

The Effect of Workplace Bullying Management Program on Nursing Personnel's Work Engagement

Hossam Ali Ismail¹, Lamiaa Ismail Keshk², Waffaa Elsayed Hassan Helal³

¹Assistant lecturer of Nursing Administration, Faculty of Nursing, Helwan University, Egypt.

²Professor of Nursing Administration, Faculty of Nursing, Helwan University, Egypt.

³Assistant Professor of Nursing Administration, Faculty of Nursing, Helwan University, Egypt.

Corresponding author: Hossam Ali Ismail

Abstract:

Background: Workplace bullying management is an advance toward eliminate bullying action on the work settings. Bullying is a toxic to the health care environment and it has adverse effects on nurses and healthcare organization which closely associated with nursing personnel's work engagement. **The aim:** This study was aimed to explore the effect of applying workplace bullying management program on nursing personnel's work engagement. **Materials and Methods:** Design: Quasi-experimental research design was used in this study. Setting: Data were collected from the all departments at Elaraby Hospital that located in Abu Raqba, Ashmoon, Menoufia, Egypt. A convenience sample of nursing personnel (n=170) was included. Three tools were used for data collection, First tool was Workplace Bullying Inventory Sheet, The second tool was Work Engagement Scale, and The third tool was Workplace bullying management and work engagement knowledge questionnaire. **Results:** there was a highly statistically significant differences in total workplace bullying act pre, post and follow up applying workplace bullying educational program and there was a highly statistically significant differences in total engagement scores pre, immediate post, and follow up of workplace bullying educational program implementation among nursing personnel. **Conclusion:** There was a negative correlation between total engagement and total bullying among nursing personnel after applying workplace bullying educational program. **Recommendations;** Nursing personnel should be informed to report bullying, establishing a clear anti- bullying reporting tools, and replicate workplace bullying management on governmental hospitals.

Key Word: Bullying, Engagement, Nursing Personnel, & Workplace Bullying Management.

Introduction

Health care providers are facing negative behaviors than ever before (**Jennifer, 2020**). Nursing is an honored and respected profession. Nursing professionals have consistently been recognized by the public as having the highest degree of honesty and ethics for the past decade (**Dawn, 2018**). What the public does not know is that nursing has a darker side: bullying among nurses (**Kang & Jeong, 2019**). Workplace bullying in healthcare has been a growing problem harassing nursing professionals in healthcare

settings (**Workplace Bullying Institute, 2017 and Wech et al., 2020**).

Workplace bullying is a repeated negative actions and practices that are directed at one or more employees. These negative actions undertaken in situations of imbalanced power where the target has difficulty in asserting him or herself (**Moore et al., 2018 and Liu, 2020**). Nurse bullying defined as repeated, offensive, abusive, intimidating, or insulting behavior, abuse of power, or unfair sanctions that make nurses personnel feel humiliated, vulnerable, or threatened, creating stress and undermining their self-confidence

(American Nurses Association, 2016; Ford, 2019; and Brewer et al., 2020). Workplace bullying in nursing may occur every now and then, monthly, weekly, daily, or may continue for years and may be harmful regardless of time-frame. This could be staff nurse to charge nurse, staff nurse to nurse manager, and managers for sub-ordinate (Yun & Kang, 2018 and Crosby, 2019).

Workplace bullying were categorized into personal bullying, work-related bullying, and physically intimidating acts (Rutherford et al., 2018 and Judith et al., 2019). Workplace bullying in nursing has been identified as a factor that affects nursing personnel's satisfaction, increases occupational stress, performance level, high turnover in staff, high rates of sick day requests and low work engagement (Berry et al., 2016; Okada et al., 2019; and Deetz et al., 2020).

Work engagement in the workforce is central to superior clinical performance, organizational outcomes and employee outcomes. It is defined as a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption of an employee's energies into their organizational work performance (Kim et al., 2017; Knight et al., 2017; and Hampton & Rayens, 2019). Nursing personnel work engagement can be cultivated through achievement of new skills, creativity, learning while at work, and having opportunities to influence change and workplace improvements (Wonder et al., 2017).

