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Verbal Abuse against Newly Hired Nurses: Prevalence, Sources, Reporting and Effect

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ABSTRACT

Background: Verbal abuse among healthcare professionals is a common and widespread phenomenon. ***Objectives*:** 1) Investigating the prevalence of verbal abuse; 2) Identifying sources of abuse and reasons behind not reporting verbal abuse; 3) Examining the effects of verbal abuse on nurses; 4) Examining the relationship between socio-demographic characteristics of newly hired RNs and exposure to verbal abuse and its personal and professional effects. ***Methods*:** A correlational descriptive design was conducted using a convenient sample of 200 participants. ***Results*:** High prevalence of verbal abuse is detected among newly hired RNs who participated in this study. The most common sources of verbal abuse were the patient's family and visitors and other staff nurses, respectively (n=147, 74%; n=97, 48.5 %). The mean score of exposure to verbal abuse was M= 6.76 and the personal and professional effect on the verbal -abuse scale was M=28.35. It was found that 142 nurses were exposed to verbal abuse, but had decided not to report the episode. Exposure to verbal abuse was high in nurses who were divorced and work in a shift system. ***Conclusion*:** verbal abuse is a serious problem that affects nurses' well-being. ***Implications to Nursing*:** Nursing administrators should create programs for training and supporting newly hired RNs in Jordan in reporting verbal abuse.

Keywords: Effect, Reporting, Responses, Sources, Verbal abuse.

What does this paper add?

1. This study will update our knowledge on prevalence of verbal abuse, effect, reporting and sources among RNs in the Jordanian health-care sector.
2. It will provide a better understanding of the prevalence and factors correlating to verbal abuse to establish polices to prevent verbal abuse against nurses.
3. Verbal abuse has not been extensively studied in the literature like other forms of abuse, such as physical abuse and sexual abuse. Additionally, its devastating effects remain hidden and its consequences are not clearly defined.
4. In Jordan, the number of studies that have addressed verbal abuse is limited.

Introduction and Background

Verbal abuse among healthcare professionals is a common and widespread phenomenon that affects nurses' psychological health and job outcomes, such as a fall in service delivery, lower commitment to work and weaker intent to stay in the profession (Budin et al., 2013; Lamichhane & Bae, 2020). Verbal abuse is defined as "any behavior that is communicated through language, tone or style that disparages, intimidates,

patronizes, threatens, accuses or disrespects others" (Celik et al., 2007, p.2). It is estimated that the prevalence of verbal abuse among registered nurses in the USA stands at 69.4% (Pompeii et al., 2015); that figure is 69.5 % in Egypt (Abbas et al., 2010) and 52.7% in Saudi Arabia (Al-Shammari & Alzghool, 2020).

In the Jordanian health sector, a report by the High Health Council (2014) revealed that 4577 nurses and 1442 midwives were working at MOH hospitals, 1111 nurses and 20 midwives at university hospitals and 3389 nurses and 200 midwives at the Royal Medical Services. One of the common types of workplace violence facing Jordanian nurses is verbal abuse. A study conducted in 2013 by Al-Bashtawy, on 227 nurses in the emergency departments of 12 different types of hospitals, revealed that verbal abuse was approximately five times more to occur than actual incidents of physical abuse, with the statistics standing at 63.9% and 11.9%, respectively (Al-Bashtawy, 2013). Another study, conducted on 11 different Jordanian hospitals, also showed that verbal abuse was more prevalent than physical abuse (67.8% and 52.8%, respectively) (Al-Omari, 2015). Verbal abuse is obviously more prevalent in Jordan than other types of abusive behaviors, which indicates an urgent need for intervention to control these incidents.

Verbal abuse toward newly hired nurses was reported to negatively affect their work commitment, autonomy and intent to continue in their profession (Budin et al., 2013). In addition, nurses who reported being verbally abused said that they felt humiliated and harmed and could not perform their duties appropriately. These negative feelings among nurses can influence patient safety and health outcomes (Beecroft et al., 2008). Double burdened with being newly hired, nurses may not address the incidence of verbal abuse appropriately and may have negative work outcomes (Al-Bashtawy & Aljezawi, 2016; Alzoubi et al., 2021). Therefore, they were selected to participate in this study.

