



## The Relationship between Workplace Bullying for Nurses and Leadership Styles

Eman Salman Taie<sup>1</sup>, Rasha Ibrahim El-Sayed<sup>2</sup>, Laila Salah Dawood<sup>3</sup>

<sup>1</sup>Professor of Nursing Administration, Helwan University, Egypt.

<sup>2</sup>Assistant Professor of Nursing Administration, Port Said University, Egypt.

<sup>3</sup>B.Sc. Nursing, Kafr El Sheikh University, Egypt.

Article History	Abstract
<p>Received: 06 June 2023 Revised: 05 September 2023 Accepted: 21 September 2023</p>	<p><b>Background:</b> Workplace bullying is a social and organizational problem within the nursing profession; this phenomenon has significant negative effects and is closely associated with leadership styles. <b>Aim:</b> This study aimed to examine the relationship between workplace bullying for nurses and leadership styles. <b>Design:</b> A descriptive correlational design was used in this study. <b>Setting:</b> This study was conducted at El-Obour Hospital for Health Insurance, Kafr El-Sheikh Branch. <b>Sample:</b> Consisted of a representative sample of staff nurses (N=295). <b>Tools:</b> Two tools were used for data collection: The Negative Acts Questionnaire-Revised (NAQ-R) and the Multifactor Leadership Questionnaire (MLQ). <b>Results:</b> (61.7%) of staff nurses were highly exposed to workplace bullying. Also, the most dominant style was laissez-faire leadership, with the highest mean percentage of respondents. There was a statistically significant negative correlation between staff nurses' exposure to workplace bullying and transformational leadership. There was also a statistically significant negative correlation between staff nurses' exposure to workplace bullying and transactional leadership. While, there was a statistically significant positive correlation between staff nurses' exposure to workplace bullying and laissez-faire leadership. <b>Conclusion:</b> There was a statistically significant, negative correlation between staff nurses' exposure to workplace bullying (<math>r = -0.285</math>, <math>p &lt; 0.001</math>) and leadership styles. <b>Recommendation:</b> Healthcare organizations should suggest policies and rules to prevent bullying and punish bullies. Nurse Managers should encourage staff nurses to report workplace bullying incidents. Further studies: Explore the staff nurses' perceptions about bullying before and after applying a training program about bullying and strategies to deal with it.</p>
<p>CC License CC-BY-NC-SA 4.0</p>	<p><b>Keywords:</b> Workplace bullying, leadership styles, nurses.</p>

### 1. Introduction

Bullying is known as the continual exposure of a specific person over a long period to intentional negative behaviors by peers or supervisors. As a result, workplace bullying should not be viewed as a simple conflict between two individuals but as a poisonous workplace behavior with harmful implications for both organizations and their employees, and such behaviors should be handled seriously (Elazzazy, 2023).

Workplace bullying is a problem that impacts not only the individual nurse but the entire healthcare system, putting financial and human resources under strain (Favaro et al., 2021). Bullying at work is influenced by several organizational elements. Bullying in the workplace frequently results from an imbalance of power between the bullies and the victims. Bullies may be more knowledgeable than their victims, have more work experience, or have backing from influential people inside the organization. Bullying victims typically have weaker social skills and low self-esteem. Individuals

who are unable to defend themselves in a genuine scenario are the targets of bullying behavior (Elazzazy, 2023).

The nursing staff is an integral part of any healthcare system, being the largest healthcare provider group inside hospitals (Al Muharraq et al., 2022). Nursing has long been recognized as a difficult profession fraught with workplace challenges such as stress and bullying, which is a cause for worry. Nurse bullying is not new and has been the subject of research studies for over 25 years. Unfortunately, despite years of studies in this area, nurses continue to face bullying today, as many leaders, institutions, and even nurses themselves either deny its presence or accept it as the standard, creating a culture of silence that impedes solutions to the problem (Goh et al., 2022).

Leadership is described as the capacity to organize a group of followers assembled for specific reasons and influence and encourage people to achieve organizational goals while performing at a high degree of commitment and using little force (Atasoy, 2020). Leadership is a critical driving factor in ensuring that individual and organizational performance is directed in the appropriate direction. Positive leadership behaviors result in positive work results, whereas negative/dark leadership behaviors endanger an organization's growth and existence. Positive or poor work results are said to be reliant on the leadership styles used by leaders to affect their followers (Kanwal et al., 2019).

Nursing leadership is well-positioned to address workplace bullying as a widespread issue by implementing effective rules, enhancing a safe workplace culture, and employing positive leadership qualities. Furthermore, building and sustaining a healthy work atmosphere that allows for the delivery of ethical, effective, and evidence-based treatment. Additionally, nurse leadership must prevent and eliminate bullying practices and their negative repercussions using a variety of interventions such as primary, secondary, and tertiary preventive programs and initiatives (Anany et al., 2023).

Not all leadership is effective leadership. The previous studies discovered that interactions between coworkers were impacted by ineffective organizational leadership, including low levels of communication regarding duties and expectations. For instance, laissez-faire leadership can increase tension and engender discontent among groups. And that poor leadership can cause workplace stress and strained employee relationships, such as isolating and excluding coworkers. Dissatisfaction with leadership was substantially associated with workplace bullying behaviors, and bad leaders make victims vulnerable. Previous research has shown that employees with poor leadership are substantially more likely to be bullied than those with more constructive leadership in their organization (Mills et al., 2019).

### **Significance of the study**

Workplace bullying is a serious problem in the nursing profession and hospital administration, and the occurrence rates vary globally based on organizational structures and legal frameworks in various nations (Park & Choi, 2023). Based on a large number of systematic reviews published between 2013 and 2021. Workplace bullying is said to affect at least 25% of the nursing workforce, which is more than in other professions. According to these numbers, the healthcare sector appears to be particularly affected by this phenomenon (Goh et al., 2022). In other studies, in Egypt, the findings of the study in Hospitals Port-Said City revealed that more than one-third of the studied nurses were victims of workplace bullying (Nasr et al., 2022). Hence, nursing leaders must effectively deal with workplace bullying.

Leadership style is critical to preventing and stopping workplace bullying (Rajagukguk et al., 2020). The outcomes of this study will aid the nurse manager in adopting the best possible leadership style, resulting in fewer levels of workplace bullying among staff nurses. Although leadership styles are of central importance in the bullying process, very little research has examined it, and it has lately been identified as one of the most pressing issues among nurses. Workplace bullying is a complex issue that has gotten more attention domestically and internationally for the past two decades (Elewa & El Banan, 2019). Therefore, this study aimed to examine the relationship between workplace bullying for nurses and leadership styles.

