The Relationship between Workplace violence and Missed Nursing Care among Staff Nurses

Aya Gamal Elsayed Ali[1], Waffaa El Sayed Hassan Helal [2], Hossam Ali Ismail[3]

[1](B.Sc. of Nursing, Faculty of Nursing, Zagazig University, Egypt)

[2](Assistant Professor of Nursing Administration, Faculty of Nursing, Helwan University Egypt)

[3](Lecturer of Nursing Administration, Faculty of Nursing, Helwan University, Egypt)

Abstract:

Background: Workplace violence is described as any act or threat of violence against people at the workplace, these negative acts had negative influence on patient care provided by nurses. Missed nursing care is defined as care that is delayed, partially completed, or not completed at all. **Aim of the study:** The study aimed to explore the relationship between workplace violence and missed nursing care among staff nurses. **Design:** Descriptive Correlative research design was utilized in this study. **Setting:** The Study was conducted at Minya Al-Qmah Central Hospital is governmental hospital which lies in Minya Al-Qamh, Sharkia governorate, Egypt. **Subjects**: A convenience sample of (157) of staff nurses was included. **Tools:** Two tools were utilized for data collection first tool: which included two parts, part(1) Personal characteristics data sheet, part (2) Workplace Violence Acts Questionnaire, second tool: Missed Nursing Care Questionnaire. **Results:** more than two fifth (43.3%) of staff nurses perceived a severe level of total workplace violence, Also, nearly two fifth (39.5%) of staff nurses had a high level of missed nursing care. **Conclusion:** There was a positive strong highly statistically significant correlation between total workplace and missed nursing care among the staff nurses. **Recommendations:** Staff nurses should be informed to report violent acts; design a risk assessment sheet to identify potential workplace violent acts; continue education about training programs for all staff nurses, especially new nurses, to deal with violence acts; and essential nursing care activities shouldn't be missed. Replicate the same study on a large group of staff nurses in private hospitals and compare these hospitals with governmental hospitals. Explore the relationship between missed nursing care factors and the management of workplace violence.

Keywords: Workplace Violence, Missed Nursing Care, Staff Nurses.

Introduction

Violence at workplace toward health care professionals is gaining a   momentum on the global level. The World Health Organization (WHO) defines workplace violence as incidents where nursing staff are abused, threatened or assaulted in circumstances related to their work involving an explicit or implicit challenge to their safety, well-being or health and can be physical, verbal, or psychological **(Saadawi, 2022).**

There are many reasons for missing nursing care, such as labor resources (e.g. number and types of nursing staff, level of nursing staff competency, staff qualifications and experience; material resources (e.g. availability of required medications, supplies and equipment); and resources for coordination and communication (among members of the patient care team, between staff nurses and physicians). Staff nurses must prioritize their care activities when one or more of these services are absent from an agency or during a working period, and the stage is set for delayed or omitted nursing care **(Ibrahim, 2021& Heng, 2023)**

Health care professionals are usually exposed to violence from patients, family members, peers and employers. Workplace violence in the health care sector may lead to poor quality of care, turnover and absenteeism of healthcare professionals, reducing health services available to the general public, unhealthy work environment, improper societal behaviors, increasing health costs, and deterioration of staff health which all lead to decrease their job satisfaction, increased psychological stress and burnout, high turnover intentions and reduced quality of health service offered. So that this study will be conducted to explore the relationship between workplace violence and missed nursing care among staff nurses **(Ibrahim, 2021& Pang, 2023)**

Significance of the study

Workplace violence in the healthcare sector leads to decrease job satisfaction, poor quality of care, turnover and missed nursing care. Nationally, the study conducted by **Ibrahim, (2021)** about, Exploring the Relationships between Job Burnout, Job Satisfaction, and Missed Nursing Care Among Staff Nurses, found that the majority of the studied staff nurses (83.9%) reported a low level of missed nursing care

Internationally A cross- sectional survey by **Heddar et al., (2022)** entitled "An exploratory study on the prevalence of workplace violence: the case of Algerian hospitals" found that (50%) half of the respondents were victims of violence. More specifically, 90.1% of them were verbally abused. Compared to physical violence, Also about two third (65.7%) of the participants reported that their employers had provided them with security measures.

Another survey of 33 London Hospital Trusts by **Ford (2020)** about "Longitudinal impacts of an online safety and health intervention for women experiencing intimate partner violence" found that 41% of nurses and healthcare assistants reported experiencing violence, bullying, harassment, and abuse.

Healthcare managers seek to maintain quality of patient care through avoid missed nursing care by identifying factors that contributes to missing nursing care **(Biresaw, 2023).** So it's important to explore relationship between workplace violence and missed nursing care among staff nurses.

Aim of the Study

Aim of the study: The aim of this study was to explore the relationship between workplace violence and missed nursing care among staff nurses through the following objectives:-

1- Assess workplace violence among staff nurses at Minya Al-Qmah Central Hospital

2- Determine missed nursing care among staff nurses at Minya Al-Qmah Central Hospital.

3- Find out the relationship between workplace violence and missed nursing care among staff nurses at Minya Al-Qmah Central Hospital.

Research Question:

The research question of this study was:

Is there a relationship between workplace violence and missed nursing care among staff nurses?

Material and Methods

Study Design: Descriptive correlation research design was utilized to conduct this study.

Research setting:

This study was conducted at Minya Al-Qmah Central hospital, which lies in minya Al-Qamh, Sharkia governorate, Egypt, with a bed capacity (185 beds) and include different department as(In-patient, ICU, Dialysis, ER, OR, Out-patient, and Cath-Lab).

Study subject: The subject of the present study included all available staff nurses (n= 157) who were working at the above-mentioned setting at the time of data collection from the beginning of April 2023 to the end of May 2023.

Tools of data collection: Two tools were used for data collection of this study.

First Tool : Workplace Violence Acts Questionnaire:

This tool was develped by the investigator based on the workplace violence survey of the International Labor Office **[ILO]**, International Council of Nurses **[ICN]**, World Health Organization **[WHO]**, Public Services International **[PSI](2003)** and (**Saadawi, 2021**) to assess workplace violence types and acts experienced by staff nurses. It included two parts:

Part I. Personal characteristics data:

This part was designed to collect personal characteristics data of staff nurses participants it included (gender,

age, social status, monthly income, experiences with the current supervisor, experience with the hospital, time work and daily working hours).

