

**IMPACT OF WORKPLACE VIOLENCE ON EMIRATI NURSES' TURNOVER INTENTION: MODERATING ROLE OF RED TAPE BUREAUCRACY AND MEDIATING ROLE OF NURSING STRESS**

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**Abstract**

This study examines the complicated relationship between workplace violence, turnover intention, red tape, and stress among Emirati registered nurses RNs. It aims to understand the intricate motives behind nursing staff turnover intention. Data was collected from 983 Emirati RNs using a cross-sectional survey. Hierarchical multiple regression, along with bootstrapping technique were used to test the hypotheses. The findings reveal that workplace violence significantly increases turnover intention (H1). Additionally, red tape bureaucracy moderates the relationship between workplace violence and turnover intention (H2), while nursing stress mediates this relationship (H3). Notably, 71% of Emirati nurses reported experiencing workplace violence, 84% expressed a desire to leave their jobs, 82% faced bureaucratic challenges in reporting workplace violence, and 83% experienced stress due to workplace violence. This study provides a nuanced understanding of the factors influencing turnover intention among Emirati nurses, highlighting the critical roles of workplace violence, red tape, and stress. By addressing these issues, healthcare institutions can improve performance and worker retention. The insights gained from this study can inform the development of tailored policies aimed at enhancing safety, support, and retention within healthcare settings.

**Keywords:** Workplace violence, turnover intention, red tape, nursing stress, healthcare sector.

**Paper Type:** Research Paper

### 1. Introduction

Workplace violence (WPV) is a growing issue across different sectors and industries, with profound impacts on organizational performance and employee well-being (Saleem, Shenbei, & Hanif, 2020). Moreover, the healthcare sector stands out as one of the most vulnerable industries to WPV, given that healthcare and support staff are directly exposed to such risks. WPV impacts all healthcare workers and is recognized as a significant global public health issue (Mento et al., 2020). According to the World Health Organization (WHO), WPV encompasses any scenario where staff members are attacked, threatened, or subjected to unreasonable treatment or behavior that endangers their safety, well-being, or health at the workplace, including during commutes (Hu et al., 2022). Nursing staff are particularly vulnerable, often facing violence, aggression, and misconduct from colleagues, patients, and family members, making them primary victims of WPV. In UAE nurses are at risk of workplace violence, a global healthcare epidemic. A recent study found that many UAE nurses had experienced workplace violence. The results found that 60–90% of nurses had suffered verbal or physical abuse, which is consistent with global data on healthcare worker violence (Workplace Violence Report, 2024).

Furthermore, healthcare employees are among the most affected due to the nature of customers encountered daily, and healthcare employees are therefore, most frequently exposed to verbal and physical aggression in the course of their duties (Viottini et al., 2020). Due to the critical importance of the healthcare sector, the prevalence of WPV requires immediate attention. WPV needs to be understood from the perspective of employee behavior and organizational performance (Cai et al., 2023). According to Aljohani et al. (2021), a significant number of healthcare workers across the world reported psychological pressure and have experienced physical abuse at the workplace. The level of violence includes verbal abuse, sexual harassment, emotional abuse, and aggressive behavior from the patients as well as patient attendants with healthcare staff particularly with nursing staff as they are constantly involved with patient care (Yesilbas & Baykal, 2021).

WPV not only impacts healthcare staff physically and psychologically but also impact negatively on their trust, morale, and performance (Jia et al., 2020). Furthermore, the healthcare sector across the globe has experienced

major change due pandemic crisis along with increasing demands on the healthcare sector has further fueled the WPV intensity. Moreover, the burden on the healthcare sector has directly impacted healthcare staff in terms of long working hours, understaffing, stress, emotional breakdown, and job burnout are among the most common causes of WPV (Korona-Bailey et al., 2024). Furthermore, WPV has been associated with various outcomes for both healthcare staff and healthcare performance as a whole, thus leading to different challenges among which high turnover intention (TI) among employees is the most problematic and prominent that directly and indirectly disturbs the performance of the healthcare sector. Turnover intention refers to employees' voluntary willingness to leave their current jobs and seek alternative employment opportunities (Mashi et al., 2022). Furthermore, due to WPV, healthcare staff may experience heightened levels of job dissatisfaction, stress, anxiety, depression, and burnout, leading to a greater probability of quitting the job in pursuit of work that provides a safe working environment (Pillay et al., 2023). Therefore, understanding the internal mechanism between WPV and turnover intention is critical for developing an effective understanding to overcome the negative implications of WPV and workplace violence and to promote employee well-being which theoretically will lead to better performance and employee retention.

Additionally, we added the red tape in the workplace as a factor that restricts healthcare workers from complaining about their problems and getting justice. Red tape is a concept that refers to a bureaucratic structure of an organization that hurdles to communication flow thus creating unnecessary delays and procedures in the workplace results in negative consequences, thus leading to inefficiencies (Blom, Borst, & Voorn, 2021). It can act as a catalyst for fueling the stress as well as frustration among employees thus leading to workplace violence. Research by Farr-Wharton et al., (2023) focused on the association between bureaucratic hurdles and justice among employees, thus giving a sense of powerlessness and depression. Moreover, the existence of a red tape bureaucratic culture fuels the toxic working environment, where injustice goes unnoticed and tension among employees develops turnover intention. Furthermore, the toxic working environment not only decreases overall performance but also provides a stage for workplace violence. A study by John and Srivastava (2016) underscores this phenomenon, they explore that employees when faced with bureaucratic constraints are most likely to quit their jobs for other options (Berkovich, 2023). Thus, mitigating red tape bureaucracy is not just for removing

obstacles to healthcare performance but also very critical for ensuring employee well-being.

