Lateral violence among registered nurses working in government hospitals of UAE

العنف الواقع على الممرضين العاملين في المستشفيات الحكومية لدولة الإمارات العربية المتحدة

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Abstract

Workplace violence in healthcare setting is a worldwide phenomenon. The nature of workplace violence in the nursing context is mainly a nonphysical behavior. The literature shows the consequences for the individual, either physically or emotionally, depending on the nature of the violence act itself.

This research study investigates the extent of workplace violence, targeting registered nurses working in Ministry of health hospitals (MOH). The research objectives addressed a variety of aspects, such as types, prevalence, perpetrators, consequences, and management of workplace violence. For the sake of this study, a quantitative, descriptive research design, utilizing a comprehensive survey, was chosen for conducting this research study. This study included 1077 registered nurses (RN) working in six government hospitals.

The study findings revealed that the perpetration of nonphysical violence acts against registered nurses is widespread, particularly that perpetrated by patients' relatives and patients. Though the respondents know and understand the procedures of how and where to report any episode of workplace violence, but unfortunately, most of them were disappointed because no actions will be taken by the authority. All of these findings have particular implications towards the management of workplace violence as the recommendations arising from this study directed at specific areas, such as the role of management, creation of awareness, empowerment of RN nurses, and nurses' support. Finally, this research study suggests other recommendations for further research concerning the issue of Lateral Violence.

ملخص

يعتبر العنف في مراكز الرعاية الصحية ظاهرة عالمية. و يرتكز طبيعة العنف في مجال التمريض على العنف الغير جسدي . وقد اوضحت البحوث والدراسات ذات الصلة ان عواقب هذا العنف على الشخص عاطفيا او جسديا يتوقف على طبيعة العنف ذاتة. وهذة الدراسة تخصصت في مدى العنف الذي يستهدف كادر التمريض في مستشفيات وزارة الصحة بالدولة. وتناولت اهداف الدراسة مجموعة متنوعة من انواع العنف وأسباب انتشاره وعواقبة وكيفية التحكم به.

واستخدم التصميم الكمي الوصفي في هذه الدراسة والذي طبق على 1077 ممرض مشارك في ستة مستشفيات حكومية. وكشفت النتائج على ان المرضى واقربائهم قد احتلوا المرتبة الاولى في ارتكاب العنف ضد الممرضين. وعلى الرغم من ان المشاركين في الاستبيان على دراية تامة بكيفية الابلاغ عن العنف المرتكب غير انهم على علم من ان السلطات العليا لن تقوم بإتخاذ اي اجراء لردعه.

كل هذه النتائج لها آثار خاصة تجاه إدارة العنف في اماكن العمل الطبي مثل التوصيات المنبثقة عن هذه الدراسة والموجهة في عدة مجالات محددة، مثل دور الإدارة، وخلق الوعي، وتمكين الممرضين. واخيرا .... تقترح هذة الدراسة توصيات أخرى للبحث فيما يتعلق بمسالة هذا العنف.

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Abbreviations

LV	Lateral Violence
UAE	United Arab Emirates
ICN	International Council of Nurses
RN	Registered Nurse
MOH	Ministry of health.
OB/Gyn	Obstetrics/Gynecology.
OPD	Outpatient Department.
ICU	Intensive Care Unit.
CCU	Coronary Care Unit.
ER	Emergency Department.
MS	Medical-Surgical ward.
Neo	Neonatal Care Unit.
Ped	Pediatric Department.
RU	Renal Unit.
FDON	Federal Department of Nursing.
WHO	World health organization.
BSN	Bachelor of Nursing Science
MA	Master degree
TJC	The Joint Commission for healthcare organization
AMA	American Medical Association
ISMP	Institute for safe medical practices

Chapter 1

1.1 Introduction

Healthcare organizations are social systems that are established in order to maintain the patients' safety and their emotional, spiritual, and physical needs (Vonfrolio, 2005). The progression and the success of these health organizations is depending on the workers' efforts and productivity, especially nurses as the nursing job is generally considered as the most risky profession from other careers (Gallant, R 2008). Simply, because nurses are working very carefully in order to deliver the best and the safe healthcare services for the patients, either physically or mentally treatments. In this position, they are communicating and contacting with all healthcare members as well as trying to manage all the stressful events and situations. As a matter of fact, nurses who are working in a secure environment are not only feeling safe and confident while working, but have also a high level of productivity in terms of their job commitment and performance. This in turn will affect positively on the outcomes of the healthcare organization. On the other hand, it could affect the organization itself negatively if the personal relationships between the healthcare workers are impaired or damaged (Farrell, 1997). Consequently, the medical errors may increase while the quality of patient care will be decrease, and all of these consequences of such behavior may lead to workplace violence in nursing.

To start with, Lateral Violence is a concept refers to disturb others to low, middle, and high level extent in terms of their psychology, emotions and physical health. It is also defined as any unpleasant or unacceptable behavior by other individuals in the form of verbal, physical and sexual abuse (Anon., n.d.) as it is carried out in order to ashamed, disgrace and harass the other individuals. It is classified mainly into two basic forms, which are verbal and physical as both of these forms have their own effects, but the adverse effects are the same. People do Lateral Violence because they feel superior, inferior, sexual, or as a habitual. This social phenomenon is increasing more nowadays because of advancement in worldly operations globally as it has taken a shape of social illness, which is spreading contagiously. Sometimes, Lateral Violence can be performed in groups, where the individuals come up together for accomplishing the dirty cause of

committing the violence act. What is more, gang rape and group partying are two ugly examples of physical and verbal abuse. Lateral Violence in working environment is very common (Lee Ann Hoff, 2010) as females and males employees are the victims of this killing social activity. Employees who suffer from Lateral Violence are facing extreme professional situations and problems, and their source of income goes at stake if they do not overcome these problems.

This task is crucial in order to highlight the causes of workplace violence that are targeting the nurses in health organizations as well as understanding the extent of negativity involved in this issue, which is becoming a social illness nowadays. Accordingly, there is a great need of immediate attention to this social issue on local and international level to avoid destroying the economy of the healthcare organizations and consequently to the whole country.

This research study has been conducted in UAE, specifically in six government hospitals to identify the different types of violence in nursing. While many research studies address workplace violence worldwide in general, violence in nursing context in particular, none was carried out in UAE hospitals. This is the first research study of UAE workplace violence in nursing that is considered a significant area of research in healthcare settings and organizations.

In this chapter, the rationale for this study is discussed in-depth firstly, followed by the problem statement, the research question, and the research intended aims and objectives.

1.2 Rational of the study

There is a significance attention that has been directed to the relevant issue of Lateral Violence in the literature, despite the seriousness and continuity of its consequences on patients' healthcare. Here are some reported cases:

To start with the first study that was conducted by the joint program and reported by the International Council of Nurses (ICN) (2007). In this study, researchers have found that the most common kinds of Lateral Violence are verbal abuse, sexual harassment, and bullying. Among all of these types of Lateral Violence, the verbal abuse has the highest percentage as it had been experienced by 39.5%of nurses in Brazil, 32.2% in Bulgaria, in Portugal, 52% in the health center complex and 27.4% in the hospitals, 40.9% in Lebanon, and up to 67% in Australia.

Additionally, bullying has been suffered by 30.9% in Bulgaria, 20.6% in South Africa, 10.7% in Thailand, in Portugal, 23% in the health center complex and 16.5% in the hospitals, 22.1% in Lebanon, 10.5% in Australia and 15.2% in Brazil. Furthermore, sexual harassment impacted 64% in India, 90% in Israel and 56% in Japan, 69% for the UK, 48% in Ireland and 76% in the US.

The Institute of Safe Medication Practice (ISMP)surveyed over 2000 healthcare providers in 2004, including nurses (1565), pharmacists (354), and others (176), as it reported that 88% of the surveyed staff suffered from bullying by other workers in the form of haughty language or voice intonation. What is more, 87% felt impatience when questioned and 79% were unwilling or refused to respond to questions or telephone calls. Ulrich (2006) surveyed 4000 nurses; 18% reported verbal abuse from another nurses, while 25% of all participants rated the quality of teamwork and communication with other nurses as fair or poor.

A minor study in Boston (2001) involving 26 new graduate nurses reported that 96% of the respondents had seen Lateral Violence during their first year of work, 46% stated that the act was against them. Acts of Lateral Violence included being set them up to fail with

an "unreasonable assignment", sabotage, undermining, or not being available (Griffin, 2004).

According to a survey written by the Workplace Bullying Institute in 2010 and commissioned by Zogby International survey (2010), an estimated 35% of the U.S. workforce has been bullied at workplace areas; 62% of bullies are men; 58% of targets are women,68%of bullying is same-gender harassment; an additional 15% witness it. Half of all the Americans have directly experienced it. Simultaneously, 50% of targets and witnesses never report the incidents (silent epidemic).

In nursing context, it appears that nurses are more likely to be targeted by the patients and, disturbingly, by other nurses in the workplace environment (Le Blanc & Kelloway, 2002; McPhaul & Lipscomb, 2004; Kahlil, 2009). Workplace violence in nursing has different individual and organizational outcomes and consequences (Camerino, Estryn-Behar, Conway, van Der Heijden & Hassehorn, 2008). Kisa (2008) found that anger, embarrassment, fear, and intimidation are some of the more common emotional responses to verbal abuse. Since 1980, the workplace violence in nursing was existing (Hedin, 1986; Leney, 1996 & Maclntosh, 2005).

Although violence is increasing in most workplaces, it has become a significant problem in healthcare professions. Not only has the number of incidents increased but the severity of the impacts has caused profound traumatic effects on primary, secondary and tertiary victims (p.452). Felblinger (2008) found that intimidation and incivility towards nurses had led to negative self-evaluation and increased potential for re-victimization. According to the Royal College of Nursing in London (2002), one third of nurses who had been bullied intended to leave the profession.

Unfortunately, there is no research has been done in the United Arab Emirates (UAE) addressing the issue of Lateral Violence. Based on my experience as an employee for more than 10 years in a healthcare setting, Lateral Violence was exist with different forms and types, but no one explore it until today. Many nurses suffer from different kinds of hostility, for example, oral ironic, and raise the eyebrow, from different

participants, such as administrators, patients, patients' families or from each other's as nurses. Finally, research niche is the main reason for conducting this research study.

1.3 Problem statement and research question

The potentiality devastating consequences of workplace violence for the individual nurse, the possible negative implications for patient safety and the possibility on increased attrition from the profession, convinced the researcher that a methodical investigation into the prevalence nature of workplace violence, as witnessed or experienced by nurses in their working areas was justified.

The alarming possibility that nurses may be socialized into an acceptance of a status quo regarding modes of interaction, the probable rampant under reporting of workplace violence and the need to create awareness and to institute strategies that would combat the phenomenon of workplace violence, before irreparable damage occurs, were further motivations for this nurse.

As a result, the research question underpinning this study was: "What is the extent of workplace violence targeting registered nurses in MOH government hospitals?".

1.4 Aim and objectives of the study

The aim of this research study attempts to determine and describe, if and to what extent, nurses are targeted by workplace violence in UAE hospitals as well as expanding our understanding of the various types of workplace violence. By the help of statistical analysis, we will calculate the frequency of types of Lateral Violence. The different types of Lateral Violence are integrated in the questionnaire. Almost all the types of Lateral Violence are aimed to be obtained by the respondents' answers. The process of the study was carried out among nurses in six government hospitals in UAE.

The specific objectives of the study, with reference to the nurses' nursing and cultural background, and to their work placement areas, were to:

- Identify the nature and type of workplace violence

-Establish the frequency of workplace violence

-Distinguish between the prevalence of nonphysical violence in hospitals and community.

-Reveal the perpetrators of nonphysical violence

-Identify the type and frequency of consequences of nonphysical violence

-Determine whether workplace violence was reported

-Establish reasons for not reporting workplace violence

1.5 Background of the study

1.5.1 Lateral Violence in United Arab Emirates

Lateral Violence can be in any organization or any social society, such as business corporations, medical centers, markets, offices, roads, recreational spots, etc. All of these social communities can have different elements of Lateral Violence present. In UAE, there is an extreme diversification of culture and backgrounds as the individuals whether a tourist or a resident of UAE; they are given a full leverage to practice their religious activities without giving harm to Islam and other religions. Moreover, employees are also hired prior to their cultural and religious affiliations. Same is the case within hospitals as management of government hospitals in UAE hire workforce without any discrimination. They do get necessary information about them but they do not go into their psychological details. Simply, because of negligence of this important factor, sometimes wrong decisions are made and they become cause of unethical practices and actions, like Lateral Violence.

In this study, the population was a sample of registered nurses of UAE government hospitals as the researcher discussed each and every question asked to them in sufficient details in order to give a comprehensive overview of their internal emotions and external senses of insecurity regarding workplace violence.

1.5.2 Lateral violence in health care set up

Lateral Violence can take place in any setting, and workplace violence can occur in any workplace environment (McKoy & Smith 2001). In any healthcare field, Lateral Violence seems to be easy to practice an activity. Employees working in healthcare set up have a direct contact with the public about their medical health problems and their treatments. This frequent public contact provides different chances to abusers to do some actions related to Lateral Violence and satisfy their selfishness. What is more, verbal abuse is an easy act of violence because of its sensitivity of medical profession. (Elizabeth M. Varcarolis, 2012). Physical abuse is another easy act of violence because there is a direct involvement of physical contact with the patients.

Medical set up involve a variety of duties like:

- Checking a patient's medical factors, like pulse, eyesight, heartbeat, chest condition, etc.
- Inserting cannulas for Lab tests and drip administration.
- Giving medicines and injections.
- Doing operations.
- Maintaining post-operative conditions, etc.

All of the above categories involve physical and emotional contacts between the nurses and their patients. Employees in healthcare settings perform their duties and get caught by abusers easily. For example, if they become careless, they are bullied and their personality esteem is on the target of remarks, comments and policies, which are in no way pleasant to them.

The violent behavior directed at nurses can be either direct violence, such as hitting or kicking, but it can also take more indirect forms. Threatening behavior is a very common form of this indirect workplace violence and it can include yelling and cussing as well as breaking property, placing threatening phone calls, and sending threatening messages by e-mail or text messages. The threats can also be directed at the nurse's family.

Some of the most common forms of violence in a healthcare workplace are hitting, kicking, threatening life or health, sexual harassment, and public humiliation.

1.5.3 Lateral violence in Nursing

In many countries, Lateral Violence in nursing profession is so common that they considered it as a fundamental part of their job in order to absorb such acts and behaviors. Unfortunately, UAE hospitals have no cumulative research on this particular topic. This research study focused on the high ratio of nurses being victimized by Lateral Violence and justified its reasons, as shown below:

- Nurses are low paid workers and because of their low financial status, they become victims of Lateral Violence.
- Nurses have a lot of responsibilities and duties to perform daily, and because of their heavy workload, it becomes easy for abusers to bully them and target their learning and performing capabilities.
- Nurses have frequent contacts with fellow patients and visitors for their assessments, treatments, and follow up checkups. This frequent contact is taken for granted and abuser harass them physically or mentally (Heacock, 2013).
- Nurses are the one who are responsible for reporting to doctors, staff, administration, and management on a variety of tasks and procedures which they perform every day. Large number of employees in hospitals raises the likelihood of presence of more abusers in the workforce. If doctor panel is good, abuser can be in staff members, if they are also good, he or she may be among colleagues, etc.

To sum up, nurses are considered a very convenient objective and target of Lateral Violence abusers as they are bullied, ashamed, disgraced, harassed, pulled down and negated at various.

Chapter 2: Literature review

2.1 Introduction

In this chapter, an analysis of the literature related to workplace violence in healthcare environment is explored in general, and in the nursing context in particular is presented with a deeper understanding of the practical opinions.

This includes a review of some recent and relevant research studies and its findings. While there is a growing body of literature and research focusing and describing the various aspects and features of workplace violence in healthcare settings, not many studies are precisely directed at the experiences of nurses. The central core of this literature review is to explore, understand, and assess the issues regarding the presence of Lateral Violence that threaten nurses, so as to inform the exploratory research of the nature and the degree of workplace violence experienced by nurses. Therefore, the researcher was prompted to do this study by an interest in seeking out the importance of policy regarding any violence behaviors and acts happening in hospitals and activating it in order to preserve the safety, in general.

2.2 Working towards a definition o workplace violence

Although workplace violence is a social phenomenon that has been existed for many years, it has recently recognized as a significant problem that has the potential to have devastating effects on an employees' lives, families, and their careers. "With this recognition comes an awareness of the prevalence and seriousness of it" (Kitt, 2004, p.1). Regarding health field, there is no consensus in the literature on the use of the term workplace violence, and thus it is a complex concept in terms of its different definitions, or meanings related to it. Waddington, Badger and Bull (2005, p. 158) further point out that some of the definitions related to workplace violence are so broad and inclusive that any kind of negative actions and behaviors experienced or witnessed by workers, ranging on a continuum from disagreeable to frightening, is labeled as a violent behavior. They do acknowledge that people experience violence differently, and that such experiences or behaviors should be respected from an analytical and practical approach and point of

view. However, they demonstrated that the numerous broad and inclusive definitions of workplace violence are problematic, in the sense that the same conceptual tools are used to describe distinctly different events and circumstances (Waddington, Badger & Bull, 2005, p.158).

It is abundantly clear that there are a number of definitions restricting workplace violence, with some defining it only as an intended or attempted physical assault, whereas the others defining it as any behavior aimed to harm the workers or their health organizations. Given that the nonphysical actions or threats, such as verbal ad emotional abuse, can have severe psychological and career effects and consequences. To demonstrate this, the World Health Organization has defined the term of workplace violence as "….the international use of physical force or power, threatened or actual against oneself, another person, or against group or community, in work-related circumstances, that either results in or has a high likelihood of resulting injury, death, psychological harm, mal-development, or deprivation" (WHO, 2002, p.5). This description includes not just physical violence, but also other aggressive actions and behaviors, even if these behaviors do not cause any physical harm or damage.

Although helpful in identifying and recognizing that workplace violence occurs at individual level or group and community level, and in acknowledging the psychosocial consequences of violent acts, this definition, by limiting violence to actual and threatened physical assault, is not comprehensive and adequate enough to be suitable for research on workplace violence targeting nurses. Instead, workplace violence in the nursing context should be viewed and visualized as an overarching term comprising a wide range of behaviors (Luke, Jackson & Usher, 2006, p. 252). Rosenstein and Q'Daniel (2008) identified the term of Lateral Violence as any unsuitable conflict, like verbal abuse and sexual harassment. He also argued that the term of Lateral Violence has been used for more than 25 years in the nursing literature and described it as an act of antagonism that occurs between nursing colleagues within an organizational hierarchy. In addition, the key elements of Lateral Violence are sexual harassment, oppression, and offensiveness (Lutgen-Sandivk, 2006).

Hegney, et al. (2006, p. 221) regard workplace violence in the nursing context as inclusive of aggression, bullying, harassment, intimidation, and assault. Other researchers have used different terms or terminologies, such as 'disruptive behavior' (Rosentein & O'Daniel, 2005, p.55) and 'bullying' (Jackson, Clare & Mannix, 2002, p.15; Randle, 200, p.395; Hutchinson *et al*., 2006a, p.118).

The lack of a clear and comprehensible definition presents conceptual challenges and difficulties for researchers while attempting to study the issue of workplace violence in the nursing context, and has contributed to difficulties in addressing such behaviors (Rippon, 2000, p.452). Luke, Jackson, and Usher (2006, p.252) indicate that a common and specific definition of workplace violence would enhance the comparability of data collected and attained in research, and would enable the nurses to recognize and confront the multiple episodes of workplace violence in more effective ways.

Briefly, the literature appears to indicate that intent to harm, with psychological consequences is a fundamental key to any definition regarding workplace violence (Rippon, 2000, p.456). What is more, there also seems to be consensus that workplace violence encompasses at least two mainly subcategories, namely physical and nonphysical violent behaviors (Luke, Jackson & Usher, 2006, p.252).

The basic formulation of a practical and functional definition of workplace violence for the intended purpose of this research study was further reliant on the different typologies of workplace violence as well as presenting an analysis of the nature of workplace violence experienced by nurses.

2.3 Classification and typology of workplace violence

To start with, workplace violence can be divided into four main types, which are physical, verbal, sexual, and horizontal. Also, it may be classified as being one of four types, based on the perpetrator's relationship to the workplace environment (LeBlanc & Barling, 2005, p.42; National Institute for Occupational Safety and Health, 2006, p.4).

Type 1 refers to violent acts with a criminal intent committed by criminals as those individuals do not have a legitimate reason to enter the workplace area.

Type 2 refers to violent acts committed by those who are the recipients of the services provided in the workplace area, such as customers, clients, patients, students, and inmates. These perpetrators or individuals have a legitimate relationship with the business.

Type 3 refers to violent acts by worker to worker, where current or past employees of the business are the agents of violence.

Type 4 refers to violence committed in the workplace area by a nonemployee who usually does not have a relationship with the business itself but has a personal relationship with the intended victim or worker.

Healthcare workers, especially nurses, are particularly at risk of workplace violence from recipients or clients of the services provided in the workplace area, i.e. type 2 (LeBlance & Kelloway, 2002, p.444; McPhaul & Lipscomb, 2004, p.168). In specific, this type of violence in healthcare settings often victimizes patient caregivers, including the registered nurses. In addition, as will be seen in chapter 4, the findings from this research study revealed that type 2 violence, targeting nurses, had been distressingly prevalent. This typology of workplace violence captures the nature of violent acts as well as considering the relevance of the setting and the relationship between perpetrators and victims.

2.4 Nature of workplace violence against nurses / Nurses as targets of violence

In the nursing context, the literature revealed that the nonphysical forms of violence, such as verbal abuse, bullying, and intimidation, are far common than actual physical assault. Commonly, nurses are in contact with the public who are ill, under stress, confused, experiencing pain as well as being under the influence of drugs or alcohol. All of these conditions can increase the possibility of aggressive or violent behavior.

Common examples of Lateral Violence include blocking of learning opportunities, and nonverbal manifestations, such as rolling eyes, verbal manifestations, such as rude, actions, such as not being available and obtainable to help with difficult healthcare related issues, sabotage, such as withholding important information and data, intimidation, and humiliation (McKenna, Smith, Poole & Coverdale, 2003, p. 93; Griffin, 2004, p.259). What is more, these various behavioral manifestations can be classified as overt or covert (Griffin, 2004, p. 257,258). The most common kinds of verbal aggression perpetrated by other nurses were found to be criticism and anger (Row & Sherlock, 2005, p. 246). Consequently and based on the explanation above, workplace violence can trigger a range of psychological outcomes and consequences in victims.

