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Implications of Job Demand, Control, Support Model to Investigate Workplace Bullying and Intention to Leave of Emergency Department Nurses

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Abstract: It known that nurses have the crucial role to achieve safe and efficient health care. Poor work environments such as display to workplace bullying and lateral violence, nurses are not likely to work at their effective, which, may lead to insufficient quality patient care practices and intention to leave for nurses. Workplace bullying (WPB) is rate a dangerous trouble in the profession of nursing. Workplace bullying can be defined as annoyance, assault, and deny colleagues in social relation, or in some way trying to deactivate other nurses work. Moreover, emergency departments are the most high risk places, in which bullying and harassment against nurses is considered a serious problem. It is possible that it happens when the initial encounter emergency nurses is with the patient or family, beside the climacteric situation in the emergency department. Workplace bullying for emergency department nurses is essential matter that cannot be ignored because it is impact on many parties, including organizations, nurses, and patients. Job Demand-Control-Support (JDCS) model are profitable in illustrating a lot of outcomes such as, nurses' attitude towards the job, health and their behavior amongst others. In addition to, Job Demand-Control-Support (JDCS) model a valuable model predicts the workplace bullying and nurses leaving the job. Therefore, the current study investigates workplace bullying based on emergency nurses' Job Demand-Control-Support (JDCS) model and the relationship between the dimensions of this model with workplace bullying and intention to leave for emergency department nurses. A descriptive correlation design was used in this study. All nurses working in emergency department at Emergency hospital (n=45), and Mansoura International hospital (n=33) who fulfills the criteria of having a minimum of one year experience were included. Three tools were used for data collection, namely; Job Demands- Control and Support Scale (JDCSS), Negative Acts Workplace Bullying Questionnaire (NAWQ), and Intention to Leave an Organization Questionnaire. The study findings indicated that total job demand support control was positive correlated with workplace bullying and intention to leave. And job demands and job support were a significantly correlated statistically with all dimensions of workplace bullying. It was concluded that Job Demand-Control –Support (JDCS) model play an important role to investigate workplace bullying among emergency department nurses. It is recommended to manage emergency department nurses' workplace and intention to leave, it is necessary to acknowledge expanded three dimensional demand-control, support (DCS) model because it is not only necessary to reduced workplace bullying but they also stimulate the employee to perform well and intent to stay in their work.

Keywords: Emergency department nurses, Job Demand-Control-Support (JDCS) model, Workplace bullying, Intention to leave, Healthy nursing work environment, Negative acts workplace bullying.

Abbreviations: ED-Emergency Department, JDCS- Job Demand, Control, Support, WPB-Workplace Bullying, JD-Job Demands, JC-Job Control, JS-Job Support, HR-Human resource.

INTRODUCTION

It familiar that nursing professional is the largest group of healthcare suppliers in the hospital. From the exciting to improve quality of health care, the value of empowering performance of nurses comes as they included in patient care main aspect (Ravangard, 2015 & Al-Makhaita et al., 2014). Nurses have the crucial role to achieve safe and efficient health care. Health care organizations should deduce negative components that influence on the job satisfaction of nurses and their physical and mental health to make nurses work at optimal level. The Emergency Department (ED) is characterized by high workload and competing Demands (Wright, & Khatri, 2015, Crilly et al 2017).

Unhealthy workplaces are the cause of ineffective patient care, medical errors, stress on health care providers, conflict among staff, and decreased job satisfaction (Kirwan et al., 2013). Negative work environments have the bad effect on the capacity of nurses to create a safe environment for patient care. Recent widespread policies have brought new attention to unacceptable occurrences of unsafe care. All

healthcare professionals consider providing safe, error-free patient care is the main objective. The case of bad work environment, such as exposition to workplace bullying and lateral violence, staff nurses are not likely to work at their ability, which may produce defect patient care practices and leaving the job for nurses (Ohet al., 2016).

The definition of bullying is a situation where nurses face the negative actions over time by one or others (Wright, & Khatri, 2015). Moreover, bullying include disruptive behavior, horizontal violence, vertical violence, nurse hostility, abuse, harassment and lateral violence. Bullying in workplace considered as a danger problem in the profession of nursing. Workplace bullying is a harassing, attacking, and socially excluding colleagues, or in different way trying to interrupt work of colleagues (An, & Kang, 2016). The empirical evidence illustrated that it has a lot of consequences not only on nurses' health but also on the safety of patients (Castronovo et al., 2016, Riskin et al., 2015).

