
The Effect of Workplace Bullying on Nursing Staff' Work practice Environment and Satisfaction

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Abstract:

Background: Workplace bullying is viewed as a very harmful issue in the nursing field, where bullying is frequently seen as a normal part of the work environment **Aim:** Investigate the effect of workplace bullying on nursing staff work practice environment and satisfaction **Subjects and Method:** A descriptive correlational design was conducted at Assiut University Hospitals for simple random samples was used to choose a number of nurses & all head nurses and collect the study data by three tools: (1) include two parts, (I) Personal & job characteristics, (II) workplace bullying scale, (2) work practice environment of the nursing work index and (3) work satisfaction scale. **Results:** The highest mean scores of workplace bullying in oncology hospital, while, the highest mean scores of work practice environment in Al Rajhy hospital among the studied subject and higher than three quarter of the studied subject in women health hospital have a moderate level of work satisfaction (80%,). **Conclusions:** There were negative correlation between nursing staff' work practice environment and satisfaction with workplace bullying. While there was a positive correlation between nursing staff' work practice environment and satisfaction. **Recommendations:** Conducting training program for nurses about the strategies & techniques to dealing with workplace bullying.

Keywords: *Nursing staff, Workplace Bullying, Work practice Environment & Satisfaction*

Introduction:

In contemporary workplaces, workplace bullying has emerged as a prevalent and consequential issue, capable of inflicting severe damage on individuals and organizations alike. It entails the unfair and persistent mistreatment of employees, taking on diverse manifestations that include verbal abuse, intimidation, humiliation, and exclusion (Vijayakumar & Rajagopal, 2023).

Workplace bullying is a pervasive issue that arises when an individual or group engages in repeated, unreasonable behaviors that pose a risk to the health and safety of one or more workers. It can occur at various levels within an organization and involves a variety of direct or indirect actions, such as aggression, intimidation, humiliation, and the imposition of unrealistic work expectations. These behaviors, when persistent, create an environment that is detrimental to the well-being of the targeted individuals (Fair Work Commission, 2019).

Workplace bullying has a notable impact on employees' tendency to hide knowledge, and this relationship is influenced by the mediating effects of emotional exhaustion and organizational identification. In other words, when employees experience workplace bullying, it leads to emotional exhaustion and affects the sense of identification with the organization, which, in turn, influences the decision to hide knowledge (Yao et al., 2020).

Bullying in the workplace should be unequivocally condemned as an entirely unacceptable and unethical behavior. To effectively prevent workplace bullying, policies need to address not only the specific incidents but also the overall organizational culture. Furthermore, it is crucial to tackle the challenge of fostering psychosocial safety in the workplace. Interventions aimed at preventing workplace bullying should focus on promoting a new management and leadership framework that emphasizes democratic values and encourages employee participation in decision-making processes. These interventions should be implemented and evaluated to establish improved guidelines for occupational health practice. By adopting such approaches, organizations can create a safer and healthier work environment, which is conducive to the well-being and productivity of all employees (Salin, 2021).

Bullying in the workplace is becoming a significant factor in the overall work environment, with increasing evidence connecting a nurse's work setting to the quality and safety of care provided in hospitals. Despite a perceived logical link, the impact of workplace bullying on patient safety within the nurse's work environment remains uncertain. Patient falls, mistakes, and rates of readmission are considered nurse sensitive indicators of patient safety in hospitals, as they can result in harm or even death

to patients, and also create financial strain for the hospital (Lang et al., 2021).

In the realm of human resource management for nurses, it is essential for organizations to cultivate positive work environments that encourage and facilitate job crafting. Nurses play a crucial role in providing frontline care to patients and often collaborate with a diverse range of professionals within hospital settings. Given the demanding nature of the work, nurses frequently engage in emotional exchanges with the coworkers. Considering the high turnover rates among nurses may not be feasible for them to take on additional tasks or workload during the shifts. Therefore, it becomes imperative to establish working environments that enable nurses to discover the true meaning of the nursing practice and support them through policies that foster positive motivation for the work. By creating such environments, organizations can enhance job satisfaction and retention among nurses, ultimately benefiting both the healthcare professionals and the patients they care for (Baylina et al., 2018).

Nurses are leaving the nursing profession primarily because of factors such as low personal job satisfaction, overwhelming workloads, and insufficient resources. This issue is more pronounced among younger nurses, who tend to exhibit lower levels of commitment to the organizations and a higher intention to leave compared to the older counterparts (Slater et al., 2021). Key components of quality nurse practice environments include nurse independence, competent unit management, nurse participation in organizational decision-making, sufficient access to resources, and strong physician relationships. Nurses typically want to work in settings where they can independently practice the profession, feel fulfilled in the jobs, and receive professional treatment from the employers. Establishing and up keeping these types of atmospheres is essential for keeping nurses and enhancing the professional (Pursio, et al., 2024).

According to Johari et al. (2019), work satisfaction refers to an employee's feeling of accomplishment and success in the job. It is widely understood to have a direct correlation with productivity and personal well-being. When individuals experience work satisfaction, it signifies that they not only enjoy the job but also perform it effectively, and receive appropriate recognition and rewards for the efforts. Job satisfaction entails a sense of enthusiasm and pleasure in one's work. It is a crucial factor that contributes to receiving recognition, earning income, securing promotions, and achieving other goals that ultimately lead to a sense of fulfillment in one's career.

Job satisfaction is associated with the emotional well-being of workers, encompassing a broad range of emotions. These emotions can span from positive feelings of contentment, fulfillment, and enjoyment to negative ones such as frustration, dissatisfaction, and even detachment. In other words, job satisfaction reflects the overall emotional state of employees in relation to the work, capturing both positive and negative experiences and perceptions (Dreer, 2024).

Worker satisfaction plays a pivotal role in fostering additional motivation, engagement, and commitment among employees towards the responsibilities and tasks. It often goes hand in hand with job engagement, which signifies the emotional and cognitive attachment that employees have towards the work. When nurses experience satisfaction in the jobs, it not only enhances the motivation but also leads to a deeper level of engagement and commitment to the work. This emotional and cognitive connection to the tasks and responsibilities further reinforces the dedication and involvement in the job roles (Akgunduz et al., 2023).

Therefore, when workers experience enhanced job satisfaction, they are more likely to actively engage in the tasks, resulting in increased levels of attention, effort, and dedication in the workplace. Nurses who go beyond the mere fulfillment of the responsibilities and actively participate in the work demonstrate additional efforts and perform at the best. This discretionary effort, often referred to as "going the extra mile," leads to improved performance outcomes. Furthermore, work satisfaction is a critical factor in promoting employee loyalty and retention within the same company. When employees are satisfied with the work, they are motivated to invest extra effort, leading to better performance, and fostering loyalty and commitment to the organization (Vuong et al., 2021).

