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THE IMPACT OF WORKPLACE VIOLENCE AND OCCUPATIONAL BURNOUT ON NURSES' INTENTION TO STAY IN TERTIARY PUBLIC HOSPITALS: A STUDY BASED ON THE SOR THEORY

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Abstracts: Nurses play a pivotal role in healthcare systems, yet workforce instability remains a pressing global challenge, particularly in tertiary public hospitals with high workloads and patient volumes. This study examines the impact of workplace violence and occupational burnout on nurses' intention to stay, guided by the Stimulus–Organism–Response (SOR) framework. A cross-sectional survey was conducted from December 2023 to April 2024 across five tertiary public hospitals in Guangdong Province, China, using stratified sampling. A total of 898 valid questionnaires were collected, and data were analyzed with descriptive statistics, t-tests, ANOVA, Pearson correlations, logistic regression, and structural equation modeling (SEM).Findings show that workplace violence was highly prevalent, with 67.4% of nurses reporting psychological violence, 23.4% physical violence, and 11.8% sexual violence in the past year. Nurses exposed to violence had significantly lower retention scores, with psychological violence exerting the strongest negative effect. Burnout was widespread, affecting more than 70% of participants; emotional exhaustion and depersonalization reduced intention to stay, while reduced personal accomplishment showed a paradoxical positive association. SEM confirmed that workplace violence both directly reduced retention intention ($\beta = –0.13$, $p < .01$) and indirectly did so through burnout ($\beta = –0.56$, $p < .001$), highlighting the mediating role of burnout in the stress–outcome pathway. Theoretically, this study extends SOR and integrates it with Conservation of Resources (COR) theory, refining understanding of how resource depletion and burnout dimensions affect retention. Practically, the findings call for multi-level interventions: hospitals should establish violence-prevention and support systems, policymakers should enforce protective regulations, and nurses should engage in peer support and resilience-building programs. Future research should expand to diverse hospital settings, adopt longitudinal designs, and incorporate organizational and leadership factors to enhance models of nurse retention.

Keywords: Workplace violence; Occupational burnout; Retention intention; SOR theory; Tertiary hospitals

1.INTRODUCTION

Nurses constitute the largest professional group in the healthcare system and play an indispensable role in achieving universal health coverage and sustainable development (Lancet, 2019). However, the global shortage of nurses remains severe. According to the *State of the World's Nursing 2020* report by the World Health Organization (WHO), the global nursing workforce gap could reach 5.7 million by 2030 if no effective measures are taken (Boniol et al., 2022). China is no exception to this challenge. Despite continuous growth in the number of registered nurses, reaching 5.2 million by the end of 2022, the nurse-to-population ratio was only 3.7 per thousand, still far behind developed countries such as Norway (17.7), Switzerland (17.2), Germany (12.9), and the United States (11.7) (Chen et al., 2025; Xie et al., 2024).

This figure also falls short of the target outlined in the *Healthy China 2030 Planning Outline*, which aims for 4.7 nurses per thousand by 2030 (Si et al., 2025). The problem is particularly acute in tertiary public hospitals, where workloads are intense, patient volumes are large, and turnover rates are higher than the national average (Ren et al., 2024; Wu et al., 2024). Such workforce instability poses critical risks to healthcare quality, patient safety, and hospital management.

Alongside workforce shortages, nurses face growing occupational challenges, most notably workplace violence and occupational burnout. Workplace violence has emerged as a global occupational hazard in healthcare settings (Lim et al., 2022), and nurses, given their constant interaction with patients, are disproportionately affected. In China, surveys indicate that the prevalence of workplace violence among nurses ranges between 62% and 77% (Jiao et al., 2015; Li et al., 2024; Zhao et al., 2018). This experience often leads to negative emotional outcomes such as anxiety, depression, and even suicidal ideation (Yuan et al., 2024). At the same time, occupational burnout—manifested as emotional exhaustion, depersonalization, and reduced personal accomplishment—has become widespread among nursing staff, contributing to lower work efficiency, poorer quality of care, and increased turnover (Dall'Ora et al., 2020; Sullivan et al., 2022). As turnover rates in regions like Guangdong and Shanghai range between 8% and 10%, well above the national average, it is evident that workplace violence and burnout constitute key barriers to improving nurses' retention intentions (Luo et al., 2024; Wang et al., 2025).

Despite the severity of these issues, existing research presents two notable gaps. First, most prior studies have primarily focused on descriptive statistics of nurse turnover or general factors influencing retention (Deng et al., 2024; McIntyre et al., 2024; Penconek et al., 2024), with limited integration of theoretical frameworks. Second, the interaction between workplace violence, occupational burnout, and nurses' retention intentions has rarely been systematically tested within the context of China's tertiary public hospitals, where these problems are most acute. To address these gaps, the present study introduces the Stimulus–Organism–Response (SOR) theory, positioning workplace violence as the external stimulus, occupational burnout as the mediating organismic state, and nurses' retention intention as the behavioral response. This perspective provides a novel theoretical lens to better explain the mechanisms through which workplace stressors affect workforce stability.

Accordingly, this study pursues two key objectives:

(1) Through a questionnaire survey, understand the current situation and influencing factors of workplace violence, occupational burnout, and retention intention among nursing staff in tertiary public hospitals in Guangdong Province;

(2) Based on the SOR theory, construct a structural equation model among workplace violence, occupational burnout, and nurses' retention intention. Explore the relationships between workplace violence, occupational burnout, and retention intention.

2.LITERATURE REVIEW

The Stimulus–Organism–Response (S-O-R) framework was first articulated by Levin (1936) in Principles of Topological Psychology, which highlighted how external environmental stimuli (S) influence internal psychological states (O) and subsequently shape behavioral responses (R). This framework was further developed by Mehrabian and Russell (1974) in environmental psychology, demonstrating that environmental stimuli trigger emotional and cognitive processes that mediate individual behavior. Since then, the S-O-R model has been extensively applied in domains such as consumer behavior, service marketing, and organizational studies to explain how contextual stimuli influence attitudes and behaviors through psychological mechanisms (Donovan & Rossiter, 2002; Eroglu et al., 2001; Jacoby, 2002). In the context of nursing research, the S-O-R theory provides a rigorous conceptual foundation for examining how workplace violence (as stimulus) affects nurses' psychological states of occupational burnout (as organism), which in turn determine their intention to stay (as response). This alignment highlights the explanatory power of the S-O-R framework for understanding stress–strain–outcome mechanisms in high-pressure healthcare environments (Nam Nguyen & Mohamed, 2011).

