



Work Place Bullying and Work Engagement among Staff Nurses

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Abstract

Background: The nurses are affected worthy by workplace bullying which associated with their work engagement. It is very important to treat workplace bullying to promote work engagement. **Aim:** To assess workplace bullying and work engagement level among nursing staff at AL-Ebrahimea Hospital. **Design:** A descriptive design was utilized in this study. **Setting:** This study was conducted at Al - Ebrahimia central hospital affiliated with the Ministry of Health. **Subjects:** A convenient sample of 170 staff nurses were used in this study. **Tools of data collection:** Two tools were used in data collection as follows: Tool I: Negative Acts Questionnaire –Revised divided into two parts: Part one: Socio-demographic data, Part two: A universally questionnaire acclaimed to measure staff nurses' exposure to work place bullying. Tool II: Utrecht Work Engagement Scale (UWES) survey. **Results:** About three fifth of studied nurses had high level of work place bullying and nearly half of them had moderately level of work engagement. **Conclusion:** There was a statistically significant negative relationship between work place bullying and nurses' work engagement level. In addition, there was statistically significant negative correlation between work place bullying and nurses' work engagement level. **Recommendations:** Establishing a complaints unit in all hospital and proving section for workplace bullying and conducting training program for staff nurses regarding bullying and different strategies to deal with it.

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Key Words: Workplace Bullying (WPB), Work Engagement, Staff Nurses.

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Introduction

Nurses are more likely to suffer from workplace bullying due to frequent interactions with others (1). Bullying remains occurs often in the healthcare profession despite the creation of multiple anti-bullying policies (2).

The variables of the study are work place bullying (WPB) and work engagement. WPB refers to particularly widespread negative factor that is evident within this sector (3). There are many factors contributing to the bullying as: Organizational changes, work control/task, work control/time, organizational difficulties, variable subject, job characteristics, and labor market organizations society, environment, survivor less assertive, less productive, more conscientious, less sociable, less stable(4), newly appointed to a managerial role or lately out with marital or healthcare leave, and have uncertain duties and responsibilities, trying to take over teamwork with history of social conflict, and involved in a workplace re-organization (5). Additional elements that made it possible for bullying to persist include: - Bystander behaviors and larger management's support for both the bully, bystanders, and victims (6). Categories of bullying behaviors Bullying behaviors composed of six categories work-related bullying, social isolation and exclusion, direct and indirect personal attacks, being yelled at in public, physical violence or threats thereof and different ways of bullying (7). Other forms of bullying are cyber bullying and mobbing. Bullying causes a lot of negative effects on nurses and organization as lowered morale, intolerant of criticism, job dissatisfaction, absenteeism, burnout, high turnover, poor performance, nurses using time inappropriately, increased medical costs, recruitment and training, turnover/retention and nurse absenteeism (8). The coping strategies were used as attempts to minimize the negative outcomes of workplace bullying (9). Workplace bullying decreases work engagement and increases health problems because of nurses' high level of perceived job insecurity (10). Workplace bullying decreases work engagement and increases health problems because of nurses' high level of perceived job insecurity (11).

Work engagement is defined as "a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption. There are actors influencing on work

engagement categorized into five themes: organizational climate, job resources, professional resources, personal resources and job demands (12). The key drivers of nurse engagement included: 1) the organization provides high-quality care and service, treats employees with respect, like the work nurses do, 3)the environment at the organization makes nurses in their work unit want to go above and beyond what's expected of them, 4) the pay is fair compared to other healthcare employers in this area, 5)the job makes good use of the skills and abilities (13), 6)nurses get the tools and resources, which need to provide the best care/service for our clients/patients, 7)the organization provides career development opportunities, 8)the organization conducts work in an ethical manner, and 9)patient safety is a priority in the organization (14).

Workplace bullying affects work engagement, directly but also bullying decreases engagement through an employee's unsatisfied needs for autonomy (i.e. perceiving oneself to be the original source of one's own volitional behavior), competence (i.e. being effective at required tasks and experiencing opportunities to display one's capabilities) and relatedness (i.e. forming personal connections with others in social contexts) (15).