Nurses who are happy and satisfied with the work are more likely to have a strong sense of passion and commitment towards the organization's mission. They perform better because the focus and attention are not distracted by negative thoughts or concerns. Moreover, happy employees are easier to keep motivated and are less likely to actively seek alternative job opportunities. This benefits the organization by reducing turnover and creating a more stable work environment. Additionally, happy employees tend to exhibit better performance overall (Mulang, 2022).

Significance of the study:

During recent rounds of internships at Assiut University Hospitals, there has been a concerning observation regarding numerous complaints among nursing staff and students regarding bullying by the

healthcare team and the overall job dissatisfaction. These complaints are often associated with challenging working conditions and stressful situations that contribute to work-related illnesses, burnouts, extended sick leaves, and a decline in performance. The dissatisfaction expressed by the nursing staff and students highlights the significant impact of these negative experiences on the well-being and professional functioning.

With the implementation of cost containment and outcome-driven reimbursement strategies in healthcare settings can potentially worsen instances of bullying. The traditional role of acute care nursing has significantly changed over the years, with nurses facing rapid advancements in technology, treatment approaches, staffing patterns, patient acuity, and length of patient stays. As nurses adapt to these evolving demands in healthcare, there remains little understanding of how bullying and other factors in the work environment are associated with nursing staff satisfaction. Consequently, researchers motive to investigate the effect of workplace bullying on nursing staff 'work practice environment and satisfaction at Assuit University Hospitals.

Aim of the study

To investigate the effect of workplace bullying on nursing staff 'work practice environment and satisfaction

Research questions:

To fulfill the aim of the present study, the following research questions are formulated:

1. Is there an association between workplace bullying and work practice environment?
2. Is there an association between workplace bullying and nursing staff' satisfaction?
3. Is there an association between work practice environment and nursing staff' satisfaction?
4. Is there a relation between workplace bullying, work practice environment and nursing staff' satisfaction with personal & job characteristics?

Subject and Methods:

Technical design

This design involved the research design, setting, subject, sample and data collection tool.

Research Design:

A descriptive correlational design was used for the current study.

Setting:

The current study was conducted in all Assiut University Hospitals (Main, Pediatric, Women health, Neurologic & Psychiatric, Al Rajhy Liver, Oncology and Urology Hospitals).

Subject:

Simple random sample was used to choose a number of nurses & convenient sample for head nurses from

all Assiut University Hospitals for this study (N= 1145).

Sample:

All head nurses with total number (295) & a sample of (850) nurses were selected by using **Thompson equation (2006)** from all Assiut University Hospitals.

$$p(D_o = d_o) = \prod_{k=1}^K \left(\frac{1}{n_{ok}} \prod_{t=0}^{n_k - n_{ok}} q_{k,t,i} \right)$$

The study samples were selected as followed by using electronic calculator:

Hospitals	Total nurses	Sample selected of nurses	Total head nurses
Main Hospital	1127	384	44
Pediatric Hospital	450	153	106
Women health Hospital	175	60	20
Neurologic & Psychiatric Hospital	254	86	35
Oncology Hospital	210	72	38
Urology Hospital	100	34	30
Al- Rajhy Liver Hospital	180	61	22
Total	2496	850	295

Data collection tools:

Self-administered questionnaires sheet include three tools:

Tool (1): include two parts:

Part (I): Personal & job characteristics of the studies sample developed by the researchers and including current job, age, sex, educational qualification, marital status, and residence.

Part (II): Workplace Bullying Scale (WBS):

This scale, created by **Anjum et al., (2019)**, is both reliable and valid, and was utilized to evaluate threats to one's professional and personal life. This scale consisting of 21 items was named "Work-Related Bullying" due to the 10 WBS items (5, 6, 7, 12, 13, 15, 16, 17, 18, and 19) that specifically highlighted dangers to a person's career and were categorized accordingly. The remaining 11 items (1, 2, 3, 4, 8, 9, 10, 11, 14, 20, and 21) focused on targeting an individual's character and private life, classified as Personal Bullying. The Likert scale consisted of five points, rating never as (1) and daily as (5).

Tool (2): The Practice Environment Scale of the Nursing Work Index (PES-NWI):

The scale was recognized by the National Quality Forum (NQF) and the American Nurses Association (**American Nurses Association, 2011; NQF, 2007**), is a reliable and valid tool in the public domain, developed by **Lake, (2002)** and revised by (**Swiger et al., (2018)**) used to assess nursing practice environment that promote professional nursing care. The scale is made up of 31 items divided into five subscales: nurse involvement in hospital affairs (9

items), nursing fundamentals for quality care (10 items), nurse manager skills, leadership, and nurse support (5 items), staffing and resource sufficiency (4 items), and collaborative nurse-physician relationships (3 items). The scale was measured using a 4-point Likert scale with options from "strongly disagree" (1) to "strongly agree" (4).

Tool (3): Nursing Staff' Work Satisfaction scale:

This scale adopted from Ahmed et al., (2012), had 32 items. A three-point Likert scale was used to measure the responding score system; ranging from (1) for dissatisfied, (2) for natural, and (3) for satisfied. The total score is divided into three levels into lower level (less than 50%), moderate level (50% - 75%), and high level (more than 75%).

Administrative design:

To collect the data needed for the pilot study and the current study, official permission was obtained from the dean of the Assiut University faculty of nursing, the director of the Assiut University hospitals, the nursing director, and the nursing staff in hospital departments.

Operational design:

Preparatory phase: After examining the existing literature on the research topic, it took approximately three months from January to March 2023 to finalize the research proposal. The research tool was translated into Arabic.

Ethical considerations: Ethical committee in the faculty of nursing approved the research proposal on 30/4/2023. There was no danger to the participants during the conduct of the study. The research adhered to standard ethical principles in clinical studies. After explaining the nature and purpose of the study, nurses who were willing to participate gave the consent orally. Confidentiality and anonymity were guaranteed. Participants were allowed to decline and exit the study at any point without justification & Data collection respected the privacy of study subjects.

Faced validity: was assessed by a jury of five professors from the Nursing Administration Departments, Faculty of Nursing at Assiut University to ensure accurate understanding of the study tool.

Pilot study: A pilot study was conducted to evaluate the clarity and usefulness of the tool. Furthermore, to pinpoint issues that may arise during the data collection process. A pilot study involved 30 head nurses and 85 nurses, which made up 10% of the overall sample. Analysis of data from the pilot study was conducted using SPSS version 26. The nurses who participated in the pilot study were not replaced, and were thus included in the overall study sample.

The study tools were tested for its reliability by using Cronbach's Alpha Co-efficient test,

As for bullying Scale, it was ($\alpha = 0.87$) for Person-related bullying Scale, ($\alpha = 0.77$) for work-related bullying Scale, ($\alpha = 0.91$) for total WBSS scale,

As for practice environment scale, it was ($\alpha = 0.84$) for nurse participation in hospital affairs, ($\alpha = 0.75$) for nursing foundations for quality of care, ($\alpha = 0.86$) for nurse manager ability leadership, and support of nurses ($\alpha = 0.87$) for staffing and resource adequacy ($\alpha = 0.83$) for collegial nurse-physician relations, **and it was ($\alpha = 0.82$) for PES-NWI Scale**

As for nursing staff' satisfaction Scale ($\alpha = 0.73$).

