Bullying among Staff Nurses and Its Relationship to Psychological Distress and Organizational Commitment during Covid-19 Pandemic

Aida M. Abdel-Azeem [(1)] *Safa M. Amin[(2)], Naglaa M. El-Sayed[(3)]

(1) Lecturer of Nursing Administration, Faculty of Nursing Beni Suef University, Egypt. Email: aida_elkadeem @yahoo.com

(2) Lecturer of Psychatric and Mental Health Nursing, Faculty of Nursing Beni Suef University, Egypt. Email: dr.sa_am@yahoo.com

(3) Lecturer of Nursing Administration, Faculty of Nursing Beni Suef University, Egypt. Email: naglaaelsayed2000@gmail.com

Abstract

Context: Workplace bullying is a complex phenomenon and considered one of the most common work-related psychological problems. All health organizations must be aware that it affects both nursing staff and patients. **Aim**: This study aimed to investigate bullying and its relation to psychological distress, and Organizational Commitment among Staff Nurses during Covid -19 Pandemic. **Methods** A descriptive correlational research design was exploited. **Setting:** This study was implemented at Beni-Suef University Hospitals' critical care units. **Subjects:** were a convenient sample (n =285) of staff nurses who were working at the mentioned study place. **Tools:** Four tools were used for data collection. The first tool was personal and job characteristics data Sheet. The second tool was negative acts questionnaire (22 items), the third tool was Kessler Psychological Distress Scale (10 items), and the fourth tool was Organizational Commitment Questionnaire (18 items). **Results**: The current study revealed that the mean age of staff nurses was (35.75±8.88). The study showed that there were high levels of bullying and psychological distress among nurses with mean scores (87.10, 35.09) respectively, while the level of organizational commitment was moderate with a mean score (56.96). Furthermore, There was statistical significant positive correlation between bullying and psychological distress (r=0.44, p=0.001). There was statistical significant negative correlation between psychological distress and commitment (r=-0.39, p=0.003). Also, there was statistical significant negative correlation between bullying and organizational commitment (r=-0.43, p=0.004). **Conclusion**: The study concluded that there was a positive correlation between bullying and psychological distress, while there was a negative correlation between bullying and commitment. The study recommended that preventing or reducing workplace bullying may be effective in improving the psychological status of healthcare professionals especially nurses during covid-19 pandemic.

Key words: Bullying, Psychological Distress, Organizational Commitment, Staff Nurses.

I. Introduction

Workplace bullying (WPB) is more common in the health and other social work sectors, where nurses are more vulnerable than people in other professions **(Jones, 2017)**. WPB can take several forms for nurses, including personal bullying, job-related bullying, and intimidation-related bullying **(Castronovo, 2016)**. Bullying is the misuse or abuse of authority, which leaves the target feeling helpless and unjustified, as well as affecting the individual's right of dignity. It can occur vertically (employees against employers) or horizontally (employees against each other) or from the top to the bottom (employers against employees) **(ANA board of directors, 2015).**

In nursing; WPB has been a focus for researchers since the 1990, although it was recognized over three decades ago, it has recently identified as a serious, persistent, and excerperating problem that needs intervention **(Hassan and Hassan, 2021).** Formal or informal power differences between the parties, hostile work environment, societal factors as culture and traditions, and lack of the organizational response can lead to the escaltation of WPB **(Olsen et al., 2017)**. Recent studies indicated that Bullying causes disgrace or shame **(Schubert et al., 2021).** It's a common feature that infectious diseases can be related to feeling with shame or stigma, especially among Health Care Workers (HCWs) **(Teksin et al, 2020)**. According to The World Health Organization (WHO), Nurses were among the team who now face an occupational risk of becoming infected with Covid-19, and at worst, even death as a result of it **(Bandyopadhay et al ., 2020)**.

Covid-19 is a newly discovered infectious disease that was first discovered in China **(Hui et al., 2020)**. Because of its rapid spread across most countries, WHO declared it as pandemic on March, 2020 **(Cucinotta & Vanelli, 2020)**. It is clear that HCWs includes nurses experienced bullying and shame relating to Covid-19 around the world. There was a series of violent incidents against them, in which they were accused of spreading the virus. The reports described that they were threatened, beaten, sprayed with bleach and even kicked out of their homes. These acts of violence have been shown to increase the levels of stress and, consequently, increase psychological distress **(Dye et al., 2020)**.

Psychological distress is generally defined as a state of emotional suffering characterized by symptoms of depression and anxiety **(Kim et al, 2017)**. Among health staff, nurses were the most involved personnel in fighting against this pandemic as they regularly are in direct contact with patients from admission to discharge. Therefore, nurses especially those who providing intensive and ongoing health services during Covid-19 pandemic were highly exposed to psychological distress compared to other team members **(Galehdar et al., 2020).**

A recent study including health professionals reported that nearly half of them reported depressive symptoms, and less than the half had anxiety an sleep disturbance. Also, Insufficient information about this pandemic will contribute to the potential psychological impact on all heath team members **(Teksin et al., 2020)**. In addition, psychological distress can be exacerbated as a result of shame or stigma which the health team faces while they were risking their own lives by exposing themselves to infection while delvering care to infected cases. Stigma can occur in many forms as verbal abuse, gossip denial of services, housing and social devaluation, moreover, their family members may face secondary or associative stigma **(Ransing, Ramalh &Filippiis., 2020)**.

Organizational commitment is defined as "the relative strength of an individual's identification with and involvement in a particular organization" **(Al-jabari and Ghazzawi, 2019).** The issue of workplace commitment is a key concern and an important characteristic of the employee behavior. It distinguishes between high-performing and low-performing organizations, and is the most important predictor for this **(Yahaya and Ebrahim, 2018)**.

Committed employees have lower absenteeism level and less likely to leave the organization, as once the employees identify with the goals and values of their organization, they are less likely to leave, even when they experience periods of job dissatisfaction **(Pines, 2017). Furthermore,** committed employees provide better performance and they usually exert more effort to find creative ways to increase their productivity. In addition, committed employees can perform needed work even with bad systems or less resources. Organization also has the advantage of improved relationships between its employees. Finally, committed employees adopt the goals and values of the organization in personal terms. This means that they are strong advocates for the services, and policies of their organization **(Hanaysha, 2019)**.

