Relation between Workplace Bullying and Staff Nurses Self-Efficacy: A Cross-Sectional Study

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Abstract

Background: Nurses health and well-being are seriously threatened by bullying at work. Eradicating workplace violence had been acknowledged as a top priority in such field. **The study aims to identify the relation between workplace bullying and staff nurses self-efficacy** A descriptive, cross-sectional, comparative study design was adopted to evaluate a sample of 132 hospital staff nurses, with their demographic data being collected via an online survey. The Negative-Acts Questionnaire–Revised and the General Self-Efficacy Scale were used to assess WPB. **Results:** The majority of the sample achieved moderate scores on all WPB subscales. The highest percentage of severe WPB exposure was related to work-related bullying, followed by person-related bullying, and then physically intimidating bullying. **Conclusion:** All WPB subscales had a statistically significant inverse relation with self-efficacy. All measures of self-efficacy in the workplace negatively correlate to the measures of bullying in the workplace. WPB negatively correlates to nurses age, job satisfaction, and years of experience. **Recommendations:** Workplace bullying (WPB) is a global problem for the nursing profession which not only related to the nurses but also, the institution as whole and the quality of care provided. Exploring the factors contributing to WPB through future research, and intervention programs were required to strengthen self-efficacy and confidence, particularly among novice nurses.

Keywords: Workplace bullying, self-efficacy, staff nurses.

Introduction

All certified practical, registered, and also the advanced nurses practice experience with high stress levels **[Hinderer et al., 2014, Lu., 2215].** Nurses are the largest group of healthcare professionals almost in every country, and hospital, as nurses operate in settings characterized by significant physical and mental demands[Dianat et al 2013, Suzuki et al., 2004]. Bullying at work is a widespread issue for nurses and is becoming worse **[Einarsen et al., 2009]**. Simply ,–workplace bullying (WPB) is a global problem for the nursing profession **[Allen et al., 2015, Nielsen et al., 2010]**. WPB refers to frequent and regular actions, procedures, and behaviors that negatively impact the victim, such as persistently bothering, insulting, or socially excluding them. Thus, a single instance is typically not considered bullying. Moreover, the power dynamics between the parties are frequently unequal in bullying. This imbalance may reflect the formal power structure, such as when a subordinate bullies another employee, or it may be an outcome of unofficial power arrangements among co-workers **[Einarsen et al., 2020].** Workplace bullying of nurses—which can be done by anyone at their workplaces, including co-workers, supervisors, patients, visitors, and even patients themselves—is recognized as dangerous to nurses' health and safety, so its eradication is considered a top priority **[Hutchinson et al., 2008].**

The harmful impacts of WPB are mostly felt by individuals who are subjected to harsh criticism or contempt or those who are subject to humiliating demands. The victim is put into a

position where they feel powerless to protect themselves or in which they take any action to avoid physical attacks, psychological intimidation, or other abuses of strength or authority **[Tehrani., 2013]**. Bullying tactics used at work include withholding crucial information, eliminating responsibilities, setting arbitrary deadlines, increasing workloads, and relentlessly monitoring the victim's work **[Rai et al., 2017**]. The most frequent kinds of WPB experienced by nurses comprise nonverbal aspersions, verbal abuse, information concealment, activity reduction, invasion of privacy, gloating, backstabbing, and betrayal of trust [**Salin et al 2015]**. Bullies misuse their authority at work in numerous ways that have devastating effects not only on the people they bully but also on the healthcare system as a whole **[Lee et al., 2014].**

In the healthcare industry and throughout the healthcare system, WPB is a serious issue that has far-reaching consequences, including in terms of patient satisfaction **[Leung et al., 2007]** as workplace dissatisfaction adversely affects nurses' health and happiness at home and in their communities **[Chipps 2013].** Nurses should never tolerate WPB, yet it appears to be happening more frequently, and it largely goes unreported. It is important to address this issue because stress levels among bullied nurses are higher than those of their colleagues who are not subject to WPB **[Lee et al., 2014].** They are also prone to depression and anxiety because of WPB **[Lee., 2013]**. Moreover, bullied nurses frequently state that they plan to quit their jobs or even leave the profession altogether **[Edmonson et al., 2019, Ma et al., 2014].** In one study, 29% of participating victims claimed to have quit their employment to intentionally stop their exposure to WPB **[Clausen et al., 2013].**

