE EMPLOYEES: A MODEL STUDY



Authors: Esra Bekircan, PhD, Mustafa Sabak, MD, Tufan Alatli, MD, Fatma Boğan, PhD, Emine Aykol, MD, and Mustafa Boğan, MD, Trabzon, Gaziantep, Balıkesir, Düzce, and Karabük, Turkey

Contribution to Emergency Nursing Practice

- Our study has revealed that physicians and nurses working in the emergency department experience emotional labor owing to workplace violence and are considering leaving their jobs. ED staff are at risk in terms of emotional labor.
- Our study has revealed that physicians and nurses working in the emergency department experience emotional labor owing to workplace violence and are considering leaving their jobs. ED staff are at risk in terms of emotional labor, which suggests that initiatives should be taken to prevent the loss of qualified personnel.
- For the provision of quality service in emergency departments, it is crucial to protect ED staff from violence.

Abstract

Introduction: Workplace violence against health care workers in emergency services is an important worldwide problem in terms of their occupational health and safety. This study was aimed at investigating the effect of workplace violence experienced by physicians and nurses working in emergency services on their emotional labor and turnover intentions.

Methods: The relational research model, one of the quantitative research methods, was used in the study. The study was

conducted with 199 health professionals working in the emergency departments of 3 different tertiary hospitals. The data were collected through face-to-face interviews using the emotional labor scale, the workplace violence scale, and the intention to quit scale.

Results: It was observed that physicians and nurses working in emergency services (hereafter referred to as “participants”) were exposed to verbal violence, physical violence, and sexual violence in the given order. There was a positive correlation between the scores obtained from the intention to quit scale and the workplace violence scale, between the emotional labor scale and the workplace violence scale, and between the emotional labor scale and the intention to quit scale. It was concluded that emotional labor did not mediate the relationship between workplace violence and intention to quit.

Discussion: The study concluded that participants’ exposure to workplace violence was associated with increased levels of both emotional labor and intention to quit. A positive correlation was identified, indicating that higher levels of emotional labor were linked to a greater intention to quit. It is recommended that the public be educated on the effective and appropriate use of emergency services and that psychiatric nurses provide psychological support to emergency service personnel.

Key words: Workplace violence; Emotional labor; Turnover intention; Emergency service; Psychiatric nursing

For correspondence, write: Esra Bekircan, PhD, Department of Medical Services and Techniques, Trabzon University, Trabzon, Turkey.; E-mail: esrasancar1991@hotmail.com

J Emerg Nurs 2026;52:158-69.

Available online 11 September 2025
0099-1767

Copyright © 2025 Emergency Nurses Association. Published by Elsevier Inc. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

<https://doi.org/10.1016/j.jen.2025.07.017>

Introduction

The International Labor Organization defines workplace violence as “any act, event or behavior that deviates from reasonable behavior in which a person is attacked, threatened, harmed, injured, or as any other act, event or behavior that deviates from reasonable behavior during or as a direct result of his or her work.” Workplace violence varies significantly from country to country depending on

the type of violence, the employment sector, and the measures taken against violence.¹ Health care workers are the group at the highest risk of workplace violence worldwide.²⁻⁴ Physicians and nurses are reported to be the most at-risk groups in terms of workplace violence in the health care sector.⁵ Recent statistical data indicate that health care workers are 5 times more likely to be exposed to workplace violence than employees in other sectors.⁶ Factors contributing to the increase in workplace violence in health care include long patient waiting times, dissatisfaction with referral systems, high rates of burnout, and limited accessibility in rural areas.⁷ It is well documented that workplace violence in the health care sector is particularly prevalent in emergency departments and psychiatric units.⁸ Recently, violence experienced by health care workers in Turkey and worldwide has been increasing.⁹ Although incidents of violence against health care workers are frequently reported in newspapers and on television, these reports often misrepresent or underrepresent the underlying causes and actual extent of the violence.^{10,11} Content analysis of media reports indicates that emergency departments are the most frequently mentioned setting for such incidents, accounting for 22.6% of reported cases.¹⁰ In Turkey, official data show that 190 cases of violence against health care workers were reported in 2021, and this number increased to 249 in 2022.¹² According to a 2023 report, of the 457 reported cases in that year, 43.3% involved nurses and 40.9% involved physicians.¹²

Violence against health care workers may lead to negative consequences such as decreased job satisfaction, increased occupational stress, and negative effects on organizational commitment.¹³ Workplace violence may have psychological consequences such as anger, fear, anxiety, guilt, shame, decreased job satisfaction, and increased intention to quit.¹⁴⁻¹⁷ The impact of workplace aggression and violence on health care workers' turnover intentions or decisions is one of the less recognized and studied issues.^{18,19} Owing to workplace-induced stress, individuals may face risks such as inability to empathize, emotional distancing from patients, absenteeism, or intention to quit their job. Although the negative effects of workplace-induced stress on individuals are known, the expectations of the management from employees can continue at high levels.^{20,21} In addition, health care workers can continue to provide services even in unfavorable environments despite the aggressive attitudes of patients and their relatives with their sense of duty, compassion, and self-sacrificing approach. Long waiting times, mental health issues, unwillingness to comply with rules, excessive workload of health care providers,

and the resulting communication gaps between patients and health care providers can be cited as the main causes of violence in health care settings.²² In environments where such a violent behavior or risk of violence exists, health care workers may continue to work by suppressing their emotions. The management of employees' emotions in accordance with organizationally defined rules and guidelines is defined as emotional labor.²³ Given that emotion-laden environments such as emergency services are stressful units where loss and grief are experienced and the risk of violence is high, emergency service workers may be at risk in terms of emotional labor.²⁴ Health professionals may try to manage their emotions while they are on duty by trying to suppress their emotions, changing a type of emotion, or trying to create a nonexistent emotion. Emergency service workers may continue to work despite the risk of being subjected to violence on duty and may experience emotional labor by suppressing or changing their emotions, which may be the cause of turnover intention in employees. This research aimed to investigate the effect of workplace violence experienced by physicians and nurses working in emergency services on their emotional labor and turnover intentions. In this direction, the following hypotheses were formed:

Hypothesis 1: Workplace violence has an effect on emotional labor.

