

Analyzing the Relationship between Role Stress and Workplace Bullying a Study on Nurses in Egypt

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Abstract

The objective of this research is to study the relationship between Role Stress (RS) and Workplace Bullying (WB) of nurses at Teaching Hospitals in Egypt. The research community consists of all nurses at Teaching hospitals in Egypt. Due to time and cost constraints, the researcher adopted a sampling method to collect data for the study. The appropriate statistical methods were used to analyze the data and test the hypotheses. The research has reached a number of results; the most important of which are: (1) RS is an important part of nurses at Teaching Hospitals in Egypt that combine the individual with the organization and the role assigned to him or her within the general structure of the organization, (2) RS reduces staff productivity, which will affect the overall competitiveness of the organization. RS will reduce the quality of services and products, poor customer relations, disruptive work environment and high turnover, (3) The increasing expectations of companies and organizations affect the way in which individuals are viewed as being part of an organization, commonly referred to as RS, (4) WB needs a sustainable and systematic exploration because the responsibility to protect its employees from psychological harassment to chase bully in the workplace, (5) Hospitals are busy and stressful work environments, difficult working conditions, night duties, probabilities, low staff pay, and bullying during academic career and bullying have a negative impact on business life, (6) The degree of WB experience was higher in nurses working in poorer environments, the nursing environment became an important factor in the deceleration factor in the WB, and (7) There was a statistically significant relationship between RS in terms of Role Conflict (RC), Role Ambiguity (RA), and Role Overload (RO) and the WB (person-related bullying, work-related bullying, and intimidation-related bullying) of nurses at Teaching Hospitals in Egypt.

The study referred to a number of recommendations; the most important of which are: (1) managers at Teaching hospitals in Egypt must be aware of the concept, types, causes, methods, consequences and bullying treatments of their organizations. They have to watch the behaviors of their staff to diagnose bullying behaviors, develop organizational culture and bullying politics to prevent bullying behaviors and punish and get rid of intruders in their organizations, (2) managers at Teaching hospitals in Egypt should reduce the WB by improving workers' awareness of them, (3) writing group patrols can reduce negative actions in the work environment. This may happen because when the nurses read and write together about an important issue, their relationships become more solid and supportive. The role of the head nurse was important in the atmosphere of nursing units and interpersonal relationships among nurses. If the main nurse does not take appropriate action against the negative procedures in the nurses, this will lead to a high turnover rate of nurses, (4) there is a need to develop a structural model that can explain the underlying factors and consequences of the WB, (5) there is a need to develop a reliable and correct measurable bullying tool, (6) propose an organizational policy and conduct interventionist research to reduce the WB at Teaching hospital in Egypt, and (7) conducting positive training courses and focus on the need to provide senior management support to staff members in a manner that prevents WB at Teaching hospitals in Egypt.

1. Introduction

RS has serious implications for both individuals and organizations and thus is important with further research in the field of RS to prevent unnecessary costs to society. An individual exposed to longer periods of time is more likely to burn gradually, which will reduce overall performance and negatively affect the morale of coworkers. RS is available in all types of organizations. The new threats are primarily related to the workplace; increased globalization and liberalization have created places of work with greater emphasis on performance and high expectations (Ratna et al., 2013).

The study conducted by the European Agency for Safety and Health at Work confirmed that 50% to 60% of all work absenteeism is linked to RS. The European Union is currently witnessing a new trend as working hours are being reduced. The traditional system of working eight hours a day is highly questionable and under structural change in many countries. The European Agency for Safety and Health at Work confirms that 22% of EU staff experience the RS and related costs are estimated to exceed £20 billion. Structural changes have led to lower working hours, implying more leisure time and less stress on the working individual. However, studies conducted by the European Agency for Safety and Health at Work confirm that fewer working hours will create a more stressful and stressful work environment because the same amount of work must be completed in less time (Milczarek et al., 2009). In 2005, the estimated costs of RS in Great Britain exceeded £530 million (HSE, 2007).

“Stress Can Cause Amnesia” (Wadstrom, 2014). “Stress Responsible For Up To \$190B In Annual U.S. Health Care Costs” (Blanding, 2015). “The Job Stress Epidemic Is Making Us Sick” (Conner, 2014). “Anxiety Can Bring Out the Best” (Beck, 2012). “Stress is Bunk for Business” (Martin, 2012). “Work-related Stress declines if Managers are given the right education” (Klinto, 2001). The headlines above are gathered from various newspapers and are directly linked to work-related stress denoted as RS, which is an increasing problem in the world today.

RS is reported to have serious economic results in North America. 80% of the cost of health care spent by companies in North America is linked to pressure and billions of dollars are lost due to low productivity among workers (Ornellas & Kleiner, 2003).

Workplace Bullying (WB) has become a serious and growing problem affecting a large proportion of health care professionals. As a result of their negative effects on mental health and well-being of employees, and hence on the performance of organizations, the importance of understanding the factors contributing to the emergence and development of bullying is vital (Bond et al 2010).

WB is often called workplace mobbing (Lehman, 1990, Qureshi, et al., 2013). WB is a global and local problem. Studies reveal that bullying rises to 17% (Nielsen et al., 2009). Yildiz et al. (2009) found that 55% and 40% of staff revealed that they faced bullying respectively (Giorgi, 2012).

The most serious problem against nurses is when the perpetrator is a fellow nurse. Bullying is known to be difficult to forget and cause constant stress (Dumont, et al., 2012).

Many victims can not reflect the bullying for fear of losing their positions. Targeted individuals are highly affected by negative behaviors and lose their health. Many people suffer stress as a result of bullying, so they quit their jobs. It reduces the quality of working life and constitutes an unhealthy organizational structure (Gökçe, 2006).

The new nurses were more likely to be victims from WB. However, the age or clinical experience of nurses was not found to be associated with the WB (Griffin, 2004; McKenna et al., 2003).