The high prevalence of verbal abuse can be attributed to a number of contributing factors. A study conducted on 500 nurses showed that the most prevalent factors were negative reputation of nurses (64%), lack of support from policymakers for nurses (60%) and shortage of nurses on shift (56.5%) (Ahmed, 2012). Another study conducted on 277 Jordanian emergency-department nurses found that waiting long hours to receive care was considered the main contributing factor to violence, especially verbal abuse (63.9%), followed by overcrowded waiting rooms (53.3%), unmet patient and family expectations (46%) and bad communication (36.7%) (Al-Bashtawy & Aljezawi, 2016).

Sources of verbal abuse vary according to studies, patients, nurses' coworkers, patients' families, physicians and head nurses (Al Amer & Jamama, 2020; Chang & Cho, 2016). Lamichhane and Bae (2020) explored the sources of verbal abuse against nurses in a convenient sample of 201 Nepali nurses working at a government hospital. Patients' relatives were reported as the main source of verbal abuse. A study conducted in the Korean healthcare system revealed that 50% (93 nurses) were subjected to verbal abuse from nursing colleagues and 47.8% from patients (Chang & Cho, 2016). Studies in Jordan reported that patients and their families were the main source of verbal abuse against registered nurses (Abu AlRub & Al-Asmar, 2013; Ahmed, 2012; Al-Omari, 2015). Yet, it is worthwhile to investigate the changes in the sources of verbal abuse with time.

Nurses face numerous challenges in their work environment which may be considered as predisposing factors of violence, such as demands for high quality of care, the need for specialized care and cost-effective nursing interventions, staff shortages, lack of boundaries and self-care and professional burnout (Khowaja et al., 2020; Mrayyan, 2007; Shdaifat et al., 2020). In addition, in the Jordanian culture, nursing is not seen as a desirable profession due to the presence of night shifts, exposure to abusive behaviors by patients and other health workers, long working hours, low salary compared with other professions and other countries and being required to work in close proximity with colleagues and patients of the opposite sex (Ahmad, 2012). Although the image of nursing has improved in Jordan over time, some nurses decide to leave the profession because of poor working conditions and unsafe work environment (Nantsupawat et al., 2017).

Nurses who are subjected to verbal abuse can suffer negative consequences on their psychological condition, as well as on their work productivity and outcomes. On the personal level, verbal abuse was found to diminish nurses' self-esteem (Cengiz et al., 2018). It can also have a serious impact on the emotional status of nurses, as they may experience alterations in their emotional health as well as social difficulties after the incident (Alomari et al., 2019). Oweis and Diabat (2005) revealed that judging and criticizing nursing actions, accusing and

blaming nurses and abusive anger were common forms of verbal abuse reported by RNs. Moreover, nurses reported reacting to verbal abuse with feelings of anger, shyness, frustration, humiliation and engagement in high-risk behaviors to cope with verbal abuse. Another Jordanian study found that 60.8% of verbally abused nurses had difficulty in sleeping after the incident and felt tired after the episode (61.4%) (Ahmed, 2012). Impaired communication and lack of trust were also reported (Courcy et al., 2016).

Numerous studies have found significant relationships between verbal abuse and participants' demographics, such as gender, age, educational level, the department they worked in and hospital size. Verbal abuse against female nurses was more common compared to that against male nurses (Al-Omari, 2015; Ceballos et al., 2020). Reporting verbal abuse was higher among nurses with higher educational degrees than among nurses with lower educational degrees (Tekin & Bulut, 2014). Nurses holding bachelor's degrees reported higher rates of verbal abuse than nurses with graduate degrees, while younger nurses with less professional experience are more likely to be exposed to verbal abuse than older nurses (Alyaemni & Alhudaithi, 2016). Another study found that verbal abuse coming from patients had a stronger impact on newly licensed nurses (Chang & Cho, 2016). The nursing station was found to be the most frequent site for verbal abuse in all hospital departments (Esmaeilpour et al., 2011). Nurses hired in emergency departments and critical-care units were at greater risk of falling victims to verbal abuse than nurses working in other units (Angland et al., 2014; Cho et al., 2020). Incidents involving verbal abuse occurred more often in the evening, with less likelihood during day shifts (Esmaeilpour et al., 2011). Nurses working in institutions with medium size had the highest prevalence of verbal abuse (80.4%), while those working in small institutions had the lowest (62.9%) (Chang & Cho, 2016). Some of these demographic variables were not detected in terms of relationships to verbal abuse in the Jordanian context. The aim of this study is to shed light on this area of research.