Thus indicates a high degree of reliability for the study tools.

Data collection

The researchers convened with every nursing team in the research to clarify the study's goals and request the involvement. The study tool was given to the nurses who participated, after they verbally consented, to complete a self-administered questionnaire. Every nurse required approximately twenty minutes to complete the survey. Data collection lasted approximately four months, spanning from June to September 2023.

Statistical analysis design:

SPSS Version 26 was utilized to arrange, classify, encode, summarize, and examine the collected data. Data was represented in tables and charts using numbers, percentages, averages, and standard deviations. The study utilized One-way Anova, T-test for quantitative data, and assessed the Pearson correlation between variables. A statistically significant result was found with a p-value of 0.01.

Results:

The following figures represent the percentage distribution of socio demographic & work-related characteristics for the studied subjects at Assiut University Hospitals.

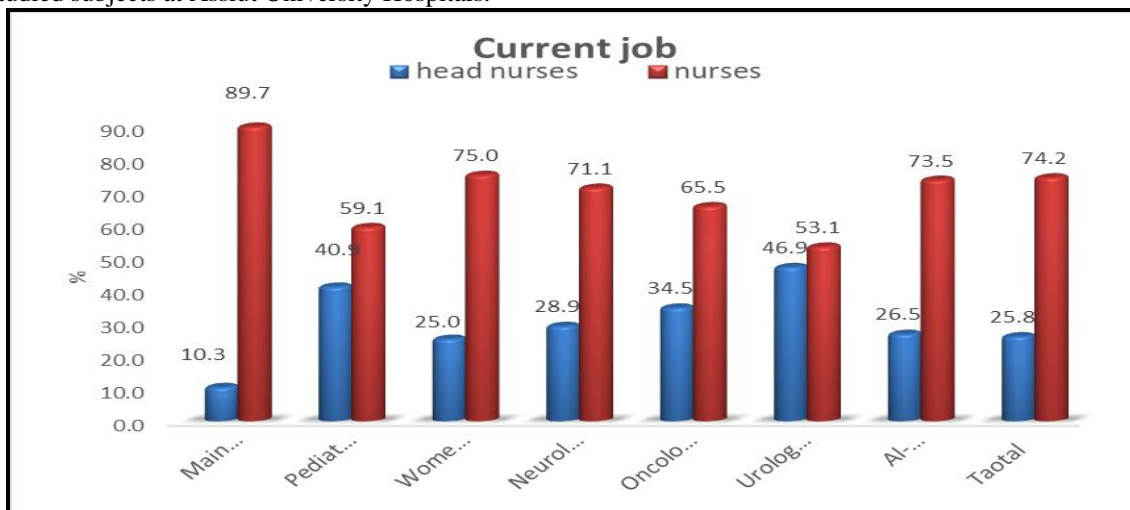


Figure (1): Distribution of Current Job related to Hospital Name

