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The Consequences of Workplace Bullying, on targets and observers, in the Nursing Environment

MA Research Report 2014/2015

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Declaration

The Consequences of Workplace Bullying, on targets and observers, in the nursing environment

A research project submitted in partial fulfilment of the requirements for the degree MA by coursework and Research report in the field of Organisational Psychology in the Faculty of Humanities, University of the Witwatersrand, Johannesburg, 16 March 2015.

I declare that this research report is my own, unaided work. It has not been submitted before for any other degree or examination at this or any other university.

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Davidzo Chihambakwe Date

Abstract

Research interest in workplace bullying has gained great popularity over the last two decades. This is because the public is starting to acknowledge the phenomenon as a problem in organisations worldwide. Bullying is now being recognised, not only as a childhood rite of passage that's widespread in the school playground, but as a genuine adult problem occurring frequently in our working environments, which needs to be addressed urgently. This study aimed to determine the prevalence of workplace bullying, for both the targets and observers of workplace bullying in the nursing sector. Additionally, the study tested whether social support moderates the relationship between workplace bullying (victims and observers) and job satisfaction, psychological wellbeing and propensity to leave. Lastly, the socio-demographic characteristics of the nurses were also studied, to determine whether or not they influence the perception of workplace bullying. The sample consisted of 102 nurses, in an African state hospital. The nurses were required to complete a 90-item composite questionnaire consisting of biographical information, the adapted Negative Acts Questionnaire-Revised (NAQ-R), the Job Satisfaction Scale, the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWS), the Propensity to Leave Scale, and the adapted workplace Social Support Scale. The prevalence of workplace bullying was found to be high in the nursing sector. Furthermore, backward multiple regression analyses revealed that social support is a moderator; social support was found to buffer the effects of workplace bullying improving nurses' job satisfaction and psychological wellbeing, as well as decreasing their propensity to leave their current job. Through correlations, t-tests and one way ANOVAs it was also revealed that socio-demographic characteristics of nurses cannot be used to identify risk groups of workplace bullying in an African context.

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I have learnt a lot from this phrase in my life. Although I was faced with many challenges and obstacles, it is with great pleasure that I submit this work with the intention to end this journey in my life. Thank you, Lord.

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Chapter 1: Introduction

Introduction

1.1. Background

Workplace bullying has become a pressing issue and of great concern to organisations worldwide. More and more people have become cognisant of workplace bullying. Interestingly, this awareness of the phenomenon occurring in the working environment has resulted in efforts to respond to it. Workplace bullying has been associated with negative repercussions for both the employee and organisation, and academics have been looking for solutions to reduce its negative consequences in our organisations. Research on workplace bullying has thus gained momentum over the years. This has been accredited mainly to the bullying research team at the University of Bergen who have contributed significantly to the field over the last two decades (Einarsen, 1999; 2000; 2005; Einarsen, Hoel & Notelaers, 2009; Hoel, Glaso, Hetland, Copper & Einarsen, 2010).They have boosted research interest in workplace bullying, as well as, the desire and prospect for future research developments needed worldwide (Einarsen, 2005).

Most research on bullying in the workplace has been conducted in Western Europe, Australia, America, Canada and New Zealand (Einarsen, 2005; Hutchinson, Vickers, Jackson, & Wilkes, 2006; Simons, 2008). However, there appears to be limited research in Africa and Asia, that is, as extensive as everywhere else globally. Employees in Africa 's awareness and understanding of bullying in the workplace has been argued to still be in its infancy, as compared to other developed countries (Pietersen, 2007).This research therefore aims to extend current understanding and investigation of workplace bullying in an African context. This current research was thus conducted in Africa; in Zimbabwe.

The hospital environment is known to be a work setting were employees work within close quarters. Employees do not work isolated, unlike in other organisations. The working environment involves a lot of close contact, face to face interactions. In particular, nurses are the most likely employees to experience direct contact during their work. This may be from their colleagues, supervisors, patients and other professionals such as doctors. Working so closely with other employees may encourage an atmosphere were bullying behaviours are widespread.

Nurses are a vital resource for the wellbeing of the human population because they care for the sick in our hospitals. It is therefore of great importance for them to be satisfied with their job and be psychologically fit, so they can be retained in the profession (Jackson, Clare & Mannix, 2002). This is important, in order for them to perform their duties well, and to cater for the needs of the patients. Nurses' psychological stress can actually also place their patients at risk, affecting their patients in the long run (Randle, 2007). For example, a stressed nurse can administer the wrong medicine. It is therefore important to investigate and understand bullying in the nurses' working environment as it may not only have negative repercussions for the organisation and the nurses, but for their patients as well. The research conducted here therefore focused solely on nurses, in a state hospital, in Zimbabwe.

