Job Abuse as Perceived by Nurses and its relation to Quality of Nursing Care

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Abstract

   Background: Incidence of job abuse from all over the world continues to grow in number, especially among nurses because of daily exposure to challenging situations as a result of dealing with different types of patients, and families. **Aim of study:** Was to assess the relation between job abuse and quality of nursing care among nurses. **Design:** A descriptive correlational design was utilized to conduct this study. **Setting:** The current study was conducted at Emergency department in Benha University Hospital. **Sample:** Included all nurses working in Emergency Department 235 who were available at the time of data collection. **Tools of data collection:** Two tools were utilized; **I)** Nurses' job abuse perception questionnaire. **П)** Quality of nursing are observational checklist. **Results:** Less than half (41.3%) of studied nurses had moderate perception level of job abuse followed by more than one third (35.7%) of studied nurses had low perception level and more than three fifth (64.3%) of them had moderate level of quality of nursing care. **Conclusion:** There was statistically significant positive correlation between total perception level of job abuse and total quality level, while there was statistically significant negative correlation between total exposure rate to job abuse and quality of nursing care. **Recommendations:** Hospital administration should provide support, psychological counseling and comprehensive care for nurses who exposed to abuse and inform nurses about their rights to create a positive atmosphere for nurses; nurses should report and document any type of abuse and violence and provide educational program for nurses about caring behavior and patient's right.

Keywords: Job abuse, Nurses' perception, Quality of nursing care

Introduction

   Nursing is a profession that respects the dignity and individuality of the patient, gives care in accordance with ethical principles, and depends on knowledge. Nursing is the "backbone" of any healthcare system worldwide. The most basic task of nursing is providing care with competence in theoretical of knowledge **(Lopes-Júnior, 2021)**. Nursing staff is the very important healthcare providers in any health care system, which is currently attacked by challenges, problems, and opportunities. Health care organizations must address those aspects that threaten performance of the health care team to ensure quality and sustainability of care and promote a culture of safety **(Attia , Gad , and Shokir , 2020)**.

   Job abuse has received substantial attention from numerous researchers and scholars. Interest in the phenomenon of job abuse has increased in recent years because such abusive events are evident in the healthcare sector **(Lozano , Ramón , and Rodríguez, 2021)**. Nurses are the most vulnerable to job abuse among healthcare workers as they are in the frontline dealing with patients and their relatives. Abuse in the world of work refers to a range of unacceptable behaviors and practices, or threats from that, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment **(Nyberg et al., 2021)**.

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Job abuse is defined as a persistent pattern of mistreatment from others in the workplace that causes either physical or emotional harm (**Yarberry, 2020**). It can be also defined as a situation in which one or more nurses systematically and over a long period of time perceive themselves to be on the receiving end of negative treatment on the part of one or more persons, in a situation in which the nurse(s) exposed to the treatment has difficulty in defending themselves against this treatment (**Salvador et al., 2021**).

The Emergency Department (ED) environment poses challenges to the prevention and management of job abuse. Compared to other hospital departments, the ED patient population is heterogeneous, staff is less likely to have a familiar relationship with patients, and those visiting the department are often in the midst of a crisis or dealing with high levels of stress. ED overcrowding is a global healthcare issue that increases the frequency of workplace abuse (**Thomas et al., 2021**).

Several studies have been done worldwide to understand the risk factors and predictors that cause such abusive incidents (**Kumari et al., 2020**). There are different risk factors for abusive incidents in the healthcare sector, such as patient characteristics (e.g. working with people who have a history of abuse and violence, long waiting time and poor prognosis), workplace features (e.g. working alone, high work demands, job control, type of leadership, peer support, and even gender) and organizational factors (e.g. staff shortage, inefficient policy, political pressure, poor infrastructure) (**Balducci et al., 2020**). .

The perpetrators who carry out violent and abusive behaviors against nurses vary with respect to their relationship to the worker some are patients, some are patients' relatives, doctors and other medical staff. Nurses' exposure to job abuse may be direct through firsthand involvement or indirect when witnessing workplace abuse and violence that occurs to their co-workers (also known as secondhand involvement) (**Havaei, 2021**). In health care, job abuse is classified to both physical and mental abuse. Obviously, physical abuse is the most serious form of aggression, while psychological abuse includes verbal abuse, threats, bullying, and sexual harassment. It also can be classified into horizontal or lateral and vertical (nurse to nurse) and hierarchical or vertical abuse (nurses' manager to nurse) (**Faghihi et al., 2021**).

The consequences generated by abuse at work are related to the high levels of stress experienced. Thus, the vast majority of studies have found that nurses who have repeatedly suffered some type of abuse and aggression at work present high levels of anxiety, depression, generalized fear, insomnia or emotional problems that lead to more serious disorders such as Post-Traumatic Stress Disorder or burnout (**Yagil and Dayan, 2020**). Job abuse also translates to high costs for the organization where it takes place, both in the short and long term, and decreases quality of nursing care provided to all patients. It causes a lot of to change their majors and decreases the integrity of the healthcare provider–patient relationship (**Li et al., 2020**).

