The Relation between Nurses' Work Environment and Workplace Bullying

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Abstract: *Work environment is the crucial fact and challenge for the nurses as it recognizes contributions of nurses to clinical care, promotes executive level nursing leadership, and empowers nurse' participation in clinical decision-making. Workplace bullying is one of the most significant issues in today's organizational life. Nurses experience various kinds of workplace bullying depending on their work environment as the authoritative and strict hierarchical organizational atmosphere in hospitals justifies workplace bullying.*
Aim: *The present study aimed to examine the relation between nurses' work environment and workplace bullying.*
Research Design: *Descriptive correlational design was utilized.*
Study Setting: *the study was conducted in all inpatient's units of medical, surgical departments and critical care units at Benha University Hospital.*
The study sample was: *A purposive sample of staff nurses (275) after conducting sample size from the above mentioned setting.*
Tools of data collection: *Two tools were used: (1) The Perceived Environment Scale - Nursing Work Index (PES-NWI) and (2) The Negative Acts Questionnaire- Revised (NAQ-R).*
Results: *The findings of this study showed that more than half of staff nurses (52.0%) perceived their work environment as average. Also, the highest percentage (73.8 %) of staff nurses were severely bullied regarding to personal related bullying.*
Conclusion: *The study concluded that there was a statistically significant negative correlation was found between work environment and workplace bullying among nurses.*
Recommendation: *It was recommended that hospital administration should involve nurses in work related decisions, and developing of a reliable and valid instrument for measuring workplace bullying, and that is sensitive to the characteristics of the nursing occupation.*
Keywords: *Work environment, workplace bullying, PES-NWI and NAQ-R.*

I.   Introduction

The work environment of nurses is getting global interest and concern because there is a growing consensus that identifying opportunities for improving working conditions in hospitals to maintain adequate staffing and interpersonal relationship as; communication and cooperation [28, 34].In this context, today's hospital administrators and head nurses need to nurses keep a central role in creating and supporting a healthy work environment for nurses [15, 21].

Work environment is defined as a set of workplace features that, when present, enable nurses to demonstrate professional practice characterized by decision-making autonomy, clarity of mission, and organizational responsiveness [5].The terms work environment, and nursing practice environment have been used interchangeably in nursing literature. In fact, the work environment is applicable to all environments in any profession (including nursing), whereas nursing practice environment is more specific to the nurses and the practical nature of the nursing profession [2, 19]. Particularly, it is a multi-dimensional concept described as organizational characteristics influencing nursing practice and known as the 'forces of magnetism'. Moreover, they have been regarded as essential attributes for quality care or used to create a program for staff nurses to improve the working environment [52, 58].

The vital criteria for creating a healthy work environment included; skilled communication, true cooperation, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership [62].on the other hand, many problems within the working environment condition include inadequate staffing, providing safe care, long working hours, and a sense of not being valued or involved in decision-making processes concerning patients' problems. These problems lead to nurses leave the profession early in their career [7].

Perceived Environment Scale-Nursing Work Index PES-NWI developed by Lake etal. **[41]** has been shown to be a valid and reliable tool for the measurement of the hospital nursing practice environment, it included; nurse participation in hospital affaires which refers to nurses' perceptions of their participatory roles in hospital and nursing department affairs as well as their impact on overall hospital administration, including policy making. While, nursing foundation for quality of care means nurses' perceptions that the hospital supports a nursing model for a high quality of patient care. Besides, nurse manager ability, leadership, and support of nurses; states that nurses' perceptions of their managers' ability, leadership, and support of nurses. Additionally, staffing and resource adequacy; refers to nurses' perceptions of having adequate staff and resources to meet demands. Finally, collegial nurse- physician relations; means nurses' perceptions of their working relationships with physicians **[15, 18]**.

With the growing interest in relationships between nurse colleagues, the concept of workplace bullying has gained attention. Workplace bullying and its effects on employees and organizations was one of the foremost issues of the 21st century **[55]**. Workplace bullying is a serious issue in health care organizations and it is not a recent phenomenon, yet for the nursing profession it is a problem of increasing concern. As far back as 1987, Cox warned of the damaging nature of verbal abuse in nursing **[54]**. Now 30 years on, the problem has clearly not diminished. Anecdotally, some nurses have compared their clinical setting to that of a battlefield and describe the environment in which they work as a place of professional turmoil. The insidious nature of the problem has seen it overlooked as a threat to the nursing profession and reduced to a belief that bullying is a 'rite of passage' **[4, 19]**.