The current study seeks to determine the relationship between RS and WB of nurses at Teaching Hospitals in Egypt.

2. Role Stress

2.1. Role Stress Concept

The role is the position any one holds in an organization as defined by the expectations of various dignitaries to have a job (Waddar & Aminabhavi, 2012).

Stress is defined as an individual's internal reaction to pressure and is characterized by provocation and irritation. The effect of stress includes long-term psychological outcomes such as workplace anxiety and depression (Kumar & Praghadiswaran, 2011).

Stress is an important subject for a number of reasons: (1) stress has devastating psychological and physiological effects on staff, (2) stress is the main cause of turnover and absence, (3) stress by one staff member that may affect the security of other staff, (4) by overseeing different stress, individuals and organizations can be monitored more effectively (Jayashree, 2010).

Stress is more common in staff at lower levels of organizational hierarchies, where they have less ability to control their working conditions (Plattner & Mberengwa, 2010).

Stress is the pressure applied to a physical object or someone who challenges these forces and tries to maintain their original state. Stress is an unpleasant response faced by people when their external demands exceed their internal abilities (Waters & Osery, 2007).

Stress includes loss of expected work, security, sitting for long periods of time or heavy lifting, lack of protection, difficulty of repetition, and lack of independence at work. This is due to a lack of resources and equipment; work schedules and organizational environment are putting pressure on staff (Christo & Pinar, 2006).

Stress is the inability to cope with stress in a job because of a mismatch between a person's abilities and work demands (Holmlund-Rytkönen & Strandvik, 2005).

Stress is one of the most popular topics of research in psychology, and in broader areas of social and medical sciences. Stress has become one of the most serious health problems in the present world (Lu, et al. 2003).

There are five sources of stress. (1) substantive in the job, including factors such as poor physical working conditions, excessive workload or time pressures, (2) an organizational role, including RA and RC, (3) career development, consisting of job insecurity and under or above promotion (4) labor relations, including poor relationships with supervisor or co-workers, the extreme component is bullying in the workplace, and (5) organizational structure and environment, including less involvement in decision-making and office policies (Rayner & Hoel, 1997).

RS is the stress faced by the employee when organizational and individual needs are not consistent (Bano et al., 2011).

RS is a range to explain all the different types of individual stress experience in business roles. RS occurs when the individual experiences negative situations in his/her role in an organization (Bano & Jha, 2012; Bloisi et al., 2007).

RS occurs when labor requirements exceed the ability of workers to deal with them, the less working hours become contradictory (Milczarek et al., 2009).

A survey conducted by the European Foundation for the Improvement of Living and Working Conditions showed that 28% of staff in the European Union suffer from RS, which has been shown to have a significant relationship to inappropriate working conditions and to the transformation of work characteristics (Ekman & Arnetz, 2005).

RS occurs when an individual is exposed to negative influences in a work-related role in an organization (Pathak, 2012).

2.2. Role Stress Dimensions

There are seven dimensions of RS. They are Inter- Role Distance (IRD), Role Stagnation (RD), Role Erosion (RE), Role Isolation (RI), Personal Inadequacy (PI), Self Role Distance (SRD) and Resource Inadequacy (RIn) (Bano et al., 2011).

Ten stress factors are important to understand RS because they all affect employee satisfaction, performance, and organizational commitment (Pathak, 2012).

All 10 stress factors are derived from the situations in which the individual will occupy a specific role in the organization. Stressors in the overall stress measuring role consist of 50 items, ten items per stress (Chauhan, 2014).

There are three types of role stress. They are RC, RA, and RO (Chauhan, 2014; Sinha & Subramanian, 2012; Wincent & Örtqvist, 2011; Bano et al., 2011; Chang, 2009; Bloisi et al., 2007; Piko, 2006; Srivastav, 2006; Coverman, 1989).

1. Role Conflict (RC): It is described as the simultaneous occurrence of two sets of pressures that meet with one that would make it more difficult to comply with the other. Role expecting conflict is the result of the different expectations that the individual develops in his/her social environment and his/her acquaintance with his/her peers. The discrepancy between individuals' expectations about their role in the organization often differs from the expectations of their peers and managers, a source of stress. Role expectation conflict occurs when there are discrepancies between individuals' expectations and other expectations for colleagues or supervisors.

2. **Role Ambiguity (RA):** It is defined as ambiguity, or clarity in expectations that create difficulties for a person to achieve demands. RA speaks when a person can not obtain enough information to do his job properly as a service officer. RA occurs when the individual does not have the skills to perform the tasks expected to function within their roles. RA arises when the individual has an unclear understanding of his/her role in the organization and the expectations placed on it. RA is the lack of information for the employee for proper performance. RA is what an individual experiences when there are no clear expectations about his/her role in the organization. RA is the lack of clear and consistent information on the actions required for a given position. The lack of confidence from colleagues and peers is associated with high RA and low job satisfaction. RA will interfere with the individual's ability to perform personal goals, which leading to the negative impact of stress.
2. **Role Overload (RO):** It is defined as the degree of time and resources insufficient to meet expectations of commitments and commitments to play a role. As a result of different expectations the individual develops in their social status and identify with their other peers. Individuals' expectations about their role may differ from those of their peers or managers, which will cause stress. RO occurs when an individual who has a particular role has difficulties in performing according to the requirements of other roles. RO as a situation in which requests for a specific role for the individual are very high. RO occurs when the individual feels that a lot of them are expected. RO is divided into quantitative and qualitative side. The quantitative aspect refers to situations in which the individual has much to do while qualitative aspects refer to an individual who does not have sufficient knowledge to perform tasks at hand.

RA is strongly associated with RC, and the two topics are analyzed together. RA is often seen as an excessive factor for central RC. Ambiguity is defined as a kind of inadequacy where there is no clear information and weak communication. RA is the extent to which there is no clear information about the role-related expectation. Ambiguous role expectations are associated with greater pressure and less functional satisfaction than clear expectations (Vandenberghe, et al., 2011).

