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Shielding our angels: Tackling workplace bullying against nurses working in community environments

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ABSTRACT

Background & Aim: Community health nursing plays a vital role in promoting health across diverse settings but faces challenges such as workplace bullying, which significantly impacts nurses' well-being and job satisfaction. Addressing these issues is essential to ensure safer working environments and improved care quality in Oman and globally. This study aims to examine the prevalence and experiences of workplace bullying against community nurses in Oman.

Methods & Materials: This study utilized a descriptive cross-sectional design with convenience sampling, involving 197 community nurses who completed the questionnaires. That consists of demographics and the adopted form of the Experience of Bullying during Clinical Placement questionnaire, The survey was distributed via online link from September to October 2023.

Results: The author distributed 230 questionnaires, and 197 participants replied, giving an 85.65 % response rate. Out of them, seventy-one percent experienced community-based bullying, primarily verbal (35.7%) and emotional (33.6%) abuse, mostly from Occupation/institution employees (33.6%). While 71.1% were aware of the reporting system, underreporting was common due to perceived inaction and unclear procedures (65%). Alarmingly, 71.1% intended to leave their jobs, underscoring the urgent need for stronger measures against workplace bullying among nurses in Oman.

Conclusion: The research found that 71.1% of community nurses in Oman experience recurring workplace bullying driven by employment and social factors. Nurses face mistreatment and are dissatisfied with reporting and organizational responses. Alarmingly, 71.1% want to leave, risking healthcare quality. Comprehensive measures are needed to improve safety, reporting, training, and coordination to protect these frontline workers.

Introduction

Community health nursing is one of the nursing specialties that has always been valued for its role in providing care in various practice settings, including homes, schools, workplaces, and other community institutions. Community health nurses (CHNs) care for individuals, families, and communities regardless of age, gender, health, or socioeconomic status to promote health, prevent diseases, and restore health (1). Community health nursing is a population-focused practice that aims to improve the health of the people, taking into consideration broad determinants of health and emphasizing all levels of prevention with a preference for primary prevention. Community health nurses in Oman provide home-based care, advocate for patients, and function in various roles within the community. However, community health nursing in Oman faces several challenges, including limited resources in terms of equipment, transportation, staffing, and budget, as well as exposure to workplace bullying in specific community settings (2).

Community-based bullying refers to acts of bullying that occur within a community setting and can involve individuals or groups these might include, patients, health team works, staff care administrative assistants, security personnel, coordinators, maintenance staff, and IT support personnel and others (3). This type of bullying can manifest in various forms verbal, physical, and emotional. The Significance of addressing the prevalence of bullying against nurses cannot be overstated. According to the World Health Organization, studies indicate that a substantial proportion, ranging from 8% to

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38% of nurses encounter workplace bullying at various points in their careers. This statistic underscores the urgent need for comprehensive attention to this issue, emphasizing the imperative for effective strategies and interventions to create safer working environments for nursing professionals globally (4).

Healthcare employees are more likely to suffer physical, sexual, or psychological harm than those in other industries (5). Workplace bullying refers to incidents when employees are harmed, threatened, or attacked while engaged in job-related activities, including traveling to and from work, and if there is an overt or covert threat to their safety, well-being, or health (5)

Workplace bullying among nurses is quite common. According to different studies, the incidence is varying but unquestionably high. Increased working stress, inexperienced nurses, shift employment, and understaffing are further variables that enhance the likelihood of bullying in healthcare settings. These circumstances can cause delayed care, which may interpreted as nurses' neglect, resulting in more bullying. , and significantly impacting a nurse's working life, reducing their productivity and care quality (6), lowering job satisfaction, increasing job stress, absenteeism, turnover, burnout, sleep disorders, exhaustion, post-traumatic stress disorder, fear, and suicide (7).

Workplace bullying against nurses has been well-documented in hospitals across the Arab world, particularly in Gulf Cooperation Council (GCC) countries (8). Despite the extensive discussion surrounding workplace bullying in hospital settings, to the best of the authors' knowledge, there has been a lack of investigation into community settings within the Arab world, particularly in Oman. Given the limited literature available in this area and the absence of identified projects examining the experiences of workplace bullying against community nurses, this study aims to explore the prevalence and experiences of workplace bullying among nurses working in community settings in Oman.

