Effects of Workplace Violence Regarding Nurses Job Satisfaction, Turnover Intention and Quality Care in Tertiary Care Hospital of Lahore Pakistan

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Abstract

Introduction: Many countries are encountered workplace violence almost in every field of employment which is a real matter of concern. The occurrence of violence at work place has become a serious threat to the safety and security of employees; exploit their dignity, further leads to lower wellbeing among them. It most of the times puts life in troubles and may lead to death like serious consequences among the health care workers. Work place violence is considered among the leading causes of deaths at the US among women who serve in hospitals or any other services.**Method:** A quantitative cross-sectional study design was used to determine the effects of workplace violence regarding nurse's job satisfaction, turnover intention and quality care in tertiary care hospital. 160 nurses were selected as sample. Data was collected through the standardized well adopted questionnaires.**Results:** The results reveals that the workplace violence was from last twelve months, patients towards nurses is high 68.8%. The statistical difference between "job satisfaction" and "work place violence is significant P=.000. Further there is significant correlation between workplace violence and job satisfaction and P=.000. The relationship between workplace violence (WPV), Job satisfaction, turnover intention (TI), and quality of care (QOC) revealed that there is significant relationship p < 0.05. **Conclusions:** Nurses in Pakistan are at high risk of workplace violence, especially verbal attack. In addition, they have a low level of job satisfaction and a high level of turnover intention. Job satisfaction plays the mediator role between workplace and turnover intention and quality of care among nurses. In order to clarify the mechanisms of turnover intention resulting from work place violence, further study should be conducted in-depth, such as how coping strategies used by emergency nurses who experienced workplace violence can affect their turnover intention.

Keywords: Work Place Violence, Job Satisfaction, Turnover Intention, Quality of Care.

INTRODUCTION

Background of study: Many countries are encountered workplace violence almost in every field of employment which is a real matter of concern (Alameddine, Mourad, & Dimassi, 2015).The occurrence of violence at work place has become a serious threat to the safety and security of employees; exploit their dignity, further leads to lower wellbeing among them. It most of the times puts life in troubles and may lead to death like serious consequences among the health care workers. Work place violence is considered among the leading causes of deaths at the US among women who serve in hospitals or any other services. The lethal consequences of work place violence such as severe injuries have greater impact on life and cannot be underestimated by any state or country of the world (Boafo & Hancock, 2017).

A study conduct by (Groenewold et al., 2018) analyzed surveillance data about workplace violence from 2012 to 2018 in the US. They suggested that nurses have the highest workplace violence injury rates of all health professionals, finding that the nurses in their study faced 1.7 times the risk of experiencing workplace violence than personnel not involved in patient care (Groenewold et al., 2018).National survey data indicated that more than half of the nurses surveyed had experienced workplace violence in the prior 12 months in Turkey (51%), Australia (67%), and China (68%) (C.-r. Shi, Ma, Huang, Zhang, & Ren, 2020).

Health care profession has even more severe consequences from workplace violence which appears as a major issue globally important in terms of violence against nurses and other health professionals at their work place. This violence may include verbal abuse from patients and their relative, physical violence like hitting and beating, and sexual harassment etcetera (Oyelade & Ayandiran, 2018).The verbal violence has the highest occurrence of all work place violence. Moreover, Nurses are exposed to work place violence more than any other health care discipline because they remain in contact with patients and their families for all the times (Alameddine et al., 2015).

Workplace violence is known as one of the most challenging issues in nursing work environments. A high prevalence of workplace violence in health care systems has been reported around the world. A meta-analysis of 136 international research studies, conducted in Anglo, Asian, European, and Middle East regions, showed that

36.4% of nurses reported having been physically assaulted, with 67.2% reporting nonphysical assaults (Spector, Yang, & Zhou, 2015).

Nurses are the frontline workforce in the hospital setting and the quality of patients' care solely depends on the quality of nursing workforce and the quality of working environment in the hospital but several earlier studies reported that workplace violence was the found as an important predictor that affects the working environment of the hospital settings (Cheung & Yip, 2017).

Work place violence is very common everywhere in every hospital among nurses. Pakistan is one of such countries having high incidence of work place violence among nurses at work environment. There is also another issue of poor reporting, lack of documentation and unpublished status of such violence in the health care setups. Such high incidences of work place violence among nurses put the managements of different organizations in the challenging situations (Ijaz, Ali, Rooman, & Khadim, 2018).