Access to quality of nursing care is a constitutional right of every individual irrespective of race, gender, creed, and economic status. Quality is the ability of a product and service to satisfy stated or implied needs and degree to meet patient expectation. Quality of healthcare is the degree to which services for individuals and population increase the likelihood of desired health outcomes and which are clinically effective, efficient and affordable (**Ogunlade et al., 2020**) while, quality of nursing care is nursing's response to physical, psychological, emotional, social and spiritual needs of patients provided in a caring manner, so that

patients are cured, healthy to live normal lives with satisfaction for both patients and nurses **(Kannan et al., 2020)**.

Healthcare facilities globally are challenged to accomplish high levels of quality of nursing care, but there are several important factors affecting quality of nursing care **(Danielis et al., 2021)**. These factors include mobbing organizational justice and job abuse, organizational cultural and resource limitation, professional, knowledge and skills of nurses, communication with other work team, patients and their relatives and missed nursing activities **(Koy et al., 2020)**.

Safety and quality of patient care is dependent on effective communication and positive collegial relationships among health care team members, patients and their families, which can be undermined by disrespectful behaviors and abusive incidents **(Cho et al., 2020)**. In healthcare organizations, job abuse could increase absenteeism rate, job loss, and job dissatisfaction among the nurses. Furthermore, this phenomenon has negative consequence on productivity and reduces the quality of nursing care in hospitals and medical centers **(Hajibabee et al., 2020)**.

Significance of the study

Job abuse is a dangerous occupational hazard globally, and it is pervasive in the health service industry. As a corollary, job abuse may produce many negative outcomes among nursing staff. Consequently, it hinders nurses' professional performance and effect on quality of nursing **(Zhao et al., 2018).** In Egypt, the number of abuse and violence against nurses is in an increase in different settings, especially after the revolution of 25 of January (2011) and in the investigator area of practice while supervising the nursing students in different clinical areas, a variety of events as high workload, lack of support, and lack of suitable working condition contribute to occurrence of abuse. Moreover, quality of

nursing care is important global priority not only for patients, but also for improvement of organizations and for nurses' job satisfaction and safety. So, this study was conducted to investigate the prevalence of job abuse and its relation to quality of nursing care among nurses.

Aim of the study

This study aimed to assess the relation between job abuse and quality of nursing care among nurses.

Research questions:

- What is the nurses' perception level about job abuse?
- What is the level of quality of nursing care among nurses?
- What is the relation between nurses' perception level about job abuse and the quality of nursing care level?

Subject and methods

Research design:-

A descriptive correlational design was utilized to achieve the aim of the present study.

Setting:

The current study was conducted in Emergency department at Benha University Hospital. The hospital consisted of the three separated buildings; Medical, Surgical and Ophthalmology building. The emergency department distributed as following Medical reception unit, surgical reception unit, orthopedic reception unit, pediatric reception unit, Obstetrics reception, Toxins reception, and Emergency ICU.

Subjects:

The study subjects included all nurses working in the Emergency department (235) who are available at the time of data collection.

Tools of data collection:

The data of the present study was collected by using two tools.

Tool (I): Nurses' Job Abuse Perception Questionnaire.

It was developed by **Radwan, (2016)** and modified by investigator as needed. It was used to assess nurses' perception level about job abuse. It included two parts.

First part: Included personal characteristics of nurses as age, gender, marital status, educational qualification, years of experience, department or unit, and training courses about dealing with job abuse.

Second part: Aimed to assess nurses' perception level about job abuse. It consisted of 81 items divided under 6 main dimensions

Scoring system:

For the second part: The 1st dimension related to nurses' perception about job abuse and its previous/current circumstances. Responses of this dimension rated by yes or no and scores were allocated as follow: yes=2 and no=1 by total score 36 maximum score was 36 it means that nurses can identify situations of job abuse while minimum score was 18 it means that nurses cannot identify situations of job abuse. The scoring levels were arranged for each subject separately. Nurses' responses to 2nd ,3rd, 4th ,5th, and 6th dimensions were measured by using Likert Scale that concluded into three points .It was scored as the following ; (3) for agree , (2) for Neutral , (1)for disagree .

Total Job abuse perception level score: (Ebrahim and Eleraefy, 2018)

Low perception level -------<60% of total perception score.

Moderate perception level ---------60-75% of total perception score.

High perception level ----75% of total perception score

Tool (II): Quality of Nursing Care Observational Checklist.

It was developed by **Elzeneny, (2017)** and was modified by the investigator based on **(Murphy et al., 2019; Cho et al., 2020; and Neves et al., 2020).** The aim of this tool was to assess level quality of nursing care among nurses. It consists of 60 items divided into 10 main categories. The investigator conducted three observations for nurses' quality of nursing care in different times.

