

## Workplace Bullying and Workplace Anxiety A Study on Menoufia University Hospitals in Egypt

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### **Abstract**

*The objective of the research is to identify the relationship between Workplace Bullying (WB) and Workplace Anxiety (WA) at Menoufia University hospitals in Egypt. The research community is composed of all employees at Menoufia University hospitals in Egypt. Due to the time and cost constraints, the researcher adopted the sampling method to collect the necessary 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) 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. They suffer difficult working conditions, e.g. 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, (2) WB 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, (3) 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. So, this organizations created an opportunity for violence and could promote such violence, which was significantly affected by the work environment and the organizational culture, (4) the availability of some administrative factors that cause WA such as the lack of welcome of the senior management of the organization to the idea of Telework, and the failure to recruit employees in the degree of career commensurate with their experience and skills, and the existence of competition between the administrative departments of the organization in a manner that causes mutual problems, senior management's criticism of the workers, (5) there is a statistically significant correlation between WB and WA at Menoufia university hospitals in Egypt.*

*The study presents a number of recommendations; the most important of which are: (1) managers should be aware of the concept, types, reasons, methods, consequences and remedies of bullying for their organizations, (2) reducing bullying through improving the workers' awareness about it, (3) there is a need for the development of a structural model that can explain the influential factors and the consequences of WB, (4) conduct positive training courses and focus on the need to provide senior management support to staff members in a manner that prevents WB. Taking into account the appointment of nurses in the appropriate degree of expertise, skills and abilities, (5) 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. Therefore, I suggest an organizational policy development and intervention research to reduce WB, (6) the degree of WA varies in terms of their nature and degree of impact on employees. It may be an impetus for development and improvement, an opportunity for challenge and self-validation, and may be a source of innovation and the emergence of creative ideas, (7) adopting modern administrative methods in work, such as Telework, which ensures the possibility of continuous communication of employees with their organization regardless of their social conditions in different forms, (8) rehabilitation training courses that support the change of individual factors that cause resistance to change.*

### **1. Introduction**

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., 2010). 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 file complaints for fear of losing their positions. Targeted individuals are highly affected by the 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 concept of Workplace Anxiety (WA) is particularly relevant during organizational change, when both organizations and individuals within them are under stress (Cooper et al., 2002).

The danger of WA is its negative effects, the most prominent of which is the state of psychological combustion. The phenomenon of psychological combustion has become one of the general phenomena that have become widespread and have increased in recent times (Sweeny & McFarlane, 2002).

The causes of WA are unclear objectives, organizational unemployment, routine, uncertainty, misperception, complex issues (Paul & Anderson, 2007).

Anxiety and depressive disorders have been found to be among the most commonly diagnosed mental disorders, affecting millions of people in many of their daily aspects of life (Mucci et al., 2016). About one-third of the general population suffers from mental disorders (Wittchen, et al., 2011).

Anxiety, as a human phenomenon, has attracted the interest and attention of a wide range of researchers, and thus has been perceived differently by various researchers. Generally speaking, anxiety is defined a feeling of excessive worry and concern (fearful expectations) over one's future (Abdul'Aal, 2008).

Worry is closely related to anxiety. Worry is the attention vigilance and distortion in information processing, such as attention and encoding, which characterizes anxiety. Basically, worry is the cognitive component of anxiety and it represents a functional state of preparation for future threats through lessening the unexpectedness and consequent impact of aversive stimuli (Barlow & Cerny, 1988).

Worry decreases the surprise element and increases the individual's readiness for coping with unanticipated events that actually occur by (a) alarming the system about new incoming threatening information; (b) prompting retrieval of threat-related images and thoughts into consciousness; and (c) preparing for a future situation in a way that reduces its aversiveness (Levy, 2005; Spector, 2008).

The current study seeks to determine the relationship between WB and WA at Menoufia University hospitals in Egypt.

## **2. Workplace Bullying**

### **2.1. 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 are repeated, creating a hostile environment. In bullying, the target person has difficulties in defending himself; 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 himself. 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 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).

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.

## **3. Workplace Anxiety**

### **3.1. Workplace Anxiety Concept**

The term “Anxiety” describes the effect of combined negative affect and physiological arousal. This refers to anxiety as an evolved defense system that has served through eons of time to protect organisms from survival threats (Ohman, 2000).

