Enduring Silence on Violence in the Nursing Workplace: An Emerging Phenomenon

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Abstract

This phenomenological study aims to understand the lived experiences of practicing nurses about workplace violence in two tertiary hospital setting. Selected nurses who have personally experienced two or more bullying behaviors in the work setting and whose job statuses were either regular, casual, or job hired were identified informants for an in-depth interview. The interview data were transcribed and five themes generated and evolved. These are (a) workplace violence happens to anyone: workplace violence is becoming rampant in the health care industry, (b) there are damaging circumstances as a nurse: impact of workplace for nurses, (c) unpleasant experiences are better forgotten: how nurses survive workplace violence, (d) I am a Nurse and I stand by my profession: why nurses opted to stay despite their workplace violence experiences, and (e) I long for a better place: a better workplace for nurses. In the narratives, study reveals that informants experienced unforgotten disruptive behaviors such as fear, frustration, verbal abuse, humiliation and threat. Abuse or misuse of power of authorities resulting to diminishing trust and confidence in hospital administration created feelings of helplessness and demoralization that eventually reduced their feeling of dignity and self-respect. Legitimate occupational issues within the nursing workplace need attention and if interventions are ignored, the consequence is enduring silence.

Keywords: enduring silence, nurse, phenomenology, workplace violence

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Given the central focus of caring in the nursing profession, it is ironic that evidence of violence has become a common work-related phenomena. Griffin (2004) defined horizontal violence as overt and covert actions by nurses toward each other especially towards those viewed less powerful. In a US based study, this prevalence affects new nursing graduates, nursing students, and even those nurses who have worked at a health facility for a long time (Roy, 2007). Griffin further explained that because most communication is nonverbal, covert behaviors have the biggest impact. Lateral Violence (LV) manifests itself in a variety of unkind, antagonistic interactions that occur among nurses in the same organizational hierarchy. The lack of a universal term to contain these actions makes integrating research on LV difficult (Bartholomew, 2006).

Lateral Violence is so widespread in the nursing world that at one point or another, everyone, regardless of age, sex, employment status, or religion has been affected. Less is known about workplace violence facing the nursing workforce in the Philippines (de Castro, Cabrera, Gee, Fujishiro, & Tagalog, 2009). It is assumed that Filipino nurses do not report incidence of violence in the workplace. Workplace violence or disruptive behavior involving a nurse is the subject being investigated. Disruptive or bullying behaviors may be in the form of physical assault, threatening, either covert or overt, that the nurse may experience from peers, nursing aides, laboratory technicians, supervisors, physicians, patients, or their significant others, in the tour of their duty.

Overt and covert behaviors are generally a summation of personality. Those are characteristics that may either be seen or unseen. Overt behaviors encompass traits that are observable and readily perceived through an individual's sense. Ready impressions on a person exemplify how an individual is seen through his overt attributes. Covert behaviors, on the other hand, include those traits that are hidden deeply within an individual, those that he/she keeps to himself/herself for some reason (Magalona & Sadsad, 2008).

The American Nurses Association (ANA, 2011) recognizes that workplace violence is a problem in the health care industry, and it works hard to provide resources to protect nurses in the US. In 2009, more than 50% of emergency center nurses experienced violence inflicted by patients. There were 2,050 assaults and violent acts reported, requiring an average of four days away from work. Of these acts, 1,830 were inflicted with injuries by patients or residents, and from 2003 to 2009, eight (8) registered American nurses were fatally injured at work (Bureau of Labor Statistics [BLS], 2013).

Nurses may experience workplace violence for a number of reasons. Murray (2009) mentioned that the basis most often is the need for the bully to be in control of all aspects of the work environment. The perpetrator of the violent behavior may have a personality flaw, such as being shortsighted, stubborn to the extreme of psychopathic tendencies such as trying to be repulsively charming; has an exaggerated sense of self; and lacks the ability to be remorseful or feel guilt over the harm inflicted upon others.