Scoring system

It consisted of three points Likert Scale as the following; 2 for (done), 1for (not done) and zero for (not applicable). The investigator observed the staff nurses actually three times in different times and collected three observations and the mean was taken. The answer was graded according to following score that reflect the level of quality nursing care for each nurse.

Total quality nursing care level score (Osman et al., 2019):

Low quality level -------<60% of total quality score.

Moderate quality level---------60-75% of total quality score.

High quality level ----75% of total quality score.

Tools Reliability:

The reliability was done by Cronbach's Alpha coefficient test, which revealed that tool consisted of relatively homogenous items as indicated by the moderate to high reliability of each tool. The internal consistency of job abuse perception tool was (0.072). The internal consistency of quality nursing care tool was (0.76).

Content validity:

The tools of data collection were tested by jury group consisted of five experts in Nursing Administration; two Assistant Professors from Faculty of Nursing, Tanta University , two Professors from Faculty of Nursing, Monfayia University and one Assistant Professor from Faculty of Nursing, Ain Shams University.

Modification and rephrasing of some items were done based on experts ' opinion. The validity of tools aimed to judge its clarity relevance and accuracy.

Ethical consideration

The ethical research consideration of this study including the following.

- The investigator clarified the aim of the study to staff nurses who included in the study.
- The privacy confidentiality of the study participants data were a short.

Participation in the study was voluntary and participants were free to withdraw from the study at any stage without responsibility.

Pilot study:

A pilot study was conducted at December 2020 to ensure clarity and relevancy of the tools of data collected. It was carried out on 23 staff nurse who represented 10% of studied subject. It ranged between 20 to 25 minutes for first tool and 20 to 30 for second tool. No modifications were done, so pilot study sample were included in the study.

Field work:

- Data collection extended three month from January 2021 to March 2021 after securing necessary permissions.
- The investigator met staff nurses explained the aim and the nature of the study and methods of filling the questionnaires .This was done individually or through group meeting of staff nurses during the morning shift after taking the permission from the head nurse of each unit according to the load of work in each unit.
- The investigator distributed the data collection tool with some instructions about how to fill it.
- The average number of nurses filling the questionnaire 6 nurses per day .
- The data were collected three days per week from 10 Am to 1.30 Pm
- Observation of quality of nursing care was done three times and the time required for observation of quality range from 20 to 30 minutes.

Statistical analysis:-

The collected data were revised, coded, tabulated and using Statistical Package for Social Sciences (SPSS version 22).

Descriptive statistics were applied in the form of means, standard deviation for quantitative variables and frequency and percentages for qualitative variables. Qualitative categorical variables were compared using chi- square test. Pearson correlation coefficient was calculated between variables. Statistical significance was considered at p-value P<0.05, and considered highly statistical significance at p-value P<0.001.

Results

Table (1): Illustrates that more than one third (34.4%) of studied nurses had age ranged from 31-40 years old, while (13.6%) were aged ≥41 years old with mean and standard deviation (42.81±6.54). Regarding to their gender more than three quarter (77.9%) of studied nurses was female. According to their marital status, the majority (83.0%) of studied nurses were married. In relation to their educational qualification more than three fifth (64.7%) of them had Nursing Technical Institute. Regarding to their department and unit more than one quarter (25.1%) of studied nurses was working at Obstetrics reception. According to their years of experience, more than one third (36.2%) of studied nurses had from 11-20 years of experience with mean and standard deviation (15.43±7.14), regarding to training courses the majority (99.1%) of studied nurses hadn't attend training courses on dealing with job abuse.

Figure (1): Clarifies that less than half (41.3%) of the staff nurses had moderate perception level regarding job abuse, while less than one quarter (23.0%) of them had high perception level and more than one third (35.7%) of studied nurses had low perception level.

Table (2): Shows that the highest mean percentage (77.9%) of total studied nurses' perception of total domains of job abuse was related to total job abuse perception and its previous/current circumstances, while the lowest mean percentage(67.9%) was related to total types of job abuse.

Figure (2): Clarifies that more than three fifth (64.3%) of the studied sample had moderate level of quality nursing care. On the other hand, more than one quarter (27.2%) of them had high level of quality nursing care, while (8.5%) of studied nurses had low quality level.

Table (3): Shows that the highest mean percentage (66.7%) of total quality of nursing care was related to total medication administration, while the lowest mean percentage (43.5%) was related to total personal hygiene and physical care.

Table (4): Shows that there was a highly statistically significant difference between studied staff nurses' perception level of job abuse and their age and years of experience while there was significant difference between staff nurses' perception level of job abuse and their educational level.

Table (5): Clarifies that there was a statistically significant difference between studied staff nurses' total quality of nursing care and their personal characteristics except for their training courses.

Table (6): Shows that there was statistically significant positive correlation between total perception level of job abuse and total quality of nursing care level among studied nurses.

Table (7): Illustrates that there were statistically significant negative correlation between total exposure rate of job abuse and total quality of nursing care.

