

Relationship between Workplace Violence, Work Engagement and Staff Nurses' Intention to Leave Nursing Profession

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Abstract

Background: Nursing shortage is a global concern that requires urgent strategies to retain staff nurses. Workplace violence and work engagement are critical determinants of staff nurses' intention to leave their profession. **Aim:** the current study aimed to investigate the relationship between workplace violence, work engagement, and staff nurses' intention to leave the nursing profession. **Research Design** A descriptive correlational design was used. **Setting:** the current study was conducted in different departments at **Beni-Suef University Hospital**. **Subjects and Methods:** A purposive sample of 135 staff nurses from the study setting. **Tools:** three tools were used; 1- types of workplace violence questionnaire, 2-Utrecht Work Engagement Scale (UWES), and 3- staff nurses' intention to leave nursing profession questionnaire. **Results:** More than half of staff nurses were exposed to a high level of violence and had a lower level of work engagement (51.1% and 56%) respectively. About two third of staff nurses (64.4%) had a high level of intention to leave their profession. There was a statistically significant negative correlation between workplace violence and work engagement ($P=0.001$), while there was a statistically significant positive correlation between workplace violence and intention to leave ($P=0.003$). Also, there was statistically significant negative correlation between work engagement and intention to leave ($P=0.004$). **Conclusion:** Workplace violence and work engagement could affect staff nurses' intention to leave both the hospital and the profession. **Recommendations:** Nurse Managers should pay great attention to influence the work place violence, work engagement on staff nurses' intention to leave. Prevention of violence must be an inseparable part of the organization culture and organization climate. Involvement of staff nurses in organizational affairs to enhance their engagement.

Keywords: Intention to leave, Staff nurses, Workplace violence, Work engagement.

Introduction

Violence at work is a global public health concern. It is known to be a reflection of the level of violence in the whole community (Cavalcanti, Eduardo, de Castro Marcolino, Fernandes, Cavalcanti, de Carvalho, and Padilha, 2018). Violence permeates all areas of our community. In Canada, the bulk of healthcare workers are women. The Registered Nurses Association of Ontario stated that "nursing still is a female-dominated profession, and community attitudes remain devalue and sexualize nursing". Consequently, violence against nurses can be considered part of the

continuum of violence against women (Brophy, Keith, and Hurley, 2018). There are four groups of violence' perpetrators in workplace of the health sector. Type I: (Criminal purpose): The perpetrator has no connection to the workplace. Type II: (Customer or Client): The perpetrator is a client at the workplace who becomes violent against a staff member or another client. Type III: (Worker-to-Worker): The perpetrator is a workplace employee or past workplace employee, including managers, workers, doctors, contracted staff or service workers and volunteers. Type IV: (Personal Relationship): The perpetrator is a person with a relationship to a staff member who becomes

violent toward that staff member in the workplace (e.g., domestic violence) (**Banda, Mayers, and Duma, 2016**).

Exposure to workplace violence (WPV) has been correlated with negative effects on the mental health of health workers like anxiety, insomnia, depression, stress-related disorders, and loss of self-confidence, suicidal ideation, irritability, aggression, and psychoactive substance abuse. This can negatively affect the quality of health service. For instance, medical errors causing harm to patient's health and well-being have been reported following health workers' exposure to violence. Healthcare employees can develop a kind of compassion fatigue that may render them desensitized to the problems of clients and may reduce their professional efficacy and satisfaction, intention to leave and actual turnover (**Bobbio and Manganelli, 2015; Seun-Fadipe, Akinsulore, and Oginni, 2019**).

