# Relation between Workplace Bullying and Work Engagement among Staff Nurses

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## Abstract

**Background:** Workplace bullying growth now a worldwide complex phenomenon, it is one of the most common work- related psychological problems. Bullying costs seem higher for organizations composed of health- care workers who provide patients' direct complex tasks. It has several adverse effects and closely associated with nurses' work engagement. This **study aimed** to assess the relation between workplace bullying and work engagement among staff nurses. **Research design:** A descriptive correlational design was utilized. **Setting**: The study was conducted at the Ain Shams University Hospital in all departments and critical care units. **Subjects:** It included 154 staff nurses out of 220 staff nurses; a simple random sample technique was used for carrying out this study. **Tools of data collection:** The data was collected by using two tools namely; 1) workplace bullying questionnaire; 2) Utrecht work engagement scale (UWES). **Results:** The current study revealed that, more than half of staff nurses have moderate level of work engagement, nearly half of them have high level of work related bullying, and total work engagement score was a positive independent predicator for the score of total workplace bullying. The model explains that less than three fifths of the variation in the workplace bullying scores, the f value = 2.630 is also indicative of a good line on fit among the variables. The study **Concluded** that, there are a highly statistically significant positive correlation among all dimensions of workplace bullying and work engagement of the studied staff nurses. **Recommendation**: Nursing managers need to develop policies to prevent bullying and how to report bullying; establish a complaints unit in all hospital should be include section about workplace bullying and replication of the current study on larger probability sample in different setting and in a broader geographical area; and conduct training program for staff nurses about bullying and different strategies to deal with it.

**Key words:** workplace bullying, work engagement, staff nurses.

## Introduction

Nursing staff is the very important health care providers in any health care system, that is currently attacked by challenges, problems, and opportunities. Twenty-four hours a day, seven days a week, whether in all community health centers and hospitals, nurses are the first when there is a need of care **(Yamada, Duffy, and Berry,** **2018).**Health care organizations must address those aspects that threaten performance of the health care team to ensure quality and promote a culture of safety **(Zych, Ortega-Ruix, & Del Rey, 2015)**.

Currently, negative relationships among nurses is a well-recognized issue

worldwide and reported by the literatures, even because this phenomenon can determine negative consequences for professional and private lives among nurses (**Spector, Zhou, and Che, 2014**).Bullying has become important social problem that is prevalent in health organizations (**Nielsen, Notelaers, and Einarsen, 2011**).Workplace bullying has also received substantial attention from numerous researchers and scholars(**Bergbom, Vartia-Vaananen, and Kinnunen, 2015**).

Workplace bullying is a feature of poor work environments (**Ariza-Montes, Arjona-Fuentes, Law, and Han, 2017; Ram 2018**). It is the behavior in which a person harasses, offends, or socially excludes another person; this behavior negatively affects the target's work tasks and occurs repeatedly and regularly over a period of time, approximately six months (**Einarsen, Hoel, Zapf, and Cooper, 2003**).

Bullying has adverse consequences for the target. A target of bullying has lowers self-esteem and produce psychological problems such as fear, anxiety, helplessness, depression, and post-traumatic stress disorder. Workplace bullying has also widespread negative effects on the organization as a whole, which produce less organizational citizenship, reduces satisfaction and commitment, decreases productivity, decrease engagement, propensity to leave and turnover (**Bradbury, and Hutchinson, 2015**).

Work-related bullying focuses on employees' performance of job tasks (e.g. someone withholding information which affects your performance). Person-related bullying relates to employees' reputation and social status (e.g. being humiliated or ridiculed in connection with work). Physically intimidating bullying regards employees' physical integrity and safety (e.g. being shouted at or being the target of spontaneous anger) (**Einarsen, Hoel, Zapf, and Cooper, 2011**).

Thus, workplace bullying is characterized by frequency; persistency, hostility, and power imbalance, verb indicates frequency refers to the number of times per week that the negative behaviors are exhibited. Researchers vary on whether the minimum number of acts must be one or two per week, persistency refers to the duration of time for which the negative behaviors are experienced. As with frequency, researchers vary on whether the minimum duration of exposure to negative acts must be six or twelve months (**Einarsen et al., 2011; Samnani and Singh 2012**).

Bullying of nurses has been affecting patient outcomes, occupational stress, and staff turnover, workplace bullying defined as repeated inappropriate behavior, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another, at the place of work which could reasonably be regarded as undermining the individual's right to dignity at work (**Etienne, 2014**).

Workplace bullies are individuals in diverse roles, including managers, administrators, clinical instructors, charge nurses, and staff nurses. Nurse-to-nurse hostility, also known as lateral or horizontal bullying, refers to aggression among peers or coworkers on the same organizational level (**Sauer, and McCoy, 2017**).