Methods

The study received approval from the Research and Ethics Committee of the College of Nursing at Sultan Qaboos University (Ref. No. CON/NF/2024/7). A descriptive correlational research approach was implemented to attain the research objectives within the nursing community in Oman. The population in this study includes all registered nurses who are working as community nurses in Oman. These nurses work in various settings, including primary health care centers, community health clinics, home health care, public health departments, schools, and occupational health services, providing general nursing care, health education, and specialized services and other. The research participants were selected via convenience sampling. A power analysis was conducted to ascertain the requisite sample size of 200 individuals, considering a 95% confidence level and a 5% margin of error. To participate in the study, the participants must meet the following criteria: they must be formally registered as nurses, working full-time at a community health care service, and have a minimum of six months of work experience. However, the study will exclude other healthcare professionals and student nurses. Following the acquisition of ethical permission, the study employed an online survey methodology to gather data. The researchers generated a Google form and consistently distributed the URL link on widely used social media platforms among nurses in Oman for 230 nurses. Upon getting the questionnaire, each participant was required to affirm their written informed consent. The forms provided clear information that participation in the study was voluntary and anonymous. The authors obtained written informed consent by designing the Google Form to include a consent section on the main page. Participants were required to read the consent information, which stated that participation was voluntary and anonymous. If they agreed, they could continue to the questionnaire. If they chose to decline, the form would close with a thank-you message, ensuring that only those who consented proceeded with the study.

Additionally, they outlined the study's goals, methodology, and potential advantages. Stringent measures were implemented to ensure the confidential nature of all collected data. Subsequently, the researcher cleaned up the data

to exclude missing information, incomplete questionnaires, delayed submissions, and erroneous or ineligible replies. The data was gathered from September to December 2023.

Data collection

An instrument was developed according to the latest literature (9, 10). The questionnaire was divided into two sections with a total of 21 questions. The first section (consisting of 9 questions) focused on gathering information about the demographic and professional attributes of the participants. The second section is the adopted form of the Experience of Bullying during Clinical Placement questionnaire, which was developed by Hewett (2010). This section includes five questions, exploring the background of violent events, encompassing their characteristics and frequency (11). Also, it consists of 7 questions and examines several elements of the reporting procedure and its effects. These aspects included reasons for not reporting violent occurrences, understanding policies to minimize bullying, the repercussions of reporting, and the intention to leave the institution. The content validity of the original tool was measured via a pilot study. The original tool's reliability showed a high Cronbach's α value of 0.855 (11). The questionnaire mainly used closed-ended questions that are rated using a 4-point rating scale 1) 'Never' (0 times); (2) 'occasionally' (1-2 times); (3) 'Sometimes' (3-5 times) and (4) 'Often' (>5 times) (15). Permission was obtained from the author to use the questionnaire via E-mail.

The author of this study conducted a pilot study involving 13 participants to evaluate the effectiveness of the modified questionnaire and gather preliminary feedback. This pilot study was essential for assessing the clarity and relevance of the questions, as well as ensuring that the yes/no format effectively captured participants' experiences related to bullying. The feedback from this pilot group was carefully reviewed and analyzed, allowing the author to make necessary adjustments to the questionnaire before the main data collection phase. Importantly, participants who participated in the pilot study were excluded from the main study to maintain the integrity of the data. This iterative process ensured that the final version of the questionnaire was both user-friendly and aligned with the research objectives, ultimately enhancing the validity and reliability of our findings. The validity of the content of the questionnaire among our study participants was determined. The Cronbach's α coefficient of the total scale is 0.867. The half-reliability of the total scale is 0.789. It is found that this scale has good internal consistency reliability.

The authors obtained written informed consent by designing the Google Form to include a consent section on the main page. Participants were required to read the consent information, which stated that participation was voluntary and anonymous. If they agreed, they could continue to the questionnaire. If they chose to decline, the form would close with a thank-you message, ensuring that only those who consented proceeded with the study.

Due to the piloting process, the author modified some of the questionnaire questions to include yes/no questions related to reporting process issues such as the intention to report the incidence, awareness of reporting protocol as well as the intention to leave the profession which is not included in the original tool. This binary format not only streamlined data analysis but also facilitated a more direct assessment of the prevalence of experiences related to bullying and bullying in community settings, allowing us to draw clearer insights and conclusions from the data collected. By implementing this modification post-data entry, this study aimed to ensure that the analysis was more effective and aligned with the objectives of our research.