Workplace bullying (WPB) composed from three types: bullying related work, bullying related person, and bullying related physical intimidation. Bullying related work may include manners such as playing an unbelievable time ending, allocate tasks under a person's skill ability, or hide knowledge that influence the performance (Castronovo, *et al.*, 2016). Bullying related person, includes being excluded or neglected, indication and signals from others to drop one's job, rumors and spreading gossips. Moreover, pushing and hiding the way, invasion of personal space, impudence of thuggery, actual perversion or physical abuse, considered physically intimidating behaviors (Wright & Khatri, 2015).

Ago, bullying know as a serious element for nurses in a lot of countries and workplace settings. Moreover, workplace bullying is ferocious element on the health of bullying witnesses. Unsuitable leadership manner, unjust working environment and low grip of job may lead to the occurrence of bullying in settings of healthcare (Reknes *et al.* 2014). Bullying may bring about a pestilent work environment that characterized as work demotivation, low concentration, errors, absenteeism and intention to leave for nurses; such an environment causes decrease of productivity and poor quality of patient care (Karatza, *et al.*, 2016).

The spread of violence in work is elevating and the influence of this attitude serious, in particular in the health care functions. A number of healthcare workplaces have negative environments that promote disrespectful bullying, attitudes and bad behaviors (Wright & Khatri, 2015). These behaviors create high costs physically, psychologically and financially such as turnover, prevail signs such as bullying victim, nursing stress and concern that influence on their performance. Undoubtedly healthy nursing work environment influence on nurse outcomes (Castronovo, *et al.*, 2016).

Nature of nursing environment forced on sharing in hospital affairs, basis for quality of care; staffing and adequate of resource; support, leadership and nurse manager ability; and fellow relationships between physicians and nurses (Al-Hamdan, *et al.* 2017). During the recent decades, the Demand-Control-Support (DCS) model is widely used in the field of occupational health (SAIJO *et al.* 2016). This model became one of the most used models field of nursing and it has been widely used to assess job well-being due to, the nursing profession has demands and high control (Negussie, & Kaur, 2016).

Job Demands-Control-Support (DCS) Model support work control and the requirements of the job that any person need it in the workplace. It has been referred to work Featured by increase of job demands, decrease decision latitude, and unsupported work environment reduces well-being and health of employee (Etienne, 2014). Job requirements comprise organizational, physical and social aspects of the job that need physical or mental effort. These involve exacting task requirements, work time pressure, and overall workload demands. Therefore, (JDACS) model is modest demands that increase employee comfort by facilitating work tasks. The support of workplace assists in making good relationships in workplace, with superiors and

subordinates, considering job matters related to bullying (BalTastan, 2016).

Job Demand, Control, Support (JDACS) model one of the most importance model that identifies three series components in the frame of work that influence well-being level of individual: job demands, job control, and support. Job demands refer to the requirements that nurse's assign and are overwhelmingly linked with pressure of time, role opacity and role struggle (Al-Hamdan, *et al.* 2017). Job control or decision freehand indicate to the scope to which a nurses feels they can do affect work tasks they assign and is most often operationalized during building of skill freehand and decision power. The skill of decision element implement matters on diversity of task, but the decision power element indicate to the opportunity to produce decisions independently and remind what occurs in the place of work (Pinto, 2014).

In the same vein, healthcare workers face serious risk than any other workers in violent behavior (Lanctt & Guay, 2014). Workplace bullying occur more in the setting of health care in relation to other strips. Nurses face serious risk of violence than other hospital personnel among healthcare staff because of their direct interact with patients and their families (Wright, & Khatri, 2015). Bullying stick to excessive passive effect on staff retention and care quality with little liability for the assaulter, which many employees desertion their work to escape from the organization (Mitchell *et al.*, 2014).

Workplace bullying is very dingers and can causes different bad outcomes for staff nurses. More especially, workplace bullying can produce impairment in somatic and psychic state of prey, decrease output, and turnover rate become higher. Moreover, workplace bullying can result in high stress level and low job satisfaction of coworkers (An, & Kang, 2016). Few studies mentioned the relationship between job demand-control-support factors with the intention to leave that involve all job demand-control-support factors. Therefore, it is important to clarify the factors of the job demand-control-support model that influence on workplace bullying and the intention to leave is needed (SAIJO, *et al.* 2016)