Disruptive behaviors also exist because of a *white wall of silence* that often protects the bully. In some cases, senior managers insinuate these behaviors and often protect the bully instead of the victims (Longo, 2007). Another study on American student nurses reported that 53% had been put down and reported being insulted by a staff nurse (Longo, 2007); 52% reported having been threatened or experienced verbal violence at work (ANA, 2011). In another study De Castro et. al (2009) and his group described work-related problems among a sample of nurses in the Philippines. Cross-sectional data were gathered through a self-administered survey during the Philippine Nurses Association in 2007 convention. Measures included four categories: work-related demographics, occupational injury/illness, reporting behavior, and safety concerns. About 40% of nurses had experienced at least one injury or illness in the past year, and 80% had experienced back pain. Most who had an injury but did not report it. The top ranking concerns were stress and overwork. Filipino nurses encountered significant health and safety concerns that are similar to those faced by nurses in other countries. It is recommended in this study that future research should examine the work organization factors that contribute to these concerns to strengthen policies that promote health and safety.

The Philippine Nursing Act of 2002 (R.A. 9173 Section 2 in Vinzon, 2007) hereby declares that it is the policy of the State to assume responsibility for the protection and improvement of the nursing profession by instituting measures that will result in relevant nursing education, humane working conditions, better career prospects, and a dignified existence for the nurses.

Epistemology

The epistemology of constructivism and the theoretical perspective of interpretivism framed this study. Interpretivism is understanding something in its context. A person may respond in a number of ways to a particular stimulus since people's actions are context-bound and dependent on time, location, and

the minds of those involved. In other words people create and associate their own subjective meanings as they interact with the world around them (Holloway 1997), and thus, interpretative research attempts to understand phenomena through assessing the meanings that the key informants assign them.

Seemingly, Albert Bandura (1969), the proponent of Social Learning Theory highlighted the significance of observing and modeling the behaviors, attitudes, and emotional responses of others as a way to understand a particular group. Much of the learning to direct interpersonal situations is a product of following the behaviors one observes in the group to which one wants to be accepted as a member. When maltreatment of a nurse is occurring, members of the work unit may model the behavior of the individuals participating in the negative behavior as a way to be accepted by them (Griffin (2004).

This qualitative study aims to (1) describe the lived experiences of Filipino nurses exposed to workplace violence in tertiary hospitals in Iloilo City, (2) understand the significant memories and insights of nurses as they look back at their experiences on violence, and (3) analyze the meaningful feelings and outlook towards workplace violence. It is assumed that nurses experience some kind of violence from their peers, colleagues, patients, and their families or from other members of the health care team.

Methodology

Creswell (2003) defines phenomenological research as a strategy associated with the qualitative approach, in which the researcher identifies the essence of human experiences concerning a phenomenon. This type of research is used to study areas in which there is little knowledge (Donalek, 2004). The nursing literature, mainly from the Western countries, is full of clinical articles about bullying, harassment, and horizontal violence in the workplace but actual research evidence is limited.

Data Sources

The study was conducted in December 2015 in two of the ten hospitals in Iloilo City. Two tertiary hospitals that carry Level 4 status as teaching and training hospitals (Department of Health, 2005) were considered as the venues of the study. One of the hospitals is a government institution while the other is privately owned. As tertiary general hospitals, nurses were regularly rotated

to different general wards and specialty units and are given the opportunity to handle bigger responsibilities.

Work-related Demographics. An accompanying work-related demographic data sheet was used to gather information on the nurses' personal and non-personal characteristics such as age, sex, religious affiliation, marital status, and type of hospital, area of assignment, position held, educational qualifications, employment status, and the number of years of experience as a nurse.

Table 1

Nurses' Personal and Non-Personal Characteristics

Nurse (in Pseudonym)	Characteristics
Teresita	She is a 30 year-old, single, and worked as a staff nurse at a semi-private general ward of a government hospital for 9 years and occupying a permanent position.
Orly	He is the most senior informant, who served at a government hospital for 31 years and is the present Nurse Supervisor of the Operating Room complex.
Loraine	She is a 39 year-old mother of a young boy. She is working at the general wards of a government hospital as a permanent Staff Nurse.
Lorenzo	He is young gentleman at age 28, single and has been to several health care units before becoming a permanent staff nurse in one of the Government Hospitals in the City. He is assigned in the general wards.
Pedy	She is a 42 year-old, single nurse, is assigned to the pediatric department of a tertiary institution holding a permanent position, and served as the Head Nurse of the unit for 6 years.
Ice	He is a job-hired employee of a privately owned tertiary hospital in the city and has been assigned in the Intensive Care Unit for 2 years.