Hypothesis 2: Workplace violence has an effect on intention to quit.

Hypothesis 3: Emotional labor has an effect on intention to quit.

Hypothesis 4: Workplace violence is a mediating variable between emotional labor and the intention to quit.

Methods

RESEARCH MODEL

The present study was conducted using the relational research model, one of the quantitative research methods. In the relational research model, the aim is to determine whether there is a relationship between 2 or more variables and the degree of this relationship.²⁵ This study investigates the relationship between workplace violence perpetrated by patients or clients against health care professionals and its association with emotional labor and intention to quit among physicians and nurses employed in emergency departments. In addition, the potential mediating role of workplace violence in the relationship between emotional labor and intention to quit was examined using a mediation model.

SAMPLE OF THE STUDY

The population of the study consisted of physicians and nurses working in emergency departments, whereas the sample of the study consisted of physicians and nurses working in the emergency departments of 3 different tertiary hospitals. The sample size of the study was calculated using the G*Power 3.1.9 program. When the a priori hypothesis was considered as the relationship between variables, the size of the sample was taken as medium, the type I error was taken as $\alpha = 0.05$ (95%), the targeted power of the test was $1 - \beta = 0.80$, and the minimum sample size required for statistical analysis was calculated as 193. The study was completed with 199 people who agreed to participate in the study.

PLACE AND TIME OF THE STUDY

The study data were collected in the emergency departments of tertiary hospitals located in the provinces of Düzce, Balıkesir, and Gaziantep between March 30, 2024, and June 1, 2024.

DATA COLLECTION TOOLS

In this study, data were collected using the sociodemographic data form, the emotional labor scale, the workplace violence scale, and the intention to quit scale. The data were collected through face-to-face interviews using a 1-stage nonrandomized convenience sampling method. There were no restrictions (commercial, legal, etc) on the data collection tools used.

The emotional labor scale

The emotional labor scale, which was developed by Diefendorff et al (2005)²⁶ to measure the emotional labor level of employees and adapted into Turkish by Basim and Begenirbaş,²⁷ consists of superficial acting, deep acting, and expression of natural emotions dimensions. In this 13-item questionnaire, responses given to the items are rated on a 5-point Likert-type scale ranging from 1 to 5 (never, very rarely, sometimes, most of the time, and always). Items 1, 2, 3, 4, 5, and 6 in the scale measure superficial role-playing behavior; items 7, 8, 9, and 10 measure deep role-playing behavior, whereas items 11, 12, and 13 measure the expression of natural emotions.²⁷ This study calculated Cronbach's alpha as 0.82.

The intention to quit scale

The intention to quit scale developed by Mobley et al (1979),²⁸ was translated into Turkish by Meral and Elçi.²⁹ The measurement levels were expressed as "Strongly

Disagree" (1 point), "Disagree" (2 points), "Neither Agree nor Disagree" (3 points), "Agree" (4 points), and "Strongly Agree" (5 points).²⁹ This study calculated Cronbach's alpha as 0.87.

The workplace violence scale

The Turkish validity and reliability study of the Turkish version of the workplace violence scale developed by Beaton et al (2000) was conducted by Tutan and Kökalan.³⁰ The workplace violence scale consists of 3 dimensions called "Verbal Violence" (items 1 and 2), "Physical Violence" (items 3, 4, 5, and 6), and "Sexual Violence" (items 7, 8, and 9) and 9 items. Responses given to the items are rated on a 4-point Likert-type scale ranging from 1 to 4.³⁰ In the present study, the Cronbach's alpha was calculated as 0.69.

DATA ANALYSIS

All the data were recorded and analyzed using the IBM SPSS Statistics for Windows 22 program. Percentages, numerical values, number and percentage distribution, mean \pm standard deviation, Kolmogorov-Smirnov and Pearson correlation analyses, Mann-Whitney U and Kruskal-Wallis tests, and regression analysis were used in the analysis of the findings. A significance level of 0.05 was used as a criterion for interpreting whether the values obtained were significant or not.

RESEARCH ETHICS

Before the study was conducted, ethics committee approval was obtained from Trabzon University Social and Humanities Scientific Research and Publication Ethics Committee (decision date: March 15, 2024; decision no: 2024-3/2.5), and written institutional permissions were obtained from the relevant hospitals where the research was to be conducted. After the participants were informed about the research, their written consent was obtained. The study was conducted in accordance with the principles established in the Declaration of Helsinki and the principles of research and publication.

Results

As presented in Table 1, of the emergency service employees, 60.80% were physicians, 39.20% were nurses, 54.77% were female, 64.82% were single, 36.18% were between the ages of 20 and 25 years, 40.20% had a length of

TABLE 1
Distribution of sociodemographic characteristics of the participants (n = 199)

Variable	Group	n	%
Age (y)	20-25	72	36.18
	26-30	57	28.64
	31-35	11	5.53
	36-40	29	14.57
	41 y and older	30	15.08
Sex	Female	109	54.77
	Male	90	45.23
Marital status	Single	129	64.82
	Married	70	35.18
Profession	Nurse	78	39.20
	Physician	121	60.80
Length of service in the provision	0-12 mo	80	40.20
	1-3 y	23	11.56
	3-5 y	14	7.04
	5-10 y	22	11.06
	≥10 y	60	30.15
Working in the emergency department of their own free will	Yes	48	24.12
	No	151	75.88
Receiving training on topics such as stress, conflict management, and communication during their working period	Yes	72	36.18
	No	127	63.82

service in the profession less than 1 year, and 75.88% did not want to work in the emergency department by their own choice. In addition, the participants did not receive any training on issues such as stress, conflict management, and communication during their working period.