Therefore, the lack of definitional clarity is also apparent in the description of the term 'Lateral Violence'. Most of the researchers refer to Lateral Violence as workplace violence that is committed by nurse against nurse, irrespective of the position of the perpetrator. Contrary, Thomas and Burk (2009, p. 227) advocate a refinement of terminology that restricts Lateral Violence to violence among equals as well as proposing vertical violence as the term describing abusive behavior by a coworker in a superior position to a subordinate one. Johnson (2009, p. 34) claimed that the terms of 'lateral or horizontal violence' and 'bullying' are synonyms. Along on the same lines, Griffon (2004, p. 257) states that the concept of bullying could be correlated with lateral or horizontal violence. In bullying, a precise power differential exists among the perpetrator (s) and the victim, suggesting that the target victim is unable to defend him or herself (Johnson, 2009, p.35).

Bullying has been defined as "any persistent, negative, interpersonal behavior, experienced by people at work environment" (Rayner & Keashly, 2005, p. 271). The term of 'bullying' refers to many, rather than isolated instances of behavior, which undermines, or humiliates. It is also refers to what is done, for example, personal attacks, and what is not done, like receiving needed data and information (Rayner & Keashly, 2005, p. 273, 274).

Furthermore, Hutchinson, Wilkes, Vickers and Jackson (2008, p. 24) clarified that, by creating, utilizing, and adopting a process of factor analysis, developed and validated a specific bullying inventory, which they regard as a valid construct of bullying in the nursing field. They also argued that this developing model, consisting of three major factors and five or six items under each factor, is suitable for use in further and future research and studies. The three basic factors that are forming the construct of bullying acts in the nursing context are (1) personal attack, (2) attack upon competence and reputation, and (3) attack through work tasks.

Though most attempts to describe the term of 'workplace violence' regarding its emphasis on the harmful intention of the perpetrators, there is an interesting development recently that is addressing the tendency of utilizing the concept of 'incivility' while studying violence against nurses (Felblinger, 2008, p.234; Hutton & Gates, 2008, p. 168). This follows the influential research done by Andersson & Pearson (1999, p.457), who defined workplace incivility as "low-intensity deviant behavior, with ambiguous intent and desire to harm the particular target, in violation of workplace norms for mutual respect". They also demonstrate that "uncivil behaviors are characteristically rude as well as displaying the lack of regard for others". Quite importantly, incivility differs from other kinds of workplace violence, in term of its ambiguous goal and desire to cause the harm. According to Cortina et al. (cited in Pearson, Andersson & Porath, 2005, p.178), qualitative study has indentified the content of uncivil behaviors as ignoring, intimidation, comments about appearance, and unprofessional address.

To sum up, it is obvious and evident that conceptuality, there is no clear distinction between 'Lateral Violence', 'bullying', and 'incivility'. However, the undoubted fact that these different behaviors occur is more important than being able to place and arrange them into neat, mutually exclusive categories. The researcher attempted to summarize the general nature of the nonphysical violence directed at nurses in table (2.1) as it illustrates the lack of conceptual clarity. On the other hand, it significantly reflects the high degree of consensus and irrespective of terminology regarding the nature of nurses as targets of workplace violence.

Table 2.1: Summary of nonphysical violence targeted nurses

Nonphysical violence	Manifestation / General nature
Lateral Violence	Anger, excessive criticism, rolling eyes, withholding information, blocking of learning opportunities, intimidation, humiliation, withholding help in difficult care related issues.
Bullying	Interpersonal behavior, undermining or humiliating behavior, personal attacks, attack through work tasks.
Incivility	Ignoring, intimidation, comments about appearance, unprofessional address.

2.5 Prevalence of workplace violence in health care and nursing

A high degree of prevalence in terms of workplace violence against health sector workers worldwide is revealed within the literature. In the United States (US), the probability of nonfatal physical acts was found to be almost four times higher in healthcare setups than in other private sector industries (Clements et al., 2005, p.119).

Workplace violence against nurses is a worldwide health problem, despite the growing awareness of the impact of this phenomenon (Beech, 2008, p.94). A survey in 2008 of the registered nurse workforce in the United States (US) demonstrates that, despite clear improvements (compared to surveys in 2002, 2004 and 2006) in several areas of the hospital environment, specific areas in which the environment was perceived to have

deteriorated, included sexual harassment, hostility, and physical violence (Buerhaus, DesRoches, Donelan & Hess, 2009, p.289).

According to Turnbull (1999, p.11), a research study, the largest of its kind to date, conducted by the Health Services Advisory committee in five Area Health Authorities in England and yielding a 60% response rate, found that nurses were the group of health service workers with the greatest risk of being assaulted.

2.6 Perpetrators of workplace violence against nurses

As was discussed earlier, nurses are most often the targets of type 2 (committed by the recipient of the services provided by the healthcare institution) and type 3 also (committed by an employee or former employee of the workplace) workplace violence (LeBlance & Barling, 2005, p.42).

Specifically, the most common sources of workplace violence were found to be relatives' patients and their fellows, patients, doctors, and nurse managers. This diversity in sources indicates and confirms that most respondents had been exposed to violence acts from more than one source. It is very important, however, to bear in mind that the behavior of those who are serviced by the health sector is only one contributor to the context within which healthcare workers face possible, threat, intimidation and violence.

2.7 Consequences of workplace violence for nurses

Workplace violence obviously has serious consequences for the individual and also for workplace areas or healthcare organizations (Camerino et al., 2008, p.36). Victims of Lateral Violence experience immediate, short, or long term trauma, which is exacerbated by an increased frequency and severity of incidents (Rippon, 2000, p.453). Clearly, individuals may experience actual physical injury followed by physical assault. As previously mentioned, nonphysical abuse is the most common kindof workplace violence experienced by nurses and may result in physical and emotional symptoms and distress. The results of a survey yielding 303 registered nurse respondents across the United Sates, showed that bullying resulted in significant physical and emotional distress and reactions.

In this specific study, 95% of respondents had experienced anxiety, whilst 72% had experienced headaches, or gastrointestinal symptoms as a result of bullying (Vessey, Demarco, Gaffney & Budin, 2209, p.303).

Furthermore, emotional responses to verbal abuse from most to least common were found to be embarrassment or humiliation, hostility and intimidation (kisa, 2008, p.204). In a large survey in a multihospital system in the North East of United States, Sofield and Salmond (2003, p.278) reported that emotional responses to verbal abuse were anger, harassment, and embarrassment acts. Similarly, nurses specified in one of the studies in a hospital in Turkey also reported their own feelings of hopelessness, anxiety, and confusion.

Felblinger (2008, p.237) found out that nurses often respond to incivility and intimidation with shame and anger, and that lead to negative self evaluation as well as increasing the potentiality of re-victimization. Additionally, healthcare organizations have been facing increased staff turnover and absenteeism, increased security and litigation costs and cases, increased sick leave, and most importantly, deceased in work and performance productivity (Jackson, Clare & Mannix, 2002, p.17; Ramos, 2006, p.37; Vessey et al., 2009, p.303). In a study on the experiences of registered nurses regarding lateral violence in their first year of practice that is demonstrated by Mckenna et al. (2003, p.95), clarified that ‘intent to leave the profession as a result of workplace violence’. In this study also, 21% of respondents considered leaving the profession as a consequence of an abusive incident. Then, Sofield and Salmond (2003, p.282) reported that 33.4% of respondents had considered resigning, following verbal abuse.

Chapter 3: Methodology

3.1 Nurse survey sample inclusion and Exclusion criteria

The inclusion criteria in this study contained licensed RNs employed under the MOH government hospitals with the regardless of qualifications, nationalities, been working for at least six months in the same area, and understand the English language in a competent way (able to read and write) .Whereas the Excluded employees from this study were the Assistant/Practical nurses, newly employed nurses or nurses on probation period.

3.2 Sample

The chosen nurses in this study were selected from a variable government hospitals under MOH such as: Al Qassimi (Sharjah), Baraha (Dubai), Fujairah hospital (Fujairah), Saqer (Ras Al-kahiemeh), Sheikh Khalifa (Ajman), UM Al-Quwain hospital (umm al Quwain) and they were asked to participate in this study as a voluntary manner.

The questionnaires survey of a total 1800 was distributed to the mentioned hospitals according to the number of nurses advised by the directors of nursing department. 1077 out of the above total with the percentage approximately 60 % participants returned their questionnaires with some valuable recommendations.

Licensed RNs was selected and granted to perform the survey sample for this few reasons: 1) this is the first study to examine the issue of Lateral Violence in relation to demographics among the MOH RNs; 2) to provide real information for future researchers ; and 3) study can be generalized to the MOH hospital.

3.3 Setting

The data for this study was gathered from several general hospitals under MOH in United Arab Emirates. The nursing population was multiple, containing nurses from several nationalities and cultures. The estimated capacities of these facilities were around 150 beds in each hospital with a total of more than 250 licensed RN serving each hospital.

Furthermore, data was collected from various nursing wards such as: Intensive Care Unit (ICU), Obstetrics and gynecology wards(OBS/GYN), Coronary Care Unit (CCU),

Medical- Surgical(MS) floors, Pediatric ward(PED), Obstetrics and gynecology wards(OBS/GYN), neonatal wards(NEO), Renal Unit(RU), operating room (OT), out-patient departments (OPD), Emergency room (ER), operating room (OT), Supervisors and administration.

3.4 Research Design

The researcher used a quantitative, descriptive survey design because the purpose of the research was mainly explorative (Mouton, 2001:152). The quantitative approach enables the acquiring of information by means of a systematic and objective research process (Burns & Grove, 2007:24. The analytical studies encourage the researcher to lead the research by means of a research question and specific objectives, rather than by means of testing assumption (Mouton, 2001:152). A descriptive design was appropriate, as the variables were examined in natural environments and were not manipulated in any way (Burns & Grove, 2007:240). Where applicable, associations between variables were established.

The demographics are the independent variables for this study (Appendix). The Lateral Violence data was collected by using the data related to work place violence questionnaire which is the dependent variable (Appendix).

3.5 Research tools

Respondents were requested to complete two self-administered instruments: the data questionnaire and the demographic. These questionnaires were piloted among 20 nurses not included in the study to determine their clarity, quality, and validity of the tools. The majority of the questions were Likert-type in nature, although one open ended question was included at the end of the questionnaire.

3.6 Validity and Reliability

Content and face validity of the instrument were guaranteed by basing the questionnaire on the reviewed literature, by subjecting it to the inspection of colleagues in the nursing

profession and by analysis of the pre-test results and feedback gained during the introductory pilot study. What is more, reliability was improved by the fact that the self administered questionnaire minimized the possibility of conflicting management of the process by field workers, and by the fact that only the researcher distributed and gathered the completed questionnaires.

3.7 Demographic Questionnaire

This instrument was developed by the investigator to assess the following criteria:
age, gender, marital status, educational level, length of working in the present hospital, position, work unit,

3.8 Data analysis

Descriptive figures were used to determine the demographic data and answer research question while Microsoft Excel was used to capture the data, which was analyzed using the Statistical Version 9 data analysis software system. Summary statistics were used directly to describe the variables, whilst distributions of variables were presented in the form of histograms and frequency tables. Appropriate measurements, for example, cross tabulation and Pearson product moment correlations were used to describe relationships.

3.9 Ethical considerations

It is vital to mention that ethical consideration principles were highly prioritized while conducting and collecting the data to ensure the agreement rights of the key participants involved in this research study. Firstly, a letter with the MOH ethical form was sent to the ethical committee of MOH (Appendix D) in order to seek out an approval for conducting the study in six MOH hospitals. The approval from the MOH ethical committee was granted after six months (Appendix H).

Therefore, a letter was sent to each nursing director in the selected hospitals in order to obtain their permissions in carrying out the study within those specific settings (Appendix G). In addition, nursing directors were asked to assign one nurse to assist in facilitating and distributing the survey of the study. The research assistant in each hospital received

the questionnaires enclosed in envelopes from the researcher, and the research assistants distributed them to each RN who met the study criteria. What is more, a cover letter accompanied each questionnaire and included; purpose of the study, instructions on completion of the questionnaires, and the contact information of the researcher (Appendix E). The respondents were requested to retain the cover letter for individual reference as participation in the study is voluntary.

The questionnaires were completed in a private place and took about 20-25 minutes. All the nurses received the same instructions and information.

Anonymity and confidentiality of responses were highly stressed and guaranteed to protect the participants from harm in the respect that none of them were identified in anyway and no one would be able to refer or report any information to particular participants or to the public, including the researcher. Finally, completed questionnaires were returned in sealed envelopes to the researcher, certainly, no personal information was collected from participants.

3.10 Study Framework

A study framework is the theoretical base for a study which is used in planning the study (Burns & Grove, 2007:34,165). There was no elaborate theoretical framework underpinning this study, since exploratory studies are mainly inductive and theoretical (Mouton, 2001:152). However, aspects of relevant typologies of perpetrators and types of workplace violence contributed to the formulation of some of the objectives of the study elements in the discussion of the findings in chapter 4.

Chapter 4: Results

4.1 Introduction

The purpose of this study is to explore the extent of workplace violence, targeting nurses in workplace area. A total of 1077 questionnaires were completed and returned by the respondents. In this chapter, the data is analyzed and interpreted. After that, the results are discussed and incorporated with the findings from the literature review.

4.2 Response Rates of the Study Participants

A total of 1800 questionnaires were sent to six MOH hospitals on April 7, 2013.Each hospital represents one Emirate. Two questionnaires (Demographic plus data questionnaire)(Appendix B and C). were distributed to the potential respondents. On May 5, subjects who had not sent back the questionnaires were encouraged to do so through the research assistants. On May 15, 921 questionnaires were received. An additional 156 questionnaires were obtained by the end of May, bringing the overall response rate to

(N=1077). Additionally, 723 nurses did not respond at all. Consequently, 1077 RNs participated in the study; distributed as 174(16%) nurses from Dubai, 108(10%) from Sharjah, 156 (14%) from Ajman, 167 (16%) from Um Qwain, 217(20%) from RAK and 255 (24%) from Fujairah. The highest respondents rate were in Fujairah Emirate (n=255) whereas the lowest was in Sharjah (n=108, 10%).

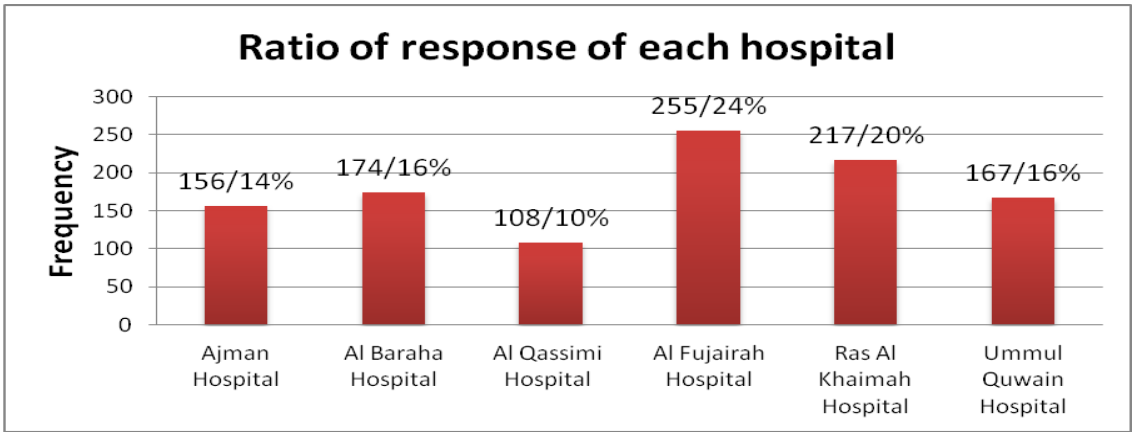


Figure 4.1: Ratio of response of each hospital

4.3 Study result

This section starts with frequency distributions of the demographic variables. The responses to each question in the questionnaire were sum up in tables and charts and discussed individually. Then, Responds to question no. 67 were grouped in a table and discussed. Finally, descriptive statistics of all quantitative variables are presented in accordance with the specific research objectives of this study.

4.3.1 Section A: Demographic Data

Question No.1: Age of respondents

Table No.4.1

Age	Frequency(f)	Percentage (%)
20-30	279	26
30-40	467	44
40-50	197	18
50-60	120	11
60-onwards	11	1.0
Total	n =1074	100
Missing	3	

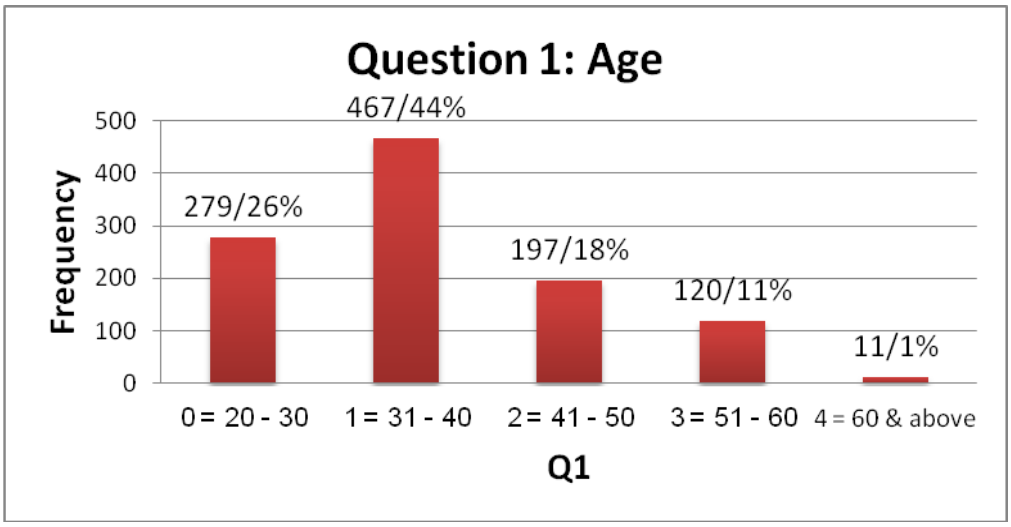


Figure 4.2: Age of respondents

Analysis

The statistics show us that the most of the nurses who are among our respondents are between age 31-40 (44%). Almost 26% are between 20- 30 years whereas 18% respondents are between 41-50 years. Very less nurses is aged between 60 and above.

Question No.2: Gender of respondents

Table no.4.2

Gender	Frequency (f)	Percentage
Male = 0	76	7
Female = 1	998	93
Total	n=1074	100
Missing	3	

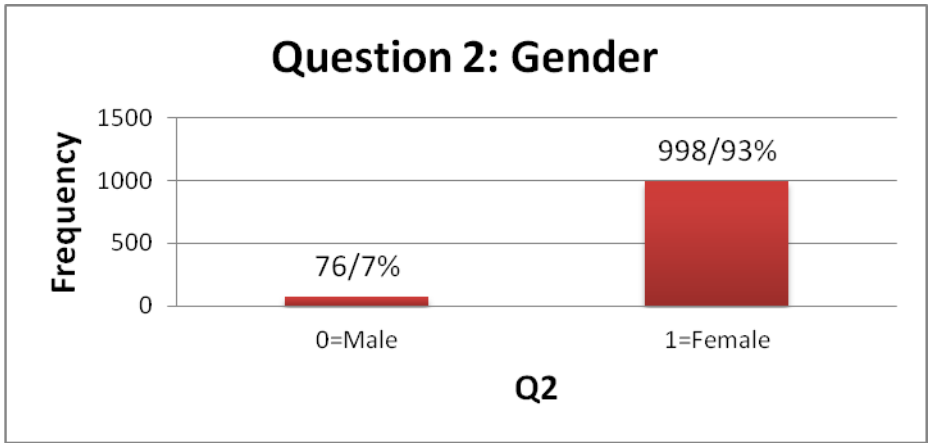


Figure 4.3: Gender of respondents

Analysis

Table 4. 2 shows that the majority of the respondents were female (n= 998, 93%). The remaining 7% (n= 76) were male nurses.

Question No.3. : Marital status of respondents

Table No.4.3

Marital status	Frequency	Percentage
Single	162	15
Married	890	83
Divorced	7	1
Windowed	13	1
Total	1064	100
Missing	5	

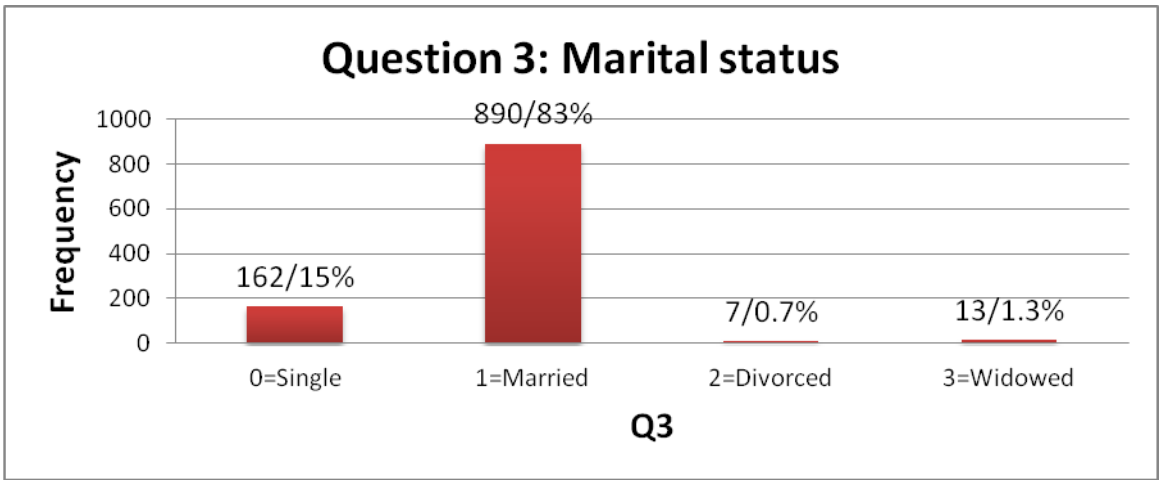


Figure 4.4: Marital status of respondents

Analysis

Table 4.3 depicts that higher number of married women are in nursing profession who served as a respondent to our research 83%. After married, single nurses are having the second highest number among them 15%. Little number of our respondents is from widowed or divorced relationship status. Only 5 among respondents did not answer the question.