Workplace violence survey questionnaire (Dumont and Colleagues, 2012). The modified survey consists of 18 statements on workplace-related disruptive behaviors and was used to identify the key informants for the in-depth interview. Measures included three categories: (1) the frequency of experiencing workplace violence or disruptive behaviors, (2) how a nurse is personally affected by these behaviors, and (3) the perpetrators of disruptive behaviors. Under the frequency of experiencing workplace violence or disruptive behaviors, statements like: (a) Harshly criticizing someone, (b) Belittling or making hurtful remarks to others, (c) Complaining about a co-worker, (d) Raising eyebrows or rolling of eyes at coworker, and (e) Pretending not to notice a coworker struggling with his or her workload were asked. As to category two: how a nurse personally is affected by these behaviors, statements were: (a) I was discouraged because of lack of positive feedback, (b) I have not spoken up because of fear of retaliation, (c) I hesitated to ask question for fear of being ridiculed, (d) I left work feeling bad about myself because of not so good interaction with certain coworkers, and (e) I had physical symptoms because of bad interaction with a coworker were asked. Lastly, the perpetrators of disruptive behaviors include: (a) nurse peers, (b) supervisors, (c) physicians, (d) other professionals such as laboratory technicians, respiratory therapist and physical therapist, (e) other staffs like secretarial, security, housekeeping personnel, (f) patient or client, and (g) watcher or relative.

The frequency of workplace violence was determined with a 5-point Likert scale with the following descriptions: 1 = never, means that workplace violence was not experienced at all within the period of 12 months; 2 = once, means that workplace violence was experienced only one time within the period of 12 months; 3 = monthly, means that workplace violence was experienced every month within the period of 12 months; 4 = weekly, means that workplace violence was experienced every week within the period of 12 months; and 5 = daily, means that workplace violence was experienced every day within the period of twelve months.

The self-test for "Type A" personality. Carver and Scheier, (2000; in Magalona & Sadsad, 2008) defined personality as a dynamic organization inside the person, of psycho physical systems that create a person's characteristic patterns of behavior, thoughts and feelings which convey a sense of consistency, internal causality and personal distinctiveness. The Self-test for "Type A" Personality checklist was used to determine the nurse's personality type. Understanding personality traits is important in the

workplace. Everyone has different preferences that make up their personality type, and some personalities work better together than others. A particular personality type might make it really easy to work with one colleague and leave one struggling with another. The Self-test for "Type A" Personality is a published standardized instrument adapted from Guzman (1981; in Posecion, 1998). Using the semantic differential scale, the test is composed of twenty pairs (20) of adjectives and phrases. Each pair is chosen to represent two kinds of contrasting behaviors. The nurses were asked to encircle the number to which, they think they belong, given the two extremes; the score was obtained by adding all the encircled numbers. The Personality type was determined by means of score intervals.

Type A personality behavior is described as an action-emotion complex that can be observed in any person who is aggressively involved in chronic, incessant struggle to achieve with less time, and, if required to do so, against the contrasting efforts of other things or persons. Type A personality traits are ambitious, controlling, highly competitive, preoccupied with status, workaholics, and lack patience. This type of personality implies a temperament which is stress prone, concerned with time management, great multitasking, feels guilty when relaxing and does not easily accept failure. Type A1 has a high risk of cardiac illness and other stress-related illnesses especially those who are smoking and are over 40 years of age. Type A2 are also cardiac-prone personality but not quite as high risk of heart disease as a Type A1. People with type B personality traits are relaxed, less stressed, flexible, emotional and expressive, and have a laid-back attitude. This personality type are not concerned about time, mild mannered, does not brag, focused on quality rather than quantity, enjoy achievement, is thoughtful, and creative. Type AB is a mixture of Type A and Type B patterns. This is a healthier pattern that either Type A1 or A2. AB individuals have the potential for falling into Type A behavior.

Interview guide questions. The developed interview guide was used in interviewing the key informants. Krueger and Casey (2001) mentioned that when the issues at hand are sensitive and highly confidential, the interactive processes could be compromised. In this case, individual interviews were appropriate in gathering the necessary information related to disruptive behaviors in the nursing workplace. The interview techniques of probing (verbal and nonverbal) were used. The researcher has explored all information about the nurses' experiences until redundancy of the answers or point of saturation was reached and all the topics on workplace violence were covered

during the interview. When similar patterns in the responses of the informants and when few or no new information were received from the interview process, the researcher stopped or ended the interview.