There are positive influences from the role of stressors (RC, RA, and RO). RA and RO depicts positively related to burnouts (Wincent & Örtqvist, 2011).

RC occurs when different actors have different expectations of roles and impose inconsistent behavioral expectations on how the role is performed (Wincent et al., 2008).

RO is to what extent the time and organizational resources available to the person are insufficient to meet the expectations of the specific role. In other RS research, RO has been treated as a stress role. RS has received a lot of research interest in psychological, social, and organizational studies, in particular, RC and RA has been discussed over the past few decades (Ortqvist & Wincent, 2006).

RS research focused on the subject of RO. Role stressors (RC and RA) are related to the principle of the chain of command and the principle of unity of command by indicating both classical organizational and role theory deal with role stressors (Conley & Woosley, 2000).

RC in terms of congruence dimensions (incompatibility or incompatibility) the mismatch of role requirements, where congruency or compatibility is judged for a set of criteria or conditions that affect role performance. RC was defined as a framework of person RC, inter RC, inter sender conflict and intra-sender conflict. The elements included in its scope measure different components of conflict. RA in terms of the ability to predict outcomes or responses to one's behavior, and the existence or clarity of behavioral requirements, often in terms of inputs from the environment, which can help guide behavior and provide knowledge of appropriate behavior (Rizo et al, 1970).

3. Workplace Bullying

3.1. Workplace Bullying Concept

The concept of bullying (socially excluded, tortured, excruciating, and harassing) was introduced in the mid-1980s by Norwegian and Swedish regulatory psychologists. International research began in the early 1990s (Einarsen, et al., 2003).

Bullying is a situation in which one or more people frequently face a number of negative acts by one or more of their workers, supervisors or subordinates, which makes the person defenceless (Chirila & Constantin, 2013).

Bullying is a situation in which a staff member receives negative treatment systematically for a long time and can not defend himself against this treatment easily (Matthiesen & Einarsen, 2007; Branch et al., 2013).

Bullying is a psychological aggression that involves a group of "bullies" instead of one person. Bullying is a form of social pressure in the workplace (Qureshi et al. 2013).

Bullying is an upward process that ends up facing the person in the lowest position and becomes the target of systematic negative social actions (Giorgi, 2012).

Bullying is an emotional attack. It begins with being a target of disrespectful and harmful conduct. It can be described as forcing someone else to leave by creating an aggressive atmosphere by provoking other persons with their consent or without consent to a person, perpetrating malicious acts, impugned accusations, ridicule, and harming the reputation of a person (Arisoy, 2011).

Bullying within nurses has been considered serious in other countries since the 1990s. After 2000, nursing organizations such as the American Association of Critical Care Nurses announced their position on WB (Center For American Nurses, 2008).

Bullying is a form of workplace violence that includes verbal abuse, threats, exclusion, insults, harsh criticisms, opportunities, teasing, annoying, being bad, intercepting information and violating privacy issues. With regard to the practice of nursing, "unfair patient assignment", "refusal of assistance" and "refusal to work together" can be a state of bullying (Embree & White, 2010; Griffin, 2004).

Bullying is repeated negative acts directed at one or several individuals creating a hostile environment. In bullying, the target person has difficulties in defending itself; therefore, it is not a conflict between the parties of equal power (Salin, 2001).

Bullying is a situation in which a person or several individuals are always, over a period of time, seen to be on the receiving end of the negative actions of one or of several person. Bullying is a difficulty in defending itself against these acts (Hoel & Cooper, 2000).

Bullying has become an essential area of debate in the past 15 years, especially among researchers who have a psychological aspect of work (Hoel, et al., 1999).

Bullying can be used in different situations in a common language, describing a variety of behaviors (Crawford, 1998).

Bullying behavior is devastating. It is repeated verbal, psychological and physical acts of an individual or group against others. Indiscriminate incidents of aggressive behavior should not be described as bullying. Only aggressive behavior is inappropriate which is systematic and enjoys considered bullying (O'Moore et al., 1998).

Bullying refers to a somewhat specific phenomenon where physical or non-physical aggressive behaviors are directed analytically to one or more subordinates or colleagues leading to victimization and stigmatization of the recipient (Leymann, 1996).

Bullying occurs over a period of time, and the person facing it faces difficulties in defending him/herself. It is not bullying if two extremes of almost equal force in conflict or accident is an isolated event (Einarsen & Skogstad, 1996).

Bullying can be used in a joking manner, i.e. describing a good granulated horse, or referring to the minor events of aggressive behavior that tend to tolerate easily and acceptably (Munthe, 1989).

WB means harassment, abuse, social exclusion or a negative impact on a person's work. In order to apply a bullying label to a specific activity, interaction or process, it should occur frequently and regularly over a period of time (Einarsen et al., 2011).

WB treats victims negatively, makes them feel inferior in question, and may relate to issues related to work and non-work (Öztürk, 2011).

WB caused an unstable environment and had a negative impact on patients, while also affecting job satisfaction and turnover of nurses (Roche et al., 2010).

WB is a recurrent negative verbal, psychological and physical behaviors, also called horizontal violence, horizontal hostility, lateral violence, or nurses eat young people. WB is very annoying and can lead to different negative outcomes for nurses (Center for American Nurses, 2008).

WB can lead to physical and psychological disability of the victims, worse organizational productivity, and higher turnover (Hutchinson et al., 2008).

WB has generally been expressed as a form of psychological harassment, which often led to aggression in the work environment (Woelfle & McCaffrey, 2007).

WB is a situation where one or more persons are systematically and over a long period of time consider themselves to be receiving passive treatment by one or more persons in the event that the person who is being treated has difficulty defending themselves against this treatment (Matthiesen & Einarsen 2007).