Many different terms have been used interchangeably describing bullying including; horizontal violence, horizontal hostility, lateral violence, mobbing, eating your young, relational aggression, incivility, interpersonal conflict and psychological harassment **[11]**.The bullying behavior has to occur repeatedly and regularly (e.g., weekly) and over a period of time (e.g., about 6 months) **[20]**.

Workplace bullying(WPB) is defined as unfavorable, systematic, repeated, and persistent actions (i.e., over six or more months) directed toward an employee by one or more individuals at the workplace with the aim of offending, humiliating, and undermining this employee **[3,30,37]**. Workplace bullying is a well-documented phenomenon in the nursing profession **[26]**.

Workplace bullying occurs when nurses face prolonged exposure to negative behaviors against which they feel unable to defend themselves. Bullying is a form of violence, but only rarely involves fighting, battery or homicide. It is mostly sub-lethal, non-physical violence. Victims may be scared to confront their aggressors due to retaliation. This encourages the bully to continue aggressive behaviors **[60]**. Also, it occurs because nurses either overtly or covertly redirect their dissatisfaction towards each other because they perceived inequities in the distribution of the day-to-day workloads was a contributing factor in bullying **[12,54]**.

Moreover, bullying may occur in all organizational levels and all types causing major personal and organizational problems. There are three types of bullying: downwards bullying (bullying of managers against their subordinates), upwards bullying (bullying of subordinates against their managers) and horizontal bullying (bullying of one colleague to another one) **[13]**.

Bullying behaviors can vary in a broad spectrum and bullying strategies are flexible, creative and tailored for the victim so it is very difficult to define all of them. Also, the most common bullying behaviors are as follows: ignoring or excluding the victim, ignoring professional opinion of the victim, allocating an unmanageable workload to the victim, spreading rumors about the victim, humiliating the victim about his/her work, ordering the victim to carry out work below his/her competence level, withholding relevant information to the victim's work, and giving impossible targets or deadlines to the victim **[32]**.

Bullying are caused by several reasons as; working conditions "as role ambiguity and role conflict", job design, job control and competition, the personality of the victim and the bully "problematic people as; neurotic, oversensitive, suspicious, and depressive employees, employees who convert psychological distress into psychosomatic illnesses and poor social competencies", career opportunities, the leadership style of immediate superiors, organizational climate and culture **[29]**.

According to the literature, many factors have been reported to be associated with the incidence of workplace bullying among nursing professionals. These include factors such as self-centeredness, immaturity, defensiveness, the need for power, workplace environment, work-related factors such as job demands, support, and job control, individualized negative effect, seniority, hierarchy system, insecure employment, educational differences, poor leadership, psychological status, and organizational culture (values, customs, usual rules, and habits shared by employees of the same organization **[32,36,54]**.

The effects of bullying are toxic as it creates a poisonous work environment with serious consequences for institutions, nurses and patients **[37]**.Nurses may suffer physically and psychologically, institution and individual costs often escalate, and teamwork and patient care may be negatively affected. Also, bullying makes nurses frustrated leading to alteration in their performance within the health care setting **[22, 56]**. Moreover, the

negative consequences that bullying may bring to the organizions such as; absenteeism, presenteeism, sickness absence, turnover, and other economic costs (medical costs, early retirement, etc) **[35, 44]**.

1.1. Significance of the study:
Improving the nursing work environment is a focal point and challenge for healthcare organizations and nursing administrators. Therefore, administrators in hospitals usually apply innovative techniques of the nursing work environment to maintain and improve the health of the environment. The outcomes of a healthy work environment increase organizational commitment, decrease staff turnover, increase retention of experienced nurses, elevate the quality of care delivered and increase nurses' attraction and job satisfaction **[17]**.

Although it is clear that workplace bullying is prevalent among nurses and there are serious implications to the problem, there is little awareness of this phenomenon and why workplace bullying continues in health-care environments. Indeed, some studies have reported a higher incidence of workplace bullying among nurses compared with other healthcare providers and confirmed that when the working environment is poor, the nurses are more likely to experience workplace bullying **[9, 16, 27].**

1.2. Aim of the study:
This study aimed to examine the relation between nurses' work environment and workplace bullying.
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1.3. Research Questions:
To fulfill the aim of the study the following questions were formulated:

1. What are the characteristics of the work environment as perceived by staff nurses?
2. To what extent staff nurses expose/ experience to workplace bullying?
3. Is there a relation between staff nurses' work environment and workplace bullying?