The Conservation of Resources (COR) theory was introduced by Hobfoll (1989) to explain stress and coping processes, positing that individuals strive to obtain, retain, and protect valued resources, such as material assets, social support, and psychological energy. Stress occurs primarily when these resources are threatened, lost, or insufficiently replenished (Hobfoll, 2001). COR theory has been widely applied in occupational stress and burnout research to explain how prolonged resource depletion leads to emotional exhaustion, depersonalization, and reduced personal accomplishment (Halbesleben et al., 2014; Lee & Ashforth, 1996). Within the nursing context, workplace violence represents a significant threat to personal and psychological resources, and burnout manifests as the depletion of these resources, leading

to reduced professional efficacy and heightened turnover intentions (Laschinger & Fida, 2014a; Schaufeli & Buunk, 2003). Therefore, COR theory complements the S-O-R framework by elucidating the mediating role of burnout between workplace violence and retention intention, providing a robust theoretical explanation for the stress–response mechanism that underpins this study.

Workplace violence (WPV) has increasingly been recognized as a critical occupational hazard in healthcare, particularly within nursing. It encompasses physical violence (e.g., hitting, pushing, and other forms of bodily harm), psychological violence (e.g., verbal abuse, threats, intimidation, and bullying), and sexual violence (e.g., sexual harassment and inappropriate physical contact) (Jianxin Liu et al., 2019). On the other hand, nurses' intention to stay refers to their psychological willingness to remain employed in their current organization or within the nursing profession more broadly, and it is considered a strong predictor of actual turnover behavior (Al Yahyaei et al., 2022; Hu et al., 2022). Previous studies have demonstrated that workplace violence significantly undermines healthcare workers' job satisfaction, organizational commitment, and mental well-being, all of which are crucial determinants of retention (Qian et al., 2023; Spector et al., 2014).

In international contexts, evidence suggests that physical and psychological forms of violence are strongly associated with higher turnover intentions among nurses, while sexual harassment further exacerbates emotional distress and negatively influences career decisions (Cheung & Yip, 2017; Zhang et al., 2022). For example, studies in Europe and North America have linked frequent exposure to verbal abuse and physical aggression with reduced job satisfaction and a stronger intention to leave the profession (Doody et al., 2019). Similar patterns have been observed in Asian healthcare systems, where nurses exposed to workplace violence reported heightened psychological strain and lower professional commitment (Wang et al., 2023).

However, despite these findings, the specific relationship between physical, psychological, and sexual violence and nurses' intention to stay has not been consistently validated within the high-pressure environment of tertiary public hospitals in China, where both the prevalence of workplace violence and the challenge of staff retention are particularly acute. Therefore, this study advances the following hypothesis:

Hypothesis 1: Workplace violence has a negative impact on nurses' intention to stay.

H1a: Physical violence is negatively correlated with nurses' intention to stay.

H1b: Psychological violence is negatively correlated with nurses' intention to stay.

H1c:Sexual violence is negatively correlated with nurses' intention to stay.

Workplace violence (WPV), which includes physical assaults, verbal abuse, threats, intimidation, and sexual harassment, is widely recognized as a serious occupational stressor for nurses (Bernardes et al., 2021). Occupational burnout, in turn, is defined as a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981; Maslach et al., 2001). Extensive research has demonstrated that workplace violence significantly increases the risk of burnout among healthcare professionals. Empirical studies in both Western and Asian contexts show that exposure to verbal and physical violence is closely linked with higher levels of emotional exhaustion and depersonalization (Cheung & Yip, 2017; Spector et al., 2014). In China, nurses exposed to workplace violence report greater psychological strain and more severe burnout symptoms compared with those without such experiences (Li & Fu, 2024). Meta-analyses also confirm workplace violence as a strong predictor of burnout across nursing populations (Gómez-Urquiza et al., 2017). However, although the positive relationship between workplace violence and burnout has been identified in different healthcare settings, it has not been systematically validated in the specific context of tertiary public hospitals in China, where workplace violence and work pressure are both highly prevalent. Therefore, the following hypothesis is proposed:

Hypothesis 2: Workplace violence has a positive impact on nurses' burnout.Positively correlated.

Occupational burnout, as defined by Maslach and Jackson (1981), is a multidimensional syndrome consisting of emotional exhaustion, depersonalization, and reduced personal accomplishment. It is considered one of the most critical psychological outcomes of chronic workplace stress and is highly prevalent among nurses due to long working hours, heavy patient loads, and emotionally demanding care responsibilities (Gómez-Urquiza et al., 2017; Maslach et al., 2001). Nurses' intention to stay, on the other hand, reflects their willingness to remain in their current profession or organization and is widely regarded as a precursor to actual turnover behavior (Lu et al., 2019). Extensive empirical evidence indicates that higher levels of burnout are strongly associated with decreased job satisfaction, diminished organizational commitment, and heightened turnover intentions among healthcare professionals (Dall'Ora et al., 2015; Lee & Ashforth, 1996). Specifically, emotional exhaustion undermines psychological resilience and is frequently cited as the most significant predictor of nurses' turnover

intentions (Zhang et al., 2025). Depersonalization, characterized by detachment and cynicism toward patients, further erodes professional identity and reduces commitment (Deng et al., 2024). Reduced personal accomplishment, reflecting a negative self-evaluation of competence, is also linked to weakened motivation and increased desire to leave (Lu et al., 2023).

While these associations have been documented across various healthcare contexts, the differentiated effects of the three burnout dimensions on nurses' intention to stay have not been systematically validated within the context of tertiary public hospitals in China, where work pressure, resource scarcity, and patient–nurse conflicts are especially pronounced. Therefore, the following hypothesis is advanced:

Hypothesis 3: Occupational Burnout has a negative impact on nurses' intention to stay.

H3a: Emotional exhaustion is negatively correlated with nurses' intention to stay. H3b: Depersonalization is negatively correlated with nurses' intention to stay.

H3c: Reduced personal accomplishment is negatively correlated with nurses' intention to stay.