Part II. Workplace Violence acts questionnaire

This part was used to identify types, acts of violence experienced by staff nurses in the workplace, perpetrators of violence, and the rate of experiencing each type of violence. Which consisted of (31items)divided into three dimensions(verbal & psychological=12item), (physical =12item) and (sexual =7item)

Scoring system

The workplace violence types and acts scale collected by using 3-point Likert Scale. In which three grades were given for usually; two grades were given for sometimes response and one grade given for response of never. Subject responses were calculated in the scoring system classified and converted into percentage to assess the level of workplace violence as the following:- **Mild workplace violence:** if the total score was less than 60%, it means less than 55.8 $\sim$ 56 points, Moderate **workplace violence:** if the total score was equal or more 60% to less than 75%, it means less than $\geq 56 < 70$, and Severe **workplace violence:** if the total score was equal or more 75%, it means equal or more than 69.75 $\sim$70.

Second Tool: Missed Nursing Care Questionnaire

This tool was adopted by investigator after reviewing related literature based on **(Ali, 2021),** it included types of missed nursing care questionnaire which include seven dimensions and (48 items) as following:- (Patient assessment=5item, monitoring patient medical device and equipment safety=5item, nursing intervention=19item, medication administration=2item, nursing documentation=9item, patient education=4item, and patient rights and privacy=4item) and factors of missed nursing care questionnaire which include 5 dimension and (32items) as following :-(hospital factors =8item, nursing staff factors=10item, patient factors=4item, medical staff factors=4item, and non-nursing activities =6item.

Scoring system

This tool consisted of (80 items)with a total grade (240). Types of missed nursing care scale collected by 3-point Likert Scale as the following: one grade was given for usually; two grades were given for sometimes response and three grades were given for response of never. In addition factors of missed nursing care, scale were collected by using 5-point Likert Scale as the following (1-stongly disagree, 2-disagree, 3nuetral, 4-agree and 5-strongly disagree) Weighting of the answers of the 32 factors of missed nursing care scale was performed (1) for disagree (summation of strongly disagree and disagree) till (3) for the agree (summation of strongly agree and agree) and the total score were statistically calculated by summing scores of all categories. Subject responses were calculated in the scoring system, classified and converted into percentage which: -**Low missed nursing care:** if the total score was less than 60%, it means less than 144 points, **Moderate missed**

nursing care: if the total score was equal or more 60% to less than 75%, it means less than $\geq 144 < 180$, and

High missed nursing care: if the total score was equal or more 75%, it means equal or more than 180.

Pilot Study:

A pilot study was conducted at May 2023 on about 10% of total sample(n= (10% = 15.7 ~ 16) of staff nurses to examine the Sequence of items feasibility, practicability and applicability of the tools, clarity of the language and for estimating the time needed for filling the form. The time required to fill workplace violence acts Questionnaire range from 5-7minutes, types of missed nursing care15-20 minutes and reasons of missed nursing care 8-10minutes. The total time for tool was (28-37).There was no change occurred of the pilot study so this sample was included in the study also pilot study served to assess reliability of data.

Field work

The actual field work started at the beginning of **(April, 2023)** after securing all official permission. It was completed by the end of **(May, 2023).** The researcher met the hospital manager of Minya Al-Qmah Central hospital and nursing manager to explain the aim of the study to gain official written consent, then the researcher collected the data through meeting the nurses, obtained a verbal consent to participate in the study and informed them that their information will be treated confidential and used only for the purpose of the research.

The researcher met Participants two days per week from 9am to 2pm. The appropriate time of data collection was according to type of work and work loud of each department, the average number of nurses respectively filled the sheet were about 10 sheets per day. The time required to fill workplace violence acts Questionnaire range from 5-7minutes, types of missed nursing care15-20 minutes and reasons of missed nursing care 8-10minutes. The total time for tool was (28-37). The filled forms were revised and check their completeness to avoid any missing data.

Ethical Considerations:

An official permission to conduct the proposed study was obtained from the Scientific Research Ethics Committee. Participation in the study is voluntary and subjects were given complete full information about the study and their role before signing the informed consent. The ethical considerations was include explaining the purpose and nature of the study, stating the possibility to withdraw at any time, confidentiality of the information where it will not be accessed by any other party without taking permission of the participants. Ethics, values, culture and beliefs will be respected.

Statistical analysis:

Data entry and analysis were performed using SPSS statistical package version 25. Categorical variables were expressed as number and percentage while continuous variables were expressed as (mean ±SD). Chi-Square

(x2) was used to test the association between row and column variable of qualitative data. F test, Minimum and Maximum value was used to compare mean in normally distributed quantitative variables for more than two groups.

Weighting of the answers of the 32 factors of missed nursing care scale was performed (1) for disagree (summation of strongly disagree and disagree) till (3)for the agree(summation of strongly agree and agree) and total factors of missed nursing care scale assumed by mean and standard deviation.

Pearson correlation was done to measure correlation between quantitative variables. To find the effect of independent factors on dependent factors, we used the linear regression analysis. For all tests, a two-tailed p-value ≤ 0.05 was considered statistically significant, P-value ≤ 0.01 was considered highly statistically significant. While p-value> 0.05 was considered not significant.

Results

Table (1): describes personal characteristics among the staff nurses. More than two-fifths (42%) of their age ranged from 23 to less than 30 with a total Mean $\pm$ SD = 33.57 $\pm$ 7.68. As regarding to marital status and monthly income, more than two-third (68.8%) of them were married and about two third (64.3%) had insufficient monthly income. Regarding years of experience, more than one-third (33.8%) had more than five years of experience in working with the current supervisor with total Mean $\pm$ SD = 3.80 $\pm$ 2.14, and more than three fifth (59.9%) of them had more than five years of experience in working in the hospital with total Mean $\pm$ SD 8.97 $\pm$ 5.62 respectively. Finally, concerning time work and daily working hours, more than three-quarters (80.9%) working full time, and more than two third (70.1%) of them were working from 8 to 12 hours with total Mean $\pm$ SD =11.51 $\pm$ 3.21 respectively

Table (1): Frequency Distribution of personal characteristics among the staff nurses working at Minya Al-Qmah Centralhospital (n= 157)