According to Table 2, the mean scores the participants obtained from the overall workplace violence scale, intention to quit scale, and emotional labor scale were 12.31 ± 3.13 , 9.57 ± 3.37 , and 32.22 ± 7.86 , respectively. They were exposed to verbal violence (4.53 ± 1.92), physical violence (4.45 ± 1.27), and sexual violence (3.32 ± 0.89), respectively.

As is seen in Table 3, there were statistically significant differences among the participants' workplace violence, turnover intention, and emotional labor scores according to the occupations variable ($P < .05$). The analysis of the mean scores revealed that the participating nurses had higher workplace violence and turnover intention scores and lower emotional labor scores than did the participating physicians. The level of intention to leave the job was significantly higher in the participants who did not receive

training on stress, conflict management, and communication than it was in the participants who received this training ($P < .03$).

As is presented in Table 4, there was a positive correlation between intention to quit scale and workplace violence scale ($r = 0.293^{**}$; $P < .01$), between emotional labor scale and workplace violence scale ($r = 0.156^{*}$; $P < .05$), and between emotional labor scale and intention to quit scale ($r = 0.182^{**}$; $P < .01$).

The findings of the analysis conducted to investigate the mediating effect of emotional labor on the relationship between the workplace violence score and intention to quit are presented in Table 5. The total effect of the workplace violence score on intention to quit was significant ($B = 0.316$; CI, 0.170-0.293; $\beta = -0.32$). The direct effect of the workplace violence score on intention to quit was significant ($B = 0.292$; CI, 0.146-0.437; $\beta = 0.271$). The effect of the workplace violence score on the emotional labor score was significant, and a 1-unit change in the workplace violence score would cause a 0.391-fold change in the emotional labor score ($B = 0.391$; CI, 0.043-0.740; $\beta =$

TABLE 2

Mean scores the participants obtained from the overall workplace violence scale, intention to quit scale, and emotional labor scale and subscales of health care workers

Variable	Minimum	Maximum	Average \pm SD	Skewness	Kurtosis	Cronbach's alpha
Verbal violence	2.00	8.00	4.53 \pm 1.92	0.27	-0.93	0.70
Physical violence	4.00	13.00	4.45 \pm 1.27	1.06	1.53	0.65
Sexual violence	3.00	9.00	3.32 \pm 0.89	1.55	1.31	0.44
Workplace violence scale	9.00	30.00	12.31 \pm 3.13	1.95	1.73	0.69
Intention to quit scale	3.00	15.00	9.57 \pm 3.3	-0.32	-0.56	0.87
Emotional labor scale	13.00	53.00	32.22 \pm 7.86	-0.13	-0.13	0.82

0.140). The workplace violence score explained 2.4% of the change in the emotional labor score ($R^2 = 0.024$). The effect of the emotional labor score on the intention to quit score was significant, and a 1-unit change in the emotional labor score would cause a 0.06-fold change in the intention to quit score ($B = 0.06$; CI, 0.002-0.118; $\beta = 0.140$). The indirect effect of the workplace violence score on the turnover intention was significant ($B = 0.024$; CI, -0.002 to 0.064; $\beta = 0.022$). These findings indicate that emotional labor does not mediate the relationship between workplace violence score and intention to quit (Figure).

Discussion

In this research, workplace violence, emotional labor, and turnover intentions of physicians and nurses working in the emergency department were evaluated.

The mean workplace violence score of the participants was 12.31 ± 3.13 , and they were most frequently exposed to verbal, physical, and sexual violence in the given order. The nurses were exposed to workplace violence more than the physicians. Being subjected to violence in health care workers is a universal problem, and emergency services, in particular, are units where the incidence of violence is high.^{6,18,31} Emergency departments, which provide 24-hour uninterrupted services and have no limit on the number of patients examined, may increase the likelihood of health care workers being exposed to workplace violence.³² Physicians and nurses working in high-intensity units such as emergency units, palliative care units, or ambulance services are exposed to high rates of verbal or physical violence perpetrated by patients or their relatives.³³ In several studies, it has been demonstrated that sexual harassment, bullying, and physical (nonphysical) violence against nurses, and mistreatment, sexism, and (gender) discrimina-

tion against physicians by patients or their families/visitors are quite common.^{34,35} This study revealed that there was no difference between male and female participants in terms of being subjected to violence, suggesting that sex does not play a significant role in this context. In addition, sexual violence against health care workers in emergency services suggests that the level of violence has increased and that measures should be taken to protect the privacy in the fight against violence.

In the current study, the turnover intention of the nurses was found to be higher than that of the physicians. Studies on turnover intention in the health sector were frequently conducted with nurses.^{36,37} In a study conducted in Switzerland, it was reported that workplace violence was most frequently reported by physicians and then by nurses, nurses considered quitting their profession more frequently than did physicians, and the higher the level of exposure to workplace violence was, the higher the level of intention to quit their job was.²⁰ The analysis of studies conducted on the intention to quit their job in nurses demonstrated that long working hours, lack of adequate educational opportunities to advance their careers, and heavy and tiring working conditions in the Turkish health system were likely to increase the rate of nurses quitting their jobs.³⁶ It has been reported that the extent to which employees are committed to their jobs, how much they are supported by their organizations, and how satisfied they feel with their managers affect their turnover intentions.³⁸ Improving working conditions in emergency departments, ensuring the safety of employees, and protecting the rights of employees by the management may be effective in reducing turnover intentions.