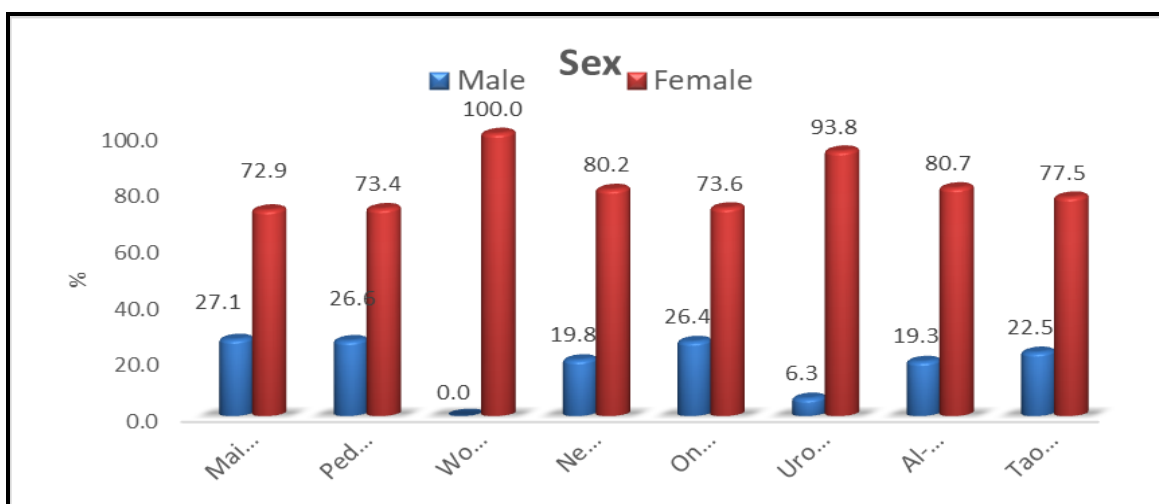


Figure (2): Distribution of Gender related to Hospital Name

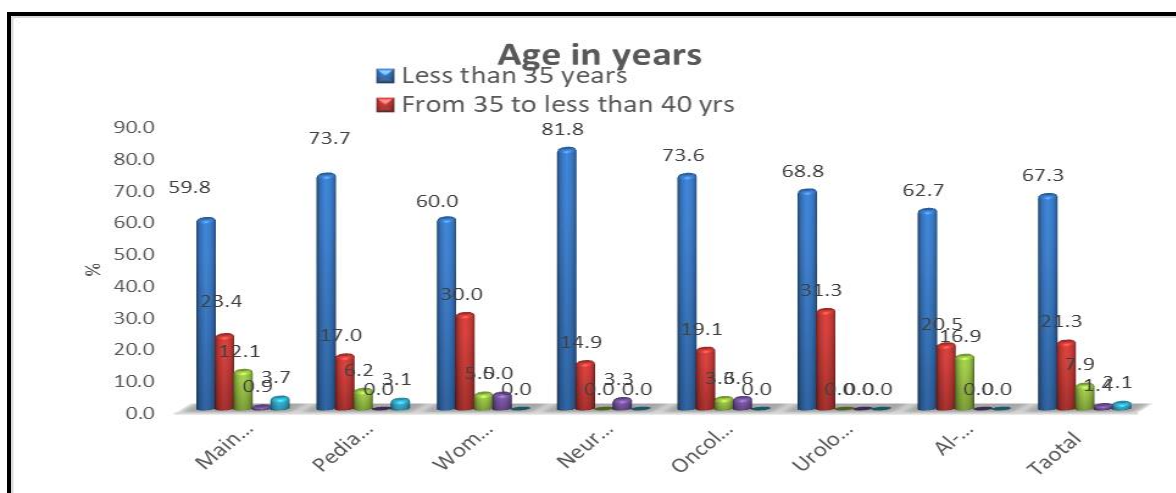


Figure (3): Distribution of Age related to Hospital Name

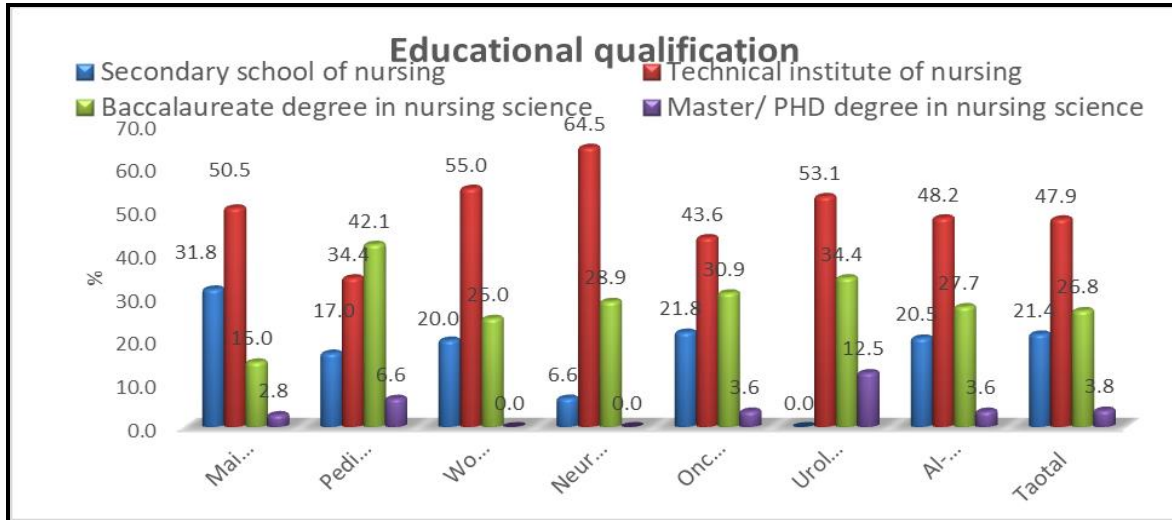


Figure (4): Distribution of education qualification related to Hospital Name

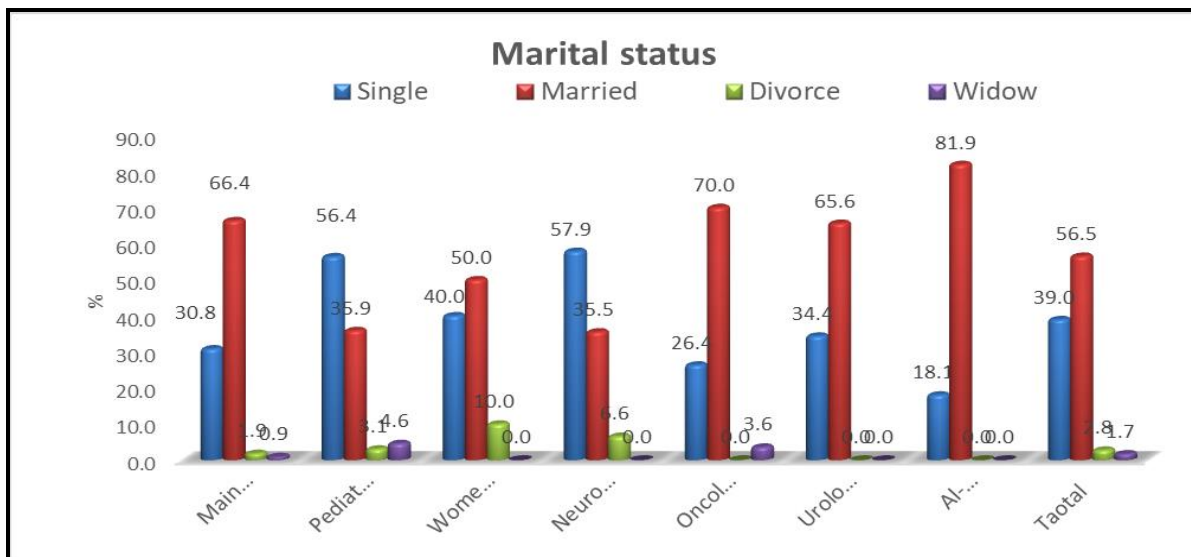


Figure (5): Distribution of Marital Status related to Hospital Name

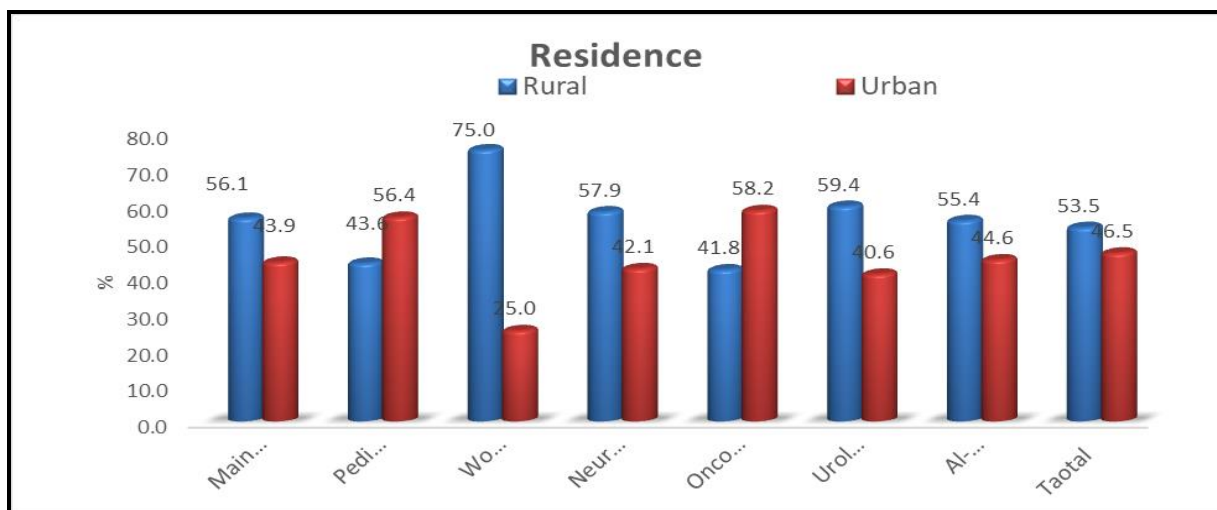


Figure (6): Distribution of residence related to Hospital Name

Table (1): Comparison among hospitals related to workplace bullying factors (N=1145)

Assiut university Hospitals	Person-Related factors	Work-Related factors	Total workplace bullying factors
	Mean±SD	Mean±SD	Mean±SD
Main Hospital	22.32±9.53	19.09±9.08	41.41±17.62
Pediatric	22.89±10.86	19.68±10.22	42.57±20.67
Women health	18.15±5.76	15.3±5.04	33.45±10.45
Neurology & Psychiatric	22.88±5.86	19.08 ±6.75	41.96±11.6
Oncology	25.86±8.68	20.34±9.88	46.2±17.93
Urology Hospital	21.13±8.59	14.13±5.27	35.25±13.38
Al- Rajhy Liver	18.55±4.46	15.64±5.8	34.19±9.36
Total	22.22±9.09	18.55±8.79	40.77±17.12
Test used	F= 8.70 P.v=<0.001**	F=8.16 P.v=<0.001**	F=8.42 P.v=<0.001**

