



The Role of Organizational Culture in Preventing Workplace Bullying among Nurses in Jordan

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ABSTRACT

Background: Organizational culture has been found to relate to workplace bullying; however, available evidence on the role of organizational culture in bullying mitigation or aggravation is inconclusive. **Objective:** This study aimed to estimate whether types of organizational culture predict bullying behavior among nurses in Jordan. **Methods:** A descriptive, cross-sectional and predictive design was used in this study. A convenience sample of 160 nurses working in public and private hospitals completed and returned the study e-survey. **Results:** About 10% of nurses were exposed to workplace bullying within the last 6 months. Colleagues and other superiors/managers were the main perpetrators. Compared with other organizational cultures, task-oriented culture had the highest mean and was correlated negatively with workplace bullying. **Conclusions:** Workplace bullying is still considered a serious problem among nurses. Contrary to the majority of studies reporting task-oriented culture as a risk factor for bullying or its lack of relatedness to bullying behavior, in this study, task-oriented culture predicted lower bullying victimization at the workplace. **Implications to Nursing:** Nurse managers have a crucial role in the mitigation and prevention of workplace bullying among their staff. Managers need to be available at the unit level to observe and monitor staff behavior, ensure the implementation of code of conduct for staff and act as advocates when other unit managers bully nurses. Further research is needed to provide more information in the role of various types of organizational culture on workplace bullying. Meanwhile, task-oriented culture that focuses on work goals and productivity needs to be emphasized.

Keywords: Workplace bullying, Organizational culture, Nurses.

What does this paper add?

1. About 10% of nurses working in public and private Jordanian hospitals experienced workplace bullying; 5.6% of nurses were bullied occasionally, while 4.4% were considered victims of bullying.
2. Bullying was commonly perpetrated by colleagues, followed by other supervisors/managers. Female rather than male nurses were the main perpetrators of bullying.
3. Contrary to the majority of studies reporting task-

oriented culture as a risk factor for bullying or its lack of relatedness to bullying behavior, in this study, task-oriented culture reduced bullying acts at the work setting.

4. Further research is needed to provide more information on the role of various types of organizational culture in the mitigation or prevention of workplace bullying. Meanwhile, task-oriented culture focusing on work goals and productivity needs to be emphasized.

Introduction and Background

Bullying is defined as any negative action that is practiced repeatedly against a specific person over a period of time (Rodwell & Demir, 2012). It includes a misuse of power, leading to negative emotions and unfairness in the bullied person (Vessey et al., 2010). Bullying can occur in different societal levels; in families, schools and work settings (Wilson, 2016). It may take the form of physical abuse, verbal abuse or involve social exclusion or any combination of these forms (Workplace Bullying Institute, 2018).

Workplace bullying is considered a major global problem and a critical issue among nurses (Al-Sagarat et al., 2018). Approximately 48% of nurses in the U.S. (Etienne, 2014) and more than 40% of nursing staff in Australia were bullied (Hutchinson et al., 2010). In a national study of Canadian nurses, rates of bullying exposure at the first and second year of work were 24% and 27%, respectively (Laschinger, 2014). In South Korea, 15.8% of registered nurses were bullied (Yuseon & Kang, 2016) and in Taiwan, 85% of nurses reported some degree of bullying exposure (Tsai et al., 2014). Nurses exposed to workplace bullying reported decreased quality of life (Laschinger, 2014), low job satisfaction (Laschinger, 2014; Wilson, 2016), reduction in work productivity (Hutchinson et al., 2008; Laschinger, 2014) and increased intent to leave their job (Hutchinson et al., 2008; Lee et al., 2013; Simons, 2008).

Several organizational factors were found to correlate with workplace bullying, including: work stress, workload, insufficient reward and lack of managerial communication (Agervold, 2009; Matthiesen & Einarsen, 2010; Harvey et al., 2008). Organizational culture is also considered a powerful organizational aspect contributing to bullying (Hershcovis et al., 2015). It refers to organizational values, norms, rules and habits that are shared by the organization's employees (Hutchinson et al., 2010; Matthiesen & Einarsen, 2010).

The most recognized and used typology of organizational culture classifies an organization into four types: (a) hierarchy-oriented culture, (b) innovation-oriented culture, (c) task-oriented culture and (d) relation-oriented culture. Hierarchy-oriented culture is characterized by a high level of control, formality and rivalry, while innovation-oriented culture

focuses on flexibility and discretion (Pilch & Turska, 2015). The task-oriented culture focuses on the organization's goals and productivity, while relation-oriented culture is characterized by supporting interpersonal relationships and creativity (Tambur & Vadi, 2012).