The physicians who participated in the present study had a higher level of emotional labor than the nurses. Medical working conditions often require physicians to regulate their emotions, and they may be expected to suppress their feelings.^{39,40} For instance, physicians are expected to adopt a

TABLE 3

The relationship between the mean scores the participants obtained from workplace violence scale, intention to quit scale, and emotional labor scale in terms of their sociodemographic characteristics

Variable	Sex (male/female)		Marital status (single/married)		Occupation (nurses/physicians)		Preference to work in the emergency department (yes/no)		Have you received training on stress, conflict management, and communication? (yes/no)	
Workplace violence scale	12.51 ± 3.47	t = 1.03; P = .31	12.41 ± 3.34	t = 0.64; P = .52	13.00 ± 4.03	t = 2.54; P = .01*	11.56 ± 1.77	t = -1.90; P = .06	11.79 ± 3.39	t = -1.76; P = .08
	12.06 ± 2.66		12.11 ± 2.73		11.86 ± 2.29		12.54 ± 3.42		12.60 ± 2.95	
Intention to quit scale	9.33 ± 3.60	t = -1.12; P = .27	9.58 ± 3.34	t = 0.05; P = .96	10.26 ± 3.45	t = 2.32; P = .02*	10.08 ± 3.06	t = 1.21; P = .23	8.90 ± 3.33	t = -2.13; P = .03*
	9.87 ± 3.07		9.56 ± 3.45		9.13 ± 3.26		9.41 ± 3.46		9.95 ± 3.35	
Emotional labor scale	32.72 ± 7.12	t = 1.00; P = .32	32.80 ± 7.64	t = 1.42; P = .16	29.90 ± 8.42	t = -3.43; P = .00*	33.94 ± 6.90	t = 1.75; P = .08	31.15 ± 7.81	t = -1.44; P = .15
	31.60 ± 8.68		31.14 ± 8.21		33.71 ± 7.12		31.67 ± 8.09		32.82 ± 7.86	

* P < .05.

TABLE 4
Correlation between workplace violence scale, intention to quit scale, and emotional labor scale

Variable	Verbal violence	Physical violence	Sexual violence	Workplace violence scale	Intention to quit scale	Emotional labor scale
Verbal violence						
r	1.00	.320*	.339*	.839*	.376*	0.13
P value		.00	.00	.00	.00	.06
Physical violence						
r	.320*	1.00	.443*	.727*	0.08	0.06
P value	.00		.00	.00	.26	.37
Sexual violence						
r	.339*	.443*	1.00	.672*	0.10	.173
P value	.00	.00		.00	.15	.01
Workplace violence scale						
r	.839*	.727*	.672*	1.00	.293*	.156
P value	.00	.00	.00		.00	.03
Intention to quit scale						
r	.376*	0.08	0.10	.293*	1.00	.182*
P value	.00	.26	.15	.00		.01
Emotional labor scale						
r	0.13	0.06	.173	.156	.182*	1.00
P value	.06	.37	.01	.03	.01	

* $P < .05$.

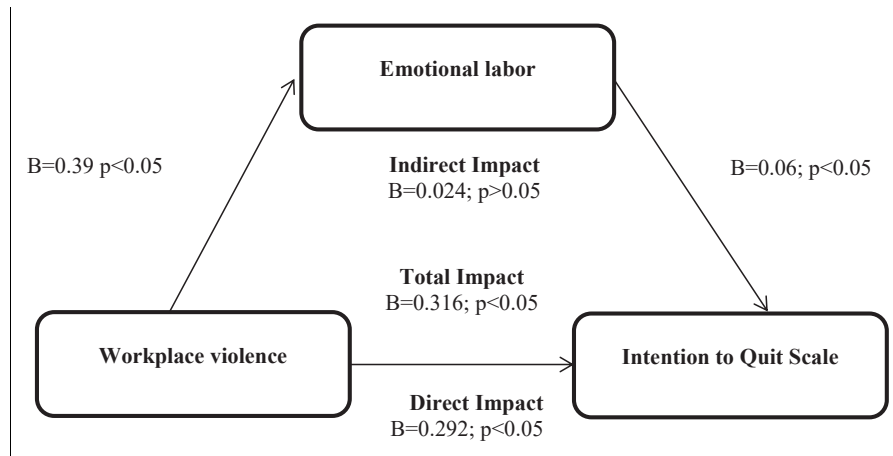
warmer, friendlier, and more reassuring demeanor with their patients in clinical settings.⁴¹ Thus, emotional labor is an essential attribute that health care workers are expected to possess.⁴² Increasing health care workers' knowledge of

emotional labor in their emotionally and physically demanding tasks may enhance the quality of the services provided.⁴³ Nurses exposed to emotional labor may experience negative effects such as decreased desire and ability to work,

TABLE 5
Findings on the mediating effect of emotional labor in the relationship between workplace violence score and intention to quit score

Variable	Emotional labor					Intention to quit scale				
	B	β	SE	LLCI	ULCI	B	β	SE	LLCI	ULCI
Workplace violence	0.391	0.156	0.177	0.043	0.740	0.292	0.271	0.074	0.146	0.437
Emotional labor	-		-	-	-	0.060	0.140	0.029	0.002	0.118
Fixed	27.402		2.244			4.048		1.225		
R	0.156	R2	0.024			R	0.32	R2	0.105	
F	4.902					F	11.47			
Total impact						0.316	0.293	0.073	0.170	0.460
Direct impact						0.292	0.271	0.074	0.146	0.437
Indirect impact						0.024	0.022	0.017	-0.002	0.064

LLCI, lower limit CI; ULCI, upper limit CI.