Question No.4: Nursing Education

Table No.4.4

Education of respondents	Frequency	Percentage %
Diploma	684	64
BSN	369	34
MSN	18	1.7
PHD	3	0.3
Total	n=1074	100
Missing	3	

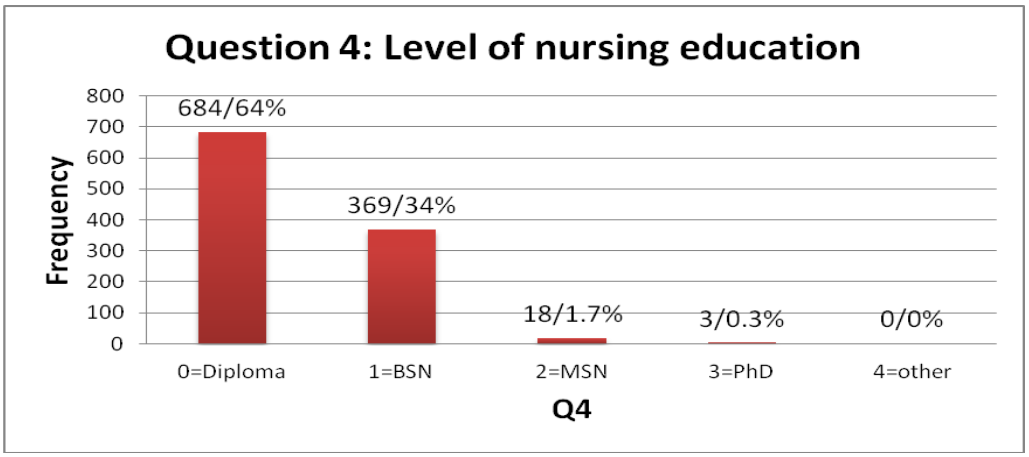


Figure 4.5: Level of education

Analysis

Table No.4.4 Shows that nurses working in UAE government hospitals are having diploma in their profession mostly 64%. A low number of nurses are found to have PHD (3%) and MSN (18%) while a bit reasonable figure is obtained for BSN (34%) education.

Question No.5: Working Experience of respondents

Table No.4.5

Career experience (in years)	Frequency	Percentage
0-5	245	23
6-10	247	23.0
11-15	203	19
➢ **16**	376	35
Total	N=1071	100
Missing	6	

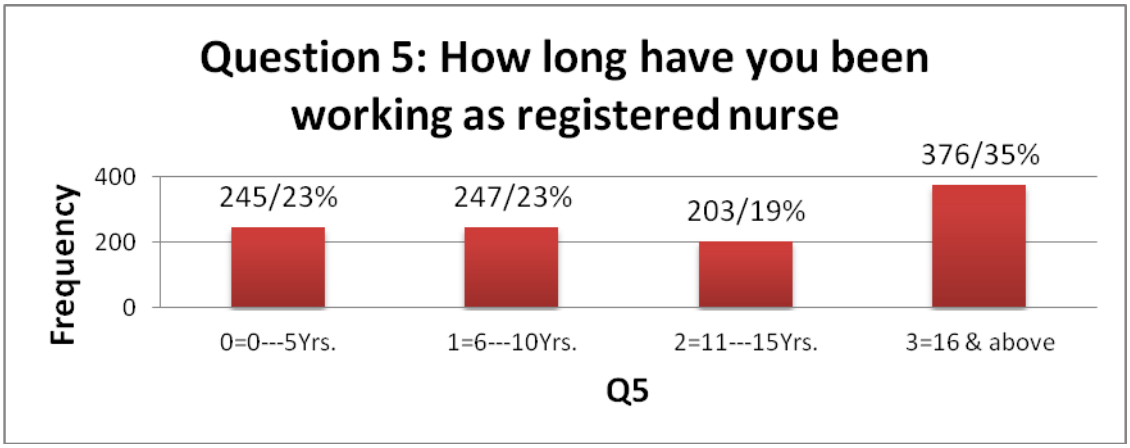


Figure 4.6: Working experience of respondents

Analysis

Table no.4.5 shows that the majority of respondents are working from past sixteen years in the UAE government hospitals (35%, n=376). The Average numbers of nurses are working from 5-15 years in the nursing field in UAE accordingly.

Question No.6: Nursing Position

Table No.4.6

Current position in Nursing	Frequency	Percentage
Staff Nurse	909	85
Head Nurse	134	12
Nursing supervisor	19	2
Others	7	1
Total	n=1069	100
Missing	8	

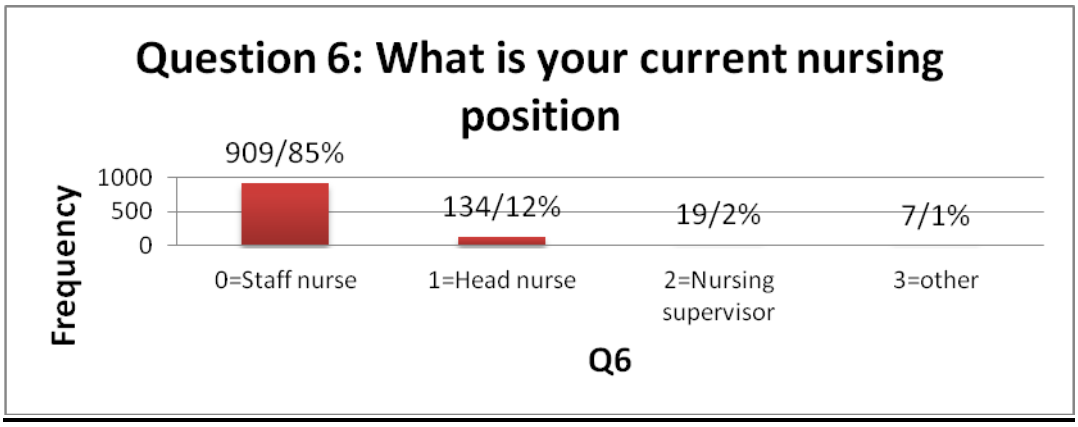


Figure 4.7: Nurses position

Analysis

Table 4.6 shows that respondents are mostly from staff nurse 85% (n=909) . A less number of nurses are from head nurses and nursing supervisors. Because staff nurses are more interaction with daily tasks, they are likely more prone to lateral violence.

Question No.7: Working areas of respondents

Table No.4.7

Area of working in hospital	Frequency	Percentage
Pediatric	89	8
ICU/CCU	145	14
Emergency room	143	13
Medical/surgeon	162	15
Obstetrics/gynecology	174	16
Neonatal	128	12
Operating system	114	11
Thalassemia unit	0	0
Cath lab	0	0
Outpatient clinic	55	5
Others	61	6
Missing	0	0.0
Total N	1077	100

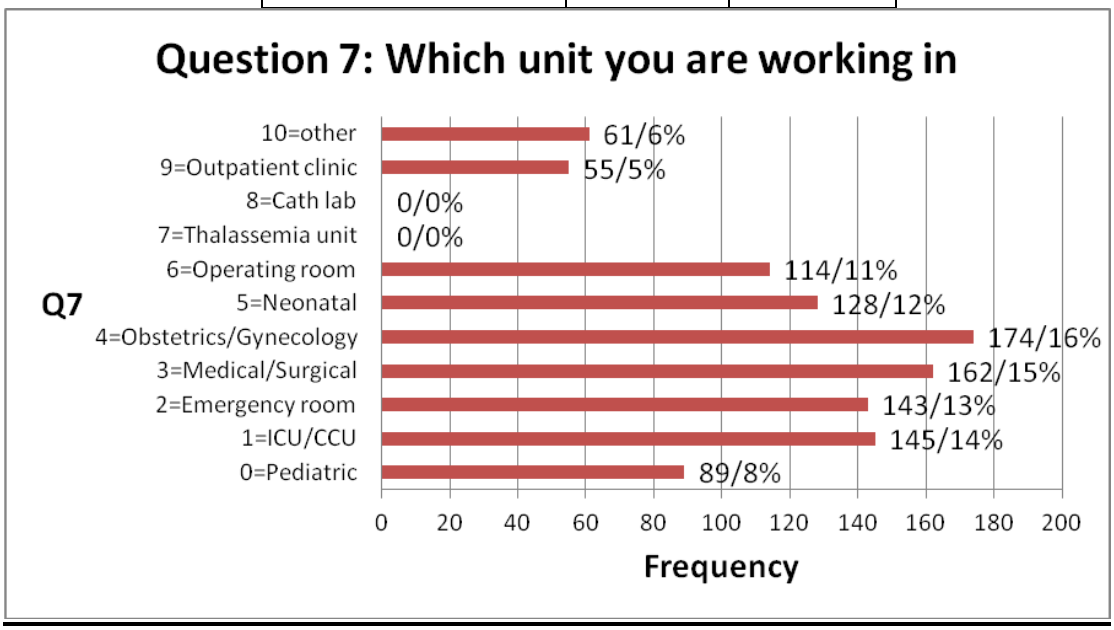


Figure 4.8: Working area of respondents

Analysis

Table No.4.7 shows that mostly respondents who participated in our research work in gynecology department 16 %. There are also a high number of respondents found from medical/ surgical unit 15%, ICU/CCU 14%, and emergency units 13% of UAE government hospitals.

4.3.2 Section B: Data related to workplace Violence

The data of two research study objectives are presented in this section:

1. Identify the nature and type of workplace violence
2. Establish the frequency of workplace violence.

Question 8- 19 examine the frequency of different types of nonphysical violence.

Question 20-27 examine the frequency of different form of physical abuse.

Question 28-33 examine the frequency of different sexual abuse.

The response key which is the respondents instructed to use as following:

1 = Never

2 = occasionally (1 – 2 times)

3 = Sometimes (3 – 5 times)

4 = Often (>5 times)

Form and frequency of non-physical violence

Question 8: raised eyebrows, Deliberate rolling of eyes, folding arms (n = 1068)

Table No.4.8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	508	47.2	47.6	47.6
	2	383	35.6	35.9	83.4
	3	136	12.6	12.7	96.2
	4	41	3.8	3.8	100.0
	Total	1068	99.2	100.0	
Missing	System	9	.8		
Total		1077	100.0		

Nine respondents did not answer this question. Table no.4.8 shows that large number of nurses among respondents denied their experience of facing raised eyebrows, folding arms and deliberate rolling of eyes 47% (n= 508) . Although the sum of other possibilities accept the fact that nurses do face this kind of lateral violence occasionally (36%, n=383), sometimes (13%, n=136) and often (4%, n=41).

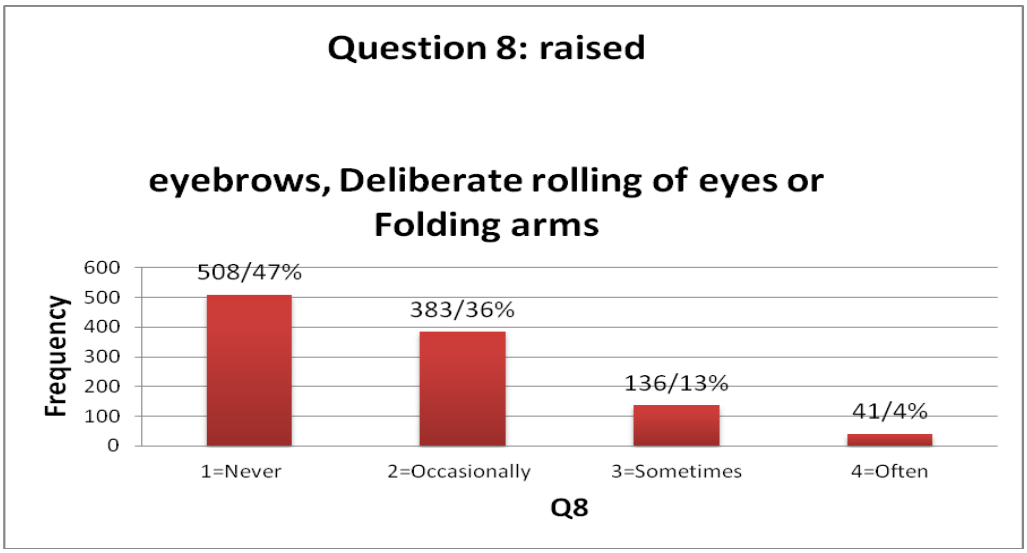


Figure 4.9: raised eyebrows, Deliberate rolling of eyes

Question 9: Sworn, shouted or yelled at (n = 1068)

Table No.4.9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	518	48.1	48.5	48.5
	2	372	34.5	34.8	83.3
	3	128	11.9	12.0	95.3
	4	50	4.6	4.7	100.0
	Total	1068	99.2	100.0	
Missing	System	9	.8		
Total		1077	100.0		

Nine respondents did not answer this question. Table No.4.9 shows that nurses are experiencing rude behavior like shouted, yelling and forced to be sworn during their daily working. A big percentage denied among respondents (48%, n=518) but rest of all agreed that they are being exposed to such behavior occasionally 34% and sometimes 12% frequently.

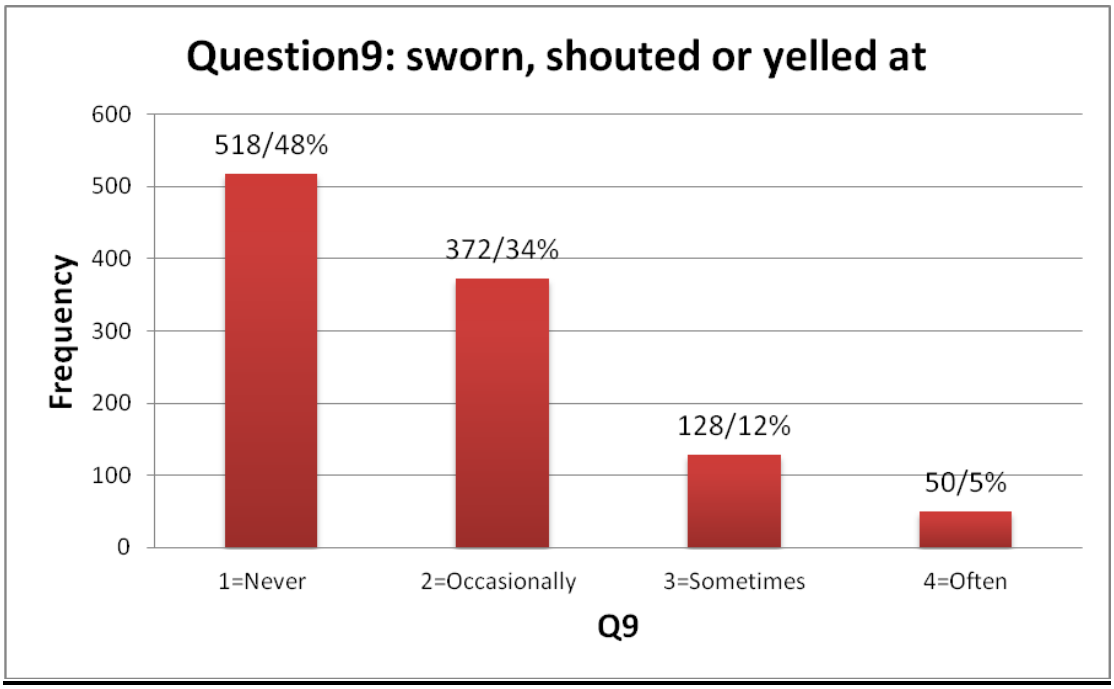


Figure 4.10: Sworn, shouted or yelled at

Question 10: Harshly judged or criticized (n = 1068)

Table No.4.10.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	618	57.4	57.9	57.9
	2	306	28.4	28.7	86.5
	3	109	10.1	10.2	96.7
	4	35	3.2	3.3	100.0
	Total	1068	99.2	100.0	
Missing	System	9	.8		
Total		1077	100.0		

Nine respondents did not answer this question. Table no 4.10 shows that nurses are being exposed to such behavior like being criticized and harshly judged for their work, action or performance. Some of ratio of respondents rejected this situation 57% (n= 618) while some of them agreed that they have an experience of such behaviors occasionally (28%, n= 308), sometimes (10%, n=109) or often (3%, n= 35).

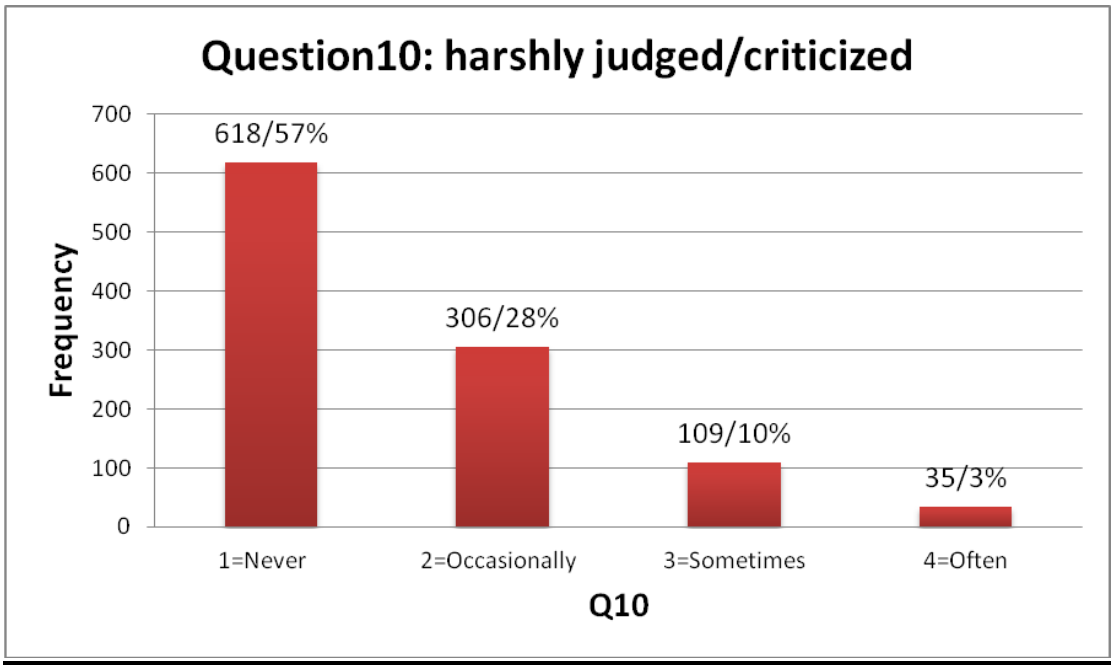


Figure No.4.11: Harshly judged or criticized

Question 11: Ignored or neglected (n = 1067)

Table No.4.11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	634	58.9	59.4	59.4
	2	280	26.0	26.2	85.7
	3	121	11.2	11.3	97.0
	4	32	3.0	3.0	100.0
	Total	1067	99.1	100.0	
Missing	System	10	.9		
Total		1077	100.0		

Ten respondents did not answer this question. Table no.4.11 shows that nurses in UAE government hospitals did experience ignorance and negligence by their colleagues and others. The negligence is faced by some of respondents occasionally (26%, n=280), sometimes (11%, n=121) often (3%, n=32) but the majority did reject this experience (59%, n=634).

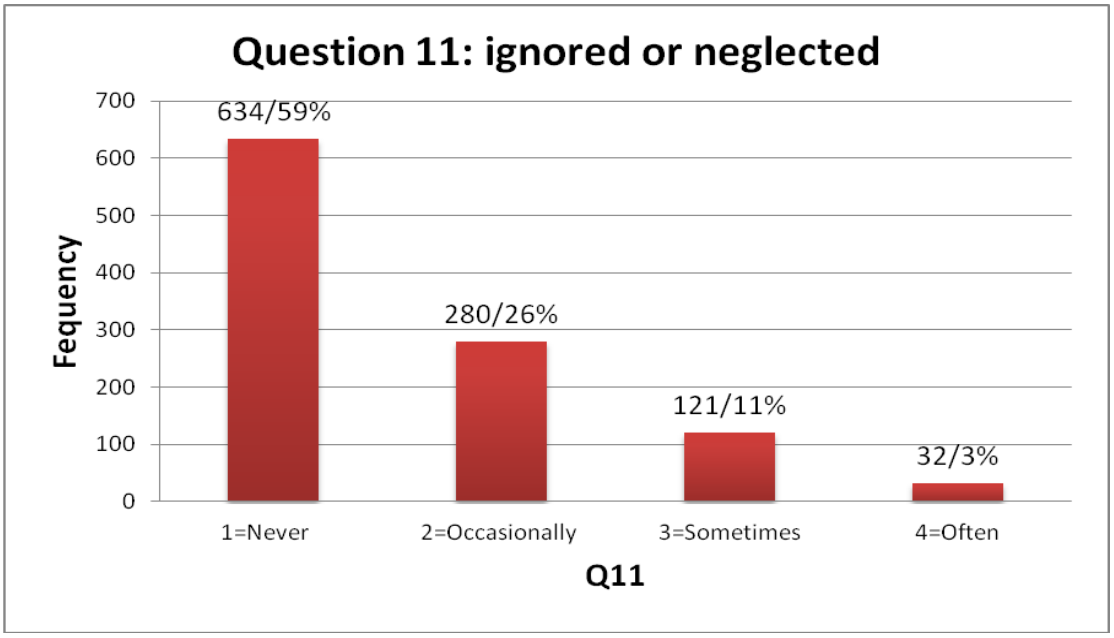


Figure No.4.12: Ignored or neglected

Question 12: Ridiculed or humiliated (n = 1067)

Table No.4.12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	740	68.7	69.4	69.4
	2	226	21.0	21.2	90.5
	3	71	6.6	6.7	97.2
	4	30	2.8	2.8	100.0
	Total	1067	99.1	100.0	
Missing	System	10	.9		
Total		1077	100.0		

Ten respondents did not answer this question. Table No.4.12 the majority of respondents in UAE hospitals agreed with this statement that they haven't been victimized of humiliation and radicalism at their workplaces (69%, n= 740). But some of them did not agree with it occasionally (21%, n=226), sometimes (7%, n=71) and often (3%, n=30).

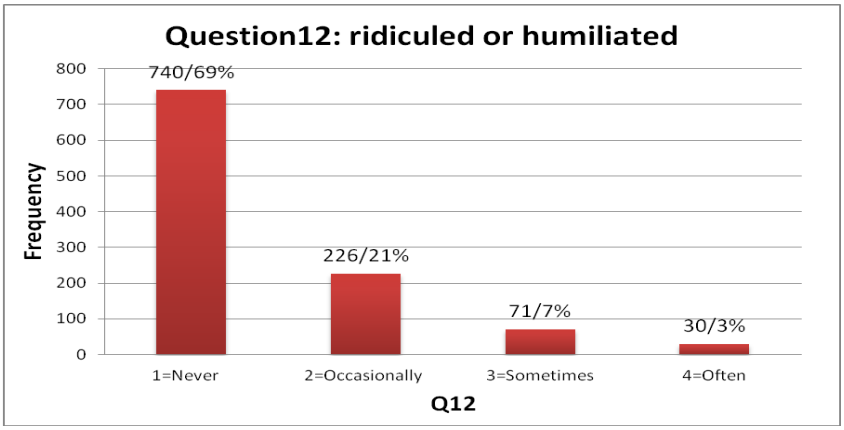


Figure No.4.13 Ridiculed or humiliate

Question 13: Being unfairly treated regarding on / off duty schedule (n = 1068)

Table No.4.13

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	647	60.1	60.6	60.6
	2	305	28.3	28.6	89.1
	3	81	7.5	7.6	96.7
	4	35	3.2	3.3	100.0
	Total	1068	99.2	100.0	
Missing	System	9	.8		
Total		1077	100.0		

Nine respondents did not answer this question. Table no.4.13 shows the majority of respondents disagree with the statement that they were being treated unfair regarding their on and off duty schedules (60%, n=647). But it can be seen that 38% (n=421) of respondents had been the target of such behavior, with 28% (n= 305) reporting occasionally, 7% (n=81) sometimes and 3% (n=35) that they had often been unfairly treated regarding duty schedules.

