

The effect of workplace violence on nurses' job satisfaction

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Abstract:

Workplace violence in the health sector is a worldwide concern with healthcare workers being at high risk of being victims. **The aim** of this study was to examine the effect of workplace violence on nurses' job satisfaction at Maternal and Child Health centers and Tanta University Emergency Hospital. **Methods**; the study was a descriptive correlational design. The study sample included all available staff nurses worked in MCH centers (N = 110) and Tanta University Emergency Hospital (N = 327), the total number of the sample was 437 nurses. Two tools of the study were used; the first tool included two parts, sample characteristics data and job satisfaction survey. The second tool included nurses' perception of workplace violence. **Results**, most of emergency hospital nurses experienced more violence as compared with nearly one third of community health nurses. Psychological and verbal violence, followed by physical violence were the most common types of abuse experienced by more than two third and more than half of emergency hospital nurses, and about one quarter and minor percent of community nurses, respectively. More than two thirds and more than half of emergency hospital nurses and community health nurses were dissatisfied with their work. **Conclusion**; there is a high rate of violence against nurses in emergency hospital rather than community health settings. The majority of nurses who experienced workplace violence not reported the incidence of violence. Psychological and verbal violence followed by physical violence were the most common types of abuse experienced by the studied subjects. There is a need for workplace policies and procedures that focus on the security of the environment, reporting and surveillance, and educational seminars for nurses are recommended that focus on communication techniques and stress or conflict resolution to effectively manage violence in the workplace.

Keywords: Workplace violence, nurses, job satisfaction

Introduction:

Today, there is increasing evidence of nursing staff being exposed to violent behavior in the workplace; indeed, it is now considered a major occupational hazard worldwide.⁽¹⁾ Workplaces include hospitals and long-term care facilities, as well as practice settings in the community such as primary care sites, outreach services, educational institutions, and clients' homes.⁽²⁾

Nurses form a significant population in hospitals. They are the first and most available personnel throughout the hospital. Their presence in stressful situations such as accidents, deaths, waiting to visit a doctor or transfer of patients to a ward

or another hospital exposes them to more abuse or harsh behavior from patients or their companions than other hospital staff⁽³⁾.

Workplace violence is a more restricted concept and refers specifically to instances involving direct physical assaults, including any threatening statements or behaviors that give employees reasonable cause to believe they are at risk.⁽⁴⁾ The World Health Organization⁽⁵⁾ defined workplace violence as the intentional use of power, threatened or actual, against another person or against a group in work-related circumstances that either results in or has a high degree of likelihood of resulting in

injury, death, psychological harm, mal-development, or deprivation.

Workplace violence has many forms according to the definition of the WHO and may include physical assault, homicide, verbal abuse, bullying/mobbing, sexual and racial harassment, and psychological stress.⁽⁶⁾ Foremost, the perpetrators of workplace violence as experienced by nurses are commonly identified as patients, patients' family members, physicians, and co-workers.⁽⁷⁾

The effects of abuse on nurses produce several conditions as: exhaustion, sleeping disorders, nightmares, stress, continuous headaches, chronic aches, spasm, loss of self confidence and health, self dissatisfaction, disappointment, short-temperedness, symptoms of amnesia (after being hit), phobia, depression, alcohol consumption, smoking, and even suicide. Sometimes, harm arising from physical violence causes permanent physical problems such as backache, or even the death of a nurse.⁽⁸⁾

There is a debate about the actual incidence of workplace violence towards nurses. This debate exists because of under-reporting and lack of consistency in the definition of workplace violence. However, there is international agreement that nurses are at high risk of incurring workplace violence during their working life, regardless of the context in which they work.^(9,10)

Understandably, experiencing violence has a negative impact on job satisfaction and performance. Moreover, violence at hospitals can lead to shortage of health care workers and undermine the quality of health care services.⁽¹¹⁾ As a consequence of experiencing abuse in the workplace, a nurse may decide to relocate within a facility to another health care facility, or may leave nursing altogether. This

may result in significant additional costs to treatment centers and the community.⁽¹²⁾

The understanding of nurses' job satisfaction and its contributing variables are important for any health care organization to exist and prosper. Job satisfaction is defined as the degree to which employees enjoy their jobs. Nurse Job satisfaction is a multidimensional phenomenon that is influenced by many variables.⁽¹³⁾