One-way Anova T-test quantitative data between the three groups or more ****Significant level at P value < 0.01**

Table (2): Comparison among hospitals related to nursing staff ' work practice environment (N=1145)

Assiut University Hospitals	N	Nurse participation in hospital affairs	Nursing foundations for quality of care	Nurse manager ability, leadership, and support of nurses	Staffing and resource adequacy	Collegial nurse-physician relations	Work practice environment
		Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Main Hospital	428	24.31±5.65	27.28±6.03	13.57±3.86	11.07±2.71	8.55±2.05	84.78±17.86
Pediatric Hospital	259	24.46±6.05	27.55±5.44	13.78±3.73	11.02±2.68	8.23±2.23	85.03±16.84
Women health Hospital	80	26.05±5.29	29±5.12	15±2.57	12.05±1.76	9.8±1.98	91.9±15.02
Neurologic & Psychiatric Hospital	121	25.88±5.55	29.45±5.98	14.1±3.43	12.16±2.44	9.29±2.27	90.88±17.01
Oncology Hospital	110	23.85±5.44	28.28±5.45	14±3.07	11.45±2.45	8.88±1.86	86.45±14.32
Urology Hospital	64	26.38±5.09	27.98±6.5	14.22±3.37	11.25±2.75	9.16±2.27	88.98±17.36
Al- Rajhy Liver Hospital	83	27.81±3.67	32.65±3.44	16.3±2.59	13.17±2.18	10.25±2.26	100.18±11.28
Total	1145	24.95±5.63	28.22±5.82	14.05±3.6	11.44±2.63	8.83±2.2	87.49±17.11
Test Used		F=7.51 P.v=<0.001**	F=12.29 P.v=<0.001**	F=8.19 P.v=<0.001**	F=11.39 P.v=<0.001**	F=14.90 P.v=<0.001**	F=12.87 P.v=<0.001**

One-way Anova T-test quantitative data between the three groups or more ****Significant level at P value < 0.01**

Table (3): Comparison among hospitals related to Nursing staff' work satisfaction factors (N=1145)

Assiut university Hospitals	Nursing staff' work satisfaction factors						Test used	Mean ± SD	Test used
	Low (n=24)		Moderate (n=796)		High (n=325)				
	No	%	No	%	No	%			
Main Hospital	16	3.7	308	72.0	104	24.3	X ² =53.04 P.v<0.001**	68.61±9.76	F=5.03 P.v<0.001**
Pediatric Hospital	4	1.5	164	63.3	91	35.1		70.88±9.24	
Women health Hospital	0	0.0	64	80.0	16	20.0		69.8±7.29	
Neurologic & Psychiatric Hospital	4	3.3	88	72.7	29	24.0		68.26±8.48	
Oncology Hospital	0	0.0	85	77.3	25	22.7		70.6±6.5	
Urology Hospital	0	0.0	48	75.0	16	25.0		69.34±8.64	
Al- Rajhy Liver Hospital	0	0.0	39	47.0	44	53.0		73.75±6.42	

Chi square test for qualitative data between the two groups - One-way Anova T-test quantitative data between the three groups or more

****Significant level at P value < 0.01**

Table (4): Correlation Co-efficient between nursing staff' work satisfaction factors with personal & job characteristics at Assiut University Hospitals (N=1145)

Personal & job characteristics		Nursing staff' work satisfaction factors						
		Main Hospital	Pediatric Hospital	Women health Hospital	Neurologic & Psychiatric Hospital	Oncology Hospital	Urology Hospital	Al- Rajhy Liver Hospital
Current job	R	-0.064	.132*	.335**	.242**	.428**	-0.163	.233*
	P	0.186	0.034	0.002	0.008	0.000	0.198	0.034
Sex	R	0.016	0.075	0.016	-0.054	0.180	-0.231	-0.153
	P	0.735	0.227	0.735	0.559	0.060	0.067	0.166
Age in years	R	.134**	0.034	.508**	-0.234**	-0.123	-0.169	-0.448**
	P	0.005	0.588	0.000	0.010	0.199	0.183	0.000
Educational qualification	R	0.049	-0.152*	-0.204	-0.025	-0.484**	0.140	-0.267*
	P	0.314	0.014	0.069	0.789	0.000	0.269	0.015
Marital status	R	-0.100*	.157*	.558**	-0.352**	-0.222*	.688**	0.011
	P	0.038	0.011	0.000	0.000	0.020	0.000	0.923
Years of experience	R	-0.028	.138*	.303**	-0.152	0.043	.326**	-0.260*
	P	0.557	0.026	0.006	0.096	0.656	0.009	0.018
Residence	R	-0.132**	-0.029	0.096	-0.163	0.147	-0.397**	.305**
	P	0.006	0.646	0.399	0.075	0.125	0.001	0.005

*Statistically Significant Correlation at P. value <0.05

**Statistically Significant Correlation at P. value <0.01

Table (5): Correlation Co-efficient between workplace bullying factors with personal & job characteristics at Assiut University Hospitals (N=1145)

Personal & job characteristics		Workplace bullying factors						
		Main Hospital	Pediatric Hospital	Women health Hospital	Neurologic & Psychiatric Hospital	Oncology Hospital	Urology Hospital	Al- Rajhy Liver Hospital
Current job	R	0.029	-.138*	-0.120	0.089	.291**	.272*	0.103
	P	0.551	0.026	0.291	0.331	0.002	0.029	0.352
Sex	R	.185**	-0.105	0.016	0.027	.333**	0.180	-0.174
	P	0.000	0.091	0.735	0.769	0.000	0.155	0.116
Age in years	R	-.109*	0.053	0.060	-0.227*	.399**	-0.388**	.373**
	P	0.025	0.397	0.596	0.012	0.000	0.002	0.001
Educational qualification	R	0.029	.199**	.285*	-0.094	.269**	-0.231	-0.054
	P	0.551	0.001	0.010	0.304	0.004	0.066	0.629
Marital status	R	.114*	0.014	0.080	-0.037	.359**	-0.026	-0.071
	P	0.018	0.827	0.478	0.691	0.000	0.838	0.523
Years of experience	R	0.005	-0.048	.255*	0.005	.416**	-0.123	0.102
	P	0.917	0.442	0.023	0.958	0.000	0.332	0.357
Residence	R	-0.062	.152*	.386**	0.078	-0.027	0.183	-0.136
	P	0.197	0.014	0.000	0.393	0.782	0.147	0.221

*Statistically Significant Correlation at P. value <0.05

**Statistically Significant Correlation at P. value <0.01

Table (6): Correlation Co-efficient between work practice environment factors with personal & job characteristics at Assiut University Hospitals (n=1145)