Items		No.	%
Age (year)	23 < 30	66	**42.0**
	30-< 40	63	40.1
	40-< 50	21	13.4
	>-50	7	4.5
	Mean ± SD	**33.57 ± 7.68**	
Marital status	Single	28	17.8
	Married	108	**68.8**
	Widow	11	7.0
	Divorced	10	6.4
Monthly income	Insufficient	101	**64.3**
	Sufficient	56	35.7
Experience with the	<one year	23	14.6

current supervisor	1- < 3 years	46	29.3
	3- < 5years	35	22.3
	>-5 years	53	**33.8**
	Mean ± SD	**3.80 ± 2.14**	
Experience with the hospital	<one year	11	7.0
	1- < 3 years	32	20.4
	3- < 5years	20	12.7
	>-5 years	94	**59.9**
	Mean ± SD	**8.97 ± 5.62**	
Time work	Full time	127	**80.9**
	Part time	27	17.2
	Casual	3	1.9
Daily working hours	<8 hours	40	25.5
	From 8 to 12 hours	110	**70.1**
	>12 hours	7	4.5
	Mean ± SD	**11.51 ± 3.21**	
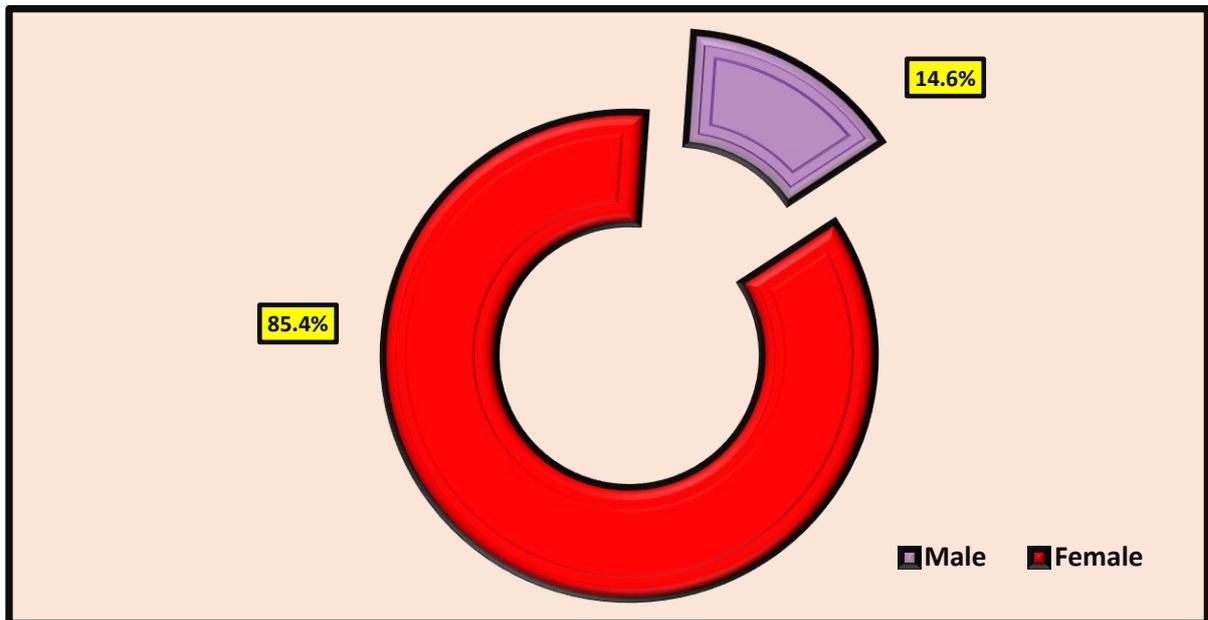
Figure (1): Percentage distribution of gender among the staff nurses working at Minya Al-Qmah Centralhospital (n= 157)

The Figure (1) denotes that more than four-fifths **(85.4%)** of the staff nurses were female with a Male to Female ratio = 0.2:1.
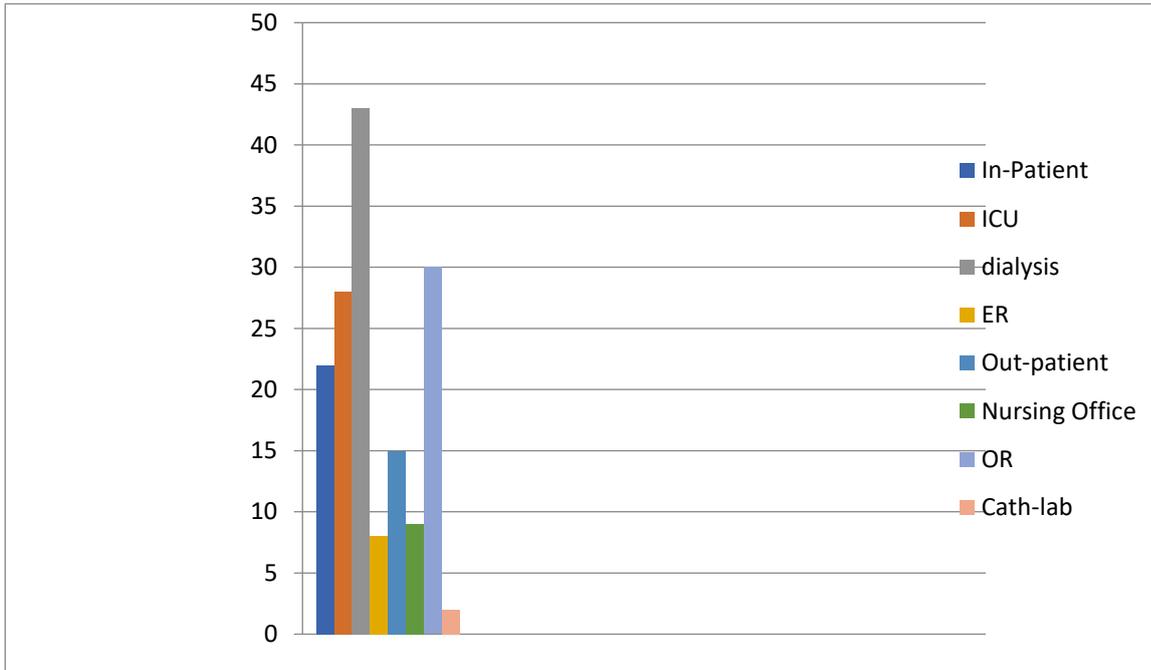
Figure (2) Frequency distribution of working department among the staff nurses working at Minya Al-Qmah Centralhospital (n= 157)

