Organizational Justice and Workplace Bullying: The Experience of Nurses

Hind Abdullah Mohamed[1], Manal Zeinhom Ahmed Higazee[2,*], Sohier Goda[3]

[1]Lecturer of Nursing Administration, Faculty of Nursing, Port Said University, Port Said, Egypt
[2]Associate Professor of Nursing Management, Faculty of Nursing, Menoufia University, Menofia, Egypt
[3]Associate Professor of Psychiatric and Mental Health Nursing, Faculty of Nursing, Port Said University, Port Said, Egypt
*Corresponding author: mahmed215@yahoo.com

Abstract Background: Maintaining highly motivated nurses - who are committed to health care organizations - is one of the greatest challenges today. Organizational justice is a crucial indicator of successful organizations. Nurses of health care organizations that are fair in their procedures, policies, and distribution systems provide better reactions to their organizations in terms of positive behaviors and better quality of patients' outcomes. Aim: The aim of this study was to examine the relationship between organizational justice and workplace bullying among nurses. Methods: A quantitative descriptive correlational research design was used to examine the relationship between organizational justice and workplace bullying among nurses. A sample of 163 nurses was recruited from different departments at one of the university hospitals in Demiatte Governorate, Egypt. Colquitt's Organizational Justice Scale was used to measure perception of organizational justice, and Negative Acts Questionnaire-Revised (NAQ-R) to measure workplace bullying among nurses. Results: Nurses had moderate level of perceived organizational justice and mild level of bullying at workplace during the last six months (61.98, 39.88) respectively. A significant relationship between organizational justice and: gender (.008), marital status (.045), educational level (.002), and years of experience (.008) were found. Only educational level (0.54) was significantly correlated to workplace bullying. A statistically significant negative correlation between workplace bullying and organizational justice (-.119) was identified too. Conclusion: Nurse managers should create a healthy and cooperative work environment that is characterized by shared decision making and justice in all daily activities.

Keywords: *health care organizations, nurses, organizational justice, workplace bullying*

Cite This Article: Hind Abdullah Mohamed, Manal Zeinhom Ahmed Higazee, and Sohier Goda, "Organizational Justice and Workplace Bullying: The Experience of Nurses." *American Journal of Nursing Research*, vol. 6, no. 9 (2018): 208-213. doi: 10.12691/ajnr-6-4-9.

1. Introduction

Health care institutions are challenged with skillful staff that is looking for respect as well as better work environment. Nurses represent the front line and the largest group of all health care professionals in any health care organization and they affect the quality of health care provided to patients. Working at these settings occupies a significant place in nurses' lives and their physical and emotional well-being [1,2,3].

Lately, nurses have become more attentive of their rights to be fairly treated at all times [4]. Organizational justice (OJ) is one of the essential factors in existing and supporting the improvement of the organization and its employees [5,6]. Organizational justice is defined as the nurses' perception of how fairly or unfairly health care organizations are treating them [7]. Organizational justice describes the role of fairness because it relates to the workplace [8]. Colquitt (2001) classified organizational justice into four components: distributive, procedural, interpersonal, and informational justice. *Distributive justice*: refers to the distribution of resources and workload among nurses; *procedural justice*: refers to the performance appraisal process and the equality of applying regulations, laws, and policies in the organization*; interpersonal justice*: refers to the interactions between nurse managers and nurses, and how nurse managers treat nurses in daily activities and decision making; and *informational justice*: refers to how nurse managers keeps nurses informed about procedures and approaches used to distribute outcomes such as outcomes of evaluation process, salary increase or incentives. In the current study, these components will be used to measure organizational justice [9].

Nurses who were treated fairly by their organizations were more likely to be more committed, had better trust in their organizations, were more satisfied, had lower turnover intentions, and showed positive and ethical behaviors at work [10,11]. On the other hand, organizational injustice was a predisposing factor for aggression at workplace [12,13,14].

Workplace bullying is a serious issue affecting the nursing profession. Workplace bullying, or lateral/horizontal violence, is an international problem for nursing, as evidenced by research that has been conducted in many international studies [11,15,16]. Therefore, American Nurses Association Code of Ethics for Nurses (2012)

asserted that work environment for nurses should be free of bullying, harassment and threatening behaviors [17].

Institute for Safe Medication Practices [18] (ISMP, 2004) defined bullying as an intentional and recurrent form of interpersonal behaviors that negatively affect the physical and financial status of the victim. Workplace bullying is a significant problem that negatively influences the psychology and performance of nurses. Workplace bullying against nurses is the repetition of negative behaviors that lead to hostile work environment, distract nurses' attention away from patient care, and unsafe clinical performance for patients and nurses as well [19,20,21].