If the feeling of anxiety continues for a longer period (about over six months) and dominates an individual's thought pattern and mental state, then it can be said that the given individual is beset with general anxiety disorder. This disorder is characterized by the lack of control over thoughts and worries, which in turn result in certain specific somatic and cognitive symptoms, which are likely to interfere with an individual's daily functioning (Davey & Tallis, 1994).

Anxiety is a universal phenomenon, often challenging and beneficial at the same time. It acts as a biological warning system against danger signs and prepares an individual to take appropriate action. Anxiety acts as a protective response towards certain risks. A low level of anxiety is beneficial, but high and chronic levels of anxiety result in impairment of physiological and psychological functions (Noyes & Hoehn-Saric 1998).

An anxious person is unhappy. The greater his concern, the more likely he is to be able to remove the concerns, since in practice, the human being needs some anxiety to work efficiently (Management, 2014).

WA is a psychological condition that occurs when the individual feels that there is a danger that he or she expects to occur or is afraid of, namely emotional tension and mental and physical disorder (Kan et al., 2013).

WA is one of the elements of professional stress that interacts between stimuli and responsiveness to job satisfaction (Lokman et al., 2011).

WA is an unpleasant feeling characterized by fear, dread, and fear that the individual feels at a time and in different degrees (Baruch & Lambert, 2007).

The common symptoms include the presence of extreme fear and anxiety, together with behavioral disturbances. Fear is a spontaneous response towards real or perceived threat of immediate danger. Anxiety, however, is directed towards future danger. The only differences among these disorders are the types of situations inducing fear, anxiety and avoidance behavior with linked cognitive dysfunctional ideation. They are highly comorbid with each other but close examination can differentiate the type of anxiety disorder (National Institute of Mental Health 2016).

According to the American Psychiatric Association (2013), Diagnostic and Statistical Manual of Mental Disorders has classified anxiety into following categories;

1. **Separation anxiety disorder:** Characterized by persistent fear and anxiety about separation and the degree is usually inappropriate.
2. **Selective autism:** Characterized by consistent failure to speak only in social circumstances.
3. **Specific phobia:** Characterized by consistent fear and anxiety about specific object or situations.
4. **Social anxiety disorder:** Characterized by being fearful and anxious and avoiding the social circumstances where there is possibility of being embarrassed.
5. **Panic disorder:** Characterized by recurrent panic attacks and persistent concern about having panic attacks or behavioral changes due to panic attacks.
6. **Panic attack specifics:** Characterized by intense fear or discomfort which reaches peak within some minutes.
7. **Agoraphobia:** Characterized by being fearful and anxious about using public transportation; being in open spaces, being in enclosed places; standing in line or with crowd; or being outside of the home alone in other situations.
8. **Generalized anxiety disorder:** Characterized by persistent worry and anxiety about work and performances, which is difficult to control.
9. **Substance/medication-induced anxiety disorder:** Characterized by anxiety due to substance use, withdrawal or medical treatment.
10. **Anxiety disorder due to another medical condition:** Anxiety due to other medical conditions.

In the light of the, previous definitions, organizational concern is the reactions of an individual as a result of environmental or subjective factors that make him unable to adapt to them; thus reducing his ability to innovate at work.

### 3.2. Workplace Anxiety Dimensions

WA is caused by several factors (1) the inability of the individual to balance functional communication and social communication, (2) the inability to develop career, (3) the lack of incentives for Telework, and (4) the negative management view of employees (Maruyama & Tietze, 2012).

The causes of WA are (1) the intensification of organizational conflicts, (2) the adoption by senior management of WB (Lokman et al., 2011).

The causes of WA are the existence of objective goals, unemployment, routine, uncertainty, and misinterpretation. Organizational concerns include (1) suppressed thoughts, feelings, anomalies, and immoral memories; (2) the attitudes and situations in which the individual is expected to be hated or undergo changes in his life, but he does not know his fate, and this is not known, and (3) Anxiety is caused by the fact that man is a conscious thinker of his existence and his work (Paul & Anderson, 2007).

The causes of WA are (1) doing many things and learning new things for the process of change, which entails consuming the energies of the workers and working for several more hours, (2) fear of the unknown, where the results of change are often unknown and unclear, and (3) a sense of loss of control over the behaviors of employees during work (Voyer et al., 1997).