Studies have reported numerous consequences of workplace violence that have a tremendous impact on the lives of employees as well as on their productivity and customer care quality (**Ahmad, Al-Rimawi, Masadeh, and Atoum, 2015; Li, Zhang, Xiao, Chen, and Lu, 2019**). Most of the consequences directly affect the physical and psychological health of an employee, however, it is correlated with work dissatisfaction; decreased performance, productivity, and efficiency; and increased employee turnover. Workplace violence causes an interruption in the functioning of an effective work environment (**Johnson, Nguyen, Groth, and White, 2018**). Work engagement is a positive behavior or workplace status that leads to positive work-associated outcome. Caregivers with high levels of work engagement are enthusiastic, devoted and absorbed to their work (**Bakker, Petrou, Op den Kamp and Tims, 2020**). Principally, work engagement measures how caregivers harness their potential: as inspiring and enthusiastic and something to which they actually need to devote time and effort (**the vigor component**) as a substantial and meaningful pursuit (**dedication**) and as engrossing and they are completely concentrated (**absorption**) (**Kuijpers, and van Woerkom, 2020**). Work engagement, is an

indicator of work motivation, and an approach to enhance the experiences of healthcare professionals that enables nursing staff to innovate, that enhance work environment and maintain a corporate culture. Work engagement and efficiency could be an excellent indicator to evaluate the health of the organization as such interest to satisfaction, innovation, commitment, retention and productivity (**Abou Hashish, Abdel All and Mousa, 2018**).

Nursing shortages have been a universally growing concern; the most recognized cause for nursing shortage appears to be attrition from nurses leaving the profession. Nursing turnover affects registered nurses as well as new graduates, which makes it costly for both society and healthcare organizations (**Yang, Lv, Zhou, Liu, and Mi, 2017**). Intention to leave, a psychological disposition to leave an organization or a position, serves as an excellent predictor of turnover among nurses. Many factors have been correlated with intention to leave. Work related factors include high job demand, perceived autonomy at work, support from superior or peers, and job satisfaction. Personal characteristics and aspiration related factors, such as professional self-image, resilience and work-life interference, lack of recognition from their immediate supervisor, poor leadership style, unethical climate, poor staffing levels, and high nursing workloads, poor relationships with co – nurses and nurse managers, and the presence of workplace violence were also cited as strong predictors of turnover (**Labrague, Gloe, McEnroe, Konstantinos, and Colet, 2018**).

Turnover intention may be classified into six categories which is voluntary, and involuntary turnover intention, functional turnover, and dysfunctional turnover, lastly is avoidable turnover, and unavoidable turnover (**Asela, Nasrudin, Hasifrafidee, Hasbollah, Darweanna, and Simpong, 2017**). Intention to leave is one of areas that are so popular researched in organizational analysis and have expensive cost to recover it in terms of induction and training, developing, maintaining and retaining (**Özbağ, Ceyhun, and Çekmecelioğlu, 2014**). Intention to leave is the probability that measures an employee leave an organization. It is an overall attitude of

different employees that result from their ideas of turnover seeking for other jobs. It is considered as a crucial determinant of the individual's intention to leave the current employer. The intention to leave may have been caused by the individuals' negative opinions and attitudes toward their job and workplace (Alzayed and Murshid, 2017). The occurrence of WPV can influence nurses' job performance and nursing care. Its influence on both the personal and professional aspects of nurses can increase nurses' intention to leave the hospital by increasing levels of stress and burnout (Han, Han, Lin, Barnard, Hsiao, Goopy, and Chen, 2017; Hassankhani, Parizad, Gacki-Smit, Rahmani, and Mohammadi, 2017; Li, Chao, and Shih, 2017). A high nurse turnover rate can frustrate the remaining nurses as well as increase their workload, which can further accelerate staff turnover. Overall conclusions reached by many prior studies are that nurses are significantly more likely to experience WPV and the negative effects of such violence can strengthen these nurses' decision to leave their workplaces (Li, Chao, and Shih, 2017).

Significance of the Study:

Violence against nurses has increased on a global scale (England, Dowling, & Casey, 2014). In 2013, the Bureau of Labor Statistics (BLS) in the USA revealed that assaults at work occurred on average between 23,540 and 25,630 times per year, with more than 70% of these occurring in environments related to health care and social services (Tiruneh et al., 2016). Khalil (2015) reported that among doctors, nurses, and technicians in Egypt, the prevalence of exposure to external violence was 80.3 percent, 85.8 percent, and 45 percent, respectively. In Beni-Suef, Egypt, studies on prevalence of workplace violence (WPV) showed that 92.8% of nurses exposed to violence at least for once during their working career, of which 73.8% faced violence more than 10 times. Additionally, throughout the last years, 86.6% of staff exposed to external "patient-originated" violence, 57.6% of them surpassed 10 times, whereas during the same time, exposure to internal violence "staff-originated violence" was reported by 42.2% of nurses with about 24.1% of them reported exposure to more than 10 violence incidents (Ewis & Arafa, 2014).

