Relationship between Work Place Violence and Turnover Intention among Staff Nurses at EL-Fayoum University Hospitals

Asmaa Saadawi El-Sawy Saadawi[1], Mona Mostafa Shazly[2], Asmaa Kamal Ahmed[3]

[1] Demonstrator of nursing administration, Faculty of Nursing – El- Fayoum University
[2] Professor of Nursing Administration, Faculty of Nursing – Ain Shams University
[3] Assistant Professor of Nursing Administration, Faculty of Nursing – El- Fayoum University

Abstract

Background: Workplace violence in the medical sector is a worldwide concern with healthcare workers being at high risk of becoming victims. Violence is an important issue in medical settings that influences turnover intention of nurses. **Aim**: This study was aimed to assess the relationship between workplace violence and turnover intention among staff nurses. **Design**: A descriptive correlational research design was used. **Setting**: the study was conducted at El- Fayoum university hospitals which include surgical and medical hospital. **Subjects**: The study subjects included a representative sample of 196 staff nurses out of 400 staff nurses. **Tools of data collection**: data were collected by using two tools namely workplace violence questionnaire and anticipated turnover scale. **Results**: the findings of current study revealed that studied nurses reported that societal factors had the highest percentages for factors contributing to workplace violence, while personal factors had the lowest percentages. The exposure of studied nurses to verbal workplace violence was the highest, while sexual violence was the lowest with the most common perpetrators of violence were the patients and their relatives. Also, more than half of them intend to leave work. **Conclusion**: there were highly statistically significant and positive correlations between workplace violence dimensions and turnover intention. **Recommendations**: top manager should develop a workplace violence policy for the institution, which explains the process that should occur after an employee has been assaulted and conduct training programs for nursing personnel regarding violence and coping strategies to deal with violence.

Key words: Workplace violence, Turnover intention, Staff nurses

Introduction:

Workplace violence is a serious global public health problem and has attracted public attention **(Duan et al., 2019).** Violence as defined by WHO is 'the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation. Workplace violence refers to incidents where staff are abused, threatened or assaulted in circumstances relating to their work involving an explicit or implicit challenge to their safety, well-being and health **(Shaikh et al., 2020).**

Risk factors contributing to violence in the nursing workplace may be situational, such as critical care units, uncertain patient outcomes, high workloads, frequent interruptions in workflow, and long wait. Organizational risk factors involve poor teamwork, distrust among colleagues, lack of administrative support or programs to manage aggression, and perceived or actual injustice. Finally, younger nurses, who are less experienced and lack communication and conflict resolution skills, suffer more workplace violence than veteran nurses who are highly empathetic **(Stewart, 2018).**

Consequences of violent attacks against HCWs may include not only somatic injuries but also psychological consequences, in fact, anger, fear or anxiety, post-traumatic stress

disorder symptoms, guilt, self-blame and shame, decreased job satisfaction and increased intent to leave the organization were found as frequent consequences of workers' exposure to WPV. The psychic consequences of WPV for HCWs who have been the victims of WPV often lead to absenteeism, poor morale and decreased productivity **(D'Ettorre et al., 2018).**

Turnover intention has been defined as a deliberate decision to leave the current job and look forward for the new job. In the other words, it is the feeling that employee wants to leave the organization. However, it is different from the actual turnover as it is only the intention not the actual turnover where turnover happens when the employee actually leave an organization. Similarly, it is the sensible sentiment to look forward for other job opportunity which may happen due to various factors **(Ninroon et al., 2020).**

Nurse turnover has a negative impact on the ability to encounter the patient needs and deliver high standards of care. Additionally, the turnover of nurses leads to insufficient staffing, which increases the workloads and stress on other staff. Consequently, this may lead to serious variations in nurse's behavior towards their jobs causing low work satisfaction and productivity and then shifting to another organization. As well, insufficient nurse staffing leads to poor patient outcomes, like increased patient mortality and infection rates might be increased **(Kaddourah et al., 2018).**

Nurses' turnover is a global concern which if not handled well can harm the productivity of an organization. The high turnover rate of health workers critically affects the health system, particularly in countries with limited resources. Hence, effective retention strategies require clear identification of the variables at the workplace that determines nurses' decision in staying in or leaving their organization **(Gebregziabher et al., 2020).**

Significance of the study:

Work place violence is a weighty problem in the hospitals. Especially after the Egyptian revolution 2011 and the decrease of security, the number of incidents has increased that have numerous consequences on the organization and nurses such as turnover intention. Nurses' turnover intention poses significant cost to organizations. Job safety and nurses' safety are correlates of a healthy workplace, making the witnessing or experience of violence an undesirable potential in a place of work. But the experience of violence may have a direct link to burnout which leads to turnover intention **(Abdel-Ghany et al., 2016).**

In El-Fayoum University Hospitals work place is characterized by violence because it is highly stressful environment for both patient and nursing, so researcher had emphasis on the need for investigating workplace violence and to assess relationship between work place violence and turnover intention among staff nurses at El-Fayoum University Hospitals.