### **1.1 Justification of the Study**

This study focused on WPV in the context of Emirati nurses' turnover intention with a moderating impact of stress and a mediating impact of red tape. Moreover, our study justifications based on three key factors 1) First, WPV impacts healthcare institutions worldwide, including the UAE. Understanding its effects on nurses' turnover intention is important to avoid staffing shortages, poor patient care and healthcare performance, and to resolve healthcare expenses issues as UAE healthcare budget for 2019 was AED 4.4 billion to AED 5.2 billion in the year 2024 with an approximately 18.18% increase mainly due to high turnover by healthcare staff. The most recent market data from Colliers Healthcare & Education division predicts a shortage of 5,000 allied health professionals and 11,000 nurses in Abu Dhabi alone by 2030 and 6,000 physicians and 11,000 nurses in Dubai (Abbas, 2023). This shows the significant nursing shortage gap in UAE. 2) Secondly, Emirati nurses work in a multicultural environment, which may impact their perception of workplace violence and turnover intention. Conducting research in this unique context will give insights into how cultural factors intersect with workplace dynamics. 3) Lastly, unfortunately there is no specific study conducted on Emirati nurses that explores the turnover intention from the perspective of WPV, red tape, and nursing stress. Therefore our study filled a knowledge gap in the literature by studying this population, which is useful for policy makers, administrative and nursing staff in the UAE healthcare system. We have proposed a model for this research that focused on workplace violence as a main factor leading towards turnover intention, along with the moderating roles of red tape and the mediating role of stress remains relatively unexplored in the United Arab Emirates healthcare sector specifically focused on nursing staff. Although existing literature highlights the negative impacts of WPV on employee turnover intentions, there is a need to further develop understanding from the perspective of red tape bureaucracy and toxic procedural environment. In this study, we seek to address this gap by examining the moderating roles of red tape and stress from the perspective of workplace violence and turnover intention. Specifically, we aim to understand how red tape bureaucratic culture and individual stress levels moderate the impact of workplace violence on employees' turnover intentions. By unraveling these intricate dynamics, we can provide valuable insights for healthcare administrators and policymakers to develop targeted interventions

aimed at mitigating the adverse effects of workplace violence and promoting a safer, more supportive work environment for all employees. Furthermore, Global and Local Impact of WPV: While WPV is a recognized issue in healthcare worldwide, its specific impact on the turnover intentions of Emirati nurses has not been comprehensively studied. By focusing on the UAE, where the healthcare budget has seen a significant increase from AED 4.4 billion in 2019 to AED 5.2 billion in 2024 primarily due to high turnover, this study addresses an urgent local issue with broader implications. The projected shortages of healthcare professionals in Abu Dhabi and Dubai highlight the critical need for interventions to reduce turnover rates.

**Unique Cultural Environment:** Emirati nurses operate in a multicultural environment, which can influence their experiences and perceptions of WPV. This cultural aspect adds a unique dimension to the study, offering insights that are not captured in research conducted in more homogenous settings. **Exploration of Uncharted Dynamics: Moderating Role of Red Tape:** The study investigates the moderating impact of bureaucratic red tape on the relationship between WPV and turnover intention. While red tape is often discussed in organizational studies, its specific interaction with WPV and turnover intention in the healthcare context remains underexplored, especially in the UAE. **Mediating Role of Stress:** Additionally, the study examines how stress mediates the relationship between WPV and turnover intention. This dual focus on red tape and stress provides a more comprehensive understanding of the factors that contribute to turnover, moving beyond the direct effects of WPV alone.

**Filling a Knowledge Gap: Lack of Specific Studies on Emirati Nurses:** There is a notable absence of research specifically targeting Emirati nurses regarding WPV, red tape, and stress. This study addresses this gap by focusing on a population that has been overlooked in existing literature. The insights gained from this research will be valuable for policymakers, administrators, and the nursing community in the UAE, informing strategies to mitigate WPV and improve nurse retention. By proposing a model that integrates WPV, red tape, and stress, this study contributes to the development of targeted interventions aimed at creating a safer and more supportive work environment for nurses in the UAE. This holistic approach to understanding the factors influencing turnover intention represents a significant advancement in the field, providing practical implications for reducing turnover and enhancing healthcare outcomes in a culturally diverse setting.

## 2. Literature Review

### Hypotheses Development

#### 2.1 Workplace violence (WPV) – Turnover Intention (TI)

The dynamic association between workplace violence (WPV) and turnover intention (TI) has drawn attention in contemporary organizational psychology due to its potential negative effects on employee health and productivity (Li et al., 2020). Workplace violence may take various forms, from verbal abuse and harassment to physical attack, to create an unsafe and unpleasant workplace (Cregan & Kelloway, 2021). Conversely, turnover intention shows a worker's likelihood of quitting. The Strain Theory implies that workplace violence may cause workers to feel emotionally and mentally stressed and quit (Cvenkel, 2020). This theory suggests that workplace violence victims may regard their employment as hazardous and unpleasant, leading them to seek new occupations. Research reveals that workplace violence reduces workers' desire to remain, supporting the link between WPV and TI (Aman-Ullah et al., 2023). Mento et al., (2020) found that healthcare workers who had experienced workplace violence were more likely to quit. Srivastava & Agarwal (2020) found that hospitality workers who experienced workplace violence were more likely to quit. Meta-analytic research, spanning professional settings, shows that workplace violence negatively impacts the intention to leave the job (Mikkelsen et al., 2020). A meta-analysis by Reknes, Glambek, & Einarsen (2020) found a substantial link between workplace violence and workers' inclinations to quit. These findings show that WPV influences workers' options to quit independently of the company or sector. Moreover, TI-WPV interactions have major management and therapeutic implications. Workplace violence threatens workers' lives and makes it difficult to hire and retain talent. Prevention and response may reduce workplace violence's harmful influence on workers' intentions to quit. Furthermore, a supportive culture that has a zero-tolerance policy for workplace violence and prioritizes employee well-being may also deter turnover. Based on theoretical frameworks and empirical facts, the following hypothesis is proposed:

**Hypothesis (H1):** Workplace violence in the healthcare sector positively impacts healthcare workers' turnover intention.