Bullying is a common problem among nurses, and it is well understood that it harms victims' health, the nursing profession, patient safety, nursing care quality, the working environment in the healthcare sector, nurse retention, and employer costs **Yıldırım (2009).** WPB has been linked to adverse physical and mental health outcomes, with the most common consequences for bullied nurses compared to their non-bullied peers including disrupted sleep, tiredness, irritability, burnout, physical health problems (e.g. hypertension, headaches, and intestinal dysfunction). As well it had psychological impacts, including anxiety and depression **[Pai., 2011, Rodwell et al., 2013]**. A recent study among nurses asserted that WPB impairs patient care by distracting nurses or making them less willing to ask questions or request assistance with patient care, thus harming their mental and emotional health **[Anusiewicz et al., 2020].** The most detrimental outcome is thought to be post-traumatic stress disorder, which affects many victims **[Spence et al., 2015]**. In a study done by Bennett and **Sawatzky (2013)** they concluded that WPB not only creates inefficient coping mechanisms and damages work relationships, but it also increases the reported psychosomatic problems and psychological manifestations **[Bennett & Sawatzky 2013].** Bullying is linked to lower productivity, lack of commitment to the employing organization, and increased levels of absenteeism at the workplace **[Hoel et al., 2020].**

Self-efficacy is a measure of people's faith in their ability to complete certain tasks, and it is influenced by the individual's motivation levels, behavior, and psychological state. Depending on the situation, it may reflect a person's behavior and psychological state. Studies have revealed that general self-efficacy and anxiety are negatively correlated and that nurses' self-efficacy is related to their occupational burnout, resilience, and mental health **[Hsieh et al., 2019].** According to Mikkelsen and **Einarsen (2002),** the extent to which an individual being exposed to bullying affects their mental health is moderated by their general self-efficacy. Therefore, self-efficacy could protect nurses from the negative effects of WPB.

The literature indicates a general association between workers' self-efficacy and the indicators of their well-being and occupational health **[Salanova et al., 2016]**. The social cognitive theory defines "self-assurance" as the ability to organize and carry out the actions necessary to accomplish particular goals, and added that self-efficacy beliefs affect a range of individuals' behaviors, ways of thinking, and emotional states. When faced with the demands

of their environment, people often feel ineffective and exaggerate their deficiencies, which causes tension and hinders their ability to use the available resources **[Wersebe et al., 2018].** For example, individuals prefer to focus on challenges they know they could overcome rather than taking on new experiences or learning something new. Several studies assessed the importance of self-efficacy in the workplace and found that a strong belief in one's abilities predicts positive states such as engagement through gain spirals, which is particularly true in the demanding of the occupations. Self-efficacy also protects individuals against a variety of professional expectations.

Personal self-efficacy and performance levels are positively correlated as self-efficacy influences a person's confidence in their ability to carry out complex tasks as well as their resilience in the face of adversity. Self-efficacy beliefs significantly affect people's propensity to perform particular actions and how they respond emotionally to these actions, such as with stress, worry, or sadness. According to **Avey et al. (2009),** hope, resilience, optimism, and a sense of personal efficacy are the four components of psychological capital that profoundly affect workers' health and happiness **[Avey et al., 2009].** Additionally, employees with higher psychological capital reported lower levels of stress and were more likely to remain in their existing positions.

Significance of the Study

A substantial body of literature supports the idea that having a stronger sense of self-efficacy could make a person more confident in their ability to avoid being bullied. This is especially true for nurses who may be bullied at work as it could mitigate the negative effects of WPB on their physical and mental health.

