The Relationship between Workplace Bullying and Nurses' Perception of Organizational Justice

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Abstract

Background: Workplace bullying is stressful phenomena that damage physical, psychological health of individuals and organization productivity. Workplace bullying is related to organizational justice since targets of bullying often report perceiving a feeling of being treated unfairly. **Aim:** Examine the relationship between workplace bullying and nurses' perception of organizational justice at Kafr El-Dawar General hospital. **Methods:** A descriptive, correlational research design was utilized in all inpatient (medical and surgical) units and intensive care units at Kafr El-Dawar General hospital that is affiliated to Ministry of Health and Population, for all staff nurses (N=270). **Tools:** two tools were used: Tool I: workplace bullying questionnaire that consisted of three parts: 1) demographic characteristics data sheet; 2) Negative Act Questionnaire Revised (|NAQ-R) and 3) effect of workplace bullying behaviors, Tool Π: Organizational Justice Questionnaire. **Results:** Staff nurses perceived moderate mean percent score for both total workplace bullying behaviors and total organizational justice. The levels, effects and sources of workplace bullying were highly negatively significant predictors of organizational justice. **Conclusion:** There was negative highly statistically significant relationship between workplace bullying and nurses' perception of organizational justice at Kafr El-Dawar General hospital. **Recommendations:** Develop and disseminate workplace bullying policy; develop positive workplace culture; evaluate hospital units periodically and providing incentives and rewards.

Key words: Workplace bullying, Organizational Justice, Staff nurses.

Introduction

Nurses are the first and the most available health care provider at hospitals, and always face many stressful situations and dealing with critical situations that make them more exposed to violence and workplace bullying behaviors **(Hajaj, 2014)**. In any health care setting, nursing staff play an important role in providing high quality of care and achieve organization goals **(Hussein, 2013)**. Nursing's hierarchical structure and rules have contributed to opportunities for workplace bullying that have led to a culture of bullying **(Cooper et al, 2011)**. Nurses are powerlessness relative to organizational administrators and medical staff and have low authority that can engender aggressive behavior and bullying behaviors against them **(Manojlovich, 2007)**.

Workplace bullying is defined by **Workplace Bullying Institute (2017)** as: "repeated, health-harming mistreatment of one or more persons (the targets/victims) by one or more perpetrators. It is abusive conduct that is threatening, humiliating, intimidating, work interference or sabotage, which prevents work from getting done, or verbal abuse". It always occurs in stressful work environments, where lack of clear anti-bullying policies, poor communication, unfair treatment between peers, lack of friendly and supportive atmosphere, hierarchical nature of workplace, organizational changes and leadership style (authoritative-laissez faire) **(Magee et al, 2014).**

Nurses may be exposed to bullying behavior by administrator, supervisors, physicians, patient, patient's family and their colleagues at the same level **(Seyrek and Ekici, 2017)**. The sources of workplace bullying are varied as downwards bullying (from superior to subordinate), which is the most common source and upwards bullying (from subordinate to superior) **(Mohamed et al, 2018)**. Workplace bullying is a serious issue affecting the nursing profession, which negatively influences the psychology and performance of nurses **(Potter et al, 2016);** and increases risk for physical health problems, psychological and organizational outcomes **(Law et al, 2011)**.

(Einarsen et al, 2009) identified three types of workplace bullying, namely: (1) work- related bullying occurs when a nurse attempts to dominate another nurse by targeting and impeding their work and includes excessive monitoring of one's work, being given tasks with unreasonable or impossible targets; (2) person -related bullying refers to attempts to demoralize victims in terms of their personal qualities which include spreading of gossip and rumors about another one, persistent criticism of one's work and effort, practical jokes carried out by unsatisfied people; and finally, (3) physically intimidating bullying refers to being shouted at or being the target of spontaneous anger or rage which involve finger-pointing, invasion of personal space, shoving, and blocking the way.

Workplace bullying is related to organizational justice since victims of bullying often report a feeling of being treated unfairly on regular basis; thus, it is considered as one major factor associated with workplace bullying **(Eisele, 2016)**. When nurses perceive justice, they distinguish themselves as a valuable and respectful member of the organization, and work productively with their managers and colleagues **(Seyrek and Ekici, 2017)**. Therefore, organizational justice is one of the core values of the organization **(Yadav and Yadav, 2016)**.