Table (1): Frequency distribution of studied nurses regarding their personal characteristics (n=235)

Personal characteristics	No	%
Age		
20-25 years	61	26.0 %
26-30years	61	26.0 %
31-40 years	81	34.4 %
≥41 years	32	13.6 %
Mean ±SD	42.81±6.54	
Gender		
Male	52	22.1 %
Female	183	77.9 %
Marital status		
Married	195	83.0 %
Unmarried	40	17.0 %
Educational qualification		
Nursing diploma	80	34.0 %
Nursing technical associate diploma	152	64.7 %
Bachelor of Nursing	3	1.3 %
Department/unit		
Surgical reception unit	35	14.0 %
Obstetrics reception	59	25.1 %
Medical reception unit	25	10.6 %
Toxins reception	21	9.0 %
Pediatric reception unit	27	11.5 %
Emergency ICU	35	14.9 %
Orthopedic reception unit	33	14.9 %
Years of Experience		
1-5 years	58	24.6 %
6-10 years	54	23.0 %
11-20years	85	36.2 %
21-25years	20	8.5 %
> 25 years	18	7.7 %
Mean ±SD	15.43±7.14	
Training courses about dealing with job abuse		
Yes	2	.9 %
No	233	99.1%

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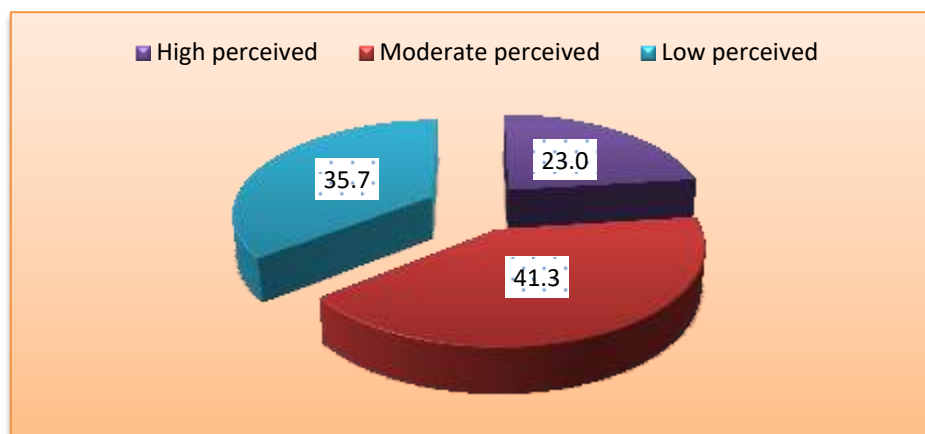

Figure (1): Distribution of studied staff nurses' total perception levels of job abuse.

Table (2): Mean scores of total studied nurses' perception in relation total domains of job abuse (n=235)

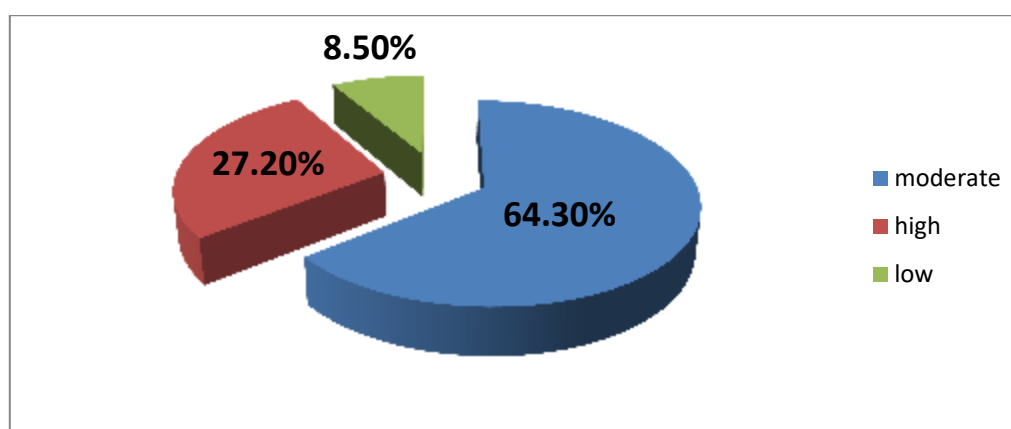| Domains of job abuse	Minimum score	Maximum score	Mean ±SD.	Mean percentage	Ranking
Total nurses' job abuse perception and its previous/current circumstances	18	36	28.05±2.08	77.9%	1
Total causes	17	51	35.55±3.63	69.7%	5
Total types	13	39	26.50±4.19	67.9%	6
Total the perpetrator of the job abuse	5	15	10.75±1.69	71.7%	4
Total nurses' reaction to job abuse	17	51	36.61±2.13	71.8%	3
Total the long-term effect of exposure to job abuse	11	33	23.75±3.37	72.0%	2

Figure (2): Distribution of studied nurses' total quality of nursing care levels.

