THE MODERATING EFFECT OF PERSONALITY IN THE RELATIONSHIP BETWEEN JOB DEMAND AND JOB CONTROL ON WORKPLACE BULLYING: A STUDY AMONG NURSES IN JORDAN

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BY

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ABSTRACT

This study examined the factors influencing workplace bullying among nurses in the public hospitals in Jordan. The objective of the study was to examine the influence of job demand and job control on workplace bullying among nurses in Jordan. The role of personality as the moderating factor in this relationship was also examined. The study utilized a survey method and questionnaires were distributed to a sample of 750 nurses at one of the biggest public hospitals in Jordan. The data was analysed using regression analysis techniques, and hierarchal regression analysis. The study found that the level of workplace bullying among nurses as being high. The study also found a positive and significant relationship between job demand and workplace bullying. The study also found that there appeared a significantly negative relationship between job control and workplace bullying. Personality too appeared as partial moderator in the relationship between job demand and job control on workplace bullying. Personality traits of conscientiousness and openness to experience were found to moderate the relationship between job control and workplace bullying. Other than that, emotional stability was found playing a role in moderating the relationship between work pressure and workplace bullying. The finding of this study strengthens earlier research findings regarding the importance of personality in influencing workplace bullying. It can thus be concluded, that understanding job demand and job control factors in the workplace and managing them effectively can help reduce incidents of bullying among nurses in Jordanian hospitals. Furthermore, the different personality traits of nurses and the interaction of these traits with job demand and job control factors, show the workplace bullying differences among nurses in the Jordanian hospitals.

Keywords: Job Demand, Job Control, Personality, Workplace Bullying

ABSTRAK

Kajian ini menguji faktor-faktor penentu yang mempengaruhi tingkah laku membuli di tempat kerja dalam kalangan jururawat di hospital awam di Jordan. Objektif kajian ini adalah untuk menguji pengaruh tuntutan kerja dan kawalan kerja terhadap tingkah laku membuli di tempat kerja dalam kalangan jururawat di Jordan. Peranan personaliti sebagai faktor penyederhana dalam hubungan ini juga turut diuji. Kajian ini menggunakan kaedah tinjauan. Sebanyak 750 soal selidik diedarkan kepada jururawat di satu hospital awam terbesar di Jordan. Data dianalisis menggunakan teknik analisis regresi, dan analisis regresi bertingkat. Kajian mendapati bahawa tahap membuli dalam kalangan jururawat adalah tinggi. Di samping itu, kajian juga mendapati bahawa terdapat hubungan positif dan signifikan antara tuntutan kerja dengan tingkah laku membuli di tempat kerja. Selain itu, terdapat hubungan negatif dan signifikan antara kawalan kerja dengan tingkah laku membuli di tempat kerja. Hasil kajian menunjukkan bahawa peranan personaliti sebagai penyederhana dalam hubungan antara tuntutan kerja dengan kawalan kerja terhadap tingkah laku membuli di tempat kerja adalah sebahagian sahaja. Ciri-ciri personaliti seperti kesungguhan dan keterbukaan menimba pengalaman didapati memainkan peranan sebagai penyederhana dalam hubungan antara kawalan kerja dengan tingkah laku membuli di tempat kerja. Selain itu, kestabilan emosi didapati memainkan peranan sebagai penyederhana dalam hubungan antara tekanan kerja dengan tingkah laku membuli di tempat kerja. Dapatan kajian ini mengukuhkan dapatan kajian terdahulu berhubung dengan kepentingan personaliti dalam menjelaskan tingkah laku membuli di tempat kerja. Kesimpulannya, insiden membuli dalam kalangan jururawat hospital di Jordan dapat dikurangkan dengan memahami faktor tentang tuntutan kerja dan kawalan kerja di tempat kerja serta mengurus kedua-dua faktor ini dengan efektif. Manakala ciri-ciri personaliti jururawat yang berbeza dan interaksi ciri-ciri personaliti ini dengan faktor tuntutan kerja dan kawalan kerja menunjukkan pengaruh yang berbeza terhadap tingkahlaku membuli di tempat kerja dalam kalangan jururawat di hospital di Jordan.

Kata kunci: Tuntutan Kerja, Kawalan Kerja, Personaliti, Buli Di Tempat Kerja

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LIST OF ABBREVIATIONS

ANA	American Nurses Association
APA	American Psychological Association
BBC	British Broadcasting Corporation
Cal/OSHA	Californian Division of Occupational Health and Safety
CCU	Coronary Care Unit
CEOs	Chief Executive Officers
CHIP	Civil Health Insurance Plan
CNN	Cable News Network
DoS	Department of Statistics
EOC	Equal Opportunities Commission
EU-OSHA	European Agency for Safety and Health at Work
FDI	Foreign Direct Investment
FT	Field Theory
GDP	Gross Domestic Product
HCW	HealthCare Workers
HKJ	Hashemite Kingdom of Jordan
ICN	International Council of Nurses
ICU	Intensive Critical Unit
ILO	International Labor Organization
JCQ	Job Content Questionnaire
JDC	Job Demand Control Model
JDCS	Job Demand Control Support Model
JDR	Job Demand Resources Model
JNA	Jordanian Nursing Association
JNMC	Jordan Nurses and Midwives Council
JoD	Jordanian Dinar
JRF	Jordan River Foundation
JUH	Jordan University Hospital
KAH	King Abdullah Hospital

KHCC	King Hussein Cancer Center
LTSI	Learning Transfer System Inventory
MENA	Middle East and North African
MoH	Ministry of Health
MoHE	Ministry of Higher Education
N	Population
n	Sample size
NAQ	Negative Act Questionnaire
NAQ-R	Negative Act Questionnaire-Revised
NGO's	Non Government Organizations
NHS	National Health Service
NIOSH	National Institute for Occupational Safety and Health
PCA	Principle Component Analysis
PHA	Private Hospitals Association
PTSD	Post Traumatic Stress Disorder
RMS	Royal Medical Services
RNs	Registered Nurses
RSSD	Relief and Social Services Department
SCT	Social Cognitive Theory
SWMENA	Status of Women in the Middle East and North Africa
U.K	United Kingdom
U.S	United States
U.S$	United States Dollar
UNRWA	United Nation’s Relief and Works Agency for Palestinian Refugees
VIF	Variance Inflation Factor
WBI	Workplace Bullying Institute
WBTI	Workplace Bullying and Trauma Institute
WHO	World Health Organization
WpB	Workplace Bullying

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Bullying commonly occurs in the workplace and is viewed as being among the worst behaviors impacting employees and organizations (Liefooghe & Mac Davey, 2001; and Namie, 2003). The impact of bullying goes beyond individual or organizational performance as it damages the health of the victim and modifies the course of family relationships within society.

The pioneering expression of workplace bullying was made by British journalist, Andrea Adams in 1988 who linked bullying to adult misery in her book entitled, "Workplace Bullying", which was published in 1992 (Lee, 2000). According to Heinz Leymann, the founder of the International Anti-Bullying Movement, bullying has affected individuals' health. Leymann German psychiatrist who established the world's first work trauma clinic in Sweden in the 1980s, documented traumatization stemming from sustained psychological terrorization at work for which the term 'mobbing' was used (Namie, 2003b). Literature concerning bullying originated from Europe, specifically from the Scandinavian countries.

For instance, in Norway, Einarsen, Raknes & Matthiesen (1994) argued that in the eighties and before, sexual harassment was a public issue in Europe, and that it is now time to begin the discussion of non-sexual harassment issues in the workplace like bullying. According to them, workplace bullying is considered as a negative action

including verbal aggression, isolation, and name-calling, which arises between employees where the victims are unable to defend themselves from this type of action. In addition, studies from the UK consistently reveal that 25% of the workplace bullying victims quit their jobs owing to the treatment received (Rayner, 1999).

The study conducted by Zapf, Knorz, and Kulla (1996) is consistent with Leymann *et al.*, (1996), and Einarsen & Raknes (1997), stating that mobbing is a psychological and non-physical type of violence. Researchers describing workplace bullying (e.g. Einarsen *et al.*, 1994; Einarsen, 2000; Einarsen & Skogstad, 1996; Leymann, 1993; Zapf, 1999a) have utilized varying terminologies. Most researchers hailing from UK, Ireland, Australia, and Northern Europe make use of the term 'bullying' while Scandinavian and German researchers prefer the term 'mobbing' (Einarsen, 2000, p. 380; and Zapf & Einarsen, 2001, p. 369). Leymann added that there exists a distinction between mobbing in the workplace and bullying in the school, which is characterized by physical violence, whereas it is more psychological in the workplace (Olweus, 1993).

It is widely known that stress negatively effects health and that bullying is a situation characterized by high stress, which could lead to permanent psychological and physical damage (Leymann, 1996). This is reinforced by Vartia's (2001) and Gary, Ruth & Namie's (2003) assertion that workplace bullying causes adverse consequences to the victim's health. The Workplace Bullying Institute (WBI) considers bullying as attributable to the core of stress that is faced by the bully's victim (Namie, 2003a). Organizations began focusing on the issue of workplace bullying more seriously in the 1990s as the health of the employee impacts on organizational costs. Workplace bullying

also significantly affects the employee's job as the impact on the victim's mental health, also impacts on their ability to do their work (Turney, 2003). Furthermore, most studies revealed that exposure to bullying significantly increases the rate of psychological distress including low self-esteem, depression, anxiety, and suicidal tendencies (Einarsen & Mikkelsen, 2003; Kivimaki *et al.,* 2003; and Moayed, *et al.,* 2006).

In sum, researchers associate bullying with job satisfaction (Einarsen & Raknes, 1997; and Quine, 2001), victim's health (Einarsen & Raknes, 1997; Einarsen, Matthiesen & Skogstad, 1998; Niedl, 1995; Zapf, Knorz & Kulla, 1996), absenteeism, and greater intent to quit their jobs, high turnover, and earlier retirement (Leymann, 1996; and Rayner, 1997). Similarly, Hoobler & Swanberg (2006) stated that Chief Executive Officers (CEOs) could not deny the adverse impacts of workplace bullying upon the firm's image and profitability. Additionally, its side effects also extend into society. Moreover, Farnell (2004) stated that workplace bullying is a destroyer of the employees' creative and innovative capability, which is the most crucial element of competitive advantage in the present knowledge economics. In other words, workplace bullying destroys the mental health of employees along with their career, social status and even their way of life, as the victim perceives his/her social isolation in the workplace as a type of social death (Einarsen & Mikkelsen, 2003)

According to some researchers (Einarsen & Mikkelsen, 2003; Kivimaki *et al.,* 2003; Moayed, Daraiseh, Shell & Salem, 2006) workplace bullying negatively effects in a moral and financial way. For instance, Moayed *et al.,* (2006) used critical appraisal thorough a review of published studies and found a strong relationship between bullying in the workplace and the performance and well-being of the victim. In addition, the

group members and co-workers witnessing the bullying may also experience negative effects and stress of the abuse (Einarsen & Mikkelsen, 2003; Lutgen-Sandvik, *et al.*, 2007). Moreover, workplace bullying negatively impacts the organization's operations, particularly in terms of lost time and productivity (Coco, 1998) along with interpersonal relationships (Andersson, 1999).

In addition, workplace bullying is an expensive issue for an organization as it encompasses medical insurance costs, legal fees, turnover and replacement of employees, and cost of the victim has reduced productivity. The health industry's financial expenditure is crucial in the majority of developed countries albeit the governments spend differing ratios of expenses. Based on a report by the World Health Organization (WHO) in 2012, the total global expenditure for health in 2010 was recorded at over US$6.5 trillion, with the US being the country with the highest total expenditure per capita annually on health at US$8,362 while Eritrea was the lowest with US$12(WHO, 2012). In the context of Arab countries, Jordan's expenditure was recorded at US$373 of the health expenditure per capita, 2009, which is the highest amount among non-petroleum Arab countries, and neighboring countries in the region with the exception of Lebanon (WHO, 2012).

Regarding the widespread workplace bullying phenomena, a survey carried out by the Workplace Bulling Institute and Zogby International in 2007, involved 7,740 respondents in the US, and revealed that 37% of workers have experienced bullying. The Workplace Bullying Institute (WBI) conducted an online Instant Poll in 2012 involving a self-selected sample of 658 individuals who experienced workplace bullying. The respondents were asked to answer the question; why does bullying in the workplace

happen. They were provided a choice of 4 out of the 12 listed causes of bullying. The findings revealed that 56% attributed bullying to the work environment, 24% to people, and 20% to societal causes.

In the context of Turkey, a survey involving nurses as respondents revealed that 10% of them had suicidal inclinations after experiencing workplace bullying and the negative impacts of bullying were revealed to be so severe that it included Post Traumatic Stress Disorder (PTSD) and suicide (Yildirim & Yildirim, 2007). In a related study, Matthiesen & Einarsen (2004) revealed that 77% of bullying victims experience PTSD.

Furthermore, in the UK, a Health Improvement Survey in 2003 showed that 37% of the staff of the National Health Sector has experienced bullying, harassment or abuse in the hands of other staff, managers, or patients along with their relatives (Edwards & O'Connell, 2007). Moreover, Namie & Namie (2003) estimated that between 10-50% of the workforce have experienced bullying.

Amal Awawdeh (2007) conducted a study in Jordan and revealed that 77% of 265 female participants employed in the healthcare sector have experienced psychological violence while employers or immediate managers bullied 46.4% of the respondents. Currently, Haddad, Shotar, Younger, Alzyoud& Bouhaidar's (2011) study attempted at screening domestic violence in Jordan and revealed the prevalence of emotional abuse (39%), physical abuse (30%), and sexual abuse (6%).

Most researchers concur that on-going workplace bullying may be related to an increase of aggression through hostility and verbal aggression, and that, consequently, deadly impacts can occur when bullying is ignored (Harlos & Pinder, 2000; Leymann, 1996; and Zapf & Gross, 2001). However, investigating workplace bullying can be

difficult to define and evaluate in an accurate manner (Cowie, Naylor, Rivers, Smith, and Pereira, 2002). Cowie *et al.,* (2002) argued that the research in workplace bullying has been held back by the lack of appropriate measurement techniques, definitional issues and the different focus in each method like inside and outside perspectives on the experience of bullying and multi-method approaches (both inside and outside perspectives).

A significant amount of academic literature has focused on the existence of bullying at the varying organizational levels including public and private organizations, public settings, education, hospitals, manufacturing and department stores, public administration, semi-military and metropolis sector (Zapf & Gross, 2001; Mikkelsen & Einarsen, 2001; Einarsen & Skogstad, 1996; Vartia, 1996; Salin, 2008; Vartia & Hyyti, 2002; and Braithwaite *et al.,* 2009) providing the idea that the concept of bullying or mobbing in the majority of Continental European countries has become a crucial problem.

In the context of Middle Eastern countries, after what was termed the Arab spring, the term (political bullying) was introduced in Egypt (Ahram, 2012). The Arab spring started in Tunisia on December 17, 2010, to inaugurate the suicide of Mohammed Bouazizi, an Arab salesman who burned himself to death in front of Sidi Bouazied in Central Tunisia in response to the insult towards a municipality civil servant. The Tunisian revolution urged others to carry out a protest against the corruption and injustice of Arab regimes, which spread to Egypt, Libya, Yemen, Bahrain, and Syria (The Guardian, 2012). In the context of Egypt, based on the news reports in the Egyptian electronic media, social bullying is a widespread phenomenon and the wide use of the

term implies that individuals or groups of individuals use violence or threats to impose criminal domination for financial gain in an illegal manner (*Almasryalyoum,* 2012). This kind of social aggression or bullying has also been applicable in Jordan in the last two years (*Alrai,* 2012). The Arab Spring is a term utilized in the Arab countries to refer to political bullying. Most media reports categorize this type of bullying as '*Baltajeh*' in the Arabic language to refer to an individual or group of individuals who make threats and physical violence towards protestors to halt their demonstrations against the government *(Alrai,* 2012; *Almasryalyoum,* 2012).

According to Leymann (1996) and Rayner (1997), early retirement can be considered as one of the negative outcomes of workplace bullying, in the context of Jordan, a citizen, who was a civil servant (an employee in Greater Amman Municipality),committed suicide in 2011 by burning himself to death. The reason behind his suicide was attributed to mistreatment at work through early retirement and a salary cut to a third with resultant financial problems (Alghad, 2011). The aggression and violence, which is clearly on the increase in the Middle East region, as mentioned before in the media, as evidenced in a study conducted by Boxer *et al.,* (2012), found that political violence in the Middle East region may increase violence and aggression in the community. Bullying is also prevalent in the schools in most Arab countries. The Jordan River Foundation (JRF), established in 1997, works for the promotion and protection of Jordanian children, reinforces the family unit, improves positive child-parent relations, and maintains healthy family dynamics. The Foundation is considered as a pioneering foundation that built the Arab child safety model (JRF, 2012).

Moreover, the American Nurses Association (ANA) announced the publication of a book in April 2012, to make nurses understand, deal with, and be aware of workplace bullying; the book is cited as a "must-read for nurses who want to increase their professional awareness and knowledge and to develop their skills needed to effectively manage bullying behaviors and create safe workplaces" (ANA, 2012). Based on the ANA, the outcomes of bullying among nurses imply that the victims suffer from physical symptoms including loss of sleep, and psychological symptoms that range from frustration to fear and suffering from depression. Nurses who are bullied are also more likely to quit their jobs. Hence, bullying may cause organizations to incur expenses for replacement costs and excessive sick time taken by the victim leads to decreased patient care quality. The ANA adds that reports of disruptive behavior have led to adverse events, medication errors and other issues in past years.

In the era of technology, social networking sites, including Facebook and Twitter, are used all over the world by the victims and specialists of bullying to help increase awareness thereof. The increasing set up of these groups and their pages in the social networking sites imply an increase of bullying behavior everywhere. These sites contain stories of victims, sharing of newspaper articles, incidents, providing comments, and sympathizing with followers who are victims of bullying in an effort to demand that legislation be imposed concerning bullying in the workplace. For example, over ten groups were created to focus on workplace bullying on Facebook, which are reported to be patronized by thousands of people all over the world, particularly from Australia, the US, and Canada. These groups/pages include No Workplace Bullying, Stop Out

Bullying, Say No to Workplace Bullying, International Educational Coalition on Workplace Bulling, and Standing Up for Victims of Bullies.

1.2 Problem Statement

Bullying commonly exists in the workplace (Needham, 2003) and may have an adverse impact on the life of employees (Namie & Namie, 2003). Although research concerning workplace bullying began over three decades ago, it failed to cover it like other phenomena in the workplace environment, such as sexual harassment and physical violence (Awawdeh, 2007). In addition, universal media attention has increased in the past few decades concerning social and scientific interest of workplace aggression issues (Neuman & Baron, 1998). A great portion of the literature concerning workplace aggression has concentrated on affective aggression that is characterized as more active and direct and not instrumental aggression, which is more passive and indirect (Geen, 2001).

Furthermore, the previous literature indicates that the problem of aggression in the workplace exceeds abuse with death or physical abuse or other for once, which is called overt aggression, but goes beyond that to reach the abuse continued and stable emotionally and mentally which is known as covert aggression (Baron, Neuman& Geddes, 1999). This phenomenon is known as bullying, intimidation, or harassment in the workplace (Hoel & Cooper, 2001).

Previous literature has used different approaches to measure workplace bullying (Einarsen, 2006; Lewis & Gunn, 2007; Sheehan, 2006), which leads to the dilemma of

how to define workplace bullying. To date, although prior studies concerning workplace bullying provide the cultural and historical perspectives of researchers in defining and explaining the term reflecting the main concepts of bullying in terms of psychology, organizational behavior and management (Einarsen, 2001; and Leymann, 1996),there is no general agreement regarding the definition of workplace bullying (Owoyemi, 2011),

Most studies concur that bullying adversely impacts employee job satisfaction and health including physical, mental, and psychosomatic health symptoms (Einarsen *et al.*, 1994; Einarsen & Raknes, 1997; and Vartia, 2001) while other victims may face social isolation, family problems, and financial issues through the absence or discharge from work (Leymann, 1990; Rayner, 1999; Einarsen & Mikkelsen, 2003). According to Einarsen *et al.*'s (1994) study, low leadership satisfaction and low-quality work environment exist between victims and observers of bullying. Similarly, Einarsen & Raknes (1997) stated that exposure to violence and harassment lead to job dissatisfaction and adverse psychological health and well-being.

Hoel and Cooper's (2000) study in the UK showed that 47% out of 5,300 employees employed in 70 organizations, witnessed bullying within a five-year period with 10.5% have been bullied within a span of six months and 24.4% in a span of 5 years. Generally, those who witnessed or faced workplace bullying experienced poor health, low morale, and de-motivation compared to those who were not bullied (Awawdeh, 2007). This concurs with Vartia (2001) who found that the targets of bullying and the witnesses reported more general stress and mental stress reactions, including low self-confidence, than those not bullied in the work environment.

According to Leymann (1990), the cost of sick leave stemming from bullying symptoms is around US$30,000-US$100,000 for every worker bullied. The costs related to subsequent loss of productivity and intervention from various organizational members including personnel officers and health workers are included in the sum.

Based on the social cognitive theory (Bandura, 1977), workplace bullying behavior is a learned behavior. As argued by Lewis (2006), bullying activity is learned within the workplace as opposed to being a predominant psychological disorder that exists within individual bullies or victims.

In the United States of America, Wayne Cascio (Hirthill, 2008) estimated the cost of bullied employees as being US$50,000 per exiting employee. Hirthill (2008) argued that the healthcare costs as a result of stress caused by workplace bulling is difficult to estimate, and should be deemed as costs for both the organizations and society, as it enforces many workers to ask for mental and physical health care.

In the UK, the 2003 Einarsen study calculated the cost of a "typical" case of workplace bullying in a British local authority as ₤28,000 (US$44,510) including the costs of absence, replacement, and lost management time. According to Giga, Hoel, Lewis (2008), in 2007,the total for absenteeism, turnover and lost productivity resulting from workplace bullying cost organizations in the UK an estimated £13.75billion (US$21.86billion).

As stated before, bullying is a widespread phenomenon in the workplace, with a diversity of studies carried out in different sectors and industries. The major portion of literature regarding the workplace bullying topic were conducted in developed countries and concentrated on both government and non-government organizations (Zapf, 1999),

municipalities (Salin, 2008), semi-military (Vartia & Hyyti, 2002), education (Lewis, 1999; Parkins, Djurkovic, McCormack and Casimir, 2005; Fishbein and Ritchey, 2006), public sector organizations (Coyne *et al.,* 2000; Coyne *et al.,* 2003; Ayoko, Callan& Hartel, 2003; Strandmark and Hallberg, 2007; Agervold, 2009), manufacturing (Agervold & Mikkelsen, 2004), and, finally, in the healthcare environment (Quine, 2001; Lone *et al.,* 2009; and Cooper *et al.,* 2009).

Regarding non-government organizations, a study conducted by Zapf (1999) examined the job characteristics concerning the relationship with mobbing among the employees of Non-Government Organizations (NGO's) in Germany, while Coyne *et al.,* (2000) looked at the personality traits as a predictor of workplace bullying victim status among Irish employees in two large organizations; one public and one private. Additionally, Vartia & Hyyti (2002) investigated gender differences in facing and experiencing workplace bullying between prison officers. In the public sector, Coyne *et al.,* (2003) examined the self and peer nominations of bullying. In the same sector, Ayoko *et al.,* (2003) explored the workplace conflict, the emotional reactions to bullying.

In the manufacturing sector, a study conducted by Agervold & Mikkelsen (2004) in Germany attempted to investigate the relations between bullying and other psychological work environment factors and the stress level between employees who are bullied and those who are not. In the sector of education, Parkins *et al.,* (2006) explored the similarities of personality traits in a workplace characterized by bullying, among undergraduate introductory female psychology students numbering 144, in a large Midwestern university in the US. Salin (2008) measured cases of bullying through written policy, information, bullying surveys, training and statistical recordings in

Finnish municipalities to handle bullying cases among human resource management members.

In the health care sector, studies confirmed that the nursing profession was substantially at risk of facing workplace violence and related trauma (Duffy, 1995; Farrell, 2001; Hegney *et al.,* 2003; Perrone 1999, Chambers, 1998) (Jackson *et al.,* 2002; Farrell, 2001; and Fry *et al.,* 2002). Generally, the nature of nursing can provide a clear image of public administration theory relating to justice, care, and labor (Burnier, 2003; Leuenberger, 2006; Stivers, 2000). In the US health care sector, 27.3% of nurses experienced workplace bullying (Johnson & Rea, 2009). Previously, 64% and 82% of the respondents in two surveys of American nurses reported having experienced verbal abuse by physicians and superior nurses (Cox, 1987; Diaz & McMillin, 1991). Similar to the US, two studies of NHS Trust employees in Britain revealed that 10.7% of nurses have been subjected to bullying in the last six months (Hoel &Cooper, 2000) and 38% during the previous year (Quine, 1999). Moreover, 46.9% of Northern Irish nurses have been exposed to bullying in the previous 6 months (McGuckin, Lewis& Shevlin, 2001), while 26.5% of the staff in an Austrian hospital had been exposed to bullying behavior at work (Niedl, 1996). In Australia, a survey of nurses conducted by Hutchinson *et al.,* (2007b) reported that 64% of nurses have been bullied.

In Middle Eastern countries, 9.7% of Turkish nurses of the study sample in 2008 had been exposed to mobbing and 33% had experienced mobbing according to their own declarations (Efe & Ayaz, 2010), and 46.4% of Jordanian female workers in health care sector have been exposed to bullying (Awawdeh, 2007).

A notable issue existing in the workplace bullying literature is the diverse antecedents of workplace bullying, which include role conflict, role ambiguity, job control and work pressure. Role conflict was studied by the majority of researchers as the antecedent of bullying (Ayoko *et al.,* 2003; Baillien & De Witte, 2009), followed by both role conflict and role ambiguity (Skogstad *et al.,* 2007; Matthiesen & Einarsen, 2007; Hauge, Einarsen, Knardahl, Lau, Notelaers, Skogstad, 2011), role clarity (Lopez-Cabarcos, Vazquez-Rodriguez, Montes-Pinero, 2010), job control (Agervold & Mikkelsen, 2004; Knardahl & Lau, 2011; Tuckey, Dollard, Hosking & Winefield, 2009), role conflict and control over workplace (Andersen, Aasland, Fridner, and L'ovseth, 2010), workload (Akar, Anafarta& Sarvan, 2011; Stouten, Baillien, Broeck, Camps & De Witte, Euwema, 2010; Yildirim, 2009), and, finally, workload and job autonomy (Baillien, De Cuyper& De Witte, 2011).

Based on the diversity of the prior studies regarding the antecedents of workplace bullying, Ayoko *et al.,* (2003) examined the relationship between conflict events and bullying through the use of regression analysis. The findings revealed that conflict events differ and are related to bullying, particularly prolonged conflict. In addition, Baillien & De Witte (2009) looked into the association between role conflict, role ambiguity, workload, and bullying and revealed through statistical analysis that all of the factors are related to bullying.

In a related study, Skogstad *et al.,* (2007) revealed a significant correlation between role conflict, role ambiguity and workplace bullying while Matthiesen & Einarsen (2007) studied the relation between role conflict, role ambiguity, and bullying and reported that the targets, as victims, along with their perpetrators, had increased

levels of role stress in the form of ambiguous demands and expectations in the workplace. In another related study, Einarsen, Raknes & Matthiesen (1994) revealed a correlation between role ambiguity, workload, and bulling with the role conflict and work control as the greatest predictor of bullying.

In addition, Zapf's (1999) study in Germany attempted to investigate job control and time pressure in light of mobbing cases at work while Agervold's (2009) study examined local social security offices in Demark and looked into the relationship between role conflict, job control, work pressure and workplace bullying. Similarly, Agervold & Mikkelsen (2004) conducted a study in Demark to examine job control and revealed that bullied employees displayed higher stress levels compared to their non-bullied counterparts.

Another theoretical gap is the inconsistent findings regarding the relationship between job control and role ambiguity on workplace bullying. A study conducted by Agervold & Mikkelsen (2004) revealed a significant relationship between them in the context of departmental comparisons of self-reported psychosocial work environment factors pre and post removal of bullied employees. The study of Hauge *et al.,* (2009) revealed that the authority's decisions were insignificant as a predictor of workplace bullying when taking the other variables (role conflict, role ambiguity, and interpersonal conflict) into consideration. Meanwhile, Knardahl & Lau (2011), Tuckey *et al.,* (2009) and Zapf (1999) revealed job control to be significant and as having the highest impact in terms of time and task control upon workplace bullying. Furthermore, Baillien *et al.,* (2011) found job autonomy to be significantly associated with workplace bullying. In

addition, Andersen *et al.,* (2010) revealed that control over the workspace was significantly related to bullying.

As for role ambiguity, prior studies showed that it is significantly related to workplace bullying (e.g. Einarsen *et al.,* 1994; Jennifer, 2000; Jennifer *et al.,* 2003; Hauge, *et al.,* 2007; Matthiesen & Einarsen, 2007; Baillien & De Witte, 2009; and Agervold, 2009). Only two studies (Hauge *et al.,* 2011; and Hauge *et al.,* 2009) did not find role ambiguity to be a predictor of workplace bullying while taking into consideration other variables such as role conflict and interpersonal conflict.

In contrast, studies found consistent results concerning role conflict (e.g. Einarsen *et al.,* 1994; Jennifer, 2000; Jennifer *et al.,* 2003; Hauge *et al.,* 2007; Matthiesen & Einarsen, 2007; Baillien & De Witte, 2009; Agervold, 2009; Andersen *et al.,* 2010; Hauge *et al.,* 2011; and Hauge *et al.,* 2009) where it was found to be among the predicting factors of bullying. Other studies (Ayoko *et al.,* 2003; and Skogstad *et al.,* 2007) revealed that task conflict is a strong predictive factor of bullying. Consistent findings were also revealed in the relationship between work pressure and workplace bullying with significant results (e.g. Einarsen *et al.,* 1994; Zapf, 1999; Hoel & Cooper, 2000; Agervold, 2009; Akar *et al.,* 2011; Yildirim, 2009; Stouten *et al.,* 2010; and Baillien *et al.,* 2011). Hoel & Cooper's (2000) study revealed bullying to be significantly correlated with high workload.

Theoretically, in the Jordan context there is a scarcity of studies that explore the antecedents of workplace bullying, specifically, or any related workplace aggression behavior, in general. What is more, there are few studies on role conflict, role ambiguity, job control and work pressure (Awawdeh, 2007). Moreover, the study conducted by

Hamaideh, Mrayyan, Mudallal, Faouri& Khasawneh (2008) examined the factors with the greatest influence and provided a description of stressors (death and dying, workload, conflict with physicians, conflict with other nurses, uncertainty concerning treatment, inadequate preparation and lack of support) among Jordanian nurses and revealed workload to be the top most stressor among them. Similarly, Oweis & Diabat's (2005) study in the context of Jordanian hospitals revealed that nurses' bullying is attributed to verbal abuse, accusations, blaming, and abusive anger with the most common emotional response to be anger, shame, humiliation, and frustration of those nurses that faced verbal abuse.

Another important factor in studying workplace bullying is the personality. In general, there is a disagreement among researchers regarding the personality of the victims as one of the factors that create workplace bullying. According to Leymann (1996), and Leymann and Gustafsson (1996) the personality traits of victims were not a cause of exposure to bullying. In addition, Zapf (1999) claimed that bullying victims exhibit symptoms of anxiety, and depression even before the occurrence of bullying.

However, studies agreed that the personality of both victims and bullies is one of the important factors that should be included in the model of studying workplace bullying (Zapf & Einarsen 2003; Coyne *et al.,* 2000). For instance, Zapf and Einarsen (2003) stated that no comprehensive model of workplace bullying would be effective unless personality is included and the individual factors of both victims and bullies and their causal impacts on workplace bullying. The previous literature studying personality in respect to workplace bullying showed the effect of personality on workplace bullying behavior, and confirmed that some of the personality traits are related to bullying

exposure (Vartia, 1996; Mikkelsen & Einarsen, 2002; Glaso *et al.,* 2007). The question arises as to whether personality plays a significant role in identifying the victim of bullying (Hoel & Cooper, 2000; Leymann, 1996). For instance, an individual's personality may be a predictor of bullied victims in the workplace (Leymann, 1996). Prior studies also mentioned that stress, social support, and well-being depend on the personality trait and emotional liability (Kling, Ryff, Love & Essex, 2003).

Theoretically, personality traits have not been used as a moderating factor in the relationship between job demand factors and workplace bullying in various settings. This is another issue that the present study attempts to address. Moreover, the majority of researchers believe that personality measures are predictors of work behavior (e.g. Goldberg, 1993; Goldberg, 1999; and Rothmann & Coetzer, 2003). A study concerning sexual harassment revealed that personality is a moderator in the relationship between work stressors and adverse work behavior (Bowling & Eschleman, 2010), while other's (Cieslak, Knoll & Luszczynska, 2007) revealed neuroticism to be among the personality traits that moderate the relationship between social support and characteristics of work strain. This was further confirmed by Elovainio, Kivimaki, Vahtera, Virtanen, and Jarvinen (2003) where hostility and neuroticism were both found to moderate the impact of organizational justice perceptions on short-term absence resulting from sickness. In addition, Samad (2007) revealed that proactive personality is a moderating factor in the relationship between social structural characteristics and employee empowerment and Korotkov (2008) made use of hierarchical multiple regressions and revealed that openness to experience, extraversion and neuroticism are moderators in the relationship between stress and health behavior.

Contrastingly, inconsistent findings were revealed regarding the moderating impact of personality, while Zweig & Webster (2003) revealed that conscientiousness and openness failed to be a moderating factor through the paths of models of monitoring acceptance. Ristig (2008) showed that proactive personality is not a moderator of the relation between trust and voice behavior.

In the context of Arab countries, the personality of Arabs is more inclined to authoritarianism (Moughrab, 1978). Based on Farrag's (1986) study, three factors exist, which when rotated on the main dimensions of personality in Saudi Arabia, may be revealed as neuroticism, extraversion, and psychoticism. It is evident that the above studies (Zweig & Webster, 2003; Elovainio, *et al.,* 2003; Samad, 2007; and Cieslak, 2007) showed inconsistent results of the moderating impact of personality. Moreover, there are a lack of studies dedicated to examining personality traits moderating the effect on the relationship between job demand factors and workplace bullying in the healthcare environment.

This implies that a gap exists in the literature, and, hence, the present study will attempt to shed light on the moderating impact of personality in the relationship between job demand and workplace bullying. Furthermore, there is also a lack of studies that tackle the moderating impact of nurses' personality in the context of Jordan as most of the extant research only concentrated on the work environment and its direct impact upon nurses' stress.

In the past decade, violence occurring among employees has displayed an increase in the Middle East countries, in general, and in Jordan, in particular, including the education (Al-Sharaifin, 2008) and the health industry (Awawdeh, 2007). This was

further reinforced by the interview conducted with the legal adviser of the Ministry of Health (MoH) in Jordan, which revealed that most of the aggressive events that occurred in the healthcare industry were in public hospitals (Awawdeh, 2007). Similarly, the study of Martino (2003) confirmed that the occurrence of violence in the healthcare sector is remarkable in many countries.

Going back to the context of Jordan, in Altutanji hospital, Amman, two emergency department nurses were exposed to violence brought on by security men during the night shift, which began with verbal abuse and ended in assault (Alghad, 2010). One of my former colleagues told me that she was a victim and had been rebuked in front of everyone by one of the board members for violating procedures and that she was forced to take sick leave for a week without any apology from the individual in-charge. Only recently, two public servants committed suicide for two different reasons as reported through an official press release. Yassin Zoubi, a 27-year-old teacher at a public school burned himself to death owing to psychological problems. Jordanian teachers are known to complain about their living conditions and low salaries. Even in 2010, Jordanian teachers working in public schools requested the government to establish a teachers' association akin to other occupations like physicians, veterinarians, engineers, nurses, lawyers, pharmacists, and agricultural engineers. The Jordanian Minister of Education at that time, Dr. Ibrahim Badran, was reported saying to the media that teachers may only request for an association if they first take care of their attire and shave their beards. The teachers were insulted by the statement and the following two weeks showed countless teachers' protests all over the country. After which the Minister was cited as quoting that his remarks were misunderstood (Sarayanews, 2010).

The other related suicide incident involved a senior storekeeper in the Greater Amman Municipality. The BBC (2012) reported that Al-Mattarnah Ahmed, the storekeeper, set himself on fire after being exposed to favoritism and injustice in the workplace based on his suicide letter. The victim was 52 years old having 14 family members and had been a storekeeper for 22 years. His son stated that Al-Mattarnah was forced to retire early from his position and his monthly salary was slashed from US$1,700 to US$300 (1 Jordanian dinar=1.41 US$). He added that the senior management in the Greater Amman Municipality had ignored his repeated requests to return to work from the date of referral to early retirement.

Reverting to the health sector, a high rate of stress, aggression, and bullying have been reported, particularly concerning the nurses' environment. These adverse activities occur during hospital shifts as nurses have high work demands, new technologies, emergency stresses, and they are vulnerable to bullying from managers and other employees (Bakker & Demerouti, 2007). Similarly, Gacki-Smith *et al.*, (2009) stated that nurses are known to be at high risk of aggression in the workplace as they often work alone, have drugs accessible to them, have to take care of people in distress, and are often in contact with patients, nurses, and visitors, which exposes them to violence.

In addition, they are also vulnerable to experiencing on-the-job abuse from their colleagues and other healthcare workers. Although the World Health Organization (WHO), the International Council of Nurses (ICN), and Public Services International (PSI), are aware of the incidents of violent episodes in the healthcare sector, workplace violence against nurses has not abated (Keuhn, 2010). Additionally, low nurse-to-patient ratio and increased patients' length of stay lead to increasing work pressure, and violence

from patients due the lack of nurses to provide adequate care to them (Camerino *et al.*, 2007).

From the above discussion of the literature, it is evident that job demand (role conflict, role ambiguity, and work pressure) and job resources (job control) play a key role in bullying behavior (Broeck, Baillien& De Witte, 2011) based on the Job Demand-Resources (JD-R) model (Karasek, 1979). Nonetheless, not much research has been dedicated to the examination of the relationship between job demand factors comprising role conflict, role ambiguity, work pressure and job control, and workplace bullying, especially in the nursing setting. In the context of Jordan, studies regarding workplace bullying are generally scarce, particularly among nurses and most of the studies concentrated on verbal aggression, stress and violence (Awawdeh, 2007).

The study conducted by Einarsen *et al.,* (1994) examined the relation between role conflict, role ambiguity, job control, workload, and workplace bullying whereas the present one examined the relation between job demand factors comprising role conflict, role ambiguity, job control and work pressure, and workplace bullying, and examine the role of personality as moderated in the said relationship. The rationale behind this objective is reinforced by Matthiesen & Einarsen (2001) & Coyne, Seigne & Randall (2000) who stated that people's varying personalities tackle bullying behavior in different ways. Hence, studies are called for to further study the bullying behavior in light of personalities. For this reason, the present study examines the existence of workplace bullying and tests the relations between job demand factors (role conflict, role ambiguity, job control and work pressure) and workplace bullying with the moderating impact of personality in the relationship between job demand and job control, and workplace

bullying. The study contributes to filling the gap in the literature and provides recommendations for managerial practice in the nursing environment and other settings, as well as helps maintain a healthier work environment.

1.3 Research Questions

According to the above arguments, this thesis seeks to answer the following research questions:

1. What is the level of workplace bullying among nurses in Jordan?
2. Is there a direct influence of role conflict on workplace bullying among nurses in Jordan?
3. Is there a direct influence of role ambiguity on workplace bullying among nurses in Jordan?
4. Is there a direct influence of work pressure on workplace bullying among nurses in Jordan?
5. Is there a direct influence of job control on workplace bullying among nurses in Jordan?
6. How does personality moderate the relationship between job demand factors (role conflict, ambiguity, and work pressure) and job control on workplace bullying among nurses?

1.4 Research Objectives

Based on the above questions, the present thesis seeks to reach the following research objectives:

1. To determine the level of workplace bullying among nurses in Jordan.
2. To examine the influence of role conflict on workplace bullying among nurses in Jordan.
3. To examine the influence of role ambiguity on workplace bullying among nurses in Jordan.
4. To examine the influence of work pressure on workplace bullying among nurses in Jordan.
5. To examine the influence of job control on workplace bullying among nurses in Jordan.
6. To determine the moderating effect of personality on the relationship between job demand factors (role conflict, ambiguity, work pressure) and job control on workplace bullying among nurses.

1.5 Significance of the Study

The current study's findings benefit both the knowledge and practitioners.

1.5.1 Contribution to knowledge

The findings of the present research contribute to knowledge through examining the relationship between job demand (role conflict, role ambiguity, and work pressure) and job control on workplace bullying among nurses. The new contribution to the knowledge is the use of personality traits as a moderator in the said relationship. Previous research on workplace bullying only used personality as an independent variable (Coyne *et al.*, 2000, 2003; Vartia, 1996; Mikkelsen & Einarsen, 2002; Glaso *et al.*, 2007; Parkins, Fishbein& Ritchey). However, different personalities can interact with the job demand and job resources factor concerning workplace bullying behavior and can reduce the impact of high job demand and low job control (job resources) on workplace bullying. For instance, the results of the current study found that conscientiousness moderated the relationship between job control and workplace bullying, which indicates that when the person who has low job control and a conscientious personality, they will be able to handle and reduce the possibility of workplace bullying behavior.

Another contribution to the knowledge is the underpinning theories that have been used to explain the model of the study, in that social cognitive theory (SCT), and field theory (FT) have been used to explain the relationship between Job Demand-Resources variables and workplace bullying, and, at the same time, the interaction between Job Demand-Resources and personality on workplace bullying. Owing to the scarce and limited empirical studies dedicated to workplace bullying in Jordan, the present study contributes by providing a wider perspective concerning the presence of the phenomenon in the nurses' workplace environment. The study also contributes to the literature by

highlighting the requirement for more empirical research in the future of the same caliber, specifically in Arab countries experiencing the same issue.

1.5.2 Contribution to Practitioners

The research findings assist the Jordanian government in laying down strategies for support and motivation in the work environment of nurses working in Jordanian hospitals. Examination of workplace bullying is among the top issues in this sector indicating that managers of hospitals, nurses association of Jordan, and the Ministry of Health, through the findings, may find a suitable means of sustaining and improving the quality of nurses work environment.

Moreover, investigations of workplace bullying have significant implications for government policy makers and investment businesses and strategies that may cater to professional nurses. Comprehending the weaknesses of human resource policies, staff interpersonal relations, the nurses' job description and the span of control are significant issues. The study is also helpful to Jordanian decision makers, particularly to the ministries who are directly involved in health and worker relation activities, such as the Ministry of Health, Ministry of Labor, and Ministry of Public Sector Development. The findings will prove useful in developing strategies to improve the level of the nurses work environment, which impacts on their performance in the healthcare sector directly and the development of the labor law.

Moreover, the findings will also be invaluable for the creation of national policies, particular those that motivate support and enhance the development of professional

nurses and nursing students, which, eventually, will impact on Jordan in a positive way and minimize the shortage of nurses. The information regarding job demand factors and workplace bullying will provide an overview to the hospital managers and the government to develop an effective work environment and suitable strategies for the improvement of the nurses' work environment.