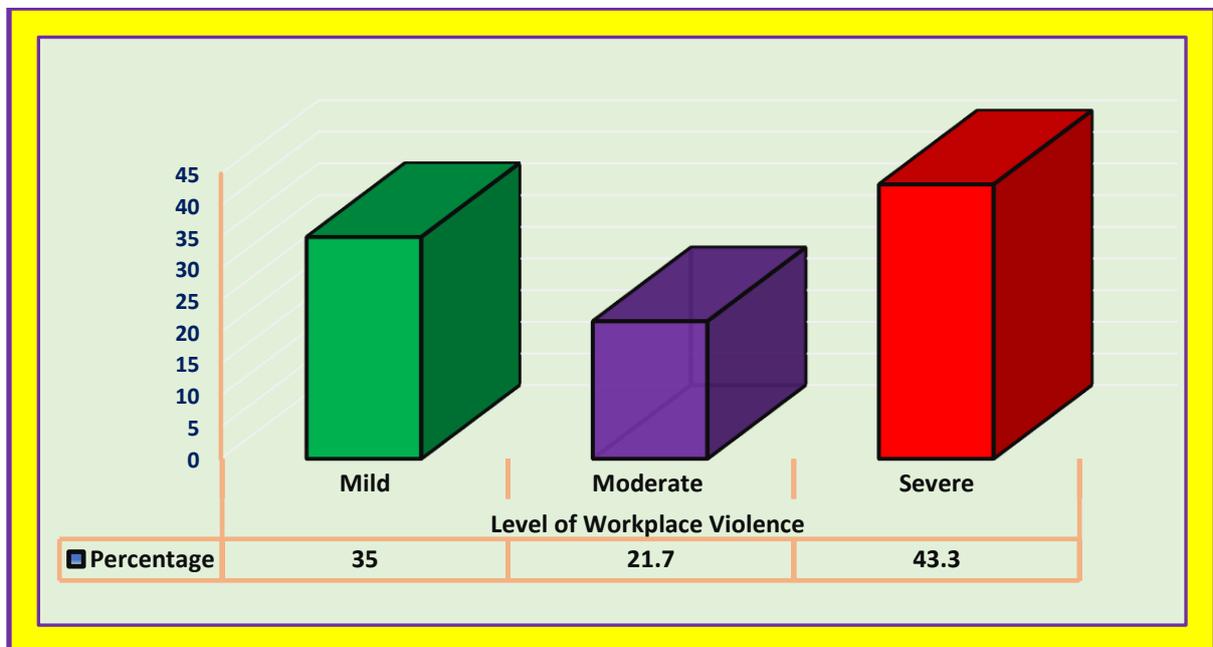The Figure (2) shows that staff nurse distributed in working department, the majority of staff nurses work at dialysis with the percentage of (27.4%), while the minority (1.3%) of them work at Cath-Lab.

	Mild	Moderate	Severe
Percentage	35	21.7	43.3

Level of Workplace Violence

Figure (3): Percentage distribution of level of total workplace violence among the stuff nurses at Minya Al-Qmah Centralhospital (n= 157)

Figure (3) shows that, more than two-fifths **(43.3%)** of the staff nurses perceived a severe level of total workplace violence, while about one fifth **(21.7%)** of them had a moderate level of workplace violence. In addition to, there was a highly statistically significant difference between staff nurse response (mild, moderate, and severe) at P value = 0.000.

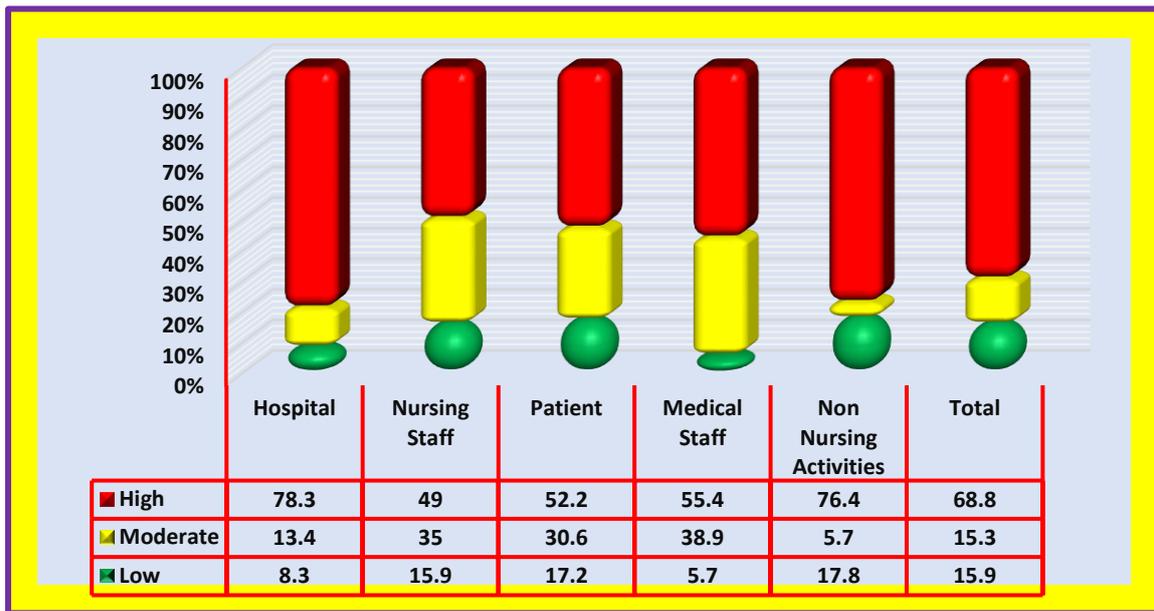|	Assessment	Equipement	Intervention	Medication	Documentation	Education	Right/Privacy	Total
High	53.5	3.2	10.2	8.3	24.2	43.9	48.4	19.7
Moderate	25.5	35.0	51.0	56.1	43.3	31.2	28.0	45.2
Low	21.0	61.8	38.9	35.7	32.5	24.8	23.6	35.0
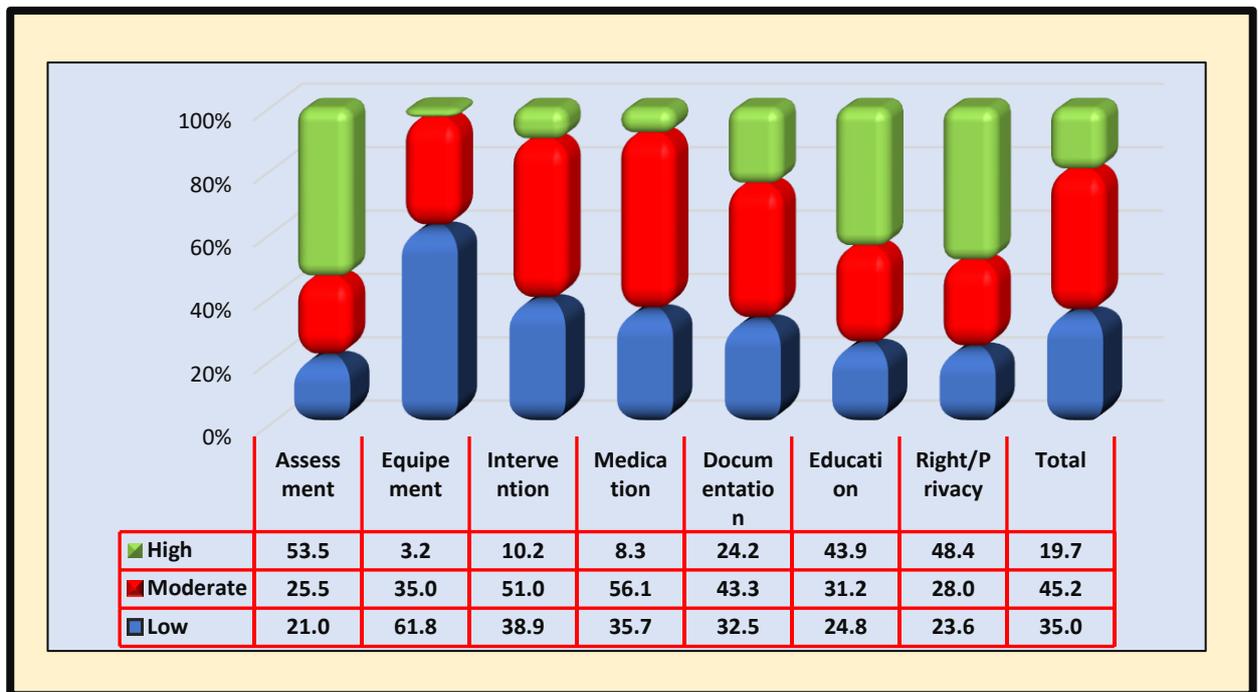
Figure (4): Frequency distribution of level of missed nursing care regarding to types among the stuff nurses at Minya Al-Qmah Centralhospital (n= 157)

