Relation between Health Care Organizational Culture and Workplace Violence

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Abstract

Background: Healthcare organizational culture is influenced by its ability to manage human resources, satisfy patients and constructive culture encouraging positive interpersonal relationships as well as value self-actualization and achievement-oriented, the nurses are three times more likely to be assaulted than any other professional group, the organization can try to minimize the chances of a workplace violence incident. **Aim of the study**: To explore the relationship between Health Care Organizational Culture and Workplace Violence at Hosh Issa Central hospital, El-Beheira Governorate. **Research design:** A descriptive correlational research design was used in this study. **Setting:** All inpatient care units (n=11) at Hosh Issa Central Hospital, El-Beheira Governorate with bed capacity192 beds. **Subject:** All head nurses and their assistants (n=22), and all staff nurses (n=267). **Tools:** Two tools were utilized: Tool I: Organizational Culture Questionnaire. Tool II: Workplace Violence Assessment Questionnaire. **Results:** There was a positive correlation between total workplace violence assessment and total aspects of workplace violence total consequence of workplace violence & total health care organization culture & internal focus and external focus (p=0.006& p=0.000& p=0.000& p=0.002& p=0.007). A positive correlation between total consequence of workplace violence and total health care organization culture & internal focus and external focus (p=0.000& p=0.001& p=0.004). **Conclusion and Recommendation:** There was a positive correlation between the total consequence of workplace violence and total health care organization culture & internal focus and external focus. Hospital administrators should make a collaborative and constructive culture among healthcare staff. Develop a strategic plan to enhance organizational culture and organizational trust in public healthcare settings.

Keywords: Health Care, Organizational Culture, Workplace Violence, and Staff Nurses

Introduction

Organizational culture is defined as a pattern of basic assumptions invented, discovered, or developed to cope with the problems of external adaptation and internal integration (**Abbas, 2015**). Also, there are many types of cultures; constructive cultures, passive/defensive cultures, and aggressive/defensive cultures (**Willar, et al., 2016**). According to (**Denison, et al., 2011**) Organizational culture is classified into two focuses. Internal focus consists of six areas: empowerment, team orientation, capability, core values, agreements, and - coordination and integration. The external focus of the organizational culture includes six areas; creating change, customer focus, organizational learning, strategic direction and intent, goals and objectives, and vision (**Unsal &Sirin, 2013**).

Even though culture may not be immediately observable, identifying a set of values that might be used to describe

an organization's culture helps to identify, measure, and manage culture more effectively. The culture of an organization can influence workplace violence. Besides; an organization can try to minimize the chances of a WPV incident **(Unsal & Sirin, 2013)**. The WPV has been a critical problem for organizations across the globe and especially the nurses are three times more likely to be assaulted than any other professional group. Being assaulted in the workplace by patients, patient families, peers, and other team members is not part of a nurse's job description; yet it happens frequently **(Johnson, et al., 2018)**.

The WPV is defined as incidents where the staff is abused, threatened, or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being, or health **(Chen, et al., 2022)**. The WPV contains four types: Type I is criminal acts by an intruder, Type II is a patient on staff violence, Type III is the staff on staff violence, and Type IV is organizational violence or domestic violence that takes place at health organizations. The WPV occurs when a staff nurse is verbally or physically abused by another person (patient, relatives and another staff nurse) **(Jacobsen, 2016)**. Managing the devastating impact of WPV on well-being of staff nurses, coworker relationship, and organization's overall effectiveness has been a challenge for organizations. Moreover, failure in doing so causes insecurity in nurses, which leads to nurse's disengagement at work. Employee engagement is the amount of discretionary effort exhibited by staff in their jobs **(Privitera, 2010)**. It is described

based on the nature of the relationship between an organization and its staff **(Dordevic, et al., 2021)**.

Analysis of violence suffered by nurses who worked in the emergency room, intensive care units, and psychiatry units has identified that most nurses (60.8%) have been exposed to verbal and/or physical violence from patients, visitors, or health workers. Exposure of healthcare workers to workplace violence has many adverse consequences on them, the quality of healthcare service, and the whole healthcare system **(Johnson, et al., 2018)**. This is more likely to occur in healthcare organizations as both staff nurses and patients are presented in a highly stressful environment making them more susceptible to aggression **(Franchini, et al., 2020)**. Besides, organizations have been facing increased absenteeism and staff turnover, increased sick leave, increased security, and litigation costs, and decreased productivity **(Spelten &Thomas, 2020)**.