Procedure

Ethical considerations. Ethical permission for the study was obtained from the West Visayas State University Bio-Medical Research Ethics Review Committee. Confidentiality was assured by no personal or identifying information being included in the transcript. The informants qualified for the interview were assigned pseudonyms to hide their real identities. The potential risk of psychological distress from the informants recalling the incident of workplace violence was acknowledged. The researcher who is a nurse has experiences in debriefing and knowledge of referral services for those experiencing on-going psychological distress. Their contact numbers were included in the cover letter of the survey questionnaire, with an invitation to contact them and discuss any psychological distress caused by the interview.

Data Collection

Permission to conduct the study was sought from the two Hospital Directors. The fifty-three (53) nurses from the private institution and fifty-five (55) from the government hospital participated in the survey to identify the key informants using the modified workplace violence survey questionnaire (Dumont & Colleagues, 2012). The obtained scores were used to identify the frequency with which a nurse experiences workplace violence. Nurses who had personally experienced two or more bullying behaviors in the workplace in the last twelve (12) months and whose job status were regular, casual, or job hired were considered as key informants for the in-depth interview. Of the one hundred eight (108) nurses who participated in the survey, thirteen (13) fit in these criteria. Letters to invite these thirteen (13) nurses were delivered personally by the researcher. Six (6) nurses consented to take part in the in-depth interview. Three (3) nurses did not respond to the invitation for reasons they will be retiring soon and will be on sabbatical leave; two (2) will not be available in the next two (2) months, and two (2) nurses refused not to participate in the in-depth interview. All of the six (6) key informants have various experiences with workplace violence with at least 43 cases a year. Two (2) of them have experienced disruptive behaviors in the workplace on a daily basis while the other four have experienced disruptive behaviors weekly.

Majority of the informants have Type A2 personality. Type A2 Individuals are hard driven, competitive, impatient, and aggressive. They are short tempered persons, and tend to be achievement striving and hostile. Type A2 are also cardiac-prone personality.

The entire interview sessions of the key informants were conversational. Every individual interview was recorded. Voice recorders enabled the researcher to maintain eye contact with the informant as well as preserved the informants' words during data collection. The researcher used bracketing to improve the rigor and to minimize the bias in this qualitative research. Bracketing aims to keep what is already known about the description of the phenomenon separately from the informants' description. Bracketing brings forward the researcher's prejudices. It is only with this awareness that the researcher can truly be open to what are their own experiences (Kvale, 1996). Done at the outset of the study the researcher, asked a colleague to interview her using the same interview guide questions intended for the key informants. A narrative description was transcribed and included as part of the researcher's subjectivity statement that assisted her to maintain an open approach when interviewing the key informants and in analyzing the data.

Data Analysis

The inductive data analysis was utilized in this phenomenological study in order to construct themes by categorizing the data into increasingly more abstract elements of information. The steps involved were based on the data analysis according to Colaizzi (1978 in Creswell, 2009) that included transcription, horizontalization, coding, textural description, structural description, and interpretation.

Demonstrating Trustworthiness of the Study Findings

Qualitative research has to demonstrate trustworthiness in keeping rigor and strength to the study's validity and reliability in all stages of the research process- including data collection, data analysis, and descriptions. A research project is trustworthy when it reflects the reality and ideas of the key informants. Holloway (1997) stipulated, trustworthiness is the truth value of a piece of research. In this study, trustworthiness approaches like credibility, dependability, conformability, and transferability were undertaken throughout the research process and was supported by triangulation, or multiple sources of data as evidenced by consultation with experts; member checks, or arranging

for those who provided data to evaluate the conclusions.

Trustworthiness in this study was supported by triangulation, or multiple sources of data as evidenced by consultation with experts; member checks, or arranging for those who provided data to evaluate the conclusions (Merriam, 2009). The researcher ensured trustworthiness by laying aside her preconceived idea about the phenomenon under investigation and by returning to key informants to establish whether the description was a true reflection of their experience.

In this study the researcher used some strategies for triangulation such as conducting face to face in-depth interview with individual informants, having the key informants review the transcription of their audio recorded interviews and conducting peer interviews to substantiate the information gathered. The researcher validated the statements of the key informants by interviewing their peers who were with the informant during the workplace violent incident. The peers were asked to describe the actions, facial expressions, statements and behaviors of the key informants as they experienced violence in the workplace. They were also asked to confirm the unforgettable experiences of the key informants as well as liken the previous workplace violence experience with their recent ones.