WB includes offensive remarks, physical assaults, unlawful removal of responsibilities and work assignments, spreading rumors and social exclusion (Bowling & Beehr, 2006).

WB has a negative impact on the nursing organization and patient safety as well as on individual nurses. Bullying leads to grief, anxiety, distrust and low self-esteem among the female nurses (McKenna, et al., 2003).

WB prepares abusive, abusive and socially excluded colleagues or, in some way, tries to disrupt the work of colleagues. Unlike conflict, bullying occurs repeatedly and periodically, characterized by an imbalance of power between the offender and the victim (Einarsen et al., 2003).

WB can increase stress and reduce job satisfaction for privileged business customers (Hoel & Cooper, 2000).

WB repeats aggressive behavior that systematically targets some employees, making them feel sorry and humiliated. WB is a phenomenon in which the employee is considered to be a defenseless victim of the negative actions of one or more co-workers (Namie, 2000)

WB is a persistent and recurring negative behavior due to energy imbalances and an adverse environment. The victim can not defend himself or respond equally (Vartia, 1996).

WB reflects negative behavior in the workplace when an employee is constantly subjected to abuse by others in the workplace (Adams & Crawford, 1992). WB is abusive behavior. Employees who have been humiliated, excluded or punished for the collective behavior of their co-workers have been severely damaged (Leyman, 1990).

3.2. Workplace Bullying Dimensions

There are two factors relevant to WB. They are individual and organizational factors. Individual factors include high pressure on work among offenders, age, work experience, lack of social skills, low self-esteem, and low efficiency among victims. Organizational factors include abuse of authority, informal alliances, organizational tolerance, an unclear place of responsibility, a hierarchical organizational culture, and a results-oriented environment (Embree & White, 2010; Lee & Lee, 2014).

As there were inconsistent results with regard to the relationship between individual factors and the WB, some researchers suggested focusing on organizational factors as the strongest relevant factors of the WB (Hoel & Salin, 2003).

There are three dimensions of the WB. They are person-related bullying, work-related bullying, and intimidation-related bullying (Einarsen, et al., 2009; Nam, et al., 2010; Einarsen & Hoel, 2001).

WB was assessed in this study using the Korean version of the Negative Acts Questionnaire Revised (NAQ-R; Nam, et al., 2010), originally developed by Einarsen, et al., (2009) was used to measure WB.

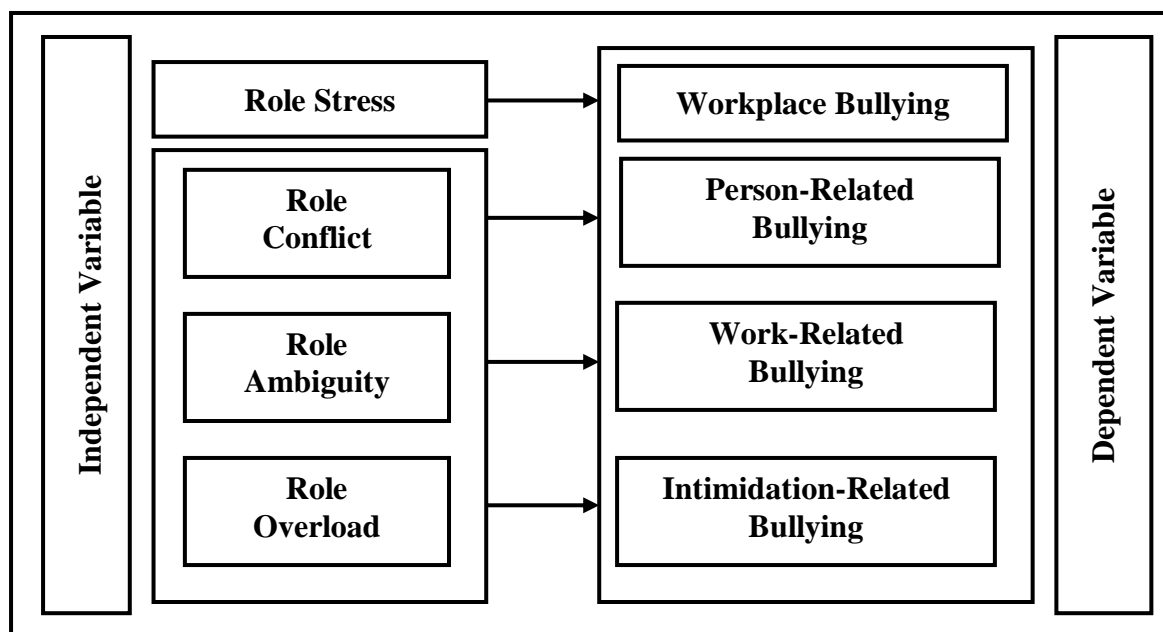
The questionnaire included 22 items in three subscales: person-related bullying, work-related bullying, and intimidation-related bullying. Each item was scored in terms of frequency, ranging from 1 (none) to 5 (almost every day). Thus, the highest scores indicated that the participant was more likely to be involved in bullying.

4. Research Model

The proposed comprehensive conceptual model is presented in Figure (1). The diagram below shows that there is one independent variable for the study of RS. There is one dependent variable WB. The research model is as shown in figure (1). The research framework suggests that RS has an impact on WB of nurses at Teaching Hospitals in Egypt.

RS as measured consisted of RC, RA, and RO (Chauhan, 2014; Sinha & Subramanian, 2012; Wincent & Örtqvist, 2011; Bano et al., 2011; Chang, et al., 2009; Bloisi et al., 2007; Piko, 2006; Srivastav, 2006; Coverman, 1989). WB is measured in the terms of person-related bullying, work-related bullying, and intimidation-related bullying (Nam, et al., 2010; Einarsen, et al., 2009; Einarsen & Hoel, 2001).