SIGNIFICANCE OF THE STUDY

Workplace bullying has been perceived as one of the serious problems in the nursing profession generally, and Emergency Departments (ED) specifically. Moreover, emergency departments are the most high risk places, in which bullying and harassment against nurses is considered a serious problem. It is possible that it happens when the initial encounter emergency nurses is with the patient or family, beside the climacteric situation in the emergency department. Workplace bullying for emergency department nurses is essential matter that cannot be ignored because it is impact on many parties, including organizations, nurses, and patients. Job Demand-Control-Support (JDACS) model are profitable in illustrating a lot of outcomes such as, nurses' attitude towards the job, health and their behavior amongst others. In addition to, Job Demand-Control-Support (JDACS) model a valuable model predicts the workplace bullying and nurses leaving the job. Therefore, the current study

investigates workplace bullying based on emergency nurses' Job Demand-Control-Support (JDCS) model and the relationship between the dimensions of this model with workplace bullying and intention to leave for emergency department nurses. Moreover, the used tools were namely, data collection, Job Demands- Control and Support Scale (JDCSS), Negative Acts Workplace Bullying Questionnaire (NAWQ), and Intention to Leave an Organization Questionnaire. The study findings indicated that total job demand support control was positive correlated with workplace bullying and intention to leave

Research hypothesis:

- Job demands are correlated with workplace bullying and intention to leave for emergency department nurses.
- Job control is correlated with workplace bullying and intention to leave for emergency department nurses.
- Support working environment of emergency department are correlated with workplace bullying and intention to leave for emergency department nurses.

Aim of the study:

The study aimed to identify implications of Job Demand Control Support (JDCS) model to investigate workplace bullying and intention to leave for Emergency department nurses.

Subjects and Methods:

The design of the study:

The researcher used a descriptive correlation design to carry out this study.

The setting of the study:

The researcher conducted the study in two emergency departments which were affiliated to Emergency University Hospital and Mansoura International Hospital. These hospitals provide a wide spectrum of health services at Delta Region.

Subjects:

All nurses working in emergency department at Emergency hospital (n=45), and Mansoura International hospital (n=33) who fulfill the criteria of having a minimum of one year experience and available at time of data collection included in the study, to express their opinion about job demands and resources, workplace bullying and its effects on their intention to leave the organization or profession.

Data collection tools:

The researcher used three tools for data collection, namely; Job Demands, Control and Support Scale (JDCSS), Negative Acts Workplace Bullying Questionnaire (NAWQ), and Intention to Leave an Organization Questionnaire.

Job Demands Control and Support Scale (JDCSS): the researchers developed it by using literature review. This questionnaire divided into four parts:-

The first part: It was used to identifying demographic characteristics of the emergency department nurses such as, age, hospital, educational qualifications, and years of experience.

The second part: It includes 6 items which describe psychological stressors such as workload and time pressures related to the emergency department nurses' job demands in their workplace (Karasek & Theorell, 1990, p. 346).

The third part: It was define emergency department nurses' job control and the extent to perceive control over numerous aspects of their work environment. The scale covers different domains of work including control over tasks performed, task performance order, pacing, rest breaks scheduling, procedures and policies in the workplace, and physical environment arrangement (Ganster 1989). It includes two subscales. *The first subscale* includes 6 items related to emergency department nurses' discretion in applying skills to do the job. *The second subscale* includes 3 items which describes an emergency department nurses' authority to make job-related decisions. Accordingly, each response was assigned a score from 5-point scale, varying from 1 (never) to 5 (extremely often).

The fourth part: It was developed by Park (2012) to assess support nursing work environment. This tool consists of 30 items for 4 sections namely; institutional support (12 items), leadership of the head nurse (7 items), basic work system (6 items), and interpersonal relationship (5 items). The assessment is done on a 5-point Likert scale, ranging from 1 (not at all) to 5 (very true),

Negative Acts Workplace Bullying Questionnaire (NAWQ): It was developed by Einarsen, et al. (2009) and is aimed at measuring workplace bullying among emergency department nurses. This questionnaire measures three interrelated elements linked to *person-related bullying* (12 items), which refers to slander, social isolation, and negative innuendos toward a person. Whereas *work-related bullying* (7 items) that refers to "being given too much or work that is too simple or having one's work constantly criticized." Finally, *intimidation-related bullying* (3 items) that refers to "physically aggressive acts toward people". Accordingly, each response was assigned a score from along a 5-point scale, varying from 1 (never) to 5 (daily).

Intention to Leave an Organization Questionnaire. It was adopted by O'Driscoll & Beehr's (1994) to assess emergency department nurses intention to leave their nursing job in the hospital or leaving to find other work. It contains 3 items. The response used five point Likert Scale that were from 1 to 5 (1=strongly agree) to (5= strongly disagree).

Data Collection methods:

1. The researcher could get area to perform the study that was obtained from the directors of Emergency University Hospital and Mansoura International Hospital.
2. The researcher interviewed with the participants to explain the aims and the procedures of the study, and to illustrate that they can be excluded from the study any time during the study. Oral approval to share was assumed by filling sheet of questionnaire.
3. The researcher used data collection tools that were translated into Arabic and were tested for its content validity and reviewed by a jury who were three academic staff in Administration Department of Nursing at Mansoura, three head nurses and 9

emergency department nurses from two study hospitals. The necessary modifications were performed.