Significance of the study

The organizational culture is very important since it guides the success and the performance of any organization towards the attainment of its objectives. The organizational culture is very important for universities as it helps them have effective management practices **(Beytekin, 2010)**. Organizational culture can include organizational violence, also known as WPV Type IV, defined as involving "organizations knowingly and unnecessarily placing their workers or clients in dangerous or violent situations or allowing a climate of abuse, bullying, or harassment to thrive in the workplace **(Privitera, 2011)**.The American Psychiatric Nurses Association found that only one in five assault incidents were

reported (**American Psychiatric Nurses Association, 2010**).Organizations, staff, and patients face many negative consequences when WPV does occur(**Demir & Rodwell, 2012**).Staff errors increased after experiencing workplace violence (**Roche, et al., 2010**).This study will help to explain the relationship between organizational culture and factors which are responsible for work place violence occurrence and how dealing with it and the importance of incident reporting patterns in reporting all incidents as patient falls and work place violence

Aim of the Study

To explore the relation between Health Care Organizational Culture and Workplace Violence at Hosh Issa Central hospital, El-Beheira Governorate.

Research Question

- What is Relationship between Health Care Organizational Culture and Workplace Violence at Hosh Issa Central hospital, El-Beheira Governorate?

Materials and Method

Research Design: A descriptive correlational research design was used in this study.

Setting: The study was conducted in all inpatient care units (n=11) at Hosh Issa Central Hospital, El-Beheira Governorate with bed capacity192. The inpatient units included medical units and their specialties (n=5) namely: the general medical unit, obstetric unit, pediatric unit, burn unit, and hemodialysis unit. Surgical units and their specialties' (n=3) namely: general surgical unit, an operation unit, and orthopedics unit. Intensive care units (n=3) namely: General ICU, neonatal ICU, and emergency unit.

Subject: All head nurses, their assistants (n=22) and all staff nurses (n=267) were

working in the previously mentioned settings.

Tools of the study: Two tools were utilized:

Tool I: Organizational Culture Questionnaire: It was developed by (**Denison, et al., 2011**) to assess health care organizational culture. It consisted of 60 items classified into two main subscales; Internal focus contained 30 items and external focus contained 30 items. Likert scale was used, ranging from; 1= strongly disagree to 5= strongly agree. The scoring levels were arranged as follows; less than 60% for negative perception, from 60% to less than 75 % for neutral perception and > 75% for positive perception.

Tool II: Workplace Violence Assessment Questionnaire: It was developed by **Hewett (2010).** The questionnaire includes A, B and C sections: Section A: this section focused on aspects of WPV, and the questions addressed the frequency of diverse types of workplace violence under three main headings, namely non-physical violence (intimidation, bullying and verbal abuse), physical abuse and sexual abuse. Section B: investigated to who the perpetrators and were the most common locations in hospitals where violent incidents occurred, and the consequences of workplace violence. Section C: gave respondents the opportunity to make recommendations regarding the management of WPV. Responses were measured on 4 –a point Likert scale ranging from; 1 = never to 4= often. In addition, a demographic data sheet was developed by the researcher

Methods

1. An official permission was obtained from the Dean of Faculty of Nursing at Damanhour University and the responsible authorities of the study settings, at Hosh Issa Central hospital, after an explanation of the study aim.

2. Tool I and tool II were translated into Ara two assistant professors from nursing administration department, Menofia University, and two lecturers from administration department Damanhour university. Accordingly, the necessary modifications were done.

3. Ethical consideration: oral informed consent from the selected study subjects was obtained. The privacy of the study subjects was maintained, and confidentiality was assured.

4. A pilot study was carried out on (10%) of the total sample size (n=2) for head nurses and (n=27) for staff nurses who were included in the study sample to check and ensure the clarity and feasibility of the study's tools and to identify obstacles and problems that may be encountered during data collection. Then, any necessary modifications were done.

5. Reliability for ensuring internal consistency of the two tools was assessed by using Cronbach's Alpha test where the value was 0.857 in the organizational culture tool, and it was 0.879 in the WPV questionnaire.

Data collection

1. Data collected from the studied nurses through the distribution of the questionnaires in the work settings. The needed instructions were given before the distribution of the questionnaires.