Table (3): Mean scores of studied nurses in relation to total quality of nursing care domains

Domains of quality of nursing care	Minimum score	Maximum score	Mean ±S.D.	Mean percentage %	Ranking
Total patient assessment	6	12	6.62±1.32	55.2%	9
Total personal hygiene and physical care	4	8	3.48±1.35	43.5%	10
Total safety measures	6	12	6.85±1.25	57.1%	7
Total medication administration	10	20	13.34±.519	66.7%	1
Total caring behavior/patient rights	11	22	13.44±1.54	61.1%	4
Total vital signs	4	8	5.17±1.08	64.6%	2
Total documentation principal	5	10	5.69±1.02	56.9%	8
Total patient and family health education	6	12	6.95±1.34	57.9%	6
Total emotional support	3	6	3.71±.816	61.8%	3
Total patient discharge and follow up	5	10	6.03±1.23	60.3%	5

Table (4): Relation between total studied nurses' perception level of job abuse and their personal characteristics (n=235).

Personal characteristics	Low (n=84)		Moderate (n=97)		High (n=54)		X^2	p-value
	No	%	No	%	No	%		
Age								
20-25 years	20	23.8%	27	27.8%	14	25.9%	24.64	.000**
26-30years	23	27.4%	21	21.7%	17	31.5%		
31-40 years	30	35.7%	39	40.2%	12	22.2%		
≥41 years	11	13.1%	10	10.3%	11	20.4%		
Gender								
male	25	29.8%	17	17.5%	10	18.5%	4.441	0.109
female	59	70.2%	80	82.5%	44	81.5%		
Marital status								
Married	69	82.1%	80	82.5%	46	85.2%	0.245	0.885
Unmarried	15	17.9%	17	17.5%	8	14.8%		
Educational qualification								
Nursing Diploma	31	36.9%	31	32.0%	18	33.3%	10.69	.030*
Nursing Technical associate diploma	53	63.1%	66	68.0%	33	61.1%		
Bachelor of Nursing	0	0.0%	0	0.0%	3	5.6%		
Years of Experience								
1-5 years	18	21.5%	24	24.7%	16	29.6%	82.86	.000**
6-10 years	20	23.8%	22	22.7%	12	22.3%		
11-20years	38	45.2%	45	46.4%	2	3.7%		
21-25years	8	9.5%	6	6.2%	6	11.1%		
>25 years	0	0.0%	0	0.0%	18	33.3%		
Training courses								
yes	0	0.0%	1	1.0%	1	1.9%	1.399	0.497
no	84	100.0%	96	99.0%	53	98.1%		

**A highly statistical significant difference (p≤0.001) *A statistical significant difference (p≤0.05)

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Table (5): Relation between total studied nurses' quality of nursing care level and their personal characteristics

Personal characteristics	Low (n=20)		Moderate(n=151)		High (n=64)		X²	p-value
	No	%	No	%	No	%		
Age								
20-25 years	7	35.0%	44	29.1%	10	15.6%	16.92	.010*
26-30years	5	25.0%	44	29.1%	12	18.8%		
31-40 years	8	40.0%	47	31.2%	26	40.6%		
≥41 years	0	0.0%	16	10.6%	16	25.0%		
Gender								
male	10	50.0%	33	21.9%	9	14.1	11.439	.003*
female	10	50.0%	118	78.1%	55	85.9%		
Social. status								
Married	14	70.0%	121	80.1%	60	93.8%	8.509	.014*
Unmarried	6	30.0%	30	19.9%	4	6.2%		
Educational qualification								
Nursing Diploma	6	30.0%	61	40.4%	13	20.3%	15.19	.004*
Nursing Technical associate diploma	14	70.0%	90	59.6%	48	75.0%		
Bachelor of Nursing	0	0.0%	0	0.0%	3	4.7%		
Years of Experience								
1-5 years	8	40.0%	42	27.8%	8	12.5%	19.58	.012*
6-10 years	4	20.0%	40	26.5%	10	15.6%		
11-20years	8	40.0%	48	31.8%	29	45.3%		
21-25years	0	0.0%	12	7.9%	8	12.5%		
>25 years	0	0.0%	9	6.0%	9	14.1%		
Training courses								
yes	1	5.0%	0	0.0%	1	1.6%	5.76	0.056
no	19	95.0%	151	100.0%	63	98.4%		

Table (6): Correlation of total perception level of job abuse and total quality of nursing care level among studied nurses

Variables	Total perception of job abuse	
	r	p-value
Total quality of nursing care	0.655	0.029*

Table (7): Correlation between total exposure rate of job abuse and total quality of nursing care

	Total exposure	
	r	p-value
Total quality	-0.785	0.003*

Discussion

Job abuse in the health sector is a significant source of stress that negatively affects the well-being of nurses and quality of their nursing care. A healthy workplace is indispensable when striving to deliver high-quality nursing care services. When nurses experience job abuse, it is necessary to pay attention to their emotional reactions and job attitudes, and to avoid adverse impacts on patient safety **(Peltokorponi and Ramaswami, 2021)**. Quality of nursing care is a global health priority for health organizations and ensuring patient's safety. It is based on a dynamic interaction between structure and care process. The vision of nursing is to provide high quality that is a part of nurses' professionalism **.**Nurses and those with whom they practice need and deserve workplace that are safe and free from abuse and supported to contribute to provide excellent patient outcomes **(Zuzelo, 2020)**.