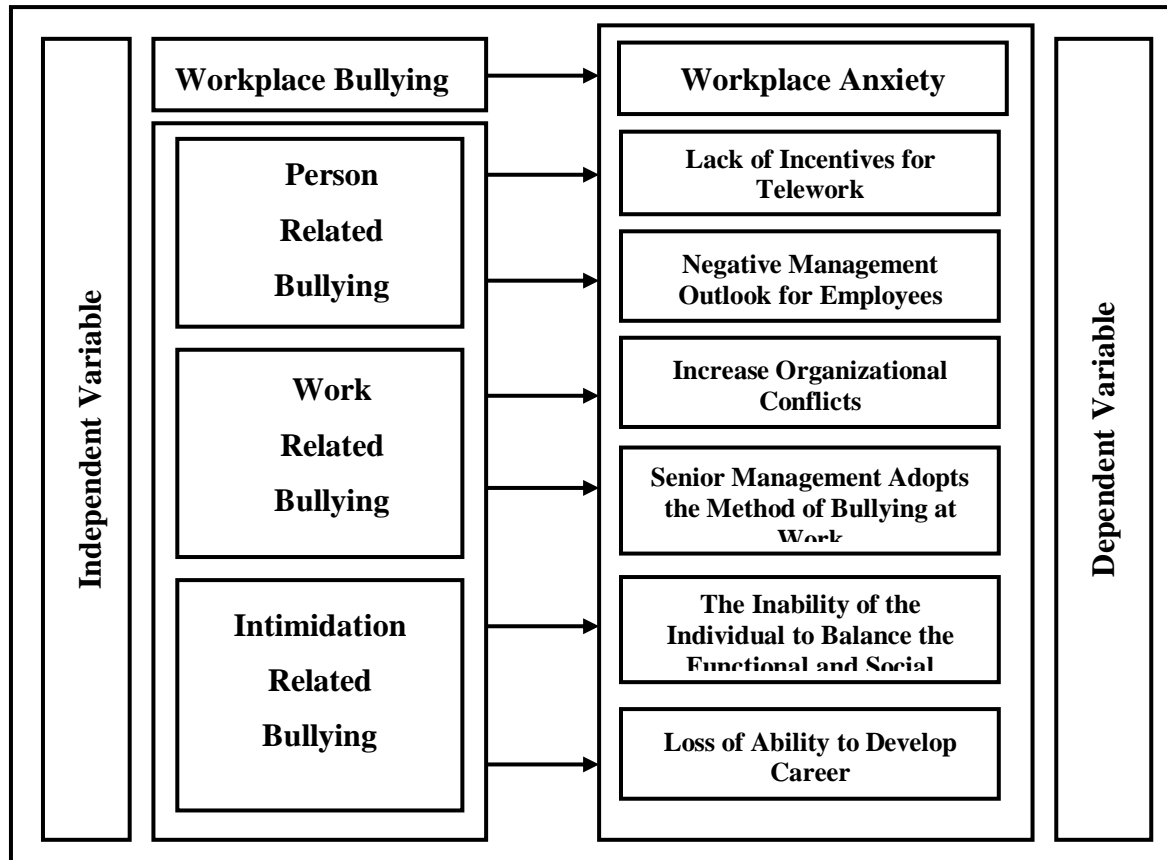
In light of the above, there are two dimensions of WA (Jenkins et al., 2011; Matthiesen & Einarsen, 2007; Nilesen et al., 2008). They can be explained as follows:

1. **Individual factors:** such as the inability of the individual to balance the functional and social (delay in official working hours, my constant feeling of exhaustion, mental exhaustion causes me a lot of trouble in my work, delay the performance of some tasks to be accomplished, and frequent work pressures cause me a state of constant anxiety) loss of ability to develop career (computer entry threatens career stability and training courses are a waste of working time).
2. **Administrative factors:** such as lack of incentives for Telework (the organization does not welcome work through the Internet and my responsibilities are to work longer than the time available), negative management outlook for employees (do not underestimate my career and severe attendance and departure from work), increase of organizational conflicts (my current work does not interest me, there is a difference between the views of the workers in one section, there is a lack of cooperation with other administrative departments, and other administrative departments create problems for our department), the senior management adopts the method of bullying at work (I charge for work that does not fit my career, insisting on practical criticism, take administrative and legal action against me, pressure on the denial of my rights such as holidays and allowances, formation in my career, I have consistently asked for an achievement rate, difficulty getting the information necessary for my work, my observation and observation are constantly monitored, and the movement of promotions is ignored).