Engagement is a predictor of nurses' proactive behaviors, loyalty and had performance, and financial returns, further; more engagement contributes to a variety of benefits for both the staff nurses and the organizations in which they work (**Schaufeli, and Bakker, 2010**).

Concept of work engagement, first introduced in organizational psychology by **Einarsen, Raknes, and Matthiesen (1994)**, refers to a condition in which the personal self and the work role are merged together. Launched as the antithesis of burnout, it has later been defined asa positive, fulfilling,

work-related state of mind that is characterized by vigor, dedication, and absorption **(Xanthopoulou, Bakker, Demerouti, &Schaufeli, 2009).**

Engagement has been defined as a persistent, pervasive and positive affective motivational state of fulfillment in professionals **(Bakker, Demerouti, & Sanz-Vergel, 2014).**

Engaged employees have a sense of energetic and effective connection with their work and are able to deal with the demands of the job. Thus, work engagement is conceptualized as a positive and fulfilling work related state of mind that is characterized by vigor, dedication, and absorption **(Balducci, Fraccaroli, and Schaufeli, 2011).**Vigor is characterized by high levels of energy and mental resilience while working, the willingness to invest in one's work, and persistence even in the face of difficulties **(Trépanier, Fernet, and Austin, 2013).**

Dedication refers to being strongly involved in one's work and experiencing a sense of significance, enthusiasm, inspiration, pride, and challenge **(Schaufeli and Bakker, 2010).** Absorption is characterized by being fully concentrated and happily engrossed in one's work, whereby time passes quickly and one has difficulties detaching oneself from work **(Bakker and Schaufeli, 2010).**

Worth noting is that bullying is theorized as the consequence of three organizational factors which are informal organizational alliances, organizational tolerance and reward of bullying, and misuse of legitimate organizational processes and procedures **(Hutchinson, 2008).**Specifically, bullying acts are conceptualized as a typology of bullying behaviors that is comprised of three key categories of bullying among nurses including personal attacks, erosion of professional competence and reputation, and attack through work roles and tasks **(Hutchinson, 2012).**

Personal attacks are bullying acts that characterize a nurse's experience of feeling ignored, insulted, blamed, and put down.Importantly, the three psychological drivers of work engagement will likely be diminished in the face of personal attacks in the workplace. At the individual level, personal attacks may diminish one's sense of having supportive and trusting interpersonal relationships (psychological safety), a sense of feeling valued (psychological meaningfulness), and positive emotional energy (psychological availability) in the workplace **(Hutchinson, Wilkes, Jackson, and Vickers, 2010).**

The erosion of professional competence and reputation is a bullying act characterized by public humiliation, downgrading of skills and abilities, and tactics to undermine career advancement of the individual, these bullying acts may interact with the psychological drivers (meaningfulness, safety, and availability) of work engagement and diminish the positive effect of these drivers on work engagement. Attack through work roles and tasks is a bullying act that is characterized by unfair work assignments, sabotage, withholding of information, denial of due process and use of earned benefits, and unfair economic restrictions **(Hutchinson et al., 2010).**

Clearly, the withholding of work incentives may diminish one's anticipated returns on the investment from one's work performance (psychological driver of meaningfulness). Moreover, the unethical withholding of information, inconsistent workplace norms, and procedures may threaten a person' self-image and career (psychological driver of safety), lastly, economic restrictions may distract from one's ability to fully use personal resources at work (psychological driver of availability). **(Rodríguez-Muñoz, Antino, & Sanz-Vergel, 2017).**

Finally, the act of bullying leads to negative worker outcomes; specifically, distress and avoidance at work, deleterious health effects, and work and career interruption. It is likely that bullying has a negative effect on work engagement and on the performance of the individual's work-related tasks.

## Significance of the study:

Workplace bullying is associated with low levels of work engagement **(Park, & Ono, 2017).** In recent years, numerous scholars have found that workplace bullying has negative effects on employee mood or behavioral intentions, including work satisfaction (**Devonish, 2013).**Work engagement is fundamentally a motivational concept that represents the active allocation of personal resources toward the tasks associated with a work role **(Christian, Garza, & Slaughter, 2011).**

Recent efforts to improve organizational performance have begun to emphasize positive organizational behavior concepts and positive emotions, so work engagement has emerged as the most prominent positive organizational concept, particularly among organizational consultants **(Burke, Koyuncu, Jing, & Fiksenbaum, 2009).**