4. The researcher conducted a pilot study on 10% of emergency department nurses at two study hospitals in order to fulfill the clarity and feasibility.
5. The sheet was distributed to fill. Each sheet needs 10-15 minutes to be filled. Also, data collection was taken two months that started in October 2016.

STATISTICAL ANALYSIS

The researcher used SPSS software statistical computer package version 19 to collect data that were organized,

RESULTS

Table (1): Demographic characteristics of nurses at both study hospitals.

Characteristics	Emergency University Hospital (n=45)		Mansoura International Hospital (n=33)	
	No.	%	No.	%
Age				
< 25	12	26.67	9	27.27
25- 30	18	40	19	57.58
31- 35	15	33.33	5	15.15
<i>Mean + S.D</i>	<i>27.423±4.323</i>			
Educational qualification				
- Bachelor			4	12.12
- Technical degree	6	13.33	7	21.21
- Diploma degree	14	31.11	22	66.67
	25	55.56		
Years of experience				
< 5	12	26.67	11	3.33
5-9	13	28.89	6	18.18
10≥	20	44.44	16	48.49
<i>Mean + S.D</i>	<i>7.717±4.457</i>			
Marital status				
- Married	37	82.2	27	81.8
- Single	8	9.1	6	18.2

Table 1 depicts demographic characteristics of nurses at both study hospitals. Most of nurses included were 25-30 years old. Most nurses in both study hospitals had diploma

and statistically analyzed. Data analyzed using mean and standard deviation for numerical variables. The maximum score are based on the number of items of each topic. Multiple regression analysis was used to investigate whether job demands, control, and support would predict workplace bullying and intention to leave. In order to test the hypotheses, standard linear regression analyses were conducted. The r-test was used for correlation analysis between quantitative variables like job demands, control, and support and workplace bullying. The threshold of significance was fixed at the $p < 0.05$ level.

degree with 55.56% and 66.67% respectively and mainly having 10 or more years of experience 44.44% and 48.49 % respectively and the majorities were married.

Table (2): illustrate the mean score of nurses’ perceptions in relation to job demand-control-support at both study hospitals (n= 78)

Job Demand-Control-Support (JDCS) dimensions	Emergency University Hospital (n=45)	Mansoura International Hospital (n=33)	t	p
	Mean±S.D	Mean±S.D		
Job Demands (JD)	19.977±3.627	21.909±3.529	.748	.104
<i>Skills discretion</i>	23.400±3.544	22.909±2.993	.299	1.095
<i>Decision authority</i>	10.822±2.357	11.333±2.160	.576	.315
Job Control (JC)	34.222±4.704	34.242±3.984	.443	.594
<i>Institutional support</i>	39.511±7.512	35.272±8.427	.618	.250
<i>Leadership of head nurse</i>	28.266±9.128	24.575±5.825	.933*	.007
<i>Basic work System</i>	19.666±3.605	21.000±4.493	.025	5.248
<i>Interpersonal Relationship</i>	16.133±3.079	17.515±3.882	.138	2.244
Job Support (JS)	103.577±18.78	98.363±17.921	.876*	.025
Total Job Demand-Control-Support (JDCS)	157.777±24.12	154.515±21.75	.861*	.031

*Significant at $p < 0.05$ level.

Table (2) illustrates the mean score of nurses’ perceptions in relation to Job Demand-Control-Support (JDCS) dimensions at both study hospitals. This table showed a statistical significant difference between the mean scores of job demand-control-support at both study hospitals. The highest mean score was reported for Job Support (JS) at Emergency University hospital and followed by Mansoura International

hospital 103.577 and 98.363 respectively. As well as Institutional support it received the highest mean score by staff nurses at Emergency University hospital 39.511 and 35.272 at Mansoura International hospital. While Decision authority received the lowest mean score by staff nurses at Emergency University hospital 10.822 and 11.333 at Mansoura International hospital respectively.