2. The questionnaires were completed in the presence of the researchers to ensure the objectivity of studied nurses' responses, non-contamination of their opinion, and to check that all items were answered.

3. Answering the questionnaires took about 30-45 minutes. It took period about two months.

Statistical analysis of data

Data collected from the studied sample was revised, coded, and entered using Personal Computer (PC). Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of frequencies, percentages, and Mean SD. Correlation coefficients were used to measure how strong the relationship was between two variables. Multiple linear regressions (MLR) are a statistical technique that used several explanatory variables to predict the outcome of a response variable. Chi-Square test statistic is commonly used for testing relationships between categorical variables. Linear regression is a linear approach for modelling the relationship between a scalar response and one or more explanatory variables. Significance of the results: Highly significant at p-value < 0.01. Statistically significant was considered at p-value < 0.05. Non-significant at p-value ≥ 0.05.

Results

Table (1) shows that the mean age of nurses` was 34.74±5.67 years. Less than two-fifths (38.0) of the nurses aged more than 40 years, while around one-third (32.2%) of them aged from 20 to less than 30 years. Moreover, the vast majority (92.2%) of the nurses were females and the rest (7.9%) were males. The same table reveals that about half (49.8%) of the nurses had a diploma from the technical institute of nursing, while about one quarter (25.9%) of them had a secondary school of nursing and less than one-fifth of them either had a bachelor's degree of nursing science or postgraduate (17.9%and 6.4% respectively). Furthermore, two-thirds (65.4%) of the nurses were married, while 29.8% of them were single. Regarding working units, one-half (50.1%) of the studied

nurses worked at intensive care units, while about one-third (29.1%) of them worked at medical units and one-fifth (20.8%) of them worked at a surgical unit. Moreover, the vast majority (92.4%) of the nurses were staff nurses and the rest (7.6%) were head nurses. Concerning the years of experience since graduation, the mean of experience was14.51 ±5.04 years. More than two-fifths (41.2%) of the nurses had less than ten years of experience. Additionally, more than two-thirds (67.5%) of the nurses had less than 10 years of experience in the current working unit, while more than one quarter (30.1%) of them had 10 to less than 20 years of experience in the current working unit and the rest (2.4%) had more than 20 years of experience in the current working unit.

Table (2) illustrates that more than two-fifths (41.5%) of the nurses were neutral at the empowerment dimension of their internal focus with a mean (14.2±2.9), while more than two-fifth (41.2%) of the studied nurses were neutral at team orientation dimension with a mean (15.8±1.9). The same table shows that more than two-fifths of them had a neutral internal focus on capability development 42.6%with mean (15.4±1.6), core values 44.6%with mean (14.5±2.1), agreement 42.9% with a mean (14.1±2.5) and coordination and integration 43.9%with mean (13.6±1.8).

Table (3) illustrates that more than two-fifths (43.3%) of the nurses were neutral at the creating change dimension of their external focus with a mean (13.7±1.9). Also, more than two-fifths (42.2%) of the studied nurses were neutral at the patient focus dimension with a mean (14.1±1.5). The same table shows that more than two-fifths of them had a neutral external focus on Organizational learning 45.0 %with a mean (14.4±1.3), strategic direction and intent 44.4%with mean (15.1±2.8), goals and objectives 45.3% with a mean

(12.3±1.2) and vision44.6%with mean (13.9±2.4).

Regarding aspects of WPV, table (4) shows that more than one-half (54.7%) of the studied nurses had a moderately verbal abuse with a mean (31.2±2.6). On the other hand, more than four-fifths (86.8%) of the nurses were a low physically abused with a mean (15.9±3.5). Moreover, the vast majority (95.5%) of the studied nurses were low sexually abused with a mean (4.6±1.4).

Table (5) demonstrates that a statistically significant relation was found between total healthcare organizational culture and the nurses` age (x2= 5.201 p=0.011). The vast majority (90.0%) of the nurses aged more than 40 years had a negative total health care organizational culture. While the vast majority (86.6%) of the nurses aged from 20 to less than 30 years had positive total health care organizational culture and more than half (55.9%) of the studied nurses aged from 30 to less than 40 years had a neutral total health care organizational culture, and there was no statistically significant relationship between total health care organizational culture and the nurses` gender (x2= 1.063 p=0.064), marital status (x2= 1.305 p=0. 059) and working units (x2= 1.490 p=0. 063). Concerning the educational qualifications of the nurses, a statistically significant relation was found between total health care organizational culture and the nurses` educational level (x2= 6.420 p=0.009). The vast majority (88.7%) of the studied nurses in the secondary nursing school had a negative total health care organizational culture. Also, the vast majority (96.2%) of the nurses with technical institutes of Nursing had a neutral total health care organizational culture. Moreover, more than three-fifths (61.0%) of the nurses with a Bachelor of Nursing Science had a positive total health care organizational culture.