Outcomes of Violence: Nurse-reported workplace violence was found to be associated directly with higher incidences of, less job satisfaction, lower patient safety and more adverse events. Higher nurse job satisfaction was associated directly with higher patient safety. Nurse burnout and job satisfaction played mediating roles in workplace violence and patient safety. The study explained 19.8% and 35.0% of se-reported patient safety and adverse events, respectively (Liu et al., 2019).

Turnover intention is defined as the probability that an employee will leave his or her job within a certain time period .Turnover intention has been widely shown to be an important, practical antecedent variable of turnover and is the best predictor of actual turnover behavior (J. J. Li, Lee, Mitchell, Hom, & Griffeth, 2016).So it's more cost-effective for nursing managers to investigate turnover intention than actual turnover (Wubetie, Taye, & Girma, 2020). According to previous researchers, factors influencing turnover intention of nurses were mainly focused on nurses' age, educational background, job satisfaction, job stress, burnout, and organizational commitment (N. Li, Zhang, Xiao, Chen, & Lu, 2019).

Job satisfaction was the main factor, which provided sufficient support to the hypothesis that turnover intention was preceded by job satisfaction (Yoo & Kim, 2016). Moreover, new research identified that nurses' turnover intention was also influenced by workplace violence (Choi & Lee, 2017).

Nurses who had suffered from physical assaults were found to be 2.7 times more likely to leave the nursing profession. Previous studies have shown poor nurse outcomes to be associated with unsafe patient care. However, seldom studies have tried to explore the relationship between workplace violence and patient safety, of the mediating effects of nurse job satisfaction. (Oh, Uhm, & Yoon, 2016).

While nurses accept that violence or threats are a part of the culture of the job, nurses should not tolerate violence of any sort. In its position statement on workplace incivility, bullying, and workplace violence, the American Nurses Association calls for a "culture of civility and kindness" (Clark, 2019). Physical and verbal assaults cause stress, job dissatisfaction, which contribute to high turnover rates (Simpson, 2016).

Problem Statement

The Bureau of Labor Statistics (2018) reported workplace violence at 15.6 incidents per 10,000 nurses in hospitals. This statistic demonstrates the amount of workplace violence, yet found that number may be underreported, as many nurses seem to only report serious events to their employers. Statistics include direct physical assaults, written or verbal threats, physical or verbal harassment, and homicide (Dressner & Kissinger, 2018).

A research conduct by (Jafree, 2017) in Pakistan, findings show that 73.1% of nurses reported experiencing some sort of violence in the last 12 months; with 53.4% suffering from physical violence, 57.3% from verbal violence, and 26.9% from sexual violence (Jafree, 2017).

Another study conducts in Pakistan, more than one-third (38.4%) reported having experienced any form of violence in the last 6 months. Verbal violence was the most commonly experienced form (33.9%), followed by physical violence (6.6%). The main reasons for physical violence were death of patients (17.6%), serious condition of patients (16.6%) and delay in care (13.4%) (Shaikh et al., 2020).

Although, the prevalence of workplace violence in healthcare setting was >50%, but it was high ranged among nurses in both developed and developing countries (Alshehri, 2017). A recent study was conducted to explore the workplace violence against healthcare worker in general and reported that about 91% violence took place in public healthcare settings and more than one-third (39%) of the violence cases occurred at tertiary level hospital (Hasan, Hassan, Bulbul, Joarder, & Chisti, 2018).

Violence against nurses is a complex and persistent occupational hazard facing the nursing profession. Paradoxically, the job sector with the mission to care for people appears to be at the highest risk of workplace violence. Nurses are among the most assaulted workers. Too frequently, nurses are exposed to violence primarily from patients, patients" families, and visitors. This violence can take the form of intimidation, harassment, stalking, beatings, stabbings, shootings, and other forms of assault. Violence not only affects nurses" perspectives of the profession, but it also undermines recruitment and retention efforts which, in a time of a pervasive nursing shortage, threaten patient care. Violence in health care environment has been well studied in

developed countries. However, workplace violence directed towards nurses has rarely been researched in developing countries including Pakistan.

Research Questions

What are the effects of workplace violence regarding nurse's job satisfaction, turnover intention and quality care in tertiary care hospital of Lahore Pakistan?