It will significantly contribute to the recruitment and sustainability of Jordanian nurses. Managers are required to view workplace bullying from varying angles, including that of the organization and the individual. To this end, the findings of the study will facilitate the laying down of hospital plans, policies and procedures based on the information provided. Hospitals will also be able to conduct an analysis regarding their work environment and assessment of the nurses' work performance. Hospitals will be able to effectively identify the most optimum way to enhance work environment quality and to control and prevent staff from being bullied.

1.6 Definition of Key Terms

1.6.1 Workplace Bullying

Can be defined as facing negative acts repeatedly in workplace over a period of time "at least six months" and the person confronted has difficulty in defending himself or herself, it is not bullying if two people of approximately equal power are in conflict or the incident is an isolated event.

1.6.2 Job Demand

Job demands is the degree to which the working environment contains stimulus that require some effort and encapsulates the idea that job demands lead to negative consequences if they require additional effort beyond the usual way of achieving work goals. Were, job demand includes; role conflict, role ambiguity and work pressure.

1.6.2.1 Role Conflict

This is defined as the incompatibility of the role requirements and expectations and where compatibility is gauged on the basis of conditions impacting on role performance. In addition, role conflict can be described as the situation in which an individual may find himself in two or more positions concurrently, which calls for contradictory role enactments,

1.6.2.2 Role Ambiguity

This arises when individuals do not possess a clear definition of their role expectations and the requirements for job completion. Role ambiguity explains the situation when an individual lacks information regarding his supervisor's evaluation criteria of his work and

about opportunities for advancement, scope of responsibilities and expectations of role senders.

1.6.2.3 Work Pressure

Work pressure as the level to which the pressure of work and time urgency influences the job setting. Time pressure is the percentage of the time available to execute a task that is required to execute the task. In other words, time pressure arises when the available time is perceived to be insufficient and the violation of the time limit is known to lead to sanctions. In general, work pressure refers to the intensity of work demands, both physical and mental, experienced by workers, and the degree of work effort demanded in employment.

1.6.3 Job Control

This refers to the discretion of the worker in controlling, scheduling, sequencing, and timing of tasks. In addition, the decision latitude is referred to as job control or discretion; it is the change of the worker to control his or her duties and strategies while working. Job control is the discretion of the worker in controlling, scheduling, sequencing, and timing of job tasks. We can conclude, that employees who have a high level of work control feel more satisfied, committed, involved less stressed and more motivated.

1.6.4 Personality

This is defined as the dynamic and organized group of a person's characteristics that significantly influences his cognition, motivation, and behavior. According to the American Psychological Association (APA) Personality refers to individual differences in characteristic patterns of thinking, feeling and behaving.

1.7 Scope of Study

The research framework of this study is targeted at Jordanian nurses employed in public hospitals with the aim of measuring the existence of workplace bullying, the impact of job demand and job control variables, and nurses personality upon workplace bullying.

The study selected a sample of 750 respondents who were identified from the biggest public hospital in Jordan. The reason for the sample selection from public hospitals because they provide health services for the public at low cost which implies that staff in public hospitals are working under pressure, particularly those employed in highly populated places.

1.8 Structure of the Thesis

The present study is divided into six chapters. The following provides an overview of each chapter's contents. Chapter One provides an introduction concerning the

background and the research problem of the study, and its justification. It highlights the definition of key terms, significance of the study, scope of the study, and, finally, the research structure.

Chapter Two provides a summarized version of Jordan's historical background and the importance of the healthcare system in the country. Chapter Three discusses the literature review of prior research. It encompasses studies regarding aggression with special reference to workplace bullying, its causes, types, and sequence. It also explains the importance of job demand comprising role conflict, role ambiguity, and work pressure, and job control factors and their impact upon workplace bullying. Lastly, it discusses the moderating effect of personality and sheds light on the research framework and the hypotheses, while Chapter Four provides an overview of the research methodology and discusses the methods utilized with justification. The research design is then discussed along with the development of the instrument, population, sample and data collection and methods utilized in data analysis management. Chapter Five contains the data analysis linked with the research framework, the summary of the response rate in its entirety, characteristics of respondents and data screening.

Finally, Chapter Six contains discussions, suggestions, and concluding statements. It goes over the main findings of the study, the research contribution, and implications. It then expounds on the research limitations and recommendations for future research. The chapter ends with the conclusion. The present chapter provided the background of the research, the research problem, objectives, and significance of research and defined the important terms.

CHAPTER TWO

HEALTHCARE SECTOR IN JORDAN

2.1 Introduction

The present chapter provides an overview of the Jordanian background, cultural, economic facts, and educational system. This is followed by the Jordanian healthcare sector, which includes the historical development, the medical profession in general, with particular attention being paid to the nursing profession in Jordan.

2.2 Cultural Background

The current study is in the context of Jordan, a country officially referred to as the Hashemite Kingdom of Jordan (HKJ) (Al-Mamlakah Al-Urduniah Al-Hashmiah), located in Southwest Asia and bordered by Syria to the north, Iraq to its east Saudi Arabia to its south and Palestine lies to its west. Jordan has a total area of 89,318 sq. km. Jordan comprises three geographical regions and 12 governances. The middle region consists of four governances, namely, Amman, Zarqa, Baqla'a, and Madaba. The northern region also consists of four governances, namely, Jerash, Ajloun, Irbid, and Mafraq. Meanwhile the southern region consists of four governances called Karak, Tafelah, Ma'an and Aqaba and the eastern and southern parts of the country comprise desert, which constitutes over 80% of the territory.

Amman, the capital of Jordan is the home to the majority of the population. In 2011, 2.367 million (39%), out of the total population of 6.249 million, lived in Amman according to the Department of Statistics (DoS), Jordan (2011). Amman can be described as a modern city with a Western type of living in the sense that people's attire are inclined to that worn in the West. It boasts of modern facilities including roads, hospitals, health centers, public transportation system, cultural centers, and variety of local radio and TV stations, communication facilities, Internet cafes, universities, and malls. Amman also has the latest technologies in the medical and nursing sector.

The scenario is the complete opposite to the desert portion of the Jordanian valley where the major portion of the rural region comprises nomads (17.4% of the total population). The average village can be described as a group of houses or buildings, a school and a mosque. In addition, it also has a post office, a medical dispensary, and a general store. A patriarchal social system is practiced and family kinship is what governs the relationship between members of the society and the tribes.

Moreover, there are varying ethnicities in Jordan, and, based on the DoS in 2008, 98% of the total population are Arabs, 1% are Circassian and Chechen, while 1% are Armenian and other ethnicities. Based on the United Nation's Relief and Works Agency for Palestinian Refugees (UNRWA, 2008), in 1950, there were half a million Palestinian refugees in the country, which, by 2008, reached to over two million living in ten official camps. As for Palestinian refugees, they became Jordanian citizens following the unity of Jordan and West Bank in 1950. People who are over 65 years of age represent a minor portion of the population (3.3%). The population is growing at a rate of 2.2%, which is around double the world's average growth (DoS, Government of Jordan, 2011).

This growth rate has created a load on the primary and secondary healthcare services in the country. Consequently, the Maternal and Childcare centers for pre and post-natal care, and secondary healthcare are lacking. In addition, the internal influx of people from the rural area to the urban areas has created a burden on the economy and the healthcare system. Moreover, many of Jordanians works and live outside of the country.

2.3 Health Sector in Jordan

The scenario in the Jordanian healthcare sector can be divided into two important movements, namely, before and after being known as the Kingdom, which are described in the following summary of events.

- **Health Sector before the Kingdom (1921-1946)**

In 1921, Math'har Basha Arasalan was appointed as the first health consultant for Jordan and Dr. Rida Tawfeq was appointed as the head of the healthcare sector. In the same year, the first public hospital in Jordan was established with 20 beds. Four years after, Dr. Haleen Abu Rahmeh set up the first regulatory department for the Jordanian Health Sector and it remained the only one of its kind until 1939. The advisory council enacted the first health law and laws governing hospital medicine in 1923 with the former decreed in Transjordan in 1926 and implemented from then on until 1971. This was accompanied by the first set of regulations governing the government's health institutions. Meanwhile, Prince Abdullah (later to be known as King Abdullah I) acknowledged the terms and

conditions for the establishment of the Italian hospital located in the Salt area. In that era, the medical expenses of the healthcare departments of Transjordan were reported to reach 4,991 pounds sterling in the West Bank. The first medical lab was set up in the city of Jerusalem in 1924 while the first pharmacy was established in Amman a year after.

As for the medical personnel, from 1926-1927, the health specialists working in Jordan showed an increase from 28 to 39 personnel accompanied by the increase of public hospital beds to 60 and of private hospital beds to 90. Regardless of the occupation of Palestine and the influx of Palestinians into Jordan in the years from 1948-1967, which placed a burden on the Jordanian healthcare sector, the sector accomplished significant achievements.

- **Health Sector during the Era of the Kingdom (1946-2012)**

According to the Ministry of Health, the actual healthcare development in Jordan began following the establishment of the Hashemite Kingdom of Jordan, the country's independence and its unity with the West Bank. The first Ministry of Health was established on December 14, 1950 followed by the setting up of six health departments led by physicians in various regions of the Kingdom, who reported to the MoH as the central management.

The pioneering nursing college was established in 1953 followed by the establishment of the physicians association and the central laboratory for medical tests in 1955. In 1962, the Prince Mona Nursing College was established and the following year, the first insurance system was implemented for the military members and their families.

In 1965, it was established for the civil servants. The 1970s heralded the establishment of the first medical faculty in Jordan University, the inauguration of the allied medical professions institute in Irbid, and the inauguration of the medical Hussein City operated by military staff. In 1980, the first pharmacy faculty was established in Jordan University.

Currently, Jordan possesses a high-quality healthcare system in respect of its health care facilities. By2010, it recorded 106 hospitals (Table 2.1), 31 under the MoH, 12 for the Royal Military Services, 2 as university hospitals and 61 as private hospitals. The hospital beds were recorded to be 11,779 with 4,373 under the MoH, 2,412 under the Military Services, 1,106 under University Hospitals, and 3,888 under private sector institutions (MoH, 2010).

Table 2.1
Number of Hospitals According To Health Sector

Sector	No. of Hospitals	No. of Beds	Percentage
MoH	31	4373	37.1
RMS	12	2412	20.5
JUH	1	602	5.1
KAH	1	504	4.3
Private	61	3888	33
Total	106	11779	100%

Source: MoH (2010a)

MoH: Ministry of Health
RMS: Royal Medical Services
JUH: Jordan University Hospital
KAH: King Abdullah Hospital

Based on the report by the World Bank (2010), the country's health expenditure per capita is US$357, which is considered in the league of most developing countries with an exception of high-income countries like Kuwait who spend around US$1,223. In 2010, a

recorded number of 16,212 physicians, 5,691 dentists, 9,151 pharmacists, 2,102 midwives, 17,861 staff nurses, and 5,698 practical nurses were reported (MoH, 2010). In the public sector, which is under the MoH, it has 3,953 physicians, 685 dentists, 439 pharmacists, 5,422 nurses, and 1274 midwives, as depicted in Table 2.2.

Table 2.2
Health Indicators in Jordan

Indicator	**2010**
No. of Hospitals	106
No. of Beds	11779
No. of Pharmacies	519
No. of Physicians	3953
No. of Dentists	685
No. of Pharmacists	439
No. of Nurses (Male And Female)	5422
No. of Midwives	1274

Source: MoH (2010b)

Staff nurses who are categorized under registered and associated nurses encompass those with Bachelor graduates from universities and graduates of three-year diploma course from MOH colleges. In addition, assistant nurses and nursing workers are required to attend an 18-month course following the third secondary school while aid nurses do practical work without any prior education and often obtain skills through practical hospital work.

2.4 Health Sector Organizations in Jordan

The Jordanian health sector comprises several organizations providing health services for the public and for foreigners within Jordan and for Jordanian citizens both inside and outside of the country. These organizations include public and private organizations. The main categories of healthcare organizations in Jordan are discussed below:

2.4.1 Ministry of Health

The Jordanian Ministry of Health (MOH) is the main institution financer and provider of healthcare services in the country. It is described as the largest in light of the size of operations and utilization in comparison to other organizations, such as RMS, JUH, KAH, and other private sector organizations. Pursuant to the new Public Health Law No. 47, issued by royal decree in 2008, the MOH is held responsible for issues of health in the Kingdom of Jordan with specific reference to article 24 and 25 of the law, which states that the Ministry of Health undertakes all health affairs in the Kingdom. Its tasks and duties include; maintaining public health through the provision of preventive treatment, and health control services; organizing and supervise health services offered by both the public and private sectors; providing health insurance to the public; managing and control health education plus training institutes and centers, based on the provisions of the enacted legislation.

The responsibilities of the MOH are encapsulated in article 4 of the Law, which defines the Ministry's area of work to include health promotion and health lifestyles,

disease control, prevention of nutritional deficiencies, maternal and child health, school health, health of the elderly and prevention and control of non-communicable diseases. The Law lists the provisions of the medical and health professions practice, private healthcare institutions, mental health and drug addiction, immunization, pharmaceuticals, communicable diseases and water and sanitation.

Specifically, the MoH provides primary, secondary, and tertiary healthcare services. The first type of services are provided through a primary healthcare network comprising 84 comprehensive health centers, 368 healthcare centers, 227 village clinics, 422 maternal and child health centers and 369 oral health clinics (MoH, 2010).

The Ministry of Health in Jordan operates 31 hospitals within ten governorates containing a total of 4,372 hospital beds, which accounts for 37.1% of total hospital beds in the country. With regards to utilization, 38.2% of inpatients care, 44.7% of deliveries, and 45.5% of outpatients care are provided within the MoH hospitals with a bed occupancy rate of 68.2% in 2010 alone. The Ministry also employs 25% of the participating physicians in the country.

As of 2010, the MoH budget totaled JD460.1 million constituting 7.9% of the general budget. In 2008, the Ministry accounted for 53.1% of total government expenditure and 25.8% of national expenditure on health. Of the MoH expenditure, over 76% is financed through the government budget, 11% from insurance premiums from enrollees of Civil Health insurance, while the remainder is obtained from user charges and donors (MoH, 2010; Ajlouni, 2006).

On top of its general public health responsibilities, the MoH also has two financing responsibilities; first, it administers the Civil Health Insurance Plan (CHIP), which

encompasses civil servants along with their dependents. CHIP primarily covers individuals certified as poor, disabled, and children under six years, and blood donors who constitute around 20% of the total population. Second, the MoH is the insurer of the last resort for the whole population, as any individual may benefit from the MoH services and pay highly subsidized charges (15% -20%) of costs for the complete service range.

2.4.2 Jordanian Royal Medical Services (RMS)

Unlike the MoH, the RMS only provides health services, comprehensive medical insurance to the country's military, and security personnel. These personnel include active and retired staff and their dependents, staff of the Royal Court, Royal Jordanian Airlines, and Aviation Academy, Mu'tah and Al Al-Bait Universities among others. It also offers care to patients who are uninsured but referred by MoH and the private sector. Moreover, the Military Health Insurance System encompasses 1,500,000 individuals with less than 10% of them active military and police personnel. RMS is also a referral center through the provision of high quality care characterized by some complex procedures and special treatment to Jordanians (MoH beneficiaries included) and Arab patients. It plays an important political role by contributing in initiating the role of Jordan in the region and the world by dispatching medical teams and field hospitals to conflict regions and disaster areas including the West Bank, Gaza Strip, Eritrea, Afghanistan, Liberia, Haiti, Ivory Cost, and Congo.

The MoH in Jordan claims that, as of 2010, the RMS has 4,918 nurses employed in 12 hospitals and serving 2,412 beds and other centers affiliated to the RMS. The RMS

nursing department takes part in the recruitment of nursing students at Princess Muna College of Nursing and the Royal Medical Services College for Nursing and Allied Health Professions. In addition, the demand for nursing staff services is satisfied through the subsidized nursing education in the above two colleges. More importantly, nursing graduates are also recruited from national universities when needed. In sum, the RMS has a key role in the Jordanian health sector by enhancing the level of Jordanian people's health through the provision of health services, providing expert physicians, as well as professional nurses and health technicians for all medical specializations.

- **The Historical Development of Royal Medical Services in Jordan**

The Military Medical Services was established in 1941 with a single physician, the basic tools, and a few medicines. By 1984, the first front-line field dressing station was established for the Jordanian Army in Beitunia, near Ramallah (West Bank) along with the Military Base Hospital at Marka (Amman). In addition, the Medical Services Training Center was established at the Base Hospital, Marka and proceeded to become the College of Royal Medical Services for Allied Health Professions in 1992 accredited by the Ministry of Higher Education.

The main medical stores were set up in 1961 to give the RMS the required hospitals and clinics equipped with medical and non-medical supplies. By 1962, the Princess Muna College of Nursing was set up with only 12 candidates. By 1998, the college was affiliated to Mu'tah University and began awarding BSc Nursing, and by 2002, there were 1,376 graduating nurses.

The second field hospital was established in 1963 in Zarqa and was later renamed as the Prince Hashem bin Al-Hussein Hospital. The first field hospital was then transferred to Irbid in 1967 and proceeded to be called Prince Rashid bin Al-Hassan Hospital. This was followed by the establishment of the King Hussein Medical Center in 1973, as the main medical facility for the Jordanian Royal Medical Services. After four years, the Princess Haya bint Al-Hussein Hospital was established in Aqaba to provide medical services to all the residents. In 1981, the Prince Ali bin Al-Hussein hospital was set up in Kerak city and the Queen Alia Heart Institute and the Royal Jordanian Rehabilitation Center was set up in 1983.

Other hospitals of the same caliber, such as the Queen Alia Military Hospital, were set up in Amman, and the Institute of Biomedical Technology was set up in 1987 to cater to biomedical technicians on a national level. This was followed by the establishment in 1992 of the Prince Zeid bin Al-Hussein Hospital in Tafileh and the psychiatric care center at the campus of Princess Aisha Medical Complex in Marka Amman in 1997. In 2000, the Princess Iman research and laboratory, science center was inaugurated along with the Queen Rania Al-Abdullah Center for urology and organ transplant.

2.4.3 The United Nation Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA)

With the advent of the Arab-Israeli conflict in the middle of the previous century, the Palestinian refugees initiated their influx into Jordan, Lebanon, Syria, and the West Bank,

which posed a challenge for the healthcare sector to serve the additional population. Jordan is a recipient of the largest influx of Palestinian refugees and a total of ten Palestinian refugee camps were established in the central and northern region of Jordan. Over 40% of the total registered refugees in the UNRWA are in Jordan while the rest are in Lebanon, Syria, Gaza, and the West Bank (UNRWA, 2011) (Table 2.3). The type of services provided by UNRWA include education and healthcare within the public sector and the agency is in collaboration with governmental authorities in the region of operations to provide some services to the Palestinian refugees, and, consequently, the load on public hospitals will increase.

More specifically, in 1949, the UNRWA for Palestinian Refugees in the Near East was established by the UN General Assembly resolution 302 (IV) of 8th December, 1949 with the intention of providing direct relief and work programs for the refugees from the 1948 Arab-Israeli Conflict. The agency's operations were initiated on May 1, 1950 and because of the lack of solution to the refugee problem, the General Assembly has constantly renewed the UNRWA's mandate, with the most recent one extending to June 30, 2014.

Table 2.3
Total Registered Refugees by Sex and Field

Field	Male	Female	Total	Percentage
Jordan	**1,026,900**	**972,566**	**1,999,466**	**40.3**
Syria	243,263	252,707	495,970	10
Lebanon	234,616	220,757	455,373	9
West Bank	435,504	412,990	848,494	17.1
Gaza	601,566	565,795	1,167,361	23.5
Total	2,541,849	2,424,815	4,966,664	100

Source: UNRWA, 2011

Since its onset, the Agency has provided services in times of peace and in times of hostilities in the Middle East. The work of the UNRWA is an example of the international commitment to upholding human development of Palestinian refugees, providing them assistance, knowledge and skills so they may lead long and healthy lives, achieve decent living standards and enjoy full human rights.

The uniqueness of the Agency lies in its long-standing commitment to a group of refugees and its contributions to human development and welfare spanning four generations of Palestinian refugees. At the onset, the Agency was considered to be a temporary one but it has gradually ensconced itself to satisfy the changing requirements of the refugees. The UNRWA primarily provides services pertaining to health, education, relief, and social services to the 5 million registered Palestinian refugees in the five operation fields in Jordan, Lebanon, Gaza Strip, Syria, and the West Bank with the inclusion of East Jerusalem. Over 1.4 million refugees, approximately one third of the total 5 million, reside in 58 acknowledged camps where UNRWA's services are provided nearby. Contrary to other UN organizations that work with local authorities or executing agencies in their host countries, UNRWA offers services to Palestinian refugees in a direct manner. Its plans include conducting activities and projects, building and administering facilities including schools and clinics. Currently, the Agency sponsors/operates more than 900 installations with almost 30,000 staff throughout the five fields. Owing to the fact that the services provided by the Agency including education and healthcare are covered under the services generally provided by the public sector, the Agency collaborates with government authorities in their area of operations who are also responsible for providing services to the refugees. The UNRWA provides

basic health services and facilitates a healthy living environment for the refugees under the guidance of the Millennium Development Goals on health and according to the World Health Organization's standards. The overarching goal of the UNRWA is to allow refugees to live healthy and long lives by facilitating access to quality extensive services, preventing and controlling diseases, and safeguarding the promotion of family health.

The network of primary healthcare facilities owned by the Agency and its mobile clinics offers the basis of its health services and provides preventive, general medicine along with specialist care services catering to every stage of life. An example of its extensive health services, in 2011 alone, the Agency staff performed 10.7 million medical and dental consultations and although it concentrates mainly on primary healthcare, it also assists in the access of secondary and tertiary services. Based on the UNRWA 2010 statistics, the health infrastructure affiliated by the UNRWA in Jordan comprises 24 primary healthcare and laboratories with no hospitals, 33 dental clinics and one physiotherapy along with two radiology facilities (see table 2.4).

Table 2.4
UNRWA's Health Infrastructure by Field

Field / Infrastructure	Jordan	Syria	Lebanon	West bank	Gaza
Primary health care	**24**	23	29	41	20
Hospitals	**0**	0	0	1	0
Laboratories	**24**	21	17	40	18
Dental clinic	**33**	19	21	23	22
Radiology facilities	**2**	0	4	9	6
Physiotherapy clinics	**1**	0	0	0	10

Source: Registration Statistical Bulletin, 2010, Relief & Social Services Department (RSSD)

Furthermore, the staff of medical services employed in the UNRWA in Jordan consists of 101 doctors, 30 dental surgeons, 265 nurses, and one pharmacist to cater to approximately two million refugees among 10 camps, which is over double the Palestinian refugees residing in Lebanon and Syria (see table 2.5).

Table 2.5
Medical Services Staff by Field

Field	Doctors	Dental Surgeons	Nurses	Pharmacists
Jordan	**101**	**30**	**265**	**2**
Syria	60	19	135	1
Lebanon	56	19	119	2
West Bank	99	26	296	2
Gaza	150	30	294	4
Total	466	124	1,109	11

Source: UNRWA, 2010

2.4.4 University Hospitals

In Jordan, University hospitals are under the operation of schools of medicine in the universities. Among them are the Jordan University Hospital, located in Amman (the central region) and the King Abdullah Hospital in the northern part of Jordan.

2.4.4.1 Jordan University Hospital

The Jordan University Hospital, JUH for short, was set up in 1971 with the name of Amman Grand Hospital and was called the JUH in 1975 following its affiliation with the Jordan University and medical school. It has more than 531 beds and is one of the most

specialized and high-tech medical centers in the public sector among of the same caliber as the King Hussein Medical Center and King Abdullah Hospital. Patients in JUH are actually referrals from the MoH, consisting of employees of Jordan University and their dependents, employees of private firms that have contractual agreements with JUH and some independent private patients. It constitutes 5.8% of the total number of hospital beds in Jordan and 4.2% of the admissions in the year 2004 alone. Its rate of occupancy is 72.2% with an employment rate of 2% physicians. MoH resources accounted for 49% of the JUH revenue in 2001.

2.4.4.2 King Abdullah Hospital

The King Abdullah Hospital (KAH) was set up by the Jordan University of Science and Technology (JUST) in 2002 with a total bed capacity of 650 with 200 of them in operation. It also serves as a teaching hospital to the Faculty of Medicine at JUST and as a referral for the public sector in the northern region. Over 84% of the hospital admissions are for referred patients by the MoH and RMS. In other words, the two agencies are the primary fund sources of KAH.

2.4.5 Private Healthcare System

The Jordanian private sector has a key role in light of financing as well as delivery of services. The majority of private firms offer healthcare coverage for their employees through self-insuring or through the benefit of private health insurance. With regards to

the service delivery system, the private sector owns 60 hospitals with 3,888 beds accounting for 34% of the total Jordanian hospital beds with a rate of occupancy at 48.5%. Additionally, the private sector has 60% of the total physicians, 94% of pharmacists, 83% of dentists, and 44% of registered nurses. It is notable that even though the private sector lacks strict regulations, it shows a marked development (MoH, 2010).

The private sector also provides competent care homes under the home nursing services, health and psychological rehabilitation center and treatment resorts located on the shores of the Dead Sea and Mount Nebo where patients from around the world are cured (Elaph, 2012). The sector has been planning to attract a considerable number of international patients from the Arab nations, as stated by the Chairman of Private Hospitals Associations (PHA). In 2011 alone, the sector received US$850 million in revenue from 240,000 foreign patients (Elaph, 2012). More importantly, the private sector owns most of the country's high tech diagnostic capability. The for-profit sector owns 49 hospitals providing 3,151 beds with an average hospital bed size of 64 whereas the respective national average is 103 beds. Owing to the lack of mandate planning controls including bed caps or certificate of need, but driven by commercial and marketing incentives, hospitals in the private sector compete for the most modern state-of-the-art technologies to carry out the most sophisticated medical procedures. Nearly half of Jordan's medical technology can be found in the private sector (Ajlouni, 2011).

Moreover, other active healthcare organizations in the country comprise private non-profit organizations with nine hospitals and a total of 702 bed capacity. These include the King Hussein Cancer Center (KHCC), Islamic Hospital, Rahebat Alwardieh Hospital, Al-Italy Hospital, and five other hospitals (Ajlouni, 2011).

2.5 Nursing Profession in Jordan

Most of the nurses in Jordan are females (55%) while male nurses constitute 45% (Jordan Nurses and Midwives Association, 2001); their salaries are slightly more compared to schoolteachers. Attempts for the promotion of higher salaries for nurses have been made owing to their two extra hours of work in the public hospitals. Nurses only receive one free meal per shift in lieu of these two extra hours. Public sector nurses work 48 hours a week with average salary of 350 Jordanian dinars every month (One Jordan Dinar is equivalent to US$1.414) for novice registered nurses. In Jordan, the social image of the nursing profession is increasingly changing and it is now considered as a respectful profession. Up until recently, the profession was not considered as a respectable profession as the nursing profession is considered as just being a health assistant without authority or autonomy.

As for the rate of satisfaction and turnover rates of Jordanian nurses, many studies have been dedicated to them (e.g. Hayajneh, AbuAlRub, Athamneh & Almakhzoomy, 2009; Suliman & Abu Gharbieh, 1996). The study conducted by Suliman & Abu Gharbieh (2009) attempted to identify factors that influence Jordanian nurses' job dissatisfaction and the estimation of the extent of expected withdrawal from practice in a sample of 250 Registered Nurses (RNs). The findings reveal that 18.4% of Jordanian RNs were likely leave the profession upon being dissatisfied with the working conditions (such as transportation and childcare facilities), salary, nursing and hospital administrators' support, and professional development and growth.

In addition, Hayajneh *et al.,* (2009) study was conducted to examine the turnover rate of RNs in Jordanian hospitals and to compare the turnover rate of male and female RNs in the northern, middle, and southern regions, as well as in the private and university hospitals, rural and urban hospitals and general and specialized hospitals. The study utilized random sampling comprising 25% of the total number of Jordanian RNs in the hospitals; the findings revealed the overall turnover rate to be 36.6%. They concluded that this rate of turnover is an issue that calls for effective strategies and they recommend further research to determine its causes. The President of the Jordanian Nursing Association (JNA), Princess Mona Al-Hussein stated that in the last few years, the nursing profession in Jordan has become more respected by the public. In the past two decades, it has experienced milestones in terms of nursing education and service, which have contributed to the nurse's image and status. The organizational structure of MoH is huge, as evident from Figure 2.1, as it encompasses the whole Jordan regions. The Ministry utilizes a decentralized system of management, which implies that each governorate has its own health department, which manages the hospitals and medical centers without approval from the main MoH in Amman. Moreover, the nursing department is answerable to the hospital administration and every public hospital employs three assistant managers, a technical assistant, an administration assistant who are usually physicians and a nursing assistant. In addition, every working shifts at hospitals managed by a responsible person who provides the complete information to the person responsible in the next shift.

2.6 Nurses Councils

2.6.1 The International Council of Nurses (ICN)

The International Council of Nurses (ICN) is described as a federation of over 130 national nursing associations (NNA's) and represents over 13 million nurses on a global level. The Council was established in 1899 in Geneva-Switzerland and is the first and widest spanning international organization catering to health professionals. Its operation is run by nurses and international leading nurses. It works to guarantee quality nursing service, sound health policies, the development of nursing knowledge, and the existence of worldwide respect for the nursing profession as well as qualified and satisfied nursing employees. The Council has three primary objectives; to bring nursing together on a global scale, develop nurses and nursing, and influence health policy. The Council's five underpinning values are visionary leadership, inclusiveness, innovativeness, partnership, and transparency.

According to ICN, nursing is defined as an autonomous and collaborative care of individuals of all ages, families, groups, and communities, whether sick or well and in every setting. ICN also determines the primary roles of nursing, which are primarily to promote health; prevent illness; take care of ill, disabled, and dying people; promote a safe environment; carry out research; participate in creating the health policy and in the management and development of patient and health systems in light of education.

In addition, the ethics codebook for nurse's lays down the association between nurses and people, and with professions and colleagues in which terms like dignity;

human rights; and dignity and respect of all cultures, races, and religions are often mentioned (ICN, 2012). Based on the study sponsored by ICN (2007), workplace bullying in the nursing setting has adverse impacts, among which are the deterioration of patient care quality, and the dip in staff relations morale. More importantly, high stress level, and stress related illnesses, feelings of shock, disbelief, shame, guilt, anger, fear, powerlessness depression and self-blame were reported by nurses. These could result in the loss of self-confidence, which puts the nurse as well as the patients in harm's way. Other complaints include sleeplessness and loss of appetite, lower job satisfaction, and higher costs incurred by the employers and the health system, increased absenteeism and sick leave, negative performance and productivity, loss of creativity when it comes to problem-solving, and, finally, high staff turnover.

2.6.2 Jordan Nurses and Midwives Council (JNMC)

In Jordan, the Association of Nurses, and Midwives, formally called the Jordanian Nurses Midwives Council (JNMC) was established in 1959 as the Jordanian Nurses Association (JNA). A royal decree was then issued in 1972 (law No. 18) and released with the appointed number of 2357 at the Official Gazette. JNMC is described as a democratic institution with its board of directors elected through direct ballot.

The council has branches spread in the five Jordanian cities, namely, Irbid, Zarqa, Jerash, Ma'an, and Amman with the main branch located in Amman. Since it was established in 1972, the JNMC has been associated with nineteen councils in which Victoria Karadsheh headed the first one. It also became a member of the International

Council of Nursing (ICN) in 1960, the Arab Health Workers Union in 1974, the Jordanian Red Crescent Association, the Supreme Health Council, the Jordanian Nursing Council, and the Arab Council of Nursing. The JNMC boasts a membership of 12,553 Jordanian nurses and registered nurses, 1,858 midwives, 1,314 non-Jordanian nurses, 287 Arab nurses with a total membership of 16,012.

The council comprises an elected chairperson and ten members, eight of whom are nurses and two midwives for a period of three years. Based on the regulations laid down by the JNMC, any nurse may be elected from the post of council president if she/he has over ten years of experience and for membership, over five years of experience. The JNMC aims to increase the degree of the nursing profession, protect, defend and organize the profession, provide better services, protect the rights and dignity of nurses and midwives, maintain professional ethics and secure a good life for nurses and their families (JNMC,2013).

As shown in organizational structure of the ministry of health in Jordan below, the general secretary manages the public hospitals through hospital director, who supervise the director of nursing. However, sections head in each hospital department manage, supervise nurses and reporting directly to the assistant hospital manager for nursing affairs.

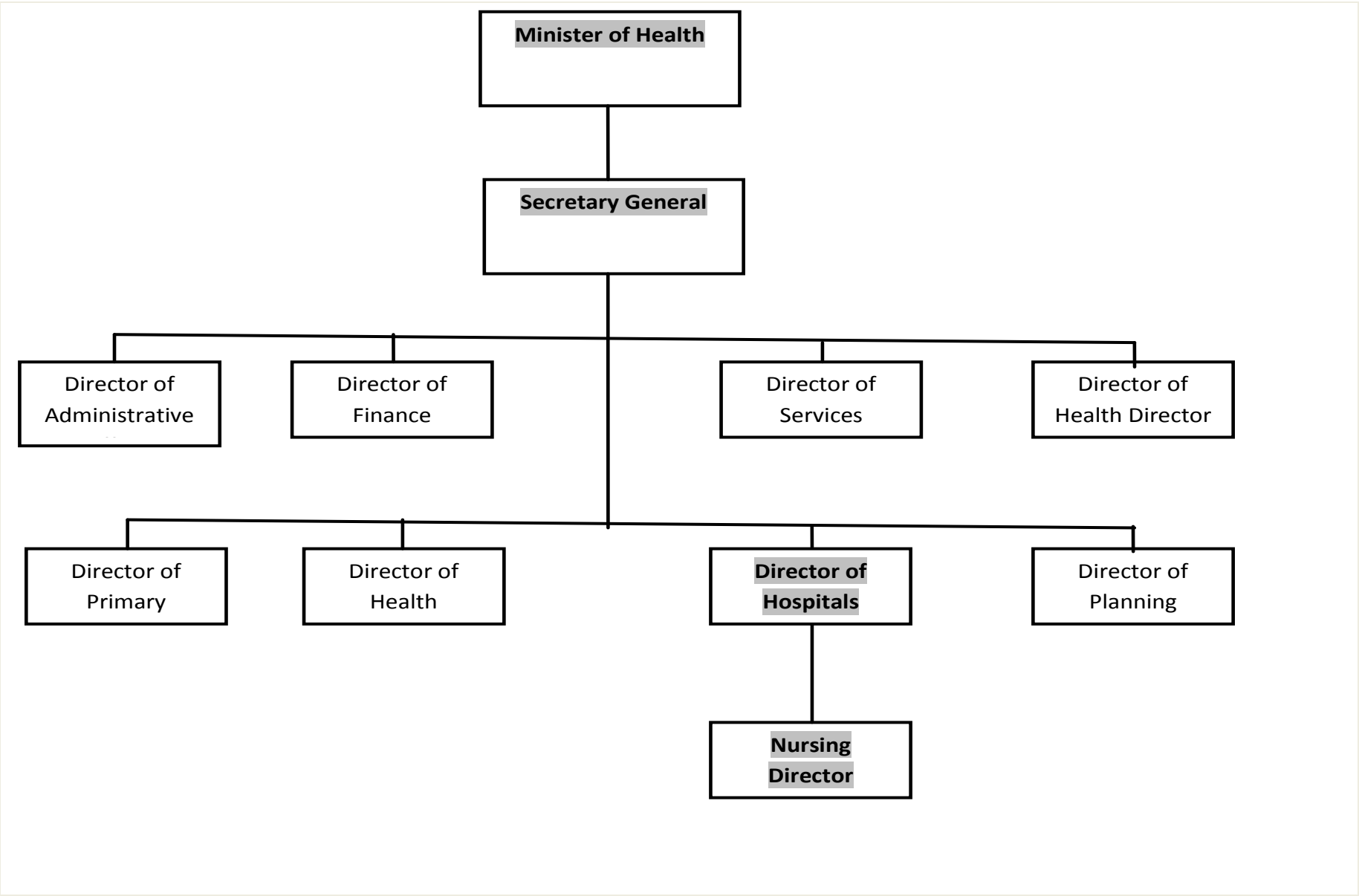

Figure 2.2
Organizational Structure-Ministry of Health in Jordan

CHAPTER THREE

LITERATURE REVIEW

3.1 Introduction

This chapter provides an overview of negative behavior aggression, violence, and sexual harassment in the workplace. It also explains the terms and conceptual definitions of bullying, workplace bullying and nurses bullying and the significance of bulling, its antecedents and the relationship between job demand factors comprising role conflict, role ambiguity, job control and work pressure on workplace bullying.

The definition of these job demand factors are also provided and the explanation of the moderating effect of personality on the relationship between them and workplace bullying. In the preceding chapter, the studies concerning the development of the research framework and the related literature of well-known theories were discussed. In the present chapter, the basic concepts of developing a research model and the diagram of the hypothesized framework are also explained. The study's hypotheses are also presented in this chapter. Towards the end of the Chapter, the underpinning theories are examined.

3.2 Negative Behaviors at the Workplace

Many different terminologies have been utilized to provide a description of the phenomenon of negative abusive behaviors in the workplace including horizontal hostility, workplace incivility, mobbing, and workplace bullying.

In addition, the growing diversity in studies pertaining to bullying, psychological abuse, or harassment in the workplace reflects the growing problem of conflicting terminology and definitions. This leads to difficulty of obtaining clear perceptions concerning the phenomenon of aggression in the workplace, and increases the complexity of the cooperation between the interested decision-makers, legislators, and researchers (Crawshaw, 2009). Despite the similar descriptions of the same negative behavior, workplace bullying is known to provide a broader conceptualization compared to the most widely used term of 'horizontal hostility', which has also been utilized in nursing literature. Horizontal hostility is considered to be the directing of negative behavior towards a peer or coworker (Alspach, 2007; Bartholomew, 2006; Johnson & Rea, 2009). Bartholomew (2006) used the definition of Farrell (2005) in her book as "a consistent pattern of behavior designed to control, diminish, or devalue a peer or group that creates a risk to health and/or safety."

Johnson and Rea (2009) conducted a study among nurses in the USA with the aim of describing nurses' experiences and characteristics of workplace bullying in the nursing setting. Johnson and his colleague used the Negative Acts Questionnaire-Revised (NAQ-R) to assess workplace bullying among a sample of 249 nurses working in the emergency nursing association in Washington State. The study found that 27.3% of nurses

experienced workplace bullying in the last six months by their managers or charge nurses. Data analysis revealed that there is a correlation between exposure to bullying at work and intention to leave the job and nursing. The authors argued that the leaders of nursing have to address the causes of workplace bullying and the linkage of attrition.

On the other hand, the term 'workplace bullying' does not encapsulate a hierarchical structure of relationship, and, therefore, it can be utilized to include the entire team of healthcare providers and overlooks the hierarchical structure of the nursing work environment. In addition, workplace bullying is defined as the repetitive and persistent negative actions targeted towards one or more individuals, which indicates a power imbalance and leads to hostility in the work environment (Salin, 2003). It is notable that workplace bullying presents intentional and continuous negative acts, which increase over time. Bullying is also acknowledged to have four main features, namely, intensity, repetition, duration, and power disparity. Intensity refers to the number of negative acts targeted towards the victim while repetition refers to the fact that the negative act is not just a single incident. Duration is the occurrence of the negative act within a time span while power disparity refers to the inability of the target or the victim to stop the abuse (Lutgen-Sandvik, Tracy & Albert, 2007).

Currently, the term 'workplace' has extended with the development of communication and technology and is no longer confined to a specific geographic location (Bowie, 2000). The scenario is such that the workplace setting has taken a significant shift from a traditional setting to the present state of dynamic virtual environment (Bowie, 2000; Bulatao & VandenBos, 1996; Swanson & Holton, 2009). Nevertheless, it should be kept in mind that the majority of individuals who are working

in a certain profession still consider some particular location for their worksite to which they normally report (Bowie, 2000). In the present study, the definition of workplace takes into consideration the nursing occupation's nature; in other words, nurses mostly work in hospitals.

Based on Rippon's (2000) study, in recent decades many studies concerning aggression and violence in the context of healthcare professionals indicate that they are common targets of violent behavior and that the healthcare environment is increasingly turning into a violent place to work (also see, Lipscomb & Love, 1992; Rosenthal, *et al.*, 1992; Dickinson *et al.,* 1993; Hader, 2008; and Chapman, Styles, Perry and Combs, 2010).

Hader (2008) conducted a workplace violence survey involving 1,377 nursing leaders in which most of the respondents hold the title of nurse manager (34.7%), director (14.4%), and educator (11.3%). The population of the study was taken from every US region and 17 other countries including Afghanistan, Taiwan, and Saudi Arabia. The respondents stated that employee safety in healthcare is negligible. The survey revealed that almost 80% of the nurse leaders experienced some type of violence in their work environment. Most of them were female workers (92.8%) and most of them (83%) were over 36 years of age and (80%) work in a hospital setting operating between 101-500 beds. Additionally, 60% of respondents have been working as nurses for more than 20 years.

A similar study in the nursing environment was conducted by Chapman *et al.,* (2010) in an attempt to identify the existence and characteristics of workplace violence. The study involved the distribution of a survey to a total of 332 nurses employed in

several areas of one non-tertiary healthcare organization in Western Australia. Data were gathered over a 12-month period. The majority of the nurses (75%) revealed that they have experienced workplace violence in the study's duration.

According to Chappell and Di Martino (1998), the terms aggression, violence and bullying in prior literature has been utilized synonymously while Griffin and Gross (2004) stated that some authors categorize aggressive behavior as bullying while others were reluctant to use the term bullying and preferred aggression instead (Vermande Van Den Oord, Goudena & Rispens, 2000).

Magnavita and Heponiemi (2012) conducted a study in Italy to determine the prevalence of violence in the workplace (physical and non-physical) in a general health care facility and to evaluate the association between violence and psychosocial factors. The study used three questionnaire based cross sectional surveys distributed to all heath care workers with a response rate of 75% in 2005, 71% in 2007, and 94% in 2009. The data analysis of the study found that 1out of 10 workers had been subjected to physical assault, and 1 out of 3had been exposed to non-physical violence in the workplace in the prior year. The study revealed that nurses and physicians were the most professional groups vulnerable to violence. However, the study found that departments of psychiatric and emergency workers were at most risk of violence. The association between violence and psychosocial factors revealed that workers who have been subjected to non-physical violence at work are exposed to high job strain and psychological distress, with low support and organizational justice. The study showed that workers in health care workplaces exposed to violence is linked to high job demand and psychological distress, whereas social support, job control, and organizational justice were protective factors.

The present study stresses the significance of a clear definition of bullying as the application of unclear definitions may lead to issues under specific circumstances; for instance, when explaining school bullying, broad definitions may result in the over classification of children as bullies or victims of bullying (Griffin & Gross, 2004). According to Rigby (2002), owing to the broad definitions of bullying and it is over inclusiveness, attention is often focused on what bullying is not. In the context of workplace bullying, the same rationale can be assumed. The present research considers bullying as not totally synonymous with aggression and violence. These terms are overlapping in a sense that bullying and violence are similar to some degree and are sub branches of aggression (Ireland & Archer, 2004; and Olweus, 1999). The following paragraphs provide the definitions of the above terms and explore the differences and similarities between the three.