Personal & job characteristics		Work practice environment factors						
		Main Hospital	Pediatric Hospital	Women health Hospital	Neurologic & Psychiatric Hospital	Oncology Hospital	Urology Hospital	Al- Rajhy Liver Hospital
Current job	R	0.073	.166**	.599**	0.041	.377**	0.005	.273*
	P	0.130	0.007	0.000	0.657	0.000	0.971	0.013
Sex	R	-.199**	-0.014	0.016	-0.111	.265**	0.165	-0.199
	P	0.000	0.823	0.735	0.225	0.005	0.194	0.071
Age in years	R	0.013	0.019	.246*	0.090	0.031	.306*	-0.198
	P	0.787	0.756	0.028	0.326	0.747	0.014	0.073
Educational qualification	R	-0.016	-215**	.645**	-0.080	.487**	-0.003	.341**
	P	0.745	0.000	0.000	0.382	0.000	0.981	0.002
Marital status	R	-0.093	.178**	.237*	0.013	0.046	.339**	.221*
	P	0.055	0.004	0.034	0.885	0.630	0.006	0.044
Years of experience	R	-.141**	0.096	0.063	0.014	.214*	0.227	.287**
	P	0.004	0.123	0.579	0.876	0.025	0.071	0.008
Residence	R	-.114*	-.142*	-0.073	0.102	.258**	-0.071	0.165
	P	0.018	0.023	0.517	0.267	0.006	0.576	0.136

*Statistically Significant Correlation at P. value <0.05 **Statistically Significant Correlation at P. value <0.01

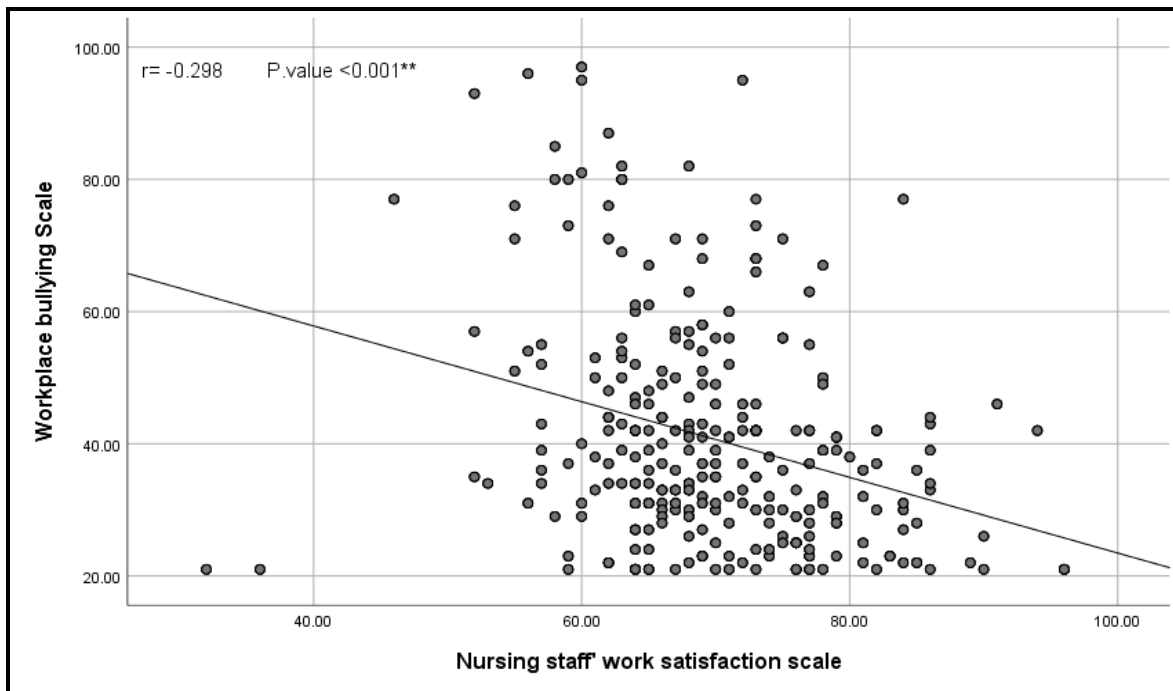


Figure (7): Correlation between nursing staff work satisfaction & workplace bullying

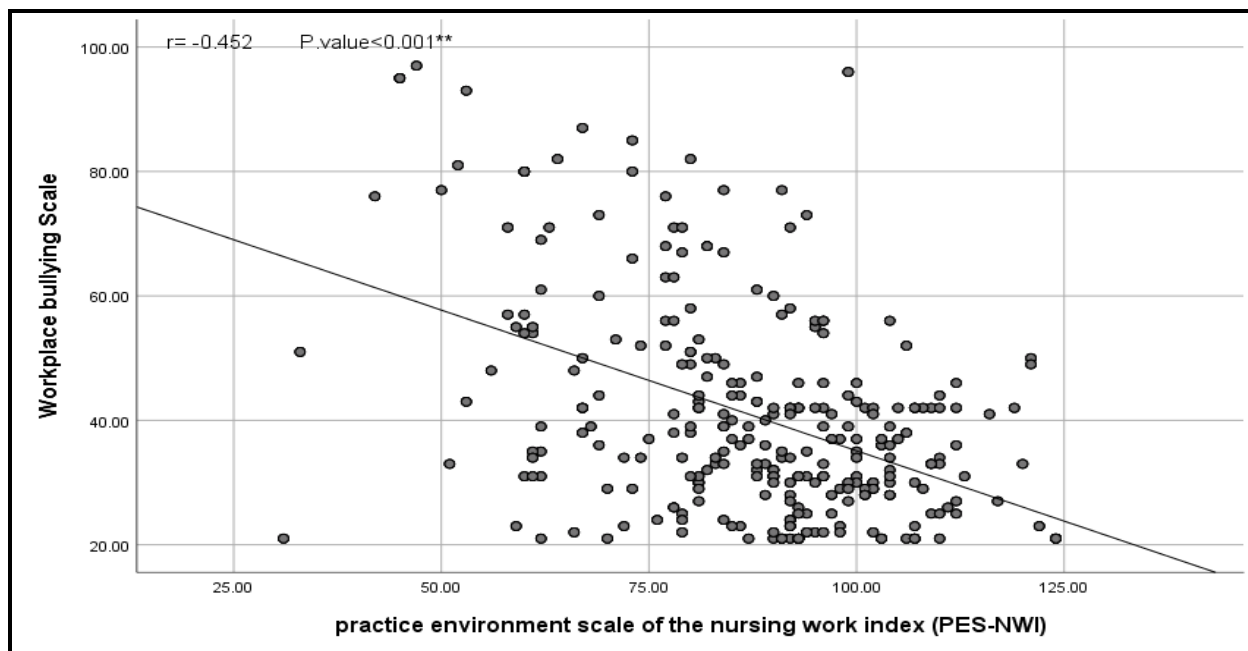


Figure (8): Correlation between nursing staff' work practice environment & workplace bullying