Results from the undertaken research on workplace bullying in a nursing environment is important as it may aid employers and employees to understand the concept better, specifically in an African context. It is useful to identify the extent of bullying in the workplace, understand the possible negative effects of bullying and how employees can cope to deal with the harmful consequences thus reducing their negative effects. Awareness of the phenomenon and the possible effects of it can assist management in taking action to minimise bullying in organisations preventing it from developing into a silent epidemic (Visagie, Havenga, Linde & Botha, 2012).

1.2. Research Rationale

Workplace bullying has become a widespread problem among employees (De Wet & Jacobs, 2013). Despite widespread awareness of the phenomenon, it continues to escalate (Hutchinson et al., 2006). Although workplace bullying has been extensively researched internationally, as mentioned above there are still gaps within the field that need to be filled. There is considerable evidence suggesting that negative consequences for the victims of bullying, in turn result in negative effects for the organisation (Hoel, Glaso, Hetland, Copper, & Einarsen, 2010; Quine, 2001; Vartia, 2001).This phenomenon is worth investigating because the targets of bullying experience physical and psychological effects which may be detrimental to their health. Workers health intern affects organisational outcomes such as job satisfaction and propensity to leave and therefore results in high staff turnover (Murray 2009; Quine, 2001). Workplace bullying results in a double negative as it affects both the victims and the organisation. This makes this phenomenon a major concern for businesses as it may also lead to counterproductive outcomes such as reduced productivity, reduced job

performance and increased staff turnover and absenteeism, resulting in minimised return on investments for the organisation (Randle, 2007; Simons, 2008).

The negative effects of workplace bullying on the targets have been greatly explored worldwide, however there seems to be evidence which suggests that as much as victims of workplace bullying are affected, so are the witnesses of the bullying (Quine, 2001; Vartia, 2001). In organisations colleagues, subordinates and supervisors may also incur negative consequences due to workplace bullying solely as bystanders. Investigating the effect of the bullying behaviour on bystanders together with its effects on the victims will therefore yield additional rich information on the nature of workplace bullying. This area of workplace bullying; the effects on the observers appears to have been neglected by research in Africa. This is an essential gap to fill in as investigating witnesses will give a clearer picture of the phenomenon, and consequently provide a valuable contribution to the field, in an African context.

Little research concurs on factors that may exacerbate or reduce bullying effects (Hutchinson et al., 2006). The research conducted here aims to fill this gap by exploring the moderating effects of social support at work. There is evidence suggesting that a supportive work environment for nurses can buffer the negative consequences of workplace bullying and assist victims in coping with the bullying (Quine, 2001). Discovering means from research findings, which are reliable and valid to deal with the harmful consequences of bullying can be useful to both the organisation and the employees.

Research on socio-demographic characteristics and workplace bullying appears to be inconsistent. Others found that it predicts perceptions of workplace bullying (Cunniff & Mostert, 2012) whilst others contested this (Kivimäki, Elovainio & Vahtera, 2000). This inconsistency of findings opened a gap in research. This current study aimed to fill in this gap, in order to understand the area better; why different studies found conflicting results. The research therefore looked at age, gender, home language, tenure, position and work experience of the nurse to investigate if they influence the perceptions of workplace bullying. Although the influence of demographics on bullying have been broadly studied, in the numerous articles reviewed there appears to be minimal research that directly links the demographic variables of targets and observers (in this case, nurses) to their perceptions of workplace bullying, in an African context.

Results of the perceptions of workplace bullying in Africa may differ from those in other non-African societies with regard to demographics because in Africa, the power and hierarchical structures, both in the organisation and society as a whole are different from those in other developed countries. In Africa, due to its history of colonialism, and apartheid particularly for South Africa the majority group has power in numbers but is less powerful in terms of influence, control and authority than the minority group. These majority groups include women, the less educated, disabled, the black race, vernacular language speakers, the youth, low skilled workers and the less experienced employees as the less powerful groups. These are most likely to be the targets of workplace bullying because they possess the least power in the organisation. It can thus be concluded that in terms of demographics, the findings may be different from the Western countries because of Africa's unique history.