Findings and Discussions

The nurses were candid in their responses to the open-ended qualitative questions like: “What do you feel about workplace violence, how are you affected, what has made you remain in situations where bullying behavior is a great possibility, and what do you think should be changed or improved to prevent workplace violence, stipulating specific examples of behaviors they had experienced. The following themes were generated: (a) workplace violence happens to anyone: workplace violence is becoming rampant in the health care industry, (b) there are damaging circumstances as a nurse: impact of workplace for nurses, (c) unpleasant experiences are better forgotten: how nurses survive workplace violence, (d) I am a Nurse and I stand by my profession: why nurses opted to stay despite their workplace violence experiences, and (e) I long for a better place: a better workplace for nurses. Each theme provided in-depth observations that displayed insights and feelings of the key informants.

"Workplace Violence Happens to Anyone": Existence of Workplace Violence in the Health Care Industry

In the complex health care workplace of nurses, violence is accepted as a common destructive problem and a persistent occupational threat within the nursing workforce. When asked about their experiences with workplace violence, all six informants acknowledged that they have experienced disruptive behaviors in the workplace. The nurses who responded to this question were reflective in their comments, speaking from the perspective of a victim. Below are Teresita's and Ice's responses.

Teresita: *I think it happens to everyone especially if you are working in a public workplace, so we are at risk.*

Ice: *Bullying of nurses actually is rampant even in the private hospital, it is a natural workplace happening.*

They also voiced disappointment in their inability to keep their frustrations in check that sometimes resulted in behaviors that defied their personal and professional standards. This theme is aligned with the American Nurses Association (2011) and De Castro, et. al. (2009) point that workplace violence is a problem in the health care industry and the situation is so widespread in the nursing world that at one point or another everyone has been affected.

"There are Damaging Circumstances for me as a Nurse": Impact of workplace Violence for Nurses

Comments related to their perpetrators included examples of disruptive behaviors as illustrated by Teresita's statement.

Teresita: *Maybe with the doctor it is moderate but with the folk it's severe. The patient's folk put me to shame in front of the surgical resident. My feeling was: He is a nurse and I am a nurse too and he put me to shame and humiliate me repeatedly.*[At this point of the interview, she could not hold back her anger and burst to tears.] *There are folks that understand and there are also those terrible ones.*

Recalling the experiences, nurses mentioned that the incident affected their job performance for instance the experience affected nurses socially.

Teresita: *Maybe, I am really a silent type, so I become more silent. As if I am shameful, as if I don't interact easily. I minimize interaction. I am like that for weeks; I don't stay at the bedside.*

Loraine: *It is not right just because we are nurses and they are doctors, we secure the consent and prescribe the materials, when it is their job. Most of the time it is we, nurses, who do things for the patient… but I don't know.*

Lorenzo: *Violence need not be in the form of physical violence like verbal or sometimes it can inflict emotional distress. If the incoming shift nurse receives endorsement and was not satisfied with what you report, she would stand up, throw the chart away, look for other charts, then throw the chair away and go back again and play silent.*

Pedy stated that she experienced bullying from supervisors or Head of Unit. She believed this incident did not directly affect her work; however, her relationships with her superiors were affected.

Pedy: *I still remember what they did. They bullied me. They are stepping on my rights. I told myself: just because I am just like this, they will do this to me? Despite the threat I received, I pursued my case. Sometimes I asked for legal advice and they will tell me: Why do you need to seek legal advice? I said because you don't listen to me, you even bullied me. I have received threats from my superiors, or somebody will approach me and say: Be careful, they are watching you.*

Also, Ice expressed his bullying experience after several years of working in the Intensive Care Unit (ICU) and his insights why nurses are bullied.

Ice: *After years sa ICU, after encountering mga harsh nga mga physicians, folks, you just learn how to deal with them (After years (of working) in the ICU, after encountering harsh*

> *physicians, folks, you just learn how to deal with them.) Usually bullying in the workplace with regards to nurses depends in the performance of the nurse. If you do not perform well, you will be bullied.*

The appreciation nurses received from patients' and peers and the thought of doing the job well to render quality care are the fulfillment of nurses after a day's work. Regardless of the demeaning incidents and other forms of disruptive behaviors that nurses experienced, nurses still continue their work and opted to stay and practice their profession with "*compassion and love for service*." The second major theme was fear of retaliation. The key informants expressed passionate feelings about workplace violence. Some even stated that if the physician or the folks report the disruptive behavior incident, she "*would lose her job."* This thread of fear is disturbing. Nursing is a profession that advocates for and protects patients, but people are afraid to advocate for themselves.