### **Aim of the study**

This study aimed to examine the relationship between workplace bullying for nurses and leadership styles through: Assess nurses' exposure to workplace bullying at El-Obour Hospital for Health Insurance, Kafr El-Sheikh Branch. Determine the leadership styles in the aforementioned Hospital. Find out the relationship between workplace bullying for nurses and leadership styles.

### **Research questions**

Do nurses expose to workplace bullying at El-Obour Hospital for Health Insurance, Kafr El-Sheikh Branch.? What is the leadership style in El-Obour Hospital for Health Insurance, Kafr El-Sheikh Branch? What is the relationship between workplace bullying for nurses and leadership styles?

## **2. Materials and Methods**

### **Technical Item**

The technical item included research design, setting, subject, and tools for data collection.

### **Research design**

A descriptive correlational design was used in this study.

### **Setting**

The study was conducted at El-Obour Hospital for Health Insurance, Kafr El-Sheikh Branch.

### **Sample size**

All staff nurses in all departments at El-Obour Hospital for Health Insurance, Kafr El-Sheikh Branch, were included in the study, with a total number of 295 staff nurses after removing exclusion criteria.

### **Tools for data collection**

Two tools were used to collect data for this study: **First tool: Negative Acts Questionnaire-Revised (NAQ-R)**: This tool was adopted from (Serafin et al., 2020) to measure workplace bullying. It consisted of two parts: **Part I**: Personal data of participants: this part included age, gender, years of experience, work department, and level of education in nursing. **Part II**: This part assessed workplace bullying through Negative Acts Questionnaire-Revised (NAQ-R), it consisted of 22 items divided into three categories, namely person-related bullying (11 items), work-related bullying (7 items), and physical intimidation (4 items).

**Scoring system: Negative Acts Questionnaire-Revised (NAQ-R)** measured on a 5-point Likert scale (never= 1, now and then= 2, monthly= 3, weekly= 4, daily= 5). The cut-off points for the sum of all 22 items (score range 22–110) at 33 and 45. The total score was statistically calculated by summing scores of all categories where:

- High level  $\geq 40\%$  ( $\geq 45$  points).
- Moderate level  $\geq 30\%$  -  $< 40\%$  (33-44 points)
- Low level  $< 30\%$  ( $< 33$  points)

**Second tool: Multifactor Leadership Questionnaire (MLQ)**: This tool was developed by (Bass & Avolio, 1997) and adopted by (Braathu et al., 2021) to measure transformational leadership, transactional leadership, and laissez-faire leadership. It consisted of 36 items divided into three categories: transformational leadership consisted of four subscales, individualized consideration (4 items), intellectual stimulation (4 items), inspirational motivation (4 items), and idealized influence (8 items). Transactional leadership consisted of three subscales, contingent reward (4 items), management-by-exception active (4 items), and management-by-exception passive (4 items). Laissez-faire leadership (4 items).

**Scoring system: Multifactor Leadership Questionnaire (MLQ)** measured on a 5-point Likert scale (Not at all= 0, Once in a while= 1, Sometimes= 2, fairly often= 3, frequently, if not always= 4).

### **Validity of the tools**

Both tools were translated into the Arabic language by using the back-translation technique. The translation back was conducted by a proficient translator using a blind technique. After that, the translated versions against the English versions were evaluated by three experts specialized in nursing

administration from two universities, Tanta University and Menoufia University, to ensure content validity.

### ***Reliability of the tools***

Reliability was tested with Cronbach's alpha. The reliability of the Negative Acts Questionnaire-Revised (NAQ-R) was ( $\alpha = 0.94$ ) (Serafin et al., 2020). For the Multifactor Leadership Questionnaire (MLQ) subscales, the internal consistency of Transformational Leadership was ( $\alpha = 0.96$ ), Contingent reward was ( $\alpha = 0.86$ ), Management-by-Exception active was ( $\alpha = 0.89$ ), Management-by-Exception passive was ( $\alpha = 0.85$ ), and Laissez-faire was ( $\alpha = 0.88$ ) (Braathu et al., 2021).

### ***Ethical considerations***

Approval was obtained from the scientific research Ethical Committee at the Faculty of Nursing, Helwan University. In addition, Approval from El-Obour Hospital for Health Insurance, KafrEl-Sheikh Branch before starting this study. The sample was informed about the aim of the study and its importance and informed consent from participants was obtained after an explanation of the nature and the aim of the study. Anonymity and confidentiality were assured through coding the data and the right to withdraw from the study at any time. Ethics, value, cultures, and beliefs were respected during collecting data.

### **Operational Item**

#### ***Preparatory phase***

It included reviewing past, current, national, and international related literature and theoretical knowledge of various aspects of the study using books, articles, the internet, periodicals, and magazines to develop tools for data collection.

#### ***Pilot study***

A Pilot study was conducted on 10% of the study sample (30 Staff nurses) from El-Obour Hospital for Health Insurance, Kafr El-Sheikh Branch, from mid of July, 2022 to the end of July, 2022. The pilot study aimed to confirm the clarity and applicability of the study tools and to estimate the time required for fulfilling the questionnaire sheets. Based on the pilot study, no modifications were done, and a final version was prepared for distribution to the nursing staff. Those participants were included in the study sample.

#### ***Fieldwork***

The actual field work started at the beginning of August 2022 and was completed by the end of September 2022. The researcher collected data by herself by meeting the staff nurses in each department and explaining the aim of the study and its importance. The researcher collected data daily from all departments of the hospital throughout the day. The researcher checked the completeness of each filled sheet after staff nurses completed it to ensure the absence of any missing data. The time needed by staff nurses to complete the first tool ranged between (10-15) minutes, while the time needed by staff nurses to complete the second tool ranged between (15-20) minutes.

### **Administrative Item**

To carry out the study, an official letter was issued from the dean of the faculty of nursing at Helwan University explaining the aim of the study to the manager of Al-Obour Hospital for Health Insurance, Kafr El-Sheikh Branch to obtain their permission for data collection from staff nurses in their hospital.

### **Statistical Item**

The collected data were organized, tabulated, and statistically analyzed using SPSS software package version 24. Qualitative data were described using frequency (n) and percentage (%). Quantitative data were described using range (minimum and maximum), mean, and standard deviation. Statistical significance was set at  $P < 0.05$ . Pearson's Coefficient Correlation was used to examine the relationship between workplace bullying for nurses and leadership styles.