#### 2.2 Moderating – Red Tape Bureaucracy

Different organizational psychology studies have examined WPV and TI (Li et al., 2020). We found no study that focused on Chinese nursing staff that has examined how red tape obstacles such as restrictive administrative procedures that hinder productivity and employee autonomy impact the association

between workplace violence and employee turnover intention. We have fused the literature on WPV, TI, and bureaucratic red tape literature to develop a deeper understanding of the complex association. Research conducted by Moussa (2022) shows that bureaucracy hurts workers' health and satisfaction. Moreover, red tape makes workers feel powerless and irritated, which raises stress and diminishes devotion to the organization. Bureaucracy and red tape may make workers feel less supported and responsive by their employer, worsening the negative impacts of WPV on turnover intentions (Abdennur, 2020). Theoretical frameworks such as the Conservation of Resources Theory (COR) suggest that employees strive to acquire and protect valuable resources, including job security and autonomy, to cope with stressors in the workplace (Bardoel & Drago, 2021). This technique consumes resources since personnel must focus on bureaucratic red tape instead of their tasks. Bureaucratic red tape may increase workers' desire to quit, contributing to workplace violence's stress and pressure. Based on WPV, TI, and bureaucratic red tape discussion we proposed our second hypothesis as,

**Hypothesis (H2):** Red tape bureaucracy positively moderates the association between workplace violence and turnover intention.

Our second hypothesis holds that bureaucratic firms make workplace violence even more deterrent to leaving. When workers see their company as bureaucratic and inattentive, workplace violence undermines job satisfaction and organizational commitment. This increases the risk of workers quitting the company. Workplace violence may have less of an influence on employees' intentions to quit businesses with less bureaucracy since they have greater access to resources and support networks.

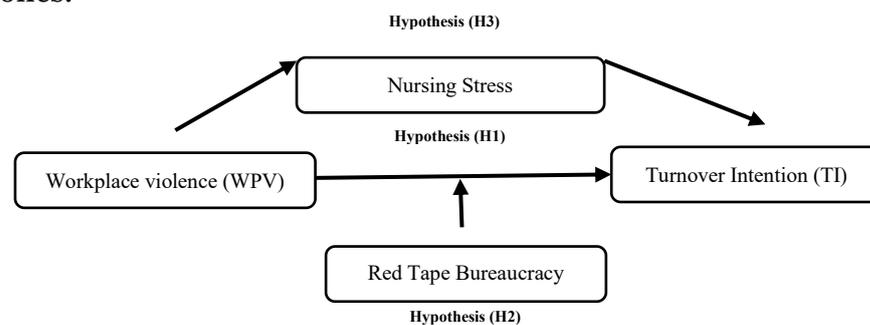
### **2.3 Mediating – Nursing Stress**

Workplace violence (WPV), particularly in nursing, threatens healthcare workers' health, safety, and employment (Mento et al., 2020). WPV is known to negatively affect turnover intention (TI), although nurses typically face stress due to patient care and organizational challenges. Understanding how nursing stress modulates WPV and TI may help explain why nurses quit their jobs. WPV significantly affects nurses' stress and inclinations to quit, according to research. Chang, Lee, & Wang (2018) (2017) found that WPV exposure increased stress and turnover intentions among nurses. Shah & Huang (2023) found that WPV increased nurses' stress and inclinations to quit their jobs. The findings link WPV, nursing stress, and healthcare nurse turnover intention. According to the Job Demands-Control (JD-C) Model, high-demand, low-control occupations like nursing are more prone to face

stress due to workplace violence (Fick, 2017). WPV-induced stress may lower nurses' job satisfaction and increase their desire to resign, demonstrating the mediation role of nursing stress in the WPV-TI relationship. Therefore, we proposed our last hypothesis as,

**Hypothesis (H3):** Nursing stress positively mediates the association between workplace violence and nurses' turnover intention.

Workplace violence is thought to increase nursing stress and the likelihood of nurses leaving their jobs. This hypothesis suggests that stress mediates the detrimental consequences of workplace violence on nurses' inclinations to quit. Nurses exposed to WPV are already stressed since nursing is physically and emotionally stressful. Thus, many are contemplating changing their jobs to less stressful ones.