### 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 WB. There is one dependent variable WA. The research model is as shown in the following figure:

Figure (1)  
Proposed Comprehensive Conceptual Model



The research framework suggests that WB has an impact on WA. WB is measured in terms of person-related bullying, work-related bullying, and intimidation-related bullying (Nam, et al., 2010; Einarsen, et al., 2009; Einarsen & Hoel, 2001).

WA is measured in terms of lack of incentives for Telework, negative management outlook for employees, increase of organizational conflicts, the senior management adopts the method of bullying at work, the inability of the individual to balance the functional and social, loss of ability to develop career (Jenkins et al., 2011; Matthiesen & Einarsen, 2007; Nilesen et al., 2008).

### 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 WB and WA at Menoufia university hospitals in Egypt. This called for an examination of that relationship in the Egyptian environment.

The main purpose of the research question is to promote 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 the review of previous studies of WB, literature has shown that 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 primarily focused 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).

As for WA, literature has shown that there is a study that used Telework as a dimension of WA for less than one year in order to identify the expectations of employees before and after the use of the method of Telework, taking into account demographic factors such as gender, job nature, social status and working hours. The study found that employees have negative attitudes toward Telework before using them. These trends have turned into positive trends after the use of Telework, especially among female employees. This method offers them more time to accomplish their family and functional tasks. As well as sales and marketing staff. The study also found that Telework is an effective way to reduce WA, which is one of the negative aspects of the workplace (Maruyama & Tietze 2012).

The latest survey by the American Association of Anxiety Disorders (ADA) showed how stress and anxiety can be related to the workplace. The results of this survey showed that workplace anxiety can affect workplace performance, employee relationships, quality of work, and relationships with supervisors. Furthermore, the workplace can affect anxiety by pressing deadlines, interpersonal relationships and dealing with issues or problems that may arise during the performance of work

activities. With regard to the relationship between anxiety and work, concepts of "workplace anxiety" and "workplace phobia" are emerging as new concepts of clinical work (Muschalla, 2009).

A study aimed at applying change management theory to address WA by identifying the factors of concern that the study divided into individual factors and management factors (Baruch & Iambert 2007).

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

Q1: What is the relationship between WB (Person-Related Bullying) and WA at Menoufia university hospitals in Egypt?

Q2: What is the nature of the relationship between WB (Work-Related Bullying) and WA at Menoufia university hospitals in Egypt?

Q3: What is the extent of the relationship between WB (Intimidation-Related Bullying) and WA at Menoufia university hospitals in Egypt?

## 6. Research Hypotheses

In the light of the review of previous studies of WB, the 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 are facing the WB (Keashly & Harvey, 2005).

As for WA, literature has shown that the victim's awareness of bullying varies according to his/her experience of the concept of justice, and to evaluate his/her psychological safety. The study was applied to employees at different administrative levels who had already practiced bullying behavior and to interview a number of bullying. The study found that WA is the result of bullying practices in the workplace, as well as a host of other negative phenomena of frustration, stress, and isolation (Jenkins et al., 2011).

Another study found that WA is caused by the individual's inability to balance his relationships between customers and co-workers. The study found that WA for doctors is caused by their inability to balance their relationships with their patients on the one hand and their colleagues on the other (Lokman et al., 2011).

In particular, workplace phobia is the most serious workplace concern. It can affect the organization's performance as it relates to absence. In order to deepen the knowledge of this clinical concept, which is not now studied in terms of aspects of the potential work environment, the main objective of this study is to analyze workplace anxiety phobia in the context of the most commonly used model on psychosocial risk factors and stress at work (Demerouti, et al., 2001).

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

H1: There is no relationship between WB (Person-Related Bullying) and WA at Menoufia university hospitals in Egypt

H2: WB (Work-Related Bullying) has no significant effect on WA at Menoufia university hospitals in Egypt.

H3: There is no relationship between WB (Intimidation-Related Bullying) and WA at Menoufia university hospitals in Egypt.

## 7. Research Strategy

### 7.1. Population and Sample

The population of the study included all employees at Menoufia University hospitals. The total population is 3307 employees. The random sampling was used for collecting the primary data as it was difficult to get all of the items of the research population, because of time limitations. The stratified random sample was used while selecting items from the different categories of employees. The following equation determines the sampling size (Daniel, 1999):

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

The number of samples obtained by 344 employees at Menoufia University Hospitals is presented in Table (1).