## **3. Results and Discussion**

**Table (1):** Shows that more than half (54.6%) of the study sample was < 30 years. The majority of staff nurses were females (89.5%). And only (10.5%) were males. As regards the years of experience, the years of experience ranged between < 10 years or 10 or more. More than half of the study sample

(55.3%) had less than 10 years of experience. While more than two-fifths of the study sample (44.7%) had 10 years of experience or more .

In relation to the work department, the highest number of staff nurses was from the dialysis department (10.9 %). While only from the obstetrics and gynecology department (2.0%). According to the education level of the study sample, more than half of them (64.4%) graduated from the Technical Institute of Nursing, more than one-third (34.9%) graduated from the Technical School of Nursing, While, only (0.7%) of them had Bachelor of Science in Nursing.

**Figure (1):** Shows that less than two-thirds of staff nurses (61.7%) were highly exposed to workplace bullying and less than one-quarter of staff nurses (23%) were low exposed to workplace bullying. While a minority of staff nurses reported that they had moderate levels of exposure to workplace bullying (15.3%).

**Table (2):** Depicts the mean and standard deviation of workplace bullying dimensions among staff nurses. Results indicated that person-related bullying dimension had the highest mean  $\pm$ SD (29.1  $\pm$ 14.5), followed by work-related bullying dimension with mean  $\pm$ SD (22.2  $\pm$ 9.8), while the lowest rating was spotted at physical intimidation dimension with mean  $\pm$ SD (12.4  $\pm$ 6.1), total mean  $\pm$ SD for all categories was (63.7  $\pm$ 29.3).

**Table (3):** Table (11) illustrates the mean and standard deviation of leadership styles among nursing staff. It was shown that transformational leadership had the highest mean  $\pm$ SD (24.8  $\pm$ 10.4), followed by transactional leadership with mean  $\pm$ SD (18.4  $\pm$ 8.3), while the lowest rating was laissez-faire leadership with mean  $\pm$ SD (8.7  $\pm$ 3.5). Moreover, the total mean  $\pm$ SD for transformational leadership, transactional leadership, and laissez-faire leadership were (51.9  $\pm$ 20.2).

The most dominant style was laissez-faire leadership, with the highest mean percentage (54.4%) of respondents. The second most common was transactional leadership, with a moderate mean percentage (39.1%) of respondents. The least common was transformational leadership, with the lowest mean percentage (32.2%) of respondents. The total mean percentage for transformational leadership, transactional leadership, and laissez-faire leadership were (41.9%).

**Figure (2):** Shows that there was a statistically significant negative correlation between staff nurses' exposure to workplace bullying ( $r = -0.350$ ,  $p < 0.001$ ) and transformational leadership.

**Figure (3):** Illustrates that there was a statistically significant negative correlation between staff nurses' exposure to workplace bullying ( $r = -0.233$ ,  $p < 0.001$ ) and transactional leadership.

**Figure (4):** Shows that there was a statistically significant positive correlation between staff nurses' exposure to workplace bullying ( $r = 0.462$ ,  $p < 0.001$ ) and laissez-faire leadership.

**Figure (5):** Shows that there was a statistically significant negative correlation between staff nurses' exposure to workplace bullying ( $r = -0.285$ ,  $p < 0.001$ ) and leadership styles.

**Table [1]:** Personal data of the studied staff nurses (n=295).

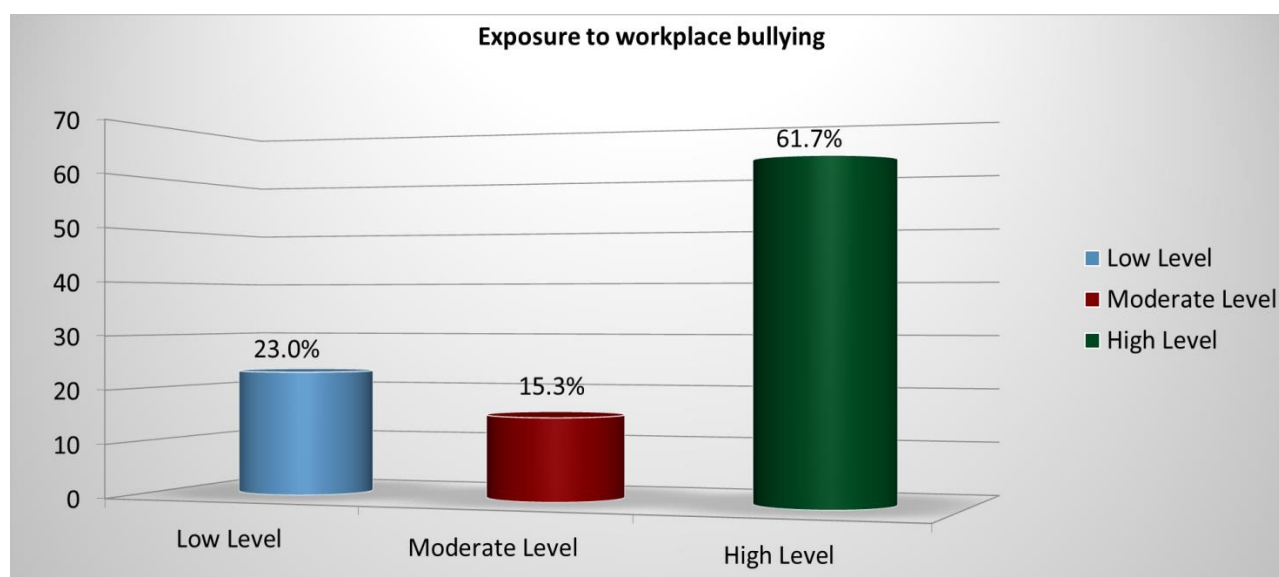
Personal data	N	%
<b>Age (Years)</b>		
< 30	161	54.6
30 or More	134	45.4
<b>Mean <math>\pm</math>SD</b>	<b>30.1 <math>\pm</math>5.4</b>	
<b>Gender</b>		
Female	264	89.5
Male	31	10.5
<b>Experience (Years)</b>		
< 10	163	55.3
10 or More	132	44.7
<b>Mean <math>\pm</math>SD</b>	<b>10.6 <math>\pm</math>5.2</b>	
<b>Work Department</b>		
Emergency Department	22	7.5