"Unpleasant Circumstances are Better Forgotten": How Nurses Survive the Workplace Violence Experience

Nurses were given an opportunity to share any bullying behaviors they personally experienced, which did not fit into the category of behaviors already described in the previous questions. While no new categories of behaviors were recognized, detailed descriptions were provided. Five of the six informants verbalized that the majority of disruptive behaviors were verbal in nature. Griffin (2004) however, explained that because most communication is nonverbal, covert behaviors have the biggest impact. Verbal abuse ranged from *"being embarrassed in front of colleagues and other members of the health care team,*" to the "*yelling hostilely,"* that, "*the informant still feels bad and had been so much affected but sometimes he just laugh it out".* While no physically aggressive behaviors were aimed at individuals as Lorenzo described, *objects being tossed around the nurses' station*. Five informants insisted that these "*unforgotten experiences helped them through bad times*." Moreover, the nurses believed that whatever has happened is done, that the clock moves forward, and wanting to change what has happened is impossible, just like what Pedy and Ice stated.

> Pedy: *This is common knowledge, yes, but it's helpful to acknowledge there is always another time to get it right when now just is not working out.*

Ice: *After years in ICU, after encountering harsh behaviors from physicians, folks, you just learn how to deal with them, we just shrug off and put it off in our mind.*

Major contributing factors the informants have identified included lack of respect, support, and positive recognition from management. In this case, the informants verbalized, "*let go and get over it… this too shall pass.*"

"I am a Nurse and I stand by my Profession": Why Nurses Opted to stay despite their Workplace Violence Experiences

When Teresita was asked if there was anything she would like to add or any information that were not included or we had left out:

Teresita: *I think the rights of the caregivers. Because if you work here in the station of the hospital, as if we are not legally conscious so every time somebody tells you… do you like to lose your job? This makes you startled. For us those words were like as if it's the end of the world. However, despite of those experiences, I decided to stay as a nurse because, of course you are a patient advocate; you are there to perform your job.*

Typically, the healthcare professional with the most interpersonal contact with the patient is the nurse. The nurse may be in the best position to act as liaison between or among patients, patient's family, and other team members of the health care and inter-departments. To perform this function adequately, nurses must be knowledgeable about and involved in all aspects of the patient's care and should possess a positive working relationship with other members of the healthcare team. Not everyone appreciates a nurse who steps forward on patients' behalf.

Orly expressed his concern about surgeons.

Orly: *Wondering why I was the only one who was assisting him and so he asked me, Why you are the only one assisting me in my surgeries? and I replied, Doc, who would assist you because everybody else is afraid of you. For you what they are doing is wrong. The staff would say, what the problem is with doctors, they would just reprimand you, and I would reply back, That would not be the case, if you have a good reason. We are*

nurses. We chose nursing… some staff nurses… they just keep quiet. They are afraid as they look upon them [physicians] as persons in authority.

Some of the descriptions were more specific, such as the response of Lorenzo.

Lorenzo: *It is irritating sometimes since you are both staff nurses. You have to be levelheaded when answering questions in the nurses' station. It is not a competition but rather the kind of work we can offer in order to render quality patient care*.

Considering that patient and significant others also experienced anxiety, so, Lorenzo believes that part of the nurses' job is to attend to their needs. After having experienced and witnessed violence in the workplace on several occasions, Lorenzo requested for several times to be transferred to the Out Patient Department (OPD) during the first months of working in the service ward.

Lorenzo: *Ma'am, can I transfer to Out Patient Department (OPD)? I am not happy with environment.* [Frowns and lightly strikes fingers on the table]. *Ma'am it is not about workload. What I don't like is the group dynamics of the team, it is all insulting. There are different personalities in that group that make it bad.*

However, the NSO made him realized that he did not need to be transferred out because people need him.

Pedy also shared her feelings why she opted to stay in the department.

Pedy*: I love public service. I am there for my patients not for anyone else. I feel happy with pediatric patients.*

The six informants stand by their being a nurse, assumed the caring role and subscribed to the core values of nursing which are the vital components in the development of a professional nurse as emphasized in the Philippine Nursing Act of 2002.

