

Global Nursing Challenges: Violence, Distress, and Support

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Abstract

This overview synthesizes findings from multiple cross-sectional studies on the psychological impact of various stressors on nurses. It reveals a high prevalence of depression, anxiety, stress, and burnout among nurses, significantly correlated with workplace violence (verbal and physical), heavy workloads, staffing shortages, and incivility. The COVID-19 pandemic exacerbated these issues, adding fear of infection and resource scarcity to the burden. Studies highlight the urgent need for robust psychological support, preventive measures, policy changes, and improved working conditions to mitigate distress, enhance coping, and ensure nurse retention across all specialties, including forensic nursing.

Keywords

Nurses; Workplace Violence; Psychological Impact; Mental Health; Burnout; Stress; Emergency Nurses; COVID-19; Forensic Nursing

Introduction

Nurses across various healthcare settings globally face significant psychological and occupational challenges, which have been extensively documented in recent cross-sectional studies. The profession, often characterized by high-stress environments, exposes nurses to a myriad of factors that can detrimentally affect their mental health and overall well-being. A critical concern highlighted in the literature is the pervasive issue of workplace violence. For example, a study conducted in Indonesia underscored the profound psychological impact experienced by emergency nurses caring for victims of violence, revealing a high prevalence of depression, anxiety, and stress, with increased exposure to violence correlating di-

rectly with psychological distress.[1]

Similarly, research in Saudi Arabia investigated the prevalence of workplace violence against emergency nurses, finding a significant incidence of both verbal and physical violence, which in turn was strongly associated with elevated levels of anxiety, depression, and stress among staff members.[2]

This concern is not isolated to emergency settings; another study from a developing country also observed high rates of verbal and physical violence against emergency nurses, leading to considerable emotional distress, job dissatisfaction, and intentions to leave the profession.[5]

The COVID-19 pandemic introduced an additional layer of complexity and stress for nurses. In China, a study explored the prevalence and factors associated with workplace violence against nurses during the pandemic, identifying links to staffing shortages, lack of protective equipment, and increased workload.[3]

Further compounding these issues, psychological distress among nurses during COVID-19 was widely reported, with factors

such as fear of infection, heavy workload, and insufficient social support contributing to heightened anxiety and depression rates.[4]

Beyond direct violence and pandemic-related stress, other workplace dynamics also significantly contribute to nurses' psychological burden. Workplace incivility, for instance, has been found to be strongly associated with increased burnout and a greater intention among nurses to leave their profession.[6]

Burnout, compassion satisfaction, and compassion fatigue are also prevalent issues, particularly among emergency department nurses, as observed in Northern Greece, where heavy workloads and inadequate staffing were identified as key contributors to high levels of burnout and compassion fatigue.[7]

Work-related stress is a universal concern; a study in Ethiopia revealed a high prevalence of stress among nurses in public hospitals, attributing it to heavy workload, inadequate resources, and a lack of administrative support.[8]

Identifying the primary sources of occupational stress and coping strategies is also crucial. Research in Saudi Arabia highlighted heavy workload, staffing shortages, long working hours, and conflicts with colleagues as major stressors, emphasizing the need for organizational support to enhance coping effectiveness.[9]

Even in specialized settings like psychiatric wards, nurses face unique stressors. Exposure to patient aggressive behavior significantly correlates with increased anxiety, depression, and post-traumatic stress symptoms, a context highly relevant to forensic mental health nursing.[10]

Collectively, these studies emphasize the urgent need for comprehensive interventions, robust psychological support, and preventive measures to safeguard the mental well-being and retention of nurses in demanding healthcare environments, including those with forensic aspects.

Description

The psychological landscape for nurses working in various healthcare capacities is profoundly shaped by numerous stressors, prominently including exposure to violence and high-pressure environments. Studies consistently show that nurses, especially those in emergency departments, frequently face both verbal and physical aggression. In Indonesia, emergency nurses caring for victims of violence reported significant levels of depression, anxiety, and stress, with direct correlation between higher exposure and increased psychological distress. This emphasizes a crucial need for robust psy-

chological support and preventive strategies in such high-risk settings.[1] A similar picture emerges from Saudi Arabia, where emergency nurses experience a high incidence of workplace violence, leading to increased anxiety, depression, and stress, underscoring the urgent need for effective interventions to protect their mental health.[2] The prevalence of such violence extends to other regions, as evidenced by a study in a developing country reporting high rates of verbal and physical violence against emergency nurses, which resulted in emotional distress, job dissatisfaction, and a desire to leave the profession. This highlights the importance of implementing protective measures and training programs.[5]

The COVID-19 pandemic introduced an unprecedented layer of challenges, intensifying existing stressors and creating new ones for nursing professionals globally. In China, nurses during the pandemic experienced workplace violence linked to factors like staffing shortages, lack of protective equipment, and increased workload, demanding policy changes and support systems.[3] More broadly, psychological distress among nurses during COVID-19 was widespread, characterized by high rates of anxiety and depression, with fear of infection, heavy workload, and insufficient social support being major contributing factors. This situation underscores the critical need for targeted psychological interventions and adequate resources during health crises, particularly for those in demanding roles.[4]