Gastrointestinal Department	14	4.8
Gastrointestinal Care Unit	10	3.4
Pediatric Department	15	5.1
Orthopedic Department	15	5.1
Surgical Department	12	4.1
Internal Medicine Department	15	5.1
Neonatal Intensive Care Unit	14	4.7

**Table [2]:** Personal data of the studied staff nurses (n=295) Cont.

Personal data	N	%
Nose and Ear Department	11	3.7
Burns and Aesthetics Department	15	5.1
Oncology Department	21	7.1
Pediatric Care Unit	11	3.7
Hematology Department	11	3.7
Operations	31	10.5
Dialysis Department	32	10.9
Intensive Care Unit	22	7.4
Department of Obstetrics and Gynecology	6	2.0
Urology Department	18	6.1
<b>Level of education in nursing</b>		
Technical School of Nursing	103	34.9
Technical Institute of Nursing	190	64.4
Bachelor	2	0.7



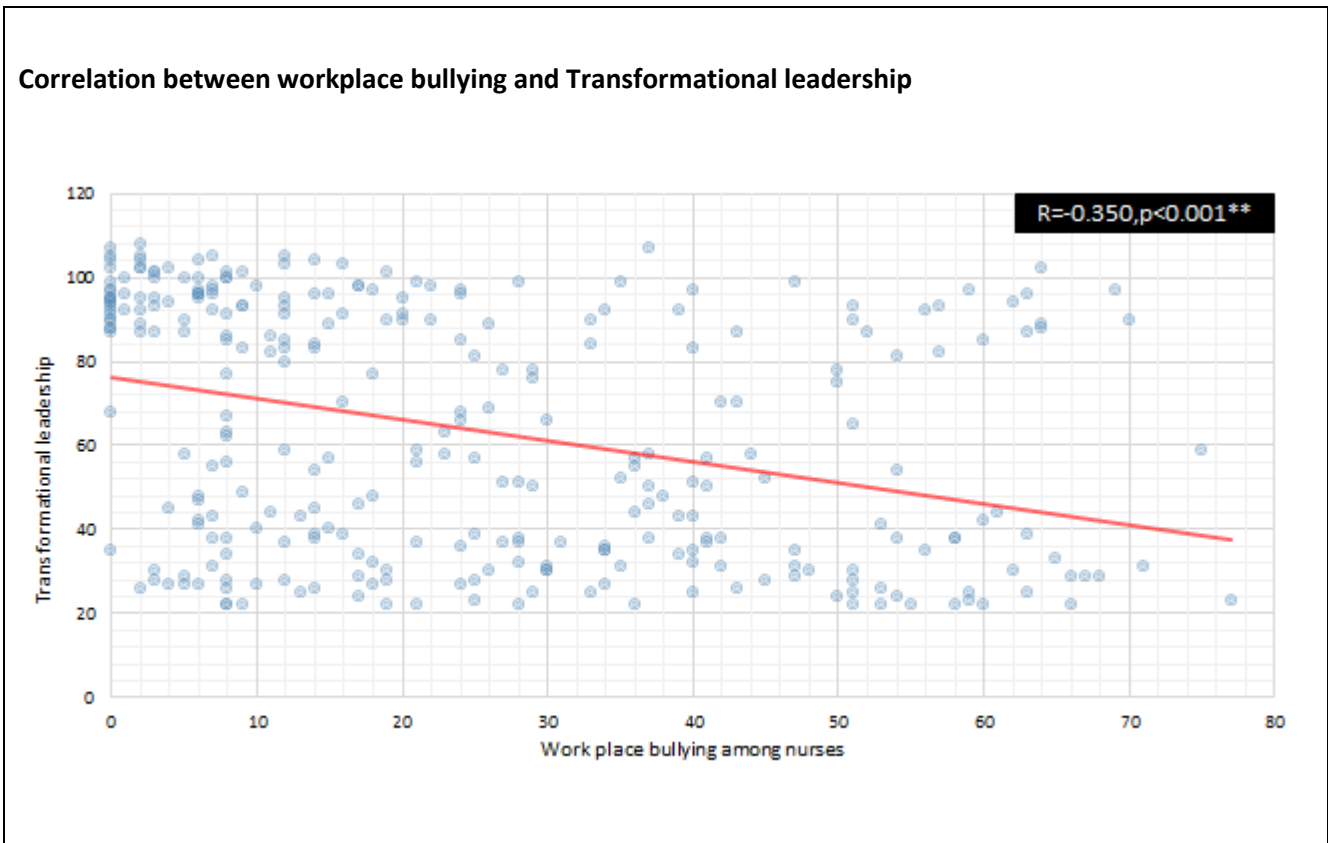
**Figure [1]:** Percentage distribution of staff nurses' exposure to workplace bullying (n=295).