Data analysis

The investigator in this study conducted data analysis using SPSS Statistics (IBM Corp. Released 2013. IBM SPSS Statistics for Windows, Version 22.0. Armonk, NY: IBM Corp.) at a significance level of $p<0.05$. Mean, standard deviations, Percentages, and frequencies were employed to describe the sample variables. Inferential statistics, i.e., the Chi-square test, was used to describe the relationship between the experiences of

community-based bullying and the intention to leave the nursing profession.

Results

Table 1 describes the participants' characteristics. The author of this study distributed 230 questionnaires, and 197 replied, giving an 85.65 % response rate. Most of them were aged 24-29 (57.9%), female (56.3%), married (59.4%), and Omani nationals (71.1%). Most had bachelor's degrees (81.7%) and worked during the daytime (72.1%). Participants were employed in various settings, with the most significant proportion working at health centers (35.5%). Most were staff nurses (74.1%) with 5-9 years of experience (47.2%).

Table 1. Participant Demographics (n=197)

Variable	N	%
Age		
less than 24 Years	23	11.6
24-29 Years	114	57.9
30-34 Years	52	26.4
35-39 Years	8	4.1
Gender		
Male	86	43.7
Female	111	56.3
Marital status		
Single	80	40.6
Married	117	59.4
Nationality		
Omani	140	71.1
Non-Omani	57	28.9
Level of education		
Diploma	36	18.3
Bachelor	161	81.7
Working time		
Day- shift (7 AM- 7 PM)	142	72.1
Night- shift (7 PM- 7 AM)	55	27.9
Working Area		
Health Center	70	35.5
Occupational Nurse	21	10.7
School Nurse	28	14.2
Community Center (ex: Recreation Centers, Youth Centers Cultural Centers, Food Banks, others)	39	19.8
Home care centers	39	19.8
Position		
Assistant nurse	36	18.3
Staff nurse	146	74.1
Nursing administration	15	7.6
Experiences		
Less than 5 Years	65	33.0
5-9 Years	93	47.2
10-14 Years	32	16.2
15-19 Years	7	3.6

Table 2 reveals that 71.1% of the 197 participants experienced community-based bullying at work. Among them, 56.4% faced it 3 to 5 times. The same percentage (71.1%) witnessed such bullying during their duties. Verbal bullying was the most reported type (35.7%), followed by emotional (33.6%). The primary sources of bullying were Occupation/institution employees (such as administrative assistants, security, coordinators, maintenance staff, IT support, etc.) (33.6%), followed by visitors (19.3%), and health team workers (20.7%).

Table 3 shows that out of 140 nurses who experienced community-based bullying, 49 (35.0%) reported it, while 91 (65.0%) did not. Awareness of the reporting system was 71.1% (140 nurses). The main reasons for underreporting included: "No action will be taken" (37.1%) and "Reporting system unclear" (22.3%). Regarding satisfaction with the organization's response, 119 nurses (60.4%)

were satisfied, while 78 (39.6%) were not. Finally, 140 nurses (71.1%) expressed an intention to leave the workplace, while 57 (28.9%) did not.

A chi-square test of independence was conducted to assess the relationship between perceiving community-based bullying and the intention to leave the profession. The results indicated a significant relationship between these variables, X^2 (1, 197)= 5.061, p< 0.05. Nurses who experience bullying in community settings are more likely to intend to leave the nursing profession. Table 4 presents these findings.

Table 2. Characteristics of community-based bullying

Variable	N	%
Experiencing Community-based bullying (n=197)		
Yes	140	71.1
No	57	28.9
Frequency of Community-based bullying (n= 140)		
1-2 times	51	36.4
3-5 times	79	56.4
6-8 times	7	5.0
More than six times	3	2.2
Witness of Community-based bullying (n=197)		
Yes	140	71.1
No	57	28.9
Type of Community-based bullying (n=140)		
Verbal	50	35.7
Physical	34	24.3
Sexual	9	6.4
Emotional	47	33.6
Source of Community-based bullying (n= 140)		
Health team worker	29	20.7
Occupation/institution employees*	47	33.6
School staff or students	22	15.7
Visitors	15	10.7
Admin	27	19.3

* Administrative Assistants, security, coordinators, maintenance staff, IT support, etc.