The structure of the organization and types of authority embedded in the structure are important factors in bullying behavior (Hutchinson et al., 2010). However, international reports of the role of organizational culture on bullying mitigation or aggravation are inconclusive. Some studies declared that innovation-oriented and relation-oriented cultures were protective factors against bullying (An & Kang, 2016; Choi & Park, 2018; Pilch & Turska, 2015; Tambur & Vadi, 2012), while hierarchy -and task-oriented cultures aggravate bullying experiences. In contrast, some studies revealed that hierarchy -or task-oriented environments correlate negatively with bullying or proposed the absence of a link between them (e.g. Salin, 2003; Samnani & Singh, 2014).

Jordanian studies have not yet investigated the correlation between organizational culture and workplace bullying. Available studies focused on nurses' experience of bullying. Rates of bullying were reported at 49.5% (Al Muala, 2013) and 70% (Al Muala & Ali, 2016) among nurses in Jordan. Other reports revealed that 21.3% of Jordanian nurses were exposed to bullying (Al-Sagarat et al., 2018) and 43% of nurses perceived themselves to be victims of severe victimization (Obeidat et al., 2018). A more recent Jordanian study showed a higher rate of victimization among nurses (i.e., 73.6%), with perpetration enacted by patients or visitors (60%), immediate supervisor (31%), another supervisor (38%) and colleagues (16%) (Harb et al., 2021). In conclusion, international literature did not provide a definitive conclusion on which organizational culture typology hinders or protects against bullying behavior and Jordanian studies lack such investigation. This study was designed to examine whether types of organizational culture predict bullying behavior among nurses in Jordan.

Methods

Design

A descriptive, cross-sectional and predictive design was used to investigate whether types of organizational culture predict bullying among nurses in Jordan.

Sample and Sampling Technique

A convenience sampling procedure was used to recruit nurses working in public and private hospitals. The sample size was determined using Green (1991) equation for calculating the sample size for multiple-regression analysis. According to Green (1991), for medium effect size ($R^2 = 0.07$, $B = 0.20$), $N \geq 104 + k$, where k is the number of predictors in the study. Accordingly, the minimum sample size needed is 113 participants (i.e., $104 + 11 = 115$). In the current study, a total of 172 online questionnaires were returned, of which 12 were excluded from the analysis due to incomplete or missing data. In total, 160 nurses were included in the study. Inclusion criteria were nurses working in public and private hospitals and having been in the current job for at least 6 months. These criteria were clarified in the invitation letter of the study.

Setting

A total of 8 hospitals were selected from the north and middle of Jordan; 4 private and 4 public hospitals. Due to the COVID-19 pandemic conditions, the data-collection method was changed from paper questionnaire to an online survey using Google Forms. The survey link was distributed to nurses using the selected hospitals' website.

Data Collection and Ethical Considerations

Ethical approval was obtained from the Institutional Review Board (IRB) of the principal investigator's university (#728/2020). Approval was also attained from the target hospitals' administrators. The survey link was distributed to nurses using the selected hospitals' website. Along with the survey link, an online invitation letter explaining all aspects of the study, including: its purpose, length of questionnaire, voluntary participation, confidentiality, risks and benefits, was included. The researcher also met the continuing education staff at each facility and explained the study and its procedures. Those staff helped in reminding the nurses of the survey. Furthermore, the contact number of one of the staff of the continuing education department at each hospital was obtained to stay in contact with them and ask them to remind the nurses of the survey. A consent form was also developed at the beginning of the survey, explaining all aspects of the study and participants were instructed to click on the agreement button if they were willing to take part in the

study. Anonymity of participants was maintained by not including any identifying information in the survey. Participants were informed that participation is voluntary and that they can refrain at any time from answering any question without any penalty. Completed questionnaires were saved automatically on Google Forms and only the study researchers had access to completed surveys. Returned questionnaires were saved on the personal computer of the principal investigator, which is password-protected.

Instruments

The survey of the study consisted of three parts: sociodemographic data, the Negative Acts Questionnaire-Revised (NAQ-R) to measure workplace bullying and Organizational Culture Assessment Instrument (OCAI) to assess for organizational culture typology.

Sociodemographic Data

The sociodemographic data consisted of information regarding participants' gender, age, education level, years of experience working as a nurse, years of experience in the current hospital, work unit and type of the hospital (i.e., public or private).