1.3. Research Aims

Overall, the study conducted here aimed to determine the frequency of workplace bullying in the nursing sector, particularity in an African sample. This study further endeavoured to ascertain whether workplace bullying for both the victims and witnesses had an impact on nurses' job satisfaction, psychological wellbeing and propensity to leave. An additional aim of the study was to determine whether social support moderated the relationship between workplace bullying (for victims and witnesses) and job satisfaction, psychological wellbeing and propensity to leave. Lastly, based on the inconsistency in findings on the relationship between socio-demographic groups and workplace bullying, this study aimed to determine whether employee demographics can be used to identify risk groups of workplace bullying.

1.4. Research Questions

- What is the prevalence of workplace bullying in the nursing environment?
- Is there a relationship between workplace bullying for targets' and observers' and job satisfaction, psychological wellbeing and propensity to leave?
- Is this relationship moderated by social support at work?
- Is there a relationship between the socio-demographic characteristics of nurses and their perceptions of workplace bullying?

Chapter 2: Literature Review

Literature Review

2.1. What is workplace bullying?

Bullying is a widely known phenomenon. However relatively few people acknowledge it as a problem for adults in the workplace. The concept of bullying tends to be equated with school playground bullying as a childhood rite of passage. Only most recently is workplace bullying being recognised as an ever increasing multi-faceted phenomenon which managers and the human resources department would have to address (Pietersen, 2007). Workplace bullying was initially recognised by Adams in 1992 who revealed that bullying transpires in other areas other than the school playground (Randle, 2007). Although it is now being acknowledged that bullying does not only occur in schools, there appears to be no general consensus on a workplace bullying definition.

Workplace bullying has been referred to as conflict that occurs regularly and lasts for long periods of time, where the victim is unable to defend themselves because of unequal distribution of power (Leymann, 1996). On the other hand, Einarsen (1999, p. 17) defines workplace bullying as "all those repeated actions and practices that are directed to one or more workers, which are unwanted by the victim, which may be done deliberately or unconsciously but clearly cause humiliation, offence, and distress, and that may interfere with job performance and/or cause an unpleasant working environment." Conversely, according to the South African Trade Union Congress in 1998, workplace bullying is the tendency for people to use aggressive or unreasonable behaviours to achieve their goals (Visagie et al., 2012). Although the other definitions abovementioned are appropriate and somewhat useful in understanding the bullying phenomenon, the last definition appears to be the least helpful. It is very broad and can account to any negative behaviour, not necessarily workplace bullying. While there appears to be a lack of agreement on what constitutes bullying in the workplace, for the purpose of this research, workplace bullying will be defined as:

> A situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the recipient of negative

> acts has difficulty in defending him or herself against these actions (Einarsen & Stogard, 1996, p. 185).

The definition above is appropriate for the purpose of the study because a once off incident is not considered to be an experience of workplace bullying, the bullying behaviour has to be repeated and having occurred over a long period of time, differentiating it from conflict. Additionally, the definition also focuses on the effects on the victim, irrespective of the intentions of the perpetrator (De Wet, 2014). However, it does not consider the status of the victim. Nonetheless, this is not essential for the focus of this study.

2.2. Targets and observers of workplace bullying

Targets refer to the actual victims of the bullying, those who experience the workplace bullying from their colleagues, subordinates and supervisors, whilst observers are those who witness this bullying occurring; the bystanders. The perpetrators are those who bully the victims. It has been suggested that "anyone of any age can become a victim of workplace bullying, either directly as a target or indirectly as a witness" (Mellor, 2000, as cited in, Visagie et al., 2012, p. 63). Victims can be men, women, managers or employees in public or private organisations (Einarsen, 2005). Employees could be affected by directly experiencing the bullying or indirectly by solely observing it. This therefore suggests that working in a bullying environment, even though an individual may not be directly experiencing the bullying, may have detrimental consequences for all employees in the organisation including the bystanders.