The longevity of any organization depends critically on the preservation of a positive work environment and culture that foster involvement. A positive workplace culture undoubtedly contributes to the organization's everyday operations as well as its policies, goals, nursing staff performance, and their willingness and ability to innovate within the organization. Furthermore, one of the most crucial motivating factors for organizational performance is thought to be work engagement (Elewa, & Banan, 2019).

It is acknowledged that there is a nursing shortage in the world (Elewa, 2021; Both-Nwabuwe, Dijkstra, Klink, & Beersma, 2018). This problem is made worse by current trends in health care and demographics, such as the ageing of the population and the rise in chronic illnesses and their associated rise in healthcare needs (Auerbach & Staiger, 2017). By 2030, the World Health Organization (WHO) predicts a 7.6 million nurse and midwife deficit (WHO, 2016). Turnover has significant negative effects on the organization's productivity, quality of healthcare services, and the expensive costs of hiring, training, and replacing new staff (Bolima, 2015). Therefore, this study was very significant as it investigated the relation between work place violence, work engagement and staff nurses' intention to leave nursing profession.

Aim of the Study

The current study aimed to investigate the relationship **between** workplace violence, work engagement and staff nurses' intention to leave nursing profession.

Research Questions

- Q1:** What are the types of workplace violence staff nurses are exposed to?
- Q2:** What is the level of staff nurses' work engagement?
- Q3:** What is the level of staff nurses' intention to leave their profession?
- Q4:** Are there a relationship among workplace violence, work engagement and staff nurses' intention to leave nursing profession?

Methods

Research Design

A descriptive correlational research design was utilized for conducting the current study. A descriptive correlational study describes the variables and the relationships that occur naturally between and among them. Predictive Correlational Studies and Designs predict the variance of one or more variables based on the variance of another variable or variances.

Setting

The study was conducted at Beni-Suef University Hospital. It is a free service hospital for all departments with a wide range of ambulatory care services such as outpatient clinics, pharmacy, emergency, X-ray, physiotherapy and paramedical services. It consists of (36) units, with different specialties as Medicine (General, Rheumatoid, and Neurology), Surgery (General, Neuro-Spine, Cardio-Thoracic, Plastic, Orthopedic, Nephrology, Ophthalmology, Andrology, Obstetrics and Gynecology), Cardiology, Oncology, Critical Care, Tropical and Chest. With 489 bed capacity.

Subjects

A purposive sample of (135) staff nurses who agreed to participate in the study at the time of data collection. Study sample included staff nurses from all hospital departments who had at least two years of experience in the study setting. Sample size was calculated based on **Thompson (2012)** equation; using the following parameters: population size (206), probability (50%), Z at 95% confidence level (1.96) and error proportion d (0.05).

Data Collection Tools

The current study was achieved using three tools, first tool is a Types of workplace violence questionnaire which was adopted from (**AboAli, Ahmed and Elmallah, 2019**) **that consisted of two parts;**

First part: was staff nurses' personal characteristics such as age, gender, marital status, qualification, years of experience and work department.

Second part: 'which was adopted from (**Abo Ali, Ahmed and Elmallah, 2019**). It is consisted of three domains (28 items); the first domain was verbal and psychological violence (14 items); the second domain was physical violence (9 items); and the third domain was sexual violence (5 items).

Scoring System

Responses were measured using three points Likert scale as follows; 3= usually, 2= sometimes and 1= never. Verbal and psychological violence was scored as, mild is less than 14), moderate is from 14 to 25 and severe is more than 25. Physical violence was scored as mild is less than 9, moderate is from 9 to 16 and severe is more than 16. Sexual violence was scored as mild is less than 5, moderate is from 5 to 9 and severe is more than 9.