Figure (4) illustrates that more than two-fourths (43.9% & 48.4%) and more than half (53.5%) of the staff nurses had a high level of missed nursing care (types) regarding patient's education, right and privacy and assessment respectively. Additionally, it illustrates that more than two-fourths (43.3%) and more than half (51% & 56.1%) of the staff nurses had a moderate level of missed nursing care (types) regarding documentation, nursing intervention and medication administration respectively. Moreover, it shows that more than two-thirds (61.8%) of the staff nurses had a low level of missed nursing care (types) regarding equipment safety. Finally, regarding the total level of missed nursing care regarding total types, more than two-fifths (45.2%) of the staff nurses had a moderate level of total missed nursing care.

	Hospital	Nursing Staff	Patient	Medical Staff	Non Nursing Activities	Total
High	78.3	49	52.2	55.4	76.4	68.8
Moderate	13.4	35	30.6	38.9	5.7	15.3
Low	8.3	15.9	17.2	5.7	17.8	15.9

Figure (5): Frequency distribution of level of missed nursing care regarding causing factors among the staff nurses at Minya Al-Qmah Centralhospital (n= 157)

Figure (5) illustrates that more than three quarters (78.3% & 76.4%) of the staff nurses had a high level of missed nursing care regarding hospital and non-nursing activity factors respectively. Additionally, more than half (55.4% & 52.2%) of the staff nurses had a high level of missed nursing care regarding medical staff and patient factors respectively. While more than two-fourths (49%) of them had a high level of missed nursing care regarding nursing staff factor. Finally, regarding total level of missed nursing care regarding hospital system and polices factors, more than two-thirds (68.8%) of the staff nurses had a high level of missed nursing care regarding hospital system and polices factors.

	Low	Moderate	High
Level of Missed Nursing Care			
Percentage	27.4	33.1	39.5
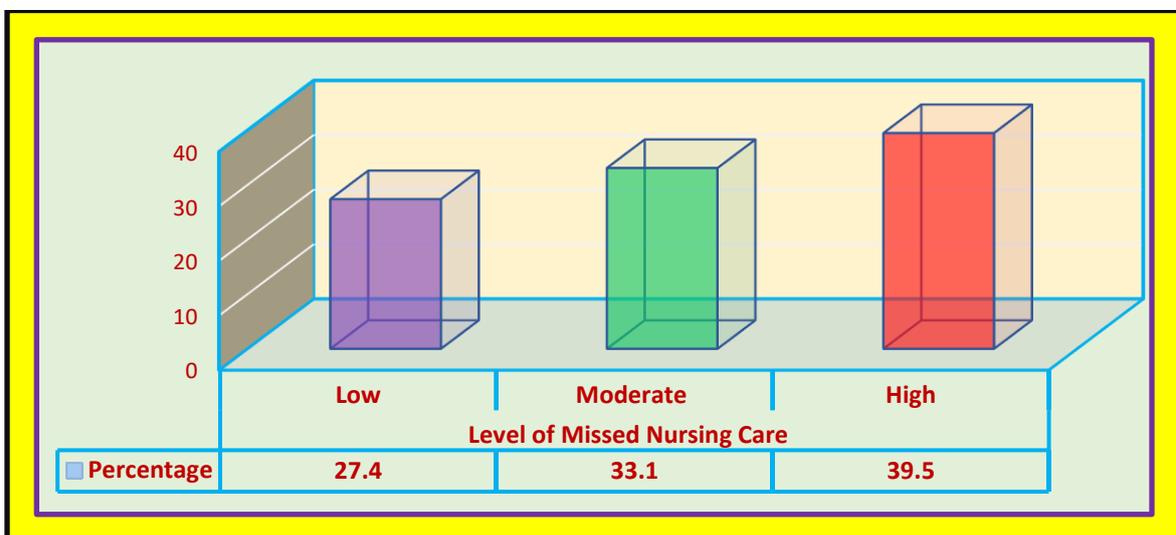
Figure (6): Frequency distribution of level of total missed nursing care among the stuff nurses at Minya Al-Qmah Centralhospital (n= 157)

The figure (6) illustrates that nearly two-fourths (39.5%) of the staff nurses had a high level missed nursing care followed by more than one third (33.1%) of them had a moderate level. While more than one-quarter (27.4%) of the staff nurses had a low level of missed nursing care. In addition to, there isn't a statistically significant difference between low, moderate and high level of missed nursing care at P value = 0.178.