Workplace violence has been widely identified as a major occupational stressor in nursing, contributing not only to immediate psychological harm but also to long-term negative occupational outcomes (Cheung & Yip, 2017; Spector et al., 2014). At the same time, occupational burnout, conceptualized by Maslach and Jackson (1981) as emotional exhaustion, depersonalization, and reduced personal accomplishment, represents a critical pathway through which workplace stressors exert their influence on professional outcomes. Prior studies suggest that workplace violence significantly increases burnout symptoms among nurses, leading to diminished resilience, decreased professional commitment, and lower job satisfaction (Duan et al., 2019; Jiali Liu et al., 2019; Liu et al., 2018). Burnout, in turn, has consistently been linked to higher turnover intention and reduced intention to stay in the nursing profession (Dall'Ora et al., 2015; Lee & Ashforth, 1996).

The integration of these findings indicates that burnout may act as a mediating mechanism that transmits the negative impact of workplace violence onto nurses' retention outcomes. In other words, when nurses experience physical, psychological, or sexual violence in the workplace, they are more likely to develop burnout symptoms, which subsequently reduce their willingness to remain in their positions or within the nursing profession (Schaufeli & Buunk, 2003). Although international evidence highlights this indirect pathway, it has not yet been systematically tested in the context of Chinese tertiary public hospitals, where high-intensity workloads and frequent patient–nurse conflicts exacerbate both violence and burnout risks. Therefore, the following hypothesis is proposed:

Hypothesis 4: Occupational Burnout mediates the relationship between workplace violence and nurses' intention to stay.

The following figure shows the theoretical framework model of this paper:

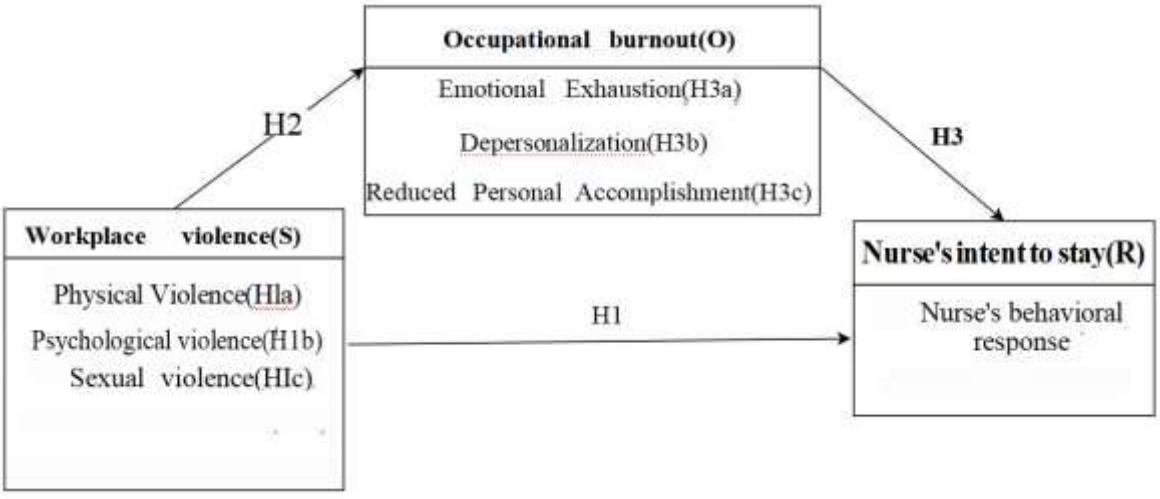

Figure 1. Theoretical framework diagram

3.METHODOLOGY

This study employed a quantitative research design with a stratified sampling method to ensure representativeness. Referring to the regional division in the Guangdong Statistical Yearbook, five tertiary public hospitals were selected from Guangzhou, the Pearl River Delta, and the eastern, western, and

northern regions of Guangdong Province. From December 2023 to April 2024, clinical frontline nurses who met the inclusion criteria were surveyed. The inclusion criteria were: (1) being a registered nurse at the hospital; (2) having more than one year of clinical work experience; and (3) voluntary participation. Exclusion criteria included interns, visiting scholars, those on external training or leave, those without practicing certificates, and newly employed nurses with less than one year of service. In total, 898 valid questionnaires were recovered and included in the analysis, exceeding the minimum sample size required by Kendall's estimation method and ensuring sufficient statistical power.

The survey instrument consisted of four parts. The first part was the General Demographic Information Questionnaire, which collected data on gender, age, education, professional title, marital status, employment type, shift pattern, years of service, overtime days, and monthly income. The second part was the Workplace Violence Scale (WVS) developed by Wang et al. (2007), which contains 5 items across three dimensions—psychological violence, physical violence, and sexual violence. Responses were rated on a five-point scale ranging from 0 ("never occurred") to 4 ("10 or more times"), with a Cronbach's α of 0.752. The third part was the Maslach Burnout Inventory (MBI), developed by Maslach et al. (1996) and localized by Feng et al. (2013), which includes 22 items across three dimensions: emotional exhaustion (9 items), depersonalization (5 items), and reduced personal accomplishment (8 items). Responses were rated on a 7-point Likert scale from 0 ("never") to 6 ("every day"), with reverse scoring applied to the personal accomplishment dimension; the Cronbach's α for this scale was 0.755. The fourth part was the Nurse Retention Intention Scale, originally developed by Turnley and Feldman (1999) and adapted into Chinese by Wang (2009), comprising 6 items rated on a 5-point Likert scale, with items 2, 3, and 6 reverse-coded; the Cronbach's α for this scale was 0.769.

Data were double-entered using electronic capture, cross-checked for accuracy, and analyzed at a significance level of $\alpha = 0.05$. Descriptive statistics were used to summarize demographic characteristics. Independent t-tests and one-way ANOVA were conducted to examine differences across groups, while Pearson correlation analysis was applied to explore associations between workplace violence, occupational burnout, and nurses' intention to stay. Variables that showed significance in univariate analysis ($p < 0.05$) were further entered into multivariate logistic regression to identify influencing factors. Finally, structural equation modeling (SEM) with maximum likelihood estimation was employed to test the hypothesized relationships and mediation effects, with model fit indices reported.

To ensure scientific rigor and minimize bias, several quality control measures were implemented: (1) a pilot test of the questionnaire was conducted prior to formal distribution to refine wording and feasibility; (2) standardized procedures were adopted for questionnaire administration; (3) trained personnel were responsible for data entry following strict protocols; (4) a double-entry verification system was used to detect and correct inconsistencies; and (5) logical and reasonableness checks were applied to ensure data accuracy and completeness. These measures ensured the validity, reliability, and robustness of the collected data.