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. Workplace bullying management is an important strategy to prevent, protect, and manage any type of bullying behaviors between nurses (Jennifer, 2020).

Significance of the study

Internationally and nationally, Workplace bullying considered as one of the

most damaging and destructive phenomena in organizations (Ali, 2020). Workplace bullying management is an approach used to eliminate any type of negative behavior between employees. Both The Joint Commission (2016) and ANA (2019) have taken a stand against workplace bullying through set a zero-tolerance policy on workplace. Also, applying effective coping strategies as: awareness sessions, supportive work environment and training to eliminate bullying among nurses personnel (The Joint Commission, 2016; American Nurses Association, 2019; and Dobson & Dozois, 2019). So, it's a necessity for a program to assess, manage bullying among nursing personnel and explore the effect of WPB management program on their work engagement.

Aim of the Study:

The current study aimed to explore the effect of applying workplace bullying management program on nursing personnel's work engagement.

Research Hypothesis:

It was hypothesized that there was a highly statistical significant difference between nursing personnel's work engagement level before and after applying workplace bullying management program.

Material And Methods

Research Design: Quasi-experimental research design was used in this study.

Study Location: The study was conducted at Elaraby Hospital that located in Abu Raqba, Ashmoon, Menoufia, Egypt. It provides different services internal medicine, outpatients, dialysis, emergency, different surgery, intensive care for adults, pediatrics and neonate. It consisted of (300) beds distributed in eight floors. The selection of this hospital based on several reasons as; it is very recent, located in the regions of the Republic, frequented by nursing from all parts of the Republic, and looking to obtain the highest

position nationally. Also, it is accredited from the international Joint Commission that have called for reporting workplace bullying and for identifying factors that may contribute to its existence so as to find effective solutions and prevention strategies.

Study Duration: October 2019 to December 2020.

Sample size: 170 of nursing personnel.

Subjects & selection method: A convenience sample of nursing personnel was included.

Research procedures and tool development

Tools were used for data collection as following:

First tool: Workplace Bullying Inventory Sheet. this tool was developed by the researcher through reviewing of the related literature (Ali, 2020 and Ko et al., 2020) and consisted of two parts as the following:

Part I: Personal Characteristics: this part included personal characteristics of nursing personnel as. age, gender, social status, monthly income, department, qualification, years of experience, time work, and job title).

Part 11: Workplace Bullying Inventory Sheet: this part used to assess workplace bullying acts for nursing personnel before and after applying workplace bullying management educational program. It comprised of 22 items divided into three dimensions (Work-related bullying =7 items, person-related bullying =12 items, physically intimidating bullying =3 items). Scoring system for Workplace Bullying items were scored by 1 for Never answer to 5 for Daily, they were evaluated as follows: Lower indicates level of nursing personnel experience workplace bullying (< 60%), Indicates occasional level of nursing personnel experience workplace bullying ($\geq 60\%$: <75%), and Indicative of daily level of nursing

personnel experience workplace bullying ($\geq 75\%$).

Second tool: Work Engagement Scale.

It was developed by the researcher through reviewing of the related literature (Kim et al., 2017; Rai & Agarwal, 2018; and Judith et al., 2019). This tool was used to measure nursing personnel's work engagement level before and after applying workplace bullying management program. It comprised of 17 items divided into three dimensions (vigor = 6 items, dedication =5 items, absorption =6 items). Responses were measured on 5-point Likert rating scale ranging from (1) Strongly Disagree to (5) Strongly Agree. The total scores were statistically calculated by summing scores of all categories and converted into percent score to assess the level of nursing personnel's work engagement as follows: High level of nursing personnel's work engagement ($\geq 75\%$), Moderate level of nursing personnel's work engagement ($\geq 60 - < 75\%$), and Low level of nursing personnel's work engagement (<60%).

Third tool: Workplace bullying management and work engagement knowledge questionnaire.