Significance of the Study

Workplace bullying has become a major issue with high costs for society and among other negative consequences, the physical and mental status impairment of the bullied nurses. Workplace bullying is repeated, aggressive action towards a victim, which especially affects new graduate nurses and can inhibit growth and lead to nursing burnout and staff turnover. Furthermore, victims' express feelings of helplessness, powerlessness, silence, anger, and job dissatisfaction. These issues can be devastating to the victims of bullying. Workplace bullying encourages nurses to leave their positions and the profession and reduced productivity. SO, it is crucial to conduct this study to assess workplace bullying and work engagement among nursing

Aim of the Study

The study was conducted to assess workplace bullying and work engagement among nursing staff at AL-Ebrahimea central Hospital.

Research questions:

1- What are workplace bullying levels among nursing staff at AL-Ebrahimea central Hospital?

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2- What are the work engagement levels among nursing staff at AL-Ebrahimea central hospital?

Study Setting

The study was carried out at AL-Ebrahimea central Hospital which affiliated with Ministry of Health in which the researcher works that provides the chance for her data collection and cooperation from hospital staff and administrator. The study was conducted at all hospital departments and units.

Subjects:

A convenience sample technique was used. All available nursing staff at AL-Ebrahimea central Hospital and agreed to participate in the study at the time of data collection (N=170).

Tools for data collection

Data for the present study was collected using the following two tools:

Tool I: Negative Acts Questionnaire –Revised. It was consisted of two parts developed by **Einarsen et al** as follows: Part one: Socio-demographic data. It aimed to obtain information about age, gender and years of experience, education, and department of studied nurse. Part two: It was a universally acclaimed to measure staff nurses' exposure to work place bullying, it consists of (22 items) and grouped into three dimensions namely person-related bullying (12 items), work-related bullying (7 items) and physically intimidating bullying (3 items).

Scoring system

The instrument used a five-point Likert scale, ranging from never to daily as: 1: never, 2: now and then, 3: monthly, 4: weekly and 5: daily. Scores of the statements of each component indicated by Einarsen et al (16) were summed up, converted into percent score and the total divided by the number of the items, giving a mean score for each component.

- Low bullying < 33.
- Moderate bullying ≥ 33.
- High bullying ≥ 45.

Tool II: Utrecht Work Engagement Scale (UWES) survey: -

This scale was adapted from **Schaufeli, and Bakker** (17) to measure staff nurses' levels of work engagement. It included 17 items grouped

under three dimensions namely vigor (6 items), dedication (5 items) and absorption (6 items).

Scoring system:

Nurses' responses were rated on seven-item Likert scale ranged from zero (never) to 6 (always). The scores of each item indicated by Schaufeli, and Bakker were summed up, converted into percent score and the total divided by the sample size giving a mean score of each item and also the total of all points of each dimension giving a mean score for the dimension. The total scores were statistically calculated by summing scores of all categories and converted into percent score to assess the level of staff nurses' work engagement

- Low work engagement 0-<25%
- Moderate work engagement -25% -<75
- High Work engagement -≥75%

Validity:

The validity of tools of workplace bullying and work engagement evaluation checklist) content and face validity were established by a panel of seven experts, two professors from nursing administration department at Faculties of Nursing in Ain Shims University and five professors from nursing administration department at Faculties of Nursing in Zagazig University. Experts were requested to express their opinions and comments on the translation of the tool and provide any suggestions. According to their opinions, all recommended modifications were performed by the researcher.

Reliability:

The tool's reliability was determined by calculating its internal consistency using Cronbach alpha coefficient. The reliability of the work place bullying tool was $r=0.84$ and for work engagement tool $r=0.86$.

Pilot study

A pilot study was carried out on 10% of the studied nurses (17nurses) to test tool clarity and to know the time allowed to answer the questions. They selected randomly and they were later included from the main sample of research work to assure stability of the answers. The necessary modifications were done according to the answers and comments made by the nurses.