Aim of the Study:

This study aims to assess relationship between workplace violence and turnover intention among staff nurses at El-Fayoum University Hospitals through:

1) Assessing work place violence among staff nurses.

2) Assessing turnover intention among staff nurses.

3) Finding out a relationship between workplace violence and turnover intention among staff nurses.

Research Question: Is there a relationship between workplace violence and turnover intention among staff nurses?

Subjects and Methods:

The methodology followed in conducting the study will be portrayed under four main designs as follows: Technical design, Operational design, Administrative design, and Statistical design.

I. Technical design:

The technical design for this study includes the research design, setting, subjects of the study, and tools of data collection.

Research design:

A descriptive correlational design was used in carrying out this study.

Setting:

The present study conducted at El-Fayoum university hospitals which include surgical and medical hospital which affiliated to El- Fayoum university hospitals in El-Fayoum governorate.

Surgical university hospital provides surgical services for patients consists of 5-floors, total bed capacity of the hospital 130 beds which includes 12 departments; OR 12 rooms; CCU 10 beds; SICU 10 beds; cardiac department 12 beds; Surgical department 12 beds; Ear, nose and throat department 11 beds; Uro surgery department 12 beds; Gynecological department 12 beds; ER 9 beds; Orthopedic department 15 beds; ophthalmological department 10 beds, and Cardiac catheterization unit 5 beds.

Medical university hospital provides medical services for patients consists of 5-floors, total bed capacity of the hospital 170 beds which include 11departments; a neurological department 20 beds; a pediatric department 20 beds; a hemodialysis department 17 beds; general medicine department 20 beds; chest department 20 beds; tropical department 17 beds; Incubator 12; ER 10 beds; ICU 20 beds; PICU 10 beds, and Endoscopy department 4 beds.

Subjects:

The study subjects included a representative sample of 196 staff nurses out of 400 staff nurses working at El- Fayoum University Hospitals.

The sample size is determined using the following equation:

$$ n = \frac{N \times p(1-p)}{\left[\!\left[N-1 \times \left(d^2 \div z^2\right)\right] + p(1-p)\right]} $$

N: Population size

p: the percentage of the phenomenon existence in the research population it is assumed as 50%

q: (1-p) = 50%

d: Estimated error level = 5%

z: The standard value corresponding to the confidence level 95% which is 1.96

n: Sample size **(Thompson, 2012).**

Sample technique:

The study was carried out using purposive sample.

Tools of data collection:

The data of this study were collected by using two tools.

First tool: Workplace Violence Questionnaire:

The researcher developed a self-administered questionnaire sheet to collect the data necessary to achieve the study objectives. The questionnaire was based on the workplace violence survey of the International Labor Office **[ILO],** International Council of Nurses **[ICN],** World Health Organization **[WHO]**, and Public Services International **[PSI] (2003).** The questionnaire consists of three parts as follows.

➢**Part 1:** Personal and job characteristics of staff nurses. This part was developed by the researcher to collect data about hospital name, department, Age, gender, marital status, years of experience, shift work and qualifications**.**

➢   **Part 2**: It was aimed at identifying contributing factors to workplace violence. It includes 56 items categorized into

three main factors; personal (15 items), organizational (36 items), and societal (5 items).

Personal factors: subdivided into two subscales as follows:

▪ Personal characteristics and traits (7items) include: inability to manage violent incidents.

▪ Unprofessional behaviors (8 items) include: neglect patient complaints, and his or her demand.

Organizational factors: subdivided into six subscales as follows:

▪ Head nurses' inefficiency in organizing and managing work (10 items) include: head nurse plan scheduling poorly.

▪ Nature of nurses' wok (5 items) include: working with depressed patients' families.

▪ Work overload and role ambiguity (6 items) include: shortage in nursing staff.

▪ Administrative policies to support violence victims (5 items) include: lack of reporting system of violent incidents.

▪ The organizational structure of the workplace (8 items) include: lack of emergency signals, alarms, and telephones.