It was developed by the researcher through reviewing of the related literature (Albishi & Alsharqi, 2018 and Dangleben, 2019). This tool was used to assess nursing personnel's knowledge level before and after applying workplace bullying management program. It contained (24) question and each knowledge question was scored by one for a «yes» answer and zero for a «No» answer. The total knowledge scores ranged from 0 (if all answers were «No») to 24 (if all the answers were «yes»), they were evaluated as follows: Poor level of nursing personnel's knowledge regarding workplace bullying management (0-<50%), Average level of nursing personnel's knowledge regarding workplace bullying management (≥ 50 :<75%), and Good level of nursing personnel's knowledge regarding workplace bullying management ($\geq 75\%$).

Face and Content Validity

Validity of the tools were done namely face validity and content validity. It was

translated into Arabic and was tested by a jury group of five experts specialized in nursing administration from different three universities namely Helwan University, Ain Shams University and Menoufia University through an opinionnaire sheet to measure the validity of the tools. Jury opinions were elicited regarding the tools' format, layout and clarity of parts. Content validity was conducted to determine the appropriateness of each item to be included in the questionnaire sheet. Minor modifications were done based on the jury specialized in nursing administration recommendations.

Pilot Study

A pilot study was conducted on 10% of the study subjects (17 nursing personnel). The aim of the pilot study was to determine clarity, applicability of the tools and to estimate the time required for fulfilling the questionnaire sheets. Total time needed to complete the total sheets by nursing personnel was ranged between (50-70) minutes. Those participants in the pilot study were included in the main study sample. Based on the pilot study, no modifications were done and the final version was prepared for distributing to the nursing personnel

Fieldwork

After written informed consent was obtained, three tools were used to collect the study data. The researcher collected data by himself through meeting the subjects and explaining the purpose of the study to them in the study settings. The researcher was present all the time during fulfilling the forms to answer any questions. Also, The researcher checked the completeness of each filled sheet after the nursing personnel completed it to ensure the absence of any missing data.

The educational program of the current study was conducted on three phases: (First Phase: Assessment), the researcher started to collect data from December 2019 to the end of January 2020 by using the developed tools with selected sample participant in their setting according to the available time for each of them after explaining to them the purpose of

the study. First, the researcher used workplace bullying inventory sheet to assess workplace bullying acts for nursing personnel before providing educational program. The time needed by nursing personnel to complete this tool was ranged between (20-25) minutes. Second, the researcher used work engagement scale to measure nursing personnel's work engagement level before applying workplace bullying management program. The time needed by nursing personnel to complete this tool was ranged between (10-15) minutes. Finally, the researcher used Workplace bullying management and work engagement knowledge questionnaire (Pre-test) to assess nursing personnel's knowledge regarding workplace bullying management before providing educational program. The time needed by nursing personnel to complete this tool was ranged between (20-30) minutes. Total time needed to complete the total sheets by nursing personnel was ranged between (50-70) minutes.

Second Phase: (Designing and Implementation): In this phase the researcher designed and implemented educational program about workplace bullying management contents. According to pre-test results, workplace bullying management educational program general objective was to improve nursing personnel's knowledge regarding workplace bullying management that affected on nursing personnel's work engagement level. Workplace bullying management educational program tailored to suit nursing personnel's educational needs. This phase started in the beginning of February 2020 to the end of May 2020.

The workplace bullying management program was conducted by the researcher for nursing personnel based on their knowledge and assessment of workplace bullying acts and work engagement. The researcher distributed nursing personnel in (8 groups). In addition, (6 groups) from them contained (20 nursing personnel) and (two groups) contained (25 nursing personnel). The educational program was taken (two days) every week for each group to convey the program content to nursing personnel and lasted for (8 weeks), every day

included (3 sessions) with two breaks, every session took (2 hours) with (30 minutes) for break time. Different teaching methods used as the following: lecture, group discussion, brain storming, scenarios. Also, media as picture, videos, PowerPoint and handouts as a CD was prepared by the researcher for nursing personnel which supported them to refresh and revise content taken during sessions. By the end of each session, nursing personnel informed about the next session and its time.

The program theoretical sessions were held in the clinical conference room in coordinated with the training department at Elaraby Hospital. The educational program sessions was done to the nursing personnel during the morning and afternoon shifts according to their schedule. This educational program include the following topics: introduction to workplace bullying, effect of workplace bullying, characteristics and forms of bullying in workplace, management strategies of workplace bullying, work engagement, and engagement and workplace bullying.