"I long for a better place": A better Workplace for Nurses

When asked to share their feelings, memories and suggestions about ways to lessen the incidence of violence in the workplace, nurses spoke of their sincere duty to improve dealings with their colleagues and other members of the health team.

The responses to this question were understood as a desire on the part of the nurses to be active in conflict resolution. The relationship of management to an environment that promotes workplace violence was discussed. Instances of exchanging shout for orders or demands from patients and significant others made clinical work experiences for nurses extremely difficult. To them, co-workers or immediate superior like the Head Nurse were the people she could talk to about her work-related problems.

Below are the responses of the informants when they are asked about their experienced incidents which they have shared to their co-workers or immediate superior. It is very evident in their responses that they are longing for a better workplace.

> Teresita: *If you have a problem the person you can talk to is your colleague or your head nurse. That's why we don't report (referring to higher hospital authorities) that kind of incidence anymore. It's hard if you report it. They are not the kind of people who can give time to those under their stead. If they have their own problem, this issue of yours will not even be entertained. I suggest they conduct seminars focusing on personal and professional growth, specifically about ethics, attitude of the workers, hospital staff, hospital heads, and those who work under them). The hospital Human Resource (HR) Office is also conducting personnel orientation. Is she? Daw wala, Ma'am. Ang HR namon is for hiring lang kami. May ara kami seminar about Civil Service (CS) policy na include man na sa ethics pero that was years ago kon bag-o ka nga staff. It is sensible to have a counselor since it is an everyday happening, but our heartaches whatever it is are not given much attention. I talked with my parents… She will reply: never mind dear. There were advice and comfort provided by my parents.*

However, the informant thought of quitting her job as one of the senior nurses in a tertiary institution.

Orly: *One doctor made a letter of complaint about nurses signed by all members of the surgery, orthopedics and anesthesia.*

When asked if he could share the outcome of the complaint letter, the informant opened his arms.

Orly: *Nothing. The Nursing Service Office (NSO) and Human Resource (HR) are pointing back at each other.*

Loraine: *I said doc, isn't it a protocol? We should follow the protocol. If I complain here in the hospital administration office no one would listen to me. I fought back following due process, I sought legal advice and got myself a lawyer.*

Ice: *There are residents who are mean and our head nurse is aware of it and she will just tell us, never mind they are okay and it is natural in the workplace. My feelings, to the nursing department as a whole, they should address like an official letter to the Medicine Department, so that their chief could make their own policies for the attending physicians because mostly there are no policies that governs attending physicians, only residents and nurses. The thought that it is difficult to be employed in other hospitals because of competition and few slots left, so since I am hired here already, I will push through it.*

Two basic factors were described in this theme. One was that the superiors (supervisors, charge or head nurses, directors of nursing, administrators, and physicians) use their power or position to intimidate and threaten subordinates. These results support the finding of Longo (2007) on senior managers' insinuating these kinds of behaviors and often protect the bully instead of the victims. Secondly, these leaders often turn a blind eye and a deaf ear to what is happening in terms of both violence in the workplace perpetrated around them and violence they themselves may perpetrate. The nurses stated that when they reported the behaviors, nothing was done about them. The bully was often felt to be "friends" with the leader. The nurses' comments reflected the strong belief that all levels of management should be involved in solving the problem of violence in their particular workplace. Two of the six informants want a better workplace if ever there is a chance to find one.

Essence of the Phenomenon

Disruptive or bullying behaviors may be in the form of physical assault, threatening, either covert or overt, that nurses have experienced from peers, nursing aides, laboratory technicians supervisors, physicians, patients or significant others, in the tour of their duty.

In this study, there is presently an understanding on two issues. Workplace violence is becoming rampant in the nursing profession, and the experience of this behavior is psychologically upsetting, threatening patient's safety, and affecting the nurse's self-esteem. Strong emotions were evident in the telling of these stories whether they occurred in the recent time or distant past. The stories nurses shared about the disruptive behaviors they experienced were distressing, and the stories widened one's understanding and appreciation of the impact of workplace violence for nurses.

In the responses, it was obvious that many nurses were aware of the existence of violence in the workplace; however, they prefer to endure in silence the occurrences rather than report the incident to authorities. Moreover, individual responses to the qualitative questions provided rich descriptions of the nurses' experiences as victims of this phenomenon.