These factors included:

- Demographic variables: education, experience, and position in the hierarchy.
- Job characteristics: autonomy, tasks repetitiveness, and salaries.
- Organizational environment factors: degree of professionalization, type of unit, and nursing care delivery model. Recent research identified new variables that influence nurse job satisfaction such as environment and job setting.⁽¹⁴⁾

Job satisfaction has also primarily been defined by two approaches: a global approach that encompasses overall attitudes, feelings and emotions towards their work experience and a faceted approach that emphasizes employees' attitudes towards individual aspects of their job which is more useful at determining specific areas for improvement.⁽¹⁵⁾ Job satisfaction is operationalized at the facet level to include 9 job facets that determine whether an employee is satisfied or not. These facets are classified as nature of the job, promotion, contingent rewards, pay, supervision, operating procedures, fringe benefits, coworkers and communication.⁽¹⁶⁾

Although health care providers are increasingly concerned about the escalating incidence of workplace violence, there is a lack of evidence to support this concern due to low violence reporting rates.⁽¹⁷⁾ Recently,

violence became a major concern in different Egyptian hospitals notably after the 25th of January revolution and bursting increase demand on hospitals.⁽¹⁸⁾ So, the study was conducted to examine the effect of workplace violence on nurses' job satisfaction at Maternal and Child Health centers in Tanta city and Tanta University Emergency Hospital.

Aim of the study:

This study aims at examining the effect of workplace violence on nurses' job satisfaction at Maternal and Child Health centers in Tanta city and Tanta University Emergency Hospital.

Research question:

- What are common types of violence among the study subjects?
- What are levels of job satisfaction among the study subjects?
- Is there a correlation between nurses experiencing workplace violence and their job satisfaction?

Subjects and Methods

Research Design:

A descriptive correlational design was used to examine the relationship between workplace violence and job satisfaction. Descriptive design because this investigation described the job satisfaction and violence among nurses. Furthermore, correlational analysis was employed to determine relationship between the selected variables.

Setting:

The study was carried out in all Maternal and Child Health (MCH) centers at Tanta city, (their numbers are 7 centers), and Tanta University Emergency Hospital.

The Subjects:

The study sample included all available staff nurses worked in MCH centers (N = 110) and all available staff nurses at Tanta University

Emergency Hospital (N = 327), thereafter the total number of the sample was 437 nurses.

Firstly, five hundreds and five nurses were interviewed, forty five of them were for a pilot study, twenty three were not cooperative and excluded, and the remaining four hundreds and thirty seven (N= 437) who accepted and completed the questionnaire were constituted the total studied subjects in this study.

Tools of data collection:

To fulfill the purposes of this study two tools were used:-

The first tool: Job Satisfaction Survey; which included two parts as follow:

Part I: Sample characteristics data included; age, years of experience, level of education and open ended questions about if they write a report in case of workplace violence?.

Part II: The job satisfaction among staff nurses was measured by Job Satisfaction Survey (JSS) that was developed and created by Paul Spector (1994).⁽¹⁹⁾ It included 36 items, nine facet scales to assess staff nurses attitudes about the job and aspects of the job. These facets are classified as nature of the job, promotion, contingent rewards, pay, supervision, operating procedures, fringe benefits, coworkers and communication. Each facet is assessed with four items, and a total score is computed from all items. The reason behind choosing the JSS is that it very beneficial for current research, as it is very comprehensive towards our focus on the extrinsic and intrinsic needs. Also, its broad usage helps with its application in many industries.

Scoring system:

The subject's responses in this part were scored in a summated rating scale format, with five choices per item ranging from "disagree very much" to "agree very much." Items are written

in both directions, so about half must be reverse scored. Satisfaction is identified by the higher values; while dissatisfaction is identified by the lower values and the overall job satisfaction score is calculated by adding all the scores together. Also, scoring JSS ranged from 36 to 180, where scores from 36 to 108 represent dissatisfaction; scores more than 108 up to 180 represent satisfaction.

The second tool: Nurses' perception of workplace violence (WPV) included types, perpetrators and the rate of experiencing each type in the MCH centers and Emergency Hospital. The questionnaire was based on Conflict Tactile Scale (CTS) by Straus M.⁽²⁰⁾ and Obied⁽²¹⁾. It consisted of two parts:

Part I: Types of violence experienced in the previous settings. They divided to verbal and psychological, physical and, sexual violence.