The existing literature provides a well-defined picture of verbal-abuse prevalence against Jordanian nurses at private, teaching and public hospitals. However, there is limited research to examine its devastating effect on nurses on personal and professional levels. Few studies addressed nurses' reporting of verbal abuse and the reasons behind underreporting. Most of the studies focused on experienced nurses and did not pay attention to newly hired nurses. Most studies in Jordan focused on verbal abuse in the emergency and critical-care departments (Al-Bashtawy, 2013; Abu AlRub & Al-Asmar 2011; Ahmed, 2012). There was little focus on verbal abuse in other departments, so this study is going to investigate verbal-abuse prevalence in different departments. The objectives of this study are to: 1) investigate the prevalence of verbal abuse; 2) identify sources of abuse and reasons behind not reporting verbal abuse; 3) examine the effects of verbal abuse on nurses; 4) examine the relationship between socio-demographic characteristics of newly hired RNs and exposure to verbal abuse and its personal and professional effects on them.

Methods

A descriptive correlational design was conducted. Data was obtained from 200 newly hired registered nurses selected conveniently from four hospitals in the north of Jordan. The sample size was measured by using G*power software, by using Pearson correlation and entering the following data: a power of 0.8, alpha of 0.05 and medium effect size (0.3). Calculated sample size was 111 and the actual sample size was increased to 200 nurses in order to cover the attrition rate.

The inclusion criteria were: all registered nurses employed at two private and two governmental hospitals with a maximum of three years' experience and between the ages of 22 and 40. The participating nurses were selected from different departments (operation room, medical/surgical units, walk-in clinics) to ensure good representation of the study sample. This study is a part of a big project that addressed verbal-abuse correlation with self-esteem and job outcomes, in addition to verbal-abuse prevalence, sources, reporting and effects (Alzoubi et al., 2021).

Research Instrument

A self-reported questionnaire was used to obtain data. Demographic characteristics of the sample were collected at the first part of the questionnaire (gender, age, institution size, work department, shifts (yes or no), shift hours (8 hrs, 12 hrs), social status, job status (part-time, full-time), years of experience, income and institution type).

To measure verbal abuse, we used a modified version of the verbal-abuse scale (VAS) (Manderin & Banton, 1994). The scale, which consists of 41 items, includes four sub-scales (types, sources, reporting and effect/reaction). The first section entails nine questions addressing different types of verbal abuse. The second section consists of two questions to identify the sources of verbal abuse. Two other questions identified the frequency with which abuse is reported. The third section poses nine questions that examine the reasons of refraining from reporting the incidents. Respondents were also asked about the factors that affected their decision not to report incidents of verbal abuse. The fourth section, composed of 19 questions, investigates the nurses' reactions to verbal abuse. The reliability of the essential VAS had been reported by the authors in different studies, with the internal reliability reflected by the alpha coefficient, which ranged from 0.67 to 0.95 for each part in the original paper (Manderin & Banton, 1994). In our study, Cronbach's alpha was 0.829 for the first part of the verbal-abuse scale (exposure), 0.829 for the second part (sources), 0.501 for the third part (reporting verbal abuse/reasons not to report) and finally 0.924 for the last part (effects of verbal abuse). The questionnaire was translated into Arabic. A pilot study was conducted on 10 nurses who were excluded from the main study sample to estimate statistical parameters for the questionnaire and assess the readability and cultural suitability of the translated questionnaire. The items were clear and understandable, so no changes were made.

Data Collection

The questionnaire forms were filled by nurses over a period of three months (Dec. 2019-Feb. 2020). Fifty questionnaire forms were gathered from each hospital; 200 questionnaire forms were fully completed without any missing data. The participants were recruited personally by the researchers and received explanation about the study, then they filled the questionnaire forms. Ethical approval was obtained from the Institutional Review Board (IRB) from a governmental university (ethical approval number 22/125/2019) as well as from the Ministry of Health and the private hospitals. All nurses who volunteered to participate in this study were made aware that all collected data would be treated with complete anonymity and confidentiality.

Data Analysis

Descriptive statistics (frequencies, means and percentages) were used to describe the type, effects, sources and reporting of verbal abuse as well as the participants' socio-demographic characteristics. ANOVA and T-test were used to detect whether there were significant differences in the mean of verbal-abuse effect and verbal-abuse type sub-scales based on the participants' socio-demoghraphic variables.

