

Nurses' Work Environment and Psychological Capital: Predictors of Workplace Bullying

Ibrahim Abdullatif Ibrahim¹, Zeinab Hassan Osman², NehadSaad Elwekel³, Abdel-Hady El-Gilany⁴

1,3 Nursing Administration, Faculty of Nursing, Mansoura University.

2. Psychiatric Mental Health Nursing Faculty of Nursing, El-Fayoum University.

4. Public Health and Preventive Medicine, Faculty of Medicine, Mansoura University.

Abstract

Background: Predictors of workplace bullying should be identified and eradicated to reduce negative consequences on patients, staff, and health care organizations. **Aim:** To explore the effect of the work environment and psychological capital on nurses' perception of workplace bullying. **Methods:** Descriptive correlational design was used. Nursing work environment scale, psychological capital scale, and negative acts- revised scale were used for collecting data from nurses. **Results:** Stepwise linear regression analysis showed that Psychological capital, nursing work environment, experience, and educational level are independent predictors of workplace bullying score with R^2 of 0.26, 0.06, 0.03, and 0.02 respectively. **Conclusion:** Nurses' work environment and psychological capital were negatively correlated with workplace bullying. **Recommendations:** To reduce workplace bullying among nurses, nursing managers should create a positive work environment characterized by a quality of leadership, effective work system, low interpersonal conflict, and provides support for nurses. Psychological capital training programs should be developed to reduce the probability of victimization of the workplace bullying, increase nurses' ability to cope with adversity, and help nurses to face challenging situations with positivity.

Keywords: Work Environment, Psychological capital, Workplace bullying

Introduction

Currently, workplace bullying is perceived as a serious problem with negative consequences toward nurses, patients, and health care organizations. Workplace bullying described as an ongoing process in which nurses are systematically and frequently attacked with negative behaviors which may be related to work (e.g. Information retention) and/or a person(e.g. insults) (Van den Brande, et al., 2016). It also refers to situations where an individual or group repetitively harasses, causes discomfort to, and socially excludes another individual(Hodgins, et al., 2014).

Workplace bullying is often termed as mobbing, assault, emotional abuse, workplace violence, or incivility. It includes a wide range of negative behaviors as criticism, allocating unfair workloads, social exclusion (informally or formally), asking a person to handle low-status work, personal abuses, withholding opportunities for professional development, facial expressions (e.g., glaring, rolling eyes), and undermining the authority (Reknes, et al., 2014).

The contributing factors of workplace bullying are poor working conditions, harsh work environments, individual personality types, organizational culture, leadership, and psychological capital (Eastman, 2013; Trépanier, et al., 2016; Podsiadly & Gamian-

Wilk, 2017; Fink-Samnick, 2018). The bullied persons consistently report unfavorable working conditions such as high levels of role conflict, poor leadership and supervisory behavior, lack of information flow, and a negative social climate (**Tuckey, et al., 2009**).

The work environment is a broad concept that can include (1) how work is organized (i.e., job characteristics such as overload, job control), (2) work group characteristics and processes (i.e., interpersonal relationships such as social support and conflict), (3) the nature of the leadership, and (4) the culture of the organization. Work environment factors (e.g., leadership, job characteristics) are work-related antecedents of bullying (**Trépanier, et al., 2016**).

Psychological capital described as "developing positive psychological state among nurses that characterized by (1) having confidence (efficacy) to take on and put in the necessary effort to succeed at challenging tasks; (2) making a positive attribution (optimism) about succeeding now and in the future; (3) persevering toward goals and, when necessary, redirecting paths to goals (hope) to succeed; and (4) when beset by problems and adversity, sustaining and bouncing back and even beyond (resiliency) to attain success". Each component of psychological capital strengthens each other and enhance nurses' capabilities to manage negative work environment encounters (**Jackson, et al., 2007; Rabenu, 2017**).