4.RESULTS

4.1Basic Demographic Characteristics

The survey included 898 nurses from tertiary public hospitals in Guangdong Province, of whom the majority were female (94.88%) and aged 25–34 years (60.80%). Most were married (63.81%), and just over half were the only child in their families (50.89%). In terms of education, 68.82% held a bachelor's degree or above, while 69.71% held junior or lower professional titles. Regarding years of service, nurses with 5–9 years of work experience accounted for the largest proportion (29.84%).

Employment and workload characteristics showed that 75.84% of nurses were in non-permanent positions, and most worked in internal medicine (33.85%) or surgery (34.86%). Day–night rotation was common (68.37%), and overtime was prevalent, with more than 60% reporting extra shifts in the past week. Income levels were concentrated between 5000 and 8000 yuan per month (51.11%), followed by 33.41% earning 8000–10000 yuan.

Table 1. Basic demographic characteristics of survey participants (N=898)

Category	Group	n(%)	Category	Group	n(%)
Gender	Male	46 (5.12)	Employment Type	In-system	217 (24.16)
	Female	852 (94.88)		Out-system	681 (75.84)

Age	＜25 years	148 (16.48)	Position	Internal Medicine	304 (33.85)
	25-34 years	546 (60.80)		Surgery	313 (34.86)
	≥35 years	204 (22.72)		Emergency Pediatrics	&70 (7.79)
Marital Status	Single	311 (34.63)		Others	211 (23.50)
	Married	573 (63.81)	Work Shift	Day Shift	284 (31.63)
	Divorced	14 (1.56)		Day/Night Rotation	614 (68.37)
Only Child	Yes	457 (50.89)	Monthly Income	＜5000	56 (6.24)
	No	441 (49.11)		5000-8000 yuan	459 (51.11)
Work Experience	＜5 years	224 (24.94)		8000-10000 yuan	300 (33.41)
	5-9 years	268 (29.84)		≥10000 yuan	83 (9.24)
	10-14 years	221 (24.61)	Overtime Days	None	347 (38.64)
	≥15 years	185 (20.61)		1-2 days	275 (30.62)
Education	College and below	280 (31.18)		≥3 days	276 (30.74)
	Bachelor and above	618 (68.82)			
professional titleTitle	Junior and below	626 (69.71)			
	Intermediate	215 (23.94)			
Senior	57 (6.35)				

4.2 Reliability analysis

The reliability of the study instruments was assessed using Cronbach's α coefficient. As shown in Table 2, all four scales demonstrated good internal consistency. Specifically, the General Demographic Information Questionnaire (α = 0.907), the Workplace Violence Scale (α = 0.874), the Occupational Burnout Inventory (α = 0.843), and the Nurse Retention Intention Scale (α = 0.858) all exceeded the commonly accepted threshold of 0.70. These results indicate that the instruments used in this study possess strong internal reliability, ensuring stable and consistent measurement across items.

Table 2.Reliability Statistics

Study variables	Number of questions	Cronbach's α
emographic Information Questionnaire	13	0.907
Workplace Violence	5	0.874
Occupational Burnout	22	0.843
Nurses' Intention to Stay	5	0.858

4.3 Validity test

The validity of the instruments was examined using the Kaiser-Meyer-Olkin (KMO) test and Bartlett's Test of Sphericity. As presented in Table 3, the KMO value was 0.902, which is above the 0.90 threshold, indicating that the data were highly suitable for factor analysis. Bartlett's Test of Sphericity returned a chi-square value of 8564.821 (df = 741, $p < 0.001$), rejecting the null hypothesis that the

correlation matrix is an identity matrix. Together, these results confirm that the data have excellent sampling adequacy and construct validity, providing a robust foundation for further statistical analysis.

Table 3.KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		**.902**
Bartlett's Test of Sphericity	Approx. Chi-Square	8564.821
	df	741
	Sig.	.000

4.4 Overall incidence of workplace violence

The overall incidence of workplace violence among the 898 surveyed nurses is presented in Table 4. A total of 656 participants (73.05%) reported experiencing at least one form of workplace violence in the past year. Psychological violence was the most prevalent, with 67.37% of respondents affected, followed by physical violence (23.39%) and sexual violence (11.80%). In terms of frequency, most incidents occurred only once; however, psychological violence displayed a higher recurrence rate, with 25.61% of nurses reporting two to three incidents and 12.03% reporting four or more. In contrast, repeated physical and sexual violence were less common, with the majority of respondents experiencing these forms only once if at all. These findings indicate that workplace violence is highly prevalent in tertiary hospitals, with psychological violence representing the most frequent and persistent threat to nurses.

Table 4. Incidence of workplace violence among survey respondents (n(%), N=898)

requency of incidents	**Physical violence**	**sychological violence**	**Sexual violence**
0 次	688(76.61)	293(32.63)	792(88.20)
1 次	136(15.14)	267(29.73)	72(8.02)
2~3 次	59(6.57)	230(25.61)	27(3.01)
≥4 次	15(1.69)	108(12.03)	7(0.78)

4.5 Comparison of Nurses' Intention to Stay Across Different Characteristics

Table 5 presents the differences in nurses' intention to stay according to demographic and work-related characteristics. Significant variations were observed across all examined groups.

In terms of years of service, retention scores increased with longer tenure, with nurses having ≥15 years of experience reporting the highest intention to stay (23.94 ± 3.78, $p < .001$). Regarding family background, non-only children showed significantly higher retention intention than only children (17.63 ± 3.35 vs. 16.70 ± 3.51, $p < .001$). Educational level was also associated with intention to stay: nurses with a college degree or below reported higher scores than those with a bachelor's degree or above (17.32 ± 3.31 vs. 16.72 ± 3.68, $p = 0.013$).

Occupational characteristics revealed further differences. Retention intention varied significantly by job title, with the lowest scores among junior-level nurses (14.43 ± 3.89), compared to intermediate (16.95 ± 3.31) and senior nurses (17.44 ± 3.33, $p < .001$). Employment status showed that nurses with permanent positions scored higher than those in non-permanent positions (17.56 ± 3.23 vs. 15.83 ± 3.73, $p < .001$). Similarly, work schedule influenced outcomes: nurses working fixed day shifts had higher retention scores than those in rotating day/night shifts (17.61 ± 3.13 vs. 16.15 ± 3.84, $p < .001$). Finally, overtime was negatively associated with intention to stay. Nurses with no overtime reported the highest scores (18.25 ± 2.81), while those working ≥3 days of overtime had the lowest (15.88 ± 3.79, $p < .001$).