Part (III): Additional correlational between personal characteristics, workplace violence and missed nursing care:

Table (19): Relation between level of total working violence and personal characteristics among the staff nurses at Minya Al-Qmah Central hospital (n= 157)

Items		Z	Level of working violence						χ^2	P-Value
			Mild		Moderate		Severe			
			55	35.0	34	21.7	68	43.3		
			N	%	N	%	N	%		
Gender	Male	23	9	5.7	4	2.5	10	6.4	0.35	0.83
	Female	134	46	29.3	30	19.1	58	36.9		
Age (year)	24 < 30	66	5	3.2	0	0.0	61	38.9	130	0.000**
	30-< 40	63	30	19.1	31	19.7	2	1.3		
	40-< 50	21	16	10.2	2	1.3	3	1.9		
	>-50	7	4	2.5	1	0.6	2	1.3		
Marital status	Single	28	23	14.6	0	0.0	5	3.2	58.6	0.000**
	Married	108	24	15.3	34	21.7	50	31.8		
	Widow	11	8	5.1	0	0.0	3	1.9		
	Divorced	10	0	0.0	0	0.0	10	6.4		
Monthly income	Insufficient	101	36	22.9	19	12.1	46	29.3	1.41	0.493
	Sufficient	56	19	12.1	15	9.6	22	14.0		
Experience with the current supervisor	<one year	23	4	2.5	4	2.5	15	9.6	193	0.000**
	1- < 3	46	1	0.6	1	0.6	44	28.0		
	3- < 5years	35	3	1.9	28	17.8	4	2.5		
	>-5 years	53	47	29.9	1	0.6	5	3.2		
Experience with the hospital	<one year	11	2	1.3	2	1.3	7	4.5	86.6	0.000**
	1- < 3	32	2	1.3	0	0.0	30	19.1		
	3- < 5years	20	2	1.3	0	0.0	18	11.5		
	>-5 years	94	49	31.2	32	20.4	13	8.3		
Time work	Full time	127	46	29.3	24	15.3	57	36.3	5.55	0.235

	Part time	27	9	5.7	8	5.1	10	6.4		
	Casual	3	0	0.0	2	1.3	1	0.6		
Daily working hours	<8 hours	40	32	20.4	6	3.8	2	1.3	52.7	0.000**
	8 to 12	110	21	13.4	28	17.8	61	38.9		
	>12 hours	7	2	1.3	0	0.0	5	3.2		

*Significant p ≤ 0.05   **Highly significant p ≤ 0.01

Table (19) shows the relation between level of total working violence and personal characteristics among the staff nurses. It denotes that there was highly statistically significant relation between total level working violence and personal characteristics as regarding age, marital status, experience with the current supervisor, experience with the hospital and daily working hours among the staff nurses **at P value = 0.000.** while, there was no statistically significant relation between total working violence and personal characteristics in relation to gender, monthly income and time work (0.83, 0.493&0.235).

Table (20): Relation between level of total missed nursing care and personal characteristics among the staff nurses (n= 157)

Items			Level of missed nursing care						χ^2	P-Value
			Low		Moderate		High			
			43	27.4	52	33.1	62	39.5		
		Z	N	%	N	%	N	%		
Gender	Male	23	6	3.8	7	4.5	10	6.4	0.18	0.912
	Female	134	37	23.6	45	28.7	52	33.1		
Age (year)	25 < 30	66	5	3.2	9	5.7	52	33.1	104	0.000**
	30-< 40	63	18	11.5	40	25.5	5	3.2		
	40-< 50	21	16	10.2	2	1.3	3	1.9		
	>-50	7	4	2.5	1	0.6	2	1.3		
Marital status	Single	28	23	14.6	0	0.0	5	3.2	88.7	0.000**
	Married	108	12	7.6	52	33.1	44	28.0		
	Widow	11	8	5.1	0	0	3	1.9		
	Divorced	10	0	0.0	0	0	10	6.4		
Monthly income	Insufficient	101	24	15.3	34	21.7	43	27.4	2.06	0.356
	Sufficient	56	19	12.1	18	11.5	19	12.1		
Experience with the current supervisor	<one year	23	2	1.3	3	1.9	18	11.5	159	0.000**
	1- < 3	46	0	0.0	11	7.0	35	22.3		
	3- < 5years	35	0	0.0	31	19.7	4	2.5		
	>-5 years	53	41	26.1	7	4.5	5	3.2		
Experience with	<one year	11	2	1.3	0	0.0	9	5.7	77.6	0.000**

the hospital	1- < 3	32	2	1.3	0	0.0	30	19.1		
	3- < 5years	20	2	1.3	8	5.1	10	6.4		
	>-5 years	94	37	23.6	44	28.0	13	8.3		
Time work	Full time	127	36	22.9	40	25.5	51	32.5	2.21	0.696
	Part time	27	7	4.5	10	6.4	10	6.4		
	Casual	3	0	0.0	2	1.3	1	0.6		
Daily working hours	<8 hours	40	31	19.7	7	4.5	2	1.3		0.000**
	8 to 12	110	10	6.4	45	28.7	55	35.0		
	>12 hours	7	2	1.3	0	0.0	5	3.2		

*Significant $p \leq 0.05$ **Highly significant $p \leq 0.01$

Table (20) shows relation between level of total missed nursing care and personal characteristics among the staff nurses. It denotes that there was a highly statistically significant relation between total level of missed nursing care and personal characteristics in relation to age, marital status, experience with the current supervisor, experience with the hospital and daily working hours among the staff nurses **at P value = 0.000.** while, there was no statistically significant relation between level of total missed nursing care and personal characteristics in relation to gender, monthly income and time work (0.912, 0.356, 0.696).

