Research Article

Influencing Factors and Consequences of Workplace Bullying among Nurses: A Structural Equation Modeling

Q4 Seonyoung Yun, PhD, RN, [1] Jiyeon Kang, PhD, RN, ACNP [2], *

[1] Department of Nursing, Youngsan University, Yangsan, Kyungnam South Korea
[2] Department of Nursing, Dong-A University, Busan, South Korea

A B S T R A C T

Purpose: The purpose of this study was to build and test a model outlining the factors related to workplace bullying among nurses. The hypothesized model included authentic leadership and a relationship-oriented organizational culture as influencing factors, symptom experience and turnover intention as consequences, and positive psychological capital as a mediator of workplace bullying among nurses.
Methods: We obtained structured questionnaire data from 301 nurses working at hospitals in South Korea. Based on these data, the developed model was verified via a structural equation modeling analysis using SPSS and AMOS program.
Results: The fit indices of the hypothesized model satisfied recommended levels; $\chi^2 = 397.58$ ($p < 0.001$), normed χ^2 (χ^2/df) = 1.82, root mean square residual = 0.05, Tucker-Lewis index = 0.93, comparative fit index = 0.94, root mean square error of approximation = 0.05. A relationship-oriented organizational culture had a direct effect on workplace bullying ($\beta = -0.48$, $p < 0.001$). Furthermore, workplace bullying had a direct effect on symptom experience ($\beta = 0.36$, $p < 0.001$), and this relationship was mediated by positive psychological capital ($\beta = 0.15$, $p = 0.003$). Workplace bullying also had an indirect effect on turnover intention ($\beta = 0.20$, $p = 0.007$). Finally, symptom experience had a direct effect on turnover intention ($\beta = 0.31$, $p = 0.002$).
Conclusion: These results suggest that workplace bullying among nurses may be prevented by constructing a relationship-oriented organizational culture, as long as employees have sufficient positive psychological capital. In this regard, workplace bullying among nurses should be addressed using a comprehensive strategy that considers both individual and organizational factors.

Introduction

Q1.2

Workplace bullying refers to situations where an individual or group repetitively harasses, causes discomfort to, and socially excludes another individual [1]. In terms of workplace bullying of nurses, "horizontal" or "lateral" violence, which refers to threatening behaviors among nurses who share the same status, has been noted [2]. It is common in health-care sectors where the organizational culture is hierarchical [1]. In particular, nurses in the health-care sectors are known to be more vulnerable to workplace bullying, and the prevalence of workplace bullying among nurses has been reported up to 20−30% [2].

Influencing factors of workplace bullying can be categorized based on individual and organizational factors. Regarding individual factors, demographic characteristics of those who have been bullied, such as age, career, and education level, are generally irrelevant to workplace bullying [3,4]. There is evidence that certain individual personality types are more or less likely to facilitate workplace bullying, which can be very difficult to control [4]. However, Purpora et al [3] have emphasized organizational factors rather than individual factors, explaining the mechanism of bullying among nurses as oppression theory. Hutchinson et al [5] also presented a multidimensional model of bullying in the nursing workplace and reported that organizational factors were the most critical antecedents of bullying. Accordingly, the importance of organizational factors has gained traction recently for understanding the factors affecting workplace bullying among nurses [5,6].

* Correspondence to: Jiyeon Kang, PhD, RN, ACNP, Department of Nursing, Dong-A University, 1 Dongdaeshin-dong, 3-ga, Seo-gu Busan 602-714, South Korea.
E-mail address: jykang@dau.ac.kr

Organizational culture and leadership are the two main organizational factors of note. The model of workplace bullying in the nursing workplace by Hutchinson et al [5] refers to organizational tolerance and reward, as well as informal alliances, as bullying antecedents of which directly reflect an organization's culture or atmosphere. Recent evidence suggests that more prosocial organizational cultures (i.e., those that are more relationship oriented) are less likely to manifest workplace bullying [7]. However, authoritarian, autocratic, or laissez-faire cultures may help facilitate bullying [4]. When organizational members feel that superiors are being fair and supportive, workplace bullying is fairly infrequent [4,8]. The relationship between these organizational cultures and the occurrence of workplace bullying was also reported in a study of Korean nurses [9]. Furthermore, there is a negative association between managerial authentic leadership and workplace bullying among nurses [6,10]. An authentic leadership refers to a style emphasizing positive relationships between employees and an ethical culture [11].

Nurses' experiences of workplace bullying can have several negative effects. Nurses who experience constant workplace bullying report various physical and psychological symptoms, including fatigue, headaches, indigestion, sleep disturbances, anxiety, anger, depression, and other posttraumatic stress disorder (PTSD) symptoms [5,12]. Previous studies [5,6] have also reported that workplace bullying caused symptom experience or exhaustion and eventually increased nurses' turnover intention.