In association with work, feelings of shame-related to bullying lead to be less able to cope with their daily work demands and also, they report lower job satisfaction, work commitment, job performance and willingness to learn and develop. The first phase is characterized by direct and indirect aggressive behavior which leaves the affected person humiliated and increasingly isolated. The persons become more and more stigmatized, making it more difficult for them to defend themselves **(Schubert et al, 2021)**.

Studies have shown that WPB might cause career-related problems such as decline in job satisfaction, productivity reduction, poor job performance, burnout, and increased turnover intention. Furthermore, it has an effect not only on firsthand victims, but also for those who witness the bullying, as they experience similar somatic complaints and psychological disturbances. Altogether, WPB increases turnover among nurses and acts as a factor disrupting the advancement of organizations. Additionally, it may also threaten patient safety by lowering nursing care quality **(Kim, Lee& Lee, 2019)**.

Significance of the study

Bullying is a social and organizational problem, especially in the health care sector. Nurses have experienced bullying more than the other members of the health team. According to the results of a national study that was conducted in Egypt by **(Ahmed, El-Shaer and Fekry, 2015)**, more than half of the studied nurses were bullied. The Corona pandemic also exacerbated this problem**.**

It is also noticeable that psychological problems that related to bullying spread among nurses. During the Covid-19 pandemic, one of the international studies done in Japan **(Asaoka et al., 2021)** revealed that 17,1 % of the participants (health care personnel) were experienced WPB particularly nurses. They were in the frontline fighting this pandemic and they were risking with their lives and as a result of experiencing stigma and high levels of occupational stress and psychological suffering**.**

In addition, According to another international study conducted in Italy by **(Giusti et al., 2020),** where three hundred and thirty health professionals participated in the online survey. The results revealed that two hundred and thirty-five health professionals (71.2%) had scores of state anxiety above the clinical cutoff, 88 (26.8%) had clinical levels of depression, 113 (34.3%) of stress, 103 (31.3%) of anxiety, and 121 (36.7%) of post-traumatic stress. Also, the result of the study conducted by **Hajure et al, 2021**, revealed that 40.2% of the participants reported to have the symptoms of psychological distress.

WPB among nurses has negative consequences for healthcare organizations, their clients, targets of bullying and employees. Moreover, WPB can negatively affect patient safety and contributes to medication and treatment errors. Since patient care is generally done by a team of nurses, WPB further affects patient safety by decreasing collaboration and co-workers support. In addition, it can negatively affect nursing career advancement through decreasing the performance scores of nurses. Also, It can cause a global shortage of nurses as a result of decreasing nurses' work engagement, commitment, job satisfaction and increasing burnout **(Johnson, 2018)**. Consequently, this study undertaken to investigate bullying and its relation to psychological distress, and organizational commitment among staff nurses during Covid -19 pandemic.

Aim of the study

Investigating bullying phenomenon and its relation to psychological distress, and organizational commitment among staff nurses during Covid -19 pandemic was the meant of this study.

Research questions:

- What is the level of bullying among staff nurses?
- What is the level of psychological distress among staff nurses?
- What is the level of organizational commitment among staff nurses?
- Is there a correlation between bullying, Psychological distress and organizational commitment among staff nurses?

Operational definitions:

1. **Bullying:** (in the context of the study), defined as occurrence of negative acts and hostile behaviors aimed towards nurses during the pandemic of covid-19. It may include personal attacks, erosion of professional competence and reputation, and attack through work roles and tasks.
2. **Psychological distress:** (in the context of the study), defined as unpleasant feelings or emotions that nurses may suffer as stress, anxiety and depression.
3. **Organizational commitment:** (in the context of the study), defined as the attitude of the nurses in their workplace as they are emotionally attached to it and they decide to continue membership in it.

II. Subjects and Method

Study design

A descriptive correlational research design was exploited.

Study setting

The study was conducted at the Beni Suef University Hospital; it is composed of two buildings. The first building consisted of six

floors as the following; the first floor (Dialysis unit, Surgical ICU &Emergency unit). The second floor includes unites of (General ICU, General Operative department& Cardio Thoracic ICU). The third floor includes units of (Ortho department & the surgical department (male & female)). The fourth floor includes units (Cardiac Care, ICU, Medical male department, Neural ICU, Medical ICU & Pediatric ICU). The fifth floor includes units of (Tropical ICU, Medical female department, Obstetric department & Neonatal ICU). And finally the sixth floor units of (Chest ICU). Its bed capacity was about (420) beds during the data collection period. The second building consisted of 3 floors contain outpatient clinics which provide medical services for University workers and faculty staff member. The study was conducted at the critical care units that were distributed as follows: Emergency unit, Neonatal ICU, Surgical ICU, Cardiac care unit (CCU), Operating room, Pediatric ICU, and Dialysis unit.

Subjects

A convenient sample of (285 nurses) out of 1000 staff nurses who were responsible for providing direct nursing care activities to patients in the above mentioned study setting at the time of data collection, using the sample size equation based on **(Steven& Thampson, 2012)** were included in the study.

The sample size: was statistically calculated by using the equation of Steven Thompson equation at 95% confidence power.

$$n = \frac{N \times P (1-P)}{\{(N-1 \times (d2 / Z2) + P (1-P)\}}$$

n = Sample size
N = Total staff nurses size
d = error percentage
P = Percentage of availability of the character and objectivity
Z = The corresponding standard class of significance 95%= (1.96)

The sample size was calculated to be 285 nurses.

Inclusion criteria

Staff nurses who work in the study setting and accepted to participate in the study, no age limit, and they had at least one year of experience in nursing.

Tools of data collection

Structured Questionnaire was utilized to gather the required information.

First tool: Personal and job characteristics data Sheet

Self-administered structured questionnaire was developed by the researchers depending on the literature review. This part was included data related to the personal and job characteristics of the studied nurses such as age, qualifications, years of experience in the nursing profession.

Second Tool: Workplace Bullying Invntory (68 items):

The tool was adapted from **(Einarsen & Hoel, 2001)** to measure perceived exposure to bullying on the job. This questionnaire consists of 22 specific negative behaviors measuring exposure to bullying within the last six months within which they assess the frequency of exposure to each of the 22 negative behaviors, using a five-point scale ranging from 1 (never) to 5 (daily). The value of 1 means that the respondents has never experienced the negative behavior, while the value of 5 means that the respondent is experiencing the negative acts / behavior every day.

