Workplace Bullying and its effect on Staff Nurses' Work Engagement

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1. **Abstract: Back ground:** Workplace bullying is a social and organizational problem within the health care, it has several adverse effects and closely associated with nurses' work engagement. **Aim**: The study aimed to assess the effect of workplace bullying on nurses' work engagement. **Research Design:** Descriptive correlational research design was used in the study. **Setting:** the study was conducted at EL-Menshawy Hospital, which affiliated to the Ministry of Health and Population. **The study subjects:** Consisted of a represented sample of staff nurses (n= 250). **Tools:** Data was collected by using two tools. 1) workplace bullying questionnaire; 2) nurses' work engagement questionnaire. **Results:** The result showed that majority of staff nurses had high level of bullying and more than two-fifths of the staff nurses had low level of work engagement. **Conclusion**: There was statistically significant correlation between nurses' bullying and their engagement. **Recommendation:** As bullying seems to be a serious problem among staff nurses at EL-Menshawy Hospital, Nurses at all levels, Nursing administrators need to develop policies to prevent bullying and setting up mechanisms that allow nurses who exposed to workplace bullying to report incidents of bullying.

Key words: engaged nurses', workplace bullying, work engagement.

1. Introduction

Nursing is the cornerstone of health care system that is currently attack by challenges, problems and opportunities. Twenty-four hours a day, seven days a week, whether in community health centers, hospitals or isolated nursing stations, nurses are often the first when there is a need of care [1]. To ensure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team [2]. Workplace bullying violates the ethical principle that is paramount to nursing – respect the worth, dignity and human rights of all individuals including colleagues. Hence, nurses are entitled to work in an environment that is free from bullying, harassment and threatening behaviors [3].

Negative workplace behavior such as bullying is a worldwide problem [4]. Workplace bullying is a complex phenomenon that can only be understood through looking at social, individual and organizational factors pointed out that the issue of workplace violence and bullying is something of which all organizations must be aware as it affects staff and in the case of nurses, it can also affect patients [5].

Bullying is behavior which generally persistent, systematic and ongoing" [6]. Bullying in the nursing workplace is a subset of workplace bullying, which existed in nursing for an extended period. Workplace bullying is repeated inappropriate behavior, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work, which could reasonably be regarded as undermining the staff nurses right to dignity at work [7].

Bullying refers to the relentless occurrence of negative acts and hostile behaviors aimed towards nurses. Bullying acts are comprised of several categories of bullying including personal attacks,

erosion of professional competence and reputation, and attack through work roles and tasks. Personal attacks are bullying acts that characterize a nurse's experience of feeling ignored, insulted, blamed, and put down [8].

The erosion of professional competence and reputation is a bullying act characterized by public humiliation, downgrading of skills and abilities, and tactics to undermine career advancement of the individual. Attack through work roles and tasks is a bullying act that is characterized by unfair work assignments, sabotage, withholding of information, denial of due process and use of earned benefits, and unfair economic restrictions[9].

Bullying has adverse consequences for the target. A target of bullying has lowers self-esteem and produce psychological problems such as fear, anxiety, helplessness, depression and post-traumatic stress disorder. Workplace bullying has also widespread negative effects on the organization as a whole. Which produce less organizational citizenship, reduces satisfaction and commitment, decreases productivity, decrease engagement, propensity to leave and turnover [10]. The interaction between staff nurses and their work environment determine their behavior. In accordance with this, the congruity of nurses and organizational values may encourage positive behavior in a work and organizational context. Thus, nurses may be willing to put in high levels of energy and be strongly involved in their work [11].

Engaged staff nurses are energized, dedicated, and motivated to persevere and complete their work. They enjoy challenges, exhibit mental resilience, and are engrossed in their work [12]. Engagement is a predictor of nurses' proactive behaviors, loyalty and performance, and financial returns. Further, more engagement contributes to a variety of benefits for both the staff nurses and the organizations in which they work [13].

Engagement has been defined as a persistent, pervasive and positive affective motivational state of fulfillment in professionals [14]. Work engagement is defined as a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication and absorption. Vigor is characterized by high level of energy and mental resilience while working. Dedication refers to being strongly involved in one's work and experiencing a sense of significance and proud. Finally, absorption is characterized by being fully concentrated and happy engrossed in one's work" [14].

Work engagement concept involves a personal commitment to reaching goals, and engaged nurses put a personal energy and enthusiasm into their work. The focus and energy that is characteristic of work engagement allow nurses to bring their full potential into the work [15]. Work engagement is a very good predictor of important nurses, team, and organizational outcomes. Because of their strong dedication to and focus on their work activities, engaged nurses show better in-role task performance and better financial results. Moreover, because of their openness to new experiences, engaged nurses have more creative ideas and are more likely to innovate and be entrepreneurial [16].

Significant of the study

Workplace bullying serves as an impediment or barrier to staff nurses work engagement. Therefore, workplace bullying is associated with low levels of work engagement [17]. So, with increasing the need to attract and retain engaged nurses, in recent years there has been need to focus on understanding factors that affect the well-being of nurses and their work behaviors such as engagement. One of the most important factors is workplace bullying [18]. So, this study was conducted to explore the effects of the workplace bullying on work engagement among staff nurses at El-Menshawy Hospital, hoping that findings of this study will help decision

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makers to plan for redesigning the work in such a way to minimize workplace bullying and its related consequence

Aim of the Study:

The aim of this study is to: Assess the workplace bullying and its effect on staff nurses' work engagement.

Research question

1.What are levels of staff nurses' perceived workplace bullying?

2.What are levels of staff nurses' work engagement?

3.What are the effects of the workplace bullying on staff nurses' work engagement?

2. Subjects and Methods

Research Design

A descriptive correlational study design was used to achieve the aim of the study.

Setting:

The study was conducted at all departments of EL-Menshawy General Hospital, which affiliated to the Ministry of Health and Population

Subjects:

The study subject was included a representative random sample from total (680) nurses' size. The subject was calculated to be 250 staff nurses at 95% confidence level and purposive 90% power of the study who working at previous mentioned setting at the time of data collection and willing to participate in the study. The equation used is:

$$[u\sqrt{p1\ (1-p1)} + v\ \sqrt{p0\ (1-p0)}]^2$$

- N-- >
- $(p1-p0)^2$
- U=1.28, v = 1.96

Tools of data collection:

To achieve the aim of this study, the following tools were used;

Tool (I): Workplace bullying structured questionnaire

It included two parts:

Part (I): Personal characteristics data of staff nurses' namely; age, sex, marital status, years of experience, work department, level of education, and previous attending training courses.