Psychological capital is positively related to job satisfaction, well-being, mental health, and job performance. Psychological capital was found to be negatively related to stress, turnover intentions, burnout, anxiety, depression, negative affect, substance abuse, and counterproductive workplace behaviors as workplace bullying (**Luthans, et al., 2014; Rabenu, 2017**). Psychological capital also plays a mediating role between workplace bullying and its

negative psychological effect. In other words, high levels of positive Psychological capital help individuals to combat unsafe behavior (e.g., workplace bullying and reduce its negative effect. Psychological capital is manageable, and the negative outcomes of bullying can be mitigated by enhancing individual's Psychological capital through an intervention such as training programs (**EASTMAN, 2013; Cassidy, et al., 2014; Stratman & Youssef - Morgan, 2019**)

Significance of the study

Nurses in the health care sector are known to be more susceptible to bullying behaviors at the workplace, with incidence rates vary from 13% to 86% (**Tuna & Kahraman, 2019**). Workplace bullying is perceived as a serious problem with negative consequences toward nurses, patients, and health care organizations. Workplace bullying has severe negative outcomes for nurses' well-being physically (e.g., insomnia and headache) and psychologically (e.g., depression, and anxiety), decrease job performance, increase job dissatisfaction, and intention to leave their career. Further, adverse outcomes to patient safety (e.g., medication errors), in addition to decreasing quality of patient care (**León-Pérez, et al., 2019; Lever, et al., 2019; Liu et al., 2019**). Therefore conducting the current research will help nursing managers and decision-makers to identify predictors of workplace bullying among nurses. So they will be able to reduce the incidence and negative effects of bullying at the workplace.

Aim of the study

The present study aims to explore nurses' work environment, psychological capital as predictors of workplace bullying among nurses through

1. Assessing the work environment, psychological capital, and workplace bullying among nurses.

2. Explore the relationship between work environment, psychological capital, and workplace bullying.

Research questions

1. What is nurses' perception toward their work environment?

2. What is the level of nurses' psychological capital?

3. What is the level of workplace bullying among nurses?

4. Is there a link between the work environment and workplace bullying?

5. Is there a link between psychological capital and workplace bullying?

Subjects & Methods

Research Design

The research design was descriptive correlational design.

Setting

The present study was conducted at El Fayoum University hospital. It is occupied with 224 beds and includes 12 departments for providing medical care for patients with different medical diseases.

Study subjects

The study included a convenience sample of all staff nurses (n=191) who were providing direct patient care during the time of data collection and having at least one year of experience.

Tools of data collection

Data of the present study was collected by utilizing three tools as follows:

The tool I: Work environment scale

This scale includes two sections; the first section contains data related to personal

characteristics of nurses such as age, gender, educational level, and experience. The second section includes the work environment scale which was adapted from **Yun, et al., (2014)** to assess nurses' perceptions regarding their work environment features. This scale includes 30 items categorized into four subscales; (1) institutional support (12 items) (e.g., Hospital management listens and responds to staff nurses' concerns), (2) head nurses' leadership (7 items) (e.g., Head nurse listens to staff nurses' requests), (3) the basic system of the work (6 items) (e.g., Work system reflects nurse's opinion when planning work schedule), and (4) interpersonal relationship (5 items) (e.g., Nurses and physicians work cooperatively).

Scoring system

Responses were rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scores of items were summed-up and the total score was divided by the number of the items, giving the mean score for the part. Work environment perception was classified into three categories based on the total score: poor (<25th percentile) (30-101), mixed (25th-75th percentiles) (102-129), or good (>75th percentile) (130-150) (**Aiken, et al., 2008**).

Tool II: Psychological capital scale:

This scale was developed by **Luthans, et al., (2007)** to assess psychological capital among nurses. It includes 24 items under four subscales namely; (1) Self-efficacy (e.g., I feel confident analyzing a long-term problem to find a solution), (2) Hope (e.g., Right now I see myself as being pretty successful at work), (3) Resilience (e.g., I usually manage difficulties one way or another at work), and (4) Optimism (e.g., I always look on the bright side of things regarding my job). Each subscale includes 6 items.

Scoring system

A six-point Likert scale was utilized to rate the nurses' response regarding each item from 1 "strongly agree" to 6 "strongly disagree". The scores of items were summed-up and the total score was divided by the number of the items, giving the mean score for the part. The higher scores represent a higher level of psychological capital. The total psychological capital score was classified into three levels; low (<50%), moderate (50-75%), and high (>75%).