Organizational justice was defined by **Lamprakis et al. (2018)** as: "the fair and ethical behavior of organizations towards their nurses." According to **Mahajan and Benson (2013)** organizational justice is viewed as: "the extent to which the sense of an organizational justice climate is perceived by all nurses and it defines the quality level of the social interaction which takes place within the context of the workplace". Organizational justice influences the attitudes and behaviors of nurses in which it has been associated with positive outcomes at work, compared to injustice, which often leads to negative reactions, and can be an indicator of a hostile work culture that has been linked to aggressive behaviors and acts in the workplace **(Sarwar, 2016)**.

Organizational justice is found to be a key factor of many positive organizational outcomes, such as:

increase trust, organizational commitment, job satisfaction, organizational citizenship behavior, job performance; achievements of organizational goals; organizational efficiency and successful interpersonal and inter-organizational relationships **(Pan et al, 2018)**. According to **Colquitt (2001)**, suggested that there are four dimensions of organizational justice: (1) distributive justice**:** means an ideal state of social interaction in which there is a fair balance of interests and the fairness in the distribution of job responsibilities as well as rewards among individuals. It is only concerned about the outcome that nurses receive for their own contribution to each task they perform **(Alfash, 2014)**; (2) procedural justice: this is concerned with the laws, regulations, and procedures for fairness and equity. It also reflects nurses**'** perceptions about the procedures used by the organization to find out who deserves to be rewarded and how these procedures are implemented **(Al-Kilani, 2017;Yean and Yusof, 2016)**; through: consistency, neutrality, accuracy, representativeness, and finally, ethical standards **(Elamin, 2012)**; (3) interpersonal justice: it is perceived as the quality of interpersonal treatment and the degree to which nurses are treated with politeness, dignity, respect and effective two-way interaction that nurses receive during the implementation of procedures in the organization ; (4) informational justice**:** refers to how nurse managers keep nurses informed about procedures used to distribute outcomes, such as: outcomes of evaluation process, salary increase or incentives **(Al-Kilani, 2017)**. Informational justice deals with two key concepts, information sharing and favorable feedback **(Al-Kilani, 2017; Alfash, 2014)**.

Staff nurses are known to be more vulnerable to workplace bullying; as it is crucial to examine the relationship between workplace bullying and nurses' perception of organizational justice at Kafr El-Dawar General hospital; in order to encourage managers and supervisors to maintain effectively use strategies to confront bullying that include improving communication, social skills and teaching conflict management; in order to foster positive behaviors to achieve nurse's satisfaction and commitment and decrease turnover rate.

Significance of the study

Nurses are often positioned toward the bottom of health care hierarchy. They are powerlessness and have low authority that can engender aggressive behavior and bullying behaviors against them; so nurses are known to be more vulnerable to workplace bullying. As evidenced from scientific researches; the prevalence of workplace bullying increased among nurses in Egypt and represent 93.2% of the nursing team which has a negative effect on nurses' work and may lead to increased errors and decreased quality of nursing care, , decrease job satisfaction, engagement , increase turnover, and psychological disorders such as moral distress **(Elhoufey et al, 2015; Awad et al 2020; Dawood, et al 2020).** Furthermore, prevalence of workplace violence toward health care providers revealed that more than three quarters of health care providers experience physical and psychological violence and incidence of verbal abuse is more common followed by bullying **(Farouk ,2011).** To the knowledge of the current researchers, there is no study that has been carried out to investigate the relationship between workplace bullying and organizational justice which will be crucial for encouraging managers and supervisors to maintain effectively use strategies to confront bullying.

Aim of the study

To examine the relationship between workplace bullying and nurses' perception of organizational justice

Research Question:

What is the relationship between workplace bullying and nurses' perception of organizational justice?

Materials and methods

Research design:

Descriptive, correlational research design was used.