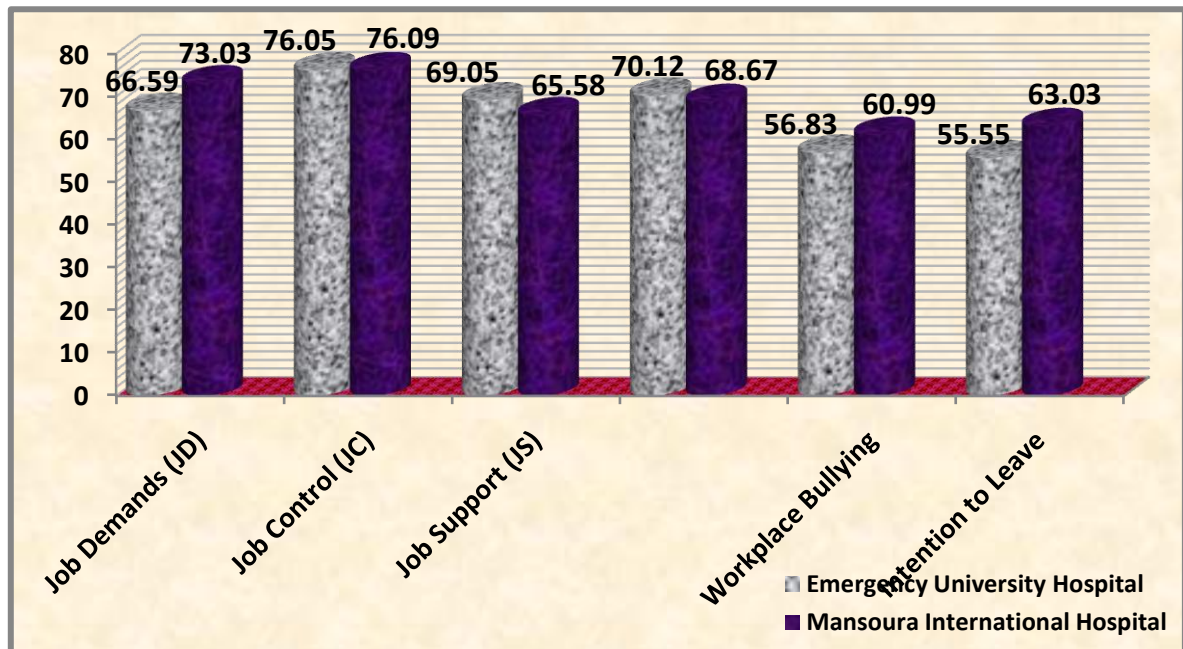
Table (3): shows the mean score of nurses' perceptions in relation to workplace bullying and intention to leave selected settings (n= 78)

Workplace bullying dimensions	Emergency University Hospital (n=45)	Mansoura International Hospital (n=33)	t	p
	Mean±S.D	Mean±S.D		
- Person-related bullying	33.133±10.758	35.515±9.855	.912*	.012
- Work-related bullying	21.066±4.979	21.575±4.911	.831*	.046
- Intimidation-related bullying	8.311±2.652	10.000±2.839	.659	.196
Total Workplace Bullying	62.511±16.310	67.090±15.174	.887*	.020
Total Intention to Leave	8.333±2.946	9.455±3.336	.558	.346

*Significant at p<0.05 level.

Table 3 illustrates the mean score of nurses' perceptions in relation to workplace bullying dimensions and intention to leave selected settings. This table showed a significant difference between the mean scores of workplace bullying all dimensions at both study hospitals except Intimidation-related bullying which was not significantly difference. Nurses at Mansoura International hospital reported 67.090 mean score for workplace bullying and 9.455 intentions to leave which indicates the higher mean score than emergency university hospital.

The highest mean score was 35.515 for person-related bullying at Mansoura International hospital and 33.133 at emergency university hospital. While the lowest mean score was reported for Intimidation-related bullying 8.311 emergency university hospital and 10.000 at Mansoura International hospital. The table also revealed that there was non-significant difference for perceived intention to leave between both study hospitals (p>0.05).



*Percentages are calculated relative to maximum score.

Figure1: Percentage of job demand-control-support, workplace bullying, and intention to leave as perceived by nurses at both study hospitals.

Figure (1) shows percentage of job demand-control-support, workplace bullying, and intention to leave as perceived by nurses at both study hospitals. This table revealed the highest percentages was observed for job control at both

study hospitals. Nurses at Mansoura International hospital reported 60.99% for workplace bullying and 63.03% for intention to leave which indicates the higher mean score than Emergency university hospital.

Table 4: Relationship between job demands, control, and support and intention to leave with workplace bullying in the selected settings (n= 78)

Variables	Person-related bullying	Work-related bullying	Intimidation-related bullying	Total Workplace Bullying	Intention to Leave
Job demands	.513** .000	.468** .000	.516** .000	.572** .000	.846** .000
Job control	.283* .012	.436** .000	.208 .068	.357** .001	.333** .003
Job support	.314** .005	.371** .001	.234* .040	.362** .001	.600** .000
Total job demand support control	.388** .000	.455** .000	.309** .006	.450** .000	.680** .000

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

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

Table 4 depicts relationship job demands, control, and support dimensions and intention to leave with workplace bullying in emergency department in the selected settings. The results in this table revealed that total job demand support control was positive correlated with workplace

bullying and intention to leave. The table also shows job demands and Job support were a significantly correlated statistically with all dimensions of workplace bullying. While job control was not significantly correlated with intimidation-related bullying.