Table (6) shows that a statistically significant relation was found between total

WPV level and the nurses` age ($x2= 13.81$ $p=0.03$). The vast majority (92.3%) of the nurses aged from 20 to less than 30 years had a moderate total WPV level and (78.1%) had a high WPV level. While more than half (56.3%) of nurses who had more than 40 years had a low total WPV level. Furthermore, A statistically significant relation was found between total WPV level and the nurses` gender ($x2= 7.901$ $p=0. 005$). All (100%) nurses with a high and a moderate total WPV level were females and most of the nurses (88.0%) with a low total WPV level were females. There was no statistically significant relationship between total WPV level and the nurses` educational unit ($x2= 1.187$ $p=0. 058$), years of nursing experience ($x2= 1.006$ $p=0. 061$) and years of unit experience ($x2= 1.124$ $p=0. 067$). With respect to the marital status of the nurses, a statistically significant relation was found between the total WPV level and the nurses` marital status ($x2= 22.16$ $p=0.002$). 84.4% of nurses with a high total WPV level were single and more than two-thirds (72.3%) of nurses with a moderate total WPV level were single. While the majority (91.1%) of nurses with moderate total WPV levels were married.

Table (7) The WPV displays that, a highly significant model detected through the F test value was 11.990 with the p-value. 000. This model explained 53 % of the various health care organizational culture through an R2 value of 0.53. Also, explained that the Job title (Head nurse) and educational level (High) had a highly significant positive effect on health care organizational culture at a p-value of 0.005& p-value of 0.003. While, Age, Years of unit experience and Years of nursing experience had frequency a positive effect on health care organizational culture at a p-value of 0.024& a p-value of 0.013 & p-value of 0.018.

Table (8) states that a highly significant model detected through the F test value was 11.955 with a p-value. 000. This model explained 4.9 % of the variation WPV level through R2 value 0.049. Also, explained that Gender (Female) and Marital status (Single) had a highly significant positive effect on WPV level at p value 0.001& p value 0.000. While, Age, Working units and Job title (Staff nurses) had significant positive effect on WPV level at p value 0.037& p value 0.031 & p value 0.015.

Table (1): Frequency & Percentage of the studied nurses according to their demographic characteristics. (n=289)

Characteristics of studied nurses'	No	%
1 Age		
20 - <30	93	32.2
30 - < 40	86	29.8
>40	110	38.0
$\bar{x}$S.D 34.74$\pm$5.67		
2 Gender		
Male	23	7.9
Female	266	92.1
5 Working unit		
Medical units	84	29.1
Surgical units	60	20.8
Intensive care units	145	50.1
6 Job title		
Head nurse	22	7.6
Staff nurse	267	92.4
8 Years of unit experience		
<10	195	67.5
10-<20	87	30.1
$\geq$ 20	7	2.4
$\bar{x}$S.D 8.97$\pm$2.07		
7 Years of nursing experience		
<10	119	41.2
10-<30	98	33.9
$\geq$30	72	24.9
$\bar{x}$S.D 14.51 $\pm$5.04		
3 Education level		
Secondary nursing school	75	25.9
Technical Institute of nursing	144	49.8
Bachelor of nursing science	52	17.9
Postgraduate	18	6.4
3 Marital status		
Single	86	29.8
Married	189	65.4
Widow	9	3.1
Divorced	5	1.7

Table (2): Distribution of the studied nurses according to their internal focus (n=289).

Items	Positive		Neutral		Negative		Mean SD
	N	%	N	%	N	%	
Empowerment	85	29.4	120	41.5	84	29.1	14.2±2.9
Team orientation	84	29.1	119	41.2	86	29.8	15.8±1.9
Capability development	72	24.9	123	42.6	94	32.5	15.4±1.6
Core values	71	24.6	129	44.6	89	30.8	14.5±2.1
Agreement	77	26.7	124	42.9	88	30.4	14.1±2.5
Coordination and integration	75	26.0	127	43.9	87	30.1	13.6±1.8

Table (3): Distribution of the studied nurses according to their external focus (n=289).