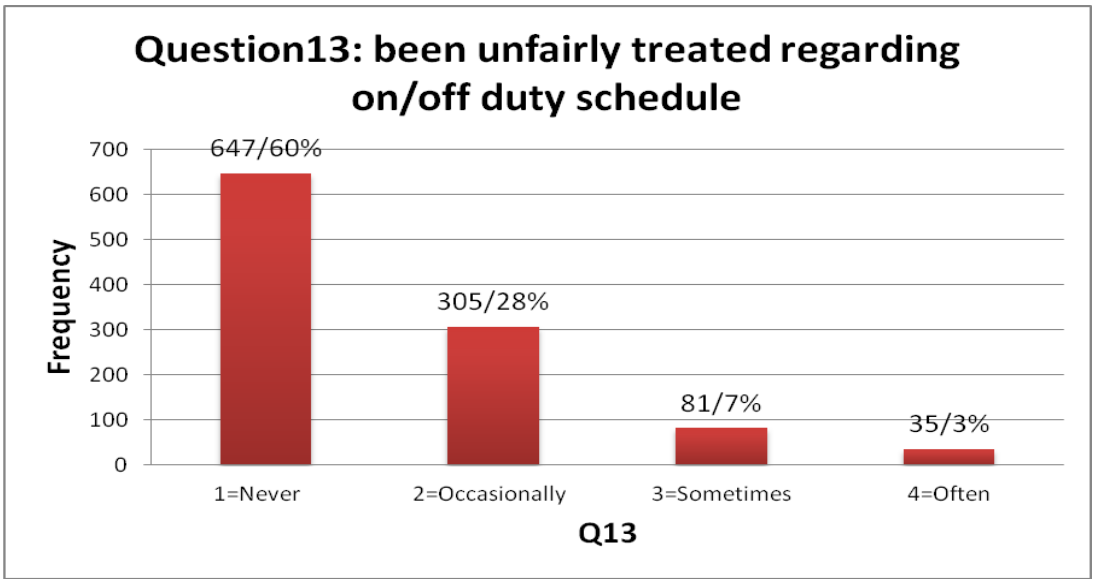


Figure 4.14: Being unfairly treated regarding on / off duty schedule

Question 14: Given unfair work allocation (n = 1068)

Table No.4.14

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	679	63.0	63.6	63.6
	2	280	26.0	26.2	89.8
	3	80	7.4	7.5	97.3
	4	29	2.7	2.7	100.0
	Total	1068	99.2	100.0	
Missing	System	9	.8		
Total		1077	100.0		

Nine respondents did not answer this question. Table no.4.14 shows that high number of nurses working in UAE have not experienced unfairness in giving their work location 63% (n= 679). While some of them do experience that, occasionally (26%, n= 280), sometimes (7%, n= 80) and often (3%, n= 29).

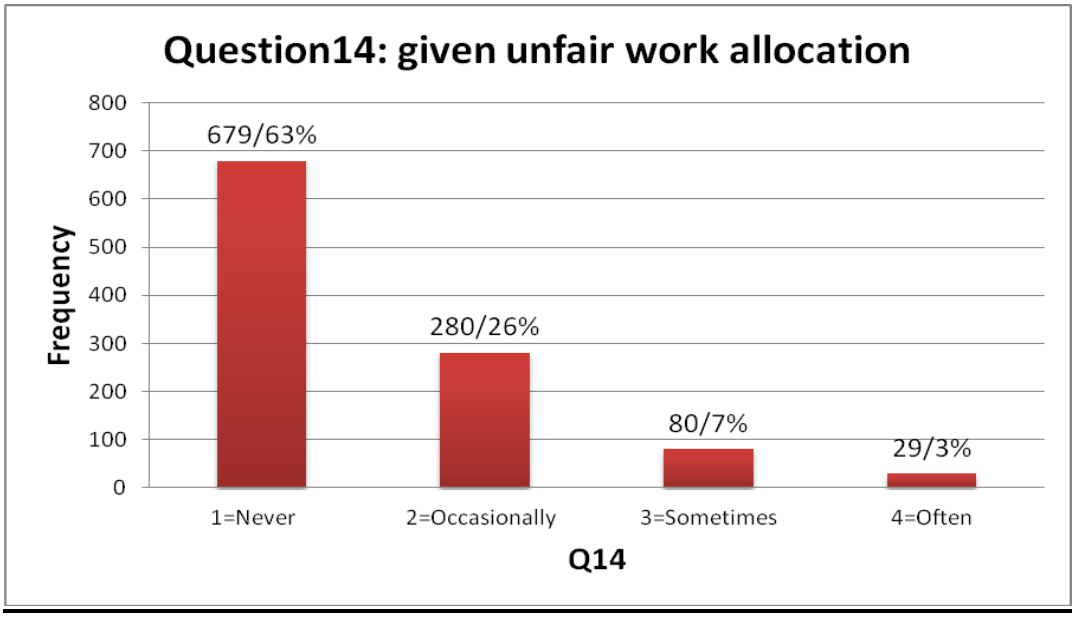


Figure 4.15: Given unfair work allocation

Question 15: Not received acknowledgement for good work (n = 1068)

Table No.4.15

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	559	51.9	52.3	52.3
	2	343	31.8	32.1	84.5
	3	114	10.6	10.7	95.1
	4	52	4.8	4.9	100.0
	Total	1068	99.2	100.0	
Missing	System	9	.8		
Total		1077	100.0		

Nine respondents did not answer this question. Table No.4.15 shows that almost half of respondents (n=509, 48%) feel that they were not being acknowledged for their good work. They feel there was a lack of appreciation and acknowledgement when they perform well. Of the total number of respondents, 32% (n= 343) reported that it had occasionally happened, 11% (n=114) sometimes and 5% (n=52) often.

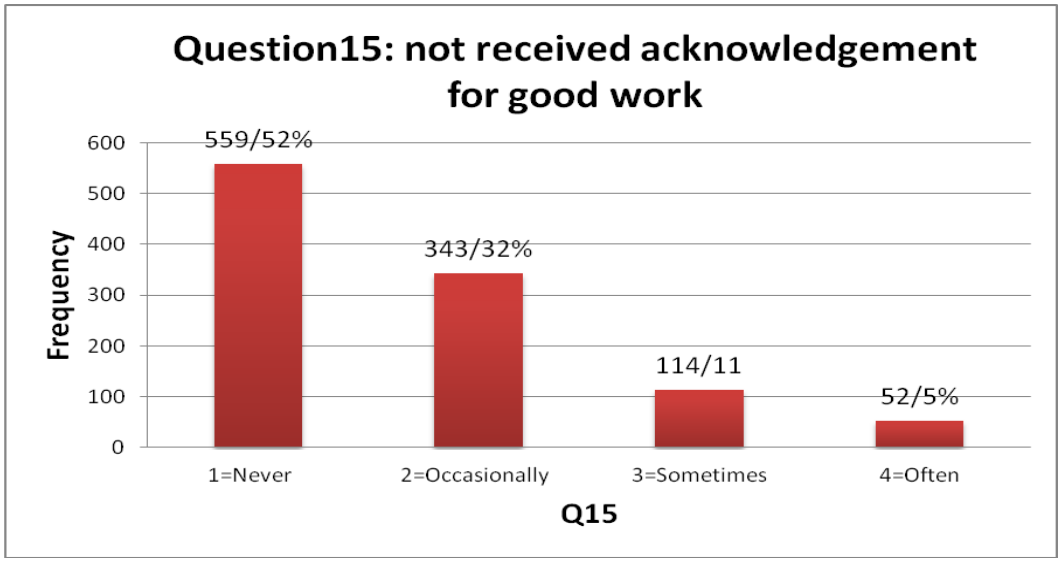


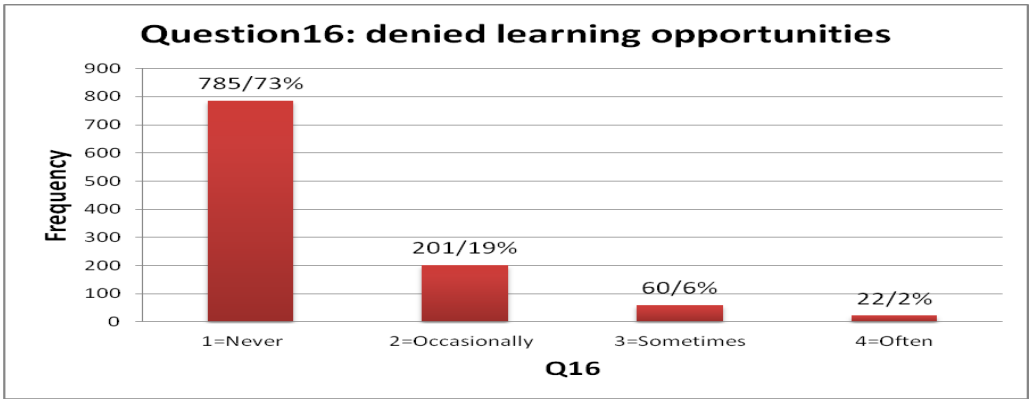
Figure No.4.16 Not received acknowledgement for good work

Question 16: Denied learning opportunities (n = 1068)

Table No.4.16

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	785	72.9	73.5	73.5
	2	201	18.7	18.8	92.3
	3	60	5.6	5.6	97.9
	4	22	2.0	2.1	100.0
	Total	1068	99.2	100.0	
Missing	System	9	.8		
Total		1077	100.0		

Nine respondents did not answer this question. Table No.4.16 shows the major number of respondents accepts the validity of the statement that their work is not being grown and they are being denied of learning opportunities 73% (n=785), and only 19% (n=201) reported that it had occurred occasionally, 6% (n= 60) sometimes and often 2% (n= 22).



FigureNo.4.17: Denied learning opportunities

Question 17: Had a racist remark directed at me (n = 1068)

Table No.4.17

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	817	75.9	76.5	76.5
	2	187	17.4	17.5	94.0
	3	45	4.2	4.2	98.2
	4	19	1.8	1.8	100.0
	Total	1068	99.2	100.0	
Missing	System	9	.8		
Total		1077	100.0		

Nine respondents did not answer this question. Table No.4.17 shows that the majority 76% (n= 817) had never experienced a racist remark. Of the remaining 23%, 17% (n=187) occasionally, 4% (n= 45) sometimes and 2% (n= 19) had often experienced a racist remark.

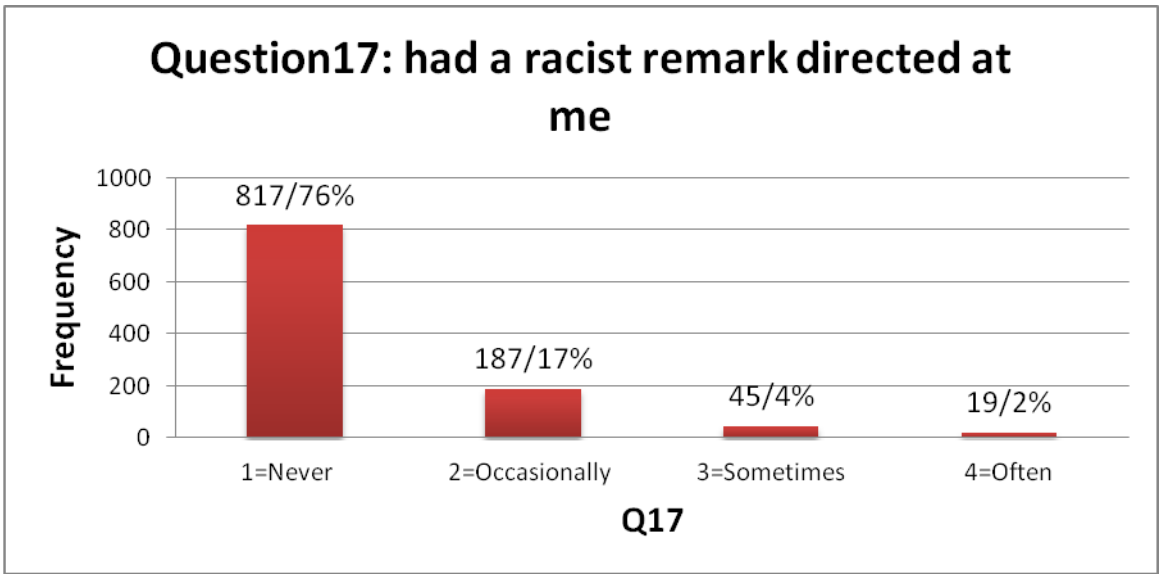


Figure No.4.18: Had a racist remark directed at me

Question 18: Not being treated as part of the multidisciplinary team (n = 1068)

Table No.4.18

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	823	76.4	77.1	77.1
	2	181	16.8	16.9	94.0
	3	46	4.3	4.3	98.3
	4	18	1.7	1.7	100.0
	Total	1068	99.2	100.0	
Missing	System	9	.8		
Total		1077	100.0		

Nine respondents did not answer this question. Table No.4.18 shows that the majority 76% (n= 823) of respondent had never experience not being treated as part of the multidisciplinary team. While 23% (n= 245) of them had been targeted by this behavior

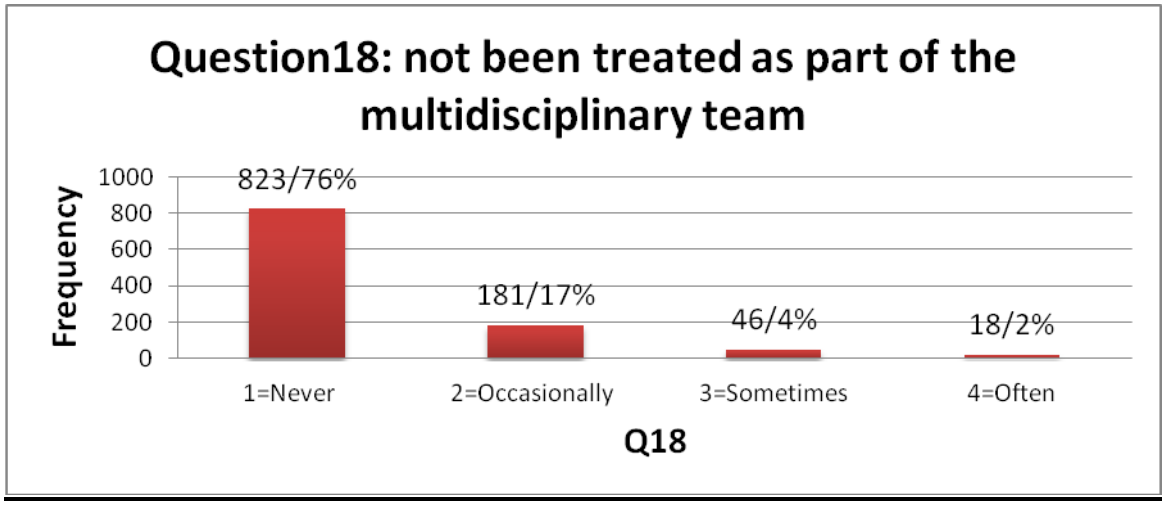


Figure No.4.19: Not being treated as part of the multidisciplinary team

Question 19: Other (n = 0)

Table No 4.19

		Frequency	Percent
Missing	System	1077	100.0

Table No.4.19 shows that none of respondent shared any other kind of lateral violence in this category.

Form and frequency of physical violence (questions 20 – 27)

Table 4.20: Form and frequency of physical violence experienced by nurses

Form of physical violence		Frequency (f)				n
		Never	Occasionally (1 - 2 times)	Sometimes (3–5 times)	Often (> 5 times)	
Q20	pushed or shoved	1034	20	7	3	1064
Q21	Kicked	1049	9	1	5	1064
Q22	slapped or punched	1049	9	1	5	1064
Q23	hit with something	1032	24	4	4	1064
Q24	had a gun or knife pulled on me	1053	7	2	2	1064
Q25	been threatened with physical violence	1023	30	8	3	1064
Q26	had something of mine deliberately damaged	1045	12	5	2	1064

Question 20: Pushed or shoved (n = 1064)

Table 4.20 shows that the majority of the respondents (97%, n= 1034) had never been pushed or shoved in their working areas. A relatively small number (2%, n= 20) of respondents had occasionally been pushed or shoved.

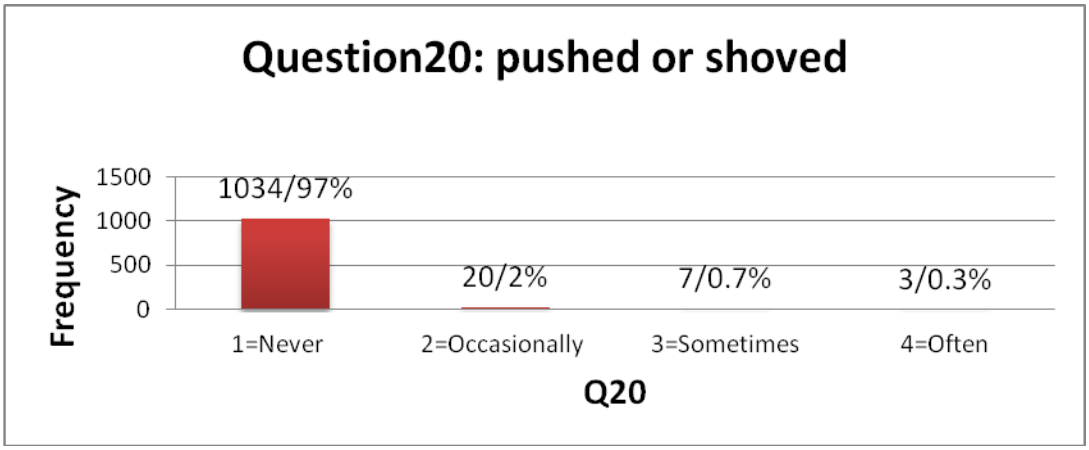


Figure No.4.20: Pushed or shoved

Question 21: Kicked (n = 1064)

According to table 4.20, 98% (n= 1049) of respondents had never been kicked.

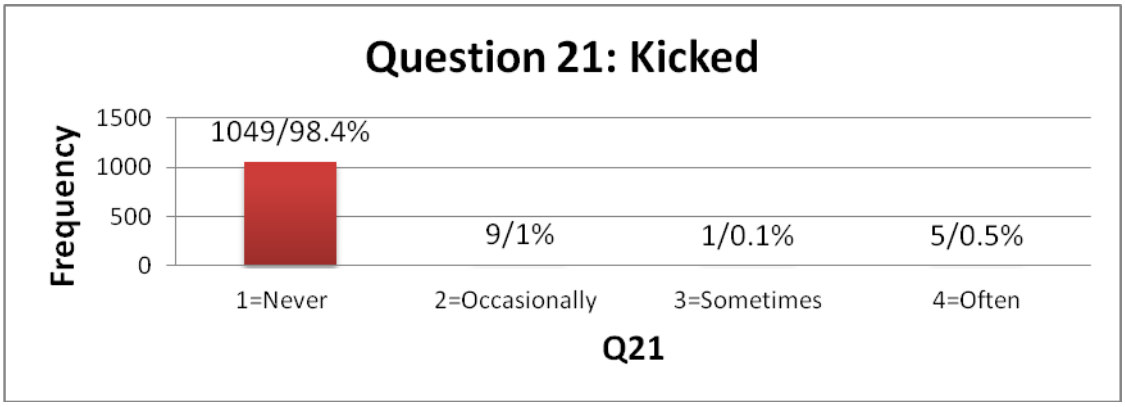


Figure No.4.21: Kicked

Question 22: Slapped or punched (n = 1064)

Once more, a majority (98%, n= 1049) of respondents had never been Slapped or punched (table 4.20).

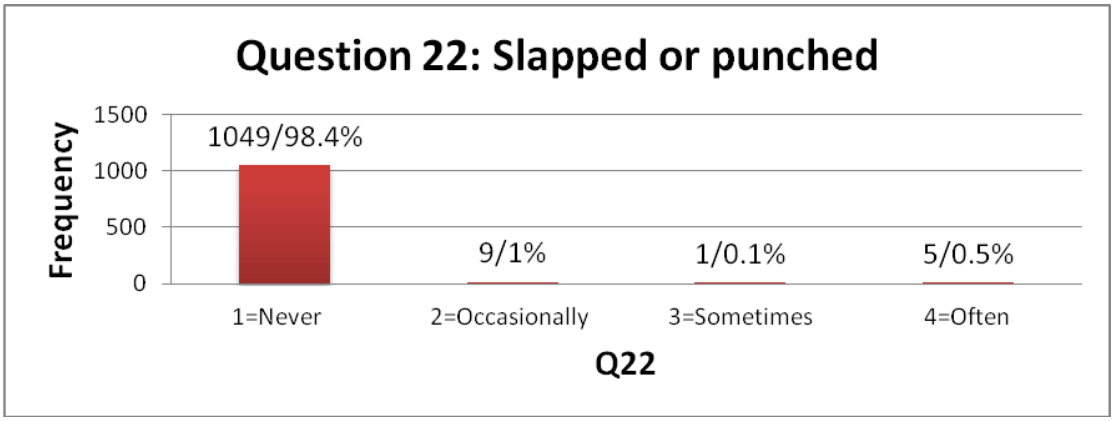


Figure No.4.22: Slapped or punched

Question 23: Hit with something (n 1064)

Again, table 4.20 shows the majority of respondents (97%, n= 1032) have never been hit with something in their working area.

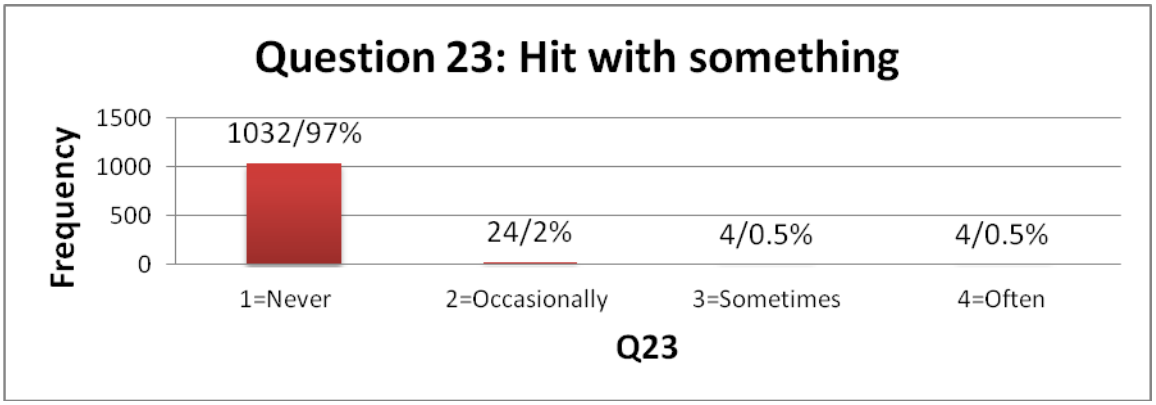


Figure No.4.23: Hit with something

Question 24: Had a gun or knife pulled on me (n = 1064)

As Table 4.20 shows 99% (n= 1053) of respondents had ever been experience a gun or knife pulled on them in their working area.