2. Subjects and Methods
2.1. Research Design
Descriptive correlational research design was adopted to achieve the aim of the study.

2.2. Setting
The study was carried out in all inpatient's units of medical, surgical departments and critical care units at Benha University Hospital. Medical departments contain 14 units divided into general medicine (5 units), Cardiology (1 unit), Thoracic (2 units), Rheumatology (1 unit), Neurology and Psychiatric (2 units), Pediatric (3 units), surgical departments contain 11 units divided into Female surgery (2 units), Male surgery (2 units), Urology (2 units), Ear, Nose, Throat (ENT) (1 unit), Orthopedic (2 units), and Obstetric (2 units) and critical care units contain 5 units divided into Coronary Care Unit (2 units), Intensive Care Unit (2 units) and Dialysis unit (1 unit).

2.3. Subjects
2.3.1. Sample
2.3.1. Subject Type
A purposive sample.

2.3.2. Subject Size
A purposive sample of staff nurses (275) distributed as the following; medical department (125), surgical department (85) and critical care units (65) staff nurses. who employed in the above current setting for not less than a year and at least exposed to even one incident of bullying in the previous six months. The sample size was calculated by using the following equation:

$$n = \frac{N}{1+N(e)^2}$$

Where n=sample size=275, N=Total number of nurses at Benha University Hospital=889, and e= Coefficient factor = 0.05.

2.4. Tools of Data Collection
Two tools were used to collect the data of this study:-

2.4.1 Perceived Environment Scale-Nursing Work Index (PES-NWI): It consisted of two parts; *part one*: Included the personal characteristics of staff nurses as: (age, sex, marital status, qualification, years of experience, work shift, department and perpetrators of bullying).

Part two: Perceived Environment Scale of Nursing Work Index (PES-NW); this scale was developed by Lake etal. [41] Based on Lake [40]; Kramer and Hafner [39]. It was used to assess staff nurses' perception regarding work environment. It contains 31 items divided into five categories; nurses' participation in hospital affairs (9 items), nursing foundations for quality of care (10 items), management and leadership support for nurses (5 items), staffing and resource adequacy (4 items), and collegial nurse/physician relations (3 items).

Scoring System:
Responses were measured by using five points Likert Scale which converted into three points for the purpose of presentation of each item; Nurses' response of each item was scored as follow; (2) Agree, (1) Agree to some extent, and (0) Disagree. The total perception was determined as the following: poor perception if the percent < 60% of total score = < 37, Average perception (60 % - < 75% of total score =37- < 47) and good perception (≥75% of total score= 47-62 points).

2.4.2. Negative Acts Questionnaire-Revised (NAQ-R):
It was developed by Einarsen etal. [24]. This instrument measures workplace bullying by asking nurses to rate how frequently they have been exposed to negative acts at their workplace in the last six months. It consists of 22 items that were classified into three domains: work related bullying (seven items), person-related bullying (twelve items), and physically intimidating bullying (three items).

Scoring system:
NAQ-R is a five-point Likert scale, ranging from never to daily (1-5); never (1), occasionally (2), monthly (3), weekly (4),and daily (5). The overall NAQ-R score is 110, ranges from 22 i.e., the participant never experienced any of the listed negative act behaviors) to 110 (i.e., the participant experienced all the listed 22 items of negative behaviors daily). Participants with scores <66, from 66–<83, and > 83 were considered not bullied, occasionally bullied, and severely bullied respectively [50].