Negative Acts Questionnaire-Revised (NAQ-R) (Einarsen et al., 2009)

Workplace bullying was measured using the Arabic version of the Negative Acts Questionnaire-Revised (NAQ-R), which was originally developed by Einarsen et al. (2009) to measure bullying in a variety of occupational settings. This is a self-report questionnaire, comprised of 22 items divided into three subscales: person-related bullying (12 items), work-related bullying (7 items) and physical intimidation-related bullying (3 items). An example of person-related bullying item reads "having insulting or offensive remarks made about your person (i.e., habits and background), your attitudes or your private life", while work-related bullying item reads "excessive monitoring of your work". An example of physical-intimidation item reads "being subject of intimidating behaviour, such as finger-pointing, invasion of personal space, shoving, blocking/barring the way". The questionnaire also has two items regarding the characteristics of bullying perpetrator (i.e., the gender and work-related relationship with the perpetrator). Each item is scored in

terms of frequency, ranging from 1 (none) to 5 (almost every day); with higher scores indicating bullying acts. The scale has a cutoff point, where a score of less than 33 means no bullying, 33-44 means that the individual is considered being bullied and a score higher than 44 means that the person is considered a victim of bullying (Einarsen et al., 2009). The 22 items of NAQ-R comprise a reliable and valid measure of exposure to workplace bullying (Erwandi et al., 2021). The Arabic version of NAQ-R alpha coefficients ranged from 0.63 to 0.90 with good concurrent validity (Makarem et al., 2018). In this study, the reliability of the total scale was 0.89 and for the subscales 0.79 for work-related bullying, 0.90 for person-related bullying and 0.74 for physical intimidation-related bullying.

Organizational Culture Assessment Instrument (OCAI; Cameron & Quinn, 2005)

This measure consists of 24 items divided into six dimensions: hospital characteristics, organizational leadership, management of employees, organization glue, hospital strategic emphasis and success criteria. Each subscale has 4 items and all of the six dimensions reflect the four types of organizational culture; innovation-oriented, relation-oriented, task-oriented and hierarchy culture. An example of relation-oriented -culture item reads "the management style in the organization is characterized by teamwork, consensus and participation", while an innovation-oriented item reads "the management style in the organization is characterized by individual risk-taking, innovation, freedom and uniqueness". An item of task-oriented culture reads "the management style in the organization is characterized by hard-driving competitiveness, high demands and achievement" and that of hierarchy culture reads "the management style in the organization is characterized by security of employment, conformity, predictability and stability in relationships". The responses are scored on a three-point liker scale; agree=3, uncertain =2 and disagree = 1. The measure was found to be valid and reliable and Cronbach's alpha coefficient for the total scale was reported at 0.90 (Elewa & El Banan, 2019). For this study, Cronbach's alpha of the OCAI scale was 0.96.

Data Analysis

Data was analyzed using the Statistical Package of Social Sciences (SPSS), version 25. Descriptive statistics; i.e., frequencies, means and standard

deviations) were used to describe participants' demographic and clinical characteristics and the main study variables. Frequency distribution was used to describe demographic and clinical characteristics at the nominal level of measurement. Interval or ratio level of measurement for sociodemographic and clinical characteristics was presented using the means and standard deviations. Simultaneous regression analysis was conducted in order to examine and predict the variables related to workplace bullying using nurses' sociodemographic data and types of organizational culture as predictors and the dependent variable workplace bullying as an outcome.

Results

Sample Characteristics

One hundred sixty nurses (64.4% female) participated in the study. Their mean age was 28.31 ($SD = 5.10$). Approximately two thirds (77.5%) of nurses had a bachelor degree and 55% worked in private hospitals. The mean score of years of experience as a nurse was 5.75 ($SD = 5.06$) and in the current hospital was 3.77 ($SD = 4.47$) years. With regards to the hospital unit, 41.9% of participants were working in the medical unit, 26.3% in the ICU, 8.8% in the surgical unit and 23.1% in other units, including ER, NICU, Labor and ENT. Table 1 shows the socio-demographic characteristics of nurses.

Descriptive Statistics of Workplace Bullying and Organizational Culture

The mean score of workplace bullying was 37.60 ($SD = 13.63$), ranging from 21 -100. Work-related bullying was the most enacted form of bullying with a mean of 13.28 ($SD = 5.36$), followed by person-related bullying ($M = 20.0$, $SD = 8.03$). According to the cut-off point of workplace bullying, 5.6% of participants were being bullied occasionally, while 4.4% were considered victims of bullying. Bullying enactment was commonly perpetrated by colleagues (27.1%), followed by other supervisors/managers (25%), customers/patients/students (22.9%) and immediate supervisor (16.7%). Females rather than males were the most common perpetrators of bullying (50%) and bullying behaviors were commonly enacted by one female (33.3%).

Regarding the dominant culture type, nurses reported the highest mean score for task-oriented culture ($M = 10.65$, $SD = 3.48$), followed by hierarchy culture ($M = 10.29$, $SD = 3.38$) and the lowest mean score was

for innovation-oriented culture ($M = 9.77, SD = 3.44$).
Table 2 shows the descriptive statistics of workplace

bullying, organizational culture types and characteristics of perpetrators.