3.2.1 Workplace Aggression

The clarification of the distinction between the three is imperative as violence is more often than not considered to be related to bullying to some degree while aggression is much too broad and encapsulates both terms, and violence is too narrow to be considered as synonymous with bullying. A clarification of the technical terms utilized and their inter-linkage ensures the understanding of the nature of the term 'bullying' as researched in the present thesis within the area of the nursing healthcare sector. Workplace aggression is considered as negative acts that are directed against an organization or its members and that victims to the aggression are unable to stop it (Neuman & Baron, 2005;

and Raver & Barling, 2008). The literature concerning workplace aggression shows concordance among scholars of its theoretical definition as opposed to the term 'violence' (Agervold, 2007; Johnson, 2009; O'Leary-Kelly, Griffin & Glew, 1996; Roberts, Mock & Johnstone, 1981; Standing & Nicolini, 1997).

As for the definition of workplace aggression, Aquino & Thau (2009) defined it as harmful acts that give psychological, emotional, and physical pain to the targeted individuals. Other studies like Baron & Richardson (1994) proposed the following definition; "aggression is any form of behavior directed toward the goal of harming or injuring another living being who is motivated to avoid such treatment" (Anderson & Bushman, 2002).The two definitions are similar but Baron and Richardson claimed that aggression should be considered as a form of behavior and not an emotion, motive or attitude. In addition, even the element of causing someone hurt is significant but physical damage to the victim is not necessary (Baron & Richardson, 1994; Berkowitz 1993; Buss, 1961); in other words, if the victim is the recipient of an aversive outcome, aggression has been done. Moreover, Neuman & Baron (1998) defined workplace aggression as, "a general term including all forms of behavior by which individuals attempt to harm others at work or their organizations" (p. 393).

It encapsulates even one act that is a part of continuous harmful behavior (Neuman, 2000), and may be in the form of conflicts between two parties (Roland &Idsoe, 2001). The point that is being stressed is the fact that the concept of aggression or workplace aggression is linked with bullying and that bullying is a type of aggression while aggression is a basic element of other harmful behaviors including violence, emotional abuse, petty tyranny, incivility, organizational retaliatory behavior, anti-social

behavior, sabotage, and vandalism. Many of the past researchers who have provided the definition of workplace aggression (for instance, Barling, 1996; Le Blanc & Kelloway, 2002; Zapf & Einarsen, 2005) have based their rationale upon a stressor-strain model in the sense that workplace aggression is a stressor that links negatively to an array of outcomes including job satisfaction, performance, commitment, psychological and physical well-being (Bowling & Beehr, 2006).

Hence, the present thesis refrained from using the term aggression as being synonymous with bullying as it is considered as a general term. This research is specifically focused on bullying, which is just a type of aggression. Workplace violence, on the other hand, has no universally agreed upon definition (Budd, 1999; Bulatao & VandenBos, 1996; Bowie, 2002; Perrone, 1999), and most of the ambiguity relates to the scope of activities covered by the term. According to the report by the European Agency for Safety and Health at Work (EU-OSHA, 2010), the term "workplace violence" is used to describe different types of violence at work, such as third-party violence, and harassment, such as bullying and mobbing in the workplace.

Despite the increasing academic and media attention received by workplace aggression concerning physical aggression and physical violence, based on evidence recorded in the past two decades, most people reported more non-physical workplace aggression compared to physical aggression (Smith *et al.*, 2009; Baron & Neuman, 1996; Baron & Neuman, 1998; Keashly, 1998).Smith and her colleagues (2009) conducted a study in US emergency departments with the aim of exploring the emergency nurses' experiences and their perceptions of violence from patients and visitors. The study used 3,565 registered nurses and found that in the past three years, 25% of the respondents had

experienced physical violence more than 20 times, and 20% had experienced verbal abuse more than 200 times. The respondents reported a lack of support and retaliation from the hospital administration and emergency department management as a result of reporting workplace violence.

3.2.2 Workplace Violence

Based on many of the current definitions of violence, it comprises a broad range of acts ranging from physical assaults to threats, intimidation, verbal abuse, and emotional as well as psychological abuse (Budd, 1999; Chappell & Di Martino, 1998).In 1994, the European Commission brought forward a definition of work-related violence, which encompassed both physical and psychological violence. These are incidents where workers experience abuse, threats, and assaults at work, such as commuting to and from work, an explicit or implicit threat to safety, well-being, and health. The National Institute for Occupational Safety and Health (NIOSH, US) defines workplace violence as any threat, physical and/or psychological harm that is targeted towards an individual at work. In other words, violence may be physical, sexual, mental, or moral. It is a general term that encompasses different types of abuse; a behavior that leads to humiliation, degradation, or damage to a person's value, dignity, or well-being.

Moreover, the National Institute for Occupational Safety and Health (NIOSH) defines violence in the workplace as acts of aggression targeted towards individuals at work that ranges from offensive acts, threatening language to homicide. The current definitions of workplace violence include non-physical or psychological aggression

owing to the serious outcome that manifests in the victim that could be as serious as physical assault (Budd, 1999). This is reinforced by Mayhew & Chappell's (2001) statement that violence is usually presented in an increasing on-going act that at the lowest end of the continuum covers belittling and teasing while the other extreme end covers overt behavior including intimidation and physical abuse. On the other hand, Chappell & Di Martino (1998) shed light on the interchangeable aspect of aggression and violence and that the current violence definitions may propose bullying as synonymous with violence and aggression. In the present study, the general definition of violence is not utilized, and, therefore, the terms of violence and aggression are not used synonymously with bullying. Despite the general agreement discussed in the above discussion stating that all violence is aggression, all cases of aggression are not necessarily violent. For most researchers the term violence is directed to only a small category of negative behavior entailing harm in the form of physical assaults (Neuman & Baron, 1998). This view is consistent with that of Anderson & Bushman (2002), who advocated that violence should be defined as aggressive situations involving the most serious negative results. Aggression is considered as the most potential destructive action in the public and it would appear that in spite of the discussion regarding the broader definitions of violence, workplace violence is often linked with physical aggression. According to O'Leary Kelly *et al.*, (1996), when 16 individuals attempted to physically harm a co-worker, the injury experienced by the co-worker is violence.

The present thesis is in line with the statement postulated by Neuman and Baron (1998) stating that workplace violence is related to overt aggression. Based on the findings by Baron and Neuman (1998), Neuman and Baron (1997), and Buss (1961),

serious forms of aggression present the aggressor's identity and intentions and are most often characterized as physical, direct, and active. Hence, workplace violence encompasses an array of overt aggression including homicide, attack using weapons, direct physical assault, threats of physical assaults, personal property damage, and shouting (Neuman & Baron, 1998).Nevertheless, not every act of violence is considered as bullying and an isolated incident of violence is referred to as workplace violence while workplace bullying is generally described as repetitive and ongoing negative actions.

Additionally, actions covered in the concept of workplace violence have criminal aspects to them; for instance, assaults, threats to harm, damage to personal property, verbal obscenities, sexual harassment while, in contrast, workplace bullying encompasses a list of behaviors that includes ongoing criticism, undervaluing effort, spreading rumors, which do not have criminal intent (Barron, 2000).

Furthermore, researchers, such as Barron (2000), consider workplace violence and bullying as a unique phenomenon based on the premise that workplace bullying comprises repetitive and ongoing subtle behavior while workplace violence comprises overt actions with criminal elements. On the other hand, physical aggression harms the target through actions involving attacks using weapons, physical restraint, or unsolicited touching or pushing. Direct aggression involves face-to-face situations where the aggression source inflicts direct harm to the target. Active types of aggression deliver harm through particular actions (Neuman & Baron, 1997). The rationale is such that workplace violence refers to overt/physical behavior but this does not imply that bullying does not include persistent physical violence. Hence, workplace bullying in the present

research includes subtle repetitive aggression, persistent behaviors that are dangerous or violent and actions that are likely to result in legal pursuits.

The above discussion portrays the term aggression and violence and lays down the degree of relation between aggression and violence as recommended by the authors. Additionally, the term bullying was presented and its linkage with aggression and violence was discussed. On the whole, workplace violence and bullying were thoroughly reviewed and concluded as neither distinct nor inclusive in that their subcategories are overlapping to some extent. This stems from the fact that bullying and violence somehow overlap to some degree and are both sub-categories of aggression (Ireland & Archer, 2004; and Olweus, 1999). (See figure3.1).

Olweus (1999, p. 13)

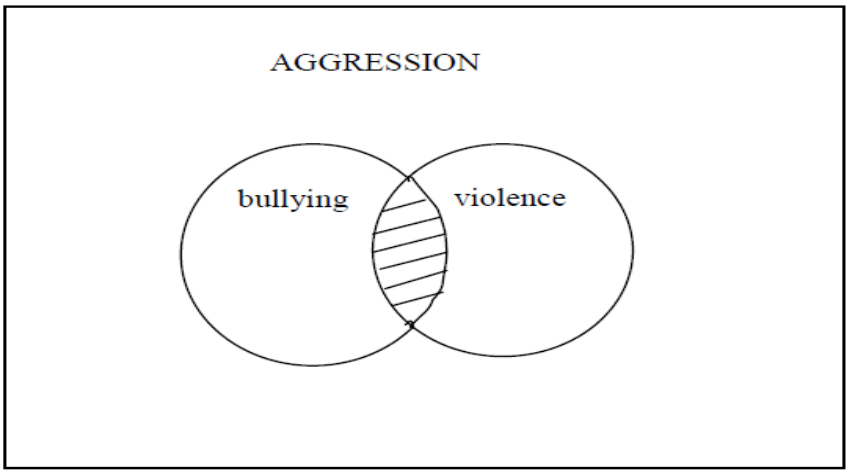

Figure 3.1
The Relationship between Aggression, Violence, and Bullying

3.2.3 Sexual Harassment

In recent decades, research revealed that sexual harassment has a negative impact on job attitude, performance and psychological and physical well-being (see Bowling & Beehr, 2006; Willness, Steel& Lee, 2007). For an extensive comprehension of sexual harassment, it is generally understood as unwelcome sex or gender-related behavior creating hostility in the environment or quid pro quo actions, where the negative behavior hinges on a condition of promotion or increase in salary (Pryor & Fitzgerald, 2003, p. 79), and has been examined in various countries and settings.

Sexual harassment is defined as, "unwanted conduct of a sexual nature, or other conduct based on sex affecting the dignity of women and men at work which include physical verbal and non-verbal conduct" (Equal Opportunities Commission (EOC), 2005). The majority of authors shed light on the lack of consensus concerning the definition of sexual harassment primarily in their examination of the behaviors and the circumstances where sexual harassment arises (Bimrose, 2004; Fitzegerald & Ormerod, 1991; Fitzegerald *et al.*, 1995; Stockdale & Hope, 1997). There is not a single definition of sexual harassment in light of the behavior and circumstances of the occurrence (Bimrose, 2004; Fitzgerald & Ormerod, 1991; Fitzgerald *et al.*, 1995; Stockdale & Hope 1997).

The rate of sexual harassment is considerable as revealed by a 2003 study by Ilies, Hauserman, Schwochau & Stibal (2003). The findings show that 58% of women reported experiencing sexual harassment while a study by Cortina, Magley, Williams & Langhout (2001) revealed that 71% of employees experienced incivility with 72% of

female respondents having experienced gender harassment in their workplace (Piotrkowski, 1998).In the context of the MENA region (Middle East and North African), the Status of Women in the Middle East and North Africa (SWMENA) Project, carried out a survey in Lebanon in 2009 involving Lebanese women who were asked to reply to the question, "When you are at work, how often would you say that men make unwelcome physical contact, noises, comments, or gestures toward you or other women?" The findings of the survey revealed that 4% of women reported experiencing sexual harassment at work on a daily basis or often, 5% of them experience this type of behavior from men and 14% reported rare experience while 76% reported no experience of work harassment. However, in Jordan, little or no information exists regarding sexual harassment in the workplace. Based on a report conducted by Al-Manar, the level of sexual harassment reported is more than the actual level and most women stated that their male co-workers were harassing them in a verbal way by trying to flirt with them. On top of that, harassed women do not normally report the occurrence owing to fear of disgrace and being a victim. In cases when the harasser is her superior or occupying one of the top echelons of management, the situation is much more serious.

The healthcare setting in Jordan is characterized by high workload in both public and private hospitals in 2012 owing to the outcome of the Libyan Revolution (2011-2012) who were transported to Jordanian hospitals for treatment. Based on the report by *Al-Quds Al-Arabi* newspaper, some individuals who came to the hospital with a patient attempted to sexually harassment a Filipino nurse in Amman in 2012. Moreover, the Jordanian Nurses Association (JNA) has recorded complaints regarding the overlooking of harassment in the nursing environment (Alquds, 2012).Sexual harassment has been

defined in terms of psychological and legal terms from the viewpoint of psychology. It is defined as "unwanted sex-related behavior at work that is appraised by the recipient as offensive, exceeding her resources, or threatening her well-being" (Fitzgerald, Swan& Magley, 1997).

Based on the study by Willness, Steel, and Lee (2007), a major portion of empirical literature concerning sexual harassment has been confined to the US and most of them are covered by the Equal Employment Opportunity Commission (EEOC, 1980). In the US, the law states that "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment" on the condition that, submission to such conduct depends on an explicit or implicit term of employment, submission to or rejection of the said conduct is utilized based on employment decisions impacting the individual or such harassment has the aim of unreasonably impacting the individual's work performance or developing an environment characterized by intimidation, hostility or offense.

In the context of Jordan, workplace sexual harassment has not been explicitly defined and has no legal recourse. At the least, the country's labor law stated in clause 28-29 (The Jordanian Labor Act, 2010), that either the employer or worker may quit their job without notice on the occurrence of actual violence, such as sexual violence. Hence, sexual harassment's recourse can be found under the Labor Law but its definition according to the Jordanian Penal Code has not been provided. According to the American legal definition of sexual harassment, it is a type of sex discrimination existing in two legal categories; under the condition (*quid pro quo*) and hostile/poisoned environment (Welsh, 1999). Nevertheless, sexual harassment may also be considered as

a psychological construct, and its definition is the basis for measurement development (Welsh, 1999).

There are two situational characteristics attributed to sexual harassment; first, is the organizational context, which is the aspects of organizational climate that have something to do with sexual harassment tolerance and the presence, accessibility and effectiveness of harassment recourse (Fitzgerald, Swan& Fischer, 1995). The second is the job gender context, which constitutes the gendered nature of the individual's workgroup (Fitzgerald, Swan& Fischer, 1995). Based on Fitzgerald *et al.*'s (1997) study, the outcome of sexual harassment may be categorized into three main types; job related outcome including employees' affective attitudes, behavior and job performance, psychological outcome including stress-inducing strains, life satisfaction, and well-being and health related outcomes including symptoms indicating general physical health and subjective health attitudes.

According to the definition of sexual harassment by The European Agency for Safety and Health at Work (EU-OSHA), under the directive of the European Parliament and of the Council (2002), it is a form of unwanted verbal, non-verbal or physical conduct of a sexual nature with the aim of violating a person's dignity particularly when it creates an intimidating, hostile degrading, humiliating or offensive environment. The definition above may be categorized into personal experiences of experiencing sexual harassment at work or the awareness of the presence of in the workplace (Fourth European Working Conditions Survey, 2005).

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In addition, the International Labor Organization (ILO) considers a single incident to be sufficient for sexual harassment and it often comprises repetitive unwelcome, unreciprocated, and forced action, which may have a significant impact on the target. Sexual harassment encompasses touching, remarks, looks, attitudes, jokes or using sexually-explicit language, alluding to the target's private life, references to sexual orientation, innuendos having sexual underlying suggestions, comments towards dress or figure or the ongoing leering at the target or part of the target's body (Chappell & Di Martino, 2000; 2006).

According to Di Martino (2003), sexual harassment is defined as "unwanted conduct that is perceived by the targets as placing conditions of a sexual nature on their employment, or that might, on reasonable grounds, be perceived by the targets as an offence, a humiliation, or a threat to their well-being." Also, Chappel & Di Martino (2000; 2006) stated that sexual harassment may be developed in a physical sense, such as through deliberate and unsolicited physical contact; a verbal sense, such as through repeated sexually oriented comments; gestures, such as through repeated sexually oriented gestures regarding a body part; written or coercive behavior, such as threats of dismissal if sexual favors are not fulfilled; or a hostile environment, such as through the display of pornographic material.

Until today, there is not one common definition proposed for workplace violence or harassment. All the definitions and categorizations of work-related violence vary between one institution and another and from one researcher to the next. Di Martino (2003) stated that physical as well as psychological violence might overlap leading to challenges in the attempts to categorize their different forms. Regardless of the countless definitions of violence, those that are used for the purpose of describing workplace violence have commonalities among them. Work-related violence encompasses all the scenarios that are linked with work while physical violence encompasses threatening and psychological violence involving a threat towards employees' health and well-being.

In the majority of definitions, the term 'violence' or 'workplace violence' is utilized in situations where the aggressive party is a third person; for instance, a customer, client, patient, or pupil. Other definitions distinguish between external and internal workplace violence. A similar rationale is employed for harassment in the sense that despite the many differences in the definitions of harassment used by researchers, experts and institutions, there are certain commonalities among them, which constitute the elements of actions that are negative, aggressive, or hostile in veritable range and the victim's inability to defend himself/herself. The aggressors may be the victim's co-workers, supervisors or managers, subordinates or clients. Along this line of discussion, third party violence is considered in situations where the aggressor is a third party; e.g., customer, pupil, patient, or patients relative. In workplace bullying literature, practical work, and the prevention of harassment and bullying, harassment is referred to as an internal problem. The possibility that healthcare professionals or teachers can be aggressive towards patients or pupils is a very sensitive issue, and, to date, rarely

discussed. Sexual harassment may also occur in different forms although it is always one-sided and the target finds the behavior unwelcoming. Sexual harassment may also be an isolated incident although most of the time it comprises repetitive, unwelcome, unreciprocated and forced actions.

3.3 Bullying Definition

Many conceptualizations of bullying have been used in the bullying literature in Europe, which include mobbing, harassment, victimization, and psychological terror (cited by Einarsen, Hoel, Zapf& Cooper, 2003; and Einarsen, 2000). On the other hand, in North America, the concept of workplace aggression, workplace incivility, emotional abuse, petty tyranny, workplace trauma and workplace harassment are commonly used (Einarsen, 2000; Keashly& Jagatic, 2003). In actuality, the term bullying originates from mobbing, a term first used in ethology to provide a description of animal behavior where a group of smaller animals attack a single larger animal (as cited by Olweus, 1999; Einarsen *et al.*, 2003). The term was adopted to provide a description of the destructive behavior of small groups of children attacking a single child in school back in the 1970s (Olweus, 1999). Leymann (1996) was the pioneering researcher who introduced the employment of the term to provide a description of a similar occurrence in the workplace. The term bullying has various implications and may describe a wide number of situations and experiences. In order to avoid any misunderstanding, explanations are called for to distinguish between bullying and mobbing. Based on the study conducted by Leymann (1996), the term mobbing instead of bullying was used justified by an underlying

rationale. It implied that the phenomenon under study refers to slight, less direct aggression and not a more physical aggression commonly associated with the term bullying but possessing similar debilitating and stigmatizing impact. Zapf (1999) took up Leymann's argument concerning the distinction between mobbing and bullying by stating that the former is mainly concerned with aggression coming from a group of people and not an individual and that it is more directed towards a single individual. In contrast, Matthiesen *et al.,* (1989) made use of the term mobbing to describe aggression of one or more persons towards a group or against an individual.

The term bullying is preferred by English speaking countries, such as the UK and Australia, while mobbing has been proposed as a concept distinct from bullying by researchers from the Scandinavian countries and Germany (Einarsen, 2000, p. 380; Zapf & Einarsen, 2001), the US (Davenport *et al.,* 1999) and by the International Labor Organization (ILO) (Chappell & Di Martino, 2000).Consistent with Zapf's (1999) interpretation of bullying, the ILO considers it as "ganging-up or mobbing a target employee and subjecting that person to psychological harassment" (p. 13). Zapf (1999) added that bullying is mainly involved with aggression from someone occupying a managerial or supervisory position. Einarsen (1996), on the other hand, made a significant contribution to the field and advocates the view of Matthiesen *et al.,* (1989). He considered bullying and mobbing as the same thing regardless of the number of aggressors or targets present and the organizational status of the aggressor.

As for the status of the aggressor, the literature from Scandinavian countries reveals that the offender is mostly a colleague or manager (Einarsen & Skogstad, 1996; and Leymann, 1992a). Consequently, Einarsen and his colleagues considered the terms

as interchangeable. To avoid any time of ambiguity, those who prefer to distinguish between the two terms, such as Zapf (1999), and Zapf *et al.,* (1996a), are more inclined to use the term bullying synonymous with mobbing for practical purposes when addressing the English-speaking public. In the present study, the term bullying is utilized to stay clear of ambiguities.

Bullying is now known as a critical issue in the context of the workplace. In the majority of countries, trade unions, professional organizations, and HR departments have been raising the awareness in the past decade concerning behaviors including intimidation, public humiliation, offensive name-calling, social exclusion, and unwanted physical contact and their potential to wreak havoc on the confidence of employees and minimize their efficiency. Victims of bullying have revealed that its physical and mental effects include stress, depression, and lowered self-esteem (Cowie *et al.,* 2002). A large part of the power lies in the hand of the perpetrator, which is why victims are unable to defend themselves (Olweus, 1999).

In addition, bullying is viewed in light of its impact on the victim as opposed to the bully's intention (Quine, 1999). Bullying has also been defined as the occurrence where one or several individuals persistently in an ongoing manner perceive themselves to be the recipients of negative behavior from a single individual or more, in a scenario such that the victims are unable to defend themselves against the action (Einarsen *et al.,* 1994, p. 20). In short, bullying is deemed to occur when someone is harassed, offended, socially ostracized, or forced to conduct humiliating tasks and if the victim holds an inferior position. Several researchers provided a specific and clear frame of the bullying phenomenon it must repetitively occur for a span of time, and, hence, it is not considered

as bullying if it is an isolated incident and if two equally powerful parties are involved in a conflict (Einarsen, 2000; Einarsen & Skogstad, 1996; Leymann, 1993; and Zapf, 1999a).

3.4 Workplace Bullying

Prior studies conducted in North America made use of varying terms of bullying including workplace aggression (Neuman & Baron, 1997), workplace incivility (Anderson & Pearson, 1999), emotional abuse (Keashly, 1998), generalized workplace abuse (Richman *et al.,* 1999) and workplace harassment (Brodsky, 1976). The term mobbing is more common in the Scandinavian countries and Germany while the term bullying is widely utilized in the UK and the English speaking countries (Einarsen, 2000; Zapf & Einarsen, 2001).

There are ambiguous findings concerning the synonymous elements of mobbing and bullying. Additionally, the term mobbing is commonly utilized in the Scandinavian countries as they reported a high rate of group bullying towards individuals in schools as well as in the workplaces while in the UK, bullies usually work independently (Rayner & Hoel, 1997). Olweus (1999) however argues that single bullies are also reported in Scandinavian countries. The term mobbing has also been used to refer to situations where single bullies harass a single individual in the workplace (Einarsen & Skogstad, 1996). Prior literature has dealt with both terms and utilized them synonymously with the only main difference lying in their boundaries. Hence, in the current times mobbing in the Scandinavian countries is similar to bullying in others (Olweus, 1999).

The initial meaning of the word mob differs among the English speaking readers (Olweus, 1999, p. 10). The word mob is referred to by social psychology and, to some degree by the public in the English-speaking countries, to mean a large group of people contributing in achieving a united cause (Olweus, 1999). Hence, to reiterate, in the present study, the term bullying is preferred over the other terms for many reasons, including out of convention of the UK practices (e.g. Hoel & Cooper, 2000b; and Rayner, 1997), and because the research is carried out in English, which is the main language of the nursing environment and the medium of nursing education in Jordan.

Another related term in the field is workplace harassment. The term is primarily used in North America (Einarsen, 2000), and is generally employed to describe sexual harassment (like in Fitzgerald, Drasgow, Hulin, Gelfand& Magley, 1997). Generally, sexual harassment is referred to as unwelcome sex or gender linked behavior creating hostility in the workplace or a favor behavior in which the unwelcome behavior is a condition of employment or advancement at work like promotion, positive appraisals, etc. (Pryor & Fitzgerald, 2003, cited in Salin, 2009). Psychological harassment was appropriated with varying names, such as bullying (Einarsen *et al.,* 2003), mobbing (Zapf & Gross, 2001), victimization (Aquino, 2000) and generalized workplace abuse (Richman *et al.,* 1999). Regardless of the differences in terms, researchers are of the opinion that these terms concern repetitive and systematic hostile behaviors, which are generally verbal or non-verbal as opposed to physical.

Moreover, sexual harassment often involves the victim from a minority population based on race, sex or religion (McMahon, 2000). This includes officially acknowledged, described, documented, legislated, and institutionalized types of

workplace aggression (see Mullgn, 1997). In the present thesis, for varying reasons, harassment is not only described as being linked to some personal characteristics of the victim or officially acknowledged workplace aggression, including sexual and racial harassment, which is also referred to as workplace discrimination. Additionally, as for the nursing profession in Jordan, the majority of them are women and the culture frowns upon victims of such behavior, and, hence, they are afraid to divulge their victimization at work. It is also shameful in Jordan's Islamic culture where the majority of the players in the phenomenon are Muslims.

Based on the study by Irvine (2000), the term discriminate mean to distinguish on the basis of class or category as opposed to individual merit; or, to treat a distinct group in an unfair way or in a disrespectful way. Irvine (2000) added that endeavor was maintained from the 1970s by Brodsky (1976) who is among the earlier pioneering researchers of workplace sexual harassment in the US, which could be attributed to the rise of the Women's Movement. He stated that sexual harassment is only one out of a total of five types of harassment; the rest includes name-calling, scapegoating, physical abuse and work pressure. Hence, not all harassment incidents are legally documented as a crime as they may include a variety of non-sexual harassment or behavior, which is indiscernible but detrimental (Irvine, 2000; Spry, 1998).

In the context of European studies, the concept of sexual harassment has a broader implication and encompasses repetitive aggressive behavior, which is akin to bullying (Kaukiainen, Salmivalli, Bjorkqvist, Osterman, Lahtinen, Kostamo & Lagerspetz, 2001; Leymann, 1990). While North American studies concentrated on sexual harassment,

European studies only shed light on other types of workplace harassment, particularly in Scandinavian countries (Bjorkqvist, Osterman& Hjelt-Back, 1994b).

3.4.1 Characteristics of Bullying

Based on the study by Ireland & Archer (2004), and Olweus (1999), bullying is a branch of aggression that has overlapping elements with violence and has unique characteristics, which include "a systematic aggression or violence targeted towards one or more individuals by one individual or by a group, consists of repeated and enduring acts and the target is or ends up in an inferior position from which it is difficult to defend oneself" (Einarsen, 2000; Einarsen & Skogstad, 1996).

In a related study, Lee (2000) and Rayner (1997) considered the term harassment as a description to a single incident, such as sexual harassment while bullying is considered as incidents that are repetitive. Lee (2000) claimed that the discourse concerning workplace bullying should reflect the discourse on workplace harassment to recognize isolated incidents. Nevertheless, the present study concentrates on the repetitive nature of workplace bullying. The difference concerning the interpretation of bullying characteristics from one researcher to another is attributed by Ireland & Archer (2004) to the nature of the population and industry under study.

Prior research concerning workplace bullying reveals that the nature of bullying behavior is covert and subtle, which makes it challenging to differentiate from aggression (Einarsen, *et al.,* 2003; Rayner & Keashly, 2005). In addition, most workplace behavior may fall under the purview of bullying, such as threats to professional status, making

belittling remarks, ongoing criticism, humiliation, intimidation and false accusations (Moayed *et al.,* 2006; Quine, 2001; and Zapf & Einarsen, 2005).In the workplace, negative behavior threatens the social status of the victim in the course of the verbal and physical threats, aggression and false rumors (Moayed, *et al.*, 2006; Quine, 2001, and Yildirim & Yildirim, 2007). Social isolation stemming from withholding information and ignoring the victim may also fall under the purview of bullying (Moayed *et al.,* 2006; Quine, 2001; and Zapf & Einarsen, 2005). Furthermore, the victim of bullying may be exposed to an unreasonable workload, unreachable deadlines and extensive monitoring (Quine, 2001; and Yildirim & Yildirim, 2007). The victim's professional status may also be destabilized through the provision of trivial tasks; those that are below the competence of the victim and through the removal of key areas of responsibility from them (Moayed, *et al.,* 2006; Quine, 2001; Yildirim & Yildirim, 2007; and Zapf & Einarsen, 2005).

The term aggression has a very broad connotation; in the workplace, it covers varying forms of behavior in which individuals try to harm others or their organizations (Neuman & Baron, 1998). In the present study, workplace bullying is considered as a specific type of interpersonal aggression, which is therefore a slightly lighter concept compared to unsocial or deviant workplace behavior carried out against the organization (Salin, 2003).Moreover, workplace bullying researchers generally investigate the interpersonal aggression or violence occurring among organizational members as opposed to external individuals (Barron, 2000; Neuman & Baron, 2003; and Salin, 2003). There are three major sources of workplace aggression based on the Californian Division of Occupational Health and Safety (Cal/OSHA, 1995); first, aggression from the general public involving external individuals who do not possess any legitimate relation to the

organization and which is often aimed at some act, which is opportunistically motivated, such as robbery; second, consumer aggression initiated by the customers, clients or patients including their relatives and friends against the organization's staff or the organization, and, third, relationship aggression involving aggressive behavior by present or ex-employees against the staff by way of harassment or bullying (Barron, 2000; Bowie, 2000; Bowie, 2002, and Wiskow, 2003).

In the nursing workplace setting aggressive incidents perpetuated by the public or patients, do not often have commonalities with workplace bullying although there may be some instances where nurses experience incidents that are covered in the purview of bullying from external individuals (Barron, 2000). This is owed to the nature of the healthcare sector workforce as they constantly have to interact with patients and their families in providing services, and, hence, the high occurrence of physical violence against nurses in the hospitals because of patient death in the surgical operations and emergency cases. Farrell (1997) identified three forms of aggression in the nursing profession; they are nurse to patient or patient to nurse, nurse to family or vice versa, and nurse to nurse. Farrell (1997) added that the last form is the most personally hurtful for nurses.

As previously mentioned, a major portion of the literature concerning workplace aggression has concentrated on external aggression, so internal aggression is comparatively overlooked (Kaukiainen *et al.*, 2001). Additionally, external aggression and internal aggression differs in their personal and organizational impact (LeBlanc &Kelloway, 2002) with varying risk factors and prevention strategies (Barron, 2000). The above reasons justify the present researcher's focus on internal workplace bullying as

the author feels that an in-depth investigation into the topic is called for. Interpersonal workplace bullying among colleagues may cover both overt aggression and covert aggression as evidenced by bullying literature. School bullying has been generally covered in direct forms of aggression (Smith, Singer, Hoel& Cooper, 2003).

Moreover, based on the literature regarding workplace settings, active forms of aggression were not frequently reported compared to the passive forms (Baron & Neuman, 1996). Based on these findings, Baron *et al.*, (1999) concluded that the often prevailing forms of internal aggression are not overt behaviors or violence but are less discernable psychological aggression. As such, it is hypothesized that the workplace bullying of victims in the nursing work environment is more covert in nature than overt. Hence, the present study explores the kinds of covert aggression that are mostly reported by bullying victims in the nursing workplace. Covert aggression is often characterized as verbal, indirect, and passive, encapsulating the intentions and identity of the individual behind the aggression (Bjorkqvist, Osterman& Lagerspetz, 1994a; Baron &Neuman, 1998; Neuman & Baron, 1997). Among this type, verbal aggression is primarily verbal and figurative in nature like dirty looks, ridiculing opinions, and gossips concerning the victim (Baron & Neuman, 1998). The target receives indirect aggression through malicious rumors while passive aggression is received with some actions withheld (Neuman & Baron, 1997).

The behavior duration is also among the characteristics of bullying along with power imbalance, frequency and intention (Sheikh Dawood, 2008), which will be discussed in the following paragraphs. Dawood's (2008) thesis was conducted in the UK

and involved the examination of workplace bullying with special attention to bullying manifestation in a general sense, and, specifically to the voluntary sector.

3.4.1.1 Duration

The duration of bullying has been raised by prior studies to be considered as one of the elements of bullying. Several authors are in agreement that bullying duration should at least occur over a span of six months (Hoel *et al.*, 1999).

In consideration of the health and well-being of the victim, six months seems to be sufficient to warrant the repetitive negative behavior as bullying. In a span of 3 to 6 months, post-traumatic stress disorder or PTSD can be manifested as a result of bullying (Groeblinghoff & Becker, 1996). Vartia's (2001) study revealed that bullying victims experienced mental stress after being exposed to negative threats for less than 6 months.

In the present study, a period of less than six months is not adopted, as in the study by Keashly (2001) where the occurrence of the incident and its assessment was in a time span of five to 30 days. Additionally, the study of Rivers (2001) revealed that lesbians, gay men, and bisexual men and women who experienced bullying in school were successful in recalling major events in their lives and categorized them in a general chronology, which varied across 12 to 14 months. Hence, a period of less than six months may be considered in isolated incidents of aggression.

3.4.1.2 Repetition

In respect of the repetition of bullying, the negative acts have been highlighted in detail in the proposed bullying definitions but the one-time incidents were largely ignored (Einarsen *et al.,* 2003; Leymann, 1990; Olweus, 1991; 1997; 1999). Generally, the bullying definitions in the context of the work environment have been long-standing and are described by several minor negative acts in an accumulative action, which produces systematic negative treatment (Salin, 2008). However, up to this day, researchers are not in consensus concerning its definition as they differ in terms of the repetition criterion.

According to Olweus (1999), a single isolated incident of aggressive behavior may be deemed as bullying under specific circumstances. Despite the emphasis of prior studies on the repetition of negative acts, others consider an isolated act of negative behavior as bullying. A study concerning prisoner bullying adopts this point of view because prisoners are constantly being moved from one place to another whether internal or external to the prison (Ireland, 2000; Olweus, 1999). This rationale may also be employed in the nursing workplace, which is often operated in shifts and where the shifts are on rotation in a continuous and rapid manner. For instance, in Jordan, nurses have morning, evening and night shifts for a duration of ten days before moving to another shift, which applies to healthcare staff at the hospital including doctors, technicians and even patients, implying that nurses work each shift with different people and that a single interval may be repeated after a month or over. Similarly, one negative behavior may be deemed as bullying if it does not recur; for instance, when a new nurse is given responsibilities without appropriate supervision and although the occurrence is isolated

and happening to a specific nurse, it is considered as a serious occurrence characterized by excessive workload that happens to all new nurses at one time or another, and, hence, making it a repetitive occurrence.

It is evident that the criterion of repetitiveness in the aspect of bullying is an issue and if the definition is to encapsulate varying types of bullying, then it must include repetitive bullying and isolated incidents. The definition of bullying, implying that the bully's action must be persistent or repetitive, would eradicate several acts that victims would otherwise deem as bullying. Moreover, the standard may explain the significant variance between the self-report method or the subjective method and the operational method or the objective method of workplace bullying measurement (Carbo & Hughes, 2010). Despite the presence of the criterion specifying that frequency is a significant characteristic of bullying, there are some weaknesses in terms of objective criterion that may be minimized by the combination with the subjective criteria (Agervold, 2007).

Hoel *et al.*, (1999) stated that there are two methods of workplace bullying measurement, namely, the subjective and the objective measures. The Negative Act Questionnaire NAQ is the widely used method and has the ability to measure wide ranging experiences where bullying may be viewed on a continuum. One end of the continuum is 'not exposed at all' while the other end is 'highly exposed'. In the self-labeling approach, bullying is an either-or phenomenon and leads to more conservative viewpoints of bullying, which is confined to extreme cases of victimization (Zapf *et al.*, 2003).Despite the evident weaknesses, both approaches have their advantages, and, in agreement with the opinions of established researchers (Salin, 2001), both types of

bullying are encapsulated in the present research for the investigation of the existence of bullying in the nurses setting.

3.4.1.3 Power Imbalance

Bullying in the workplace entails the power imbalance between the bullied and the bully; in other words, conflicts between parties of equal power are not deemed as bullying (Einarsen & Skogstad, 1996; Keashly, 1998; and Salin, 2003).

Generally, based on Bacharach & Lawler (1981), power is considered as the ability to influence others and stems from mutual dependence (Van Kleef, De Dreu & Manstead, 2004). Based on the definition by French & Raven (1959), five bases of power can be gained from an individual's formal position; they are legitimate, coercive, or reward power, social position or expert power. Keltner, Van Kleef, Chen & Kraus (2008) argue that "Power is readily and accurately perceived by group members, and serves as a prioritization device in dyadic interaction, giving priority to the emotions, goals, and actions of high-power individuals in shaping interdependent action" (p. 186).

The profession of nurses is traditionally viewed as an oppressed group, as, according to Roberts (1983), the cultural nature of nurses is subordinate. This is evident as the nurses are socialized into submissiveness from their initial training. Garland (1999) stated that among the top lessons that nurses learn is to be subservient to their senior staff at all costs. In other words, medical paternalism adds to reinforce this rationale but increasingly, horizontal violence among nurses is being reported.

Clearly, the source of the power imbalance is not just confined to the differences in official authority in the organization. Where the bully is a superior and the victim is an inferior, but the power imbalance could also appear when the target depends on the bully for social or financial or even psychological sustenance (Bassman, 1992; Cleveland & Kerst, 1993; Ashforth, 1994) or in a scenario when the bully holds more information compared to the victim (Hoel & Cooper, 2000b). For instance, a study conducted by Montes, Gutierrez, Campos (2011) with the aim of determining workplace bullying in a group of managers in related variables in a global model of workplace bullying. The study used a sample of 608 managers obtained from the last European Working Conditions Survey. The study used the binary logistic regression model, which can determine the probability of the incidence of workplace bullying compared to the probability of the incidence of the opposite event. The study findings found that the global model included individual, organizational, and contextual factors, predicts 68% of the probability of workplace bullying occurrence. The study concluded that managers and employee models of workplace bullying are similar. In the present study, the researcher considers the cases where superiors bully their inferiors and vice versa and events among the same level of authority (peer-to-peer bullying).

3.4.1.4 Intention

The intention to bully the victim is one of the key elements of bullying in which the intention of the bully is to cause harm (Bjorkqvist *et al.*, 1994b). Accordingly, many studies concerning bullying indirectly consider intent as the core of bullying and steer

away from measuring the element owing to the difficulty of confirmation of intent on the part of the bully (Hoel *et al.,* 1999). Generally, intent in prior literature has been investigated with conflicting opinions (Hoel *et al.,* 1999).

In prior literature, intent is directly noted by the contention that the victim's perception that the negative behavior, both verbal and otherwise, is intentionally done to cause harm (Bjorkqvist, Oysterman & Hjelt-Back, 1994; Keashly & Nowell, 2003; Lutgen-Sandvik, 2005; Namie & Namie, 2003; Rayner *et al.,* 2002; Randall, 2001; Tracey *et al.,* 2006). Other studies addressed intention in an indirect way by using the underlying language that shows intentionality (Field, 1996; Keashly & Jagatic, 2003; Namie & Namie, 2003; Rayner *et al.,* 2002). Hence, the terms linked to the idea that victims of bullying do not view the bully's behavior as unintentional but as intentional.

According to Lutgen-Sandvik (2006), and Namie & Namie (2000), scholars, in general, did not clearly include intent in their definitions of bullying although victims are sure that bullying is a behavior that is intentional and that it cannot be unintentional. The feature of intent in workplace aggression varies from bullying if intent is not a criterion in bullying research (Zapf & Einarsen, 2005) with some exceptional cases. According to Bjorkqvist *et al.,* (1994), mobbing is not possible without the intention to cause harm. On top of this, researchers (Bjorkqvist *et al.,* 1994; Hoel *et al.,* 1999; Zapf & Einarsen, 2005) conclude that it is generally possible to verify the presence of intent as shown by the research concerning sexual harassment (Pryor & Fitzgerald, 2003).

From the social interactionist point of view (Felson, 1992; Neuman & Baron, 2003), situational factors may cause aggression and bullying, when the group is desirous of repeating norms in cases when workers deviate from expectations. In this scenario,

bullying is considered an intentional reaction to norm violating actions and becomes a tool for social control (Hoel, Rayner & Cooper, 1999). As with intent, motivation has also appeared to be an issue in both kinds of aggression forms, namely, reactive and instrumental aggression (Neuman & Baron, 1997; and Buss, 1961).Previously, the aim behind 'motivation' is to harm the person, and, accordingly, the bully's intention to harm is evident. As time passed, harming the person stemmed from the desire to get something of value like promotions, resources or heightened self-image (Keashly & Jagatic, 2003). Hence, bullying behavior may be viewed as a stepping-stone to achieving an objective and there may be no direct intent for harm on the bully's side (Einarsen, *et al.,* 2003).

Based on the above discussion, the present study considered the perception of the victim as opposed to that of the perpetrator when it comes to intention. According to Einarsen *et al.,* (2003), the perception of intent is important even when the individual labels the experience as bullying or otherwise. Additionally, Keashly's (2001) study concluded that incidents where the bully is perceived to have intention to harm were assessed as more threatening, hostile and stressful compared to those in which intention was not perceived. On the basis of the rationale that bullying incidents are often threatening, hostile and stressful, the present study assumes that respondents reporting bullying perceive the bully's intention to harm compared to the respondents who do not report the same. Overall, the above discussion has presented the concept of workplace bullying as employed in the present study's context.

Workplace bullying is considered by the workplace bullying institutions as the 'repeated, health-harming mistreatment of one or more persons by one or more perpetrators that take one or more of: verbal abuse, offensive conduct/behaviors,

including non-verbal, which are threatening, humiliating, or intimidating and work interference, which prevents work from getting done' (WBI, 2010). Workplace bullying or bullying in other contexts, for instance, in schools, factors of organizational climate and working arrangements may facilitate the bullying incident (Coyne *et al.,* 1999; and Monks & Smith, 2000). Consistent with other academic paradigms, no universally agreed upon definition of workplace bullying exists although there is a consensus that bullying is best explained as events that are systematically negative, leading to social, psychological and psychosomatic issues for the victim, as stated by several studies in Scandinavia, the UK, Australia and the US (Einarsen *et al.,* 2003; Slain, 2001; Zapf & Gross, 2001; Vartia & Hyyti, 2002).

The currently utilized legal definitions of workplace bullying tend to be similar to the detailed definitions used in the scientific field and generally concentrate on the negative behavior, the persistence, and the frequency of negative behavior, and, finally, the harm targeted on the victim (Saunders, 2007). Moreover, Saunders *et al.,* (2007) also claimed that the first anti-bullying law was established in 1994 by the Ordinance of the Swedish National Board of Occupational Safety and Health, which defined workplace victimization as "...recurrent reprehensible or distinctly negative actions which are directed against individual employees in an offensive manner and can result in those employees being placed outside the workplace community."

In the nursing community, bullying is mainly intra-professional; in other words, among nurses, and bullies within the nursing environment show general characteristics indicating that both managers and nurses rarely consider it as bullying in its early stages (Lewis, 2006). Lewis (2006) presented that everyday conflict is viewed more as the

normal part of the daily tasks and is therefore borne by most nurses. It is only in the last stages of the bullying events, often following a significant event that accusations of bullying arise. Additionally, the understanding of nurses workplace bullying is significant to maintain nursing staff sustainability. This would result in maximized efficiency and productivity in the nurses' environment. Hence, nurses' managers should keep enhancing their understanding of the phenomenon both from the perspective of the individual and from the perspective of the organization.