Regarding to personal characteristics of studied nurses:

The current study revealed that more than one third of studied nurses had age ranged from 31-40 years old. More than three quarter of them was female and the majority of them were married and more than three fifth had Nursing Technical Associate diploma. According to their department and unit more than one quarter was working at obstetrics reception and more than one third of them had ranged from11-20 years of experience. The majority of them was married and hadn't attended training courses on dealing with abuse.

This result was matched with **Li et al., (2020),** who conducted a study in China, about" associations of occupational stress, workplace violence, and organizational support on chronic fatigue syndrome among nurses" and reported that highest percent of studied nurses were female and got married. On the same line, **Dehghan-Chaloshtari and**

Ghodousi, (2020), who conducted a study in Iran, about" factors and characteristics of workplace violence against nurses" and reported that more than three quarter of participants were female and had age ranged from 30-40 years old, the most frequently reported work experience was ranged from 10-20 years old.

On the other hand **Li et al., (2021),** who conducted a study in Tiwan, about" the effect of emergency room violence toward nurses' intention to leave" and found that more than three fifth of studied nurses was in-service training on violence prevention, the majority of studied nurses had Bachelor on nursing.

Regarding total perception levels of job abuse among staff nurses, the current study indicated that less than half of the studied nurses had moderate total perception level toward job abuse. **From the researcher point of view**, this might be due to some nurses accept job abuse forms as part of the job which can be tolerated, inadequate policies, and inadequate training courses about job abuse which negatively affect their perception about job abuse.

This result is similar with **Ebrahim and Elrefaey, (2018),** who conducted study about" the relationship between bullying, achievement factors, and self-esteem among nursing students" in Egypt, and reported that nursing students' perception level of bullying was moderate. On the same line, **Xiao et al., (2021),** who conducted a study about "certified nursing assistants" perceived workplace violence in long-term facilities" in England and found that the highest percent of studied nurses had moderate perception level of abuse.

The findings of this study was in disagreement with **Butler et al., (2018),** who conducted a study in South Florida, about "exploring perception of workplace bullying in nursing" and reported that nurses had low perception level. In addition to, **Perkins et al.,**

(2020), who conducted a study in USA, about" inpatient nurses' perception of workplace violence based on specialty" ' and found that nurses' perception was high and frequency in which workplace occurs differs based on specialty.

Regarding mean score and percentage of total studied nurses perception levels regarding domains of job abuse, the current study findings illustrated that the highest mean percentage of total domains of job abuse was related to the total nurses' job abuse perception and its previous/current circumstances, while the lowest mean percentage was related to total types of job abuse. **From the researcher point of view,** this result might be due to staff nurses' nature of as a facilitator for creation of job abuse situations, their awareness about importance of understanding circumstances of job abuse and identify situations to avoid it to ensure continuity of service, lack of training courses reflect inability to differentiate between types of abuse.

The current study findings were in the same line with a study carried out by **Al-Maskari et al., (2020),** about "workplace violence against emergency department nurses in Oman: a cross-sectional multi-institutional study" and reported that emergency department nurses' knowledge and perception of workplace violence and situations at risk was high. Also, **Douglas and Enikanoselu., (2019),** who carried a study about "workplace violence among nurses in general hospital Osun state, Nigeria" and found that the studied nurses were aware of workplace violence circumstances.

On contrary, this study finding was in contrast with **Mohammed et al., (2021)**, who conducted a study about" workplace violence against nursing staff in maternal and child health centers at Qaliubya Governorate" and reported that less than one fifth of studied nurses had good knowledge regarding workplace violence and majority

of them had correct complete answer regarding types of workplace violence. .

Regarding nurses' total quality of nursing care levels, the current study illustrated that more than three fifth of studied nurses had moderate level of quality of nursing care, while more than one quarter of them had high level of quality of nursing care. **From the researcher point of view**, this result might be due to increase work load with nursing shortage, inadequate training for the staff, stress, exposure to violence and abuse from patients and their families, inadequate supplies, lack of close supervision, lack of motivation and low salary. This explanation was supported by **Li et al., (2020),** who investigated" the influence of workplace violence on the quality of nursing work life in a class ɪɪɪ hospital" and reported that exposure to workplace violence and abuse lead to reduce quality of nursing care

The fore going result was similar to **Osman et al., (2019),** who investigated" relationship between nurses' competencies and quality of patient care at intensive care units" in Egypt, and reported that the highest percent of the studied sample had moderate level of quality of nursing care. On the opposite side , **Gaalan et al., (2019),** who conducted a study about" factors predicting quality of nursing care among nurses in tertiary care hospitals in Mongolia" and reported that the overall quality of nursing care for the majority of studied nurses was at high level. Also **Weldetsadik et al., (2019)**, who investigated" quality of nursing care and nurses' working environment in Ethiopia: nurses' and physicians' perception" and reported that the quality of nursing care was substandard and poor and requires urgent attention.

