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Research Article

The impact of workplace violence against healthcare workers on organisational commitment and job satisfaction

İşyerinde şiddete maruz kalma durumuna göre çalışanların örgütsel bağlılık ve iş tatmini düzeylerinin karşılaştırılması

Enes Kaya[1]

[1] Assistant Professor, Kafkas University Kağızman School of Applied Sciences, Department of Health Management, Kars, Türkiye, enes.kaya@kafkas.edu.tr

ORCID ID: 0000-0001-7844-6799

Abstract

This study examined differences in organisational commitment and job satisfaction among emergency department healthcare workers in Kars Province, Turkey, according to their exposure to workplace violence. Using a quantitative, cross-sectional design, data were collected from 127 healthcare professionals in Kars Province between July 2024 and February 2025 through a demographic questionnaire, the Meyer & Allen (1991) Organisational Commitment Scale, and the short form of the Brayfield & Rothe (1951) Job Satisfaction Scale. Findings show that 54.3% of participants experienced workplace violence, predominantly verbal and often perpetrated by patients' relatives. Exposure to violence significantly reduced organisational commitment ($p = .047$) and job satisfaction ($p = .044$). A positive relationship was identified between job satisfaction & organisational commitment ($r = .367$, $p < .01$), with normative commitment displaying the strongest link. The results highlight the need for targeted violence prevention strategies, training for less experienced staff, and institutional support systems to protect healthcare workers' well-being and enhance workplace outcomes.

Keywords: Workplace Violence, Job Satisfaction, Organisational Commitment

Jel Codes: M00, D23, I1

Öz

Bu çalışma, Kars ilinde görev yapan acil servis sağlık çalışanları arasında işyerinde şiddete maruz kalma durumuna göre örgütsel bağlılık ve iş tatmini düzeylerindeki farklılıkları incelemektedir. Nicel ve kesitsel bir tasarım kullanılarak, Temmuz 2024 ile Şubat 2025 arasında Kars ilindeki 127 sağlık çalışanından demografik bir anket, Meyer ve Allen (1991) Örgütsel Bağlılık Ölçeği ve Brayfield ve Rothe (1951) İş Tatmini Ölçeği'nin kısa formu aracılığıyla veri toplanmıştır. Bulgular, katılımcıların %54,3'ünün işyerinde şiddete maruz kaldığını, bunun ağırlıklı olarak sözel olduğunu ve sıklıkla hastaların yakınları tarafından gerçekleştirildiğini göstermektedir. Şiddete maruz kalma, örgütsel bağlılığı ($p = .047$) ve iş tatminini ($p = .044$) önemli ölçüde azaltmıştır. Örgütsel bağlılık ile iş tatmini arasında pozitif bir ilişki ($r = .367$, $p < .01$) tespit edilmiş olup, normatif bağlılık en güçlü bağlantıyı göstermektedir. Sonuçlar, sağlık çalışanlarının refahını korumak ve işyeri sonuçlarını iyileştirmek için hedefli şiddet önleme stratejilerine, daha az deneyimli personel için eğitime ve kurumsal destek sistemlerine olan ihtiyacı vurgulamaktadır.

Anahtar Kelimeler: İşyerinde Şiddet, İş Tatmini, Örgütsel Bağlılık

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Introduction

Since the dawn of human history, violence (affecting all segments of society, increasingly becoming a part of our daily lives, and whose acceptance may vary depending on socioeconomic and cultural characteristics) has been a phenomenon frequently encountered in many areas. The World Health Organization (WHO) defines violence as the deliberate use of physical force or power, whether threatened or applied, against oneself, another person, or a group or community, which results in, or is highly likely to result in, injury, death, psychological harm, developmental impairment, or deprivation" (WHO, 2002: 4; Er, Ayoğlu & Açıkgoz, 2021: 70). Violence is one of the most uncontrollable social phenomena of our time, present in the lives of all nations and concerning all professions, age groups, and ethnicities.

Violence can occur when an individual uses physical force or threatens physical force against another person or a group, which can lead to death, injury, psychological harm, and developmental problems (Gülpınar, Bulut & Çıtıl, 2019: 143). The phenomenon of violence can occur anytime and anywhere, including in people's homes, workplaces, streets, and even hospitals (places intended for healing). Although various measures have been taken to minimise such incidents, they have not yet been completely prevented. The most distressing form of violence is that directed toward healthcare workers by patients and their relatives in hospitals and healthcare institutions where they come to receive services. In recent times, this issue has reached alarming proportions, with incidents such as surgeons being killed during operations to save patients, nurses being assaulted while providing care and treatment, and healthcare workers being unjustly targeted for the suffering of patients, deeply wounding the conscience of society. The fact that such acts, referred to in the literature as workplace violence, are perpetrated against healthcare providers who serve in one of the most vital and comprehensive professions within the service sector underscores the importance of studying this issue.

Workplace violence is a significant and growing public health concern that draws the attention and concern of society at large. The healthcare sector, due to its frequent encounters with highly stressful, unpredictable situations involving individuals prone to sudden reactions, is associated with numerous factors that increase the likelihood of violent incidents (Ami, Dm & Da, 2025). The rapidly changing work environment requires organisations to remain productive, prompting them to continually improve their processes. Organisations recognise that the competitiveness of their work processes depends on human resources. Therefore, retaining talented employees has become one of the biggest challenges for businesses (Farrukh, Wei Ying, & Abdallah Ahmed, 2016). Organisational commitment was first addressed by Whyte in 1956 and later developed by many scholars, notably Porter, Steers, Mowday, Meyer, Allen, & Becker (Gul, 2002: 37). It refers to employees' determination to help the organisation achieve its goals. It encompasses their identification with, participation in, and loyalty to the organisation. It is a state in which members sustain their activities and involvement through actions and beliefs that bind them to the organisation (Singh & Onahring, 2019). Organisational commitment is an attitude of attachment to the organisation that leads to work-related behaviours such as absenteeism, organisational citizenship behaviours, turnover intentions, job satisfaction, work motivation, & job performance. One important characteristic desired in employees is job satisfaction (Eslami & Gharakhani, 2012).