Third Phase: (Evaluation): The aim of this phase was to find the correlation between workplace bullying management after applying the program and nursing personnel's work engagement level by using questionnaires that were be administrated to nursing personnel immediately after completion of the program. Immediate evaluation: Following the completion of the program, nursing personnel were given workplace bullying inventory sheet (Tool I) to assess workplace bullying acts for nursing personnel after providing educational program. Also, work engagement scale (Tool II) to measure nursing personnel's work engagement level after applying workplace bullying management program. Finally, the researcher used workplace bullying management and work engagement knowledge questionnaire (Post –test) (Tool III) to assess nursing personnel's knowledge regarding workplace bullying management after providing educational program. Immediate evaluation post program was started on the beginning of June 2020 to the end of July 2020. Follow up post program: Reassessment was

done after three months later post program. Nursing personnel were given the same tools used in the immediate evaluation post program phase (Tools I,II,&III). Follow up was done after three months of post program which started on the beginning of October 2020 to the end of December 2020.

Ethical considerations informal and legal consent

Prior study conduction, the research approval was obtained from the Scientific Research Ethical Committee in Faculty of Nursing, Helwan University. In addition, an approval was obtained from the director of Elaraby Hospital either medical or nursing before starting the study. The researcher was assure anonymity and confidentiality of the nursing personnel's data and informed them about research purposes. Nursing personals were informed that they allowed to choose to participate or not in the study and they have the right to withdraw from the study at any time. Ethics, values, culture and beliefs was respected.

Statistical analysis

Data entry and quantitative data analysis were done by the IBM - SPSS (Statistical Package for the Social Sciences) software (Version 24.0). Data were presented as mean and standard deviation (SD), values and percentages. A chi-square (χ^2) statistic used to measure how a model compares to actual observed data. T-test was used. For comparison between means of two related groups (pre and post program intervention) of parametric data, paired t-test was used. For comparison between more than two means of parametric data, F value of ANOVA test was calculated Pearson correlation coefficient was used to determine significant correlations between the variables. The significance level was set at $P \leq 0.05$.

Result and Data Analysis

Table (1) shows that, the mean \pm standard deviation values of the study subjects' age were (30.0176 ± 5.1515) years ranging from 23 to more than 50 years. Also, more than half (56.5%) of the study subjects had a Sufficient monthly income. While, more than two fifth (43.5%) had Insufficient monthly income. As regards the qualification in nursing education of the study subject, less than half of them (44.1%) of them had Technical Nursing Institute degree, also, less than two fifth (39.4%) of them had Bachelor's Degree, while, minority (10.6%) of them had Diploma degree whereas only (5.9%) of them had other degree.

Figure (1) describes that, more than half of the study subjects (53%) were males. While, less than half (47%) of them were females.

Figure (2) depicts the marital status of the study subject as: more than half of the study subjects (52%) were married and more than two fifth (41%) of them were single. While, the minority (6%) of them were widower and only (1%) of them were divorcee.

Figure (3) illustrates that, more than one third (36.5%) of the study subjects were working on intensive care units and less than one fifth (16.5%) of them were working on in-patient units. Also, more than one tenth (13%) of them were working on operating rooms and one tenth (10%) of them were working on emergency unite. While, the minority (4.1%) of them were working on nursing office and only (3.5%) of them were working on cath- lab.

Table (2) depicts mean and SD of workplace bullying act score among studied sample pre, post, and follow-up of workplace bullying management program in which the table demonstrate that, total mean \pm SD in all work related, person related, and physically intimidating bullying was decreased after

implementation of workplace bullying educational program (62.0882 ± 26.49033 , 35.6412 ± 11.84593 , 39.7882 ± 12.74520) with highly statistically significant differences with P value (0.000) in comparison to the baseline by using F value and t-test.

Table (3) states that, total mean and SD of knowledge scores among study subjects and three levels of total knowledge scores was (6.947 ± 4.833) pre the program and increased after and follow up of workplace bullying management program implementation (19.288 ± 3.512 & 20.005 ± 2.956). Also, range of knowledge scores among study subjects and three levels of total knowledge scores was (22) pre the program and decreased after and follow up of workplace bullying management program implementation (11 & 13).