Consequently, a study conducted in Ambo town, in Ethiopia - to examine the relationships between organizational justice perception and workplace stress of nurses and correctional officers concluded that organizational justice was significantly and negatively correlated with workplace stress. The majority of workplace stress was related to injustice in correctional and health care organizations [22].

Accordingly, a study aimed to examine the relationship between workplace bullying, interpersonal conflict and deviant work behavior among nurses in Pakistan's public hospitals and the results indicated that work place bullying lead to deviant work behavior among nurses which appears in the form of interpersonal conflict among colleagues [23]. Finally, a study performed by Jones (2004) asserted that injustice perception is the strongest indicator for negative and unethical behaviors [24].

1.1. Aim

The current study aimed to examine the relationship between organizational justice and workplace bullying among nurses.

1.2. Research Objectives:

1) Identify nurses' perception about organizational justice.
2) Examine the workplace bullying among nurses.
3) Detect the relationship between organizational justice and workplace bullying.
4) Explore the relationship among organizational justice, workplace bullying and personal and job characteristics of the study sample.

2. Methods

2.1. Research Design

A descriptive correlational research design was utilized to examine the relationship between organizational justice and workplace bullying among Nurses.

2.2. Setting

The present study was conducted in one of the Governmental University Hospitals in New Damietta, Demiatte Governorate, Egypt, with a total bed capacity 324 beds. This hospital provides a wide spectrum of health care services at Delta region.

2.3. Participants

A convenient sample of 181 nurses who met the inclusion criteria (having at least six months of experience in the hospital) composed the study sample. One hundred sixty-three nurses with a response rate of almost 75% actually participated in the study.

2.4. Instruments

Two instruments were used in the current study to examine the relationship between organizational justice perception and work place bullying among nurses. Personal and job characteristics of the study sample such as age, gender, marital status, educational level, and years of experience were collected too. The first instrument was Colquitt's Organizational Justice Scale, which was developed by Colquitt [9], was used to measure perception of organizational justice among study sample. The scale is a self-reported questionnaire which encompasses 20 items divided into four domains; distributive justice (four items), procedural justice (seven items), interpersonal justice (four items), and informational justice (five items) [9]. Colquitt's Organizational Justice Scale is a five-point likert scale (1-5) ranging from strongly disagrees to strongly agree. The score obtained ranges from 20-100, a higher score indicated high level of perceived organizational justice.

Secondly, Negative Acts Questionnaire-Revised (NAQ-R) was developed by [25]. This instrument measures work place bullying by asking nurses to rate how frequently they have been exposed to negative acts at their workplace in the last six months before participating in the study. It consists of 22 items that were classified into three domains: work related bullying (seven items), person-related bullying (twelve items), and physically intimidating bullying (three items). NAQ-R is a five-point likert scale, ranging from never to daily (1-5); never (1), now and then (2), monthly (3), weekly (4),and daily (5). The overall NAQ-R score is 110, ranges from 22 (respondent never experienced any of the 22 negative behaviors) to maximum of 110 (respondent experienced all of the 22 negative behaviors on a daily basis). For each domain, the scores of the items were summed-up and the total was divided by the number of the items, giving a mean score for each part.

Both tools were translated into Arabic language to facilitate data collection for nurses. Translation back was conducted by an official translator. Tools were submitted to a panel of seven experts in the field of the study, to test it for face and content validity. The Cronbach Alpha reliability for the original organizational justice scale and (NAQ-R) had ranged from (80-.91) and (0.88–0.95) respectively. Meanwhile, the Cranach's alpha for the translated organizational justice scale and (NAQ-R) were (0.90, 0.89) respectively.

2.5. Data Collection

The study was carried out in a large university hospital in new Demiatte, Demiatte Governorate, Egypt. The hospital bed capacity is 324 beds and provides a wide spectrum of health care services to population at the Delta

region. Data was collected over a period of 3 months from January to April, 2016. Each questionnaire took around 10 minutes to be filled out by each participant.

2.6. Ethical Considerations

An ethical approval to conduct the study was obtained from the Institutional Review Board (IRB) of Port Said University. Another ethical approval was obtained from the setting where data was collected. Verbal consent was obtained from nurses who participated in the study. Anonymity and voluntary participation in the study was assured to all participants. Confidentiality was declared to all nurses participating in the study and researchers confirmed that information will be used for the research purpose only. Study purpose and approach of completing the questionnaires were clearly explained for all participants.