2.5. Methods
1. **Preparatory phase**; in order to collect data, the researchers reviewed the current and past relevant literature concerning the topic of the study. Then analysis of collected data was done to obtain the necessary content for the study.
2. After preparing the tools, it was translated into Arabic and tested for its content validity by 3 experts in the related field. Based on their recommendations the necessary modifications were made. Also, the reliability of the tools was measured to determine the internal consistency and homogeneity of the used tools by Cronbach's Alpha test. The internal consistency of Perceived Environment Scale - Nursing Work Index (PES-NWI) and Negative Acts Questionnaire- Revised (NAQ-R) were r= 0.95&0.90 respectively.
3. Before embarking on the study, official letters were obtained from the director of Benha University Hospital and heads of units included in this study as previously mentioned. These letters briefly explained the purpose and nature of this study.
4. **Pilot study**: Was carried out on 10% of the total subjects (28 nurses). The pilot study was included in the main sample. The aim of the pilot study was to test the feasibility and clarity of the tool and also to estimate the time required to fill in the questionnaire. According to the result of the pilot study, some necessary modification was made to avoid the ambiguity of the questionnaire and reconstruction of the tool was done.
5. **Ethical consideration**; at the initial interview, each person was informed of the purpose and nature of the study, and the researchers emphasized that every member had the right to participate or refuse to be included in the work. The consent for participation was taken orally. In addition, the confidentiality of the data was maintained, explained and also printed in the questionnaire as follows: collected information will be used only for the purpose of the study without referring to the personnel's participation through anonymity of the subjects that will be assured by the coding of all data.
6. **Field work**: The researchers started to collect data from the half of November 2018 to the half of January 2019. The participants were asked if they were interested and agreed to participate in the study. The researchers explained the main parts of the questionnaire. After that, the questionnaire forms were distributed and the participants were asked to complete the questionnaires. The researchers demonstrated any difficulty that participants might face during answering the questionnaires. The researchers met the studied participants at the morning and afternoon shifts, and tried to collect data from different work circumstances through 5 days/week; the numbers of interviewed nurses were ranged from 6 to 7 nurses. The

average time taken for completing each questionnaire was around 25 to 30 minutes for (PES-NWI), and from 20-25 minutes for (NAQ-R) depending on the participant's response to the questions. The filled forms were collected in time and revised to check their completeness to avoid any missing data. Finally, the researchers thanked the participants for their cooperation.

2. 6. Statistical Design

The collected data were coded and verified prior to data entry. The entered data were revised before conducting the statistical analysis (SPSS) version 21 for windows, running on IBM compatible computer. Descriptive statistics was applied (e.g. frequency, percentages). Test of significance correlation coefficient (r) was used. A significant level value was considered when $p < 0.05$.

II. Results
Table (1): Distribution of staff nurses regarding their personnel characteristics (n=275)

Personal characteristics	No	%
Age in years		
<20 year	0	0.0
20-30 years	105	38.1
31-40 years	89	32.4
>40 years	81	29.5
Sex		
Female	258	93.8
Male	17	6.2
Marital status		
Single	38	13.8
Married	229	83.3
Others	8	2.9
Nursing qualification		
Diploma of Nursing	139	50.5
Associate degree of Nursing	86	31.3
Bachelor degree in Nursing Science	50	18.2
Others	0	0.0
Work shift		
Morning (6 Hours)	27	9.8
Night/ day (12 hours)	6	2.2
Rotating (Morning, Evening, Night)	242	88.0
All the day (24 hours)	0	0.0
Department		
Medical	125	45.5
Surgical	85	30.9
Critical	65	23.6
Years of experience		
<5 years	49	17.8
5 - 10 years	53	19.3
11- 15 year	52	18.9
>15 year	121	44.0
Perpetrators of bullying		
Physicians	11	4.0
Head nurses	85	30.9
Peers	33	12.0
Patients	26	9.5
Patients` visitors	120	43.6
Employees	0	0.0

Table (1): Indicates that more than one third of staff nurses' (38.1%) had age ranged between 20 -30 years. In addition, the majority of them (93.8% & 83.3%) was females and married respectively. Concerning nursing qualification and work shift more than half of staff nurses (50.5%) had Diploma of Nursing and the majority of them (88.0%) work full time. In relation to work department and years of experience, more than two fifth (45.5 %, & 44.0%) of them work in medical department and had more than 15 years of experience respectively. Also, more than two fifth (43.6%) of them staff nurses exposed to bullying from patients` visitors.
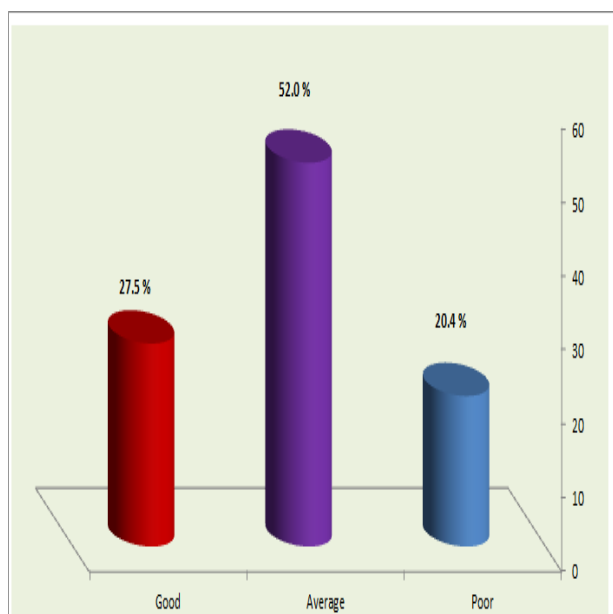
Figure (1): Total staff nurses' perception levels regarding work environment

Figure (1): Demonstrates that more than half of staff nurses (52.0%) perceived their work environment as average. While, more than one quarter (27.5%) of them perceived their work environment as good and more than one fifth (20.4%) of them perceived it as poor.