▪ Security men (2 items) include: inadequate number of security staff.

Societal factors: includes (5 items) include: High poverty, Unemployment, and violence in society.

Scoring system: Items were rated on a five-point Likert scale ranged from strongly agree (5) to strongly disagree (1). The scores of the statements of each domain were summed up and the total divided by the number of the items, giving a mean score for each domain. These scores were converted into a percent score and were classified as the following levels: < 50% for disagreement, from 50 - < 75% for moderate agreement, and ≥ 75% for a high agreement of staff nurses upon factors contributing to workplace violence.

➢ **Part 3:** It was aimed at identifying types of violence experienced by staff nurses in the workplace, perpetrators of violence, and also identifying the rate of experiencing each type of violence. It consists of 33 items. The items are covering verbal/psychological, physical, and sexual types of violence.

-Verbal/psychological violence (12 items).

-Physical violence (12 items).

-Sexual violence (9 items).

Scoring system: The responses from "always" to "never" were scored respectively from 5 to 1. For the presentation of each item, the five-point Likert scale was compressing into three categories: "always/often," "sometimes," and "rare/never," and the mean and median were calculated with a maximum score of 5. The staff nurse was considered to be exposed to workplace violence if the total score obtained was ≥ 3 out of 5 (corresponding to sometimes/ often/always), and not exposure if the total score was ≤ 3 (corresponding to the responses: rare/never).

-The perpetrators of workplace violence against nurses: for each item of the three types of violence, the nurse asked to indicate the perpetrator whether patient, visitor, physician, nursing colleagues, or administrative staff.

-The rate of exposure to each type of workplace violence: for each item of the three types of violence, the nurse asked to indicate the frequency of exposure whether one/shift, weekly, monthly or never.

Second tool: Anticipated Turnover Scale (ATS): This instrument was developed by **Barlow and Zangoro (2010)** and was modified by the researcher to measure nurses' intent to leave. It consists of 12 items Include: I plan to stay in this hospital.

Scoring system: The responses to statements are on a 3- point Likert scales "agree, uncertain, and disagree". The maximum score was (36) and the minimum (12). The score of items summed and the total divided by the number of the items, giving a mean score of the part. These scores were converted into a percent score So that a score of $\geq 60\%$ indicates intent to leave, and $\leq 60\%$ indicates intent to stay.

II. Operational design:

The operational design for this study involves a description of its preparatory phase, pilot study and fieldwork.

Preparatory phase:

This phase was concerned with the preparation of the study tools based on reviewing current and past local and international literature. This review conducted using available textbooks, articles, periodicals, journals, and internet searches to be acquainted with the most recent and valid tools relevant to the study subject.

The validity:

The questionnaire translated into Arabic and then content and face validity was established by a jury of "five" experts from faculty of nursing. There were three assistant professors of nursing administration at the Faculty of Nursing, Ain Shams University and one professor and one assistant professor of Nursing Administration at the Faculty of Nursing, Zagazig University. The content and face validity sheet involved two parts: the first part included the opinions of the experts for each item that were recorded on a two-point scale: relevant and not relevant, and the second part covered general or overall opinions about the form which express their comments on the tools for clarity, applicability, compre-hensiveness, understanding, any suggestions for any additional or omissions of items and ease for implementation. According to their opinions, all recommended modifications were performed by the researcher.

Reliability:

It was done by assessing the internal consistency of the scales used by calculating their corresponding Cronbach's alpha coefficients. It showed a moderate level of reliability.

Table (1): Tools reliability

Questionnaire	No. of items	Alpha Cronbach
Factors contributing to workplace violence	56	0.766
Types of workplace violence	33	0.628
Turnover intention	12	0.804

Pilot study:

A pilot study was performed on 20 nurses (10% of the sample) to check the clarity of this study tool and to estimate the time required to complete the questionnaire sheets for each participant. The time consumed to fill the questionnaire was found to range between 30-45 minutes. It took about a month from half of March to half of April. No modification was done to the pilot sample after the review of the reply sheet by the nurses. So; pilot sample was included in the main study sample.

Fieldwork:

The collection of data took about two months from the beginning of May till the end of June 2019 during the morning and afternoon shifts. After securing official permissions, the researcher visited the workplaces and met the head nurse of each unit to determine the appropriate time for data collection and met each staff nurse individually, explained to him/her the aim of the study and methods of filling the questionnaire, and invited him/her to participate. Those who gave their consent were handed the questionnaire sheet to fill it out. The researcher checked the completeness of each filled sheet after the

participant completed it to ensure the absence of any missing data. Every nurse took 30-45 minutes to complete the questionnaire sheet.