Scoring system:

Participants scored the frequency of each negative act according to the following response categories: 1-Never, 2-Rarely, 3-Monthly, 4-Weekly, and 5-Daily. The total scores were summed up and graded according to the following scores that reflect the level of exposure to bullying on the job: The total scores were summed up and graded according to the following scores: low level (22-36), moderate level, 37-72 and high 73-110.

Third tool: Kessler Psychological Distress Scale

The K10 scale was originally developed by Kessler and collaborators in 2002 **(Kessler et al., 2002)** in order to develop a short scale of screening for general symptoms of psychological distress. It is composed of 10 questions about the frequency

with which respondents presented symptoms of psychological distress in the last 30 days, with items that include behavioral, emotional, and cognitive manifestations of distress and using a 5-point Likert scale as a response model, ranging from 1 (never) to 5 (always).

Scoring system:

Each item was scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress. The total scores were summed up and graded according to the following scores: 20 - 24 Likely to have a low distress, 25 - 29 likely to have a moderate distress and 30 - 50 likely to have a high distress.

Fourth tool: Organizational Commitment Questionnaire:

It was adapted from **Meyer and Allen's (1991)** and **(Saber, Mohamed & Hasanin, 2020)** to assess the level of staff nurses' organizational commitment. It consisted of (18) items divided into three main dimensions; Affective commitment (6 items), Normative commitment (6 items) and Continuous commitment (6 items).

Scoring system:

Study subjects' responses were scored based on 3 points of likert scale as follows: (3) agree (2) neutral (1) disagree. The scoring was reversed for negative items in affective domain (4, 5, and 6) and normative domain (2, 5). Each nurse has to choose only one best answer after reading and understanding the questionnaire carefully. The total scores were summed up and graded according to the following scores that reflect the overall level of commitment: lower level of commitment = < 60%, moderate level of commitment = 60% - <75% and higher level of commitment = ≥ 75%**.** Which means that (18-30) likely to have a low commitment, (31-60) likely to have a moderate commitment, (61-90) likely to have a high commitment.

Operational design

- The operational design involves the preparatory phase, pilot study and field work.

Preparatory phase

- The researchers reviewed current and past, local and international related literature and knowledge aspects of the study using books, articles, journals, and internet.

Pilot study:

A pilot study was done after applying the tools for ten percentage (n=29) of the staff nurses to test the relevance of the questionnaires. It also applied to estimate the approximate time required for interviewing the participants as well as to find out any problem or obstacle that might interfere with data collection. According to its results, no modifications were made, and therefore they were included in the actual study.

Validity of tools:

The study tools were translated into Arabic and submitted to a jury of five experts in the nursing field to investigate the content validity, clarity, relevance, and adequacy of the questionnaire in order to achieve the present study objectives. The final copy of the constructed instrument was completed to be an appropriate tool for conducting the study.

Reliability of tools:

Reliability of the instruments was estimated by Cronbach coefficient Alpha test, the test result demonstrated that the three questionnaires have had high internal consistency since, tool 1, ($\alpha = 0.899$), tool 2, ($\alpha = 0.94$), and tool 3($\alpha = 0.897$).

Field work

- An official approval to conduct the study was obtained from the Dean of the faculty of nursing to the director of the identified study setting to take the agreement to collect data.
- The data have been collected through the utilization of the self- administered questionnaire as a means of data collection. Self-administered questionnaires were distributed to nurses working at Beni-Suef University Hospital. Filling the questionnaire took approximately 20-25 minutes. Collection of data took place in the period from the beginning of July (2020) to the end of September (2021), where the

researchers were available in the study setting 3 days per week from 9 am to 2 pm (depending on workload and the free time of nurses). Researchers introduced themselves, then clarified the aim of the study and obtained verbal approval to participate in the study, the participants were cooperative.

Ethical Considerations

Ethical acceptance was secured from the administrative personnel of the Faculty of Nursing and Beni-Suef University Hospital. Study sample received the possible explanations about the study's aim and their involvement was according to their willing. Confidentiality of the collected data and the researchers have emphasized that participation is voluntary and the subjects have the right to withdraw at any time. The study nature didn't cause any harm to any of the participants.

Statistical Design:

The collected data were analyzed using statistical package for social sciences **(SPSS 22.0)** for descriptive statistics in the form of frequencies and percentages for categorical variables. Means and standard deviations were used for continuous variables. Pearson correlation coefficient and Chi square tests were used for measuring the correlation between study variables. Cronbach's alpha coefficient was calculated to assess the reliability of the tools through their internal consistency. Qualitative categorical variables were compared using a chi-square test. Statistical significance was considered at p-value <0.05 and P-value <0.001 was considered highly significant.

III- Results:

Table 1 summarizes the subjects' demographic characteristics. Regarding their age, (40.7%) were aged more than 35 years (Mean ±SD 35.75±8.88). As for their marital status, the majority of the sample (88.4%) was married. More than half of the subjects hold a diploma in nursing and had more than 10 years of experience (57.2%, 52.7% respectively).

Table 2 reveals the total mean scores of study sample regarding their bullying, psychological distress and commitment. The overall mean score for bullying was (87.10) with standard deviation (15.21). This score indicates a high level of bullying. Regarding psychological distress, the overall mean score was (35.09) with standard deviation (6.38). This score indicates a high level of psychological distress. The overall mean score of total organizational commitment was (56.96) with standard deviation (10.80). This score indicates a moderate level of commitment. Regarding the sub-dimensions of commitment, the highest mean score was for normative commitment (20.54±6.31) while affective and continuous commitment were slightly lower (18.30±3.70, 18.12±5.95) respectively.

Table 3 depicts the comparison between the levels of psychological distress, bullying and commitment in the studied sample. (62.4%) of the study sample had high levels of psychological distress and more than half (58.2%) of the sample reported high level of bullying. (68.2%) had a moderate level of organizational commitment. Using the chi-square test, there were significant statistical difference across all levels of psychological distress, bullying and organizational commitment.