Vartia (2001, p. 63) found "that not only the targets of bullying, but also bystanders, suffer when someone is bullied in the workplace." He further highlighted that those who reported being both targets and observers of workplace bullying reported more general stress and mental stress reactions than those who reported no bullying. This finding suggests that those who observe bullying experience negative consequences, just as the targets of the bullying do. However, as might be expected the targets of workplace bullying tend to experience more severe consequences than the witnesses of bullying. Forty percent of targets reported high levels of stress compared to the 25% of observers. Nonetheless this is higher than the 14% of non-bullied employees who reported high levels of stress (Vartia, 2001). It is advantageous to investigate the observers of workplace bullying together with the targets because most people decline the role of a victim, they underreport themselves as a victim, as the role implies weakness and passivity (Visagie et al., 2012). Participants may be more forthcoming to report

themselves as observers, than targets which may yield more information on the prevalence of workplace bullying in the organisation. Research found that 24.7% of participants reported having experienced bullying within five years prior to the study whilst 46.5% reported witnessing bullying taking place within the same time frame (Visagie et al., 2012). This may suggest that twice as many people are likely to report witnessing workplace bullying than experiencing it. On the other hand, it may also imply that an act of bullying may have one victim, but may have multiple observers.

2.3. Types of workplace bullying

Bullying behaviours can be categorised into direct and indirect bullying. Direct bullying occurs on a face to face interpersonal level whilst indirect bullying is more subtle. It aims to harm people emotionally and manipulate relationships intentionally (Cunniff & Mostert, 2012). Manifestations of direct bullying include public humiliation, criticism, intimidation and verbal abuse. On the other hand indirect bullying manifests through gossiping, rumours, and social isolation (Einarsen et al., 2009). Both direct and indirect bullying were assessed in this study, as there is previous empirical evidence that suggests that both cause harmful consequences for the employees (Cowie, Naylor, Rivers, Smith, & Pereira, 2002; Einarsen, 1999).

According to Einarsen (1999) bullying is an evolving process. In the beginning victims are subjected to indirect bullying; gossiping, rumours, isolation and so on. If the bullying process is uninterrupted, indirect bullying eventually progresses to direct bullying. Ultimately both physical and psychological means of violence may be used. It is therefore essential to study all the types of bullying, in the bullying process to determine the impact they have on the employee's job satisfaction, psychological wellbeing and propensity to leave, in order to understand the phenomenon as a whole. It is beneficial to not only focus on the direct bullying which is open, but also the indirect bullying which is discreet and may possibly also have equal negative consequences.

2.4. Conceptual framework for workplace bullying

In studying workplace bullying, one important question arises; why some people experience bullying when others do not (Cunniff & Mostert, 2012). More insight and understanding may be gained through a conceptual framework for the study and management of workplace bullying (Einarsen, 2000; Einarsen, 2005). The model was developed to identify the main variables to be included in future research, theory development and future organisational

action programs in the field of bullying in the workplace, see *figure 1* below (Einarsen, 2000; Einarsen, 2005). The conceptual model for the study and management of bullying at work will be used to orientate the research conducted here.

According to Einarsen (2005) four factors are important. Firstly, the model differentiates between the nature and causes of bullying behaviours as demonstrated by the alleged perpetrator from the nature and causes of the perceptions of the target of these behaviours. Furthermore, the model discriminates between the perceived exposure to these bullying behaviours and the effect of these kinds of behaviours. The model also focuses on the direct link from the organisation to the offender. The bullying behaviour exhibited by the alleged offenders only influences the organization through the perceptions and reactions of the targets and observers. Fourthly, the model illustrates how the target's personality is likely to affect how the offender's behaviours are perceived and how they are reacted to. Lastly, the conceptual model illustrates that the target's reactions to the bullying may alter their personal characteristics, (such as personal styles of coping and personality), as well as, the organisation itself and how it reacts to the particular target (Einarsen, 2005).