Job satisfaction, defined as employees' feelings about their work, first emerged in the 1920s and gained prominence during the 1930s and 1940s. Since Hoppock publicised his article "Job Satisfaction" in 1935, significant research has been conducted on the subject (Ozer, 2021: 4). Job satisfaction may develop naturally through a process of self-regulation, as satisfied employees generally tend to exhibit higher performance and stronger organisational commitment. Therefore, a successful organisation must ensure a positive relationship between employees and the organisation. Conversely, unfair treatment in matters such as assignments, promotions, salaries, or evaluation reports compared to colleagues may negatively impact employees' job satisfaction. Employers should therefore ensure fairness in all evaluations to prevent employee dissatisfaction (Omar, Rafie & Selo, 2020).

For healthcare workers, topics such as organisational commitment & job satisfaction are of great importance due to the critical role they play in the performance of healthcare organisations. Studies have indicated that the levels of job satisfaction & organisational commitment among healthcare professionals can significantly affect hospital efficiency and overall performance. Evidence suggests that satisfied employees generally demonstrate higher productivity and greater dedication to their roles. In contrast, those who are dissatisfied tend to show the opposite pattern: employees are more likely to exhibit absenteeism, complaints, and turnover. Furthermore, job satisfaction among healthcare workers has been positively associated with variables such as patient satisfaction and quality of care (Al-Aameri,

2000). It can be argued that employees' organisational commitment, by fostering positive social exchanges, helps them perform better (Jain, Giga & Cooper, 2013).

The existence of workplace violence, particularly in hospital settings, has undeniable societal consequences. Workplace violence has become a widespread problem in healthcare services (Boafo & Hancock, 2017). Currently, more than one-third of workplace violence incidents worldwide occur in the healthcare sector (Njaka et al., 2020). At this point, it should be noted that healthcare institutions are labour-intensive organisations in which professionals from various occupational groups work together around the clock in a high-paced environment (Gok & Ekinci, 2025). The repercussions of such acts against healthcare workers extend beyond the immediate harm to the victims and have far-reaching effects on society as a whole. A review of the literature indicates that in Turkey, emergency departments are the hospital units with the highest incidence of violence (Cakmakcı, 2024; Usluogulları & Yurtsever, 2023; Demirhan & Behdioglu, 2023; Gokçe & Derya, 2023; Ozdogan et al., 2023; Guven & Kurt, 2023; Ugurlu & Santas, 2023; Yalcın & İlvan, 2023; Alp, 2023; Yıldırak, 2023; Us & Erdem, 2018; Annagür, 2010).

This study aims to examine differences in organisational commitment and job satisfaction levels among employees based on their exposure to workplace violence. Within the scope of the study, various forms of workplace violence exposure were addressed to analyse whether these situations create significant differences in employees' levels of commitment to their institutions and job satisfaction. In addition, the research discusses the general implications of workplace violence for the functioning of healthcare services and job satisfaction. Previous studies on this topic have generally focused on the individual and psychological consequences of workplace violence. This study, however, emphasises its impact on professional and institutional dimensions, organisational commitment, and, in particular, organisational commitment and job satisfaction. It is widely accepted that hospital emergency department workers are among the most stressed groups.

Although there are numerous studies on organisational commitment & job satisfaction among healthcare workers, research directly addressing the effect of workplace violence on these variables remains limited. Beyond its theoretical contributions, this study also aims to inform policies and practices to prevent workplace violence in the healthcare sector. The findings will be valuable for hospital managers, healthcare administrators, and policymakers in developing strategies to mitigate the negative effects of workplace violence.

Compared to the literature, the number of studies in this field is limited, particularly those focusing on job satisfaction & organisational commitment. By addressing the relationships among the relevant variables from a broader perspective, this research provides important insights to both academia and practitioners in the healthcare sector. The study's results will also guide the development of new policy proposals to improve the working conditions of healthcare workers.

Conceptual framework

Violence against healthcare workers

In recent years, violence, which has been steadily increasing across all segments of society, has become particularly evident in workplaces and has emerged as a serious public health problem affecting all occupational groups (Batı, Kucukkendirci & Ulusal, 2021: 2). Healthcare workers, who form the backbone of healthcare institutions, are at high risk of experiencing violence, which can be physical, sexual, verbal, or psychological in nature (Ilikannu et al., 2025). Violence in healthcare institutions is defined as any threatening act, physical assault, verbal threat or sexual assault by a patient, patient relative, or any other individual directed toward healthcare workers and posing a risk to them (Saines, 1999; Annagür, 2010: 162).

Compared to other occupational groups, healthcare workers are among the most affected by adverse events, with exposure rates in this field up to 10 times higher than those in different sectors (Bianco et al., 2025). Violence against healthcare workers prevents them from devoting sufficient time to meeting patient needs. Violence in the healthcare sector can have serious socioeconomic effects on healthcare workers, the delivery of healthcare services, healthcare institutions, and society at large. Therefore, violence in healthcare institutions is one of the most pressing issues faced by hospital administrators (Kaya et al., 2016).

Healthcare sector administrators have now become aware of the negative consequences of aggression. Even minor acts of aggression can emotionally traumatise healthcare workers and have adverse effects on mental activities such as recruitment and concentration on work (Farrell, 2006). The scope of these emerging situations primarily falls within the concept of workplace violence. Violence, which is among

the leading causes of occupational deaths for healthcare workers and an increasingly prominent public health problem, also constitutes a significant workplace safety concern and has become a problem for all healthcare systems (Yildiz, 2019).

The relationship between organisational commitment and job satisfaction

In the current competitive environment, organisations must achieve sustainable competitive advantage to survive and remain profitable. At this point, human resources, one of the most important inputs of organisations, carries a crucial responsibility. Kaya (2013: 1) emphasised that even if the economic, physical, and structural conditions in an organisation are favourable, it is essential to give due importance to human resources and to meet their needs and expectations; otherwise, the system will not function efficiently. Considering that human resources are indispensable for ensuring the continuity and development of organisations, it is understandable why the literature contains numerous studies on employees' job satisfaction & organisational commitment (Cinar et al., 2024).