Aim of the Study

The aim of the study is to identify the relation between WPB and staff nurses self-efficacy in a clinical setting through:

- Identifying the WPB experienced by hospital staff nurses;
- Assessing hospital staff nurses' self-efficacy.
- Examining the relation between hospital staff nurses' WPB experiences and their senses of self-efficacy.

Research Question:

Is there a relation between hospital staff nurses' WPB experiences and their senses of self-efficacy?

Participants, Ethics, and Methods

Research Design and Setting

A descriptive cross-sectional study was conducted at the King Khaled Hospital in Riyadh to determine the relation between self-efficacy and the WPB experienced by nurses.

Sample Size and Composition

The required sample size was calculated according to studies that found a negative correlation of -0.27 between self-efficacy scores and WPB [27]. With a power of the test of 85%, a confidence level of 95%, and a 10% dropout rate, the sample size was calculated as 132 subjects [31]. The inclusion criteria for this sample included Saudi nurses who agreed to participate, while the exclusion criteria included those who were non-Saudis, nurses who refused to participate, and those with psychiatric illnesses.

Data Collection Tools

Tool I: A self-administered questionnaire

It was used to elicit participants' personal characteristics, namely their age, gender, marital status, monthly income, job satisfaction, and years of experience. They were then presented with the **Tool II: Negative Acts Questionnaire–Revised (NAQ-R),**

IT was used to measure WPB behaviors, The NAQ-R, created by **Einarsen et al. (2009),** consists of 22 items on three dimensions: Twelve

of the items relate to personal bullying, which includes being subjected to work-related humiliation or mockery; seven items measure work-related bullying, and three of the items pertain to physically intimidating types of bullying, such as being shouted at or being the target of spontaneous anger **[Einarsen et al., 2009].** To assess their self-reported exposure to bullying in the previous six months, the participants were asked to rate each item on a five-point Likert scale of frequency: 1 for never, 2 for occasionally, 3 for once a month, 4 for once a week, and 5 for every day. The overall score, totaling between 22 and 110, represented the severity of the negative conduct, with higher scores equating to more severe bullying. The participants were provided with a definition of bullying and asked to respond categorically (i.e., "yes" or "no") as to whether they felt they were the targets of WPB as it was defined herein. The study's validity was evaluated by examining the entire NAQ-R, which was initially created in English and had a Cronbach's alpha value of 0.97 **[Ma et al., 2014].**

Tool III: General Self-Efficacy Scale (GSES),

The GSES created by (Schwarzer & Jerusalem, 1995). It was used to evaluate the nurses' self-efficacy in clinical situations. It comprises 10 items that participants rate on a four-point Likert scale (1 = Not true about me to 4 = Totally true about me), and it was modified herein to explore the participants' views of their personal competence. The overall GSES scores were used to categorize the participants' self-efficacy levels as low (10–19), moderate (20–30), or high (31–40). The original authors made the Arabic version of the GSES publicly accessible online and provided permission for it to be used. **Hussien and Shahin (2020)** reported a Cronbach's alpha value of 0.87 for the GSES.

Validity and Reliability of the study Tools:

The two scales were already standardized and used in their original form, so additional validation was unnecessary. The reliability of the scales was also evaluated in the pilot test. This was achieved by calculating their internal consistency scores and

Cronbach's alpha values (Table 1).

Table 1. The Questionnaire's Reliability and Internal Consistency

Variables	n	Cronbach's alpha
Work bullying	7	0.848
Personal bullying	12	0.949
Physical bullying	3	0.854
Total bullying questionnaire	**22**	**0.95**
Total self-efficacy	10	0.897
Overall (both questionnaires)	**32**	**0.804**

Administrative and Ethical Considerations

The study was approved by the Humanities and Social Research Ethics Committee at King Saud University under Reference No. KSU-HE-23-496. Following a thorough explanation of the study's objective and the methods employed to the nursing directors of the hospitals, they also provided their consent. The researcher adhered to all research ethics norms stipulated by the Helsinki Declaration. The staff nurses were informed that their participation in the study was voluntary and that they could refuse or withdraw at any time without repercussions. Any information acquired was protected from disclosure and kept anonymous. The act of the nurses completing the questionnaire signified their consent.