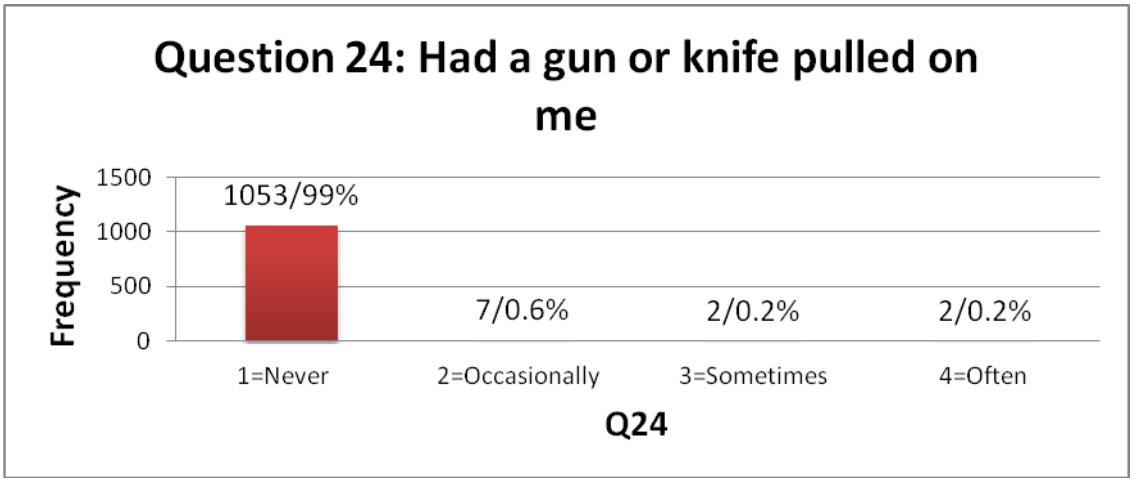


Figure No.4.24: Had a gun or knife pulled on me

Question 25: Threatened with physical violence (n = 1064)

Table 4.20 shows that the majority (96%, n= 1023) of respondents had never been threatened with physical violence. However, 5% had been threatened once or more with physical violence.

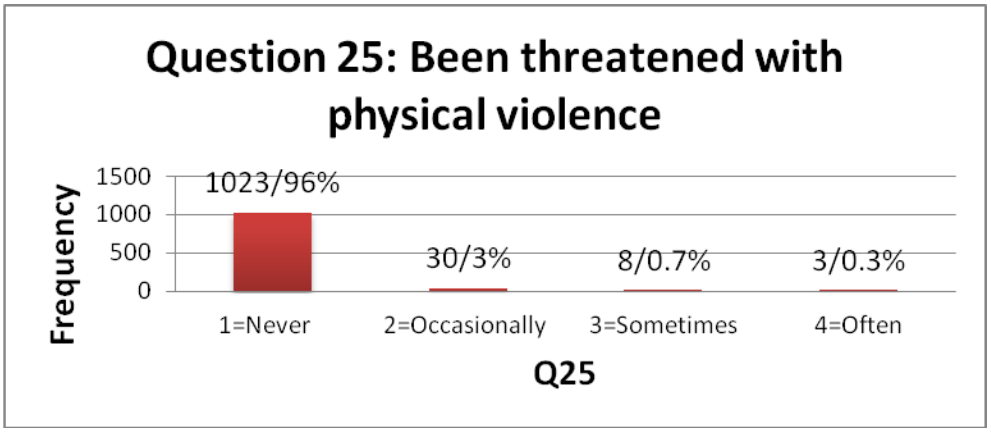


Figure No.4.25: Threatened with physical violence

Question 26: Had something of mine deliberately damaged (n = 1064)

Table 4.20 shows 98% (n= 1045) of respondents never had something of theirs deliberately damaged.

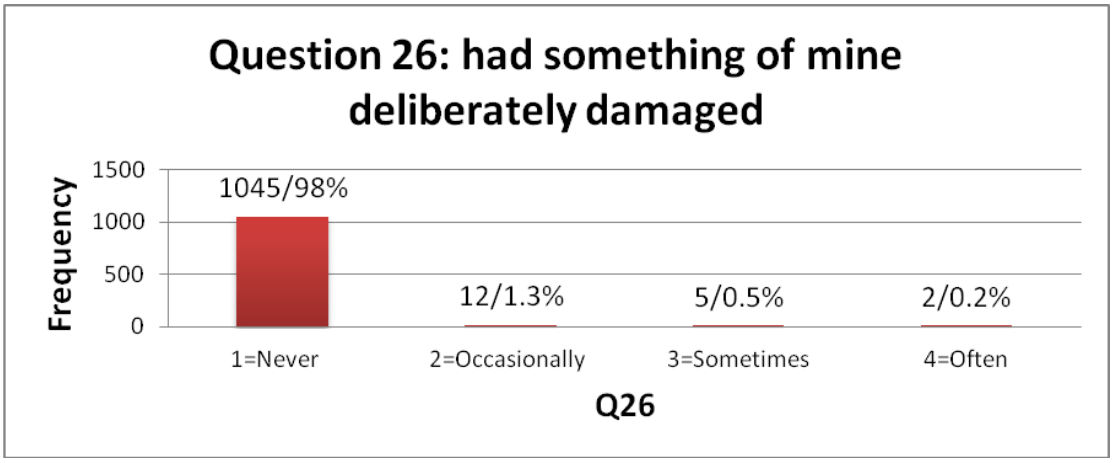


Figure No.4.26: Had something of mine deliberately damaged

Question 27: Other (n = 0)

No one of respondents answered this question.

Table No.4.21

		Frequency	Percent
Missing	System	1077	100.0

Form and frequency of sexual abuse (questions 28 - 32)

Table 4.22: Form and frequency of sexual abuse experienced by nurses

Form of sexual abuse		Frequency (f)				n
		Never	Occasionally (1 - 2 times)	Sometimes (3–5 times)	Often (> 5 times)	
Q28	**Inappropriately touched**	1027	26	8	3	1064
Q29	**Threatened with sexual assault**	1054	6	1	3	1064
Q30	**Sexist remarks**	1048	9	4	3	1064
Q31	**Suggestive Sexual gestures**	1046	11	5	2	1064
Q32	**Request for intimate sexual contact**	1050	8	3	3	1064

Question 28: Inappropriately touched (n = 1064)

Table 4.22 shows that 97% (1027) of respondents had never been inappropriately touched.

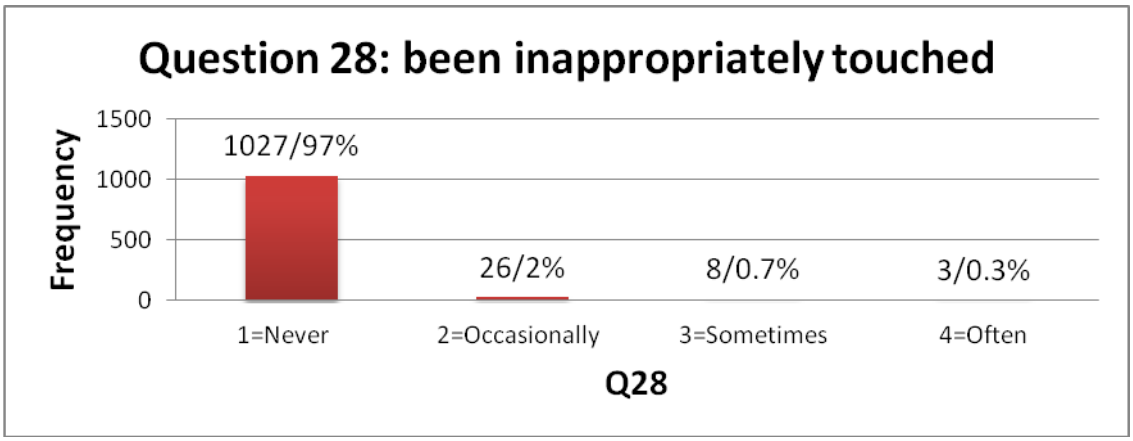


Figure No.4.27: Inappropriately touched

Question 29: Threatened with sexual assault (n = 1064)

99% (n=1054) of respondents never experience such behavior.

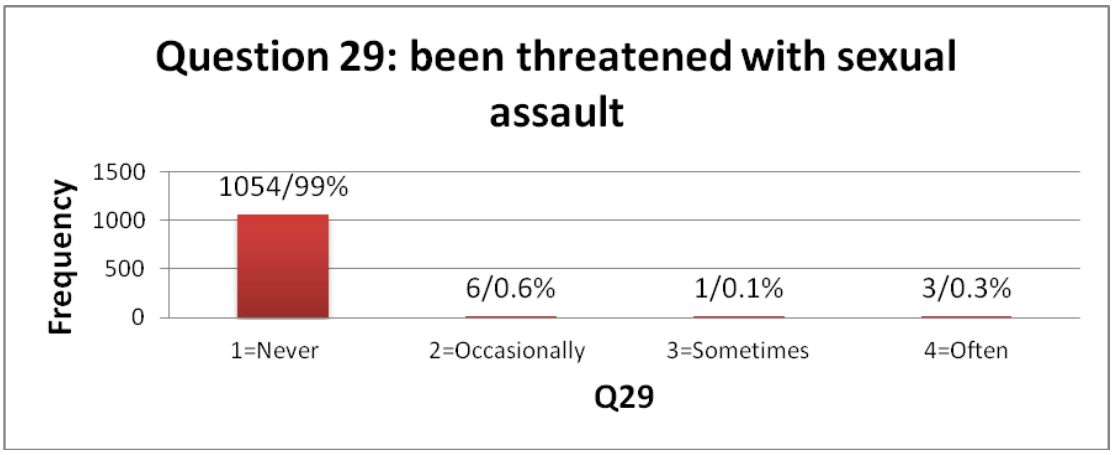


Figure No.4.28: Threatened with sexual assault

Question 30: Sexist remarks (n = 1064)

97% (n= 1048) of respondents had ever been experience such behavior.

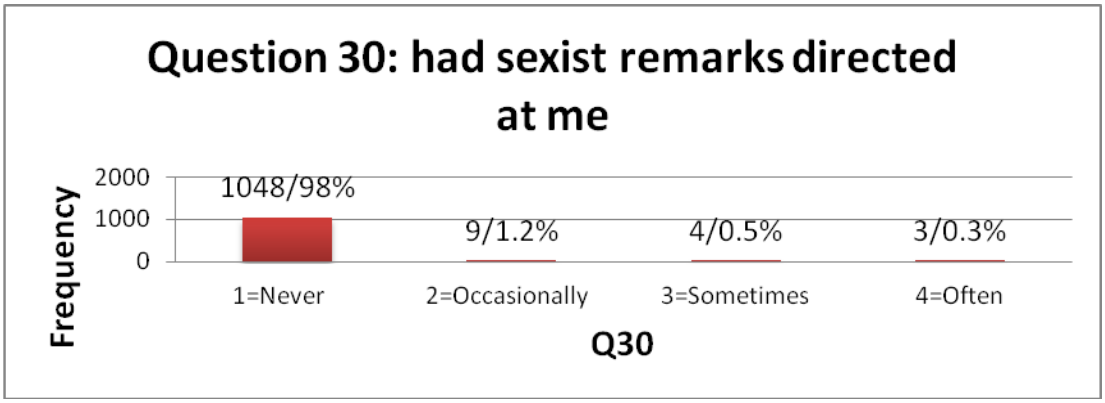


Figure No.4.29: Sexist remarks

Question 31: Suggestive sexual gestures (n = 1064)

98% (n= 1046) of respondents had ever been experience such behavior.

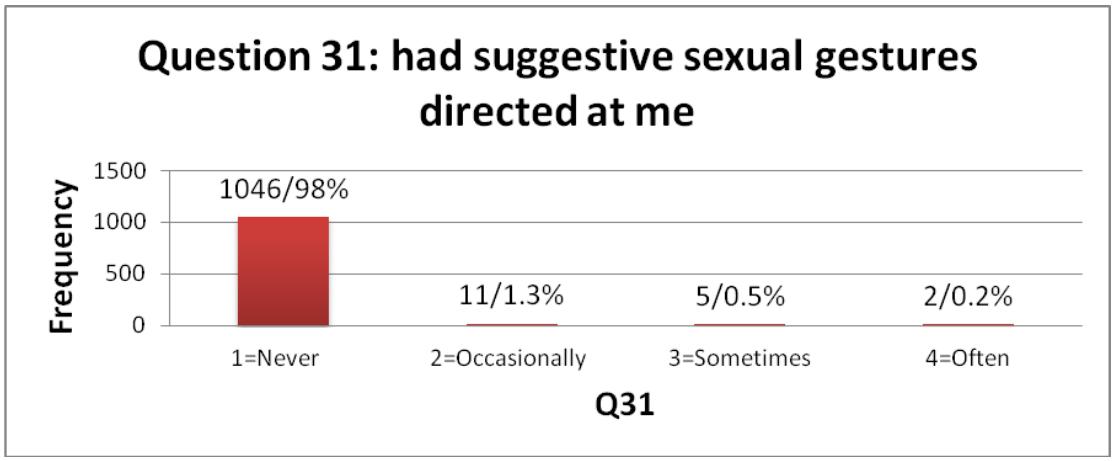


Figure No.4.30: Suggestive sexual gestures

Question 32: Request for intimate sexual contact (n = 1064)

97.5% (n= 1050) of respondents had ever been experience such behavior.

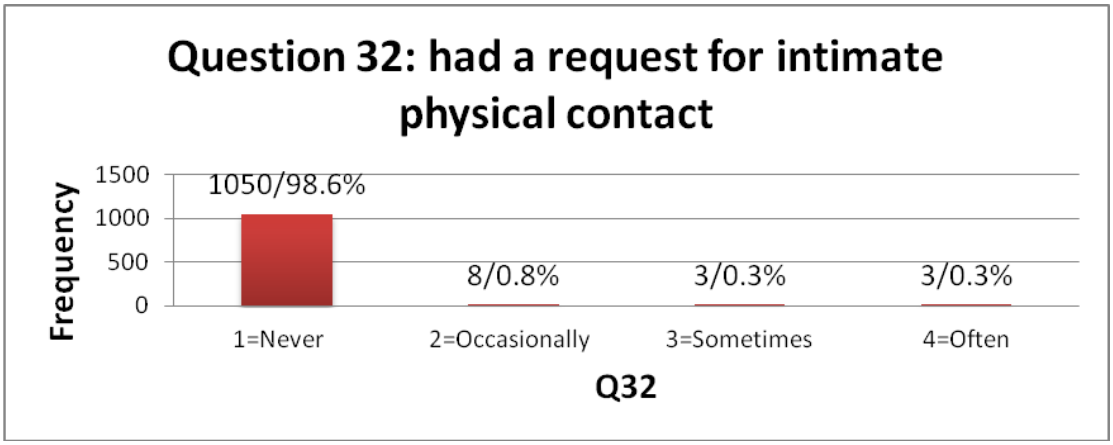


Figure No.4.31: Request for intimate sexual contact

Question 33: Other (n = 0)

No respondents answered this question.

Table No 4.23

		Frequency	Percent
Missing	System	1077	100.0

4.3.3 Section C: Data related to nonphysical violence only

In this section, three objectives of the research study are presented:

• Distinguish between the prevalence of nonphysical violence in hospital and community settings.

• Reveal the perpetrators of nonphysical violence.

• Identify type and frequency of consequences of nonphysical violence.

Questions 34-35 shows the frequency of workplace violence occurred in hospitals and community.

Questions 36-45 identify the perpetrators of nonphysical violence.

Questions 46-50 investigate the effect of workplace violence on the respondents work performance.

Questions 51-58 inspect the personal consequences of workplace violence.

Question 34: Hospitals (n = 1062)

Fifteen respondents did not answer this question. Figure No.4.32shows 76% (n= 805) from respondents have never been expose to workplace violence. Though 24% (n= 257) of respondents experienced workplace violence occasionally (18%, n= 194), sometimes (4%, n= 36), or often (2%, n= 27) in hospital settings.

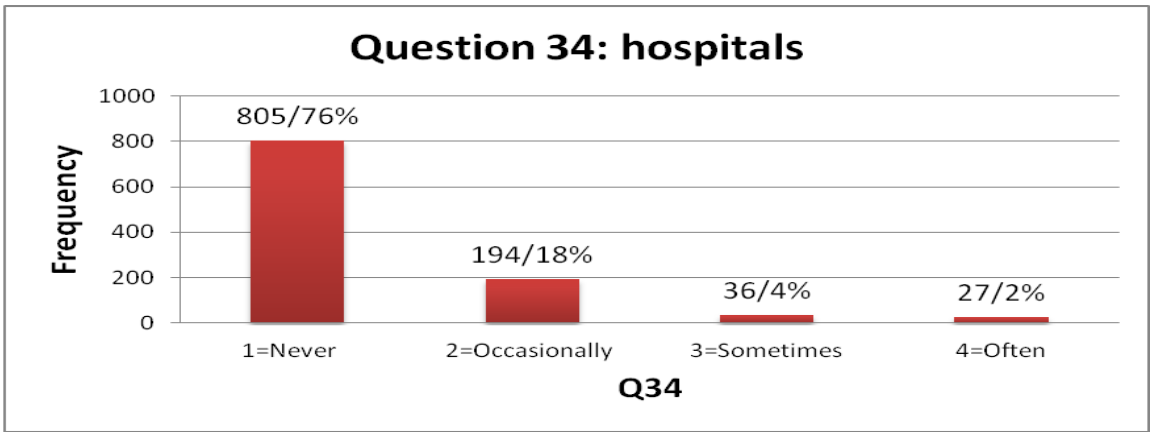


Figure No.4.32: Hospitals

Question 35: Community settings, e.g. day hospitals / clinics (n = 1062)

Fifteen respondents did not answer this question. Figure No.4.33 shows that the majority of respondents (86%, n= 916) had never experienced workplace violence in community settings. Of the remaining respondents, 11% (n=119) had occasionally, 2% (n= 21) sometimes and 1% (n=6) often experience workplace violence in community settings.

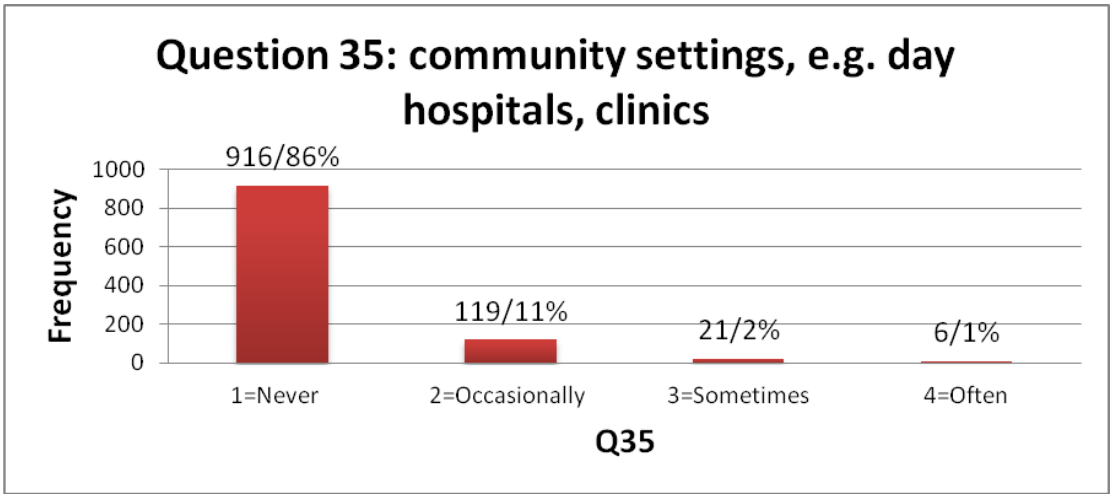


Figure No.4.33: Community settings

Perpetrators of non-physical violence (questions 36 – 45)

Question 36: Patients (n = 1063)

Table no.4.24

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	607	56.4	57.1	57.1
	2	339	31.5	31.9	89.0
	3	76	7.1	7.1	96.1
	4	41	3.8	3.9	100.0
	Total	1063	98.7	100.0	
Missing	System	14	1.3		
Total		1077	100.0		

Fourteen respondents did not answer this question. Table no.4.24 shows that 57% (n= 607) have not been experience any intimidation or verbal abuse in their working area. Although 43% (n= 456) of respondents had experienced workplace violence from patients occasionally (32%, n= 339) , sometimes (7%, n= 76) , or often (4%, n= 41).

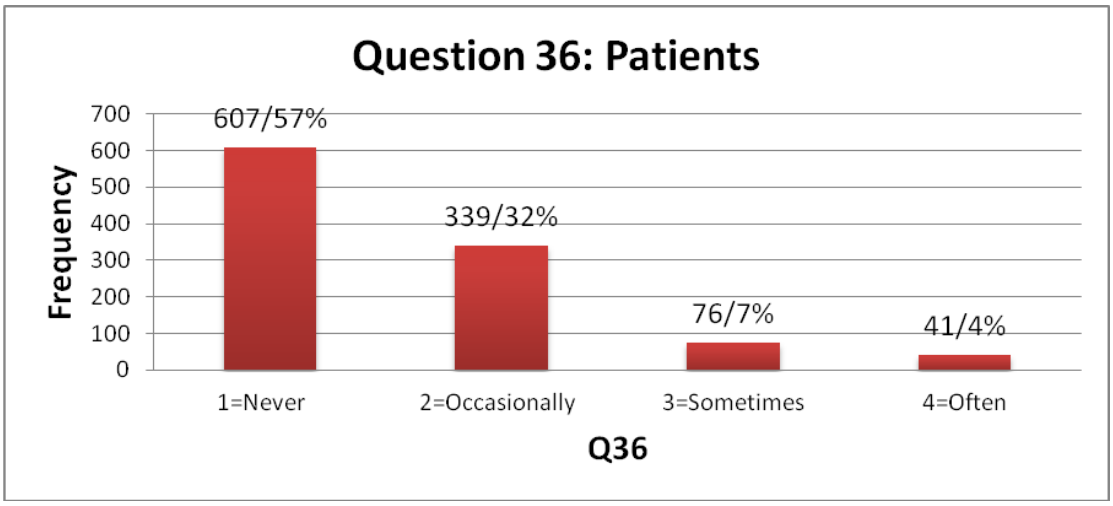


Figure No.4.34: Patients

Question 37: Doctors (n = 1062)

Table no.4.25

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	691	64.2	65.1	65.1
	2	301	27.9	28.3	93.4
	3	54	5.0	5.1	98.5
	4	16	1.5	1.5	100.0
	Total	1062	98.6	100.0	
Missing	System	15	1.4		
Total		1077	100.0		

Fifteen respondents did not answer this question .Table no.4.25 shows that the majority of 65% (n= 691) of respondents had never experienced workplace violence from doctors.

while 30% of respondents had experience it from doctors, occasionally 28% (n= 301) , sometimes 5% (n= 54) , or often 2% (n=16).