**Figure 1: Research Model**

### 3. Methodology

A cross-sectional survey was used to assess nurses' intentions to quit their existing employment and the impact of red tape bureaucracy and nurses' stress. The study only included registered nurses with the United Arab Emirates Ministry of Health and Prevention. Participants were selected using stratified random sampling to ensure diversity of demographics and healthcare facilities. 983 registered nurses (RNs) participated in the study all above 22 years old and were currently employed in the UAE healthcare sector. We used a self-developed online survey instrument to collect data from RNs. The survey questions were based on demographic characteristics, workplace violence, red tape, nursing stress, and turnover intention. RNs participated in the survey using the MS Forms online platform. Moreover, all participants of the study were explained about the study's aims, privacy protections, and right to withdraw without penalty. The study scale items were developed based on previous studies' empirical and theoretical findings. Moreover, workplace violence consist of (21) items; the Red Tape scale consists of (18) items thirdly, the Nursing Stress scale consists of (16) items. And lastly, the Turnover

Intention scale consists of (23) items. We used descriptive statistics to describe demographics, and associations between workplace violence, red tape, nursing stress, and turnover intentions. We have examined how workplace violence impacts the RNs' turnover intention and the moderating impact of red tape along with the mediating impact of nursing stress. Furthermore, we applied the bootstrapping technique to determine the mediation model's indirect effects' relevance. Furthermore, before collecting data, we received ethical approval from the Ajman University Research Ethics Committee (AUREC).

#### 4. Results

**Table 1:** *Differences in turnover intention according to general characteristics (n = 983)*

Demographic Characteristic	Total (N)	Turnover Intention (Mean ± SD)	Red Bureaucracy (Mean ± SD)	Tape Nursing Stress (Mean ± SD)
Gender				
- Female	820	3.2 ± 0.8	2.9 ± 0.7	3.5 ± 0.6
- Male	163	3.5 ± 0.6	3.1 ± 0.6	3.7 ± 0.5
Age Group				
- 22-25 years	120	3.1 ± 0.7	2.8 ± 0.6	3.4 ± 0.8
- 26-30 years	280	3.3 ± 0.9	3.0 ± 0.8	3.6 ± 0.7
- 31-35 years	300	3.4 ± 0.8	3.2 ± 0.7	3.8 ± 0.6
- 36-40 years	160	3.2 ± 0.7	2.9 ± 0.6	3.5 ± 0.5
- 41-45 years	80	3.6 ± 0.5	3.3 ± 0.5	3.9 ± 0.4
- 46 years and above	43	3.8 ± 0.6	3.5 ± 0.6	4.0 ± 0.7
Nationality				
- Emirati	150	3.1 ± 0.8	2.8 ± 0.7	3.4 ± 0.6
- Expat (Specify Countries)	833	3.4 ± 0.7	3.1 ± 0.6	3.7 ± 0.6
Educational Qualification				
- Bachelor's Degree	750	3.3 ± 0.6	3.0 ± 0.5	3.6 ± 0.4
- Master's Degree	210	3.2 ± 0.9	2.9 ± 0.8	3.5 ± 0.7
- Doctoral Degree	23	3.6 ± 0.5	3.3 ± 0.4	3.9 ± 0.5
Years of				

Experience				
- Less than 1 year	40	2.9 ± 0.8	2.6 ± 0.7	3.2 ± 0.6
- 1-5 years	420	3.1 ± 0.7	2.8 ± 0.6	3.4 ± 0.5
- 6-10 years	290	3.4 ± 0.6	3.1 ± 0.5	3.7 ± 0.4
- 11-15 years	140	3.5 ± 0.8	3.2 ± 0.7	3.8 ± 0.6
- 16-20 years	63	3.3 ± 0.7	3.0 ± 0.6	3.6 ± 0.5
- More than 20 years	30	3.7 ± 0.6	3.4 ± 0.5	4.0 ± 0.4

Table 1 shows UAE healthcare RNs' demographic characteristics along with their turnover intention, perceived red tape bureaucracy, and RNs' stress levels. Most participants were female nurses (N=820), with a mean turnover intention score of 3.2 (SD=0.8). Male nurses (N=163) scored somewhat higher (3.5, SD=0.6) when questioned about leaving their present employment. The highest turnover intention, perceived bureaucracy, and nursing stress scores were among nurses aged 46 and older. Nurses aged 22–25 reported the lowest desire to quit the job and lesser stress and bureaucracy (3.1; SD=0.7). Expatriate nurses were more likely to quit the job (3.4, SD=0.7) than Emirati nurses. Nursing doctorate (DNP) holder nurses had the highest turnover intention score of 3.6 (SD=0.5), reflecting educational differences. Finally, nurses with over 20 years of experience reported the most stress, bureaucracy, and red tape and the largest desire to quit the field (3.7, SD=0.6).

**Table 2: Percentage statistics (WPV, TI, RT, And NS\*)**

Main Variable	Sub-Dimension	Percentage
<b>Workplace Violence</b>	Physical Violence	25%
	Verbal Abuse	30%
	Psychological Harassment	16%
	Sexual Harassment	5%
	Other Forms of Violence	5%
<b>Turnover Intention</b>	Job Dissatisfaction	30%
	Lack of Career Advancement	20%
	Poor Work-Life Balance	15%
	Inadequate Compensation	10%
	Poor Management Support	9%
<b>Red Tape</b>	Excessive Documentation	25%
	Inefficient Procedures	20%
	Hierarchical Barriers	15%
	Slow Decision Making	12%
	Rigid Regulations	10%

<b>Nursing Stress</b>	High Workload	30%
	Emotional Labor	25%
	Long Working Hours	15%
	Insufficient Staffing	8%
	Lack of Support Resources	5%

\*Workplace Violence WPV; Turnover Intention TI; Red Tape RT; Nursing Stress NS.

Table 2 lists four critical characteristics: Nursing Stress (NS), Red Tape (RT), Workplace Violence (WPV), and Turnover Intention (TI). Workplace violence (WPV). Many variables contribute to nurses' high workplace violence rate. Since 25% of workplace violence episodes include physical violence, nurses in this context are at risk. Verbal abuse, which accounts for 30% of recorded cases, highlights the psychological stress of abusive speech. Psychological harassment, including bullying and intimidation, affects one in six nurses and indicates long-term harm. Although modest, 5% of cases are sexual harassment, which may have a catastrophic impact on a nurse's safety and dignity. The remaining 5% of violent incidents are a mix of unclassified tendencies.