As mentioned above, organisational commitment and job satisfaction have been frequently studied in the literature (Morais et al., 2024; Arifin & Matriad, 2022; Culibrk et al., 2018; Yakut, 2015). A review of the literature shows that these topics have been examined in relation to various sectors, such as education (Babayigit, 2024; Gencer Çelik, 2020; Yakut, 2015), information technology (Guler, 2019; Bıyık & Sokmen, 2016), automotive (Kurkut & Kayacan, 2022; Kaya, 2013), textiles (Yumuşak, Ozafşarlıoğlu & Yıldız, 2013), construction (Kutluata Aksu, Kenek & Sokmen, 2020; Deen, 2018; Tantekin Çelik & Laptalı Oral, 2016; Horman, 2010), tourism (Arslan & Kılıçlar, 2018; Ozdemir et al., 2017), and security (Altay, 2018). In addition, this topic has also been studied in the healthcare sector, which is one of the labour-intensive industries with a high concentration of human resources (Arifin & Matriad, 2022; Gurcuoglu, Cetinel & Karagoz, 2020; Darıcan & Guney, 2019; Genç, 2019; Kaplan et al., 2012; Aktay, 2010; İsler & Ozdemir, 2010; Yavuz, 2009; Guner, 2007).

In contemporary management, newly developed strategies assign managers the responsibility of improving employees' levels of job satisfaction, organisational commitment, and related factors (Darıcan & Guney, 2019). Given the critical role employees play in delivering healthcare services, organisational commitment is of great importance to hospitals (Kaplan et al., 2012). Yavuz (2009) identified organisational commitment and job satisfaction as among the most important organisational factors required for healthcare institutions to continue providing services in a globally competitive environment.

When evaluated together, job satisfaction and organisational commitment are inevitably related, yet they represent distinct attitudes. Job satisfaction consists of reactions to the current work environment, whereas organisational commitment comprises more enduring, general evaluations of these reactions (Bilgic, 2017).

In a study conducted by Aktay (2010: 70) on doctors working in military hospitals; Arifin and Matriad (2022) in their research with 130 healthcare workers in the Lhokseumawe Public Health Center; Shahab and Nisa (2014) in their study with 79 participants working in a hospital in Southeast Sulawesi, it was found that there was a statistically significant and positive relationship between the job satisfaction levels of employees and their organisational commitment levels.

Material and method

Research model

The purpose of this study is to examine the effects of workplace violence experienced by healthcare workers in emergency departments on their organisational commitment and job satisfaction. The study is structured within the framework of a relational survey model, adopting a descriptive, causal-comparative, and predictive approach. In the social sciences, descriptive studies are often conducted to analyse relationships between variables to make generalisations and predict how a problem might arise (İslamoglu & Alnıacık, 2013; Sezgin, Kaya & Tanyıldızı, 2022). This research is a cross-sectional, descriptive field study that uses a questionnaire.

The preference for a quantitative research design in this study stems from the intention to reveal the effects of exposure to workplace violence among emergency department healthcare workers on their levels of organisational commitment and job satisfaction, to make predictions about the factors that play a role in these effects, and to approach the subject from a generalised and relational perspective rather than a superficial one.

Accordingly, the following hypotheses were developed for testing in the study:

H₁: *The level of organisational commitment of employees differs according to their exposure to workplace violence.*

***H$_2$:** The level of job satisfaction of employees differs according to their exposure to workplace violence.*

***H$_3$:** There is a positive relationship between organisational commitment and job satisfaction.*

***H$_4$:** There is a negative relationship between workplace violence and organisational commitment.*

***H$_5$:** There is a negative relationship between workplace violence and job satisfaction.*

Population and sample of the study

The research was conducted with healthcare workers employed in public hospitals located in the central district of Kars Province, specifically those working in the emergency departments of these hospitals. The province, while an active winter tourism destination, also serves healthcare consumers from neighbouring provinces through the presence of Kafkas University Training and Research Hospital. Therefore, the workload intensity of emergency healthcare workers in Kars is considered an indicator of continuous patient circulation.

Accordingly, the study population consisted of emergency department healthcare workers employed at hospitals affiliated with the central district of Kars between July 10, 2024, and February 10, 2025. At the time the research was conducted, 246 healthcare workers were employed in the emergency departments of Kars Province. Due to challenges in reaching the entire population during the survey, the convenience sampling method was preferred. The study was carried out with a sample of 127 emergency department healthcare workers.

In calculating an appropriate sample size for factor analysis, Preacher and MacCallum (2002) stated that the minimum sample size should range between 100 and 250 participants. The sample size in this study is sufficiently representative of the population. The distribution of participants' responses to the survey questions is presented in Tables 1 and 2.

Demographic findings

Table 1: Demographic Characteristics of the Participants (n = 127)

Participant Profile					
Gender	**F**	**%**	**Marital Status**	**F**	**%**
Male	56	44.1	Married	52	40.9
Female	71	55.9	Single	75	59.1
Age	**F**	**%**	**Educational Level**	**F**	**%**
Under 21 years	5	3.9	High school graduate	12	9.4
21–30 years	78	61.4	Associate degree	33	26.0
31–40 years	20	15.7	Bachelor's degree	50	39.4
41 years and older	24	18.9	Postgraduate degree	32	25.2
Position	**F**	**%**	**Professional Experience**	**F**	**%**
Doctor	14	11.0	Less than 5 years	46	36.2
Nurse	46	36.2	5-10 years	32	25.2
Other	67	52.8	11-15 years	15	11.8
Total	127	100	16-20 years	12	9.5
			21 years and above	22	17.3
			Total	127	100

Source: Produced by the author.