Work engagement research indicated that, engaged nurses have many benefits to healthcare organizations as evidenced by positive outcomes in these institutions such as improved job satisfaction, employee retention, worker productivity, quality of services, health outcomes of their patients, and organizational financial return (**Ekici, and Beder, 2014).** Leaders in healthcare organizations can benefit from evidence-based research which identifies key factors that have an important impact on the levels of work engagement. Moreover, workplace bullying is important antecedent that may enable or constrain the levels of work engagement in nurses who work in hospital

settings (**Nielsen, Hetland, Matthiesen, &Einarsen, 2012).**

Therefore, the examination of work engagement and its antecedents in nurses is critical in the current healthcare environment that focuses on healthcare quality, work performance, patient, and organizational outcomes. In summary, continued research is vital for leaders in healthcare organizations to cultivate and sustain strategies to improve the level of work engagement in their workforce. Moreover, there is a need to gain an understanding of important, modifiable factors that lead to workplace bullying **(Karatza, Zyga, Tziaferi, & Prezerakos, 2016).**

Exposure to workplace bullying is not only associated with decreased health and well-being among nurses but also with the individual and results of organizational level related to performance and productivity, such as decreased creativity absenteeism rates increased turnover rates; and reduced work engagement, so bullying in the nursing workplace has been identified as a factor that affects patient outcomes, work engagement, and increases occupational stress and staff turnover**(Nielsen, Hetland, Matthiesen, & Einarsen, 2012).**

## Aim of the study:

This study aimed to assess the relationship between workplace bullying and work engagement among staff nurses.

### Research question

Is there a relationship between workplace bullying and work engagement among staff nurses?

### Subjects and Methods

### Research design:

A descriptive correlational design was used for carrying out this study.

### Study setting

This study was conducted at Ain Shams University hospital in all departments and critical care units.

### Subjects:

The subjects of the study were 154 staff nurses out of 220 staff nurses they are working in the study setting, by using a simple random sample technique

### Sample size:

Subjects of the study will include 154 staff nurses out of 220 working at the for mentioned setting by using the statistical calculation.

$$N= \frac{N \times P\ (1\text{-}\ p)}{[N\text{-}1(d^2 \div z^2)] + p(1 - p)}$$

- n= sample size

- N=population size

- d=the error rate is 0.05

- z= the standard score corresponding to the significance level is 0.95 and is equal to 1.96

- p=availability of property and neutral=0.50

### Tools of Data Collection:

Two data collection tools were used:

**The first tool: Workplace bullying questionnaire:**

It aimed to assess levels of workplace bullying among staff nurses, this tool was adopted from **Einarsen, Hoel, and Notelaers (2009)** and consisted of two parts.

**First part**: socio- demographic data sheet

It aimed to obtain information about age, gender, years of experience, qualification, marital status, and attended training program related to workplace bullying for studied staff nurse.

**Second part:** It contains ٢٢ items grouped under three main dimensions namely, work related bullying that contain (7 items), focuses on employees' performance of job tasks e.g. someone withholding information which affects work performance. Person related bullying: that contain (13 items), relates to employees' reputation and social status e.g. being humiliated or ridiculed in connection with work, and physical intimidating bullying, that contain (3 items), regards employees' physical integrity and safety e.g. being shouted at or being the target of spontaneous anger).

### Scoring System:

The instrument used a five point Likert scale, ranging from never to daily and scored from 1 to 5 respectively. Scores of the statements of each component were summed-up, converted into percent score and the total divided by the number of the items, giving a mean score for each component.

**The second tool: Utrecht work engagement scale (UWES):**

This scale was adopted from **Schaufeli, and Bakker** (**2004).**This tool was used to measure staff nurses' perception regarding work engagement. It contains 17 items which divided into three main domains namely Vigor domain that contain 6 items, Dedication domain that contain 5 items, and Absorption domain that contain 6 items).

**Scoring system:**

Each point was scored according to a five point likert scale ranging from 5 to 1, where score (5) refers to Always, Score (4) refers to usually, Score (3) refers to sometimes, Score (2) refers to rarely, and Score (1) refers to never and the scores were concluded into three points namely never, sometimes and always. The scores of each point were summed up, converted into percent score and the total divided by the sample size giving a mean score of each point and also the total of all points of each dimension giving a mean score for the dimension. The total scores were statistically calculated by summing scores of all categories and converted into percent score to assess the level of staff nurses' work engagement as follows:

| Work engagement | Scoring system |
|---|---|
| High level | ≥75%. |
| Moderate level | 60 - < 75% |
| Low level | <60%. |

**Operational Design**

The operational design for this study included preparatory phase, pilot study, fieldwork, ethical considerations.

**Preparatory phase:**

It included reviewing past, current, local and international related literature and theoretical knowledge of various aspects of workplace bullying and work engagement from the perspective of nursing by using books, articles, internet, periodicals and magazines to get acquainted with the research to develop the study tools.

