ORGANIZATIONAL DETERMINANT OF WORKPLACE VIOLENCE LEADING TO TURNOVER INTENTION AMONG HEALTHCARE PROFESSIONALS

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Abstract

The objective of the research is to evaluate the impact of work stress, interpersonal conflict, efficiency, teamwork, safety climate, and mental health on workplace violence that further had been examined on turnover intention in the employees of Ziauddin, JPMC, Chiniot, and Civil hospital of Karachi, Pakistan. The current research had used quantitative approach for data collection. 402 samples were taken. The data analysis had been performed by applying PLS-SEM using SmartPLS 3.2.8. The results have showed that work stress have a positive and insignificant effect on workplace violence. The interpersonal conflict has a positive and significant effect on workplace violence. The efficiency has a negative and significant effect on workplace violence. The teamwork has a negative and significant effect on workplace violence. The safety climate has a negative and significant effect on workplace violence. The mental health has a positive and significant effect on workplace violence. The workplace violence has a positive and significant effect on turnover intention. The managers/supervisors need to recognize poor workers that are the root cause of workplace violence and provide them with soft skills instruction, such as relationship management, work time and stress management, and growth of personalities. This research by investigating the factors that contribute to turnover intention gives insight into workplace violence. Besides, the research can play a role in guiding, establishing and introduce effective practices in their hospitals, which can minimize the turnover intention and workplace violence in the industry.

Keywords: Interpersonal Conflict, Hospital, Turnover Intention, Work Stress, Workplace Violence

INTRODUCTION

Workplace violence is a serious organizational and public health challenge in the healthcare industry. Although workplace violence is an occupational risk in all forms of hospitals (i.e. private, federal and local government), it is the primary cause of work-related injury among state-run and government hospital personnel, which often involves recovery facilities for psychiatric and drug abuse (Dressner, 2017). Health care Workplace Violence (WPV) is an underreported, omnipresent, and pervasive problem that has been tolerated and largely ignored (Phillips, 2016).

Various studies stated that because of a heavy workload, facing illness and death, inter-personal conflict, shortage of funding, and inadequate preparation, health care personnel work under great pressure (Li et al., 2017). In general, the greater the disparity between external expectations and the ability of a person, the greater the degree of work stress will be encountered (Li et al., 2017). It is therefore important for both doctors and their administrators to take action to minimize work stress. Work stress and poor staff-interactions are additional causes that have been associated with abuse against health care workers. Both work stress and poor social support have been related to non-physical abuse against staff. Job demands, such as Work stress are a metric that represents time constraints and anticipated violent risks to doctors (Arnetz et al., 2018). Therefore, the objective of the research is to evaluate the impact of work

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stress, interpersonal conflict, efficiency, teamwork, safety climate, mental health, and workplace violence on the turnover intention in the employees of Ziauddin, JPMC, Chiniot, and Civil hospital of Karachi, Pakistan.

Workplace violence among healthcare workers is intense occupationally and concern about public health. Violence is an occupational problem in all sectors of the hospital including the public sector hospitals and private hospitals (Dressner, 2017). It is among the main reason for work-related injuries in almost all hospitals that sometimes includes psychiatric and rehabilitation facilities (Arnetz et al., 2018).

Moreover, the high turnover rate of nurses is becoming a spreading global problem. The high turnover rate of nurses can result in increasing the overall costs for the organization due to short term replacements and training of the recruits. It also results in lower quality of care and outcome for the patients (Aiken et al., 2017). Moreover, the turnover intention of nurses has a negative consequence on the morale of the whole team that can also lead to more turnover of other workers (Li et al., 2020).

Even if the turnover intention is not negative, researchers have found that direct and indirect costs of turnover are significant (Chang et al., 2019). Studies have evaluated the turnover intention with the help of various factors that include workplace violence (Li et al., 2020), work stress (Arnetz et al., 2018), however, no study previously adopted work stress, staff interaction factors, safety climate, mental health and workplace violence in the framework.

Moving towards teamwork, which is also a vital part of productivity. The research indicates that activities like walking, teamwork, and patient expectations of quality of treatment may be influenced by the spatial nature of nursing units. The physical framework does not obstruct the processes happening within it in an optimal flow for optimum efficiency (Fay et al., 2018). Decision-makers dealing with the use and management of open access resources are typically grouped as a team, described as a community of skilled agents whose group efficiency is greater than that of individuals. Understanding and building successful partnerships is a tough challenge because teamwork leads greatly to the performance of organizations (Jijena Michel et al., 2018).