Table 4 illustrates the correlation matrix between psychological distress, bullying and commitment using Pearson correlation coefficients. There was statistically significant positive correlation between bullying and psychological distress (**r**=0.44, **p**=0.001). There was a statistically significant negative correlation between psychological distress and commitment (**r**=-0.39, **p**=0.003). Also, there was a statistically significant negative correlation between bullying and organizational commitmtent (**r**=-0.43, **p**=0.004).

Table 5 reveals correlation between psychological stress, bullying, commitment and subjects' demographic characteristics. Only the subjects' qualifications were significantly correlated with their organizational commitment (**r**=0.211, **p**=0.035).

Table (1): Frequency distribution of the studied nurses regarding their demographic characteristics (n=285)

Variable	No	%	Variable	No	%
Age			**Gender**		
▪ 20<25	63	22.1	▪ Male	40	14
▪ 25<35	106	37.2	▪ Female	245	86
▪ ≥ 35	116	40.7			
Mean ±SD 35.75±8.88			**Qualification**		
Marital status			▪ Diploma in Nursing	163	57.2
▪ Single	15	5.2	▪ Health Technical Institute	43	15
▪ Married	252	88.4	▪ Bachelor Degree In Nursing	52	18.2
▪ widowed/Divorced	18	6.4	▪ Postgraduates Qualifications	27	9.6
Experience			**Department**		
▪ Less Than 1 Year	12	4.2	▪ Emergency	37	12.9
▪ Less Than 5 Years	66	23.1	▪ OR	57	20
▪ 5-10 Years	57	20	▪ OPD	40	14
▪ Over than 10 years	150	52.7	▪ CCU	37	12.9
			▪ Inpatient	60	21
			▪ NICU	32	11.2

Table (2): Total mean scores of study sample regarding their bullying, psychological distress and organizational commitment (n=285)

Items	Max	Mean ±SD	Mean Percent
Bullying	110	87.10±15.21	35.45
Psychological Distress	50	35.09±6.38	48.18
Commitment:			
▪ **Affective**	30	18.30±3.70	61
▪ **Normative**	30	20.54±6.31	68.46
▪ **Continuous**	30	18.12±5.95	60.4
▪ **Total**	90	56.96±10.80	63.28

Table (3): Comparison between the levels of Bullying, Psychological distress and organizational commitment in the studied sample (n=285)

level	Bullying		X^2	p-value	Psychological distress		X^2	p-value	Organizational commitment		X^2	p-value
	No	%			No	%			No	%		
High	166	58.2	25.3	0.000	178	62.4	32.9	0.000	52	18.2	5.1	0.024
Moderate	77	27			63	22.1			194	68.2		
Low	42	14.8			44	15.5			39	13.6		

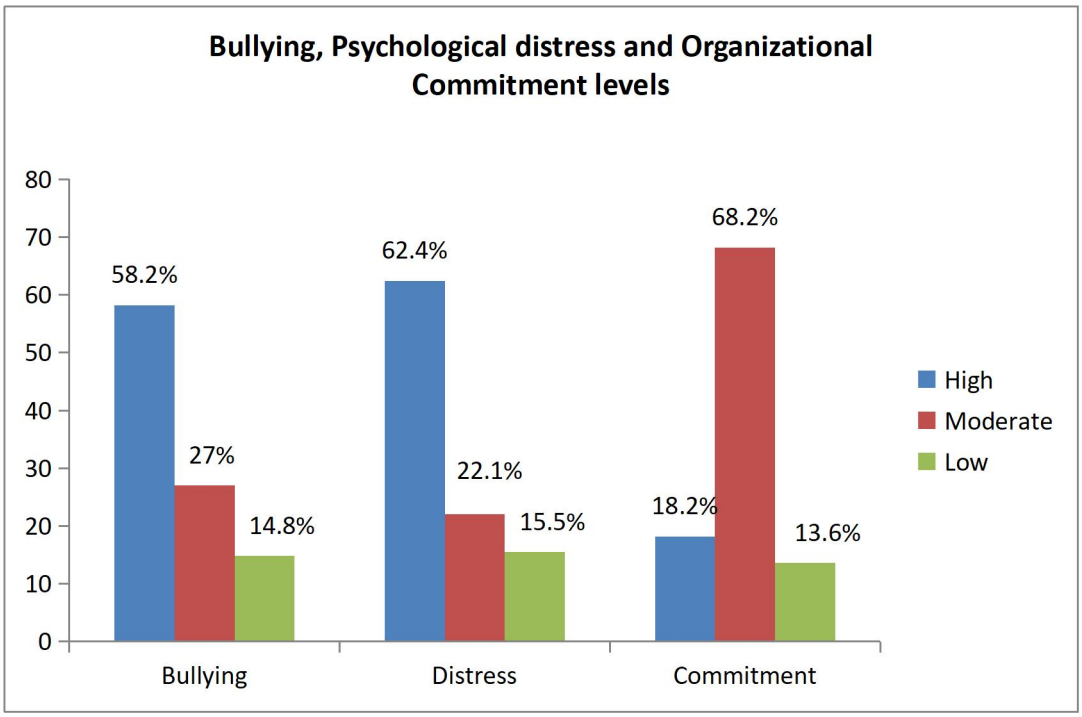

Figure (1): Shows that highest percent of the study sample, more than two thirds of them (68.2%) had a moderate level of organizational commitment. While, more than the half (62.4%, 58.2%) of them had high levels of psychological distress and Bullying respectively.

Table (4): Correlation matrix between Bullyig, Psychological distress and Organizational commitment (n=285)

ITEMS		Bullying	Commitment
Psychological Distress	***r***	0.44**	-0.39
	p-value	0.001	0.003*
Bullying	***r***		-0. 43*
	p-value		0.004

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Table (5): Correlation between Bullying, Psychological distress and organizational commitment and demographic characteristics (n=285)

Demographic characteristics items	Bullying		Psychological distress		Organizational commitment	
	R	P -value	R	P -value	r	P-value
Age	-0.081	0.420	0.066	0.514	-0.072	0.447
Gender	0.093	0.358	0.023	0.824	-0.069	0.491
Marital Status	-0.109	0.282	0.119	0.236	-0.006	0.952
Qualifications	0.058	0.570	-0.009	0.926	0.211	0.035*
Experience	0.022	0.830	0.105	0.300	0.032	0.749

*** Correlation is significant at the 0.05 level (2-tailed).**

III. Discussion

Because of nowadays corona virus (Covid-19), the number of nurses exposed to bullying is increased. Bullying is a serious issue affecting the nursing profession, as bullying present in all work environments and nurses is on the frontline of the health care and has the closest contact with patients and their relatives. Workplace bullying has serious negative consequences that may extend beyond individual nurses to an entire health care organization, such as experiencing stress, frustration, physical and psychological distress, poor commitment and leave a particular place of employment **(Miranda et al., 2021)**. The present study was designed in an attempt to investigate Bullying and its relation to Psychological distress, and Organizational Commitment among Staff Nurses during Covid -19 pandemic.