Table (1) Distribution of the Sample Size on the Population

Job Category	Number	Percentage	Size of Sample
Physicians	488	15%	344 X 15% = 52
Nurses	2141	65%	344 X 65% = 224
Administrative Staff	678	20%	344 X 20% = 68
<b>Total</b>	<b>3307</b>	<b>100%</b>	<b>344 X 100% = 344</b>

Source: Personnel Department at Menoufia University, 2017

By using the lists of employees at the Staff Affairs Department, Menoufia University hospitals random choice of categories was attained. Table (2) illustrates the features of sample units Menoufia university hospitals in Egypt.

Table (2): Characteristics of Items of the Sample

Demographic Variables		Number	Percentage
1- Job Title	Physicians	100	33%
	Nurses	150	50%
	Administrative	50	17%
	<b>Total</b>	<b>300</b>	<b>100%</b>
2- Sex	Male	230	76%
	Female	70	24%
	<b>Total</b>	<b>300</b>	<b>100%</b>
3- Marital Status	Single	130	43%
	Married	170	57%
	<b>Total</b>	<b>300</b>	<b>100%</b>
4- Age	Under 30	100	33%
	From 30 to 45	125	42%
	Above 45	75	25%
	<b>Total</b>	<b>300</b>	<b>100%</b>
5- Educational Level	University	100	33%
	Post Graduate	200	67%
	<b>Total</b>	<b>300</b>	<b>100%</b>
6- Period of Experience	Less than 5 years	50	17%
	From 5 to 10	100	33%
	More than 10	150	50%
	<b>Total</b>	<b>300</b>	<b>100%</b>

**7.2. Procedure**

The goal of this study was to identify the relationship between WB and WA. A survey research method was used to collect data. The questionnaire included three questions, relating to WB, WA, and biographical information of employees at Menoufia university hospitals in Egypt. Data collection took approximately two months. About 344 survey questionnaires were distributed by employing diverse modes of communication, such as in person and post. Multiple follow-ups yielded 300 statistically usable questionnaires. Survey responses were 87%.

**7.3. Research Variables and Methods of Measuring**

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.

The 24-item scale WA section is based on Jenkins et al., 2011; Matthiesen & Einarsen, 2007; Nilesen et al., 2008. There were two items measuring lack of incentives for Telework, two items measuring negative management outlook for employees, four items measuring increase organizational conflicts, nine items measuring the senior management adopts the method of bullying at work, five items measuring the inability of the individual to balance the functional and social, and two items measuring loss of ability to develop career.

Responses to all items scales were anchored on a five (5) point Likert scale for each statement which ranges from (5) “full agreement,” (4) for “agree,” (3) for “neutral,” (2) for “disagree,” and (1) for “full disagreement.”

**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 was performed to find out means and standard deviations of WB and WA.

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

Research Variables	The Dimension	Mean	Standard Deviation
WB	Person-Related Bullying	3.64	0.828
	Work-Related Bullying	3.84	0.888
	Intimidation-Related Bullying	3.56	0.860
	<b>Total Measurement</b>	<b>3.67</b>	<b>0.834</b>
WA	Lack of Incentives for Telework	4.13	0.883
	Negative Management Outlook for Employees	3.79	0.949
	Increase Organizational Conflicts	3.88	0.832
	Senior Management Adopts the Method of Bullying at Work	3.74	0.803
	The Inability of the Individual to Balance the Functional and Social	4.14	0.769
	Loss of Ability to Develop Career	3.87	1.06
	<b>Total Measurement</b>	<b>3.90</b>	<b>0.711</b>

According to Table (3), among the various facets of WB (person-related bullying, work-related bullying, and intimidation-related bullying), most of the respondents identified the presence of person-related bullying ( $M=3.64$ ,  $SD=0.828$ ),

work-related bullying ( $M=3.84$ ,  $SD=0.888$ ), and intimidation-related bullying ( $M=3.56$ ,  $SD=0.860$ ), total WB ( $M=3.67$ ,  $SD=0.834$ ).

The second issue examined was the different facets of WA (lack of incentives for Telework, negative management outlook for employees, increase organizational conflicts, the senior management adopts the method of bullying at work, the inability of the individual to balance the functional and social, loss of ability to develop career). Most of the respondents identified the presence of lack of incentives for Telework ( $M=4.13$ ,  $SD=0.883$ ), negative management outlook for employees ( $M=3.79$ ,  $SD=0.949$ ), increase organizational conflicts ( $M=3.88$ ,  $SD=0.832$ ), the senior management adopts the method of bullying at work ( $M=3.74$ ,  $SD=0.803$ ), the inability of the individual to balance the functional and social ( $M=4.14$ ,  $SD=0.769$ ), loss of ability to develop career ( $M=3.87$ ,  $SD=1.06$ ), and total WA ( $M=3.90$ ,  $SD=0.711$ ).