**Table [3]:** The mean and standard deviation of staff nurses' exposure to workplace bullying dimensions (n=295).

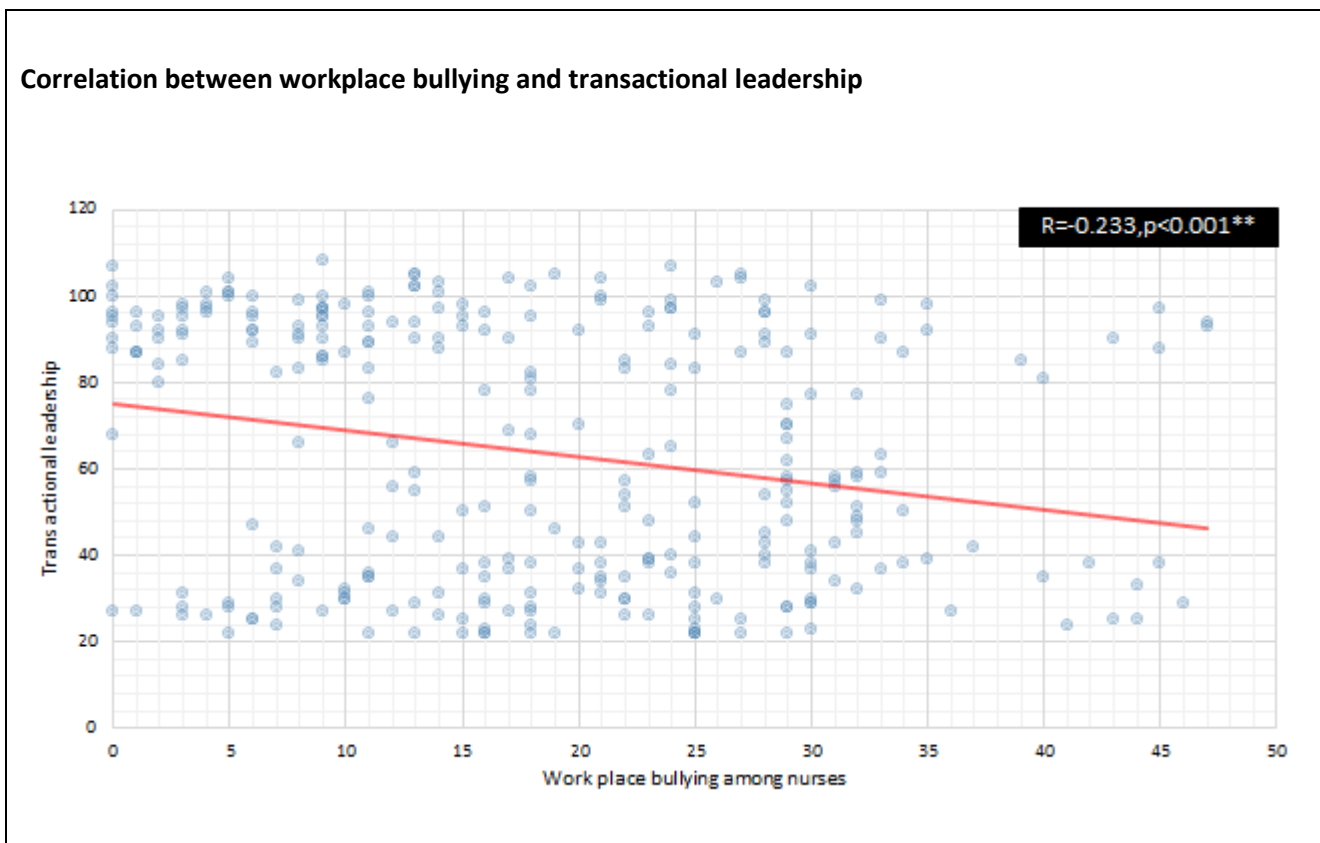
Workplace bullying dimensions	Mean ±SD
Person-related bullying	29.1 ±14.5
Work-related bullying	22.2 ±9.8
Physical intimidation	12.4 ±6.1
<b>Total NAQ-R Score</b>	<b>63.7 ±29.3</b>

**Table [4]:** Descriptive statistics to show leadership styles (n=295).

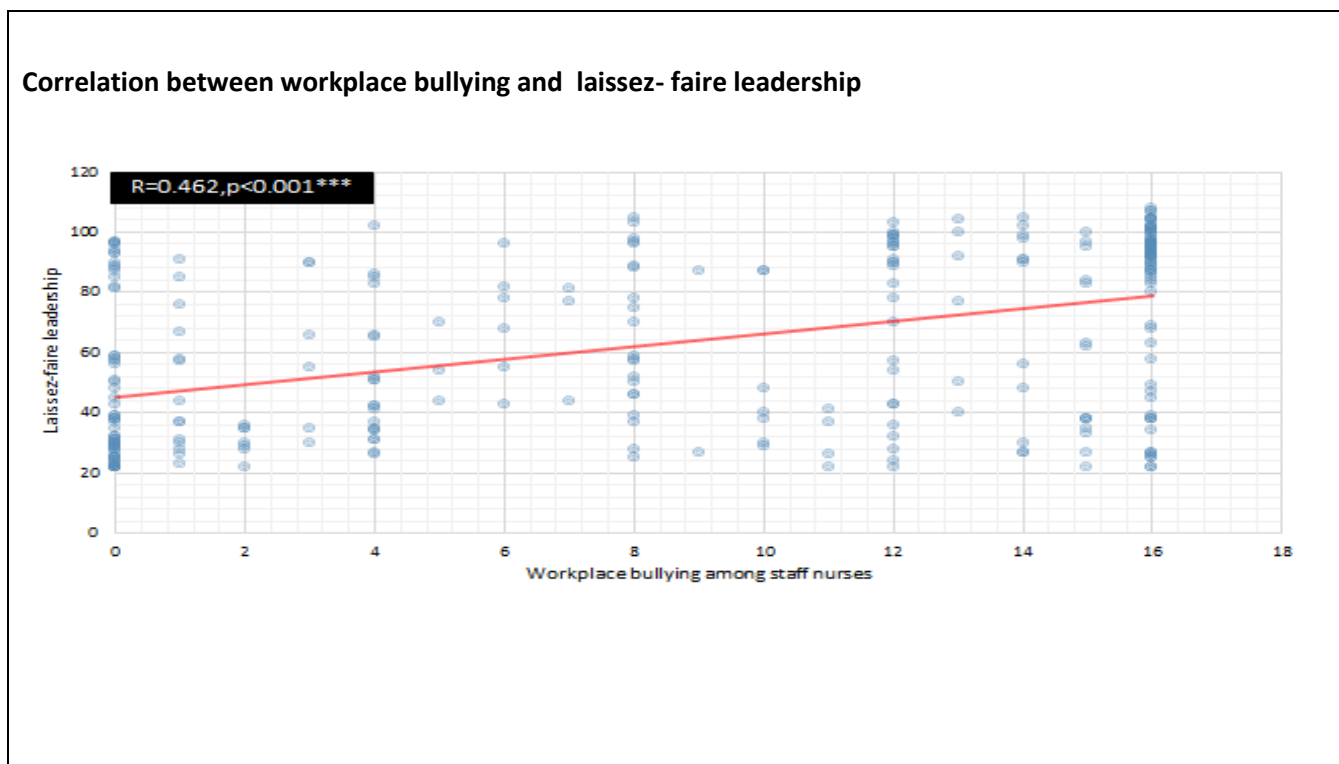
Leadership styles	Mean $\pm$ SD	Mean Percentage
Transformational leadership	24.8 $\pm$ 10.4	32.2%
Transactional leadership	18.4 $\pm$ 8.3	39.1%
Laissez-Faire leadership	8.7 $\pm$ 3.5	54.4%
<b>Total Leadership styles Score</b>	<b>51.9 <math>\pm</math>20.2</b>	<b>41.9%</b>



**Figure [2]:** Correlation between staff nurses' exposure to workplace bullying and Transformational leadership (n=295).



