International Journal of Medical Toxicology & Legal Medicine **Volume 27, No. 3S, 2024**
e-ISSN: 0974-4614
p-ISSN: 0972-0448

The perception of Workplace Bullying and its relationship with Organizational Commitment among Nursing Staff at Saudia Arabia

Abdulrhman Abdullah alfawzan[1], Aisha Ahmad Mojamammi[2], Hala Mohammed Alqmash[3], Mona Aldosseri[3], Mohammed Rashed A Alosailan[4], Bandar Mohammed Siwari Alotaibi[5], Amro Abdulrahim Bukhari[6], Hela Zafer Alqahteni[7], Adel Dakhailallah B Alotaibi[8], Mohammed Abdullah alfawzan[9], Afeefa Mohammed Hassan Aldakheel[10]

[1]EMT, Al lquwayiyah General Hospital, Saudi Arabia.
[2]Nursing specialist, Ahadamsarehah general hospital, Saudi Arabia.
[3]Nurse specilalist, Alquwayiy general hospital, Saudi Arabia.
[4]Nursing Technician, Hotatsudair hospital, Saudi Arabia.
[5]Nursing Specialist, Riyadh Second Health Cluster, Saudi Arabia.
[6]Nursing technician, P H C Alzaher, Saudi Arabia.
[7]Nurse specilalist, AlqwaiyahPhc, Saudi Arabia.
[8]Technician Nursing, Dawadmi hospital, Saudi Arabia.
[9]Specialist of nursing, alquwayiyah hospital, Saudi Arabia.
[10]Nursing technician, Maternity and children hospital in dammam, Saudi Arabia.

Received: 10.09.2024 Revised: 19.10.2024 Accepted: 24.11.2024

ABSTRACT
Background: Workplace bullying (WPB) represents the new truth of today's workforce. It has sever negative effect on work environments on nurses, especially if there is a relationship for these nurseswith their organizational commitment and their intention tostay in the organization.
Aim of this study to assess the prevalence of Workplace bulling among nursing staff and its relation to their organizational commitment in healthcare settings.
Method: cross sectional research design was conducting using Negative act questionnaire to assess the prevalence of workplace bulling among nursing staff, and organizational commitment questionnaire , to assess the nursescommitment toward their healthcare organization, that were giving to all nurses staff who were working at governmental healthcare setting at Ghornatah Healthcare Center Al-Aqrabiyah Healthcare Center Sarrar Healthcare Center, Al-Dakhl Al-Mahdood Healthcare Center
Results: the majority of nursing staff perceived moderate level of WPB. Moreover, there were statistical negative significant relationship between workplace bulling and affective commitment among studied nurses.
Conclusion: Practical implicationsThe findings highlight the need for anti-bullying policies in primary healthcare.Neither satisfaction with supervisor nor satisfaction with co-workers nullifies the negative effects ofbullying on the target's affective commitment. Preventing bullying is therefore fundamental tosustaining affective commitment.

Keywords: Workplace Bullying, Organizational Commitment, Affective, Continuance , Normative

1. INTRODUCTION

In many nations and in a variety of industries, healthcare organizationsface the issue of workplace bullying (WPB). It stands for the modern workforce's reality. Bullying at work is becoming more common and is causing stress for employees (1) (Simons & Sauer, 2013). As a result, it is now a central concern that is drawing interest from healthcare organizationsaround the world. Workplace bullying among nurses is defined by the Centre for American Nurses (2012) as an offensive, intimidating, abusive, insulting behaviour or abuse of power displayed by one nurse towards another, which upsets, humiliates, or exposes the victim, erodes her self-confidence, and may lead to stress (Szutenbach, 2013).
Additionally, the Workplace Bullying Institute described it in 2017 as: verbal abuse, job sabotage, or recurrent harassment of an employee by one or more employees (i.e., threatening, humiliating, or frightening) (3). We can conclude that WPB is an abuse of power by one nurse towards another that is frequent and recurrent over a

