

Original Article

## Does Workplace Violence Reduce Job Satisfaction Levels of Emergency Service Workers?

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### Abstract

**Purpose :** The aim of this study to evaluate the exposure to workplace violence of emergency service workers and its effects on job satisfaction.

**Methods:** Research data were collected from 136 emergency service workers of one university hospital between May and September 2019. Structured self-administered questionnaire and job satisfaction scale were used as data collection form. The findings obtained from the study were evaluated with the SPSS 22.00 package program and the significance level was accepted as  $p < 0.05$  in all analyses.

**Results:** The mean age of the participants in the study was  $30.94 \pm 6.77$ , and the working year of the emergency service was  $3.91 \pm 4.01$ . It was determined that 61% of the participants were single, 38.2% were graduated from high school and 41.9% were nurses. It was determined that 86.6% of the participant was exposed to violence during the time they worked in the emergency service, 84.6% of the violence they suffered was verbal abuse, and 84.6% of the participants have been subjected to violence by patients' relatives. A statistically significant difference was found between the emergency service workers' exposure to workplace violence in the emergency service and their job satisfaction levels ( $p = 0.04$ ).

**Conclusion:** It was concluded that workplace violence reduces job satisfaction level, most of the emergency service workers are exposed to violence, the type of violence experienced is mostly verbal abuse and is practiced by the patient's relative.

**Keywords:** workplace violence, job satisfaction, emergency service, emergency service workers

### Introduction

The World Health Organization defines violence as: The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death,

psychological harm, maldevelopment or deprivation (WHO 2020a).

Violence in the workplace affects the dignity of millions of people worldwide. WHO defines workplace violence as "incidents where personnel are abused, threatened or attacked in situations related to their work involving

commuting, security, well-being, or implicit challenge.” WHO sees both physical and psychological harm as workplace violence, including attacks, verbal abuse, bullying, and both sexual and racial harassment (Who 2020b).

Violence in the workplace against health care workers is one of the biggest problems of health care workers. Emergency Services are environments that have a much higher risk for workplace violence than all other clinics (Talas et al. 2011). Research shows that violence in the emergency services negatively affects job satisfaction. People spend most of their lives at work and poor job satisfaction affects their physical and psychological health (Duan et al. 2019; Heponiemi et al. 2014).

Prevention programs should be developed to prevent the negative effects of violent incidents in emergency services. Analysis of workplace violence in emergency services is important to develop a prevention program for this problem. Research conducted in emergency services is not enough to give a clear idea about violence against healthcare workers and its impact on job satisfaction. Therefore, it is necessary to investigate this issue further. The aim of this descriptive study is to determine the frequency and types of violence against healthcare workers working in the emergency service and its effect on job satisfaction.

## Material and Methods

**Participants:** The current study included a representative sample of all healthcare workers in the emergency service of a university hospital. 136 healthcare workers in this department including physicians, nurses and support personnels were eligible to participate. A convenience sample was used in the study. Data were collected via a one-to-one interview method between May-September 2019 using a structured self-administered questionnaire and job satisfaction scale.

**Structured self-administered questionnaire:** designed by the study researchers and reviewed by two independent experts. It includes questions about the sociodemographic finding of participants and questions about workplace violence.

**Job satisfaction scale:** Developed by Batigün et al. (2006). It is a likert type scale and consists of

32 items. Scale has 6 factors: business policy, physical conditions, interpersonal factors, wage, individual factors, control / autonomy. Each sub-dimension is considered as a separate scale. Cronbach's alpha reliability coefficients ranged from 0.53 (interpersonal relationships, item number: 3) to 0.94 (business policy, item number: 15). High scores from the scale indicate that job satisfaction is high. Permission was obtained from Batigün to use the scale.

**Statistical Analysis:** IBM SPSS 22.00 was used for statistical analysis. Descriptive statistics for the study are given in numbers (n) and percentages (%). Data were analyzed using parametric tests if the normal distribution assumptions were met and using nonparametric tests if the normal distribution assumptions failed.