Furthermore, there was a highly statistically significant differences between total mean and SD of knowledge scores among study subjects and three levels of total knowledge scores (poor, average, and good level) pre, immediate post and follow-up of applying workplace bullying educational program with P value (0.000) in comparison to the baseline by using F value.

Figure (4) shows mean of total engagement score among study subject was (49,188) pre implementation of workplace bullying educational program, (64.305) immediate post, and (69.858) after three months (follow up) of applying workplace bullying educational program.

Figure (5) displays the scatter diagram of negative correlation between total engagement and total bullying post of workplace bullying management educational program implementation among study subjects.

Table no (1). Frequency Distribution of Socio-Demographic Characteristics of the Studied Sample, (n=170).

Demographic data	The studied sample (n=170)	
	No.	%
•Age:		
23 - < 30	104	61.2
30 - < 40	61	35.9
40 - < 50	4	2.3
≥ 50 -	1	0.6
Mean ± SD	30.0176 ± 5.1515	
• Monthly income		
Insufficient	74	43.5
Sufficient	96	56.5
•Qualification in nursing education		
Diploma	18	10.6
Technical Nursing Institute	75	44.1
Bachelor's Degree	67	39.4
Others	10	5.9

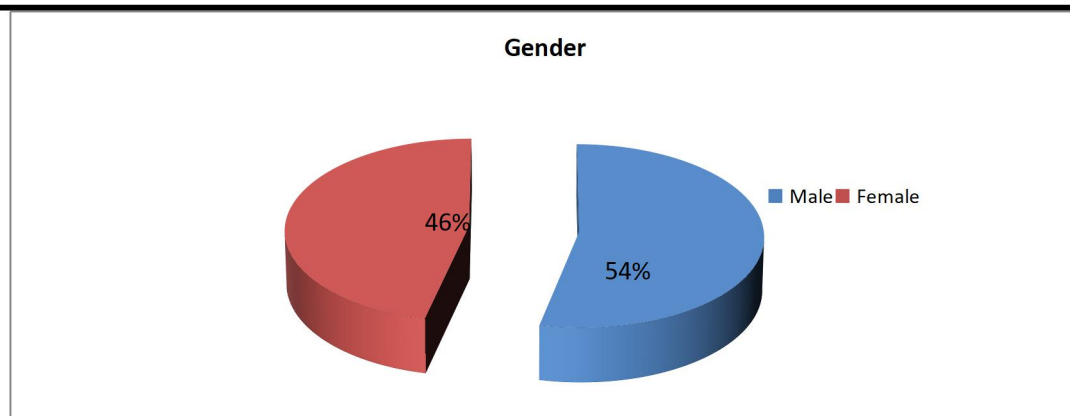


Figure (1): Frequency Distribution of Studied samples regarding Gender.

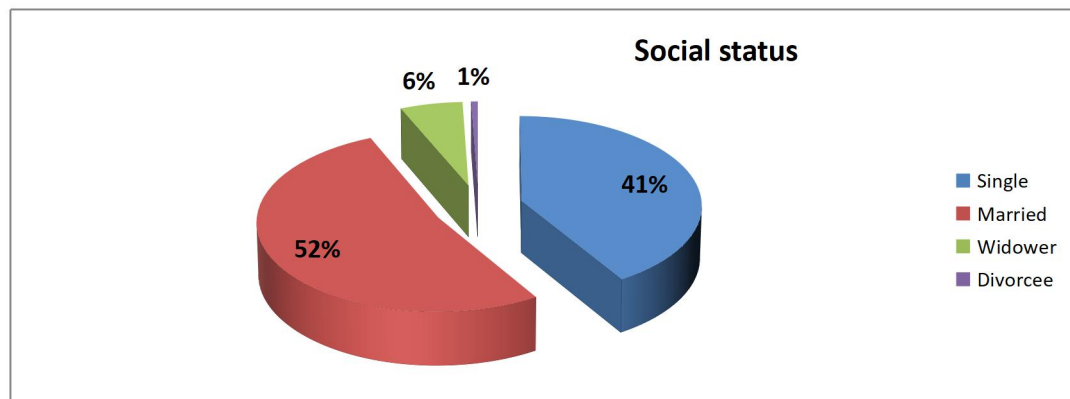


Figure (2): Distribution of Studied samples according to Social status.