In the literature of organizational health, the principles of "safety climate” have been discussed for decades. In surveys of occupational accidents and injury, the safety climate has historically been researched. New research in hospitals explored the role of management dedication to safety and coordination in staff accidents, reporting that management commitment was positively related to teamwork but not specifically linked to reported injuries (Arnetz et al., 2018). The safety climate has recently been explicitly analyzed for its possible role in reducing workplace violence (Isaak et al., 2017; Wu et al., 2015).

Violence in the medical profession is prevalent across the world, because of the already prevalent ethnic and political violence and a weak law enforcement system, countries like Pakistan are more vulnerable (Zubairi et al., 2019). In developing countries such as Pakistan, hospitals in both the public and private sectors are responsible for supplying the country with healthcare facilities, and these sectors vary in terms of operation, quality, function, work culture, and background. In Pakistan's case, both types of hospitals provide a decent standard of care, but because of their financial structure and strong management, the private sectors are comparatively more successful in delivering services (2023). In terms of healthcare efficiency, Pakistan is currently ranked 120 out of 190 countries. As a result of the rise in diseases (Organization, 2018), population growth (Agency, 2016), scarce resources, and efficiency issues (Malik et al., 2015), Pakistan faces many problems in its healthcare sector.

LITERATURE REVIEW

Conservation of Resources (COR) Theory

To improve public health, communities and people must provide the resources necessary to partake in healthier behaviors. The Conservation of Resources (COR) (Hobfoll, 1989; Hobfoll & Wells, 1998) theory provides a basis for the application of policies for the advancement of public health by concentrating on human and community resources. In response to the need to more fully integrate both the objective and perceived environment into the stress management process (Lazarus, 1998; McGrath, 1970), the COR theory was developed. Homeostatic and transactional stress and coping models define stress as the perception of a coping capacity-environment imbalance.

The cognitive and environmental views are bridged by the COR theory. COR stresses the environment in the coping process predominantly and person-centered factors secondarily, as opposed to homeostatic and transactional models. Hobfoll and Wells (1998) suggested that perceptions are universally kept of most significant traumatic incidents of interest to the advancement of public health. COR theory, however, suggests that resources are the primary components in assessing the evaluation of incidents by individuals as traumatic, and resources determine how individuals will deal with the situation (DiClemente et al., 2002). The theory of COR indicates that people strive to create environments that preserve and encourage the dignity of the individual, nestled in the "tribe" (Hobfoll & Wells, 1998). That is, in the social context, the person must always be treated and behaves to defend and maintain the self and the attachments that build self in the relationship between the social contexts. Reactions to environmental activities that impact infrastructure are the subject of this theory.

Work Stress and Workplace Violence

Work stress is a factor associated with workplace violence in health care employees (Arnetz et al., 2018). Both work stress and low social support have been related to non-physical workplace violence against nurses in Italy. Laguna et al. (2017) has suggested that workers suffering from high work stress face mental illness and respond with fear, violence, and loneliness. Besides, work pressure and work Stress affect the relationship between Workplace Violence and work performance.

Therefore, we proposed:

H1: Work Stress has a positive effect on workplace violence.

Interpersonal Conflict and Workplace Violence

Several researches have provided some proof that workplace violence can be differentiated from prototypical interpersonal conflicts (Baillien et al., 2017). Similarly, Baillien et al. (2016) analyzed WPV using the short NAQ variant and separated the latent violence element from the occurrence of interpersonal conflict and conflict management styles, or more accurately, vulnerability to harmful actions.

Therefore, we proposed:

H2: Interpersonal Conflict has a positive effect on workplace violence.

Efficiency and Workplace Violence

For proper care of the patients as well as for the doctors to work without any fear or tension, a peaceful atmosphere in hospitals is very essential. It has been shown that doctors facing WPV will land up in health problems such as depression, anxiety and it also dramatically decreases their work efficiency

(Rehan et al., 2023). International studies indicate high percentages of such cases. Din et al. (2020) found that workplace violence impacts work efficiency which is more common in younger doctors. Besides, WPV can render nurses unable to dedicate themselves to work. As a consequence, their efficiency and morale will decline (Li et al., 2020).
Therefore, we proposed:
H3: Efficiency has a negative effect on workplace violence.