Workplace bullying is described as harassment, offending, socially excluding the victim or negatively impacting the victim's work tasks. For the bullying label to stick, the interaction or process has to be repetitive and regular (for instance, weekly) and over a span of time (e.g. six months) (Einarsen *et al.,* 2003). Moreover, according to Einarsen *et al.,* (2003), bullying is an increasing process in the course of which the victim ends in a position that is inferior and becomes the target of systematic and negative social behavior whereas conflict may not be labeled as bullying if the incident is a one-time event or if two parties of equal strength are in conflict with each other. In the present study, Einarsen *et al.*'s (1994) definition of bullying is used as it was also used in prior studies, such as Zapf *et al.*'s (1994) study and Vartia's (1996) study. Hence, the present study concentrates on understanding workplace bullying behavior among nurses employed in Jordanian public hospitals. The researcher defines workplace bullying as negative actions that occur between employees in a situation where the target of bullying has difficulty in defending him or herself against the actions.

3.4.2 Bullying Among Nurses

In the context of healthcare, hospitals have highly hierarchical status levels with physicians occupying the highest position. In addition, they possess the highest power in the hospitals and even in the MoH in Jordan operating in both public hospitals and medical centers. Such an environment with power differentials improves the risk of abuse of power, and, in certain scenarios, bullying may be institutionally facilitated (Brodsky, 1976). In addition, prior studies conclude that the nursing profession experiences a high risk of violence related trauma (Duffy, 1995; Farrell, 2001, Hegney *et al.,* 2003; and Chambers, 1998), where violence, such as; harassment, bullying, intimidation, and assault are reported by nurses (Jackson *et al.,* 2002; Farrell, 2001; Fry *et al.*, 2002).

Prior Scandinavian studies determine that the healthcare sector setting is highly at risk of bullying situations. Similarly, the US studies report high and widespread phenomenon of verbal abuse and harassment of medical students and nurses in the healthcare sector (Cox, 1987; Diaz & McMillin, 1991; Rosenberg & Silver, 1984; Valentine, 1995; Wolf, Randall, Von Almen& Tynes, 1991). Hogh, Carneiro, Giver & Ruulies (2011) conducted a study in Denmark in an attempt to explore if immigrant healthcare workers (HCW) are comparatively more at risk of bullying at work compared to their Danish counterparts in their first year of working. The study revealed that over 30% of the respondents have experienced bullying and immigrants are more at risk of bullying during their theoretical education and their internship period compared to their counterparts. Similarly, two studies concerning NHS Trust employees in Britain showed

that 10.7% of the respondents had experienced bullying in the past six months (Hoel & Cooper, 2000) while 38% had experienced bullying during the past year (Quine, 1999) at the time of the studies. Also, 46.9% of Northern Irish nurses were bullied in a span of 6 months (McGuckin, Lewis & Shevlin, 2001) and 26.5% of the Austrian staff were exposed to bullying actions in their workplace (Niedl, 1996).

In the US, 27.3% of the nurses reported workplace bullying (Johnson & Rea, 2009). In the previous decades, 64% and 82% of the respondents in different surveys that were conducted reported bullying experiences including verbal abuse from a physician and superior nurses (Cox, 1987; Diaz & McMillin, 1991) in studies concerning the perceptions of abuse or mistreatment of nurses. In Australia, nurses were involved in a survey conducted by Hutchinson *et al.*, (2007b). The findings revealed that 64% of the nurses were bullied. In the context of Turkey, 9.7% of the Turkish nurses involved in the study were exposed to mobbing while 33% experienced mobbing based on their declarations (Efe & Ayaz, 2010). It is commonly reported that most nurses worldwide are employed in the public sector and they are involved in providing an important service to the public. This is consistent with the nature of nursing, which provides a clear image of public administration theory linking to justice, care and labor (Burnier, 2003; Leuenberger, 2006; and Stivers, 2000).

Generally, nurses working in hospitals face challenges on the way they perform their work in a genuinely caring manner in situations of high emotion and tension (Henderson, 2001), while in an institution characterized as antithetical to the value of caring according to public agencies being under the purview of public management reforms (Bolton, 2005).Hence, this thesis focuses on workplace bullying in the public

hospitals in Jordan among nurses. Based on Lewis's (2001) study, the nursing profession is associated with a culture of obedience, servitude, dedication, and adherence to hierarchy. Additionally, the organizational model adopted in nursing stems from the military context where most of the individuals are males (Clegg & Hardy, 1996), with ranks, uniforms, and command structures.

Therefore, it can be stated that nursing is akin to a paramilitary organization where insult and humiliation are considered as part of the daily job, which fosters a military model of work culture (Turney, 2003). In addition, as most of the nurses are female, nursing is considered to be defined by a subservient gender, mostly in relation to other male professions in the workplace (Timmins & McCabe, 2005).Prior studies concerning bullying debate the causes of bullying among nurses. According to Hutchinson *et al.*, (2006), the bully justifies their behavior by blaming the issue on the victim. Many authors conclude that the employees belonging to a minority group are highly vulnerable to bullying like male nurses and new graduates of nursing (Dellasega, 2009; Griffin, 2004; McKenna, Smith, Poole& Coverdale, 2003; Simons, 2008).

In addition, nurses who receive promotion and special attention from physicians are the target of envy, other causes may include staff shortage, and difficulty working with others may leave nurses in a vulnerable position for bullying actions (Dellasega, 2009). Based on Rocker's (2008) study, there is a relation between nurse-to-nurse bullying and the shortage of nurses. Other scholars also claim that the horizontal violence present among nurses is sometimes attributed to disrespecting other nurse's privacy, lack of support, sabotage of other nurse's work and hiding important tools in the

hopes of preventing nurses from conducting their duties (May & Brubbs, 2002; McKenna, Smith, Poole & Coverdale, 2003).

A number of researchers argue that victims of horizontal violence in nursing accept the behavior as a part of nursing culture (Askew & Carnell, 1998; Leap, 1997; Okri, 1997; and Randle, 2003). Hutchinson *et al.,* (2006) and Lewis (2006) claimed that the hierarchical systems in the nursing workplace facilitates the occurrence of the workplace bullying and perpetuates it within the health services profession. Lewis (2006) conducted a study involving nurses in the UK and suggested that bullying behavior among nurses is a process that is learned. For instance, new nurses at work witnessing the bullying behavior of other nurses embrace such behavior in an effort to fit in, which perpetuates the behavior even more. This is consistent with the study conducted by Randle (2003), which showed that to gain a sense of belonging in their workplace; new nurses embrace the bullying behavior. In addition, Australian nurses continue to be the group, which is oppressed as bullying tactics, is utilized when during interaction (Chaboyer, Najman& Dunn, 2001). Information organizational coalitions also allow bullies to control groups through emotional and psychological violence to impose their rules among Australian nurses (Hutchinson, *et al.,* 2006a).

3.4.3 Other Forms of Bullying

In recent decades, school bullying has increasingly become a significant topic on a global scale (Monks *et al.,* 2009). Research concerning school bullying has its roots in Scandinavia, Japan and the UK, and, currently, active research is ongoing in most

European countries, in Australia, New Zealand, Canada, and the US (Monks *et al.,* 2009; and Smith *et al.,* 1999). School bullying possesses a specific nature that encapsulates varying or a combination of physical and verbal bullying, indirect and relational bullying, and social ostracizing. In today's age of technology and social networks, there has been global concern regarding cyber bullying through mobile phones and the Internet (Smith *et al.,* 2008). Cyber bullying is also known as 'bias bullying'. Generally, the majority of school bullying happens in the playground, classroom, or school halls. On top of this, boys are more likely to be the bullies but the bullied victims include both sexes. Boys report more physical types of bullying while girls report a more indirect and relational bullying (Olweus, 1993; and Smith *et al.,* 1999).

In school bullying, school ethos, teachers' attitude in bullying situations, the level of supervision of extracurricular activities, and the presence of an effective school policy are some of the many factors that may facilitate the bullying behavior (Galloway & Roland, 2004). The effect of school bullying upon the victim is mostly related with anxiety, depression, and low self-esteem (Hawker & Boulton, 2000). In sum, school bullying varies from workplace bullying in a number of ways including the frequency and repetition and the type of bullying (while social ostracizing, gossips and humiliation occur in workplace bullying, physical violence is more common in school bullying). In addition, the bullying sequence in the context of schools, as in the case of workplace, impact the well-being, and health of the victim by lowering their self-esteem, and making them suffer from depression and anxiety. In the school bullying literature, bullying is considered a learned behavior and studies revealed that some students are bullies as well as victims (Wolke, Woods, Bloomfield & Karstadt, 2000).

3.4.4 Workplace Bullying Outcomes

Studies concerning workplace bullying in the West revealed that emotional abuse or bullying is the most common threat to employees as opposed to physical violence (Hoel *et al.*, 2001).

Hoel and his colleagues (2001) explored the workplace bullying in Great Britain using a large-scale nationwide survey. The study focused on the experience of workplace bullying with regard to the difference in organizational status. The study found a few differences between workers, supervisors, and managers concerning the experience of workplace bullying using the self-report method. In addition, the study revealed that workers and supervisors were exposed to negative acts more frequently than managers. Workers and supervisors reported that they faced derogatory or exclusionary behavior, while managers faced extreme work pressure. In conclusion, the study found that gender differences appeared in the interaction analysis between the gender and status and were explained by cultural differences between respondents.

Regarding the gender differences, previous studies have inconsistent findings concerning the difference in the relationship between gender and being exposed to workplace bullying (OLafsson & Johannsdottir, 2004; Tomic, 2012). In Iceland (2004), a study was conducted by OLafsson and Johannsdottir bullying, victimization and the coping strategies employed to tackle it. Respondents of the study contained 398 members of the union of store and office workers and members of a national organization of bank employees. Factor analysis found two main factors of bullying: general and work related bullying. The study revealed that males have a higher score on both factors.

However, no significant gender difference appears, when respondents were asked whether they had been bullied or not. Another result using factor analysis and multidimensional scaling found four clusters of coping strategies, which can be set on a passive opposed to active dimension, and may reflect the duration of the bullying behavior. Data analysis revealed that female workers seek help and use avoidance more than males, and females are less likely to use assertive strategies, proving gender stereotypes about what comprises appropriate behavior. The study confirmed that the active copying strategy was used in the initial stage of bullying, while the passive strategy style was used when the bullying became serious.

On the other hand, in Serbia, Tomic (2012) conducted a study in which mobbing and bullying terminology were used interchangeably; 369 respondents participated in the survey (215 men and the rest were women) working in manufacturing and administration. Mobbing activities in the workplace have been investigate, for which the results of the study showed that 80.87% of respondents were subjected to at least one mobbing activity, 78.72% working in administration and 82.81% working in manufacturing. The study ranked the experience of mobbing for both the administration and manufacturing sector. The study also revealed that women indicate inadequate recognition at work as a mobbing activity much more frequently than men do.

Additionally, a serious incident of physical violence, assault, or homicide in the workplace was not perceived to be as threatening as bullying behavior. In cases of workplace bullying, even isolated acts of aggression may occur at work, the victims may suffer from health problems, what more if they were constant and repetitive (Einarsen & Raknes, 1997).

Einarsen and Raknes (1997) studied harassment and victimization among male workers among 460 Norwegian workers, supervisors, and managers working in the marine engineering industry. The results indicated that aggression and harassment are considerable problems in this setting; 7% of the men reported being exposed to negative behavior at least from coworkers or supervisors and 22% monthly. The study approved that such negative behavior might be significantly correlated with damage to psychological health and the well-being of the targeted employees and their job satisfaction when occurring repeatedly. Subtle forms of aggression may become worse and lead to stress or health issues by the creation of the potential for actual violence in specific situations when repeated over time (Chappell& Di Martino, 2000; Keashly, 1998; and Perrone, 1999).

Based on the literature, workplace bullying victims generally complain of lowered physical and psychological well-being, such as post-traumatic stress disorder, low self-esteem, sleep disturbance, loss of strength, headaches, difficulties in concentration, chronic fatigue, psychosomatic complaints, anger, anxiety, irritability, depression, stress, helplessness, and weak social skills (Lewis & Orford, 2005; Ramos, 2006; Einarsen, 1998; Hoel & Cooper, 2000a; Zapf *et al.,* 1996; Rodwell & Demir, 2012; Moayed, Daraiseh, Shell& Salem ,2006; and Tehrani, 2004).

Hoel and Cooper (2000), in their study, used 5,288 employees working in more than 70 different organizations with the aim of determining the level and outcomes of workplace bullying. They found that10.6%reported having been bullied within the last six months, 24.7%in the last five years, and 46.5% had witnessed bullying behavior in the last five years. The study found that workplace bullying was particularly prevalent in the

post and telecommunications, and prison service sectors by 16.2%, then the teaching sector 15.6%, and, finally, the dance profession by 14.1%. In addition, women were bullied more than men, 11.4% and 9.9%, respectively, in the last six months, which increased for women by 27.7% and 22% for men when the period was extended to 5 years. The respondents reported managers and supervisors as perpetrators in 74.7% of bulling incidences, 36.7% peers, 6.7% subordinates and 7.8% for clients. The data analysis described that 66.8% of respondents have been bullied for more than year, and 40% for more than two years. In addition, Asian or Afro-Caribbean origins were bullied more than those of white ethnic background. Regarding the outcomes of bullying, the study data analysis revealed that bullying behavior was associated with negative individual and organizational outcomes, poor mental health, and low satisfaction, intention to leave, higher sickness, absenteeism, lower productivity, and commitment.

A qualitative study, conducted by Lewis and Orford (2005) to explore the social processes in workplace bullying. The study interviewed 10 women who were targeted as workplace victims in the UK. In this study, the grounded theory methods were used to analyze the data, which revealed that exposure to bullying impacts on the psychological health of the target. The study highlights the role of social processes and environments more than individual characteristics in the development of bullying and its effects on targets in the workplace.

Rodwell and Demir's (2012) study aimed to examine the psychological consequences of workplace bullying by negative affectivity and demographics for hospital and aged care nurses. The study argued that bullying is an effective stressor that can negatively impact psychological well-being, negative affectivity and demographics,

which highlights the importance of knowing the effects on bullying of nurses. The study data were collected using a cross-sectional survey method from 441 hospitals (29.1%) and aged care centers (43.8%). The data analysis revealed that psychological distress was distinguished as an impact of workplace bullying for hospital nurses, whereas depression was the impact for aged care nurses. Negative affectivity was significantly associated with psychological distress and depression for hospital nurses and aged care nurses. This study concluded that workplace bullying has damaging outcomes on the mental health for nurses in hospital and aged care.

Another study was conducted by Tehrani (2004) in the United Kingdom (UK) with 165 respondents consisting of care professionals concerning their experience of workplace bullying. The data analysis results found that 40% had been bullied in a 2-year period and 68% had witnessed bullying in the workplace. Forty-four per cent out of 67 care professionals who had been bullied experienced high levels of PTSD symptoms. However, this study found that there are varying symptoms among victims in various forms of psychological trauma. The study argued that these results area challenge in terms of classification of PTSD as well as in the treatment of victims of bullying.

A study was conducted by Moayed and his colleagues (2006) to explore the association between workplace factors and bullying, and various outcomes of bullying, using the critical appraisal method. The study findings showed links between organizational problems in the workplace and victim's personality. In some cases, the study found a significant effect of workplace bullying on the well-being and performance of victims.

A study was conducted by Nolfe *et al.,* (2007) in Italy to assess the subjective perception and the psychopathological effects on workers who were exposed to workplace harassment, and to examine the relationship between workplace harassment and psychiatric aspects, the association between socio-demographic variables and the pathogenic extent of workplace harassment. The study was executed among 733 workers who joined the Work Psychopathology Medical Centre in Naples city, with a response rate of 73%; 533 completed the diagnostic trial. The study quantifies the correlation between diagnosis and workplace harassment by grading each individual on an empirical scale. Then a comparison between the highest and lowest two groups of working pathogenesis. The study found that mobbing has been found in the high subjective perception among high and medium work level. In addition, care demand was the highest among workers in healthcare, social work, administration, industry, and commerce. The study found that depression and posttraumatic stress disorder (PTSD) were frequently diagnosed. The study findings revealed that some individuals were suffering from schizophrenic and psychotic spectrum disorders. Finally, the study found a significant correlation between diagnosis and working pathogenesis degree on mood and anxious disorder.

As for the factors impacted by the exposure to workplace bullying upon the organization, these include job satisfaction, commitment and loyalty to work and organization, and negative work performance (Hoel & Cooper, 2000b), which result in the low productivity of organizations. The negative behavior impacts on the victim's absenteeism, satisfaction, work engagement, turnover rates, effectiveness, and efficiency at work and personal relationships. Based on Namie's (2003) study in the Workplace

Bullying and Trauma Institute (WBTI), 70% of the respondents who were victims of bullying quit their positions of employment.

According to Zapf and Gross (2001), bullying is an unsolved social conflict, which escalates considerably with increased imbalance of power. Zapf and his colleague Gross conducted both qualitative and quantitative methods, undertaking 20 semi-structured interviews, and using questionnaires among 149 victims of bullying, and 81 as a control group. The study aimed to investigate whether bullying victims use particular conflict management strategies regularly compared with the non-bullied, and the difference in these coping strategies between those who were successful and unsuccessful in coping. The qualitative data found that the majority of victims on track of using constructive conflict-solving strategies, then they changed the strategies, and tried to leave the organization as the last resort. The interviews showed that the victims suggest to others in the same situation to seek social support and leave the organization. The analysis revealed that successful victims always used negative behavior, for example, frequent absenteeism. What is more, successful victims were better at identifying and keeping away from escalating behavior, while the unsuccessful victims regularly increased the escalation of the bullying conflict in their fight for justice.

According to media reports, bullycide, or suicide as a result of bullying is widespread owing to bullying of both children and adults (CNN, 2010). For instance, in the US, nine teenagers were charged with involvement in a months-long campaign of bullying a 15 year old girl who eventually committed suicide (CNN report, March 29, 2010).Workplace bullying negatively impacts individuals as commonly reported and supported by research. Consequently, it negatively affects the whole society. The

negative impact of exposure to bullying behavior at work not only affects the victim but also the witnesses, which, in turn, impacts their families and friends (Barling, 1996; Einarsen & Mikkelsen, 2003).

In the nursing workplace, bullied nurses are highly likely to quit their positions of employment or to be absent from work (Johnson & Rea, 2009; Munch-Hansen *et al.*, 2009; Ramos, 2006; and Simons, 2008). According to Berry *et al.*, (2012), workplace bullying is on going in the healthcare environment and it negatively impacts the victim's productivity through the impact on their cognitive demands and their ability to handle or manage their tasks. Consistent with Hutchinson *et al.*'s (2010) study, bullying behavior at work affects individuals and organizations and leads to harm and high costs. Most prior studies mentioned that bullying could lead to staff turnover, immoral behavior, and loss of productivity (Turney, 2003; Woelfle & McCaffrey, 2007).

Meanwhile, Yildirim's (2009) study, in the context of Turkey, concluded that workplace bullying among nurses is a problem that can be measured through its negative psychological impacts and through the weak performance of nurses. The author also confirmed that bullying at work leads to depression, low work motivation, inability to concentrate, minimization of productivity, low work commitment, and weak relations with patients, colleagues and managers. The literature reveals the disorders that victims and witnesses to bullying may face when they are exposed to bullying, which often leads to the nurses' high turnover. This is particularly significant as there is an economic cost spent by the healthcare organizations caused by the impact of workplace bullying (health problems and loss of productivity). In the UK, 18 million working days are lost every year because of bullying, which is estimated at £1.5 billion (1 Sterling Pound is

equivalent to 0.874 Jordanian Dinar) and the victims productivity drops by 7% relative to the non-bullied employees (Hoel *et al.,* 2001). In addition, based on Hoel *et al.*'s (2003) study, bullying costs the employer approximately £28,109 per case.

3.5 Antecedents of Workplace Bullying

Prior studies highlighted several predictors of workplace bullying in the nurses workplace setting, including support at work (Quine, 2001), psychological factors (Dellasega, 2009; Demir& Rodwell, 2012; Lopez-Cabarcos *et al.,* 2010), and gender minority (Erikson& Einarsen, 2004).

A study was conducted by Erikson and Einarsen (2004) in Norway to explore the gender minority exposure to bullying in the workplace. The study distributed a questionnaire by mail to 1,999 assistant nurses working in the Norwegian Union of Health and Social using a random sample method, with a 62.3% response rate. The analysis of study data found that males are a small gender minority, who are more often subjected to bullying behavior in the workplace more than female colleagues. In addition, the data analysis showed that there is a significant relationship between gender and being subjected to bullying in the workplace.

Giorgi *et al.,* (2012) examined the prevalence rate of workplace bullying in a study in Japan and explored the antecedents of bullying. The study used 699 employees in 5 labor unions in the Tokyo. The study used the self-label method by providing the definition of workplace bullying to the respondents and asked them to label themselves if they have been subjected to workplace bullying in the last 6 months. The respondents

also answered other questions concerning individual and organizational antecedents of workplace bullying (e.g. gender, individual tendencies toward depression, team cohesion, supervisor's support). The study found that 15% of respondents had been bullied in the last six months. The data analysis revealed that females had been bullied more than the male respondents had. The regression analysis for the data showed that depression was positively associated with workplace bullying, while team cohesion, supervisor's support, and innovation were negatively associated. The study concluded that individual and organizational antecedents of workplace bullying play a significant role in workplace prevention strategies.

Demir& Rodwell (2012) conducted a study in Australia to investigate a full model of the antecedents and consequences of different forms of workplace aggression, with a consideration of psychosocial factors among hospital nursing staff. The study used across-sectional survey design, in which 207 nurses and midwives completed the survey with a 26.9% response rate. The analysis of data found that nurses and midwives were exposed to high frequencies of bullying, emotional abuse, and violence at work. The regression analysis revealed that bullying was associated negatively with high negative affectivity and low support from both supervisors and coworkers. In addition, internal emotional abuse linked with low level of support, high outside work support and low job control. External threats of assault were related to high job demands and negative affectivity. Regarding the consequences, bullying and verbal sexual harassment were associated with increased psychological distress levels. Bullying and internal emotional abuse in the workplace are linked with low organizational commitment. Job satisfaction does not change with any type of workplace aggression. The study concluded that

different combinations of work conditions (job demands resources) and individual levels of negative affectivity predicted certain types of aggression. Further, the perceptions of nurses of psychological distress and organizational commitment were affected by exposure to several types of aggression, even after controlling for negative affectivity as a potential perceptual bias. The findings draw attention to the factors that should be considered for the effective prevention and interference of workplace aggression, especially among nursing staff in hospital settings.

In other settings, the predictors include role conflict (Jennifer, 2000; Jennifer *et al.,* 2003; Baillien & De Witte, 2009; Agervold, 2009; Ayoko *et al.,* 2003; Skogstad *et al.,* 2007; Matthiesen & Einarsen, 2007; Hauge *et al.,* 2007), job control (Einarsen *et al.,* 1994; zapf,1999; Agervold & Mikkelsen, 2004), role ambiguity (Jennifer, 2000; Jennifer *et al.,* 2003; Baillien & De Witte, 2009; Matthiesen & Einarsen, 2007; Hauge *et al.,* 2007), work pressure (Hoel & Cooper, 2000; Zapf, 1999; Agervold, 2009), organizational factors, which encompass withholding information, appropriating unreasonable tasks, and impossible targets/deadlines (Hoel & Cooper, 2000; Salin, 2001), leadership (Einarsen, Aasland& Skogstad, 2007), job design, work organization and social climate (Vartia,1996).

These studies were conducted in the context of Western countries including the US, European countries, and Australia. Studies concerning the same in the rest of the world, generally, and in the Arab countries, specifically, are few and far between. Moreover, there are only a few previous studies that were conducted in the nursing workplace setting and the healthcare industry. Therefore, the study is focused on the

Jordanian healthcare sector, particularly the nurses' healthcare settings in public hospitals.

3.5.1 Role Conflict

Rizzo *et al.,* (1970) defined role conflict as the incompatibility of requirements and expectations from the role, where compatibility is gauged on the basis of a set of conditions that affect role performance. On the other hand, Sarbin and Allen (1968) described role conflict as the situation in which an individual may find himself in two or more positions concurrently, which calls for contradictory role enactments. Also, Menon & Aknilesh (1994) stated that role conflict is higher in jobs requiring more abstract thinking and decision-making. Role conflict is one of the role stressors in the work environment and it negatively affects work performance, attitudes, and work satisfaction in a direct and indirect manner. In the healthcare industry, particularly the nursing work environments, role conflict is one of the factors that create conditions for nurses bullying as nurses have high work demands and are required to respond to emergencies (Bakker & Demerouti, 2006). Hence, Rizzo *et al.*'s (1970) definition of role conflict is used in the present study.

3.5.1.1 The relationship between role conflict and workplace bullying

Agervold (2009) conducted a study involving 12 local social security offices in Denmark, which examined the relation between organizational factors and the incidence of

bullying. Two varying methods were utilized; first, by the comparison of the bullied with non-bullied employees, and, second, by the comparison of departments having a high incidence of bullying and those that do not have. The sample size comprised 898 respondents. The findings revealed that organizational factors including role conflict significantly affects the incidence of bullying. Similarly, Ayoko *et al.,* (2003) conducted an examination of the relationship between workplace conflict events and workplace bullying in a study involving 660 employees of seven public sector organizations. The study utilized both qualitative and quantitative methods of study and the findings of regression analysis showed that the entire dimensions of conflict events encompassing task, relationship, duration, and intensity were important in the relationship with bullying, where task conflict is a strong predictor of bullying. The study developed and tested a causal model of how conflicts result in bullying and the authors mentioned that bullying and conflict impact emotions in a negative way, which leads to counterproductive behaviors of the victim.

In Norway, Skogstad *et al.,* (2007) examined the relation between role conflict and workplace bullying in a study involving 4,500 Norwegian employees. The result revealed a significant relation between role conflict and bullying. Matthiesen & Einarsen (2007) conducted a workplace survey in Norway involving 2,215 respondents in an attempt to investigate whether role stress exists in workplaces where bullying is rampant. The findings revealed a significant relationship between role conflict and bullying. In addition, a study conducted by Baillien & De Witte (2009) in the Dutch-speaking part of Belgium, investigated the relation between role conflict and workplace bullying. Data

was gathered from 1,260 employees from 10 private organizations. The findings showed a significant relationship between role conflict and bullying, similar to other studies.

Moreover, a study in Norway conducted by Hauge *et al.,* (2007) examined the relationship between role conflicts and bullying. The representative sample involved 2,539 of the Norwegian workforce and the findings revealed a significant and strong relationship between role conflict and bullying. Furthermore, Jennifer's (2000) study attempted to investigate whether role conflict is an important factor in the individual's perceptions of bullying in the workplace. The results of the study are similar to Einarsen *et al.*'s (1994) study, which involved 90 undergraduate students who were respondents to a 53-item questionnaire. The findings revealed a significant and positive relationship between role conflict and workplace bullying.

In contrast, Jennifer *et al.*'s (2003) study in Europe regarding role conflict and workplace bullying, involving 677 employees from various working populations, revealed that the non-bullied group showed insignificant results on the relationship between role conflict and bullying while the bullied group showed a significant relationship. Andersen *et al.*, (2010), on the other hand, attempted to identify work related factors that are linked to the prevalence of harassment and to identify the potential similarities and differences among the harassment levels. The perpetrators were appointed from the same professional group throughout four European cities. A total of 2,078 physicians working in university hospitals in Trondheim, Stockholm, Reykjavik, and Padova took part in answering the questionnaires. The findings revealed harassment to be a relatively common occurrence among physicians in the four European cities with

high levels reported in Padova. The findings also revealed that role conflict was related to workplace harassment in a significant way.

A current study in the context of Norway conducted by Hauge, *et al.,* (2011) involved a sample of 10,000 employees working across 685 departments. The study attempted to study the relation between leadership practices and the presence of role stressors and the bullying incidence within the departments. The sample comprises both public and private organizations, which represented health institutions, educational institutions, public administration, and manufacturing companies. The response rates ranged from 49-100%; an average of 71.5%. The findings revealed that role conflict is a predictor of bullying at the department level. The strength of the findings was presented following the exclusion of the responses of victims, which still presented role conflict as a strong predictor. This supports the assumption that bullying is prevalent in unfavorable working conditions.

In a related study, Hauge *et al.,* (2009) examined the predictive impact of both individual and situational factors as predictors of workplace bullying. The data analysis involved was gathered from a sample of 2,359 Norwegian workers. The findings showed that being themselves victims of bullying; male individuals also take part in the bullying of others. Based on the situational factors, only role conflict and interpersonal conflicts significantly predicted the perpetrator of bullying.

The study's first hypothesis concerns the relationship between role conflict and workplace bullying. The majority of the prior studies concerning healthcare concluded that the nursing profession is one of the most stressful jobs (Selye, 1976; AbuAlRub, 2006). Studies of various occupations suggest that bullying is rampant in workplaces

characterized as negative and stressful, and associated with role conflict (Hoel & Salin, 2003). Similar studies have not been conducted in a nursing setting. The present study is the pioneering study, which initiated the linkage between role conflict and workplace bullying in a significant way in the context of the healthcare industry. The gap in the previous literature is one of the major reasons behind the inclusion of role conflict in the study.

Hypothesis 1: There is a positive relationship between role conflict and workplace bullying.

3.5.2 Role Ambiguity

The occurrence of role ambiguity arises when individuals do not have a clear definition of their role expectations and the requirements to do their tasks. It is the lack of understanding of the job responsibilities and lack of knowledge regarding what is expected in terms of job performance (Rizzo *et al.*, 1970). In other words, role ambiguity is one of the role stressors, which are activated when work roles are not clear or they are ambiguous (Matthiesen & Einarsen, 2007). According to Knight, Kim & Crutsinger (2007), role ambiguity is the lack of understanding and clarification regarding the job responsibilities and lack of knowledge of what is expected of the job performance. Hence, employees experiencing role ambiguity often perform at lower levels compared to those who possess a clear understanding of what their job requires and what is expected from them. Role ambiguity is shown in the employees' uncertainty regarding the suitable actions in common job situations. It manifests when employees are ambiguous about the

amount of authority they have and when they are unaware of their performance expectations (Boles &Babin, 1996). Hence, employees who are confused about their job expectations and responsibilities experience role ambiguity. In addition, role ambiguity describes the situation when an individual lacks information regarding his supervisor's evaluation criteria of his work and about opportunities for advancement, scope of responsibilities and expectations of role senders (Viator, 2001). In the present study, the definition of role ambiguity is adopted from Rizzo *et al.,* (1970). High levels of role ambiguity lead to high dysfunctional and counterproductive environment for the role incumbent. Moreover, the majority of the researches claim that role ambiguity is negatively correlated with job satisfaction and job performance variables (Rizzo *et al.,* 1970; and Singh, 1998).

3.5.2.1 The relationship between role ambiguity and workplace bullying

Baillien & De Witte (2009) conducted a study in the Dutch-speaking part of Belgium in an attempt to examine the relation between role ambiguity and workplace bullying. The study involved a sample comprising 1,260 respondents working in ten private organizations. The study's findings revealed a significant relationship between role ambiguity and exposure to bullying behavior. Similarly, Matthiesen & Einarsen's (2007) study in Norway, which involved 2,215 respondents, attempted to examine whether role stress is prevalent in workplaces where bullying is rampant. The findings revealed a significant relation between role ambiguity and bullying. Additionally, Hauge *et al.,* (2007) conducted a study in Norway to investigate the relationship between role

ambiguity and bullying. The study sample comprised 2,539 Norwegian workers. The analysis revealed a significant relation between role ambiguity and bullying. In a related study, Jennifer (2000) examined whether role ambiguity is a significant factor in the individual's perception of bullying in the workplace. The sample comprised 90 undergraduate students who participated in the completion of a 53-item survey. The findings revealed a significant and positive relation between role ambiguity and workplace bullying. Also, Jennifer *et al.*'s (2003) study in the context of European countries attempted to investigate role ambiguity and workplace bullying. The sample comprised677 employees working in five different working populations hailing from three European countries –Portugal, Spain, and the UK. The findings revealed a positive and significant relationship between role ambiguity and bullying.

Moreover, Hauge *et al.*'s (2009) study attempted to investigate the predictive power of individual and situational factors of perpetrators of bullying behavior. A total of 2,359 Norwegian workers participated in the study and the findings revealed that role ambiguity is among the situational factors that predicted the perpetrators of workplace bullying taking into account the impact of other variables. Hauge *et al.*, (2011) also conducted a study with a sample of 10,000 employees working across 685 departments in Norway. The study attempted to examine the leadership practices and the existence of role stressors and their predictive power of bullying incidence within the departments. The sample comprised employees working in a wide range of public and private organizations in varying sectors. The average response rate was 71.5% and the findings revealed that role ambiguity was not significantly related to workplace bullying at the department level when taking into consideration the impact of other predictors. The

study of Lopez-Cabarcos *et al.,* (2010) in Spain explored the role of some psychosocial factors as antecedents of mobbing and the relationship between mobbing and employees satisfaction in the hotels and restaurants sector. Among the chosen psychosocial factors, only the psychological demands, role clarity, and quality of leadership were revealed to predict the occurrence of mobbing.

The study's second hypothesis is concerned with the relation between role ambiguity and workplace bullying. Studies in healthcare sector, specifically in nursing confirmed that the nursing work is one of the most stressful professions (Selye, 1976; an Abu Al-Rub, 2006). Prior studies revealed that role ambiguity is one of the top antecedents of workplace bullying (Skogstad *et al.,* 2007; Matthiesen & Einarsen, 2007; Hauge *et al.,* 2011; and Lopez-Cabarcos, *et al.,* 2010). No prior study was carried out to examine the relation between role ambiguity and workplace bulling in the context of nursing workplace and only a few were carried out in the general health sector (Change & Hancock, 2003; Firth & Britton, 1989; Stordeur, D'hoore & Vandenberghe, 2001).

Prior studies revealed role ambiguity to be significantly linked to workplace bullying (Einarsen, *et al.,* 1994; Jennifer, 2000; Jennifer *et al.,* 2003; and Agervold, 2009). Only a few studies found role ambiguity not to be related to workplace bullying (i.e. Hauge *et al.,* 2011; Hauge *et al.,* 2009). The study conducted by Hauge *et al.,* (2009) revealed that role ambiguity failed to predict workplace bullying after taking into account several work variables, such as role conflict and interpersonal conflict. Based on prior studies, the conceptual relation between role ambiguity and workplace bullying is positive. As such, the researcher postulates the following hypothesis.

Hypothesis 2: There is a positive relationship between role ambiguity and workplace bullying.

3.5.3 Work Pressure

Work pressure is one of the psychosocial factors that contributed to the occurrence of a higher incidence of bullying (Agervold, 2009). Factors involving lengths of stay, age of patients, shift change, and unsafe patients that are left alone, and other clinical conditions may increase the workload of nurses (Berlinger, 2006). Moreover, work pressure is defined as the level to which the pressure of work and time urgency influences the job setting (Alleyne *et al.*, 1996); this is the operational definition that is used in the current study. Pretto *et al.*, (2009) claimed that nurses are always under time pressure in their job. Generally, reduced workload for patients in all wards may reduce nursing care in particular areas, which would lead to the risk of reduced surveillance, and, hence, less care for patients. High work pressure and low level of cohesion and involvement influences with the daily coordination of staff in performing tasks. More importantly, the adverse circumstances may influence the sense of security of staff in the organization, interfere with his/her capacity to develop and expand skills, knowledge, and insight into patient care. This may interfere with the clinical care, which like the interference with patient care is noteworthy (Alleyne *et al.*, 1996).

3.5.3.1 The relationship between work pressure and workplace bullying

Negative working conditions may stem from mobbing (Zapf, 1999). Hence, high work pressure in certain workplaces, which leads to the potential of bullying occurrences. Zapf (1999) explored the causes of workplace mobbing in a study comprising 96 mobbing victims and a control sample of 37. The control group was collected with the help of a snowball system with the second sample comprising 118 individuals. Zapf (1999) claimed that the organization, the social system, the perpetrator, and the victim all have to be considered as causes of mobbing. The findings revealed that the mobbing group is different from the control group when it comes to the job characteristics. They also revealed a significant relationship between timework pressure and mobbing from all the samples.

In a related study, Agervold (2009) conducted a study involving 12 local social security offices in Denmark in an attempt to measure the relationship between organizational factors and the incidence of acts of bullying. Two varying methods were used; the first one involved the comparison of the bullied and non-bullied employees and the second one involved the comparison of those departments with and without incidences of bullying. A total number of 898 individuals took part in the study. The findings revealed that work pressure is significantly related to bullying.

To examine the relation between workload and the occurrence of workplace bullying, Einarsen *et al.,* (1994) carried out another related study. The sample comprised 2,250 members of six varying labor unions and Norwegian Employers Federation. The findings showed that workplace bullying occurrence is significantly correlated with

workload. Jennifer *et al.*'s (2003) study investigated work overload and bullying in the workplace. The sample comprised677 employees working in five different populations, namely, managers, teachers, technicians, call center operators and engineers from three European countries – Portugal, Spain, and the UK. The findings revealed a significant and negative relationship between work overload and bullying.

In addition, Akar *et al.*'s (2011) study examined the relation between perceived causes and dimension of mobbing and job satisfaction and turnover retention. The study used the survey design for data collection from 248 white-collar employees employed in SME's in the agricultural sector in Turkey. The study revealed that over half of the respondents (56.2%) experienced mobbing during the year before, in a span of 6 months, from peers and owing to organizational factors. The findings also revealed that excessive workload significantly affected all the dimensions of mobbing experienced by subordinates. Yildirim's (2009) study in the context of Turkey was a cross-sectional and descriptive study aimed at assessing workplace bullying in the nurses workplace environment and the impact it has on the nursing practices. The sample comprised 286 female nurses. The findings revealed that 37% of the nurses had never experienced workplace bullying in the 12 months prior and 21% of them experienced such behaviors. The study revealed that workload is significantly related to workplace bullying, which results in depression, lowered work motivation, decreased concentration, and poor productivity, lack of commitment to work and poor relations with patients, managers, and colleagues.

In addition, Stouten *et al.,* (2010) conducted a study in an attempt to examine the impact of ethical leadership and its role in workplace bullying. The study involved 825

employees working in a large consumer electronics factory in Belgium. The findings revealed that ethical leadership is negatively related to bullying behavior and that work environment is one of the most important antecedents of bullying. The study also revealed that workload is linked to workplace bullying. More particularly, ethical leaders could enhance employees' workload and poor working conditions, which were both related to bullying.

Baillien *et al.,* (2011) attempted to test the hypotheses that are core to Karasek's Job Demand Control Model in relation to workplace bullying. The study involved 320 employees working in two large Belgian organizations. The study contributed the following; the focus on targets and perpetrators of workplace bullying and the two-wave design having a time lag of 6 months. The study considered that workload time 1 is positively related to being a victim/bully at time 2. The positive relation between workload at time 1 and the victim/bully at time 2 is higher under the condition of low job autonomy at time 1. The analysis revealed lagged main impacts for being a victim and interaction impacts for being a victim. More importantly, time 1 workload was revealed to be positively and time 1 job autonomy negatively linked with being a victim in time 2. Also, job autonomy at time 1 minimized the positive relationship between workload at time 1 and being a bully at time 2. The study recommends that high strain jobs be linked to being a victim and a bully in the workplace.

This study's third hypothesis concerns the relation between work pressure and workplace bullying. Only a few studies have been dedicated to work pressure and found it significant and positively related to workplace bullying (Einarsen *et al.,* 1994; Zapf, 1999; Hoel & Cooper, 2000; Agervold, 2009; Akar *et al.,* 2011; Yildirim, 2009; Stouten

et al., 2010; Baillien *et al.,* 2011). Fewer studies have been dedicated to work pressure in the context of the healthcare setting (e.g. Hamaideh *et al.,* 2008) that investigated the top influential factor and provided a description of the stressors of Jordanian nurses.

It has often been assumed that poor psychological work environment like work pressure, leads to the creation of circumstances that encourages bullying (Agervold, 2009). What is more, nurses are working under high-pressure, which involves, by necessity, multitasking (Willis, Brown, Sahlin, Svensson, and Arnetz, 2005).Based on the above, the researcher postulates the following hypothesis:

Hypothesis 3: There is a positive relationship between work pressure and workplace bullying

3.5.4 Job Control

Only a few prior studies provided the definition of job control, one of which is by Karasek (1979) who stated that the decision latitude is referred to as job control or discretion; this concerns the chance of the worker to control his or her duties and strategies while working. Job control also refers to the discretion of the worker in the controlling, scheduling, sequencing, and timing of job tasks (Breaugh, 1985).

In addition, Wright, Saylor, Gilman & Camp (1997) stated that employees who perceive that they possess a higher level of work control feel more satisfied, committed, experience less stress and are more motivated. Both scheduling and time-off control is considered in the present study.

3.5.4.1 The relationship between job control and workplace bullying

Only a few studies were carried out to investigate the relation between job control and workplace bullying. Einarsen *et al.,* (1994) conducted one of the pioneering studies in Norway. The study explored the relationship between job control and the occurrence of workplace bullying. It involved 2,250 members hailing from six different labor unions and the Norwegian Employers Federation. The findings revealed that workplace bullying occurrence is significantly correlated with work control. Similarly, Zapf's (1999) study in the context of Germany attempted to examine the causes of mobbing at work. The research made use of two samples; the Konstanz sample, which was gathered between October 1995 and July 1998 comprising 96 mobbing victims and the control sample comprising 37 individuals. The control group was gathered through a snowball system of 118 victims. The findings showed no significant relationship between job control, both time and task, and workplace bullying.

In addition, Agervold & Mikkelsen's (2004) study attempted to examine the relationship between job control and bullying in a study involving 186 blue-collar employees from a manufacturing company in Denmark. The findings showed significant relations between job control and bullying. Moreover, Finne et al's (2011) study determined the relationship between workplace bullying and mental distress through a prospective design of 1,971 Norwegian employees. The participants were employed in 20 organizations and were requested to reply to questions concerning workplace bullying and mental distress in both baseline and follow-up. Data collection were carried out twice, the baseline data was conducted from 2004-2006 and the follow-up data was

collected from 2006-2009. The factors measured were individual characteristics, mental distress, self-reported workplace bullying, psychological and social factors at work and job demand and job control. The findings revealed job control to be significantly related to mental distress and workplace bullying.

Furthermore, Andersen *et al.*'s (2010) study identified work related factors that were linked to the occurrence of harassment and identified potential similarities and differences in the degree of harassment and appointed perpetrators in the same professional group throughout four European cities. The questionnaire included items concerning direct and indirect experiences of harassment, appointed perpetrators, psychosocial work environment, and basic socio-demographics completed by a total of 2,078 physicians employed in university hospitals in Trondheim, Stockholm, Reykjavik, and Padova. Harassment was revealed to be high and frequent in work environments among physicians in the four European cities with the top city being Padova. Control over work pace was revealed to be significantly related to workplace harassment.

In a related study, Baillien *et al.,* (2011) carried out a study to test the hypotheses that is core to Karasek's Job Demand Control Model in relation to workplace bulling involving 320 employees in two huge Belgian organizations. The study considered that job autonomy in time 1 is negatively linked with being a victim or bully at time 2. The positive relation between workload at time 1 and being a victim or bully at time 2 is higher under low job autonomy at time 1. The findings revealed that at time 1, workload is positively and job autonomy is negatively linked with being a victim at time 2. Job autonomy at time 1 minimized the positive relationship between workload at time 1 and being a bully at time 2.