As shown in Table 1, 55.9% of the participants were female, and 59.1% were single. In terms of age distribution, the largest group consisted of those aged 21–30 years (61.4%). Regarding educational background, 39.4% of the employees held a bachelor's degree, while 9.4% were high school graduates. It was reported that 52.8% of the participants held positions classified as "Other" (including emergency medical technicians, paramedics, midwives, etc.), whereas 11% were physicians. Additionally, 36.2% of participants had 5 years or less of professional experience in the emergency department, while 9.5% had 16-20 years of service.

During the provision of healthcare services, emergency department healthcare workers were asked whether they had been exposed to violence, and if so, the type of violence they had encountered (verbal, physical, psychological), the frequency of such incidents throughout their professional careers, whether the experience of violence led to a loss of sense of belonging to their workplace, and the identity of the perpetrator(s) (patient, patient relative, healthcare worker, other individuals). These questions were examined as a potential additional factor alongside organisational commitment and job satisfaction.

Table 2: Descriptive Findings Regarding Participants' Experiences of Workplace Violence (n = 127)

Findings Related to Experiences of Workplace Violence					
Workplace Violence Experience	**F**	**%**	**Frequency of Exposure to Violence During Career**	**F**	**%**
Yes	69	54.3	Once	19	15.0
No	58	45.7	More than once	62	48.8
Exposure to Verbal Violence	**F**	**%**	Never	46	36.2
Yes	69	54.3	**Loss of Workplace Belonging Due to Violence**	**F**	**%**
No	58	45.7	Yes	56	44.1
Exposure to Physical Violence	**F**	**%**	No	26	20.5
Yes	12	9.5	Did not experience violence	45	35.4
No	115	90.5	**Perpetrator of Violence (Multiple Response)**	**F**	**%**
Exposure to Psychological Violence	**F**	**%**	Patient	22	15.7
Yes	54	42.5	Patient relative	62	44.3
No	73	57.5	Healthcare worker	36	25.7
Total	127	100	Other	20	14.3
			Total	127	100

Source: Produced by the author.

As shown in Table 2, 54.3% of the participants reported having experienced violence, with 48.8% indicating that they had been subjected to such incidents more than once. Furthermore, 44.1% stated that they lost their sense of belonging to the workplace as a result of exposure to violence. In addition, 44.3% of the participants reported that the perpetrator of violence against them was a patient relative.

Data collection and analysis method

For this research, approval was obtained from the Research Committee of the Faculty of Health Sciences at Kafkas University. The data obtained within the scope of the study were analysed using IBM SPSS Statistics 22.0. First, descriptive statistics (frequencies, percentages, means, and standard deviations) were calculated for participants' demographic information and their responses to the scale items. Since the data were normally distributed, an independent-samples t-test and a one-way analysis of variance (ANOVA) were used to test group differences. A Pearson correlation analysis was conducted to determine relationships among the scales.

A questionnaire consisting of two sections was used in the research. The first section comprised categorical demographic characteristics and questions designed to determine healthcare workers' exposure to workplace violence. The Personal Information Form used in the study consisted of 11 questions. Participants were asked six questions regarding gender, marital status, age, educational level, position, and professional experience, as well as five questions aimed at determining their exposure to violence. These five questions addressed whether they had been exposed to violence, the type of violence experienced, the frequency of such incidents, the identity of the perpetrator, and their attitude toward the workplace following the incident. The second section consisted of the Organisational Commitment Scale and the Job Satisfaction Scale.

Organisational commitment scale

In this study, the three-dimensional Organisational Commitment Scale developed by Meyer and Allen (1991) and revised by Meyer, Allen, and Smith (1993) to clarify the distinction between affective and normative commitment was used. This scale consists of three dimensions of commitment: affective, continuance, and normative. It is rated on a 5-point Likert scale ("Strongly Disagree," "Disagree," "Neutral," "Agree," "Strongly Agree"). The scale comprises 18 items, with 6 per dimension. Items 1, 2, 3, 15, 16, and 17 measure affective commitment; Items 4, 5, 6, 7, 8, and 9 measure continuance commitment; and Items 10, 11, 12, 13, 14, and 18 measure normative commitment. Items 15, 16, 17, and 18 are reverse-coded items, placed at the end of the questionnaire to minimise response bias. During analysis, these four items were reverse-scored before performing statistical tests.

In their study, Meyer, Allen, and Smith reported Cronbach's alpha coefficients of 0.82 for affective commitment, 0.74 for continuance commitment, and 0.83 for normative commitment. To determine the suitability of the Organisational Commitment Scale for Turkish employees, Wasti (2000) conducted a reliability and validity study with 351 public-sector and 916 private-sector employees. Wasti's findings indicated that Meyer & Allen's Three-Dimensional Organisational Commitment Model is generally valid within the Turkish cultural and organisational context, and that Turkish employees demonstrate

the dimensions of affective, continuance, and normative commitment in their organisational behaviours. In the study by Taşdemir (2011), from which the questionnaire items were adapted, the reliability coefficients (Cronbach's Alpha) were reported as 0.89 for the affective commitment sub-dimension, 0.79 for the continuance commitment sub-dimension, and 0.80 for the normative commitment sub-dimension. Based on the results of validity and reliability studies, the Organisational Commitment Scale was deemed ready for use. It was assumed that the scale would be a valid and reliable instrument for measuring healthcare workers' organisational commitment levels.

Job satisfaction scale

The short form of the Job Satisfaction Scale, originally developed by Brayfield and Rothe (1951) and later adapted into a five-item short version by Judge, Locke, Durham, and Kluger (1998), was translated into Turkish, and its reliability and validity studies were conducted by Keser and Bilir (2019). The five-item scale consists of a single dimension. Following the validity analysis, the reliability analysis yielded a Cronbach's alpha coefficient of 0.85 for the total scale score. A value of 0.70 or higher indicates acceptable internal consistency, demonstrating that the scale has high reliability. Therefore, it can be stated that all items of the scale provide reliable measurement.