The researcher visited each hospital three days per week. Data collection process was done in different shifts. In morning shift, the researcher went to hospital from 10:00 to 12:00 am, in afternoon shift from 5:00 to 7:00 pm.

Ethical considerations:

This study proposal was accepted by the Ethics Committee of the Faculty of Nursing, Ain Shams University. Official permission to conduct the study was secured. Participants were informed about their full voluntary involvement in the research, and the cover letter introducing the proposal addressed the participants' confidentiality. Consent was established with the completion of the questionnaires.

III. Administrative Design:

Official letters requesting permission to conduct the study were sent from the Dean of the Faculty of Nursing, Ain Shams University to the directors for the two study hospitals requesting their approval and cooperation for data collection. These letters explained the aim of the study, with attached copies of the data collection tool. Permissions for the study were obtained from the directors of both hospitals, either medical or nursing.

IV. Statistical Design:

Data entry and statistical analysis were done using the Statistical Package for Social Science (SPSS), version 20.0. Data were presented using descriptive statistics in the form of frequencies and percentages for categorical variables, and means and standard deviations for continuous variables. Independent t-test and ANOVA were used to detect the relation between the variables. Pearson correlation analysis was used for assessment of the inter-relationships between total scale scores. Multiple Linear inner regression analysis was used to assess the effect of the predictor. Qualitative variables were compared using chi-square test.

Results:

Table (2): demonstrates the personal and job characteristics of 196 staff nurses working in two study hospitals. As well, 59.7% of them are working in medical university hospitals and 48.0% of them are working in critical care units. 50 % are in the second category of age (20- <25). While 66.3% were female, concerning marital status, single and married staff nurses are equal 49.5% and their experience ranged between (0.5-20) years, with mean 2.99. 74% of them were working shifts, and 69.9% having technical health institute.

Figure 1: illustrate that 70.4% of studied nurses had high percentages regarding societal factors, while 34.7% of them had low percentages regarding personal factor.

Figure (2): illustrates that 9.2% of studied nurses had high exposure to verbal/psychological workplace violence, while 0.5% of them had low exposure to sexual violence. Overall, a majority of them 96.4%.don't exposed to sexual violence.

Figure 3: illustrates that the highest percentage of studied nurses 61.7% decided to leave, while 38.3% chose to stay.

Table (3): clarifies that there were highly statistically significant and positive correlations between workplace violence dimensions and turnover intention where p-value <0.001.

Table (4): shows best-fitting multiple linear regression models for the score of turnover intention. It reveals that verbal/psychological violence and sexual violence have a highly statistically significant independent positive predictor of turnover intention.

Table (5): demonstrates that there were highly statistically significant relations between studied nurses' turnover intention as regards age, marital status, and years of experience (P<0.001).

Table (2): Personal and job characteristics of studied nurses (n=196)

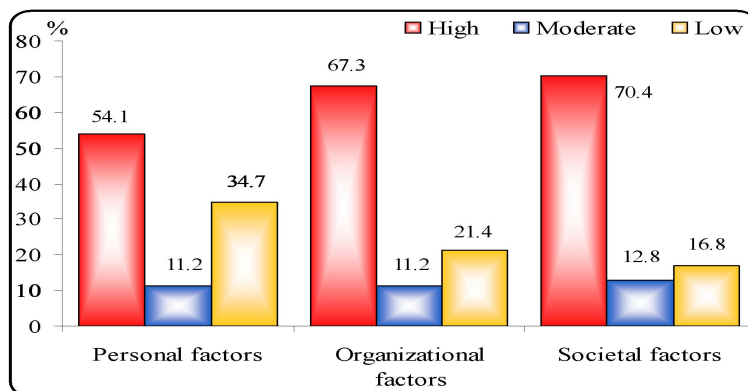| Personal and job characteristics	N	%
Hospital name		
Medical hospital	117	59.7
Surgical hospital	79	40.3
Departments		
Medical surgical units	93	47.4
Critical care units	94	48.0
Operating room	9	4.6
Age (years)		
<20	0	0.0
20- <25	98	50
25- <30	55	28.1
>30	43	21.9
Range	20-36	
Mean±SD	23.65±2.56	
Gender		
Male	66	33.7
Female	130	66.3
Marital status		
Married	97	49.5
Single	97	49.5
Divorced	2	1.0
Years of experience (years)		
<5	104	53.1
(5- 10)	67	34.2
>10	25	12.7
Range	0.5-20	
Mean±SD	2.99±2.85	
Shift work		
Morning	34	17.3
Afternoon	8	4.1
Night	9	4.6
Variable	145	74.0
Qualifications		
Nursing diploma	5	2.5
Technical health institute	137	69.9
B.Sc. nursing	54	27.6