The researchers prepared and designed tools of data collection. Then the standardized tools were translated into Arabic language and back translated into English language by language experts, and any discrepancies found between the back translation and the original tools were taken as an indication of translation error, after these make jury for five professors of psychiatric mental health nursing and five professors of nursing administration.

**Tools reliability:**

Chronbachalpha test was used to measure the internal consistency of the tool "reliability of the used tool or instrument". These show high reliability scores (reliability Cronbach's alpha of the tool range from 0.80 to 0.93reliability of all study tools was tested using.

**Tools Validity:**

The developed tools were reviewed by five professors of psychiatric mental health nursing and five professors of nursing administration, their opinions were elicited as regards to the tool format layout for clarity, relevance, comprehensiveness, understanding, applicability and ease for implementation.

**Pilot study:**

Prior for field work a pilot study was conducted on 16 staff nurses was carried out in the first week of January 2018. They represent 10% of study subjects to examine the feasibility, practicability and clarity of the language. It also used to estimate time needed to fill the sheets which ranged between 25.-30 minutes. Staff nurses who participated in the pilot study excluded from the main study sample

**Field work:**

The study was implemented through three months during the period from beginning of second week of January 2018 and to the end of second week of April 2018 The interview method was used for data collection tool; subjects were interviewed by the researchers, after explaining the aim of

the study that was conducted through three phases:

**Phase 1:** There was an introductory phase for researchers with staff nurses to explain the aim of study and obtain the oral and written approval to participate in the study. The researchers inform the subjects that the time for collecting data was through two days weekly on Saturday and Thursday during first and second period from 9.00 am to9.00 pm, at Ain Shams university hospital in all departments and critical care units, and each staff nurses was interviewed individually by the researchers (who agreed to participate in the study).

**Phase II:** The data were collected from staff nurses by the researchers. The researchers met the respondents' nurses in small groups at their work settings and distributed the questionnaire. The subjects recorded the answers in the presence of the researchers to clarify and ascertain all questions were answered. There was a working phase for the researchers to obtain information about gender, years of experience, qualification, and marital status of staff nurses through filling socio-demographic data sheet, and every staff nurse assess levels of workplace bullying through filling workplace bullying questionnaire that contains 22 items, in addition to assess work engagement through filling work engagement scale (UWES) that contains 17 items. This tool took from 25 to 30 minutes to be completed. After collecting the answered sheets from staff nurses the researchers moved to another one to repeat the same previous steps, until completion of the process of data collection.

**Phase III:** There was a terminating phase for the researchers through which a total of 154 staff nurses (male and female) who agreed to participate were assured that, the information collected would be treated confidentially & that it would be used only for the purpose of the study. Thank them for their participation in the scientific research.

**Administrative Design**

Official letters were issued from the faculty of nursing, Ain Shams University, to the hospital director of Ain Shams University hospital, explaining the aim of the study and requesting their permission for data collection and participation of staff nurses in the research process.

## Ethical considerations

Official permission to conduct the study was secured. The researchers clarified to staff nurses that participation was voluntary and anonymity was assured. Approval of each hospital director was taken first, also suitable time for data collection was determined with each nurse of the participated units and informed consent was taken from each participant. The participants were informed about having the right to withdraw from the study at any time. Subjects were assured about confidentiality of the information gathered and its use only for their benefits and for the purpose of the study.

**Statistical Design**

The statistical analysis of data was then inputted into a Microsoft Excel worksheet. The collected data then were analyzed using the Statistical Package for Social Science (SPSS) version 20. A descriptive statistical analysis was used to analyze the data. Both descriptive statistics frequency, percentage, mean and standard deviation and inferential statistics. Pearson correlation coefficient (r) testing was used for purposes of descriptive and co-relational testing respectively. The observed differences, associations were considered as follows: P > 0.05 Not significant (NS) P <0.05 Significant (S)* P < 0.001 High significant (HS)**.These statistics were gathered for both the self and peer sections, and then compared as a whole for each category. ANOVA test was used to test for significance relation between dimensions of

both variables. A multiple regression analysis was conducted to investigate the relationship between work engagement and workplace bullying among staff nurses. The confidence level chosen for the study was 95%. The differences were considered significant if the p-value was less than 0.05 at the appropriate degrees of freedom.

## Results

**Table (1)** shows that, less than three quarter (72, 7%) of staff nurse are females and about three quarter (74,7%) were married. The highest percent of the staff nurse were in age group more than40years, they represent less than three fifths (59, 7%).More than three fifths (61%) had technical health institute degree. Concerning to years of experience, more than half (51%) of staff nurse had experience more than10years.Finally, the table clarified that, more than half (53%) of the staff nurse didn't attend training program related workplace bullying.