Items	Positive		Neutral		Negative		Mean SD
	N	%	N	%	N	%	
Creating change	85	29.4	125	43.3	79	27.3	13.7±1.9
Patient focus	86	29.8	122	42.2	81	28.0	14.1±1.5
Organizational learning	71	24.6	130	45.0	88	30.4	14.4±1.3
strategic direction and intent	78	26.9	128	44.4	83	28.7	15.1±2.8
Goals and objectives	74	25.6	131	45.3	84	29.1	12.3±1.2
Vision	74	25.6	129	44.6	86	29.8	13.9±2.4

Table (4): Distribution of the studied nurses according to their total aspects of WPV (n=289).

Items	High		Moderate		Low		Mean SD
	N	%	N	%	N	%	
Verbal abused	88	30.4	158	54.7	43	14.9	31.2±2.6
Physical abused	10	3.5	28	9.7	251	86.8	15.9±3.5
Sexual abused	0	0	13	4.5	276	95.5	4.6±1.4

Table (5): Relation between the studied nurses' demographic characteristics and total health care organizational culture (n=289).

Items		Total Health Care Organizational Culture						X²	P-Value
		Positive (n=82)		Neutral (n=127)		Negative (n=80)			
		N	%	N	%	N	%		
Age (year)	20-<30	71	86.6	20	15.7	2	2.5	5.201	.011*
	30-<40	9	11.0	71	55.9	6	7.5		
	≥ 40	2	2.4	36	28.4	72	90.0		
Gender	Male	8	9.8	8	6.3	7	8.7	1.063	.064
	Female	74	90.2	119	93.7	73	91.3		
Working units	Medical units	28	34.1	44	34.6	12	15.0	1.490	.063
	Surgical units	15	18.3	26	20.5	19	23.7		
	ICU	39	47.6	57	44.9	49	61.3		
Job title	Head nurse	20	24.4	2	1.6	0	0	9.022	.002**
	Staff nurse	62	75.6	125	98.4	80	100		
Years of unit experience	<10	70	85.4	115	90.6	10	12.5	4.560	.012*
	10-<20	12	14.6	10	7.9	65	81.3		
	≥ 20	0	0	2	1.5	5	6.2		
Years of nursing experience	<10	72	87.8	45		2	2.5	3.064	.023*
	10-<30	8	9.8	72		18	22.5		
	≥ 30	2	2.4	10	7.9	60	75.0		
Educational level	Secondary nursing school	2	2.4	2	1.5	71	88.7	6.420	.009**
	Technical Institute of Nursing	13	15.9	122	96.2	9	11.3		
	Bachelor of nursing science	50	61.0	2	1.5	0	0		
	Postgraduate	17	20.7	1	0.8	0	0		
Marital status	Single	29	35.4	35	27.6	22	27.5	1.305	.059
	Married	49	59.8	85	66.9	55	68.7		
	Widow	3	3.6	4	3.1	2	2.5		
	Divorced	1	1.2	3	2.4	1	1.3		

*Significant at p ‹0.05. **Highly significant at p ‹0.01. Not significant at p>0.05

Table (6): Relation between the studied nurses' demographic characteristics total WPV leve (n=289).

Items		Total Workplace Violence Assessment						X²	P-Value
		High (n=32)		Moderate (n=65)		Low (n=192)			
		N	%	N	%	N	%		
Age (year)	20-<30	25	78.1	60	92.3	8	4.2	13.81	0.03*
	30-<40	6	18.8	4	6.2	76	39.5		
	≥ 40	1	3.1	1	1.5	108	56.3		
Gender	Male	0	0	0	0	23	12.0	7.901	.005**
	Female	32	100	65	100	169	88.0		
Working units	Medical units	27	84.4	54	83.1	3	1.6	7.995	0.038*
	Surgical units	2	6.2	3	4.6	55	28.6		
	ICU	3	9.4	8	12.3	134	69.8		
Job title	Head nurse	0	0	2	3.1	20	10.4	10.25	0.040*
	Staff nurse	32	100	63	96.9	172	89.6		
Years of unit experience	<10	18	56.3	42	64.6	135	70.3	1.124	.067
	10-<20	12	37.5	21	32.3	54	28.1		
	≥ 20	2	6.2	2	3.1	3	1.6		
Years of nursing experience	<10	14	43.8	27	41.5	78	40.6	1.006	.061
	10-<30	17	53.1	16	24.7	65	33.9		
	≥ 30	1	3.1	22	33.8	49	25.5		
Educational level	Secondary nursing school	5	15.6	20	30.6	50	26.0	1.187	.058
	Technical Institute of Nursing	15	46.9	25	38.5	104	54.2		
	Bachelor of nursing science	10	31.3	16	24.7	26	13.5		
	Postgraduate	2	6.2	4	6.2	12	6.3		
Marital status	Single	27	84.4	47	72.3	12	6.3	22.16	.002**
	Married	2	6.2	12	18.5	175	91.1		
	Widow	1	3.1	3	4.6	5	2.6		
	Divorced	2	6.2	3	4.6	0	0		