Figure (1): Distribution of levels of contributing factors to workplace violence among studied
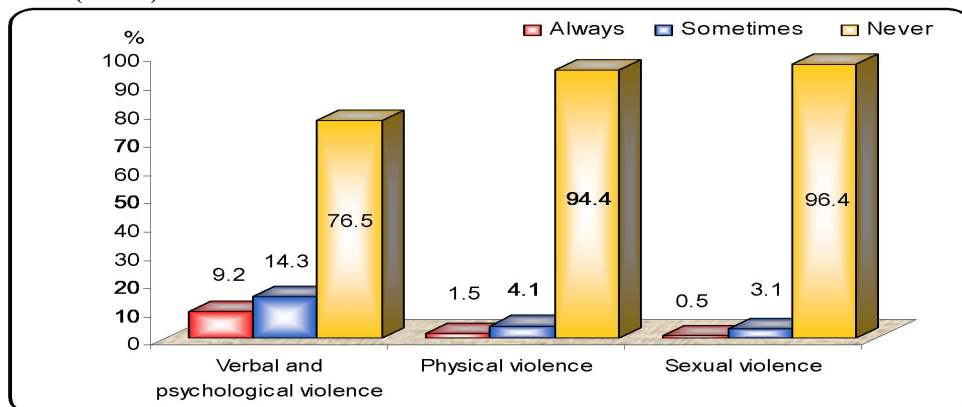
nurses (n= 196).

Figure (2): Distribution of total exposure to workplace violence among studied nurses (n=196).
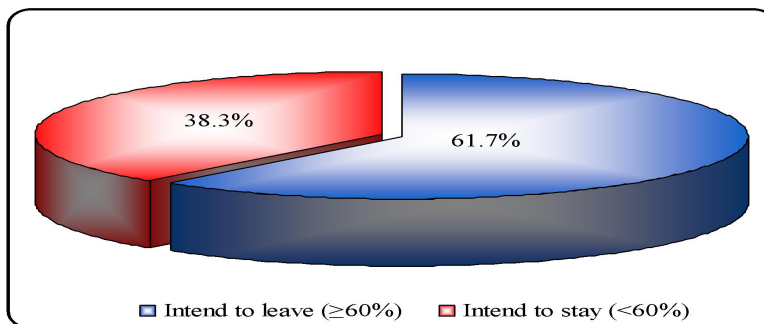

Figure (3): Distribution of studied nurses according to their intent to leave and stay (n= 196)

Table (3): Correlation between workplace violence dimensions and turnover intention among studied nurses (n=196).

Workplace violence dimensions	Turnover intention	
	R	P-value
Total Factors contributing to workplace violence	0.378	<0.001**
Personal factors	0.443	<0.001**
Organizational factors	0.490	<0.001**
Societal factors	0.247	0.040*
Total Types of violence	0.460	<0.001**
Verbal and psychological violence	0.513	<0.001**
Physical violence	0.303	0.011*
Sexual violence	0.543	<0.001**

* Statistically significant at P < 0.05
** Highly statistically significant at P < 0.001

Table (4): Best fitting multiple linear regression model for the score of turnover intention (n=196)

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
Verbal and psychological violence	0.670	0.117	0.508	5.700	<0.001**	0.438	0.901
Physical violence	-0.082	0.339	-0.033	0.241	0.809	-0.751	0.587
Sexual violence	0.015	0.408	0.004	4.536	<0.001**	-0.790	0.820
Dependent Variable: turnover intention among studied nurses							

R-Square = 0.238   Model ANOVA: F = 19.982
** Highly statistically significant at P < 0.001

Table (5): Relation between personal and job characteristics of studied nurses and their turnover intention (n=196)