period of time (roughly 12 months) and that causes the recipient to feel upset, humiliated, or vulnerable, as well as to lose confidence and possibly experience stress(Ariza-Montes et al., 2014). .
Nonverbal innuendo, verbal insults, undermining activities, withholding information, sabotage, infighting, scape-goating, backstabbing, disregard for privacy, and broken confidence are the most prevalent types of workplace bullying behaviours among nurses in healthcare settings (4). Both overt and covert WPB are possible (5) (Jan, 2011). While covert WPB includes things like subjecting a victim to excessive supervision, ignoring, spreading malicious rumours, excluding and purposefully talking to a third party to isolate another, never listening to other people's point of view, and purposefully withholding information that the person needs in order to do their job effectively, overt WPB includes things like verbal abuse, personal insults, constantly humiliating or ridiculing others, terror tactics, making threats or inappropriate comments about career prospects, job security, or performance appraisal reports (Aondover, 2013)
Numerous factors have been linked to the high incidence of bullying among nurses in the workplace. The two primary variables are oppression and relational aggressiveness, which is closely linked to the feminine sex. Because of the effects of male domination and relational aggression, women are naturally inclined to bully other women (8) (Ray, 2003). Relational aggression, a psychological characteristic of bullying, naturally motivates females to engage in behaviours such social exclusion, extortion, gossiping, and the creation of social sets. The reason for this is that oppressed persons turn against those with less authority since they are unable to confront their oppressors (9; Pupura&Blegen, 2012). Those that are oppressed are extremely oppressive. The high frequency of bullying in nursing workplaces is likely explained by the impact of relational aggression and oppression bullying in nursing which a female dominated profession[10] (Gary, 2017).
Furthermore, While Rocker (2012) categorized three related factors of workplace bullying among nurses; individual factors, organizational factors, and professional factors.[11] Individual factors such as high aggressiveness and work stress among perpetrators, work experience, lack of social skills, low self-esteem, domineering personality, mental illness and age differences.[11-12] . Organizational factors include misuse of authority, organizational tolerance of bullying. While professional factors include female dominance of nursing, hierarchy, culture of silence.
Bullying at work has a number of detrimental effects on healthcare organizations, patient care, teamwork, and individual well-being. Bullying's impacts on personal health include the emergence of chronic physical illnesses, headaches, eating disorders, sleep disturbances, including frequent nightmares, and other psychosomatic symptoms (13). According to Yildirim (2009), some employees who are bullied may exhibit signs of PTSD and even have made suicide attempts. WBP may impact patient care and team performance, as bullying nurses at work impairs communication and team performance, endangering patient safety (15) (Burnes & Pope, 2007).
The effects for healthcare organizations include higher absenteeism and sick leave, lower job satisfaction among employees, higher turnover, lower productivity, a decrease in employee commitment to the organization, and an increase in the likelihood that nurses will leave the field (16). The primary outcome of WPB is organizational commitment (Park et al., 2013).
Organizational commitment is the degree to which people psychologically identify with their work organizations, according to Idris and Manganaro (2017). In addition, nurses are under general normative pressure to perform organizational duties and are motivated to stay involved in the healthcare organization (17, 18). Normative, affective, and continuous commitment are the three elements that make up organizational commitment. The employee's participation with the company and emotional connection are linked to affective commitment. Because of organizational responsibilities that compel an employee to stay with an organization, normative commitment is established in them (Allen and Meyer, 2015). According to Moorman, Neihoff, and Organ (1993), continuance commitment is a reflection of the extent to which the nurse understands or is aware that he is going to have to stay because of the costs associated with leaving the organization. This awareness of the costs associated with leaving the organization is related to the commitment, which makes an employee realise that he must accept the cost of leaving that organization.(20–21)
Bullying at work has a serious impact on nurses' capacity to deliver the best possible patient care in a secure setting, making it a major issue for hospital nurses. Furthermore, the animosity that results from bullying in the workplace among nurses can lead to medical mistakes, low patient satisfaction, higher healthcare expenses, a decline in nurses' organisational commitment, and an increase in their intention to quit. (31)

Aim of the study
This study aims to:
- Assess the WPB as perceived by nurses
- Study the relationship between workplace bullying and their organizational commitment.

Research questions
- What is the perception of WPB among nurses?

- What is the relationship between workplace bullying and their organizational commitment.

MATERIALS AND METHODS

Materials

Research design: A descriptive correlational research design was used in this study.

Setting:

The study was conducted in four governmental health care setting in Ghornatah Healthcare Center Al-Aqrabiyah Healthcare Center;Sarrar Healthcare Center; and Al-Dakhl Al-Mahdood Healthcare Center At Saudia Arabia .. They are governmental healthcare organization and affiliated to the direction of the Ministry of healthof Saudia Arabia

Subjects

The study subjects included all nurses who were working in the previously mentioned healthcare settings with experience more than 6 months were available at the time of data collection, and responsible for providing direct patient care. Total sample size was approximately 382 nurses. Epi info program was used to estimate the sample size given that:

Tools of the study

two tools were used to collect data of this study.

Tool (1): Negative Act Questionnaire (NAQ**)**

The negative act questionnaire was developed by [23]Einarsen,et al (2010).It was used to assess type and measure level of exposure to repeated bullying in the last 6 months among nurses.Negative act questionnaire consists of 22 items. They are distributed on three main dimensions namely: person and work- related bullying (17-items); physical and psychological intimidation bullying (3items); occupational devaluation (2items). Nurses response were measured on a 5 - point's likert scale ranging from 1= never, 2= Now, 3= monthly, 4= weekly, 5= daily. The overall scoring system ranging from 1 to 110. The scoring system was:

- The range of scores from 73 to 110 refers to high level of exposure to bullying.
- The range of scores from 37 to 72 refers to moderate level of exposure to bullying.
- The range of scores from 1 to 36 refers to low level of exposure to bullying.