Second Tool:

Utrecht Work Engagement Scale (UWES). It was adopted from (**Abd-Elbary, El-shaher and El-said, 2020**) It consisted of three domains (17 items) named dedication (5 items), vigor (6 items) and absorption (6 items).

Scoring System

Responses were measured with five-point Likert scale ranging from 0 (never) to 5 (always). Scoring system was high, which is more than 45, moderate ranged from 24 to 45 and low work engagement which is less than 24.

Third Tool

Staff Nurses' Intention to Leave Nursing Profession Questionnaire. It was adopted from (**Ahmed, Abed-Elwahab and Elguindy, 2017**) It consisted of 6 items divided into two sections: the first section was an intention to leave the hospital, and the second section was the intention to leave the nursing profession, each section is composed of 3 items.

Scoring System

The responses were scored on a three-point Likert scale (yes = 2, uncertain = 1 and no= 0). Overall scores were divided into categories according cut points that indicate the level of staff nurses' intention to leave as follows: Low intention to leave level scores <

33%, moderate intention to leave level scores 33% < 66%, and high intention to leave level scores 66% –100%.

Pilot Study

A pilot study was conducted on 10% of staff nurses in the Beni- Suef Hospital to assess the clarity, objectivity, applicability, and adequacy, determine possible problems in the instrument and to determine time consumed in answering the tools. Staff nurses selected for pilot study were excluded from the study because some modifications were done based on the result of piloting.

Validity and Reliability

Validity of the data collection tools were tested by three experts from nursing administration department for their content, clarity, applicability, and adequacy of the tools. Then, reliability of the tools was tested again in the current study using Cronbach's alpha coefficient which was (0.763) for 'Types of workplace violence questionnaire' and (0.832) for 'Utrecht Work Engagement Scale (UWES) and (0.853) for staff nurses' intention to leave nursing profession questionnaire' which are good score for reliability.

Ethical Consideration

After official permissions were obtained from hospital's director and nursing director of the previous selected hospital to conduct the study at the selected units. They were assured that the data is confidential and used only for research purposes. The researchers ensured that the correct procedures were undertaken concerning informed consent, autonomy, anonymity and maintenance of the subject's confidentiality. Data were strictly protected and was only used for academic research purpose.

Field work

Prior data collection an official permission was obtained from hospital general director and from the nurse managers of the selected units at Beni-Suef University Hospital to facilitate data collection. Aim of the present study was explained to the study sample. Data collection occurred on January 2021–February 2021. All staff nurses were invited to participate in the study. The purpose and nature of the

study were explained to the participants and an oral informed consent was obtained. The investigators informed the participants that participation is entirely voluntary and they can withdrawal any time. Anonymity of the information was assured. Questionnaires were distributed to the participants during their duty hours with explanation of the study title, after full explanation to the workplace violence, work engagement and intention to leave the nursing profession were assessed by staff nurses who completed the questionnaires while the investigators were waiting them ready for any inquiries. Finally, the questionnaires without logical errors and incompleteness were analyzed. Time consumed was 25 minutes.

Statistical Analysis

Collected data were analyzed using statistical package for social sciences (SPSS 22.0) for descriptive statistics in the form of frequencies and percentages for categorical variables. Means and standard deviations were used for continuous variables. Pearson correlation coefficient was used for measuring the correlation between numerical variables. Chi square test was used for measuring associations between categorical variables.

Results

Table 1 summarized the personal characteristics of the study's subjects. Regarding their ages, about half of staff nurses (47%) were aged more than or equal thirty-five years with Mean \pm SD (36.74 \pm 7.15). As for their gender, nearly three quarters (73.4%) were female. The majority of staff nurses (78.4%) were married. Concerning their qualifications, about two thirds of staff nurses (62.2) hold diploma in nursing. For their work experiences, nearly two thirds of staff nurses (60.8%) had experiences over than ten years. About half of staff nurses (47.4%) worked in inpatients units.