Teamwork and Workplace Violence
Recent research explored the role of management dedication to safety and teamwork in WPV in hospitals, reporting that management engagement was positively related to teamwork but not specifically linked to reported accidents in hospitals. Teamwork though was specifically related to the influence of management involvement on violence and mediated it (McGonagle et al., 2016). Teamwork as a preventive technique especially with doctors has been identified as a significant outcome in the study of Zhang et al. (2021). Therefore, we proposed:
H4: Teamwork has a negative effect on workplace violence.

Safety Climate and Workplace Violence
Workers in high Safety Climate workplaces were more likely to respond to and address issues of workplace violence (Kwan et al., 2016). Studies of general staff in Australia found that the association between workplace violence and mental health issues and employee disengagement was moderated by SC (Pien et al., 2019). Studies from other Asian nations have found that nurses are at an alarmingly high risk of workplace violence, with an incidence of one year varying from 25.8% to 95.5% (Cheung & Yip, 2017; Choi & Lee, 2017). Therefore, we proposed:
H5: Safety climate has a negative effect on workplace violence.

Mental Health and Workplace Violence
Mental health conditions, both in China and Western countries, are commonly classified in the literature as high risk. Verbal violence has been encountered by more than half of the mental health nurses studied, and about a third report witnessing physical violence (Yang et al., 2018). Both the physical and psychological condition of health care employees and career motivation and efficiency can be adversely impacted by WPV (Zerach & Shalev, 2015). Things such as employee disability, deteriorating mental health, absenteeism, and burnout are some of the consequences of workers stemming from workplace violence. Therefore, we proposed:
H6: Mental health has a positive effect on workplace violence.

Workplace Violence and Turnover Intention
Many studies have researched the history of the turnover intention of nurses to help understand the causes and, subsequently reduce the turnover of nurses. A cross-sectional Chinese analysis found that the turnover intention of emergency nurses was greater than that of general nurses (Chen et al., 2018). Furthermore, studies found that workplace violence (WPV) affected the turnover intention of nurses (Choi & Lee, 2017; Pang et al., 2023). Latest studies have also shown that it lowers the quality of their professional life and raises the risk of turnover intention when nurses undergo WPV (Choi & Lee, 2017). Therefore, we proposed:
H7: Workplace violence has a positive effect on turnover intention.

Research Model

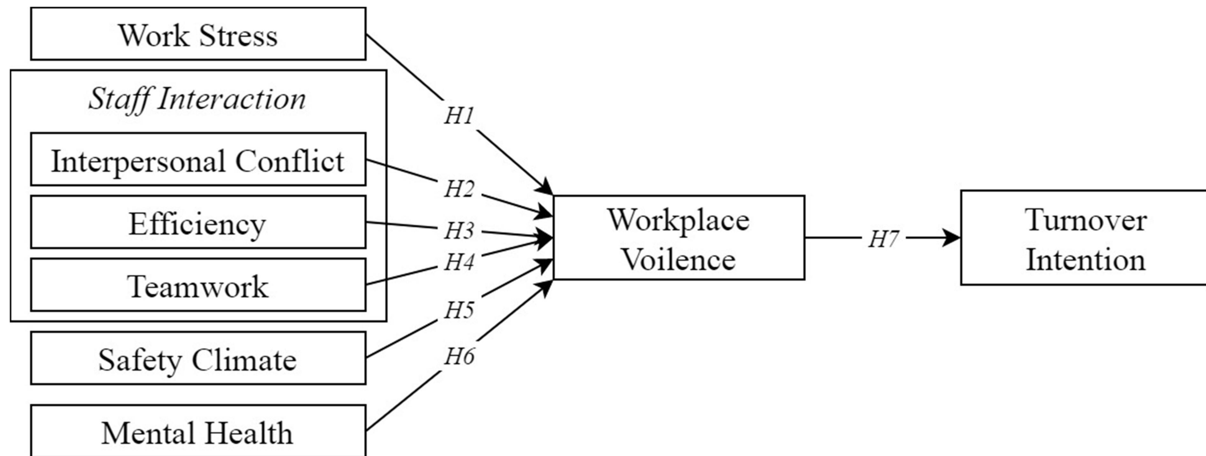

Figure 1: Research Framework

METHODOLOGY

In this study qualitative techniques have been used to find the causal relationship of the variables (Alharahsheh & Pius, 2020). Deductive approach has been applied (Saunders et al., 2009). The current research had used quantitative approach for data collection. 402 samples were taken. The data analysis had been performed by applying PLS-SEM using SMartPLS 3.2.8(Sarstedt et al., 2019). PLS-SEM has various advantages such as it can deal complex models (Legate et al., 2023). Since the sampling frame was unknown, the study used a nonprobability, purposive sampling strategy (Thomas, 2022).