Tool III: Negative Acts-Revised scale: It was developed by **Einarsen, et al., (2009)** to assess workplace bullying among nurses. It contains 22 statements and is categorized into three domains; (1) Person-related bullying (12 items) (e.g., spreading of gossip and rumors about you). (2) Work-related bullying (5 items) (e.g., someone withholding information which affects your performance). (3) Intimidation-related bullying (5 items) (e.g., exposed to threats of violence or physical abuse).

Scoring system

Responses ranged from 1 (never) to 5 (almost every day). The scores of items were summed-up and the total score was divided by the number of the items, giving the mean score for the part. The higher score was indicating more workplace bullying. If total scores below 40 indicate nurses are not bullied, total scores between 40 and 56 indicate nurses are occasionally bullied, and total scores above 56 indicate nurses are severely bullied at work (**Gupta, et al., 2017**).

Validity and Reliability

The utilized scales were translated into Arabic language and translated back into English to ensure the precision of the translation and tested for its content validity through a panel of five experts to ensure clarity, relevance, comprehensiveness,

understanding, applicability, and easiness, minor modifications were done based on experts' recommendations. The scales had acceptable Cronbach's alpha reliability; 0.91, 0.86, and 0.95 for work environment scale, psychological capital scale, and workplace bullying scale respectively.

Ethical considerations

Ethical approval was obtained before gathering data of the study from the ethical research committee, faculty of Nursing, Mansoura University. The aim of the study was explained to the staff nurses, acceptance to participate in the study was voluntary and unsigned. In addition to their rights to refuse or withdraw without giving reasons. They were reassured that any obtained information will be confidential, and will be used only for the purpose of the study. The nurses were asked to participate in the research through a written invitation with a copy of the research questionnaire and clarification about the research was provided. Filling and returning back the questionnaire was an indication of acceptance to participate in the study.

Pilot study

The pilot study was included 21 staff nurses that represent 10 % of the total sample (n=212). The aim of conducting the pilot study was to test the clarity and feasibility of the tools. It also estimates the time needed to fill the questionnaire. The time estimated to fill the questionnaire ranged from 20-30 minutes. The pilot sample was excluded from the total sample of staff nurses. Data obtained from the pilot study were analyzed to assess the reliability of the study tools.

Fieldwork

Data of the current study were collected through a self-administered questionnaire during the period from October 2018 to January 2019 after (1) obtaining ethical approval from the ethical research committee-

faculty of nursing -Mansoura University, (2) permission from the director of the hospital, and (3) following the ethical considerations that mentioned previously.

Statistical design

Data were analyzed utilizing SPSS version 21. Descriptive statistics (frequency and percentages) were utilized to summarize the nurses' demographics. The reliability of the scales was assessed through Cronbach's alpha coefficient. Analysis of variance (ANOVA) and independent sample t-tests was used to

assess the difference in the overall mean workplace bullying score regarding nurses' characteristics. Post hoc-Tukey's test was used for multiple comparisons after ANOVA. Pearson correlation coefficient test was conducted to estimate the correlation between workplace bullying score and different variables. The variables with significant correlation were inserted into stepwise multiple models of linear regression to identify the independent predictors of workplace bullying score. P-value was considered to be statistically significant at ≤ 0.05 .

Table (1): Workplace bullying perception score according to characteristics of the studied nurses(n=191).

Personal characteristics	Total n (%)	Workplace bullying Mean (SD)	Significance test t or f (p)
Overall	191 (100.0)	34.80 (13.91)	
Age (mean±SD)	29.00±6.80		
20-30	140 (73.3)	36.31 (14.62) ^a	3.60 ($\leq 0.05^*$)
31-40	34 (17.8)	29.41 (8.75) ^a	
>40	17 (8.9)	33.11 (14.04)	
Gender			
Male	54 (28.3)	33.81 (13.44)	0.61(0.54)
Female	137 (71.7)	35.18 (14.11)	
Marital status			
Single	49 (25.7)	33.93 (14.07)	0.26 (0.85)
Married	117 (61.3)	35.45 (14.25)	
Divorced	10 (5.2)	32.30 (10.81)	
Widowed	15 (7.9)	34.20 (13.28)	
Religion			
Muslim	179 (93.7)	34.42 (13.65)	1.44(0.14)
Christian	12 (6.3)	42.41 (16.94)	
Educational level			
Diploma degree	22 (11.5)	40.22 (19.34) ^a	7.68 ($\leq 0.001^{**}$)
Technical degree	127 (66.5)	32.09 (11.67) ^{a,b}	
Bachelor degree	42 (22.0)	40.14 (14.75) ^b	
Experience (Mean±SD)	7.78±7.25		
1-5	102 (53.4)	38.73 (14.77) ^{a,b}	10.15($\leq 0.001^{**}$)
6-10	40 (20.9)	31.92 (14.03) ^a	
>10	49 (25.7)	28.95 (8.48) ^b	