An Australian study conducted by Tuckey et al. (2009) involved the study among 716 frontline police officers who completed an anonymous mail survey. The study investigated the role of psychosocial work environment factors in workplace bullying with a specific focus on the moderating effect of control and support resources against job demands. The study made use of reports from observers and direct targets. The study employed the direct test of job demand-control-support theory and they found that heightened levels of bullying were linked with potentially high stress situations; in other words, with an increase in job demands and decrease in support and control measures, levels of bullying increased. The findings revealed job control to be significantly and strongly linked with workplace bullying.

Finally, Hauge *et al.*'s (2009) study examined the predictive impact of individual and situational factors as predictors of the perpetrators of workplace bullying. The sample comprised 2,359 Norwegian workers. From the situational factors, role conflict and interpersonal conflicts both predicted the perpetrator of bullying in a significant way. Additionally, the decision authority was not a significant predictor of perpetrator of bullying in the sample after taking into consideration the impact of other variables.

The fourth hypothesis of the study is built on the relationship between job control and workplace bullying. Prior studies were carried out in various settings (e.g. Agervold & Mikkelsen, 2004; Knardahl & Lau, 2011; Tuckey, Dollard, Hosking & Winefield, 2009; Zapf, 1999; Agervold, 2009; Andersen *et al.,* 2010; and Baillien *et al.,* 2011).

In addition, the conclusions reached by the studies were inconsistent. While some studies found job control to have a significant impact on workplace bullying (Knardahl & Lau, 2011; Tuckey *et al.,* 2009; Zapf, 1999; Baillien, *et al.,* 2011; Andersen *et al.,* 2010),

other studies found an insignificant relationship (e.g. Agervold & Mikkelsen, 2004; Hauge *et al.,* 2009). Quine (2001) highlighted the importance of high job control in the nursing setting as one of the factors that may protect the workers against workplace bullying. Based on the JD-R model, the employee who reports low job control with high job demand being an easy target of workplace bullying (Notelaers, Baillien, Witte, Einarsen, and Vermunt, 2012). Derived from the above discussion, the researcher postulates the following hypothesis;

Hypothesis 4: There is a negative relationship between job control and workplace bullying.

3.5.5 Moderating Effect of Personality

A moderator is defined as a qualitative or quantitative variable impacting the direction or straight or both, of the relation between the independent or predictor variable and the dependent or criterion variable. A basic moderator impact may be represented as an interaction between a focal independent variable and a factor specifying the suitable conditions for its operations. Moderator variables are incorporated when there is an unexpected weakness or inconsistent link between the dependent and independent variables (Baron & Kenny, 1986; p. 1174).Several researchers included personality as one of the predicting variables in the model of workplace bullying. For instance, Zapf & Einarsen (2003) stated that no comprehensive model of workplace bullying would be effective unless personality is included and the individual factors of both victims and bullies and their causal impacts on workplace bullying. Other authors concluded that

individual antecedents like personality of the bullies and victims might be considered as causes of bullying occurrences (Coyne *et al.,* 2000).

In addition, personality traits like neuroticism are linked to bullying exposure (Vartia, 1996; Mikkelsen & Einarsen, 2002). Based on the study by O'Moore *et al.*, (1998), on average, the bullying victims obtained lower scores than the normal group when it came to emotional stability and dominance and they exhibited high anxiety, apprehension, and sensitivity judging from the scales. Moreover, Zapf (1999) claimed that bullying victims exhibited symptoms of anxiety, and depression even before bullying occurrence. Glaso et al's (2007) study revealed that workplace bullying victims are more inclined to be neurotic and less agreeable, less conscientious, and less extravert compared to their non-victim counterparts.

As for the personality hypothesis and in terms of victim's personality, there is a lack of structured empirical research focused on the issue (Coyne *et al.,* 2000). The reason behind this shortage may be because one of the earliest researches on bullying overlooked the role of individual characteristics as bullying antecedents (Leymann, 1996; Leymann & Gustafsson, 1996). According to Leymann, personality traits like anxiety or rigidity exhibited by victims were not a cause of exposure to bullying. In addition, Zapf & Einarsen (2003) cautioned that one has to tread carefully when tackling this type of issue, as one may be accused of putting the blame on the victim. Taking the precaution into consideration, there are still justifiable reasons to investigate the role of personality in the victimizing process. For instance, Ross (1977) revealed through the concept of "The fundamental attribution error" the way people generally attribute and explain social behaviors or experiences of others through their personality. Therefore, based on a

person-oriented perspective, which are present in the population, more empirical data are required in this respect.

Einarsen (2000) stated that the victim's personality is relevant to explaining the perceptions of and reactions to the phenomenon of workplace bullying. The victim's personality may also bring forward particular destructive responses and behaviors in the perpetrator and their personality may lead to certain behaviors in the victim that will eventually culminate in a destructive encounter. The development of effective intervention measures to prevent bullying in the workplace hinges on the comprehensive understanding of bullying (Olweus, 1993).Moreover, individual differences may play a role as a potential moderating factor that explains why some more than others exhibit stress reactions and health issues following a bullying exposure (Zapf & Einarsen, 2003).

To sum up, the literature regarding the relation is scarce and the victims of bullying were reported to be submissive, anxious and neurotic, lacking social competence, and self-esteem, and their behavioral patterns are linked to overachievement and conscientiousness (Coyne *et al.,* 2000; Zapf & Einarsen, 2003). Hence, the empirical research shows the existence of individual antecedents of bullying within the victims. In the present study, personality is viewed as having a moderating impact on the relationship between role conflict, role ambiguity, job control and work pressure and nurses bullying. The personality of an individual stems from a complex interaction of several genetic and environmental factors (Hayward, 1997). Personality is defined as the dynamic and organized set of characteristics of an individual that influences his or her cognitions, motivations, and behaviors in a unique manner (Lau & Shaffer, 1999).

Buss (1991) stated that the evolutionary personality psychology postulates that the personality traits are universal adaptive mechanisms that were developed and modified in humans over time for survival and reproduction. Additionally, the personality characteristics included in the mechanism represent the Big 5, namely, extraversion, conscientiousness, agreeableness, openness to experience, and emotional stability (Buss, 1991; and Caligiuri, 2000a). Below are their definitions:

Extraversion describes the level to which people are assertive, dominant, energetic, active, talkative, and enthusiastic (Costa & McCrae, 1992). A person scoring high on extraversion is cheerful, inclined to people in large groups, excitement, and stimulation. In contrast, introverts like to spend time alone and are reserved, quiet, and independent. Conscientiousness is a personality that shows the individual's level of organization, persistence, hard work, and motivation toward the pursuit of accomplishing a goal.

Researchers have investigated this personality as an indicator of the ability to work hard (Barrick & Mount, 1991). It is considered the most consistent personality predictor of job performance throughout various types of occupation (Barrick, Mount & Judge, 2001). Various scholars consider conscientiousness as a general personality dimension that comprises two primary dimensions; achievement motivation and dependability (Mount & Barrick, 1995).

Agreeableness is the personality that is characterized by being trusting, forgiving, caring, unselfish, and gullible. Based on the study by Zhao & Seibert (2006), agreeableness is evaluated as an individual's interpersonal orientation. At the high end, it shows an individual who possesses cooperative values and an inclination to positive interpersonal relationships and at the low end, it shows an individual who is characterized

as manipulative, self-centered, suspicious, and ruthless (Costa & McCrae, 1992; and Digman, 1990).

Intellectual stability or openness to experience is a dimension of personality, characterizing someone who is curious and inclined to seek new experiences and novel ideas. A highly intellectually stable person is described as someone who is creative, innovative, imaginative, reflective and non-traditional, while one who is not, is described as conventional, having narrow interests and not analytical. Intellectual stability is correlated in a positive way to intelligence and related to creativity like divergent thinking (McCrae, 1987). Finally, emotional stability represents individual differences in adjustment. Individuals who are emotionally stable do not experience negative emotions, such as anxiety, hostility, depression, self-consciousness, impulsiveness, and vulnerability (Costa & McCrae, 1992). On the contrary, one with high emotional stability is characterized as self-confident, calm, even tempered, and relaxed.

Studies examining nurses' personality are scarce, particularly in the Middle East; hence, this is a pioneering study in the Middle East, particularly in Jordan. Several studies have been dedicated to examining the moderating impact of personality in various settings (e.g. Samad, 2007; Lazarides, Belanger & Sabourdin, 2010; and Zweig & Webster, 2003). Samad's (2007) study, in the context of Malaysia, attempted to determine the contribution of social structural characteristics to employee empowerment and whether proactive personality has a key role in moderating the relationship among managers.

The study utilized hierarchical regression analysis on data obtained from 584 responses and the findings revealed that social structural characteristics of self-esteem,

power distribution, information sharing, knowledge, rewards, leadership, and organizational culture play a part in determining employee empowerment. Moreover, proactive personality was revealed to moderate the relation between social structural characteristics and employee empowerment.

In Canada, Lazarides *et al.,* (2010) examined the moderating role of personality in the relation between the communication behaviors of withdrawal, dominance, criticism, support, and problem solving, and couple stability. The couple completed the NEO Five-Factor Inventory and the Dyadic Adjustment Scale at time 1. Two and a half years later, the same couples were interviewed to determine their relationship status, whether it is still intact, or whether they are separated or divorced. The findings revealed that women's time 1 extraversion moderates the relation between couple stability and men's withdrawal and problem solving. On the other hand, men's neuroticism moderates the relation between women's problem solving and couple stability. Men's agreeableness is a moderating factor in the relationship of women's withdrawal and couple stability.

Zweig & Webster (2003) examined the moderating impact of personality upon the relationship of workplace monitoring system characteristics and acceptance. The study involved 622 university students who were required to assess the awareness monitoring system and to complete the five-factor personality measurement. The findings revealed that emotional stability and extraversion moderated the link between the paths in the model with no significant differences revealed among the paths for conscientiousness and openness to experience. For agreeableness, on the other hand, two out of eight paths were significant. Moreover, Cieslak, Knoll & Luszczynska (2007) carried out an investigation of neuroticism's moderating role between social support and work strain

characteristics. A total of 207 workers participated in the study where 42.1% from five occupations completed the questionnaires on two occasions. The findings revealed that neuroticism did moderate the relation between social support and work strain characteristics.

In a related study, Elovainio *et al.,* (2003) carried out a longitudinal study in Finland in an attempt to investigate the moderating impact of neuroticism upon organizational justice perceptions in light of short-term sickness. The study involved the participation of 506 male and 3,570 female hospital employees. Through hierarchical moderated regression analysis, it was revealed that neuroticism did moderate the above relations in hostile men compared to other male employees. Also, low relational justice perceptions were a greater risk for male employees displaying higher neuroticism. Personality traits are defined as stable, enduring patterns of the way individuals feel, think, and behave. Current research has dealt with the Big Five, which includes conscientiousness, emotional stability, agreeableness, openness to experience and extraversion (Digman, 1990; McCrae & Costa, 1987). Based on the postulation of evolutionary personality psychology, personality traits are considered as universal adaptive mechanisms that have developed and changed in humans over time as mental solutions work to achieve life preservation and reproduction (Buss, 1991).

The fifth hypothesis of the present study concerns the moderating impact of personality in the relationship between job demand (role conflict, role ambiguity, and work pressure) and job control, and workplace bullying. The study chose to study personality's moderating impact owing to the inconsistencies of the prior studies concerning other phenomena. While some studies found personality to have a

moderating impact (e.g. Zweig & Webster, 2003; Samad, 2007; Bowling & Eschleman, 2010), other studies found no moderating effect (Ristig, 2008). Additionally, there is a lack of use of personality traits as a moderator in the relationship between job demand factors and workplace bullying in various settings. Furthermore, an individual's personality may predict their becoming bullying victims (Leymann, 1996). Prior studies revealed fragmented conclusions regarding the moderating effect of personality (Zweig & Webster, 2003; Elovainio *et al.,* 2003; Samad, 2007; and Cieslak, 2007). Moreover, only a few studies of this caliber have been examined in healthcare settings. Personality traits are considered stable and enduring patterns of the way individuals feel, think and behave. The current research focuses on the Big Five or the five-factor model, which postulates that most personalities may be categorized on the basis of a few general traits, namely, conscientiousness, emotional stability, agreeableness, openness to experience and extraversion (Digman, 1990; McCrae & Costa, 1987). Based on the evolutionary personality psychology, personality traits are considered as universal adaptive mechanisms having developed and evolved in human beings over time as mental solutions for the preservation of life and reproduction (Buss, 1991). Hence, the individual's behavior in various contexts and situations have developed and adapted over time for the purpose of survival. The Big Five dimensions include extraversion, conscientiousness, agreeableness, emotional stability, openness to experience, which requires broad-mindedness, curiosity, creativity, possession of wide interests, flexibility of thoughts, inventiveness, cultured and sensitivity to art (McCrae, 1996). To this day, the above dimensions are considered as aspects of personality encapsulated in the Big

Five model (Digman, 1990). Hence, the present study postulates the following hypothesis:

Hypothesis 5: Personality moderates the relationship between job demand and job control, and workplace bullying

1. **Extraversion**

Extraverts are individuals who are characterized as assertive, ambitious, talkative, energetic, bold, adventurous and expressive (Costa & McCrae, 1992; and Goldberg, 1992). The opposite of extraverts are introverts who demonstrate the opposite characteristics, such as timidity, submissiveness, low self-confidence, silent and inhibited. Hence, a person exhibiting high-levels of extraversion may interact constantly with others. Based on Riggio's (1986) study, extraverts are highly social and they often have many friends and acquaintances through which they learn how to master varying cultural differences.

Hypothesis 5a: Extraversion moderates the relationship between job demand and job control, and workplace bullying

2. **Conscientiousness**

This is defined as the purposeful, strong-willingness and determination coupled with impulse control, reliability, and conformity with the situation (Costa & McCrae, 1992;

and Hogan, 1992). Conscientious individuals try hard to achieve, take the initiative of problem solving and they work meticulously (Witt, Burke, Barrick& Mount, 2002).

Hypothesis 5b: Conscientiousness moderates the relationship between job demand and job control, and workplace bullying

3. Agreeableness

Agreeableness is the personality that is characterized by being trusting, forgiving, caring, unselfish, and gullible. Based on the study by Zhao & Seibert (2006), agreeableness is evaluated as an individual's interpersonal orientation. At the high end, it shows an individual who possesses cooperative values and an inclination to positive interpersonal relationships and at the low end, it shows an individual who is characterized as manipulative, self-centered, suspicious, and ruthless (Costa & McCrae, 1992; and Digman, 1990).

Hypothesis 5c: Agreeableness moderates the relationship between job demand and job control, and workplace bullying

4. Openness to experience (Intellectual Stability)

Research using the trait of openness to experience revealed that it is the only factor from the Big Five that is often revealed to be unrelated to work outcomes (Barrick & Mount, 1991; LePine & Van Dyne, 2001). The evolutionary personality theory associates the use of the trait through its postulation that "perceiving, attending to, and acting upon the

differences in others are crucial for solving problems of survival and reproduction" (Buss, 1991, p. 471, cited in Caligiuri, 2000, p. 74).

Hypothesis 5d: Openness to experience moderates the relationship between job demand and job control, and workplace bullying.

5. Emotional Stability

Emotional stability is the antithesis of neuroticism, and it depicts calm and even-temperament in coping with daily life (Barrick & Mount, 1991; Eysenck & Eysenck, 1985; Ones & Viswesvaran, 1997). Neuroticism is described as excessive worrying, pessimism, and an inclination to experience negative emotions. Individuals who are emotionally stable are not overtly emotional and they tend to be less anxious, depressed, angry, embarrassed, worried, and insecure.

Hypothesis 5e: Emotional stability moderates the relationship between job demand and job control, and workplace bullying**.**

3.6 Research Framework

A theoretical framework is referred to as a combination of interrelated concepts guiding the research, identifying the factors to be measured and shedding light on the relationships needed in the data (Borgatti, 1999). According to Nachmias & Nachmias

(1996), a theoretical framework represents reality and describes in minute detail the real world variables that the scientists deem to be important to the problem being investigated and sheds light upon the significant relations among them. Similarly, Borgatti (1999) stated that theoretical frameworks are significant in exploratory studies owing to the fact that with little knowledge regarding the topic and with the intention of being unbiased, a researcher may not be aware of the existence of preconceived notions even those in general form. The framework also guides the researcher's observations.

The current research framework deals with independent variables including role conflict, role ambiguity, work pressure, and job control of nurses. It considers personality as the moderating factor and nurses bullying as the dependent variable of the study. The underpinning theory utilized in the study is the field theory and the social cognitive theory (SCT), which explained in the next sections.

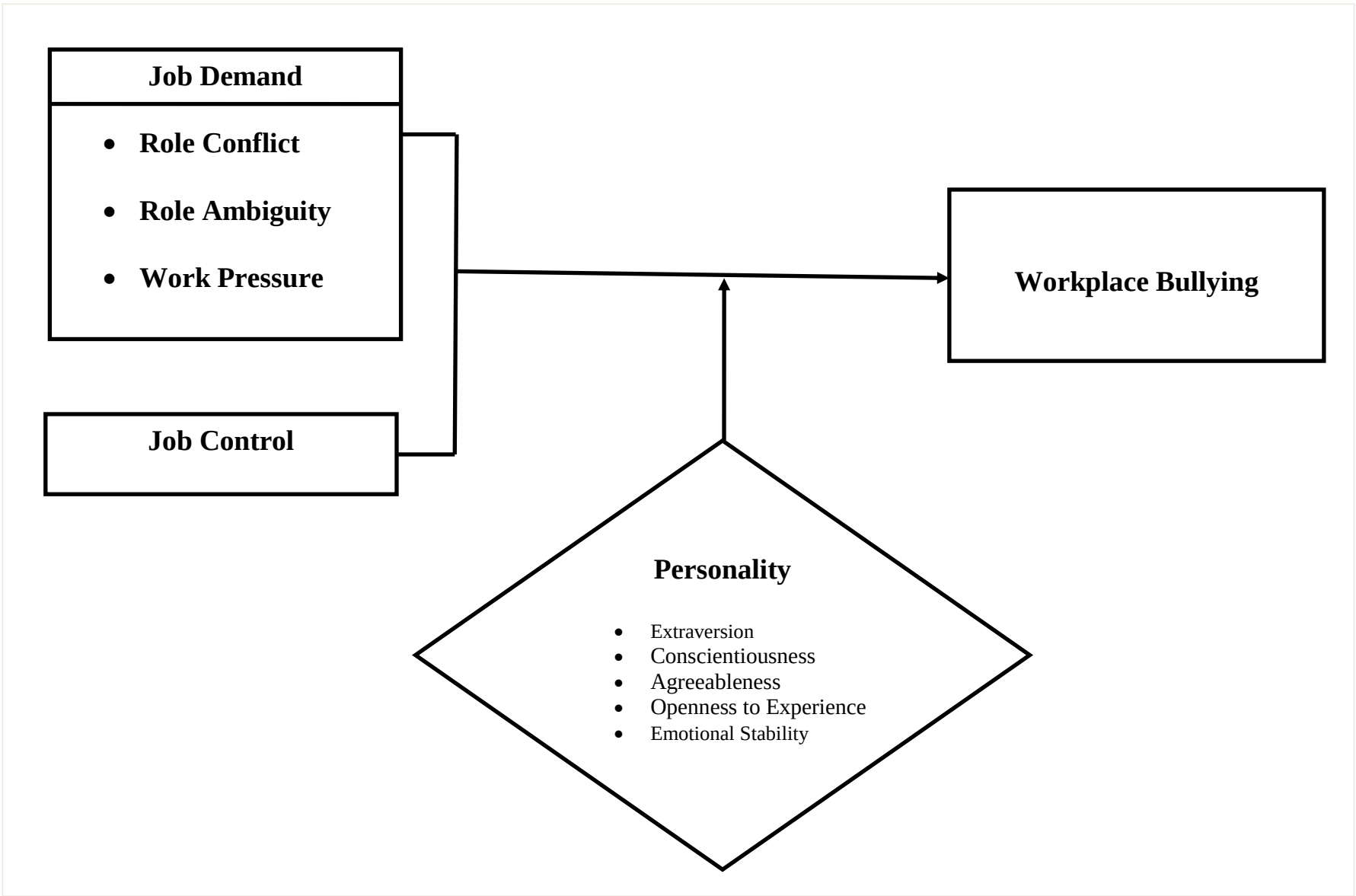

Figure 3.2
Research Framework

The social cognitive theory (SCT) is widely adopted and it is a strong predictor of behavior even throughout various settings (Perry, Williard & Perry, 1990; and Graves, 2010). In addition, prior research reinforces the use of social cognitive theory (SCT) in explaining bullying behavior as a robust model (Fox & Boulton, 2005; Gini, 2006). The relationships between the independent variables (role conflict, role ambiguity, job control and work pressure), moderating effect of personality and dependent variable (nurses bullying) are presented in Figure 3.2.

3.7 Model and Hypothesis Development

This section provides the development of the study model in light of the study design and framework.

3.7.1 Model Development

In the proceeding chapter, prior studies examined the relationship between job demand and job control and workplace bullying, however, these studies were confined to the Western countries. Prior research concerning the topic examined the direct impact of workplace bullying antecedents (Ayoko, *et al.*, 2003; Baillien & De Witte, 2009; Skogstad *et al.*, 2007; Matthiesen & Einarsen, 2007; Hauge *et al.*, 2011; Lopez-Cabarcos *et al.*, 2010; Agervold & Mikkelsen, 2004; Knardahl & Lau, 2011; Tuckey *et al.*, 2009; and Zapf, 1999).

The use of workplace bullying as an independent variable is evident in many previous studies (e.g. Einarsen & Raknes, 1997; Quine, 2001; Einarsen *et al.,* 1998; Niedl, 1995; Zapf *et al.,* 1996; Leymann, 1996; and Rayner, 1997). The study chose personality as a moderating factor between job demand and job control (exogenous variables) and workplace bullying (endogenous variable). None of the previous studies conducted an integral analysis of the above chosen variables. Therefore, the main aim behind this study is to analyze the relationship between the varying pairs of variables to identify their direction and importance in the Jordanian context.

3.7.2 Job Demand Control Model (JDC-Model)

To explain the relationship between job demand, job control, and psychological and negative health outcomes, Karasek (1979) introduced the job strain model or Job Demand Control Model (JDC-Model). The job demand in this model is usually conceptualized as time pressure because of heavy workload (Fernet, Guay & Senécal, 2004; Karasek & Theorell, 1990), other than that, it may become wider to include role ambiguity, role conflict, and workload. In addition, the job control dimension is often conceptualized to include both components; skill discretion and decision authority.

After one decade of studies concerning the JDC Model, the support dimension was added to the model, to introduce the expanded model called the job demand-control-support model (JDCS model) (Johnson, and Hall, 1988; Johnson, Hall, and Theorell, 1989). The expanded model takes into account the effect of social support on job strain.

In the current thesis, the concentration falls on the original JDC model not on the JDCS model or "the expanded model."

The main assumption of the JDC model is the interaction between job demand and job control, which will create psychological work outcomes in work environment, and affect the individuals differently in light of job demand and control level. Karasek (1979) categorized these work outcomes as follows; high strain jobs, when the job demand is high and job control is low; active jobs in case of high job demand and job control; low strain jobs when job demand low and job control high; and, finally, passive jobs in the case of low job demand and job control (see figure 3.3). In the upper quadrant of the illustration, active job, interaction exists between high job demands and high job control. These challenging jobs produce active learning and motivation to develop new behavior patterns. While in the lower right quadrant, high strain jobs have high job demand, plus low job control. These jobs have a high possibility of psychological strain.

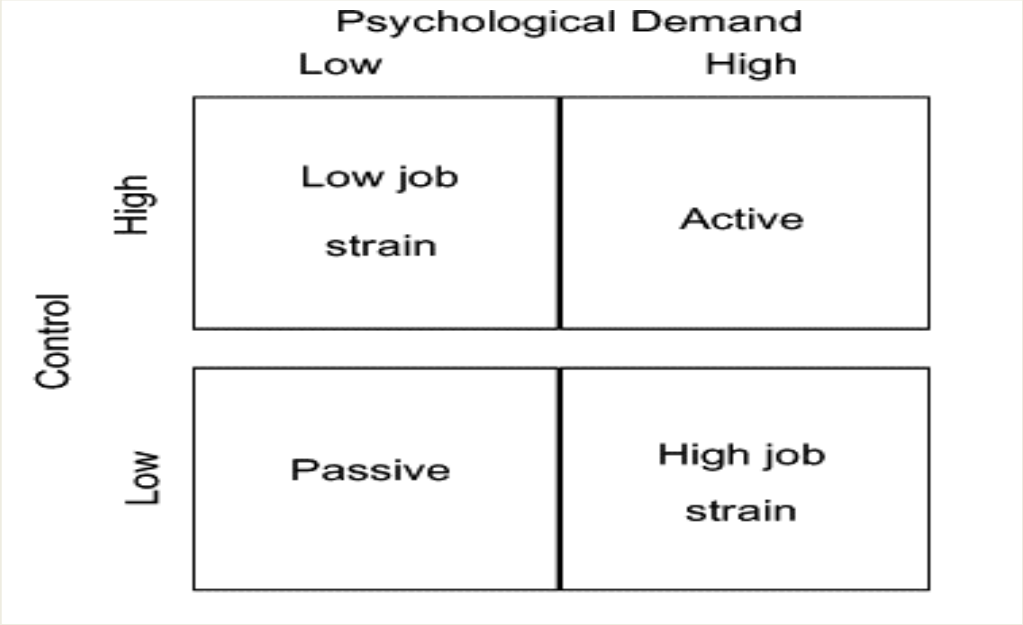

Figure 3.3
Karasek's Job Demand-Control Model (1979)

The main challenge of the JDC model is that it failed to take personal differences into consideration. According to Perkes (1994), personal characteristics could play a moderating role on the relation between job demand and job strains in two approaches; appropriate level between personal and work-environment characteristics lead to positive psychological outcomes, whereas an inappropriate level results in negative outcomes. The previous literature regarding workplace bullying did not examine the role of personality as a moderator in the relationship between job demand and job control on workplace bullying, which is the new contribution to literature by the current thesis.

3.7.2.1 The Strain and Buffer hypotheses of the JDC model

According to Van der Doef and Maes (1999), there are differences between the buffer and strain hypotheses relating to the JDC model. The strain hypothesis predicts that job demands and job control interaction produces negative psychological and health outcomes in environments distinguished by high job demands and low job control. It argues that job demands and job control need to be tackled to lessen job strain. The buffer hypothesis, on the other hand, predicts that job demands and job control merge interaction and moderation, where job control is a moderator on the relationship between the negative impacts of job demand and health and wellbeing.

Specifically, high job control is predicted to reduce the negative effects of high job demands (Karasek, 1979). While, the buffer hypothesis argues that enhanced health or psychological well-being for employees may be achieved by increasing job control with no need to reduce job demands. In accordance with Wall *et al.,* (1996), the effect of

stressors can be reduced by increasing job control that is realized when employees are allowed to meet the demand in the way they find more acceptable and when they are able to do so. What is more, Van der Doef and Maes (1999) concluded that previous studies support the strain hypothesis as opposed to the buffer hypothesis.

In addition, most of the previous studies examined both the strain and buffer hypotheses side by side. The substance of these research findings support the strain hypothesis but not the buffer hypothesis (Pelfrene *et al.,* 2002; Rafferty, Friend & Landsbergis, 2001; Van der Doef *et al.,* 2000; Verhoeven, Maes, Kraaij & Joekes, 2003).

3.7.2.2 Studies on Job Demand Control Model (JDC-Model)

The Job Demand Control Model (JDC-Model) (Karasek, 1979) has been used in previous literature to explain the stress in the workplace (de Lange, Taris, Kompier, Houtman & Bongers, 2003; Rubino *et al.,* 2012; Westerlund *et al.,* 2010). A few studies have also used the JDC Model to clarify workplace bullying (Baillien, De Cuyper& De Witte, 2010; Baillien *et al.,* 2011; Tuckey, *et al.,* 2009; Broeck *et al.,* 2011). More specifically, some previous studies in workplace bullying argued that stress in the workplace is a result of high job demand and low job control, which is applicable for workplace bullying (Einarsen, *et al.,* 1994; Hoel, *et al.,* 2002; Leymann, 1993). Additionally, the JDC-Model has been used to explain many outcome variables, for instance; job satisfaction, burnout, psychological well-being, and psychosomatic symptoms, (De Witte, Verhofstadt& Omey, 2007; Dwyer & Ganster, 1991; Huang, Du, Chen, Yang & Huang, 2011; Jonge, Vegchel, Shimazu, Schaufeli & Dormann, 2010).

A study conducted by De Witte and his colleagues (2007) in Belgium to examine Karasek's job demand-control model, hypothesized that high job demands (workload) with low job control (autonomy) will increase strain (job dissatisfaction), while high job demands with high job control will increase learning and development in the job (learning a new skills). The study was conducted among a population of 2,212 young Flemish workers. The study found that the lowest level of job satisfaction was found in the "high strain" job, whereas the highest increase in skills was found in the "active" job.

In addition, Dwyer and Ganster (1991) examined the relationship between stressful job demands and attitudes and attendance of the employee. The study used Karasek's (1979) theory of job decision latitude as the theoretical base. A survey method was applied for 90 manufacturing male employees. The data analysis found significant interactions between control and psychological demands, where these demands are linked with higher levels of lateness and sick days under conditions of low control only. In contrast, no association was found between workload, lateness, and sick days. However, the interaction between workload and control predicted voluntary absence and work satisfaction.

Besides studying a direct relationship, Huang *et al.*'s (2011) study explored emotional exhaustion as a mediator on the relationship between the job demands-control (JDC) model and mental health. The data were collected from 297 employees. The findings of analysis using the Structural Equation Model (SEM), showed a positive relationship between job demand and emotional exhaustion. At the same time, job control linked negatively to emotional exhaustion, and positively with mental health.

What is more, emotional exhaustion was associated negatively with mental health; emotional exhaustion fully mediated the relationship between job demands and mental health, and partially and positively mediated between job control and mental health. The study concluded that emotional exhaustion was the main mediator between the JDC model and mental health as a prominent result.

In the Netherlands, Jonge *et al.,* (2010) conducted a longitudinal study to examine the job demands and job control model with specific measures, and for well-being, a self-report and objective measures were used. The hypothesis was tested among 267 health care employees in the Netherlands. The study found a significant relationship between the interactions of job demand and control on mental and emotional demands, and insignificant with physical demands. With regards to high job control, the study found job demand to be positively associated with job satisfaction and negative in the case of low job control. Additionally, job demands linked negatively with psychosomatic health symptoms/sickness absence in the case of high job control.

In spite of previous studies that shed light on the added value of the JDC model in explaining workplace bullying as a type of social behavioral strain (e.g. Einarsen, Raknes& Matthiesen, 1994; Hoel, Zapf& Cooper, 2002), there are a limited number of studies that tackle this issue. In the nursing setting, a few studies used the JDC Model in their attempt to explain workplace bullying (e.g. Demir & Rodwell, 2012; Malinauskiene, Leisyte, Malinauskas & Kirtiklyte, 2011; Rodwell & Demir, 2012).

A study conducted by Rodwell and Demir (2012) aimed to extend a model of the antecedents of workplace bullying to apply for workplace aggression together with several types of violence and bullying among nurses. The study used the Demand-

Control-Support model to explain work aggression in general. In addition, the study used a cross sectional design, where the questionnaires were completed by 273 nurses and midwives. As a result of conducting regression analysis for data analysis, the study found that violence at work and job tenure were predicted by job Demand-Control-Support model, whereas bullying was predicted by negative affectivity and work schedule . The study concluded by distinguishing between forms of violence and bullying across aggression in the workplace.

Another study was conducted by Malinauskiene and his colleagues (2011) to examine the relationship between self-rated health and psychosocial factors and everyday life among nurses who were working in Lithuanian hospitals. The study used a cross-sectional method in the period 2005-2006. The questionnaires were sent to 748 nurses and a response rate of 53.9% was obtained. The study findings revealed that 60.4% of nurses reported their health negatively. The study found that high job demands, low job control, experiencing workplace bullying for more than one year and other everyday life; mental distress, and health behavior were linked with negative self-rated health.

A related study by Demir and Rodwell (2012) in Australia examined the antecedents and consequences of workplace aggression, in view of psychosocial factors, as a full model. The study was conducted through questionnaires distributed among 207 hospital nurses and midwives, using a cross-sectional survey design. The study used the Job Demand-Resources Model (JD-R Model) to explain workplace-bullying behavior, and found that nurses reported high frequencies of workplace bullying, emotional abuse, and types of violence. In addition, the study revealed that bullying was associated with high negative affectivity and low support from supervisors and coworkers. The study

found that bullying and sexual harassment were associated with a high level of psychological distress; bullying and emotional abuse were linked to low organizational commitment; job satisfaction was not linked with all workplace aggression types; and negative affectivity was a significant predictor for all consequences of aggression. The study concluded that certain types of aggression could be predicted from different combinations of job demands and resources and individual levels of negative affectivity; and the exposure of nurses to aggression will be correlated with organizational commitment and psychological distress.

3.7.3 Hypothesis development

Based on the above discussion, on the relationship between job demand and job control, and the moderation role of personality on the said relation we can hypothesized the following research hypotheses:

H1 There is a positive relationship between role conflict and workplace bullying.

H2 There is a positive relationship between role ambiguity and workplace bullying.

H3 There is a positive relationship between work pressure and workplace bullying.

H4 There is a negative relationship between job control and workplace bullying.

Hypothesis 5: Personality traits moderate the relationship between job demand and workplace bullying.

Hypothesis 5a: Extraversion moderates the relationship between job control and job demand on workplace bullying.

Hypothesis 5b: Conscientiousness moderates the relationship between job demand and job control on workplace bullying.

Hypothesis 5c: Agreeableness moderates the relationship between job demand and job control on workplace bullying.

Hypothesis 5d: Open to experience moderates the relationship between job demand and job control on workplace bullying.

Hypothesis 5e: Emotional stability moderates the relationship between job demand and job control on workplace bullying.

3.8 Underpinning Theories of Workplace Bullying

Prior to discussing the underpinning theories of workplace bullying, it is important to first define organization. According to the business dictionary, an organization is "a social unit of people, systematically structured and managed to meet a need or to pursue collective goals on a continuing basis…organizations are open systems in that they affect and are affected by the environment beyond their boundaries." Hence, the model is suitable for the present thesis, which is conducted in public hospitals in Jordan to investigate nurses' workplace bullying as the causal model. Through the review of the psychosocial theories linked to the topic, the most commonly used theories of other studies of the same caliber include the field theory by Lewin (1951), and the social cognitive theory by Bandura (1977), an extension from the social learning theory.

- **Field Theory (Lewin, 1951)**

The field theory postulates that human behavior is a result of personal characteristics, instincts and other forces along with the complex, dynamic environment where we live. Lewin's field theory revolved around the rationale that an individual inhabits a life space comprising both internal and external factors with the inclusion of other people. The overall psychological field where the individual lives must be studied to understand the individual's overall behavior. An individual interacts with their various life spaces day in and day out; this includes family, work, school, and friends.

The term, 'field' in field theory is considered as "The totality of coexisting facts which are conceived of as mutually independent" (Lewin, 1951, p. 240). The author claims that behavior should be defined as a function of personality as well as environment coupled with complications where environment is a function of personality and vice versa. The entire events including desire, thinking, decision-making, responding among others are considered as functions of the life space comprising of the individual and the environment perceived as a combination of interdependent factors (Riordan & Riordan, 1993). Consistent with the workplace dynamics Lewin (1958) postulated that individual behavior comprises of a complicated set of interactions and forces affecting work structure and modifying individual behavior. Individuals have their own lives and they influence other members just as they are influenced themselves. Stated differently, workers behavior has to be considered a function of personal characteristics and environmental characteristics. The following formula best summarizes the field theory:

B = f (P,E) where (P) is the person and (E) is the environment; both viewed as variables that are interdependent. Lewin (1951) stated that the person along with his environment has to be taken into consideration as one unit of interdependent factors to help predict and understand his behavior (B).

The field theory is suitable to investigate bullying work behavior (B) in the present study where job demand and control are predictor variables of a person's environment (E) and personality characteristics (P) moderate the relationship between job demand factors and workplace bullying. The theory explains how the interaction of job demand factors and personality traits lead to workplace bullying.

- **Social Cognitive Theory (SCT)**

Most of the prior studies utilized an alternative method to predict workplace bullying and bullying behavior is widely used in employee behavior research called the social cognitive theory (Bandura, 1977). The social cognitive theory (SCT) was originally derived from the social learning theory, authored by Miller and Dollard (1941), which postulated that people regulate their behavior as a result of their observations, and learning behaviors from other people. The learning theory states that the consequences of the response mediate the relationship between stimuli and response. Bandura, Adams, and Beyer 1977), criticized the learning theory notion by stating that the behavior is regulated by antecedents through cognitive rather than by response consequences. However, based on social cognitive theory, people adjust their own behavior, by the

interaction between the environment, their personal cognition, by using their personality and mind state to analyze, evaluate the situation before they change their behavior.

The social cognitive theory (SCT) is used in the present study as the main theory that explains bullying behavior in the nurses' workplace in Jordanian hospitals. Moreover, the SCT explains the interaction between the person and environment and the influences to the person's thoughts and actions. This interaction involves human beliefs and cognitive competencies that are created and changed through the influence of society and the structures present in the environment. The third interaction that takes place between the environment and behavior involves, the person's behavior determining environmental aspects, and, in turn, the environment changes this behavior.

Bandura (1986) stated that the social cognitive theory could be invaluable in explaining the bullying phenomenon in terms of the bully's behavior. The theory postulates that people possess beliefs concerning the role of conflict, ambiguity, and pressure on their behavior in varying types of situation, and, this, to a certain extent, identifies their bullying behavior. According to Bandura (1986, p. 18), "In the social cognitive view people are neither driven by interior forces nor automatically shaped and controlled by external effect. Rather, human functional is explained in terms of a model of triadic reciprocally in which behavior, cognitive and other personal factors, and environmental events all operate as interacting determinants of each other." The social cognitive theory expounds upon the psychosocial function in light of triadic reciprocal causation.

The causal model of social cognitive theory encapsulates behavior, cognitive and personal factors along with environmental events, through the description of the

significance of the way personal factors play a part in this dynamic interaction and the way it enhances the degree of organizational functioning. The SCT is presented in Figure 3.4 and presents a framework that helps in understanding, predicting and modifying human behavior. The theory describes human behavior as an interaction of personal factors, behavior, and the environment (Bandura, 1977; and Bandura, 1986).

The basis of Bandura's (1977 and 1986) conception of reciprocal determinism lies in the following; personal factors in the form of cognition, affect, and biological events, behavior and finally, environmental influences creating the interactions resulting in a reciprocal triadic.

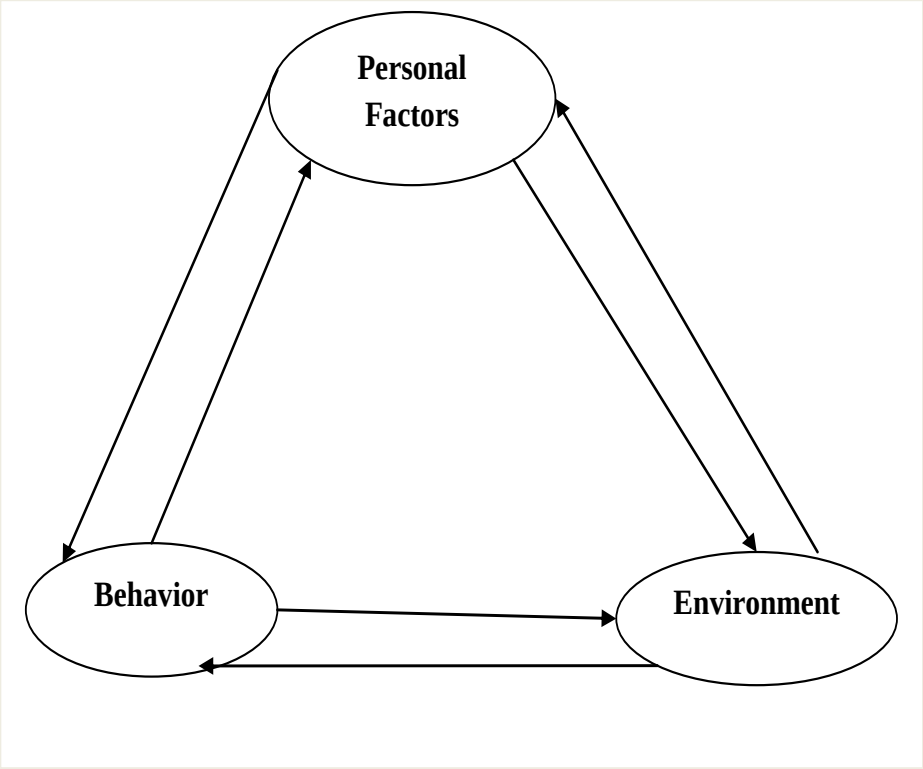

Figure: 3.4
Theory of Social Cognitive by Bandura (1977)

In sum, the SCT is invaluable to use in understanding and predicting individual and group behavior and in determining methods where behavior may be changed. Therefore, the theory could help in understanding and predicting nurses' behavior and the bullying behavior in the hospital. Moreover, it attempts to determine factors, which may influence the bullying of nurses.

3.8 Summary

Prior studies in the field were focused on workplace bullying, job demand (role conflict, role ambiguity and work pressure), and job control outcomes. The workplace bullying definition was tackled by most studies of prior conceptual studies. Generally, the literature regarding the topic states that job demand (role conflict, role ambiguity, and work pressure) positively impact workplace bullying behavior while job control negatively impacts it. Studies have shed light on the significance of personality as a mediating factor in the behavioral studies. However, no study has investigated the moderating impact of personality upon the relationship between independent factors and the dependent factor of the present study.

As such, the present study examined the impact of personality on the relationship between job demand (role conflict, role ambiguity, and work pressure), and job control on workplace bullying among nurses working in Jordanian public hospitals. The chapter presented the theoretical framework underlying the research model employed in the study. There are five research hypotheses developed from the model.

These hypotheses are based on the prior literature concerning the examination of the relation between job demand factors (role conflict, role ambiguity, and work pressure) and job control, and workplace bullying. The moderating impact of personality traits is through the big five dimensions (extraversion, conscientiousness, agreeableness, openness to experience and emotional stability) upon the relationship between job demand and job control factors, and workplace bullying among nurses working in Jordanian public hospitals. The present section explained the way workplace bullying is linked to its predictors, namely, job demand factors (role conflict, role ambiguity, and work pressure) and job control and how the antecedent variables are linked with the supposed constructs. Additionally, the interactive impact of personality as a moderator in the above relationship is also examined.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1 Introduction

This chapter expounds on the research design, operationalization of variables, methods of sampling, structured questionnaire, validity and pilot study, and data analysis procedures. The chapter is concluded with the explanation regarding the direct and interaction impacts of the results.

4.2 Research Design

The selection of a suitable research methodology is very important for the research project's effectiveness. A suitable research design is significant in determining the data type, data collection method, and sampling technique utilized. Hence, the research designs are very important in achieving the research objectives (Burns & Bush, 2002). The present study utilizes a quantitative research design in its attempt to investigate the relationship between job demand factors and workplace bullying, and the personality traits as a moderate variable in the said relationship among Jordanian nurses.