- The verbal and psychological violence statements ranged from criticism to threat (items 1, 2, 4, 9, 11, 13, 14, 16, 19, 26, 30, 32).
- The physical violence statements ranged from twisting the arm to use a weapon to hurt nurses (items 3, 5, 6, 7, 10, 18, 20, 21, 23, 24, 28, and 33).
- The sexual violence statements ranged from giving suggestive look to touching nurse's body with intention (items 8,12,15,17, 22, 25, 27, 29, 31, 34).

Scoring system:

Responses of the applicants in this part were measured on five points Likert scale ranging from all the time = 5 to never =1.

Part II: included the perpetrators of WPV against nurses whether (patient, visitor, physician, other nurses or administrative staff)

Part III: included the rate nurses experiencing each type of WPV (if

once per shift, per week, or per month) were indicated.

Validity and Reliability:

Tool of the study was translated into Arabic and validation of the tool was assessed by presenting it to five experts from different fields (Nursing Administration, Nursing Community, and Faculty of Art). Necessary modifications were done. The experts were asked to evaluate tools individual items in relation to its relevance and appropriateness.

The internal consistency reliabilities (coefficient alpha) for the First tool was 0.91 of all facets of job satisfaction questionnaire. Second tool internal consistency reliabilities was 0.98 for nurses' perception of workplace violence questionnaire.

Pilot study:

Pilot study was conducted on 10% from staff nurses selected randomly from the different department (who were excluded from the study population), to identify the obstacles and problems that may be encountered in data collection.

Field work:

Questionnaire was collected through semi structured interview; all of participants received a full explanation of the objectives of the study before accepting to participate in this work. The questionnaires were distributed to nurses (n = 437). The completed questionnaires were collected by the researchers at the same session. The entire data collection process took about 20 minutes. Data were collected by the researchers during the 2 months (from October to November 2012) period of the study.

Administration and ethical considerations:

Approval of the study was taken from administrators of Ministry of Health (MOH) in Mid-Delta governorates (Al-Gharbia). Also,

approval from managers of Ministry of Health was taken and also an approval from manager of Tanta University Emergency Hospital. A verbal approval was taken from each participant to share in the study. They were also assured of their anonymity and the confidentiality of their responses; voluntary participation and right to refuse to participate in the study were emphasized.

Statistical Analysis:

The obtained data were analyzed by SPSS software version 18, using statistical Pearson's chi-square analysis was used at the significant level of P less than 0.05. Descriptive statistics was used to calculate percentages and frequencies. For Spearman rank-order correlations were computed to determine if there were any relationships between job satisfaction and experienced of violence.

Results:

Table (1): shows distribution of studied subjects according to their characteristics data. Nearly one half (48.1%) of emergency hospital nurses fell in age group 20-30 years old, with age ranged from 20-55 years old and mean score 32.058 ± 7.954 . while, 40.9 of community health nurses were in age group from 31-40, with range from 22-59 years old and mean score 40.246 ± 8.8226 . Regarding to years of experience, 42.5 % of emergency hospital nurses were from 1 to 10 years of experience and only 2.8% of them were more than 31 years of experience with range from 1-37 and mean score 12.4862 ± 8.672 . While, 47.3% of community health nurse had 11 to 20 years of experience and minor percent 15.4 had more than 31 years of experience, with range from 2-38 and mean score 20.027 ± 8.777 . Diploma nurses constituted the majority (71.9 & 86.3%) of emergency hospital nurses and community health nurses,

respectively, while, minority (10.4 & 4.5) was associated degree. Majority (85.4%) of emergency hospital nurses and all community health nurses were not reporting the incidence of workplace violence.

Table (2): presents work place violence, and its types, perpetrators and frequency as perceived by study subjects. Emergency hospital nurses experienced more violence (73.4%) as compared with community health nurses (30.9%). As regard to types of work place violence, psychological and verbal violence (70.6% and 27.3%) followed by physical violence (56.8%, 10.9%) were the most common types of abuse experienced by emergency and community nurses, respectively. Patients and visitors were the principal perpetrators for violence (62.4% & 29.1%) against emergency hospital nurses and community health nurse followed by physicians (28.4%, 12.7%) respectively, ($X^2 = 10.682$). As regard to frequency of violence, 31.2% & 18.2% of emergency and community nurses respectively, were exposed to work place violence once per month.