Objective:

General objective:

To investigate the effects of workplace violence among nurse's job satisfaction, turnover intention, and quality care in tertiary care hospital of Lahore Pakistan

(ii) Specific Objectives

(i)   To determine the effects of workplace violence regarding nurse's job satisfaction

(iii) To examine the effects of workplace violence regarding nurse's turnover intention

 (ii) To study the effects of workplace violence and quality care

Significance of the study:

Nursing staff, which consist of nurses and nursing assistants, make up the largest population of employees in the healthcare system (Copeland, 2021).Employees suffering workplace violence in a healthcare setting experience harm that ranges from psychological injuries to emotional trauma and physical injuries (Simpson, 2016).Violence against this group may leave injuries that lead to time off for the impacted nursing staff. Nursing staff productivity and ability to work at full capacity is imperative to providing quality patient care in a safe manner (Dermenchyan, 2018).

Workplace violence is a major health concern which is starting to receive national attention. Both direct and indirect exposure to violence may result in psychological effects in the future for nurses. If the healthcare worker experiences any kind of violence in any setting, consequences could include a decrease in productivity or even the possibility the nurse will leave the profession.

This topic is a part of the broader system of the workplace environment and social interactions in the workplace. This study provides insight on current workplace among nurses in Pakistan. Insight into workplace violence prevalence is important because it could inform environmental changes towards (a) improving workplace safety, (b) teaching behaviors to diffuse adverse situations before they escalate to violence, and (c) providing support for employees who have been violated while working. Moreover, the study could contribute new knowledge to the current literature on current workplace violence among nurses in Pakistan. This may help the nurses to resolve violence related issues and continue a peaceful job life ahead.

LITERATURE REVIEW

The role of nurses has got enormous attention in the 21st century, all over the world in the health industry (Burkhart & Hall, 2015). Violence against nurses is a complex and persistent occupational hazard facing the nursing profession. Paradoxically, the job sector with the mission to care for people appears to be at the highest risk of workplace violence. Nurses are among the most assaulted workers in the health setup of every country. Too frequently, nurses are exposed to violence primarily from patients, patients' families, and visitors. This violence can take the form of intimidation, harassment, stalking, beatings, stabbing, shootings, and other forms of assault (Molloy, Sherrod, Yamane, & Schoenfisch).

There are multiple ways violence can manifest in the workplace. It can be physical violence, which can include for example hitting, kicking, scratching, pulling, and biting, or verbal violence, such as yelling, threatening, and profanity (Christie, 2015).

Violence against healthcare providers has become an important issue globally as it affects the quality of care provided to patients. The World Health Organization (WHO) (2018) acknowledges that health workers operate at a high risk of violence all over the world, with between 8%–38% exposed to physical violence at some point during their careers. Many healthcare workers are also threatened or exposed to verbal violence, largely from patients and visitors (L. Shi et al., 2017).

Psychological consequences resulting from violence may include fear, frustration, lack of trust in hospital administration, and decreased job satisfaction. Incidences of violence early in nurses' careers are particularly problematic as nurses can become disillusioned with their profession. Violence not only affects nurses' perspectives of the profession, but it also undermines recruitment and retention efforts which, in a time of a pervasive nursing shortage, threatens patient care (Moya, 2018).

There have been number of issues experienced by nurses in public hospitals of Pakistan, for instance, harassment, extra workload, sexual abuse, less reward, lack of respect, unhealthy working environment, violence at workplace, biases, leg-pulling, incivility, longer working hours, blame for death even not their mistake, rude behavior by management, doctors, patients and their families (Ahmad, Al-Rimawi, Masadeh, & Atoum, 2015).

Standardized Definitions of Study Variables

There is a lack of consistency in defining workplace violence across countries and at national and local levels,

although a broad rather than limited definition of violence is typically used (Rai, Choi, & Khandare, 2019).

Violence was defined broadly to include "physical, emotional, psychological, and sexual harms; the potential for harms; intentional and unintentional injury; and abuse and neglect" (Haslam, 2016).

National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty. According to the National Institute for Occupational Safety and Health (NIOSH), workplace violence (WPV) is the act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty (Rees, Wirihana, Eley, Ossieran-Moisson, & Hegney, 2018). The impact of workplace violence can range from psychological abuse to physical injury, or even death (Bradley, Grossman, Hubbard, Ortega, & Curry, 2016).