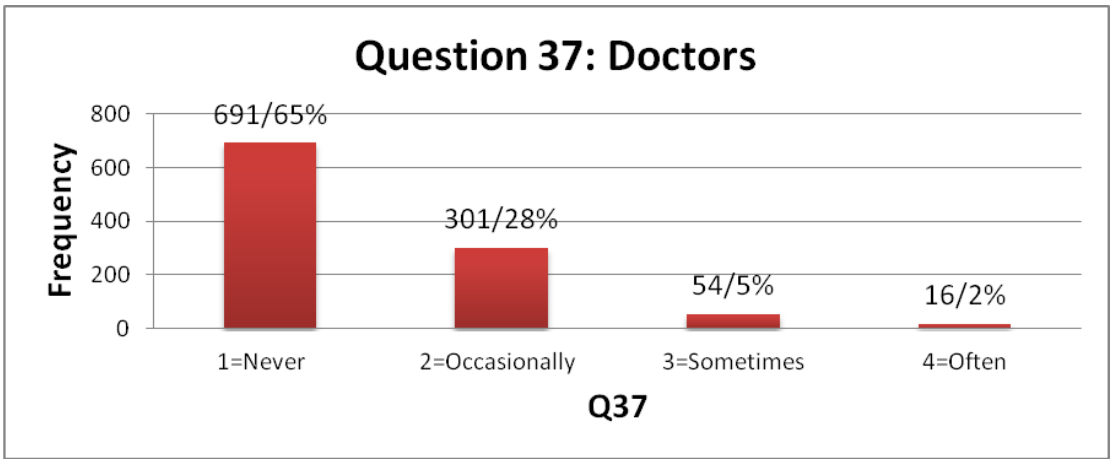


Figure No.4.35: Doctors

Question 38: Patients' relatives or friends (n = 1063)

Table no.4. 26

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	544	50.5	51.2	51.2
	2	381	35.4	35.8	87.0
	3	96	8.9	9.0	96.0
	4	42	3.9	4.0	100.0
	Total	1063	98.7	100.0	
Missing	System	14	1.3		
Total		1077	100.0		

Fourteen respondents did not answer this question. Table no.4.26 shows that 51% (n= 544) had never been experienced workplace violence from patients' relatives and friends. Remaining respondents, 36% (n= 381) occasionally, 9% (n= 96) sometimes and 4% (n=42) had often experienced violence from patients' relatives and friends.

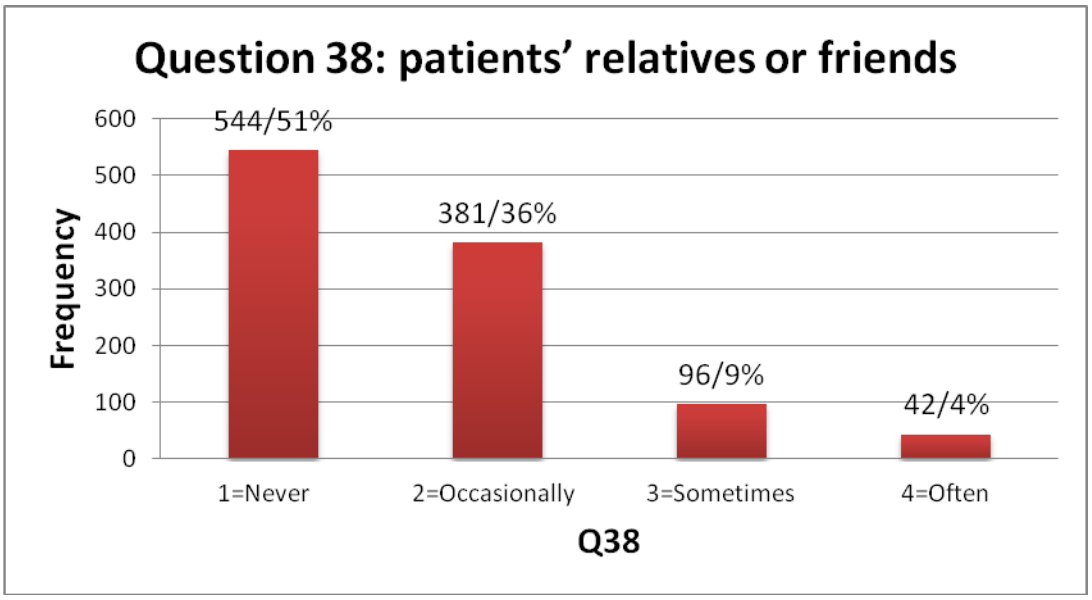


Figure No.4.36: Patients' relatives or friends

Question 39: Matrons / nurse managers (n = 1063)

Table no.4.27

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	831	77.2	78.2	78.2
	2	182	16.9	17.1	95.3
	3	37	3.4	3.5	98.8
	4	13	1.2	1.2	100.0
	Total	1063	98.7	100.0	
Missing	System	14	1.3		
Total		1077	100.0		

Fourteen respondents did not answer this question. Table no.4.27 shows that 78% (n= 831) respondents had never experience violence from matrons or nurse mangers. Whereas 22% (n= 232) had experienced violence from them.

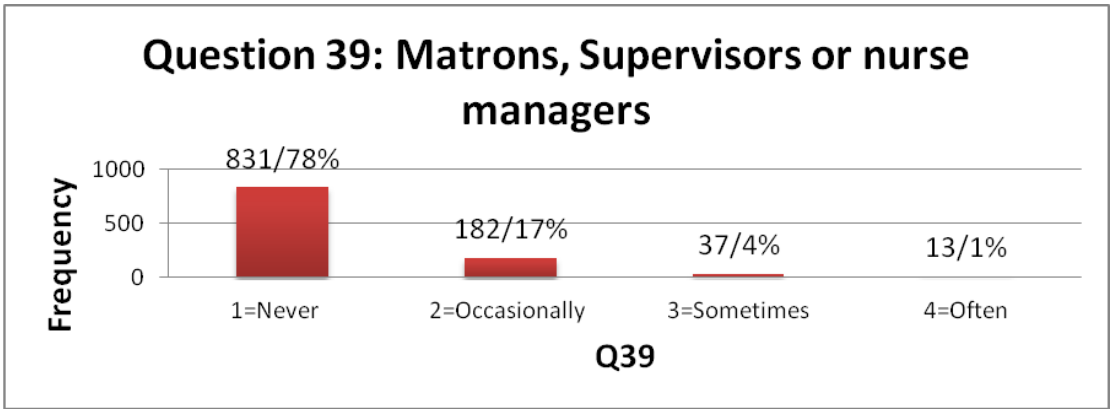


Figure No.4.37: Matrons / nurse managers

Question 40: Registered nurses (n = 1063)

Table no.4. 28

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	877	81.4	82.5	82.5
	2	151	14.0	14.2	96.7
	3	28	2.6	2.6	99.3
	4	7	.6	.7	100.0
	Total	1063	98.7	100.0	
Missing	System	14	1.3		
Total		1077	100.0		

Fourteen respondents did not answer this question. Table no 4.28 shows that 82% (n= 877) of respondents had never been experienced workplace violence from registered nurses. Nevertheless, the remaining respondents had experienced violence from them, occasionally 14% (n= 151), sometimes 3% (n= 28) m and often 1% (n=7).

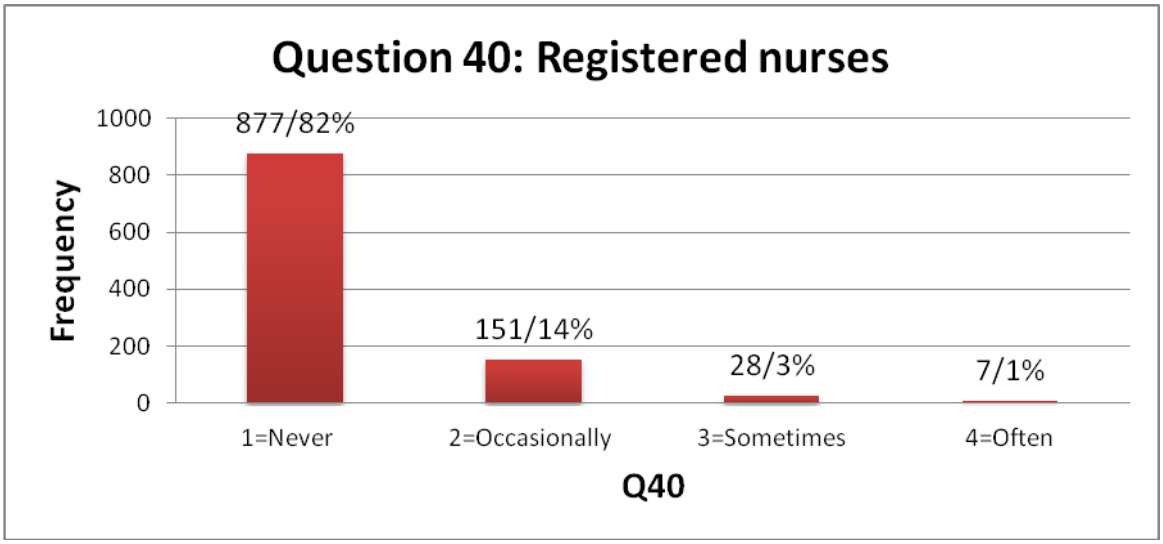


Figure No.4.38: Registered nurses

Question 41: Staff nurses (n = 1062)

Table no.4.29

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	902	83.8	84.9	84.9
	2	132	12.3	12.4	97.4
	3	23	2.1	2.2	99.5
	4	5	.5	.5	100.0
	Total	1062	98.6	100.0	
Missing	System	15	1.4		
Total		1077	100.0		

Fifteen respondents did not answer this question .Table no.4.29 shows that 85% (n= 902) of respondents had never been subjected to workplace violence from registered nurses. The remaining respondents 12% (n= 132) occasionally, 2% (n=23) sometimes and 1% (n=5) had often experience it.

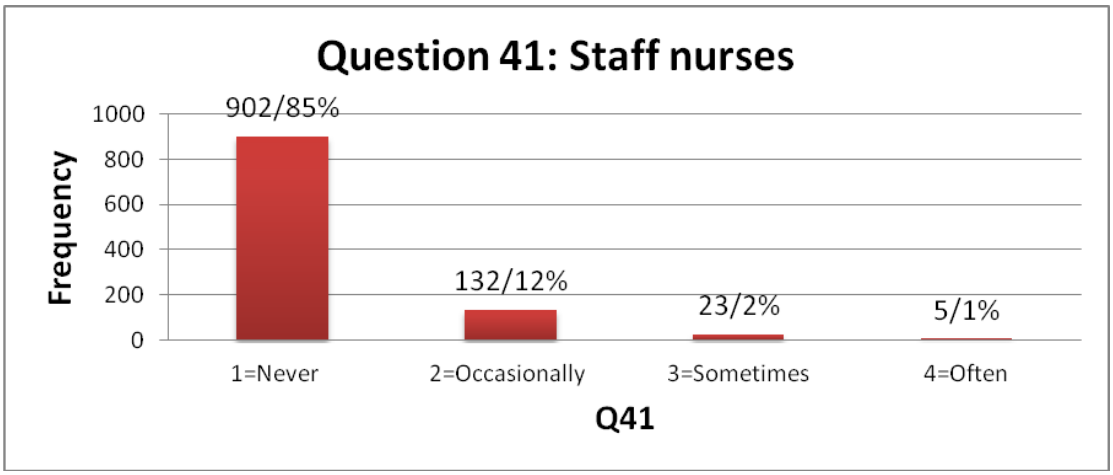


Figure No.4.39: Staff nurses

Question 42: Assistant nurses (n = 1063)

Table no.4. 30

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	967	89.8	91.0	91.0
	2	81	7.5	7.6	98.6
	3	11	1.0	1.0	99.6
	4	4	.4	.4	100.0
	Total	1063	98.7	100.0	
Missing	System	14	1.3		
Total		1077	100.0		

Fourteen respondents did not answer this question. Table no.4.30 shows the majority of respondents (91%, n=967) had never been exposure to such violence from Assistant nurses. The remaining 9% had experience of it.

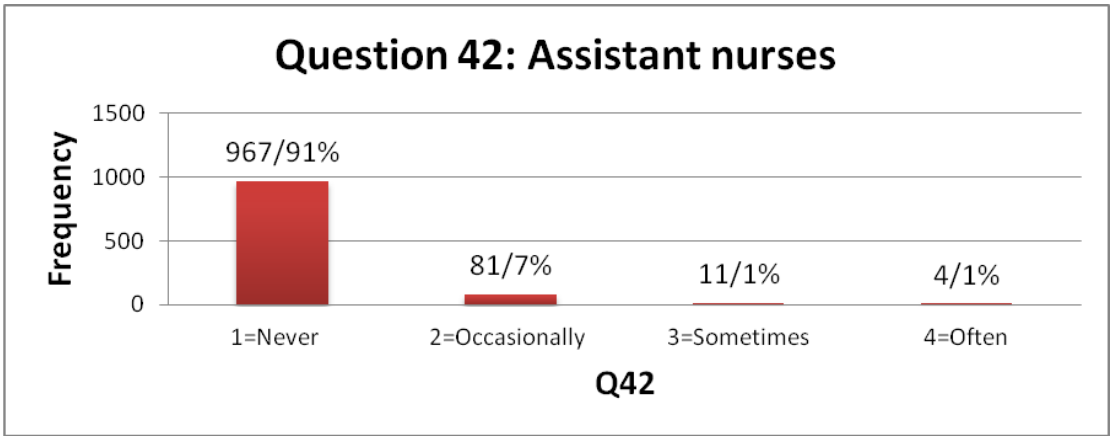


Figure No.4.40: Assistant nurses

Question 43: Administrative staff (n = 1063)

Table no.4.31

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	958	89.0	90.1	90.1
	2	84	7.8	7.9	98.0
	3	14	1.3	1.3	99.3
	4	7	.6	.7	100.0
	Total	1063	98.7	100.0	
Missing	System	14	1.3		
Total		1077	100.0		

Fourteen respondents did not answer this question. Table no.4.31 shows that out of 100% , 90% (n=958) of respondents had never experienced violence from administrative staff and the remaining 10% did experience it.

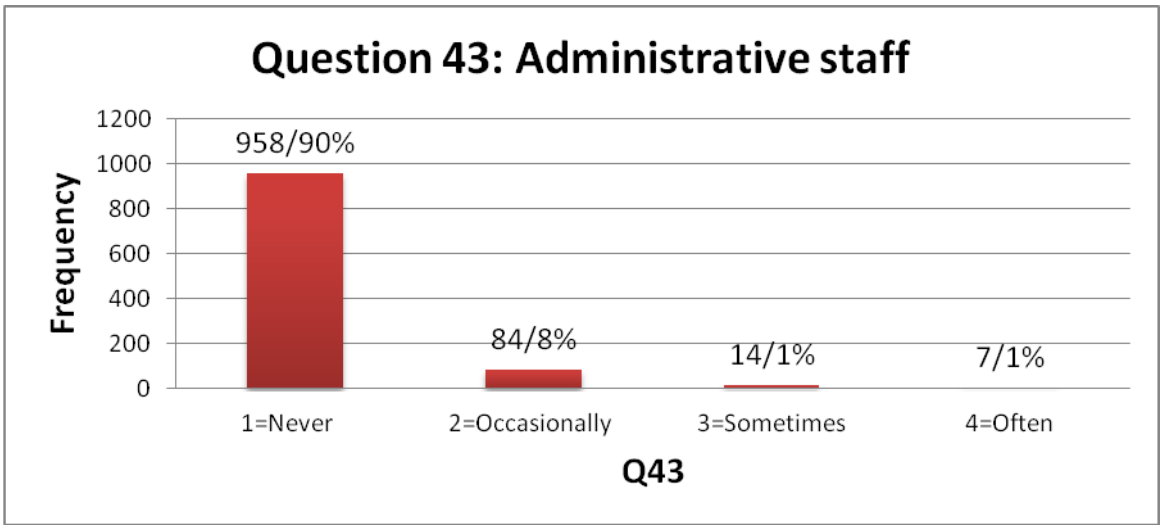


Figure No.4.41: Administrative staff

Question 44: Housekeeping staff (n = 1063)

Table no.4.32

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	956	88.8	89.9	89.9
	2	92	8.5	8.7	98.6
	3	11	1.0	1.0	99.6
	4	4	.4	.4	100.0
	Total	1063	98.7	100.0	
Missing	System	14	1.3		
Total		1077	100.0		

Fourteen respondents did not answer this question. Table no 4.32 shows the majority of 90% (n=956) had never experienced violence from housekeeping staff. Still 10% had experience such behavior from them.

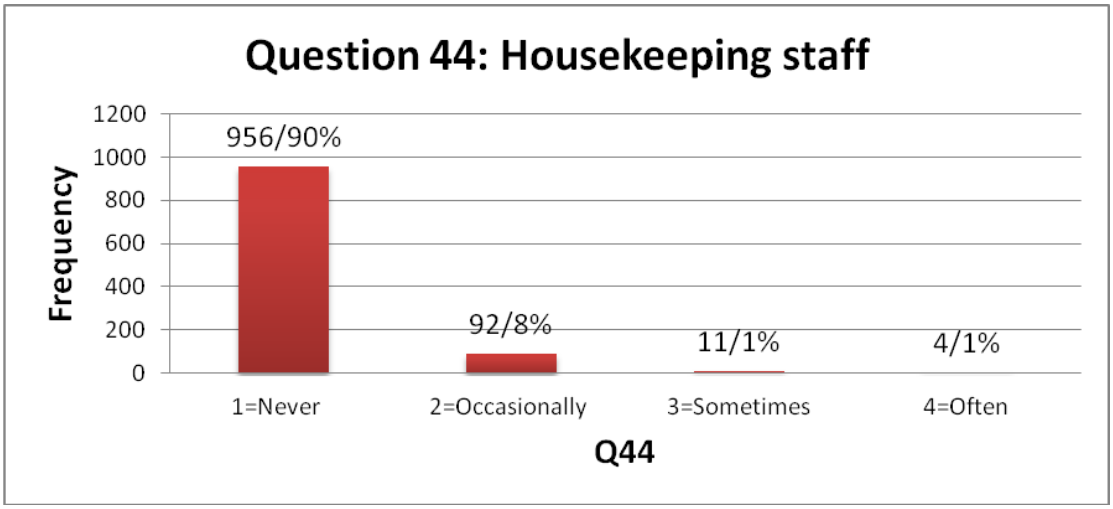


Figure No.4.42: Housekeeping staff

Question 45: Other (n = 0)

No respondents answered this question.

Table n0.4. 33

		Frequency	Percent
Missing	System	1077	100.0

Type and frequency of consequences of nonphysical workplace violence (questions 46 – 57)

Question 46: Made me consider leaving nursing (n = 1058)

Nineteen respondents did not answer this question. Figure 4.34 shows that 79% (n= 840) of the respondents had never consider leaving nursing as a result of workplace violence. Only 21% of them consider this option.

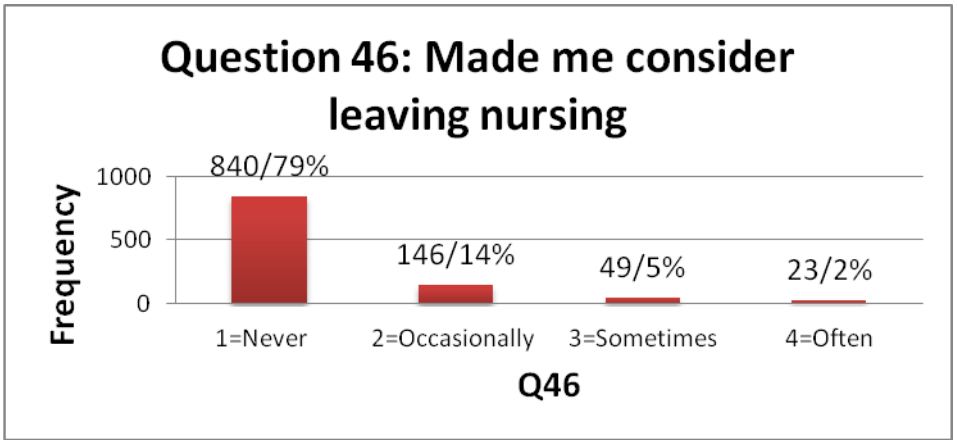


Figure No.4.43: Made me consider leaving nursing

Question 47: Caused me to call in absent (n = 1058)

Nineteen respondents did not answer this question. Figure 4.44 shows that the majority 91% (n=964) of respondents had never consider this course of action. The minority 9% of them consider such action.

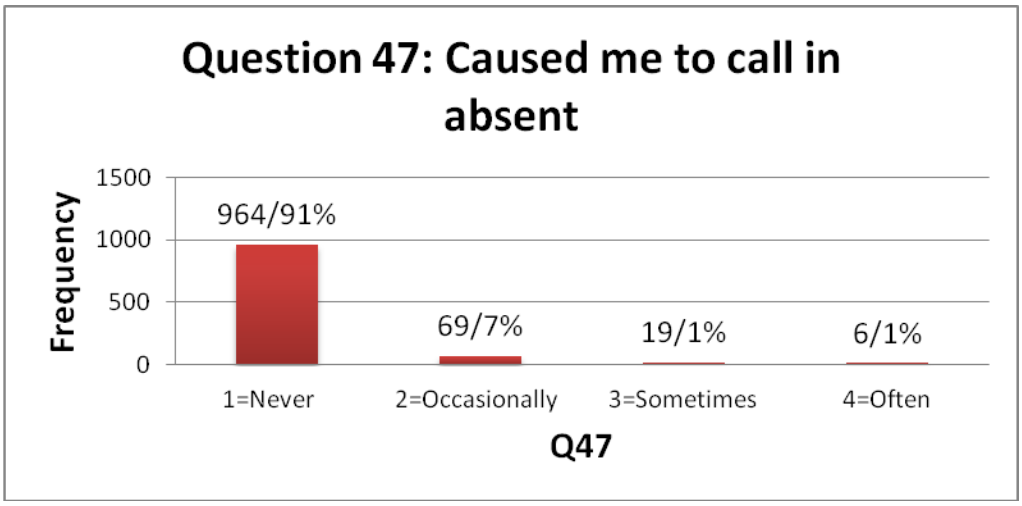


Figure No.4.44: Caused me to call in absent

Question 48: Made me scared to check orders for patient care (n = 1057).