DATA ANALYSIS

Demographic Profile

The following table 1 has showed demographic profile of the respondents.

Table1

Demographic Profile of the Respondents (n = 402)

		Frequency	**Percent**
Gender	Male	190	47.3
	Female	212	52.7
Age Group	25 years to 34 years	87	21.6
	35 years to 44 years	115	28.6
	45 years to 54 years	92	22.9
	55 Years and Above	108	26.9
Qualification	Undergraduate	114	28.4
	Graduate	100	24.9
	Postgraduate	107	26.6
	Others	81	20.1
Designation	Clinical Practitioner/Technician	56	13.9

	Nurse/Midwives	57	14.2
	Healthcare Practitioners	54	13.4
	Pharmacists	58	14.4
	Medical Staff	63	15.7
	Administrative Staff	57	14.2
	Non-Medical Staff	57	14.2
Firm Title	Jinnah Post Graduate Medical Center (JPMC)	94	23.4
	Civil Hospital Karachi	105	26.1
	Dr. Ziauddin Hospitals	97	24.1
	Chiniot General Hospital (CGH) Karachi	106	26.4
Experience	Less than 1 year	110	27.4
	1 year to 5 years	101	25.1
	5 years to 7 years	86	21.4
	More than 7 years	105	26.1

Measurement Model

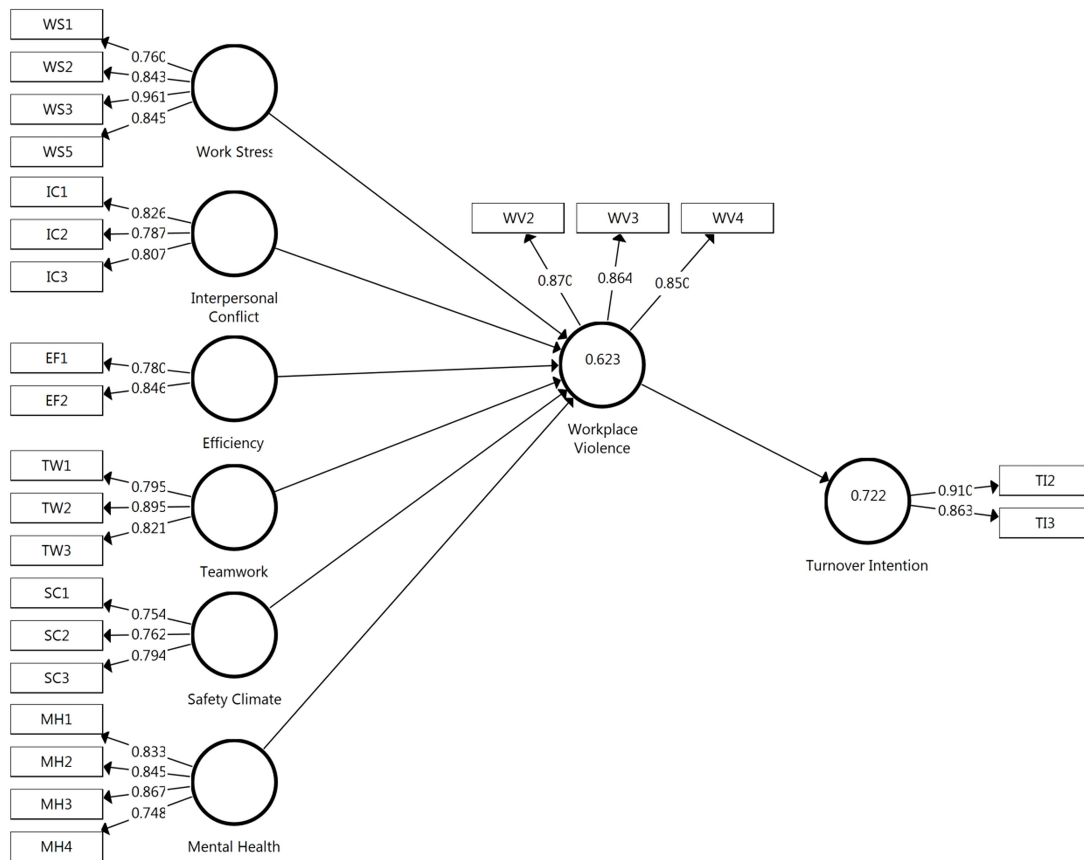

Figure 2: PLS Algorithm Illustration

In data analysis, the measurement model is examined first. The measurement model indicates the