Tool (2): Organizational commitment questionnaire

This tool was developed by Allen & Meyer (2006)[24].It was used to assess nurses organizational commitment. It consists 18 items distributed on three main dimensions equally namely: Affective organizational commitment, continuous organizational commitment and normative organizational commitment. Nurses response were measured on a 5 - point likert scale ranging from (1) strongly disagree,and (5) strongly agree. The maximum and minimums scores ranged from 1 to 90. The scoring system was:

- The range of scores from 61 to 90 indicates high level of organizational commitment.
- The range of scores 31 to 60 indicates moderate level of organizational commitment.
- The range of scores from 1 to 30 indicates low level of organizational commitment.

In addition, a part of socio demographic data questionnaire were developed by the researcher and it included its : age, sex, educational qualification, working unit, years of experience in nursing profession , years of experience in current unit and working settings.

Methods

The study was approved by the Ethical Committee of research, . A written approval was obtained from the authorized administrators in the pre mentioned settings, to collect the necessary data. Tool I, II were translated into Arabic and tested for face and content validity by eight experts in the field of the study. Modifications were done based on their comments as translation of some words. The questionnaire were proved to be reliable with values being 0.886 for tool I, 0.899 for tool II using Cronbach's alpha coefficient test.

A pilot study was carried out on 38 nurse to check and ensure the clarity of the questionnaire, identify obstacles and problems that may be encountered during data collection, and to estimate the time needed to complete the questionnaire. Based on the findings, some modifications were done such as translation of certain words into Arabic.

Data collection

After proper information given to the participants, written informed consent was taken. Right to withdraw from participating in the research was assured. Confidentiality of data, and the privacy, anonymity of study subjects was maintained. Data collection was conducted through distributing the questionnaire to the study subjects at the study settings. Time needed to fill the previously mentioned questionnaire was about 45 minutes. It took three

months at 2024

Statistical analysis

Data were revised, coded, and fed to statistical software SPSS version 20. All statistical analyses were done using two tailed tests and alpha error of 0.05. P value equal or less than 0.05 was considered to be significant. Frequency and percentage were used to describe the categorical data along with mean score percentage and standard deviation. Correlation is used to test the nature and strength of relation between two quantitative /ordinal variables. The spearman correlation coefficient is expressed as the Pearson coefficient. The sign of coefficient indicates the nature of relation (positive/negative). While, the value indicates the strength of relation as follow: negligible correlation for r = (.00- 0.30), low correlation for r = (0.30-0.50), moderate correlation for r = (.50.70), high correlation for r = (.70-0.90), and very high correlation r= (.90-.100).

RESULTS

The majority of the studied nurses 94% were female, Regarding their age 40.6%were in the age group ranged from 25 to less than 35 years old, While, only 2.9% were in the age group >55 years old with (Mean ± SD =33.90 ±14.41).With respect to educational qualification, nearly half (49.5%) of studied nurses held diploma of secondary technical nursing school, While, slightly more than one third (36.1%) of studied nurses held Bachelor degree in nursing science. Regarding working unit, slightly more than half (50.52%) of studied nurses were working in inpatient units followed by 31.1% of studied nurses working in intensive care units (ICUs) and only 18.3% of studied nurses were working in outpatient units.

In relation to years of experience in nursing profession, nearly one third nurses had years of experience range from 1 <5 years, while, only (6.2%) of nurses had less than 1 years of experience in nursing profession with (Mean ± SD =9.76 ± 10.03). Also, 35.6% of studied subjects had from 1 < 5 years of experience with (Mean ± SD =7.20± 10.03). experience in working unit, slightly more than one-third

Table 1. Distribution of studied nurses according to their demographic and professional characteristics.

Demographic data	**No. 382**	**%**
Age (years)		
≤ 25	79	20.7
> 25 – ≤ 35	155	40.6
> 35 – ≤ 45	92	24.1
> 45 – ≤ 55	45	11.8
> 55	11	2.9
Mean ± SD	**33.90 ±14.41**	
Sex		
Male	23	6.0
Female	359	94.0
Educational qualification		
Diploma of secondary technical nursing school	189	49.5
Nursing association degree.	49	12.8
Bachelor degree in nursing science	138	36.1
Others	6	1.6
Study Units		
Intensive care units (ICUs-NICUs)	119	31.1
Inpatient units	193	50.5
Outpatient units	70	18.3
Years of experience in nursing profession		
<5	24	6.3
5 – <10	114	29.8
10 – <15	108	28.3
15 – < 20	78	20.4
> 20	58	15.2
Mean ± SD	**9.76 ± 10.03**	

Years of experience in nursing working unit		
<5	63	16.5
5 – <10	136	35.5
10 – <15	97	25.5
15 – < 20	50	13.1
> 20	36	9.4
Mean ± SD	**7.20 ± 10.03**	

Table 2 Showed that slightly less than two thirds 63.6% of studied nurses had moderate level of exposure to workplace bullying. Regarding workplace bullying dimensions 61.5% of studied nurses had moderate level of exposure to Person and work-related bullying. While 60.2% of studied nurses had low level of exposure to occupational devaluation bullying, the highest percentage (63.1%) of studied nurses had low level of exposure to Physical or psychological intimidation bullying.