Table 5: Correlation workplace bullying and nurses' intention to leave with age and years of experience.

Predictor	Correlation with workplace bullying		Correlation with job intention to leave	
	r-value	p.value	r.value	p.value
- Age	-.287*	.011	-.151	.188
-Years of experience	-.210	.065	-.123	.282

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

Table 5 shows correlation workplace bullying and nurses' intention to leave with age and years of experience. The results in this table revealed that **age** was negative correlated

with workplace bullying ($p < 0.05$). While years of experience were not proved to be correlated with workplace bullying and nurses' intention to leave.

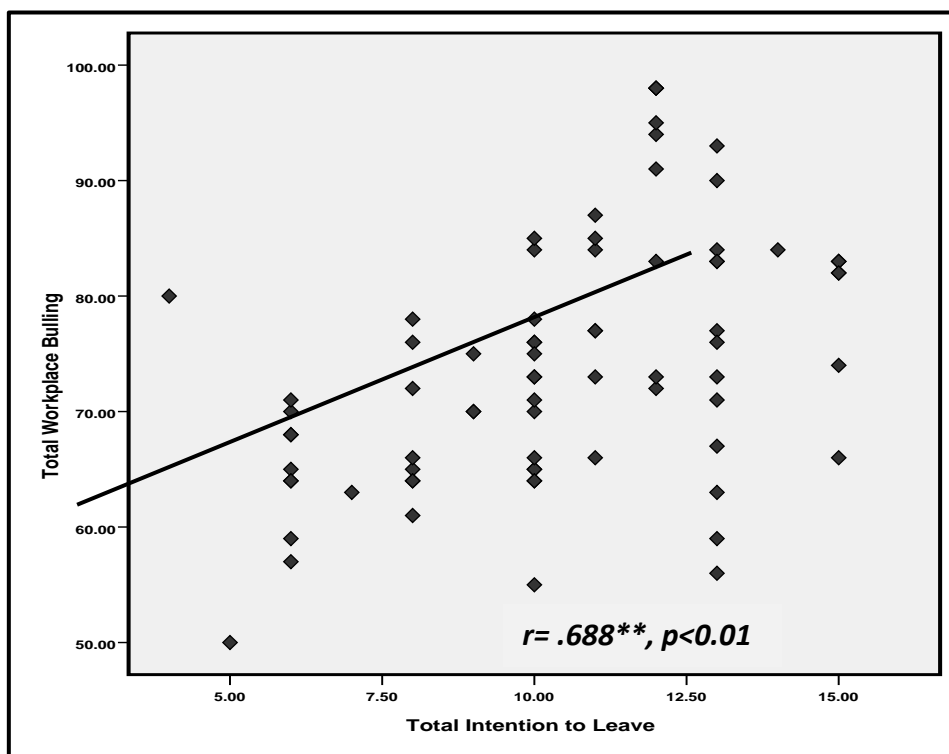


Figure2: Correlation between workplace bullying and nurses' intention to leave.

Figure2 illustrates that there was significant positive correlation between workplace bullying and nurses' intention to leave ($r = .688, p < 0.01$). This indicates that increase in workplace bullying score as viewed by nurses resulted in nurses' intention to leave.

DISCUSSION

Healthcare services generally are under pressure to meet demand for Emergency Department (ED) services (Arain et al., 2015). Emergency departments should present continued healthcare services for 365 days over the year and 24 hours over the day for patients who require urgent treatment. Specifically the allocation of a healthcare professional to care for patients and improve flow through the department was one strategy introduced to manage emergency department workload (Innes et al., 2015). Workplace bullying needs to be explored in a continuous and systematic way because organizations have a responsibility to protect

their employees from adverse health outcomes (Attellet al., 2017).

Healthcare professional are at greater risk than any other workers. Nurses face a greater risk of violence among healthcare personnel, than other hospital personnel, this due to nurses' direct contact with patients and their families (Lanctt & Guay, 2014). In particular, Emergency department nurses were at more violence and aggression than other nurses. The spread violent behavior against nurses and emergency department appear particular among nurses (Mitchell et al., 2014).