underlying structure of the research framework. The measurement model includes the construct validity comprising of the convergent validity and discriminant validity (Gefen et al., 2000). The construct validity includes outer loadings which show the items of the constructs that are retained. The convergent validity shows that the measures of constructs that should be related in theory are indeed related. It comprises of composite reliability (CR) and average variance extracted (AVE) of the constructs (Hooper et al., 2007). The discriminant validity shows that the constructs that should not be related are indeed not related to each other. Discriminant validity comprises of Fornell and Larcker (1981) criterion, cross loadings, and HTMT ratio (Monecke & Leisch, 2012).

Table 2
Measurement Model

	Loadings	**Prob.**	**CR**	**AVE**
EF1 <- Efficiency	0.780	0.000	0.796	0.662
EF2 <- Efficiency	0.846	0.000		
IC1 <- Interpersonal Conflict	0.826	0.000	0.848	0.651
IC2 <- Interpersonal Conflict	0.787	0.000		
IC3 <- Interpersonal Conflict	0.807	0.000		
MH1 <- Mental Health	0.833	0.000	0.894	0.680
MH2 <- Mental Health	0.845	0.000		
MH3 <- Mental Health	0.867	0.000		
MH4 <- Mental Health	0.748	0.000		
SC1 <- Safety Climate	0.754	0.000	0.814	0.593
SC2 <- Safety Climate	0.762	0.000		
SC3 <- Safety Climate	0.794	0.000		
TI2 <- Turnover Intention	0.910	0.000	0.880	0.787
TI3 <- Turnover Intention	0.863	0.000		
TW1 <- Teamwork	0.795	0.000	0.876	0.702
TW2 <- Teamwork	0.895	0.000		
TW3 <- Teamwork	0.821	0.000		
WS1 <- Work Stress	0.760	0.001	0.915	0.732
WS2 <- Work Stress	0.843	0.001		
WS3 <- Work Stress	0.961	0.000		
WS5 <- Work Stress	0.845	0.001		
WV2 <- Workplace Violence	0.870	0.000	0.896	0.741
WV3 <- Workplace Violence	0.864	0.000		
WV4 <- Workplace Violence	0.850	0.000		

For outer loadings, it is recommended (Hair et al., 2011) that the values of outer loadings should be greater than 0.70 for absolute retention as shown in Table 2. Moreover, CR and AVE, it is recommended (Hair et al., 2016) that the values of CR and AVE should be greater than 0.70 and 0.50 respectively as shown in Table 2. It is recommended (Hair et al., 2014) that the values in bold should be greater than the values present to them horizontally.

Table 3
Fornell and Larcker (1981) Criterion

	Efficiency	Interpersonal Conflict	Mental Health	Safety Climate	Teamwork	Turnover Intention	Work Stress	Workplace Violence
Efficiency	**0.813**							
Interpersonal Conflict	0.612	**0.807**						
Mental Health	0.307	0.355	**0.825**					
Safety Climate	0.412	0.513	0.559	**0.770**				
Teamwork	0.522	0.628	0.522	0.486	**0.838**			
Turnover Intention	-0.713	-0.494	-0.522	-0.637	-0.632	**0.887**		
Work Stress	0.010	0.015	-0.024	-0.002	0.001	0.003	**0.855**	
Workplace Violence	-0.633	-0.469	-0.504	-0.530	-0.679	0.850	0.040	**0.861**