Setting:

This study was conducted in all inpatient (medical and surgical) units and Intensive Care Units (ICU) at Kafr El-Dawar General hospital (n=22), namely: (1) medical units (n=7): medical, coronary, pediatrics, hematemesis, obstetrics and gynecology, burn and urology units; (2) surgical units (n=6): general surgery (A and B), orthopedics, ear , nose and throat, neuro-surgery and vascular units; (3) Icu units (n=9): general ICU, pediatrics, neonate ICU, neuro-surgery ICU, coronary care unit, dialysis, toxicology, eclampsia and burn ICU. The hospital is the second largest hospital at El-Beheira Governorate, with bed capacity (278).

Subjects

All staff nurses, who were available at the time of data collection and working at the previously mentioned settings, were included in the study. (N=270).

Tools of the study

Two tools were used in this study:

Tool (I): Workplace Bullying Questionnaire:

It consists of three parts:

Part (1): Demographic characteristics data sheet:

This part was developed by the researcher and includes demographic characteristics of staff nurses, namely: gender, age, educational qualifications, working unit, years of nursing experience and unit experience.

Part (2): Negative Act Questionnaire Revised (NAQ-R)

It was developed by **Einarsen et al. (2009)**, to measure frequency, intensity, and prevalence of potentially bullying behaviors that can occur in the workplace bullying as well as sources of workplace bullying behaviors. It consists of 22 items, grouped into three subscales: (1) work-related bullying (7-item); (2) person-related bullying (12-item); and (3) physically intimidating bullying (3-item). Responses were measured on 5- point Likert rating scale ranging from 1 (never) to 5 (daily). The higher the scores, the higher perception of bullying behaviors. The total scores ranged from 22-110, where the higher score ranged from (82-110); moderate score ranged from (52-81) and low score ranged from (22-51). Additionally, one question was added to detect the sources of workplace bullying (perpetrators), as multiple choice questions, where respondents were asked to choose all applicable choices. Reliability of the tool was good (α=0.882).

Part (3): Effect of workplace bullying behaviors

It was developed by the researcher after review of related literature **Abd El Rahman (2014); Cooper et al. (2011); Clarke (2009)**, to measure the effect of bullying behavior on nurses. It consisted of 15 items classified into: physical effects (6-item); psychological effects (4-item); and finally, organizational effects (5-item). Responses were measured on a 3-point Likert rating scale ranging from (1) never to (3) frequently or always. The higher the scores, the higher effect of bullying behaviors. The total scores ranged from 15-45, where the higher effect of workplace bullying score ranged from (35-45); moderate score ranged from (25 -34) and low score ranged from (15- 24).

Tool (II): Organizational Justice Questionnaire

It was developed by **Colquitt (2001)**, to measure the level of organizational justice as perceived by nurses. It is composed of 20 items that are grouped into four dimensions, namely: (1) distributive justice (4-item), (2) procedural justice (7-item), (3) interpersonal justice (4-item), and (4) informational justice (5-item). Responses were measured on 5-point Likert scale ranging from (1) very small extent to (5) very large extent. The total scores range from 20-100. The higher level of organizational justice score ranged from (74 -100); moderate score ranged from (47-73) and low score ranged from (20-46).

Methods

1. An official permission was obtained from the Dean of Faculty of Nursing, Damanhour University and the responsible authorities of the study settings at Kafr El-Dawar General hospital, after explanation of the purpose of the study.

2. The two tools were translated into Arabic language, and were tested for its content validity and translation by five experts' (Jury committee).

3. A pilot study was carried out on (10%) of total sample size; nurses (n=27), who were not included in the study sample, to ascertain the relevance of the tool, to test the wording of the questions, clarity and applicability of the tools; to estimate the average time needed to collect the necessary data and to identify the different obstacles and problems that might be encountered during data collection. Based on the findings of the pilot study, no modifications were done.

4. Data collection was conducted by the researcher through hand- delivered questionnaire to staff nurses, after individualized interview with each nurse for about 5 minutes to explain the aim of the study and the needed instructions were given before the distribution of the questionnaire in their settings . Every nurse took from 15-20 minutes to fill the two tools. Data collection took three months from the beginning of November 2019 to the end of January 2020.

Ethical Considerations

- The research approval was obtained from the ethical committee at the Faculty of Nursing - Damanhour University, prior to the start of the study.
- An informed written consent was obtained from the study subjects after explanation of the aim of the study.
- Privacy and right to refuse to participate or withdraw from the study were assured during the study.
- Confidentiality and anonymity regarding data collected were maintained.