Twenty respondents did not answer this question. Figure 4.45 shows that 89% (946) of respondents had never been scared to check orders for patients care. Of the reminder 11% of them did so.

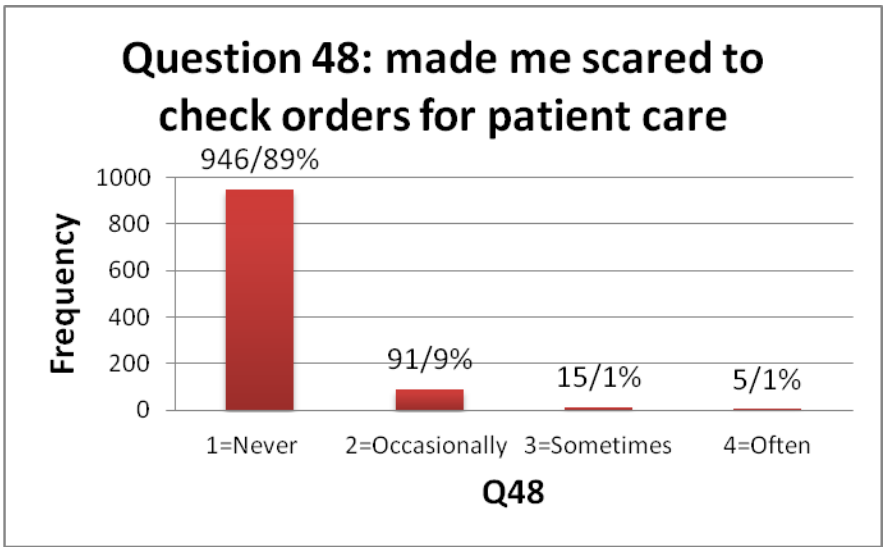


Figure No.4.45: Made me scared to check orders for patient care

Question 49: Negatively affected my standard of patient care (n = 1058).

Nineteen respondents did not answer this question. Figure 4.46 shows that a total of 84% (n=890) of respondents claimed that workplace violence had never affected their standards of patients care. Although the workplace violence had 16% negatively affected the standard of patient care.

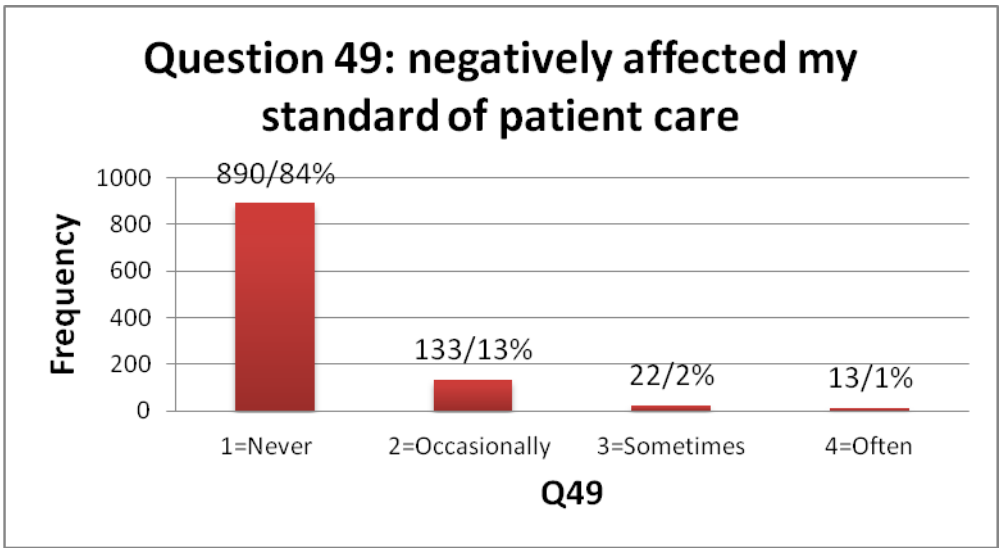


Figure No.4.46: Negatively affected my standard of patient care

Table 4.34: Consequences of workplace violence on the work performance of nurses

Consequence		Frequency (f)				n
		Never	Occasionally (1 - 2 times)	Sometimes (3–5 times)	Often (> 5 times)	
Q 46	Made me consider Leaving nursing	840	146	49	23	1058
Q 47	Caused me to call in absent	964	69	19	6	1058
Q 48	Made me scared to check orders for patient care	946	91	15	5	1057
Q 49	Negatively affected my standard of patient care	890	133	22	13	1058

Question 50: Other (n = 0)

No respondents answered this question.

Table no.4.35

		Frequency	Percent
Missing	System	1077	100.0

Questions 51 to 57 investigated the personal consequences of workplace violence.

Table 4.36: Personal consequences of workplace violence for RN nurses

Consequence		Frequency (f)				n
		Never	Occasionally (1 - 2 times)	Sometimes (3–5 times)	Often (> 5 times)	
Q 51	Anger	539	397	83	38	1057
Q 52	Depression	581	344	98	36	1059
Q 53	Humiliation / embarrassment	647	309	75	27	1058
Q 54	Anxiety / fear	642	336	66	13	1057
Q 55	Confusion	715	272	60	11	1058
Q 56	Feelings of inadequacy	721	271	51	15	1058
Q 57	Negative effect on personal relationships	735	258	48	17	1058

Question 51: Anger (n = 1057).

Twenty respondents did not answer this question. Table 4.36 shows that half of respondents 51% (n=539) had never experienced anger as a result of workplace violence. The remaining half 49% had reacted to workplace violence with anger 38% (n=397) had occasionally , 8% (n=83) sometimes and 3% (n=38)often.

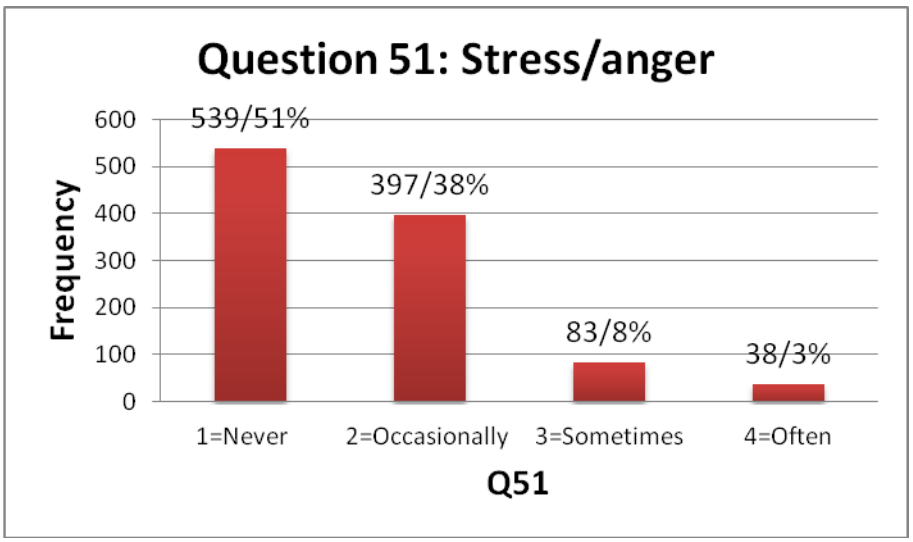


Figure No.4.47: Anger

Question 52: Depression (n = 1059)

Eighteen respondents did not answer this question. According to table 4.36 a majority of 55% (n= 581) of respondents had never experienced depression as a result of workplace violence. The remaining 45% of respondents had experience depression occasionally (32%, n= 344) , sometimes (9%, n= 98), or often (4%, n=36) , as a result of workplace violence.

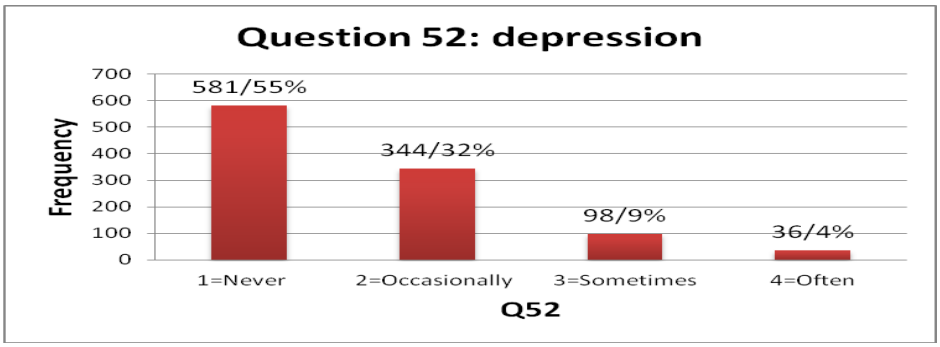


Figure No.4.48: Depression

Question 53: Humiliation / embarrassment (n = 1058)

Nineteen respondents did not answer this question. Table 4.36 shows that the majority 61% (n=647) of respondents had never been humiliated or embarrassed in their working area. The remaining of 39% shows that this had been a common consequence of workplace violence with 29% (n=309)have occasionally, 7% (n= 75) sometimes and 3% (n= 27) often experiencing humiliation and embarrassment.

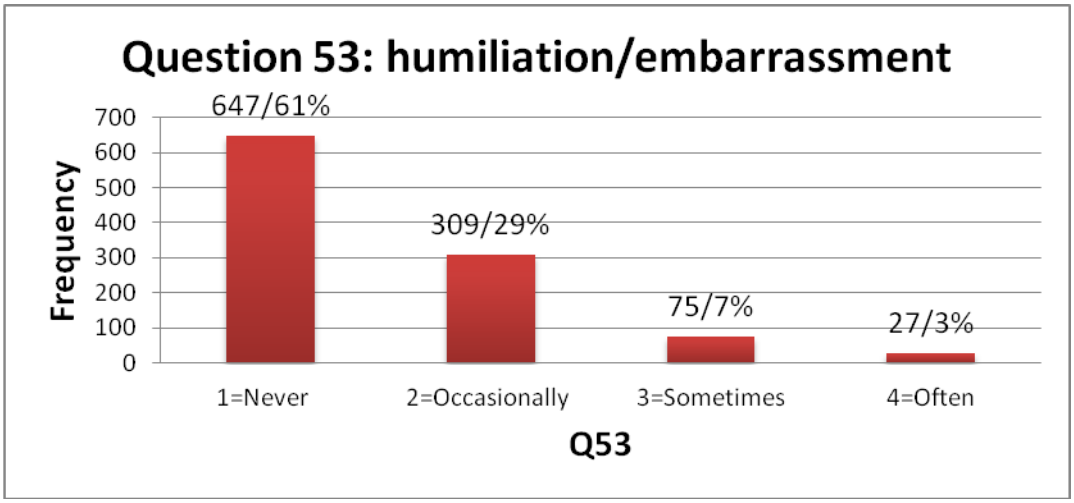


Figure No.4.49: Humiliation / embarrassment

Question 54: Anxiety / fear (n = 1057)

Twenty respondents did not answer this question. Table 4.36 shows that 61% (n=642) of respondents had never been experienced anxiety or fear. However, 39% of respondents

had been experience anxiety and fear accordingly 32% (n= 335) occasionally, 6%(n= 66) sometimes and 1%(n=13) often.

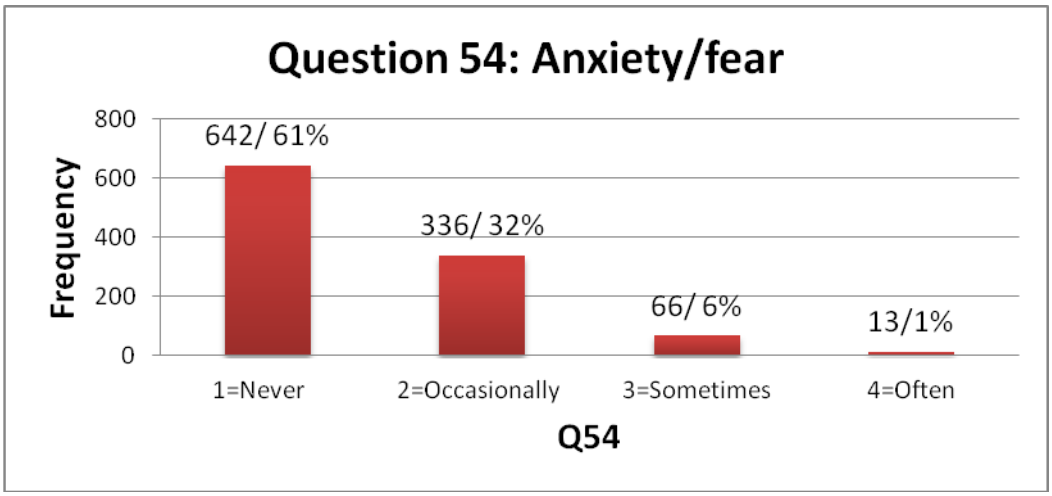


Figure No.4.50: Anxiety / fear

Question 55: Confusion (n = 1058)

Nineteen respondents did not answer this question. Table 4.36 shows that a majority 68% (n=715) of respondent had never been experienced confusion following period of workplace violence . Except 32% of respondents had experience some confusion, occasionally 26% (n= 272), sometimes 5% (n=60) and often 1% (n=11).

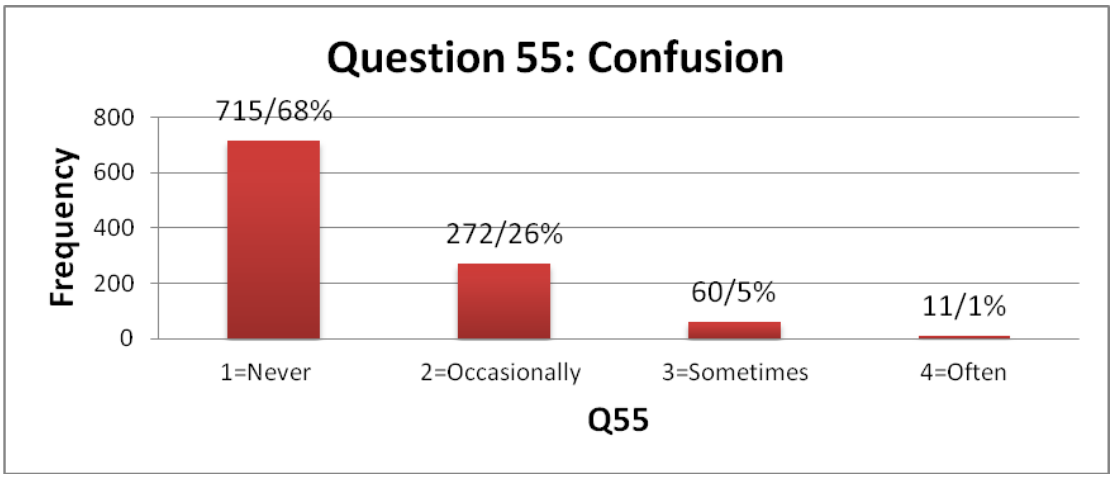


Figure No.4.51: Confusion

Question 56: Feelings of inadequacy (n = 1058)

Nineteen respondents did not answer this question. Table 4.36 shows that 68% (n=721) of respondents had ever been experience such feeling of inadequacy as a result of workplace violence. Somewhat, 32% of respondents felt some of inadequacy, occasionally 26% (n= 271), sometimes 5% (n= 51) and often 1% (n=15).

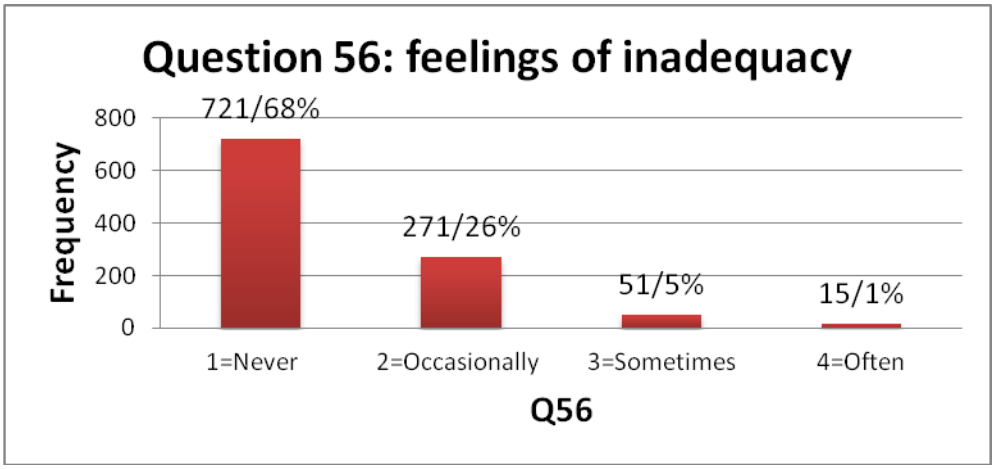


Figure No.4.52: Feelings of inadequacy

Question 57: Negative effect on personal relationships (n = 1058).

Nineteen respondents did not answer this question. Table 4.36 shows that majority of respondents 69% (n=735) had never been affected negatively on personal relationship regarding workplace violence. Besides that, some of respondents personal relationship affected negatively as result of workplace violence, occasionally 24% (n= 258), sometimes 5% (n= 48) and often 2% (n=17).

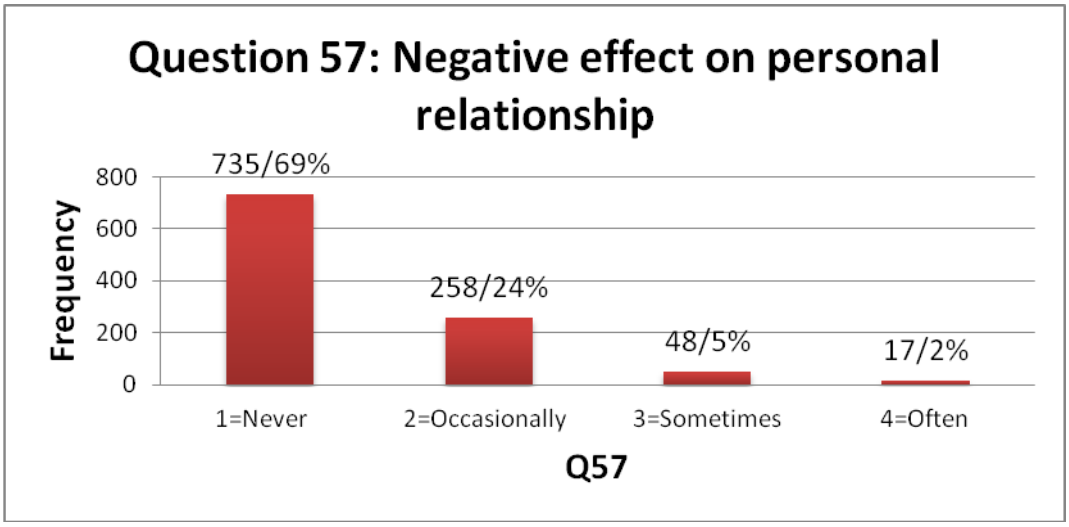


Figure No.4.53: Negative effect on personal relationships

Question 58: Other (n = 0)

No respondents answered this question.

Table no.4.37

		Frequency	Percent
Missing	System	1077	100.0

4.3.4 Section D: Reporting of workplace violence

In this part data related to the following research objectives are presented:

- Determine whether workplace violence had been reported
- Establish reasons for not reporting workplace violence
- Determine whether RN nurses had been aware of any policies addressing workplace violence.

Question 59: Have you ever reported an episode of any kind of workplace violence in your working areas to the authorities? (n = 1057)

Twenty respondents did not answer this question. Table 4.38 illustrates that most of the respondents (84% or n = 890) had never reported workplace violence to the authorities. While, 16% (n=167) of the respondents have been report such violence to authorities.

Table 4.38: Number of RN nurses having reported workplace violence to authorities

Category	Frequency (f)	Percentage (%)
Yes	**167**	**16**
No	**890**	**84**
Total	**n = 1057**	**100**

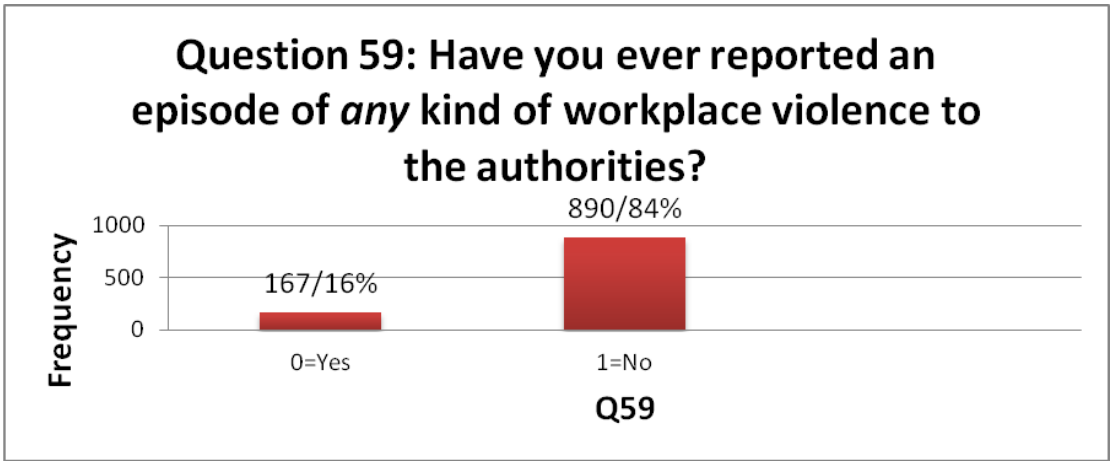


Figure No.4.54: reporting workplace violence

Questions 60 - 65

Table 4.39

Represents a complex summary of the results to questions 60 - 64.

Table 4.39: Reasons for RN nurses not reporting workplace violence

		1	2	
	I have never reported an episode of physical or non-physical authorities because: REASON	**Agree**	**Disagree**	**N**
Q.60	it is part of the job	366 (41.3%)	520 (58.7%)	886
Q.61	nothing will get done about it	333 (37.5%)	555 (62.5%)	888
Q.62	I am afraid I will be victimized	244 (27.5%)	644 (72.5%)	888
Q.63	it is not important enough to me	199 (22.4%)	690 (77.6%)	889
Q.64	I do not know where/how to report it	164 (18.5%)	724 (81.5%)	888

Question 60: It is part of the job (n = 886)

Table 4.39 stated that 886 respondents answered this questions. The majority of respondents (59%, n= 520) disagreed that workplace violence was part of the job. While, 41% (n=366) respondents agree with the statement that it is part of their job.