In addition to, **Hassanzadeh et al., (2021)**, who investigated " the work-family conflict and quality of care given by nurses: a cross sectional questionnaire survey" in Iran,

and reported that the mean score of nursing care quality was at a high level.

Regarding mean score and percentage of studied nurses in relation to total quality of nursing care domains, , the current study showed to that the highest mean score and percentage of total level of quality of nursing care was related to medication administration, while the lowest mean score and percentage was related to total personal hygiene and physical care. **From the researcher point of view**, this result might be due to nurses' awareness of the importance of medication safety that immediately affect patients' health and aware of the importance of reporting any deviancy in medications to maintain the continuity of the service and adequate hospital medication policy, while the defect in personal hygiene and physical care may be due to unavailability of resources, time constraint and inadequate number of assisted personnel.

This result was supported by **Pan and Lin.,(2021),** who conducted a study about" the relationship between organizational communication and missed nursing care in oncology wards in Taiwan" and reported that the least missed nursing care was related to medication administration. On the same line, this study was matched with **Plevová et al., (2021),** who conducted a study in Czech Republic, about" the relationship between nurse's job satisfaction and missed nursing care" and found that the least frequently missed nursing activities was related to medication administration.

On the other hand, this result was in disagreement with **Abd El-Hamid et al., (2019),** who conducted a study in Egypt, about " the relationship between the nursing work load and the quality of nursing care at a selected hospital in Menofya governorate" and found that the highest mean percentage of quality of nursing care dimensions that provided by nurses was for patient safety measures.

Correlation between study variables:

The current study showed that there was a highly statically significant difference between studied nurses' perception level of job abuse and their age and years of experience while there was significant difference between staff nurses' perception level of job abuse and their educational level. **From the researcher point of view,** this result may be due to young nurses' lack of experience in dealing with job abuse as they are less likely to perceive the behaviors as workplace harassment and abuse, while older nurses may have expectation of being treated with respect and dignity that comes with age and they face many situation of abuse and become more oriented and have sufficient experience.

This result was matched with **Alam et al.,(2020),** who investigated" workplace violence among nurses at public hospital in Bangladesh" and found that the prevalence of workplace violence is highly significantly different with age and working experience. On the same line, this result was in agreement with **Sachdeva et al., (2019),** who conducted a study in India, about" perception of workplace violence in the emergency department" and reported that there was significant difference between nurses' perception of workplace violence and their educational qualification.

On the other hand, This result was in disagreement with **Aljanabi et al., (2020),** who conducted a study about" nurses' perception toward workplace violence at Dammam medical tower, Saudi Arabia" and found that there is no significant difference between total violence perception and studied nurses' age or years of experience and found significant difference between total abuse and violence according to marital status.

Furthermore, the current study revealed that there was a statistically significant

difference between studied nurses' total quality of nursing care and their personal characteristics except for their training courses. From the researcher point of view, this result may be due to nurses' skill sets develop through their education and experience of various nursing situations and patients.

This result was consistent with **Yoo et al., (2020),** who conducted a study in Korea, about" levels of partnership between nurses and parents of hospitalized children and the quality of pediatric nursing care as perceived by nurses" and found that The quality of pediatric nursing care was found to significantly differ by the nurses' age, marital status, years of experience, educational level.

This result was inconsistent with **Galaan et al., (2019),** who reported that there was no significant difference between personal factor of nurses and quality of nursing care. Also, **Alnuqaidan and Ahmad, (2019),** who investigated" comparison between highly-talented and low-talented nurses on their characteristics and quality of nursing care" in Kuwait, and found that there were no significant differences between the low-talented and the highly-talented nurses in terms of their personal characteristics and quality of nursing care.

Regarding correlation between total perception level of job abuse and total level quality of nursing care, the current study illustrated that there was statistically significant positive correlation between total perception level of job abuse and total quality of nursing care level among studied nurses. **From the researcher point of view**, this result may be due to when there are increasing in nurses' awareness and knowledge about job abuse, they will be able to avoid exposure to it by overcoming its causes and decrease stressful events which can affect their ability to provide high quality of nursing care.

This study was in agreement with **Lee and Kim., (2018),** who investigated " moderating effects of professional self-concept in relationship between workplace bullying and nursing service quality among hospital nurses" in Korea, and found that there was a significant positive correlation between nurses' professional self-concept in relation to workplace bullying and nursing care quality. On the same line, **Anusiewicz et al., (2020),** who conducted study in USA, about" how does workplace bullying influence nurses' abilities to provide patient care? A nurse perspective" and found that nurses who aware about workplace bullying , situations, types and consequences can deal with bullying and avoid abuse and didn't influence their ability to provide patient care.