Table 4
Discriminant Validity using Cross loadings

	Efficiency	Interpersonal Conflict	Mental Health	Safety Climate	Teamwork	Turnover Intention	Work Stress	Workplace Violence
EF1	**0.780**	0.496	0.257	0.215	0.438	-0.523	0.003	-0.472
EF2	**0.846**	0.502	0.245	0.439	0.415	-0.631	0.012	-0.553
IC1	0.463	**0.826**	0.421	0.395	0.559	-0.344	-0.023	-0.383
IC2	0.351	**0.787**	0.205	0.345	0.601	-0.363	0.029	-0.265
IC3	0.609	**0.807**	0.221	0.474	0.408	-0.469	0.033	-0.443
MH1	0.208	0.291	**0.833**	0.404	0.426	-0.386	-0.009	-0.340
MH2	0.176	0.271	**0.845**	0.367	0.323	-0.331	-0.031	-0.299
MH3	0.330	0.256	**0.867**	0.530	0.492	-0.495	-0.008	-0.537
MH4	0.247	0.362	**0.748**	0.488	0.432	-0.458	-0.037	-0.405
SC1	0.205	0.364	0.442	**0.754**	0.390	-0.464	-0.064	-0.417
SC2	0.224	0.473	0.437	**0.762**	0.443	-0.420	0.017	-0.279
SC3	0.471	0.379	0.420	**0.794**	0.322	-0.558	0.042	-0.478
TI2	-0.707	-0.422	-0.404	-0.542	-0.652	**0.910**	0.017	0.821
TI3	-0.546	-0.460	-0.538	-0.597	-0.452	**0.863**	-0.016	0.675
TW1	0.494	0.563	0.379	0.497	**0.795**	-0.525	0.043	-0.526
TW2	0.466	0.594	0.506	0.486	**0.895**	-0.552	-	-0.557

							0.004	
TW3	0.362	0.432	0.423	0.257	**0.821**	-0.512	-0.031	-0.614
WS1	0.005	0.030	-0.007	-0.010	0.019	0.005	**0.760**	0.010
WS2	0.005	0.011	-0.019	-0.008	0.013	0.012	**0.843**	0.037
WS3	0.016	0.014	-0.021	0.003	-0.004	-0.004	**0.961**	0.043
WS5	0.004	0.010	-0.030	0.002	-0.014	-0.002	**0.845**	0.029
WV2	-0.583	-0.340	-0.359	-0.405	-0.475	0.723	0.027	**0.870**
WV3	-0.567	-0.571	-0.456	-0.550	-0.706	0.744	0.049	**0.864**
WV4	-0.483	-0.286	-0.482	-0.406	-0.560	0.727	0.025	**0.850**

Structural Model

The structural model shows the theory showing the relationship of the constructs with other constructs. The structural model comprises of path analysis and predictive relevance (Cho et al., 2023). The following table 5 has showed hypothesis testing.

Table 5
Hypothesis-Testing using PLS-SEM

	Estimate	T-Stats	Prob.	Decision
H1: Work Stress -> Workplace Violence	0.038	0.969	0.333	Not Supported
H2: Interpersonal Conflict -> Workplace Violence	0.191	4.684	0.000	Supported
H3: Efficiency -> Workplace Violence	-0.412	10.283	0.000	Supported
H4: Teamwork -> Workplace Violence	-0.434	9.577	0.000	Supported
H5: Safety Climate -> Workplace Violence	-0.183	5.478	0.000	Supported
H6: Mental Health -> Workplace Violence	0.115	3.820	0.000	Supported
H7: Workplace Violence -> Turnover Intention	0.850	55.344	0.000	Supported

The above table have showed that work stress ($\beta = 0.038$, $p > 0.05$) have a positive and insignificant effect on workplace violence. The interpersonal conflict ($\beta = 0.191$, $p < 0.05$) and mental health ($\beta = 0.115$, $p < 0.05$) have a positive and significant effect on workplace violence. The efficiency ($\beta = -0.412$, $p < 0.05$), teamwork ($\beta = -0.434$, $p < 0.05$), and safety climate ($\beta = -0.183$, $p < 0.05$) have a negative and significant effect on workplace violence. The workplace violence ($\beta = 0.850$, $p < 0.05$) have a positive and significant effect on turnover intention.

Table 6
Predictive Relevance

	R Square	R Square Adjusted	Q Square
Turnover Intention	0.722	0.721	0.559
Workplace Violence	0.623	0.617	0.454

The above table shows that turnover intention had been predicted by (0.722) 72.2 percent and

workplace violence had been predicted by (0.623) 62.3 percent. However, both variables had showed that their Q values had been higher than absolute zero.