Table (2): Agreement of staff nurses regarding work environment dimensions (n=275)

dimensions	Agreement of staff nurses					
	Agree		Agree to some extent		Disagree	
	No	%	No	%	No	%
1-Nurse's participation in hospital and work affairs.	75	27.3	108	39.3	92	33.4
2-Nursing foundation for quality of care.	101	36.7	133	48.4	41	14.9
3-Management and leadership support.	54	19.6	174	63.4	47	17.0
4-Staffing and resources adequacy.	69	25.0	139	50.5	67	24.5
5-Collegial nurses - physicians' relationships.	80	29.0	161	58.5	34	12.5

Table (2): Shows that more than one third (36.7%) of staff nurse were agree regarding Nursing foundation for quality of care and more than three fifth (63.4%) of them were agree to some extent regarding management and leadership. While, about one third of staff nurses (33.4%) were disagree regarding nurse's participation in hospital's and work's affairs.

Table (3): Reveals that (28.0% & 37.8%) of staff nurses were exposed to daily and weekly work related bullying respectively in the form of (being exposed to an unmanageable workload). In addition, more than one third (36.8%) of them were exposed to monthly work related bullying in the form of (someone withholding information which affects your performance). While, more than one quarter (26.5% & 26.5%) of them were never exposed to work related bullying in the form of someone withholding information which affects performance, being given tasks with unreasonable or impossible targets or deadlines respectively.

Table (3): Staff nurses' experience of work related bullying as a type of workplace bullying (n=275)

Forms of work related bullying	Experience of work related bullying (n= 275)									
	Daily		Weekly		Monthly		Occasionally		Never	
	No	%	No	%	No	%	No	%	No	%
1-Someone withholding information which affects your performance.	32	11.6	15	5.5	101	36.8	54	19.6	73	26.5
2-Being ordered to do work below your level of competence.	44	16.0	98	35.6	78	28.4	38	13.8	17	6.2
3-Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks.	37	13.5	52	18.9	88	32.0	69	0.25	29	10.6
4-Being given tasks with unreasonable or impossible targets or deadlines.	12	4.4	20	7.3	92	33.4	78	28.4	73	26.5
5-Being exposed to an unmanageable workload.	77	28.0	104	37.8	60	21.8	11	4.0	23	8.4

Table (4): Staff nurses' experience of personal related bullying as a type of workplace bullying (n=275)

Forms of personal related bullying	Experience of personal related bullying (n= 275)									
	Daily		Weekly		Monthly		Occasionally		Never	
	No	%	No	%	No	%	No	%	No	%
1-Being humiliated or ridiculed in connection with your work.	43	15.6	27	9.8	89	32.5	40	14.5	76	27.6
2-Spreading of gossip and rumors about you.	11	4.0	39	14.2	51	18.5	108	39.3	66	24.0
3-Being ignored, excluded or being 'sent to Coventry'.	27	9.8	59	21.5	99	36.0	48	17.5	42	15.3
4-Having insulting or offensive remarks made about your person, attitudes or your private life.	78	28.4	73	26.4	92	33.5	12	4.4	20	7.3
5-Being shouted at or being the target of spontaneous anger.	115	41.8	61	22.2	38	13.8	29	10.5	32	11.7
6-Repeated reminders of your errors or mistakes.	93	33.7	78	28.3	64	23.4	17	6.2	23	8.4
7-Being ignored or facing a hostile reaction when you approach.	73	26.4	54	19.7	99	36.0	32	11.7	17	6.2
8-Persistent criticism of your work and effort	65	23.6	81	29.4	100	36.4	17	6.2	12	4.4
9-Having your opinions and views ignored.	25	9.0	45	16.5	102	37.0	59	21.5	44	16.0
10-Having allegations made against you.	21	7.7	80	29.0	115	41.9	10	3.6	49	17.8
11- Excessive monitoring of your work.	56	20.5	84	30.5	69	25.0	37	13.5	29	10.5
12- Being the subject of excessive teasing and sarcasm.	100	36.5	14	5.0	90	32.7	16	5.8	55	20.0
13- Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way.	49	17.8	77	28.0	102	37.0	13	4.7	34	12.5