**Table (2)** illustrates that, more than half (57%) of staff nurse have a moderate level of vigor dimension, while slightly more than half (51, 4%) of them have a moderate level of dedication dimension, additionally nearly half (45,2%) of staff nurse have a moderate level of absorption dimension

**Figure (1)** indicates that, more than half (56%) of staff nurse have a moderate level of work engagement. nearly one third (32%) of them had high level of work engagement. While only12% of staff nurse have a low level of work engagement

**Table (3)** shows that, nearly half (46%) of staff nurse have a high level of work related bullying, while three fifths (60%) of staff nurse have a low level of person related bullying. Additionally, more than three quarter (76%)of staff nurse have a low level of physical intimidating bullying.

**Figure (2)** indicates that, less than three fifths (58%) of staff nurse have a low level of workplace bullying. More than one quarter (26%) of staff nurse have a high level of workplace bullying, while only 16% of them have a moderate level of workplace bullying**.**

**Table (4)** indicates that, there were highly statistically significant positive correlations among all dimensions of workplace bullying and work engagement of studied staff nurses except, there is no statistically significant between physical intimidating bullying and all work engagement dimensions.

**Table (5)** reveals that, there is weak correlation between total workplace bullying and staff nurses' gender. While, there is positive correlation between total work engagement and nurses' age, years of experience, and gender.

**Table (6)** reveals that, total work engagement score was a positive independent predicator for the score of total workplace bullying. The model explains that less than three fifths (59%) of the variation in the workplace bullying scores. The f value = 2.630 is also indicative of a good line on fit among the variables.

**Table1: Socio-demographic characteristics of staff nurses (n=154).**

| Characteristics | Frequency | Percent |
|---|---|---|

| | | |
|---|---|---|
| **Age:** | | |
| **<30** | 40 | 26 |
| **30≥40** | 22 | 14.3 |
| **40≥55** | 92 | 59.7 |
| **Mean ± SD       46.45±7.93** | | |
| **Gender:** | | |
| Male | 42 | 27.3 |
| Female | 112 | 72.7 |
| **Marital status:** | | |
| Single | 39 | 25.3 |
| Married | 115 | 74.7 |
| **Nursing qualification:** | | |
| Diploma | 39 | 25.3 |
| Technical Health Institute | 94 | 61 |
| Bachelor | 21 | 13.7 |
| **Experience years:** | | |
| **<5** | 19 | 12.7 |
| **5≥10** | 56 | 36.3 |
| **10+** | 79 | 51 |
| **Mean ± SD       17.38 ±5.61** | | |
| **Attended training program related workplace bullying:** | | |
| No | 82 | 53 |
| Yes | 72 | 47 |

**Table 2**: Total work engagement among studied staff nurses (n=154).

| Total work engagement | Total | |
|---|---|---|
| | **No.** | **%** |
| **Vigor dimension** | | |
| High level>75% | 58 | 38 % |
| Moderat level (60%to 75%) | 87 | 57% |
| low level<60% | 9 | 5% |
| **Dedication dimension** | | |
| High level>75% | 65 | 42.4% |
| Moderat level (60%to 75%) | 79 | 51.4 % |
| low level<60% | 10 | 6.2% |
| **Absorption dimension** | | |
| High level>75% | 47 | 30.5% |
| Moderat level (60%to 75%) | 69 | 45.2% |
| low level<60% | 38 | 24.3% |
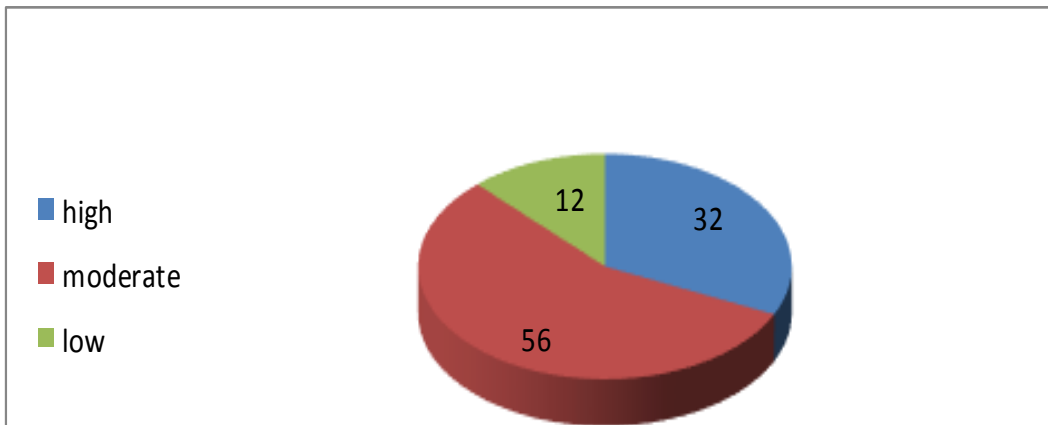