Part (II): Staff nurses' perceived workplace bullying. It was developed by **El-sayed, (2015)** [117]**, Hutchinson, (2008)** [118] and modified by investigator based on related literature[42,61,66] to asses workplace bullying among staff nurses. It contained 114 items divided into five domains as follow;

1- Delineation of the bully (10 items).

2- Types of bullying included 35 items divided into five subscales.
   - Professional threat (7 items).
   - Personal threat (13 items).
   - Work isolation (4 items).
   - Work overload(4 items).
   - Work instability (7 items).

3- Organizational process toward workplace bullying (26 items).

4- Reporting of bullying (17 items).

5- Consequences of bullying included 25 items divided into two subscales.
   - Job consequences (15 items).
   - Bullying health problem (11 items).

Scoring system:

Staff nurses' responses for delineation of bully items was allotted a score of 1 for "yes" and 0 for "no". The workplace bullying five subscales was measured on a five-points Likert Scale ranging from (1) never, (2) rarely, (3) sometimes, (4) usually, and (5) always which concluded into three points namely never, sometimes and always. The total score were

statistically calculated by summing scores of all categories where:

- High level of staff nurses' experience workplace bullying ≥75%
- Moderate level of staff nurses' experience workplace bullying 60- <75%
- Low level of staff nurses' experience workplace bullying <60%

Organizational system toward workplace bullying was measured on a five-points Likert Scale ranging from (1) strongly disagree, (2) disagree, (3) not sure, (4) agree and (5) strongly agree which concluded into three scores namely agree, not sure and disagree. The total score were calculated by summing scores of all categories where:

- High level of staff nurses' perception regarding organizational process ≥75%
- Moderate level of staff nurses' perception regarding organizational process 60- < 75%
- Low level of staff nurses' perception regarding organizational process <60%

Response to report and consequences of bullying items were measured by one for "yes", zero for "no".

Tool (II): Utrecht work engagement questionnaire

This tool was modified by researcher based on Utrecht work engagement questionnaire by **Schaufeli, (2012)** [119] This tool was used to measure staff nurses' perception regarding work engagement. It consisted of 17 items divided into 3 subscales as follow;

1. Vigor included first 6 items.
2. Dedication included 5 items.
3. Absorption included 6 items.

Scoring system:

Staff nurses' responses for work engagement were measured on a five-points Likert Scale ranging from 5 to 1, where score (5) refers to Always, Score (4) refers to usually, Score (3) refers to sometimes, Score (2) refers to rarely, and Score (1) refers to never and were concluded into three points namely never, sometimes and always. The total scores were statistically calculated by summing scores of all categories and converted into percent score to assess the level of staff nurses' work engagement as follows:-

- High level of staff nurses' work engagement ≥75%.
- Moderate level of staff nurses' work engagement 60 - < 75%
- Low level of staff nurses' work engagement <60%.

Method:

1- Official permission was obtained from the director of Elmenshawy General Hospital to obtain the approval and assistance of general supervisor to collect the data.

2- **Ethical and legal consideration**:
- Approval of ethical committee at faculty of nursing was obtained
- The researcher introduced herself to the participant, staff nurses' informed consent for participation was obtained after explanation of the nature and the purpose of the study, confidentiality of the information obtained from them and the right to withdrawal was kept.
- The right to terminate participation at any time will be accepted.

3- The study tools were modified by the researcher based on review of the related literatures.

4- The tools were translated into Arabic and reviewed by the supervisors and submitted to seven experts to check content validity and clarity of questionnaire. The experts were; one assistant professor of Nursing Administration and two lecturers of Nursing Administration. Also, two assistant professor of Psychiatric Mental Health Nursing and two assistant professor of Community Health Nursing, Faculty of Nursing, Tanta University.

- The experts' responses were represented in four points rating scale (4-1) ranging from 4= strongly relevant, 3= relevant, 2= little relevant, and 1=no relevant. Necessary modification were done including; clarification, omission of certain items and simplifying work related words and collecting subcategories of types of workplace bullying to one domain and adding organizational processes regarding bullying in workplace, reporting of bullying and consequences of bullying domains.

- The face validity value of tool **(1):** Workplace bullying types= 93.6%. **Tool (2)** Nurses' work engagement= 95.47%.

5- A pilot study was carried out on a sample of 10% of the subject (n=25) and they excluded from the main study sample during the actual collection of data. A pilot study was carried out after the experts' opinion and before starting the actual data collection. The pilot study was done to test clarity, sequence of items, applicability, relevance of the question, and to determine the needed time to complete the questionnaire. According feedback from pilot study, the tool was modified by the researcher. The estimated time needed to complete the questionnaire items from nursing staff was 20-30 minutes.

6- Reliability of tools was tested using Cronbach Alpha Coefficient test. Reliability of **tool (I)** Workplace bullying types was 0.956. and reliability of **tool (II)** Nurses' work engagement was 0.876.

7- Workplace bullying structured questionnaire and Utrecht work engagement scales was used to collected data from the identified subject.

8- **Data collection phase**: The data were collected from staff nurses by the researcher. The researcher met the respondents' nurses in small groups at their work settings and distributed the questionnaire. The subjects recorded the answers in the presence of the researcher to clarify and ascertain all questions were answered. The data was collected over period of three months started from January until March, 2019.

Statistical analysis

The collected data were organized, tabulated and statistically analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp). Qualitative data were described using number and percent. Quantitative data were described using range (minimum and maximum), mean, standard deviation. Significance of the obtained results was judged at the 5% level. The used tests were 1) Student t-test for normally distributed quantitative variables, to compare between two studied groups; 2) F-test (ANOVA) for normally distributed quantitative variables, to compare between more than two groups; 3) Pearson coefficient to correlate between two normally distributed quantitative variables; 4) Cronbach's Alpha, reliability Statistics was assessed using Cronbach's Alpha test.

3. Results

Table (1): shows distribution of the nurses according to their personal characteristics. Staff nurses age were ranged between 22 to 55 years old with mean score age 30.02 ± 6.70 and nearly two-thirds (62.8%) of them were less than 30 years old. Regarding the years of experience, the years of experience ranged between 1-36 years with mean score9.18 ± 7.35 and more than two-fifths (43.2%) staff nurses had less than 5 years of experience. Majority (89.2%, 88.0%) of staff nurses were females and married, respectively.

Figure (1): shows that more than half (60.4%) of staff nurses were exposed to bullying in their work.

Figure (2): shows that around one-third (34.0%, 30.0%) of staff nurses were reported that the source of their bullying was head nurse, and patient relatives, respectively. Equal percent (11.2%) of them were reported that the source of their bullying were physician and colleague.