The present study showed that more than half of the sample reported high level of bullying. This may be explained due to the interpersonal and emotional nature of the health team; in addition to that nurses were closed to the infected patients with covid-19; so, they have experienced discrimination or blame from the patients and other members of the community that they may be a source of infection during this pandemic.

This is congruent with **Attia et al., (2020)** who studied Workplace Bullying and its effect on Staff Nurses' Work Engagement. They reported that more than half of staff nurses experienced bullying in the workplace. **Also,** it is in agreement with **Dye et al., (2020)** who conducted a study " Risk of covid-19- related bullying, harassment and stigma among healthcare workers: an analytical cross-sectional global study " and found that health care workers (HCWs) were significantly more likely to experience Covid-19- related stigma and bullying, often in the intersectional context of racism, violence and police involvement in community settings.

This study result agree with the results of a study which conducted in Egypt by **(Hassan and Hassan, 2021),** who studied " Risk of Covid-19- related bullying, harassment and stigma among healthcare workers: an analytical cross-sectional global study", they found that more than half of the studied nurses were victims of WPB, two thirds of nurses had bullied by patients and their relatives and more than one third experienced bullying by their supervisors and managers.

In addition to, the finding of this study is in agreement with the results of **Asaoka et al., (2021**) who study " Workplace Bullying and Patient Aggression Related to Covid-19 and its Association with Psychological Distress among Health Care Professionals during the Covid-19 Pandemic in Japan". They reported that, Covid-19-related workplace bullying was much higher than those in the previous study among Japanese full-time employees that was conducted in March 2020. On the contrary, this result is in disagreement with **Karatza, (2016)** who showed that the majority of the respondents did not face bullying incidents at their workplace within a year**.**

From the researchers point of view, Not only nurses, but also all HCWs were experienced WPB all over the world. Because they were in the frontline of fighting Covid-19 virus and as a result of being in direct contact with the infected cases.

Regarding to psychological distress nearly two thirds of the study sample had high levels of psychological distress, this may be explained due to being stigmatized as the study was conducted during corona virus pandemic and nurses were the first line workers against it. Also, they may be stressed due to infection or the death to themselves or anyone of their family members.

This is congruent with the results of **Asaoka et al., (2021**), who revealed that the mean score of psychological distress was 42.9. In addition, this result is in agreement with a result which conducted by **Huerta-González et al., (2021)**, they revealed that the main psychological impacts of caring for people with Covid-19 perceived by nurses working on the front line were fear, anxiety, stress, social isolation, depressive symptoms, uncertainty, and frustration.

On the same line, this result matches with **Galehdar et al., (2020)**, They found in their results that the nurses experienced a variety of psychological distress during care of

patients with Covid-19. There were eleven categories of distress which nurses experienced including death anxiety, anxiety due to the nature of the disease, anxiety caused by corpse burial, fear of infecting the family, emotional distress of delivering bad news, distress about time wasting, fear of being contaminated, the emergence of obsessive thoughts, the bad feeling of wearing personal protective equipment, conflict between fear and conscience, and the public ignorance of preventive measures.

Additionally, this result agrees with **Rosa et al., (2021)**, who revealed in their study that there was a high prevalence of emotional distress among nurses. Also, this result is congruent with **Lai et al., (2020)**, who revealed that the severe depression among physicians versus nurses was (4.9%) versus (7.1%).

But, this study result is in disagreement with **(Alnazly & Hjazeen, 2021)**, who conducted an online study on Psychological Distress and Coping Strategies among Nurses during the COVID-19 Pandemic, they revealed that nurses had a moderate level of fear and depression, and severe anxiety and stress. Also, Nurses were found to generally adopt maladaptive coping styles. Additionally, this result is incongruent with the result of **Hajure et al., (2021)**, who revealed that less than the half of the participants reported to have the symptoms of psychological distress. The majority of the participants reported mild psychological distress (37%) followed by moderate psychological distress (29%).

From the researchers' point of views, nurses had high levels of psychological distress not only in Egypt, but also in most countries all over the world as the result of the pandemic and bullying. They had great fear and anxiety that they would contact the virus, which would cause the infection to be transmitted to one of their family members, and thus cause their death or the death of one of their family members as well.

Regarding organizational commitment, nearly two thirds of the sample had a moderate level of organizational commitment. Moderate commitment indicate that nurses are not totally satisfied with their jobs, It may be due to heavy work load as Beni-Suef University hospital is the only university hospital in the governorate and service many provinces, dissatisfaction with income levels, limited carrier opportunity, multiplicity of routine tasks and dissatisfaction with the social status of the profession or, it may be due to the rules during the pandemic, which were implemented such as the avoidance of any absence or vacancies.

This result is in agreement with **Eskandari et al., (2017)** who conducted a study about "Investigation of the Relationship between Structural Empowerment and Organizational Commitment of Nurses in Zanjan Hospitals", and found that the average score of nurses' organizational commitment was at average level. Also, this result is similar to **Sepahvand et al., (2019)** who conducted a study about "Improving Nurses' Organizational Commitment by Participating in their Performance Appraisal Process", and indicated that both participants and the comparison group of the study had a moderate level of organizational commitment.

But the study result is in disagreement with **Son et al., (2022)**, who revealed that organizational commitment was high (95%CI). In addition, this result is incongruent with the results of a study that conducted in Iran on HCWs by **Aghalari et al., (2021)**, who reported that (27.7%) of the HCWs had moderate organizational commitment and 72.3% had high organizational commitment.