* $P \leq 0.05$ \ ** $p \leq 0.01$

Table (2): Levels of the study variables as reported by the studied nurses (n=191).

Study variables levels	Score	N	%
Work environment			
Poor	30-101	45	23.6
Mixed	102-129	99	51.8
Good	130-150	47	24.6
Psychological capital			
Low	24-71	3	1.6
Moderate	72-108	41	21.5
High	109-144	147	77.0
Workplace bullying			
Not bullied	22-39	145	75.9
Occasionally bullied	40-56	21	11.0
Severe bullied	57-110	25	13.0

Table (3): Descriptive statistics and Correlation Coefficients of workplace bullying with the work environment and psychological capital(n=191).

Variables	Mean±SD	Person-related bullying	Work-related bullying	Intimination - related bullying	Workplace bullying score
work environment	116.08±19.36	-0.46**	-0.47**	-0.36	-0.47**
Institutional support	44.31 ± 9.09	-0.43**	-0.39**	-0.26	-0.41**
the leadership of head nurse	27.51±5.17	-0.37**	-0.48**	-0.37**	-0.43**
Work system	23.19±4.65	-0.36**	-0.39**	-0.30**	-0.38**
Interpersonal relationship	21.05±3.60	-0.39**	-0.36**	-0.35**	-0.40**
Psychological capital	113.08±14.68	-0.56**	-0.39**	-0.39**	-0.51**
Self- efficacy	27.81 ±5.54	-0.58**	-0.38**	-0.39**	-0.52**
Hope	32.71 ±5.32	-0.45**	-0.34**	-0.33**	-0.42**
Optimism	26.45 ±3.38	-0.42**	-0.22**	-0.30**	-0.36**
Resilience	26.09 ±3.30	-0.34**	-0.32**	-0.22**	-0.33**
Mean (SD)		16.87±7.30	10.12±4.40	7.81±3.26	34.80 ±13.90

**($p \leq 0.01$)

Table (4): Correlation coefficient and multiple linear regression for independent predictors of workplace bullying score among nurses (n=191).

Predictors	β	Added R^2	t-value	P-value
Psychological capital	-0.32	0.26	4.91	≤ 0.001 **
Work environment	-0.21	0.06	4.06	≤ 0.001 **
Experience	-0.43	0.03	2.78	≤ 0.01 **
Education (1=diploma; 2= technical degree; 3=bachelor)	-4.53	0.02	3.39	≤ 0.001 **
Constant	108.95			
Model F	F=27.03, P= ≤ 0.001			
Adjusted R^2	0.35			

** $P \leq 0.01$

Results

Table (1) showed that the majority of the studied nurses aged from 20-30 years (73.6%), were females (72.0%), married (61.7%), Muslim (93.8%), having a technical degree of nursing (65.8%), and had experienced (1-5) years (53.9%). The bullying score showed a significant variation with nurses' age, educational level, and experience.

Table (2) illustrated that more than half of the studied nurses perceived a mixed work environment, and the majority had a high level of psychological capital and were not bullied.

Table (3) showed that the mean score of the work environment was (116.08±19.36), while, the highest mean score was (44.31±9.09) for the institutional support domain, and the lowest mean score was (21.05±3.60) for the interpersonal relationship domain of work environment. The mean score of psychological capital was (113.08±14.68), while the highest mean score was (32.71 ±5.32) for the hope domain and the lowest mean score was (26.09 ±3.30) for the resilience domain. The mean score of workplace bullying was (34.80 ±13.90). While, the highest mean score was (16.87±7.30) for person-related bullying, and the lowest mean score was (7.81±3.26) for intimation related bullying. There was a statistically significant correlation between workplace bullying, work environment, and psychological capital.