2.7. Data Analysis

Data was coded, entered and analyzed using the Statistical Package for Social Science (SPSS) software package version 20. Frequency and percentage distribution were used to present qualitative data. Mean and standard deviation, t-test, ANOVA, Tukey test and Pearson correlation coefficient were used to study the relationship between bullying and organizational justice. Statistical significance was considered at the (0.05) level.

3. Results

Table 1 demonstrated the personal and job characteristics of the study sample. The table showed that majority of the study sample were female (85.3%) have a mean score of age (26.46), married (78.5%), have more than ten and less than twenty years of experience (52.2%), and have nursing diploma as educational level (55.2%).

Table 2 illustrated the organizational justice as perceived by the study sample. It is noted that nurses had moderate level of perceived organizational justice (61.98), with a higher mean score for procedural justice (21.47), and the lowest mean score was for disruptive justice (10.57).

Table 3 showed the negative behaviors that nurses experienced during the last six months before the study. The table highlighted that nurses had mild mean score (39.88) of perceived bullying at workplace during the last six months, with a higher mean score (20.76) for person related bullying and a lower mean score (3.90) for physical intimidating bullying.

Table 4 presented the relation among organizational justice, workplace bullying mean score and personal and job characteristics of the study sample. T-test was conducted to identify the relationship between gender, workplace bullying and organizational justice. While, ANOVA test was used to study the relationship between workplace bullying, organizational justice and the rest of personal and organizational characteristics of the study sample. The table reflected that there was a significant relationship at level (0.05) between organizational justice and gender (.70) with a higher mean score for male nurses, marital status (3.15) with a higher mean score for divorced

nurses, educational level (6.33) ~~for~~ with a higher mean score for faculty graduated nurses, and years of experience (.09) with a higher mean score for nurses who had less than ten years of experience. Whereas, there was only a significant relationship between workplace bullying and the educational level (2.97) with a higher mean score for nurses with technical institute education.

Table 5 showed the correlation matrix between workplace bullying dimensions and the organizational justice dimensions for the study sample. The table concluded that there was a significant negative correlation (-.119) between the total score of workplace bullying dimensions and the total score of organizational justice dimensions. Additionally, there was a significant relationship between work related bullying dimension and distributive and informational dimensions (-.150, -.191 respectively) of organizational justice. There was also a significant negative relationship between person related workplace bullying dimension and interpersonal and informational dimensions (-.136, -.161 respectively) of organizational justice.

Table 1. Personal and job characteristics of the study sample

Items	N	%	M	SD
Age				
20-<30	126	77.3		
30-<40	33	20.3	26.46	±4.9
≥40	4	2.4		
Gender				
Male	24	14.7		
Female	139	85.3		
Marital Status				
Single	29	17.8		
Married	128	78.5		
Divorced	6	3.7		
Educational level				
Nursing diploma	90	55.2		
Technical institute	69	42.3		
Faculty graduate	4	2.5		
Years of experience				
<10	38	23.3		
10-<20	85	52.2	8.41	± 5.69
20-<30	27	16.6		
≥30	13	7.9		

Table 2. Organizational justice as perceived by staff nurses

Organizational justice domains	High justice		Min-Max	Median	M	SD
	N	%				
Distributive	68	41.7	4-18	11	10.57	3.76
Procedural	85	52.2	11-35	21	21.47	4.76
Interpersonal	70	42.9	4-20	14	13.77	4.12
Informational	79	48.4	5-25	17	16.16	5.16
Total	74	45.4	33-80	63	61.98	1.01

Table 3. Negative behaviors domains at work as reported by staff nurses in the last six months

Negative behaviors at work	Min-Max	Median	M	SD
Work related bullying	7-28	15	15.26	4.42
Person related bullying	12-52	19	20.76	8.56
Physically intimidating bullying	3-15	3	3.90	1.52
Total	23-78	37	39.88	1.22

Table 4. Relation among organizational justice, workplace bullying mean score and personal and job characteristics of the study sample