Table (3): shows distribution of each type of work place violence. All the time (12.2% and only 2.7%) of emergency hospital nurses and community health nurses experienced psychological and verbal violence, while, 29.4% and 72.8% of them, respectively not experienced it. Only 2.1% of emergency hospital nurse and non of community health nurse were exposed to physical violence at all times, but 19% and 18.7% of emergency hospital nurse exposed to violence either sometimes or rarely to physical violence, and majority (90%) of community health nurse never experienced physical violence. Sometimes (18.3% and 3.6%) of emergency and community nurse, respectively, were experienced sexual

violence, and 98.1% & 48% of community health nurses and emergency hospital nurses were not exposed to sexual violence.

Table (4): revealed job satisfaction among studied subjects. High percent (70% and 58.2%) of emergency hospital nurses and community health nurses were totally dissatisfied with their work, as represented by 89.9%, 85.9% and 86.9 of emergency hospital nurse and equal percent (77.3%) and 66.4% of community health nurse were dissatisfied with fringe benefits, contingent rewards, and communication subscale, respectively. While, only more than half (52.6% & 52.3%) of emergency hospital nurse was satisfied with their nature of work and operating procedures, respectively. And about two third (68.2% & 60%) of community health nurses were satisfied with their nature of work and supervision, respectively. All job satisfaction subscales were statistical significant differences at p -value ≤ 0.05 between emergency hospital nurses and community health nurses except operating procedures subscale.

Table (5): Correlation between job satisfaction among emergency hospital nurses and community health nurses as distributed by their experienced of violence. Out of nine job satisfaction scale, six subscales had statistical significant negative correlation ($p \leq 0.05$) between emergency hospital nurses' and community health nurses' experienced violence, namely: pay, supervision, fringe benefits, contingent rewards, coworkers, and nature of work.

Discussion:

Violence is one of the most prevailing, complex and dangerous occupational hazards facing health care workers (HCWs) especially when directed to female HCWs. Women

represent nearly 80% of the healthcare work force.⁽¹⁾ The real size of the problem is largely unknown and recent information shows that the current knowledge is only the tip of the iceberg.⁽²²⁾

The present study results showed that majority of nurses who experienced workplace violence not reported the incidence of violence (Table, 1). It is not really clear why nurses do not report abuse, but it may be due to its being time-consuming, lacking a formal system for reporting, and the harsh and illogical reaction of their superiors. Also, most nurses do not report violent incidents believing that reporting does not make any difference since violence is expected and tolerated, that incidents are seen as a sign of their incompetence, and believing that experiencing abuse is part of their career.

Similarly, findings of Shoghi et al.⁽⁸⁾ and, Erkol et al.⁽²³⁾, had the same results and discussed the fact that most violence or abuse is not reported for various reasons. It is interesting to mention that in just 22% of cases, the nurse did not report the event because she/he solved the problem herself/himself and because no harm was done as a result of the abuse.

The study results revealed that emergency hospital nurses under this study experienced more violence as compared with community health nurses (Table, 2). This may be due to in emergency situations; nurses have close contact with patients and family members, increased workload and shortage of nursing staff at the emergency hospital than community health settings. Additionally, the 24-hour accessibility of emergency departments (EDs); the lack of adequately trained, armed, or visible security guards; so nurses cannot ask for help and a highly stressful environment are also some of the

reasons why EDs are especially vulnerable to violence.⁽²⁴⁻²⁶⁾ Crilly, Chaboyer, and Creedy,⁽²⁷⁾ stated that ED nurses experience physical assaults at the highest rate of all nurses. In a study of Minnesota nurses, ED nurses were over four times more likely to report they had been assaulted compared with nurses in other units.⁽²⁵⁾ However, findings now also point violence against nurses in medical surgical and community settings.⁽²⁸⁾