Table (4): Indicates that more than two fifth (42.8%) of staff nurses were exposed to daily personal related bullying in the form of (Being shouted at or being the target of spontaneous anger) and 30.0% of them were exposed to weekly personal related bullying in the form of (Excessive monitoring of your work). In addition, more than one third (37.0% & 37.0%) of them were exposed to monthly personal related bullying in the form of (Having your opinions and views ignored, Intimidating behavior such as finger-pointing). While, more than one quarter (27.6%) of them were never exposed to personal related bullying in the form of (Being humiliated or ridiculed in connection with your work).

Table (5): Staff nurses' experience of intimidation related bullying as a type of workplace bullying (n=275)

Forms of intimidation related bullying	Experience of intimidation related bullying (n= 275)									
	Daily		Weekly		Monthly		Occasionally		Never	
	No	%	No	%	No	%	No	%	No	%
1-Hints or signals from others that you should quit your job.	46	16.8	13	4.7	151	54.9	29	10.6	36	13.0
2-Practical jokes carried out by people with whom you don't get along.	41	14.9	30	10.9	82	29.8	107	38.9	15	5.5
3-Pressure not to claim something which by right you are entitled to (e.g sick leave, holiday entitlement, travel expenses).	24	8.7	111	40.4	28	10.2	95	34.5	17	6.2
4-Threats of violence or physical abuse or actual abuse.	18	6.5	9	3.3	1	0.4	121	44.0	126	45.8

Table(5): Indicates that (16.8% and 54.9%) of staff nurses were exposed to daily and monthly intimidation related bullying respectively in the form of (hints or signals from others that you should quit your job) and more than two fifth (40.6%) of them were exposed to weekly intimidation related bullying in the form of (pressure not to claim something which by right you are entitled to (e.g. sick leave). While, 45.8% of them were never exposed to intimidation related bullying in the form of (threats of violence or physical abuse or actual abuse).
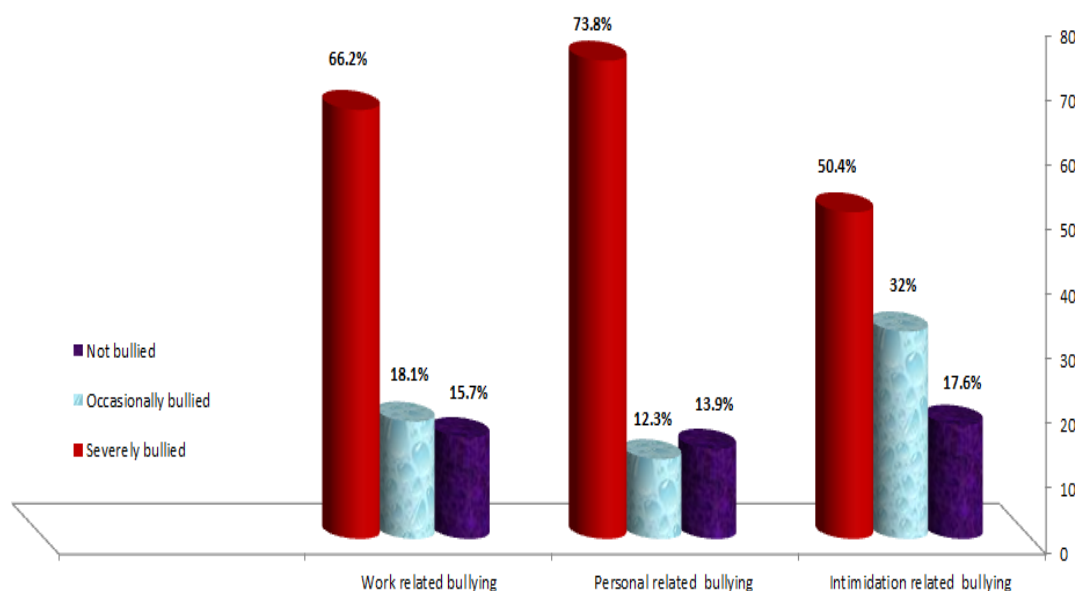

Figure (2): Prevalence of workplace bullying among staff nurses

Figure (2): Portrays that 73.8 % of staff nurses were severely bullied regarding to personal related bullying and 32.0% of them were occasionally bullied regarding to intimidation related bullying. While, 17.6% of them were not bullied regarding to intimidation related bullying.