Table (4) revealed that psychological capital, nursing work environment, experience, and education were independent predictors of workplace bullying score with R^2 of 0.26, 0.06, 0.03, and 0.02 respectively.

Discussion

To achieve the aim of the study, and answer the research questions, the research findings will be illustrated in three sections:

I: Assessment of the study variables (work environment, psychological capital, and workplace bullying).

Regarding the work environment, the study revealed that half of the studied nurses perceived their work environment as a mixed environment that sometimes good and sometimes poor. This may be due to continuous changing work systems, or unstable interpersonal relationships between nurses themselves /or physicians.

This result in accordance with the study of **Yun et al., (2014)** that was included 134 nurses from five hospitals in Korea and reported moderate satisfaction with their work environment. This result disagreed with the study of **Johansen & Cadmus, (2016)**, who reported more than the half of the studied nurses' perceived low levels of the support work environment. Also, it disagreed with the study of **Hayes, et al., (2015)**, reported that nurses perceived overall the work environment as positive.

Regarding psychological capital, the study revealed that nurses had a high level of psychological capital. This may be due to effective organizational climate, effective communication between nurses and their managers, or/ they perceived a low level of occupational stress. This result was supported by the study of **Shelton & Renard (2015)**, who found that the majority of the nurses exhibited high levels of psychological capital. Also, the study of **Estiri, et al., (2016)** reported that the studied Iranian nurses had a high level of psychological capital. In the same line, **Çelik (2018)** reported that the studied samples' psychological capital level was

above average. This result disagreed with **Metwaly & Ahmed (2018)** revealed that the studied nurses had a low level of psychological capital.

Regarding workplace bullying, the research findings revealed that the majority of the studied nurses were not bullied. This may be due to an effective work system, organizational culture; clear policies, or nurses had a high level of morale and professional ethics. These findings agreed with **Butler, et al., (2018)**, who reported that the majority of the studied nurses were not bullied at their workplace. These findings disagreed with **Obeidat, et al., (2018)**, who reported the majority of Jordanian nurses working in private hospitals to perceive themselves as victims of either occasional or severe workplace bullying. It also disagreed with **Tuna & Kahraman (2019)**, shown that the studied nurses are at significant risk of being exposed to workplace bullying.

The study findings also revealed that, nurses who were aged (20-30 years old), having a diploma degree, and years of experience (1-5 years) perceived workplace bullying behaviors than others. This may be due to they did not have communication skills that help them to deal with negative behavior or they are not experienced about these behaviors and how to deal with it or they do not study workplace bullying during their education stage.

These findings supported by the study of **Fang, et al., (2016)**, which indicated young and inexperienced nurses were more predicted to report and experience workplace bullying behavior than others. Also, **Obeidat, et al., (2018)**, reported that age and years of professional experience had strong negative associations with nurses' perceptions of workplace bullying. On the contrary, **Norton, et al., (2017)**, showed that, there was no relationship between the perception of bullying behaviors and participants' age, professional experience, and academic

qualification. These findings also disagreed with **Evans (2017)**, who reported that there was no statistically significant correlation between nurses' age, education level, or experience years with the organization and their exposure to bullying.

II: Work environment predicts workplace bullying among nurses.

The results of this study proved that the nursing work environment was associated negatively with nurses' workplace bullying perception. This may be due to a poor work environment that is characterized by ineffective leadership style, poor work system, poor organizational culture, and interpersonal conflict, all these can increase the risk of being a victim of workplace bullying. For example, an autocratic leadership style increases the perception of workplace bullying, but transformational and authentic leadership styles reduce the risk of exposure to workplace bullying.

These findings were congruent with **Baillien, et al., (2011)**, who revealed that stressful working conditions increase the risk of being a workplace bullying victim and break existing organizational policies and habits that may cause employees to join into negative acts towards others. Also in the same line, with **Salin and Hoel (2011)** found that negative work climate, changes at work (e.g., changes in supervisor, job duties or more extensive organizational change), role ambiguity/conflict, and internal re-structuring were significantly due to bullying. In addition to the study of **Tong, et al., (2017)**, who found that negative aspects of the work environment as less supportive leadership and declining teamwork increase the occurrence of workplace bullying.