Field Work:

The data collection phase of the study took four months from beginning of December 2020 and to the end of March 2021. The final forms of the questionnaire sheets were handled to staff nurses in their work setting by the researcher to elicit their opinions. The researcher met staff nurses in their units in the morning, after noon and night shifts after finishing their work to distribute the questionnaires after clarifying the purpose of the study. Staff nurses completed the questionnaires at the same time of distribution and took about 15-20 minutes. The researcher checked each questionnaire sheet after they had been completed to ensure the completion of all information.

Administrative design

Official letters were issued from the Faculty of Nursing, Zagazig University, to the hospital director of Al-Ebrahimia central Hospital, explaining the aim of the study and requesting their permission for data collection and participation of staff nurses in the research process.

Ethical considerations

The study was approved by ethics committee and dean of the Faculty of Nursing, Zagazig University. An individual oral consent was received from each staff nurses included in the study after explaining nature and aim of the study. Likewise, staff nurses were given an opportunity to refuse or to participate, and they were assured that the information would be used confidentially for the research purpose only. Additionally, they aren't forced to write their names.

Statistical Design

All data were collected, tabulated and statistically analyzed using SPSS 23.0 for windows (SPSS Inc., Chicago, IL, USA). Quantitative data were expressed as the mean \pm SD & (range), and qualitative data were expressed as absolute frequencies (number) & relative frequencies (percentage). Percent of categorical variables were compared using Chi-square test or fisher exact test when appropriate. Spearman's rank correlation coefficient was calculated to assess relationship between various study variables, (+) sign indicate direct

correlation & (-) sign indicate inverse correlation, also values near to 1 indicate strong correlation & values near 0 indicate weak correlation. All tests were two sided. p-value < 0.05 was considered statistically significant (S), and p-value ≥ 0.05 was considered statistically insignificant (NS).

Results

Table (1): Shows that 95.3% of studied nurses were females, 51.2% aged less than 30 years. As well, 61.2% of studied nurses had bachelor degree in nursing and 77.6% of them work in other departments. In addition, 42.4% of nurses had experience from 5 to 10 years.

Figure (1): Pie chart shows work place bullying level among studied ' nurses, and reveals that more than half of studied nurses exposed to high level of bullying.

Figure (2): Pie chart shows dimensions of work place bullying among studied ' nurses, 82.9% of studied nurses exposed to physically intimidating bullying, while 40% of studied nurses exposed to person- related person.

Table (2): Illustrates that 55.3% of studied nurses had moderate work engagement level at work place.

Figure (3): Pie chart shows that regarding vigor, 52.32% of studied nurses had moderate level of vigor. As well, 58.23% of studied nurses had high level of dedication. In addition, 51.17% of studied nurses had moderate level of absorption.

Table (3): illustrates the association between bullying score with vigor score, dedication score, absorption score and work Engagement.

Table (4): Relation between Socio-Demographic Characteristics of Studied Nurses and Work Place Bullying Level (N = 170):- Illustrates that there was statistically significant relation between work place bullying level and nurses' age, affiliation department and years of experience. $p=0.03$ $p=0.021$ $p=0.001$ respectively,

Table (5): Relation between Socio-Demographic Characteristics of Studied Nurses with and Work Engagement (N = 170): Illustrates that there was statistically significant relation between work engagement level and nurses' education and experience year. $p=0.0001$.

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Table 1. Socio-Demographic items among Studied' Nurses (n.170)

Socio-Demographic items	No	%
Age per years		
<30	87	51.2
≥30	83	48.8
Sex	.	.
Male	8	4.7
Female	162	95.3
Education	.	.
Diploma in nursing	19	11.2
Technical of nursing	47	27.6
Bachelor in nursing	104	61.2
Department	.	.
Medical/surgical	15	8.8
Intensive Care Unit	23	13.5
Other	132	77.6
Experience	.	.
<5	47	27.6
5 -10	72	42.4
>10	51	30.0