Table 2 illustrated the total mean score of staff nurses regarding their workplace violence, work engagement and intention to leave. Regarding work place violence, the overall mean score of workplace violence was (60.15 \pm 14.97) indicating that staff nurses had exposed to high levels of violence. For the types of violence, the mean score of verbal/psychological violence was (29.56 \pm 5.36)

indicating high level of verbal/psychological violence. The mean score of physical violence was (23.15±6.78) indicating high level of physical violence. The mean score of sexual violence was (7.34±2.91) indicating moderate level of sexual violence. Regarding work engagement, the overall mean score was (24.77±5.89) indicating that staff nurses had lower levels of work engagement. For the sub-dimensions of work engagement, the highest mean score was for dedication (9.23± 3.61) and the lowest mean score was for vigor (6.87± 2.54). Concerning staff nurses' intention to leave, the overall mean score was (9.29±3.17) indicating higher intention to leave. The mean scores of intentions to leave the hospital and the profession was (4.53± 1.61, 4.76± 1.55) respectively indicating higher intention to leave both the hospital and the profession.

Table 3 revealed the levels of workplace violence, work engagement and intention to leave. Concerning intention to leave nearly two thirds of staff nurses had high level of intentions to leave. For workplace violence, more than half of staff nurses exposed to high level of violence. For work engagement, more than half of staff nurses had low level of work engagement.

Table 4 showed the correlation matrix between workplace violence, work engagement and intention to leave. There was statistically significant negative correlation between workplace violence and work engagement while there was statistically significant positive correlation between workplace violence and intention to leave. Also, there was statistically significant negative correlation between work engagement and intention to leave.

Table (1): Frequency Distribution of Staff Nurses Regarding Their Personal Characteristics (n=135)

Demographic characteristics (items)	N	%
Age	20<25	17
	25<30	6
	30<35	20
	≥ 35	47
	Mean ±SD	36.74±7.15
Gender	Male	26.6
	Female	73.4
Marital Status	Not married	21.4
	Married	78.4
Qualification	Diploma in Nursing	62.2
	Health Technical Institute	17
	Bachelor Degree In Nursing	15.5
	Postgraduates Qualifications	5.3
Experience	Less Than 5 Years	14.8
	5<10 Years	24.4
	Over than 10 years	60.8
	Mean ±SD	12.14±3.54
Department	Emergency	8.1
	OR	13.3
	CCU	14.8
	Inpatient	47.4
	NICU	5.9
	Dialysis	10.5

OR: Operating Room, CCU: Cardiac Care Unit, NICU: Neonatal Intensive Care Unit

Table (2): Total Mean Scores of Staff Nurses Regarding Their Workplace Violence, Work Engagement, and Intention to Leave (n=135)

Items		Max	Mean \pm SD	Mean Percent
Workplace Violence	Verbal/Psychological	42	29.56 \pm 5.36	70.38
	Physical	27	23.15 \pm 6.78	85.74
	Sexual	15	7.34 \pm 2.91	48.9
	Total	84	60.15 \pm 14.97	71.60
Work Engagement	Vigor	20	6.87 \pm 2.54	34.35
	Dedication	24	9.23 \pm 3.61	38.45
	Absorption	24	8.67 \pm 3.76	36.12
	Total	68	24.77 \pm 5.89	36.42
Intention To Leave	Intention To Leave (Hospital)	6	4.53 \pm 1.61	75.5
	Intention To Leave (Profession)	6	4.76 \pm 1.55	79.33
	Total	12	9.29 \pm 3.17	77.41

Table (3): comparison between the levels of workplace violence, work engagement and intention to leave (n=135)

level	ITL		WPV		WE		X ² 1	p	X ² 2	p	X ² 3	p
	No	%	No	%	No	%						
High	87	64.4	69	51.1	24	17.7						
Moderate	29	21.5	41	30.3	35	25.9						
Low	19	14.1	25	18.6	76	56.4	29.1	0.000**	26.3	0.012**	37.6	0.000**

ITL: Intention to Leave, WPV: Workplace Violence, WE: Work Engagement, X² 1: between ITL and WPV, X² 2: between ITL and WE, X² 3: between WPV and WE.