Figure (3) shows that majority of staff nurses had high level of overall workplace bullying types. While, minority of staff nurses reported that they had low level of overall workplace bullying types.

Figure (4): shows that majority of staff nurses had high level of overall professional threats. While, minority of staff nurses reported that they had low level of overall professional threats.

Figure (5): As evident from figure, majority of staff nurses had high level of overall personal threat. While, minority of them had low level of overall personal threat.

Figure (6): Show that nearly three-quarters of staff nurses had high level of overall work isolation. While, minority of them had low level of overall work isolation.

Figure (7): shows that more than half of staff nurses had high level of overall work overload. While, minor percentage of them had low level of overall work overload.

Figure (8): shows that majority of staff nurses had high level of overall work instability, while minority of them had moderate level of overall work instability.

Figure (9): shows that three-quarter of staff nurses had low agreement level regarding overall organizational processes. While, minority of them reported high agreement level.

Table (2): shows distribution of the staff nurses' opinion regarding to reporting of bullying. More than half (53.6%, 52.8%) of staff nurses reported that they had an experience of bullying and saw bullying, respectively. More than two-fifths (42.8%, and 41.6%) of staff nurses rationalized non reporting bully exposure as their decided to move position instead, feared reprisal, and would have affected their career, respectively.

Table (3): shows distribution of staff nurses' opinion regarding to job consequences as a type of workplace bullying consequences. Majority (84.0%, and 80.4%) of staff nurses reported that they response to reporting bullying were they applied for worker compensation, and used their sick leave to cope, respectively. Around three-quarters (79.6%, 79.6%, 78.0%, 76.0%, 74.4%, and 73.2%) of staff nurses reported that they response to reporting bullying were they had reduced their hours of work, moved positions within the organization, they had been overlooked for promotion, no longer working in their chosen field, were told that were weak and not coping, and were moved, not the bully, respectively**.**

Table (4): Presents distribution of staff nurses' opinion according to bullying health problems as a type of workplace consequences. Over three-quarters (75.2%) of bullied nurses' complained from fatigue and exhaustion, while, more than two-thirds (67.2%) complained from headaches. Also, more than half (60.8%, 55.2%, and 52.8%) of them complained of sleeplessness, anxiety, and depression, respectively. More than two-fifths (46.4%, 45.2%, and 42.4%) of staff nurses complained of hypertension, memory loss, and gastric upset, respectively**.**

Figure (10): shows that more than two-fifths of staff nurses had low level of overall work engagement characteristics. While, more than one-

quarter of them had high or moderate level regarding overall work engagement characteristics.

Figure (11): represents that statistically negative significant correlation was found between staff nurses' overall workplace bullying and their work engagement (r=-0.368 and p=<0.001).

Table (1): Distribution of the nurses according to their personal characteristics data

| Variables	No.	%
Age (years)		
- ≤30	157	62.8
- >30	93	37.2
- Min. – Max.	22.0 – 55.0	
- Mean ± SD.	30.02 ± 6.70	
- Rang	22-55	
Years of experience		
- ≤5	108	43.2
- 5 – 10	70	28.0
- >10	72	28.8
- Min. – Max.	1.0 – 36.0	
- Mean ± SD.	9.18 ± 7.35	
- Rang	1-36	
Sex		
- Male	27	10.8
- Female	223	89.2
Educational level		
- Diploma	70	28.0
- Technical Institute of nursing	89	35.6
- BSN	87	34.8
- Others	4	1.6
Marital status		
- Married	220	88.0
- Single	22	8.8
- Divorced	4	1.6
- Widow	4	1.6
Department		
- Medical	95	38.0
- Surgical	60	24.0
- ICU	73	29.2
- Outpatient	22	8.8
Previous attending training courses		
- Yes	87	34.8
- No	163	65.2
Type of attending training courses		
- training course related to ICU	42	16.8
- Emergency training course	25	10.0
- Neonate training course	20	8.0
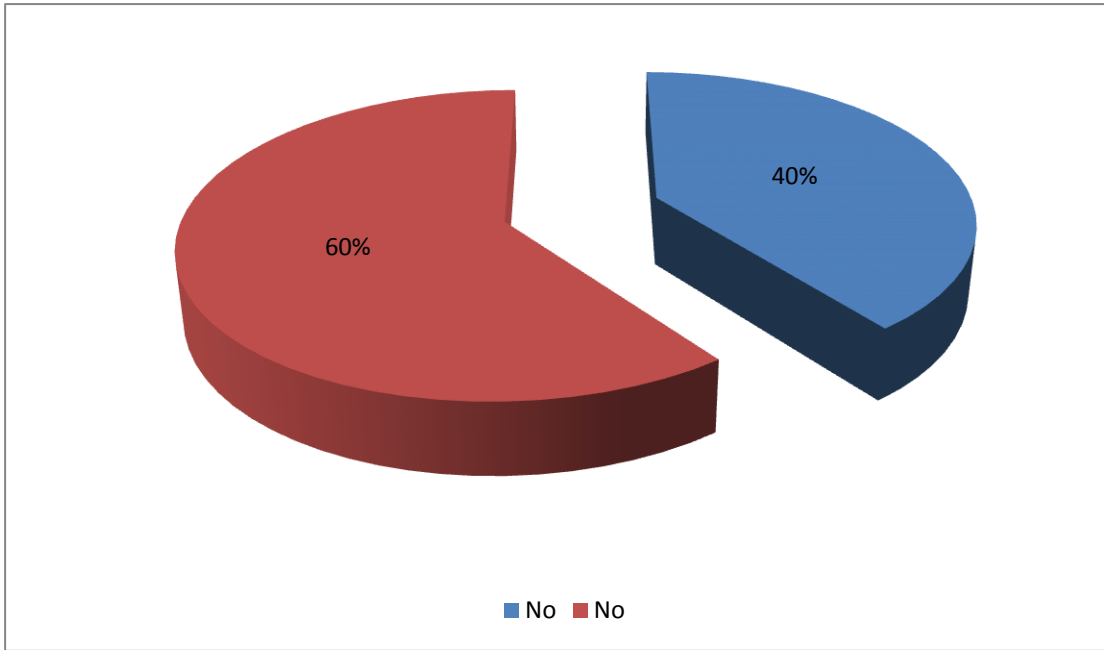
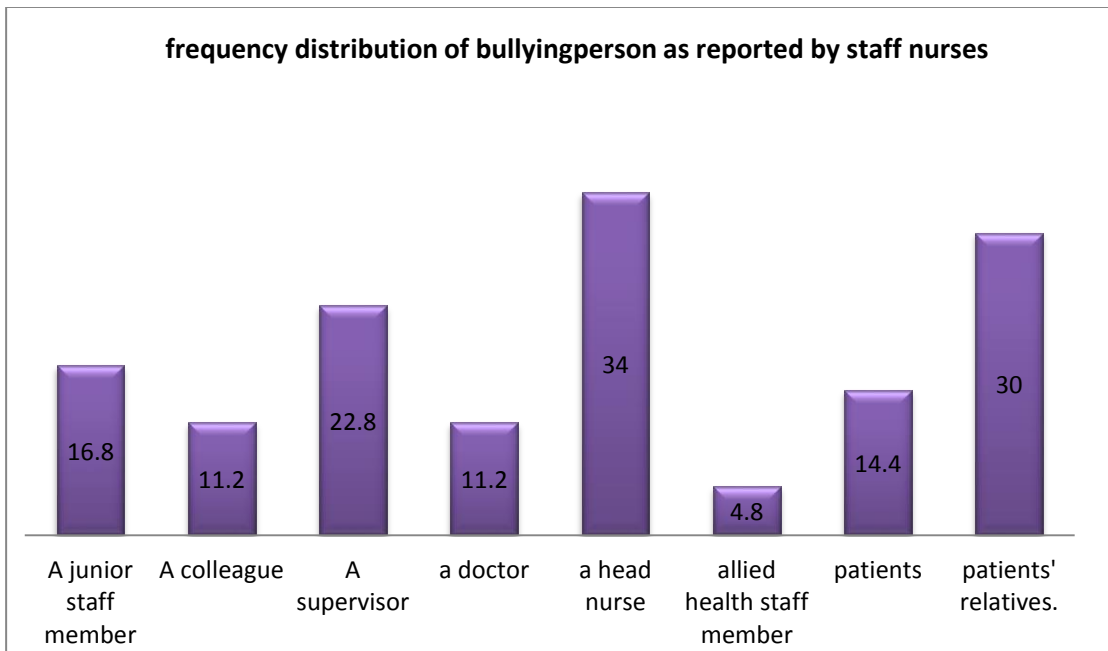Figure (1): Distribution of the staff nurses' perception according to bully's definition