Pilot Study

Before the main study, a pilot study involving 31 staff nurses, or roughly 10% of the total sample, was undertaken to ensure that the scales were understandable and that the study was viable. It was found that the questionnaire took an average of 15–20 minutes to fill in completely. Since no changes were necessary, the data from the pilot participants were used in the final analysis.

Study Procedure

This is a quantitative cross-sectional study with a sample of 132 hospital staff nurses. It was carried out from 16 May to 5 August 2023 using an online survey distributed through email and social media (mainly Twitter and WhatsApp). We used a snowball sampling strategy and convenience sampling. During the data handling procedures, all of the appropriate national data protection guidelines were observed.

Statistical Analysis

Statistical analysis was performed to determine the correlation between each of the bullying behavior categories and nurses' self-efficacy. Microsoft Excel 2016 was used throughout the data collection, verification, final tabulation, and presentation processes. The Kolmogorov-Smirnov test was used to determine if the data were parametric or nonparametric by detecting outliers and assessing their normality. The data underwent descriptive statistical analysis, including both graphical and numerical descriptions of nonparametric data using frequency (n) and percentage (%). The parametric data (e.g., age) were presented as means and standard deviations. Pearson's correlation and multiple simple linear regression were also used to examine the interdependencies of the variables. Chi-squared tests were used as an inferential statistic to examine the differences among the scores and to determine their significance. IBM SPSS 28.0 for Mac OS was used to analyze the data (Knapp, 2017), and all analyses (i.e., correlation matrix, heatmap, and principal components analysis ordination) were carried out in PAST 4.04 for macOS.

Results

Table 2 showed that the sample comprised 54 male nurses (40.9%) and 78 female nurses (59.1%). The chi-squared test revealed that the difference was significant with ($p=0.037$). Twenty-four male nurses (18.2% of the total sample) were single and 30 (22.7%) were married, while 18 female nurses (13.6%) were single and 60 (45.5%) were married. The chi-squared test revealed that this difference was also significant as ($p < 0.001$). The participants' mean age in years (±SD) was 27.04 ± 5.55 years for the male nurses and 28.51 ± 5.00 years for the female nurses, and the overall mean was 27.91 ± 5.26 years. A total of 48 nurses (36.4%) stated that their monthly income was insufficient, while 84 (63.6%) reported it as sufficient; there was a high gender disparity in this variable (Table 2).

Table 3 represented the degree of bullying behaviors experienced in the three categories of work-related, person-related, and physically intimidating bullying, the scores of which are categorized as low, moderate, and high. Work-related bullying behavior was predominantly reported to be moderate as 96 nurses (72.7%) reported this behavior. This was followed by 20 nurses claiming high levels of work-related bullying (15.2%), with the chi-squared test revealing a highly significant difference between these scores as ($p < 0.001$). The scores for person-related bullying behaviors were low for 64 nurses (48.5%) and moderate for 62 nurses (47.0%), while only six nurses (4.5%) reported a high degree of this type of bullying. The difference between these scores was again significantly as ($p < 0.001$). The results for physically intimidating bullying were broadly similar, at 48.5% for high, 42.4% for moderate, and 9.1% for low, with the significant differences between these scores as ($p < 0.001$). Furthermore, the overall bullying scores indicated that 50% Of the studied nurses experienced low levels of bullying, 42.4% reported moderate levels, and only 7.6% asserted experiencing severe levels of bullying. Finally, the participants' self-efficacy was found to be high among 78.8% of the nurses and moderate among 18.2% of them, with significant difference between these scores as ($p < 0.001$).