The scale is rated on a 5-point Likert-type format, ranging from "1 – Strongly Disagree" to "5 – Strongly Agree." Items 3 and 5 are reverse-scored. In conclusion, when the explanatory and confirmatory factor analyses and the internal consistency reliability analysis of the short form of the Job Satisfaction Scale (Judge et al., 1998) are evaluated together, the findings indicate that it is a valid and reliable instrument for measuring job satisfaction in a sample of individuals working in Turkey (Keser & Bilir, 2019). Based on the results of validity and reliability studies, the Job Satisfaction Scale was deemed ready for use. It was assumed that the scale would be a valid and reliable instrument for measuring job satisfaction among healthcare workers. The validity and reliability analyses of the scales used in this study are presented in Table 3.

Table 3: Validity and Reliability Analyses of the Scales Used in the Study

Variables	Dimensions	Items	Factor Loadings	Variance Explained (%)	Cronbach's Alpha
Organisational Commitment	**Normative Commitment**	ÖB11	0.912	49.969	0.875
		ÖB13	0.899		
		ÖB12	0.894		
		ÖB14	0.879		
		ÖB10	0.856		
	Continuance Commitment	ÖB8	0.465	10.495	0.788
		ÖB7	0.867		
		ÖB9	0.830		
		ÖB5	0.718		
		ÖB4	0.610		
		ÖB6	0.453		
	Affective Commitment	ÖB15	0.936	16.871	0.815
		ÖB17	0.926		
		ÖB16	0.922		
		ÖB1	0.843		
		ÖB2	0.753		
Total				77,335	**0.831**
KMO = 0,871; df = 120; App. Chi Square = 2049,765; p= 0,000					
Job Satisfaction		İT2	0.887		
		İT1	0.877		
		İT4	0.818		
		İT5	0.678		
		İT3	0.585		
Total				62.344	**0.829**
KMO = 0,728; df = 10; App. Chi Square = 458,481; p= 0,000					

Source: Produced by the author.

As a result of the exploratory factor analysis, factor loadings were examined, and the items OC18 in the "Normative Commitment" dimension and OC3 in the "Affective Commitment" dimension were removed due to their loadings below the threshold of 0.40. Subsequently, findings from the exploratory factor analysis of the Organisational Commitment scale indicated that, consistent with the original study, the scale comprised three factors. This result demonstrates that the sample size was adequate for conducting factor analysis. Factor loadings ranged from 0.788 to 0.875, and the total variance explained was 63.684%. In conclusion, the results of the exploratory factor analysis for the "Organisational Commitment" scale support its factor structure and validity (Buyukozturk, 2012). Furthermore, the

Cronbach's Alpha reliability coefficient for the Organisational Commitment scale and its subdimensions was high.

Similarly, findings from the exploratory factor analysis of the Job Satisfaction (JS) scale revealed that, consistent with the original study, the scale consisted of a single factor. This result also confirmed that the sample size was sufficient for performing factor analysis. Factor loadings ranged from 0.585 to 0.887, and the total variance explained was calculated as 60.530%. In conclusion, the results of the exploratory factor analysis for the "Job Satisfaction" scale support the scale's factor structure and validity (Buyukozturk, 2012). Additionally, the Cronbach's Alpha reliability coefficient for the JS scale items was high.

Results

Descriptive statistics

In the normality test conducted for the organisational commitment (and its subdimensions) and job satisfaction scales used in the study, skewness and kurtosis values were examined. If the skewness and kurtosis coefficients fall within ±2, the data are considered normally distributed (George & Mallery, 2010). In this context:

Table 4: Descriptive Statistics of the Scales

Scale	Mean	SD	Skewness	Kurtosis
Normative Commitment	3.17	1.26	-0.377	-1.093
Continuance Commitment	3.33	0.84	-1.461	1.492
Affective Commitment	2.97	0.79	0.401	0.435
Organisational Commitment (Total)	3.17	0.66	-0.578	-0.171
Job Satisfaction (Total)	3.02	0.97	0.291	-0.532

Source: Produced by the author.

Based on these values, it was concluded that all variables exhibited a normal distribution; therefore, parametric test techniques were employed in the analyses. The data obtained within the scope of the research were analysed using IBM SPSS Statistics 22.0. First, descriptive statistics (frequencies, percentages, means, and standard deviations) were calculated for participants' demographic information and their responses to the scale items. Since the data were normally distributed, the independent-samples t-test and one-way analysis of variance (ANOVA) were used to test group differences. A Pearson correlation analysis was conducted to determine relationships among the scales. In all analyses, the level of statistical significance was set at $p < 0.05$.

Difference analyses

Table 5 presents the results of the independent-samples t-test conducted to determine whether organisational commitment levels differ according to participants' exposure to workplace violence. The analysis revealed a statistically significant difference in overall organisational commitment scores between healthcare workers exposed to workplace violence and those not exposed ($t(125) = -2.008$, $p = 0.047 < 0.05$). Accordingly, participants who were not exposed to workplace violence demonstrated higher levels of organisational commitment.

When the sub-dimensions were examined, significant differences were found in the affective commitment ($p = 0.040$) and continuance commitment ($p = .016$) dimensions. However, no significant difference was observed between the groups in the normative commitment dimension ($p = 0.221$). Overall, these results support the H_1 hypothesis.

Table 5: Distribution of Organisational Commitment Scale and Subscale Scores by Exposure to Workplace Violence

Factor	Exposure to Violence	N	Mean	SD	T	P
Organisational Commitment (Total)	Yes	69	2.76	0.99	-2.008	**0.047***
	No	58	3.19	0.84		
Normative Commitment	Yes	69	2.82	1.01	-1.230	0.221
	No	58	3.03	0.86		
Affective Commitment	Yes	69	2.83	0.89	-2.078	**0.040***
	No	58	3.11	0.64		
Continuance Commitment	Yes	69	3.23	0.62	2.465	**0.016***
	No	58	3.58	0.84		

p* < .05 = Accepted; p > .05 = Rejected.

Source: Produced by the author.