A quantitative research design is suitable as it assists in examining the big sample of respondent's attitudes towards the phenomenon methodically, and the researcher will consequently obtain a particular perspective of human behavior (Lakshman *et al.*, 2000).

Neuman (2006) noted that the purpose of quantitative research is the testing of the relation and the generalization of results. As such, the researcher makes use of the survey questionnaire for primary data collection. There are many advantages of quantitative research according to Sukamolson (2005), which include providing estimates in a large sized population, it can be condensed into statistics, and it allows for statistical comparison between various groups. It also enables the measurement of occurrence, actions, trends, definitive and standardized precision, and indicates the extensiveness of people's attitudes, and it works to answer questions regarding 'how many' and 'how often'.

4.3 Operationalization of Variables

The study framework contains four independent variables (role conflict, role ambiguity, work pressure, and job control) and one dependent variable (workplace bullying). The moderating variables comprise personality traits (extraversion, conscientiousness, agreeableness, openness to experience, and emotional stability). According to the theoretical framework, significant measures for each operational variable are described as follows:

4.3.1 Workplace Bullying

This describes the nurses' perception of workplace bullying, where the nurse was asked if he or she perceived receiving negative actions from one or several persons persistently

over a period of time, in a situation where the victim nurse has difficulty to defend him or herself against these actions, were one incident not considered as a bullying.

Workplace bullying is measured by 30 items, using the revised version of the Negative Acts Questionnaire (NAQ) (Einarsen & Raknes, 1997, cited in Hoel *et al.*, 2004). The Negative Acts Questionnaire has been used by different studies to measure workplace bullying in different settings. In the nursing setting (i.e. Berry *et al.,* 2012; Laschinger *et al.,* 2010) the reliability was quite high, with the Cronbach's alpha for these studies being 0.90 and 0.92, respectively (See table 4.7).

The agreement of every item was measured through a four-point scale where 1= strongly disagree, 2= disagree, 3= agree, and 4= strongly agree. For instance, "My opinions and views have been ignored at work" (Table 4.1). In a related study, Hoel *et al.*, (2004) examined three sectors, namely, prison services sector, telecommunications and teaching sector in public and private organizations in Britain. Similar items were used in the nurses setting in the study of Berry *et al.,* (2012) with little modification. Berry *et al.,* (2012) conducted a study among novice nurses in the US, which aimed to determine the prevalence and impact of workplace bullying on the novice nurses productivity at work. The same has been adapted in the present study with some modification.

Table 4.1
Scale for Workplace Bullying

	Items
1.	Someone has withheld information, which can affect my work performance.
2.	I have been subjected to unwanted sexual attention at work.
3.	I have been humiliated or ridiculed in connection with my work.
4.	I have been ordered to do work below my level of competence.
5.	The key areas of my responsibility has been removed or replaced with more trivial or unpleasant tasks.
6.	My colleagues have spread gossip and rumors about me at work.
7.	I have been ignored, excluded, and socially isolated at work.
8.	I have been insulted with offensive remarks about my person at work.
9.	I have been shouted at or been the target of spontaneous anger at work.
10.	I have been subjected to intimidating behavior (such as finger-pointing, invasion of personal space, shoving, blocking/barring the way) at work.
11.	I have been subjected to hints or signals from others that I should quit my job.
12.	I have been subjected to threats of violence or personal abuse at work.
13.	I have been subjected to repeated reminders regarding my errors or mistakes at work.
14.	I have been ignored or faced hostile reaction regarding my approach to work.
15.	I have been subjected to persistent criticism of my work and effort.
16.	My opinions and views have been ignored at work.
17.	I have been receiving insulting messages, telephone calls or e-mails at work.
18.	I have been subjected to practical jokes carried out by people I don't get on with at work.
19.	I have been required systematically to carry out tasks which clearly fall outside my job description (e.g. private errands) at work.
20.	I have been given tasks with unreasonable or impossible targets or deadlines at work.
21.	I have been subjected to false allegations made against me at work.
22.	I have been subjected to excessive monitoring of my work.
23.	I have been subjected to offensive remarks or behavior with regards to my origin or gender.
24.	I have been subjected to pressure not to claim something which I am entitled to as my right (e.g. sick leave, holiday entitlement).
25.	I have been subjected to excessive teasing at work.
26.	I have been subjected to excessive sarcasm at work.
27.	I have been subjected to threats of making my life difficult (e.g. giving unpopular tasks) at work.
28.	I have been subjected to attempts to find fault with my work.
29.	I have been subjected to unmanageable workload at work.
30.	I have been moved or transferred against my will.

Source: *by Einarsen & Raknes (1997) cited in Hoel et al. (2004)*

4.3.2 Role Conflict

Role conflict describes the nurses' perception of role conflict in the workplace and is measured by seven items adopted from Rizzo *et al.*, (1970). The role conflict items intend to ask the nurses about the incompatibility of the role requirements and expectations.

Similar to the above, the four-point scale is used to measure the variable with 1=strongly disagree, 2=disagree, 3=agree and 4=strongly agree. For example, "I have to break a rule or a policy in order to carry out a task" (Table 4.2). Kemery (2006) conducted a study concerning the United Methodist Clergy Churches in the US. The internal consistency reliability in Kemery's study (2006) was high with a Cronbach's alpha =0.82. The measurements of the present study were modified to suit the nurses and Jordanian hospitals settings. Lu, While, and Barriball used the same items to measure role conflict and role ambiguity among nurses in China, where the Cronbach's alpha for role conflict was quite high 0.81.

Table 4.2
Scale for Role Conflict

Items
1. I have to do things that should be done differently.
2. Work under incompatible policies and guidelines
3. I receive an assignment without adequate resources and materials to execute it
4. I have to break a rule or a policy in order to carry out a task.
5. I receive incompatible requests from two or more people
6. I work with two or more groups that operate quite differently
7. I do things that are likely to be accepted by one person and not by others

Source: *by Rizzo et al. (*1970) cited in Kemery (2006)

4.4.1 Role Ambiguity

This describes the nurses' perception of role ambiguity in the workplace and is measured by 6 items adopted from Rizzo *et al.,* (197). Nurses were asked their role expectations and the requirements for job completion. The measurement scale was based on a four-point scale with 1=strongly disagree, 2=disagree, 3=agree, and 4= strongly agree. For instance, "I know what my responsibilities are" (Table 4.3). The items were adopted from Kemery's (2006) study of the United Methodist Clergy Churches in the US, with little modification to suit the Jordanian hospital settings. In the nursing setting, a study was conducted by Lu *et al.,* (2007) among nurses in China to explore the role of job satisfaction, organizational commitment, occupational stress, role conflict, and role ambiguity on nurse's turnover. Lu *et al.*, (2007) utilized the Rizzo *et al.*, (1970) items for role ambiguity and got a quite high internal reliability (Cronbach's alpha 0.85).

Table 4.3
Scale for Role Ambiguity

Items
1. I feel certain about how much authority.
2. I have There are clear, planned goals and objectives for my appointment
3. I know that I have divided my time properly
4. I know what my responsibilities are
5. I know what is expected of me
6. Explanation is clear of what has to be done

Source: *by Rizzo et al. (1970)* cited in Kemery (2006)

4.3.3 Work Pressure

This refers to the nurses' perception of work pressure and in light of time and task that influences the job setting, measured by 5 items, 3 adopted from Eizenberg *et al.,* (2009) to measure time pressure at work; for instance "I was forced to keep a patient who needed treatment, due to lack of time" with Cronbach's alpha= 0.804, while the other 2 items measured task pressure and were adopted from Russell *et al.*'s (2009) study, for instance, "My job requires that I work very hard." The items' measurement was conducted through a four-point scale with 1=strongly disagree, 2=disagree, 3=agree and 4=strongly agree (Table 4.4). The items were utilized by Eizenberg *et al.,* (2009) in their study of nursing settings as well as Russell *et al.,* (2009) in their study regarding workforce setting in Ireland through international survey. The items were adapted from the above studies with modification to suit the environment of nurses in Jordanian hospitals.

Table 4.4
Scale for Work Pressure

Items
1. I do not have enough time to provide the patient with the care she/he deserves.
2. I was forced to keep a patient, who needed treatment, waiting, due to lack of time
3. I did not give a patient the sufficient attention that he or she required due to lack of time.
4. My job requires that I work very hard
5. I work under a great deal of pressure

Source: *Items 1-3 by Eizenberg et al. (2009), and items 4-5 by Russell et al. (2009)*

4.3.4 Job Control

This refers to the nurses' perception of job control in terms of scheduling and control of time-off in the workplace and is measured by 6 items adopted from Breaugh (1985). Three items measured scheduling control through work scheduling autonomy scale, and 3 items measured time-off control reworded by Wong & Lin (2007) based on the scheduling control autonomy scale. The items were measured through a four-point scale with 1=strong disagree, 2=disagree, 3=agree, and 4=strongly agree; for instance, "I can decide when to do particular non work activities (vacations) (Table 4.5). Wong & Lin (2007) carried out the in tourism settings with Cronbach's alpha= 0.90 and the items modified to suit the Jordanian hospital settings.

Table 4.5
Scale for Job Control

	Items
1.	I have control over the scheduling of my work
2.	I have some control over the sequencing of my work activities
3.	My job is such that I can decide when to do particular work activities
4.	I have control over the scheduling of my time-off
5.	I have some control over the sequencing of my non work activities
6.	I can decide when to do particular non work activities (e.g. vacation)

Source: *Breaugh (1985) cited by Wong and Lin (2007)*

4.3.5 Personality

The personality traits refer to the nurses' personalities in the workplace, which are measured by 26 items that were developed by Bamber and Castka (2006). The big five dimensions were used in studies of varying settings. Extraversion was measured by 6

items, e.g. “I don't talk a lot”, conscientiousness was measured by six items, e.g. “I am always prepared”, Openness to experience is measured by four items, e.g. “I am quick to understand things”, agreeableness is measured by five items, e.g. “I feel little concern for others”. Finally, emotional stability was measured by five items, e.g. “Change my mood a lot.” (Table 4.6).

The items were measured using a four-point scale with 1=strongly disagree, 2=disagree, 3=agree, and 4=strongly agree. In sum, there are six variables or constructs in the model measured by 80 items or indicators with the aim of examining each construct, as presented in Table 4.7. The internal reliability for all the five dimensions of personality were measured by using Cronbach’s alpha in Bamber and Castka’s (2006) study as follows; Extraversion 0.86, conscientiousness 0.77, agreeableness 0.74., Openness to experience 0.61 and finally emotional stability 0.85.

Table 4.6
Scale for Personality

Items	Dimensions
1. I don't talk a lot	Extraversion
2. I find myself comfortable around people	Extraversion
3. I hide myself from others	Extraversion
4. I initiate conversations with others	Extraversion
5. I have little to say	Extraversion
6. I talk to a lot of different people at social gatherings	Extraversion
7. I am always prepared	Conscientiousness
8. I make a mess of things	Conscientiousness
9. I do my job duties decently	Conscientiousness
10. I like order	Conscientiousness
11. I am exacting in my work	Conscientiousness
12. I always pay attention to details	Conscientiousness
13. I am quick to understand things	Openness to experience
14. I spend time reflecting on things	Openness to experience
15. I have a vivid imagination	Openness to experience
16. I am full of ideas	Openness to experience
17. I feel little concern for others	Agreeableness
18. I am interested in others	Agreeableness
19. I sympathize with others' feelings	Agreeableness
20. I take time out for others	Agreeableness
21. I am interested in other people's problems	Agreeableness
22. I get irritated easily	Emotional Stability
23. I worry about things	Emotional Stability
24. I change my mood a lot	Emotional Stability
25. I have frequent mood swings	Emotional Stability
26. I get upset easily	Emotional Stability

Source: *by Bamber and Castka (2006)*

Table 4.7
Summary of Variables, Dimensions, and Total Number of Items

Variable	No. of Items		Abbreviation	Reliability	Source
Workplace Bullying	30		Bullying	NA	Einarsen & Raknes (1997) cited in Hoel *et al.*, (2004)
Role Conflict	7		RoleConf	0.82	Rizzo *et al.*, (1970) cited in Kemery (2006)
Role Ambiguity	6		RoleAmbg	0.85	Rizzo *et al.*, (1970) cited in Kemery (2006)
Work Pressure	5		WorkPrss	0.80	Eizenberg *et al.*, (2009), and Russell *et al.*, (2009)
Job Control	6		JobCont	0.90	Breaugh (1985) cited by Wong and Lin (2007)
Personality 26	Extraversion	6	Extra	0.86	Bamber and Castka (2006)
	Emotional Stability	5	Emotion	0.85	
	Conscientiousness	6	Consi	0.77	
	Openness to experience	4	Intell	0.61	
	Agreeableness	5	Agreeabl	0.74	
Total	**6**	**80**			

NA: Not Available

4.4 Questionnaire Design

The questionnaire design was based on the objectives, problem statement, and hypotheses of the study with the aim of measuring the impact of independent variables upon bullying among nurses, as a data collection method of primary data from nurses in public hospital in Jordan. The questionnaire is categorized into four parts; the first part comprises nine demographic variables measured through nominal and ordinal scales; they include gender, age, professional status, marital status, monthly income, education and work experience. The second part is divided into two sub-sections; 30 questions written in behavioral words Revised-Negative Acts Questionnaire (R-NAQ), which have been used in many previous studies to measure exposure to bullying at workplaces (i.e. Hoel & Faragher, 2004; Salin.2001; Laschinger, Finegan & Wilk, 2010). The30 items included exposure to demeaning remarks, verbal abuse, excessive teasing, and spreading rumors, while the second sub-section includes the descriptive information regarding bullying formatted as 'self-labeling questions'. The third part comprises four antecedents of nurses bullying with role conflict measured by 7 questions, role ambiguity by 6 questions, work pressure by 5 questions and job control by 6 questions. The final part, which is personality, is measured by 26 questions that are further sub-divided into five dimensions (A copy of the questionnaire is provided in appendix A).

For content validity, the questionnaire was translated through back-to-back translation (Brislin, 1970) since the respondents are native speakers of Arabic. The English version was initially translated into Arabic by a language expert and then the Arabic version was re-translated into English by another language expert. The experts

are working as university lecturers at a local university, and are fluent in both Arabic and English. The questionnaire was translated into Arabic for the respondents' easy understanding of the items (Arabic version of the questionnaire is provided in appendix A). Many studies that have been conducted in non-Western countries used the back-to-back translation method; a study conducted in Japan by Takaki *et al.,* (2009) used the back-to-back translation method with the aim of testing the validity and reliability of a Japanese version of the negative act questionnaire.

Schmitt *et al.,* (2007) conducted a study to investigate the patterns and profiles of human self-description in the geographic distribution of Big Five Inventory (BFI) using cross-cultural data from 56 nations. The study used the back-to-back translation method in 28 different languages, as part of the International Sexuality Description Project. For the job demand resources variable, a study was conducted by Edimansyah, Rusli, Naing and Mazalisah to assess the reliability and construct validity of the Malay version of the Job Content Questionnaire (JCQ) among automotive workers in Malaysia, which used the back translation method (English-Malay-English).

In the Middle East context, a study in Jordan by Khasawneh, Bates, and Holton (2006), which aimed to translate and validate an Arabic version of the Learning Transfer System Inventory (LTSI) for use in Jordan, among 450 employees of 28 different public and private sector organizations operating in Jordan used the back-to-back translation method.

As for the questions' content and wording, they were designed to be short, succinct, and clear to avoid ambiguity and double-barreled questions (Kassim, 2001).The study used the four-point scale to measure the responses as it is widely used in

management research and its validity has been tested in management as well as other social science fields (Garland, 1991). There is no clear rule indicating the appropriate number that should be used in the response scale format (from one to seven) and it depends on the researcher (Garland, 1991 & Hughes, 1969). In addition, Dawis (1987) stressed that there is no single ideal method in selecting the response scale format, and that it depends on the nature of the research; the scale format for one research may not be good for another.

However, based on researchers, a four-point scale is as appropriate as any other scale at it reduces the respondents' confusion. In the four-point scale, there is no middle/intermediate point to select, which does away with just choosing the neutral position without understanding the question (Chui & Yang, 1987; Garland, 1991). What is more, a four-point scale improves the data quality (Klopfer & Madden, 1980), forcing respondents to choose a definite answer (Dawes, 2011), and creating more specific responses to the content (Garland, 1991).Hence, to make sure that the variables are consistent and to avoid their confusion, all the items were measured on a four-point scale, which can assist in reducing the response bias (Cheng, Jiang&Riley,2003; Weijters, Cabooter& Schillewaert, 2010). Various researchers for collection of data (Deshpande, 1996; Folkman, Lazarus, Gruen& DeLongis, 1986; Parasuraman, Zeithaml & Berry, 1988) have utilized a four-point scale. The major benefit of a four-point scale is the detection of smaller differences displayed by the nurses' response, as presented in Table 4.8. In the present study, the nurses were asked to respond to items pertaining to themselves and their work environment. Thus, using a four-point scale is justified in this study based on the above justifications, and because the nurses who are the respondent's

in the current study are conscious of what was being examined. Hence, the researcher utilized a four-point scale throughout the questionnaire in which the statements required the respondents to select from the provided scales. A survey questionnaire including all the variables under study was created. The survey was designed to measure role conflict, role ambiguity, work pressure, job control, personality, and nurses bullying. The majority of the variables were adopted from prior literature.

Table 4.8
Four Point Scale

Scales	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**
Code	SDA	DA	A	SA
Items	1	2	3	4

4.5 Pilot Study

To ensure the measurements, face validity, content validity, and internal consistency a pilot study was conducted. Reliability is considered as the consistency of measurement or the level to which a measurement measures the same way every time it is used to measure the same subjects under similar conditions (Nunnally, 1978). For this purpose, the internal consistency of the study was examined using SPSS 19.0.

The reliability of the instrument shows the level to which the variables determine the construct that is necessary to be measured. The researcher made use of 31 Jordanian nurses for the validation and confirmation of the research instrument. The nurses were selected from a public hospital in Jordan, where 45 questionnaires were distributed. It took one week to distribute and return the questionnaires; only 31 were entered into the

SPSS. Those respondents were not included in the main study sample frame, and selected from another public hospital in Jordan. The instrument reliability was achieved by testing it through Cronbach's Alpha. A reliability value of over 0.60 is considered acceptable according to Hair *et al.,* (2006). Additionally, the researcher tested the internal consistency of the measurement instrument and determined the reliability level (Hair *et al.,* 2006). The construct reliabilities were also tested; the considered satisfactory score of construct reliability is 0.50 (Hair *et al.,* 1998).

Table 4.9
Reliabilities of Constructs for Pilot Study

Composite Variables	**Alpha**	**Dimensions**	**Alpha**
Role Conflict	0.918		
Role Ambiguity	0.857		
Work Pressure	0.685		
Job Control	0.842		
Personality	0.869	Extraversion	0.744
		Conscientiousness	0.738
		Openness to experience	0.862
		Agreeableness	0.519
		Emotional stability	0.736
Workplace Bullying	0.925		

In order to set up the reliability for job demand, job control, personality, and workplace bullying measurement, the reliability coefficient was verified. The result of the reliabilities analysis, as shown in table 4.9 above, was quite high for all the composite variables except work pressure, and for all the personality dimensions except agreeableness. Regarding the low reliability for agreeableness dimension, the researcher decided to include them in the main study, and see what happened; if the reliability remained low, the agreeableness would be removed from the analysis.

4.6 Face Validity

Following the first pre-test, some sentences appeared to be inconsistent and the language experts further modified them. After that, following another discussion with the two human resources management and nursing professors working in a private university, useful corrections were made to the content of the questionnaire items. After all the discussions and the feedback were collected, a few modifications were made to the questionnaire.

Thus, difficult words were replaced by easier words with the same meaning, to ensure they were easy to understand. For example, in the Bullying Experience questionnaire item no.7 "sent to Coventry" was replaced with "socially isolated". Second, unclear statements were modified to make them clearer, such as role conflict item no. 3 "Receive an assignment without the personnel to complete it" was altered to "I receive a task without adequate resources and materials to carry it out" (See appendix A: Questionnaire).

4.7 Sampling Methods

This section discusses the population, sampling frame, and sample size of the study.

4.7.1 Population

The study population comprises Jordanian nurses employed in Jordanian public hospitals. The study's choice of both female and male Jordanian nurses is based on several reasons;

first, both genders can provide the correct image to the model, such as role conflict, role ambiguity, work pressure and job control (Albar-Marin & Garcia-Ramirez, 2005) and the personality traits. Second, the work nature of nurses represents a comprehensible reflection of public administration theory (Burnier, 2003; Leuenberger, 2006; and Stivers, 2000). Thirdly, Jordanian nurses working in public hospitals are under the management of one entity and have similar working conditions, the same salary, and compensation (MoH, 2009).

Hence, they are capable of providing the present nursing perceptions regarding bullying through the questionnaire that the researcher has designed. The inclusion of both genders in the survey is a precautionary measure of bias perceptions and to add comprehensiveness to the study. In 2009, the number of Jordanian nurses working in the healthcare centers and hospitals under the management of Ministry of Health, Jordan numbered 9,885, of which 5,873 are working in 30 public hospitals (MoH, 2009).

Nurses were chosen to be the unit of analysis because most Jordanian nurses are employed in public hospitals in the three main regions in Jordan and the conditions of work are considered to be such that they are more overworked, in light of the workload and shift work, than the other professions.

4.7.2 Sample Size

Sekaran (2003) claimed that it is suitable for a quantitative research to have a sample size that is over 30 samples. Based on the study by Scheaffer *et al.,* (1979; 1986), the determination of the size of the study sample requires some information concerning the

population size, the desired error level (5%) and the desired confidence level (95%). In addition, for the determination of the sample size, the rule of thumb established by Krejcie and Morgan (1970) is followed; a sample size of 361, with a confidence level of 95% and a margin of error of 5% is recommended for a population size of 6,000.

The Jordanian government acknowledges thirty public hospitals in Jordan (MoH, 2009), which employ around 5,873 nurses, and are primarily located in three regions; the northern, the middle, and the southern regions, as described before. The following step is the determination of the number of questionnaires for distribution to achieve 361 samples. Based on the recommendation of Krejcie and Morgan (1970), the researcher took the closest population to the number of nurses who are working in public hospitals in Jordan (6000).

This study was conducted on the biggest hospital in the middle region, namely, Al Basheer Hospital. Al Basheer public hospital was selected for many reasons, first of these is because it is the biggest public hospital in the whole of Jordan; 951 beds, which accounts for about 22% of the total number of beds in public hospitals that are affiliated to the Ministry of Health, and has more than 2,320 staff, 1,048of which are nurses (MoH, 2010).

According to the Ministry of Health (MoH) in Jordan, Al-Basheer Hospital contributed to the public health insurance revenues about 26% of the total contribution of the other 29 hospitals affiliated to the Ministry of Health in Jordan (MoH, 2010). Additionally, Al Basheer hospital faces the heaviest and highest work load in comparison with the other public hospitals in Jordan; 22% of admissions and 19% (more than 644,000) of the outpatients at hospitals that are affiliated to the Ministry of Health take

place at Al Basheer hospital, with a total of 3,315,331 outpatient-visits in all public hospitals(MoH, 2010).

What is more, Al Basheer hospital serves the capital of Jordan, Amman, with a population of 2.367 million (38.7%), out of the total population of 6.113 million according to the Department of Statistics (DoS) in Jordan (2010). In addition, Al-Basheer hospital serves all the provinces and cities in Jordan, specifically, the middle region (Az-Zarqa'a, Madaba, and Al-Balqa'a) because it has all the medical equipment, and specialized physicians that are not available in other public hospitals. Furthermore, most of the critical medical cases and special medical surgery are typically transferred to Al Basheer hospital.

4.7.3 Distribution of Questionnaire to Respondents

In the current study, the researcher decided to double the determined sample to 750 questionnaires, with the intention of achieving a large sample size, and acceptable response rate (Hair *et al.,* 1998). It was difficult to obtain the list of names of the nurses working in public hospitals in Jordan, as the Ministry of Health refused the request of the researcher to obtain the names of all the nurses working in public hospitals. Moreover, at the end of August 2011, the cover letter for the Ministry of Health (MoH) was prepared to request cooperation from the hospital management and respondents. (See Appendix B) Data collection was conducted from August 29, 2011 to September 30, 2011, a total of thirty-three working days.

However, number of nurses in each section -without name list- provided by Al Basheer hospital management; each section at Al Basheer hospital, except the outpatient department, works in three shifts –morning shift from 7a.m. to 3p.m.(A shift), evening shift from 3p.m. to 11p.m. (B shift), and the night shift from 11p.m. to 7a.m. (C shift).

Nurses move from one shift to anotherevery10 working days. In some cases, nurses with special circumstances work on one shift for a long time, like the nurses who have infants or elder parents to care for. In some medical sections, the nurse who is working on the evening and night shift (B and C shifts) take a rest for one day after his/her working shift. According to the organizational chart at Al Basheer hospital, the nurses working in 20 medical sections and the number of nursing staff differ from one section to another depending on the number of beds in each section.

The researcher tried to distribute the questionnaire randomly, but as the name list of all nurses was not possible, it was very difficult because of the heavy workload in the different hospital sections, particularly as many units and rooms are restricted to enter "only for staff", like surgery rooms, delivery rooms and Intensive Critical Unit (ICU), Coronary Care Unit (CCU), emergency rooms. Therefore, the researcher forced to take a convenience sample, which is non-probability sample. Thus, the deputy nursing affairs, arranged with the head of nursing in all sections to cooperate and support the researcher in distributing 750 questionnaires, by distributing 80 questionnaires in each of the 5 largest sections, 30 questionnaires in each of the 10 medium sized sections, and 10 questionnaires in each of the 5 smallest sections. This classification of hospital sections (large, medium, and small) was derived on the basis of the number of beds in each section. In cooperation with the hospital management and head of nursing sections, the

researcher asked about the possibility of a chance to brief the nurses about the questionnaire. The hospital management suggested making it before the time of changing the shift in each section, however, not all sections agreed to do that. The researcher expounded to the respondents the definitions and the variable scales in the questionnaire with special emphasis on the occurrence of workplace bullying as most nurses consider such behavior akin to work abuse. Workplace bullying was explained in light of its repetitive nature and power imbalance.

As a result of information limitations, and no chance of randomization of the respondents, the questionnaires were left with each nursing head section to be distributed to nurses, sometimes the researcher distributed questionnaires by himself directly to the nurses. The first day of distributing the data was on the shift-starting day, because the nurses working on the morning shift will work in the evening or night shift or morning shift after ten days.

The respondents were given one week to complete the questionnaire, the completed questionnaires were collected by the head of nursing in each section, and the researcher recorded how many questionnaires were handed to each head of section, because some heads of sections took more than was agreed upon. Then, after one week, the researcher collected the completed questionnaires from each section. To ensure a high level of response rate, a few steps were adopted: getting the cooperation of the staff and respondents through constant reminders. Phone calls, and contact in person were made with head of sections to arrange the collection of questionnaires. Some of questionnaires had not been answered, while others had skipped some questions.

4.8 Data Analysis Procedure

Data analysis consists of specific procedures including response coding, data screening, and data analysis strategy (Churchill & Lacobucci, 2004; and Sekaran, 2000). Data screening was conducted for the identification of data entry errors and for the examination of the way data appropriately meets the statistical assumptions. The procedure involves descriptive statistics of variables, missing data, test for outliers, response bias test, normality, homoscedasticity, multicollinearity, and reliability. Data analysis and hypothesis testing was conducted through the use of statistical methods and tools from SPSS software version 19.

Before testing the relationship among the variables, a principle component analysis (PCA) with varimax rotation (Hair, Anderson, Tatham& Black, 1998) was utilized for the identification of the underlying dimensions of every construct under study. The utilization of factor analysis allows the development of descriptive summaries of data matrices, which may help in the detection of meaningful patterns among the variables (Dess, Lumpkin & Covin, 1997). The PCA is the mostly widely used factor extraction method (Cooper & Schindler, 2003). The varimax rotation, on the other hand, is a method that provides a clearer separation of factors (Hair *et al.,* 1998). Factor analysis was carried out on role conflict, role ambiguity, work pressure, job control, personality, and workplace bullying with the condition that an item should load 0.30 or over 0.30 on two or more than two differing factors (Hair *et al.,* 2006). In the case of cross loading between two items or more in the same variable is more 0.30 the criteria that used is deducting the higher loading form the lower one if there is only two cross loading. If

there is more than two cross loadings the highest loading minus the second lowest loading, in both cases if the result is less than 0.20 the item is removed from the analysis.

Separated items based on their respective factors through factor analysis were exposed to reliability analysis prior to computing to represent the latent variable. Reliability refers to the internal consistency indicating the homogeneity of items in the measure measuring the latent variable (Cooper & Schindler, 2003). The reliability analysis gauges the level to which a variable or a set of variables consistently measures what it is expected to measure (Hair *et al.,* 1998). The recommended measure of internal consistency of a set of items is Cronbach's alpha (Sekaran, 2003) and is considered among the most commonly utilized reliability coefficients (Coakes & Steed, 2003). The researcher conducted a reliability analysis on the scales utilized in the measurement of job demand, job control, personality and workplace bullying with the criterion of Cronbach's alpha recommended value of 0.60 (Hair *et al.,* 2006). The items of each construct were exposed to reliability and factor analysis. The results are presented in the following chapter.

4.8.1 Bivariate Correlation and Multiple Regressions

Bivariate correlations were conducted to examine the relationship between job demand and job control comprising of role conflict, role ambiguity, work pressure and job control, the dimensions of personality (extraversion, conscientiousness, openness to experience, and emotional stability) and workplace bullying. The correlation analysis outcome presents the direction, strength and significance of the bivariate relations of the variables under study (Sekaran, 2003).

Additionally, multiple regressions was employed for the testing of significant predictors of workplace bullying among Jordanian nurses employed in public hospitals in terms of job demand factors; role conflict, role ambiguity, and work pressure, and job control. The test provides the understanding of the way the variance in the dependent variable is presented by the independent variables when they are expected to influence the former (Sekaran, 2003).

4.8.2 Hierarchical Multiple Regression

Hierarchical multiple regression analysis was used to test if the nurses' personality moderates on the relation between job demand factors and job control, and workplace bullying among Jordanian nurses. Chaplin (1991), Cohen & Cohen (1983), Stone & Hollenbeck (1984), and Zedeck (1971) recommended the use of hierarchical multiple regressions for the detection of moderating effects. Similarly, Baron& Kenny (1986) recommended the same to detect the moderating effect of factors. A number of steps were followed to test the moderating effects of nurses' personality. The predictors were first entered into the regression equation in order. This was followed by the incorporation of the moderator variable into the equation and the two-way interaction. The two-way interaction may be calculated through the multiplication of the moderator with the variables of job demand and job control.

4.9 Summary

The present chapter explained the research design adopted, which is the quantitative approach through a structured questionnaire. In addition, the study sampling method was explained in detail, which involved a sample of 750 respondents. The chapter discussed validity issues through the pilot study and explained the population, sample size, and the survey procedural steps. In the data analysis section, the testing of statistical techniques used for data analysis was carried out. The least required sample size was provided along with the organization and collection of data. The requirements of measurement fit and goodness of fit involving the use of multiple and hierarchical regression is proposed as the statistical method to be used in the study. The following chapter presents the analysis of data and the presentation of research findings.

CHAPTER FIVE

FINDINGS

5.1 Introduction

The present chapter discusses the data analysis findings obtained from SPSS. The chapter is divided based on the goodness of measures in terms of validity, reliability, analysis of measures used, analysis of the relationship between job demand factors (role conflict, role ambiguity, work pressure, and job control) and workplace bullying. Data was collected through the questionnaire survey.

The first part is a discussion of response rate, the validity, and reliability analyses while the second part comprises the descriptive analyses of the study variables. The third part of the chapter is dedicated to the explanation of, study sample description at the individual and group level, and the explanation of the descriptive data obtained from the respondents concerning their bullying experiences in the work place through self-labeling. Finally, the chapter wraps up with the discussion of inter-correlation and regression analysis utilized which is multiple and hierarchical analysis to examine the hypotheses.

5.2 Response Rate

In the field of social sciences, if the sample size does not represent the whole population, the pattern of actual respondents will not present the whole population, as those who are

not part of the sample may have varying characteristics from those who are. Moreover, prior studies show that gender, age, occupation, income level and marital status impact the rate of response (Porter, 2004).

The questionnaire was distributed to a total of 750 Jordanian nurses out of which 151 questionnaires were incomplete. Since response to the survey was optional for nurses, some nurses advised the researcher directly "I am sorry, I don't like to fill in the questionnaire", sometimes the nurse section manager apologized for the low response. In addition, the heavy daily workload in the hospital, especially in the emergency, surgery rooms, in-patient and other sections affected the response rate. Furthermore, for special social reasons some female nurses did not complete the questionnaire. The researcher managed to achieve the response rate through diligence, hard work and based on work shifts and extra financial cost. Out of 750 questionnaires, 599 were suitable for the following data analysis, which presented a response rate of 80% (Table 5.1).

The sample size seemed to be appropriate and the response rate obtained was consistent with other studies in the same field; for instance, Quine (2000) obtained a 70% response rate, Vartia & Hyyti (2002) obtained 64%, McKenna *et al.,* (2003) obtained 47%, Burnes & Pope (2007) obtained 46%. The summary of the response rates are listed in Table 5.1.

Table 5.1
Summary of Response Rates

Questionnaire administrated	**750**
Uncompleted	**151**
No. of responses	**599**
Response rate (599/ 750)	**80%**

5.3 Data Screening

Following the collection of data, they were coded for systematic storage. Data were coded by assigning to them character symbols that are primarily numerical symbols through SPSS software version 19.0 and data were edited before entering into SPSS. To ensure that the impact of the data characteristics would not negatively affect the research outcome, data screening was carried out through the employment of steps in SPSS. Data screening is significant in the earlier steps as it affects the decisions taken in the steps that follow. Additionally, the researcher conducted data screening, which was carried out by examining the basic descriptive statistics and frequency distributions. The values that were found to be out of range or unacceptably coded were detected (Kassim, 2001).

5.3.1 Missing Data

Several actions are recommended by prior studies in the case of missing data; for instance, it could be deleted, distributed, or replaced (Kline, 1998; Tsikriktsis, 2005). The first step in the data screening procedure is the identification of missing data. Respondents may reject responding to some personal questions concerning their income, age, etc., and, in some cases, respondents are unable to respond, as they do not have the knowledge to do so.

The researcher ran the frequency test for each variable for the identification of missing response. Through this test, it was revealed that 151 of the questionnaires were unusable owing to missing responses. Data inspection showed incomplete responses in part one, which constituted the demographic variables, in part two, which constituted the

aspects of workplace bullying, and in part four, which constituted the personality questionnaire.

Thus, the missing responses were excluded from the analysis of data causing the usable data to decrease to 599 responses. This process is called case wise deletion and it is the most preferred method of all methods for missing response analysis (Malhotra, 1998). In this process, only the cases with incomplete records are tested.

5.3.2 Outliers

Another critical step is the identification of outliers in the data screening process. After the treatment of missing data, identification of outliers was conducted. According to Hair *et al.,* (2006), the occurrence of outliers maybe attributed to several reasons and among them is entering data incorrectly. In the present study, not many cases of outliers were noted. Hair *et al.,* (2006) added that the observations of outliers within the intended population are extreme in the combined values throughout the variables. In the present study, the researcher used the Mahalanobis Distance D^2 score to compare with the Chi-square χ^2 value to determine the outlier cases.

In some cases, a high impact upon the outcome of statistical analysis was noted. Hence, the use of the multivariate technique was required to identify the outliers and to treat them (Hair *et al.,* 1995; 1998). Univariate outliers were noted, and, following an investigation, it was revealed that they were extreme cases of strong disagreement or agreement on the interval scaled statements. However, in light of the study orientation, the examination of the nurses' perceptions towards workplace bullying in Jordanian

public hospitals, it is reasonable to think that a nurse may have strong feelings regarding the chosen variables and the negative behavior that they experience at work. Empirical findings in the healthcare industry confirmed that a positive relationship exists between the nurses' and their behavioral intention towards negative actions at work (Hutchinson, Vickers, Jackson, and Wilkes, 2006).

Some of the items in the questionnaire were phrased negatively. Hence, the researcher recorded the responding answers through the SPSS program. The negative items concerned the personality traits dimensions, i.e. extraversion items 1, 3, and 5 and conscientiousness item 2, and agreeableness item 1 along with the emotional stability items, as presented in Table 5.2. The Chi-square results χ^2 with p=0.001 variable for the 80 items is calculated to be 124.839, while the outlier results presented 37 cases of multivariate outliers in the dataset, which were deleted owing to the Mahalanobis Distance (D^2). The 37 cases that were deleted include (53, 91, 97,99, ,102,104,117,137,149,163,171,203,206,208,270,281,282,288,291,20,383,388,390,393,395,401,454,491,497,499,502,504,517,537,549,563,and 571) which left 562 (599-37) data set for analysis.

It is reasonable for outliers to arise, and, excluding the extreme cases, impact the generalizability of the whole population of the study (Hair *et al.*, 1998; Tabchnick & Fidell, 2001) (See Appendix C for details).

Table 5.2
Recoded Items Table

VARIABLE	ITEM NO.	ITEM PHRASE
Extraversion	1	I hide myself from others.
	3	I have little to say.
	5	I do not talk a lot.
Conscientiousness	8	I make a mess of things.
Agreeableness	1	I feel little concern for others.
Emotional Stability	22	I get irritated easily.
	23	I worry about things.
	24	I change my mood a lot.
	25	I have frequent mood swings.
	26	I get upset easily.

5.4 Validity Test

Validity is the level to which a test is able to measure what it is expected to measure (Gay, 1987). In addition, validity is the degree to which a research instrument measures the construct being examined. The research instrument utilized may be reliable but not valid (Hair *et al.,* 2006). However, it will not be valid without being reliable. Content and construct validity are used to measure validity.

Validity is considered as the degree in which an instrument measures the construct under study. Hair *et al.,* (2006) stated that the research instrument may be reliable without being valid, but it cannot be valid if it is not reliable. Gay (1987) defined validity as the degree to which the test measures what it is expected to measure. Validity is categorized into content validity and construct validity.

5.4.1 Content Validity

Content validity is the subjective agreement of most professionals regarding the scale that reflects accurate measurement of what it is supposed to measure. The establishment of content validity of questionnaire items is conducted through several competent and experienced arbitrators who judged and measured the instrument. Modification was carried out according to their recommendations and comments.

Content validity is the subjective agreement of the professionals that a scale measures what it is supposed to measure. Accordingly, a number of competent and experienced Jordanian arbitrators evaluated the content validity of the questionnaire items. The modification carried out was based on the experts' suggestions and constructive advice. Content validity was further supported through an extensive literature review.

In the present study, various Jordanian experts in the field of management, human resources, and nurses employed in Jordanian universities confirmed the instrument validity. They pronounced the appropriateness of each item in the questionnaire and provided comments regarding spelling and grammatical errors. Convergent and discriminant validity are two types of construct validity (Campbell & Fiske, 1959).

5.4.2 Construct Validity

Construct validity or factorial validity shows how well the results are achieved through the employment of measure fit in light of theories upon which the test was designed (Malhotra, 1998). In other words, the researcher checked the construct validity of the

research by tapping the concept theorized. As such, with more construct validity employed, more validity will be constructed (Malhotra & Stanton, 2004). Construct validity is a significant aspect that each researcher should take into consideration during the carrying out of research. It refers to a particular construct covering or sharing a great proportion of variance (Hair *et al.,* 2006). It primarily validates the level to which two measures having the same concept are linked together. Convergent validity can be tested through factor analysis (FA) to ensure that the factor loading of constructs is higher than 0.30 (Hair *et al.,* 2006).

In the present study, prior to the carrying out of the main analysis, factor analysis was conducted on every item that measures the independent, moderator, and dependent variable. Factor analysis is a tool that assists in determining the sufficiency of the construct of an instrument that measures (Cooper & Schindler, 2003). Factor analysis was performed on the data obtained from a total of 562 nurses working in Jordanian public hospitals.

The rationale behind the inclusion of the complete data collected for the predictive variables in the validity analysis lies the fact that the responses do not include any discrepancies requiring data exclusion. In the present study, the proposed model comprised ten variables and multiple items or indicators were utilized for the examination of each construct. There are 80 items comprising ten constructs, as presented in Table 5.3.

5.5 Factor Analysis

This section examines job demand, personality, and workplace bullying in terms of the factor structure of the revised Negative Act Questionnaire. For the assessment of the common variance between items, principal component is used or the principal factor analysis (Kinnear & Gray, 1999). Through this analysis, factors that are orthogonal or not linked to each other are extracted in descending order (Bryman & Cramer, 1997).

As the size of the sample utilized in the analysis impacts, the reliability of the factors obtained from it, the researcher took into consideration the minimum viable size to be undertaken in the analysis. Researchers are in a disagreement regarding this issue (Bryman & Cramer, 1997). While Coakes and Steed (2003) suggested a minimum ratio of five subjects for one single item, Meyers *et al.,* (2006) suggested ten subjects.

On the other hand, Hair *et al.,* (1998) suggested twenty subjects per item. In the present analysis, the cut-off point was adopted in excess of the latter view. The number of usable questionnaires was 562, which is higher than the minimum number recommended for factor analysis by Arrindell & Ende (1985), Hair *et al.,* (1998), Meyers *et al.,* (2006), Coakes and Steed (2003), and Bartlett, Kotrlik & Higgins (2001). This is represented in Table 5.3. To make sure that the sample is appropriate for factor analysis; preparatory analyses were carried out through the inspection of the matrix correlation. Because the aim behind factor analysis is to present underlying relationships between variables, if a questionnaire item does not correlate with any item at the 0.3 level or over, it has to be deleted from the analysis (Kinnear & Gray, 1999).

Table 5.3
Variables and Number of Measured Items in the Research Model

Variable	No. of Measured Items	Abbreviation	Abbreviation After Transformation
Role conflict	7	RoleConf	RoleConflict
Role ambiguity	6	RoleAmbg	RoleAmbiguity
Work pressure	5	WorkPrss	WorkPressure
Job control	6	JobCont	JobControl
Extraversion	6	Extra	Extraversion
Conscientiousness	6	Consi	Conscientiousness
Openness to experience	4	Intell	Openness
Agreeableness	5	Agree	Agreeableness
Emotion stability	5	Emotion	Emotion
Workplace bullying	30	Bullying	WpB
Total	**80**		

Hair *et al.,* (2006) provided the rule of thumb for the interpretation of the factor loading. According to him, factor loadings that are valued at +0.50 or more are very significant, while +0.40 is most important and +0.30 is significant. In the present study, all the items of job demand possess factor loadings of over 0.50 indicating that the items correlate very significantly to the factor, as they are all over 0.66 with the exception of role conflict items “only role conflict1”,whichwas 0.59. It was over 0.51 for bullying and personality times indicating that the items correlate every significantly to the factor. A distinct factor analysis was conducted for all items measured at an interval scale. Validity and reliability were measured for three constructs, namely, job demand factors, personality

traits, and workplace bullying. The next section discusses the construct validity of the variables under study.