Nurses' intentions to resign depend on several factors. Dissatisfaction with job duties and working conditions accounts for 30% of turnover intention. Twenty percent of nurses are dissatisfied with their jobs because they lack professional development opportunities. Nurses struggle to reconcile work and life, with 15% reporting a poor work-life balance. Ten percent of respondents were unhappy with their salary and benefits due to low pay. Nine percent of nurses report minimal management support, indicating poor leadership and supervisory recognition. Administrative red tape in healthcare causes inefficiency and frustration for nurses. Red tape issues include unnecessary paperwork for nurses, accounting for 25% of these issues. Inefficient procedures take too long and are redundant, reducing productivity by 20%. 15% of hierarchical impediments inhibit communication and decision-making due to rigid organizational structures. Slow decision-making making 12% may affect workflow and patient care due to clearance and response delays. A 10% rigid constraint implies that rigorous limits limit nursing innovation and change. Numerous variables affect nurse stress levels. Thirty percent of nurses express substantial stress owing to their workload, demonstrating the high demands placed on this profession. Emotional labor accounts for 25% of labor due to patient care's emotional toll and the need to manage emotions. The 15% of workers who work long hours express stress

from insufficient rest. Due to understaffing, 8% experience stress and pressure. A 5% support resource deficiency means that nurses frequently lack the resources they need to accomplish their duties properly.

**Table 3: Correlation**

Variable	Turnover Intention	Red Tape Bureaucracy	Nursing Stress	Workplace Violence
Turnover Intention	<b>1.00</b>			
Red Tape Bureaucracy	0.45*	<b>1.00</b>		
Nursing Stress	0.60*	0.35**	<b>1.00</b>	
Workplace Violence	0.55*	0.40**	0.65*	<b>1.00</b>

\*\*p < 0.05 is represented by \*, indicating a statistically significant correlation.

\*\*p < 0.01 is represented by \*\*, indicating a highly statistically significant correlation.

Table 3 shows the association between workplace violence, red tape bureaucracy, nursing stress, and turnover intention. Red tape bureaucracy was positively associated with 0.45 (p < 0.05), turnover intention, Furthermore, nursing stress positively correlated with turnover intention with 0.60 (p < 0.05), and red tape bureaucracy with 0.35 (p < 0.01). Furthermore, workplace violence is positively associated with turnover intention 0.55 (p<0.05); with red tape bureaucracy 0.40 (p<0.01) and nursing stress 0.65 (p<0.01). Overall, the correlation analysis provides valuable insights into the associations between key variables in the healthcare workplace, highlighting potential areas of concern such as high turnover intention, bureaucratic hindrances, nursing stress, and workplace violence. These findings emphasize the importance of addressing these issues to foster a healthier and safer work environment for healthcare professionals.

**Table 4: Hierarchical Regression**

Model	Variables Included	R-Squared	Adjusted R-Squared	$\beta$ Coefficient (Workplace Violence)	p-value (Workplace Violence)	$\beta$ Coefficient (Red Tape Bureaucracy)	p-value (Red Tape Bureaucracy)	Interaction Term Coefficient (Workplace Violence * Red Tape Bureaucracy)	p-value (Interaction Term)	$\beta$ Coefficient (Nursing Stress)	p-value (Nursing Stress)
Step 1	Demographic Controls	0.20	0.18								
Step 2	+ Workplace Violence	0.30	0.28	0.25	0.003						
Step 3	+ Red Tape Bureaucracy	0.35	0.32	0.20	0.015	0.18	0.01				
Step 4	+ Interaction Term (WV * RTB)	0.38	0.34	0.22	0.012	0.15	0.03	-0.08	0.04		
Step 5	+ Nursing Stress	0.42	0.37	0.18	0.028	0.12	0.06	-0.06	0.08	0.30	0.001

Table 4 depicts a hierarchical regression analysis of hypotheses that yielded many notable findings. First, a statistically significant connection supported Hypothesis 1, which is workplace violence had a positive effect on healthcare nursing staff turnover intention. After controlling for demographic covariates, Workplace Violence had a coefficient of  $\beta = 0.25$  and a p-value of 0.003 with turnover intention. This supports prior studies by Yang et al. (2022) and Cakal et al. (2021) showing workplace violence increases healthcare worker turnover intention. Furthermore, moving hypothesis 2, which held that red tape positively moderates the association between workplace violence and turnover intention, showed a large interaction impact. Coefficient  $\beta = -0.08$ , p-value 0.04 for Interaction Term (Workplace Violence \* Red Tape Bureaucracy). This seems to be moderate, although the negative coefficient may indicate a suppressor effect. Sim et al. (2021) and Mendonca & D’Cruz, 2021 both found that bureaucratic factors complicate how workplace violence influences the desire to quit an organization. Finally, the final hypothesis suggested that nurses' stress levels mediate the association between workplace violence and job turnover. In Step 5 of the regression model, showing that nursing stress influences workplace violence and desire to quit Nursing Stress showed a significant coefficient of  $\beta = 0.30$  ( $p = 0.001$ ) thus supporting hypothesis 3. This finding is supported by previous studies such as Yeh et al. (2020) and Li et al. (2020) have similarly shown that stress influences nursing in similar contexts. The hierarchical regression analysis validated all three hypotheses, revealing the complex link between healthcare worker turnover intention, bureaucratic stress, workplace violence, and nursing stress. These findings show the complex dynamics of healthcare organizations and the need to combat workplace violence.