Overall, these findings suggest that both demographic and occupational factors significantly shape nurses' intention to remain in their positions, with long tenure, stable employment, favorable work schedules, and reduced overtime contributing positively to retention.

Table 5. Comparison of Nurses' Intention to Stay Across Different Characteristics (N = 898)

Variable	**Group**	**n (%)**	**Retention Score (Mean ± SD)**	**Test statistic**	**p-value**
Years of Service	< 5 years	224 (24.94)	20.88 ± 4.20	F = 26.35	< .001

	5–9 years	268 (29.84)	20.82 ± 3.84		
	10–14 years	221 (24.61)	21.84 ± 3.90		
	≥ 15 years	185 (20.61)	23.94 ± 3.78		
Only-child Status	Only child	457 (50.89)	16.70 ± 3.51	t = -4.08	< .001
	Non-only child	441 (49.11)	17.63 ± 3.35		
Education Level	College or below	280 (31.18)	17.32 ± 3.31	t = 4.26	0.013
	Bachelor's or above	618 (68.82)	16.72 ± 3.68		
	Junior and below	626 (69.71)	14.43 ± 3.89		
Job Title	Intermediate	215 (23.94)	16.95 ± 3.31	F = 22.23	< .001
	Senior	57 (6.35)	17.44 ± 3.33		
Employment Status	Out-system (non-permanent)	681 (75.84)	15.83 ± 3.73	t = -6.10	< .001
	In-system (permanent)	217 (24.16)	17.56 ± 3.23		
Work Shift	Day shift	284 (31.63)	17.61 ± 3.13	t = 5.62	< .001
	Day/night rotation	614 (68.37)	16.15 ± 3.84		
	0 days	347 (38.64)	18.25 ± 2.81		
Overtime (per week)	1–2 days	275 (30.62)	17.62 ± 3.05	F = 43.90	< .001
	≥ 3 days	276 (30.74)	15.88 ± 3.79		

4.6 The Impact of Workplace Violence on Nurses' Intention to stay

Table 6 shows the differences in nurses' intention to stay based on their exposure to different types of workplace violence. Across all three categories, nurses who had experienced violence reported significantly lower retention scores than those who had not. Specifically, the mean score was lower for nurses exposed to physical violence (16.78 ± 3.54 vs. 18.31 ± 2.72, $p < .001$), psychological violence (16.13 ± 3.78 vs. 17.63 ± 3.16, $p < .001$), and sexual violence (17.01 ± 3.46 vs. 18.03 ± 2.96, $p < .001$). These results indicate that workplace violence, regardless of type, is associated with a reduced intention to remain in the profession.

Table 6. Retention intention of nurses grouped by experience of workplace violence

Workplace violence grouping	Exposure	n (%)	Retention Score	t(df)	p
Physical violence	No	688 (76.61)	18.31±2.72	5.72	<.001
	Yes	210 (23.39)	16.78±3.54		
Psychological violence	No	293 (32.63)	17.63±3.16	6.01	<.001
	Yes	605 (67.37)	16.13±3.78		
Sexual violence	No	792 (88.20)	18.03±2.96	3.22	<.001
	Yes	106 (11.80)	17.01±3.46		

Table 7 further explores this relationship through correlation analysis. The results demonstrate that physical violence ($r = -0.18$, $p < .01$) and psychological violence ($r = -0.21$, $p < .001$) were both negatively correlated with retention intention, though the effect sizes were small. Sexual violence also showed a negative correlation ($r = -0.07$, $p = .028$), but the effect was negligible. Among the three forms of violence, psychological violence exhibited the strongest negative association with nurses' intention to stay, suggesting that its persistent psychological impact may be particularly damaging to workforce stability.

Table 7. Correlation Analysis between Experience of Violence and Intention to Stay (r values)

Workplace Violence	Retention Intention	95% CI	p-value	Effect Size
Physical violence	-0.18**	[-0.24, -0.12]	< .01	Small
Psychological violence	-0.21**	[-0.27, -0.15]	< .001	Small
Sexual violence	-0.07*	[-0.13, -0.01]	.028	Negligible

** indicates $P < 0.01$ (two-tailed), * indicates $P < 0.05$ (two-tailed)

Table 8 presents the correlations between workplace violence and occupational burnout dimensions. All three forms of violence were positively associated with emotional exhaustion and depersonalization, with the strongest correlations observed for psychological violence ($r = 0.32$ and $r = 0.28$, respectively, both $p < .01$). By contrast, all forms of violence showed negative associations with personal accomplishment, although the effects were weaker, with only sexual violence reaching statistical significance ($r = -0.08$, $p < .01$). These findings suggest that workplace violence not only directly reduces retention intention but also indirectly exacerbates burnout symptoms that further undermine career stability.

Table 8. Correlation Analysis between Experience of Workplace Violence and Occupational Burnout

Items	Physical Violence	Psychological Violence	Sexual Violence
Emotional exhaustion	0.21**	0.32**	0.12**
Depersonalization	0.23**	0.28**	0.14**
Reduced personal accomplishment	-0.05	-0.06	-0.08**

Table 9 illustrates the correlations between burnout dimensions and nurses' intention to stay. Emotional exhaustion ($r = -0.55$, $p < .01$) and depersonalization ($r = -0.39$, $p < .01$) were both significantly negatively correlated with retention intention, indicating that higher levels of psychological strain substantially reduce the likelihood of nurses remaining in their roles. Conversely, reduced personal accomplishment was positively associated with retention intention ($r = 0.23$, $p < .01$), a finding that may reflect complex coping mechanisms or re-evaluations of career commitment among nurses with diminished professional efficacy. Together, these results highlight the critical mediating role of burnout in the relationship between workplace violence and intention to stay.