The above study result was against the expectations of researchers, as they expected that the organizational commitment of nurses to be low. But two thirds of nurses had a moderate level of organizational commitment, this may be due to decrese of their social and economic status as most of them choose to work as nurse due to their need for job.

In the present study regarding the sub-dimensions of commitment, the highest mean score was for normative commitment, while affective and continuous commitment was slightly lower respectively. This is in the same line with **Saber et al., (2020)** who studied the relation between shard decision making and organizational commitment among nurses and reported that more than half of studied nurses had a moderate level of organizational

commitment regarding normative commitment. It means that they felt that they ought to continue working for their organization, which different from the want and need feelings of affective and continuous commitment, respectively.

Additionally, this result is in agreement with **Labrague et al., (2018)** who conducted a study about " Organizational Commitment and Turnover Intention among Rural Nurses in the Philippines: Implications for Nursing Management", exhibited that continuous commitment level was low. While this study result is inconsistent with **Tosun and Ulusoy, (2017)** who reported that continuous commitment level was high. Also, this result was inconsistent with **Sepahvand et al., (2019)** who indicated that continuous commitment had the highest level of the three organizational commitment dimensions.

From the researchers point of view, most of nurses in Egypt had a high level of organizational commitment. This is may be due to the nature of the Egyptians as they are described with passion, as well as the role that the media played in encouraging the entire health sector to confront this epidemic, and they described them as the white army.

The study results indicated that there was a statistically significant positive correlation between bullying and psychological distress. This finding may be due to exposure to harassment, violent attacks either inside or outside the workplace, or the death of patients or their co-workers as the result of the virus, finally it may be due to the heavy workload during the pandemic period.

This finding agrees with **Steel et al., (2020)** who studied The Relationships of Experiencing Workplace Bullying with Mental Health, Affective Commitment, and Job Satisfaction: Application of the Job Demands Control Model and found that the association between workplace bullying and psychological distress was the strongest. As the experience of workplace bullying occurred more frequently, psychological distress increased. Also, they showed that employees who often experienced workplace bullying were four times more likely to report high psychological distress compared to those never experiencing bullying.

Also, this result is congruent with, **Asaoka et al**., **(2021)**, who found that when they conducted multiple linear regression separately for any workplace bullying and any aggression by customers/patients related to covid-19, it was non-significantly, but positively associated with psychological distress.

The present study results revealed that there was statistical significant negative correlation between bullying and organizational commitment. This means that, although they were experienced bullying, they were committed to their organization. This was consistent with **Steele et al., (2020)** who studied "The Relationships of Experiencing Workplace Bullying with Mental Health, Affective Commitment, and Job Satisfaction: Application of the Job Demands Control Model" and found that as the experience of workplace bullying occurs more frequently, the commitment decreases.

According to the present study results, there was a statistically significant negative correlation between psychological distress and commitment. This may be due to economic status as it was difficult for them to find another job. Or their moderate level of commitment may be due social media as they called nurses who are fighting covid-19 pandemic with the white army as a trial for improving their psychological status.

This result is in disagreement with **Wen-Hsien, (2009)** who studied" Effects of job rotation and role stress among nurses on job satisfaction and organizational commitment and reported that role stress had a negative effect on their organizational commitment. Also **Paivi et al., (2006)** revealed that low psychological distress predicted sustained organizational commitment at follow-up. Additionally **Saadeh and Suefa (2019)** who studied "Job stress and organizational commitment in hospitals the mediating role of perceived organizational support "and insisted that employee' organizational commitment increases when job stress level decreases.

The study revealed that there was a correlation between psychological stress, bullying, commitment and subjects' demographic characteristics. Only the subject's qualifications were significantly correlated with

their organizational commitment. This may be explained as the higher the qualification the nurses have, the higher the responsibility and the opportunity to participate in decision-making.

Similarly, this finding was consistent with **Timalsina et al., (2018),** who study "Predictors of organizational commitment among university nursing Faculty of Kathmandu Valley, Nepal" and found that educational level was one of the factors that predicted higher organizational commitment. While, this result was dissimilar to **Ghonem, (2016**) who found that there were no significant differences between staff nurses' commitment and their sociodemographic data.

IV. Conclusion

There were high levels of Bullying and psychological distress, while there was a moderate level of organizational commitment among staff nurses. There was statistically significant positive correlation between bullying and psychological distress. While, there were statistical significant negative correlations between bullying and organizational commitment and psychological distress and commitment.

V. Limitation of the study

The length of the data collection period was the limitation which faced the researchers. It was difficult for them to contact nurses to fill out the questionnaires because of the heavy workload, especially during periods in which the corona virus activity was increased.

VI. Recommendations

Based on the findings of the present study, the following recommendations are suggested:

1. Increase satisfaction of nurses through competitive salaries and encourage the spirit of teamwork.
2. Encourage nurses to discuss their problems in order to overcome them.
3. Use mass media for decreasing the spread of bullying, especially among nurses.
4. Spread awareness among people of the role that health professionals play in confronting the spread of infectious diseases.

Future researches need to:

1. Conduct programs to overcome work-related bullying, especially in nursing.
2. Identify factors which may affect the organizational commitment among nurses.
3. Further studies with increase sample size for the generalization of the results.

References

Aghalari, Z., Dahms, H., Jafarian, S., & Gholinia, H. (2021): Evaluation of organizational and social commitments and related factors during the coronavirus pandemic of healthcare workers in northern Iran. Globalization and Health, 17:12, pp: 3, 4.

Ahmed, A., El-Shaer, A., & Fekry, N. (2015): Workplace Bullying and Absenteeism Rate among Staff Nurses at Mansoura University Hospital. Med. J. Cairo Univ,83(2).p:49.

Al-jabari, B. & Ghazzawi, I. (2019): Organizational Commitment: A Review of the Conceptual andEmpirical Literature and a Research Agenda. International Leadership Journal "ILJ", 11(1),78-119.

Alnazly, E. K & Hjazeen, A. A. (2021): Psychological Distress and Coping Strategies among Nurses during the COVID-19 Pandemic: A Cross-Sectional Online Survey. The Open Nursing Journal,15 (1), p: 266.

ANA board of directors. (2015): Incivility, Bullying, and Workplace Violence. American Nurses Association. Available at: https://www.nursingworld.org/~49baac/globalassets/practiceandpolicy/nursing excellence/official-policy-statements/ana-wpv-position-statement-2015.pdf.