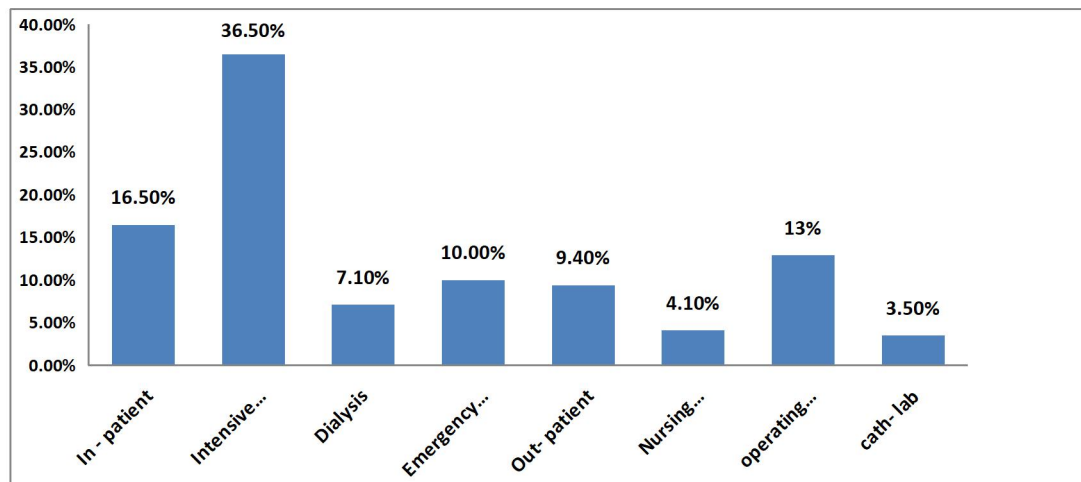


Figure (3): Distribution of studied samples regarding work department type.

Table (2): Mean and SD of workplace bullying act score among studied sample pre, post, and follow-up of workplace bullying management program, (n=170).

Workplace Bullying	Workplace Bullying among the studied sample (N=170)									
	Pre		Immediate post		follow-up		Pre Vs. post		Pre Vs. follow	
	Mean	± SD	Mean	± SD	Mean	± SD	T test	P value	T test	P value
A. Work-related bullying	20.664	± 8.3453	18.6824	± 6.75648	13.3471	± 6.4102	12.273	0.000*	9.416	0.000*
B. Person-related bullying	33.582	± 15.8505	12.1118	± 4.93800	21.2294	± 8.86455	12.284	0.000*	9.674	0.000*
C. Physically intimidating bullying	7.8412	± 4.18274	4.8471	± 2.42524	5.2118	± 3.05219	9.010	0.000*	6.808	0.000*
Total Mean	62.0882	± 26.49033	35.6412	± 11.84593	39.7882	± 12.74520	13.097	0.000*	10.744	0.000*

Table (3): Total knowledge scores and level among the studied sample pre, immediate post and Follow-up of Workplace Bullying Management Program implementation, (n=170).

Total Knowledge scores	The studied sample (n=170)						Test significance F value	of P& (η_p^2)
	Pre		Immediate post		Follow-up			
	No	%	No	%	No	%		
Level of total Knowledge scores								
- Poor level (0-<50%) (0 - <12)	137	80.6	-	-	2	1.2	9.936	0.976 0.000*
- Average level (≥ 50 :<75%) (≥ 12 : <18)	31	18.2	51	31.2	29	17.1		
- Good level ($\leq 75\%$) (18:24)	2	1.2	117	68.8	139	81.8		
Range	22		11		13			
Mean \pm SD	6.947 \pm 4.833		19.288 \pm 3.512		20.005 \pm 2.956			
T-test	Pre Vs. Immediate post				Pre Vs. Follow-up			
	27.429				31.688			0.000*
P-Value	0.000*				0.000*			