Table (6): Correlation between total work environment and total workplace bullying among staff nurses (n=275)

Variables	Total Workplace bullying	
	r	P value
Total work environment	-0.36	0.02*

r: Pearson coefficient *: Statistically significant at p ≤ 0.05

Table (6): Indicates that a statistically significant negative correlation was found between work environment and workplace bullying among nurses. This means that the poorer the work environment, the higher the prevalence of workplace bullying.

III. Discussion

Working environment is a place where nurses expect to utilize the best abilities and satisfy the basic needs. Promoting good, healthy and safe working environment had worked well in retaining nurses [49]. A good working atmosphere also includes an appreciation of others job, a good relationship with other colleagues and no personal harassment and bullying in the workplace. Workplace bullying has been identified as a major problem among nurses in many hospitals, and negatively impacts on health workers performance [8, 58].

Accordingly, the aim of the study was examined the relation between nurses' work environment and workplace bullying at Benha University Hospital.

Regarding staff nurses' perception toward work environment, the result of present study illustrated that more than half of staff nurses perceived their work environment as average. This might be due to staff nurses' faces problems in relation to insufficient staffing and resources in the hospital. Also, there was lack of nurse's participation in hospital and work affairs as hospital administration and head nurse didn't give them opportunity to participate in decision making.

This study result was supported by Ayamolowo [10] who conducted study about; Job satisfaction and work environment of primary health care and found that less than half of staff nurses perceived their work environment as moderate. Also, this result is in agreement with Yun, Kang, Lee, and Yi [61] who indicated in their study about; Work Environment and Workplace Bullying among Korean Intensive Care Unit Nurses that ICU nurses reported moderate satisfaction with their work environment. In the same line, Gonium [31] conducted study entitled; Nurses' Perception of Nursing Professional Practice Environment In relation to Their Job Satisfaction and Retention and found that half of staff nurses perceived their work environment as average. While, Odaoem [51] founded in a study about; Work Practice Environment, Organizational Commitment and Work Engagement of Emergency Department Nurses: A Correlation Study that emergency department nurses perceived their work practice environment as a positive.

On the other hand, this result was inconsistent with Dutra, Cimiotti and Guirardello [23] who conducted a study about; Nurse Work environment and job-related outcomes in Brazilian hospitals" and showed that nurses reported poor work environment. Also, Abdel-Sattar and abdelhamid [1] who conducted a study about; Work Environment Perception as a Predictor of Patient Safety Culture among Nurses at Al-Ahrar Teaching Hospital indicated that the majority of studied nurses had a negative perception regarding their work environment. In addition, Eldeeb, Ghoneim and Eldesouky [25] revealed that the majority of the studied nurses had a negative perception regarding their work environment.

Furthermore, the result of present study indicated that more than one third of staff nurse were agree regarding nursing foundation for quality of care. This result was consistent with Abdel-Sattar and Abdelhamid [1] who reported that the nurses participating at this study had a highest mean score for the nursing foundations for quality of care and the lowest mean score was related to collegial nurse-physician relations. Also, Nantsupawat Kunaviktikul, Nantsupawat, Wichaikhum, Thienthong and Poghosyan [48] who conducted a study entitled; Effects of Nurse Work Environment on Job Dissatisfaction, Burnout, Intention to Leave revealed that the highest mean score was related to the nursing foundations for quality of care. While, Chebor et al., [17] who conducted study about; Nurses' perception of their work environment at referral hospital in Western Kenya reported that the most of nurses were disagree on nursing foundation for quality of care.

Moreover, the findings of present study revealed that more than three fifth of them were agree to some extent regarding management and leadership and about one third of staff nurses were disagree regarding nurse's participation in hospital's and work's affairs. This result was supported by Sojane, Klopper and Coetzee [57] conducted study about; Leadership, job satisfaction and intention to leave among registered nurses in the North West and Free State provinces of South Africa and reported that one third of staff nurses disagreed on nursing manager backs up nursing staff in decisions' making.

This result was incongruent with Gonium [31] who revealed that more than half of staff nurses agreed to some extent on nurses and physicians relationships, while, more than one third of staff nurses disagreed on nurse's participation in hospital's and work's affairs. Also, Michele [46] conducted study entitled; Job satisfaction, work environment and successful aging and indicated that more than half of staff nurses were agree that staff nurses participate in the internal management of the hospital.

This part of discussion answered the research question; what are the characteristics of the work environment as perceived by the staff nurses'.