Results

The female registered nurses were 126 (63%), while the remaining 74 were males (37%). Of the participants, (92) were aged 21-25 years (46%, SD=3.991, M=27.17) and 54.5% of the participants were married. Also, 192 (96%) of the nurses in the sample were full-timers, while 182 of the participants held an undergraduate degree (91%). The participants having 2-3 years of experience were 69.5% and only 26 participants (13%) had up to one year of experience and (17.5%) had between one and two years of experience. Over a half of the participants were working at a large institution 82% and 18% were working at a small institution, while almost all of the nurses included in the sample were working in different shifts 196 (98%) and the shift systems were Day/Night (49%) and A, B and C (12%) and A, (BC) (38.5%). Also, the registered nurses who participated in this study were working in different departments; the majority were working at the ICU/CCU and the emergency departments (27% and 22%, respectively).

Prevalence of Verbal Abuse

The prevalence of verbal abuse, regardless of type, among this sample of newly hired registered Jordanian nurses, was 100%. All the 200 participants were exposed to at least one type of verbal abuse. Yelling and others raising their voices in an angry manner constituted the most frequent type of verbal abuse reported by the newly hired RNs during the preceding 6 months, 182 of the 200 nurses (91%) had experienced this type of verbal abuse, with frequency ranging from 1 to 5 times (n=127, 63.5%). Speaking to nurses in a condescending fashion was the second most frequent verbal-abuse type (n=158, 79%) and its frequency was also from 1 to 5 times during the preceding 6 months (n=99. 49.5%). The third type was directing a humiliating or abusive comment disguised as a joke at the nurses (n=121, 60.5%), with a frequency ranging

from 1 to 5 times during the preceding 6 months (n=67, 33.5%). Ignoring the nurse or attempting to control the nurse's conversation was also reported by participants (n=113, 56.5%), at a frequency ranging from 1 to 5 times (n=68, 34%) (Table 1).

Table 1. Descriptive statistics of types of verbal abuse (N=200)

Verbal-abuse scale			**No.**	**Percentage %**
Incidence of verbal abuse				
Yes			**200**	**100**
No			0	0
Part 1: Frequency of the types of verbal abuse				
1	Someone yells or raises his/her voice at you in an angry manner	Never	18	9.0
		1-5	**127**	**63.5**
		6-10	29	14.5
		11-20	11	5.5
		>20	15	7.5
2	Someone swears or directs obscene comments at you	Never	121	60.5
		1-5	58	29.0
		6-10	15	7.5
		11-20	2	1.0
		>20	4	2.0
3	Someone makes insulting comments about you	Never	115	57.5
		1-5	**53**	**26.5**
		6-10	13	6.5
		11-20	13	6.5
		>20	6	3.0
4	Someone makes a direct threat of physical harm towards you	Never	169	84.5
		1-5	23	11.5
		6-10	7	3.5
		11-20	1	0.5
		>20	0	0
5	Someone makes an indirect threat towards you (implies you will be reported… etc.)	Never	106	53.0
		1-5	**64**	**32.0**
		6-10	18	9.0
		11-20	9	4.5
		>20	3	1.5
6	Someone speaks to you in a condescending manner	Never	42	21
		1-5	**99**	**49.5**
		6-10	32	16.0
		11-20	16	8.0
		>20	11	5.5

7	**Someone makes a humiliating or abusive comment disguised as a joke**	**Never**	**79**	**39.5**
		1-5	**67**	**33.5**
		6-10	32	16.0
		11-20	14	7.0
		>20	8	4.0
8	Someone ignores you, controls the conversation or refuses to comment	Never	87	43.5
		1-5	**68**	**34.0**
		6-10	27	13.5
		11-20	11	5.5
		>20	7	3.5
9	Other form of verbal abuse	Never	-	-
		1-5	-	-
		6-10	-	-
		11-20	-	-
		>20		

Sources of Verbal Abuse

The results showed that patient's family and visitors were the most common source of verbal abuse (n=147, 74%). The second common source was the other staff nurses (n=97, 48.5 %,), then the patients (n= 92, 46%). In addition, the nurses were asked to identify the most frequent source of verbal abuse, where nurses reported that the patient's family and visitors was the highest (n=90, 45%). More details are presented in Table 2.