*Significant at p ‹0.05. **Highly significant at p ‹0.01. Not significant at p>0.05

Table (7): Multiple Linear regression model for Health Care Organizational Culture among the studied nurses (n=280).

	Unstandardized Coefficients	standardized Coefficients	T	P
	B	B		
Age	.188	.104	3.014	.024*
Job title (Head nurse)	.311	.245	7.800	.005**
Years of unit experience	.295	.190	4.001	.013*
Years of nursing experience	.280	.210	4.670	.018*
Educational level (High)	.422	.367	8.245	.003**
Model	R²	Df.	F	P
Regression	0.53	4	11.990	.000**

a. Dependent Variable: Health Care Organizational Culture   b. Predictors: (constant): Age, Job title, Years of unit experience, Years of nursing experience and Educational level

Table (8): Multiple Linear regression model for WPV level among the studied nurses (n=289).

		Unstandardized Coefficients	standardized Coefficients	T	P
		B	B		
Age		.197	.135	2.760	.037*
Gender (Females)		.380	.297	9.801	.001**
Working units		.201	.273	2.870	.031*
Job title. (Staff nurses)		.260	.197	4.861	.015*
Marital status. (Single)		.501	.386	6.196	.000**
Model	R^2	Df.	F	P	
Regression	0.049	4	11.955	.000**	

a. Dependent Variable: Workplace Violence Assessment   b. Predictors: (constant): Age, Gender, Working units, Job title and Marital status

Table (9): Correlation matrix between studied variables.

		1	2	3	4	5	6
1-Total Workplace Violence Assessment	R. P		0.543 0.006**	0.780 0.000**	- 0.685 0.000**	- 0.612 0.002**	- 0.513 0.007**
2-Total Aspects of Workplace Violence	R. P			0.780 0.000**	- 0.355 0.013*	- 0.367 0.012*	- 0.459 0.009**
3-Total Consequences ofWorkplace Violence	R. P				- 0.806 0.000**	- 0.690 0.001**	- 0.587 0.004**
4-Total health care organization culture	R. P					0.799 0.000**	0.802 0.000**
5-Internal Focus	R. P						0.704 0.000**
6-External Focus	R. P						

Discussion

About the distribution of nurses according to their perceived level of internal focus on organizational culture; the results showed that more than two-fifths of nurses were neutral at the empowerment dimension of their internal focus with a mean (14.2±2.9), while more than two-fifths of nurses were neutral at team orientation dimension with a mean (15.8±1.9). From the researcher's point of view, this result might be due to a lack of their knowledge of capability improvement approaches and techniques and selecting appropriate approaches for the organization. This result agrees with the result of **Genrich, et al., (2020)**, in their study which showed that nurses got

the highest mean score related to the team orientation dimension. On the contrary, this result disagrees with Goh, et al., (2020) confirmed that nurses got a negative perception of low scores on the scale.

Regarding aspects of WPV, the present study showed that more than one-half of nurses were moderately verbal abused, with a mean of 31.2±2.6. On the other hand, more than four-fifths of nurses were a low physically abused with a mean of 15.9±3.5. Moreover, the vast majority of nurses were a low sexually abused with a mean of 4.6±1.4. **Sachdeva, et al., (2019)** revealed that the most common type of WPV was 32% for Verbal abuse (VA) followed by 15% for physical abuse and Emergency Department faculty 26% for

VA, 14% for physical abuse, and 10% for confrontation. This result matched with the study conducted by Jacobsen, (2016) who stated that VA occurred with a high prevalence and had the lowest reporting rate.