	Turnover intention					Chi-square	
	Intend to leave		Intend to stay		Total	X²	P-value
	N	%	N	%			
Hospital name							
Medical	67	57.3	50	42.7	117	2.455	0.117
Surgical	54	68.4	25	31.6	79		
Departments							
Medical surgical units	58	62.4	35	37.6	93		
Critical care units	58	61.7	36	38.3	94	0.161	0.923
Operating room	5	55.6	4	44.4	9		
Age							
20- <25	64	65.3	34	34.7	98		
25- <30	42	76.4	13	23.6	55	18.635	<0.001**
30 or more	15	34.9	28	65.1	43		
gender							
Male	37	56.1	29	43.9	66	1.356	0.244
Female	84	64.6	46	35.4	130		
Marital status							
married	77	79.4	20	20.6	97		
single	44	45.4	53	54.6	97	27.022	<0.001**
Divorced	0	0.0	2	100.0	2		
Years of experience							
<5	84	80.8	20	19.2	104		
5- 10	29	43.3	38	56.7	67	34.963	<0.001**
>10	8	32.0	17	68.0	25		
Shift work							
Morning	25	73.5	9	26.5	34		
Afternoon	5	62.5	3	37.5	8		
Night	3	33.3	6	66.7	9	5.144	0.162
Variable	88	60.7	57	39.3	145		
Qualifications							
Nursing diploma	2	40.0	3	60.0	5		
Technical health institute	80	58.4	57	41.6	137	4.161	0.125
B.S.c nursing	39	72.2	15	27.8	54		

** Highly statistically significant at P < 0.001

Discussion:

Regarding levels of contributing factors to workplace violence, the finding of the current study showed that the majority of studied nurses reported that societal factors had the highest percentages of contributing factors to violence. This result may be due to social and economic inequity, poverty, unemployment and increased in the level of violence and crimes in society and easy to get weapon increase risk of experiencing workplace violence and also belief of people that violence is a part of nurse job.

This result was in the same line with study done by **Jiao et al., (2015)** who researched to assess workplace violence against nurses in Chinese hospitals, in China and stated that societal factor is most influencing factors to workplace violence.

Regarding total exposure of studied nurses to workplace violence, the finding of the current study showed that the exposure of studied nurses to verbal/psychological workplace violence was the highest, while sexual violence was the lowest , overall, a majority of them don't exposed to sexual violence. This may be due to fear of being stigmatized as a troublesome and incompetent person and also may be due to cultural differences and the way in which violence is described.

This result was in the same line with study done by **Alkorashy & Al Moalad, (2016)** who conducted study to assess workplace violence against nursing staff in a Saudi university hospital and found that verbal abuse; verbal or written threats and threatening behavior were the most commonly reported violent acts committed by all types of perpetrators. Also this result was supported by **Pandey et al., (2017)** who carried out their study to assess workplace violence and its associated factors among nurses in Pokhara, Nepal, and found that the majority of staff nurses don't expose to sexual violence.

But this result is disagreement with **Ali et al., (2015)** who conducted a study to assess sexual harassment against nursing staff in Tanta University Hospitals, Egypt and stated that the majority of the studied nurses were exposed to sexual harassment at the workplace.

Regarding intent to leave and stay as reported by studied nurses, the finding of the current study showed that, less than two-thirds of staff nurses decided to leave, while more than one-third of them chose to stay. This may be due to the experience of job related stress, work overload, poor communication, lack of motivational environment, job dissatisfaction, unclear role & responsibility and lack of commitment in organization increase intent to leave.

This result was supported by **Liu et al., (2018)** who conducted study to assess the relationship between workplace violence, job satisfaction, burnout, organizational support and turnover intention and to explore factors associated with turnover intention among nurses in Chinese tertiary hospitals, in China and found that high percentages of nurses had high turnover intention. But this result is disagreement with **Christopher et al., (2018)** who conducted study to assess factors influencing turnover in GenX nurses in Australia and found that Participants' intention to turnover scores were neutral, indicating no clear positive or negative intention to leave their job in the near future.

Also, this result is disagreement with **Wan et al., (2018)** who conducted study to assess turnover intention among experienced nurses and explore the effects of work environment, job characteristics and work engagement on turnover intention in China and showed that slightly more than one-third of experienced nurses had turnover intention. Also, this result is disagreement with **ELDahshan and Keshk, (2014)** who conducted study to determine the main conflict management styles from both nurse managers and their staff nurses' points of view and investigating its effect on nurses' turnover intention at Shebin El Kom teaching hospital, Menoufiya University hospital, Egypt and found that the majority of

studied nurses had the desire to stay in their organization.

Regarding correlation between workplace violence dimensions and turnover intention among studied nurses, the findings of the current study showed that, there were highly statistically significant and positive correlations between workplace violence dimensions and turnover intention. This can be explained as violence increased, the nurses' turnover intention increased.