The findings presented in Table 4 indicated a connection between the four variables of workplace bullying, person-based bullying, physically intimidating bullying, and self-efficacy. Indeed, total workplace bullying was significantly negatively correlated with total self-efficacy as ($r = -0.284$; $p < 0.001$), the total degree of personal bullying showed a highly significant inverse relation with the total scores of self-efficacy as ($r = -0.379$; $p < 0.001$), and the total degree of physically intimidating bullying was significant and inversely related to the total self-efficacy scores as ($r = -0.322$; $p < 0.001$). Lastly, the overall bullying scores were significantly and inversely related to the total self-efficacy scores as ($r = -0.375$; $p < 0.001$).

The number of statistically significant correlations showed in Table 5, demonstrated that overall bullying was negatively associated with age, monthly income, job satisfaction, and self-efficacy. Moreover, self-efficacy was positively correlated with age, job satisfaction, and work tenure.

Table 2. The Distribution of the Participants' demographic and Personal Data

Variable	Male		Female		Total		Chi-square (p-value)
	n = 54		n = 78		n = 132		
	n	%	n	%	n	%	
Gender	54	40.9	78	59.1	132	100.0	0.037 *
Marital status							
Single	24	18.2	18	13.6	42	31.8	<0.001***
Married	30	22.7	60	45.5	90	68.2	
Divorced	0	0.0	0	0.0	0	0.0	
Age (years)							
Mean ± SD	27.04 ± 5.55		28.51 ± 5.00		27.91 ± 5.26		<0.001*** T
Monthly income							
Insufficient	16	12.1	32	24.2	48	36.4	<0.001***
Sufficient	38	28.8	46	34.8	84	63.6	
Job satisfaction							
No	12	9.1	28	21.2	40	30.3	<0.001***
Yes	42	31.8	50	37.9	92	69.7	
Tenure in hospitals (years)							
Mean ± SD	6.44 ± 5.08		6.59 ± 4.30		6.53 ± 4.62		<0.001*** T

Notes. * = significant at $p < 0.05$; *** = highly significant at $p < 0.001$; T = independent t-test; C = chi-squared test.

Table 3. The Extent of WPB Experienced by Nurses and Their Self-Efficacy

Variable	WPB experiences							
	Low		Moderate		High		Chi-squared	
	n	%	n	%	n	%	Chi	sig.
Work-related bullying	16	12.1	96	72.7	20	15.2	92	<0.001***
Person-related bullying	64	48.5	62	47.0	6	4.5	49	<0.001***
Physically intimidating bullying	64	48.5	56	42.4	12	9.1	36	<0.001***
Overall bullying	66	50	56	42.4	10	7.6	40.6	<0.001***
Self-efficacy	4	3.0	24	18.2	104	78.8	127	<0.001***

Note. *** = highly significant at $p < 0.001$.

Table 4.The Interrelations Between the Total Degree of Work Bullying, Personal Bullying, and Physical

Independent variable	Dependent variable	Equation	R2	r	Sig. 2-tailed
Total work bullying	Total self-efficacy	Y = -0.2139 x + 27.737	0.112	-0.284	<0.001***
Total personal bullying		Y= -0.179 x +28.158	0.179	-0.379	<0.001***
Total physical bullying		Y= -0.7612 x +27.981	0.184	-0.322	<0.001***
Overall bullying		Y= -1.7631x + 83.449	0.189	-0.375	<0.001***

Bullying against Total Self-Efficacy

Note. *** = significantly.

Table 5. Correlation Matrix of the Relations Between the Variables

Correlations		Age	Monthly income	Job satisfaction	Work tenure in hospitals	Total SE	Overall bullying
Age	**r**	**1**	**0.131**	**0.039**	**.780****	**.210***	**-.318****
	p		0.134	0.658	<.001	0.017	<.001
Monthly income	**r**	**0.131**	**1**	**.393****	**0.08**	**0.079**	**-.252****
	p	0.134		<.001	0.36	0.369	0.004
Job satisfaction	**r**	**0.039**	**.393****	**1**	**0.14**	**.220***	**-.264****
	p	0.658	<.001		0.108	0.012	0.002
Work tenure in hospitals	**r**	**.780****	**0.08**	**0.14**	**1**	**.201***	**-0.105**
	p	<.001	0.36	0.108		0.022	0.23
Total SE	**r**	**.210***	**0.079**	**.220***	**.201***	**1**	**-.375****
	p	0.017	0.369	0.012	0.022		<.001
Overall bullying	**r**	**-.318****	**-.252****	**-.264****	**-0.105**	**-.375****	**1**
	p	<.001	0.004	0.002	0.23	<.001	

Note. r: correlation of coefficient; * significant; ** significant.