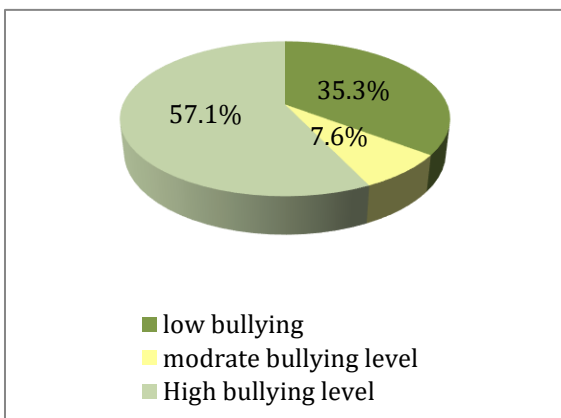


Figure (1): Levels of Work Place Bullying among Studied' Nurses (n.170).

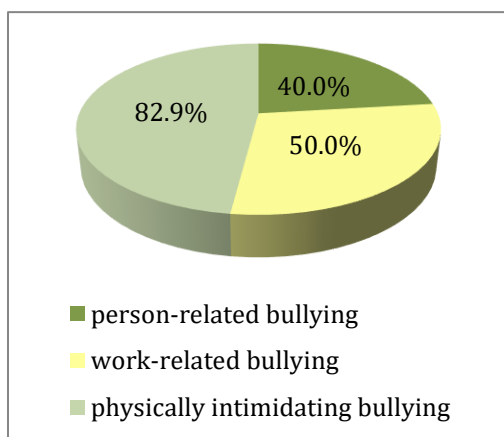


Figure (2): Pie chart shows dimensions of work place bullying among studied ' nurses.

Table 2. Level of work engagement among Studied' Nurses (n.170).

Work Engagement Level	no	%
High	76	44.7
Moderate	94	55.3
Mean ± SD	73.1±18.8	
Range	27-99	

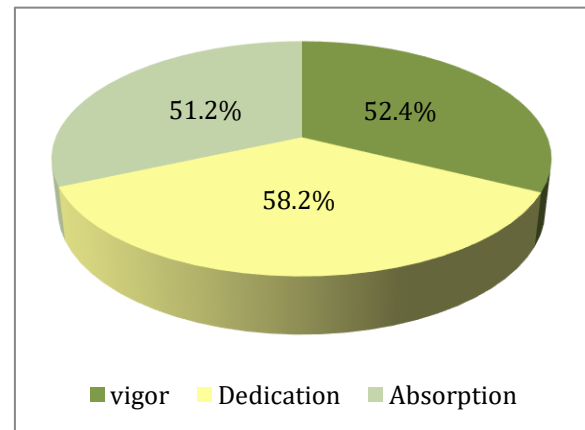


Figure (3): Pie chart shows dimensions of Work Engagement among studied ' nurses.

Table 3. Association between Bullying score, with Vigor score, Dedication score, Absorption score and Work Engagement (n.170).

Parameters	Bullying score	
	(r)	P
Vigor score	-.246**	0.001
Dedication score	-.232**	0.002
Absorption score	-.228**	0.003
Work engagement	-.252**	0.001



Table 4. Relation between Socio-Demographic Characteristics of Studied Nurses and Work Place Bullying Level (N = 170).

Socio-Demographic Items	Bullying level						no	χ^2	P-value
	Low bullying		Moderate		High level				
	no	%	no	%	no	%			
Age per years									
<30	23	26.4	9	10.3	55	63.2	87	6.8	0.03*
≥30	37	44.6	4	4.8	42	50.6	83		
Sex									
Male	3	37.5	0	.0	5	62.5	8	0.7	0.71
Female	57	35.2	13	8.0	92	56.8	162		
Education									
Diploma in nursing	9	47.4	2	10.5	8	42.1	19		
Institution of nursing	14	29.8	2	4.3	31	66.0	47	3.7	0.45
Bachelors in nursing	37	35.6	9	8.7	58	55.8	104		
Department									
Medical/surgical	0	.0	2	13.3	13	86.7	15		
Intensive Care Unit	8	34.8	0	.0	15	65.2	23	11.5	0.021*
Other	52	39.4	11	8.3	69	52.3	132		
Experience									
<5	20	42.6	9	19.1	18	38.3	47		
5 -10							72	22.2	0.001*
>10	17	23.6	3	4.2	52	72.2	51		
	23	45.1	1	2.0	27	52.9			

Table 5. Relation between Socio-Demographic Characteristics of Studied Nurses and their Work Engagement Level (N = 170).