Asaoka, H., Sasaki,N., Kuroda, R., Tsuno, K., & Kawakami, N. (2021): Workplace Bullying and Patient Aggression Related to and its Association with Psychological Distress among Health Care Professionals during the Pandemic in Japan. Tohoku J. Exp. Med, 255(4).pp:283-289.

Attia A A, Abo Gad R.A, and Shokir M.E: (2020): Workplace Bullying and Its Effect on Staff Nurses' work Engagement, Tanta

Scientific Nursing Journal 18 (1) p p 83-109.

Bandyopadhyay S, Baticulon RE, Kadhum M, et al. (2020): Infection and mortality of healthcare workers worldwide from Covid-19: a systematic review. *BMJ Global Health* ;5:e003097. doi:10.1136/ bmjgh-2020-003097**.**

Castronovo, M. A., Pullizzi, A., & Evans, S. (2016): Nurse bullying: A review and a proposed solution. Nurs Outlook; 64. Available at: https://doi.org/10.1016/j.outlook.2015.11.008 PMID: 26732552, 208-2014.

Cucinotta, D.,& Vanelli, M. (2020): WHO Declares COVID-19 a Pandemic, cta Biomed, 91(1);p:157.

Dye, T.D., Alcantara, L., Siddiqi, Sh., Barbosu, M., Sharma, S., Panko, T.,& Pressman, E.(2020): Risk of Covid-19-related bullying, harassment and stigma among healthcare workers: an analytical cross-sectional global study. BMJ Open, 10(e046620), doi:10.1136/bmjopen.pp:1-3.

Einarsen. S., & Hoel. H. (2001): The Negative Acts Questionnaire: Development, Validation and Revision of a Measure of Bullying at Work. 10th European Congress on Work and Organizational Psychology, Prague, 16-19 May 2001.

Eskandari, F., Siahkali, R., Shoghli, A., Pazargadi, M& Tafreshi, Z. (2017): Investigation of the Relationship between Structural Empowerment and Organizational Commitment of Nurses in Zanjan Hospitals, Journal African Health Sciences, 17(1), 285-292.

Galehdar, N., Kamran, A., Toulabi, T., & Heydari, H. (2020): Exploring nurses' experiences of psychological distress during care of patients with : a qualitative study, BMC Psychiatry, https://doi.org/10.1186/s12888-020-02898-1, 2-9.

Ghonem, N. (2016): Factors Affecting Nurses' Commitment to their Organizational at Suez-Canal University Hospitals, Medical Journal of Cairo University ,84 (1), 869-875.

Giusti. E, M., Pedroli. E, D'Aniello. G, E., Stramba Badiale. C., Pietrabissa, G., Manna, C., Stramba Badiale. M., Riva G., Castelnuovo, G and Molinari, E. (2020): The Psychological Impact of the COVID-19 Outbreak on Health Professionals: A Cross-Sectional Study. Front. Psychol. 11:1684. doi: 10.3389/fpsyg.2020.01684

Hajure, M., Dibaba, B., Shemsu, S., Desalegn, D., Reshad., M & Mohammedhussein M (2021) : Psychological Distress Among Health Care Workers in Health Facilities of Mettu Town During COVID-19 Outbreak, South West Ethiopia, 2020. Front. Psychiatry 12:574671. doi: 10.3389/fpsyt.2021.574671.

Hanaysha, J. (2019): Testing the Effects of Employee Engagement, Work Environment, and Organizational Learning on Organizational Commitment, Journal of Procedia-Social and Behavioral Sciences, 229 (1), 289-297.

Hassan, M. El., & Hassan, M.A.(2021): Workplace Bullying among Nurses in Primary Health Care Centers in Port Said. Port Said Scentific Journal of Nursing, 8(1);pp 163-165.

Huerta-González, S.; Selva-Medrano, D.; López-Espuela, F.; Caro-Alonso, P.Á.; Novo, A.; Rodríguez-Martín, B. (2021): The Psychological Impact of COVID-19 on Front Line Nurses: A Synthesis of Qualitative Evidence. Int. J. Environ. Res. Public Health, 18, 12975.https://doi.org/10.3390/ ijerph182412975. P: 1.

Hui, D.S., Azhar, E. I., Madani, T.A., Ntoumi, F., Kock. R.,& Dar O. (2020): The continuing 2019-nCoV epidemic threat of novel coronaviruses to global health—the latest 2019 novel coronavirus outbreak in Wuhan, China. International Journal of Infectious Diseases, 91 (1);264-266.

Johnson, S. L. (2018): Workplace Bullying in the Nursing Profession. USA. Available at https://www.microsoft.com/genuine/validate/DownloadValidationSupport.aspx?displaylang=ar&sGuid=44664f5d-0e1d-4bb2

9cb2e38cc9f41069&OSV=6.1.7601.2.00010100.1.0.048.09.1033&LS=3&LegitCheckError=00000052&GenuineInfo=C004F035&Channel=2&ErrCode=C004F035 .pp:12-20.

Jones, A. L. (2017): Experience of protagonists in workplace bullying: An integrated literature review. Int J Nurs Clin Pract.; 4:246. https://doi.org/10.15344/2394-4978/2017/246.

Karatza C, Zyga S, Tzlaferi S, & prezerakos p. (2016): Workplace Bullying and General Health Status Among the Nursing Staff of Greek Public Hospitals. Annals of General Psychiatry..

Kessler, R. C., Barker, P, R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., & Hiripi, E., (2003): Screening for serious mental illness in the general population. Arch Gen Psychiatry. Feb;60(2):184-9.

Kim, G. M., Kim, S. J. Song, S. K., Kim, H. R. Kang, B. D.,Noh, S. H., Chung, H. Ch., Kim, K. R.,&Rha, S.Y. (2017): Prevalence and prognostic implications of psychological distress in patients with gastric cancer.BMC Cancer, 17 (1), DOI 10.1186/s12885-017-3260-2.p:2.

Kim, Y., Lee. E., & Lee, H. (2019): Association between workplace bullying and burnout, professional quality of life, and turnover intention among clinical nurses. PLoS ONE 14(12). Available at https://journals.plos.org/plosone/article?id=10.1371/journal .pone.0226506, 2, 3.