When examined at the sub-dimension level:

- A significant difference is also observed in affective commitment scores between those who have been exposed to violence and those who have not (t(125) = -2.078, p = .040). Accordingly, affective commitment is higher among employees who have not been subjected to violence.
- In the continuance commitment dimension, the opposite situation is observed. The continuance commitment scores of employees exposed to violence are significantly lower compared to those who have not been exposed (t(125) = 2.465, p = .016). This indicates that the tendency of individuals exposed to violence to remain in the organisation out of necessity has weakened.
- Regarding normative commitment scores, no statistically significant difference was observed between the groups (p = .221).

These findings indicate that exposure to workplace violence has particularly negative effects on affective and continuance commitment. It can be stated that normative commitment, on the other hand, is not significantly influenced by the experience of violence. In other words, violence does not directly alter an individual's perception of the "obligation to do what is right" toward the organisation, but it does reduce affective and continuance commitment.

The results of the independent-samples t-test, conducted to determine whether participants' job satisfaction levels differ by exposure to workplace violence, are presented in **Table 6.** This analysis examines whether exposure to violence significantly affects employees' overall job satisfaction.

Table 6: Distribution of Job Satisfaction Scale Scores by Exposure to Violence

Factor	Exposure to Violence	N	Mean	SD	t	p
Job Satisfaction (Overall)	Yes	69	2.69	1.12	2.032	**0.044***
	No	58	3.08	0.97		

p* < .05 = Accepted; p > .05 = Rejected.

Source: Produced by the author.

Table 6 demonstrates that participants' job satisfaction levels differ according to their exposure to workplace violence. The analysis results reveal a statistically significant difference in job satisfaction scores between healthcare workers exposed to workplace violence and those not exposed (t(125) = 2.032, p = .044 < .05). Accordingly, participants who were not exposed to workplace violence reported higher levels of job satisfaction. This finding indicates that healthcare workers who experience workplace violence have lower levels of job satisfaction and that violence is an important factor negatively affecting employees' work experiences.

The results demonstrate that developing policies to prevent workplace violence is critical not only for ensuring physical safety but also for maintaining and enhancing job satisfaction. These results support the H_2 hypothesis.

Correlation analyses

The results of the Pearson correlation analysis of the relationship between Organisational Commitment and Job Satisfaction, including its sub-dimensions, are presented in Table 7. This relationship was measured using the Pearson product-moment correlation coefficient. Correlation coefficients between 0.00–0.30 indicate a low level of relationship; coefficients between 0.30–0.70 indicate a moderate level of relationship; and coefficients between 0.70–1.00 indicate a high level of relationship (Buyukozturk, 2012).

Table 7: Correlation Analysis Findings

	Organisational Commitment	Normative Commitment	Affective Commitment	Continuance Commitment	Job Satisfaction	Exposure to Violence
Organisational Commitment	1					
Normative Commitment	0.877**	1				
Affective Commitment	0.709**	0.496**	1			
Continuance Commitment	0.360**	0.110	-0.173	1		
Job Satisfaction	0.367**	0.428**	0.055	0.224*	1	
Exposure to Violence	-0.019	0.092	-0.334**	0.226	-0.207*	1

*p < 0.05 significance level; **p < 0.01 significance level.

Source: Produced by the author.

Table 7 indicates a positive, moderately significant relationship between organisational commitment and job satisfaction ($r = .367; p < .01$). This finding suggests that as job satisfaction increases, organisational commitment tends to grow as well. In particular, the relationship between job satisfaction and normative commitment appears stronger ($r = .428; p < .01$). This suggests that employees' job satisfaction may be more closely associated with their sense of "moral obligation" toward the organisation.

In addition, a low but significant positive relationship was found between continuance commitment and job satisfaction ($r = .224; p < .05$). In contrast, no statistically significant relationship was identified between affective commitment and job satisfaction ($r = .055; p > .05$). This result suggests that employees' emotional attachment to their organisations may be independent of their level of job satisfaction.

No significant relationship was found between exposure to workplace violence and overall organisational commitment ($r = –.019; p > .05$). However, when the sub-dimensions were examined, a significant and negative relationship was observed between exposure to workplace violence and affective commitment ($r = –.334; p < .01$). This finding indicates that employees who experience workplace violence have lower levels of affective commitment. Similarly, a weak but significant negative relationship was found between exposure to workplace violence and job satisfaction ($r = –.207; p < .05$).

Overall, these findings indicate a significant, positive relationship between job satisfaction and organisational commitment, whereas workplace violence negatively affects employee commitment and satisfaction. It can be stated that affective commitment, in particular, is more adversely affected by workplace violence. These results support the **H_3** hypothesis.

Furthermore, the analysis results indicate a negative but weak relationship between workplace violence and organisational commitment ($r = –.019; p > .05$). However, a significant and negative relationship was found between exposure to workplace violence and affective commitment ($r = –.334; p < .01$). This finding demonstrates that workplace violence reduces employees' emotional attachment to their organisation. Similarly, a weak yet significant negative relationship was identified between workplace violence and job satisfaction ($r = –.207; p < .05$). This result reveals that the experience of violence decreases employees' satisfaction with their jobs.

In this regard, the findings indicate that the **H_4 hypothesis,** which proposed a negative relationship between workplace violence and organisational commitment, was rejected. According to the analysis results, although no statistically significant relationship was found between overall organisational commitment scores and exposure to workplace violence ($r = –.019; p > .05$), an evaluation at the sub-dimension level revealed that affective commitment, in particular, was significantly and negatively affected by workplace violence ($r = –.334; p < .01$). This finding suggests that employees who experience workplace violence develop weaker emotional bonds with their organisation, leading to a decline in their sense of identification and belonging. This outcome aligns with findings frequently emphasised in the literature, indicating that a lack of "psychological safety" and "organisational support" negatively affects employee commitment.

In addition, the **H_5 hypothesis**, which proposed a negative relationship between workplace violence and job satisfaction, was supported by the analysis results. The findings revealed a weak but significant negative relationship between workplace violence exposure and job satisfaction ($r = –.207; p < .05$).