DISCUSSION AND CONCLUSION

The current research had identified that work stress had a positive but insignificant effect on workplace violence. Furthermore, there has been identified a positive relationship between interpersonal conflict and workplace violence. Efficiency in the work environment can be identified as doing the daily work in a positive and effective way as it helps the organization to achieve their goals (Hackenberg, 2014) . It showed that teamwork and safety climate had a negative and significant effect on workplace violence. According to (Arnetz, 2018) when the organization can provide effective and safe climate in their work processes than it could lead towards success and result in the mitigation of workplace violence. Similarly, the presence of safety climate can be positively use to develop the working conditions in the organization and achieve effective and efficient working for the enhancement of their workplace (Hegney, 2010).The mental health can be identified as the capacity to work in a positive way and engage in effective working (Galderisi, 2015). The current research had identified that mental health had a positive and significant effect on workplace violence. Current research had identified that workplace violence had a positive and significant effect on turnover intention.

The findings of this study showed that staff interaction and safety climate variables were both related to reported workplace violence among hospital employees, whereas work stress was not. The likelihood of exposure to verbal violence was increased by interpersonal conflict among hospital coworkers, while the likelihood of exposure to physical workplace violence was diminished by efficiency among hospital coworkers. The risk of both verbal and physical abuse was minimized by a positive climate for violence reduction. Interventions based on improving these organizational variables can help to prevent workplace violence against hospital employees.

The results of this research propose some realistic measures that may decrease workplace violence. Next, companies should plan certain healthier practices for their workers (e.g., family fairs, athletic events). Second, managers/supervisors need to recognize poor workers that are the root cause of workplace violence and provide them with soft skills instruction, such as relationship management, work time and stress management, and growth of personalities. Third, companies need to communicate with the heads of departments and managers that workers are the organization's biggest asset and provide them with instructions on how to handle them. Finally, a healthy working atmosphere and organizational collaboration among workers should be promoted by top-level management. These measures will help to minimize workplace violence and improve work performance. Besides, these measures may also alleviate workers' fatigue, social dysfunction, anxiety, depression, and work stress. Hospital administrators should propose strengthening working conditions and developing a supportive, enjoyable and personal atmosphere for all workers, involving nurses in decision-making and acknowledging their points of view, and designing a payment scheme focused on the actual role of nurses and the more meaningful humanistic dialogue of nursing managers and supervisors should be strengthened.

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Appendix

Table 7
Research Instruments

Work Stress	
WS1	I have unreasonable scheduling in work
WS2	I have unfair evaluation in job performance
WS3	The strict requirements make me nervous
WS4	I have no clear job transferring
WS5	There is insufficient workforce in the hospital
WS6	I have difficulty of time arrangement with family due to work stress
WS7	There is unclear duty obligation to nurses
WS8	There is overtime work
Staff Interaction/Interpersonal Conflict	
IC1	I often get into arguments with others at work
IC2	I often being yelled by other people at work
IC3	People are rude to me at work
IC4	People do nasty things to me at work
Staff Interaction/Efficiency	
EF1	I interactly conduct planning of work tasks
EF2	The employees are working toward the same goals with interaction
EF3	The resources are being used optimally at work
EF4	The decision-making process works well with interaction
Staff Interaction/Teamwork	
TW1	There is good cooperation among hospital units that need to work together
TW2	Hospital units work well together to provide the best care for patients.
TW3	Hospital units do not coordinate well with each other
TW4	People support one another in this unit
TW5	When a lot of work needs to be done quickly, we work together as a team to get the work done
Safety Climate	
SC1	My employer provides adequate assault/violence prevention training
SC2	Management in this organization requires each manager to help reduce violence in his/her department
SC3	Management encourages employees to report physical violence
SC4	Management encourages employees to report verbal violence
SC5	Reports of workplace violence from other employees are taken seriously by management
Mental Health	
MH1	I have been so down in the dumps that nothing could cheer me up
MH2	I have been a very nervous person
MH3	I have felt downhearted and blue
MH4	I have not been interested in things

MH5	I have been an unhappy person
Workplace Violence	
WV1	I have been a victim of violence or threats of violence at work in the past year
WV2	Someone was aggressive towards me
WV3	I personally consider violence and threat of violence a problem at my work
WV4	There is bullying at my workplace
WV5	I have personally been bullied at work
Turnover Intention	
TI1	I am lacking identification with the hospital
TI2	There is no job guarantee
TI3	There is another hospital that offers better opportunities
TI4	I quit because of bad personal relationships
TI5	I am unsatisfied with the job