**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.

Table (4): Reliability of WB and WA

Research Variables	Dimension	Number of Statement	ACC
WB	Person-Related Bullying	12	0.946
	Work-Related Bullying	5	0.873
	Intimidation-Related Bullying	5	0.898
	<b>Total Measurement</b>	<b>22</b>	<b>0.972</b>
WA	Lack of Incentives for Telework	2	0.675
	Negative Management Outlook for Employees	2	0.846
	Increase Organizational Conflicts	4	0.817
	The Senior Management Adopts the Method of Bullying at Work	9	0.853
	The Inability of the Individual to Balance the Functional and Social	5	0.834
	Loss of Ability to Develop Career	2	0.717
	<b>Total Measurement</b>	<b>24</b>	<b>0.940</b>

To assess the reliability of the data, Cronbach’s Alpha test was conducted. Table (4) shows the reliability results for WB and WA. All items had alphas above 0.70 and were therefore excellent, according to Langdridge’s (2004) criteria.

Table (4) presents the reliability of WB. The 22 items of WB are reliable because the Cronbach’s Alpha is 0.972. The person-related bullying, which consists of 12 items, is reliable because the Cronbach’s Alpha is 0.946. The 5 items related to work-related bullying are reliable because the Cronbach’s Alpha is 0.873 while the 5 items of intimidation-related bullying are reliable because the Cronbach’s Alpha is 0.898. Thus, the internal consistency of WB can be acceptable.

According to Table (4), the 24 items of WA are reliable because the Cronbach’s Alpha is 0.940. The lack of incentives for Telework, which consists of 2 items, is reliable because the Cronbach’s Alpha is 0.675. The 2 items related to negative management outlook for employees are reliable because the Cronbach’s Alpha is 0.846.

The 4 items of increase organizational conflicts are reliable because the Cronbach’s Alpha is 0.817. The senior management adopts the method of bullying at work, which consists of 9 items, is reliable because the Cronbach’s Alpha is 0.853. The 5 items related to inability of the individual to balance the functional and social are reliable because the Cronbach’s Alpha is 0.834 while the 2 items of loss of ability to develop career are reliable because the Cronbach’s Alpha is 0.717. Thus, the internal consistency of WA can be acceptable.

Accordingly, three scales were defined, WB (22 variables), where Cronbach’s Alpha represented about 0.972, and WA (24 variables), where Cronbach’s Alpha represented 0.940.

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

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

Research Variables	Mean	Std. Deviation	WB	WA
Workplace Bullying	3.67	0.834	1	
Workplace Anxiety	3.90	0.711	0.675**	1

Table (5) shows correlation coefficients between the research variables, and results indicate the presence of significant correlation between variables (WB, and WA). The level of WB of employees is high (Mean=3.67; SD=0.834), while WA is (Mean=3.90; SD=0.711).

**8.3. The Correlation between WB and WA**

The relationship between WB and WA at Menoufia university hospitals in Egypt is presented in the following table:



Table (6): Correlation Matrix between WB and WA

Research Variables	1	2	3	4
Person-Related Bullying	1			
Work-Related Bullying	0.959**	1		
Intimidation-Related Bullying	0.957**	0.862**	1	
Workplace Anxiety	0.665**	0.588**	0.733**	1

Note: \*\* Correlation is significant at 0.01 level

Based on the Table (6), correlation between WB (Person-Related Bullying) and WA is 0.665. For WB (Work-Related Bullying) and WA, the value is 0.588 whereas WB (Intimidation-Related Bullying) and WA shows correlation value of 0.733. The overall correlation between WB and WA is 0.675.