Job satisfaction is the degree of affect toward a job and its main components and it is considered to be a positive concept describing work behaviors. Factors affecting job satisfaction were, working conditions, role conflicts, workplace violence, organizational environment (Mousazadeh, Yektatalab, Momennasab, & Parvizy, 2018).

A study on Job satisfaction among nurses in Public sector hospitals of Pakistan reported that 80% of nurses were dissatisfied with their job due to lack of respect at the workplace (Samad, Memon, & Kumar, 2020).

H_1 The workplace violence may significantly decrease the level of job satisfaction among nurses.
H_0 The workplace violence may not significantly decrease the level of job satisfaction among nurses.
H_2 The workplace violence may significantly increase the turnover intention among nurses.
H_0 The workplace violence may not significantly increase the turnover intention among nurses.
H_3 The workplace violence may significantly decrease the quality of care among nurses.
H_0 The workplace violence may not significantly decrease the quality of care among nurses.
H_4 Job satisfaction may have significant effect on turnover intention and quality of care.
H_0 Job satisfaction may have not significant effect on turnover intention and quality of care.

MATERIAL AND METHODS
3.1 Introduction
This chapter presents the research design and methods used in this study to achieve the objectives of uncovering violence against nurses in all departments in Pakistan. It addresses key issue, including research design, study design, study papulations, the study sample and sampling, recruitment strategies, study setting, development and translation of the questioners, pilot study, data collection, reliability and validity and data analysis.

3.2 Study design;
A quantitative cross-sectional study design will be used.

3.3 Study site and setting;
This study will be carried out at Mayo Hospital Lahore.

3.4 Study population;
Data will be collected from nurses working in medical wards and critical care units at mayo hospital.

3.5 Inclusion criteria;
- Data will be collected from nurses working in medical wards and critical care units at mayo hospital.
- With the age group of 22 to 60 years
- Willing to participate
- Had direct contact with patients during the daily work?

3.6 Exclusion criteria;
- Nursing students
- Nurses who were still on probation
- Nurses who were on sick leave
- Not willing to participate

3.7 Sample size;
Sample size calculate according to Slovin's formula (Slovin, 1960).
N=N/1+N (e) ²
n=Sample size
N=Papulation size
e ²= margin of error (0.05)
n=272/1+272 (0.05) ²

n=272/1+272 (0.0025)

= 272/1+0.67

n=272/1.675

n=160

3.8 Sampling technique;
Convenient sampling technique will be used to collect data

3.9 Ethical consideration;
Ethical consideration performed during research study. Permission taken from the Ethical committee. I obtained ethical clearance from Institutional Review Board (IRB). The participant informed well and consent taken. All respondents had open opportunity to participate in research. No one forced to participate in research. The study will not be harm and voluntary participants can involve in this study. The information or data remained to the first researcher.

3.10 Data collection;
A well adopted questionnaire used with closed ended question as per Likert scale. This questionnaire based on "the effects of workplace violence regarding nurse's job satisfaction, turnover intention and quality care. Questionnaire consists of two parts. First part is based on the demographic data of the participants such as name, gender, marital status and education, working experience, etc. Second part consist variables questions related to workplace violence, job satisfaction, turnover intention.

3.11 Data analysis method;
Data will be analyzed using SPSS version 21. Analysis will be done on frequencies, proportion tables, charts, graphs and tables. Cronbach's Alpha test used to check the reliability of data. Kaiser-Meyer-Olkin used to measure of Sampling Adequacy. bartletts test was used to check homogeneity of variance, Pearson correlation test used to evaluate the relationship between workplace violence, job satisfaction, turnover intention and job satisfaction.

3.12 Study duration;
This study duration will be approximately taking in 4-6 months.

RESULTS
This study is conducted at tertiary care hospital to determine the effects of workplace violence regarding nurse's job satisfaction, turnover intention and quality care. The result of this study distributed into two sections, first section is statistics of demographic factors, workplace violence, job satisfaction, turnover intention and quality care. Second section is relationship between demographic factors, workplace, nurse's job satisfaction, turnover intention and quality care.