FIGURE

Diagram for the mediating effect of emotional labor in the relationship between workplace violence score and turnover intention.

absenteeism, job dissatisfaction, and job loss.⁴⁴ Consistent and regular emotional labor can lead to burnout or anxiety, which can reduce the quality of work-related life. Exposure to violence at the workplace can lead to loss of concentration, noncompliance with ethical rules, errors, absenteeism from shifts, lack of attention to patients, and decreased job satisfaction in health care workers.⁴⁵ Frequent exposure to workplace violence may lead to low levels of compassion satisfaction and high levels of burnout and secondary stress, which cause health care professionals to experience emotional exhaustion.⁴⁴ In nursing, emotional exchange that occurs when nurses provide care, interact with patients, and provide professional collaboration can cause them to experience emotional labor. Nurses try to manage their feelings of anger and disappointment while they perform their profession.^{46,47} Physicians and nurses working in an emotion-laden environment such as the emergency department can be approached by taking emotion regulation skills into account, and limits can be set for displaying emotions that are expected by health managers. Psychosocial interventions aimed at emotion regulation can be implemented by psychiatric nurses.

In this investigation, it was concluded that exposure to workplace violence increased emotional labor. In a study conducted in Korea, it was reported that nurses were expected by their institutions or managers to remain calm and humble even if they were exposed to violence in the workplace. In the same study, it was also reported that health professionals faced physical, psychological, and verbal violence and were constantly exposed to emotional labor situations in which they were to suppress negative emotions, which could lead to mental health problems such as depression and anxiety.⁴⁸ Those working in emotionally charged

environments should be recognized for their hard work and appropriately compensated; measures should be developed to treat employees with respect and protect them from exposure to emotional labor and workplace violence.⁴⁷

In this research, the participants were exposed to violence in the workplace, which increased their intention to quit their jobs. Given that emergency services are an environment where unpredictability, overcrowding, chaos, conflicts, and a wide variety of diseases and injuries have to be dealt with, nurses and physicians working in emergency services are more likely to quit their jobs.⁴⁹ In a study, it was reported that workplace violence in the field of health affected burnout, job satisfaction, and turnover, and being subjected to violence in the workplace could lead to turnover.¹⁹ In another study, intention to quit increased in employees exposed to verbal violence.⁵⁰ In this study, health care professionals reported being subjected to verbal, physical, and even sexual violence. It can be stated that the type and level of violence against health care professionals are increasing day by day. When the risk of being subjected to violence is added to the intensity of working conditions in the emergency department, the fact that nurses and physicians consider quitting their jobs and realize this⁵¹ suggests that there will be difficulty in finding qualified personnel in the future.

In this paper, those participants who did not receive training to improve their stress, conflict management, and communication had higher levels of intention to leave their jobs. In a systematic review in which studies conducted to improve the occupational burnout and education levels of ED workers were analyzed, it was concluded that educational interventions and awareness-based interventions positively affected their occupational stress levels.⁵² As is reported, organizational and individual interventions can

be implemented to strengthen health professionals working in emergency services. Among these interventions are psychological interventions such as stress management, development of coping skills, and implementation of strategies to reduce working hours and workloads.^{53,54} Based on the results obtained from this study, it was found that individuals who had not received training on coping with stress and improving communication skills while working in the emergency department had a higher intention to leave their jobs. Strengthening ED staff with psychoeducation at specific and regular intervals may reduce their intention to leave. However, we believe that such training should not be limited to emergency department staff alone, but that educating patients and their relatives about the working principles of the emergency department is also of great importance.

The higher the level of emotional labor is, the higher the level of turnover intention is. In a work environment where employees constantly have to manage their emotions and are therefore tense, employees may experience anxiety, depression, burnout,⁵⁵ absenteeism, job dissatisfaction, and turnover, as well as various physical health conditions.⁵⁶ Regular and consistent emotional labor may lead to burnout or anxiety, resulting in decreased interaction with the patient.^{45,57} Higher levels of emotional labor lead to higher levels of burnout and thus more turnover of experienced professionals, which ultimately results in difficulties in patient management.⁵⁸ In a meta-analysis on emotional labor of nurses, emotional labor was determined to have negative aspects that decreased the quality of nursing by increasing job stress, burnout, and turnover intention.⁵⁹

Limitations

The fact that the data in the study were collected solely through scale measurement tools constitutes a limitation, as no detailed information regarding the participants' experiences of violence was obtained.

IMPLICATIONS FOR EMERGENCY NURSES

As a result of this study, it was concluded that incidents of violence occurring in emergency departments may have negative effects on ED staff. In this regard, it is considered necessary to develop holistic and multidimensional strategies to prevent violence in emergency settings. Strengthening legal regulations and implementing deterrent penalties effectively are of great importance in preventing violence in health care. Furthermore, to ensure the safety of ED staff,

it is necessary to increase the number of security personnel and expand the use of surveillance camera systems.

Regular in-service training aimed at enhancing staff members' crisis management, anger control, and effective communication skills may improve their ability to cope with challenging behaviors of patients and their relatives. In addition, implementing psychosocial interventions to strengthen the emotional resilience of ED staff and improve their coping skills for stress may help reduce the psychological impact of such incidents. It is recommended that emergency service personnel receive regular, periodic support from psychiatric nurses to protect and enhance their mental health.

At the societal level, informing patients and their relatives about the functioning, service capacity, and triage processes of emergency departments may help manage expectations more effectively. Moreover, raising awareness about appropriate ED usage and the rules to be followed may be an effective strategy to reduce potential tendencies toward violence.