Table 9. Correlation Analysis of Occupational Burnout and Intention to Stay (r values)

Items	Total Score of Nurses' Intention to Stay
Emotional exhaustion	-0.55**
Depersonalization	-0.39**

Reducedpersonal accomplishment	0.23**

** indicates P<0.01 (two-tailed), * indicates P<0.05 (two-tailed)

4.7 The relationship between workplace violence, burnout, and nurses' intention to stay.

Figure 2 presents the hypothesized structural equation model linking workplace violence, occupational burnout, and nurses' intention to stay. In this framework, workplace violence—comprising physical, psychological, and sexual violence—is conceptualized as the exogenous variable, which exerts both a direct influence on nurses' intention to stay and an indirect influence mediated by occupational burnout. Occupational burnout is represented by three dimensions—emotional exhaustion, depersonalization, and reduced personal accomplishment—which jointly reflect the psychological strain experienced by nurses. This hypothesized model provides the theoretical foundation for empirical testing of the causal pathways connecting workplace stressors and retention outcomes.

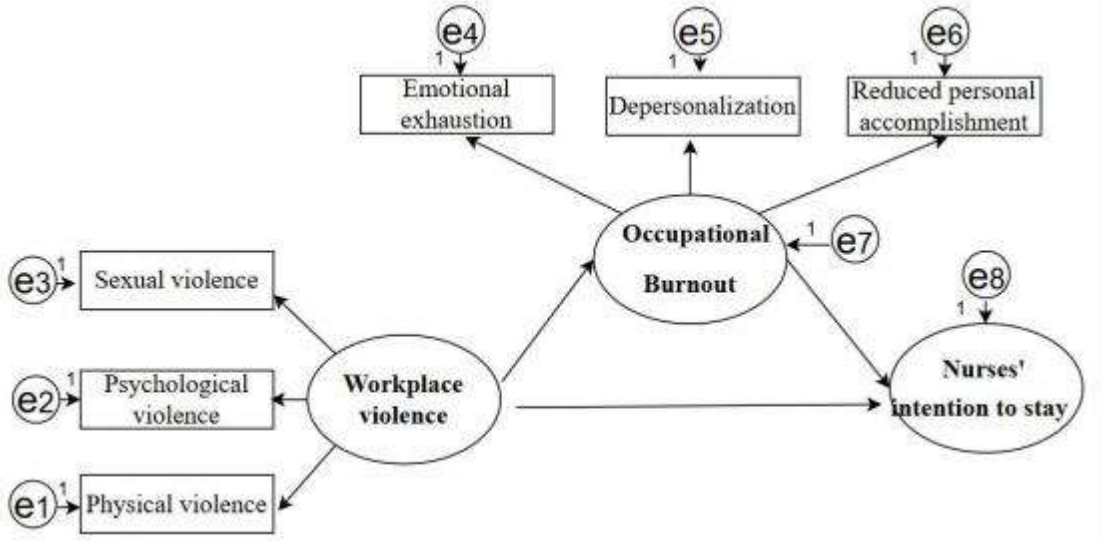

Figure 2. Hypothesized Structural Equation Model of the Relationship between Workplace Violence, Occupational Burnout, and Nurses' Intention to Stay

Table 10 summarizes the main fit indices of the modified structural model. The results show that the model demonstrates an adequate overall fit, with $\chi^2/df = 2.992$ (less than the recommended threshold of 3), RMSEA = 0.047 (well below the cut-off of 0.08), and goodness-of-fit indices (GFI = 0.983; AGFI = 0.966) exceeding the conventional threshold of 0.90. Together, these indices indicate that the revised model is both statistically robust and theoretically appropriate, ensuring that the structural relationships among workplace violence, occupational burnout, and retention intention are well captured.

Table 10. Summary of the Main Fit Indices for the Modified Model

Item	χ^2	d*f*	χ^2/ d*f*	RMSEA	GFI	AGFI
Modified model	65.819	22	2.992	0.047	0.983	0.966
Ideal value	The smaller the better		<3	<0.08	>0.90	>0.90

Figure 3 depicts the modified structural model, including standardized path coefficients. The results confirm that workplace violence has a significant negative direct effect on nurses' intention to stay ($\beta = -0.13$, $p < .01$) and a significant positive effect on occupational burnout ($\beta = 0.42$, $p < .001$). In turn, occupational burnout exerts a strong negative impact on nurses' intention to stay ($\beta = -0.56$, $p < .001$), validating its mediating role in the model. Moreover, the three sub-dimensions of burnout load significantly on the latent construct, with emotional exhaustion ($\beta = 0.98$), depersonalization ($\beta = 0.75$), and reduced personal accomplishment ($\beta = -0.46$) all contributing meaningfully. These findings suggest

that workplace violence not only directly erodes nurses' willingness to remain in their roles but also indirectly magnifies turnover intention by intensifying burnout symptoms.

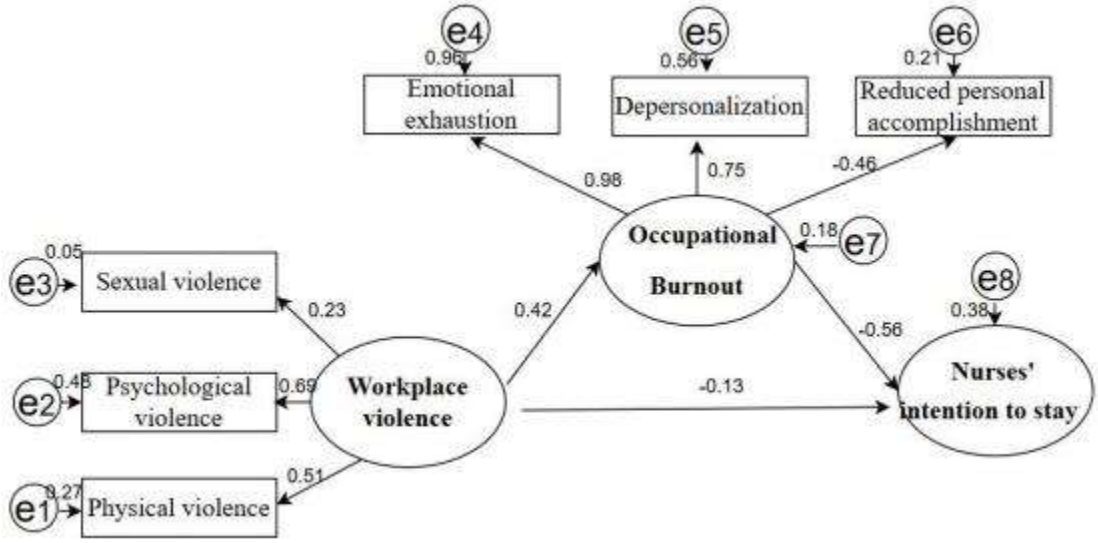

Figure 3. Modified Structural Equation Model with Standardized Path Coefficients between Workplace Violence, Occupational Burnout, and Nurses' Intention to Stay

5. DISCUSSION AND CONCLUSION

5.1 Discussion

This study investigated the relationships among workplace violence, occupational burnout, and nurses' intention to stay in tertiary public hospitals in Guangdong Province, based on a sample of 898 clinical nurses. Guided by the Stimulus–Organism–Response (SOR) framework, the research pursued two objectives: to examine the current situation of workplace violence, burnout, and retention intention, and to construct and validate a structural model that incorporates occupational burnout as a mediating mechanism. The empirical results provide support for all proposed hypotheses, indicating that workplace violence significantly reduces nurses' intention to stay, increases levels of burnout, and exerts an indirect influence on retention intention through burnout. These findings offer a comprehensive explanation of the psychological mechanisms underlying nurse turnover and address the research objectives proposed in the introduction.