Accordingly, job satisfaction among healthcare workers exposed to workplace violence decreases. This indicates that the experience of violence negatively affects employees' motivation, their positive attitudes toward their work, and their overall job satisfaction.

Discussion

This study explores how experiences of workplace violence affect the organisational commitment and job satisfaction of healthcare professionals working in emergency departments. The findings indicate that more than half of the participants (around 54%) have faced violence at least once during their careers. Such exposure appears to have a significant impact on both their commitment to the organisation and their job satisfaction.

The analysis shows that verbal violence is the most common type reported by emergency department staff. This outcome suggests that in fast-paced environments characterised by high stress levels, heavy workloads, and frequent communication breakdowns, verbal aggression is more prevalent than physical assaults. This observation aligns with a substantial body of research indicating that verbal violence constitutes the most widespread form of workplace aggression toward healthcare professionals (Alhomoud, 2025; Al-Turki et al., 2016; Alyaemni & Alhudaithi, 2016; Alkorashy & Al Moalad, 2016; Ridenour et al., 2015; Muzembo et al., 2015; Park et al., 2015; Fujita et al., 2012; Algwaiz & Alghanim, 2012; Kowalenko et al., 2005).

The results also point to patients' relatives as the primary perpetrators of such incidents. This pattern is supported by many previous studies highlighting that family members, often experiencing uncertainty, fear, impatience, and anxiety during treatment, are a major source of aggression toward healthcare workers (Gates et al., 2006; Gacki-Smith et al., 2009; Boafo & Hancock, 2017; Algwaiz & Alghanim, 2012; Abdellah & Salama, 2017).

Nevertheless, the literature also contains evidence to the contrary. For instance, research conducted by Park et al. (2015) and Spector et al. (2014) identified patients themselves as the most frequent source of violence. Such discrepancies suggest that the perceived source of aggression may depend on factors such as cultural norms, the organisation of the healthcare system, the characteristics of the hospital setting, and patient demographics. In light of these findings, developing effective communication strategies to inform and calm both patients and their relatives could help mitigate incidents of workplace violence.

The findings indicate that healthcare workers with less professional experience report higher rates of exposure to violence. In particular, participants with five years of work experience or less were more frequently subjected to violent incidents compared to those with longer tenures. This observation is consistent with some findings in the literature. For instance, Kowalenko et al. (2005) reported that less experienced healthcare professionals are more likely to encounter violence. Similarly, a systematic review by Alhomoud (2025) concluded that younger and less skilled workers face more incidents of violence than their older and more experienced colleagues. These results suggest that limited experience may leave employees more vulnerable in crises, particularly in effective communication, incident management, and calming aggressive patient relatives. Therefore, expanding training programs focused on stress management, anger management, and crisis communication for younger or newly recruited healthcare workers can be considered an important institutional measure.

The first hypothesis of this study (H_1) proposes that the organisational commitment levels of emergency department healthcare workers differ statistically according to their exposure to workplace violence. According to the independent-samples t-test, a significant difference was found in the overall organisational commitment scores between healthcare workers exposed to violence and those not exposed ($t(125) = -2.008$, $p = .047$). This finding supports the H_1 hypothesis.

Furthermore, when examining the sub-dimensions of organisational commitment, significant differences were found in emotional commitment ($t(125) = -2.078$, $p = .040$) and continuance commitment ($t(125) = 2.465$, $p = .016$). However, no significant difference was found in normative commitment levels ($p = .221$). These results indicate that workplace violence particularly undermines psychological elements such as employees' emotional attachment to the organisation and their willingness to remain in their jobs. Many studies in the literature support this view. For instance, Rodriguez-Munoz et al. (2009) reported that experiences of violence weaken employees' positive attitudes toward their organisation. Similarly, Ceravolo et al. (2012) and Bowling & Beehr (2006) emphasised that violence negatively affects organisational commitment levels, leading to withdrawal, alienation, and reluctance among employees.

Moreover, the absence of a significant difference in normative commitment levels is noteworthy. This suggests that employees' perceptions of ethical or moral obligations toward the organisation may not be directly influenced by their experiences of violence. In other words, despite experiencing workplace violence, healthcare workers may still maintain their sense of responsibility toward their organisation. Based on these findings, it is of great importance for healthcare institutions to develop protective policies against workplace violence, increase access to psychological counselling and support services, and implement measures to strengthen employees' sense of security, thereby preserving organisational commitment.

The second hypothesis of this study (H_2) proposes that emergency department healthcare workers' job satisfaction levels differ statistically by exposure to workplace violence. According to the independent-samples t-test, healthcare workers who experienced violence had significantly lower job satisfaction than those who did not ($t(125) = 2.032$, $p = 0.044$). This finding supports the H2 hypothesis and indicates that violence reduces healthcare workers' satisfaction with their jobs. In addition, the Pearson correlation analysis revealed a weak but significant negative relationship between violence and job satisfaction ($r = -0.207$, $p < 0.05$). This suggests that the experience of violence, even if not directly, indirectly undermines job satisfaction.

These findings are consistent with a substantial body of literature. Johnson and Rea (2009), Spence Laschinger et al. (2009), and Ceravolo et al. (2012) have shown that workplace violence, particularly in nursing, has negative effects on various psychological and professional outcomes, including job satisfaction, organisational commitment, and turnover intention. Similarly, Bowling and Beehr (2006) and Ceravolo et al. (2012) reported a significant negative association between workplace violence and job satisfaction. Consistent with these findings, the present study confirms that experiences of workplace violence reduce job satisfaction among healthcare workers. In addition, Alhomoud (2025) highlighted that workplace violence in the healthcare sector can lead to job dissatisfaction, decreased productivity, and the loss of skilled personnel.

In light of these results, developing strategies to prevent workplace violence, ensuring employee safety, and strengthening institutional support mechanisms are essential for protecting and improving job satisfaction among healthcare workers. Measures such as implementing comprehensive violence prevention programs, enhancing workplace safety, and reinforcing support systems should therefore be prioritised in emergency departments.