Table 2. Descriptive statistics of the sources of verbal abuse

Part 2: Sources of verbal abuse			**No.**	**%**
1	Doctor	yes	41	20.5
		No	159	79.5
2	Another staff nurse	Yes	97	48.5
		No	103	51.5
3	Matron	Yes	38	19.0
		No	162	81.0
4	Nursing supervisor	Yes	12	6.0
		No	188	84.0
5	Head nurse	Yes	45	22.5
		No	155	77.5
6	Other healthcare staff (i.e., PT, OT, RRT,… etc.)	Yes	2	1.0
		No	198	99.0
7	The patient	Yes	92	46
		No	108	54.0
8	The patient's family and visitors	Yes	147	73.5
		No	53	26.5

*	The most perpetrators of verbal abuse	Doctor	11	5.5
		Another staff nurse	36	18.0
		Matron	11	5.5
		Nursing supervisor	3	1.5
		Head nurse	16	8.0
		Other healthcare Staff	1	0.5
		The patient	32	16
		The patients' family and visitors	90	45

Reporting

The results revealed that 132 nurses had officially reported at least one incident of verbal abuse and the highest frequency was from 1 to 5 times during the preceding three months (n= 121, 61%). 142 nurses had decided not to report the incidence of verbal abuse. The reason most often cited for choosing not to report the incidence of verbal abuse was "nothing will be done or changed" (n= 167, 83.5%). 143 nurses reported that they expressed "concern for a valuable patient" and 138 nurses revealed that the "situation was handled/resolved". The remaining results can be seen in Table 3.

Table 3. Descriptive statistics of nurses either reporting or not reporting verbal abuse and their reasons for doing so

Part 3: (A) Reporting verbal abuse			**No.**	**Percentage %**
1	The number of times you have officially reported an episode of verbal abuse	None	68	34.0
		1-5	121	60.5
		6-10	6	3.0
		11-20	4	2.0
		>20	1	0.5
2	The number of times you have decided not to officially report an incident of verbal abuse	None	58	29.0
		1-5	96	48.0
		6-10	26	13.0
		11-20	9	4.5
		>20	11	5.5
The reasons for choosing not to report the verbal abuse incident				
1	No evidence of injury	Yes	99	49.5
		No	81	40.5
		Not applicable	20	10.0
2	Not considered important enough	Yes	89	44.5
		No	98	49.0
		Not applicable	13	6.5
3	Situation handled/resolved	Yes	138	69.0
		No	50	25.0
		Not applicable	12	6.0
4	Concern for a valuable patient	Yes	143	71.5
		No	47	23.5
		Not applicable	10	5.0

5	Understanding of person's situation	Yes	124	62
		No	63	31.5
		Not applicable	13	6.5
6	Too busy to complete the paperwork	Yes	81	40.5
		No	101	50.5
		Not applicable	18	9.0
7	Fear of blame or retribution	Yes	49	24.5
		No	142	71.0
		Not applicable	9	4.5
8	Considered to be part of the job	Yes	95	47.5
		No	89	44.5
		Not applicable	16	8.0
9	Nothing will be done or change	Yes	167	83.5
		No	23	11.5
		Not applicable	10	5.0

The Effects of Verbal Abuse on Nurses' Personal and Professional Lives

After having been subjected to verbal abuse, nurses reported that they "felt angry" (n=180, 90%), "decreased their sense of relaxation and well-being in their job setting" (n= 171, 85.5%), "felt unsupported" (n=169, 84.5%) and finally, they said that they had "negative feelings about their environment" (n=175, 87.5%). See Table 4.

Table 4. Descriptive statistics of the effect of verbal abuse on nurses

Part (4): The effect of verbal abuse			**No.**	**Percentage**
1	**Feeling tearful/crying**	Never	83	41.5
		Rarely	33	16.5
		Sometimes	49	24.5
		Often	21	10.5
		Always	14	7.0
2	**Feelings of incompetence**	Never	106	53.0
		Rarely	44	22.0
		Sometimes	36	18.0
		Often	13	6.5
		Always	1	.5
3	**Increased stress level**	Never	41	20.5
		Rarely	35	17.5
		Sometimes	64	32.0
		Often	32	16.0
		Always	28	14.0
4	**Reluctance to go to work**	Never	64	32.0
		Rarely	31	15.5
		Sometimes	56	28.0
		Often	31	15.5
		Always	18	9.0