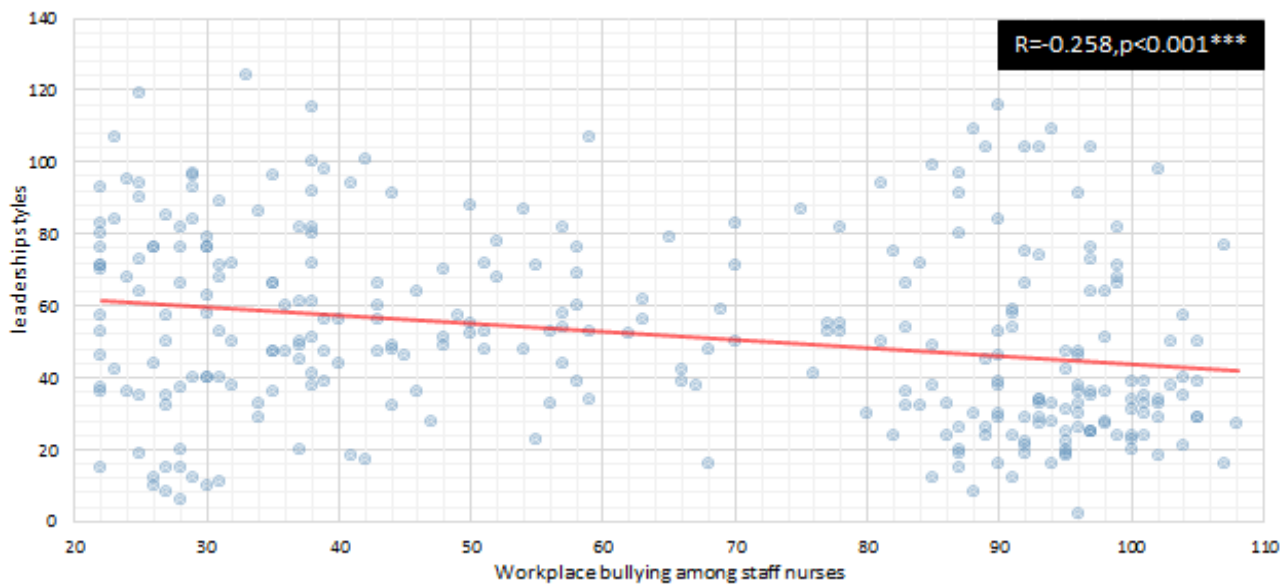
**Figure [3]:** Correlation between staff nurses’ exposure to workplace bullying and Transactional leadership (n=295).



**Figure [4]:** Correlation between staff nurses’ exposure to workplace bullying and laissez- faire Leadership (n=295).



### Correlation between workplace bullying and leadership styles



**Figure [5]:** Correlation between staff nurses' exposure to workplace bullying and leadership styles (n=295).

The study aimed to examine the relationship between workplace bullying for nurses and leadership styles. The study question “that”, do nurses expose to workplace bullying, what is the leadership style and what is the relationship between workplace bullying for nurses and leadership styles?

Regarding personal data, the present study results showed that more than half of the study sample was less than thirty years of age and less than ten years of experience. The majority of staff nurses were females. Also, more than half of the staff nurses graduated from the Technical Institute of Nursing. These study results were supported by (Awai et al., 2021), who studied "Prevalence of workplace bullying and its associated factors among workers in a Malaysian public university hospital: a cross-sectional study" and found that the majority of the respondents were women, less than thirty years of age, and less than ten years of experience.

Additionally, these results were consistent with (Attia et al., 2020), who studied "Workplace Bullying and its Effect on Staff Nurses' Work Engagement," who reported that the majority of staff nurses were females, nearly two-thirds of staff nurses were less than thirty years old, and more than two-fifths of staff nurses had less than five years of experience.

While the current study results were in contrast with (Alrasheedi et al., 2022) in a study of "Leadership styles and job satisfaction among nurses of medical-surgical departments in the Qassim region hospitals in Saudi Arabia" and revealed that most of the participants were male and had bachelor's degrees in nursing, age was measured by four groups; most participants were in the 30- to 39-year-old group.

Concerning exposure to workplace bullying, the present study revealed that less than two-thirds of staff nurses were highly exposed to workplace bullying, which should be a cause for concern. These results were congruent with (M Abdel-Azeem et al., 2022) who studied "Bullying among Staff Nurses and Its Relationship to Psychological Distress and Organizational Commitment during Covid-19 Pandemic", and reported that more than half of the sample reported high levels of bullying.

Furthermore, the findings of this study agreed with the results of **(Al-Ghabeesh & Qattom, 2019)**, who studied "Workplace bullying and its preventive measures and productivity among emergency department nurses", they found that workplace bullying has a very high prevalence among Jordanian nurses working in emergency department nurses. Meanwhile, in contradiction, **(Hosseini et al., 2021)** studied "the relationship between workplace bullying and professional self-concept in Iranian nurses", and they stated that the workforce bullying experienced by nurses working in emergency and intensive care units is low.

Regarding exposure to workplace bullying dimensions: the current study showed that the Person related bullying dimension had the highest mean, followed by Work related bullying dimension. Person-related bullying dimension was associated in this study with the highest mean among the workplace bullying dimensions.

The findings of this study were congruent with **(Awai et al., 2021)**, which found that the highest mean for negative person-related acts, was followed by negative workplace-related acts. Also, it agreed with **(Mohamed et al., 2018)**, who studied "Organizational justice and workplace bullying: The experience of nurses" they found in their results that the highest mean was for person-related bullying, and the lowest mean was for physically intimidating bullying.

But, this study result was disagreed with **(Ying-Ying et al., 2020)**, who conducted a study "Determinants of workplace bullying types and their relationship with depression among female nurses" they found that work-related bullying had the highest score of the three types of workplace bullying.

The present study showed that transformational leadership had the highest mean, followed by transactional leadership, while the lowest rating was laissez-faire leadership. This result was congruent with those **(Howard & Knight, 2022)**, who studied "Analyzing the Impact of Leadership Styles on Student Achievement in Alabama's Rural High Schools" and found that the mean scores for student academic achievement were higher for transformational leaders than for transactional and laissez-faire leaders.

But, these study results were inconsistent with those **(Hassen Yimam, 2022)** in a study entitled "Impact of leadership style on employee commitment in Bahir Dar University, Ethiopia" which showed that the highest mean for laissez-faire leadership style.