Personal and job characteristics	Organizational justice				Workplace bullying			
	M	SD	Sig. test	P	M	SD	Sig. test	P
Gender								
Male	67.04	8.24	t= .70	.008*	39.16	10.21	t=. 11	.756
Female	61.12	10.18			40.01	12.64		
Age								
20-<30	75.12	15.26			38.50	2.12		
30-<40	67.95	11.54	F= .86	.619	35.81	8.19	F=.84	.431
≥40	47.00	9.71			32.33	3.51		
Marital Status								
Single	61.20	12.58			42.34	12.85		
Married	61.69	9.47	F=3.15	.045*	39.23	12.36	F=.84	.431
Divorced	72.0	4.97			42.00	6.06		
Educational level								
Nursing diploma	63.95	8.81			37.80	10.79		
Technical institute	58.97	11.02	F=6.33	.002*	42.49	13.78	F=2.97	.054*
Faculty graduate	69.75	7.76			42.00	9.89		
Years of experience								
<10	67.76	9.63			39.53	7.62		
10-<20	57.09	15.31	F= .09	.008*	42.72	17.85	F= .588	.070
20-<30	62.63	9.57			47.77	11.92		
≥30	49.92	8.78			45.15	18.48		

Table 5. Correlation matrix between organizational justice and work place bullying dimensions

Organizational justice domains	Workplace bullying domains							
	Work related		Person related		Physically intimidating		Total	
	r	P	r	P	r	P	r	P
Distributive	-.150	.046*	.126	.110	.082	.300	-.148	.039*
Procedural	-.020	.800	-.039	.621	029	.709	-.035	.658
Interpersonal	-.120	.126	-.136	.033*	-.025-	.751	-.147	.042*
Informational	-.191	.015*	-.161	.015*	.039	.622	-.192	.014*
Total	-.232	.023*	-.124	.114	.054	.495*	-.119	.043*

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

4. Discussion

One of the great challenges facing health care organizations is to maintain high work place justice that is a predictor of employees' ethical behavior. In this respect, the current study aimed to examine the relationship between nurses' perception of organizational justice and workplace bullying. There was a significant negative correlation between organizational justice and workplace bullying at a moderate level among the study sample. These results are in congruence with Mathur & Padmakumari (2013) who detected that when nurses are treated fairly and valued by their supervisors and organizational management; nurses exert their maximum efforts to show positive behaviors such as less absenteeism and improvement in work outcomes [3].

The current finding was supported by Eisele (2016) who asserted that there is a moderate relationship between organizational justice and workplace bullying [26]. Additionally, Mehdad & Nezhad who declared that organizational injustice increases the level of bullying among employees[27]. Furthermore, Seyrek & Ekici (2017) confirmed that nurses were probably exposed to distributional injustice [28]. The findings of the study revealed that there was a significant and negative association between nurses' experience of workplace bullying and distributional justice, i.e. nurses who perceive low organizational justice behave negatively towards their colleagues and organizations. They also experience threat because of their managers' injustice in performing appraisal and distribution of incentives and promotions.

The current study also highlighted that technical-institute-female single nurses who have experience received less organizational justice and more workplace bullying than other nurses in the study sample. In the selected hospital, majority of the nurses were female with more years of experience and lower educational level. Those nurses were more involved in direct patient care than novice nurses with bachelor degree in nursing and therefore perceived less organizational justice than others. Nurses with bachelor degree tend to seek better positions. They are treated more respectfully and expect more justice in the organization. Besides, they are more protected against bullying compared to the others with less education.

In congruent with these results, Eriksen & Einarsen, (2004), declared that single female nurses with lower positions in the managerial hierarchy experienced more workplace bullying than others [29]. Additionally, Mourssi-Alfash (2014) emphasized that lower educated female nurses experienced higher level of workplace bullying than others [30].

On the contrary, Carter, et al., (2103) reported that male nurses reported higher levels of negative behaviors, with exceptions of some socially excluding and more hidden work-related behaviors [31]. Otherwise, no statistically significant relationship was detected between perception of organizational justice and gender [2].

On top of that, Roche, Diers, Duffield & Catling-Paul, (2010) investigated the relationship among nurses' self related violence, working environment and patients' outcomes in medical-surgical departments [32]. The study asserted that nurses with bachelor degree in nursing reported low perceptions of violence at the department level.

There was also a significant negative relationship between work related bullying dimension and distributive and informational dimensions of organizational justice. i.e. nurses who received little information feel more injustice in distribution of resources and experience more bullying at work than other nurses. These results were supported by the study which was conducted by Carter, et al., (2013) that examined the prevalence and impact of bullying behaviors between staff in the National Health Service (NHS) workplace and explore the barriers to report bullying using a cross-sectional questionnaire and semi-structured interview [31]. Data obtained from qualitative interviews recognized that workload pressures and organizational culture were leading aspects of workplace bullying.