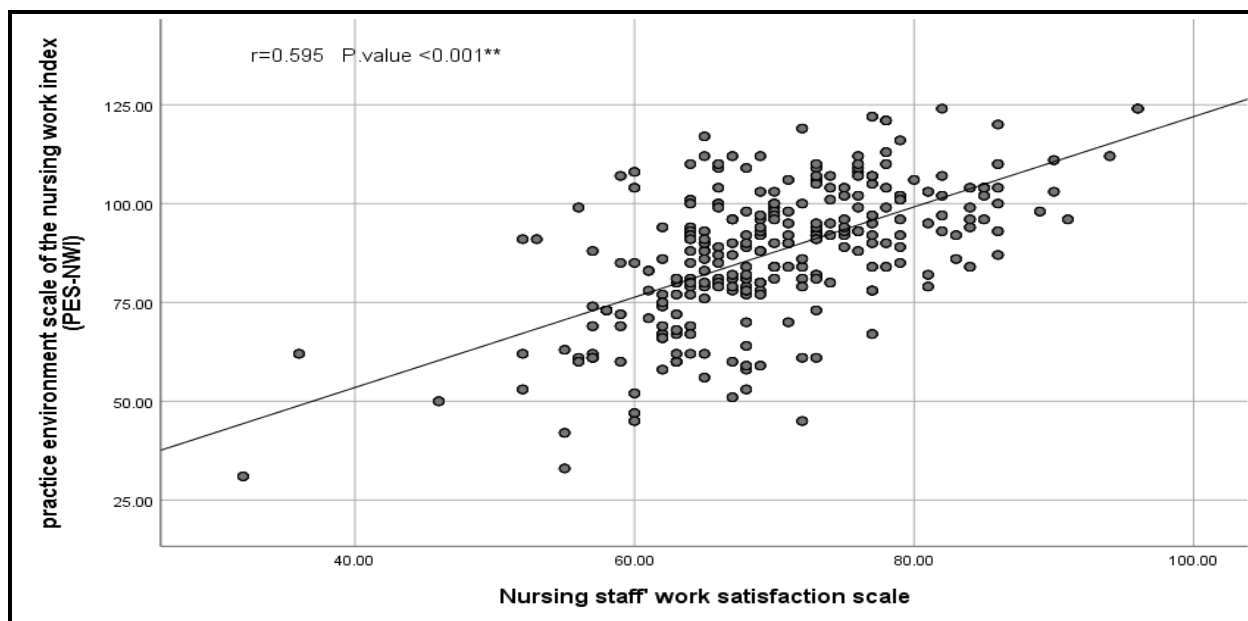


Figure (9): Correlation between nursing staff' work practice environment & work satisfaction

This figure(1): Shows the highest percentage distribution of nursing staff were staff nurses compared with head nurses at all hospitals Main, Women health, Al Rajhy Liver, Neurologic & Psychiatric, Oncology, Pediatric, &Urology Hospitals (89.7%, 75%, 73.5%, 71.1%, 65.5%, 59.1%, &53.1%) respectively.

This figure(2): Represented that, the high percentage of study subject in women , Urology , Al Rajhy liver, Neurology Hospitals were female (100%, 93.8% ,

80.7% & 80.2%) respectively and were nearly three quarters in Main, pediatric , oncology & Urology Hospitals respectively .

This figure (3): Shows that more than three quarter of nursing staff were aged less than 35 yrs. old in Neurology hospital (81.8%) while more than half of the study subject in other Hospitals (73.7%, 73.6%, 68.8%, 67.3%, 62.7%, 60% & 59.8%) respectively.

This figure(4): shows that, more than half of study subject in most Hospitals have Technical institute of

Nursing (64.5%, 55%, 35.3%), and followed it Main Hospital (50.5%) then El Rajhi and Oncology hospitals (48.2% & 43.6%) of study subject have the same degree

This figure (5): Represented that, more than half percentage of study subject were married in most hospitals except in Women, Pediatric, and Neurology hospitals were nearly half percentage for the study subject (50%, 35.9% & 35.5%) respectively.

This figure (6): Shows that three quarter of nursing staff were residence in rural at Women hospital (75%) while more than half of the study subject in other Hospitals (59.4%, 56.1%, 55.4%, 53.5%) then less than the half in Pediatric & Oncology hospitals (43% & 41.8%) respectively

This table (1): shows that the highest mean scores of workplace bullying factors in oncology hospital among the studied subject (46.2 ± 17.93) and followed in Pediatric (42.57 ± 20.67) & then Neurology & Psychiatric hospital (41.96 ± 11.6). And there were statistically significant difference among all factors of workplace bullying in all Hospitals ($*P \leq 0.001^{**}$).

This table (2): Depicts that the highest mean scores of work practice environment factors in Al Rajhy hospital among the studied subject (100.18 ± 11.28) and followed in women health hospital (88.98 ± 17.36) and then Urology hospital (91.9 ± 15.02) respectively. And there were statistically significant difference among all factors of work practice environment in all Hospitals ($*P \leq 0.001^{**}$).

The comparison among hospitals related to nursing staff work satisfaction represents in **table (3):** There is a moderate level of work satisfaction in women health hospital while the percentage level regress in oncology hospital and followed in urological hospital (80%, 77.3% & 75%) respectively. Also, this table shows the highest mean score for total all factors of work satisfaction regarding the study subject in Al-Rajhy liver hospital followed Pediatric hospital and then oncology hospital (73.75 ± 6.42 , 70.88 ± 9.24 & 70.6 ± 6.5) respectively. And there were statistically significant difference among all factors of work satisfaction in all Hospitals ($*P \leq 0.001^{**}$).

This table (4): Illustrates that there a highly positive correlations between nursing staff work satisfaction factors with marital status as regard personal & job characteristics in urological & woman health hospitals (.688** & .558**) & years of experience in the same hospitals respectively (.326** & .303**). While there a negative correlations between nursing staff work satisfaction factors with marital status in Neurologic & Psychiatric Hospital (-.352**). Also, as regard to age there a highly positive correlations in woman health hospital (.508**), while a highly negative correlations in Al- Rajhy Liver Hospital

& Neurologic & Psychiatric Hospital (-.448** & -.234**). And there a highly statistical significant differences between marital status, years of experience & age with nursing staff work satisfaction factors in the same hospitals (P. value < 0.05)

This table (5): depicts that there a highly positive correlations between all factors of workplace bullying with all items of personal & job characteristics in oncology hospital except the residence (.416** , .399** , .359** , .333** , .291** & .269**) respectively and there a highly negative correlations between workplace bullying with age in Urology Hospital (-.388**). And there statistical significant differences between all items of personal & job characteristics with all factors of workplace bullying in oncology hospital (P. value < 0.05)

This table (6): Shows that there a highly positive correlations between work practice environment factors with educational qualification item as regard personal & job characteristics in Oncology & Women health & Al Rajhy hospitals (.645** , .487** & .341**) respectively while, negative correlation in Pediatric Hospital (-.215**). And there statistical significant differences between educational qualification item with all factors of work practice environment in the same hospitals (P. value < 0.05)

This figure (7): Illustrates a negative correlation hypothetical data for the relationship between nursing staff work satisfaction and workplace bullying

This figure (8): Illustrates a negative correlation hypothetical data for the relationship between nursing staff work practice environment & workplace bullying

This figure (9): Illustrates a Positive correlation hypothetical data for the relationship between staff work practice environment & work satisfaction

Discussion:

Discussion of the obtained results will be considered in the view of the literature. Workplace bullying is more and more acknowledged as a significant issue in today's society; it can be challenging to accurately define and assess. This research demonstrates that an increase in workplace bullying leads to a decrease in job satisfaction among the participants. The purpose of the current study was to investigate the effect of workplace bullying on nursing staff work practice environment and satisfaction.