Table 1. Participants' Characteristics

Characteristic	Subgroups	N	%
Gender	Female	103	64.4%
	Male	57	35.6%
Educational level	Diploma	6	3.8%
	Bachelor	124	77.5%
	Master	30	18.8%
Working unit	Medical	67	41.9%
	Surgical	14	8.8%
	ICU	42	26.3%
	Other	37	23.1%
Hospital type	Governmental	72	45%
	Private	88	55%
	Mean	SD	Range
Age	28.3	5.09	23-52
Years of experience	5.75	5.06	1-27
Years of experience in current workplace	3.77	4.47	1-25

Note: N = 160.

Table 2. Descriptive statistics of workplace bullying and organizational culture

Item	No. of Items	Mean	Std. Deviation	Range	Cronbach's α
Bullying total scale	22	37.60	13.63	21-100	0.89
Work-related bullying	7	13.28	5.36	6-32	0.79
Person-related bullying	12	20.00	8.03	12-60	0.90
Physically-intimidating bullying	3	4.32	1.79	3-14	0.74
Organizational culture (total)	24	40.46	12.47	23-72	0.96
Innovation-oriented culture	6	9.77	3.44	6-18	0.92
Relation-oriented culture	6	9.91	2.95	6-18	0.82
Task-oriented culture	6	10.65	3.48	6-18	0.89
Hierarchy culture	6	10.29	3.38	6-18	0.89
Perpetrators of bullying				N	Valid %
	My immediate supervisor			8	16.7%
	Other superiors/managers			12	25.0%
	Colleagues			13	27.1%
	Subordinates			2	4.2%
	Customers/patients/students			11	22.9%
	All			2	4.2%
Perpetrator's gender					
	Male perpetrators			22	45.8%
	Female perpetrators			24	50.0%
	Male and Female			2	4.2%

Number of perpetrators

One male	6	12.5%
Two males	9	18.8%
Three males	6	12.5%
One female	16	33.3%
Two females	4	8.3%
Three females	5	10.4%
One male + one female	2	4.2%

Note: N = 160.

Predictors of Workplace Bullying

Simultaneous regression analysis was run to predict workplace bullying using sociodemographic variables (i.e., gender, age, educational level, work experience as a nurse, work experience at the current hospital and hospital type) and types of organizational culture as predictors. Results showed that the whole model predicted a significant proportion of workplace bullying

($F(10, 105) = 3.25, p = 0.001, \text{adj. } R^2 = 0.177$). More specifically, 17.7% of the variance in workplace bullying was predicted by the entered variables. However, only task-oriented culture significantly predicted workplace bullying. Workplace bullying decreased with increased task-oriented culture ($\beta = -0.49, t(105) = -2.69, p = 0.008$). Table 3 shows model fit with 95% confidence interval.

Table 3. Predictors of Workplace Bullying

Predictor	DF	SE	t Value	B	Beta	p Value	95% CI
Gender	10	2.98	-0.694	-2.072	-0.071	0.489	-6.48 - 4.52
Age	10	0.649	-1.490	-0.967	-0.362	0.140	-1.12 - 1.39
Educational level	10	3.045	-0.528	-1.609	-0.054	0.599	-8.01 - 3.10
Years of experience	10	0.749	-0.141	-0.105	-0.039	0.888	-2.08 - 0.82
Years of work in current hospital	10	0.534	1.006	0.537	0.167	0.317	-0.96 - 1.07
Hospital type	10	2.804	-0.012	-0.034	-0.001	0.990	-2.81-7.69
Innovation-oriented culture	10	1.027	-1.237	-1.270	-0.317	0.219	-3.30-0.11
Relation-oriented culture	10	0.951	1.964	1.868	0.394	0.052	-2.32-3.95
Task-oriented culture	10	0.746	-2.698	-2.013	-0.497	0.008**	-3.24-0.24
Hierarchy culture	10	1.205	0.212	0.255	0.061	0.833	-2.12-2.14

Note: $R^2 = 0.255, R^2_{\text{adj}} = 0.177, N = 160$. DF: Level of freedom; SE: Standard error; B: Regression coefficient; b: Standardized beta.

