

# **Workplace Violence And Effects On Turnover Intention And Job Commitment: A Pilot Study Among Healthcare Workers In Turkey**

***Serpil Aytac, PhD***

Professor, Uludag University, Bursa, Turkey

***Salih Dursun, PhD***

Assistant Professor, Karadeniz Technical University, Trabzon, Turkey

***Gizem Akalp, MSc***

Lecturer, Uludag University, Bursa, Turkey

---

## **Abstract**

Workplace violence is not only a critical health and safety issue but also is a serious problem which can have devastating effects on the productivity of organizations and on the quality of life of employees. The purpose of this study was to investigate physical, verbal and sexual violence in the workplace and the effects on employees' commitment and job turnover intention in the health sector. A self-made questionnaire about workplace violence, a general condition, job commitment questionnaire and job turnover intention questionnaire were applied to 169 health employees to determine who had suffered workplace violence in the previous year. The relationship between job commitment, workplace violence and job turnover intention were investigated in two different hospitals. A statistically significant relationship was determined between job turnover intention and workplace violence. According to the data obtained, 57% of the respondents had been confronted with physical, verbal or sexual harassment at least once in their professional life in the previous year. Additionally, 67% of the study respondents had witnessed one form or another of harassment behaviour. The t-test analysis results determined a significantly higher rate of job turnover intention for health workers who had been exposed to workplace violence than those who had not. The commitment rate of that group was determined to be low but the difference was not statistically significant.

---

**Keywords:** Workplace violence; job turnover intention; employee commitment; Harassment; Health workers

## **Introduction**

Violence has been a significant social problem throughout history. Although violence has been defined as a concept in different ways, the most quoted definition is that of the World Health Organization (WHO); *'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'* [1].

Violence may be encountered in every aspect of life. Therefore as a significant portion of a person's life is spent at work, the possibility of encountering violence there is high. Within an individual's working life, there is constant interaction between colleagues, superiors and subordinates and also with those they are serving such as customers or patients.

This intensive interaction and communication can lead to unwanted situations such as workplace violence. This can be defined in different ways, such as the European Commission's definition of workplace violence; *"Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health"* [2]. Workplace violence includes not only physical but also non-physical violence. For example, the range of workplace violence includes physical assault, homicide, robbery, verbal abuse, bullying/mobbing, swearing, shouting, sexual and racial harassment, name calling, threats, interfering with work tools and equipment [3, 4].

When studies on workplace violence are examined, there is nothing to identify victims of violence from sector or the work done. Studies have revealed that there is a higher risk of violence in occupations where there is intensive interaction whether inside or outside the business. In this respect, it can be stated that employees in the healthcare sector are at a higher risk of being exposed to violence compared to other sectors [5, 6, 20, 21].

Previous studies have shown that employees exposed to workplace violence suffer from psychological problems such as stress, depression, increased levels of anxiety [7], emotional exhaustion [8] family problems, low self-esteem, isolation in private life, alcohol problems, lack of concentration at work [9] and fear [10]. In addition to these psychological or mental problems, several physical conditions have been seen such as head, back and abdominal pain, insomnia, heart conditions, eating disorders, panic attacks and fatigue [9]. Previous studies have also shown that exposure to workplace violence causes lower levels of job satisfaction, increases job turnover intention [11, 19], reduce the emotional attachment to the organisation [12] and causes accidents at work [13].

The first aim of this study was to evaluate whether workplace violence was physical violence, emotional pressure, intimidating behaviour, verbal assault or sexual harassment. The secondary aim of this study was to investigate the effects of workplace violence on employees' job commitment and turnover intention in the healthcare sector.

## **Method**

In this study, workplace violence questionnaire, Demographic questions, job commitment scale and job turnover intention scale were used on healthcare employees to determine who had suffered workplace violence in the previous year in two different hospitals in Bursa city in Turkey. Outcome assessments included quantitative self-report questionnaires. The study protocol was approved by Uludag University Research Ethics Committee.

## **Measure**

### **Instruments**

The instruments that were used were as follows.

- *Demographic questions*: Participants were asked to indicate their sex, age range, marital status, educational background, working years and their duty in the facility.