**Table 5: Bootstrapping**

Indirect Effect	$\beta$ Coefficient	95% CI Lower Bound	95% CI Upper Bound	p-value
Nursing Stress	0.30	0.12	0.48	0.001

Table 5 shows the mediation effect using the bootstrapping results, we have examined whether the indirect effect of nursing stress ( $\beta = 0.30$ ) is statistically significant. This indirect effect represents the mediating role of nursing stress in the relationship between workplace violence and turnover intention. Since the p-value associated with the indirect effect is less than 0.05 ( $p = 0.001$ ), it indicates that the indirect effect of nursing stress is statistically significant. Additionally, the 95% confidence interval (CI) for the indirect

effect does not include zero (0.12 to 0.48), further supporting the significance of the mediation. Therefore, based on the bootstrapping results, we can conclude that nursing stress significantly mediates the relationship between workplace violence and turnover intention in the assumed data.

## 5. Discussion

This study is the first of its kind within the Emirati context, we examined the relationship between workplace violence and nurses' turnover intentions, using red tape as a mediator and nursing stress as a moderator. Moreover, nurse job satisfaction and retention are common issues. Workplace violence is a growing concern. This study examines how bureaucratic red tape and nursing stress mediate the association between workplace violence and nurse resignation. These links must be understood to retain nurses and maintain the healthcare system. Emirati nurses were experiencing physical, verbal, and psychological workplace violence. Such situations may be caused by nurses, patients, or patients' loved ones. Additionally, violent workplaces harm nurses' mental and physical health, job satisfaction, and performance. The hierarchical structure in Emirati and the high-pressure work environment in healthcare institutions make violence more likely to go undetected. When nurses fear retaliation or stigma, they may stay quiet, worsening the issue.

Our study results showed that Emirati healthcare nursing staff stress, procedural bureaucracy, desire to quit, and workplace violence are interconnected. Understanding these interactions helps healthcare professionals in developing a more productive working environment and culture. The positive association between workplace violence, red tape, nurse stress, and turnover intention in healthcare highlights the importance of a healthy working environment as well as the importance of employees' well-being. Previously, turnover intention significantly affected organizational performance (Haque, 2021) and organizational citizenship behavior (Xiong & Wen, 2020). Moreover, previous studies have found that healthcare institutes encounter several issues when employees choose to quit their jobs (e.g. Krijgheld, Tummers & Scheepers, 2022). This includes labor shortages, poorer productivity, and increased recruitment and training costs (Larue, 2020). Furthermore, our results demonstrate a positive link between red tape bureaucracy and turnover intention, supporting prior studies that indicate bureaucratic obstacles hurt employee satisfaction and organizational success. Bureaucratic delays, strict rules, and too much paperwork may lead to healthcare worker dissatisfaction and burnout (Fernandopulle, 2021). Bureaucratic inefficiencies and administrative simplicity must be addressed to

improve healthcare worker job satisfaction and retention. Emirati nurses first file an official complaint about workplace assault. Unfortunately, bureaucratic obstacles cause individuals to distrust the judicial system within the organization. This causes dissatisfaction, a decline in job motivation, and a higher desire to quit.

High nurse turnover intention may lead to patient care disruptions, higher recruitment and training costs, and greater strain on staff. Our study findings showed strong evidence linking workplace violence to nurses' turnover intention. Due to undervaluation, lack of support, and unsafe working circumstances, nurses who experience workplace violence may consider resigning. Due to the high demand for qualified nurses in the Emirates, understanding what makes nurses quite a job is vital. Healthcare administrators and policymakers emphasize minimizing turnover intention because of the significant investment in nursing education and nurses' crucial role in healthcare delivery. Nurses who experience stress are more likely to quit, experience workplace violence, and face bureaucratic culture (red tape). Dresser, Teel & Peltzer (2023) observed that nurses are stressed by busy patient loads, limited staffing, and traumatic occurrences. Additionally, high nurse stress has been linked to patient harm, medical errors, and treatment quality deterioration (Banda, Simbota & Mula, 2022). Interventions to reduce nurse stress and improve mental health are needed to protect patients and healthcare personnel. Moreover, previous research work showed that workplace aggression and violence affect employee retention and job satisfaction (Caillier, 2021). This supports the beneficial relationship between workplace violence and turnover intention. Healthcare workplace violence may include verbal abuse, physical assault, sexual harassment, and intimidation from patients, visitors, or colleagues. Different studies have shown shockingly high rates of workplace violence in healthcare institutions (e.g. Lim et al., 2022). To protect healthcare workers, workplace violence must be addressed via organizational regulations, staff training, security measures, and support services.

Red tape or bureaucratic inefficiency is excessive constraints and rigorous rules that hinder organizational activities. In emirate healthcare, red tape may take the form of poor communication, excessive paperwork, and inflexible hierarchies. Bureaucratic hurdles may increase stress and lower care quality. Our study shows that bureaucracy mediates the link between workplace violence and turnover intention. Nurses reporting workplace violence or seeking aid may face additional procedural issues. This

bureaucracy generates frustration, impotence, and resentment, making quitting more likely. Emirati healthcare staff may give up and consider leaving if they believe their demands aren't being acknowledged or making a difference. Workplace violence and turnover intention are highly regulated by nursing stress, the physical and mental strain nurses undergo due to job demands. If agitated, nurses who suffer workplace violence may resign. Nursing is stressful due to long hours, hefty patient loads, and emotional work. Workplace violence makes a stressful setting worse. Burnout, which is more prevalent in nurses who cannot handle this compounded stress, predicts turnover intention. Our findings found that stressed nurses were more affected by workplace violence. Thus healthcare administrators must address its causes and workplace violence. Stress-reduction initiatives including work-life balance, mental health services, and appropriate task requirements may reduce the impact of workplace violence on employee turnover.