#### 8.4. Workplace Bullying (Person-Related Bullying) and WA

The relationship between WB (Person-Related Bullying) and WA is determined. The first hypothesis to be tested is:

**H1: There is no relationship between WB (Person-Related Bullying) and WA at Menoufia university hospitals in Egypt**

Table (7): MRA Results for WB (Person-Related Bullying) and WA

The Variables of Person-Related Bullying	Beta	R	R <sup>2</sup>
1. Being humiliated or ridiculed in connection with your work.	0.110	0.540	0.291
2. Spreading of gossip and rumors about you.	0.075	0.577	0.332
3. Being ignored or excluded.	0.123*	0.467	0.218
4. Having insulting or offensive remarks made about your person, attitudes or your private life.	0.096*	0.263	0.069
5. Being shouted at or being the target of spontaneous anger.	0.283*	0.544	0.295
6. Repeated reminders of your errors or mistakes.	0.084	0.704	0.495
7. Being ignored or facing a hostile reaction when you approach.	0.762**	0.793	0.628
8. Persistent criticism of your errors or mistakes.	0.192	0.412	0.169
9. Having your opinions ignored.	0.117	0.453	0.205
10. Having allegations made against you.	0.259**	0.492	0.242
11. Excessive monitoring of your work.	0.545**	0.552	0.272
12. Being the subject of excessive teasing and sarcasm.	0.687**	0.566	0.320
<ul style="list-style-type: none"> <li>▪ MCC</li> <li>▪ DC</li> <li>▪ Calculated F</li> <li>▪ Degree of Freedom</li> <li>▪ Indexed F</li> <li>▪ Level of Significance</li> </ul>		0.827 0.684 51.699 12, 287 2.18 0.000	

\*\* P < .01      \* P < .05

As Table (7) proves, the MRA resulted in the R of 0.827 demonstrating that the 12 independent variables of WB (Person-Related Bullying) construe WA significantly. Furthermore, the value of R square, 12 independent variables of WB (Person-Related Bullying) can explain 68% of the total factors in WA level. Hence, 32% are explained by the other factors. Therefore, there is enough empirical evidence to reject the null hypothesis.

#### 8.5. Workplace Bullying (Work-Related Bullying) and WA

The relationship between WB (Work-Related Bullying) and WA is determined. The second hypothesis to be tested is:

**H2: WB (Work-Related Bullying) has no significant effect on WA at Menoufia university hospitals in Egypt.**

As Table (8) proves, the MRA resulted in the R of 0.623. This means that WA has been significantly explained by the 5 independent variables of WB (Work-Related Bullying).

As a result of the value of R<sup>2</sup>, the five independent variables of WB (Work-Related Bullying) justified only 39% of the total factors in WA level. Hence, 61% are explained by the other factors. Therefore, there is enough empirical evidence to reject the null hypothesis.

Table (8) MRA Results for WB (Work-Related Bullying) and WA

The Variables of Work-Related Bullying	Beta	R	R <sup>2</sup>
1. Someone withholding information which affects your performance.	0.186	0.540	0.291
2. Being ordered to do work below your level of competence.	0.403**	0.577	0.332
3. Having key areas of responsibility removed or replaced 0.68 with more trivial or unpleasant tasks.	0.231**	0.467	0.218
4. Being given tasks with unreasonable deadlines.	0.023	0.263	0.069
5. Being exposed to an unmanageable workload.	0.266**	0.544	0.295
<ul style="list-style-type: none"> <li>▪ MCC</li> <li>▪ DC</li> <li>▪ Calculated F</li> <li>▪ Degree of Freedom</li> <li>▪ Indexed F</li> <li>▪ Level of Significance</li> </ul>		0.623 0.389 37.369 5, 294 3.01 0.000	
** P < .01		* P < .05	

### 8.6. Workplace Bullying (Intimidation-Related Bullying) and WA

The relationship between WB (Intimidation-Related Bullying) and WA is determined. The third hypothesis to be tested is:

**H3: There is no relationship between WB (Intimidation-Related Bullying) and WA at Menoufia university hospitals in Egypt**

Table (9): MRA Results for WB (Intimidation-Related Bullying) and WA

The Variables of Intimidation-Related Bullying	Beta	R	R <sup>2</sup>
1. Intimidating behaviors such as finger-pointing, related invasion of personal space, shoving, blocking your way.	0.230*	0.704	0.495
2. Hints or signals from others that you should quit your job.	0.930**	0.793	0.628
3. Practical jokes carried out by people you don't get along with.	0.183**	0.566	0.320
4. Pressure not to claim something to which by right you are entitled (e.g. sick leave, holiday entitlement, travel expenses).	0.144*	0.552	0.304
5. Threats of violence or physical abuse or actual abuse.	0.139**	0.492	0.242
<ul style="list-style-type: none"> <li>▪ MCC</li> <li>▪ DC</li> <li>▪ Calculated F</li> <li>▪ Degree of Freedom</li> <li>▪ Indexed F</li> <li>▪ Level of Significance</li> </ul>		0.817 0.668 118.218 5, 294 3.01 0.000	
** P < .01		* P < .05	