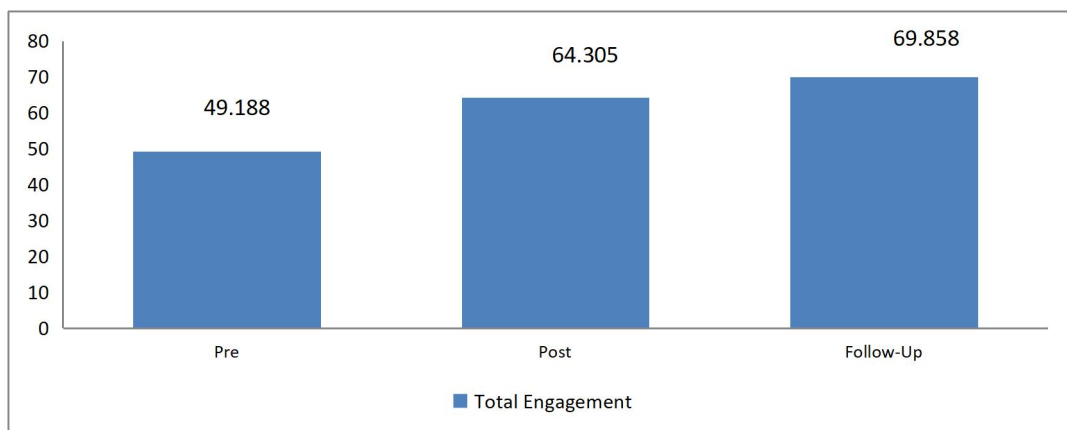


Figure (4): Mean of total engagement scores among studied sample pre, post, and three months' Workplace Bullying Management Program implementation.

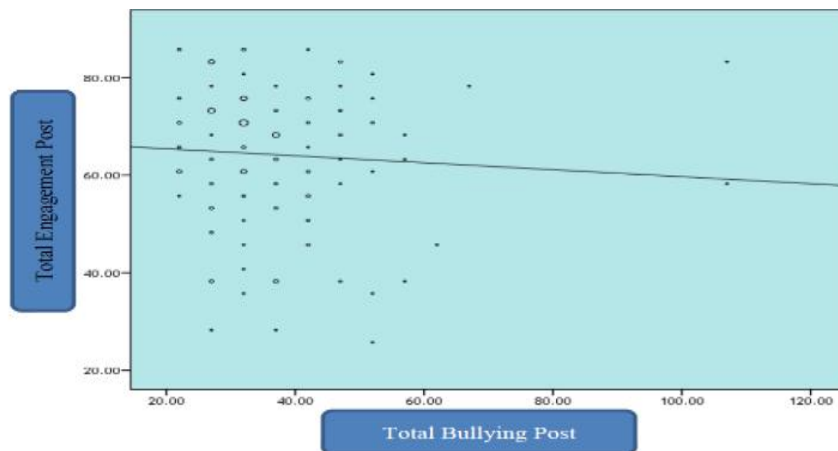


Figure (5): Correlation between total Engagement and total Bullying Post of Workplace Bullying Management Program implementation.

Discussion

The study results revealed that more than half of the study subjects were males, married, and aged between 23 to less than 30 years. Also, more than half of them were male. This may be due to the hospital location. All of previous demographic characteristics on the current study results could play as a mediator on exposure to workplace bullying and work engagement pre, immediate post, and follow up of applying workplace bullying management educational program. The current results were in contrast with (Iselin et al., 2020) who studied "Injustice perceptions, workplace bullying and intention to leave" and found that, females, unmarried, and working full time of the study subjects were highly prevalence experience in all types of WB and lower level of engagement.

The present study was showed that nursing personnel exposed to work related bullying more than person and physical intimidating bullying. This may be due to workplace culture of silence, work extended hours, lack of clear anti-bullying polices, and lack of direct judgment regarding any bullying reports. The current study result was consisted with (KO et al., 2020) in a study of "Determinants of Workplace Bullying Type and their Relationship with Depression Among Female Nurses" and who noted that, the

majority of participants had experienced one or more of the (bullying behaviors three domains) over the previous 6-month period with work-related bullying had the highest score, followed by person-related bullying.