The study started by seeking to comprehend the ages, genders, education levels, and experience duration of the participants. The study's results show that over 75% of the participants from rural areas were women & staff nurses have technical institution. Moreover, over half of the subjects in the study resided in rural areas, and there were no statistically significant

differences in most hospitals except for Oncology and Al Rajhy hospital.

This not consistent with the study discussed how working in a rural or urban hospital may affect nurses' work satisfaction and turnover intention. This finding can help in improving nurses' work satisfaction and inform workforce planning to increase nurses' retention (Yasin et al., 2020).

According to current findings illustrated that negative correlation hypothetical data for the relationship between practice environment of the nursing work and workplace bullying. This is in the same case of El Sayed, et al. (2022), there was no statistically significant correlation between nurses' workplace bullying and the performance. This result in agreement with Samir, et al., (2012) revealed that patients' family members were the primary perpetrators of violence towards nurses, with administrative and medical staff members following closely behind. Also, Khoshknab, et al., (2015) found that patients' families were the primary source of bullying.

On the other hand, this result contradicted with Bardakçı, & Günüşen, (2016) reported that the majority of bullying behaviors were carried out by head nurses followed by physicians, Berry, et al., (2016) showed that the peer to-peer or mentor-to-new hire bullying occurred due to the increased workload the mentor encountered when training the apprentice nurse. As well Efe & Ayaz, (2010), Cevic-Akyil, et al., (2012) & Trepanier et al., (2013) found that nurses are subjected for bully behaviors perpetrated by head nurses and physicians, Moreover Clendon & Walker, (2012) revealed that, staff nurses were exposed to bullying but the bully person was senior and older nurses. Also Abbas et al., (2010) reported that the bully person reported by nurses in the studies was mainly the patient followed by colleagues and administrative staff or supervisors committed the abuse.

In the current finding study, the highest mean scores of the factors of workplace bullying in oncology hospital among the studied subject, while, the highest mean scores of total factors of work practice environment in Al Rajhy hospital among the studied subject and were the higher than three quarter of the studied subject in women health hospital have a moderate level of work satisfaction while the percentage level regress in oncology hospital and followed in urological hospital (80%, 77.3% & 75%) respectively. This finding consistent with the study revealed that in the study, workplace bullying and its correlates were examined among nurses in Japan. The findings suggested that approximately 18% of nurses had experienced bullying. A health work environment, effective leadership and support by

nurse managers, and staffing management may reduce workplace bullying among nurses in Japan, nurses may find it important to be able to ask for days off as well (Yokoyama et al., 2016).

On the other hand, the study reported that the highest mean scores were related to professional threat, followed by work overload and the lowest mean scores was related to work instability and more than half of staff nurses reported the bullying, around one-third of staff nurses' were reported that the source of the bullying were head nurse. In addition, more than two-fifths of the staff nurses had low level of work engagement and dedication was perceived by staff nurse as being the highest mean score and depicts that, there was statistically significant correlation between nurses' bullying and the work engagement (Attia, et al, 2022). Furthermore, bullying can result in serious repercussions for the company or institutions in which it takes place. For instance, it can result in a poor work environment, increased employee turnover, and harm the company's reputation in the field. Additionally, there is a financial consequence as well as an effect on the company's capability to retain and attract top employees. Most organizations typically respond reactively to workplace bullying and reports of such conduct. Still, implementing a proactive strategy that targets the root causes of bullying and deals with cultural or behavioral issues at an early stage can have advantages (Simon, 2024).

The researcher point of view, workplace bullying can be overly aggressive or show up in more covert ways. In both situations, it can have a significant impact on the well-being and productivity of employees. Being able to identify signs of workplace bullying is crucial to take steps to safeguard one self. Organizations can also take steps to reduce bullying, including helping employees learn how to respond when they see a coworker being bullied

The present study illustrates a negative correlation hypothetical data for the relationship between nursing staff' work satisfaction and workplace bullying. This finding consistent with the study revealed that in the study, High levels of bullying can be caused by numerous factors; one is the quality of leadership style and the manager's ability to identify and address employees engaging in bullying. Nurse leaders need to balance different performance shaping factors in directions that favor less bullying and support outcomes such as job performance, job satisfaction and work ability. Leadership responsibilities are focused on minimizing the negative impact of demanding and stressful work situations, like conflicts and organizational pressures, while also improving resources like skill development, task-

focused guidance, and peer support within the workplace (Hutchinson et al., 2016).

Also, improvement programs in hospitals should aim to ensure that nurses have appropriate levels of job resources and job demands within the work environment. An explicit organizational framework and appropriate support systems can help diminish role conflicts and quandaries. Examples of initiatives to reduce bullying and improve nurses' health, satisfaction, and performance include appropriate nurse-to-patient ratios and programs for building competence. Organizational factors need to be continually evaluated to monitor status, and leaders need the necessary skills and tools to enhance the organizational performance of units at various levels. Identifying and removing organizational factors that enable bullying is crucial in addressing bullying issues. Furthermore, it will be necessary to invest in various resources in order to reduce bullying and enhance nurse outcomes effectively. If hospital managers or boards consider this issue important, they should focus on the expenses related to decreased productivity, work stress, and harassment of employees (McTernan et al., 2023).

Conclusions:

In the light of the study results, the following conclusion(s) can be drawn:

There were negative correlation between nursing staff work practice environment and satisfaction with workplace bullying. While there was a positive correlation between nursing staff work practice environment and satisfaction. And there were statistically significant difference among all workplace bullying factors & all work satisfaction factors in all Hospitals (* $P \leq 0.001$ **).

Recommendations:

Will be drawn from the discussed items

- Conducting training program for nurses about the strategies & techniques to dealing with workplace bullying.
- Review the staff nurses handbook to see if it describes steps should take to report bullying.
- Implement strategies to decrease workplace bullying by training employees on how to intervene when they observe someone being bullied by the organizations.
- Offering various perspectives presents opportunities for researchers and practitioners eager to address and combat bullying within organizations.
- Nurses must pay attention to patients' complaints by investigating patients and visitors' opinions and suggestions to avoid a bullying reaction from the patient and relatives in case of ignorance.

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