The present study provided evidence of the importance for presenting bullying of workplace as a potential output of the Job Demands, Control, and Support (JDCS) model. The results of the study were a significant positive correlation between emergency department nurses' job demands,

control, and support with workplace bullying and intention to leave. This means JDCS model provides a sound theoretical model that are included in the up growth of workplace bullying and there was the associations of job demands, control, and support, and their interaction with workplace bullying and emergency nurses' intention to leave. This finding is harmonious with **den Broeck, et al., 2011** study' who found job demands and job resources interacted in the prediction of bullying.

Job Demand, Control, Support (JDCS) is important model for occupation of nursing because nursing has a number of demands and high control. Moreover, **Einarsen et al., 2009** pointed that nurses' ability to take decisions considering work and social support from supervisors and subordinates that helps to invert the bad influence of high requirement. Furthermore, **Hankins, 2008** concluded there is correlation relation between job demand-control-social support and job satisfaction in specialized teaching hospitals in Ethiopia. Results of the present study also revealed that non-significant difference between both studied hospitals as regards for job demands. This may be contributed to the nature and job characteristics of Emergency Department (ED) nurses and was being contact to cyclonic workload.

In the same vein, quantitative job demands involve time pressure and work overload. In the present study, staff nurses at Emergency University and Mansoura International Hospitals reported time pressure and workload and report job demands as 66.59% and 73.03% respectively. This may be explain as when these time pressure and workload are high, emergency department nurses would experience exhaustion, stress and bullied. This is supported by **Notelaers et al., 2012** who indicated a positive main effect of workload on workplace bullying. Likewise, **An & Kang, 2016** who indicated the causes for increase happening of nurses bullying are may due to the attributes of nursing work, as to be fully heavy and uncomfortable, elevate workload, and high dependent are linked with higher workplace bullying grades. As well as **Balducci, et al., 2011** found that demands of job as time pressures and increase workload can lead to destructive outcomes as stress.

The results said that no significance difference founded between both study hospitals regards the percentage of job control and it was also correlated with nurses' intention to leave nursing work in both study settings and job control was consistently related to both the workplace bullying and intention to leave. This means that lack of job control is connected with nurses' intention to leave work. This is the same results of **Saijo et al., 2016** study's' who concluded job control was related to both the intention to leave and depressive symptoms. This is supported by **Chan et al., 2013** found that control of job mostly foresee nurses' turnover intention. Likewise, **Maurits et al., 2015** who concluded job control, support, and autonomy are negatively correlated with home healthcare nurses' intention to leave work.

The present study results provided clue of workplace bullying of Emergency department nurses effects on their intentions to leave. This may be contributed to these negative work environments and working conditions

generate job stress and intent to leave, which impede nurses from providing optimal patient care in a safe environment. These findings highlight the potential importance of workplace bullying in impacting work conditions and patient care outcomes. This is consistent with the result of **Plopa et al., 2016; Oh, et al., 2016** concluded some nurses have wanted to leave their jobs when exposed to negative work environments. This is the same view of **Tre'panier et al., 2016** who reported that the bullying of workplace has a passive effect on nurses' attrition, job gratification, and intentions to leave. Therefore, **Houck & Colbert, 2016** considered workplace bullying as a part of the nurse's work environment affects safety of patient.

Findings of the present study revealed Job Demand, Control, Support (JDCS) is positive correlate with person and work related bullying. This may be discussed that the emergency department nurses' had a lot of tasks which were given without discrimination. This does not destroy care quality taken, but it has reduction in recognition that could influence spirits, which in turn affects care quality. This is agreed with **Wright & Khatri, 2015** who concluded person and work related bullying affects quality of care and patient safety. This is the same view of **Van den Brande et al., 2016** who emphasized factors that are related to person may mitigate the combination between stressors that are related to work and strain outcomes such as workplace bullying.

In this study workplace seemed to have a significant influence on intent to leave. This may be due to bullying in the workplace make a destroyer work environment and undermines administration. Yet, **Houck & Colbert, 2016**. Who pointed to nurses stick to define bullying as a constant issue in the nursing workforce. This is the same line of **Van den Brande et al., 2016** who mentioned work-related factors that are the reason for bullying. Moreover, Work-related factors are related to the working environment that needs psychological effort or skills, sustained physical, so it combined with physiological and/or psychological costs. And **Wright & Khatri, 2015** concluded work-related bullying may be the outcome of workplace design, shortages of staff, policies, or structure of the organization.

In the nursing profession, job characteristics may partially explain why nurses are particularly vulnerable to bullying (**Tre'panier, et al., 2016**). Findings of the present study revealed job support correlate with workplace bullying and intention to leave. However **Rodwell et al., 2013** found that the relationship between co-worker support and bullying was non-significant. This is support with **Budin et al., 2013** who mentioned lack of support may felled by nurses from the management of their organizations is closely connected to the occurrence of work-related bullying. Bullying enhance work demotivation, lack of concentration, many mistakes and absenteeism; such an environment can result in low productivity and poor quality of patient care. As well as **Tre'panier et al., 2016** suggested that poor quality interpersonal relationships which may lead to increase the risk of bullying. Therefore, it was recommended by **Johnson, 2015** who concentrates on modifying individual behaviors and interactions between employees, to prevent workplace bullying.