**Figure (1): Total work engagement among studied staff nurses(n=154).**

**Table 3**: Total workplace bullying levels among studied staff nurses (n=154).

| Total workplace bullying levels | Total | |
|---|---|---|
| | **No.** | **%** |
| **Work related bullying** | | |
| High level>75% | 71 | 46% |
| Moderat level (60% to 75%) | 22 | 14% |
| low level<60% | 61 | 40% |
| **Person related bullying** | | |
| High level>75% | 38 | 25% |
| Moderat level (60% to 75%) | 23 | 15 % |
| low level<60% | 93 | 60% |
| **Physical intimidating bullying** | | |
| High level>75% | 12 | 8% |
| Moderat level (60% to 75%) | 25 | 16% |
| low level<60% | 128 | 76% |
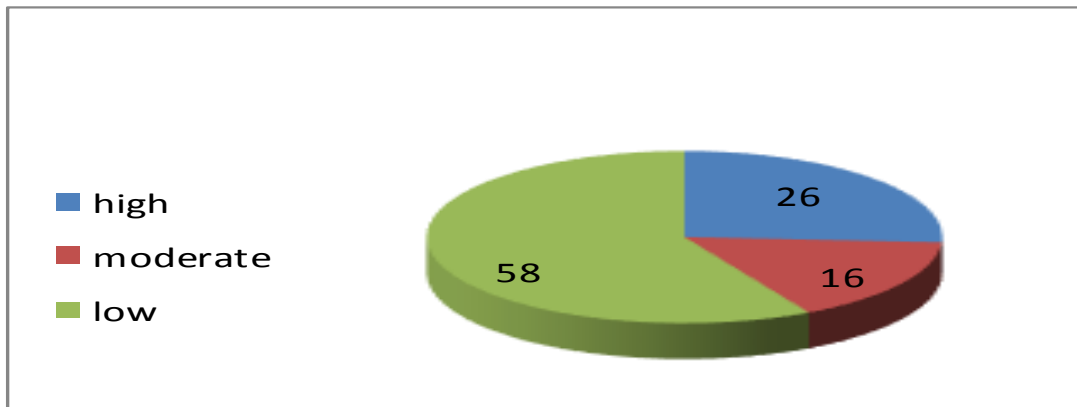


**Figure (2): Total workplace bullying level among studied staff nurses(n=154).**

**Table 4: Correlations between dimensions of workplace bullying and work engagementof the studied staff nurses (n=154).**

| work engagement | Workplace bullying | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Work related bullying | | person related bullying | | physical intimidating bullying | | Total workplace bullying | |
| | r | p | r | p | r | p | r | p |
| **Vigor dimension** | 0.21 | 0.000** | 0.6 | 0.000** | 0.6 | 0.453 | 0.6 | 0.001** |
| **Dedication dimension** | 0.42 | 0.000** | 0.6 | 0.000** | 0.8 | 0.146 | 0.5 | 0.050* |
| **Absorption dimension** | 0.76 | 0.000** | 0.9 | 0.000** | 0.4 | 0.812 | 0.6 | 0.000** |
| **Total engagement** | 0.32 | 0.000** | 0.2 | 0.000** | 0.6 | 1.334 | 0.4 | 0.000** |

(*) statistically significant at p<0.05 (**) statistically significant at p<0.01

**Table 5: Correlation between workplace bullying and work engagement of the studied staff nurses and their characteristics (n=154).**

| Nurses characteristic | Spearman's rank correlation coefficient | |
|---|---|---|
| | **Total workplace bullying** | **Total work engagement** |
| **Age** | 0.13 | .295** |
| **Qualification** | 0.15 | 0.12 |
| **Experience** | 0.13 | .273** |
| **Gender** | .232* | .282** |

(*) Statistically significant at p<0.05          (**) statistically significant at p<0.01

**Table 6: Best fitting multiple linear regression model for predictors of work engagement of the studied nurses on workplace bullying (n=154).**

| Model | Regression coefficient | Standard error | R Square | t-test | p-value |
|---|---|---|---|---|---|
| (Constant) | 68.659 | 4.517 | | 15.301 | .000 |
| Vigor dimension | .218 | .425 | | .513 | .04 |
| Dedication dimension | .205 | .633 | 0.059 | .324 | .05 |
| Absorption dimension | .221 | .534 | | .124 | .01 |
| Nursing qualification | .096 | .587 | | .164 | .023 |
| Total work engagement | .565 | .461 | | 1.228 | .001 |

A. Predictors: (Constant), work engagement dimensions, total engagement
B. Dependent Variable: Total workplace bullying.
(Adjusted R2= .059, Model ANOVA: f= 2.630, p< .027)

## Discussion

Workplace bullying has a serious negative consequence that may extend beyond individual, nurses to an entire health care organization, such as experiencing stress, frustration, physical and psychological disorders, poor engagement and leave a particular place of employment (**Einarsen & Hoel, Zapf, & cooper,2011; Bradbury, & Hutchinson, 2015).** The purpose of this study was to assess the relationship between workplace bullying and work engagement among staff nurses in a sample of 154 staff nurses out of 220 working at the a for mentioned setting, the findings of the current study supported the study hypothesis that positive relationship between workplace bullying and work engagement among staff nurses, all the study variables showed statistical significant.