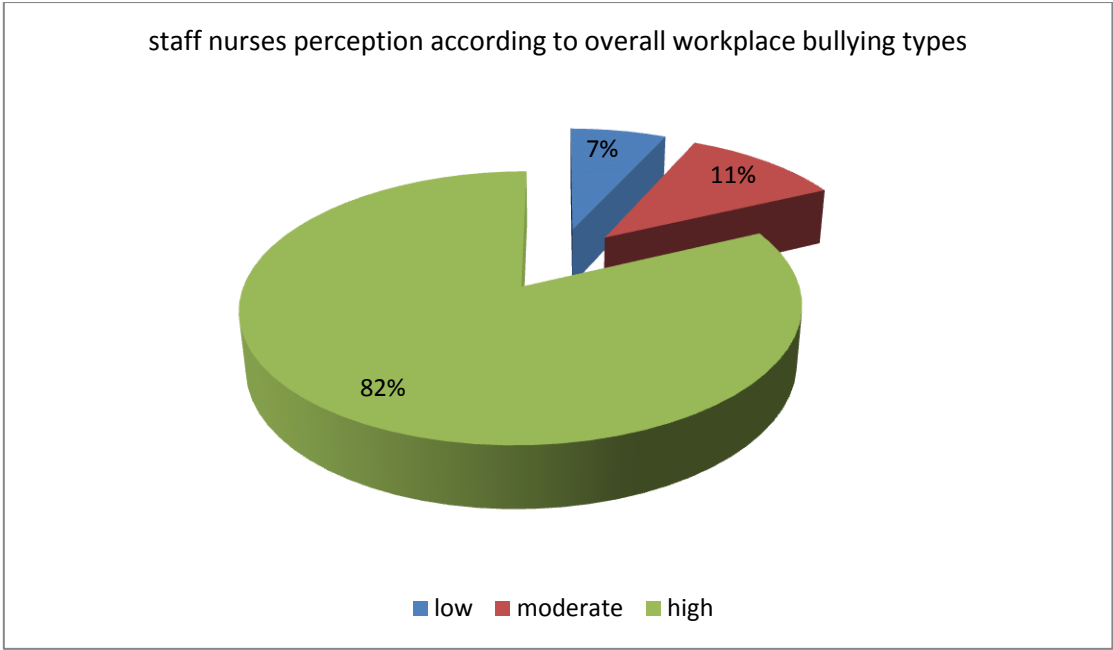Figure (2): Frequency distribution of bullying person as reported by staff nurses

staff nurses perception according to overall workplace bullying types

7%
11%
82%

low ■ moderate ■ high

Figure (3): Levels of staff nurses according to overall workplace bullying types

Staff nurses' preception according to overall professional threats
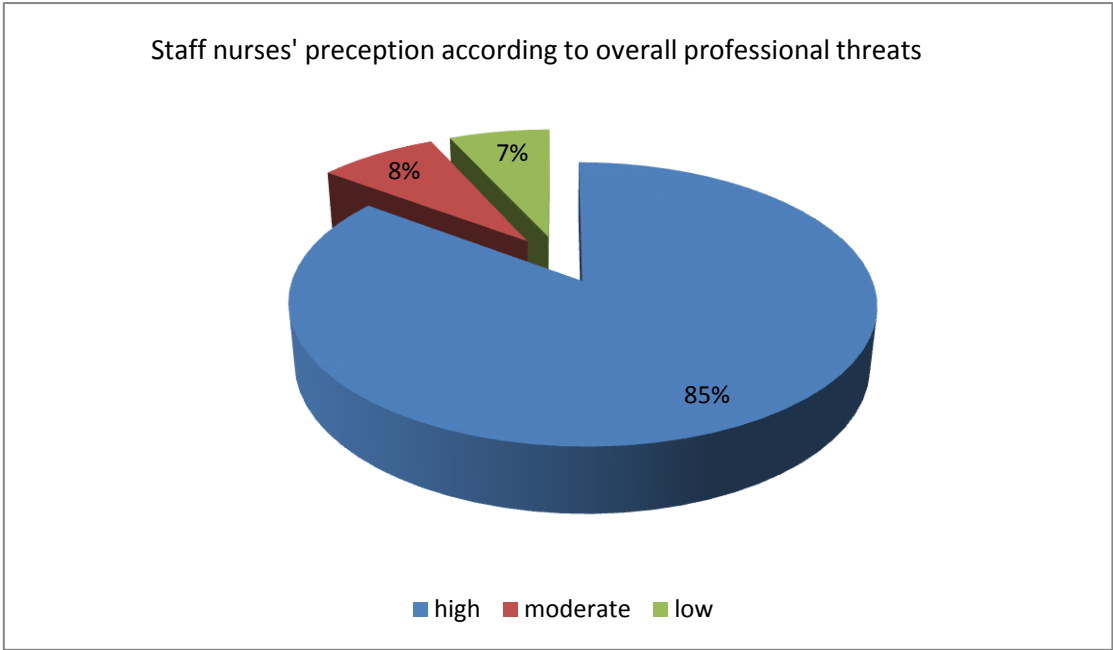
8%
7%
85%