Concerning leadership styles; the present study showed that the most dominant style was laissez-faire leadership, with the highest mean percentage of respondents. The least common was transformational leadership, with the lowest mean percentage of respondents. This result was congruent with **(Πλακούδα, 2022)**, who studied "Greek Women as Sport Leaders-Masculine, Feminine or Androgenous Characteristics" who showed that, based on percentages of which leadership model stands out, it was concluded that the participants tend to the "Laissez-faire" leadership style.

But, these study results were disagreed with **(AlFadhlah & Elamir, 2021)**, who conducted a study about "Organizational culture, quality of care and leadership style in government general hospitals in Kuwait: a multi-method study", and found that the large percentages of followers rating their leader and organizational culture as transformational.

Concerning the correlation between staff nurses' exposure to workplace bullying and transformational leadership; the current study revealed that there was a statistically significant, negative correlation between staff nurses' exposure to workplace bullying and transformational leadership. These study results agreed with the results of a study conducted by **(Kanwal et al., 2019)**, who studied "Leadership styles and workplace ostracism among frontline employees" they found in their results that the transformational leadership style negatively relates to workplace ostracism.

On the other hand, these study results were disagreed with **(Adekanmbi & Ukpere, 2019)**, who studied "Influence of leadership styles on workplace deviant behaviors in the Nigerian Banking Industry" and asserted that there was no significant association between transformational leadership style and workplace deviant behaviors in the Nigerian banking industry.

Regarding the correlation between staff nurses' exposure to workplace bullying and transactional leadership; the present study results revealed that there was a statistically significant, negative correlation between staff nurses' exposure to workplace bullying and transactional leadership.

On the same line, these results match with (Tam & Ha, 2023), who conducted a study "Transactional leadership and workplace bullying among employees in Viet Nam" and found that all components of manager transactional leadership, including contingent reward, active management by exception, and passive management by exception, had a negative impact on employees' workplace bullying.

But these study results were disagreed with (Cao et al., 2022), who conducted a study about "Leadership and workplace aggression: A meta-analysis" which revealed that task-oriented (i.e., transactional) leadership was not associated with workplace aggression.

It is interesting that the correlation between staff nurses' exposure to workplace bullying and laissez-faire leadership; the study results indicated that there was a statistically significant, positive correlation between staff nurses' exposure to workplace bullying and laissez-faire leadership. On the same line, these results match with (Cao et al., 2022), which revealed that they expected a positive association between passive (i.e., laissez-faire) leadership and workplace aggression.

But, these study results were disagreed with (Qamal et al., 2021), who conducted a study about "Factors Associated with Workplace Bullying Incidents on Nurses at the Banda Aceh City General Hospital" and found that the laissez-faire leadership style factor had no significant relationship with the incidence of workplace bullying among nurses at the Banda Aceh City General Hospital.

Regarding the Correlation between staff nurses' exposure to workplace bullying and leadership styles; the present study found that statistically significant, negative correlation between staff nurses' exposure to workplace bullying and leadership styles. These results were congruent with (Olaleye et al., 2021), who conducted a study "Nexus between authentic leadership, organizational culture, and job performance: Mediating role of bullying" and found that authentic leadership has an inverse relationship exists with workplace bullying.

On the same line, these results match with (Mills et al., 2019), who conducted a study, "No laughing matter: Workplace bullying, humor orientation, and leadership styles " which revealed that had a negative, significant relationship between Workplace bullying and leadership styles.

But, these study results were disagreed with (Nadeem et al., 2020), who conducted a study about the "Effect of destructive leadership on workplace deviance and interpersonal deviance: Mediating role of emotional exhaustion" and found that the positive and significant relation between destructive leadership and workplace deviance.

#### **4. Conclusion**

##### **The study results concluded that**

Less than two-thirds of staff nurses were highly exposed to workplace bullying. Specifically, the highest mean was related to the person-related bullying dimension, followed by the work-related bullying dimension, and the lowest mean was related to intimidation towards a personal dimension.

Furthermore, the most dominant style was laissez-faire leadership, with the highest mean percentage of respondents. There was a statistically significant negative correlation between staff nurses' exposure to workplace bullying and transformational leadership. In addition, there was a statistically significant negative correlation between staff nurses' exposure to workplace bullying and transactional leadership. While, there was a statistically significant positive correlation between staff nurses' exposure to workplace bullying and laissez-faire leadership.

Finally, there was a statistically significant negative correlation between staff nurses' exposure to workplace bullying and leadership styles. And these findings provide answers to all study questions.

## Recommendation

Based on the study findings, the following recommendations were suggested:

### Healthcare organizations

Suggests policies and rules to prevent bullying and punish bullies. Conduct training program for staff nurses about workplace bullying behaviors and clarify the processes for protecting and supporting them if they are subjected to such behavior.

### Nurse Managers

Encourage staff nurses to report workplace bullying incidents. Provide support to nurses who have experienced bullying behavior to reduce the negative effects on their performance.

### Nursing Education

The nursing curricula should be modified to include bullying behavior management in the workplace.

### Further studies

Explore the staff nurses' perceptions about bullying before and after applying a training program about bullying and strategies to deal with it. Future research should increase the sample size and number of research hospitals to better tap the nature of relationships.