Statistical analysis

The collected data was revised, categorized, coded, computerized, tabulated and analyzed using Statistical Package for Social Sciences (SPSS) version 25.0. It was divided as: (1) Descriptive statistics: frequency, percent and mean with standard deviation. (2) Analytic statistics: Chi-square test, Pearson correlation coefficient test, Multiple Linear regression analysis and ANOVA. P value ≤ 0.05 was significant, and P value ≤ 0.01 was highly significant.

Results

Table (1) reveals that above one third of staff nurses (37.04%) were working in surgical units; compared to one third of them, who were working in medical units (33.33%); whereas the minority of them were working in ICU (29.63%). Pertaining to age, the highest percentage of staff nurses (38.52%) had from 20 to less than 30 years old. Regarding gender, the majority of nurses (90%) were females. Concerning nurses' educational qualification, above half of staff nurses (59.63%) got Bachelor degree of Sciences in Nursing. In relation to years of nursing and unit experiences, the highest percentage of staff nurses had from 1 to less than 5 years of nursing and unit experience (45.19%, 55.19%), respectively. Concerning marital status, more than two thirds of nurses (69.26%) were married.

Table (2) reveals that staff nurses perceived moderate mean percent score of total workplace bullying (56.95%). All workplace bullying subscales, namely: work-related bullying, person-related bullying and physically intimidating bullying got moderate scores (60.69%, 53.77%, 60.93%), respectively.

Table (3) reveals that the total mean percent score of nurses' perceptions of workplace bullying sources (perpetrators) was high (67.04%). The nurses perceived that the highest mean percent score of sources of workplace bullying were supervisor, followed by head nurse (68.33%, 67.67%), respectively.

Table (4) reveals that staff nurses perceived high mean percent score of total workplace bullying behavior effects (70.33%). Staff nurses perceived high mean percent score for organizational and psychological effects (77%, 74.58%), consecutively.

Table (5) shows that staff nurses perceived moderate mean percent score for total organizational justice (64.89%); as well as for procedural justice, distributive justice and informational justice (65.26%, 63.6% and 61.76%), respectively; except for interpersonal justice, which got high mean percent score (69.39%).

Table (6) shows that there was negative highly statistically significant relationship between total workplace bullying and total organizational justice, where (P = 0.000). Additionally, it was found that there were positive highly statistical significant correlations between total workplace bullying, levels, effects and sources of workplace bullying, where ($P \leq 0.01$). Moreover, there were positive highly statistical significant correlations between total organizational justice and distributive, procedural, interpersonal and informational justice, where (P = 0.000).

On the other hand, it was found that there were negative highly significant correlations between levels and effects of workplace bullying and total organizational justice and all its four dimensions (distributive, procedural, interpersonal and informational justice); and also between sources of workplace bullying and total organizational justice and procedural justice, where (P = 0.000).

However, there were no statistical significant correlations between levels of workplace bullying and both effects and sources of workplace bullying; and also

between effects and sources of workplace bullying.

Table (7) shows that approximately 83.5% of the explained variance of organizational justice is related to workplace bullying, where the model is significant (F = 98.38, p = 0.000).

Table (1): Demographic characteristics of staff nurses working at Kafr El-Dawar General Hospital.

Demographic characteristics	Staff nurses (N= 270)	
	No.	%
Working Unit		
Medical	90	33.33
Surgical	100	37.04
ICU	80	29.63
Age (years)		
< 20	55	20.37
20 -	104	38.52
30 -	59	21.85
40 +	52	19.26
Min-Max 18 – 59 Mean ±SD 31.73±11.018		
Gender		
Male	27	10.0
Female	243	90.0
Educational qualifications		
Diploma of Secondary Technical Nursing School	20	7.41
Diploma of Technical Health/Nursing Institute	77	28.52
Bachelor of Sciences in Nursing	161	59.63
Post graduate Degree	12	4.44
Years of nursing experience		
1-	122	45.19
5-	86	31.85
10 +	62	22.96
Min-Max 1 – 32 Mean ±SD 8.11±7.901		
Years of unit experience		
1-	149	55.19
5-	81	30.0
10 +	40	14.81
Min-Max 1 – 25 Mean ±SD 6.12±5.564		
Marital status		
Single	57	21.11
Married	187	69.26
Divorced	11	4.07
Widow	15	5.56