Additionally, the present study stated that more than half of the study subject had Indicated occasional of bullying level at total workplace bullying act pre applying of workplace bullying management program. This may be due to lack of support, fear of punishment, and un aware about hospital polices regarding deal with negative behaviors on the work settings. The present study result was in the same line with (Ali, 2020) in a study of "Workplace Bullying and its effect on Staff Nurses' Work Engagement" and who asserted that, the majority of staff nurses had high level of overall bullying.

The current study displayed that the majority of the study subject had Poor knowledge level regarding workplace bullying management pre applying the program. This may be due to heavy workloads, and excusive working time. The current study findings were supported by (Al-Ghabeesh and Qattom, 2019) in a study of "Workplace bullying and its preventive measures and productivity among emergency department nurses" and who revealed that, majority of nurses had lower

information and little specific training on dealing with workplace bullying.

In addition, the present study was noticed that two third of study subject had good knowledge level regarding workplace bullying management immediate post applying the program. Also, The majority of them had good knowledge level follow up applying the program. This current findings may be due to ability of nursing personnel on understand, concentrate, and demonstrate of new knowledge. The current study results were supported by (Fountain, 2017) who studied "Impact of Bullying on RN Engagement in Hospitals" and showed that, more than half of study sample had good knowledge regarding policy effectiveness towered bullying on the hospital after educating sessions.

The present study depicted that majority of the study subjects had low level of total engagement and three sub items of work engagement pre applying workplace bullying management. This might due to poor level of knowledge regarding copying with bullying which reflected on their satisfaction and commitment level. the result of present study was in oppositeness with (Badran, 2019) in a study of "Person Organizational Fit and Work Engagement among Head Nurses" and who reported that, the majority of head nurses had a good engagement level on their workplace. While, all of them had moderate level of engagement immediate post and follow up of applying the educational program. This might due to increasing level of knowledge regarding copying with bullying behaviors after and follow up of applying the program which reflect on their satisfaction level. The current study results were matched with (Fountain, 2017) who studied "Impact of Bullying on RN Engagement in Hospitals" and stated that, a moderate level of overall work engagement among nurse participants in the study sample.

The current study result revealed that there was a negative correlation between total engagement and total bullying among all nursing personnel after applying workplace bullying educational program. This present result could be related to stressful work culture which

reflect on nurses satisfaction, absenteeism level or sick leave. The study result was in agreement with (Ali, 2020) in a study of "Workplace Bullying and its effect on Staff Nurses' Work Engagement" and who discussed that, there was statistically negative significant correlation between nurses perceived bullying and their engagement. Also, the present study results matched with (Rai & Agarwal, 2017) in a study of "Linking Workplace Bullying and Work Engagement" and who noted that, workplace bullying had a negatively correlates with work engagement.

Conclusion

The current study explores effect of applying workplace bullying management program on nursing personnel's work engagement and found workplace bullying act score among nursing personnel was decreased after implementation of workplace bullying educational program. There was an improvement on knowledge level among nursing personnel towered bullying management and an increasing on their engagement level after implementing the program. Additionally, there was a negative correlation between total engagement and total bullying post of workplace bullying management educational program implementation.

Recommendations

Nursing personnel level

- Nursing personnel should be informed to report bullying.
- Design a risk assessment sheet to identify potential behaviors characteristics of bullying.

Organizational level

- Formulate formal anti-bullying policies and coping strategies.
- Establish a clear anti-bullying reporting tools, such incidents in a confidential, respectful and supportive manner.

Educational level

- Establish standardized bullying management practices in the nursing curriculum to facilitate the process of

documenting these behaviors in clinical settings.

- Determine of workplace bullying types and their relationship with job satisfaction among faculty staff members at faculties of nursing in Egypt and nursing personnel at service settings.

Research level

- Replicate workplace bullying management on governmental hospitals and compare between these hospitals and private hospitals.

- The effect of managing workplace bullying on patient outcomes and its relation with the organization productivity in healthcare setting.

- Investigate whether job control and support at work which can protect staff from the adverse effects of bullying in healthcare setting.

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