* $p \leq 0.05$

** $p \leq 0.01$

*** $p \leq 0.001$.

Discussion

Our findings suggested that 10% of nurses were exposed to workplace bullying within the last 6 months. This is congruent with the findings of Hogh et al. (2011), where 9.2% of nurses were exposed to workplace bullying. Other studies reported higher rates ranging between 25% and 40% (e.g. Ghabeesh et al., 2019; Obeidat et al., 2018; Spector et al., 2014). This variation may be explained by differences in sample size and other nurses' demographic variables. Some studies limited their sample to nurses working in private

hospitals (e.g. Obeidat et al., 2018) or emergency department (Ghabeesh et al., 2019). Furthermore, the prevalent organizational culture in this study was task-oriented culture which correlated negatively with workplace bullying and this may explain the lower rate of bullying victimization among the study sample.

Nurses in the current study were exposed to workplace bullying mainly from their colleagues, followed by hospital managers and supervisors, then by patients and their families. The majority of the literature reported supervisors as the main perpetrators of

bullying, followed by colleagues (Al-Sagarat et al., 2018; Carter et al., 2013). With regards to managers and supervisors' enactment of bullying, studies explained their need for power to demonstrate their seniority and exert their position in a hierarchal system or merely to having poor leadership skills (Demir & Rodwell, 2012). Other researchers maintained that some managers and supervisors assert their power through provoking fear and anxiety in others (Condie, 2016). The current study differed from those reported in the literature in terms of having nurses' colleagues to be the most perpetrators of bullying at the workplace. Einarsen (1999) explained that bullying may occur for three main reasons; competition regarding job status and positions, envy and having weak supervisor's leadership style, which may lead to bullying behaviors enacted by work colleagues. Others explained that victims' personality may contribute to their experience of being bullied. In a Norwegian study of 278 victims of workplace bullying, the majority of these victims had low self-esteem, were shy and lacked conflict management skills. Other victims of bullying at work attributed the causes of bullying to factors external to them and the offender such as unhealthy social climate at work and having stressful work situation (Einarsen et al., 1994). Bullying incidents enacted by patients and their families towards nurses were attributed to workload and miscommunication (Elewa & El-Banan, 2009; Samir et al., 2012).

Regarding our findings of bullying perpetration being enacted more frequently by female rather than male nurses, the literature is inconsistent in this regard. Some studies found no gender differences in bullying enactment (Lange et al., 2018), while others reported male participants as the aggressors, especially in studies where women were identified as the main victims (Dassisti et al., 2020). In a study assessing prevalence and mental impact of workplace bullying in neonatal intensive-care units, female nurses were identified as the main perpetrators (Chatzioannidis et al., 2018). Some authors argued that differences in gender perpetration of workplace bullying may relate to the industrial groups or organizations where the studies took place (Hogh et al., 2011; Ortega et al., 2009). In a female-dominant profession such as nursing, it is unsurprising that females would be the main perpetrators of bullying, especially since females constituted the majority of participants. More research is needed to investigate

gender differences in bullying perpetration and victimization at the work setting.

In this study, task-oriented culture which focuses on the organization's goals and productivity had the highest mean, while innovation-oriented culture had the lowest mean. Interestingly, task-oriented culture significantly predicted workplace bullying; as the results showed that bullying behaviors decrease with having task-oriented culture in place. Available studies did not yet offer a definitive conclusion on the relationship between types of organizational culture and workplace bullying. Some studies reported that innovation-oriented and relation-oriented cultures protected against bullying, as both of these cultures emphasize positive values at the workplace. Innovation-oriented culture is characterized by flexibility, collaboration and team work, while relation-oriented culture promotes innovation and entrepreneurship. Other studies linked hierarchy culture as an aggravating factor to bullying behaviors (Pilch & Turska, 2015; Tambur & Vadi, 2012) due to its emphasis on hierarchal authority and such authority may be abused (Pilch & Turska, 2015). However, Wahab et al. (2016) reported that hierarchy culture was a protective factor against bullying among a sample of 1074 junior doctors in Malaysia. The authors reasoned that the nature of modern healthcare work requires systematic and regulated structure in work-related relationships, including those between healthcare workers. They added that a moderate degree of hierarchy may allow healthcare professionals to operate efficiently, consistently and optimally, resulting in reducing risk for frustration and aggression (Wahab et al., 2016). Although task-oriented culture has been hypothesized by some researchers to be a risk factor for bullying perpetration, a non-significant relationship was reported. These authors speculated that since task-oriented culture is focused on production and goals' achievement, it may create an atmosphere of competitiveness and stress, especially when resources are scarce (Salin, 2003; Samnani & Singh, 2014). However, a recent study by Aleksic et al. (2019) on the association between types of organizational culture and deviant work behaviors found that task-oriented culture mitigated deviant behaviors at the work setting, including workplace aggression and abuse. These authors explained that task-oriented culture emphasizing clear objectives and efficiency in achieving organizational goals and productivity can minimize

deviant behaviors. The results of this study can be explained in light of Alesksic et al. (2019) study in which task-oriented-in preventing culture reported by our sample may actually emphasize clear goals in achieving the organization's productivity, thus eliminating a competitive and rivalry work environment.