■ high ■ moderate ■ low

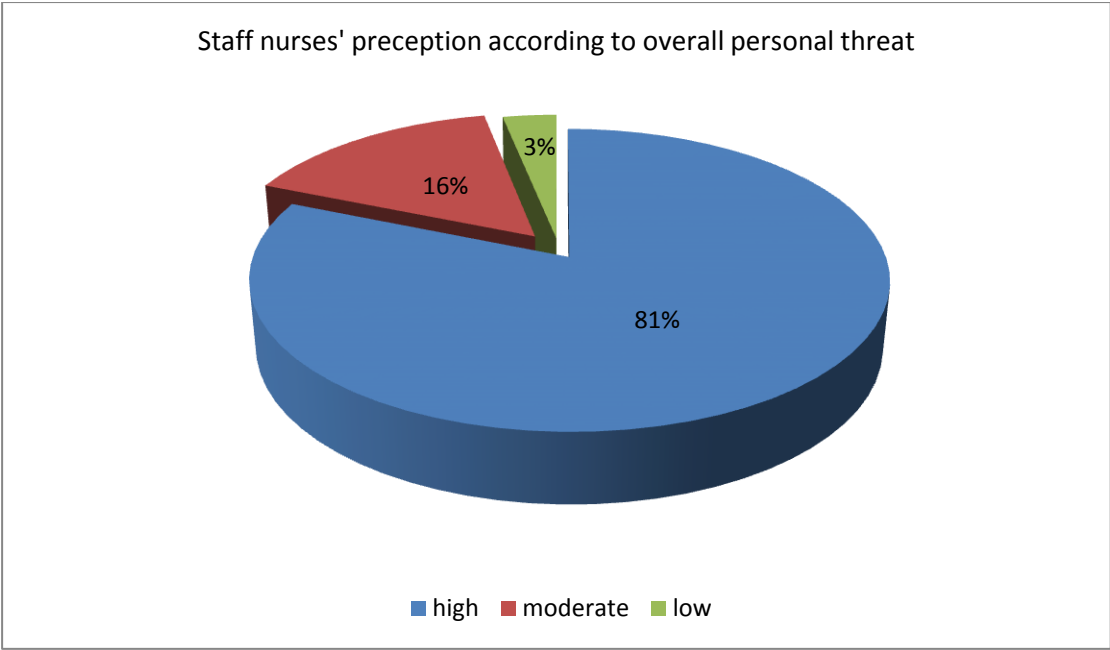Figure (4): Levels of staff nurses according to overall professional threats

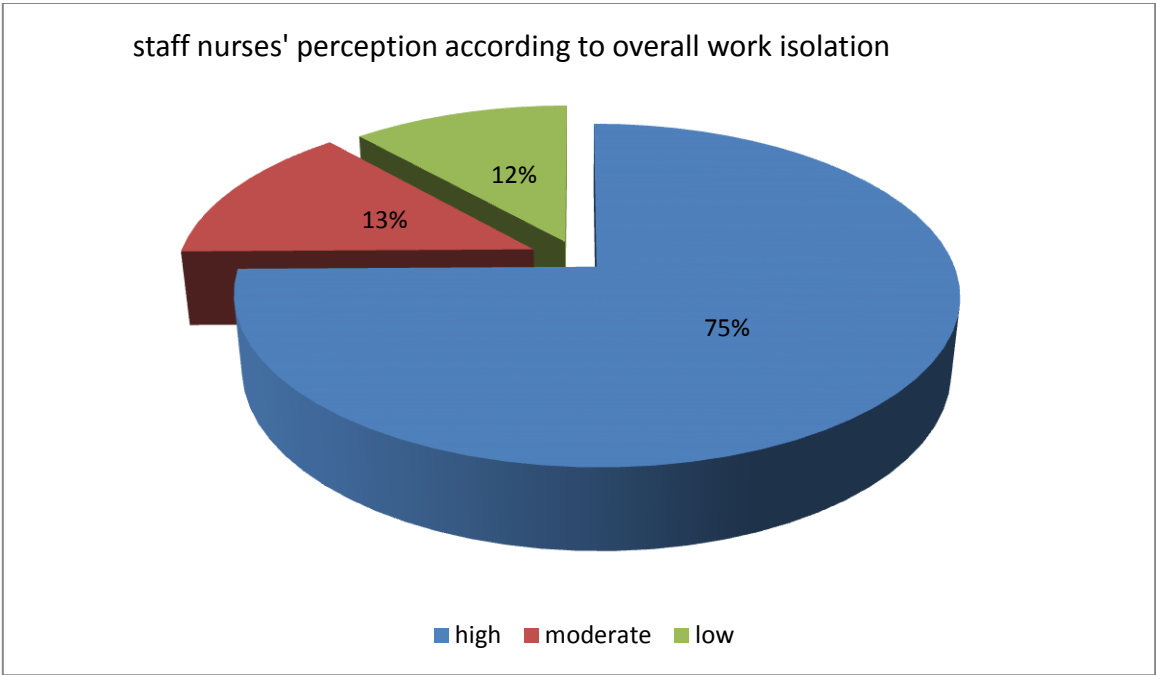Figure (5): Levels of staff nurses according to personal threat

Figure (6): Levels of staff nurses according to overall work isolation

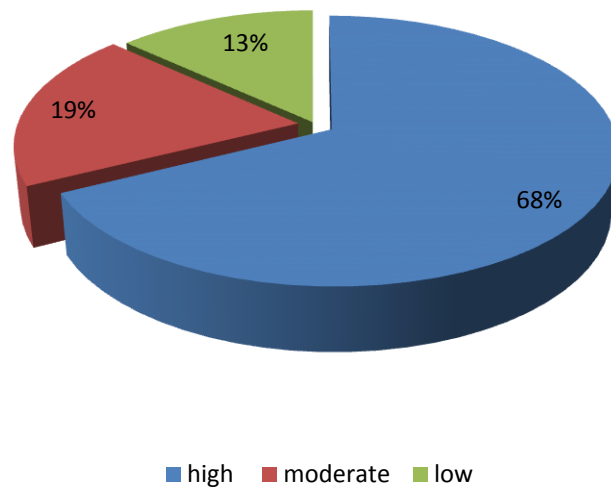**Staff nurses' perception according to overall work overload**