Figure (1)
Proposed Comprehensive Conceptual Model



5. Research Questions

The researcher reached the research problem through two sources. The first source is to be found in previous studies, and it turns out that there is a lack in the number of literature review that dealt with the analysis of the relationship between RS and WB of nurses at Teaching Hospitals in Egypt. This called for the researcher to test this relationship in the Egyptian environment.

The main purpose of the research question is to investigate the problem at hand and try to change the previous line of thinking. Thus, creating awareness about the research sector and illustrating how it adversely affects managers' ability to balance managerial responsibilities and practical leadership. Moreover, the research question intends to encourage further research in the relatively unknown public sector and to influence other researchers to initiate their own research (Sandberg & Alvesson, 2011).

In light of a review of previous studies towards RS, literature has shown that all individuals can be affected by stress regardless of age, gender or occupation. More than 65% of Swedish students between the ages of 10 and 18 confirm homework and exams (Robson, 2013). Another example is a 21-year-old university student who worked for "all the nights" at investment bank Merrill Lynch and was later found dead in his apartment. His friends talked about the pressure to accomplish something in life (Gysin et al., 2013).

All articles published in the Australian newspapers relating to RS to explore how to portray the turmoil in the media. A speech analysis of Australian articles revealed that RS offers the "workplace issue", "public sector phenomena" and "costly epidemic". The research sector is presented as a problem in the public sector because most institutions and public institutions provide information and statistics concerning RS. The speech analysis also revealed that the number of stress claims in the Australian public sector is higher than in the private sector. However, the average cost per claim is higher for an Australian private sector employee than public sector (Lewig & Dollard, 2001).

Furthermore, RC and RA directly affect job satisfaction and physical health (Kemery et al., 1987). On the other hand, staff ambiguity and conflict can foster emotional and normative commitment (Addae et al., 2008) and increased fatigue (Jackson et al., 1987).

In addition, a large group of experimental work has linked RS with a variety of dysfunctional outcomes for an individual and organization such as job dissatisfaction, distrust, anxiety, tension, high turnover, increased absenteeism, and unwanted physiological symptoms such as hypertension (Latack, 1981). Based on the results of the studied consequences of RS, stress factors were found to reduce organizational commitment (Agrawal, 1993), job satisfaction (Abdel-Halim, 1981) and performance (Jackson & Schuler, 1985).

As for WB, A qualitative study was conducted to analyze the characteristics of the bullying environment. The researchers found that firstly, the most complex and stressful nursing environment was likely to lead to the WB. Second, nurses' managers tended either to lead bullying or to neglect bullying. Third, bullying can be neglected because of fear of reprisals (Dumont et al., 2012). One study also indicated that an increasing number of nursing studies have been published on communication, interpersonal interaction and verbal abuse. These studies have so far focused more on the relationship between nurses and doctors, between

nurses and patients or their families, and not among nurses (Kang & Lee, 2003; Kim, 2002). These studies have shown that most of the perpetrators of violence are patients, families or physicians (Nam et al., 2006; Park et al., 2011).

The second source is the pilot study, which was conducted via an interview with (30) nurses at Teaching hospitals in Egypt to identify the dimensions of RS and WB. Through the pilot study, the researcher found several indicators notably the blurred important and vital role that could be played by RS in increasing WB of nurses at Teaching Hospitals in Egypt. The research questions of this study are as follows:

Q1: What is the relationship between RS (role conflict) and WB of nurses at Teaching Hospitals in Egypt?

Q2: What is the nature of the relationship between RS (role ambiguity) and WB of nurses at Teaching Hospitals in Egypt?

Q3: What is the extent of the relationship between RS (role overload) and WB of nurses at Teaching Hospitals in Egypt?

6. Research Hypotheses

In the light of the review of previous studies towards RS, literature has shown that quantitative study was conducted to investigate how the RS employees see. The experimental results revealed that men are more hard-line than their female colleagues and that employees aged 20-25 are experiencing more stress because of RA, which means that they are unclear. In addition, the study highlighted the role erosion and inter-role distance significant contribution to RS (Ratna et al., 2013).

Another study was conducted to explore how the levels of RS vary between administrative levels. The study pointed out that senior pyramid managers see higher levels of RS than managers in lower hierarchical positions. Responsibilities and roles in the different hierarchical positions are interpreted as a reason why RS differs among the levels of management in the organization (Sinha & Subramanian, 2012).

Another study was conducted to explore the differences of RS among staffing in the private and public sectors. The target group included 302 employees from the private and financial sectors in India. The population worked in various public sectors and organizations. The study identified the role of erosion as the most important stress and resource factors. More importantly, the study revealed no statistically significant differences in the perceived levels of RS among employees in the private and public sector. Adequate education and work experience affect the perceived RS among employees (Bano & Jha, 2012).

The negative results examined in RS research are limited to the well-being of the individual. Well-being in the workplace is an important concern that should continue to receive attention. Much of the literature on occupational well-being focuses on occupational stress (Danna & Griffin, 1999).

In addition, RC and RA had a direct impact on job-related tension, job satisfaction, and the tendency to leave an organization, while at the same time having indirect effects (Kemery et al., 1985). As for WB, literature has shown that bullying behaviors should occur at least once a week for six months to be considered bullying (Leymann, 1996; Branch et al., 2013).

One study indicated that between 10% and 15% of employees face the WB in Europe (Zapf et al., 2011) and North America (Keashly & Jagatic, 2011). Another study reported that the demographic and occupational characteristics of nurses were not related to WB experience (Hutchinson, et al., 2008).

Other studies have shown that the work environment of nurses greatly influences the quality of patient care (Center for American Nurses, 2008).

Studies reveal that a large number of staff is facing the WB (Keashly & Harvey, 2006).

The following hypotheses were developed to decide if there is a significant correlation between RS and WB.

H1: There is no relationship between RS (role conflict) and WB of nurses at Teaching Hospitals in Egypt.