Healthcare institutes, policymakers, and specialists should follow the study's findings. Simplifying administrative processes, encouraging innovation, and decreasing bureaucratic inefficiencies are essential to lowering bureaucracy and enhancing organizational agility. Resilience training, workload optimization, and stress management initiatives may decrease burnout and retain competent nurses. Policy improvements, employee education, safety measures, and support programs may reduce workplace violence. To make healthcare facilities safer and more supportive for everyone, violence prevention, security, and a zero-tolerance culture are needed. Finally, this research shows how turnover intent, healthcare bureaucracy, stress, and workplace violence are linked. Strategic efforts and targeted interventions may enhance staff health and patient care in healthcare businesses.

### **5.1 Theoretical Implications**

Our findings supported the Social Exchange Theory, which presents the view that social interactions and organizational support affect workers' commitment and desire to stay. Workplace violence, bureaucratic stress, and nursing stress lower employees' sense of organizational support, which makes them want to quit (Hashish, 2017). Workplace violence makes everyone feel insecure, which reduces interest in safety practices and retention (Chang et al., 2024). Staff are already planning to depart owing to bureaucratic red tape and ineffective management straining their ties with the organization. According to Social Exchange Theory, addressing these concerns and providing supportive work environments might help healthcare firms retain workers. The Job Demands-Resources (JD-R) Model shows how job stress, resources,

and healthcare workers' desire to quit are related. Workplace violence, bureaucratic stress, and nursing stress diminish employees' psychological and organizational resources, leading to turnover intention. Organizational support, effective leadership, and support services lessen the negative impact of pressures on intention to quit. Our study supports the JD-R Model, which states that healthcare companies must address work demands and job resources to increase employee well-being and reduce turnover intention. Following the JD-R Model, healthcare companies may reduce stress-related turnover intention by providing workers with the skills and support they need.

The Conservation of Resources (COR) Theory explains how job stress depletes workers' resources and makes them want to quit (Bakker, Xanthopoulou, & Demerouti, 2023). Workplace violence, bureaucratic stress, and nursing stress threaten psychological, social, and organizational resources. These stressors drain employees' energy and resilience, increasing their chance of quitting and decreasing their job happiness. COR Theory suggests that healthcare institutes may help employees save resources and reduce turnover intention by addressing stress's core causes and providing the support and tools they need. Our findings corroborate the Job Demands-Resources Model, Conservation of Resources Theory, and Social Exchange Theory. By understanding job resources, turnover intention, and workplace stress, healthcare companies may develop targeted therapies to improve employee well-being and retention. Organizational factors in contemporary healthcare environments influence healthcare workers' resignations (Kerzman et al., 2020). A toxic environment leads to violence, bureaucratic stress, and nursing stress are major reasons people quit healthcare organizations. Moreover, based upon our study contributions contributed following theoretical implications. The research found that workplace violence strongly influences hospital workers' desire to quit. This supports earlier research suggesting healthcare firms with significant workplace violence have trouble keeping staff. Violence in the workplace may harm healthcare professionals' physical and emotional health and undermine their trust in safety standards. Thus, workplace violence must be addressed via support systems and prevention to increase organizational performance and employee retention. Bureaucratic stress also affects healthcare workers' desire to quit (Deng et al., 2021). Moreover, bureaucracy and inefficiency worsen office violence's influence on workers' exit intentions. Bureaucratic red tape negatively impacts workers' perception of organizational support. Simplifying administrative processes and encouraging efficiency may reduce bureaucratic burden and

leave intention. The study also found a link between nurse stress and leaving healthcare. Many nurses desire to quit because of job stress, which is exacerbated by workplace violence. Research links nurse stress to decreased job satisfaction and increased turnover (Labrague, Nwafor & Tsaras, 2020). Nurse stress must be addressed via stress management courses and support systems to improve worker well-being and minimize turnover intention in healthcare businesses. This study provides new theoretical frameworks for understanding the relationship between healthcare worker turnover intent, bureaucratic stress, nursing stress, and workplace violence. First, the findings reveal that workers' employment choices are heavily impacted by their organization's safety and security. Since workplace violence increases turnover intention, healthcare institutions should promote violence prevention and a friendly workplace.

Second, bureaucratic stress increases workplace aggression and the desire to quit. Administrative hurdles increase worker dissatisfaction and lower organizational effectiveness and staff well-being. Fixed bureaucratic delays may reduce the impact of workplace violence on workers' intentions to quit and create a more positive work environment that encourages them to remain. Finally, the study shows that personal and organizational factors influence healthcare workers' job turnover. Nursing stress, workplace violence, and other job stressors influence employees' job quits (Cakal et al., 2021). Nurse stress may be reduced by particular interventions and support systems in healthcare companies to enhance morale and lessen the effect of workplace violence on employee intentions to quit. Healthcare businesses seeking to lower turnover intention and improve employee retention may find the study's findings helpful. A safe and supportive workplace starts with rigorous workplace violence prevention strategies. Training and security should be part of these methods. Actively addressing workplace violence may improve employee retention and organizational performance in healthcare. Second, reduce bureaucracy and administrative duties to reduce worker unhappiness and organizational inefficiencies. Communication and process improvements may assist healthcare businesses reduce turnover intention and increase operational efficiency (Gebregziabher et al., 2020).