5	**Decreased ability to engage in critical thinking**	Never	72	36.0
		Rarely	44	22.0
		Sometimes	63	31.5
		Often	15	7.5
		Always	6	3.0
6	**Negative effects on physical health**	Never	66	33.0
		Rarely	43	21.5
		Sometimes	53	26.5
		Often	23	11.5
		Always	15	7.5
7	**Negative effects on mental health**	Never	67	33.5
		Rarely	42	21.0
		Sometimes	44	22.0
		Often	35	17.5
		Always	12	6.0
8	**Decreased job morale**	Never	69	34.5
		Rarely	31	15.5
		Sometimes	57	28.5
		Often	23	11.5
		Always	20	10.0
9	**Decreased sense of relaxation and well-being in job setting**	Never	29	14.5
		Rarely	24	12.0
		Sometimes	61	30.5
		Often	47	23.5
		Always	39	19.5
10	**Decreased self-esteem**	Never	104	52.0
		Rarely	38	19.0
		Sometimes	34	17.0
		Often	21	10.5
		Always	3	1.5
11	**Feeling negative about the work environment**	Never	25	12.5
		Rarely	37	18.5
		Sometimes	66	33.0
		Often	42	21.0
		Always	30	15.0
12	**Inability to concentrate on the task at hand**	Never	51	25.5
		Rarely	35	17.5
		Sometimes	60	30.0
		Often	37	18.5
		Always	17	8.5

13	**Feelings of anger**	Never	20	10.0
		Rarely	35	17.5
		Sometimes	63	31.5
		Often	49	24.5
		Always	33	16.5
14	**Hating your job**	Never	49	24.5
		Rarely	38	19.0
		Sometimes	54	27.0
		Often	29	24.5
		Always	30	15.0
15	**Feeling unsupported**	Never	31	15.5
		Rarely	32	16.0
		Sometimes	64	32.0
		Often	36	18.0
		Always	37	18.5
16	**Fear of retribution/blame**	Never	81	40.5
		Rarely	44	22.0
		Sometimes	42	21.0
		Often	25	12.5
		Always	8	4.0
17	**Decreased job satisfaction**	Never	40	20.0
		Rarely	34	17.0
		Sometimes	61	30.5
		Often	38	19.0
		Always	27	13.5
18	**Negative effects on job performance**	Never	61	30.5
		Rarely	39	19.5
		Sometimes	57	28.5
		Often	32	16.0
		Always	11	5.5
19	**List any other personal or professional effects of verbal abuse**	Never	-	-
		Rarely	-	-
		Sometimes	-	-
		Often	-	-
		Always	-	-

Verbal Abuse and Socio-demographic Variables

Independent t-test and one-way ANOVA were used to analyze the differences in the means of verbal-abuse exposure and effect sub-scales based on participants' socio-demographic variables. The *post hoc* test showed that the exposure to verbal abuse sub-scale for divorced nurses was higher than for single or married nurses F (2, 197) = 4.081, P=0.018 and the exposure to verbal abuse sub-scale for nurses working in A, (BC) shift system was higher than for the other shift systems (day & night, A, B, C systems), (F (2, 197) = 3.941, P=0.021), followed by the 12-hour shift (Day/Night). However, nurses'

gender, age, salary, education, experience, job status, working department and shift did not seem to be associated with exposure to verbal abuse sub-scale (P>0.05).

The results also showed no effect of nurses' demographics on their reactions to verbal abuse, with the exception of gender and working department. Female nurses' responses to verbal abuse were higher than for male nurses t (198) = -0.930, P=0.012. Also, an analysis of variance showed that the effect of working department on verbal abuse effect was significant F (5, 194) =2.382, p = 0.040. *Post hoc* analysis criterion for significance indicated that the average verbal-abuse effect was significantly higher for nurses working in maternity units (M = 35.31, SD = 7.42) than for those working in other departments, followed by the ICU/CCU (M = 32.11, SD = 14.37).

Discussion

The majority of the nurses in the sample were aged between 21 and 25 years and had 2-3 years of experience. This result is expected, because most of the newly hired nurses were newly graduated and licensed nurses. Females constituted the majority in the study sample (n=126, 63%), This result is justified, since, according to statistics collected by the Jordanian Nurses Council in 2015, the number of female registered nurses in the healthcare system was 78,013, whereas the number of male registered nurses was 18,512.