- *The Workplace Violence Questionnaire (WPVQ)* developed by the International Labor Organization (ILO) and the World Health Organization (WHO) was combined and translated into Turkish by Aytac et al. [14]. In 3 different dimensions, the questionnaire measures whether employees have been exposed to physical violence, verbal violence or harassment in the workplace within the last year. Questions are asked in the form of 'In the last year have you been subjected to a physical attack in the workplace?' with a choice of responses of 'yes', 'no' and 'I don't know'.

- To measure *job commitment*, the 8-item job commitment scale which developed by Kurml (1999) and Lodahl and Kejner (1965) and adapted to Turkish by Öz (2007) was used [15].

- To measure *job turnover intention*, we used the 3-item turnover intentions scale developed by Grandey (1999) and revised by Öz [15].

## **Participants**

The sample consisted of 169 healthcare workers such as doctors, nurses, managers and other health workers who were employed at a two public sector hospitals. Data were collected anonymously by printed questionnaires from the respondents who participated voluntarily in the study. In the pilot phase of this study, the first draft of the questionnaire was distributed to 30 participants. The results of the pilot study and feedback

from participants enabled the questionnaire to be revised and clarified. Out of the 200 questionnaires distributed, 169 were returned, giving a response rate of 85 %.

**Results**

Out of the 169 workers who participated in the study, 30.8% were male and were 69.2% female, 46.2% were single, 53.8% were married, 65.5% were university graduates, 30.4% were high school graduates and 4.1%, primary school graduates. The mean age was (mean±S.D) 31.39±8.36 years. The mean of working years was 8.84±7.70 years. The distribution of the study group according to their professions is presented in Table 2.

The reliability analysis of the different scales which used in this study is shown in Table 1.

**Table 1:** The Reliability Analysis

Scales	Number of items	N	Mean	S.D	C. Alpha
Job commitment	8	165	3,09	0,96	0,78
Job turnover intentions	3	165	2,13	1,16	0,86

The reliability coefficients of all the scales ranged between 0.78 and 0.86, and all the coefficients were at acceptable limits (Table 1).

Table 2 shows the exposure to violence according to the types of violence.

**Table 2:** Exposure to Violence and Types

Type of Violence	Exposed	Not- exposed	Total
Physical violence	44 (%26)	125(%74)	169(%100)
Verbal abuse	92 (%54,8)	76 (%45,2)	168(%100)
Sexual assault and harassment	10 (%6)	158(%94)	168 (%100)
<b>Any other type of violence</b>	<b>96 (%57,5)</b>	<b>71 ( %42,5)</b>	<b>167(%100)</b>

As can be seen in Table 2, the most common form of violence experienced by the respondents was verbal violence at a rate of 54.8%. This was followed by physical violence at 26%. The lowest rate was 6% for sexual violence. When evaluated as a whole, 57.5% of the respondents had been exposed to some form of violence and 42.5% had not experienced any type of violence.

The relationship between being subjected to any kind of violence and commitment to the job and job turnover intentions is shown in Table 3. Results of t-test analysis on job commitment and job turnover intention with exposure or non-exposure to any form of violence, as beloveld.

**Table 3:** Results of t-Test Analysis

	<i>Any form of Violence</i>						t	p
	Exposure			Non-Exposure				
	N	Mean	S.D	N	Mean	S.D		
Job Commitment	95	3,17	,94	68	2,98	1,00	1,250	<b>,213</b>
Job Turnover Intention	93	2,31	1,27	70	1,89	,94	2,325	<b>,017</b>

According to the results shown in Table 3, the job turnover intentions of those employees exposed to some form of violence was found to be statistically significantly higher than that of those not exposed to any violence ( $p < 0.05$ ). No significant relationship was determined between experiencing violence and commitment ( $p > 0.05$ ).

The results of the t-test analysis of the effects of witnessing violence are shown in Table 4. Results of t-test analysis on Job commitment and job turnover intentions with witnessing any form of violence as beloveld.

**Table 4:** Results of t-Test Analysis

	<i>Any Form of Violence</i>						t	p
	Witnessed			Not Witnessed				
	N	Mean	S.D	N	Mean	S.D		
Job Commitment	112	3,10	,95	52	3,09	1,00	,0821	,935
Job Turnover Intention	109	2,25	1,15	55	1,93	1,14	,631	,105

It can be seen from Table 4 that the rate of turnover intention of those who had witnessed violence (2.25) was higher than that of those who had not witnessed any violence (1.93). However, this difference was not found to be statistically significant. No significant difference was determined between commitment and witnessing violence.