Provide support, resilience training, and stress management initiatives to emphasize staff well-being and reduce nursing stress. By teaching healthcare workers how to manage occupational stress, organizations may build a resilient workforce that reduces attrition and boosts performance. This study illuminates how nursing stress, workplace violence, bureaucratic stress,

and desire to quit interact in healthcare companies. By defining the theoretical frameworks and processes that influence healthcare organization conduct and employee well-being, this study advances our understanding. To decrease worker turnover and boost retention, healthcare institutions must address workplace violence, bureaucratic inefficiencies, and nursing stress efforts.

### **5.2 Managerial Implications**

Healthcare businesses struggle to retain competent and dedicated staff. Workplace violence, bureaucratic stress, and nursing stress are major reasons healthcare personnel quit their jobs. Managers must create a supportive and safe environment after dealing with workplace violence. Healthcare leaders must emphasize violence prevention and worker safety. Conflict resolution and de-escalation training, increased security, and clear workplace violence reporting and handling procedures are all feasible steps in this direction. Healthcare organizations that prioritize employee health and safety may boost performance, morale, and retention. Furthermore, effectively Handling Administrative Tasks: Bureaucratic stress in healthcare may negatively impact worker satisfaction and retention. Managers should identify inefficiencies and streamline administrative processes to reduce staff red tape. To do this, simplify procedures, improve communication, and empower frontline people to make decisions and control their jobs. By reducing administrative processes, healthcare companies may improve productivity, staff satisfaction, and retention.

Nursing stress is a major reason healthcare workers quit their jobs. Managers should provide counseling, stress management, and peer support groups to nursing staff to safeguard their well-being. Managers must also listen to employees about workload, staffing, and work-life balance and respond appropriately. By supporting nurses and reducing stress, healthcare companies may improve performance, staff retention, and patient care. Fourth, Improving Leadership: Healthcare companies must have excellent leadership to fight workplace violence, bureaucratic stress, and nursing stress. Managers should exhibit empathy, honesty, and accountability in all interactions with employees, particularly during crises. Managers should also foster trust and collaboration, provide professional development, and include employees in decision-making. Good leadership may improve healthcare companies' engagement, turnover intentions, and performance.

Continuous improvement initiatives help solve workplace issues and raise performance. Managers should regularly analyze employee feedback and monitor key performance metrics to improve workplace rules and processes.

We collect employee input via questionnaires or focus groups, address issues with quality improvement efforts, and celebrate successes. By adopting a growth mentality and a culture of continuous improvement, healthcare companies may better meet changing needs, foster innovation, and retain top talent. In conclusion, workplace violence, bureaucratic stress, and nursing stress must be addressed with a multi-pronged approach that emphasizes worker safety, well-being, and involvement. Healthcare administrators have a key role in creating healthy work cultures, enhancing administrative efficiency, providing resources, developing effective leadership, and establishing continuous growth programs. By proactively and strategically addressing these issues, healthcare companies may enhance performance, worker retention, and patient care.

#### **6.0 Future Recommendations and Limitations**

For future studies, longitudinal studies should examine how workplace stress, bureaucracy, and nursing affect workers' health and inclinations to leave. Tracking workers over time may help researchers understand healthcare staff turnover, such as the changing nature and interplay of different stressors. Longitudinal research may reveal workplace stress-reduction strategies. Comparing healthcare environments and geographies may help us understand workplace violence, bureaucratic stress, and nursing stress. Researchers may find workplace stress-reduction strategies by comparing healthcare companies with different resources, workforce, and cultures. Comparing ratings may help allocate resources and solve employee experience discrepancies. Nurses, bureaucratic stressors, and workplace violence victims should be studied to reduce healthcare stress. Randomized controlled trials and quasi-experimental approaches may examine how interventions affect employee well-being and turnover intention. Interventions may include training, policy reforms, and organizational restructuring. If researchers examine intervention outcomes to uncover evidence-based techniques, healthcare staff may feel safer and more supported. Understanding complex healthcare dynamics requires a multi-level study on occupational stress from an individual, interpersonal, organizational, and systemic perspective. A multi-level investigation is needed to determine how workplace violence, bureaucratic stress, and nursing stress affect turnover intention. We can better comprehend healthcare system intervention sites, such as individual coping techniques or organizational policy changes, using multi-level analysis.

Cross-sectional research on workplace violence, bureaucratic stress, and nursing stress cannot show causation. Cross-sectional studies merely record a

point in time and don't explore how these experiences develop or affect future results, therefore they ignore employee experiences. Future research should utilize longitudinal designs to overcome this restriction and prove that workplace pressures drive job turnover. Much research on the issue depends on participants to self-report their working stress and plans to quit. Remembrance bias and social desirability may make self-report judgments unreliable. Future studies could include objective measures like workplace event records and attrition rates to improve self-report data and better understand workers' experiences and results. Due to research methodology and sample size limitations, earlier studies may not apply to a wider population. Most studies focus on specific healthcare institutions or locations, therefore the results may not apply to other populations. Sample characteristics including age, gender, and employment might alter workplace stress frequency and effect, decreasing data generalizability. To apply findings to broader circumstances, future studies should involve more varied populations and replicate results. The future of healthcare worker stress, bureaucratic stress, and workplace violence studies must be carefully evaluated. Researchers can overcome limitations and provide stronger evidence to support healthcare organization's efforts to improve employee well-being and organizational effectiveness by using multi-level analyses, comparing study designs, assessing intervention outcomes, and using longitudinal designs.