Table 2: Distribution of the studied nurses according to their level of horizontal violence

Items	**Levels of Negative Acts**					
	Low		**Moderate**		**High**	
	No	**%**	**No**	**%**	**No**	**%**
▪ Person and work-related violence	319	59.7	210	39.3	5	0.9
▪ Physical and psychological intimidation	389	72.8	93	17.4	52	9.7
▪ Occupation devaluation	444	72.8	67	12.5	23	4.3
▪ **level of horizontal violence**	350	65.5	179	33.5	5	0.9

Table 3. Illustrates that 62.8% of studied nurses had moderate level of organizational commitment and more than one third (36.9%) of the studied nurses had high level of organizational commitment. The same table also shows that more than half of studied nurses had moderate level of perception of organizational commitment dimension affective organizational commitment, normative organizational commitment, continuous organizational commitment 52.1%, 56.0%, 55.5% respectively.

Table 3. Distribution of studied nurses according to their perception of organizational commitment.

Organizational commitment	**Low (n =131)**		**Moderate (n =243)**		**High (n =8)**		**Total (n = 382)**	
	No.	%	**No.**	%	**No.**	%	**No.**	%
Affective commitment	8	2.1	199	52.1	175	45.8	382	100
Normative commitment	17	4.5	214	56.0	151	39.5	382	100
Continuance commitment	37	9.7	212	55.5	133	34.8	382	100
Overall organizational commitment	1	0.3	240	62.8	141	36.9	382	100

High: (61-90) **Moderate: (31-60)** **Low: (1-30)**

Table 4. Reveals that there were statistically significant relationship between exposure to workplace bullying and studied nurses regarding the following demographic characteristics age (f= 2.559, p=0.038), sex (f=4.215, p <0.001), years of experience in nursing profession (f=9.523, p <0.001) and years of experience in nursing units (f=3.122, p=0.015). Concerning studied nurses exposure to dimensions of WPB and their demographic , the same table clarifies that there were statistical significant differences between studied nurses exposure to person and work related bullying and their age , sex , years of experience in nursing profession and their experience in the nursing units (f=3.617 , p= 0.007), (f= 4.254 , p <0.00), (f= 10.318 , p<0.001),(f=3.574,p=0.007) respectively .Also, there were statistically significant relationship between studied nurses exposure to physical or psychological intimidation bullying and nurses sex and years of experience in the nursing profession (f=2.986, p=0.003) , (f=2.587, p= 0.037) respectively.

Table 4. Relationship between studied nurses exposure to workplace bullying and their demographic characteristics.

Demographic data	**Level of exposure to workplace bullyingdimensions**			
	Person and work-related bullying	**Physical or psychological intimidation**	**Occupational devaluation**	**Overall Workplace bullying**

		bullying		(WPB)
	Mean. ± SD.	**Mean. ± SD.**	**Mean. ± SD.**	**Mean. ± SD.**
Age (years)				
≤ 25	38.19 ± 13.27	5.46 ± 3.01	3.58 ± 1.82	47.23 ± 16.25
> 25 – ≤ 35	36.57 ± 10.48	5.15 ± 2.48	3.42 ± 1.86	45.14 ± 12.95
> 35 – ≤ 45	33.53 ± 11.88	5.76 ± 3.14	3.45 ± 2.02	42.74 ± 14.78
> 45 – ≤ 55	31.13 ± 10.63	5.0 ± 3.07	3.27 ± 1.84	39.40 ± 13.16
> 55	36.36 ± 17.11	4.18 ± 1.54	3.00 ± 1.26	43.55 ± 18.38
F	3.617	1.347	0.363	2.559
p	0.007*	0.252	0.835	0.038*
Sex				
Male	43.48 ± 9.05	7.0 ± 2.68	3.30 ± 1.52	53.78 ± 10.92
Female	35.02 ± 11.82	5.21 ± 2.80	3.44 ± 1.89	43.66 ± 14.43
t	4.254	2.986	0.330	4.215
p	<0.001*	0.003*	0.741	<0.001*
Educational qualification				
Diploma of secondary technical nursing school	34.93 ± 11.78	5.43 ± 2.93	3.23 ± 1.70	43.59 ± 14.35
Nursing association degree	35.80 ± 13.33	5.04 ± 2.38	3.71 ± 2.0	44.55 ± 15.74
Bachelor degree in nursing science	36.14 ± 11.40	5.21 ± 2.78	3.62 ± 2.03	44.98 ± 14.15
Others	38.0 ± 12.31	6.33 ± 3.78	2.83 ± 1.33	47.17 ± 15.08
F	0.379	0.578	1.785	0.335
p	0.768	0.630	0.150	0.800
Years of experience in nursing profession				
<5	33.67 ± 13.01	5.0 ± 3.22	3.54 ± 1.89	42.21 ± 16.73
5 – <10	38.31 ± 11.0	5.39 ± 2.57	3.53 ± 1.88	47.22 ± 13.32
10 – <15	38.80 ± 11.45	5.83 ± 3.05	3.70 ± 2.01	48.33 ± 14.14
15 – < 20	32.17 ± 10.53	5.27 ± 2.94	3.23 ± 1.74	40.67 ± 12.99
> 20	29.28 ± 11.84	4.40 ± 2.31	2.95 ± 1.68	36.62 ± 14.01
F	10.318	2.587	1.877	9.523
p	<0.001*	0.037*	0.114	<0.001*
Years of experience in nursing working unit				
<5	36.46 ± 13.77	4.75 ± 2.55	3.43 ± 1.83	44.63 ± 16.67
5 – <10	37.13 ± 10.53	5.45 ± 2.74	3.47 ± 1.92	46.04 ± 13.01
10– <15	36.03 ± 11.19	5.74 ± 3.07	3.51 ± 1.92	45.28 ± 13.99
15 – < 20	33.34 ± 12.22	5.46 ± 3.24	3.30 ± 1.71	42.10 ± 14.71
> 20	29.56 ± 12.37	4.44 ± 1.96	3.25 ± 1.92	37.25 ± 14.50
F	3.574	2.189	0.197	3.122
p	0.007*	0.070	0.940	0.015*