Conclusions

The mean workplace violence score of the participants in the present study was 12.31 ± 3.13 , suggesting that they were most frequently exposed to verbal, physical, and sexual violence in the given order. The nurses experienced workplace violence more than did the physicians. There was no difference between the male and female participants in terms of experiencing workplace violence. The rate of turnover intention was higher in the nurses participating in the study than in the physicians. The level of emotional labor was higher in the physicians who participated in the study than in the nurses. The participants' exposure to violence in the workplace increased their turnover intentions. At the end of the study, it was concluded that exposure to violence in the workplace increased the level of emotional labor. It was determined that the higher the level of emotional labor was, the higher the level of turnover intention was.

Acknowledgments

The authors thank all medical staff who provided the information necessary for the completion of the study.

Author Disclosures

Conflicts of interest: none to report.

Esra Bekircan is a Assistant Professor, Tonya Vocational School, Trabzon University, Trabzon, Türkiye. **ORCID identifier:** <https://orcid.org/0000-0001-5942-026X>.

Mustafa Sabak is a Associate Professor, Departments of Surgical Medical Sciences and Emergency Medicine, Faculty of Medicine, Gaziantep University, Gaziantep, Türkiye. **ORCID identifier:** <https://orcid.org/0000-0003-2777-2003>.

Tufan Alatli is an Associate Professor, Departments of Surgical Medical Sciences and Emergency Medicine, Faculty of Medicine, Balikesir University, Balikesir, Türkiye. **ORCID identifier:** <https://orcid.org/0000-0002-7858-8081>.

Fatma Boğan is a Lecturer, School of Health Services, Düzce University, Düzce, Türkiye. **ORCID identifier:** <https://orcid.org/0000-0002-1356-787X>.

Emine Aykol is an Medical Doctor, Departments of Surgical Medical Sciences and Emergency Medicine, Faculty of Medicine, Karabük University, Karabük, Türkiye. **ORCID identifier:** <https://orcid.org/0000-0002-0804-3924>

Mustafa Boğan is a Associate Professor, Department of Emergency Medicine, Faculty of Medicine, Düzce University, Düzce, Türkiye. **ORCID identifier:** <https://orcid.org/0000-0002-3238-1827>.

REFERENCES

- Lancôt N, Guay S. The aftermath of workplace violence among health-care workers: a systematic literature review of the consequences. *Aggression Violent Behav.* 2014;19(5):492-501. <https://doi.org/10.1016/j.avb.2014.07.010>
- Liu J, Gan Y, Jiang H, et al. Prevalence of workplace violence against health-care workers: a systematic review and meta-analysis. *Occup Environ Med.* 2019;76(12):927-937. <https://doi.org/10.1136/oemed-2019-105849>
- Lim MC, Jeffree MS, Saupin SS, Giloi N, Lukman KA. Workplace violence in healthcare settings: the risk factors, implications and collaborative preventive measures. *Ann Med Surg (Lond).* 2020;78:103727. <https://doi.org/10.1016/j.amsu.2022.103727>
- Sun P, Zhang X, Sun Y, et al. Workplace violence against health care workers in North Chinese hospitals: a cross-sectional survey. *Int J Environ Res Public Health.* 2017;14(1):96. <https://doi.org/10.3390/ijerph14010096>
- Cebrino J, Portero de la Cruz S. A worldwide bibliometric analysis of published literature on workplace violence in healthcare personnel. *PLoS One.* 2020;15(11):e0242781. <https://doi.org/10.1371/journal.pone.0242781>
- Yusoff HM, Ahmad H, Ismail H, et al. Contemporary evidence of workplace violence against the primary healthcare workforce worldwide: a systematic review. *Hum Resour Health.* 2023;21(1):82. <https://doi.org/10.1186/s12960-023-00868-8>
- Selman S, Siddique L. Role of primary care in health systems strengthening achievements, challenges, and suggestions. *Open J Soc Sci.* 2022;10(10):359-367. <https://doi.org/10.4236/jss.2022.1010023>
- Volz NB, Fringer R, Walters B, Kowalenko T. Prevalence of horizontal violence among emergency attending physicians, residents, and physician assistants. *West J Emerg Med.* 2017;18(2):213-218. <https://doi.org/10.5811/westjem.2016.10.31385>
- Dağoğlu NP. Workplace violence experienced by healthcare professionals. *Sağlık Yaşam Bilimleri Derg.* 2022;4(2):252-259. <https://doi.org/10.33308/2687248X.202242255>
- İştar Işıklı E, Arslan T. Violence in health sector: an investigation on news. *Sosyal Pol Çalışmaları Derg.* 2021;21(50):89-128. <https://doi.org/10.21560/spcd.vi.621293>
- Büyükbıngöl A. The effect of the responses of patients and their relatives in newspaper news on the perception of violence in healthcare institutions. *e-gifder. Gümüşhane Üniversitesi İletişim Fakültesi Elektronik Dergisi.* 2025;13(1):163-188. <https://doi.org/10.19145/e-gifder.1583204>
- Healthcare Violence Report. Sağlıkta Şiddet. Published. 2023. Accessed June 3, 2025. https://imdat.org/media/raporlar/2023_SAGLIKTA_SIDDET_RAPORU.pdf
- Peng L, Xing K, Qiao H, et al. Psychological violence against general practitioners and nurses in Chinese township hospitals: incidence and implications. *Health Qual Life Outcomes.* 2018;16(1):117. <https://doi.org/10.1186/s12955-018-0940-9>
- d'Ettorre G, Mazzotta M, Pellicani V, Vullo A. Preventing and managing workplace violence against healthcare workers in Emergency Departments. *Acta Biomed Atenei Parmensis.* 2018;89(4):28-36. <https://doi.org/10.23750/abm.v89i4-S.7113>
- Koch P, Zilezinski M, Schulte K, Strametz R, Nienhaus A, Raspe M. How perceived quality of care and job satisfaction are associated with intention to leave the profession in young nurses and physicians. *Int J Environ Res Public Health.* 2020;17(8):2714. <https://doi.org/10.3390/ijerph17082714>
- Peter KA, Meier-Kaeppli B, Pehlke-Milde J, Grylka-Baeschlin S. Work-related stress and intention to leave among midwives working in Swiss maternity hospitals—a cross sectional study. *BMC Health Serv Res.* 2021;21(1):671. <https://doi.org/10.1186/s12913-021-06706-8>
- Hämmig O. Explaining burnout and the intention to leave the profession among health professionals—a cross-sectional study in a hospital setting in Switzerland. *BMC Health Serv Res.* 2018;18(1):1-11. <https://doi.org/10.1186/s12913-018-3556-1>
- Duan X, Ni X, Shi L, et al. The impact of workplace violence on job satisfaction, job burnout, and turnover intention: the mediating role of social support. *Health Qual Life Outcomes.* 2019;17(93):1-10. <https://doi.org/10.1186/s12955-019-1164-3>
- Özveren CG. Exploring the factors affecting the intention of healthcare workers exposed to violence to quit their jobs in the COVID-19 process: a field study and training recommendations. *Korkut Ata Turk Araştırmaları Derg.* 2023;1:1507-1528. <https://doi.org/10.51531/korkutataturkiyat.1361000>
- Hämmig O. Quitting one's job or leaving one's profession: unexplored consequences of workplace violence and discrimination against health professionals. *BMC Health Serv Res.* 2023;23(1):1251. <https://doi.org/10.1186/s12913-023-10208-0>
- Lu Y, Hu XM, Huang XL, et al. The relationship between job satisfaction, work stress, work-family conflict, and turnover intention among physicians in Guangdong, China: a cross-sectional study. *BMJ Open.* 2017;7(5):e014894. <https://doi.org/10.1136/bmjopen-2016-014894>