Question 61: Nothing will get done about it (n = 888)

Table 4.39 shows that 37% (n=333) of respondents agree and 62%(n= 555) disagree that nothing could be done about workplace violence.

Question 62: I am afraid I will be victimized (n = 888)

Table 4.39 indicates that 72% (n=644) of respondent disagree with this statement whereas 27% (n=244) of respondents agreeing with it.

Question 63: It is not important enough to me (n = 889)

Table 4.39 shows that 78% (n=690) of respondents disagree with this statement and 22% (n=199) of them agreeing with it. Majority refused that lateral violence is not important for them that is why they do not report it to authorities. Nurses do consider it important but do not report them.

Question 64: I do not know where / how to report it (n = 888)

Table 4.39 shows that majority of respondents 81% (n=274) disagree that this had been the reason for them not to report work place violence, at the same time as 18% (n=164) agreed that they had not known where to report it.

Question 65: Other (n = 0)

Table no 4.40

		Frequency	Percent
Missing	System	1077	100.0

Table no.4.40 shows that none among respondents wrote anything for their experience of lateral violence.

Question 66 : Are you aware of any policy in the working areas addressing workplace violence? (n = 679)

Although all respondents had been requested to respond to this question, only 679 (63%) did so. Table 4.41 indicates that of these respondents, the majority (61% or n = 414) had been aware of such policy.

However, 39% (n = 265) had been unaware of any policy in the working areas addressing workplace violence. Despite this knowledge, table 4.16 indicates that only 16% of respondents had reported episodes of workplace violence.

Table 4.41: Number of RN nurses being aware of policy addressing workplace violence in the working areas

Awareness of policy	Frequency	Percentage
Yes	**414**	**61**
No	**265**	**39**
Total	**n = 679**	**100**

4.3.5 Section E: Management of workplace violence

Question 67: Do you have any suggestions regarding the management of workplace violence targeting RN nurses in working areas?

A total of 12% (n = 126) of respondents answered this question. The responses were grouped and quantified and the most common proposals are presented in table 4.42.

Table 4.42 recommendations of respondents

#	Recommendations	Frequency (*f*)	Percentage of respondents
1	**Increase the number of qualified nurses (male to male / Female to female**	**18**	**14%**
2	**Provide and maintain professional security system (police, security 24/7 , monitor control room, cameras)**	**81**	**64%**
3	**Activate hospital policy in regards of any form of violence**	**44**	**35%**
4	**Real support from higher authority (administration, DON, PRO, FDON)**	**60**	**48%**
5	**Advance training about action and reaction in regard of any up normal treatment (LV)** **Training for employee / education for pt's and relatives.**	**26**	**20 %**
6	**Upgrade communication skill within the group** **(DR's, Nurses, pt's, relatives , cleaners. etc…)**	**19**	**15%**
7	**Confidentiality/ fair action between the employee (not case to case)**	**10**	**8%**

4.3.5.1 Participants' Comments

In this study, the respondents were given the opportunity in order to write their suggestions and comments in the provided questionnaire regarding the management of workplace violence targeting registered nurses in their working areas. 126 of the total participants did so through writing their precious answers and feedback regarding the

issue of workplace violence. The following recommendations are based on nurses' personal experiences, such as

- 81(64%) of the respondents suggested to provide and maintain a professional security system.
- 60 (46%) of the respondents asked to have a strong commitment from higher authority, such as hospital administration, and nursing director).
- 44 (35%) of the respondents insisted to activate the existing policy of the hospital.
- 26 of the respondents demanded to establish and maintain a comprehensive program and training for management and prevention of all types of workplace violence acts.
- 19(20%) of the respondents requested to enhance the communication skills among the hospital community.
- 18 (14%) of the respondents proposed to increase the number of qualified nurses in order to handle the amount of patients, male to male and female to female due to the customs and traditions of the UAE.
- 10 (8%) of the respondents demanded the higher authority to focus on the confidentiality matter of issue while responding to any acts or episodes of workplace violence reported by the staff.

4.4 Statistical relationships between demographic and research variables.

In this section, the relationships between the demographic variables of the respondents (Educational level, length of working in the present hospital, position, work unit, gender, age, marital status) and relevant research variables are reported.

Cross tabulation and Pearson product moment correlations were used to describe relationships. After examined all the demographic variables with each research variables it shows that there is no significant relation between the most of it except the ones which presented below.

Table 4.43 Correlations

		Gender	Community
Gender	Pearson Correlation	1	-.052
	Sig. (2-tailed)		.089
	N	1074	1062
Community	Pearson Correlation	-.052	1
	Sig. (2-tailed)	.089	
	N	1062	1062

Table 4.43 shows that there is no significant relation between the gender and working in community setting

Table 4.44 Correlations

		Gender	Hospital
Gender	Pearson Correlation	1	-.091**
	Sig. (2-tailed)		.003
	N	1074	1062
Hospital	Pearson Correlation	-.091**	1
	Sig. (2-tailed)	.003	
	N	1062	1062

**. Correlation is significant at the 0.01 level (2-tailed).

The result in Table 4.44 indicate that there is a significant (p= .003) and negative (r=.091) relationship between gender and working in hospital . the relationship is weak. It cannot be said that the workplace violence in hospital settings depend on the gender.

Table 4.45 Correlations

		aware of workplace violence policy	Working Experience of respondents
aware of workplace violence policy	Pearson Correlation	1	-.094*
	Sig. (2-tailed)		.015
	N	679	678
Working Experience of respondents	Pearson Correlation	-.094*	1
	Sig. (2-tailed)	.015	
	N	678	1072

*. Correlation is significant at the 0.05 level (2-tailed).

Table 4.46 Correlations

The result above indicate that there is a significant (p= .015) and negative (r=.094) relationship between aware of workplace violence policy and Working Experience of respondents. the relationship is weak.

Table : 46 Correlation		aware of workplace violence policy	Marital Status
aware of workplace violence policy	Pearson Correlation	1	-.103**
	Sig. (2-tailed)		.007
	N	679	679
Marital Status	Pearson Correlation	-.103**	1
	Sig. (2-tailed)	.007	
	N	679	1074

**. Correlation is significant at the 0.01 level (2-tailed).

Table 4.46 shows that the result indicate that there is a significant (p = .007) and negative (r =.103) relationship between aware of workplace violence policy and Marital Status. the relationship is weak.

Table 4.47 Correlations

		aware of workplace violence policy	Working area of respondents
aware of workplace violence policy	Pearson Correlation	1	.118**
	Sig. (2-tailed)		.002
	N	679	677
Working area of respondents	Pearson Correlation	.118**	1
	Sig. (2-tailed)	.002	
	N	677	1071

**. Correlation is significant at the 0.01 level (2-tailed).

The result in Table 4.47 indicate that there is a significant (p = .002) and positive (r =.118) relationship between aware of workplace violence policy and Working area of respondents .the relationship is weak.

There was a small numbers of respondents reporting workplace violence, the least respondents were from Ajman hospitals (n=11) and the maximum respondent were from Fujairah hospital with 35 respondents only. While the highest number of respondents which they were aware of such policy of workplace violence was from Fujairah hospital (n=116).

There was a relationship between the staff working areas and question number 8 , 9 and 15 from Section A.(In the last years in the working areas, I have been intimidated , bullied or verbally abused in the following ways:Q8: raised eyebrows, Deliberate rolling of eyes, Q9: Shouted or yelled, Q15: Not receiving acknowledgment for good work). In question 8 the highest number of respondents which they exposed to rolling eyes were from Emergency department (n= 61) and the lowest respondents were from outpatient clinics (n=15) .

While question 9, Operating room nurses were suffered more from shouting in their work (n=61) then Medical and Surgical units (n=56) after that Emergency and Gynecology departments (n=49). In question 15, fifty five nurse from emergency department and fifty nurse from OT stated that they were not received acknowledgment for good work.

Second, There was a relationship between the staff working areas and question number 37 , 38 and 39 from Section D (In the last years in the working areas, I experienced intimidation , bulling or verbal abuse, in the working areas from the following sources: Q 37: Doctors , Q 38: Patients relatives or friends, Q 39 Matrons and Supervisors) .

Question number 37 answered , shows that most affected areas were Medical and Surgical unit (n= 59) then, OT (n= 46) after that Outpatient Clinic (n=59).

In question number 38 , Medical and Surgical unit suffered from the violence occurred by patients' relatives and friends (n= 68) then ER (n=61) and Gynecology (n= 59).

47 nurses respond to question number 39 from Medical and Surgical Unit and they were complaint about some violence from their Directors.

Finally , There was a relationship between the staff working areas and question number 51 (Stress/ Anger). The most areas which suffered more from stress were Medical Surgical Unit (n= 67) , ER (n= 59) and OT (n=57).

4.5 DISCUSSION OF RESULTS

In this section, the above findings are discussed and associated with the outcomes of the literature review. Also, the clarifications of the findings are presented in accordance with the order in which the particular research objectives, with reference to the nurses' nursing and cultural background, and to their work placement areas, were formulated (chapter 1.4). For the intended purpose of this discussion, the first two objectives of the research study were combined.

4.5.1 Objectives: Identify the nature / type of workplace violence and identify the frequency or workplace violence.

The findings from this research study demonstrated that registered nurses had frequently encountered different acts and behaviors of nonphysical violence (figures 4.9 – 4.18) in all of the eleven different types of nonphysical violence being surveyed. The most common experiences were:

- Being subjected to nonverbal violence and aggression acts, such as rolling eyes and folding arms (figure 4. 9).
- Not receiving any acknowledgment for good efforts and work (figure 4.16)
- Being shouted or yelled (figure 4.10).

The only nonphysical workplace violence act that had been experienced by less than fourth 23% of the respondents was not been well-treated as a part of the multidisciplinary team (figure 4.19). Regarding the nature of violence, either physical or sexual, the findings (tables 4.20 and 4.22) clearly revealed that these acts of workplace violence had occurred far less frequently than nonphysical abuse. Conversely, registered nurses who are working in one of the hospitals in the United States had been perceived to have deteriorated concerning physical and sexual harassment in their working areas (Buerhaus, 2008). What is more, in this research study, the most common type of nonphysical violence being experienced by respondents was being subjected to nonverbal violence and aggression acts, such as rolling eyes and folding arms. In fact, the different kinds of nonphysical violence acts and behaviors encountered by RN nurses in this specific study,

matched with the general consensus as tackled in the literature about the nature of nonphysical violence targeted nurses (table 2.1). However, there is a high frequency of violence acts that might be interrupted as actively dangerous, for example, harshly judged or criticized (figure 4.11), being ignored or neglected (figure 4.12), and been unfairly treated about on/off duty schedules (figure 4.14). All of these violent acts and behaviors led to an obvious conclusion that registered nurses had been frequently subjected to various violent acts in their working placements.

4.5.2 Objective 3: Distinguish between the prevalence of nonphysical violence in hospital and community settings.

For the sake of this study, none of the literature reviewed differentiated between hospital and community settings. In general, most of the research studies were carried out in hospital settings. It is abundantly clear that respondents usually experienced hospitals as the direct location where they most often experienced workplace violence, as shown in the study findings. However, this major finding may be affected by the differing level of exposure towards community settings reported in chapter 2.

4.5.3 Objective 4: Reveal the perpetrators of nonphysical violence.

The study findings agree with many researchers regarding the perpetrators of nonphysical violence. For example, Hader (2008, p.17), Rippon (2000, p.453), and Rowe and Sherlock (2005, p.245) stated that patients and their relatives were most often the main perpetrators of workplace violence. Similarly, McPhaul and Lipscomb (2004,m p. 168) and LeBlance and Kelloway (2002, p. 444) point out that nurses were particularly at risk of being victimized by Lateral Violence from patients' relatives and patients themselves in the working environment. Furthermore, 49% of the respondents identified as the main perpetrators of workplace violence (figure 4.36), as patients' relatives were the biggest source of nonphysical violence acts targeting nurses, followed by patients themselves (43%), doctors (35%), and finally, nurses managers (22%).

With clear reference to the classification of workplace violence by the National Institute for Occupational Safety and Health (2006, p. 4), this meant that type2 (perpetrated by recipients of the service, for example, patients) had been the most common type of violence in the year preceding this study, followed by type 3 (perpetrated by fellow-workers). In addition, there is a little amount of violence coming from other nurses to their friends as following, registered nurses (17%), staff nurses (15%) and assistance nurses (9%). On the other hand, there is an equal amount of violence found from administrative and housekeeping staff, and it was (10%) only.

4.5.4 Objective 5: Identify the type and frequency of consequences of nonphysical violence.

The consequences of nonphysical violence were basically investigated from two perspectives, based on previous research studies. Firstly, work performance consequences were examined, and secondly, personal consequences that related to workplace violence were observed. Regarding work performance consequences, it was found that for every type of consequence surveyed, more than 75% of the respondents denied ever experiencing that particular kind of consequence (table 4.34). However, the 21% of respondents who admitted that workplace violence had made them consider leaving the profession, eclipsed by far the approximately 33%, as reported by Mckenna *et al*. (2003, p. 95), and Sofield and Salmon (2003, p. 282). Conversely, the 16% of respondents, who admitted that workplace violence had negatively affected their standard of patient care, was far less than the 73% reported by Rosenstein and O'Daniel (2005, p. 60). Similarly, a smaller percentage (10%) of respondents in this research study, compared to 49% in a survey by the Institute of Safe Medication Practices (2004), admitted that workplace violence had made them scared to check orders for patient care. Finally, the study findings still emphatically indicate that workplace violence had resulted in negative work related consequences.

Regarding personal consequences, the study findings (table 4.36) showed that workplace violence most commonly, in order of frequency, had resulted in anger, depression,

anxiety / fear, feelings of humiliation or embarrassment, confusion, feelings of inadequacy, and negative effects on personal relationships. In one of the studies on verbal abuse in Turkey (Kisa, 2008, p. 203), it found that anger was the most common emotional response, as well as in the North East of USA (Sofield & Salmond, 2003, p.278). Interestingly, although 49% of respondents had felt anxiety following episodes of workplace violence, and this was much lower than the 95% of respondents reporting anxiety during a survey on bullying amongst 303 registered nurses across the US (Vessey *et al*. 2009, p. 303).

4.5.5 Objective 6: Determine whether workplace violence was reported.

Table 4.38 indicates that 84% of the respondents had never reported any episode of workplace violence acts. This under reporting of workplace violence matched all the reported studies in the literature review, for example, those of Marais, Van der Spuy and Röntsch (2002, p. 11) and Mckenna *et al*. (2003, p. 90). What is more, other researchers, such as, Rippon (2000, p. 454), and Ferns (2005, p. 184), also refer to the potentially rampant under reporting of workplace violence. A possibly significant difference between this study, focusing on registered nurses, and the referred ones, primarily focusing on qualified nurses, was the fact that the rate of under reporting was much higher amongst the registered nurses (84%), than among the trained / qualified staff (approximately 50%).

4.5.6 Objective 7: Establish reasons for not reporting workplace violence.

The study findings (table 4.39) show that some of the respondents agree on the reason behind not reporting any episode of workplace violence because it is a part of their job, but the disagreement rate (59%) of respondents is higher than the agreement one (41%). Moreover, 37.5% of respondents agreed that nothing will get done about the issue of reporting workplace violence, except 62.5% of respondents which they disagreed about it.

The study results show that the respondents did not afraid to be victimized (72%) if they will report workplace violence, but at the same time, it is an essential thing for them. Also, the result show that the respondents do know the actual procedures of where and how to report any case of Lateral Violence (82%), but unfortunately they did not do it. Simply, because they were sure that nothing will be done about this issue as it may negatively affect them from higher authorities.

4.6 CONCLUSION

This chapter presented the analysis of the data generated *via* a self-administered questionnaire.

Frequency distributions, in the form of histograms and tables, were presented for each research variable. In each case, this was accompanied by a short description of the results. The mean, with confidence intervals of 95%, and the standard deviation were established as measures of central tendency and dispersion for each relevant research variable.

The responses to the one open ended question were grouped, quantified and the most common suggestions were presented with the aid of a frequency distribution table. The results of the correlation statistics applied to investigate any relationship between demographic and relevant research variables were also reported.

Finally, a discussion of the findings followed, in which the results were linked with information revealed during the literature review. In the following chapter, the conclusions and recommendations arising from the outcomes of this research are presented. Recommendations that were made for further studies are presented, whilst the limitations of the current study are discussed.

Chapter 5: Recommendation and Conclusion

5.1 Research recommendation

This research study add to the limited body of knowledge and awareness a new approach and perspective towards workplace violence among MOH nurses working in UAE hospitals and provide personal information about their experiences concerning violence based on data related to workplace violence questionnaire. It also identifies the different types and work environment factors that contributed to workplace violence. Also, the outcomes add to the nursing context and literature by identifying and recognizing the factors in MOH hospitals that indicate the most types of Lateral Violence experienced by registered nurses. In this research study also, its findings may facilitate and help the policymakers to reconsider the existing MOH policy in order to activate it. Moreover, the intended implications of this study will be forwarded to policymakers based on the percentage of workplace violence and its related factors. Most importantly, professional nursing and healthcare organizations need to examine and advocate these important and dynamic areas.

5.1.1 Role of management

To start with, there is a great acknowledgment in the literature of the role of management with the influence of the organizational climate in the prevention of workplace violence. To demonstrate that, the International Council of Nurses (2007, p.16) acknowledge that security in the workplace depends on the value placed by the organization itself on an individual's dignity and safety. Hutchinson (2009, p.152) claimed that the organizational climate is neglected, yet potentially is the most powerful aspect when confronting bullying, which is one of the types of Lateral Violence. It is abundantly clear that the management of organizations has a little control in terms of the organizational climate, and in particular the internal policies that addressing violence. The researcher therefore recommends that:

- In-service Education Department should provide some learning sessions in order to educate nurses about violence and its types as well as familiarizing them with its policies, procedures, and resources.
- In hospital settings, managers or healthcare administration should be aware of the current study findings and be enthusiastic or encouraged to follow and control he uncompromising corrective measures. In the study findings, the registered nurses provided a suggestion regarding this implication, which is getting a real support from the high authority, such as DON, PRO, and FDON).

5.1.2 Creation of awareness

Nurses may not be aware and conscious of the exact meaning of the term of violence as they may equate the concept of workplace violence in terms of physical violent behaviors only and not, for instance, recognizing the other aspects or types of violence acts for example, verbal aggression and bullying. Therefore, awareness needs to be created around specific factors, such as the significance of the problem and its various guises as well as identifying the common violence perpetrators. The researcher therefore recommends that:

- Establish, develop, enforce, and publicize a written organizational policy or program that reflects and states a zero tolerance on abuse and violence against nurses in the workplace environment. In regards to this implication, the findings of the study revealed that registered nurses suggested or recommended to activate the hospital policy in terms of any form of violence.
- The training program should provide a specific and sufficient provision at least once a year in terms of the creation of awareness around the dynamics of nonphysical violence in working areas.

5.1.3 Empowerment of RN nurses

As mentioned earlier in chapter 4, the empowerment of potential and actual victims regarding workplace violence in nursing is well addressed and documented in the

literature. To demonstrate this, Beech and Leather (2003, p.603) investigated and examined the impacts of a three day multidimensional learning unit on nurses' capabilities in order to manage and prevent workplace violence. What is more, Nau et al. (2009, p.18) also evaluated the three day of workplace violence training course for nurses. Both of the studies aimed in the management of violent acts and behaviors among patients (type 2 of workplace violence). Furthermore, the empowerment of RN nurses implies that they know the procedures of how and where to report an episode of workplace violence, but unfortunately, they buried in their minds that no actions will be taken by the authority when it comes to patient's family complaints. Despite the high prevalence of workplace violent acts and behaviors, the majority of the respondents had never reported any episode of physical or nonphysical workplace violence t o the authority, as based on the findings of the study. The researcher therefore recommends that:

- Conducting interpersonal skills workshops that emphasis on confrontation and assertive skills. In the study findings, the RN nurses suggested to upgrade the communications skills within the healthcare community, such as doctors, nurses, patients, relatives, and staff.
- A generic reporting of the incident and follow up mechanisms that is accessible, acceptable, and applicable to nurses in different areas should be negotiated and developed at a specific forum, where the representatives of training providers can meet, for example, nurses and managers. Consequently, findings can be used to enhance workplace violence prevention activities.

5.1.4 Nurses' support

The study findings demonstrated that RN nurses had felt unsupported in terms of workplace violence as well as being vulnerable in their working areas. Thus, almost more than half of the respondents agreed on the opinion that noting will be done about the issue of workplace violence, and approximately 27% had admitted their fear of victimization. All of these various comments indicated that authority management had turned a blind eye into this major problem. McKenna *et al*. (2003, p.96) emphasize that feeling safety is

one of the prerequisites for reporting workplace violence as well as stressing the vital supportive actions for the victims of Lateral violence.

5.2 Recommendations for further study

As a direct sequel to the current research study, further research in the same context, to evaluate the effects of the mentioned recommendations, after they have been implemented for a specific period of time, would clearly be informative. However, the study findings also suggest further avenues of research, such as:

- Workplace violence targeting RN nurses from the perspective of trained nursing staff.
- Obvious characteristics of a workplace that condemns workplace violence against RN nurses.

5.3 Limitations of the study

The limitations of this research study were mainly related to the features and aspects of the research methodology. Although the use of a self reported, anonymously completed questionnaire enhanced the subject truthfulness and reduced the interview bias; the limited opportunity to elaborate on responses probably resulted in less depth and more superficial overview of the problem (Burns &Grove, 2007, p.382). Furthermore, the researcher had no control over unanswered questions in the questionnaire itself as the results may not be generalized to other non-MOH healthcare facilities or extended to other workers in different healthcare settings. The most obvious limitations of this study was the difficulty the researcher faced in getting the approval of the research topic from the ethic committee as well as reaching the hospitals' nursing directors for assigning particular staff in order to distribute the research questionnaire.

5.4 Conclusion

To sum up, this quantitative, descriptive research study was conducted in order to investigate the issue of Lateral Violence targeting RN nurses in their working areas. The research setting carried out in six MOH government hospitals. What is more, the overall conclusion arising from conducting this study is that RN nurse, in accordance with a worldwide trend amongst all categories of nurses, are the main targets of violence in working areas. The most common workplace violence being encountered by nurses has the nonphysical nature, such as verbal abuse, bullying, and intimidation, whereas the most common perpetrators are patients' relatives and patients followed by professional and sub-professional categories of workers and employees.

RN nurses are affected by workplace violence in a negative way as the standard of patient care is jeopardized because of the emotional responses, such as anger. However, these nurses are unwilling to report any episode of workplace violence acts happened in their working areas. The overall recommendation of this study is that education and training management should assume the responsibility for the comprehensive management of workplace violence targeting RN nurses in their working placements. Finally, all of the recommendations aim to raise the awareness of the impacts of workplace violence in order to make and maintain a safe work environment for all nurses in their workplace areas.

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