Labrague, L., McEnroe–Petitte, D., Tsaras, K., Cruz, J., Colet, P. & Gloe, D. (2018): Organizational Commitment and Turnover Intention among Rural Nurses in the Philippines: Implications for Nursing Management, International Journal of Nursing Sciences, 5 (4), 403-408.

Lai, J., Ma. S, Wang, Y, Cai. Z., Hu, J., & Wei. N., (2020): Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. JAMA Netw Open. 2020; 3(3):e203976. http:// dx.doi.org/ 10.1001/ jamanetworkopen.2020.3976. PMid:32202646.

Lai, J.,Ma, S., Wang,Y., Cai, Z., Hu, J., Wei, N., Wu, J.,Du, H., Chen, T., Li, R., Tan,H., Kang, L., Yao, L.,Huang,M.,Wang, H., Wang, G., Liu, Z.,& Hu, Sh. (2020): Factors Associated With Mental Health Outcomes Among Health CareWorkers Exposed to Coronavirus Disease 2019. JAMA Network Open. 2020;3(3):e203976. doi:10.1001/jamanetworkopen.2020.3976. p: 4.

Meyer, J.& Allen, N(1991): A Three-component Conceptualization of Organizational Commitment, Journal of Human Resource and Management, 1(4), 61-89.

Miranda F. B, Yamamura M, Pereira SS, Pereia CS, Zanata ST, Costa MK & Zebetto SR (2021): Pychological Distress among Nursing Professionals During the Covid-19 Panademic; Scoping Review Journal of Escola Anna Nery 25(spe) . pp: 1-10.

Olsen, E., Bjaalid, G., Mikkelsen, A., (2017). Work climate and the mediating role of workplace bullying related to job performance, job satisfaction, and work ability: a study among hospital nurses. J. Adv. Nurs. 73 (11), 2709–2719.

Paivi, J., Marianna, V., Jussi, V., Marko, E., & Mika, K. (2006): Predictors of sustained organizational commitment among nurses with temporary job contracts Affiliations expand PMID: 16705308 DOI: 10.1097/00005110-200605000-00020.

Pines, A. (2017): Burnout: An Existential Perspective. In Professional burnout (pp. 33-51). Routledge.

Ransing, R., Ramalho, R., & Filippis R, (2020): Infectious disease outbreak related stigma and discrimination during the COVID-19 pandemic: drivers, facilitators, manifestations, and outcomes across the world. Brain Behav Immun;89:8-555.

Rosa, P., Brown, R., Pravecek, B., Carotta,Ch., Garcia, A. S., Carson, P.,Callies,D.,& Vukovich, M. (2021): Factors associated with nurses

emotional distress during the COVID-19 pandemic, Applied Nursing Research 62 (2021) . https://doi.org/10.1016/j.apnr.2021.151502. p:1.

Saadeh, I. M & Suefan, S., T. (2020): Job stress and organizational commitment in hospitals the mediating role of perceived organizational support. International Journal of Organizational Analysis. 28(1), Emerald Publishing Limited 1934-8835 DOI 10.1108/IJOA-11-2018-1597, 226-242**.**

Saber, S., Mohamed, S. A & Hasanin, A. G. (2020): Relation Between Shard Decision Making and Organizational Commitment among nurses thesis for partial fullfulment of requirment of master degree in nursing service administration faculty of nursing Banha Universty**.**

Schubert, M.; Ludwig, J.;Freiberg, A.; Hahne, T.M.; Romero Starke, K.; Girbig, M.; Faller, G.; Apfelbacher, C.; von dem Knesebeck, O.; Seidler, A.(2021): Stigmatization from Work-Related COVID-19 Exposure: A Systematic Review with Meta-Analysis. Int. J. Environ. Res. Public Health, 18, 6183. https:// doi.org/10.3390/ijerph18126183.

Sepahvand, F., mohammadipour, F., Parvizy, S., Zagheri Tafreshi, M., Skerrett, V. & Atashzadeh Shoorideh, F. (2019): Improving Nurses' Organizational Commitment by Participating in their Performance Appraisal Process, Journal of Nursing Management, 5(3), 222- 245.

Son,H. S., Kim, K., Cho, I, Lee, J., Choi, J., Kil, K. H., Kim, J.,Hong, Y., Ahn, M.M.,& Chung, S.(2022): Healthcare Workers' Resilience Mediates the Influence of Organizational Commitment and Anxiety Response to Viral Epidemic on Their Quality of Life in the COVID-19 Pandemic. Frontiers in Psychiatry. Volume (2). doi: 10.3389/fpsyt.2021.735016 P: 1.

Steele, N. M., Rodgers, N., & Fogarty, G. J. (2020) : The Relationships of Experiencing Workplace Bullying with Mental Health, Affective Commitment, and Job Satisfaction: Application of the Job Demands Control Model, International Journal of Environmental research and Public Health 17, 2151 .

Steven, K.,& Thomposon.(2012): Sampling 3rd edition by John Wiley & Sons pp:59-60.

Teksin,G., Uluyol, O.B., Onur, O.S.,Teksi,M.G.,&Ozdemir, H.M.(2020): Stigma-related Factors nd their Effects on Health-care Workers during COVID-19 Pandemics in Turkey: A Multicenter Study; The Medical Bulletin of Sisli Etfal Hospital.

Timalsina, R., Sarala, K, C, Rai. N., Chhantyal, A. (2018): Predictors of organizational commitment among university nursing faculty of Kathmandu Valley, Nepal. BMC Nurs. 2018;17:30. doi:10.1186/s12912-018-0298-7.

Tosun, N. & Ulusoy, H. (2017): The Relationship of Organizational Commitment, Job Satisfaction and Burnout on Physicians and Nurses?, Journal of Economics & Management, 28 (4), 90-111.

Wen-Hsien, H, O ., Ching, Sh. Ch., Ying-Ling, Sh.,& Rong-Da, L. (2009): Effects of job rotation and role stress among nurses on job satisfaction and organizational commitment Affiliations expand PMID: 19138390 PMCID: PMC2630925 DOI: 10.1186/1472-6963-9-8.

Yahaya, R. & Ebrahim, F. (2018): Leadership Styles and Organizational Commitment: Literature Review, Journal of Management Development, 35 (2), 190 -216.