13%

19%

68%

■ high ■ moderate ■ low

Figure (7): Levels of staff nurses according to overall work overload

Staff nurses' perception according to overall work instability
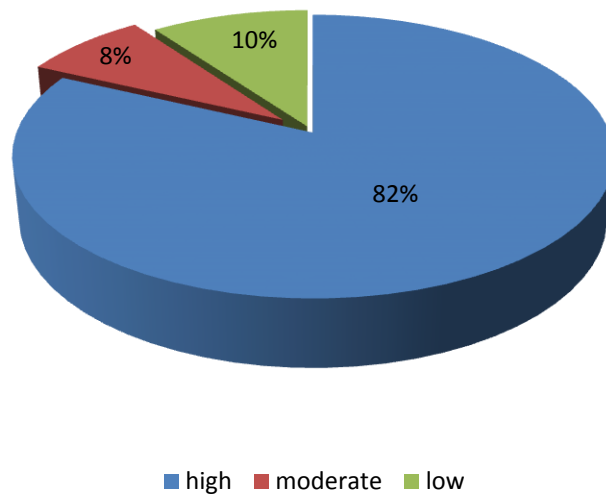
10%

8%

82%

■ high ■ moderate ■ low

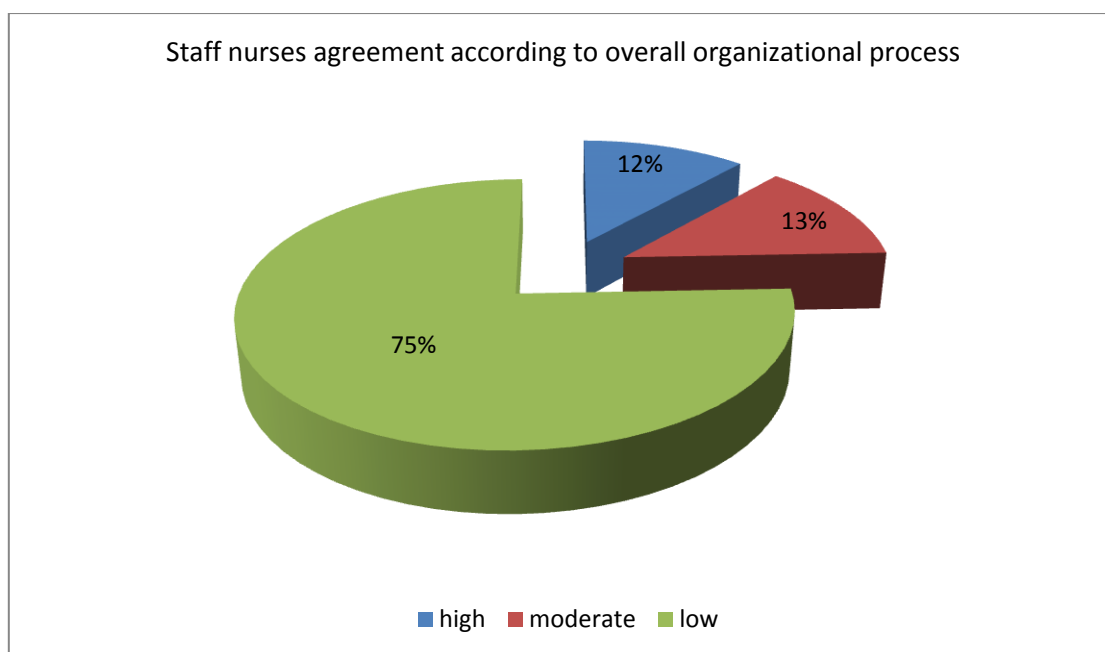Figure (8): Levels of staff nurses according to overall work instability

Figure (9): Levels of the staff nurses agreement according to overall organizational process

Table (2): Distribution of the staff nurses' opinion regarding to reporting of bullying

Reporting of bullying items	No.	%
-Reporting of bullying in case of experienced it		
No	116	46.4
Yes	134	53.6
-Reporting of bullying in case of witnessed it		
No	132	52.8
Yes	118	47.2
If yes: (n = 156)		
-The reasons for not reporting the bully		
- I did not know how to make a report	88	35.2
- I did not think it is serious enough	84	33.6
- I feared reprisal	104	41.6
- I decided to move position instead	107	42.8
- I did not think I could prove it	91	36.4
- I would be labeled a troublemaker	89	35.6
- Nothing would have been done	57	22.8
- The process is too complicated	97	38.8
- It would have affected my career	104	41.6
The person that you make the report to		
- Head nurse	77	30.8
- Supervisor	112	44.8
- Director	64	25.6

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- Administrator	113	45.2	

Table (3): Distribution of staff nurses' opinion regarding to job consequences as a type of workplace bullying consequences

Job consequences items	Nurses' response			
	Yes		No	
	No.	%	No.	%
- I reported bullying, am no longer bullied	161	64.4	89	35.6
- It was reported, but ignored	135	54.0	115	46.0
- It was investigated, but nothing change	165	66.0	85	34.0
- It was swept under the carpet	154	61.6	96	38.4
- I was told I was weak and not coping	186	74.4	64	25.6
- I was given counseling	131	52.4	119	47.6
- I was moved, not the bully	183	73.2	67	26.8
- I was asked to mediate with the bully	168	67.2	82	32.8
- I applied for workers compensation	210	84.0	40	16.0
- I have reduced my hours of work	199	79.6	51	20.4
- I was not longer working in my chosen field	190	76.0	60	24.0
- I resigned from the organization	167	66.8	83	33.2
- I have used my sick leave to cope	201	80.4	49	19.6
- I moved positions within the organization	199	79.6	51	20.4
- I have been overlooked for promotion	195	78.0	55	22.0

Table (4): Distribution of staff nurses' opinion according to bullying health problems as a type of workplace consequences

bullying health problems items	Nurses response			
	No		Yes	
	No.	%	No.	%
- Fatigue and exhaustion	62	24.8	188	75.2
- Hypertension	134	53.6	116	46.4
- Depression	118	47.2	132	52.8
- Memory loss	137	54.8	113	45.2
- Headaches	82	32.8	168	67.2