H2: RS (role ambiguity) has no significant effect on WB of nurses at Teaching Hospitals in Egypt.

H3: There is no relationship between RS (role overload) and WB of nurses at Teaching Hospitals in Egypt.

7. Research Strategy

7.1. Population and Sample

The population of the study included only nurses at Teaching Hospitals in Egypt. The total population is 2,924 nurses. Determination of respondent sample size was calculated using the formula (Daniel, 1999) as follows:

$$n = \frac{N \times (Z)^2 \times P(1-P)}{d^2 (N-1) + (Z)^2 \times P(1-P)}$$

So the number of samples obtained by 339 nurses at Teaching Hospitals in Egypt is as presented in the following table.

Table (1): Distribution of the Sample Size

Teaching Hospitals	Nurses	Percentage	Sample Size
Shebin El Koum	778	26.6%	340X 26.6% = 90
Damanhour	413	14.2%	340X 14.2% = 48
Benha	400	13.7%	340X 13.7% = 46
Ahmed Maher	444	15.2%	340X 15.2% = 52
Galaa	401	13.7%	340X 13.7% = 47
Al Mataria	291	9.9%	340X 9.9% = 34
Al Sahel	197	6.7%	340X 6.7% = 23
Total	2924	100%	340X 100% = 340

The Annual Statistics for the Information Center of the Public Agency for Teaching Hospitals, 2017

Table (2): Characteristics of the Sample

Dimorphic Variables		Number	Percentage
1- Job Title	Physicians	100	33%
	Nurses	150	50%
	Administrative	50	17%
	Total	300	100%
2- Gender	Male	230	76%
	Female	70	24%
	Total	300	100%
3- Marital Status	Single	130	43%
	Married	170	57%
	Total	300	100%
4- Age	Under 30	100	33%
	From 30 to 45	125	42%
	Above 45	75	25%
	Total	300	100%
5- Period of Experience	Less than 5 years	50	17%
	From 5 to 10	200	66%
	More than 10	50	17%
	Total	300	100%

7.2. Procedure

The goal of this study was to identify the significant role of RS in affecting WB. A survey research method was used to collect data. The questionnaire included three questions, relating to RS, WB, and biographical information of nurses at Teaching Hospitals in Egypt. About 340 survey questionnaires were distributed. Multiple follow-ups yielded 300 statistically usable questionnaires. Survey responses were 88%.

7.3. Research Variables and Methods of Measuring

The 9-item scale RS section is based on Chauhan, 2014; Sinha & Subramanian, 2012; Wincent & Örtqvist, 2011; Bano et al., 2011; Chang, et al., 2009; Bloisi et al., 2007; Piko, 2006; Srivastav, 2006; Coverman, 1989. There were three items measuring RC, three items measuring RA, and three items measuring RO.

The 22-item scale WB section is based on Nam, et al., 2010; Einarsen, et al., 2009; Einarsen & Hoel, 2001. There were twelve items measuring person-related bullying, five items measuring work-related bullying, and five items measuring intimidation-related bullying.

Responses to all items scales were scored in terms of frequency, ranging from 1 (none) to 5 (almost every day). Thus, the highest scores indicated that the participant was more likely to be involved in bullying.

7.4. Data Analysis and Testing Hypotheses

The researcher has employed the following methods: (1) Cronbach's alpha or ACC, (2) Multiple Regression Analysis (MRA), and (4) F- test and T-test. All these tests are found in SPSS.

8. Hypotheses Testing

Before testing the hypotheses and research questions, descriptive statistics were performed to find out means and standard deviations of RS and WB.

Table (3) shows the mean and standard deviations of RS and WB

Variables	The Dimension	Mean	Standard Deviation
RS	Role Conflict	3.62	0.793
	Role Ambiguity	3.72	0.817
	Role Overload	3.34	0.942
	Total Measurement	3.56	0.761
WB	Person-Related Bullying	4.22	1.01
	Work-Related Bullying	3.25	1.16
	Intimidation-Related Bullying	3.08	0.865
	Total Measurement	3.74	0.781

Source: The researcher based on the outputs of SPSS, V.23, 2015

According to Table (3), among the various facets of RS, most of the respondents identified the presence of RC (M=3.62, SD=0.793), RA (M=3.72, SD=0.817), and RO (M=3.34, SD=0.942), total RS (M=3.56, SD=0.761).

The second issue examined was the different facets of WB (person-related bullying, work-related bullying, and intimidation-related bullying). Most of the respondents identified the presence of person-related bullying (M=4.22, SD=1.01), work-related bullying (M=3.25, SD=1.16), and intimidation-related bullying (M=3.08, SD=0.865), total WB (M=3.74, SD=0.781).

8.1. Evaluating Reliability

Data analysis was conducted. All scales were first subjected to reliability analysis. Cronbach's Alpha was used to assess the reliability of the scales. Item analysis indicated that dropping any item from the scales would not significantly raise the Alphas. To assess the reliability of the data, Cronbach's Alpha test was conducted. Table (7) shows the reliability results for RS and WB. All items had alphas above 0.70 and were therefore excellent, according to Langdridge's (2004) criteria.

Table (4) Reliability of RS and WB

Variables	Dimension	Number of Statement	ACC
RS	Role Conflict	3	0.764
	Role Ambiguity	3	0.636
	Role Overload	3	0.932
	Total Measurement	9	0.903
WB	Person-Related Bullying	12	0.969
	Work-Related Bullying	5	0.915
	Intimidation-Related Bullying	5	0.656
	Total Measurement	22	0.926

Source: The researcher based on the outputs of SPSS, V.23, 2015

Table (4) presents the reliability of RS. The reliabilities of RC, RA and RO are generally higher. The 9 items of RS are reliable because the Cronbach's Alpha is 0.903. The RC, which consists of 3 items, is reliable because the Cronbach's Alpha is 0.764. The 3 items related to RA, are reliable because the Cronbach's Alpha is 0.636 while the 3 items of RO are reliable because the Cronbach's Alpha is 0.932. Thus, the internal consistency of RS can be acceptable.