Figure (6) Scatter dot of total score of workplace violence and missed nursing care among the staff nurses (n= 157)
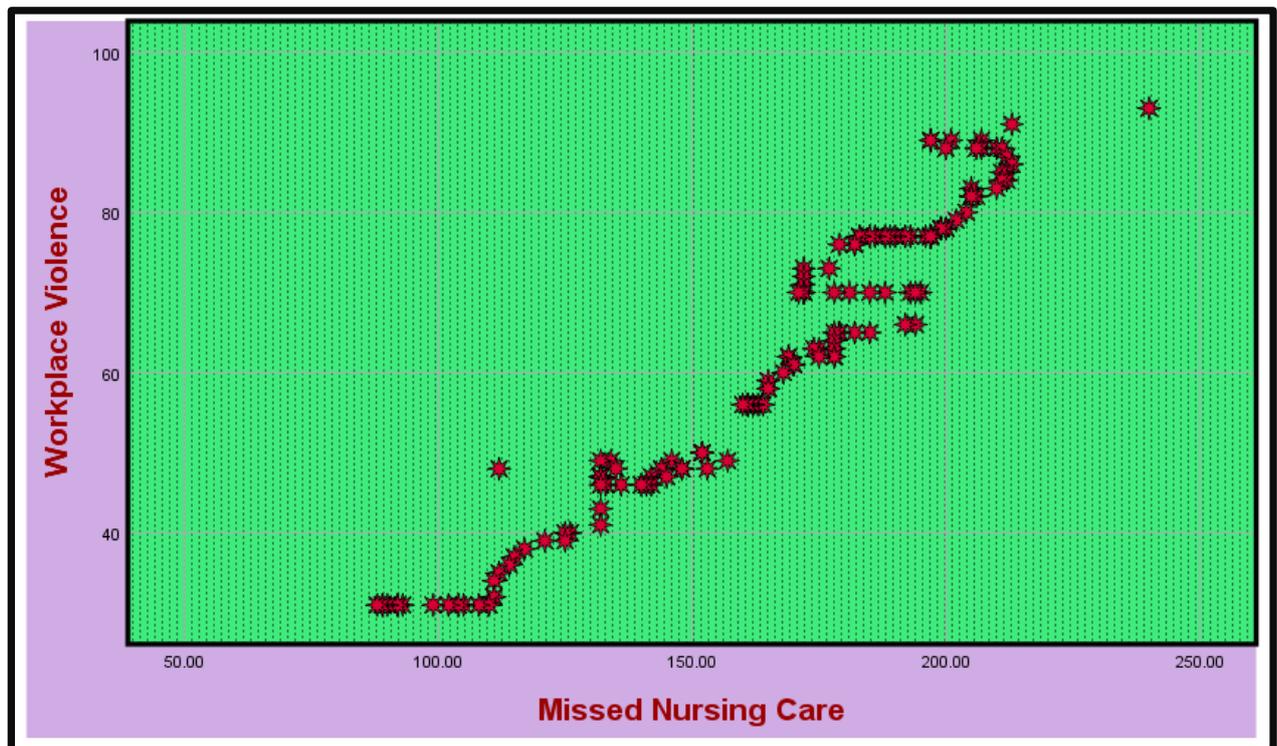
Figure (6) shows that there was a positive strong highly statistically significant correlation between total workplace violence and missed nursing care among the staff nurses r = 0.969 & **at P value = 0.000.**

Discussion

The current study findings revealed that, more than three quarter of study subjects were female, working full time and from eight to twelve hours. This may be due to hospital location as being located in the city center, also more than two third of them were married and had insufficient monthly income, nearly two-thirds of them had more than five years of experience in working with the current supervisor and in the hospital and more than two-fifths of them aged between 23 year to less than 30 year.

The current study results were reinforced by **Ali, (2021)** who studied "Workplace violence and its influence on job performance of staff nurses at Suez Canal University Hospitals" and found that, all the studied nurses were females with age ranged from 17 to 58 years. Also more than half of nurses were married and more than half of them had experience from 5 to 10 years.

Concerning to the total workplace violence acts, the finding of the current study revealed that staff nurses exposed to high levels of verbal/psychological, moderate level of physical violence and sexual violence. the overall mean score of workplace violence indicated that staff nurses had exposed to high levels of violence, regarding to the types of violence, the mean score of verbal/psychological violence indicated high level of verbal/psychological violence, The mean score of physical violence indicated moderate level of physical violence, The mean score of sexual violence indicating moderate level of sexual violence. This result may be due to the hospital lies in the center of the city and serve huge number of people from surrounding village about 40 villages.

The current study result were in agreement with **El-Guindy, (2021)** who studied Relationship between Workplace Violence, Work Engagement and Staff Nurses' Intention to Leave Nursing Profession" and noted that the total mean score of staff nurses regarding their workplace violence, the overall mean score of workplace violence indicated that staff nurses had exposed to high levels of violence. For the types of violence, the mean score of verbal/psychological violence indicated high level of verbal/psychological violence. The mean score of physical violence indicated high level of physical violence. The mean score of sexual violence indicated moderate level of sexual violence.

The current study results showed that there were significant relation between level of total working violence and personal characteristics among the staff nurses. It denotes that there was a highly statistically significant relation between of total working violence and personal characteristics

as regarding age, marital status, experience with the current supervisor, experience with the hospital and daily working hours among the staff nurses, while, there was no statistically significant relation between total working violence and personal characteristics in relation to gender, monthly income and time work. From my point of view this result may be due to nurse age and years of experiences help them to deal well in critical situation and control her emotions.

This result were in harmony with **Pillay, (2023)** who studied "The association of workplace violence with personal and work unit demographics, and its impact on nurse outcomes in the KwaZulu-Natal Province" and reported that Violence in the workplace was determined to be significantly associated with personal demographics, namely, years worked as a nurse, years worked in current hospital, having a clinical specialty, as well as work unit demographics (that is, rating of the practice environment, the healthcare sector worked in, the shift worked, and the perpetrators of WPV).

In the contrary side the results were in disagreement with **Ustuner, (2023)** who studied "Prevalence and Determinants of Workplace Violence Against Pediatric Emergency Healthcare Workers and Its Effect on Their Psychological Resilience" and showed Significant associations were observed between WPV and gender, marital status, occupational group, position, work schedule, shift work, working any time between 18.00 and 07.00, routine direct physical contact with patients/clients, type of patient/client, and encouragement to report workplace violence. No significant relationship was found between age groups, work experience in the health sector, interaction with patients/clients during work, number of staff in the same work environment, and workplace violence reporting procedures.