Limitations

Although this study provides important conclusions regarding the role of organizational culture on workplace bullying, it has some limitations. This study relied on measuring the variables of interest using an online self-administered survey which may elicit possible response bias. Another limitation is the descriptive nature of the study, deterring having enriched understanding of nurses' experiences of workplace bullying and the culture of their organizations. Further research is needed to understand the impact of organizational culture on workplace bullying using qualitative data or mixed-method design. Using a convenience sampling procedure is considered another shortcoming, which may limit the generalizability of the study findings. Generalizability of the findings may also have been limited by collecting data from nurses working in public and private hospitals exclusively working in hospitals in the northern and middle regions of Jordan.

Implications for Clinical Practice and Research

Although rates of bullying victimization in our study are lower than those reported in some studies, it is still a considerable problem among nurses. The most common perpetrators of bullying were nurses' colleagues, followed by hospital managers and supervisors. To prevent bullying behaviors enacted by nurses' colleagues, each-unit manager needs to be present on the unit to monitor staff behaviors. Such presence and availability need to occur randomly to effectively limit and prevent bullying enactment. If managers are not available, delegations can be made to the assistant manager, charge nurse or other staff. Nurse managers need also to implement codes of conduct at their units, where staff knows what appropriate behaviors are allowed and permissible. Catching bullying behaviors and implementing disciplinary actions to the bully should take an early precedence when bullying occurs.

Nursing unit supervisor is required to act as an advocate for the staff, when other units' managers bully them. Developing rapport with unit staff is considered as an essential pre-requisite for such advocacy.

Further research is needed to provide more information on the role of various types of organizational culture on workplace bullying. Meanwhile, task-oriented culture that focuses on work productivity, goals and entrepreneurship need to be emphasized as it deters nurses' attention from rivalry and competition as those traits are considered precedents to bullying incidents. Implementation of task-oriented culture requires managers to focus on the organizations' objectives and methods of achieving these objectives. Furthermore, managers need to improve employees' communication and emphasize team work where employees provide support for each other and agree upon the tasks that need to be accomplished.

Conclusion

The present study concluded that Jordanian nurses experienced bullying at the work setting, with colleagues and managers being the main perpetrators. Our data showed that task-oriented culture which focuses on the organization's goals and productivity resulted in lower bullying experiences among nurses. Therefore, implementing task-oriented culture in healthcare organizations may protect nurses from bullying exposure. Nonetheless, future research is needed to further investigate the role that organizational culture plays in workplace bullying.

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Conflict of Interest

The authors declare no potential conflict of interest with respect to the research, authorship and/or publication of this article.