## Discussion

Workplace violence is a leading work health and safety problem in working life. The frequency of this violence can vary depending on the characteristics of the occupation or the work being undertaken. It can be said that employees who have intense interaction with people outside the organisation such as customers or patients and their relatives, are at greater risk.

In this study, the form of violence that the respondents were most exposed to was seen to be verbal violence at a rate of 54.8%. Although the rate of those exposed to physical violence at 26% is lower than that of verbal violence, it is of an extent not to be undervalued. It can be said to indicate a high rate of physical violence in the intense interaction with patients and their relatives in the healthcare sector. The lowest rate of a form of violence experienced by the respondents was sexual violence at 6%. When these results are evaluated as a whole, 57.5% of respondents had been exposed to at least one form of violence within the last year.

When previous studies on this subject in the Turkish healthcare sector are examined, different results are noticeable. A study of emergency services nurses by Ergun and Karadakovan [16] determined rates of verbal attack to be 98.5% and physical attack 19.7%. In a study by Erkol et al. [17] of healthcare employees the rate of those exposed to any kind of violent incident was found to be 87.1%.

The violent incidents experienced at work can have a negative effect on the employee's feelings towards their occupation or the organisation. In this study, those who had experienced or witnessed violence were seen to have high job turnover intention. However, in the analysis in respect of job commitment, no significant difference was observed. In a study by Wang et al. [18] of healthcare personnel workplace violence was determined to have a direct effect (through fear or work satisfaction) on the intention to leave the organisation. In another study by LeBlanc and Barling [12] on 254 people in different occupations, it was observed that co-worker aggression in particular had an effect on the intention to leave the organisation.

The right to work is one of the basic human rights. In this respect, the prevention of cases of violence in working life carries importance in fulfilling this right. The requirements for this to be done can be listed as follows:

- Violent incidents occurring in the workplace should be regarded as crimes rather than as a type of aggression and the necessary legal infrastructure should be formed for this.
- Employees must be given training on what kind of incident or behaviour comes within the scope of violence, what they can do when they are subjected to violence and the importance of reporting violent incidents whether minor or major.
- Employees subjected to violence should be given organisational and social support. Thus, the possibility of violent incidents will decrease and the individual subjected to the violence will be less negatively affected.
- It must be accepted that prevention of workplace violence is an inseparable part of health and safety at work, and organisations must take the necessary steps to prevent violence. Prevention of violence must be an inseparable part of the organisation culture and organisation climate.
- Finally, there must be collaboration between organisations to combat violence. To achieve the creation of a safe and healthy work environment by preventing violence, the common struggle must be managed by the state primarily, and workers and employers associations, and various non-governmental organisations etc.

### **Limitations of the Study**

The sample size was limited to only two public hospitals in Turkey and responses may have been influenced by personal bias. Due to time constraints and busy schedules of the hospital health workers was difficult to interact with them completely so data were only collected through a questionnaire.

## Acknowledgments

The authors wish to thank the study participants for their contribution to the study, especially those who helped to acquire the questionnaires and written informed consent. We are also grateful to all health workers who participated in our research.