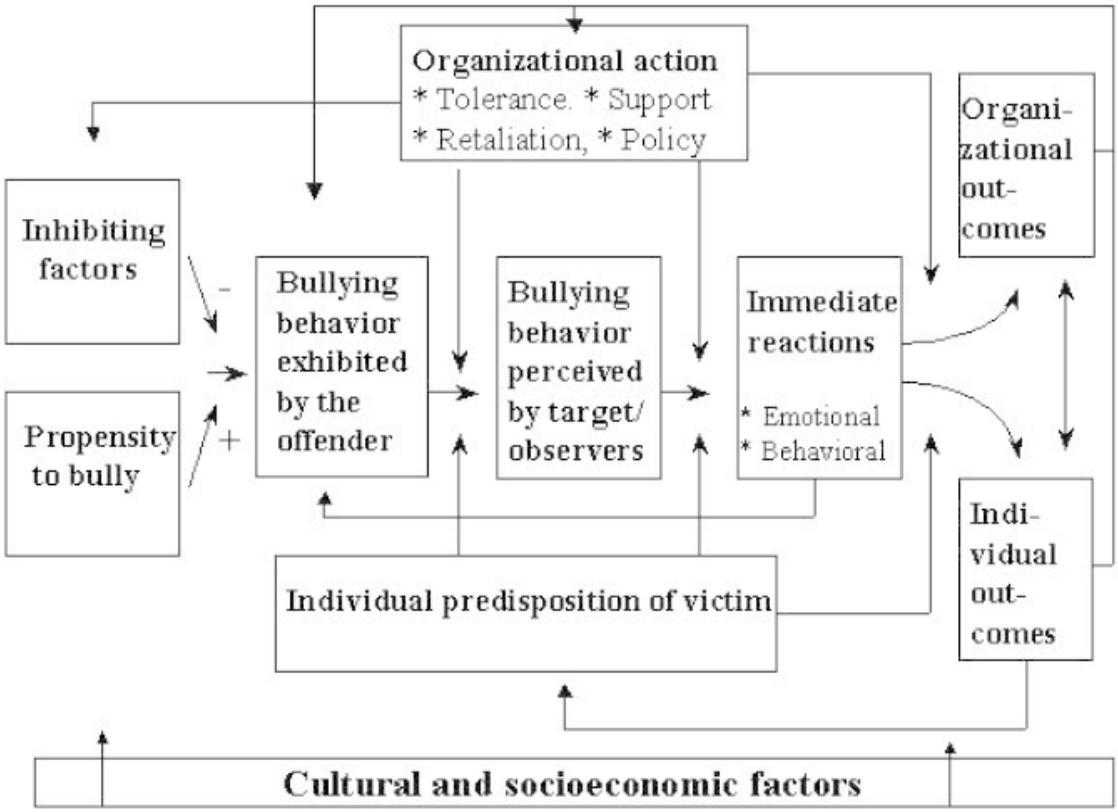


***Figure 1**: A conceptual framework for the study and management of bullying at work. (From, Einarsen, 2005, p. 9).*

The model above *(figure 1),* proposes the research developments needed in the workplace bullying field. The current research intends to fill in some of the gaps proposed by Einarsen (2005) in the model. The words in italics will illustrate the key future research areas proposed in the model that this research will be covering. The impact of the *bullying behaviour perceived by the targets and observers* on *organisational outcomes* (job satisfaction and propensity to leave) and *individual outcomes* (psychological wellbeing) will be investigated. Furthermore, the role of *support* at work (*organisational action*) as a moderator will be explored, taking into account whether the *individual predisposition of the victim* (socio-demographics) influence the perceptions of workplace bullying.

The model by Einarsen (2005), aforementioned *(figure 1)* suggests that workplace bullying is reinforced by the organisational culture that allows bullying behaviours and occasionally rewards them. This is supported by Brodsky (1976), who found that for workplace bullying to escalate it is established within a culture that permits and accepts the bullying. Furthermore, Einarsen (2005) adds that personal, situational and contextual factors have an active role they play which causes the perpetrator to act aggressively towards the victims. These factors include stress, conflict or an extremely aggressive nature. Bullying may arise due to an innate inclination by the perpetrator to act negatively towards others due to personal or situational factors. This is reinforced with a lack of organisational inhibitors for the misbehaviour (Einarsen, 2005). Randle (2007) concurs with the abovementioned model (*figure 1*) emphasising that the culture and context of the organisation can influence bullying behaviour. Other studies, found that the working conditions and the environment are primary causes for workplace bullying and influence the prevalence of such behaviour (Hickling, 2006, as cited in, Randle, 2007). In a concurring research study, Rayner (1998) found that ninety five percent of her participants reported that people get away with bullying because they never get caught and the victims are too scared to report it. This suggests that a lack of organisational inhibitors promote bullying in the working environment. In the articles reviewed, no contradicting research was found; it appears workplace bullying is fostered in an environment exhibiting a certain culture. The nursing environment has been proposed as a possible work setting which may promote a culture of bullying.