As regard to types of work place violence, present study results revealed that psychological and verbal violence followed by physical violence were the most common types of abuse experienced by more than two third and more than half of emergency hospital nurses and about one quarter and minor percent of community nurses, respectively (Table, 2). The present result is confirmed by Erkol et al.,⁽²³⁾; Hodgson et al.,⁽²⁹⁾ who showed that most of the verbal and physical abuse occurred in patient wards or rooms while nurses were performing their care duties rather than outpatients. The high vulnerability to workplace violence in the hospital may be due, in part, to low staffing levels; lack of staff training in recognizing and defusing potentially dangerous patients; lack of violence prevention programs; inadequate security; and the perception by criminals that hospitals, clinics, and pharmacies are sources of drugs and money.^(30,31)

Nursing staff are primary targets of violence in the ED.⁽³²⁾ In one study, 82% of emergency nurses indicated that they had been physically assaulted at work during the preceding year.⁽³³⁾ The incidence of verbal abuse is increasing as well, and such abuse affects 100% of emergency nurses in some facilities.^(33,34) The present finding is in same line with other studies that found most nurses had experienced psychological violence

followed by physical violence.⁽³⁵⁻³⁷⁾ Moreover, Samir, et al.,⁽³⁵⁾ concluded that the majority of nurses (86.1%) had been exposed to workplace violence and psychological violence was the most common form (78.1%) and Ezzat and Lashin⁽³⁸⁾ found that (61.2%) verbal as well as (59.8%) psychological / emotional violence recorded as high frequency among the studied sample that experienced WPV.

Results of the present study found that patients and visitors were the principal perpetrators for violence against about two third and about one third of emergency hospital nurses and community health nurse followed by physicians, respectively (Table, 2). Patient pain and discomfort, as well as the tension, stress, and anger of patients, family members, and visitors, are often escalated by cramped space, lack of privacy, and long waiting times lead to frustration and vulnerability that may incite physical and verbal abuse against staff. The present finding is in agreement with many studies who reported that the overwhelming majority of perpetrators of violence are patients and their family members and visitors.^(8,39) Also, Erkol, et al.,⁽²³⁾ and Ayrancy⁽⁴⁰⁾ found that the major sources of workplace violence was patients themselves (62.8%) followed by relatives (16.7%). Similarly, Youssef et al.,⁽⁴¹⁾ found that physicians constituted the main source of violence in critical care units (71.8%), while (65.4%) in outpatient clinics.

As regard to frequency of violence, results of the present study revealed that considerable percent of emergency and community nurses were exposed to work place violence once per month (Table, 2). This result was in line with Samir, et al.,⁽³⁵⁾ who found that the majority of nurses had been exposed to violence and most of

them had been exposed to violence more than once in the past 6 months.

Researchers contend that job satisfaction is possibly the most significant yet elusive factor in understanding worker motivation, performance and effectiveness, and recruitment and retention. Job satisfaction is an important component of nurses' lives that can impact on patient safety, productivity and performance, quality of care, retention and turnover, commitment to the organization and the profession.⁽⁴²⁾

The present study results revealed that high percent of emergency hospital nurses and community health nurses who experienced any type of violence were with total items of dissatisfaction at their work, as represented by the majority of emergency hospital nurse high percent of community health nurse were dissatisfied with fringe benefits, contingent rewards, and communication subscale, respectively (Table, 4). Workplace abuse and violence in health care settings, particularly against nurses, is increasingly recognized as a problem of epidemic proportions, with negative implications for nurses' job satisfaction and ability to provide care effectively.⁽⁴³⁾ Satisfaction with work was inversely affected by exposure to violence, although the authors acknowledge that the relationship between cause and effect is unclear.⁽⁴⁴⁾ In addition, Ezzat and Lashin⁽³⁸⁾ in their study results confirms what concluded and reported an increased job dissatisfaction among nurses who experienced work violence.