**Ethics:** Written approvals were obtained from the relevant university medical researches ethical committee (decision no: 19-5.2T/51) and the relevant hospital. All directives of the Helsinki Declaration have been followed and informed consent was obtained from the participants.

## Results

The mean age of the participants in the study was  $30.94 \pm 6.77$ , and the working year of the emergency service was  $3.91 \pm 4.01$ . It was found that 61% of the participants were single, 38.2% were high school graduates and 41.9% were working as nurses.

It was found that 86.6% of the participant were exposed to violence during the time they worked in the emergency service, 84.6% of the violence they suffered was verbal abuse, and 84.6% of the participants have been subjected to violence by patients' relatives, 80.9 % of the participants were exposed to violence because of patient density / crowd / long waiting time, 56.6% of the participants experienced feelings of despair, humiliation, anger, frustration, insecurity, fear after violence, 87.5% of the participants did not find the precautions and sanctions taken for violence events sufficient. A statistically significant difference was found between the emergency service workers' exposure to violence in the emergency service and their job satisfaction levels ( $p = 0.04$ ).

**Table 1: Distribution of sociodemographic characteristics of the participants**

		n	%
Gender	Male	72	52.9
	Female	64	47.1
Marital Status	Married	53	39
	Single	83	61
Education	Primary School	26	19.1
	Secondary School	14	10.3
	High school	52	38.2
	University	44	32.4
Duty in the emergency service	Nurse	57	41.9
	Doctor	36	26.5
	Support personnel	43	31.6
		<b>Mean±SD</b>	
Age		30.94±6.77	
Working year in the emergency service		3.91±4.01	

**Table 2. Findings related to the state of violence**

		n	%
Have you been exposed to violence during your work in the emergency room?	Yes	115	86.6
	No	21	13.4
What was the type of violence you have experienced?	Verbal abuse/violence	115	84.6
	Physical abuse/violence	50	36.8
	Psychological abuse/violence	64	47.1
By whom have you been subjected to violence?	Patient	94	69.1
	Relatives of patient	115	84.6
	Emergency service worker	14	10.3
What is the possible cause of violence?	Lack of communication	63	46.3
	patient density / crowd / long waiting period,	110	80.9
	Excessive demands of the patient / relatives	67	49.3
	Insufficient number of employees	97	71.3
	In-team conflict	19	14
	Management / manager requests	28	20.6
	Violence news in media	49	36
How did you feel after the violence you experienced? What did you do?	despair, humiliation, anger, frustration, insecurity, fear	77	56.6
	Demand for transposition	19	14

	My motivation decreased / performance decreased	76	55.9
	I saw it as a part of my work	32	23.5
	I received psychological support	27	19.9
Do you think the precautions and sanctions taken for violence are sufficient?	Yes	17	12.5
	No	119	87.5

**Table 3. The relationship between the mean job satisfaction level according to the participants' exposure to violence**

		Mean Job Satisfaction Scores	
Exposure to violence in the emergency service	Yes	83.76	± 20.23
	No	85.54	± 17.64
p		<b>0.04</b>	

## Discussion

Health care institutions are places where violence is frequently encountered (Fernandes et al. 2018). Emergency services are the places where violence is most common among health care institutions. Emergency services are services that have intense working hours by nature and serve to a very crowded patient population (Winstanley and Whittington 2004). Emergency service workers often experience mental and physical exhaustion due to violence. This deterioration in their mental and physical condition negatively affects their satisfaction with their work (Berlanda 2019). For this reason, studies evaluating the frequency of the violence and the job satisfaction of the emergency workers are of great importance.