Socio-Demographic Items	Work Engagement Level				no	χ^2	p-value
	High work engagement n.76		Moderate work engagement n.94				
	no	%	No	%			
Age per years							
<30	37	42.5	50	57.5	87	0.34	0.56
≥30	39	47.0	44	53.0	83		
Sex							
Male	4	50.0	4	50.0	8	F	0.99
Female	72	44.4	90	55.6	162		
Education							
Diploma in nursing	15	78.9	4	21.1	19		
Institution of nursing	37	78.7	10	21.3	47	50.7	0.0001*
Bachelors in nursing	24	23.1	80	76.9	104		
Department							
Medical/Surgical	4	26.7	11	73.3	15		
Intensive Care Unit	13	56.5	10	43.5	23	3.3	0.19
Other	59	44.7	73	55.3	132		
Experience per year							
<5	18	38.3	29	61.7	47	40.6	0.0001*
5 -10	17	23.6	55	76.4	72		
>10	41	80.4	10	19.6	51		

Discussion

Nurses have a higher incidence of workplace bullying than other fields by the nature of the job that requires great levels of interpersonal communication on a routine basis. Moreover, a stressful work atmosphere increases the likelihood of relationship issues among the nursing staff, which contributes the bullying (17). Bullying was thought to be motivated by a desire for power and control, improper leadership, generation conflicts, and a demanding environment (18). Work engagement indicates possible consequences on the nurse's work and work organization, both positive and negative. For nursing is essential at all levels and in all settings. In order to provide high-quality service, nursing could be just as critical like other bedside technical skills (19).

The present study was conducted to assess workplace bullying and work engagement among nursing staff at AL-Ebrahimea central Hospital.

The current study findings showed that the current study findings revealed that the nurses had high levels of workplace bullying. It might be owing to the bully nurse, becoming more distinctive by the managers at work, regardless of interest in achieving work goals, and the following complaint could be regarded as simply jealousy, resulting in a certain degree of stress and unfair work assignment. Because of the directors' system's weakness and poor communication skills, people are frequently bullied and screamed at around others. This result was consistent with studies that had found that higher levels of bullying among nurses, **Houck (2018)** (20) who conducted a study entitled "workplace bullying, nurse practical environment, patient outcomes: A descriptive study", the findings indicated that the nurses had a high level of work place bullying. Moreover, **Attia et al (2020)** (21) who conducted a study entitled "Workplace bullying and its effect on staff nurses' work engagement", and reported that high level of workplace bullying among nurses.

The result of the present study disagreed with **Adam et al (2018)** (22) they studied "relation between workplace bullying and work engagement among staff nurses", the study findings reported that less than three fifth of staff nurse have a low level of workplace bullying.

Regarding, the first dimension of workplace bullying was person related bullying, the study findings revealed that more than half of studied nurses exposed to low level of person related



bullying. This might be due to that their religions urge the prevention of moral abuse, and feeling that the expression of such acts threatened their dignity and too much burden on nurses. In addition, studied nurses exposed to being ignored, being humiliated in connection with their work, having accusations made against them, being a subject of excessive teasing and sarcasm and being ignored or facing a hostile reaction when they approach.

This result was supported by **Budin et al (2013)** (23) they conducted a study entitled "verbal abuse from nurse colleagues and work environment of early career registered nurses" and reported that more than three fifths of studied nurses exposed to low level of person related bullying.