Table (2): Mean percent score of staff nurses' perceptions of workplace bullying, working at Kafr El-Dawar General Hospital. (N=270)

Workplace bullying subscales	Min.	Max.	Mean	SD	Mean % Score
Work-related	7	35	21.24	7.515	60.69
Person-related	12	60	32.26	13.959	53.77
Physically intimidating	3	15	9.14	3.896	60.93
Total workplace bullying	23	102	62.64	16.465	56.95

High mean percent score: 66.7-100%
Moderate mean percent score: 33.4-66.6%
Low mean percent score: 0-33.3%

Table (3): Mean percent score of nurses' perceptions of workplace bullying sources (perpetrators), working at Kafr El-Dawar General Hospital. (N=270)

Sources of workplace bullying (perpetrators)*	Min.	Max.	Mean	SD	Mean % Score
Physician	1	3	1.96	0.835	65.33
Director of Nursing	1	3	1.99	0.824	66.33
Supervisor	1	3	2.05	0.811	68.33
Head Nurse	1	3	2.03	0.817	67.67
Nurses and peers	1	3	1.99	0.815	66.33
Patient	1	3	1.98	0.822	66.00
Patient's family	1	3	1.94	0.809	64.67
Total Sources of workplace bullying	10	22	16.09	2.232	67.04

*More than one response was allowed - High mean percent score: 66.7-100%
Moderate mean percent score: 33.4-66.6% - Low mean percent score: 0-33.3%

Table (4): Mean percent score of workplace bullying behaviors effects on staff nurses, working at Kafr El-Dawar General Hospital. (N=270)

Workplace bullying behaviors effects	Min	Max	Mean	SD	Mean % Score
Physical	6	18	11.14	3.762	61.89
Psychological	4	12	8.95	2.410	74.58
Organizational	5	15	11.55	2.799	77.00
Total workplace bullying behavior effects	**19**	**44**	**31.65**	**5.505**	**70.33**

High mean percent score: 66.7-100% - Moderate mean percent score: 33.4-66.6%
Low mean percent score: 0-33.3%

Table (5): Mean percent score of organizational justice perceptions among staff nurses, working at Kafr El-Dawar General Hospital. (N=270).

Organizational justice dimensions	Min.	Max.	Mean	SD	Mean % Score
Distributive justice	5	19	12.72	4.405	63.60
Procedural justice	8	32	22.84	7.841	65.26
Interpersonal justice	4	19	13.878	4.711	69.39
Informational justice	15	24	15.441	3.999	61.76
Total Organizational Justice	27	90	64.89	17.980	64.89

High mean percent score: 66.7-100% - Moderate mean percent score: 33.4-66.6%

Low mean percent score: 0-33.3%

Table (6): Correlation matrix between staff nurses' workplace bullying and their perception of organizational justice, working at Kafr El-Dawar General Hospital. (N=270)

Workplace Bullying / Organizational justice		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Levels of workplace bullying (1)	r		- 0.075	0.084	0.942	- 0.687	- 0.734	- 0.786	- 0.766	- 0.865
	P (2-tailed)	1	0.218	0.168	0.000**	0.000* *	0.000**	0.000**	0.000**	0.000**
Effect of workplace bullying behaviors (2)	r			- 0.064	0.239	- 0.217	- 0.168	- 0.120	- 0.154	- 0.192
	P (2-tailed)		1	0.295	0.000**	0.000**	0.006**	0.049*	0.011*	0.002**
Sources of bullying behaviors (3)	r				0.189	- 0.157	- 0.181	- 0.153	- 0.154	- 0.192
	P (2-tailed)			1	0.002**	0.010*	0.003**	0.012*	0.011*	0.002**
Total Workplace Bullying (4)	r					- 0.745*	- 0.779	- 0.809	- 0.800	- 0.912
	P (2-tailed)				1	0.000**	0.000**	0.000**	0.000**	0.000**
Distributive justice (5)	r						0.655	0.654	0.505	0.814
	P (2-tailed)					1	0.000**	0.000**	0.000**	0.000**
Procedural justice (6)	r							0.753	0.579	0.922
	P (2-tailed)						1	0.000**	0.000**	0.000**
Interpersonal justice (7)	r								0.592	0.882
	P (2-tailed)							1	0.000**	0.000**
Informational justice (8)	r									0.753
	P (2-tailed)								1	0.000**
Total Organizational Justice (9)	r									
	P (2-tailed)									1