The data demonstrate a clear negative association between workplace violence and intention to stay, with psychological violence showing the strongest effect. This pattern is consistent with prior studies in Western and Asian healthcare systems, which report that verbal abuse and psychological aggression often outweigh physical assaults in their impact on nurses' professional commitment (Elfios et al., 2024; Li & Jones, 2013; Spector et al., 2014). Within the Chinese tertiary hospital context, this relationship appears even more pronounced due to the high patient load, strained doctor–patient relations, and systemic shortages of nursing staff. Although less prevalent, physical and sexual violence also displayed significant negative associations with retention intention, underscoring that any form of workplace violence constitutes a critical deterrent to workforce stability.

The analysis further reveals that workplace violence is positively correlated with occupational burnout, particularly emotional exhaustion and depersonalization, while simultaneously undermining nurses' sense of personal accomplishment. These findings align with evidence from international research showing that repeated exposure to aggression and hostility at work depletes psychological resources and accelerates burnout (Al-Qadi, 2021; Laschinger & Fida, 2014). In the Chinese context, where nurses frequently face overtime schedules, inadequate staffing, and limited institutional support, the detrimental effects of workplace violence on burnout may be intensified. This highlights the need to conceptualize workplace violence not only as an ethical or legal concern but also as a major organizational factor contributing to psychological strain.

The results also confirm that burnout is negatively associated with nurses' intention to stay, with distinct effects across its three dimensions. Emotional exhaustion and depersonalization significantly reduced retention intention, in line with the theoretical model of Maslach and Jackson (1981) and subsequent empirical evidence (Leiter & Maslach, 2009). Interestingly, reduced personal accomplishment exhibited a positive association with intention to stay, which diverges from conventional

expectations but resonates with findings in certain cultural contexts where individuals continue employment despite diminished feelings of achievement (Schaufeli & Buunk, 2003). Within Chinese tertiary hospitals, this paradox may reflect the influence of professional responsibility, financial necessity, and collective norms, suggesting that cultural and institutional conditions shape how burnout components translate into turnover behavior.

Taken together, the structural equation model confirmed the robustness of the theoretical framework. Workplace violence directly undermines nurses' retention intention and indirectly exerts influence through the mediating role of occupational burnout. This dual pathway underscores the necessity of addressing both external work environment stressors and internal psychological mechanisms to strengthen workforce stability. The findings thus not only validate the applicability of the SOR theory in nursing management but also reveal the complex processes through which environmental stress translates into behavioral outcomes in healthcare settings.

5.2 Theoretical Implications

Anchored in the Stimulus–Organism–Response (SOR) framework, this study advances theory on nurse retention by specifying a causal chain in which workplace violence (stimulus) activates occupational burnout (organismic state), which in turn reduces intention to stay (behavioral response). While SOR has been widely applied in environmental and organizational psychology, it has been used less often to explicate healthcare workforce stability. By operationalizing violence as a multi-type exogenous stimulus (physical, psychological, sexual) and estimating both direct and mediated paths with structural equation modeling, the present research extends SOR from generic stressor–strain accounts to a mechanism that links a concrete occupational hazard to retention behavior in high-acuity hospital settings (Fishbein & Ajzen, 1977; Levin, 1936; Mehrabian & Russell, 1974).

The findings also refine the construct domain of workplace violence in the retention literature. Prior reviews have documented that nonphysical aggression is widespread and consequential for nurses (Cheung & Yip, 2017; Spector et al., 2014). Consistent with this body of work, psychological violence in our model exhibited the strongest adverse association with intention to stay, even when compared to physical and sexual violence. This pattern clarifies a theoretical nuance: the salience of chronic, recurrent, and relationally embedded aggression for motivational withdrawal, over and above episodic physical incidents. Theoretically, differentiating violence types strengthens explanatory precision and helps resolve mixed results in earlier studies that treated violence as a unitary construct.

By demonstrating a robust indirect pathway from workplace violence to intention to stay through burnout, the study integrates SOR with Conservation of Resources (COR) theory. COR posits that stress arises from actual or threatened loss of valued resources, eliciting loss spirals that erode well-being and functioning (Halbesleben et al., 2014; Hobfoll, 1989). In our model, violence operates as a resource-draining stimulus that elevates emotional exhaustion and depersonalization, thereby diminishing retention intention. This bridge between SOR (process logic: stimulus → organism → response) and COR (content logic: resource erosion and loss spirals) provides a theoretically coherent account of why violence is so detrimental to staffing stability in hospitals and explains prior observations that aggression at work accelerates burnout and turnover intentions (Gillespie et al., 2013; Laschinger & Fida, 2014; Pourshaikhian et al., 2016).

A further theoretical contribution lies in unpacking differential effects across burnout dimensions. Consistent with established theory, emotional exhaustion and depersonalization were strongly and negatively associated with intention to stay (Leiter & Maslach, 2009; Maslach & Jackson, 1981; Maslach et al., 2001). The dimension-level analysis clarifies which components of burnout are most proximal to withdrawal motivation, thereby sharpening the explanatory scope of burnout models in retention research. Notably, the observed positive association between reduced personal accomplishment and intention to stay, while counterintuitive, aligns with contextual accounts in which job embeddedness, economic necessity, and professional norms can dampen exit despite diminished efficacy (Mitchell et al., 2001; Schaufeli & Buunk, 2003). Theoretically, this suggests boundary conditions for burnout–retention linkages and points to culture- and institution-specific moderators that future research should model explicitly.