## References:

- Adekanmbi, F. P., & Ukpere, W. I. (2019). Influence of leadership styles on workplace deviant behaviours in the Nigerian Banking Industry. *International Journal of Psychosocial Rehabilitation*, 23(1), 532-559.
- Al Muharraq, E. H., Baker, O. G., & Alallah, S. M. (2022). The prevalence and the relationship of workplace bullying and nurses turnover intentions: A cross sectional study. *SAGE open nursing*, 8, 23779608221074655.
- ALFadhlah, T., & Elamir, H. (2021). Organizational culture, quality of care and leadership style in government general hospitals in Kuwait: a multimethod study. *Journal of healthcare leadership*, 243-254.
- Al-Ghabeesh, S. H., & Qattom, H. (2019). RETRACTED ARTICLE: Workplace bullying and its preventive measures and productivity among emergency department nurses. *Israel journal of health policy research*, 8(1), 1-9.
- Alrasheedi, M. A., Alrashaidi, F. M., & Shahin, M. A. H. (2022). Leadership styles and job satisfaction among nurses of medical-surgical departments in the Qassim region hospitals in Saudi Arabia. *Medical Science*, 26, 123.
- Anany, R., Nasr, A. M., Ghandour, S., & Elghabbour, G. (2023). Designing Protocol for Managing Workplace Bullying among Nurses at Selected Hospitals in Port-Said City. *Port Said Scientific Journal of Nursing*, 10(1), 157-180.
- Atasoy, R. (2020). The Relationship between School Principals' Leadership Styles, School Culture and Organizational Change. *International Journal of Progressive Education*, 16(5), 256-274.
- Attia, A. A. M., Abo Gad, R. A. E. F., & Shokir, M. E. (2020). Workplace bullying and its effect on staff nurses' work engagement. *Tanta Scientific Nursing Journal*, 18(1), 83-109.
- Awai, N. S., Ganasegeran, K., & Abdul Manaf, M. R. (2021). Prevalence of workplace bullying and its associated factors among workers in a Malaysian public university hospital: a cross-sectional study. *Risk management and healthcare policy*, 75-85.
- Bass, B. M., & Avolio, B. J. (1997). Full range leadership development: Manual for the Multifactor Leadership Questionnaire. Mind Garden.
- Braathu, N., Laukvik, E. H., Egeland, K. M., & Skar, A. M. S. (2021). Validation of the Norwegian Versions of the Implementation Leadership Scale (ILS) and the Multifactor Leadership Questionnaire (MLQ) in a Mental health care Setting. *Research square*. <https://doi.org/10.21203/rs.3.rs-689201/v1>
- Cao, W., Li, P., C. van der Wal, R., & W. Taris, T. (2022). Leadership and workplace aggression: A meta-analysis. *Journal of Business Ethics*, 1-21.
- Elazzazy, O. M. (2023). The Moderating Role of Workplace Social Support In The Relationship Between Workplace Bullying and Job Performance. *Journal of System and Management Sciences*, 13(2), 529-542.
- 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(4), 10-20. <https://doi.org/10.15520/ijnd.v9i04.2512>.
- Favaro, A., Wong, C., & Oudshoorn, A. (2021). Relationships among sex, empowerment, workplace bullying and job turnover intention of new graduate nurses. *Journal of clinical nursing*, 30(9-10), 1273-1284.

- Goh, H. S., Hosier, S., & Zhang, H. (2022). Prevalence, Antecedents, and Consequences of Workplace Bullying among Nurses—A Summary of Reviews. *International journal of environmental research and public health*, 19(14), 8256.
- HassenYimam, M. (2022). Impact of leadership style on employee commitment in Bahir Dar University, Ethiopia. *Teaching Public Administration*, 01447394211058079.
- Hosseini, A., Mousavi, S. H., Hajibabae, F., & Haghani, S. (2021). The relationship between workplace bullying and professional self-concept in Iranian nurses. *Nursing open*, 8(1), 232-240.
- Howard, S. M., & Knight, D. (2022). Analyzing the Impact of Leadership Styles on Student Achievement in Alabama's Rural High Schools. *Alabama Journal of Educational Leadership*, 9, 65-91.
- Kanwal, I., Lodhi, R. N., & Kashif, M. (2019). Leadership styles and workplace ostracism among frontline employees. *Management Research Review*, 42(8), 991-1013.
- M Abdel-Azeem, A., M Amin, S., & M El-Sayed, N. (2022). Bullying among Staff Nurses and Its Relationship to Psychological Distress and Organizational Commitment during Covid-19 Pandemic. *Egyptian Journal of Health Care*, 13(1), 1439-1443.
- Mills, C. B., Keller, M., Chilcutt, A., & Nelson, M. D. (2019). No laughing matter: Workplace bullying, humor orientation, and leadership styles. *Workplace health & safety*, 67(4), 159-167.
- Mohamed, H., Higazee, M. Z. A., & Goda, S. (2018). Organizational justice and workplace bullying: The experience of nurses. *American Journal of Nursing*, 6(4), 208-213.
- Nadeem, Q., Saeed, I., & Gul, H. (2020). Effect of destructive leadership on workplace deviance and interpersonal deviance: Mediating role of emotional exhaustion. *International Journal of Business and Economic Affairs*, 5(5), 256-271.
- Nasr, A., Ibrahim, S., Mohamed, G., & El-Sayed, R. (2022). Workplace Bullying among Nurses at Selected Hospitals in Port-Said City. *Port Said Scientific Journal of Nursing*, 9(3), 66-85.
- Olaleye, B. R., Fapetu, O., Asaolu, A. A., & Bojuwon, M. (2021). Nexus between authentic leadership, organizational culture and job performance: Mediating role of bullying. *FUOYE Journal of Finance and Contemporary Issues*, 1(1), 38-48.
- Park, M., & Choi, J. S. (2023). Development and evaluation of a workplace bullying cognitive rehearsal-based nursing simulation education program: a mixed-methods study. *International journal of environmental research and public health*, 20(6), 4974.
- Qamal, L., Usman, S., & Wardani, E. (2021). Factors Associated with Workplace Bullying Incidents on Nurses at the Banda Aceh City General Hospital. *Age*, 27(47.4), 0-938.
- Rajagukguk, J., Sihotang, D. O., Situmorang, B., & Rahman, A. (2020, November). A superior Leadership style in Schools (Case study at SMA Negeri 1 Medan). In *The 5th Annual International Seminar on Transformative Education and Educational Leadership (AISTEEL 2020)* (pp. 277-280). Atlantis Press.
- Serafin, L., Sak-Dankosky, N., & Czarkowska-Pączek, B. (2020). Bullying in nursing evaluated by the Negative Acts Questionnaire-Revised: A systematic review and meta-analysis. *Journal of Advanced Nursing*, 76(6), 1320-1333.
- Tam, H. L., & Ha, N. M. (2023). Transactional leadership and workplace bullying among employees in Viet Nam. *HO CHI MINH CITY OPEN UNIVERSITY JOURNAL OF SCIENCE-ECONOMICS AND BUSINESS ADMINISTRATION*, 14(1).
- Ying-Ying, K. O., Yi, L. I. U., Chi-Jane, W. A. N. G., Hsiu-Yun, L. I. A. O., Yu-Mei, L. I. A. O., & Hsing-Mei, C. H. E. N. (2020). Determinants of workplace bullying types and their relationship with depression among female nurses. *Journal of Nursing Research*, 28(3), e92.
- Πλακούδα, Α. (2022). Greek Women as Sport Leaders-Masculine, Feminine or Androgenous Characteristics.