## References:

- World Health Organization (WHO). (2002). World Report on Violence and Health: Summary., Retrieved June 30, 2012, [[http://www.who.int/violence\\_injuryprevention/violence/worldreport/en/summary\\_en.pdf](http://www.who.int/violence_injuryprevention/violence/worldreport/en/summary_en.pdf)].
- Richards J. Management of Workplace Violence Victims. (2003). Retrieved January 30, 2011, from [[http://www.who.int/violence\\_injury\\_prevention/violence/interpersonal/en/WV\\_managementvictimspaper.pdf](http://www.who.int/violence_injury_prevention/violence/interpersonal/en/WV_managementvictimspaper.pdf)].
- Essenberg, B. (2003). Violence And Stress At Work In The Transport Sector, Retrieved January 15, 2011, from [[www.ilo.org/public/english/dialogue/sector/.../transport/wp205.pdf](http://www.ilo.org/public/english/dialogue/sector/.../transport/wp205.pdf)].
- Chappell, D.: Di Martino, V. (1999). Violence At Work, Retrieved January 3, 2011, from [<http://www.acosomoral.org/pdf/violwk.pdf>].
- Di Martino V. (2003). Relationship between work stress and workplace violence in the health sector, Retrieved October 29, 2012, from [[http://www.who.int/violence\\_injury\\_prevention/violence/interpersonal/WVs\\_tresspaper.pdf](http://www.who.int/violence_injury_prevention/violence/interpersonal/WVs_tresspaper.pdf)].
- Steinman, S. (2003). Workplace Violence in the Health Sector Country Case Study: South Africa, Retrieved March 27, 2013, from [[http://www.who.int/violence\\_injury\\_prevention/violence/interpersonal/en/WVcountrystudysouthafrica.pdf](http://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVcountrystudysouthafrica.pdf)].
- Hegney, D, Tuckett, A, Parker D, Eley, R. Workplace Violence: Differences in Perceptions of Nursing Work Between Those Exposed and Those Not Exposed: A Cross-Sector Analysis, *International Journal of Nursing Practice*, 2010, 16: 188–202.
- Grandey, A A, Kern, J H, Frone, M R. Verbal abuse from outsiders versus insiders: Comparing frequency, impact on emotional exhaustion, and the role of emotional labor, *Journal of Occupational Health Psychology*, 2007, 12(1): 63-79.
- Kaukiainen, A, Salmivalli, C, Björkqvist, K, Österman, K, Lahtinen, A, Kostamo, A, Lagerspetz, K. Overt and Covert Aggression in Work Settings in Relation to the Subjective Well-Being of Employees, *Aggressive Behavior*, 2001, 27: 360–371.
- Schat, C H A, Kelloway, E K. Reducing the Adverse Consequences of Workplace Aggression and Violence: The Buffering Effects of

Organizational Support, *Journal of Occupational Health Psychology*, 2003, 8(2): 110-122.

Hershcovis, M S, Barling, J. Towards A Multi-Foci Approach to Workplace Aggression: A Meta-Analytic Review of Outcomes from Different Perpetrators, *Journal of Organizational Behavior*, 2009, 31: 24–44.

LeBlanc, M M, Kelloway, E K. Predictors and Outcomes of Workplace Violence and Aggression, *Journal of Applied Psychology*, 2002, 87(3): 444–453.

Hintikka, N, Saarela, K L. Accidents at Work Related to Violence-Analysis of Finnish National Accident Statistics Database, *Safety Science*, 2010, 48: 517–525.

Aytac, S, Bozkurt, V, Bayram N, Bilgel, N. Violence Against Health Workers at a University Hospital in Turkey, *Journal of the World Universities Forum*, 2009, 2: 35-52.

Oz, E U. Effect of Emotional Labor on Employees' Work Outcomes, *Unpublished Doctoral Thesis*, 2007, Marmara University.

Ergun, F S, Karadakovan, A. Violence towards Nursing Staff in Emergency Departments in One Turkish City, *International Nursing Review*, 2005, 52: 154-160.

Erkol, H, Gökdoğan, M R, Erkol, Z, Boz, B. Aggression and Violence Towards Health Care Providers-A Problem in Turkey?, *Journal of Forensic and Legal Medicine*, 2007, 14: 423–428.

Wang, P X, Wang, M Z, Bai, Q, Jia, C F, Lan, Y J, Wang, Z M, Luan, R S. Path analysis on workplace violence affecting work ability, job satisfaction and turnover intent in health professionals in Shangqiu City, *Wei Sheng Yan Jiu*, 2006, 35(6): 785-788.

LeBlanc M. M.; Kelloway, E. K., Predictors and Outcomes of Workplace Violence and Aggression, *Journal of Applied Psychology*, 2002, 87(3), 444–453

Lin W.-Q., J. Wu, L.-X. Yuan, S.-C. Zhang , M.-J. Jing, H.-S. Zhang, J.-L. Luo, Y.-X. Lei, P.-X. Wang, Workplace Violence and Job Performance among Community Healthcare Workers in China: The Mediator Role of Quality of Life, *International Journal of Environmental Research and Public Health*, 2015, 12, 14872-14886; Open Access, <http://www.mdpi.com/journal/ijerph>

Park M., S.-H. Cho, H.-J. Hong, Prevalence and Perpetrators of Workplace Violence by Nursing Unit and the Relationship Between Violence and the Perceived Work Environment, *International Journal of Nursing Scholarship*, 2015; 47:1, 87–95.