Finally, by situating the model in large tertiary public hospitals in China and using a sizable sample, this study contributes context-sensitive evidence that complements global prevalence syntheses of violence and burnout in healthcare (Dall'Ora et al., 2015; Jianxin Liu et al., 2019). Beyond documenting high exposure to aggression, the present work quantifies how violence translates into retention risk through identifiable psychological channels, thereby moving from descriptive epidemiology to explanatory mechanism. In sum, the study (a) extends SOR into a health workforce domain with a clearly specified mediator, (b) differentiates violence types to improve construct clarity, (c) integrates SOR with COR to account for resource loss dynamics, and (d) delineates dimension-level burnout effects and

potential boundary conditions—together offering a tighter theoretical scaffold for future research on nurse retention.

5.3 Practical Implications

The findings of this study carry several important implications for multiple stakeholders involved in healthcare delivery, particularly hospital administrators, policymakers, frontline managers, and nurses themselves. Addressing workplace violence and burnout is not merely a matter of occupational safety, but a critical strategy for sustaining workforce stability and ensuring high-quality patient care.

For hospital administrators and nursing managers, the results underscore the necessity of establishing robust violence-prevention systems. Since psychological violence emerged as the most frequent and detrimental form, hospitals should go beyond traditional security measures and implement comprehensive reporting, monitoring, and counseling systems that capture and address verbal abuse and non-physical aggression. Targeted interventions such as conflict de-escalation training, resilience-building workshops, and early psychological support can mitigate the cumulative stress that often drives burnout. Furthermore, managers should actively redesign shift patterns and overtime policies to reduce emotional exhaustion and depersonalization, ensuring more equitable workload distribution and sufficient recovery time.

For healthcare policymakers, the evidence highlights the urgency of embedding workplace violence prevention and nurse retention strategies into national health policies. Legislative frameworks should clearly define different forms of violence, establish zero-tolerance standards, and enforce penalties for aggression against healthcare professionals. At the same time, policies should incentivize hospitals to invest in nurse well-being programs by linking funding or accreditation to workforce protection measures. The development of standardized instruments for measuring violence and burnout, aligned with national nursing workforce databases, can provide ongoing monitoring and guide evidence-based policy adjustments.

For nurses themselves, the findings suggest the importance of strengthening professional identity and utilizing support resources when exposed to workplace violence. Peer support groups, mentorship programs, and participation in hospital decision-making can enhance personal accomplishment and resilience, thereby counteracting burnout's adverse effects. Building communication skills and strategies to navigate patient interactions may also reduce exposure to psychological aggression and reinforce nurses' agency in safeguarding their own professional environment.

Finally, for patients and society, improving nurses' intention to stay translates directly into higher continuity and quality of care. By cultivating a safer and more supportive work environment, hospitals not only reduce turnover costs but also enhance patient trust and satisfaction. Public campaigns aimed at improving doctor–patient communication and respect for healthcare workers can serve as complementary strategies, aligning societal attitudes with institutional reforms.

In practical terms, the integration of organizational reforms (violence prevention systems, workload regulation), policy interventions (zero-tolerance laws, financial incentives), and individual-level supports (training, peer networks) forms a multi-level pathway to address the dual challenges of workplace violence and burnout. Together, these measures provide a roadmap for sustaining a stable nursing workforce and ultimately improving the resilience of the healthcare system.

6. CONCLUSION

This study investigated the relationship between workplace violence, occupational burnout, and nurses' intention to stay in tertiary public hospitals in Guangdong Province. A quantitative research design was employed, using stratified sampling to collect data from 898 frontline nurses across five hospitals. Standardized instruments were applied, including the Workplace Violence Scale, the Maslach Burnout Inventory, and the Nurse Retention Intention Scale. Data analysis involved descriptive statistics, correlation analysis, logistic regression, and structural equation modeling (SEM) to test the proposed hypotheses. The findings revealed that workplace violence significantly reduced nurses' intention to stay, with psychological violence exerting the strongest negative effect. Occupational burnout was prevalent, with more than 70% of participants showing symptoms at varying degrees, and was negatively associated with retention intention. Importantly, SEM confirmed that burnout mediated the relationship between workplace violence and nurses' intention to stay, demonstrating both direct and indirect pathways of influence.

From a theoretical perspective, this research contributes to existing scholarship in two important ways. First, by applying the Stimulus–Organism–Response (SOR) theory to the nursing context, it extends the framework's utility beyond consumer and organizational behavior to healthcare workforce studies. The study clarifies how workplace violence (stimulus) translates into diminished retention intention (response)

through the mediating role of burnout (organism), thereby enriching the theoretical understanding of workforce dynamics. Second, the analysis highlights the differentiated impact of distinct forms of violence and burnout dimensions, refining the conceptualization of how external stressors interact with psychological mechanisms to shape professional commitment.

Practically, the findings provide actionable insights for hospital administrators, policymakers, and frontline managers. Hospitals should strengthen violence prevention systems, establish psychological support mechanisms, and optimize shift scheduling to alleviate burnout. Policymakers should develop zero-tolerance legislation against violence toward healthcare workers and link workforce protection initiatives with funding and accreditation standards. Nurses themselves can benefit from peer support networks and professional development programs that enhance resilience and professional identity. Together, these measures can reduce turnover rates, stabilize the nursing workforce, and enhance the overall quality of healthcare delivery.

Despite these contributions, several limitations should be acknowledged. The study was limited to tertiary public hospitals in Guangdong Province, which may constrain the generalizability of findings to other regions or hospital types with different socioeconomic and institutional contexts. The reliance on self-reported data introduces the possibility of social desirability and recall biases, potentially underestimating or overestimating the prevalence of workplace violence and burnout. Additionally, the study focused on a limited set of variables, excluding potentially influential factors such as organizational culture, leadership style, and individual coping mechanisms.

Future research should aim to address these limitations by adopting multi-site designs across diverse regions and including different levels of hospitals to enhance representativeness. Employing longitudinal or mixed-method approaches could provide deeper insights into the causal mechanisms linking workplace violence, burnout, and retention. Moreover, incorporating additional variables—such as organizational support, leadership behavior, and resilience—may yield a more comprehensive model. Comparative studies between China and other countries would also be valuable in identifying cultural and systemic differences in workforce dynamics. By expanding these dimensions, future research can build on the present study to provide more robust theoretical development and practical solutions for strengthening the nursing workforce.

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