Discussion

Unfortunately, WPB occurred in almost every professional setting, including hospitals, even though nurses who are often regarded as critical to providing good healthcare to individuals and communities. Bullying at work had an influence on everyone, including patients, the community as a whole, and nurses specifically. Thus, this study aimed to assess the relation between WPB and clinical staff nurses self-efficacy.

Approximately 60% of the participating nurses were female and 40% were male, which roughly equates to the proportion of the sexes studying nursing at most Egyptian universities **[Hussien., 2022].** Thus, nursing is primarily a job performed by women, which was confirmed by a study of nursing staff in Saudi Arabia **[Shahin., 2018].** Similarly, a study conducted in Tehran found that nursing was still a job mostly dominated by women because it helped them fulfill their traditional role of being caring and nurturing [35].

Most herein participants reported moderate levels of WPB on all subscales, with the highest percentage of severe WPB being work-related bullying, which was followed by personal bullying, and then physically intimidating bullying. Moreover, approximately two-fifths of the participants had overall moderate bullying scores. The incidence of bullying among nurses reflected the nature of the nursing profession: It has a reputation for putting multiple demands on nurses; it is known to be highly rigorous and demanding; and it is regarded as relatively stressful and intense. Furthermore, the shift structures used in nursing might cause them to be confused about their assignments and obligations. In fact, role conflict or ambiguity among nurses could occur organically in these settings and also could eventually result in WPB. This finding aligns

with the hypothesis of a study done in a South Korean context which states that WPB is more common in high-stress situations as well as when there is job conflict, high workload, and limited autonomy [**Lee & Lee 2014**]. This finding also agree with the finding of a study done by **Samnani's and Singh's (2012)** who concluded that WPB is more common in work settings where tension is high and where employees had a lot of work to do but were given little opportunity to make decisions **[Samnani & Singh., 2012].** This study's results are also consistent with a study conducted in Taiwan, which found that 21.3% of people had experienced WPB in the previous six months **[Hsieh et al., 2019],** as well as an Australian study done by **Rodwell et al. (2013)** who collected data through self-labeling to ultimately report a prevalence of bullying among 32.1% and 35.5% participants **[Rodwell et al., 2013]**. Additionally, according to another study conducted in Taiwan, and concluded that physically intimidating bullying was the least common among three forms, whereas bullying at work received the highest scores **[Ko et al., 2020].** Additionally, detecting WPB from patients and visitors were a significant occupational hazards for healthcare workers **[Aljohani et al., 2021].**

However, our results differ from those of a study in southern Taiwan that employed the behavioral experience technique to determine that a large majority of surveyed nurses (between 85% and 86%) reported WPB [**Tsai et al., 2014**]. One of our findings is also odds with the finding of a study about the effects of WPB on the skills registered nurses working in public hospitals in Jordan, which determined that the most commonly reported form of WPB was person-related bullying [**AL-Sagarat et al., 2018**].