The result of the present study revealed that only more than half of emergency hospital nurse was satisfied with their nature of work and operating procedures, respectively. And about two third of community health nurses were satisfied with their nature of work

and supervision, respectively, (Table, 4). Samir et al.,⁽³⁵⁾ confirms the present study results and revealed that the majority of nurses (87.2%) who were exposed to violence believed that workplace violence had a negative effect of on their work and may lead to increased errors and decreased quality of care as well as decreased job satisfaction. In addition to the effect of workplace violence on a nurse's personal life, it can create a hostile environment for the nurse and lead to isolation. This is similar to other studies of the association between nurses' attitude and different sources of violence against them.^(45,46)

The present study revealed that out of nine job satisfaction scale, six subscale had statistical significant negative correlation ($p \leq 0.05$) between emergency hospital nurses' and community health nurses' experienced violence, namely: pay, supervision, fringe benefits, contingent rewards, coworkers, and nature of work (Table, 5). Many nurses simply do not feel safe at work.^(33, 34) A perceived lack of institutional support is a key factor in the dissatisfaction that nurses feel.^(33,47) This sense of administrative abandonment may result from inadequate staffing levels, unfulfilled promises to improve environmental safety, ignored concerns, insufficient education and training, and lack of support from peers, physicians, and administrators in the aftermath of an incident.⁽⁴⁷⁾ Fair and consistent procedures and a culture of support, not punishment, for victims are critical.⁽⁴⁸⁾ This finding comes in line with Quine,⁽⁴⁹⁾ and Poster⁽⁵⁰⁾ who found that violated nurses scored higher on the propensity to leave their jobs due to dissatisfaction, hesitation, and distrust the employing organization to maintain safe work environment for both nurses and patients.

Conclusion and Recommendations:

Foremost, there is a higher rate of violence against nurses in emergency hospital rather than community health settings. The majority of nurses who experienced workplace violence not reported the incidence of violence. Psychological and verbal violence followed by physical violence were the most common types of abuse experienced by the studied subjects. The present study found that patients and visitors were the principal perpetrators for violence against high percent of emergency hospital nurses and community health nurse followed by physicians. The majority of the nurses who experienced any type of violence were dissatisfied at their work as revealed by the total items.

Given this higher rate of workplace violence and relatively low rate of reporting of violence incidents, hospitals should develop effective guidelines to restrict workplace violence and protect nursing staff in emergency and community health settings, as:

1. The current results highlights the importance of understanding the impact of workplace violence in nurses job satisfaction and the need to implement innovative programs that respect the nursing profession, enhance the nurses' job's core dimensions and increasing their sense of fulfillment.
2. Workplace policies and procedures are needed that focus on the security of the environment, reporting and surveillance, and education for all employees and managers on how to prevent and manage violence.
3. Develop and adopt a standard definition of workplace violence; strengthen and adopt regulatory and/or accrediting agency (e.g., Occupational Safety and Health

Administration) recommendations on workplace violence in health care settings including institutional, community, and academic settings, as a requirement for workplace safety.

4. Educational seminars for nurses are recommended that focus on communication techniques and stress or conflict resolution to effectively manage violence in the workplace.
5. Eliminate institutional barriers for a safe work environment by supporting a culture of open communication and reporting among nursing staff, faculty, health care personnel, and students regarding violence in the workplace.
6. A mandatory incident reporting system, review of security teams' responsibilities, and incident follow-up by management.

Table (1): Distribution of studied subjects according to their characteristics data

Items	Emergency hospital nurse (N=327)		Community health nurse (N=110)	
	No.	%	No.	%
Age				
▪ ≤20-30	157	48.1	8	7.3
▪ 31-40	105	32.1	45	40.9
▪ 41-50	57	17.4	36	32.7
▪ ≥51	8	2.4	21	19.1
Range	20-55		22-59	
Mean ±SD	32.058±7.954		40.246±8.8226	
Year of experience				
▪ 1-10	139	42.5	12	10.9
▪ 11-20	127	38.8	52	47.3
▪ 21-30	52	15.9	29	26.4
▪ ≥ 31	9	2.8	17	15.4
Range	1-37		2-38	
Mean ±SD	12.4862±8.672		20.027±8.777	
Educational level				
▪ Diploma	235	71.9	96	86.3
▪ Associate degree	34	10.4	5	4.5
▪ BSc	58	17.7	9	8.2
Do you write a report in case of workplace violence?				
▪ Yes	35	14.6	0	0.00
▪ No	205	85.4	34	100

Table (2): Work place violence, and its Types, perpetrators and frequency as perceived by study subjects