The results of the present study revealed that, less than three quarter of the study sample were females; and married this may contribute to the total number of female nurses increased more than male nurses working in Ain Shams University hospitals and generally the female married before male. Less than three fifths of the studied sample felt at age 40 years old; this result may be due to the effect of this age group from the negative harms of bullying therefore they are interested to participate in the research sample.

The result of the present study showed that, more than three fifths of the studied sample were the technical health institute; this result may be due to nursing's interest in obtaining a degree, which increases their understanding of the negative effects of bullying that affect work engagement. Also, the result of the present study showed that more than half of the studied sample had been working experience in hospital for ١٠ years; this result may be due to more than half of the nurses who agreed to participate in the research sample are of course suffering from workplace bullying and this affects their working engagement throughout the ten-year period of work.

The result of the present study showed that more than half of the studied sample not attended training program related workplace bullying; this result may be due to weakness of hospital managers and its conviction from the point of view of workplace bullying and work engagement,

and therefore there is no interest in conducting seminars on avoiding workplace bullying in the work environment and its negative impact on work engagement.

The result of the present study showed that more than half of the studied sample have a moderate level of vigor dimension, while slightly more than half of staff nurse have a moderate level of dedication dimension, additionally nearly half of staff nurse have a moderate level of absorption dimension; this result may be due to nursing is affected in any level of work engagement the other levels are affected closely, and this is due to the levels of energy and mental resilience, while working(Vigor) related to ability of strongly involved in one's work and experiencing a sense of significance, enthusiasm, inspiration, pride, and challenge (Dedication|) and affected on concentrated and happily engrossed in one's work(Absorption).

These results come in accordance with **Fountain (2016)** who conducted a study entitled "relationships among work engagement, drivers of engagement, and bullying acts in registered nurses working in hospital settings" stated that, presence of moderate level of overall work engagement (M = 38.84) among nurse participants in the study sample. Similarly, levels of vigor (M = 4.21), dedication (M = 4.10), and absorption (M = 4.39) were also moderate among the nurse participants. This is also in accordance with **Rivera, Fitzpatrick, & Boyle, (2011); Simpson (2009); Adriaenssens, Gucht, van der Doef, & Maes, (2011); Bamford, Wong &Laschinger, (2013); and Brunetto, Xerri, Shriberg, Farr-Wharton, Shacklock, Newman, & Dienger (2013) w**ho conducted similar studies and reported the same findings.

The result of the present study showed that, more than half of staff nurse have a moderate level of work engagement. While only of staff nurse have a low level of work engagement, and when asking the nurses in this part, they said that, there is no response to their complaints at the hospital administration, as well as their keenness not to leave work and the confidentiality of it .

The result of present study agreed with **Fountain (2016)**who revealed that staff nurses who work in medical/surgical units and those who

work in non-acute hospital settings had lower levels of work engagement.

The result of present study was agreed with, **Bakker, Demerouti, and Sanz-Vergel, (2014)** in his study entitled "burnout and work engagement" revealed that, less than two-thirds of the sample had moderate work engagement level.

The result of the present study showed that, nearly half of staff nurse have a high level of work related bullying; this result may be due to bully person to become more distinguished by the bosses at work, regardless of interest in achieving work goals, and the subsequent complaint may be seen as simply jealousy, lead to a certain amount of pressure, and unfair work assignment. This result is in the same line with **Trepanier, Fernet, & Austin (2013)** who conducted a study entitled" workplace bullying and psychological health at work" reported that, the majority of nurses were suffering from workplace bullying. The result of the present study disagreed with **Wilson, Diedrich, Phelps, & Choi, (2011),** who conducted a study entitled "bullies at work: The impact of horizontal hostility in the hospital setting and intent to leave" reported that, 30.5% of nurse participants in the study reported moderate level workplace bullying.