It is evident that newly hired nurses experienced verbal abuse. All of the study participants were subjected to at least one type of verbal abuse during the preceding six months, which makes the prevalence 100%. This result is consistent with most of the studies and surveys conducted globally and nationally. In Saudi Arabia, the overall prevalence of verbal-abuse incidents was 74.1% (Alyaemni & Alhudaithi, 2016). In Turkey, verbal abuse was experienced at least once a year by 91.4% of nurses (Pinar & Ucmak, 2011). Newly hired nurses are already facing high stress due to heavy workloads and trying to carry out serious duties with a lack of experience. In addition, they may not yet be prepared to deal with various problems and patients' needs that can occur in hospitals. These circumstances can go a long way to explaining their high vulnerability to being exposed to verbal abuse. In addition, nurses are members of the wider Jordanian society, in which verbal abuse is prevalent. According to Al-Omari et al. (2019), 71.9% of nurses reported that they had been subjected to verbal abuse in the preceding 12 months.

The most common type of verbal abuse was yelling and others raising their voices. A Turkish study found that nurses are highly exposed to yelling, reprisals and sarcastic behavior from their colleagues (58.3%), from physicians (76.6%) and from other staff members (18.4%) (Tekin & Bulut, 2014), which is similar to our findings. Prolonged treatment and a shortage of nurses on shift may provoke patients' family members to express verbal abuse. The perception that their sick family member is not receiving attention fast enough can lead to frustration, resulting in them raising their voices and using aggression to seek the attention of healthcare providers, possibly under the impression that expressing their anger will get the needed healthcare more urgently. In addition, cultural and traditional issues in Jordan play a vital role. Often, a large number of family members accompany the patient to the hospital setting which exposes them to a high level of stress. Similar results were found in other Jordanian studies. Ghareeb et al. (2021) revealed that shouting and threatening with harm from patients and patients' relatives was (90.5%, 58.65 respectively). It is worth noticing that nurses are members of the larger Jordanian community, where yelling and shouting is not unusual and perhaps acceptable to some degree for purposes of discipline and punishment.

The study showed that most usual perpetrators of verbal abuse were the patient's family and visitors. Family members in a hospital setting can suffer extreme stress and feel genuine fear for their sick relatives. They are already emotional and then they are challenged by systematic obstacles such as prolonged treatment, waiting time and shortage of nurses, which may provoke them to unleash verbal abuse on others, including nurses. Our results were consistent with the previous findings (Ahmed, 2012; Al-Bashtawy & Aljezawi, 2016; Esmaeilpour et al., 2011). As for the verbal abuse coming from nurses' colleagues or coworkers, nurses work in a challenging and stressful environment and with staff shortages and multiple and complex patients' needs, so some nurses' emotional tension might increase, which may result in them venting verbal abuse on their colleagues.

In this study, nurses tend not to report the incidents of verbal abuse. Evidently, nurses in the Jordanian health system are not very well protected against verbal

abuse and their organizations do not provide the expected protection. Nurses did not report verbal abuse, because they believed that it was pointless to do so and they were very dissatisfied with the way in which nursing managers dealt with acts of violence perpetrated against them. Simply reporting incidents of verbal abuse does not provide a solution to the problem. Jordanian culture is based on tribal affiliation, whereby members of the same tribe support each other in any type of conflict. Nurses who are subjected to verbal abuse prefer to keep silent to avoid clashes between families and the possibility of members carrying out acts of revenge. In addition, the results showed that nurses generally have an altruistic nature and display high tolerance of their patients and their families. In another study, 32.5% of nurses indicated that they had decided not to report an incidence of verbal abuse, because it was useless and from their perspective no action would be taken. 20.8% indicated that it was not essential, 20% were concerned about having feelings of being guilty or ashamed resulting from reporting (14.6%) and lastly, 10% did not know the reporting process (Kitaneh & Hamdan, 2012).