Table 3. Reporting and consequences of community-based bullying

Variable	N	%
Reporting Community-based bullying (n=140)		
Yes	49	35.0
No	91	65.0
Awareness of the reporting system of community-based bullying within the institution (n=197)		
Yes	140	71.1
No	57	28.9
Reason for underreporting community-based bullying (n= 197)		
It is part of the job	19	9.6
No action will be taken	73	37.0
It will affect the quality of care	23	11.7
It will affect the annual performance	18	9.1
Afraid of being victimized	20	10.2
The reporting system is not clear	44	22.3

Table 4. Result of the chi-square test

Variable		Turnover intention		P-value	OR	95% Confidence Interval	
		Yes	No			Lower bound	Upper bound
Experience with community-based bullying	**Yes**	127	13	P< 0.05	33.065	.000	.015
	No	13	44				

Discussion

The current study corroborates previous research indicating that community health nurses face levels of workplace bullying (12), which can lead to negative impacts on their performance, health, and quality of care (13). Findings from this study reveal that a significant number of participants experienced community-based bullying in their work, with most reporting such incidents occurring 3-5 times in the past six months. The high

prevalence of community-based bullying encountered by nurses in Oman can be attributed to various factors related to their job nature and the country's socioeconomic dynamics. Community-based nursing involves direct interaction with individuals and families in their local environments, which exposes nurses to potential sources of bullying, such as domestic disputes and interpersonal conflicts. Additionally, nurses in community settings may be more vulnerable to bullying due to often inadequate security measures and support systems compared to those in hospitals (14).

In Oman, socio-economic and cultural factors significantly contribute to the elevated levels of bullying that nurses observe within the community (15). Economic deprivation, disparities in social status, limited access to social services, and cultural values that may legitimize or tolerate certain types of bullying create an environment characterized by higher incidences of aggression. As nurses engage with diverse individuals in the community, they are more likely to encounter these complex social dynamics (5). The nature of the nursing profession, which often involves advocating for patient rights, caring for marginalized groups, and addressing sensitive social issues, further exposes community-based nurses to a greater risk of bullying from individuals who may perceive their interventions as a threat or resistance (5). Traditional Omani norms regarding conflict resolution discourage open dialogue, leading to confrontations that escalate rather than being resolved peacefully. Additionally, the hierarchical structure of Omani society can empower individuals to act aggressively toward caregivers. The stigma surrounding mental health issues complicates matters, as individuals may hesitate to seek help for underlying problems (15). To address these challenges, a multifaceted approach involving community education, economic development, and culturally sensitive training is essential to reduce bullying and create a safer environment for healthcare professionals in Oman.

The data reveals that a significant majority of nurses encountered community-based bullying between 3 to 5 times, while a substantial minority (36.4%) experienced it 1 to 2 times. This indicates that community-based nurses in Oman regularly face this issue as a recurring problem in their everyday work (16). The lower proportions of nurses who experience it with greater frequency (6-8 times or more than eight times) clearly emphasize the seriousness and enduring quality of the issue.

The result also indicated a significant percentage of nurse participants who reported witnessing community-based bullying in their roles could be attributed to several factors. Nurses frequently work in community settings, including clinics, home visits, and outreach programs, which are often located in areas with high rates of bullying, thereby increasing their direct exposure to these incidents. In addition, nurses often engage with and assist vulnerable populations, such as persons with low-income or disadvantaged groups, who are disproportionately impacted by bullying that occurs within the community (17). The findings may also indicate that the workplaces or community contexts where the nurses operate lack safety measures, training, or resources to safeguard healthcare professionals from being exposed to bullying. The heightened prevalence of community-based bullying witnessed by nurses during their employment may be influenced by more extensive social concerns, such as poverty, inequality, and insufficient community resources. Alternatively, the high proportion may indicate a heightened consciousness and readiness of nurses to document and recognize instances of bullying in the community rather than indicating a deteriorating situation. Gaining a comprehensive understanding of the contextual elements and the characteristics of the community settings where the nurses are employed will provide more clarity on the underlying causes for the elevated proportion of reported incidents of bullying seen in the research.