The previously mentioned results also explored that there was a significant negative relationship between person related workplace bullying dimension and interpersonal and informational dimensions of organizational justice. Because of nursing shortage and work overload, nurse managers do not have the enough time to release the needed information to all nurses or rationale their actions or decisions such as results of the evaluation process. These can lead to interpersonal and informational organizational injustice and consequently increase the incidence of workplace bullying among nurses. This finding was supported by Magnavita & Heponiemi (2011) who conducted a study to evaluate the characteristics and effects of violence on nurses and nursing students [33]. The results concluded that nurses were mostly exposed to external violence from patients or their relatives, while nursing students were exposed to internal violence (interpersonal) from colleagues, staff, teachers, doctors, and supervisors. Furthermore, Olsen, Bjaalid & Mikkelsen (2017) recommended that hospital administration should develop strategies related to improve resources and job demands that influence bullying and nurses' outcomes [34].

5. Conclusion

The current study concluded a statistically significant negative correlation between workplace bullying and components of distributive, procedural, interpersonal, and informational organizational justice among nurses. Laschinger, Wong, & Grau, (2012) emphasized the necessity of nurse managers' utilization of authentic leadership to create supportive work environments and reduce workplace bullying and burnout among nurses [35].

Moreover, Ikyanyon (2013) recommended that managers should provide support to employees who experienced bullying to reduce adverse outcomes on employee's performance and satisfaction [36].

Therefore, the current study concluded that nurse managers should create a healthy and cooperative work environment that is characterized by shared decision making and justice in allocating resources and workload, equity in the application of regulations related to performance appraisal, and keep nurses informed about procedures and approaches used to distribute outcomes such as rewards, and opportunities for development. Also, nurse managers should provide support to nurses who experienced bullying to reduce adverse outcomes on their performance and satisfaction. Hospital administrators should also develop effective policies to reduce and overcome bullying at workplace.

References

[1] Bidarian, S., Jafari, P. (2012). The relationship between organizational justice and organizational trust. *Procedia Social and Behavioral Science*, 47: 1622-1626.

[2] Jafari, P. Bidarian, S. (2012). The relationship between organizational justice and organizational citizenship behavior. *Procedia Social and Behavioral Sciences*; 47:1815–1820.

[3] Chiou, ST, Chiang JH, Huang N, Wu CH, Chien LY. (2013). Health issues among nurses in Taiwanese hospitals: National survey. *International Journal of Nursing Studies*; 50 (10): 1377-1384.

[4] Mathur S., Padmakumari. (2013): Organizational Justice and Organizational Citizenship Behavior among Store Executives. *Human Resource Management Research* 3(4): 124-149.

[5] Elanain, H.M.A. (2009), Job characteristics, work attitudes and behaviors in a non-western context: Distributive justice as a mediator, *Journal of Management Development*, 28(5), 457-477.

[6] Lotfi ,M. and Pour, M. .(2013). The relationship between organizational justice and job satisfaction among the employees of Tehran Payame Noor University. Procedia - Social and Behavioral Sciences; 93 (10) 2073-2079.

[7] Lambert EG, Hogan NL, Griffin ML. (2007). The impact of distribu¬tive and procedural justice on correctional staff job stress, job satisfaction, and organizational commitment. Journal of Crime Justice; 35(6): 644-656.

[8] Al-zu bi, H. (2010).A Study of Relationship between Organizational Justice and Job Satisfaction. International Journal of Business and Management, 5 (12), 102-109.

[9] Colquitt, J. A. (2001). On the dimensionality of organizational justice: A construct validation of a measure. Journal of Applied Psychology; 86, (3): 386-400.

[10] Kim, H. (2009). "Integrating Organizational Justice into the Relationship Management Theory" .Retrieved from [Online] Available:
http://www.allacademic.com.

[11] Kariker, J. & Williams, M. (2009). Organizational justice and organizational citizenship behavior: A mediated multifoci model. *Journal of Management*, 35, 112-135.

[12] Dietz J., Robinson S. L., Folger, R., Baron, R. A., & Schulz, M. (2003). The impact of community violence and organizational procedural justice climate on workplace aggression. Academy of Management Journal, 46(3), 17-26.

[13] Martinson, B.., Anderson, M.., Crain, A.. and De Vries, R. (2006) Scientists' Perceptions of Organizational Justice and Self-Reported Misbehaviors. Journal of Empirical Research and Human Research Ethics, 1, 51-66.

[14] Seyyed, J., Farahi, M., Taheri A. (2008).Understanding the impact of organizational justice dimensions on different aspects of job and organizational satisfaction. *Journal of Management, 1*(1), 55-70.