The study results indicated that being the target of verbal abuse affects the emotional and physical health of nurses, making them feel disappointed, tearful, angry, decreasing their self-esteem and making them feel lonely and unsupported, which eventually made them hate their jobs. Very similar results were reported by Al-Omari et al. (2019). It is most likely that nurses develop negative feelings after being exposed to unkind words and bad treatment, especially in a work environment that is stressful like hospitals and other healthcare settings (Lamichhane & Bae, 2020). At job level, the nurses indicated that the incidence of verbal abuse negatively affected their job performance, decreased their job satisfaction, increased their stress level and made them feel incompetent. Many studies showed the same results (Keller et al., 2018; Schablon et al., 2018). It could be that nurses who were exposed to abuse felt harmed, lost concentration and developed bad feelings that affected their competencies and practices. To support this argument, a study conducted in Iran (2017) found that abused nurses lost interest in work, suffered disruption in their ability to provide good nursing care and consequently encountered poor nursing interactions (Hassankhani et al., 2018). From a positive aspect, nowadays, healthcare professionals, including nurses, are very much oriented to their rights of having a healthy and safe work environment that is free from abuse and with zero tolerance of all types of violence. Therefore, they are willing to quit their jobs when needed and seek jobs that carry greater prestige and command more respect.

The results showed that exposure to verbal abuse was affected by participants' social status. The study showed that divorced nurses were more likely to be exposed to verbal abuse than single or married nurses (P=0.018). This result could be justified, as nurses who reported being divorced or separated may experience more stressful life events compared with their married or single colleagues, thus predisposing them to experiences of verbal abuse.

The findings indicated that female nurses were more likely to respond to verbal abuse than male nurses, because they seem to become more emotional (Maran et al., 2019). Being subjected to verbal abuse exposes nurses to increased physical and mental exhaustion that may be expressed in crying, anger and negative feelings (Purpora et al., 2015). In addition, female nurses form the majority in the dataset, as they account for 63% of the total sample.

This study also found that the department in which the nurse is working has a significant impact on the likelihood of being the target of verbal abuse. It was indicated that nurses working in the maternity unit were more prone to falling victims to verbal abuse, followed by the intensive-care unit and cardiac-care units and medical surgical floors, with significant p value = 0.040. Other studies in Jordan found that intensive-care units had the most frequent reported incidence of verbal abuse (Abu Al-Rub & Al-Asmar, 2011, 2013). Within Jordanian culture, it is very common for family members to accompany mothers to the hospital and to wait there during delivery in the maternity unit. In these circumstances, the family members can develop high levels of stress, as they wait for news of the birth, thus making the nurses very possible targets of verbal abuse. In addition, it is well known that patients in critical care have complicated symptoms and diseases, life threatening conditions, high level of pain, discomfort and fear. In this context, critical-care nurses are subjected to more verbal abuse than those in other less stressful departments (Ahmed, 2012; Cho et al., 2020).

Implications for Nursing

Based on the study findings, nursing managers and leaders need to develop new rules and regulations that create a safe work environment with reduced stressors and with zero tolerance of verbal abuse. The system of communication between nurses-patients' families, nurses-patients and nurses- nurses should be modified and monitored. Clear policies should be implemented to protect nurses from harm and penalties should be imposed whenever there is a violation. Nurses have to be aware of the factors that create verbal abuse in clinical settings. Also, nurses need to use prevention measures in situations and settings that are considered stressful where there is a chance of verbal abuse. In addition, nursing managers should establish a training program for newly hired RNs, to orient them of the factors contributing to verbal abuse, how to respond to the situation and how to minimize the negative consequences at the personal and professional levels. Stress release and entertaining programs should be created to minimize the stress level among nurses. More experimental studies using large samples are needed to examine the reasons behind higher scores of verbal abuse among divorced nurses and nurses working in the A (BC) shift system.

Limitations

This research is a cross-sectional study and was limited to only four hospitals in Jordan, which makes generalization difficult to other nurses in other Jordanian hospitals. Also, using the self-administered questionnaire may lead to biased responses and answers that the respondents deemed to be socially desirable.

Conclusion

This study reported a high prevalence of verbal abuse against newly hired nurses. The situation, as it stands, leads to dissatisfaction with the job among young nurses who are more likely to leave and seek alternative employment where they feel safer and more respected. Thus, healthcare organizations and nurse managers should consider the harmful effects of verbal abuse, in order to improve the working environment and well-being of newly hired nurses. Policies against verbal abuse should be established and prioritized by administrators through educational-training programs, penalties and incentives and workplace-safety protocols.

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Conflict of Interest

The authors have no conflict of interest to declare.

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