Table 1 show that the frequency of demographics includes gender, age, marital status, experience, and qualification of the participants and the results were, total sample size is 160. Only female nurses participate in this study, frequency of male was 0 (0%) as compare to female nurses were 160 (100%). The age of participants was found minimum 21 to highest 50, participant's age group 21-30 years frequency was moderately 60 (37.7%), majority 71 (44.2%) participants were belonging to age group 31-40 years and only 29 (18.1%) were fall in age group 41- 50 years. 58 (36.4%) participants were single, majority 82 (51.4%) were married and only 35 (21.8%) were divorced/widow. 46 (28.9%) participants have experience 1-5 years, majority of nurses 79 (49.3%) have 6-10 years job experience and only 35 (21.8%) have 11-15 years' experience. The qualification of the participants was found as 56 (35%) diplomas in general nursing, majority 71 (44.6%) and only 33 (20.4%) were hold a degree of bachelor sciences in nursing.

Demographic factors frequencies Table 1			
Demographic Variable		**Frequency**	**Valid Percent**
Gender:	Male	0	0%
	Female	160	100%
	Total	160	100%
Age:	21-30 Year	60	37.7 %
	31-40 Year	71	44.2%
	41-50 Year	29	18.1 %
	Total	160	100%

Marital Status	Single	58	36.4%
	Married	82	51.4%
	Divorced/widow	20	12.2%
	Total	160	100%
Experience	1-5 Year	46	28.9%
	6-10 Year	79	49.3%
	11-15 Year	35	21.8%
	Total	160	100%
Qualification:	Diploma in general nursing	56	35%
	Post Basic diploma	71	44.6%
	Post RN BSN	33	20.4%
	Total	160	100%

Table 5 shows that the reliability of all items and the Cronbach's alpha value is .735. and table 6 shows the number of total participants.

Reliability Statistics
Table 5

Cronbach's Alpha	N of Items
.735	10

Case Processing Summary
Table 6

		N	%
Cases	Valid	160	100.0
	Excluded	0	.0
	Total	160	100.0

Table 7 shows that the mediator effects on independent and dependent variable.
Mediator effects on dependent and independent variable
Table 7

Mediator effects on dependent and independent variable

Sample size
160

IV to Mediators (a paths)
Coeff   se   t   p
JD   .6100   .0617   9.8936   .0000

Direct Effects of Mediators on DV (b paths)
Coeff   se   t   p
JS   .0788   .0899   .8757   .3825

Total Effect of IV on DV (c path)
Coeff   se   t   p
WPV   .1573   .0697   2.2581   .0253

Direct Effect of IV on DV (c' path)
Coeff   se   t   p
WPV   .1093   .0887   1.2315   .2200

Model Summary for DV Model
R-sq   Adj R-sq   F   df1   df2   p
.0360   .0237   2.9291   2.0000   157.0000   .0564

Dependent, Independent, and Proposed Mediator Variables:
DV = TI, IV = WPV, MEDS = JD
Table 9 shows that the Indirect Effects of IV on DV through Proposed mediators.

Table 9

BOOTSTRAP RESULTS FOR INDIRECT EFFECTS

Indirect Effects of IV on DV through Proposed Mediators

	Data	Boot	Bias	SE
TOTAL	.0480	.0487	.0006	.0507
JD	.0480	.0487	.0006	.0507

Bias Corrected Confidence Intervals

	Lower	Upper
TOTAL	-.0566	.1450
JD	-.0566	.1450

Table 10 shows that the sampling adequacy for each variable. The measure value of the proportion of the variance among variable is b.721. the bartletts test was used to check homogeneity of variance and the chai scare value is 701.345 which revealed that variance was equal and the p=0.000.

Table 10

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.721
Bartlett's Test of Sphericity	Approx. Chi-Square	701.345
	df	45
	Sig.	.000

Table 11 show the amount of variance in the original variables accounted for by each component. The percentage % of variance column gives the ratio, expressed as a percentage, of the accounted for by each component to the accounted for by each component to the total variance in all of the variable.

Total Variance Explained

Table 11

	Extraction Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %
1	3.651	36.509	36.509
2	1.707	17.065	53.574
3	1.244	12.444	66.019
4	1.039	10.387	76.406

Extraction Method: Principal Component Analysis.