The study found that a significant proportion of the surveyed nurses had experienced community-based bullying in their work, highlighting the challenging and often dangerous environment they face in their community roles. Further analysis of the types of bullying revealed that verbal abuse was the

most prevalent, affecting a considerable number of nurses. This was closely followed by emotional bullying, with many nurses also encountering physical bullying. Although instances of sexual bullying were less common, they still represented a noteworthy concern. The high prevalence of verbal and emotional abuse, alongside physical bullying, underscores the multifaceted nature of the threats and challenges these community nurses must navigate. While physical bullying presents obvious risks, the elevated rates of verbal and psychological abuse can significantly impact the nurses' well-being, job satisfaction, and ability to provide quality care (18).

The study also explored the sources of community-based bullying experienced by nurses in community settings. Most of this bullying originated from within the healthcare organization and was perpetrated by other staff members (Administrative Assistants, security, coordinators, maintenance staff, IT support, etc.). This suggests that underlying issues may be rooted in inadequate security measures, a lack of training in de-escalation techniques, and potential tensions or coordination challenges between different departments and teams. Other notable sources of bullying included visitors to healthcare facilities, fellow health team workers such as nurses or medical personnel, school staff or students, and administrative personnel (19). The fact that much of the bullying stemmed from within the healthcare system rather than solely from external community members highlights the need for a comprehensive, organization-wide approach to address the issue. Overall, these findings present a troubling picture of the reality faced by nurses working in community settings in Oman. The prevalence of verbal, emotional, and physical bullying, along with the diverse sources of these incidents, underscores the urgent need for robust interventions, improved security measures, enhanced training, and better coordination and communication within healthcare organizations to protect these frontline workers and ensure they can safely and effectively deliver essential community-based care.

The study's findings illuminate the significant challenges and risks faced by nurses working in community settings in Oman, where a notable number of surveyed nurses reported experiencing community-based bullying in their roles. This underscores the hostile and dangerous environment these nurses function within, as they frequently encounter aggression and bullying from the public, including patients, their families, and community residents. The prevalence of such incidents is deeply troubling and highlights the urgent need for enhanced measures to ensure the safety and well-being of nurses in these essential community healthcare positions. It seems that community nurses primarily associate bullying with physical harm. As a result, if these behaviors are not anticipated or recognized and lead to harm, it follows that reporting them would be logical (20). Consistent with existing research, the literature indicates that instances of sexual and emotional bullying within the nursing profession often go unreported. This may be due to the sensitive nature of these behaviors, leading individuals to hesitate to discuss them openly with others.

Delving deeper into the reasons for underreporting, nurses frequently cited a perceived lack of organizational response, expressing concerns that no action would be taken. Nurses frequently underreport incidents due to several interrelated factors that undermine their confidence in the reporting process. A significant concern is the perceived lack of organizational response; many nurses believe that reporting incidents will not lead to any meaningful action or change, which discourages them from coming forward. This sentiment is compounded by the existence of unclear or confusing reporting procedures, leaving nurses uncertain about how to properly document and report incidents (9). Such ambiguity can create a sense of frustration and helplessness, further deterring them from engaging in the reporting process (21). Additionally, many nurses worry that reporting incidents could negatively impact patient care, and the overall quality of service provided, as they fear repercussions that could affect their practice or the well-being of their patients. These concerns highlight a deep-seated lack of

trust in the organization's willingness to address reported issues effectively. Consequently, nurses may hesitate to report incidents, feeling that their concerns will not be taken seriously, which ultimately perpetuates a cycle of underreporting and hinders efforts to improve patient safety and care quality. Addressing these issues requires a concerted effort to foster a supportive reporting culture, clarify reporting procedures, and ensure that nurses feel empowered and confident that their voices will lead to positive changes.

Addressing these barriers through improved communication, streamlined and transparent reporting protocols, and a demonstrated organizational commitment to tackling violent incidents could significantly encourage more nurses to come forward and report the bullying they experience.

The study also examined the nurses' general satisfaction with their employer's handling of violent occurrences reporting. Results showed that 60.4% of nurses expressed satisfaction, while 39.6% expressed dissatisfaction. This is similar to prior research (22). This might be attributed to the lack of specific protocols addressing workplace bullying in community settings or the lack of knowledge about these protocols, as shown in our subsequent findings. This varied reaction suggests that while most nurses believe their problems are being sufficiently dealt with, there is still considerable scope for enhancing the perception that all nurses' opinions are valued, and their well-being is paramount.