As Table (9) proves, the MRA resulted in the R of 0.817 demonstrating that the 5 independent variables of WB (Intimidation-Related Bullying) construe WA significantly. Furthermore, the value of R square, 5 independent variables of WB (Intimidation-Related Bullying) can explain only 67% of the total factors in WA level. Hence, 33% 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 hypothesis, the study reached a set of results which will be reviewed and discussed as follows:

1. 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. They suffer 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.
2. WB at Menoufia university 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.
3. 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 Menoufia university hospitals in Egypt.
4. Menoufia university hospitals in Egypt should create an opportunity for violence and could promote such violence, which was significantly affected by the work environment and the organizational culture. Mainly, organizations that are unstable, over-authoritative, permissive were considered to offer ripe environments for bullying.
5. The availability of some administrative factors that cause WA such as the lack of welcome of the senior management of the organization to the idea of Telework, and the failure to recruit employees in the degree of career commensurate with their experience and skills, and the competition between the administrative departments of the organization in a manner that causes mutual problems, senior management's criticism of the workers, in addition to unjust promotions within the organization. This is in addition to the existence of a set of individual factors that cause WA such as the inability of the individual to achieve a balance between duties and social responsibilities, resulting in a sense of mental fatigue, and delay the performance of some of the tasks to be accomplished. In addition, the employee loses the ability to develop his career. This is reflected in his belief that the introduction of the computer threatens his job stability and that the training courses are a waste of time.
6. There is a statistically significant inverse correlation between the variable of WB (Person-Related Bullying, Work-Related Bullying, Intimidation-Related Bullying) and the variable of WA (lack of incentives for Telework, negative management

outlook for employees, increase organizational conflicts, the senior management adopts the method of bullying at work, the inability of the individual to balance the functional and social, loss of ability to develop career) where the greater the interest in WB, the more WA is at Menoufia university hospitals in Egypt.

#### 10. Recommendations

In the light of the previous results, the researcher reached the following recommendations.

1. Managers at Menoufia university hospitals in Egypt should be aware of the concept, types, reasons, methods, consequences and remedies of bullying in their organizations. They have to observe the behavior 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.
2. Reducing bullying at Menoufia university hospitals in Egypt through raising workers' awareness of it. Also, 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.
3. There is a need for the development of a structural model at Menoufia university hospitals in Egypt that can explain the influential factors and the consequences of WB.
4. Conduct positive training courses and focus on the need to provide senior management support to staff members in a manner that prevents WB. Training courses are a means of building positive skills, abilities and behaviors. Taking into account the appointment of nurses in the appropriate degree of expertise, skills and abilities.
5. 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. Therefore, I suggest an organizational policy development and intervention research to reduce WB at Menoufia university hospitals in Egypt.
6. The degree of WA varies in terms of their nature and degree of impact on employees at Menoufia university hospitals in Egypt. It may be an impetus for development and improvement, an opportunity for challenge and self-validation, and may be a source of innovation and the emergence of creative ideas. Therefore, it is important to consider the factors that lead to increased willingness and willingness of the employees to express their ideas and opinions and to enhance their positive attitudes towards the process of innovation and creativity by providing material and moral incentives to motivate them to innovate and innovate.
7. Adopting modern administrative methods in work, such as Telework, which ensures the possibility of continuous communication of employees with their organization regardless of their social conditions in different forms.
8. Rehabilitation training courses at Menoufia university hospitals in Egypt that support the change of individual factors that cause resistance to change.
9. To confirm the employee's ability to self-development by converting him to the conviction that the introduction of the computer does not threaten his career stability, but saves his time, and raises the degree of quality and accuracy of work at Menoufia university hospitals in Egypt.

#### 11. Recommendations for Future Research

The current research sought to reveal the relationship between WB and WA at Menoufia university hospitals in Egypt. However, the scope of this research and the methods used in the results and indicate the existence of areas for future studies that are no less important in this regard. These include: (1) the role of WB in reducing WB; (2) quality of work life as an approach to control WA; and (3) evaluation of WA in Egyptian universities; (4) role stress and WA; (5) WB and WA; (6) role stress and WA; and (7) WB and organizational outcomes.

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