Regarding prevalence of workplace bullying among staff nurses, the findings of present study revealed that the highest percentage of staff nurses were severely bullied regarding to personal related bullying. While, 17.6% of them were not bullied regarding to intimidation related bullying. This may be due to the characteristics of nursing work, which is known to be fairly intense and stressful so staff nurses are always exposed to being shouted at or being the target of spontaneous anger from the patient or relatives and being the subject of excessive teasing and sarcasm. Also, this may be due to staff nurses are always exposed to persistent criticism of their work and effort and were reminded of their errors or mistakes by their managers.

This result matched with Mohamed, Ahmed, and Goda **[47]** who conducted a study about; Organizational Justice and Workplace Bullying: The Experience of Nurses and found that a higher mean score for person related bullying and a lower mean score for physical intimidating bullying as reported by nurses. Also, Magnavita and Heponiemi **[43]** who conducted a study to evaluate the characteristics and effects of violence on nurses and nursing students concluded that nurses were mostly exposed to external violence from patients or their relatives, while nursing students were exposed to internal violence (interpersonal) from colleagues, staff, teachers, doctors, and supervisors**.**

Moreover, this result was consistent with AL-Sagarat, Qan'ir and AL-Azzam **[6]** who conducted a study entitled; Assessing the impact of workplace bullying on nursing competences among registered nurses in Jordanian public hospitals and indicated that person-related bullying was the most frequently reported type of bullying among the study participants.

In contrary, Mi Ra, Jeung, and Young **[45]** who conducted a study entitled; Influence of Workplace Bullying and Leader-Member Exchange on Turnover Intention among Nurses and found that the highest mean score was related to work related bullying while the lowest mean score was related to intimidation related bullying.

Concerning work related bullying, the result of present study revealed the highest percentage of staff nurses were exposed to daily and weekly work related bullying in the form of being exposed to an unmanageable workload. This result was supported by Lee, Lee and Bernstein **[42]** who declared that nursing works on a three-shift system, which may lead to unclear assignments or responsibilities among nurses. In such an environment, workload, role conflict or ambiguity between nurses can be generated naturally, which can in turn lead to workplace bullying. Additionally, this result was in agreement with Yun etal. **[61]** Who reported that the highest mean score was being exposed to an unmanageable workload.

In relation to personal related bullying, more than two fifth of staff nurses were exposed to daily personal related bullying in the form of Being shouted at or being the target of spontaneous anger. In this respect, Kim **[38]**; Hershcovis Reich and Niven **[33]** who revealed that nurses, who are in the closest contact with patients and thus are exposed much more often to their suffering, illness, and death, almost always must work while in a highly overloaded and stressful condition.

This part of discussion answered the research question; to what extent staff nurses expose/ experience to workplace bullying.

Regarding correlation between work environment and workplace bullying among staff nurses, the result of the present study indicated that statistically significant negative correlation was found between work environment and workplace bullying among nurses. This may be due to workplace bullying has a negative impact on the work environment and the safety of patients as well as on the individual nurses where it leads to sadness, anxiety, mistrust, and low self-esteem in the victim nurses.

This result was consistent with Yun etal. **[61]** Who indicated that significant negative correlations between the nursing work environment and workplace bullying. In similar study done by Roche etal. **[53]** Who found that workplace bullying caused an unstable environment, having a negative effect on the patients, while also affecting the work satisfaction and turnover rate of nurses.

This part of discussion answered the research question; is there a relation between staff nurses' work environment and workplace bullying.

IV.   Conclusion
Based on the findings of the current study, it was concluded that more than half of staff nurses (52.0%) perceived their work environment as average. The highest percentage (73.8 %) of staff nurses were severely bullied regarding to personal related bullying. In addition, there was a statistically significant negative correlation was found between work environment and workplace bullying among nurses.

V.   Recommendation
On the light of the current study findings, the following recommendations were suggested:Hospital administration should improve the nursing work environment, especially with adequate staffing and resources needed.

1.   Hospital administration should involve nurses in work related decisions.
2.   Developing of a reliable and valid instrument for measuring workplace bullying, and that is sensitive to the characteristics of the nursing occupation.
3.   Developing an organizational policy reduce workplace bullying in nurses.
4.   Providing educational program for all nurses regarding bullying.
5.   In the hospital, efforts should also be made to identify and punish the perpetrators to serve as a deterrent to others.

6. Further research needs to be conducted to identify factors influencing workplace bullying among the nurses in their work environment.

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