III: Psychological capital predicts workplace bullying among nurses.

This study revealed that psychological capital was a significant

predictor of being a target of workplace bullying and there was a negative correlation between psychological capital and workplace bullying perception among nurses. This may be due to nurses who had a high level of psychological capital will be able to combat workplace bullying behaviors as the high levels of optimism, self-efficacy, hope, and resilience can help nurses to develop effective coping strategies that help nurses to protect themselves against workplace bullying behaviors and vice versa.

This finding was congruent with the study of **Laschinger&Grau, (2012)** that revealed that there was a negative correlation between higher levels of Psychological capital and experience of bullying among nurses. Also, **Bond, et al., (2010)** reported that low psychological characteristics increase the risk of being selected as a target of bullying. It was also supported by **Yun & Kang, (2018)** who reported that psychological capital has a mediating role in the relationship between workplace bullying and its negative effects. **Read and Laschinger, (2013)** reported that the psychological capital of novice nurses was significantly linked with workplace mistreatment. Also, **Luthans, et al., (2004)** reported that promoting levels of psychological capital components (optimism, hope, self-efficacy, and resilience) will assist employees being more positive, enhance their ability to face challenges in their work environment and adapt to different organizational situations.

Conclusion:

Current research indicated that nurses' work environment and psychological capital are antecedents of workplace bullying, in addition to their experience years and, educational level.

Recommendations

Based on the prediction of the current study. To reduce workplace bullying perception among nurses, nursing managers should create a positive work environment characterized by a quality of leadership, effective work system, low interpersonal conflict, and provides support for nurses. Nursing educational programs should include topics about workplace bullying and its preventive measures to decrease the negative outcomes of workplace bullying. Nursing managers should also develop psychological capital training programs as it will reduce victimization of workplace bullying among nurses, increase nurses' ability to cope with adversity, help nurses to face challenging situations with positivity, and improve overall nurses' well-being.

Further researches are needed to explore other factors associated with workplace bullying as organizational culture, leadership styles, and teamwork.

Financial support

No funding was received

Conflict of interest

No

References

- Aiken, L. H., Clarke, S. P., Sloane, D. M., Lake, E. T., & Cheney, T. (2008).** Effects of hospital care environment on patient mortality and nurse outcomes. *The Journal of nursing administration, 38*(5), 223.
- Baillien, E., Rodríguez-Muñoz, A., de Witte, H., Notelaers, G., & Moreno-Jiménez, B. (2011).** The demand-control model and target's reports of bullying at work: A test within Spanish and Belgian blue-collar workers. *European Journal of Work and Organizational Psychology, 20*(2), 157-177.