* significant P ≤ 0.05 ** Highly significant P ≤ 0.01 r = Pearson Correlation Interpretation of r:
Weak (0.1-0.24) Intermediate (0.25-0.7) Strong (0.75-0.99) Perfect (1)

Table (7): Multivariate regression analysis to illustrate predictors of organizational justice among staff nurses. (N =270)

Workplace bullying	Unstandardized Coefficients B	Standardized Coefficients β	T	`P-value
Work-related bullying	-0.795	-0.332	-12.942	0.000**
Person-related bullying	-0.994	-0.772	-30.125	0.000**
Physically intimidating bullying	-0.959	-0.208	-8.071	0.000**
Workplace bullying behavior effects				
Physical effects	-0.770	-0.161	-6.242	0.000**
Psychological effects	-1.041	-0.140	-5.254	0.000**
Organizational effects	-0.771	-0.120	-4.738	0.000**
Sources of Workplace bullying				
physician	-1.135	-0.053	-2.056	0.041*
Director of Nursing	-0.516	-0.024	-0.930	0.353
Supervisor	-0.425	-0.019	-0.733	0.464
Head Nurse	-1.030	-0.046	-1.859	0.064
Nurses and peers	-1.030	-0.047	-1.820	0.070
patient	-0.891	-0.041	-1.621	0.106
patient's family	-1.671	-0.076	-3.016	0.003**
ANOVA				
Model	df	F	p values	R2
Regression	13	98.38	0.000**	0.835

a:Dependent Variable: organizational justice .
b: predictors: (Constant) Work-related bullying, Person-related bullying, Physically intimidating bullying, Physical effects, Psychological effects, T=Independent samples t- test
R2= Coefficient of multiple determination.
Organizational effects, physician, Director of Nursing, Supervisor, Head Nurse, Nurses and peers, patient, and patient's family.

* significant P ≤ 0.05 - ** Highly significant P ≤ 0.01- df= degree of freedom

F= One Way Anova

Discussion

The findings of the present study revealed that total workplace bullying and its three subscales, namely: physically intimidating, work-related and person - related got moderate mean percent score. This could be related to behaviors of physicians and nursing managers, who can sometimes ignore the opinions and points of view of nurses due to increase workload. Moreover, as the nursing profession is female dominant, spreading of gossip and rumors may affect nursing staff. This is supported by **Mahmoud et al. (2020)**, **Elabasy (2019) and Trott (2017)**, who identified that three quarters of staff nurses had moderate level of total workplace bullying.

On the other hand, this result is contradicted with **Attia et al. (2020) and AL-GHABEESH et al. (2019), who considered that** the majority of staff nurses had high level of workplace bullying. In addition, **Butler et al. (2018)** displayed that less than one third of nurses experienced workplace bullying on a regular basis, while above two thirds of them reported low exposure to workplace bullying within the last six months.

Furthermore, physically intimidating bullying subscale was the first and the highest subscale and got high score among

staff nurses, followed by work- related bullying subscale ; and finally, person-related bullying. This could be related to staff nurses, as direct care providers, who are in direct contact with physicians, supervisor, patients and their families because of their frontline position , they are confronted with different behaviors, such as : being shouted at or being the target of spontaneous anger or rage, being exposed to an unmanageable workload and excessive monitoring of work... etc. Nursing shortage also may lead to workplace bullying. This result is in the same line with **Cregan et al. (2021)**, who reported that physical intimidating bullying is more common in the workplace. Furthermore, **Nielsen et al. (2016)** identified that exposure to workplace bullying in the form of physically intimidating bullying is high risk to suicide.

On the other hand, **Tag-Eldeen et al. (2017), and Magee et al. (2014)** indicated that the most common forms of bullying experienced were work- related bullying, which is more commonly experienced than personal bullying. Moreover, **Mohamed et al. (2018)** identified that there was higher score for person- related bullying and a lower score for physical intimidating bullying.