Work place violence	Nurse categories				X ² (P -value)
	Emergency hospital nurse (n=327)		Community health nurse (n=110)		
	No.	%	No.	%	
Experienced of work place violence	240	73.4	34	30.9	2.726 (0.436)
Not experienced of work place violence	87	26.6	76	69.1	1.308 (0.253)
Types of experienced violence					
▪ Psychological and verbal violence	231	70.6	30	27.3	3.875 (0.000*)
▪ Physical violence	186	56.8	12	10.9	
▪ Sexual violence	170	51.4	11	10	
Perpetrators of violence					
▪ Patients and visitors	204	62.4	32	29.1	10.682 (0.030*)
▪ Physicians	93	28.4	14	12.7	
▪ Administrative personnel	46	14.1	5	4.5	
▪ Nurses and allied staff	64	19.6	2	1.8	
Frequency of violence					
▪ Nil	87	26.6	76	69.1	-----
▪ Once /shift	46	14.1	5	4.5	
▪ Once/week	92	28.1	9	8.2	
▪ Once/month	102	31.2	20	18.2	

NB: Nurses chose more than one type of violence and perpetrator

** p ≤ 0.05*

Table (3): Frequency of each type of workplace violence among emergency hospital nurses and community health nurses

Nurse categories	Frequency of work place violence						X ² (P)
	Frequency of psychological and verbal violence						
	All the time	Usually	Sometimes	Rarely	Never		
Emergency hospital nurse	No.	40	87	69	35	96	73.513 (0.000*)
	%	12.2	26.6	21.1	10.7	29.4	
Community health nurse	No.	3	4	10	13	80	
	%	2.7	3.6	9.1	11.8	72.8	
	Frequency of physical violence						
Emergency hospital nurse	No.	7	38	62	61	159	60.534 (0.000*)
	%	2.1	11.6	19	18.7	48.6	
Community health nurse	No.	0	1	3	7	99	
	%	0.00	0.9	2.7	6.4	90	
	Frequency of sexual violence						
Emergency hospital nurse	No.	3	37	60	70	157	56.336 (0.000*)
	%	1	11.3	18.3	21.4	48	
Community health nurse	No.	1	1	4	6	98	
	%	0.9	0.9	3.6	5.5	89.1	

** P ≤ 0.05*

Table (4): Job satisfaction among studied subjects

Job satisfaction subscale	Emergency hospital nurse				Community health nurse				X ² (P-value)
	Satisfied		Dissatisfied		Satisfied		Dissatisfied		
	No.	%	No.	%	No.	%	No.	%	
Pay	53	16.2	274	83.8	36	32.7	74	67.3	15.936 (0.003*)
Promotion	62	19	265	81	39	35.5	71	64.5	14.194 (0.007*)
Supervision	152	46.5	175	53.5	66	60	44	40	18.733 (0.001*)
Fringe Benefits	46	14.1	281	85.9	25	22.7	85	77.3	15.556 (0.004*)
Contingent Rewards	33	10.1	294	89.9	25	22.7	85	77.3	23.602 (0.000*)
Operating Procedures	171	52.3	156	47.7	51	46.4	59	53.6	3.901 (0.420)
Coworkers	148	45.3	179	54.7	63	57.3	47	42.7	13.745 (0.008*)
Nature of Work	172	52.6	155	47.4	75	68.2	35	31.8	22.672 (0.000*)
Communication	43	13.1	284	86.9	37	33.6	73	66.4	41.425 (0.000*)
Total	98	30	229	70	46	41.8	64	58.2	37.282 (0.000*)

* $P \leq 0.05$ **Table (5): Correlation between job satisfaction among emergency hospital nurses and community health nurses as distributed by their experienced of violence**

Job satisfaction subscale	Work place Violence			
	Emergency hospital nurse		Community health nurse	
	r	p	r	p
Pay	-0.011	0.843	-0.202	0.035*
Promotion	-0.032	0.560	-0.072	0.457
Supervision	-0.174	0.002*	-0.177	0.065*
Fringe Benefits	0.031	0.572	-0.259	0.006*
Contingent Rewards	-0.043	0.433	-0.257	0.007*
Operating Procedures	-0.215	0.000*	-0.114	0.234
Coworkers	-0.141	0.011*	-0.209	0.028*
Nature of Work	-0.194	0.000*	-0.221	0.020*
Communication	-0.048	0.392	-0.020-	0.839
Total	0.071	0.199	-0.254	0.008*

* $P \leq 0.05$

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