5.5.1 Factor Analysis for Job Demand Factors

The job demand construct comprises role conflict, role ambiguity, work pressure and job control, which were measured by a total of 24 average items responded to by the nurses to show the construct level. The items were not revised coded because all of them were positively worded. Varimax rotation, a principal component of factor analysis, was conducted on all 24 items to identify which of them should be grouped together to create a construct. A total of seven items were excluded owing to cross loading. The criteria were followed in the study for cross loading. It states that if the greatest factor loading minus the least one equals a value that is lower than 0.2, the items should be deleted. The remaining sixteen items were then analyzed through factor analysis by forcing them into a four-factor solution on the basis of the study model. Item number four of work pressure was deleted owing to its low commonality value (less than 0.30). The result is depicted in Table 5.4.

Table 5.4

Summary of Factor Analysis for Job Demand Factors

	Item	Component			
		1	2	3	4
RoleConf1	I have to do things at work that should be done differently.	0.56			
RoleConf4	I have to break a rule or a policy in order to carry out a task.	0.66			
RoleConf5	I receive incompatible requests from two or more people at work.	0.83			
RoleConf6	I work with two or more groups that operate quite differently.	0.82			
RoleConf7	I do things at work that are likely to be accepted by one person and not by others.	0.79			
RoleAmbg1	I feel certain about how much authority I have in carrying out my work.		0.90		
RoleAmbg2	There are clear, planned goals and objectives for me in my job.		0.92		
RoleAmbg3	I know that I have divided my time properly at work.		0.90		
WorkPrss1	I do not have enough time to provide my patients with the care they deserve.				0.71
WorkPrss2	I am forced to keep my patients who need treatment waiting due to lack of time.				0.80
WorkPrss3	I am unable to give my patients sufficient attention required by them due to lack of time.				0.69
WorkPrss5	I work under a great deal of pressure.				0.71
JobCont3	My job is such that I can decide when to do a particular work activity.			0.81	
JobCont4	I have control over the scheduling of my time-off.			0.82	
JobCont5	I have some control over the sequencing of my none work activities.			0.81	
JobCont6	I can decide when to do particular none work activities (e.g. vacation)			0.83	
Eigenvalue		**5.49**	**2.61**	**1.61**	**1.33**
Percentage of Variance Explained = 69%		**34.30**	**16.33**	**10.05**	**8.34**

Kaiser-Meyer-Olkin Measure of Sampling Adequacy = .83

Bartlett's Test of Sphericity Approx. Chi-Square = 5506.67 , df= 120, Sig. =0.000

The outcome in Table 5.4 reveals that the Kaiser Meyer Olkin Measure of Sampling Adequacy (KMO) for the four factors solution is 0.83, a significant Bartlett's Test of Sphericity of 0.000 indicating the data's appropriateness for factor analysis (Coackes & Steed, 2003; and Hair *et al.,* 1998). The variance is explained by 69% of the four extracted factors.

Based on Hair *et al.,* (1998), it is justifiable that the researcher instructs the computer to take out the same number of factors that was found the previous time. The measure adapted had four dimensions, and, hence, the researcher instructed the computer to extract the result of four-factor analysis. Hair *et al.,* (1998) claimed that in the field of social sciences, a solution accounting for 60% or less of the total variance is satisfactory.

In the current thesis, factor loading was met as per Hair *et al.*'s (2006) criterion stating that the given item should load at least 0.30 or greater in two or more than two components. The initial factor comprises five items explaining 34% of the variance of the job demand factors while the second one comprises three items explaining 16.33% of job demand. The third factor comprises four items explaining 10.05% of the variance of job demand factors while the last variable comprises four items explaining 8.34% of the variance of job demand factors. The outcome of factor analysis ensures that the factors of job demand are theoretically meaningful.

5.5.2 Factor Analysis for Nurses' Personality

The personality construct with five traits comprises 26 items, as cited in Bamber & Castka (2006), where the average items responded to represent the construct of

personality level. Nine items were re-coded as they were negatively worded (see table 5.2, page, 188).

Varimax rotation was conducted on the 26 items to identify the items that should be grouped to form a construct. Eleven items were deleted because of cross loading. Five of the factors, regarding the agreeableness dimension, were loaded on all the components. The researcher deleted six items loading on other components.

The analysis was forced to a five-factor solution on the basis of the study model and the researcher deleted the items for agreeableness that loaded on different components. The factor analysis was employed without forcing and it produced six components. The researcher deleted five items cross loading to different components. The final factor analysis was carried out on the remaining fifteen items that were loaded on four dimensions, namely, extraversion, conscientiousness, openness to experience and emotional stability. The results are shown in Table 5.5.

The results in Table 5.5 revealed the Kaiser Meyer Olkin Measure of Sampling Adequacy (KMO) or the four factors solution to be 0.824, and a significant Bartlett's Test of Sphericity of 0.000 indicating the suitability of data for factor analysis (Coackes & Steed, 2003; and Hair *et al.,* 1998). The variance is explained by 78.06% having four extracted factors. Hair *et al.,* (1998) stated that it is justifiable for the researcher to instruct the computer to obtain the same number of factors that were previously obtained. Therefore, in the present study, the adapted measure possesses five dimensions (Bamber & Castka, 2006).

Table 5.5
Summary of Factor Analysis for Nurses Personality

	Component			
Items	1	2	3	4
I don't talk a lot.	0.91			
I find myself comfortable around people.	0.94			
I initiate conversations with others.	0.92			
I talk to a lot of different people at social gatherings.	0.92			
I am always prepared.		0.88		
I make a mess of things.		0.94		
I do my job duties decently.		0.93		
I like order.		0.51		
I spend time reflecting on things			0.95	
I have a vivid imagination.			0.95	
I am full of ideas.			0.94	
I get irritated easily.				0.51
I worry about things.				0.82
I change my mood a lot.				0.82
I have frequent mood swings.				0.61
Eigenvalue	**1.55**	**2.60**	**2.02**	**5.53**
Percentage of Variance Explained = 78.06%	**36.89**	**17.35**	**13.46**	**10.36**

Kaiser-Meyer-Olkin Measure of Sampling Adequacy = .82
Bartlett's Test of Sphericity, Approx. Chi-Square = 4195.33, df= 105, Sig. =0.000

The researcher refrained from forcing the computer to extract the result of factor analysis and six components were found. The last two columns were deleted for their meaningfulness and most items are loaded in the first four components with a single case of cross loading with the same number of personality dimensions in prior literature; extraversion, conscientiousness, openness to experience and emotional stability. Hair *et al.,* (1998) emphasized that in social sciences literature, a solution accounting for 60% or less of the total variance is considered satisfactory.

The initial factor comprises four items explaining 36.89% of the variance of nurse's personality while the second one comprises four items explaining 17.35% of the nurse's personality. The third factor comprises three items comprising 13.46% of the variance of nurses' personality and the final one comprises four items explaining 10.36% of the variance in the nurses' personality. The factor analysis result indicates assurance that four of the personality dimensions are theoretically meaningful.

5.5.3 Factor Analysis for Workplace Bullying

The construct of workplace bullying had 30 items (Hoel *et al.,* 2004) with the average items responded to by nurses representing the workplace bullying level construct. Varimax rotation was used on the 30 items for the determination of which items should be grouped to form a construct. The output of the factor analysis revealed seven components for workplace bullying. The researcher forced the factor analysis into a one-factor solution on the basis of the ambiguity in the prior studies (from one dimension to seven dimensions) (see Quine, 2001).

Table 5.6
Factor Analysis of Workplace Bullying

ITEMS	Component 1
1. Someone has withheld information, which can affect my work performance.	0.88
2. I have been subjected to unwanted sexual attention at work.	0.92
3. I have been humiliated or ridiculed in connection with my work.	0.92
4. I have been ordered to do work below my level of competence.	0.67
5. The key areas of my responsibility has been removed or replaced with more trivial or unpleasant tasks.	0.87
7. I have been ignored, excluded and socially isolated at work.	0.87
8. I have been insulted with offensive remarks about my person at work.	0.81
9. I have been shouted at or being the target of spontaneous anger at work.	0.56
12. I have been subjected to threats of violence or personal abuse at work.	0.58
30. I have been moved or transferred against my will.	0.80
Eigenvalue	**6.52**

Percentage of Variance Explained = 65.18%
Kaiser-Meyer-Olkin Measure of Sampling Adequacy = .90
Bartlett's Test of Sphericity/ Approx. Chi-Square = 5741.46, df= 45, Sig. =0.000

During the factor analysis of workplace bullying, twenty out of thirty items were deleted owing to the communalities being less than 0.30. The results are shown in Table 5.6. The higher the value of communalities, the higher will be the factor loading, and, as such, the researcher held great concern regarding them. The factor comprises ten items explaining 65.18% of the variance of workplace bullying. The factor analysis outcome ensures that one dimension of workplace bullying is theoretically meaningful. Based on Hair *et al.*'s (2006) rule of thumb, where the factor loading is 0.50 or more, they are considered very significant while 0.40 is most important and 0.30 is significant. The workplace bullying factor items factor loading were more than 0.50 indicating that all items significantly correlate to the factor.

In previous studies, the most common bullying behaviors among nurses were, facing unmanageable workload, ignoring or excluding socially, spreading rumors, carrying out work below level of competence, ignoring the professional opinion, holding information relevant to work, impossible deadlines, and humiliated or ridiculed (Johnson & Rea, 2009; Simons, 2008), which is quite similar to what was obtained from factor analysis in this thesis.

5.6 Reliability Analysis

Based on the study of Nunnally (1978), reliability is considered as the consistency of the measurement or the level to which an instrument measures each time in the same way under similar conditions and subjects. The present study made use of SPSS 19.0 software to determine the internal consistency. Cronbach's alpha is commonly utilized to test the

internal consistency of variables that measure the construct in scale that is summated (Hair *et al.*, 2006). The reliability outcome following the transformation is presented in Table 5.7.

Table 5.7
Cronbach's Alpha for the Study Variables after Factor Analysis

Variable Name	Original Items	Items after FA	Cronbach's Alpha after FA
Role conflict	7	5	.846
Role ambiguity	6	3	.966
Work pressure	5	4	.779
Job control	6	4	.854
Extraversion	6	3	.977
Conscientiousness	6	3	.779
Openness to experience	4	3	.966
Emotion stability	5	4	.650
Workplace bullying	30	10	.930
Total items	**75**	**39**	

Every construct presents Cronbach's Alpha scores of values that are over 0.60, which is considered by Hair *et al.,* (2006) as acceptable. All constructs have reliability values that range from 0.650 to 0.977 indicating that all the constructs possess internal consistency. Additionally, following the factor analysis, there remained 39 items out of 74 items. Two items were deleted in terms of reliability, namely, new extraversion 1 and new conscientiousness 2 because their alpha values are less than 0.6, as presented in Table 5.7. The items had good reliability after the deletion of the above items by SPSS.

5.7 Restatement of Research Hypotheses

As a result of factor analysis and excluding the agreeableness dimension from analysis, the following the list of final research hypotheses after restatement:

Hypothesis 1: There is a positive relationship between role conflict and workplace bullying.

Hypothesis 2: There is a positive relationship between role ambiguity and workplace bullying.

Hypothesis 3: There is a positive relationship between work pressure and workplace bullying.

Hypothesis 4: There is a negative relationship between job control and workplace bullying.

Hypothesis 5: Personality traits moderate the relationship between job demand and workplace bullying.

Hypothesis 5a: Extraversion moderates the relationship between job control and job demand on workplace bullying.

Hypothesis 5b: Conscientiousness moderates the relationship between job demand and job control on workplace bullying.

Hypothesis 5c: Open to experience moderates the relationship between job demand and job control on workplace bullying.

Hypothesis 5d: Emotional stability moderates the relationship between job demand and job control on workplace bullying.

5.8 Profile of Respondents

In this thesis, there are nine major items of sample characteristics, namely, gender, age, marital status, salary, professional status, work shift, education, experience working in the present hospital, and total nursing work experience. The results obtained following analysis of the demographic variables are discussed below. The final sample constituted 305 (54.3%) female respondents and 257 (45.7%) male respondents. It is evident that the majority of the study sample were female, with ages ranging between 21-30 years old (61%) and married (65.7%) with the remaining 31.7% unmarried and 2.1% divorced. Widows constituted 0.5% of the respondents. The majority of the respondents (42.0%) earned a monthly salary of 301-400 JD. As for the nursing profession, the majority of the respondents (62.3%) worked as RNs (registered nurses) while some of them worked as nursing workers (1.8%). The majority of the nurses (76.2%) worked in rotating shifts while the rest worked in a single shift. Most (58.4%) have obtained their bachelor's degree, 34.5% their diploma, 5.5% general secondary while only 1.6% obtained a high diploma and above. As for their working experience, the majority of them (34%) had been working for 4-7 years as nurses, 33.8% had been working for over 11 years, 13.7% had been working for 8-11 years, 14.8% for 1-3 years, and 3.7% for less than a year, as listed in Table 5.8.

Table 5.8
Description of Sample (Individual Characteristics)

	No.	Percentage
Gender		
Male	257	45.7
Female	305	54.3
Marital status		
Single	178	31.7
Married	369	65.7
Divorced	12	2.1
Widowed	3	.5
Salary		
Less than 300	133	23.7
301-400	236	42.0
401-500	141	25.1
Above 500	52	9.3
Profession		
Registered Nurse	350	62.3
Assistant Nurse	69	12.3
Associated Nurse	106	18.9
Midwife	27	4.8
Nursing Worker	10	1.8
Shift		
Yes	428	76.2
No	134	23.8
Education		
General Secondary	31	5.5
Diploma	194	34.5
Bachelors	328	58.4
High Diploma and above	9	1.6
Age	M= 2.52	SD= 0.779
Experience in current hospital	M= 3.39	SD= 1.272
Experience as a nurse	M= 3.59	SD= 1.200

5.9 Descriptive Statistics of Principal Constructs

Descriptive statistics briefly describe the main summarized statistics. The analysis was utilized in the determination of the characteristics' of Jordanian nurses employed in public hospitals. Descriptive analysis shows the transformation of basic data into a form providing information to explain, interpret, and understand a set of factors easily (Kassim, 2001; and Sekaran, 2000).

The analysis provides a clear data meaning through their frequency distribution, mean, and standard deviation, which are invaluable in identifying variations among groups for the variables under study.

The most significant descriptive statistics used for Jordanian nurses in the study are mean and standard deviation. Additionally, the study carried out a descriptive analysis to identify the main score and standard deviation of the constructs. A representation of the descriptive statistics and its principal constructs are presented in Table 5.9. Based on the table (Table 5.9), the study analyzed 562 valid cases of mean and standard deviation for all the variables. As previously mentioned, the mean for all the independent variables revealed that job control was the top one at 2.61, followed by role ambiguity at 2.38, role conflict at 2.37, and work pressure at 2.33. The highest mean among the variables of personality dimensions was extraversion at 2.79, conscientiousness at 2.72, and openness to experience. Emotional stability was last at 2.37. The dependent variables mean score was 2.40. The mean scores of role conflict, role ambiguity, work pressure and job control variables indicate that the respondents agree about the variables' influence upon workplace bullying among Jordanian nurses.

Table 5.9
Descriptive Statistic of All Principle Constructs (n= 562)

Construct	Total of Items	Mean of Item			Standard Deviation
		Min	Max	Total Mean	
Role Conflict	5	1	4	2.37	0.746
Role Ambiguity	3	1	4	2.38	0.939
Work Pressure	4	1	4	2.33	0.796
Job Control	4	1	4	2.61	0.810
Extraversion	3	2	4	2.79	0.871
Conscientiousness	2	2	3	2.72	0.723
Openness to experience	3	1	4	2.66	0.834
Emotional stability	3	1	4	2.37	0.635
Workplace Bullying	10	1	4	2.40	0.701

In addition, on the basis of the mean scores of the three dimensions for personal traits, namely, extraversion, conscientiousness and openness to experience(above 2.66), the respondents confirmed that they play a moderating role on the relationship between job demand and job control, and workplace bullying in the context of nurses working in Jordanian public hospitals. In addition, the standard deviations of the variables appear to range from 0.635 to 0.939 reflecting the presence of significant acceptable variability within the data set.

Nevertheless, various values show that the answers provided were substantially different from one respondent to the other signifying the existence of tolerable variance in responses. According to Table 5.9, emotional stability has the lowest standard deviation at 0.635, which may be linked to the following reasons; respondents were not clear on the statements concerning emotional stability in the questionnaire; they were not sure regarding the significance of emotional stability; or they may have similar views of emotional stability.

5.10 Experience of Bullying At Work

The experience of negative behavior like bullying influences the bullied victim and the witness. In the next table, it is shown that the median of workplace bullying is at 2.4 and the researcher categorizes workplace bullying in the low and the above median. The researcher used the dichotomization method to transform the workplace bullying variable from a continuous to a categorical variable. The median is a common form of dichotomization based on where people fall relative to a cutoff point (Cohen, 1983). In

the current study, workplace bullying has been split into low and high level of experiencing bullying. The lowest answers imply that the respondents are rarely exposed to the negative acts while the highest answers, above the median, imply that the respondents are highly exposed to the negative acts. Hence, 49.5% of the respondents were highly exposed to bullying behavior and 50.5% of them were subjected to a low incidence of bullying behavior in the last six months. In general, we can conclude that 50% of respondents have been highly exposed to bullying, which is supported by a previous study in Jordan conducted by Awawdeh (2007), in which 46.4% of women who were working in the healthcare sector have been bullied. As shown in table 5.10 below.

Table 5.10
Exposing To Workplace Bullying Behaviour/ Six Months Duration

Exposing To Bullying	**Frequency**	**Percentage**
Low	284	50.5
High	278	49.5
Total	562	100.0

Regarding the agreement for workplace bullying statements, as shown in table below (table 5.11), the statement of the "ordered to do work below my level of competence." generates the highest mean = 2.66 (SD =1.041). 25% (n = 141) totally agreed with this statement. 34% (n = 191) agreed, 18% (n = 100) totally disagree and 23% (n=130) disagree.

While, the statement of "I have been insulted with offensive remarks about my person at work" and "I have been humiliated or ridiculed in connection with my work" generates the lowest mean =2.31.

Table 5.11
The Descriptive Data of Workplace Bullying Statements

Statement	**Totally disagree**		**Disagree**		**Agree**		**Totally agree**		**Mean**	**SD**
	n	%	**n**	%	**n**	%	**n**	%		
Someone has withheld information, which can affect my work performance.	**129**	23%	**185**	33%	**166**	30%	**82**	15%	2.36	.919
I have been subjected to unwanted sexual attention at work.	**119**	21%	**199**	35%	**168**	30%	**76**	14%	2.36	.962
I have been humiliated or ridiculed in connection with my work.	**109**	19%	**226**	40%	**168**	30%	**59**	11%	2.31	.903
I have been ordered to do work below my level of competence.	**100**	18%	**130**	23%	**191**	34%	**141**	25%	2.66	1.041
The key areas of my responsibility has been removed or replaced with more trivial or unpleasant tasks.	**113**	20%	**214**	38%	**143**	25%	**92**	16%	2.38	.983
I have been ignored, excluded, and socially isolated at work.	**108**	19%	**205**	36%	**184**	33%	**65**	12%	2.37	.922
I have been insulted with offensive remarks about my person at work.	**100**	18%	**284**	44%	**155**	28%	**59**	10%	2.31	.883
I have been shouted at or being the target of spontaneous anger at work.	**123**	22%	**194**	35%	**162**	29%	**83**	15%	2.36	.983
I have been subjected to threats of violence or personal abuse at work.	**87**	15%	**159**	28%	**186**	33%	**130**	23%	2.64	1.002
I have been moved or transferred against my will.	**89**	16%	**283**	42%	**156**	28%	**79**	14%	2.40	.916

Additional information concerning nurses working in Jordanian public hospitals as respondents to the study is shown in Table 5.12. Of the total respondents, 70% were bullied and 73% of the bullied nurses stated that others witnessed bullying events. Additionally, they reported that people who accompany patients are mostly the bullies (27%) followed by physicians (23%), then other nurses (19%) and finally nursing supervisors (11%).

Table 5.12
Experiencing Bullying At Work

Experiencing Bullying At Work		
Who Bully Nurses		
n= 394		**Percentage**
Other Nurses	76	19%
Physicians	90	23%
Nursing supervisor	42	11%
Manager	27	7%
Patients	20	5%
People accompanying patients'	107	27%
Others	15	4%
Not Applicable	17	4%
Bullying Witnessing		
n= 394		**Percentage**
Yes	288	73%
No	106	27%
Bullying Witnessed by Whom		
n= 288		**Percentage**
Other Nurses	107	37%
Physicians	52	18%
Nursing supervisor	32	11%
Manager	14	5%
Patients	29	10%
People accompanying patients	26	9%
Others	28	10%

Similarly, the descriptive data gathered from the self-reported method, which has been suggested by prior studies as suitable for gathering data, revealed that 73% have witnessed bullying acts, 37% of the victims stated that the bullying behavior was witnessed by other nurses, 18% stated that it had been witnessed by physicians, 11% stated that nursing supervisors had witnessed the bullying, 10% stated that bullying had been witnessed by patients, 9% stated that the bullying behavior was witnessed by people accompanying patients and finally 5% stated that the witnesses to the incidents were managers. The remaining percentage of respondents (10%) claimed that office boys, cleaning workers and trainers had seen the bullying behavior.

5.11 Correlation of Constructs

The correlation analysis was conducted for the evaluation of the strength and importance of the variables' relationship. According to Pallant (2001), correlation analysis is a statistical method that is utilized in explaining the strength and the direction of the linear relation of two variables. A perfect correlation of 1 or -1 shows that the value of a variable can be accurately determined from the value of the other variable. The correlation value of 0 presents the absence of a relationship. The rule of thumb was laid down by Cohen (1988) to identify the strength of relation between two variables (r), as presented in Table 5.13.

Table 5.13
Cohen's Guideline of Correlation Strength

***r* values**	**Strength of relationship**
r = +.l0 to .29 or *r* = -.l0 to -.29	Small
r = +.30 to .49 or *r* = -.30 to -.49	Medium
r = +.50 to l.0 or *r* = -.50 to -.l.0	Large

This section presents the correlation coefficients of the constructs utilized in the study (see table 5.14). It can be concluded that the correlation coefficient for all the latent variables was under the threshold of 0.80 (Hair *et al.,* 2006). For instance, it is evident that both work pressure and job control showed the least insignificant correlation coefficient at 0.06 while the least significant correlation was between role conflict and job control (0.13) where P=0,000 with a significance level of 0.01(See Table 5.13 for details). For the moderating factor, the least correlation coefficient was at 0.084 where P=0.000 with a significant level of 0.01, between extraversion and role conflict. The highest correlation coefficient was at 0.513 between conscientiousness and extraversion. With regards to the dependent variables and other variables, the least correlation coefficient was -0.252 where P=0.000 with a significance level of 0.01 between emotional stability and workplace bullying while the highest one is between workplace bullying and role conflict at 0.512.

5.12 Intercorrelation between Variables

In order to explain the relationships among the variables of the study, a correlation analysis was conducted. Pearson correlation was utilized to examine the correlation

coefficient among the variables of the study. The correlations of all the variables are presented in Table 5.14.

5.12.1 Correlation between Job Demand Factors

The correlation between job demand factors, which are the independent variables in the present study, is presented in Table 5.14. The correlation analysis was carried out before the hypotheses testing to identify the level to which the factors were related.

The correlational analysis was also conducted to detect multicollinearity. The occurrence of multicollinearity is possible when two or more independent variables are correlated to a high level and the determination of significant predictors becomes ambiguous. This is because multicollinearity maximizes the variance of regression coefficients and becomes a threat to the validity of the regression equation.

Additionally, the correlation value of zero implies the non-existence of a relationship between the two variables. Cohen (1988) proposed a rule to determine the strength of the relationship between two variables (r), as depicted in Table 5.13 in the previous section. The Pearson correlation values, as presented in Table 5.13, show the relationship between independent variables, which is a technique to diagnose multicollinearity (Allison, 1999; Kennedy, 1985; and Meyers *et al.,* 2006). Several researchers (Cooper *et al.*, 2003; Tusi, Ashford, Clair & Xin, 1995) stated that no definitive criterion exists to check the level of correlation constituting a serious multicollinearity problem.

Table 5.14
Correlations between Study Variables

	RC	RA	WP	JC	EXT	CONS	OP	ES
RoleConflict	1							
RoleAmbiguity	.557**	1						
WorkPressure	.441**	.375**	1					
JobControl	.130**	.133**	0.06	1				
Extraversion	.084*	0.051	0.027	.210**	1			
Conscientiousness	.130**	0.058	.095*	.180**	.513**	1		
Openness	0.04	0.042	-0.044	.184**	.238**	.241**	1	
Emotional Stability	-.288**	-.226**	-.344**	-0.08	0.004	-.163**	-.131**	1
Workplace Bullying	.512**	.455**	.370**	0.008	0.007	0.049	-0.025	-.252**

**. Correlation Is significant at the 0.01 level (2-tailed).

*. Correlation Is significant at the 0.05 level (2-tailed).

However, the general rule of thumb is that it should not be more than 0.75. In addition, Kennedy (1985), Allison (1999), and Cooper & Shindler (2003) noted that correlation of 0.8 or over are considered serious. In the moderator level, in the relation between role conflict and work pressure, a positive correlation was found at a significant level of 0.01 level where r=0.441 and p< 0.01.

In the relation between role ambiguity and work pressure, a significant correlation level at 0.01 was also found where r=0.375 and p< 0.01. On the other hand, job control showed the least correlation with role conflict at 0.01 where r= 0,130 and p <0.01 and with role ambiguity at 0.01 level where r= 0.133 and p< 0.01.

5.13 Hypothesis Testing

This section sheds light on the hypotheses testing related to the main impact of job demand (role conflict, role ambiguity, work pressure) and job control upon workplace bullying. In Chapter four, it was mentioned that a bivariate correlation is conducted to comprehend the relation among the job demand factors (role conflict, role ambiguity, and work pressure) and workplace bullying. Multiple regression analysis was conducted to understand the impact of job demand factors and job control upon workplace bullying. A hierarchical multiple regression was then conducted to shed light on the moderating impact of personality traits of extraversion, conscientiousness, openness to experience and emotional stability on the relationships between job demand and job control, and workplace bullying. In the hypotheses testing, the choice of the significant level was set at p<0.05 and p<0.01 (Cooper & Schindler, 2003; and Hair *et al.*, 1998).

For accurate conclusions of regression analysis and for the accurate application of the model to other populations of interest, linearity assumptions, homoscedasticity, independence of residuals, and normality all have to be examined (Hair *et al.,* 1998). Additionally, collinearity assumptions are required to be met. These assumptions apply to the independent variables, dependent variable and to the correlations (Hair *et al.,* 1998).

Hair *et al.,* (2006) stated that normality leads to a superior assessment and data follows a relatively normal distribution for most analyses. After the test for outliers, the normality test is conducted through skewness and kurtosis tools. The skewness test checks for irregular distribution, i.e. a variable having a mean not in the center of distribution (Tabchnick & Fidell, 2001) while kurtosis checks for peakedness in distribution. In addition, based on Tabachnick and Fidell (2001), when the skewness and kurtosis values are equivalent to zero, there is normal distribution.

There is no rule of thumb of how non-normal distribution can become an issue. Several authors recommend that absolute values of Univariate skewness higher than ±3.0 describe data sets that are extremely skewed (Hu *et al.,* 1992). Using the descriptive function has standardized values as variables; the non-normal items were detected through z-skewness. For the correct procedure of analysis, data should have normal distribution. With the existence of normality, even in conditions that do not require normality, the assessment will be stronger (Hair *et al.,* 2006). In current thesis were the normality test result revealed that skewness and kurtosis fall in the range between (±1.96, ±2.58), which means there were no violations of univariate normality (see Appendix D). Following the normality test for latent variables, a test to check the data normality

assumption of the regression model known as the histogram of the distribution of the residuals and box plots was conducted. This shows that the distribution approximated a normal curve implying normality of assumption. For normal distribution of data, the SPSS program was run to make case wise outliers ± 2.5 and the data skewness <± 2.5, implying that data was approximated for all variables at a normal curve.

As the correlation only presents the linear relationship between variables and non-linear effects are not presented, the linearity test has to be conducted (Hair *et al.*, 2006). Accordingly, a scatter plot illustrates the relationship between two metric variables, which portrays the joint value of every observation in the two dimensional groups. Hence, a scatter plot is used to show whether the dotted line is linear. If the error terms variance (e) presents constancy across various predictor variables, the data is deemed to have homoscedasticity. For further clarity, attention is drawn toward the dependent variables showing equal variance in a transverse level in the range of the predictor variable. A non-homoscedasticity model presents a cloud of dots, which can be described as a funnel shape figure, indicating higher error with the increase of dependent variables. In simple linear regression analysis, an important element is to test whether the basic assumption of linearity and homoscedasticity status are met (Hair *et al.*, 2006). Plot diagrams of the results of linearity are made after carrying out the normality tests for the latent variables to indicate no evidence of non-linear patterns in the data.

The results of the homoscedasticity test through a scatter plot diagram of standardized residuals show that the variance of dependent variable is similar for all the values of the independent variables as there was no different pattern in the data point. Based on Hair (2006), the homoscedasticity suggests that the variability in scores of

variable X should be identical for variable Y. The researcher also tested the normality, linearity and the homoscedasticity for all the variables using a scatter plot, which presented a cigar shape along its length **(**See appendix E**).**

Linearity calls for a linear relationship between the independent and dependent variables. Based on Hair *et al.*'s (1998) study, if the residual analysis fails to show a nonlinear pattern to the residuals, it is guaranteed that the overall equation is linear and can be studied in residual plots.

Homoscedasticity refers to equal variances of the dependent variable at every observation of the independent variable, which can be studied through residual plots (Hair *et al.,* 1998). If the residual presents an increasing or decreasing pattern, the assumption of homoscedasticity is met. On the other hand, the normality assumption is met when the residuals form a diagonal line with no substantial or systematic departures and it can be studied through a histogram of the standardized residuals and Q-Q plots (Hair *et al.,* 1998). The assumption of independence refers to the samples independence from each other. In the present study, the Durbin-Watson is a test that can be utilized to test the independence of error terms (Norusis, 1995). The rule of thumb states that if the Durbin-Watson value falls in the range of 1.5 to2.5, it is assumed that the error term's independence is not violated (Norusis, 1995).

Multicollinearity is noted when the independent variables are highly correlated (Pallant, 2001). Based on Hair *et al.*, (2006), correlation values of greater than 0.80 indicate multicollinearity and for the purpose of the research, should be less than < 0.80.

In the context of business studies, a common measurement for testing multicollinearity is utilized tolerance R^2 value and the variance inflation factor (VIF)

value for which the recommended value of tolerance is 0.10 and VIF is 10. Multicollinearity arises when a single predictor variable is significantly correlated with another predictor variable set (Mayer, 1999).

The researcher carried out two kinds of multicollinearity test; the tolerance value and the variance inflation factor (VIF), as presented in the following table and the correlation test through SPSS version 19.0, as shown in Table 5.15. The common cutoff threshold is at a tolerance value of 0.10 corresponding to a VIF value of lower than 10 (Hair *et al.,* 2006). Based on multiple regression analysis data, the study findings revealed that the tolerance value ranges from 0.624 to 0.978 and the VIF value ranged from 1.023 to 1.603 for the dependent variable (workplace bullying). Collinearity occurs when the additional independent variable's ability is linked not just to its correlation to the dependent variables but also to its correlation to the independent variables already in the regression equation (Hair *et al.,* 1998).

To assess collinearity or multicollinearity, the variance inflation factor and tolerance statistics are the two statistical methods utilized. Generally, it is considered that any variance inflation factor value over ten and a tolerance value less than 0.10 shows a serious problem of multicollinearity (Hair *et al.,* 1998; Myers, 1990). In the present study, evaluations of the assumptions of multicollinearity showed no significant assumption violation, which did not exhibit non-linear regression of residuals ensuring overall linear equation.

Table 5.15
Testing for Multicollinearity on Assessment of Tolerance and VIF Values

WORKPLACE BULLYING		
Variable	**Tolerance**	**VIF**
Role Conflict	.624	1.603
Role Ambiguity	.665	1.505
Work Pressure	.781	1.280
Job Control	.978	1.023

The outcome of regression also presented no pattern of increasing or decreasing residuals indicating homoscedasticity in the multivariate case. The results of regression, using SPSS 19.0, reveals that because the values are in a diagonal line having no substantial or systematic deviation, the residuals may be considered to show normal distribution. In addition, the Durbin-Watson value of 1.66 is consistent with the general rule of thumb ensuring that the assumptions of independence of error terms are intact. The variance inflation factor (VIF) value did not go over 10 and the total tolerance value is not less than 0.10, showing no clear collinearity issue. The values of Durbin-Watson, variance inflation factor (VIF) and tolerance are presented in the Appendix F.

5.13.1 Multiple Regression Analysis

For the identification of the relation between job demand (role conflict, role ambiguity, work pressure) and job control and workplace bullying (hypothesis 1-4), a multiple regression analysis was carried out. The multiple correlation *(R)* along with squared multiple correlation (R^2) and the adjusted squared multiple correlation (R^2_{adj}) present the level to which the combination of independent variables predict the dependent variable.

The results in Table 5.15 reveal that the regression equation with the entire predictions is significant; R = 0.57, R^2 = 0.325, R^2_{adj} =0.32,F = 67.07, p< .001 indicating that multiple correlation coefficients between the predictors and the dependent variables is 57% with all the predictors accounting for 33% of the workplace bullying variation.

The model generalizability in another population was reported at 0.325%. The R^2 value decreased by only 0.05 in the R^2_{adj}indicating that the cross validity of the model is fine. The significant F-test showed that the relation between the dependent and the independent variables was linear with the model significantly predicting the dependent variable. The F-test [F = 67.07, p < .001] showed an overall significant prediction of independent variables of the dependent variables although it lacks information regarding the significance of each independent variable.

The individual contributor of each predictor is presented in Table 5.16 and is presented by the standard regression weight for each predictor in a regression equation (Green & Salkind, 2008). From the four predictors, role conflict (β =.33, t=7.54, p=. 001) registered the greatest and the most significant standardized beta coefficient, indicating that role conflict is the most important predictor of workplace bullying. The other significant predictors in descending order areas follows; role ambiguity (β=.23, t=5.29, p=.001), work pressure (β=.14, t=3.62, p= .001), job control (β=-.07, t=-2.11, p=.035). As a whole result, the four-predictor variables affected the dependent variable in the way hypothesized. Hence, workplace bullying may arise when nurses report high role conflict, high role ambiguity, and high work pressure and low job control. Hence, all the direct hypotheses (1-4) are supported.

Table 5.16

Result of Regression Analysis

Model		Coefficients			t	Sig.	VIF	Durbin-Watson
		Unstandardized Coefficients		Standardized Coefficients				
		B	Std. Error	Beta				
1	(Constant)	1.13	.12		9.83			1.66
	Role Conflict	.31	.04	.33	7.54	0.001	1.60	
	Role Ambiguity	.17	.03	.23	5.29	0.001	1.51	
	Work Pressure	.13	.04	.14	3.62	0.001	1.28	
	Job Control	-.06	.03	-.07	-2.11	0.035	1.02	

a. Dependent Variable: Workplace Bullying

R= 0.57**,** R^2 =0.325, R^2_{adj} =0.32, **F**= 67.07

5.13.2 Hierarchical Regression Analysis

This section is concerned with the results of the interacting impacts of personality traits comprising extraversion, conscientiousness, openness to experience, and emotional stability on the relation between job demand (role conflict, role ambiguity, and work pressure) and job control in the prediction of workplace bullying. In order to determine the level to which personality moderates the relationship between job demand and job control, and workplace bullying, the researcher carried out a hierarchical multiple regression analysis. The job demand factors and job control were entered, followed by the moderator and the interactions of each independent variable and each personality dimension.

5.13.2.1 Interacting effects of extraversion with job demand and job control on workplace bullying among nurses

According to hypothesis 5a, extraversion moderates the relation between job demand factors and job control, and workplace bullying. The results of the hierarchical multiple regression analysis are displayed in Table 5.17. The summary of the details, which is presented in the Appendix G**,** reveals the standardized coefficients for each structure's antecedent variables in respective steps. The job demand and job control variables set, entered in step 1, accounts for around 57.4% of the workplace bullying variance. All independent variables showed a significant main impact upon workplace bullying as follows; role conflict (β = .34, t=7.63, p=.001), role ambiguity (β = .23, t=5.34, p=.001), work

pressure (β = .144, t=3.66, p=.001), and job control (β = -.07, t=-2.12, p=.035).The relationships of job demand factors were positive with the exception of job control.

The moderator variable was entered in step 2 and accounted for around 57.5% of the workplace bullying variance. Extraversion was not revealed to be significantly linked to workplace bullying. The interaction terms were entered in step 3 and an increase in R^2 by 0.1% was noted. As all the interactions were insignificant, hypothesis 5a was rejected. Table 5.16 indicates that extraversion failed to moderate the relationship between job demand and job control, and workplace bullying indicating that extraversion did not make a difference in workplace bullying under high role conflict, role ambiguity and work pressure and low job control.

Table 5.17

The Hierarchical Regression Result Using Extraversion as Moderator in the Relationship between Job Demand and Job Control Factors on Workplace Bullying

Coefficients									
Model		B	Std. Error	Beta	t	Sig.	R square	Adjusted R square	F
1	(Constant)	1.124	0.114		9.825	0.000	.330	.325	68.359
	RoleConflict	0.314	0.041	0.335	7.626	0.000			
	RoleAmbiguity	0.169	0.032	0.227	5.341	0.000			
	WorkPressure	0.126	0.035	0.144	3.656	0.000			
	JobControl	-0.064	0.03	-0.074	-2.115	0.035			
2	(Constant)	1.176	0.129		9.107	0.000	.331	.325	54.811
	Extraversion	-0.025	0.029	-0.031	-0.863	0.388			
3	(Constant)	1.077	0.294		3.662	0.000	.332	.321	30.388
	ExtrXConflict	-0.038	0.046	-0.167	-0.829	0.407			
	ExtrXAmbiguity	0.026	0.035	0.129	0.735	0.463			
	ExtrXPressure	-0.001	0.039	-0.007	-0.039	0.969			
	ExtrXControl	-0.002	0.03	-0.01	-0.066	0.947			

a. Dependent Variable: Bullying

5.13.2.2 Interacting effects of conscientiousness with job demand and job control upon workplace bullying among nurses

In hypothesis 5b, it was postulated that conscientiousness moderates the relation between job demand factors and job control, and workplace bullying. The result of the hierarchical multiple regression analysis is presented in Table 5.18. Based on the summary presented in the Appendix G**,** the standardized coefficients for each job demand and job control antecedent variables are presented in respective steps. The set of job demand and job control variables were entered in step 1 and explained around 33.7% of the workplace bullying variance.

All the independent factors significantly impacted workplace bullying as follows; conflict (β = 0.34, t=7.83, p=.001), role ambiguity (β = 0.23, t=5.29, p=.001), work pressure (β = 0.15, t=3.71, p=.001), and job control (β = -0.09, t=-2.45, p=.015).The relation between job demand factors and bullying was positive but job control was negative. The moderator was entered in step 2 and explained around 39% of the variance. Conscientiousness did not significantly relate to workplace bullying. When the interaction terms were entered in step 3, an increase of R^2 by 5% was noted but only the interaction between conscientiousness and job control were revealed to be significant (β = 0.39, t=2.49, p=.013), therefore, hypothesis 5b is partially supported.

Table 5.18

The Hierarchical Regression Result Using Conscientiousness as Moderator in the Relationship between Job Demand and Job Control Factors on Workplace Bullying

Coefficients								
	B	Std. Error	Beta	t	Sig.	R square	Adjusted R square	F
(Constant)	1.15	0.11		10.08	0.000	.34	.332	70.30
Role Conflict	0.32	0.04	0.34	7.83	0.000			
Role Ambiguity	0.17	0.03	0.23	5.29	0.000			
Work Pressure	0.13	0.03	0.15	3.71	0.000			
Job Control	-0.07	0.03	-0.09	-2.45	0.015			
(Constant)	1.21	0.13		8.997	0.000	.39	.33	56.37
Conscientiousness	-0.03	0.04	-0.031	-0.862	0.389			
(Constant)	1.73	0.36		4.87	0.000	.35	.34	32.75
ConsiXConflict	-0.09	0.05	-0.37	-1.78	0.076			
ConsiXAmbiguity	0.08	0.04	0.37	1.81	0.059			
ConsiXPressure	0.01	0.04	0.03	0.19	0.852			
ConsiXControl	0.09	0.04	0.39	2.49	0.013			

Dependent Variable: Workplace Bullying

Figure 5.1 shows that conscientiousness is a moderating factor in the relationship between job demand, job control, and workplace bullying indicating that it varies in workplace bullying based on low job control. For instance, a nurse having low job control but high conscientiousness experienced lower incidence at work compared to those with low conscientiousness.

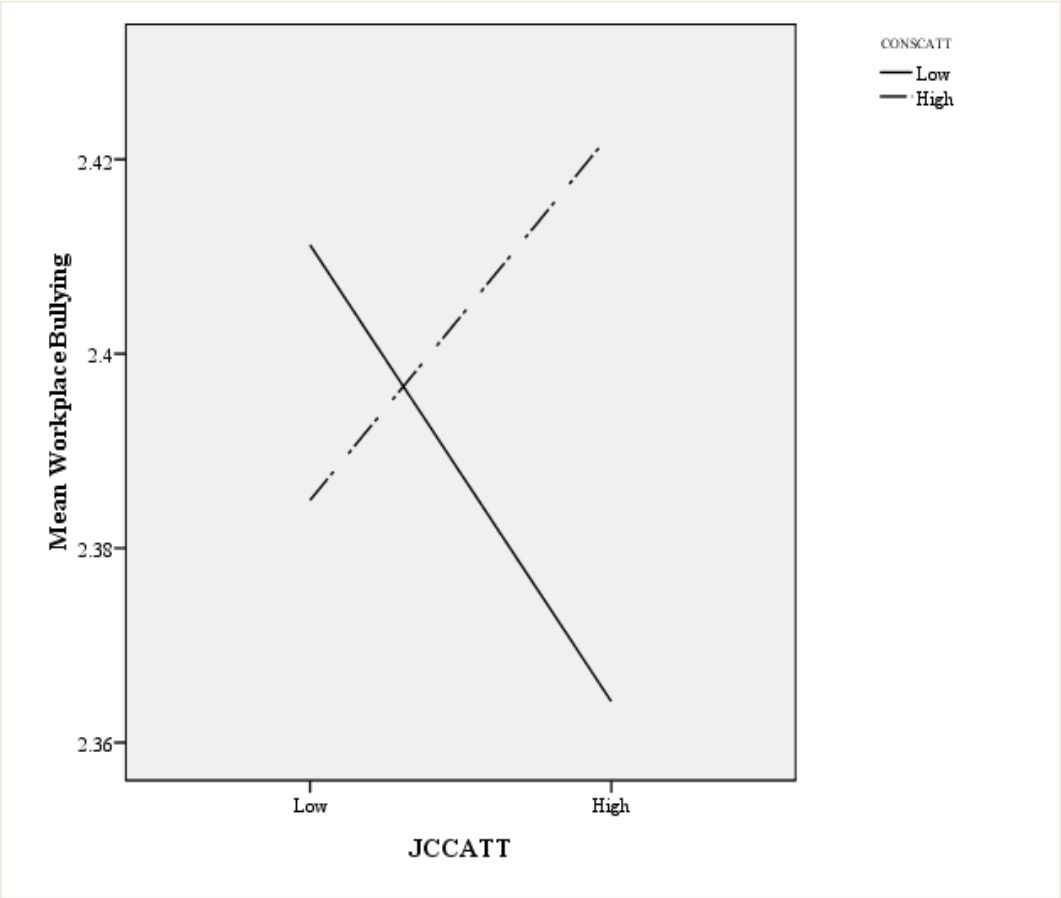

Figure 5.1
Plot of Interaction between Conscientiousness and Job Control on Workplace Bullying

5.13.2.3 Interacting effects of openness to experience with job demand and job control upon workplace bullying among nurses

According to hypothesis 5c, openness to experience moderates the relationship between job demand and job control, and workplace bullying. The results of the hierarchical multiple regression analysis are presented in Table 5.18 while the summary of the results in the Appendix G reveals that the standardized coefficients of each team structure antecedent variables are in respective steps. The set of both job demand and job control variables were entered in step 1 and explained around 33.9% of the workplace bullying variance. All the independent variables significantly impacted workplace bullying, as presented in Table 5.19.