Regarding sources of workplace bullying, the findings of this study revealed that the total sources (perpetrators) of workplace bullying had high mean percent score. Nurses perceived that the first and the highest mean percent score were supervisor followed by head nurse as sources of workplace bullying ; whereas physicians, directors of nursing, nurses and peers, and patient and their families got moderate mean percent scores. This may be due to direct communication and contact found between nurses and their head nurses and supervisors. Moreover, power imbalance and hierarchical structure were found between nurses and director of nursing and physicians. Peers and patients and their families also exercise some sort of pressure on nurses either through excessive workload, investigating their cases or for visiting hours and anxiety of patient's family toward their lovers' condition leading to stressful work environment, which portrayed in bullying behaviors or acts.

This finding is in line with **Agarwal and Rai (2019)**, who concluded that most participants experienced downward bullying, where the perpetrator was the immediate supervisor. **Zeka (2018)** also clarified that supervisors are the main source of workplace bullying. Additionally, **Olender (2017)** proposed that there is a significant negative relationship between nurse exposure to workplace bullying in the nursing workplace and their direct nurse managers caring behaviors.

According to effects of workplace bullying, staff nurses perceived high mean percent score for total workplace bullying behaviors effects, organizational and psychological effects. However, they perceived moderate mean percent score for physical effects. This may be related to staff nurses exposure to workplace bullying, which affect nursing professional performance and their attitudes, leading to increased costs for organizations due to turnover and absenteeism, lower work motivation, reduced productivity and commitment. Staff nurses also may experience feeling of fatigue, angry, loss of self- confidence, reduce motivation and performance and loss of concentration. This goes in the same line with **Miller et al. (2020)**, who indicated that workplace bullying has diverse consequences at both the organizational and individual level, and that bullying was significantly associated with higher levels of clinical depression and suicide risk.

Also, **Tag eldeen et al. (2017)** mentioned that there is a correlation between workplace bullying, nurses' morale and turnover intentions. Furthermore, **Giorgi et al. (2016)** suggested that greater exposure to workplace bullying report greater levels of psychological distress.

In addition to that, it was found that more than half of staff nurses had moderate score of total effects of workplace bullying behaviors. The organizational, then psychological effects got high score; compared to physical effects, which got low score. This finding is contradicted with the study of **Jacobs and De wet (2015)**, who showed that the most common effects of bullying are that victims felt headaches, tired, stressed and sad when they remembered the behavior towards them. Also, **Matsela and Kirsten (2014)** clarified that some of the participants experienced physical effects, such as: severe headaches, eating problems and heart problems and also there were metaphysical and spiritual effects as well as social effects included mood changes affecting interpersonal relation, loneliness and being violent towards others.

The present study illustrated that staff nurses perceived moderate mean percent score for total organizational justice; as well as for procedural justice, distributive justice and informational justice; whereas interpersonal justice got high mean percent score. This may be related to the close relationship found between staff nurses and their head nurses when dealing with different working conditions especially during night shift and shortage. They try to overcome any obstacles during daily working activities to increase staff nurses' morale and try to initiate their enthusiasm for producing exceptional outcomes. Furthermore, head nurses also try to give them any type of rewards to compensate their efforts during hard times.

This result is congruent with **Amilin et al. (2018)**, who showed that Islamic work ethics positively influence the two dimensions of organizational justice: procedural and interactive justice. **Metwally et al. (2018)** also clarified that the highest mean scores of the organizational justice were for interactional justice; followed by procedural justice. **Lim and Loosemore (2017)** indicated that interpersonal justice is a key ingredient in bringing about positive organizational citizenship behaviors.

This finding was in disparity with **Pakpahan et al. (2020) and Özer et al. (2017)**, who found that distributive justice had a positive and significant effect on work engagement. **Farid et al. (2019)** also showed that both distributive and procedural justice positively mediate the effects of nurses' perceptions of social responsibility on organizational citizenship behavior and work engagement.