The second dimension of workplace bullying was work related bullying; the study findings revealed that half of studied nurses exposed to high level of work-related bullying. This might be due to that nurses were exposed to have their ideas and views disregarded, being pressured not to claim something which by right, they were entitled to (e.g., sick leave, holiday entitlement, travel expenses), someone withholding information that impacted their performance and being overworked. Additionally, studied nurses being ordered to do work below their level of competence, excessive monitoring of their work and being given tasks with unreasonable or impossible targets or deadlines. This result was in the same line with **Trepanier et al (2013)** (24) who conducted a study entitled "workplace bullying and psychological health at work" and reported that the majority of nurses were suffering from workplace bullying.

The result of the present study disagreed with **Wilson et al (2011)**, who conducted a study entitled "bullies at work: The impact of horizontal hostility in the hospital setting and intent to leave" and indicated that most of studied nurses had moderate level of work-related bullying.

The third dimension of workplace bullying was physically intimidating bullying, the findings of the study revealed that four fifths of studied nurses exposed to low level of physically intimidating bullying. This might be due to the presence of hospital security that protected nurses in addition, the supervisors were wise in dealing with patients, their families and staff nurses. In addition, the hospital's training team

learned good communicative skills of nurses. This result was supported by **D'Cruz et al (2018)** (25) they conducted a study "Indian perspectives on workplace bullying" and reported that four fifths of studied nurses exposed to low level of physically intimidating bullying.

Regarding the level of work engagement among staff nurses, the result of the present study showed that more than half of staff nurse had a moderate level of work engagement. This might be due to that nurses were attacked bullying acts that characterize a nurse's experience of feeling ignored, insulted, blamed, and put down. Importantly, the three psychological drivers of work engagement would be diminished in the face of personal attacks characterized by unfair work assignments, sabotage, withholding of information, denial of due process and use of earned benefits, and unfair economic restrictions in the workplace. At the individual level, personal attacks might diminish one's sense of having supportive and trusting interpersonal relationships (psychological safety), a sense of feeling valued (psychological meaningfulness), and positive emotional energy (psychological availability) in the workplace. Those bullying acts might interact with the psychological drivers (meaningfulness, safety, and availability) of work engagement and diminished the positive effect of those drivers on work engagement.

The result of the present study agreed with, **Tohemer (2019)** (26) who conducted the study entitled "the association between emotional intelligence and work engagement in front line nursing" and revealed that less than two-thirds of the staff nurses had moderate work engagement level.

The result of the present study disagreed with **Fountain (2016)** (27) who conducted the study entitled "relationships among work engagement, drivers of engagement, and bullying acts in registered nurses working in hospital settings" and reported that the staff nurses had lower levels of work engagement.

Regarding work engagement dimension, the first dimension of work engagement was vigor, the result of the present study showed that more than half of the studied nurses had a moderate level of vigor dimension. This might be due to that they were very resilient, mentally, felt strong and vigorous, felt bursting with energy and when they got up in the morning, they forget everything else around them so that during their work, nurses could continue working for very long periods at a



time and persevered even when things weren't going well during their work.

The result of the present study goes in the same line with **Bamford et al (2013)** (35) they conducted a study entitled "the influence of authentic leadership and areas of work life on work engagement of registered nurses" the study findings showed that more than half of the studied nurses had a moderate level of vigor dimension.

Regarding the second dimension of work engagement was dedication, the result of the present study showed that more than half of the studied nurses had a high level of dedication dimension. This might be due to that nurses were proud of their work, they done, full of meaning and purpose during their work, their job was challenging, they were enthusiastic about their work which inspires them. The result of the present study agreed with **Solarek (2019)** (28) who conducted a study entitled "the role of leader-follower relationship quality and grit on work engagement at University San Antonio, Texas" and reported that three fifth of the studied nurses had a high level of dedication dimension.

The result of the present study disagreed with **Brunetto et al (2013)** they conducted a study "the impact of workplace relationships on engagement, well-being, commitment and turnover for nurses in Australia and the USA", and reported that three fifth of the studied nurses had a moderate level of dedication dimension.