Beyond explicit acts of violence and pandemic-specific issues, the daily work environment itself presents significant psychological burdens. Workplace incivility has been identified as a critical factor, with higher levels significantly associated with increased burnout and a greater intention among nurses to leave their profession. Fostering a respectful work environment is therefore vital for reducing occupational stress and improving nurse retention.[6] Burnout and compassion fatigue are also prevalent, particularly among emergency department nurses, as observed in Northern Greece. Here, heavy workloads and insufficient staffing contributed to these challenges, highlighting the necessity of supportive interventions to protect mental well-being in high-stress clinical environments.[7]

Moreover, generalized work-related stress is a pervasive issue across various contexts. In Ethiopia, public hospital nurses reported a high prevalence of stress, with contributing factors including heavy workload, inadequate resources, lack of administrative support, and poor working conditions. This calls for organizational interventions to improve occupational health for all nursing specializations.[8] Identifying specific stressors, such as heavy workload, staffing shortages, long working hours, and conflicts, and understanding coping strategies among nurses, as studied in Saudi

Arabia, reinforces the need for organizational support to enhance coping effectiveness and reduce stress levels.[9] Finally, nurses in psychiatric wards caring for patients with aggressive behavior face unique and severe occupational stress, exhibiting significant correlation between exposure and increased anxiety, depression, and post-traumatic stress symptoms. Comprehensive training, psychological support, and safety protocols are essential in such highly relevant forensic mental health contexts.[10] The cumulative evidence points to a critical global need for comprehensive strategies to support and protect the mental health of nurses.

Conclusion

Nurses worldwide contend with substantial occupational challenges, as evidenced by a series of cross-sectional studies detailing high rates of psychological distress from various workplace stressors. A dominant theme across these studies is the pervasive issue of workplace violence, encompassing both verbal and physical forms, particularly affecting emergency nurses and those in psychiatric settings. Investigations in Indonesia, Saudi Arabia, and other developing nations consistently show that direct exposure to violence or caring for its victims correlates with elevated levels of depression, anxiety, and stress among nursing professionals. The COVID-19 pandemic introduced additional pressures, leading to increased psychological distress among nurses in places like China, driven by factors such as infection fears, excessive workloads, and resource deficiencies. Beyond overt violence, critical factors like workplace incivility, chronic staffing shortages, prolonged working hours, insufficient administrative backing, and substandard working conditions are significant contributors to burnout, compassion fatigue, and a greater inclination to leave the nursing profession. These cumulative stressors profoundly affect nurses' mental well-being, job satisfaction, and their career longevity. The collective research distinctly points to an imperative need for comprehensive psychological support mechanisms, proactive violence prevention strategies, necessary policy reforms, and enhancements to the overall working environment. Implementing these measures is vital not just for safeguarding nurses' mental health and improving retention, but also for upholding the standard of care across all nursing specialties, notably in forensic nursing contexts.

References

1. Nisa S, Elly N, Imami NR, Meidiana D, Tutu A et al. (2023)

Psychological impact of caring for victims of violence on emergency nurses: A cross-sectional study. *Int Emerg Nurs* 71:101438.

2. Sarah AA, Sultan SA, Hanan AE, Mohamed AMA, Abdullah SA et al. (2023) Workplace violence and its impact on mental health among emergency nurses in Saudi Arabia: A cross-sectional study. *J Clin Nurs* 32:4402-4412.
3. Na C, Mengying M, Xinjian L, Qian W, Xinyan L et al. (2022) Prevalence and associated factors of workplace violence against nurses during the COVID-19 pandemic: A cross-sectional study in China. *Nurs Health Sci* 24:308-316.
4. Mohammed AA, Abdulmajeed GA, Naif AA, Saud AA, Bandar HA et al. (2021) Psychological distress among nurses during the COVID-19 pandemic: a cross-sectional study. *BMC Nurs* 20:191.
5. Kuan-Yu L, Ming-Chen L, Ching-Min C, Chia-Huei L, Ching-Tzu L et al. (2019) Workplace violence against nurses working in emergency departments: A cross-sectional study in a developing country. *Int Emerg Nurs* 43:1-6.
6. Li-Hua C, Chih-Hsien L, Chin-Shun C, Chia-Chen L, Tzu-Ying C et al. (2021) The relationship between workplace incivility, burnout, and turnover intention among nurses: A cross-sectional study. *J Nurs Manag* 29:226-234.
7. Georgios V, Vasileios KP, Eleni T, Dimitrios H, Evangelos FC R et al. (2021) Burnout, compassion satisfaction, and compassion fatigue in emergency department nurses in Northern Greece: A cross-sectional study. *Emerg Nurse* 29:26-34.
8. Getachew M, Tesfaye B, Berhanu A, Meseret T, Solomon M et al. (2020) Work-related stress and its associated factors among nurses working in three public hospitals in Ethiopia: a cross-sectional study. *BMC Nurs* 19:92.
9. Khalid SA, Abdulrahman MA, Abdulmajeed AA, Hamad ZA, Mohammed HA et al. (2019) Sources of occupational stress and coping strategies among nurses in Saudi Arabia: A cross-sectional study. *J Nurs Manag* 27:960-968.
10. Yun-Juan H, Pei-Ling T, Chuan-Shu C, Ping-Yi W, Chi-Chuan L et al. (2020) Psychological Impact of Caring for Patients with Aggressive Behavior on Nurses in Psychiatric Wards. *J Clin Nurs* 29:226-235.