The study specified that Patients verbally demean nurses and make verbal threats at an extremely high rate—higher than physical abuse—and are the least reported. The current study revealed that less than one-third of nurses had experienced intimidation, bullying or verbal abuse from patients' relatives or friends. This finding is in the same line as **Farouk, et al., (2017)** who stated that patients' relatives were responsible for WPV. Also, **Jackson, (2016)** found in his study that staff nurses experienced at least one incident of verbal abuse and only 49% reported it.

The current study revealed that more than two-fifths of nurses were influenced by intimidation, bullying or VA by thinking that they hated the nursing profession, as in study done by Jacobsen, et al., (2016) found that verbal abuse occurred at a high rate, but little was done to address it, and it who had a negative impact on the nurses. This comes in a disagreement with the results of **Douglas & Enikanoselu, (2019)** that showed only 10.5 % of nurses' hated nursing because of violence.

According to the relation between nurses' demographic characteristics and their perception of total organizational culture at Hosh Issa Central hospital, El-Beheira Governorate. It was noticed that the vast majority of the nurses aged less than 30 years had a positive total health care organizational culture with a statistically significant relationship between them at (x2= 5.201 p=0.011). Moreover, more than three-fifths of them with

Bachelor of Nursing Science had a positive total health care organizational culture with a statistically significant relation was found between total health care organizational culture and the nurses` educational level (x2= 6.420 p=0.009). From the researcher's point of view, this result might be due to the nurses of younger age and the higher education level are still at the beginning of their working years, they have a great enthusiasm, which leads to a positive perception of organizational culture. This result is in the same line as **Amber, et al., (2019)** and **Crawford, et al., (2019)** study that confirmed a statistically significant relationship between the nurses' age and level of education and their positive perception of organizational culture.

About Relation between Nurses' basic Characteristics and Total WPV level, a statistically significant relation was found between total WPV level and the nurses` age (x2= 13.81 p=0.03). The vast majority of the studied nurses aged less than 30 years had moderate total WPV levels. Furthermore, a statistically significant relation was found between total WPV level and the nurses` gender (x2= 7.901 p=0. 005). All nurses with high and moderate total workplace violence assessments were female. This finding is in the same line as a study published by **Jackson, et al., (2013)** which found that the VA of nurses was gendered and sexualized in tone related to nursing being a female-dominated profession. Moreover, there was no statistically significant relationship between total WPV level and the nurses` educational unit (x2= 1.187 p=0. 058), years of nursing experience (x2= 1.006 p=0. 061) and years of unit experience (x2= 1.124 p=0. 067).

The current study showed that there was a positive correlation between total WPV level and total aspects of WPV total consequence of WPV & total health care organization culture & internal focus and external focus (p=0.006 & p=0.000& p=0.000& p=0.002& p=0.007). Also, there was a positive correlation between total aspects of WPV and total consequence of WPV & total health care organization culture & internal focus and external focus (p=0.000& p=0.013& p=0.012& p=0.009). Also, the study demonstrated a positive correlation between total consequence of WPV and total health care organization culture & internal focus and external focus (p=0.000& p=0.001& p=0.004). Finally, the study showed a positive correlation between total health care organization culture and internal focus & external focus (p=0.000& p=0.000). Meanwhile, there was a positive correlation between internal focus and external focus (p=0.000). This study outcome agrees with **Mannion, & Davies, (2018)** study that concluded there was a significant correlation between organizational culture and workplace violence.

Conclusion

The findings of this concluded that there is a positive correlation between the total consequence of workplace violence and total health care organization culture & internal focus and external focus.

Based on the finding of the present study, the following recommendations are suggested:

- Healthcare organizations should create a collaborative, constructive, and relation-oriented culture through organizational policy development and intervention research.
- Develop a strategic plan to enhance organizational culture in public healthcare settings.
- Develop a more positive work culture by holding WPV

management teams and establishing appropriate regulations for improving workplace safety for nurses.

Future research studies:

– Organizational Culture, Organizational Trust and Workplace Bullying Among Staff Nurses.
- Organizational culture and trust after implementing planned change to achieve success.
- Effect of bullying on nurses' health and their performance outcome.
– Workplace violence against nurses from the patients' perspective.

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