These results agreed with **Hamdan & Abuhamra, (2015)** who conducted study to assess workplace violence towards workers in the emergency departments of Palestinian hospitals, in Palestine and stated that there were statistically significant positive correlations between workplace violence and turnover intention. Also, these results are congruent with the study done by **Liu et al., (2018)** who found that workplace violence was positively associated with turnover intention

The finding of current study showed that, verbal/psychological and sexual violence have a highly statistically significant independent positive predictor of turnover intention. This can be explained as workplace violence causes physical and psychological harm to nurses and aggravates nurses' stress and reluctance to work, resulting in an increase in turnover intention. Moreover, workplace violence can provoke in nurses a sense of extreme insecurity and reduced self-value, which may directly lead to turnover intention.

This result was consistent with the study done by **Zhao et al., (2018)** who conducted a study to assess impact of workplace violence against nurses' thriving at work, job satisfaction and turnover intention in China and found that there was a highly statistically significant independent positive predictor from workplace violence on turnover intention. And also, this result was supported by **Liu et al., (2018)** who found that workplace violence is one of the significant predictors of turnover intention**.**

The finding of current study showed that, there was highly statistically significant relation between studied nurses' turnover intention and their age, it can be noticed that turnover intention is high among young staff nurses; this may be due to young staff nurses are searching to work in organizations give high salary and had multiple opportunities for promotion and development and they also concerned with working outside the country and abroad. This result is congruent with **Elshahat, (2018)** who conducted study to find out the relationship between quality of work life and turnover intention, Ain shams University, in Egypt who found that there was a statistically significant negative correlation between staff nurses' turnover intention and their age.

The finding of current study showed that, there was highly statistically significant relation between studied nurses' turnover intention and their marital status, it can be noticed that turnover intention is high among married staff nurses. This may be due to salary not suitable to cover married nurses 'responsibilities toward their families, or may be due to conflict between work life and families responsibilities. This result is congruent with **Elshahat, (2018)** who found that there was a highly statistically significant difference between staff nurses' turnover intention and their marital status.

The finding of current study showed that, there was highly statistically significant relation between studied nurses' turnover intention and their years of experience, it can be noticed that turnover intention is high among less experienced staff nurses and low turnover intention among more experienced staff nurses. This may be due to more experienced staff nurses are more familiar with work and hospital system, work demands and had strong relations with all employees in the hospital from different departments either medical or non-medical so; they had high level of commitment to their work.

This result is congruent with **Elshahat, (2018)** who found that there was statistically significant negative correlation between staff nurses' turnover intention and their years of experience.

Finally, this result is consistent with the study done by **Ramacciati et al. (2018)** who conduct study to assess workplace violence against nurses in Korea and its impact on professional quality of life and turnover intention and stated that there was statistically significant effect from age and marital status on nurses' turnover intention. Also, this result is consistent with the study done by **Zhao et al., (2018)** who stated that there were highly statistically significant relations between studied nurses' turnover intention and their years of experience.

Conclusion:

- In the light of the current study findings, it can be concluded that staff nurses working at El- Fayoum University hospitals reported that societal factors had the highest percentages for factors contributing to workplace violence, while personal factors had the lowest percentages.

- Studied nurses reported that the exposure to verbal/psychological workplace violence was the highest, while sexual harassment was the lowest with the most common perpetrators of workplace violence were the patients and their relatives.

- Also, studied nurses reported that more than half of them intend to leave work.

- There were highly statistically significant and positive correlations between workplace violence dimensions and turnover intention.

Recommendations:

- Hospital administrators need to develop a workplace violence policy for institutions.

- Nurses exposed to workplace violence must receive a comprehensive treatment and support after violent attack.

- Conduct training programs for nursing personnel regarding violence and coping strategies to deal with workplace violence

- Nurse Manager must be able to lead effectively and provide a working environment where nursing staff are satisfied and have a sense of fulfillment in their job.

References:

Abdel-Ghany, M. A., Seleem, F. W., & El-Said, M. N. (2016): Effect of Workplace Violence Prevention Training Program on Staff Nurses Turnover, Journal of Nursing and Health Science, 5(6), PP.36-46.

Ali, E., Saied, S., Elsabagh, H., & Zayed, H. (2015): Sexual harassment against nursing staff in Tanta University Hospitals, Egypt. The Journal of the Egyptian Public Health Association, 90(3), 94-100.

Alkorashy, H., & Al Moalad, F. (2016): Workplace violence against nursing staff in a Saudi university hospital. International nursing review, 63(2), 226-232.