The present study illustrated that there were positive highly statistical significant correlations between total workplace bullying, and its levels, its effects and its sources. This may be related to the exposure of staff nurses to workplace bullying behaviors will be from different sources, as: physicians, managers, supervisors, and patient and their families. All of these will have different effects on staff nurses, such as: headache, chronic diseases, anxiety, burnout, increase turnover and decrease quality of nursing care. This finding was supported by **Salin and Notelaers (2020)** also demonstrated that workplace bullying has effects beyond the target-perpetrator relationship. **Naseer et al. (2018)**, who illustrated that workplace bullying lead to reduce job performance, low citizenship behaviors, and increase organizational retaliatory behaviors. In addition to that, **Creasy and Carnes (2017)** showed that workplace bullying has wide reaching effects on individual and team dynamics.

The present study revealed that there were negative highly significant correlations between levels and effects of workplace bullying and total organizational justice and all its four dimensions (distributive, procedural, interpersonal and informational justice). This may be contributed to lack of ethical conduct, stressful work environment and exposure to workplace bullying; whereas nurses are

more co-operative, when there is healthier working environment and workplace bullying disturbs the harmony of the organization. Nurses, who perceive high fairness in outcomes and processes and tend to be engaged less in these negative behaviors and workplace bullying as it contributes to a hostile work environment, which threatens nurses' perception of organizational justice. The victims of bullying often attempt to gain organizational justice through the enforcement of laws and policies.

The findings also showed that workplace bullying levels, its effects and patient's family as source of workplace bullying were negative highly significant predictors of organizational justice and that there were positive highly statistical significant correlations between total organizational justice and all its dimensions: distributive, procedural, interpersonal and informational justice. This may be due to staff nurses are treated with respect and trust from their head nurses and are involved in clinical decision making. These findings go in the same line with **Massoudi et al. (2020)**, who identified that all four dimensions of organizational justice have positive and significant correlations with each other and with organizational commitment. Also, **Khalifa and Awad (2018)** showed that there were highly positive significant correlations between all organizational justice dimensions and organizational citizenship behavior dimensions.

This result goes in the same line with **Hsu et al. (2019)** also confirmed that workplace bullying has a significantly negative effect on nurses' well-being and organizational justice. **Mohamed et al. (2018)** also concluded that nurses had moderate level of perceived organizational justice and mild level of bullying at workplace during the last six months. Furthermore, **Eisele (2016)** indicated a strong model fit but a moderate relation between organizational justice and workplace bullying and reported that both organizational justice and workplace bullying are associated with wellbeing.

Conclusion

The result of the present study concluded that there was highly significant negative relationship between workplace bullying and nurses' perception of organizational justice at Kafr El-Dawar General hospital. In addition, the majority of nurses perceived moderate mean percent score of workplace bullying and moderate mean percent score of organizational justice. The levels, effects and sources of workplace bullying were highly negatively significant predictors of organizational justice.

Recommendations

In the light of the study findings, it is recommended that:

- Develop workplace bullying policy that protect victims and disseminate the policy through different channels of communication (e.g: publications, websites, posters and newly hired staff nurses orientations…….etc).
- Identify early any unreasonable behavior and situations that increase the risk of workplace bullying and implement control measures to manage the risks.
- Implement zero tolerance policy that prevent bullying behaviors and provide adequate safeguards to staff nurses and others, who are accused of bullying.
- Provide raising awareness workshops for staff nurses about workplace bullying, its effects, prevention and coping strategies.
- Allow opportunities for staff nurses to participate in decision making process and problem solving in order to promote healthy and blame free working environment.

- Exert efforts to achieve justice and fairness in the distribution of financial incentives and rewards through an official committee that judge nursing efforts.
- Apply regulations of performance appraisal equally between staff nurses.
- Encourage staff nurses to document incident of workplace bullying verbally or written and take necessary corrective action.
- Communicate openly with their managers through regular meetings to discuss ways of improvement of quality of work life and fairness of rewards and expressing fears from any deviant behaviors.
- Attend awareness workshops about workplace bullying, its signs and symptoms and coping strategies.
- Follow workplace bullying policy and zero tolerance policy.
- Apply principles of interprofessional communication and collaboration and teamwork to enhance positive work environment.

Further research to be conducted

- Investigate factors affecting workplace bullying.

- Determine the effects of workplace bullying on nurses and patient care outcomes.

- Develop interventional strategies to prevent workplace bullying occurrence.

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