t: Student t-test F for ANOVA test

*: Statistically significant at p ≤ 0.05 **: Statistically significant at p ≤ 0.00.1

Table 5. Reveals that there were statistically significant relationship between perception of organizational commitment and studied nurses in related to the following demographic characteristics age (f=9.639, p<0.001), educational qualification (f=20.946, p<0.001), and years of experience in nursing profession (f=3.5.3, p= 0.008) respectively. Concerning studied nurses perception of dimensions of organizational commitment and their demographic, the same table clarifies that there were statistical significant difference between studied nurses perception of affective organizational commitment and their age, educational qualification, years of experience in nursing profession and their experience in the nursing units (f=12.932, p<0.001), (f=15.800, p<0.001), (f= 5.258, p<0.001), (f=4.246, p=0.002) respectively. Also, there were statistically significant relationship between studied nurses perceptions of normative organizational commitment and their age and educational qualification (f=5.737, p<0.001) and (f=17.087, p<0.001) respectively. Lastly, there was statistically significant relationship between studied nurses perceptions of continuous organizational commitment and studied nurses age and educational qualification (f=4.674, p=0.001) and (f=10.847, p<0.001) respectively.

Table 5. Relationship between studied nurses perception of organizational commitment and their demographic characteristics.

Demographic data	**organizational commitment**

	Affective Organizational commitment	Normative Organizational commitment	Continuance Organizational commitment	Overall organizational commitment
	Mean. ± SD.	Mean. ± SD.	Mean. ± SD.	Mean. ± SD.
Age (years)				
≤ 25	18.82 ± 4.16	19.78 ± 3.99	18.01 ± 4.76	56.62 ± 10.65
> 25 – ≤ 35	18.68 ± 4.46	18.12 ± 4.66	16.63 ± 5.51	53.43 ± 12.09
> 35 – ≤ 45	21.12 ± 3.92	19.43 ± 4.75	18.14 ± 4.98	58.70 ± 10.74
> 45 – ≤ 55	22.31 ± 4.24	20.38 ± 6.41	18.76 ± 5.36	61.44 ± 13.13
> 55	24.18 ± 3.34	24.0 ± 5.02	22.45 ± 3.75	70.64 ± 10.38
F	**12.932**	**5.737**	**4.674**	**9.639**
p	**<0.001***	**<0.001***	**0.001***	**<0.001***
Sex				
Male	20.43 ± 4.47	20.74 ± 3.95	19.22 ± 4.16	60.39 ± 10.52
Female	19.85 ± 4.48	19.12 ± 4.97	17.60 ± 5.33	56.57 ± 12.16
t	**0.607**	**1.534**	**1.426**	**1.472**
p	**0.544**	**0.126**	**0.155**	**0.142**
Educational qualification				
Diploma of secondary technical nursing school	21.08 ± 4.43	20.13 ± 5.38	18.48 ± 5.36	59.69 ± 12.83
Nursing association degree	17.98 ± 3.51	15.78 ± 2.86	15.20 ± 3.27	48.96 ± 2.24
Bachelor degree in nursing science	18.67 ± 4.26	18.86 ± 4.06	17.17 ± 5.28	54.70 ± 10.99
Others	25.67 ± 1.51	26.83 ± 2.79	25.67 ± 2.50	78.17 ± 1.83
F	**15.800**	**17.087**	**10.847**	**20.946**
p	**<0.001***	**<0.001***	**<0.001***	**<0.001***
Experiences in nursing profession (years)				
<5	18.71 ± 3.84	19.13 ± 3.65	16.58 ± 5.30	54.42 ± 10.03
5 – <10	19.34 ± 4.06	18.92 ± 4.38	17.59 ± 5.33	55.85 ± 11.45
10 – <15	19.29 ± 4.40	18.53 ± 4.85	17.22 ± 5.49	55.04 ± 12.40
15 – < 20	20.21 ± 4.79	19.85 ± 4.55	17.72 ± 4.85	57.77 ± 11.02
> 20	22.12 ± 4.57	20.26 ± 6.61	19.24 ± 5.15	61.62 ± 13.75
F	**5.258**	**1.612**	**1.755**	**3.503**
p	**<0.001***	**0.171**	**0.137**	**0.008***
Experiences in nursing working unit (years)				
<5	19.57 ± 3.60	19.62 ± 3.79	16.87 ± 5.14	56.06 ± 9.50
5 – <10	19.10 ± 4.64	18.78 ± 4.70	17.57 ± 5.17	55.45 ± 12.25
10 – <15	20.03 ± 4.29	18.84 ± 4.96	17.79 ± 5.41	56.66 ± 12.13
15 – < 20	20.34 ± 4.71	19.52 ± 5.10	18.30 ± 5.37	58.16 ± 12.19
> 20	22.39 ± 4.61	20.75 ± 6.72	18.53 ± 5.46	61.67 ± 14.33
F	**4.246**	**1.446**	**0.796**	**2.128**
p	**0.002***	**0.218**	**0.529**	**0.077**