The 22 items of WB are reliable because the Cronbach's Alpha is 0.926. The person-related bullying, which consists of 12 items, is reliable because the Cronbach's Alpha is 0.969. The 5 items related to work-related bullying are reliable because the Cronbach's Alpha is 0.915 while the 5 items of intimidation-related bullying are reliable because the Cronbach's Alpha is 0.656. Thus, the internal consistency of WB can be acceptable.

Accordingly, two scales were defined, RS (9 variables), where Cronbach's Alpha represented about 0.903 and WB (22 variables), where Cronbach's Alpha represented 0.926.

8.2. The Means, St. Deviations and Correlation among Variables

Table (5) Means, Standard Deviations and Intercorrelations among Variables

Variables	Mean	Std. Deviation	RS	WB
Role Stress	3.56	0.761	1	
Workplace Bullying	3.74	0.781	0.502**	1

Source: The researcher based on the outputs of SPSS, V.23, 2015

Table (5) shows correlation coefficients between the research variables, and results indicate the presence of significant correlation between variables (RS, and WB). The level of RS of employees is high (Mean=3.56; SD=0.761), while WB is (Mean=3.74; SD=0.781). Also, Table (5) reveals the correlation between RS and WB (R=0.502; P < 0.01), which means that the high level of RS leads to higher WB.

8.3. The Correlation between RS and WB

The relationship between RS and WB of nurses at Teaching Hospitals in Egypt is presented in the following table:

Table (6) Correlation Matrix between RS and WB

Research Variables	1	2	3	4
Role Conflict	1			
Role Ambiguity	0.934**	1		
Role Overload	0.646**	0.552**	1	
Workplace Bullying	0.443**	0.457**	0.447**	1

Note: ** Correlation is significant at 0.01 level.

Source: The researcher based on the outputs of SPSS, V.23, 2015

Based on the Table (6), correlation between RS (RC) and WB is 0.443. For RS (RA) and WB, the value is 0.457 whereas RS (RO) and WB shows correlation value of 0.447. The overall correlation between RS and WB is 0.502.

8.4. Role Stress (Role Conflict) and WB

The relationship between RS (Role Conflict) and WB is determined. The first hypothesis to be tested is:

H1: There is no relationship between RS (Role Conflict) and WB a of nurses at Teaching Hospitals in Egypt.

Table (7) MRA Results for RS (Role Conflict) and WB

The Variables of RS (Role Conflict)	Beta	R	R ²
1. I do now know how to utilize my time appropriately at Teaching hospitals in Egypt.	0.375**	0.390	0.152
2. I have no idea of what I have to do every day at Teaching hospitals in Egypt.	0.547**	0.515	0.265
3. I have no clue of what the Teaching hospitals 's expectations of my job are.	0.333**	0.199	0.039
<ul style="list-style-type: none"> ▪ MCC ▪ DC ▪ Calculated F ▪ Degree of Freedom ▪ Indexed F ▪ Level of Significance 		0.601 0.361 55.855 3, 296 3.78 0.000	
** P < .01			

Source: The researcher based on the outputs of SPSS, V.23, 2015

As Table (7) proves, the MRA resulted in the R of 0.601 demonstrating that the 3 independent variables of RS (RC) construe WB significantly. Furthermore, the value of R square, 3 independent variables of RS (RC) can explain 0.36% of the total factors in WB level. Hence, 64% are explained by the other factors. Therefore, there is enough empirical evidence to reject the null hypothesis.

8.5. Role Stress (Role Ambiguity) and WB

The relationship between RS (Role Ambiguity) and WB is determined. The second hypothesis to be tested is:

H2: RS (Role Ambiguity) has no significant effect on WB of nurses at Teaching Hospitals in Egypt.

Table (8) MRA Results for RS (Role Ambiguity) and WB

The Variables of RS (Role Ambiguity)	Beta	R	R ²
1. Others often have inconsistent requirements for my job at Teaching hospitals in Egypt.	0.069	0.181	0.032
2. I often did some unnecessary work at Teaching hospitals in Egypt.	0.272**	0.393	0.154
3. Sometimes the tasks at Teaching hospitals assigned to me were too difficult and complicated.	0.421**	0.507	0.257
<ul style="list-style-type: none"> ▪ MCC ▪ DC ▪ Calculated F ▪ Degree of Freedom ▪ Indexed F ▪ Level of Significance 		0.555 0.308 43.949 3, 296 3.78 0.000	
** P < .01 * P < .05			

Source: The researcher based on the outputs of SPSS, V.23, 2015

As Table (8) proves, the MRA resulted in the R of 0. 0.555. This means that WB has been significantly explained by the 3 independent variables of RS (RA). As a result of the value of R², the six independent variables of RS (RA) justified only 31% of the total factors in WB level. Hence, 69% are explained by the other factors. Therefore, there is enough empirical evidence to reject the null hypothesis.

8.6. Role Stress (Role Overload) and WB

The relationship between RS (Role Overload) and WB is determined. The third hypothesis to be tested is:

H3: There is no relationship between RS (Role Overload) and WB of nurses at Teaching Hospitals in Egypt.

Table (9) MRA Results for RS (Role Overload) and WB

The Variables of RS (Role Overload)	Beta	R	R ²
1. My everyday workload is too much for me to finish at Teaching hospitals in Egypt.	0.580**	0.486	0.236
2. My assignments seem to become more and more complicated at Teaching hospitals in Egypt.	0.209*	0.366	0.133
3. I am in charge of many duties and tasks at the same time, which are too much for me to handle.	0.102	0.413	0.170
<ul style="list-style-type: none"> ▪ MCC ▪ DC ▪ Calculated F ▪ Degree of Freedom ▪ Indexed F ▪ Level of Significance 		0.498 0.248 32.493 3, 296 3.78 0.000	
** P < .01 * P < .05			

Source: The researcher based on the outputs of SPSS, V.23, 2015

As Table (9) proves, the MRA resulted in the R of 0.498 demonstrating that the 3 independent variables of RS (RO) construe WB significantly. The value of R square, 3 independent variables of RS (RO) can explain only 24% of the total factors in WB level. Hence, 76% are explained by the other factors. Therefore, there is enough empirical evidence to reject the null hypothesis.