22. Duğan Ö. Analysis of violence in health news: an examination on newspaper reports. *Erciyes İletişim Derg.* 2017;5(1):400-410. <https://doi.org/10.17680/erciyesakademia.291907>
23. Wharton AS. The sociology of emotional labor. *Annu Rev Sociol.* 2009;35(1):147-165. <https://doi.org/10.1146/annurev-soc-070308-115944>
24. Henckes N, Nurok M. 'The first pulse you take is your own'-but don't forget your colleagues'. Emotion teamwork in pre-hospital emergency medical services. *Sociol Health Illn.* 2015;37(7):1023-1038. <https://doi.org/10.1111/1467-9566.12261>
25. Bekman M. Quantitative research method in public relations: relational survey model. *Meriç Uluslararası Sosyal Stratejik Araştırmalar Derg.* 2022;6(16):238-258. <https://doi.org/10.54707/meric.1143322>
26. Diefendorff JM, Croyle MH, Gosserand RH. The dimensionality and antecedents of emotional labor strategies. *J Vocat Behav.* 2005;66(2):339-357. <https://doi.org/10.1016/j.jvb.2004.02.001>
27. Basım HN, Begenirbaş M. Emotional labor in work life: a study of scale adaptation. *Yönetim Ekon Celal Bayar Üniv İktisadi İdari Bilimler Fak Derg.* 2012;19(1):77-90.
28. Mobley WH, Griffeth RW, Hand HH, Meglino BM. Review and conceptual analysis of the employee turnover process. *Psychol Bull.* 1979;86(3):493-522. <https://psycnet.apa.org/doi/10.1037/0033-2909.86.3.493>
29. Meral Z, Elçi M. *The Impact of Trust in Leader on Organizational Commitment and Turnover Intention: An Empirical Study.* Master's Thesis. Gebze Technical University, Institute of Social Sciences; 2015.
30. Tutan A, Kökalan Ö. Turkish adaptation of workplace violence scale. *İşletme Araştırmaları Derg.* 2023;15(2):1504-1516. <https://doi.org/10.20491/isarder.2023.1662>
31. Erzincan E, Coşkun B, Gündüz N. The relationship between psychological resilience, mobbing, violence-related anxiety levels, and psychological symptom levels with burnout levels among physicians, nurses, and health officials working in a University Hospital. *Curr Addict Res.* 2022;6(1):25-39. <https://doi.org/10.5455/car.105-1658142564>
32. Kirk K, Cohen L, Edgley A, Timmons S. "I don't have any emotions": an ethnography of emotional labour and feeling rules in the emergency department. *J Adv Nurs.* 2021;77(4):1956-1967. <https://doi.org/10.1111/jan.14765>
33. Smith D, Cunningham N, Willoughby M, et al. The epidemiology of sexual assault of older female nursing home residents, in Victoria Australia, between 2000 and 2015. *Leg Med (Tokyo).* 2019;36:89-95. <https://doi.org/10.1016/j.legalmed.2018.11.006>
34. Spector PE, Zhou ZE, Che XX. Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: a quantitative review. *Int J Nurs Stud.* 2014;51(1):72-84. <https://doi.org/10.1016/j.ijnurstu.2013.01.010>
35. Dyrbye LN, West CP, Sinsky CA, et al. Physicians' experiences with mistreatment and discrimination by patients, families, and visitors and association with burnout. *JAMA Netw Open.* 2022;5(5):e2213080. <https://doi.org/10.1001/jamanetworkopen.2022.13080>
36. Masum AKM, Azad A, Hoque KE, Beh L, Wanke P, Arslan Ö. Job satisfaction and intention to quit: an empirical analysis of nurses in Turkey. *PeerJ.* 2016;4:e1896. <https://doi.org/10.7717/peerj.1896>
37. Stordeur S, D'Hoore W, NEXT-Study Group. NEXT-study group. Organizational configuration of hospitals succeeding in attracting and retaining nurses. *J Adv Nurs.* 2007;57(1):45-58. <https://doi.org/10.1111/j.1365-2648.2006.04095.x>
38. Liss-Levinson R, Bharthapudi K, Leider JP, Sellers K. Loving and leaving public health: predictors of intentions to quit among state health agency workers. *J Public Health Manag Pract.* 2015;21(suppl 6):91-101. <https://doi.org/10.1097/PHH.0000000000000317>
39. Jackson-Koku G, Grime P. Emotion regulation and burnout in doctors: a systematic review. *Occup Med.* 2019;69(1):9-21. <https://doi.org/10.1093/occmed/kqz004>
40. Isbell LM, Boudreaux ED, Chimowitz H, Liu G, Cyr E, Kimball E. What do emergency department physicians and nurses feel? A qualitative study of emotions, triggers, regulation strategies, and effects on patient care. *BMJ Qual Saf.* 2020;29(10):1-2. <https://doi.org/10.1136/bmjqs-2019-010179>
41. Vinson AH, Underman K. Clinical empathy as emotional labor in medical work. *Soc Sci Med.* 2020;251:112904. <https://doi.org/10.1016/j.socscimed.2020.112904>
42. Fouquereau E, Morin AJS, Lapointe É, Mokoukolo R, Gillet N. Emotional labour profiles: associations with key predictors and outcomes. *Int J Work Health Organ.* 2019;3(33):268-294. <https://doi.org/10.1080/02678373.2018.1502835>
43. Dugué M, Sirot O, Dosseville F. A literature review of emotional intelligence and nursing education. *Nurse Educ Pract.* 2021;54:103124. <https://doi.org/10.1016/j.nepr.2021.103124>
44. Kwak Y, Han Y, Song JS, Kim JS. Impact of emotional labour and workplace violence on Professional Quality of Life among clinical nurses. *Int J Nurs Pract.* 2020;26(1):e12792. <https://doi.org/10.1111/ijn.12792>
45. Altuntaş S, Altun ÖŞ. The relationship between emotional labor behaviors and burnout levels of nurses. *J Health Nurs Manag.* 2015;2(1):37-43. <https://doi.org/10.5222/SHYD.2015.037>
46. Ko Y, Yu S, Jeong SH. Effects of nursing power and organizational trust on nurse's responsiveness and orientation to patient needs. *Nurs Open.* 2020;7(6):1807-1814. <https://doi.org/10.1002/nop.2.567>
47. Hwang WJ, Park EH. Developing a structural equation model from Grandey's emotional regulation model to measure nurses' emotional labor, job satisfaction, and job performance. *Appl Nurs Res.* 2022;64:151557. <https://doi.org/10.1016/j.apnr.2021.151557>
48. Lee EJ, Park BH. The Influence of workplace violence experience and emotional labor on depression among caregivers. *Korean J Occup Health Nurs.* 2023;32(2):58-67. <https://doi.org/10.5807/kjohn.2023.32.2.58>
49. Adriaenssens J, De GV, Maes S. Determinants and prevalence of burnout in emergency nurses: a systematic review of 25 years of research. *Int J Nurs Stud.* 2015;52(2):649-661. <https://doi.org/10.1016/j.ijnurstu.2014.11.004>
50. Dursun S, Başol O. The effect of verbal customer aggression on employee turnover intention: the mediating role of emotional exhaustion. *J Soc Policy Conf.* 2020;78:147-169. <https://doi.org/10.26650/jspc.2019.78.0042>
51. Bordignon M, Monteiro MI. Predictors of nursing workers' intention to leave the work unit, health institution and profession. *Rev Lat-Am Enferm.* 2019;27:e3219. <https://doi.org/10.1590/1518-8345.3280.3219>