t: Student t-test F for ANOVA test

*: Statistically significant at $p \leq 0.05$ **: Statistically significant at $p \leq 0.00.1$

Table 6. Shows that there was a statistically significant negative correlation between studied nurses' exposure to workplace bullying and their affective organizational commitment (r= - 0.113). While there were no statistical significant correlation between studied nurses exposure to workplace bullying and their perception of normative organizational commitment, continuous organizational commitment (r = - 0.093, r = 0.035) respectively.

Table 6. Correlation matrix between workplace bullying, organizational commitment and intention to stay.

Variables	Workplace bullying (WPB)	Organizational commitment

		Person and work-related bullying	Physical or psychological intimidation bullying	Occupational devaluation	Total WPB	Affective organizational Commitment	Normative organizational Commitment	Continuous organizational Commitment	Overall Organizational commitment
Person and work-related bullying		1							
Physical or psychological intimidation bullying	r	0.535*	1						
Occupational Devaluation	r	0.395*	0.338*	1					
Overall WPB	r	0.976*	0.678*	0.519*	1				
Affective organizational commitment	r	-0.114*	0.047	-0.226*	-0.113*	1			
Normative organizational commitment	r	-0.101*	0.043	-0.141*	-0.093	0.504	1		
Continuous organizational commitment	r	0.041	0.062	-0.091	0.035	0.435*	0.600*	1	
Overall Organizational commitment	r	-0.065	0.062	-0.180*	-0.064	0.765*	0.856*	0.842*	1

DISCUSSION

Nurses are recognized the highest vulnerable population at healthcare setting for workplace violence. They may encounter bullying behaviors from patients, families, other healthcare provider's, coworkers, and managers because of their interaction among these varied groups and working within a climate of uncertainty along with high healthcare organizational demand (Harts, 2005). These conditions threaten both the physical and psychological wellbeing of nurses. Consequently, their organizational function and the quality of patient care will be greatly affected negatively (Suzanne, 2006). This study aims to assess whether there is a relationship between workplace bullying, nurses organizational commitment.[25,26]

In the light of this study results, nurses had moderate level of exposure to workplace bullying at the studied healthcare settings in which young and less experienced nurses in the inpatient units were more exposed to workplace bullying than the old and more experienced nurses. This result may be due to excessive workloads, lack of resources, irregular schedules, performing repetitive and monotonous task, shortage of staff which results in inability to take their rights such as sick leave, holiday for entitlement, night and evening shifts especially in holidays that interrupt their personal life, conflict between nurses and with co-workers. In addition, increase number of relatives especially inpatient units due to lack of visiting policy results in a very crowding rooms, lack of support from supervisors or managers. which predispose prevalence of workplace bullying. Also, young and less experience inpatient nurseshad low level of practical skills and competence that make them having repeated reminders of errors or mistakes,lack interpersonal coping or conflict management skills and excessive supervision from their supervisors, lack of their ability of managing time for providing patient care that make nurses sense of work stress.

This study result is congruentwith Amina (2015)and Thomas (2010)stated the nurses had moderate level of workplace bullying. Similarly , Hinchberger (2009)reported that one out of three nurses experiences bullying behaviors during their career. Also, this result rational is consistence with popular myth of Bartholomew (2006), old nurses eats their young and newest nurses are the primary, expected targets of workplace bullying between nurses.Moreover,the registered nurses with more years of experience had lower rates of workplace bullying (Johnson, 2009; Wright & Khatri 2015).

On the other hand, this result contradicted with study result revealed that nurses exposure to workplace bullying were low with percent only 2.7% of the total sampling (Mikkelson & Einarsen 2001). Also Zapf & Einarsen 2003, observed that a higher incidence of workplace bullying were among senior employees. Other studies were contradicted with the result of this current study, They conclude that in their large-scale studies, both men and women are equally prone to be bullied at work,except for sexual harassment, (Deobelle, Rawlinson, Ntuli, Malatsi, Decock, &Depoorter 2011, Wang, Tao, Ellenbecker, & Liu, 2012).