Based on the responses of the informants, the researcher have learned that workplace violence can happen to any nurse in both private and public healthcare industry regardless of their rank or position. This workplace violence that they have experienced affected their job performances, relationship with their superiors or even their personality. However, despite of these unpleasant experiences, they have survived and continued to perform well in their jobs. Also, they have learned and got used to these circumstances that if they encounter similar situations, they are just shrugging these off and think that these too shall pass. Moreover, the informants still chose to stay because they believed that they are professional nurses and they must stand by their profession. Yet, they are also longing for a better workplace. And they suggest that a better workplace has less incidence of violence, a good relationship between colleagues and other members of the health team and superiors should prevail. Superiors should be fair in treating their subordinates and as much as possible keep the workplace free from violence.

Comments related to supervisors included examples of disruptive behaviors being ignored as shown in Lorenzo's statement, *"I informed couple of incidents to my supervisor and nothing was done."* While no nurse reported being aware of overtly aggressive behaviors aimed at her or him from a supervisor, majority of the key informants reported feeling they were recipients of negative covert behaviors. These included being ignored by a supervisor, not encouraged to apply for advancement or recommended for promotion, and not mentored professionally as were other peers. Two (2) out of the six key informants reported the incident to the unit supervisors; the rest preferred silence for fear of retaliation. The various experiences about numerous types of disruptive behaviors in the workplace affected the way nurses see the future. When asked to share their thoughts and recommendations about ways to lessen violence in the workplace, the nurses spoke of their sincere commitment to improve relationships with their colleagues and other members of the health care team, to include patients and their significant others. The commonality of responses to this question was interpreted as a desire on the part of the nurses to be active in the solution. Finally, Ice said that every nurse should focus her responses on the necessity of encouraging personal responsibility, stating *"Handling staff well and trying to lessen working short staffed so people do not feel burned out and give themselves an alibi to be concerned with self over others."*

Conclusion

This study provided a venue for the nurses to air out their inner feelings and apprehensions regarding workplace violence, and a chance for them to be listened to and be understood as they shared their experiences. In the complex health care workplace of nurses, workplace violence is accepted as a common destructive problem and a persistent occupational threat. Experienced nurses are often the perpetrators; novice nurses are most likely victims. Administrators often ignore disruptive behavior in the workplace, despite a facility-wide policy designed to address this problem. A trickle-down effect was portrayed in the reports presented in which leadership set the attitude: disruptive behavior is commonplace and tolerated by upper management and is allowed to occur, and nurses do nothing about it; instead, they endure the silence of violence in the nursing workplace allowing it to remain an emerging phenomenon.

Recommendations

It is a reality that disruptive behavior is not unique to just any one discipline. Given the potential of disruptive behavior to result in adverse events, health care institutions must acknowledge the importance of practically addressing this issue, develop strategies that support appropriate behavior, and implement policies that deal effectively with violence incidents when they occur.

Health care administrators may conduct organizational self-assessment to know the severity of workplace violence. More importantly, this self-assessment tool can make the personnel and all other members of the health care team be aware of the nature and gravity of the issue. The administrators may provide an environment that fosters open lines of communication among those affected by disruptive behaviors so that important issues can be deliberated freely. They should ensure that supportive services (e.g. counseling) are made available for all nurses who experience workplace violence to prevent possible psychological effect. Additionally, they should foster opportunities for teamwork or collaboration. This can be accomplished either in formal meetings or discussion groups or in more structured grievance committee or task force where these issues could be addressed. Moreover, the health administrators may draft employee handbook to guide nurses in their tour of duty on the aspect of interpersonal relationships with other members of the health care team. They must ensure that the implementation of policies and guidelines that reinforce acceptable codes of behavior are given emphasis and that preventing violence in the nursing workplace is possible.

Primary prevention begins with education and training of staff. Education and training of staff nurses need to be considered in all areas of nursing, in curriculum development of undergraduate programs and the development of first year of practice orientation schemes supporting novice nurses. Moreover, an adequate orientation of employees may be instituted in terms of job description, staff benefits and privileges, as well as what is expected of a staff nurse on the job offered. Creating a culture in which respect and integrity are valued, unacceptable behavior is not tolerated, and the reporting environment is non-retaliatory are some ways to improve staff relations in the clinical area. In addition, the concepts related to work ethics and interpersonal relationships in the health care system should be given emphasis in nursing schools and in continuing nursing educational programs. Multiple approaches are needed to address this emerging problem of violence in the nursing workplace.

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