REFERENCES

- Agervold, M. (2009). The significance of organizational factors for the incidence of bullying. *Scandinavian Journal of Psychology, 50* (3), 267-276.
- Aleksić, A., Braje I.N., & Jelavić, S.R. (2019). Creating sustainable work environments by developing cultures that diminish deviance. *Sustainability, 11* (24), 7031. <https://doi.org/10.3390/su11247031>
- Al Muala, I.M., & Ali, H. (2016). *Exploring workplace bullying in public hospitals: A study among nurses in Jordan*. Paper presented at the 2016 WEI International Academic Conference Proceedings, Vienna: Austria.
- Al-Sagarat, A., Qan'ir, Y., Al-Azzam, M., Obeidat, H., & Khalifeh, A. (2018). Assessing the impact of workplace bullying on nursing competences among registered nurses in Jordanian public hospitals. *Nursing Forum, 5* (3), 304-313. <https://doi.org/10.1111/nuf.1225>
- An, Y., & Kang, J. (2016). Relationship between organizational culture and workplace bullying among Korean nurses. *Asian Nursing Research, 10* (3), 234-239.
- Cameron, K., & Quinn, R. (2005). *Diagnosing and changing organizational culture*. Prentice Hall.
- Carter, M., Thompson, N., Crampton, P., Morrow, G., Burford, B., Gray, C., & Illing, J. (2013). Workplace bullying in the UK NHS: A questionnaire and interview study on prevalence, impact and barriers to reporting. *BMJ Open, 3* (6), e002628. <https://doi.org/10.1136/bmjopen-2013-002628>
- Chatziioannidis, I., Basciialla, F.G., Chatzivalsama, P., Vouzas, F., & Mitsiakos, G. (2018). Prevalence, causes and mental health impact of workplace bullying in the neonatal intensive-care unit environment. *BMJ Open, 8* (2), e018766. <https://doi.org/10.1136/bmjopen-2017-018766>
- Choi, J., & Park, M. (2019). Effects of nursing organizational culture on face-to-face bullying and cyberbullying in the workplace. *Journal of Clinical Nursing, 28* (13-14), 2577-2588.
- Dassisti, L., Stufano, A., Lovreglio, P., Vimercati, L., Loconsole, P., & Grattagliano, I. (2020). Women and men, authors and victims of workplace bullying in Italy: A literature review. *La Medicina del Lavoro, 111* (6), 46477. <https://doi.org/10.23749/mdl.v111i6.9408>
- Demir, D., & Rodwell, J. (2012). Psychosocial antecedents and consequences of workplace aggression for hospital nurses. *Journal of Nursing Scholarship, 44*, 376-384.
- Einarsen, S., Hoel, H., & Notelaers, G. (2009). Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the negative questionnaire revised. *Work & Stress, 23* (1), 24-44.
- Erwandi, D., Kadir, A., & Lestari, F. (2021). Identification of workplace bullying: Reliability and validity of Indonesian version of the negative acts questionnaire-revised (NAQ-R). *International Journal of Environmental Research and Public Health, 18*, 3985. <https://doi.org/10.3390/ijerph18083985>
- Einarsen, S., Raknes, B.R.I., & Matthiesen, S.B. (1994). Bullying and harassment at work and their relationships to work-environment quality: An exploratory study. *European Journal of Work and Organizational Psychology, 4* (4), 381-401.
- Etienne, E. (2014). Exploring workplace bullying in nursing. *Workplace Health Safety, 62*, 6-11. <https://doi.org/10.1177/216507991406200102>
- Elewa, A.H., & El Banan, S.H.A. (2019). Organizational culture, organizational trust and workplace bullying among staff nurses at public and private hospitals. *International Journal of Nursing Didactics, 9* (04), 10-20. <https://doi.org/10.15520/ijnd.v9i04.2512>
- Harb, A., Al Rayan, A., & Al-Khashashneh, O.Z. (2019). The relationship between workplace bullying and positive mental health among registered nurses. *Journal of American Psychiatric Nurses Association. https://dx.doi.org/10.1177/1078390319877223*
- Harvey, M., Treadway, D., Thompson Heames, J., & Duke, A. (2008). Bullying in the 21st-century global organization: An ethical perspective. *Journal of Business Ethics, 85* (1), 27-40.
- Hersheovis, M. Sandy, Reich, Tara C., & Niven, Karen. (2015). *Workplace bullying: Causes, consequences and intervention strategies*. SIOP White Paper Series, Society for Industrial and Organizational Psychology, UK, London.
- Hogh, A., Mikkelsen, E.G., & Hansen, A.M. (2011). *Individual consequences of workplace bullying/mobbing*. In: Einarsen, S., Hoel, H., Zapf, D., & Cooper, C.L (eds.). *Workplace bullying: Development in theory, research and practice* (2nd edn.). CRC Press. Taylor & Francis Group, 107-128.
- Hogh, A., Carneiro, I.G., Giver, H., & Rugulies, R. (2011). Are immigrants in the nursing industry at increased risk of bullying at work? A one-year follow-up study. *Scandinavian Journal of Psychology, 52* (1), 49-56.