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Table (4): Correlation Matrix between Workplace Violence, Work Engagement, and Intention to Leave (n=135)

ITEMS		Engagement	Intention To Leave
Workplace Violence	r	-0.54**	0.49
	p-value	0.001	0.003*
Engagement	r		-0.51*
	p-value		0.004

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Discussion

Workplace violence has become a global problem crossing geographical borders, work settings, and occupational groups. While workplace violence affects practically all sectors and all categories of workers, the health sector is at a high risk. Violence in this sector may constitute almost a quarter of all violence at work all over the world (Hasan, Hassan, Bulbul, Joarder, and Chisti, 2018). Workplace violence has been associated with low job satisfaction and higher levels of

turnover intentions of nurses and home healthcare assistants (Heponiemi, Kouvonen, Virtanen, Vänskä, and Elovainio, 2014). As turnover intention is the antecedent of the turnover of the employees (Kaur and Pankaj, 2013). Increasing the rate of employee turnover reduces organizational efficiency and productivity (Anwar and Shukur, 2015). But work engagement is a multidimensional construct which described through the level of energy, enthusiasm and commitment that nursing staff invests in their work (Wan, Li, Zhou, and Shang, 2018).

Concerning the workplace violence, the finding of the current study showed that staff nurses had exposed to high levels of verbal/psychological and physical violence and moderate levels of sexual violence. Similar finding was reported by **Li, Chen, Lee and Shih (2020)** who reported that near to two third of nurses experienced workplace violence. In the same vein, **Sisawo, Ouédraogo, and Huang, (2017)** reported that sizable about two third of respondents reported exposure to violence in the 12 months prior to the survey; exposure to verbal abuse, physical violence, and sexual harassment was 59.8%, 17.2%, and 10% respectively. **Njaka, Edeogu, Oko, Goni, and Nkadi (2020)** in their systematic review on workplace violence against healthcare workers in Africa reported that across the studies, diverse but high prevalence of WPV ranging from 9% to 100% was reported with the highest level in South Africa which was ranged from 54% to 100% and in Egypt was ranged from 59.7% to 86.1%. The common types were physical, verbal, sexual harassment and psychological violence.

According to **Abbas Fiala, Abdel Rahman, and Fahim (2010)** reported that more than quarter of nurses reported abuse of any kind, more than two third verbal abuse; and only (9.3%) physical abuse. **Samir, Mohamed, Moustafa, and Abou Saif (2012)** reported that the more than two third of nurses had been exposed to workplace violence, and patients' relatives were the greatest source of violence more than one third of nurses and psychological violence was the most common form more than three quarters. **Abo Ali, Saied, Elsabagh, and Zayed (2015)** reported that 70.2% of the studied nurses were ever exposed to sexual harassment at the workplace, about half of the harassed nurses were working in both day and night shifts. While **Maghraby, Elgibaly, and El-Gazzar, (2020)**, reported that more than half of the nurses (58.1%) were exposed to at least one form of sexual harassment. The most recent incident of sexual harassment was verbal for more than half of cases, followed by non-verbal (mainly sexual gestures) and lastly physical. Two-thirds of the nurses exposed to sexual harassment reported that they were negatively affected by the incident.

In Beni Suef, Egypt, studies on prevalence of workplace violence (WPV) showed that the most of nurses exposed to violence at least for once during their working career, the majority of nurses faced violence more than 10 times. Additionally, throughout the last year, the majority of staff nurses exposed to external "patient-originated" violence, more than half of them surpassed 10 times, whereas during the same time, exposure to internal violence "staff-originated violence" was reported by about half of nurses reported exposure to more than 10 violence incidents (**Ewis and Arafa, 2014**).

In relation to work engagement the current study revealed that the overall mean score was low indicated that staff nurses had low levels of work engagement. More than half of staff nurses had low level of work engagement. Inconsistently, **Abd-Elbary, El-shaher, and El-said, (2020)**, revealed that more than two third of nursing staff have high level of work engagement and explained that staff nurses feel more comfortable in dealing with their colleagues and physicians that promote feeling of autonomy in work. The supportable atmosphere at the hospital helps staff nurses to learn new skills and motivate them to perform at the highest level .