Additional work has observed that an individual's positive psychological capital (PsyCap) may play a mediating role in the relationship between workplace bullying and its negative effects. Specifically, PsyCap and bullying experiences were significant independent predictors of PTSD symptoms in Canadian nurses, and efficacy, a sub dimension of PsyCap, lowered PTSD symptoms from workplace bullying experience [12]. In a study conducted in the United Kingdom [13], PsyCap also has been found to mediate the negative health effects of workplace bullying. In other words, the negative effects of workplace bullying can be mitigated by an individual's PsyCap. PsyCap is malleable [14]; therefore, if an individual's PsyCap can be improved via an intervention, the negative effects of workplace bullying could be reduced.

Recently, there have been many studies on workplace bullying among nurses. However, most of them are descriptive survey, and intervention studies on bullying in the workplace are very limited [1]. To prevent or intervene on workplace bullying, an integrative model, clearly addressing the individual and organizational antecedents and consequences, is needed. Although Hutchinson et al [5] presented a multidimensional model, it did not fully consider individual factors such as PsyCap. Accordingly, the purpose of the present study was to build and test a model of factors related to workplace bullying among nurses, while verifying relationships between each factor.

Conceptual framework

This study's conceptual framework was based on a review of previous studies on workplace bullying. We set authentic leadership and relationship-oriented culture as organizational factors that were directly related to workplace bullying and individual's PsyCap as a mediating factor between bullying and its negative consequences, symptom experience and turnover intention, in the present hypothesized model (Figure 1).

Nurse managers play an important role in reducing bullying incidence within the workplace by setting and executing a standard of behavior [6]. Among managerial leadership styles, authentic leadership focuses on the positive relationships between the leader and organizational members. The virtues of an authentic leader include self-awareness, relational transparency, moral-ethical perspective, and balanced processing [11]. An authentic leader attaches importance to his/her own interpersonal abilities, thus positively influencing employees' behaviors by building close relationships and being a healthy role model [8]. Laschinger et al [6] further verified the relationship between authentic leadership and workplace bullying, observing that a nurse manager's authentic leadership reduced new nurses' experiences of bullying. Additional studies revealed a negative association between authentic leadership and workplace bullying [10,15]. While authentic leadership is related to positive organizational behavior, it also serves as an antecedent of PsyCap [16]. An authentic leader will uncover and improve upon the strengths of his/her organizational members, which buttresses an individual's PsyCap [8]. Therefore, for this study, we hypothesized that an authentic leadership would reduce workplace bullying (Hypothesis 1), while also improving employees' PsyCap (Hypothesis 2).

Recent studies have also assessed organizational culture as one of the factors related to workplace bullying. Among the various organizational culture types, the most influential is a relationship-oriented culture whereby nurses are less likely to experience workplace bullying [7]. A relationship-oriented organizational culture stresses on the flexibility of the organization and focuses on human relationships. According to Kim et al [17], a nursing organization with a relationship-oriented culture can be a place where
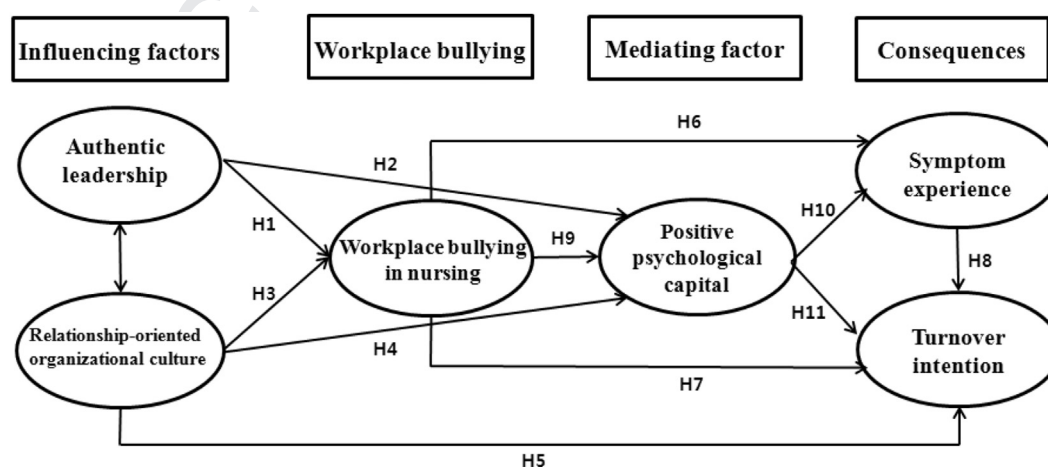

Figure 1. Hypothesized model. H= Hypothesis.