[15] Johnson, S.L. (2009). International perspectives on workplace bullying among nurses: a review. *International Nursing Review*; 56: 34-40.

[16] Berry, P., Gillespie,G., Gates, D., & Schafer, J. (2012). Novice nurse Productivity Following Workplace Bullying. *Journal of Nursing Scholarship*, 44(1): 80-87.

[17] American Nurses Association Code of Ethics for Nurses (ANA). (2012). *Bullying in the workplace*. Reversing a culture, Silver Spring, MD: Nursesbooks.org.

[18] Institute for Safe Medication Practices (ISMP). (2004). Intimidation: Practitioners speak up about this unresolved problem. Retrieved July 20, 2017, from http://www.ismp.org/Survey/surveyresults/Survey0311.asp

[19] Salin, D. (2003). Ways of explaining workplace bullying: A review of enabling, motivating, and precipitating structures and processes in the work environment. *Human Relations*; 56: 1213-1232.

[20] Yildirim, D. (2009). Bullying among nurses and its effects. *International Nursing Review*; 56: 504-511.

[21] Askew, D., schluter, P.,&Dick, M. (2013).Workplace Bullying – What`s it got to do with general practice? *AustFam Physician*, 42: 186-188.

[22] Ayalew, Z. &Dubey, R. (2017). Examining the relationships between organizational justice perception and work place stress of nurses and correctional officers of Ambo town, Ethiopia. *Imperial Journal of Interdisciplinary Research*, 1-3, (7): 392-395.

[23] Umar, M. P. & Shahzad, K. (2017). Workplace bullying on deviant work behavior among nurses in Pakistan: Mediating role of interpersonal conflict. *Pakistan Business Review*; January: 887-903.

[24] Jones, D. (2004). *Counterproductive work behavior toward supervisors & organizations: Injustice, revenge, & context*. Paper presented at the annual meeting of the Academy of Management Conference on Organizational Behavior, New Orleans, LA.

[25] Einarsen, S., Hoel, H., (2001). The negative acts questionnaire: development, validation, and revision of a measure of bullying at work. In: 10Th Annual Congress of Work and Occupational Psychology, Prague, Czech Republic.

[26] Eisele, P. (2016). Organizational justice and workplace bullying: validating two instruments and testing their joined relation with wellbeing. *International Journal of Business and Social Science*; 7(12): 167-176.

[27] Mehdad, A., & Nezhad, A.V. (2014). Relationship between perceived organizational injustice, perceived job stress and cyber bullying: A test of mediation. *International Journal of Psychology and Behavioral Research*; 3(5): 374-385.

[28] Seyrek, H., Ekici, D. (2017). Nurses' perception of organizational justice and its effect on bullying behavior in the Hospitals of Turkey. Hospital Practices and Research; 2(3):72-78.

[29] Eriksen, W. & Einarsen, S. (2004). Gender minority as a risk factor of exposure to bullying at work: The case of male assistant nurses. *European Journal of Work and Organizational Psychology*; 13(4), 473-492.

[30] Mourssi-Alfash, M. F. (2014). Workplace bullying and its influence on the perception of organizational justice and organizational citizenship behavior in higher education. Retrieved from: https://search.proquest.com/openview/a499f993ccc9a422480ffb9408a8b077/1?pq-origsite=gscholar&cbl=18750&diss=y. 3615122.

[31] Carter, M., Thompson, N., Crampton, P., et al. (2013). Workplace bullying in the UK NHS: a questionnaire and interview study on prevalence, impact and barriers to reporting. *BMJ Open*; 3: e002628.

[32] Roche, M. A., Diers, D., Duffield, C., &Catling-Paull, C. J. (2010).Violence toward nurses, the work environment, and patient outcomes. *Journal of Nursing Scholarship*; 42(1), 13-22.

[33] Magnavita, N. & Heponiemi, T. (2011). Workplace violence against nursing students and nurses: An Italian experience. *Journal of Nursing Scholarship*; 43 (2): 203-210.

[34] 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. *Journal of Advanced Nursing*; 73: 2709-2719.

[35] Laschinger, H K. S., Wong, C. A., & Grau, A. L. (2012). The influence of authentic leadership on newly graduated nurses 'experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study. *International Journal of Nursing Studies*; 49: 1266-1276.

[36] Ikyanyon, D. N. (2013).Workplace bullying, job satisfaction and job performance among employees in a federal hospital in Nigeria. *European Journal of Business and Management*; 5, (23): 116-124.