9. Research Results

By reviewing the results of descriptive analysis of the data on which the study was based and testing the research hypotheses, the study reached a number of results which will be reviewed and discussed as follows:

1. RS is an important part of work for nurses at Teaching Hospitals in Egypt that combines an individual with the organization, the role assigned to him/her within the overall structure of the organization.
2. RS decreases nurse productivity at Teaching hospitals in Egypt, which affects the competitiveness of an organization. RS will decrease quality of services and products, and results in poor client relationships, dysfunctional work climate and high labor turnover.
3. The increased expectations in companies and organizations affect how the employed individuals perceive their role in an organization, which is commonly referred to RS at Teaching hospitals in Egypt.
4. WB at Teaching hospitals in Egypt needs to be explored in a sustained and systematic way because organizations have a responsibility to protect their employees from the psychological harassment of a workplace bully.
5. The health sector in Egypt is regarded as a sector in which non-negligible amounts of emotional abuse events are seen. Hospitals in Egypt are busy and stressful work environments and difficult working conditions, night duties, impossibilities, low wages of employees in public institutions, emotional harassment (bullying) during academic career and promotion (bullying) has a negative impact on business life.
6. The degree of WB experience was higher in nurses working in poorer environments, and the nursing work environment turned out to be a significant influencing factor on WB at Teaching hospitals in Egypt. The organization created an opportunity for violence and could promote such violence, which was significantly affected by the work environment and the organizational culture. In particular, an unstable organization, or overly authoritative or permissive leadership were suggested to be the causes of bullying.
7. There is a statistically significant correlation between the variable of RS (RC, RA, and RO) and the variable of WB (person-related bullying, work-related bullying, and intimidation-related bullying) of nurses at Teaching Hospitals in Egypt.

10. Recommendations

In the light of the previous results, the researcher concluded with a set of recommendations. These recommendations can be summarized as follows:

1. The researchers have proved a relationship between RS and managers' ability to balance administrative responsibilities and operative leadership. Managers must have both management and leadership skills in order to function properly as a manager.
2. Managers of Teaching hospitals nurses in Egypt should further investigate if the perceived RO has a quantitative or qualitative perspective. This is important because the causes are significantly different and require specific methods to be resolved. If managers experience a quantitative RO, the municipality needs to investigate if the amount of responsibilities is equally dispersed among roles in the organizational. If managers perceive a qualitative RO, the municipality must investigate and ensure that managers have the proper knowledge "tools" to perform adequately in the organizational. It is also crucial to ensure that the internal processes and system are effective and used adequately to perform responsibilities.
3. The researchers propose to implement more detailed job-descriptions and profiles in order to work proactively against Inter-Role Distance. The absence of job-descriptions is likely to cause many different expectations among managers, which spurs the work-related stress. An adequate job profile while recruiting employees will ensure that the new employees will possess the right competence and knowledge to perform adequately in the organization. The job-descriptions should also include clear stated obligations and rights, which is believed decrease the misunderstandings in expectations.
4. Managers of Teaching hospitals nurses in Egypt should be aware of the concept, types, reasons, methods, consequences and remedies of bullying for their organizations. They have to watch the behaviors of their employees to diagnose bullying

behaviors, develop organizational culture and bullying policy to prevent bullying behaviors, punish and get rid of bullies in their organizations.

5. The first step in reducing bullying at Teaching hospitals in Egypt is to improve the workers' awareness about it. Writing group journals could lead to reduction in negative acts within the work environment. This might be because when nurses read and write together about an important issue, their relationships become more solid and supportive. The role of the head nurse was important in the atmosphere of the nursing units and the interpersonal relationships between nurses. If the head nurse did not take appropriate action against negative acts in nurses, this would lead to a higher rate of turnover of nurses.
6. There is a need for the development of a structural model at Teaching hospitals in Egypt that can explain the influential factors and the consequences of WB.
7. Conduct positive training courses and focus on the need to provide senior management support to staff members in a manner that prevents WB at Teaching hospitals in Egypt. Training courses are a means of building positive skills, abilities and behaviors, not a waste of time.
8. Taking into account the appointment of nurses at Teaching hospitals in Egypt in the appropriate degree of expertise, skills and abilities.
9. There is a need for the development of a reliable and valid instrument that can measure bullying, and that is sensitive to the characteristics of the nursing occupation at Teaching hospitals in Egypt. Therefore, I suggest an organizational policy development and intervention research to reduce WB for Teaching hospitals nurses in Egypt.

11. Recommendations for Future Research

This paper will make contributions to academicians who will conduct studies in the field of bullying. It is also expected that this paper will make contributions to managers and entrepreneurs to be aware of the harmful effects of bullying, raise the awareness of HR professionals and all employees of them, prevent and get rid of bullying behaviors and bullies in their organizations.

The project has also revealed the need for future research in the area of the Swedish public sector and RS. As mentioned in the introduction, costs of work-related stress in the European Union exceeds €20.000 billion and thus enough incitement for further research in all aspects of RS. The empirical findings in this degree project can be considered as the starting point for further research concerning work-related stress in the Swedish public sector. The categorical variables, gender, age, length of service and managerial levels were not the primary focus in this study. Thus, the researcher encourage other researchers to investigate the differences in categorical variables and the underlying causes. One other interesting aspect for further research would be to investigate the differences in perceived RS between the Swedish public and private sector.

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