Correlations

Table 12

Variable		WPV	JS	TI	QOC
WPV	Pearson Correlation	1	.618**	.177*	-.413**
	Sig. (2-tailed)		.000	.025	.000
	N	160	160	160	160
JD	Pearson Correlation	.618**	1	.163*	-.420**
	Sig. (2-tailed)	.000		.039	.000
	N	160	160	160	160
TI	Pearson Correlation	.177*	.163*	1	-.194*
	Sig. (2-tailed)	.025	.039		.014
	N	160	160	160	160
QOC	Pearson Correlation	-.413**	-.420**	-.194*	1
	Sig. (2-tailed)	.000	.000	.014	
	N	160	160	160	160
**. Correlation is significant at the 0.01 level (2-tailed).					
*. Correlation is significant at the 0.05 level (2-tailed).					

Regression modal summary revealed that the strength of the relationship between the predictor's workplace violence and dependent variable job satisfaction. In this table R (multiple correlation coefficient), is the linear correlation observed and predicted value of the dependent variable which is large as .618 and indicate strong relationship. Durbin Watson value is 1.098 indicate the autocorrelation.

ANOVA test was used to check the statistical difference between dependent variable "job satisfaction" and predictors "work place violence and there is a statically significant difference between job satisfaction and workplace violence and P=.000.

the regression coefficients that describe the relationship between workplace violence as mediator and job satisfaction and it is evaluated that there is significant correlation between workplace violence and job satisfaction and P=.000. This statement rejects the null hypothesis and accept the alternative hypothesis.

the difference between the observed value of the response variable and the value of the response variable predicted from the regression line.

The regression modal summary which revealed that the strength of the relationship between the predictor's job satisfaction and dependent variable turnover intention. In this table R (multiple correlation coefficient), is the linear correlation observed and predicted value of the dependent variable which is large as .163 and indicate strong relationship. Durbin Watson value is 1.098 indicate the autocorrelation.

ANOVA test was used to check the statistical difference between dependent variable "turnover intention" and predictors "Job satisfaction" and that there is a statically significant difference between job satisfaction and workplace violence and P=.039.

The regression coefficients that describe the relationship between Job satisfaction and turnover intention and it is evaluated that there is significant correlation between job satisfaction and turnover intention and P=.039. This statement rejects the null hypothesis and accept the alternative hypothesis.

Table 12 shows that the relationship between workplace violence (WPV), Job satisfaction, turnover intention (TI), and quality of care (QOC). Pearson correlational (2-tailed) test used to check the relationship among all variables and results revealed that there is significant relationship between workplace violence, Job satisfaction, turnover intention and quality of care and p < 0.05.

DISCUSSION

This paper conducted among 160 nurses working at tertiary care hospital to evaluate the violence at their job place and check it relation with other variable such as job satisfaction, turnover intention and quality of care. The results revealed that there is high % of workplace violence exposure among nurses while they are providing nursing care or performing their job. This work place violence decreases the job satisfaction as alternative hypothesis 1 "there is strong relationship between workplace violence and job satisfaction" and p < 0.05 and null hypothesis was rejected. The hypothesis 2 also accepted "there is significantly strong relationship between workplace violence and turn over intention" results revealed that the workplace violence increase turnover intention and p < 0.05.

The hypothesis 3 was again accepted "there is significant relationship between work place violence and quality of care" means workplace violence decrease quality of care. Moreover, significant relationship evaluated among each variable such as job satisfaction and turnover intention and results revealed that there is significantly strong relationship among job satisfaction and turnover intention with p < 0.05 and alternative hypothesis also accepted. Then the relationship among job satisfaction, turnover intention and quality of care was also tested and results revealed that the turnover intention and decreased job satisfaction decreases the quality of care, significant relationship found among these variable and p < 0.05, the alternative hypothesis again accepted. The overall results justified that the workplace violence decrease the job satisfaction that are strongly increase the turnover intentions and decrease the quality of care.

This study administered adopted questionnaires and analyzed the responses of 160 nurses, and found that high % experienced workplace violence. This result is consistent with the conclusions of previous studies

This investigation surveys and examined the reactions of 160 registered nurses, with different age group and tracked down that high % experienced violence at their job place. This outcome is steady with the finishes of past examinations (Park, Cho, & Hong, 2015; L. Shi et al., 2017; Wei, Chiou, Chien, & Huang, 2016). Past research uncovered that the pervasiveness of work environment savagery was just about as high as 88.3% (Phillips, 2016). Boisterous attack was the most well-known sort of working environment brutality experienced by clinical staff (around 70.7%).