- <https://doi:10.1111/j.1467-9450.2010.00840.x.Epub>
[2010 Nov4.PMID:21054415](https://pubmed.ncbi.nlm.nih.gov/21054415/)
- Hutchinson, M., Wilkes, L., Jackson, D., & Vickers, M.H. (2010). Integrating individual, work group and organizational factors: Testing a multidimensional model of bullying in the nursing workplace. *Journal of Nursing Management*, 18 (2), 173-181. <https://doi.org/10.1111/j.1365-2834.2009.01035.x>
- Hutchinson, M., Jackson, D., Wilkes, L., & Vickers, M.H. (2008). A new model of bullying in the nursing workplace: Organizational characteristics as critical antecedents. *Advanced Nursing Science*, 31 (2), 60e71.
- Hutchinson, M., Vickers, M.H., Wilkes, L., & Jackson, D.A. (2010). Typology of bullying behaviors: The experience of Australian nurses. *Journal of Clinical Nursing*, 19 (15-16), 19-28.
- Lange, S., Burr, H., Conway, P.M., & Rose, U. (2018). Workplace bullying among employees in Germany: Prevalence estimates and the role of the perpetrator. *International Archives of Occupational and Environmental Health*, 92, 237-247. <https://doi.org/10.1007/s00420-018-1366-8>
- Laschinger, H.K., Wong, C.A., Cummings, G.G., & Grau, A.L. (2014). Resonant leadership and workplace empowerment: The value of positive organizational cultures in reducing workplace incivility. *Nursing Economics*, 32, 5-15.
- Lee, Ju, Y.H., & Lim, S.H. (2020). A study on the intent to leave and stay among hospital nurses in Korea: A cross sectional survey. *Journal of Nursing Management*, 28 (2), 332-341. <https://doi.org/10.1111/jonm.12929>
- Makarem, N.N., Tavitian-Elmadjian, L.R., Brome, D., Hamadeh, G.N., & Einarsen, S. (2018). Assessment of workplace bullying: Reliability and validity of an Arabic version of the negative acts questionnaire-revised (NAQ-R). *BMJ Open*, 8 (12), e024009
- Matthiesen, S.B., & Einarsen, S. (2010). Bullying in the workplace: Definition, prevalence, antecedents and consequences. *International Journal of Organization and Behavior*, 13 (2), 202-248.
- Nielsen, M.B., Tangen, T., Idsoe, T., Matthiesen, S.B., & Magerøy, N. (2015). Post-traumatic stress disorder as a consequence of bullying at work and at school: A literature review and meta-analysis. *Aggressive and Violent Behavior*, 21, 17-24.
- Obeidat, R.F., Qan'ir, Y., & Turaani, H. (2018). The relationship between perceived competence and perceived workplace bullying among registered nurses: A cross-sectional survey. *International Journal of Nursing Studies*, 88, 71-78.
- Ortega, A., Høgh, A., Pejtersen, J.H., Feveile, H., & Olsen, O. (2009). Prevalence of workplace bullying and risk groups: A representative population study. *International Archives of Occupational and Environmental Health*, 82 (3), 417-426. <https://doi.org/10.1007/s00420-008-0339-8>
- Pilch, I., & Turska, E. (2015). Relationships between Machiavellianism, organizational culture and workplace bullying: Emotional abuse from the targets' and the perpetrators' perspectives. *Journal of Business Ethics*, 128 (1), 83-93.
- Rodwell, J., & Demir, D. (2012). Oppression and exposure as differentiating predictors of workplace violence for nurses. *Journal of Clinical Nursing*, 21 (15-16), 2296e305. <https://dx.doi.org/10.1111/j.1365-2702.2012.04192.x>
- Salin, D. (2003). Ways of explaining workplace bullying: A review of enabling, motivating and precipitating structures and processes in the work environment. *Human Relations*, 56 (10), 1213-1232.
- Samir, N., Mohamed, R., Moustafa, E., & Saif, H. (2012). Nurses' attitudes and reactions to workplace violence in obstetrics and gynecology departments in Cairo hospitals. *Eastern Mediterranean Health Journal*, 18 (3), 198-204.
- Samnani, A., & Singh, P. (2014). Performance-enhancing compensation practices and employee productivity: The role of workplace bullying. *Human Resource Management Review*, 24 (1), 5-16.
- Simons, S. (2008). Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organization. *Advances in Nursing Science*, 31 (2), E48-E59.
- Spector, P.E., Zhou, Z.E., & Che, X.X. (2014). Nurse exposure to physical and nonphysical violence, bullying and sexual harassment: A quantitative review. *International Journal of Nursing Studies*, 51 (1), 72-84.
- Tambur, M., & Vadi, M. (2012). Workplace bullying and organizational culture in a post-transitional country. *International Journal of Manpower*, 33 (7), 754-768.
- Tsai, S.T., Han, C.H., Chen, L.F., & Chou, F.H. (2014). Nursing workplace bullying and turnover intention: An exploration of associated factors at a medical center in Southern Taiwan. *Journal of Nursing*, 61 (3), 58-68. <https://doi.org/sdl.idm.oclc.org/10.6224/JN.61.3.58>
- Vessey, J., Demarco, R.F., & Difazio, R. (2010). Bullying,

- harassment and horizontal violence in the nursing workforce: The state of the science. *Annual Review of Nursing Research*, 28 (1), 133-157.
- Wahab, S., Rahmat, A.R., Yusof, M.S., & Mohamed, B. (2016). Organization performance and leadership style: Issues in education service. *Procedia-Social and Behavioral Sciences*, 224, 593-598.
- Wilson, J.L. (2016). An exploration of bullying behaviours in nursing: A review of the literature. *British Journal of Nursing*, 25, 303-306.
- Workplace Bullying Institute. (2018, March 11). *The WBI definition of workplace bullying*. <https://www.workplacebullying.org/individuals/problem/definition/>
- Yuseon, A., & Kang, J. (2016). Relationship between organizational culture and workplace bullying among Korean nurses. *Asian Nursing Research*, 10 (3), 234-239.