Regarding the third dimension of work engagement was absorption, the result of the present study showed that more than half of the studied nurses had a moderate level of absorption dimension. This might be due to those nurses were proud and immerse of their work, feeling happy during working intensely, nurses forgot everything around them so, it was difficult to detach them from work. Nurses carried away during their work and their time flies. The result of the present study goes in the same line with Also, **Adam et al (2018)** they studied "relation between workplace bullying and work engagement among staff nurses" and showed that more than half of the studied nurses had a moderate level of absorption dimension.

Regarding relation between workplace bullying and work engagement, the result of

present study showed that there was a statistically significant negative correlation between bullying score and work engagement. This is might be due when staff nurses suffered from work place bullying, they lost their energy for their work, might exposed to depression, been under stressed, hostility, and power imbalance so that their work engagement level worthy affected. The results of this study supported In San Antonio, by Jones who conducted a study "entitled servant leadership, work engagement and the mediating effects of workplace bullying" and showed that there was a statistically significant negative correlation between bullying score and work engagement.

Regarding relation between nurses' socio demographic characteristics of studied nurses and workplace bullying and work engagement, the findings of the present study mentioned that there was a statistically significant relation between nurses' age, affiliation department, experience per year among studied nurses and bullying level at work place. Nurses' exposure to bullying decreased at work within increasing age, but nurses' working in medical/surgical exposed to high level of bullying and who spent experience from 5 to 10 years highly stressful, fast paced and had heavy workload, which increased susceptibility to hostility and horizontal violence within the healthcare team. Nurses felt tensed, exhausted, frustrated and often suppressed their own feelings to meet the demands of patients. The result of the present study approved by Houck who conducted a study entitled "workplace bullying, nurse practical environment, patient outcomes: A descriptive study" and reported that there was a statistically significant relation between nurses' age, affiliation department, experience among studied nurses and bullying level at work place.

Regarding relation between nurses' education, experience among studied nurses and work engagement level, it was cleared that nurses had bachelors' education had average work engagement but whom experience more than 10 years had high work engagement. It might be their attachment with the peers or their place for a long time, their knowledge of the nature of the work so they can perform it easily. They also had relations with the high management so that they could claim their rights and took their financial receivables. They were afraid of moving to another wasn't suitable for them. These results supported by **Mitchell (2019)** (29) who conducted study "An exploratory study regarding the impact of



motivating factors on work engagement in the field of diversity work in student affairs and higher education" and illustrated that there was a statistically significant relation between nurses' education, experience and work engagement level. Additionally, **Jones (2017)** who conducted a study "A study of servant leadership, work engagement and the mediating effects of workplace bullying" and showed that there was a statistically significant relation between nurses' education and work engagement level. Furthermore, **Simmons (2013)** (30) who conducted study entitled "the relationship of work stressors and perceived organizational support on front line nurse manager work engagement" and reported that there was a statistically significant relation between nurses' education, experience and work engagement level. As well, **Adam et al** who conducted study "relation between workplace bullying and work engagement among staff nurses" and showed that there was a statistically significant relation between nurses' education, experience and work engagement level.

CONCLUSION

In the light of the main study results, it can be concluded that there were a highly statistically significant negative correlations of all dimensions of workplace bullying and work engagement level of studied staff nurses. As well, studied staff nurses had high level of workplace bullying. Furthermore, studied staff nurses had moderate level of work engagement.

Recommendations

Based on the study findings the following recommendations were suggested:

1. Establishing a complaints unit in all hospital and proving section for workplace bullying.
2. Conducting training program for staff nurses regarding bullying and different strategies to deal with it and increasing nurses' awareness about harmful effect of workplace bullying through mass media and televised documentary.
3. The hospital administration should give staff nurses chance to participate in policy decisions (policies such as overtime policies, patient to nurse ratio, and safety protocols, etc.), listen and respond to nurses' concerns.
4. The hospital administration should provide strategies to deal with it through active staff

development or continuing education programs for nurses.

Further research:

- 1- Assessment of bullying and different means: (a mission, vision, and a guide of principles) for the delivery of nursing services.

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