The result of the present study showed that, three fifths of staff nurse have low level of person related bullying; this result may be due to some bullying people mistrust others, which harms their reputation and morals, as well as interfering in an inappropriate way in their social life but this bullying is at a lower level than other levels because religions urge the prevention of moral abuse, and felt that expression of such acts threatened their dignity and too much burden on nurses. This result agreed with **Abbas , Fiala, Abdel Rahman, and Fahim (2010)** who conducted a study entitled epidemiology of workplace violence against nursing staff in Ismailia Governorate, Egypt, revealed that more than half of nurses' were suffering from person related bullying. This result is in disagreement with **Budin , Brewer, Chao, & Kovner (2013)** who conducted a study entitled "verbal abuse from nurse colleagues and work environment of early career registered nurses: found lower levels of personal attacks of bullying among nurses.

The result of the present study showed that**,** slightly more than three quarter of staff nurse

have low level of physical intimidating bullying; this result may be due to frequent bullying people screaming especially managers on purpose in front of others, due to the weakness of the managers' system and also bad communication skills. The result of the present study is congruent with **Li, Ng, Cheung, Fung, Kwok, Tong, & Leung, (2006)** who conducted a study entitled "Prevalence of workplace violence against nurses in Hong Kong" reported that, bullying had been experienced by nurses in a percent of 76%.Finally,**Budin et al., (2013**) found that a majority of nurses perceived no exposure to workplace bullying.

The result of the present study showed that, less than three fifths of staff nurse have a low level of workplace bullying this result may be due to staff nurse maintaining staying at work and adapting to the conditions of bullying due to their inability to overcome it. While less than one quarter of staff nurse have a moderate level of workplace bullying this result may be due to staff nurse are unable to cope with the conditions of workplace bullying, but they are afraid of problems at work that lead to leaving work or dismissal from work.

This result is un congruent with **Fountain, (2016),** who conducted a study entitled "relationships among work engagement, drivers of engagement, and bullying acts in registered nurses working in hospital settings" stated presence of moderate level of workplace bullying On the contrary, 30.5% of nurse participants in this study reported moderate or substantial exposure to workplace bullying.

Also these findings are consistent with other studies that have found higher levels of bullying among samples of nurses who work in U.S. hospitals **Berry, Gillespie, Gates, & Schafer (2012); Etienne, (2014); Vessey, DeMarco, Gaffney, &Budin, 2009; Wilson et al., (2011).**

The result of the present study disagreed with **Nwaneri, Onoka, & Onoka (2016)** who conducted a study entitled "workplace bullying among nurses working in tertiary hospitals in Enugu" reported that high level of workplace bullying among nurses

The result of the present study showed that, there were highly statistically significant positive correlations among all dimensions of

workplace bullying and work engagement. This result may be due to presence of relation between work related bullying, person related bullying and physical intimidating bullying (workplace bullying) and affected on Vigor domain, Dedication domain and Absorption domain (work engagement).

The results of this study support the theoretical framework of work engagement **Schaufeli, Salanova, Gonzalez-Roma´, & Bakker, (2002),** psychological conditions of personal engagement drivers of engagement **(Kahn, 1990),** and the explanatory model of workplace bullying (**Hutchinson, Jackson, Wilkes, & Vickers, 2008).** as hypothesized to describe and explain the interrelationships among the study variables. In addition, ancillary analyses revealed that drivers of engagement are an important operant mechanism for bullying to exert its negative effects on work engagement.

The result of the present study showed that, there is a weak correlation between total workplace bullying and staff nurses' gender this result may be due to the effect of bullying on all genders, males and females. While, there is positive correlation between total work engagement and nurses' age, years of experience, and gender this result may be due to increased vigor, dedication and absorption of work when age increases, years of experience and male gender, and decreases when age, years of experience and female gender decrease.

The result of the present study showed that, total work engagement score was a positive independent predicator for the score of total workplace bullying. The model explains that less than three fifths of the variation in the workplace bullying scores. The f value = 2.630 is also indicative of a good line on fit among the variables. This result may be due to the staff nurses' inability to deal with workplace bullying and the nurses are unable to working at their full capacity when bullying continues in the workplace lead to negative effect on work engagement.

## Conclusion

The present study concluded that, there was **a** highly statistically significant positive correlations among all dimensions of workplace bullying and work engagement of studied staff

nurses. These findings was in the same line with research question.

## Recommendation

Based on the study findings the following recommendations were suggested:

1. Designing booklet about the importance of work engagement for nurses in the governmental and nongovernmental hospitals.

2. Conducting training program for staff nurses regarding bullying and different strategies to deal with it.

3. Increasing nurses' awareness about harmful effect of workplace bullying through mass media and televised documentary.

4. Developing policies to prevent bullying, and how to report bullying.

5. Assessing the effect of workplace bullying on the patient outcomes.

6. Replication of the current study on larger probability sample in different setting and in a broader geographical area

7. Qualitative study to explore strategies to build/strengthen psychological drivers of Engagement and increase work engagement among nurse employees.

8. Establishing a complaints unit in all hospital and proving section for workplace bullying.

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