The results of this study revealed that there were significant difference between the studied nurses perceive of Affective, normative, and continuance commitment and their age, educational qualification. Whereas the older

nurse, and highly educated had higher level of the three components of organizational commitment.This may be related to age serves as proxy for seniority that is associated with opportunity to better one's position in the work. In the same line (Mossadegh Raad 2005) stated that there had been a significant correlation between organizational commitments and age, so that the staffs who have older than 30 years have more commitment compared to the others. There are similar results by Mossadegh Raad et al, 2004 found that there had a significant correlation between age and organizational commitment.

Again,Berry et al 2012;& Hickson ,2013found that, employees who were having certificates fromfirst degrees and below showed high committed compared to those with higher qualifications.the results reveals that overall level of commitment was at mediumlevel however, master degree holders were more loyal as related to their higherranked colleague who hold MPhil and PhD degrees.

Study result showedthat there were moderate level of overall commitment and commitment dimensions amongacademic staffs'. The study further indicated that, there is nogender difference in level of boththe overall commitment and its dimensions; however, significant differences were existed inreference to level of education. In conclusion of majorrecommendations, some of the universityguiding principles and situational workingenvironment should be reviewed so as to enhancecommitment for achieving better university work performance.

The findings of the current study indicates there is significant negative correlation between nurses exposure to workplace bullying and their affective organizational commitment where, old nurses with more experience and working in outpatient units had higher level of affective organizational commitment. This may be attributed to, the majority of nurses work in outpatient were old and highly experience and they are emotionally attached to their organization because as an individual's length of service with a particular organization increases, s/he may develop an emotional attachment with the organization, increase their awareness about the organizational attitude, as the person grows older, his/her sense of obligations also gains maturity, having high practical skills, familiars with their task all this make them highly attached to their organization .

This result is in the line withthe suggestion that there is a link between workplace bullying and organizational commitment, as organizational commitment has been shown to be negatively correlated to bullying-type behaviors at work (Tepper, 2000).Consistent with, Rafferty et al., 2007who found nurses that working in outpatient had higher level of affective organizational commitment than ICUs nurses (Rafferty et al., 2007). It was concluded that older and more experienced employees revealed higher perception of affective organizational commitment as compared to younger and less experienced employees (Khan& Zafar 2013 ; Su et al ., 2009). Akintayo et al, (2010)revealed that older nurses showed greater level of affective organizational commitment.

This result is inconsistent with the finding of a study conducted to investigate the effect of mobbing (psychological violence) on organizational commitment in businesses, their findings revealed that there is no significant relations can be found between workplace bullying and nurses affective organizational commitment (Tengilimoğlu& Mansur 2009). Also, nurses working in critical care (ICUs) units were highly committed to their units (Sonia, 2018). Moreover, employee's demographic characteristics (educational qualification, work experience) were not considered as significant antecedent of affective organizational commitment and theage of studied subject had insignificant association with affective organizational commitment (Dogar, 2014; Ghaffaripour, 2015).

CONCUUSION AND RECOMMENDATION

This descriptive correlation study revealed that there were a relationship between nurses exposure to workplace bullying, affective organizational commitment. While there is no significant correlation between nurses exposure to workplace bullying and their normative and continuous organizational commitment.

The results of the current study could highlight important points for the hospital administrators and give them insight about developing programs and designing strategies to improve organizational commitment and prevent occurrence of WPB. It can be improved through It can be improved through developing a training to nurses to raise their awareness about signs and symptoms of workplace bullying, impact of bullying on personal health as well as actions that will prevent and stop any abuse.

e workshops for nurses about coping strategies to manage workplace bullying. Develop a complain box for nurses and assign committee to handle their complains. Develop non blamed culture for nurses when reporting incident of workplace bullying.

REFERENCES

1. Amina H.(2015). Workplace bullying and absenteeism Rate among Staff Nurses. Medical journal of Cairo University, 83(2): 47-54.
2. Akintayo I. (2010).Work-family role conflict and organizational Commitment among industrial workers in Nigeria. Journal of Psychology and Counseling, 2(1): 1-8.