Consistently with current study result, **Vera, Martí'nez, Lorente, and Chambe, (2015)** found that Portuguese nurses had high work engagement about job autonomy and work engagement due to strong supervisor support, social support, and job autonomy. Also, **Radwan, (2019)** found that most of head nurses had high level of work engagement. Additionally, **del Carmen Giménez-Espert, Prado-Gascó, and Soto-Rubio (2020)** reported in their study that nurses' work engagement was medium. Besides that, **Cao, Huang, Wang, Li, Dong, Lu, and Shang, (2020)** and **Allande-Cussó, García-Iglesias, Ruiz-Frutos, Domínguez-Salas, Rodríguez-Domínguez, and Gómez-Salgado, (2020)** in their cross-sectional studies found that nurses had high work engagement.

Regarding staff nurses' intention to leave, the current study found that the majority

of staff nurses had high level of intention to leave the profession. This could be attributed to the poor and unfavorable work environment. In the same line, **Ahmed, Abd-Elwahab and Elguindy (2017)** reported that staff nurse had high level of intention to leave both the hospital and the profession. Similar finding also was reported by **Li and Wan (2019)**. **Rivaz, Tavakolinia, and Momennasab (2020)** who reported high level of intention to leave among the intensive care units' nurses. Also, **Slater, Roos, Eskola, McCormack, Hahtela, Kurjenluoma, and Suominen, (2020)** reported that younger nurses in Finland reported high levels of intention to leave. **Sasso Bagnasco, Aleo, and Watson (2019)** reported that most staff nurses had high to moderate level of intention to leave the profession. Similarly, **Chegini, Asghari Jafarabadi, and Kakemam, (2019)** reported that staff nurses had high level of intention to leave.

Regarding the relationship among workplace violence, work engagement and intention to leave, there was statistically significant negative correlation between workplace violence and work engagement while there was statistically significant positive correlation between workplace violence and intention to leave. Also, there was statistically significant negative correlation between work engagement and intention to leave. Consistently **Abo Ali, Ahmed, and Elmallah, (2019)** revealed that there was highly significant statistical positive correlation between exposure to WPV and intention to turnover. In the same context, **Chang, Lee, and Wang, (2018)** revealed that workplace violence significantly influences turnover intention and increases the perception of work frustration. Also, **Zhao, Shi, Sun, Xie, Wang, Zhang, and Fan, (2018)** stated that there was a significant positive correlation between workplace violence and intention to leave.

According to **Aytac, Dursun, and Akalp, (2016)** found that job turnover intentions of those employees who exposed to some form of violence was found to be statistically significantly higher than of those who not exposed to any type of violence. **Sheehan, Tham, Holland, and Cooper, (2019)** found that there was a significant negative

correlation between engagement and intention to leave. **Hosseinpour-Dalenjan, Atashzadeh-Shoorideh, Hosseini, and Mohtashami, (2017)** found significant negative correlation between work engagement and workplace incivility in nurses.

Conclusion:

The current study concluded that the workplace violence was verbal/psychological and physical. The staff nurses had low levels of work engagement. The majority of staff nurses had high level of intention to leave the profession. There was statistically significant negative correlation between workplace violence and work engagement, while there was statistically significant positive correlation between workplace violence and intention to leave. Additionally, there was statistically significant negative correlation between work engagement and intention to leave.

Recommendations:

In the light of the findings of the current study, the following recommendations are suggested:

For Nurse Researchers:

- Replicate the study in wide scale to generalize the results

For Policy Makers and Nurse Administrators:

- Developing reporting systems for workplace violence incidents.
- Installing effective policies and an incentivized reporting system to foster a safe and healthy work environment for nurses.
- Raising the staff nurse's awareness regarding facing the workplace violence
- Involvement of staff nurses in organizational affairs to enhance their work engagement.

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