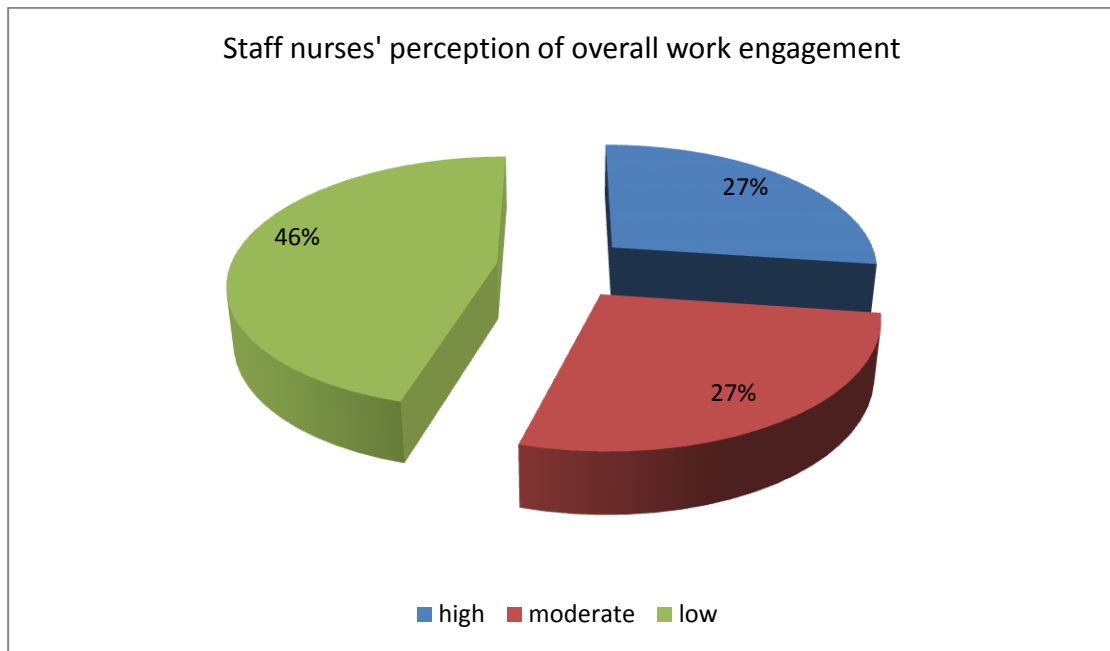|				
- Exacerbation of existing illness	170	68.0	80	32.0
- Anxiety	112	44.8	138	55.2
- Panic attacks	189	75.6	61	24.4
- Change in weight	157	62.8	93	37.2
- Sleeplessness	98	39.2	152	60.8
- Gastric upset	144	57.6	106	42.4

Figure (10): Levels of the staff nurses' perception of overall work engagement
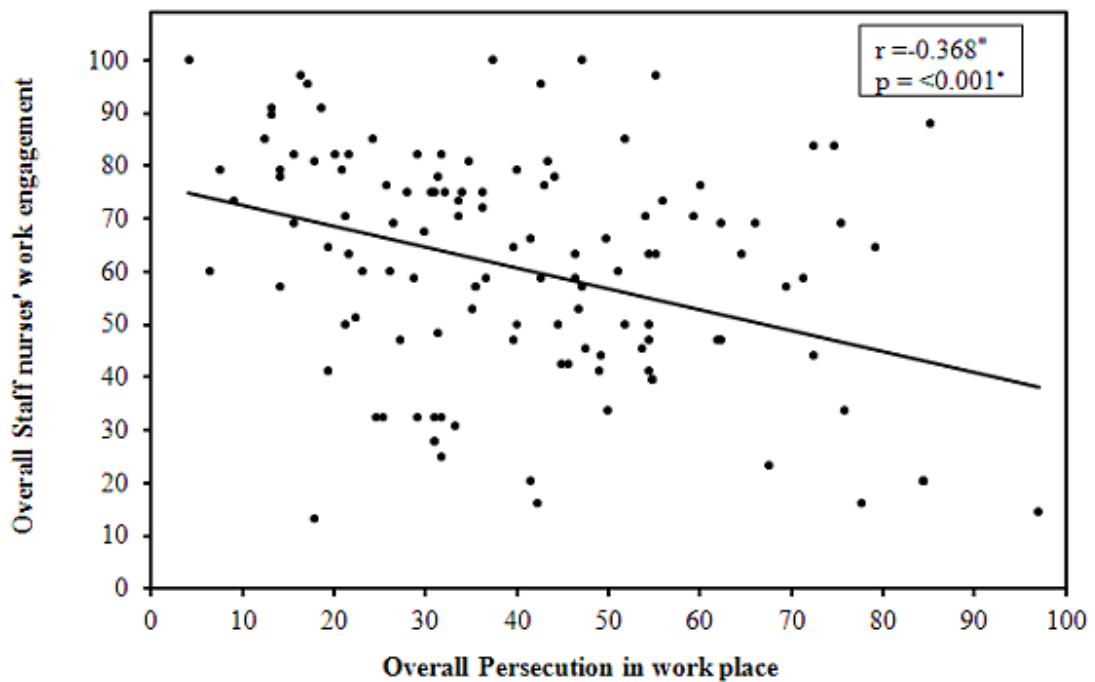

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Figure (11): Correlation between workplace bullying with staff nurses' work engagement

Discussion

Today, there is an increasing evidence of nursing staff being exposed to violent behavior as workplace bullying. Bullying is a serious issue affecting the nursing profession, as bullying present in all work environments and nurses are on the frontline of the health care and have 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 disorders, poor engagement and leave a particular place of employment [4,10].

The result of the present study revealed that more than half of staff nurses experienced bullying at workplace which should be a cause for concern as it brings special attention to bullying the health care.

This result is congruent with **Trepanier et al., (2016)** [120], and **Al-Wehedy et al., (2012)** [121] they reported that the majority of nurses were exposed to workplace bullying. Moreover, **Abbas et al., (2010)** [122] revealed that more than half of nurses' were exposed to violence during their work. In addition**, Kwok et al., (2006)** [123] reported that bullying had been experienced by nurses in a percent of 76%. On contrary this result is disagreed with **Karatza** (2016) [67] who showed that the majority of the respondents did not face bullying incidents at their workplace within a year**.** Also, **Budin et al., (2013)** [124], found that a majority of nurses perceived no exposure to bullying.

The present study revealed that the majority of staff nurses had high level of overall bullying. The result of the present study agreed with **Nwaneri et al., (2016)** [125] who found workplace bullying among nurses is reported to be high. Also, this finding is consistent with **Etienne, 2014** [126]**, Berry et al., 2012** [127]**,** found higher levels of bullying among samples of nurses who work in U.S. hospitals.