Additionally, the relationship between bullying and job demand factors was positive except for job control. The moderator variable was entered in step 2 and explained around 34% of the variance. Openness to experience was not revealed to be linked to workplace bullying. In step 3, the interaction terms were entered and an increase inR^2 by 1% was noted. Nevertheless, only the interaction between openness to experience and job control was revealed to be significant (β = -0.41, t=-2.50, p=.013), and, thus, hypothesis 5c is partially supported.

Table 5.19

The Hierarchical Regression Result Using Openness to Experience as Moderator in the Relationship between Job Demand and Job Control Factors on Workplace Bullying

		Coefficients							
		B	Std. Error	Beta		Sig.	R square	Adjusted R square	F
1	(Constant)	1.13	0.11		9.92	0.000	0.34	0.34	71.12
	RoleConflict	0.31	0.04	0.34	7.69	0.000			
	RoleAmbiguity	0.17	0.03	0.23	5.46	0.000			
	WorkPressure	0.13	0.03	0.15	3.87	0.000			
	JobControl	-0.07	0.03	-0.08	-2.41	0.016			
2	(Constant)	1.18	0.13		9.04	0.000	0.34	0.33	57.03
	Openness	-0.03	0.03	-0.03	-0.89	0.377			
3	(Constant)	0.73	0.31		2.34	0.019	0.35	0.34	32.88
	IntellXConflict	-0.06	0.05	-0.25	-1.3	0.181			
	IntellXAmbiguity	0.02	0.04	0.12	0.61	0.541			
	IntellXPressure	0.05	0.04	0.10	1.26	0.209			
	IntellXControl	-0.09	0.04	-0.41	-2.50	0.013			

a. Dependent Variable: Workplace Bullying

Figure 5.2 indicates that openness to experience moderates the relation between job demand and job control, and workplace bullying indicating that openness to experience modifies the relationship between job control and workplace bullying. Under conditions of lo job control, nurses having high levels of openness to experience, nurses reported low levels of workplace bullying compared to nurses with low openness to experience.

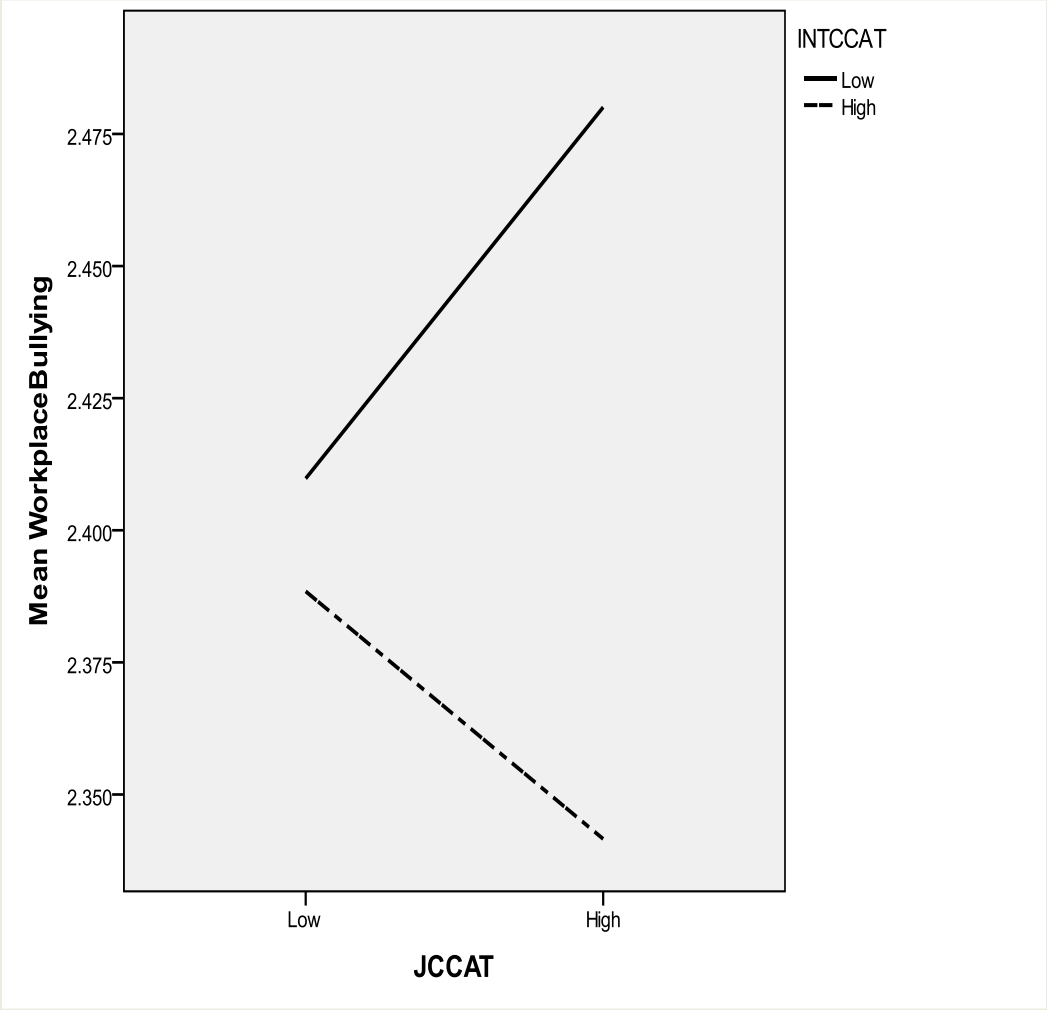

Figure 5.2
Plot of Interaction between Openness and Job Control on Workplace Bullying

5.13.2.4 Interacting effects of emotional stability with job demand and job control upon workplace bullying among nurses

According to hypothesis 5d, emotional stability moderates the relationship between job demand factors and job control upon workplace bullying. The results of the hierarchical multiple regression analysis are displayed in Table 5.19. The summary in the Appendix G reveals that the standardized coefficients for each job demand and job control antecedent variable are in respective steps. The set of job demand and job control variables were entered in step 1 and they explained around 33% of the workplace bullying variance. All the independent variables significantly affected workplace bullying, as presented in Table 5.20.

The relationship between workplace bullying and job demand factors was positive with the exception of job control. The moderator variable was then entered in step 2 and explained around 33% of the workplace bullying variance. Emotional stability was not significantly related to workplace bullying. The interaction terms were entered in step 3 and an increase in $R^2$by 1% was noted. Nevertheless, only the interaction between emotional stability and work pressure was revealed to be significant ($\beta = 0.49$, $t=3.02$, $p= .003$). Hence, hypothesis 5d was only partially supported.

Figure 5.3 indicates that emotional stability moderates the relation between job demand and job control, and workplace bullying indicating that it varies in workplace bullying under high role conflict, role ambiguity and work pressure and low job control.

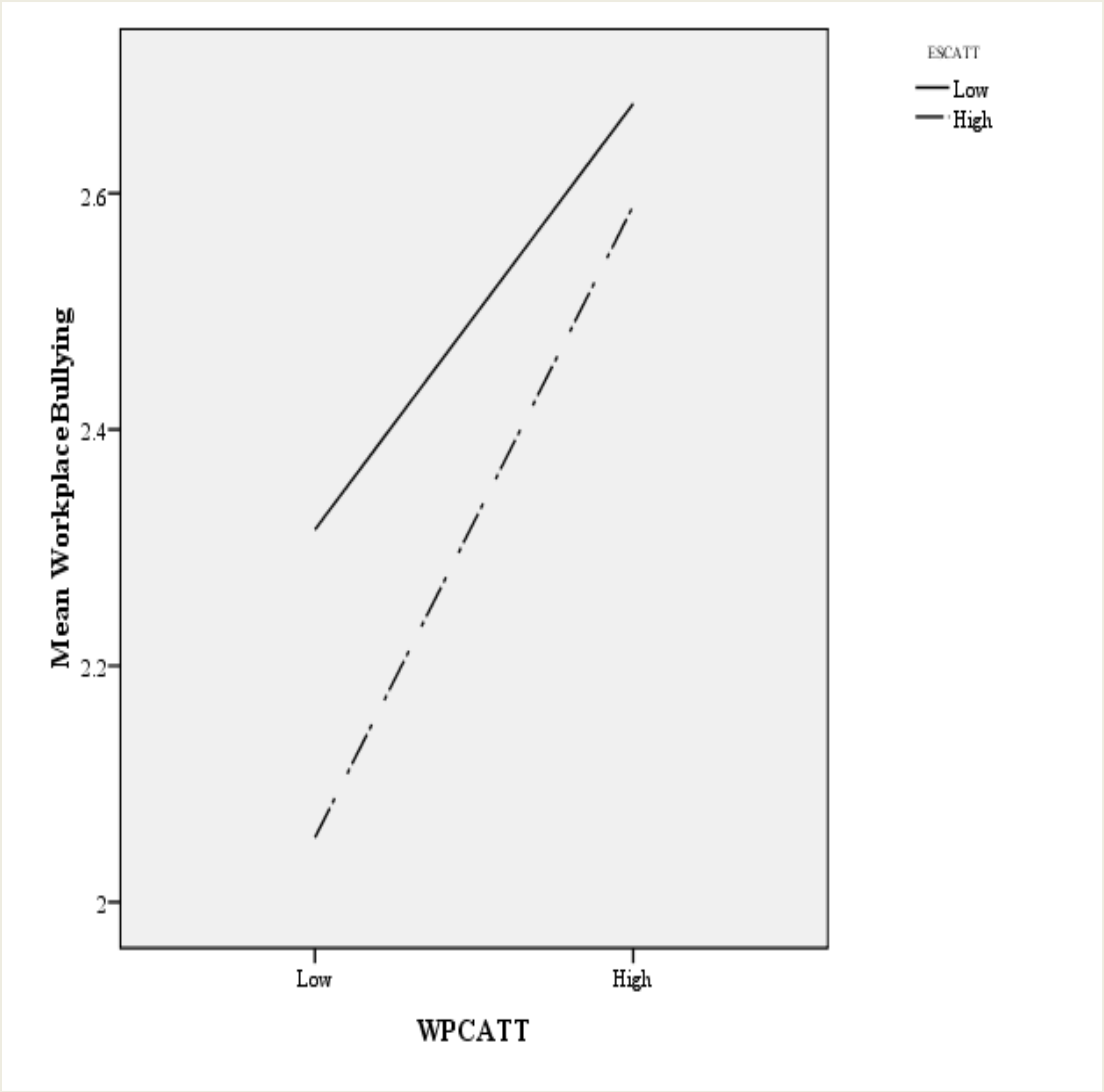

Figure 5.3
Plot of Interaction between Emotional Stability and Work Pressure on Workplace Bullying

Under conditions of high work pressure, nurses with high levels of emotional stability report low workplace bullying compared to those with low levels of emotional stability.

Table 5.20

The Hierarchical Regression Result Using Emotional Stability as Moderator in the Relationship between Job Demand and Job Control Factors on Workplace Bullying

		Coefficients							
		B	Std. Error	Beta	t	Sig.	R square	Adjusted R Square	F
1	(Constant)	1.15	0.11		10.06	0.000	0.33	0.32	68.01
	RoleConflict	0.32	0.04	0.34	7.76	0.000			
	RoleAmbiguity	0.17	0.03	0.24	5.50	0.000			
	WorkPressure	0.11	0.04	0.12	3.09	0.002			
	JobControl	-0.07	0.03	-0.08	-2.24	0.025			
2	(Constant)	1.39	0.18		7.83	0.000	0.33	0.33	55.23
	EmotionStability	-0.07	0.04	-0.07	-1.76	0.08			
3	(Constant)	1.83	0.41		4.48	0.000	0.34	0.33	32.10
	EmotionStability	-0.25	0.16	-0.23	-1.62	0.106			
	EmotionXConflict	-0.09	0.06	-0.27	-1.47	0.142			
	EmotionXAmbiguity	0.01	0.05	0.05	0.28	0.779			
	EmotionXPressure	0.17	0.06	0.49	3.02	0.003			
	EmotionXControl	-0.01	0.04	-0.033	-0.22	0.823			

a. Dependent Variable: Workplace Bullying

5.14 Summary

This chapter's significance lies in its explanation of data analyses, presentation of results and hypotheses testing. In sum, a good response rate was achieved at 80% and factor analysis was carried out for each latent variable to test their construct validity in all interval scales. In addition, reliability was tested for all interval scales to detect how free they were from random error. The researcher also conducted tests of normality, linearity and homoscedasticity and the results reveal that the assumptions were satisfied. The significant and insignificant relations of direct impacts and the moderating effect results are presented in Table 5.21., which contains the summary of the hypotheses testing of the study.

Table 5.21
Summary of Hypothesis Testing

Hypothesis	Statement	Supported / Rejected
H1	There is a positive relationship between role conflict and workplace bullying.	**Supported**
H2	There is a positive relationship between role ambiguity and workplace bullying.	**Supported**
H3	There is a positive relationship between work pressure and workplace bullying.	**Supported**
H4	There is a negative relationship between job control and workplace bullying.	**Supported**
H5a	Extraversion moderate the relationship between job demand and job control on workplace bullying	**Rejected**
H5b	Conscientiousness moderates the relationship between job demand and job control on workplace bullying.	**Partially moderated**
H5c	Openness to experience moderates the relationship between job demand and job control on workplace bullying.	**Partially moderated**
H5d	Emotional Stability moderates the relationship between job demand and work pressure on workplace bullying.	**Partially moderated**

CHAPTER SIX
DISCUSSION, IMPLICATIONS AND CONCLUSIONS

6.1 Introduction

In the preceding chapter, the study's findings were presented and revealed that out of a total of eight hypotheses, four were supported, one was rejected, and the remaining three were partially supported. In the present chapter, the revealed results are discussed in the context of the nursing workplace. As such, the chapter follows the following organization; explanation regarding research questions and hypotheses, examination of the research implications on theory and practice coupled with recommendations for future research. The limitations of the research are presented followed by the conclusion of the study.

6.2 Discussion

The study's main objective is to identify the degree of workplace bullying and conduct an examination of the determinants of workplace bullying in the context of Jordanian nurses working in public hospitals in Jordan. More specifically, it aims to investigate the direct impact of job demand (role conflict, role ambiguity, and work pressure) and job control (schedule work time, and control off time) upon workplace bullying. To accomplish this, various research hypotheses were formulated based on the determined research questions.

The study successfully shed light on the determinants contributing to workplace bullying. The present chapter aims to discuss each of the research hypotheses that were developed for the study in the following sequence; the first part of the chapter expounds on the existence of workplace bullying among Jordanian nurses. The second discusses the direct impact of independent variables (role conflict, role ambiguity, work pressure and job control) upon the dependent variable (workplace bullying), while the final part sheds light on the moderating impact of personality traits (extraversion, conscientiousness, openness to experience and emotional stability) upon the relation between workplace bullying and both job demand and control.

6.2.1 Prevalence of workplace bullying among Jordanian nurses

The first research question involves the assessment of the existence of workplace bullying among nurses in public hospitals in Jordan. The Revised Negative Act Questionnaire (R-NAQ) was used to measure workplace bullying, and the respondents were requested to indicate their agreement or disagreement using a four-point scale.

Based on the data gathered, fifty Jordanian nurses (49.5%) were subjected to high workplace bullying in the public hospitals, and the rest (50.5%) faced low workplace bullying. The statistical analysis found that the mean of workplace bullying among Jordanian nurses working in public hospitals, was 2.4 out of 4 (four-point scale). In addition, the subjective questions, namely, self-labeling questions were used as a second method for gathering data. What is more, the nurses reported their agreement on statements where the highest mean "ordered to do work below my level of competence."

While, the statements “I have been insulted with offensive remarks about my person at work” and “I have been humiliated or ridiculed in connection with my work” generates the lowest mean, these results were quite similar to the findings of a study conducted by Yahaya *et al.*, (2012) among Malaysian employees in a manufacturing company to examine the effect of workplace bullying on work performance.

In addition, the nurses were required to label themselves as victims of bullying where 394 out of 562 did so, which constituted 70% of the total respondents. This number is evidently significant compared to prior studies concerning workplace bullying at work (Awawdeh, 2007; Hutchinson *et al.,* 2007b; Efe & Ayaz, 2010; Berry *et al.,* 2012).

For instance, Awawdeh’s (2007) study concerning violence against working women in healthcare institutions in Jordan revealed that 46.4% of the 265 women who participated were bullied by their employers or managers are work. Similarly, Hutchinson *et al.*, (2007b, cited by Hutchinson *et al.*, 2010) revealed that organizational antecedents and bullying outcomes in the nursing workplace showed that 64% of the nurses were bullied in Australia. In the context of Turkey, 9.7% of Turkish nurses who participated in a 2008 study revealed their exposure to mobbing with 33% experiencing based on their report (Efe & Ayaz, 2010). Similarly, Berry *et al.*’s (2012) study in the context of the US attempted to determine the existence of the impact of workplace bullying upon the work productivity of new nurses. The study involved 197 respondents who managed to complete the Healthcare Productivity Survey and Negative Acts Questionnaire. The findings revealed that 72.6% of the new nurses had been bullied in the prior month and 57.9% were direct victims while 14.7% were witnesses to the

bullying behavior in the workplace. Based on a weighted NAQ score, 21.3% of the nurses were bullied on a daily basis over a span of 6 months.

Workplace bullying has varying existence from one occupation to another, from one country to another, and from one culture to another owing to the lack of consensus of a global definition and the tools used to measure its existence. Two studies conducted by the NHS Trust in Britain revealed that 10.7% of the employees had experienced bullying in the six months preceding the study (Hoel & Cooper, 2000) and 38% in the preceding year (Quine, 1999). In addition, 46.9% of Northern Irish nurses were exposed to bullying behavior in a span of 6 months (McGuckin, Lewis& Shevlin, 2001) and 26.5% of the staff working in an Austrian hospital experienced bullying at work (Niedl, 1996).

The present study utilizes the objective as well as the subjective method of data gathering with little difference in the results. The findings show that 49.5% of the sample has been highly bullied based on the R-NAQ scale, with 70% labeling themselves as victims of bullying behavior in the previous six months implying that the respondents understood and replied to the questionnaire correctly.

6.2.2 The Direct Relationship

This section discusses the direct relations between job demand factors (role conflict, role ambiguity, and work pressure) and job control upon workplace bullying.

6.2.2.1 The relationship between role conflict and workplace bullying (Hypothesis 1)

The findings showed a positive and significant relationship between role conflict and workplace bullying (H1), as depicted in Table 5.15 (refer to Chapter Five), indicating that nurses having high role conflict are more vulnerable to workplace bullying. Hence, the majority of nurses reported high role conflict along with high workplace bullying in the workplace.

In the nursing setting, Henderson (2001) stated that nurses employed in hospitals often face challenges regarding their work performance, particularly the genuine care and authentic care they have to present in times of heightened emotion and tension. In a healthcare setting, Andersen *et al.,* (2010) attempted to investigate work related factors linked to the existence of workplace harassment throughout four European cities. The study involved 2,078 physicians working in University Hospitals located in four European cities. The physicians revealed role conflict to be linked with workplace harassment in a significant way.

In varying settings, several studies also concluded a positive correlation between role conflict and workplace bullying (e.g. Einarsen *et al.,* 1994; Jennifer, 2000; Jennifer *et al.,* 2003; Hauge *et al.,* 2007; Matthiesen & Einarsen, 2007; Baillien & De Witte, 2009; Agervold, 2009; Andersen *et al.,* 2010; Hauge *et al.,* 2011; Hauge *et al.,* 2009; Skogstad *et al.,* 2007).

For instance, Agervold's (2009) study of social security officers in Denmark revealed that organizational factors including role conflict are significantly related to the existence of a higher occurrence of bullying. Similarly, Skogstad *et al.*'s (2007) study in

Norway investigated the relation between role conflict and workplace bullying among 4,500 Norwegian employees and revealed a significant relation between role conflict and bullying. The role conflict term in the present study refers to the incompatibility of requirements and expectations from the role of nurses. Compatibility is gauged on the basis of a set of conditions impacting the role performance. Nurses having high role conflict at work are highly stressed, and, hence, making him/her vulnerable to bullying behavior.

6.2.2.2 The relationship between role ambiguity and workplace bullying (Hypothesis 2)

The present study postulated that role ambiguity positively impacts workplace bullying in the context of nursing in Jordanian public hospitals. Role ambiguity is considered to be the level to which individuals lack a clear definition of their role expectations and the requirements/methods used to fulfill their tasks (Rizzo *et al.*, 1970).

The findings show that role ambiguity is statistically significant in its prediction of workplace bullying in the nursing working environment. More specifically, the study revealed a positive relation between role ambiguity and workplace bullying among nurses, and, thus, the findings support the postulated hypothesis. Stated differently, nurses with high role ambiguity was found to be more vulnerable to bullying at work compared to those with low role ambiguity. In the prior studies (e.g. Skogstad *et al.*, 2007; Matthiesen & Einarsen, 2007; Hauge *et al.*, 2011; Lopez-Cabarcos *et al.*, 2010) revealed that role stressors comprising role conflict and role ambiguity are the top

antecedents of workplace bullying. There is consistency between the findings of the present study with prior studies that revealed employee high role ambiguity to be vulnerable to bullying at work in different contexts (Skogstad, *et al.,* 2007; Matthiesen & Einarsen, 2007; Lopez-Cabarcos *et al.,* 2010; Jennifer, 2000; Jennifer *et al.,* 2003; and Hauge *et al.,* 2009).

For instance, Skogstad *et al.*'s (2007) study showed that when workplace stressors consisting of role ambiguity are not resolved, it might escalate into bullying owing to great levels of psychological stress to those involved and those who witness bullying at work. Similarly, Matthiesen & Einarsen's (2007) study in the context of Norway revealed a significant relation between role ambiguity and bullying and Hauge *et al.*'s (2007) study, also in Norway, which attempted to study the relation between role ambiguity and bullying, showed a significant relation between them.

The present findings are also consistent with Jennifer's (2000) research, which revealed that role ambiguity is a significant factor of the individual's view of bullying and it is significantly and positively related to bullying in the workplace. Jennifer's (2003) study also attempted to investigate role ambiguity and bullying experiences at work and showed a significant and positive relation between the two factors.

6.2.2.3 The relationship between work pressure and workplace bullying (Hypothesis 3)

The current study hypothesized that work pressure has a positive influence on workplace bullying. Work pressure is considered as the level to which pressure of work and time

urgency controls the job setting (Alleyne *et al.,* 1996). In the current study, work pressure among nurses is examined in light of the level of importance of work pressure in their stressful profession and its impact upon workplace bullying. The findings revealed that work pressure is statistically significant in workplace bullying in the context of nursing environment. The findings are consistent with Yildirim's (2009) claims that workload plays a role in nurses becoming victims of bullying in the workplace. A direct and positive relation was found between work pressure and workplace bullying, and, thus, it supports hypothesis 3 of the present study. Stated differently, the study revealed that nurses with greater work pressure are more vulnerable to bullying as compared to their counterparts with lower work pressure.

Moreover, this finding supports other findings, which investigated the impact of work pressure upon workplace bullying (e.g. Einarsen, *et al.,* 1994; Zapf, 1999; Hoel & Cooper, 2000; Agervold, 2009; Akar *et al.,* 2011; Yildirim, 2009; Stouten, *et al.,* 2010; Baillien *et al.,* 2011). In the context of nursing work settings, Yildirim (2009) attempted to assess nurses bullying in Turkey in a study involving a total of 286 nurses. The findings showed that workload is significantly linked to workplace bullying, which results in negative outcomes including depression, declining work motivation, decreased concentration ability, poor productivity, and lack of commitment to work and poor relations with patients, managers, and colleagues.

With regards to other settings, Zapf (1999) examined the causes of mobbing in the workplace in Germany and revealed a significant relation between time work pressure and mobbing in all the samples involved (organization, perpetrators, social system, and victim). Similarly, Agervold's (2009) study involving 12 local social

security offices in Denmark revealed that work pressure is significantly related to bullying. Also, Einarsen *et al.*'s (1994) study in the context of Norway attempted to explore the relation between workload and the existence of workplace bullying. The findings showed that the existence of workplace bullying is significantly related to workload.

6.2.2.4 The relationship between job control and workplace bullying (Hypothesis 4)

The findings revealed a significant and negative relationship between job control and workplace bullying (H4) implying that nurses having high job control are not vulnerable to bullying compared to those having low job control. Nurses are always complaining concerning work scheduling and control of off time and vacations. The result is consistent with prior studies like Einarsen *et al.,* (1994), Knardahl & Lau (2011), Tuckey *et al.,* (2009), and Baillien *et al.,* (2011). For instance, Einarsen *et al.,* (1994) showed that job control is significantly linked to the existence of bullying in the workplace. The study revealed a significant but negative relation between the two factors. On the other hand, Finne *et al.,* (2011) examined the relation between workplace bullying and mental distress through the use of prospective design involving 1971 Norwegian employees. They revealed job control to be significantly related to workplace bullying as well as mental distress. In the context of healthcare, Andersen *et al.,* (2010) showed that control over pace of work is significantly linked to workplace harassment among physicians working in four European cities. In addition, in a recent study, Baillien *et al.,* (2011), revealed that job autonomy has a negative relation with bullying behavior in the

workplace. Their study involved 320 employees working in two large Belgian organizations.

The results of the descriptive statistics for job control depicted in Table 5.15 (Chapter Five) show that the mean obtained from 562 nurses regarding job control was 2.60 implying that the degree of job control among Jordanian nurses in public hospitals is comparatively moderate with a negative impact. Generally, nurses working in public hospitals are women. In the current study, the majority of the respondents are married, which reflects the need for job control, particularly when it comes to off time, vacations, shift work schedules owing to family duties. This is especially true as Jordanians are family oriented and their lives are dominated by social activities as already explained in Chapter Two.

6.2.3 Interacting Effects

In line with the fifth research question, it was hypothesized that personality (extraversion, conscientiousness, openness to experience, agreeableness, and emotional stability) moderates the relationship between job demand (role conflict, role ambiguity, and work pressure) and job control, and workplace bullying. In the current thesis, five dimensions of personality, namely, extraversion, conscientiousness, agreeableness, openness to experience, and emotional stability were examined. Owing to the variation in personality dimensions adopted from factor analysis depicted in Table 5.5, Chapter five, the dimension of agreeableness was dropped and the dimensions of extraversion,

conscientiousness, openness to experience and emotional stability were further analyzed. The findings are discussed as follows:

Personality traits affect the way individuals interact with others (Robbins, 1993). The findings depicted in Table 5.21 in the preceding chapter indicates partial support for all hypothesis postulated concerning the moderating effect of personality except extraversion in the relationship between job demand and job control, and workplace bullying. The victim's personality may be significant in explaining his/her perceptions or reactions to workplace bullying based on Einarsen (2000).

In addition, studies dedicated to studying personality as a moderating factor in the relationship between social support and work train characteristics, revealed that neuroticism is the factor that moderates the relationship (Cieslak *et al.,* 2007). In the context of health care, Elovainio *et al.*'s (2003) study of Finnish hospital employees also showed that neuroticism– the opposite of emotional stability –is the personality factor that moderates the relation between related justice perceptions and sick leave.

In the present study, three moderating impacts were revealed, i.e. conscientiousness and openness to experience moderates the relation between job control and workplace bullying, while emotional stability moderates the relationship between work pressure and workplace bullying. The proceeding section elaborates on the relationship between job demand and job control, and workplace bullying in the present thesis.

6.2.3.1 Interacting effects of conscientiousness between job control and workplace bullying

In this study, it is hypothesized that conscientiousness moderates the relationship between job demand and job control, and workplace bullying among nurses. The result reveals that conscientiousness is statistically significant in moderating the said relationship. Table 5.17 indicates the four interaction terms involved with the help of graphical methods and split model regression. The findings revealed that the interaction between job control X conscientiousness was higher among nurses that are highly conscientious. Stated differently, under conditions of low job control, nurses with high levels of conscientiousness experienced low bullying behavior in the workplace compared to their counterparts with low levels of conscientiousness.

The findings of the present study are consistent with other studies that revealed conscientiousness to have a moderating impact (e.g. Demerouti, 2006; Tziner, Murphy, & Cleveland, 2002). As study conducted by Demerouti (2006) among employees from different occupation found conscientiousness moderated the relationship between flow at work and job performance. Additionally, Tziner *et al.,* (2002) examined the relationship between attitudes beliefs and orientations among managers on rating behavior toward performance appraisal, besides the conscientiousness personality as moderated. The study found that conscientiousness personality moderated the relationship between attitudes and rating behavior. .

The preceding findings show consistency with the rationale that workplace bullying victims are more conscientious than non-victims (Glaso *et al.,* 2007).

Additionally, the present findings are also consistent with Kurt Lewin's field theory demonstrating that human behavior is a result of not only his personal characteristics, instincts, and other forces of the members but also of a complex, dynamic, environment in which the team members exist.

Along the same line of argument, Hayward (1997) defined personality as resulting from a complex interaction of varying genetic and environmental factors. Nurses generally work within teams and the power differences between the bully and the bullied at work. Lewin (1958) hypothesized that team behavior comprised a complicated set of interactions and forces impacting team structure.

Moreover, bullying is a learned behavior, as explained in Chapter one in light of the social cognitive theory (SCT). In contrast, according to Albert Bandura (1986), based on this theory, people are not driven by interior forces or by automatically shaped and controlled external forces.

6.2.3.2 Interacting effects of openness to experience with job control and workplace bullying

It is evident from Figure 5.2 that under conditions of low job control, nurses having high levels of openness to experience are significantly less vulnerable to workplace bullying behavior compared to those with low levels of openness to experience.

According to Holmes (2002), intellectuals are responsible, in proportion to their understanding level, to share their viewpoints with others, assist others in knowledge processes and these processes constrained and shaped their personal construction of

reality. Prior to the 1950s, the nurse's selection process in England was carried out on the basis of intellectual personality (Openness to experience) as opposed to temperamental ability of the nurse (see Petrie & Powell, 1950).

Additionally, Kleinman (2004) recommended that intellectual stimulation might be a significant leadership behavior that allows the sharing of responsibilities while mediating the thoughts of nurses concerning leaving the organization. As mentioned in chapter three, upon dealing with varying physicians, patients and other medical staff, a nurse needs to be both intellectual and open to experience and he/she should know how to handle work duties seamlessly.

The findings of prior studies support the moderating impact of openness to experience, e.g. Colquitt, Hollenbeck, Ilgen; Le Pine & Sheppard (2002) revealed that openness to experience is a moderating factor in the relationship between access to computer-assisted communication and decision-making term performance. Moreover, Caligiuri's (2000) study involving expatriates revealed that openness is a moderating factor between the relationship of contact with host nationals and cross-cultural adjustment. Furthermore, Korotkov (2008) showed that openness to experience is a moderating factor between stress and health behavior.

6.2.3.3 Interacting effects of emotional stability between work pressure and workplace bullying

The third moderating relationship is that of emotional stability's interacting effect between work pressure and workplace bullying among nurses.

In Chapter Five, Figure 5.3 reveals that under high work pressure, nurses who reported high levels of emotional stability experienced less workplace bullying compared to their counterparts with low levels of emotional stability. As previously mentioned, the nursing profession is among the most stressful professions and individuals having higher emotional stability do have a greater tendency to react emotionally to stressful situations compared to those with low emotional stability (Smith & Williams, 1992).

In addition, employees who have high emotional stability are more proactive and successful in problem solving (Bolger 1990, Heppner *et al.,* 1995). Therefore, nurses with high emotional stability can face and solve problems in an effective manner. More specifically, bullied individuals show a higher score of neuroticism in their personality (Persson *et al.,* 2009).

According to Agervold (2009), work pressure is among the psychosocial factors that may contribute to the high existence of bullying while O'Moore *et al.,* (1998) revealed that victims of bullying showed lower scores of emotional stability compared to the non-bullied group. In addition, a heavy workload or work pressure results in burnout, which is linked to negative emotions, and, consequently, leads to job dissatisfaction and high turnover (Grunfeld *et al.,* 2000; Laschinger *et al.,* 2001; and Teng *et al.,* 2007d).

The findings of the present study regarding the moderating interaction of emotional stability between work pressure and bullying reveal that the former is used synonymously with low level of neuroticism (the individual's tendency to become irritated, touchy and showing unstable behavior) (Teng *et al.,* 2007a, 2007b). Prior studies support this finding; among them, Cieslak *et al.,* (2007) revealed that neuroticism moderates the relation between social support and work strain characteristics.

Additionally, Elovainio *et al.,* (2003) concluded that neuroticism moderates the relation between organizational justice points of view and sickness leave. In addition, Samad (2007) revealed that proactive personalities moderate the relation between social structural characteristics and employee empowerment. Similarly, Korotkov's (2008) study showed that neuroticism moderated the relationship between stress and health behavior, while Zweig & Webster study (2003) revealed that emotional stability moderated the relation between the characteristics of workplace monitoring system, fairness, privacy, and acceptance.

6.3 Implications

In the preceding parts of the chapter, the findings of the study are discussed on the basis of the research questions and hypotheses. The study's findings possess several significant implications to both practice and theory. The first part of this section concerns the managerial 'practical' implications and the second one provides the detailed theoretical 'academic' implications coupled with recommendations for future study.

6.3.1 Managerial Implications

The current study revealed that job demand factors comprising role conflict, role ambiguity, and work pressure and job control are linked to workplace bullying. Accordingly, the findings contribute to the human resource management activities like work condition, stress management, and developing anti-bullying policies. First, the

findings showing that nurse's job demand (role conflict, role ambiguity, and work pressure) and job control are linked with workplace bullying indicate the implications of work condition, stress management and the development of anti-bullying policies. The work conditions encapsulated job demand and job control implying that role conflict, role ambiguity; work pressure and job control may assist human resource professionals in their assessment of the work condition and determine the bullying source. Employees facing high job demands and low job control tend to be more vulnerable to negative behavior like bullying.

Additionally, managing stress through the management of role conflict, role ambiguity and work pressure may be possible as individuals having low role stressors may act positively with colleagues, subordinates, and managers and the inclination to be vulnerable to bullying is less compared to others having high role stressors.

Hospital and human resources management can reduce the job demand by creating a clear job description for nurses, which can be applicable in the staffing process, improve nurses' skills in managing time, and improve their emotional intelligence by incentives and continuous training courses.

These findings are also helpful in building anti-bullying policies by helping human resource specialists in expanding their knowledge and information of workplace bullying definitions and descriptions and in understanding the difference between conflict and bullying. They may also be enlightened regarding specific instances of bullying behavior, types of bullying, duration, and bullying sequence at work and other types of aggressive behavior including sexual harassment and violence. Second, the dimensions of personality comprising conscientiousness, openness to experience and emotional

stability were revealed to play a moderating role between job demand and job control, and workplace bullying.

This knowledge about workplace bullying, sexual harassment can be usable in interviews, recruitment, and staffing procedures to select good nurses. The personality and experience of workplace bullying can be used in the job rotation process to select the proper nurse for the appropriate section.

Prior studies also evidence that personality tests may assist employers in their job screening of employees (e.g. Bates, 2002; Caligiuri, 2000; Niehoff & Paul, 2000; Sarchione, Cuttler, Muchinsky & Nelson-Gray, 1998). As such, nurses' personality is stated to have a significant role in the bullying process and target victimization (Einarsen *et al.,* 1996; 1999). Hence, in future, the Civil Service Bureau Development in Jordan may employ personality tests in their screening of civil servant employees to check the ability of prospective employees to work in teams and the suitability of their personality traits. The same applies for the acceptance of students to the school of nursing in Jordanian universities.

As discussed earlier, one of the findings of the study reveals that conscientiousness and openness to experience moderate the relationship between job control and workplace bullying implying that organizations have to incorporate training activities to be conducted by the Ministry of Health and Ministry of Labor to promote the awareness of how to deal with negative behavior in the workplace. Training is considered as the systematic process of developing knowledge, skills, and abilities to apply in current and future jobs (Blanchard & Thacker, 1999). What is more, training for employees will assist in prevention of negative acts in workplaces (Ferris, 2004).

A study conducted by Ferris (2004) aimed to describe the organizational representative response to employees who approaching their organization for assistance for being bullied in the workplace. The author argued that not every response is supportive and that a number of responses have negative outcomes. The study found three organizational representative responses to allegations of bullying; first, bullying behavior is acceptable, inappropriately equally attributed to both parties as a personality conflict; and is harmful and inappropriate. The study concludes that counselors must review possible organizational representative responses with employees and suggest a mandatory training for the organizational representatives.

According to the present findings, knowledge regarding job demand factors, nurses' personalities, and workplace bullying provides insights into the current situation to both hospital managers and government to facilitate effective nursing work environment. Also, to set up safeguards in the form of anti-bullying policies to reinforce and enhance professional nurses and nursing students, which will positively impact the profession in Jordan, in particular, and in Arab countries, in general. This will play a significant role in decreasing the global shortage of nurses and tackle one of the critical challenges of the twenty-first-century.

6.3.2 Theoretical Implications

Bullying is a global phenomenon not limited to a certain society or a specific country; this study highlighted the workplace bullying in a different culture, whereas the previous studies on bullying at work have been conducted in Western cultures. The present study

is the pioneering academic investigation into workplace bullying behavior in Jordan. While workplace bullying has been studied extensively in Western countries, it is largely ignored in countries in the Middle East. Thus, the study contributes to workplace bullying literature in the context of developing countries, and Arab/Middle Eastern countries, particularly Jordan. The study model provides a clear understanding of workplace bullying in the Jordanian nurses' working environment in public hospitals. The Jordanian healthcare industry is highly dependent on its nurses to enhance the healthcare service and to develop the healthcare industry in its totality, as Jordan is one of the best destinations for treatment in the Middle East.

Studies concerning job demand (role conflict, role ambiguity, and work pressure) and job control have not been extensively carried out in the context of Jordan prior to this study and this may be considered as a significant contribution of the knowledge. The researcher highly recommends personality as a moderating variable that enhances the model's explanation of the bullying phenomenon. Additionally, personality traits, such as extraversion, conscientiousness, openness to experience and emotional stability have not been investigated as moderating the relationship between job demand and job control, and workplace bullying in prior studies. Suffice to say, there is no study in the context of Jordan that examined nurses' personality.

The present study also contributes to academic knowledge through the explanation of important theories that shed light on workplace bullying. More specifically, the field theory and SCT theory suitably explain workplace bullying behavior in the present study. This knowledge further enhances future research in the Jordanian healthcare sector through the development of the scholars' knowledge in

Jordanian universities. The study is designed to tackle the existence of bullying in the workplace of Jordanian nurses and attempts to propose a novel framework of human resource management, which may assist the Ministry of Labor and Ministry of Health in Jordan in creating suitable academic curriculum and strategies for healthcare development. The findings of the research may be utilized as a foundation for future research and literature reviews.

In sum, the findings of the current study reveal the significance of investigating job demand (role conflict, role ambiguity, and work pressure) and job control, and workplace bullying in the context of Jordanian nurses working in public hospitals. Additionally, the study examined the moderating role of personality (extraversion, conscientiousness, openness to experience and emotional stability) in an attempt to shed light on workplace bullying.

6.4 Limitations

While the current study sheds some light onto the existence of workplace bullying in the context of Jordanian nursing workplace, the significance of job demand and job control in workplace bullying, and the importance of nurses personality in this relationship, there are several limitations that it could not avoid, both conceptual and methodological in nature. First, the study conducted an examination of the organizational and personal factors as workplace bullying antecedents. Despite the importance of organizational and personal factors in workplace bullying (Einarsen *et al.*, 1999), there are other factors,

such as social support and job security, which are evidenced to contribute or to influence workplace bullying (Hansen *et al.*, 2006; Hauge *et al.*, 2007; Einarsen *et al.*, 1996).

Moreover, the sample of the present research may also be considered as one of its limitations. As such, the findings may not be generalized to all Jordanian nurses because the study is confined to nurses who are working in one public hospital in Jordan. Additionally, the study contains limited literature concerning all the related variables. To the author's knowledge, no study has examined the independent variables (role conflict, role ambiguity, and job control) in the context of Jordan. Added to this, there is a scarcity of empirical research regarding the independent variables and personality's moderation role in workplace bullying. Lastly, the study found it a challenge to conduct double-back translation of the questionnaire as it involved the inclusion of extensive sentences to explain English terminology.

6.5 Future Research

The researcher recommends the following investigation of some important areas for future research:

1. This study was carried out to examine the existence of workplace bullying among nurses working in Jordanian public hospitals in the middle region. Future studies may be conducted in other sectors and in other regions.
2. The sequence of workplace bullying may be investigated in the future paying particular attention to workplace bullying outcomes, even health or organizational outcomes, like job satisfaction, and employee's health including physical, mental

psychosomatic health symptoms (Einarsen *et al.*, 1994; Einarsen & Raknes, 1997; Vartia, 2001) and social isolation and absence (Leymann, 1990; Rayner, 1999; Einarsen & Mikkelsen, 2003).

3. As previously indicated, research concerning workplace bullying in the Middle East is scarce, particularly through the use of tools, such as NAQ. This is a pioneering study concerning workplace bullying among nurses in Jordan. Hence, the researcher recommends other research in other Middle Eastern countries and a longitudinal study in Jordan.

4. The researcher made use of a single instrument for the data collection method in the form of a questionnaire survey. In depth qualitative studies, using the interview method are needed to measure the degree of workplace bullying among Jordanian nurses. This may achieve better results as it builds trust relations, particularly when speaking in their mother tongue they will be able to express themselves clearly.

5. The analysis of data gathered was conducted by SPSS (Statistical Package for Social Sciences). Other tools of analysis, such as SEM (Structured Equation Model) may be used to analyze data for accurate results and to determine indirect paths of workplace bullying.

6.6 Conclusion

This thesis conducted an examination of workplace bullying among Jordanian nurses, which will serve to assist the nursing profession and the related officials including supervisors and managers, policy makers to understand the phenomenon. The study revealed four direct significant relations in the study and three moderating relationships

with direct significant antecedents of workplace bullying including role conflict, ambiguity, work pressure and job control.

All direct relations were supported with three out of four personality dimensions (extraversion, conscientiousness, openness to experience and emotional stability) partially supported in the moderating relation between job demand and job control, and workplace bullying. Conscientiousness and openness to experience were revealed to moderate the relationship between job control and workplace bullying while emotional stability was revealed to be a moderating factor in the relationship between work pressure and workplace bullying. The study contributes to the body of literature through the examination of job demand and job control factors as causes of workplace bullying from the nurses' perspective. It includes personality traits as moderating the relation and both subjective and objective methods were used to investigate workplace bullying experience. The current study attempts to shed extensive light on workplace bullying to fill the gap in the literature.

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