At present, verbal attack is the most widely recognized work environment violence experienced by clinical staff. Relatives comprised the most well-known wellspring of outer violence, and specialists established the most widely recognized wellspring of inward violence. This might be on the grounds that specialists serve the job of clinical forerunners in medical hospital. In addition, the predominance of violence at job place was most noteworthy among charge nurses with 2 to 5 years of working experience. That senior staff have greater ability to manage violence circumstances contrasted and other faculty (Hsieh, Chen, Wang, Chang, & Ma, 2016).

A cross-sectional examination dependent on clinical doctors tracked down that the predominance of work place violence experienced by medical services works in the previous year was 66.19%, (Sun et al., 2017). Which was lower than the consequence of a huge example of medical services workers particularly nurture encountering work place viciousness in this investigation. The pervasiveness of violence in medical clinics in various nations changes. This might be because of social contrasts in the view of violence at work place in various nations and the variety of appraisal scales utilized in various investigations (Belayachi, Berrechid, Amlaiky, Zekraoui, & Abouqal, 2010).

One significant finding of the current investigation was the way that working environment violence and saw regard were measurably huge indicators of charge nurses' level of job satisfaction. Medical caretakers who were presented to verbal attack were less happy with their work. This finding is predictable with the discoveries of different examinations which have announced a negative relationship between working environment savagery and attendants' work satisfaction (Budin, Brewer, Chao, & Kovner, 2013; Purpora & Blegen, 2015). This finding can likewise be identified with different examinations (Al-Dossary, Vail, & Macfarlane, 2012), which have revealed relationship between verbal attack and turnover rates among charge nurses. On the off chance that work satisfaction is about the manner in which individuals think and feel about their work, then, at that point how people think and feel about specific encounters related with their positions like verbal violence and interactional equity, can affect their fulfillment levels. Our examination demonstrated that turnover goal was at significant level, which seems, by all accounts, to be higher than the degree of enlisted attendants in investigation by Labrague et al. (Labrague, Gloe, McEnroe, Konstantinos, & Colet, 2018). in Philippines and the unbiased aim of attendants in investigation by Christopher et al. (Christopher, Fethney, Chiarella, & Waters, 2018).

In Australia, demonstrating that medical caretakers in China have a generally higher readiness to stop. In this the score of turnover goal III (the chance of acquiring an outside work) is higher than that of the other two measurements, which is reliable with the discoveries of (Wang, 2014). The reason may be that nurses in have strong technicality and specialty, which means high selectivity in re-employment and employment. Therefore, they have high possibility of obtaining external jobs.

Limitations: A few limitations should be tended to. To start with, use of comfort testing limits the speculation of these outcomes because of potential choice predisposition and the representativeness of test. Second, we utilized took on survey to gather information on violence at work place among registered nurses working in tertiary consideration in the earlier year, a few nurses may not recollect precisely because of the long range of time, which might prompt review predisposition. Last, our examination is a cross-sectional examination; it limits clarifications of the causal connection between work place violence, work satisfaction and intentions regarding turnover and nature of care.

Conclusion: Nurses in Pakistan are at high risk of workplace violence, especially verbal attack. In addition, they have a low level of job satisfaction and a high level of turnover intention. Job satisfaction plays the mediator role between workplace and turnover intention and quality of care among nurses. In order to clarify the mechanisms of turnover intention resulting from work place violence, further study should be conducted in-depth, such as how coping strategies used by emergency nurses who experienced workplace violence can affect their turnover intention. According to previous studies, when nurses experienced work place violence, they should be encouraged to resort to problem-focused coping methods to reduce turnover intention, such as reporting to nursing managers, seeking help from colleagues.

Implication of the study: According to this paper, work place violence on nurses in Pakistan was frequent; nursing managers should pay attention to this phenomenon and take effective measures to prevent the prevalence of workplace violence. Secondly, nurses had a low level of job satisfaction; therefore, nursing managers should establish a fair and reasonable compensation system to improve their job satisfaction. Additionally, the final model shows that job satisfaction plays the mediator role between work place violence, turnover intention and quality of care among nurses. Therefore, we suggest reducing the turnover intention of emergency nurses by reducing workplace violence and improving their job satisfaction and quality of care.

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