Regarding bully person, the present study revealed that more than one-third of staff nurses reported that bullying was related to head nurses. In the same line with the present result was **Bardakci, (2016)** [64] who reported that most of the bullying behaviors were perpetrated by head nurses. Also, **Trepanier et al., (2013),** [45] **Cevic-akyil et al., (2012)** [39], and **Efe and Ayaz's(2010)** [43] found that nurses are subjected to bullying behaviors perpetrated by head nurses. While, this result disagreed with **Ebrahim, (2018)** [128] who reported that the source of bullying behavior was nurses and physician are the most frequent sources of bullying behaviors.

In relation to the professional threat as a type of bullying, the present study revealed that majority of staff nurses had high level of overall professional threats. This study finding may be due to the un ability of staff nurses to deal with bullies, increased workload, shortage of hospital staff, inability to take uninterrupted breaks, inadequate staffing ratios and limited supplies. This study result is disagreed with **Fountain (2016)** [115], who found that the majority of nurses perceived no exposure to erosion of professional competence and reputation.

Regarding to personal threat as a type of bullying, the present study revealed that majority of staff nurses had high level of overall personal threat. This result may be due to the most of the nurses felt that expression of such acts threatened their dignity so avoid working with the bully,

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overwhelming workloads, excessively long shifts, lots of responsibilities and too much burden on nurses. This finding is inconsistent with **Budin et al., (2013)** [124], who found lower levels of personal attacks of bullying among early career nurses.

Concerning work isolation as a type of bullying, the present study revealed that nearly three-quarters of staff nurses had high level of overall work isolation. This study result may be due to denial of due process and use of earned benefits, bad communication and unfair economic restrictions. This result agreed with **Berry et al., (2012)** [127] who found higher levels of attack through work roles and tasks among samples of nurses who work in U.S. hospitals

In relation to work overload as a type of bullying, the result of the present study revealed that more than half of staff nurses had high level of overall work overload. This study results may be due to the perpetrator is often senior position and the subsequent complaint may be seen as simply jealousy, resulting in repercussions and a certain amount of pressure, and unfair work assignment. The result of the present study disagreed with **Wilson et al., (2011)** [134] who reported that 30.5% of nurse participants in the study reported moderate or substantial exposure to work overload in the workplace.

Regarding to work instability as a type of bullying, the result of the present study showed that majority of staff nurses had high level of overall work instability. This study result may be due to those nurses still believed that bully had undervalued their efforts and participation, lack of appreciation and work opportunities and a misunderstanding of staff rights and responsibilities. The result of the present study was disagreed with **Mahmoud, (2019)** [132] who found that the participants had moderate level of work instability

In relation to organizational system with bullying treating, the result of the present study revealed that three-quarter of staff nurses had low agreement level regarding overall organizational processes. The result of the present study was contraindicated with **Mahmoud, (2019)** [132] who showed that more than half of the staff nurses strongly disagreed about bullies summoned them to meet without notice and intimidated. Also, nearly one third of them disagreed about the bullies make gang on them. Nearly half of them not sure about the records from meetings are falsified and using the restructure to force out those not supportive of bullies

In relation to reporting bullying by staff nurses, the result of the present study revealed that around half of staff nurses reported the bullying in case of experience it. This result was consistent with **Mahmoud, (2019)** [132] who revealed that more than half of the staff nurses reported the bullying. Opposite to the present finding **Bardakci, (2016)** [64] who reported that the nurses reacted to bullying behaviors mostly by keeping silent and sharing the issue with friends and family.

Regarding to the health problems of bullying on staff nurses, the results of the present study revealed that over three-quarters of the bullied nurses complained from fatigue and exhaustion. Also, more than half of them complained from headaches, sleeplessness, anxiety, and depression. The finding of the present study was congruent with **Ekici & Beder, (2014)** [61] who found that the nurses who were suffering from the effect of bullying, usually experience sever psychiatric, psychosomatic and psychosocial problems. **Stanley, (2014)** [135], and **Dewet, (2010)** [136] found that the impact of workplace bullying participants is significant, 53% of them experienced physical and emotional consequences

including loss of sleep, loss of appetite, anxiety, depression and compromised self-confidence.

Concerning job consequences of bullying reporting, the result of the present study revealed that the majority of staff nurses reported the bullying, applied for worker compensation, used their sick leave to cope, reduced their hours of work, and moved positions within the organization. This result in the same line with **Nwaneri et al., (2016)** [125] who reported that more than half of staff nurses left their job within six months due to workplace bullying. Also, **Chesler, (2014)** [113] reported that the nurses changed jobs to avoid the bullies.

The result of the present study revealed that the majority of staff nurses had high level of workplace bullying and more than two-fifths of staff nurses had low level perception of overall work engagement. The result of present study was agreed with **Fountain (2016)** [115] who revealed that staff nurses, those nurses who work on medical/surgical units and those who work in non-acute hospital settings had lower levels of work engagement. Conversely, the result of present study was disagreed with, **Badran (2019)** [137] who revealed that less than two-thirds of the sample had moderate work engagement level.

The result of the present study revealed that, there was statistically negative significant correlation between nurses perceived bullying and their engagement. This result may be due to the nurses had poor of ability to deal with workplace bullying and the nurses are unable to function at their full capacity when bullying continue in the workplace. This result agreed with **Elena Fiabane, et al., (2014)** [154] who reported that the workplace bullying impairs the nurses' work engagement. Also, **Fountain (2016)** [115] reported that workplace bullying among nurses in the study was found to be significantly associated with lower levels of work engagement.

Conclusion:

The study result concluded that, majority of staff nurses had high level of workplace bullying. Specifically, the highest mean scores was related to professional threat, followed by work overload and the lowest mean scores was related to work instability and more than half of staff nurses reported the bullying, around one-third of staff nurses' were reported that the source of their bullying were head nurse. In addition, more than two-fifths of the staff nurses had low level of work engagement and dedication was perceived by staff nurse as being the highest mean score. There was statistically significant correlation between nurses' bullying and their work engagement. These findings answer all research questions.

Recommendation:

Nursing level
- Nurses at all levels, including administrators and staff nurses, need to be informed to report bullying.
- Conduct training program for staff nurses about bullying and different strategies to deal with it, including verbal, nonverbal and writing down techniques.
- **Organizational level**
- Nursing administrators need to develop policies to prevent bullying and anti-bullying reporting tools and mechanisms that allow nurses' who exposed to workplace bullying to report incidents of bullying .

Educational level

-Nursing administration curriculum need to include topics about bullying behaviors .

Further researches

-Need to be conducted to identify the effective strategies to eliminate bullying behaviors .

-Assess the impact of workplace bullying on the organizational outcomes and patient outcomes.

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