The study results donated that there was a highly statistically significant relation between of total missed nursing care and personal characteristics in relation to age, marital status, experience with the current supervisor, experience with the hospital and daily working hours among the staff nurses, while there was no statistically significant relation between level of total missed nursing care and personal characteristics in relation to gender, monthly income and time work and exposure to violence. This might be due to years of experience help in reducing error rate.

The current study results were supported by **Taskiran Eskici, (2022)** who studied "Frequency, reasons, correlates and predictors of missed nursing care in Turkey" and showed that there were statistically significant differences in the mean score on the entire missed nursing care were caused by these nurse characteristics: age, tenure in hospital, tenure in unit, weekly work hours, weekly

overtime hours, satisfaction with current position and mean missed nursing care acts score. Statistically significant differences were found by gender, education level, weekly work hours, satisfaction with current position, satisfaction with being a nurse and mean missed nursing care score.

The current study results donated that there was a positive strong highly statistically significant correlation between of total workplace violence (verbal & psychological violence, physical violence and sexual violence) and missed nursing care (types & factors of missed nursing care) among the staff nurses.

The current study results were in the same line with **Bayram, (2023)** who studied "Verbal violence and missed nursing care" and suggested that nurses missed nursing care behavior such as giving up or delaying the patient's care after verbal violence, accelerating the care process or keeping it short, giving task oriented care and exhibiting non-therapeutic communication in patient care. In support of these findings, verbal violence resulting from ineffective communication is known to increase nurses' perception of neglecting care and limit patient–nurse communication.

Conclusion

The current study aimed to explore the relationship between workplace violence and missed nursing care among staff nurses. This study revealed that, there was a positive strong highly statistically significant correlation between total workplace and missed nursing care among the staff nurses.

Furthermore, nearly two fifths of the staff nurses had high level of missed nursing care. In addition, more than two fifth of the staff nurses perceived a severe level of total workplace violence, while about one fifth of them had a moderate level of workplace violence.

Recommendations

1- Staff nurses should be informed to report violent acts; design a risk assessment sheet to identify potential workplace violent acts.

2- Continue education about training programs for all staff nurses, especially new nurses, to deal with violence acts; and essential nursing care activities shouldn't be missed.

3- Replicate the same study on a large group of staff nurses in private hospitals and compare these hospitals with governmental hospitals.

4- Explore the relationship between missed nursing care factors and the management of workplace violence.

References

1. **Abdel-Azeem, A., Amin, S., & El-Sayed, N. (2022):** Bullying among Staff Nurses and Its Relationship to Psychological Distress and Organizational Commitment during Covid-19 Pandemic. Egyptian Journal of Health Care, 13(1), 1439-1443

2. **Ali, E. M. S., Saad, N. F., & Ghonem, N. M. E. S. (2021):** Workplace violence and its influence on job performance of staff nurses at Suez Canal University Hospitals. Vol. 2 No.1 EMS Ali, NF Saad, NME Ghonem tnhcj.journals.ekb.eg

3. **Bayram, A., Özsaban, A., & Torun Kiliç, Ç. (2023):** Verbal violence and missed nursing care: A phenomenological study. International nursing review.

4. **Biresaw, H., Abere, Y., Misganaw, M., Biresaw, B., & Adal, O. (2023):** Missed nursing care and associated factors among nurses in Bahir Dar public hospitals, Bahir Dar, Northwest Ethiopia 2023: a cross-sectional study

5. **El-Guindy, H., Ahmed Bayoumy, S., & Mubarak Ahmed, R. (2021):** Relationship between Workplace Violence, Work Engagement and Staff Nurses' Intention to Leave Nursing Profession. Egyptian Journal of Health Care, 12(2), 1815-1827

6. **Ford-Gilboe, M., Varcoe, C., Scott-Storey, K., Perrin, N., Wuest, J., Wathen, C. N. & Glass, N. (2020):** Longitudinal impacts of an online safety and health intervention for women experiencing intimate partner violence: randomized controlled trial. BMC public health, 20(1), 1-17.

7. **Heddar, Y., Djebabra, M., & Saadi, S. (2022):** An exploratory study on the prevalence of workplace violence: the case of Algerian hospitals. Employee Relations: The International Journal The International journal.http://www.emerald.com

8. **Heng, L. M. T., Rajasegeran, D. D., See, A. M. T., Kannusamy, P., Lim, S. H., Aloweni, F. B. A. B., & Ang, S. Y. (2023).** NurseReported Missed Care and Its Association with Staff Demographics and the Work Environment. AJN The American Journal of Nursing, 123(9), 28-36

9. **Ibrahim, I. A., & El-wkeel, N. S. (2021)** Exploring the Relationships between Job Burnout, Job Satisfaction, and Missed Nursing Care Among Staff Nurses

10. **ILO/ICN/WHO/PSI (2003):** Work Place Violence in the Health Sector Country Case Studies Research Instruments. Survey questionnaire, PP.2-7

11. **Pang, Y., Dan, H., Jeong, H., & Kim, O. (2023):** Impact of workplace violence on South Korean nurses' turnover intention: Mediating and moderating roles of depressive symptoms. International nursing review, 70(2), 211-218

12. **Pillay, L., Coetzee, S. K., Scheepers, N., & Ellis, S. M. (2023):** The association of workplace violence with personal and work unit demographics, and its impact on nurse outcomes in the KwaZulu-Natal Province. International Journal of Africa Nursing Sciences, 18, 100571.

13. **Saadawi, S ., Shazly, M & Ahmed, A. (2021):** Relationship between Workplace Violence and Turnover Intention among Staff Nurses at ELFayoum University Hospitals.vol.13, no.1 A Saadawii El-Sawy Saadaw -Egyptian Journal of , 2022 - journals.ekb.eg. .

14. **Taskiran Eskici, G., & Baykal, U. (2022):** Frequency, reasons, correlates and predictors of missed nursing care in Turkey: A multi-hospital cross-sectional study. International Journal of Nursing Practice, 28(5), e13050.

15. **Ustuner Top, F., Kulakaç, N., & Cam, H. H. (2023):** Prevalence and determinants of workplace violence against pediatric emergency healthcare workers and its effect on their psychological resilience. Clinical pediatrics, 00099228231199831.

16. **World Health Organization, "State of the world's nursing 2020,"** 2020, https://www.who.int/publications/i/item/ 9789240003279

17. **Yun, W., Akkadechanunt, T., & Wichaikhum, O. (2022):** Factors Relatedto Workplace Violence Towards Nurses in University Hospitals, The People's Republic of China. Nursing Journal, 49(1), 99-109