3. Ariza-Montes A, Muniz M, Leal-Rodriguez L, and Leal-Millan G.(2014). Workplace bullying among managers: A multifactorial perspective and understanding. International Journal of Environmental Research and Public Health, 11(3): 2657-82.
4. Ahliquist E, and Riehl G. (2013) Managing Lateral Violence and its impact on the team: nurses and Students. Available at: https://www.slideshare.net/SaskQualitySummit/managing-lateral-violence-and-its-impact-on-the-team-nurses-and-students. pdf.
5. Aondover U. (2013). Workplace bullying, job satisfaction and job performance among employees in a federal hospital in Nigeria. Published doctorate dissertation. Faculty of Benue State, University of Makurdi, Nigeria.
6. Berry A, Gillespie L, and Fisher S. (2016). Psychological distress and workplace bullying among registered nurses. The Online Journal of Issues in Nursing, 21(3): 4.
7. Bartholomew K. (2006). Ending nurse-to-nurse hostility – why nurses eat their young and each other. 1 st edition.HCPro publisher. Danvers.
8. Burnes B, and Pope R. (2007). Negative Behaviours in the Workplace. A study of two Primary care Trusts in the NHS. International Journal of Public Sector Management, 20(4):285-303.
9. Dogar N. (2014). Relations between organizational commitment and demographic factors: A research in banking sector. International Scientific Journal, 103-115. Idris M, and Manganaro M. (2017). Relationships between psychological capital, job satisfaction, and organizational commitment in the Saudi oil and petrochemical industries. Journal of human behaviour social environment, 27(1): 251–269.
10. Deobelle P, Rawlinson JL, Ntuli S, MalatsiI,andDecock R, and Depoorter AM. (2011). Job satisfaction and turnover intent of primary health care nurses in rural South Africa: a questionnaire survey. Journal of advanced nursing, 67(2):371–83.
11. Edna N. (2011). Dealing with Bullying In the Workplace. Journal of Inter business issue, 10(1):1-3.
12. Ghaffaripour S. (2015). Prediction of affective organizational commitment based on employee characteristics and psychological factors among oil Surekha Rana, Pooja Agrawa personnel. International Journal of Management Business Research, 5(4):337-350.
13. Harts S. (2005). Hospital ethics climates and registered nurses turnover intention. Journal of scholarship, 37(2):173-7.
14. Gary N. Workplace Bullying Institute. (2017). available at: http://www.workplacebullying.org/wbiresearch/wbi-2017-survey. last retrieved on October 2018.
15. Jan L. (2011). Bullying in the Workplace: What can individuals do? Journal of inequilibrium, 2:1-3. Available at http://www.in-equilibrium.co.uk/bullying-in-the-workplace-what-can-individuals-do? Last retrieved on September 2017.
16. Khan F, and Zafar S. (2013). An empirical study of affective commitment across demographic groups in the banking sector of Pakistan. Pakistan Journal of Commerce and Social Sciences, 7(3):555-563.
17. Hinchberger P. (2009). Violence against female student nurses in the workplace. Journal of Nursing Forum, 44(1): 37-46.
18. Hickson J. (2013). New nurses' perceptions of hostility and job satisfaction: Magnet versus non magnet. Journal of Nursing Administration, 43(5): 293-301.
19. Johnson L, and Rea E. (2009). Workplace bullying: Concerns for nurse leaders. The Journal of Nursing Administration, 39(2): 84-90.
20. Mikkelsen E, and Einarsen S. (2001). Bullying in Danish work-life: Prevalence and health correlates. European Journal of Work and Organizational Psychology, 10(1): 393-413Murray J. (2009). Workplace Bullying in Nursing: a problem that can't be ignored. Journal of Medical surgical Nursing, 18(5): 273-6.
21. Pupora C, and Blegen M. (2012). Horizontal violence and the quality and safety of patient care: A conceptual model Published online. Journal of Nursing Research and Practice, 10(1155): 1-10.
22. .Rafferty A, Clarke S, and Coles J. (2007). Outcomes of variation in hospital nurse staffing in English hospitals: Cross sectional analysis of survey data and discharge records. International Journal Nursing Studies, 44(2): 175-82.
23. Ray V. (2003). An Investigation of Violence in Lesbian Dyadic Relationships. Journal of Australian Lesbian Feminist Studies, 1(1):40-8.
24. Rocker F. (2012). Responsibility of a frontline manager regarding staff bullying. Online Journal of Issues in Nursing, 17(3): 1-14.
25. Sonia A. (2018). Relationship between organizational commitment and job satisfaction of nurses in dubaih hospitals. Journal of advances in social science and humanities, 4(1):36373-36400.
26. Su S, Baird K, and Blair B. (2009). Employee Organizational commitment: the influence of cultural and organizational factors in the Australian manufacturing industry. The International Journal of Human Resource Management, 20(12): 2494–516.
27. Suzanne H. (2006).point of care testing impacts patient flow. Journal of nursing critical care,3 (4):9-10.

28. Szutenbach, M. P. (2013). Bullying in nursing: Roots, rationales, and remedies. *Journal of Christian Nursing*, *30*(1), 16-23.
29. Tepper B. (2000). Consequences of abusive supervision. Journal of Academy of Management, 43: 178–190
30. Tengilimoglu D, and Mansur A. (2009). The Effect of Mobbing (Psychological Violence) on Organizational Commitment in Businesses, International Journal of Administrative and Economic Investigations, 1 (3): 69-84.
31. The Centre for American Nurses.(2012). Break the bullying cycle. Journal of Amircan Nurses association. , 7(1):1-5.
32. Thomas C. (2010).Teaching nursing students and newly registered nurses strategies to deal with violent behaviors in the professional practice environment. The Journal of Continuing Education in Nursing M, 41(7): 299-308.
33. Wilson J. (2016). An exploration of bullying behaviour in nursing: a review of literature. British Journal of Nursing, 25 (6): 303-6.
34. Yidirim D. (2009). Bullying amongst nurses and its effects. Journal of International Nursing Review, 56(1): 504-51.
35. Zapf D, and Einarsen S. (2003). Individual antecedents of bullying: Victims and perpetrators. In Bullying and Emotional Abuse in the Workplace. Journal of International Perspectives in Research and Practice, 5(1): 165–84.