Barlow, K.M., & Zangoro, G.A. (2010): Meta –analysis of the reliability and validity of the Anticipated Turnover Scale across studies of registered nurses in the United States. Journal of Nursing Management, 18(7), PP. 862-873.

Christopher, S., Fethney, J., Chiarella, M., & Waters, D. (2018): Factors influencing turnover in GenX nurses: Results of an Australian survey. Collegian, 25(2), 217-225.

D'Ettorre, G., Pellicani, V., Mazzotta, M., &Vullo, A. (2018): Preventing and managing workplace violence against healthcare workers in Emergency Departments, Acta Biomed, 89(4-S), 28-36.

Duan,X., Ni, X., Shi,L., Zhang, L., Ye, Y., Mu, H., Li, Z., Liu,X., Fan, L., &Wang, Y.(2019): The impact of workplace violence on job satisfaction, job burnout, and turnover intention: the mediating role of social support, Health and Quality of Life Outcomes, Vol.17(1),1-10.

El Dahshan, M.E., & Keshk, L.E. (2014): Manager's conflict management styles and its effect on staff nurses' turnover intention at Shebin ELKom hospitals, Menoufiya Governorate. World Journal of Medical Science, 11(1), 132-143.

Elshahat, E.M. (2018): Relationship between quality of work life and turnover intention among staff nurses, master thesis, Ain Shams, PP.107-109.

Gebregziabher, D., Berhanie, E, Berihu, H., Belstie, A., & Teklay, G. (2020): The relationship between job satisfaction and turnover intention among nurses in Axum comprehensive and specialized hospital Tigray, Ethiopia, BMC, 19(79), 1-8.

Hamdan, M. & AbuHamra, A. (2015): Workplace violence towards workers in the emergency departments of Palestinian hospitals: a cross-sectional study. Human resources for health, 13(1), 28.

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

Jiao, M., Ning, N., Li, Y., Gao, L., Cui, Y., Sun, H., & Hao, Y. (2015): Workplace violence against nurses in Chinese hospitals: a cross-sectional survey. BMJ open, *5*(3), e006719.

Kaddourah, B., Abu-shaheen, A., &Al-Tannir, M. (2018): Quality of nursing work life and turnover intention among nurses of tertiary care hospitals in Riyadh: a cross-sectional survey, BMC nursing article, 17:43, 1-7.

Liu, W., Zhao, S., Shi, L., Zhang, Z., Liu, X., Li, L., & Fan, L. (2018): Workplace violence, job satisfaction, burnout, perceived organizational support and their effects on turnover intention among Chinese nurses in tertiary hospitals: a cross-sectional study. BMJ open, 8(6), e019525.

Ninroon, P., Khlungsaeng,W., Boonying, J., & Vaiyavuth, R. (2020): Identifying the Predictors of the Turnover Intentions: A Case of Thailand Pharmaceutical Companies, A multifaceted review journal in the field of pharmacy, 11(3), 134-143.

Pandey, M., Bhandari, T.R., & Dangal, G. (2017): Workplace Violence and its Associated Factors among Nurses. Journal of Nepal Health Research Council, Vol. 15, No. 3, Issue. 37, PP. 235-241.

Ramacciati, N., Bambi, S., & Rasero, L. (2018): Workplace violence against nurses in Korea and its impact on professional quality of life and turnover intention. Journal of nursing management, 26(3), 332-333.

Shaikh, S., Baig, L.A., Hashmi, I., Khan, M., Jamali, S., Khan, M.N., Saleemi, M.A., Zulfiqar, K., Ehsan, S., Yasir, I., Haq, Z.U., Mazharullah, L., &Zaib, S. (2020): The magnitude and determinants of violence against healthcare workers in Pakistan, BMJ Glob Health, 5(4):e002112.

Stewart, M.W. (2018): Workplace Violence against Nurses, Journal of PeriAnesthesia Nursing, Vol. 33, No 3, pp. 356-359.

Thompson, S. (2012): Sampling, 3rd Edition, Wiley Series in Probability and Statistics, New York Wiley, P.59.

Wan, Q., Li, Z., Zhou, W., & Shang, S. (2018): Effects of work environment and job characteristics on the turnover intention of experienced nurses: The mediating role of work engagement, Journal of Advanced Nursing, vol.74 (6), PP. 1332-1341.

Zhao, S., Shi, Y., Sun, Z., Xie, F., Wang, J., Zhang, S., & Fan, L. (2018): Impact of workplace violence against nurses' thriving at work, job satisfaction and turnover intention: A cross sectional study. Journal of clinical nursing, 27(13-14), 2620-2632.