Findings discovered that a significant correlation between emergency department nurses' workplace bullying and their age. This may be contributed to older nurse came their work enjoyment excessively from social and friendly interactions at work than younger ones, whose satisfaction may arise basically from the work itself. This is agreed with **Kakarika et al.,2017** who reflect age as an essential variable that may further affect judgment of individual after bullying events and they refer to older employees more strongly perceive events of bullying as experiencing under the work of the organization than younger ones. This finding is not harmonious with **Purpora & Blegen 2012** who reported age and nurses' clinical experience were not linked with workplace bullying. Wherefore, there is a requirement for elevate consciousness through education and seek to solve the problems of workplace bullying for nurses to decrease nurses' turnover rate.

Workplace bullying is emerging as an essential element of the wider nursing environment, and there is more evidence that connect work environment of nurses with degree of quality and safety of care that provided in hospitals (**Houck & Colbert, 2016**). Moreover **Tre'panier et al.,2016** bullying results in exhaustion not at the nursing profession level but also at the level of the organizational itself. Indeed, according to a study by **Johnson & Rea (2009)** found nurses who leaved the nursing profession more exposed to bullying than those who had not been bullied.

Workplace environment issues are critical matters for healthcare professionals, not just to the quality of nurses' work life but to patient outcomes as well. Likewise, **Oh et al.,2016** recommended that providing a backing work environment by inhabit workplace bullying may play an important role in retaining clinical nurses and reducing patient care errors. Therefore **Yun et al.,2014** indicated that develop and display organizational policy and conducting research to minimize workplace bullying for nurses at emergency department. In addition to **Houck & Colbert,2016** recommended hospitals should think about workplace bullying (WPB) issues as a side of their quality improvement assessments and using educational awareness operation as a road to achieve prevention of bullying primarily.

Human resource (HR) management plays an essential role in define bullying. The study findings provide important insights into Human Resource (HR) management in health services. Identifying the most occurred destructive behaviors that unsuitable impact nurses' health and thereby decrease the quality of the health services. The use of convenient tools for basic evaluations of necessary interventions and for assessments of situations is a prerequisite for progressing healthcare organizations. (**Carter et al.,2013**).

A managerial role covers recognizing, understanding and manipulating victims' complaints (**Karatza et al., 2016**). According to **Center, 2011** mentioned for preventing bullying behaviors and being tradition in the organizational culture, it is significant to adjust awareness and mentor of new nurses to assure actions are not being believed. As well as **Castronovo et al.,2016** who point to early education like open discussion of bullying behaviors during orientation and

persistent training will permit young professionals for developing skills that required for collaborating with the any differences?

CONCLUSION & RECOMMENDATIONS

The concluded of this study that Job Demand, Control, Support (JDCS) model plays an important role to investigate workplace bullying among emergency department nurses. This means that job demands, control, and support related to both the workplace bullying and intention to leave and its effect was significant when anticipate wrongdoer reports of bullying. The present study confirms the JDCS model's hypothesis that job demand, control, and support are of greater importance effect on workplace bullying. These results suggest that workplace bullying and emergency department nurses intention to leave may indeed be inhabited by decreasing the job demands and elevate job control and support. The findings of the study were significant relationship between Job Demand, Control, Support (JDCS) model dimensions' and workplace bullying. The job demands and job resources interaction was significant when anticipate perpetrators' reports of bullying. The expanded three dimensional demand, control, support (DCS) model are not only necessary to reduced workplace bullying but they also stimulate the employee to perform well and intent to stay in their work.

Based on the findings, the study can be recommended that:-

1. Bullying of workplace may be decreased by reduce job demands and elevate support of job.
2. Additional studies are recommended to get better defining of the contribution of job demand, control and support factors to workplace bullying level. So, reiteration of these results in many occupational groups and hospitals is requisite.
3. Improving job control and create supportive work environment may be important to prevent workplace bullying and intention to leave.
4. Applying longitudinal or cross-section study to obtain strong perception of bullying and to discover the potentially of invert causation or mutual relationships with other factors as a future studies.
5. Future research could be to investigate further the processes and job characteristics through which workplace bullying may raise.
6. Suggest that standardized measurement tool be formed and implemented to measure the level of nurse bullying at hospitals nationally.

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