52. Xu HG, Kynoch K, Tuckett A, Eley R. Effectiveness of interventions to reduce emergency department staff occupational stress and/or burnout: a systematic review. *JBISRIR-D-19-00252*. *JBISRIR-D-19-00252*. 2020;18(6):1156-1188. <https://doi.org/10.11124/JBISRIR-D-19-00252>
53. Farahmand S, Vafaeian M, Vahidi E, Abdollahi A, Bagheri-Hariri S, Dehpour AR. Comparison of exogenous melatonin versus placebo on sleep efficiency in emergency medicine residents working night shifts: a randomized trial. *World J Emerg Med*. 2018;9(4):282-287. <https://doi.org/10.5847/wjem.j.1920-8642.2018.04.00>
54. Park JE, Song MR. Effects of emergency nurses' experiences of violence, resilience, and nursing work environment on turnover intention: a cross-sectional survey. *J Emerg Nurs*. 2023;49(3):461-469. <https://doi.org/10.1016/j.jen.2022.10.001>
55. Lee EY, Kim JS. Relationships among emotional labor, fatigue, and musculoskeletal pain in nurses. *J Korea Acad-Ind Coop Soc*. 2017;18(1):351-359.
56. Yoon SL, Kim JH. Job-related stress, emotional labor, and depressive symptoms among Korean nurses. *J Nurs Scholarsh*. 2013;45(2):169-176. <https://doi.org/10.1111/jnu.12018>
57. Mastracci S, Hsieh CW. Emotional labor and job stress in caring professions: exploring universalism and particularism in construct and culture. *Int J Public Admin*. 2016;39(14):1125-1133. <https://doi.org/10.1080/01900692.2015.1068327>
58. Hunsaker S, Chen HC, Maughan D, Heaston S. Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *J Nurs Scholarsh*. 2015;47(2):186-194. <https://doi.org/10.1111/jnu.12122>
59. Kim SH, Ham YS. A meta-analysis of the variables related to the emotional labor of nurses. *J Korean Acad Nurs Admin*. 2015;21(3):263-276. <https://doi.org/10.1111/jkana.2015.21.3.263>