This study demonstrated that exposure to WPB is significantly negatively correlated with nurses age, job satisfaction, and years of experience, which may be rationalized as the Younger and less experienced nurses tend to be more impacted by WPB, resulting in job dissatisfaction. These results agree with the finding determined by a study done by Berry et al. (2012), who found that bullying behavior was influenced by years of experience as recently graduated employees were more likely to encounter aggressive behavior at work **[Berry et al., 2012]**. Furthermore, the current study results are consistent with research done in Nigeria, Norway, and South Korea which demonstrate that bullying could influence the professional development. Moreover, absenteeism among nurses was found to be a direct result of bullying, which had a negative impact on productivity and efficiency, isolates victims, and makes them resent from their workplace and their co-workers, frequently leading to job abandonment. Similar findings were noted in a previous study carried out in South Korea, which discovered that nurses with less than five years of experience, who were subject to rotational shift work, and who were dissatisfied with their jobs displayed greater levels of workplace bullying, burnout, and turnover intention, as well as a worse professional quality of life [**Kim et al., 2019**]. Moreover, burnout and workplace bullying were also found to have a substantial negative correlation with job satisfaction in a study done in Bangladeshi **[Chowdhury et al., 2023],** and also an Iranian study found a negative correlation between bullying and nurses' **ages [Homayuni et al., 2021].**

The present study's main goal was to examine self-efficacy and its association with exposure to WPB, these results answered a research question which revealed negative correlation. The majority of the participants displayed a healthy sense of confidence in their abilities, and the overall WPB measures were negatively correlated with the participants' confidence levels. A plausible explanation for this correlation is that frequent exposure to WPB may cause intense emotional stress and exhaustion, thus reducing self-efficacy. The existence of diverse workplace stresses is also assumed to have a substantial effect on employees' views and their confidence, which affects their health and productivity. These findings align with the finding of a study done by = **Tuckey and Neall (2014),** who discovered that the optimism and self-efficacy levels of the participating employees, who worked in various non-medical settings, were negatively impacted by their emotional tiredness that was brought on by WPB[46]. They concluded that by draining workers' energy and leaving them with physical

and mental impairments, the resource loss brought on by WPB depletes both professional and personal resources. Our findings are similarly aligned with those of **Hutchinson et al. (2008),** who found that being bullied at work impaired nurses' professional competence[9]. It also aligns with the finding of a study done by **Townsend's (2012)** who concluded that bullying reduces new nurses' initiative and innovation, and it also makes them feel invisible, incompetent, and inferior. Additionally, our findings are consistent with the finding of Taiwanese study that found bullying to be a strong predictor of self-efficacy as ($\beta = –0.27$, $p < 0.001$) **[Hsieh et al., 2019].** Moreover, studies conducted in China and Turkey indicated that WPB could had severe influence on victims' physical and mental health [**Wang et al., 2022**], another study found that it is also associated with low job gratification and high turnover rates among healthcare personnel [**Akbolat et al., 2021**].

The current study's results demonstrate that self-efficacy positively correlates with age, job satisfaction, and work tenure in hospitals, denoting that nurse being older, having more years of experience, and being more satisfied with their work conditions results in higher performance and self-efficacy levels. These findings are supported by a study of psychiatric nurses, which found that a long career in nursing was associated with a significantly higher self-efficacy score, which was interpreted to mean that nurses with lots of experience were confident in their work and believed they were successfully carrying out their roles **[Lim et al., 2022].**

Conclusion

The majority of the sample studied displayed high levels of general self-efficacy. In contrast, most reported experiencing moderate levels of WPB on all three subscales, with the highest percentage of severe WPB exposure being in work-related bullying, followed by person-related, and then physically intimidating bullying. All measures of self-efficacy in the workplace negatively correlate with the measures of bullying in the workplace. Finally, WPB negatively correlates to age, job satisfaction, and years of experience.

Recommendations for Future Studies

Larger sample sizes are clearly warranted in future studies, with more investigation into the complex web of factors contributing to WPB also being needed.

Future research seeking to strengthen self-efficacy and confidence, particularly among novice nurses, through improving their education and training should address the identification of bullying behaviors to contribute to their prevention.

Competing of interest

No potential conflict of interest was reported by the author.

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Author contribution

Almanor performs all research process until finalizing the manuscript.

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Abbreviations:

GSES General Self-Efficacy Scale

NAQ-R Negative Action Questionnaire

WPB Workplace bullying.

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