The study also explored nurses' awareness of the reporting systems for documenting and addressing incidents of community-based bullying. While a majority were aware of these mechanisms, a notable portion were not. This aligns with previous studies indicating that many nurses lack awareness of anti-bullying policies. The lack of awareness among nearly a third of the surveyed nurses highlights a significant gap that needs to be addressed through improved communication, training, and clear reporting protocols (21). This deficiency in awareness may be linked to inadequate training and knowledge regarding reporting methods and anti-bullying regulations. Additionally, there appears to be insufficient communication and dissemination of this critical information throughout the healthcare organization, which hinders nurses' ability to effectively utilize the appropriate reporting tools (23).

Finally, the study revealed a concerning statistic: a significant number of nurses surveyed expressed an intention to leave their workplace (71.1%). Those who experience bullying in community settings are more likely to consider leaving the nursing profession. Similar to global findings (19). This high potential turnover rate is troubling, as losing experienced nurses can negatively affect the quality of care and the overall functioning of the healthcare system in these community settings (24). Nurses in Oman who face bullying may be more inclined to depart from their profession due to a combination of factors. These include inadequate workplace safety measures and support, the emotional and psychological impact of bullying, job dissatisfaction, a decline in confidence and trust in the healthcare system, and limited opportunities for professional advancement (25). Without sufficient measures to address workplace bullying—such as implementing comprehensive safety protocols, providing essential support services for affected nurses, and fostering a culture of respect and security—nurses may seek employment outside the profession. The challenges and risks associated with their work may ultimately outweigh the benefits.

In Oman, bullying against nurses, like in many countries, poses significant risks to both staff safety and patient care. Addressing this issue requires targeted training, clear reporting policies, and support systems to create a safer environment for nursing professionals (15). To effectively tackle the alarming prevalence of community-based bullying against nurses in Oman, a proactive and multifaceted approach is essential. Improving safety in these environments should be a priority, requiring robust protocols and infrastructure, such as security cameras, panic buttons, and trained security personnel. Regular risk assessments in community settings are crucial to identify potential threats and

vulnerabilities (26). Additionally, enhancing reporting and response methods for nurses who witness bullying is vital. Clear, understandable guidelines should be established, along with comprehensive training on the importance of reporting and available support services (26).

To tackle the complex factors behind bullying, improving communication and coordination within healthcare organizations and with community stakeholders is crucial. Comprehensive training for nurses in de-escalation, conflict resolution, and crisis management is essential for their preparedness (27, 28). Ongoing psychological support will also enhance their resilience, helping to protect their physical and mental health while enabling them to provide quality care without fear (29). Advocating for stronger legal protections for community-based nurses is vital for a safer work environment (27, 30). Healthcare leaders in Oman should work with nursing organizations and lawmakers to promote laws that ensure adequate support and protection, including stricter penalties for offenders and mandatory reporting procedures (31). By addressing these issues at the policy level, healthcare organizations can drive meaningful change and ensure nurses receive the safety and support they need to serve their communities effectively (32).

The study on community nurses in Oman has several limitations, primarily due to its reliance on self-reported data, which can lead to biased outcomes based on subjective perceptions. The limited sample size may restrict the generalizability of the findings, and the cross-sectional design cannot establish causality or account for all confounding variables related to community-based bullying. As the study was conducted online, the clarity of the tools may have been compromised, potentially influencing participants' understanding of bullying. Additionally, important predictors like participants' medical and psychological conditions, coping strategies, and personalities were not assessed. To improve the reliability and significance of the findings, future research should consider larger sample sizes, longitudinal designs, and the inclusion of additional variables.

Conclusion

In Oman, bullying against nurses, like trends in many countries, poses significant risks to both staff safety and patient care. Research indicates that 71.1% of the 197 nurses surveyed experienced community-based bullying at work, highlighting the considerable challenges faced by these frontline professionals. Alarmingly, much of this bullying originates within the institutional system itself.

To effectively address this issue, a comprehensive strategy is essential, incorporating enhanced security measures, prompt reporting protocols, rigorous training, and targeted campaigns aimed at driving fundamental change. Healthcare executives must prioritize the safety, well-being, and empowerment of nurses in the community. By implementing effective measures, Oman's healthcare system can significantly improve conditions for nurses, fostering an environment that emphasizes safety and provides the necessary support. Such initiatives will not only protect nurses but also ensure the continuous delivery of vital, high-quality healthcare services.

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Conflict of interest

The authors declare no conflict of interest in this article.

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