- Bond, S. A., Tuckey, M. R., & Dollard, M. F. (2010).** Psychosocial safety climate, workplace bullying, and symptoms of posttraumatic stress. . . *Organization Development Journal*, 28(1), 37–56.
- Butler, E., Prentiss, A., & Benamor, F. (2018).** Exploring perceptions of workplace bullying in nursing. *Nursing & Health Sciences Research Journal*, 1(1), 19-25.
- Cassidy, T., McLaughlin, M., & McDowell, E. (2014).** Bullying and health at work: The mediating roles of psychological capital and social support. *Work and Stress*, 28(3), 255–269.
- Çelik, M. (2018).** The effect of the Psychological capital level of employees on workplace stress and employee turnover intention. *innovar*, 28(68), 67-75.
- EASTMAN, G. (2013)** The Relationship between Psychological Capital and Workplace Bullying for Nurses. Doctorate thesis - Faculty of the School of Psychology-Northcentral University Graduate.
- Einarsen, S., Hoel, H., & Notelaers, G. (2009).** Measuring exposure to bullying and harassment at work: Validity, factor structure, and psychometric properties of the negative acts questionnaire-revised. *Work and Stress*, 23(1), 24–44. <https://doi.org/10.1080/02678370902815673>.
- Estiri, M., Nargesian, A., Dastpish, F., & Sharifi, S. M. (2016).** The impact of Psychological capital on mental health among Iranian nurses: considering the mediating role of job burnout. *SpringerPlus*, 5(1), 1377.
- Etienne MSN, BSN, RNC-OB, E. (2014)** 'Exploring Workplace Bullying in Nursing', *Workplace Health & Safety*, 62(1), pp. 6–11. DOI: <http://dx.doi.org/10.3928/21650799-20131220-02>.
- Evans, D. (2017).** Categorizing the Magnitude and Frequency of Exposure to Uncivil Behaviors: A New Approach for More Meaningful Interventions. *Journal of Nursing Scholarship*, 49(2), 214–222.
- Fang, L., Huang, S. H., & Fang, S. H. (2016).** Workplace bullying among Nurses in South Taiwan. *Journal of Clinical Nursing*, 25(17–18), 2450–2456. <https://doi.org/10.1111/jocn.13260>
- Fink-Samnack, E. (2018).** The New Age of Bullying and Violence in Health Care: Part 4: Managing Organizational Cultures and beyond. *Professional Case Management*, 23(6), 294–306. <https://doi.org/10.1097/NCM.00000000000000324>
- Gupta, R., Bakhshi, A., and Einarsen, S. (2017)** 'Investigating Workplace Bullying in India: Psychometric Properties, Validity, and Cutoff Scores of Negative Acts Questionnaire-Revised', *SAGE Open*, 7(2).doi: 10.1177/2158244017715674.
- Hayes, B., Douglas, C., & Bonner, A. (2015).** Work environment, job satisfaction, stress, and burnout among haemodialysis nurses. *Journal of nursing management*, 23(5), 588-598.
- Hodgins, M., MacCurtain, S., & Mannix-McNamara, P. (2014).** Workplace bullying and incivility: A systematic review of interventions. *International Journal of Workplace Health Management*, 7(1), 54–72. <https://doi.org/10.1108/IJWHM-08-2013-0030>
- Jackson, D., Firtko, A., & Edenborough, M. (2007).** Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review. *Journal of Advanced Nursing*, 60(1), 1–9.

- Johansen, M. L., & Cadmus, E. (2016).** Conflict management style, supportive work environments, and the experience of work stress in emergency nurses. *Journal of Nursing Management*, 24(2), 211-218.
- Laschinger, H. K. S., & Grau, A. L. (2012).** The influence of personal dispositional factors and organizational resources on workplace violence, burnout, and health outcomes in new graduate nurses: A cross-sectional study. *International journal of nursing studies*, 49(3), 282-291.
- León Pérez, J. M., Sánchez Iglesias, I., Rodríguez Muñoz, A., & Notelaers, G. (2019).** Cutoff scores for workplace bullying: The Spanish Short-Negative Acts Questionnaire (S-NAQ). *Psicothema*, 31 (4), 482-490.
- Lever, I., Dyball, D., Greenberg, N., & Stevelink, S. A. (2019).** Health consequences of bullying in the healthcare workplace: a systematic review. *Journal of advanced nursing*, 75(12), 3195-3209.
- Liu, J., Zheng, J., Liu, K., Liu, X., Wu, Y., Wang, J., & You, L. (2019).** Workplace violence against nurses, job satisfaction, burnout, and patient safety in Chinese hospitals. *Nursing Outlook*, 67(5), 558-566. <https://doi.org/10.1016/j.outlook.2019.04.006>
- Luthans, F., Avolio, B. J., & Avey, J. B. (2014).** Psychological capital questionnaire: Manual development, applications, & research. Mind Garden Inc., retrieved Jun 15, 2020, from <http://www.mindgarden.com>
- Luthans, F., Luthans, K. W., & Luthans, B. C. (2004).** Positive psychological capital: Beyond human and social capital. *Business Horizons*, 47(1), 45-50. <https://doi.org/10.1016/j.bushor.2003.11.00>
- Luthans, F., Youssef, C. M., and Avolio, B. J. (2007).** Psychological capital: Developing the Human Competitive Edge. Oxford, New York : Oxford University Press. doi: 10.1093/acprof:oso/9780195187526.001.0001
- Metwaly, S. M., & Ahmed, H. (2018).** The impact of psychiatric nurses' Psychological capital on their burnout and coping style. *Egyptian Nursing Journal*, 15(3), 302.
- Norton, P., Costa, V., Teixeira, J., Azevedo, A., Roma-Torres, A., Amaro, J., & Cunha, L. (2017).** Prevalence and Determinants of Bullying among Health Care Workers in Portugal. *Workplace Health and Safety*, 65(5), 188-196. <https://doi.org/10.1177/2165079916666545>
- Obeidat, R. F., Qan'ir, Y., & Turaani, H. (2018).** The relationship between perceived competence and perceived workplace bullying among registered nurses: A cross-sectional survey. *International Journal of Nursing Studies*, 88(January), 71-78. <https://doi.org/10.1016/j.ijnurstu.2018.08.012>.
- Podsiały, A., & Gamian-Wilk, M. (2017).** Personality traits as predictors or outcomes of being exposed to bullying in the workplace. *Personality and Individual Differences*, 115, 43-49. <https://doi.org/10.1016/j.paid.2016.08.001>
- Rabenu, E. (2017)** 'Positive Psychological capital: From Strengths to Power' In Muhlbauer V., Harry W. (eds) Redefining Management. Springer, Cham, pp. 81-105.
- Read, E., & Laschinger, H. K. (2013).** Correlates of new graduate nurses' experiences of workplace mistreatment. *Journal of Nursing Administration*, 43(4), 221-228. <https://doi.org/10.1097/NNA.0b013e3182895a90>