The third hypothesis of this study (H_3) proposes that there is a positive, statistically significant relationship between organisational commitment and job satisfaction among emergency department healthcare workers. The Pearson correlation analysis revealed a substantial and positive relationship between organisational commitment and job satisfaction ($r = 0.367$, $p < 0.01$). This finding supports the H3 hypothesis and indicates that as healthcare workers' commitment to their organisation increases, their level of job satisfaction also rises.

Among the subdimensions of organisational commitment, normative commitment showed the strongest correlation with job satisfaction ($r = 0.428$, $p < 0.01$). This result indicates that a sense of moral obligation toward the organisation may exert a particularly strong influence on job satisfaction.

These findings align with the three-dimensional organisational commitment model developed by Meyer and Allen (1991). Recent literature examining the relationship between organisational commitment and job satisfaction supports these results. Several studies have demonstrated that employees with higher levels of organisational commitment tend to report significantly greater job satisfaction. For example, Jun et al. (2025) and Kim et al. (2023) found that healthcare workers with strong organisational commitment reported higher job satisfaction. Similarly, Lee and Lee (2023) and Ahn et al. (2015) emphasised the direct positive association between organisational commitment and job satisfaction. Seo et al. (2014) further noted that this relationship is particularly pronounced among public sector employees.

The fourth hypothesis of this study (H_4) proposes that there is a negative relationship between workplace violence and organisational commitment. The results of the correlation analysis indicate that although the direction of this relationship is negative, it is not statistically significant ($r = –.019$; $p > .05$). However, when the sub-dimensions of organisational commitment are examined, it was found that affective commitment, in particular, is significantly and negatively affected by workplace violence ($r = –.334$; $p < .01$). This finding reveals that employees who experience workplace violence exhibit reduced emotional closeness and a diminished sense of belonging toward their organisation.

This result is also consistent with the existing literature. In a study conducted by Yalım and Özkara (2025), it was found that the fear of violence in the healthcare industry reduces employees' levels of

organisational commitment, with professional alienation playing a mediating role in this process. Similarly, Leather et. al. (2007) revealed that exposure to workplace violence or fear of violent threats creates persistent stress among employees, which in turn weakens their sense of organisational trust and belonging. Kambur (2025), in a study conducted with healthcare workers, also found that fear of experiencing violence increases burnout levels, which indirectly leads to a decrease in organisational commitment.

These findings demonstrate that workplace violence weakens not only physical but also psychological safety within organisations, undermining both organisational trust and employees' tendency to identify with the organisation. Therefore, although the direction of the H4 hypothesis is consistent with the literature, the data obtained provide only partial statistical support.

The fifth hypothesis (H_5) proposes that there is a negative relationship between workplace violence and job satisfaction. The research findings revealed a weak but significant negative relationship between exposure to workplace violence and job satisfaction ($r = -.207$; $p < .05$). This finding indicates that workplace violence decreases employees' level of satisfaction with their jobs and negatively affects their overall work experience.

These results are also consistent with recent studies. Xie et al. (2021), in a survey conducted among mental health professionals in China during the COVID-19 pandemic, reported a significant and negative relationship between workplace violence and quality of life, noting that experiences of violence decreased employees' psychological well-being and job satisfaction. Similarly, Yang et. al. (2025) found that the psychological effects of workplace violence were particularly pronounced among female nurses, and this situation directly reduced their level of job satisfaction.

These findings demonstrate that workplace violence is not merely a physical threat but also a significant source of stress that undermines employees' psychological well-being and reduces their motivation. Therefore, these results, which support the H_5 hypothesis, highlight the critical importance of implementing measures to reduce workplace violence to protect employee satisfaction and overall well-being.

Ethical aspects of the research

Necessary permissions were obtained from the ethics committee for the study. The purpose of the study was explained to the participants, and their verbal consent was obtained. Ethical approval (number: 81829502.903/45) was received from the Kafkas University Faculty of Health Sciences Non-Interventional Research Ethics Committee on March 29, 2024. The survey used in the study included information about the study's purpose and content. Participants were informed that participation was voluntary, and their consent was obtained. Participants' identities were not recorded in the survey. This study was conducted in accordance with the Declaration of Helsinki Principles.

Limitations of the study

This study has certain limitations. First, the data were collected only from healthcare institutions in a specific geographical region, and the participants were limited to emergency department staff. In addition, because the measurement instruments were self-reports, the possibility of respondent bias exists.

Conclusion

This study examined the impact of workplace violence experienced by healthcare workers in emergency departments on their organisational commitment and job satisfaction. The results showed that a considerable proportion of participants had encountered workplace violence at least once during their professional careers. Such experiences were found to contribute to notable declines in both organisational commitment and job satisfaction.

Verbal violence was identified as the most prevalent form, with the majority of incidents involving patients' relatives as perpetrators. Furthermore, the findings indicated that employees with less professional experience were more frequently targeted. The analysis demonstrated that workplace violence negatively influences both organisational commitment & job satisfaction. Additionally, a significant positive relationship was observed between organisational commitment and job satisfaction, suggesting that higher organisational commitment is associated with greater job satisfaction.

Practical and policy implications

The findings of this study suggest that comprehensive policies to prevent violence should be developed to enhance employee commitment and satisfaction in healthcare institutions. In this context:

- Crisis management, communication, and stress-coping training should be expanded for younger, less experienced employees.
- Violence-prevention mechanisms (such as security measures and reporting systems) should be strengthened.
- Psychological support and institutional counselling services should be provided for employees who have experienced violence.
- Recognition, participation and internal communication processes should be improved to enhance employees' organisational commitment.

Future research

Future studies may:

- It should be expanded to include different healthcare units and professional groups,
- It should be supported with qualitative data collection methods to gain a deeper understanding of healthcare workers' experiences of violence.
- Examine the long-term effects of workplace violence.

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