Regarding to correlation between total exposure rate of job abuse and total level of quality of nursing care the current study illustrated that there were statistically significant negative correlation between exposure rate of job abuse and total level of quality of nursing care. **From the researcher point of view,** this result may be due to exposure to job abuse has its effect on nurses' psychological and mental health, it makes them feel frustrated , it lead to decline nurses' work life quality and satisfaction, increase burnout, medical errors which related to stressful events and increase absenteeism rate.

This result was matched with, **Cho et al., (2020),** who conducted a study in USA, about" workplace verbal abuse, nurse-reported quality of care and patient safety outcomes among early-career hospital nurses" and reported that nurses who experienced verbal abuse, regardless of the perpetrator, were less likely to report high-quality care and a favorable safety grade. On the same line, this result was in agreement with, **Hajibabaee et al., (2020),** who investigated "association of workplace bullying and quality of nursing care in intensive care unit and emergency

department nurses" in Iran, and reported that there were significant negative correlation between workplace bullying and quality of nursing care. Also, **Alshehry et al., (2019)**, reported that General incivility and nurse incivility were found to negatively impact quality of nursing care and its different dimensions.

On the other hand, this result was in disagreement with **Kim et al., (2019),** who conducted a study in Korea, about" association between workplace bullying and burnout, professional quality of life, and turnover among clinical nurses" and found that no significant correlation was observed for decreased personal achievement and quality of care with personal bullying and work-related bullying.

Conclusion

Most nurses of Emergency Benha University Hospital had moderate perception level regarding job abuse followed by low level of perception , While majority of nurses provide moderate and high quality of nursing care. Furthermore, there was statistically positive correlation between total perception level of job abuse and total quality of nursing care level among studied nurses. In addition, there was statistically significant negative correlation between total exposure rate of job abuse and total quality of nursing care.

Recommendations

Organizational level:

- Hospital administration should develop policies, regulations and procedures that identify, manage and prevent job abuse and workplace violence.
- Provide support, psychological counseling and comprehensive care for nurses who exposed to abuse and inform nurses about their rights to create a positive atmosphere for nurses.
- Effective supervision of nursing personnel during work and continuous evaluation of their practice.

- Nursing administrator should spend more time in communicating with their nursing staff through regular meetings regarding job abuse incidents, its types and consequences.

Nursing level:

- Be aware of personal behavior and circumstances that might contribute to abuse and violence.
- Speak out and advocate against abuse and violence in the workplace.
- Uphold legal and professional responsibilities in responding to abuse and neglect.
- Report and document any type of abuse and violence.
- Managers should be model in professional behavior.
- Pay more attention for patients' complaints through answering their questions and their families' questions, investigating patients' visitors' opinions and suggestions to avoid abuse reaction of patients and their relatives in the case of ignorance.

For Further research:

- Further research is needed for investigating the factors affecting quality of nursing care among nurses.
- Further studies are recommended to be conducted to identify nursing job abuse and detect possible factors that might be related to job abuse and its impact and circumstances

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الانتهاك الوظيفي كما يدركه الممرضين وعلاقته بجودة الرعاية التمريضية

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ويتواصل تزايد عدد حالات الانتهاك الوظيفي في العمل من جميع أنحاء العالم، لا سيما بين الممرضين بسبب التعرض اليومي لحالات صعبة نتيجة للتعامل مع أنواع مختلفة من المرضى والأسر. لذلك هدفت هذه الدراسة الي تقييم الانتهاك الوظيفي كما يدركه الممرضين وعلاقته بجودة الرعاية التمريضية. وقد أجريت الدراسة في في قسم الطوارئ بمستشفى جامعة بنها على جميع الممرضين في كل الوحدات بقسم الطوارئ(٢٣٥) والمتاحون أثناء جمع البيانات . حيث كشفت النتائج على وجود ارتباط إيجابي إحصائي هام بين مستوى الإدراك الكلي الانتهاك الوظيفي والمستوى الكلي لجودة الرعاية التمريضية، في حين كان هناك ارتباط سلبي إحصائي هام بين معدل التعرض الكلي الانتهاك الوظيفي وجودة الرعاية التمريضية. وقد اوصت الدراسة بأنه ينبغي لإدارة المستشفيات أن تقدم الدعم والمشورة النفسية والرعاية الشاملة للممرضين الذين يتعرضون الانتهاك الوظيفي، وأن تطلع الممرضين على حقوقهم لتهيئة مناخ إيجابي للممرضين ؛ يجب على الممرضين الإبلاغ عن وتوثيق أي نوع من الاعتداء والعنف وتقديم برنامج تثقيفي للممرضين حول سلوك الرعاية وحق المريض.