In our study, where we examined the situations of exposure to violence and job satisfaction of the emergency workers, it was found that 86.2% of the employees were exposed to violence during their working hours in the emergency service. In the literature, it was determined that nurses were exposed to workplace violence at rates ranging from 80% to 90% (Senuzun and Karadakovan 2005; Zhang et al.2017; Renker et al. 2015; Weyand et al.2017) Camci et al. (2011) found that 72.6% of the employees were exposed to violence in a study conducted with 270 healthcare workers working in 12 healthcare institutions. Talas et al. (2011) found that 85.2% of the emergency service workers were exposed to violence in a study conducted with nurses

working in the emergency service of 6 hospitals. Based on these data in the literature, it can be said that this finding we obtained from our study is parallel to the literature.

It has been found that the type of violence experienced by participants exposed to violence with a rate of 84.6% at most is verbal abuse. Alharthy et al. (2017) reported that the most common type of violence encountered in their study with emergency service workers was verbal abuse with a rate of 61%. Ozturk et al. (2014) also found that 70% of healthcare workers were exposed to verbal abuse. most frequently. Bahar et al. (2015) reported that 68% of the nurses were exposed to verbal abuse most frequently in their studies. Hossainikia et al. (2018) reported that 78.1% of employees exposed to violence are exposed to verbal abuse. These findings in the literature are in line with the results of our study. It is possible to say that verbal abuse is the most common type of violence, and the reason for that is, those who practice verbal abuse are aware that they will face legal sanctions in case of physical violence, so they prefer to practice verbal abuse.

In our study, 84.6% of the participants who were exposed the violence by relatives of the patients. Sachdeva et al. (2019) reported that 75% of participants who practice violence are relatives of patients. Alharthy et al. (2017), on the other hand, found that 80% of those who practice violence were relatives of patients. Hamdan et al. (2015) reported that 85.4% of participants who practice violence are relatives of patients. Based

on these data in the literature, it can be said that this finding we obtained from our study is parallel to the literature.

In our study, it was found that the most frequent reason for violence was 80.9%, Patient density / Crowdedness / Long waiting period. In the literature, it has been reported that the most common causes of exposure to violence are patient density / Crowdedness / Long waiting period with rates between 43.4% and 80% (Hamdan 2015; Alyaemni and Alhudaithi 2016; Boz et al. 2006; Aydin et al. 2009; Cai et al. 2019). This result obtained from our study is in parallel with the literature data in this context.

It was determined that 56.6% of the participants experienced feelings of despair, humiliation, anger, frustration, insecurity, fear after violence, 87.5% of the participants did not find the precautions and sanctions taken for violence events sufficient. In the literature, similar results were found with our study, and they reported that healthcare workers frequently experienced feelings such as despair, humiliation, anger, frustration, insecurity, fear after the violence, and precautions and sanctions against violence were not sufficient (Senuzun and Karadakovan 2005; Zhang et al. 2017; Renker et al. 2015; Weyand et al. 2017; Alharthy et al. 2017; Hosseinikia, 2018; Sachdeva et al. 2019; Aydin et al. 2009; Boz et al. 2006)

Statistically, a significant difference was found between the emergency service workers and their mean job satisfaction scores. Exposure to workplace violence in the emergency service has been found to reduce job satisfaction levels. Bahar et al. (2015) found similar results with our study, and it was found that violence reduced job satisfaction. In a study evaluating the effect of violence on job satisfaction with 2600 nurses in Canada, it was found that violence reduced job satisfaction (Hesketh et al. 2003). When we look at other studies in the literature, it is seen that violence decreases job satisfaction similar to our study [Duan et al. 2019; Heponiemi et al. 2014; Berlanda et al. 2019,]. Therefore, it can be said that our study is in parallel with the literature.

**Conclusion:** As a result, in our study, where we evaluated the effect of workplace violence on job satisfaction of the healthcare workers working in the emergency department, the violence reduces job satisfaction, the majority of the emergency workers is exposed to violence, the type of

violence experienced is mostly verbal abuse and is practiced by the patient's relatives. It has been concluded that the probable cause of violence is mostly patient density / crowd / long waiting period, workers frequently experience feelings such as despair, humiliation, anger, frustration, insecurity, fear after the violence and the precautions and sanctions taken against violence are not enough.

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