- Reknes, I., Einarsen, S., Knardahl, S., & Lau, B. (2014).** The prospective relationship between role stressors and new cases of self-reported workplace bullying. *Scandinavian Journal of Psychology*, 55(1), 45–52. <https://doi.org/10.1111/sjop.12092>
- Salin, D., & Hoel, H. (2011).** Organisational causes of workplace bullying. In *Bullying and harassment in the workplace: Developments in theory, research, and practice* (2nd edition, pp. 227–243). Boca Raton: CRC Press.
- Shelton, S. A., & Renard, M. (2015).** Correlating nurses' levels of Psychological capital with their reward preferences and reward satisfaction. *SA Journal of Industrial Psychology*, 41(1), 1-14.
- Stratman, J. L., and Youssef-Morgan, C. M. (2019)** 'Can positivity promote safety? Psychological capital development combats cynicism and unsafe behavior', *Safety Science.*, 116, 13–25. doi: 10.1016/j.ssci.2019.02.031.
- Tong, M., Schwendimann, R., & Zúñiga, F. (2017).** Mobbing among care workers in nursing homes: A cross-sectional secondary analysis of the Swiss Nursing Homes Human Resources Project. *International Journal of Nursing Studies*, 66, 72–81. <https://doi.org/10.1016/j.ijnurstu.2016.12.005>...
- Trépanier, S. G., Fernet, C., Austin, S., & Boudrias, V. (2016).** Work environment antecedents of bullying: A review and integrative model applied to registered nurses. *International Journal of Nursing Studies*, 55, 85–97.
- Tuckey, M. R., Dollard, M. F., Hosking, P. J., & Winefield, A. H. (2009).** Workplace bullying: The role of psychosocial work environment factors. *International Journal of Stress Management*, 16(3), 215.
- Tuna, R. and Kahraman, B. (2019)** Workplace bullying: A qualitative study on experiences of Turkish nurse managers', *Journal of Nursing Management*, 27(6), pp. 1159–1166. doi: 10.1111/jonm.12787.
- Van den Brande, W., Baillien, E., De Witte, H., Vander Elst, T., & Godderis, L. (2016).** The role of work stressors, coping strategies, and coping resources in the process of workplace bullying: A systematic review and development of a comprehensive model. *Aggression and Violent Behavior*, 29, 61-71.
- Yun, S., & Kang, J. (2018).** Influencing Factors and Consequences of Workplace Bullying among Nurses: A Structural Equation Modeling. *Asian Nursing Research*, 12(1), 26–33.
- Yun, S., Kang, J., Lee, Y. O., & Yi, Y. (2014).** Work Environment and workplace bullying among Korean intensive care unit nurses. *Asian Nursing Research*, 8(3), 219–225