2.5. The nursing environment

The work pressures nurses incur, such as stress, role ambiguity and conflict are important for an understanding of the rate of bullying in the nursing environment (Brodsky, 1976). According to Randle (2007, p. 52) the hospital is often an organisation that triggers bullying due to "high levels of stress, inadequate training, organisational change and uncertainty, pressure from management staff and unrealistic targets." These triggers create tension, pressure and strain so severe that bullying is probable. Workplace bullying may be a consequence of the nurses' working environment. Perpetrators adopt it as a coping mechanism, to survive, in such a hostile environment. In their working environment, nurses encounter aggression from other different sources, apart from themselves. These include patients and their relatives, as well as, other professionals, such as doctors. It is well-known that the hospital is an unusual working environment where the general public have access to the premises. Perpetrators of workplace bullying can be from multiple sources which may make the possibility for bullying high in this work setting. According to Jackson et al. (2002) visitor, patient and doctor abuse is a major distress and workplace stressor for nurses. Patients and doctors have high expectations of the nurses and if they don't match up to these expectations the doctors, patients and their relatives may react with anger and in some extreme cases violence towards them (Jackson et al., 2002). The environments in which the nurses work seem to enable workplace bullying to prosper (Brodsky, 1976). The nurses tend to get acclimatised to this culture of aggression and abuse and end up behaving likewise. As much as they are on the receiving end of violence, nurses also participate in the culture of abuse and oppression, their working environment appears to reinforce bullying (Jackson et al., 2002).

Despite the extensive knowledge and research on workplace bullying including strategies to address the problem, it appears the behaviour continues to escalate in the nursing profession (Hutchinson et al., 2006). This is of critical concern and draws our attention to the possible reasons why this is so. The nursing sector is growing in significance as an area of research because the environment; the hospital, in which the nurses work in has been singled out as an organisational context that fosters workplace bullying (Randle, 2007). According to research studies, the hospital environment may possibly promote the bullying behaviour through its culture; hierarchical structures set in the organisation, inadequate training resulting in nurses'

frustration, organisational change without proper implementation and other additional work stressors (Brodsky, 1976; Rayner, 1998).

Hierarchical structures in the nursing profession may also account for the workplace bullying and its increased rate of occurrence (Randle, 2007). In the healthcare sector, there is a strict chain of command which fosters a culture that may encourage senior nurses' to exercise their power, than in most organisations. Too much power and influence is attributed to higher ranked nurses, this may make more opportunities for bullying possible. Due to the encouragement to exercise seniority and the power that comes with it, in the field, bullying is more likely to be viewed as normal or acceptable behaviour. This is a misuse of legitimate organisational authority, procedures and processes (Hutchinson et al., 2008). Professions with such distinct hierarchies, such as in the nursing sector which tend to tolerate bullying behaviours empower the perpetrators and contribute to the high prevalence of workplace bullying in the industry.

Based on previous empirical evidence and literature on the subject, the level of bullying in the nursing environment is alarming; it is highly prevalent and aggressive (Hutchinson, Jackson, Wilkes &Vickers, 2008; Jackson et al., 2002; Murray, 2009; Quine, 2001; Randle, 2007; Simons, 2008). Workplace bullying manifests in violent acts, such as physical and emotional abuse (work overload, excessive monitoring, undervalued), being at the receiving end of rage, anger, excessive teasing, sarcasm and negative actions. Due to this violent work environment there is evidence suggesting that it has resulted in the decline of the nursing workforce in the Western countries (Jackson et al, 2000; Randle, 2007; Simons, 2008).

Violence and hostility such as intimidation, humiliation, gossiping and including workplace bullying has become part of the nurses' daily lives which is affecting the recruitment and retention of nurses in the profession (Jackson et al., 2000). Retention rates of nurses in the profession have been found to be low and this has been attributed to violence within the working environment. Workplace bullying has been suggested to be one of the main precursors of nurses opting to leave the profession or their current organisation (Jackson et al., 2002). Globally, the retention of nurses in the field has increasingly become problematic (Jackson et al., 2002; Simons, 2008). However, there is not much research evidence for this in Africa; nonetheless, this does not mean it is not a problem in the continent. This research

aims to shed more light on whether nurses' retention due to workplace bullying, as a consequence of the working environment is a major problem in the continent.

2.6. The Prevalence of Workplace Bullying

The prevalence of workplace bullying, for the purpose of this research will be defined as the total number of cases, of the phenomenon in a given population, at a particular time (The Free Dictionary, as cited in, Cunniff & Mostert, 2012). The prevalence of workplace bullying can be understood as the frequency of workplace bullying in the nursing environment. Bullying in the workplace has been reported to occur frequently globally (Cunniff & Mostert, 2012; Einarsen, 2005; Hutchinson et al., 2006; Lutgen-Sandvik et al., 2007; Quine, 2001, Visagie et al., 2012). In Europe, 5-10% of employees may suffer from workplace bullying at any given time; the prevalence of workplace bullying in the European workforce has been reported to be relatively high (Einarsen, 2005; Paoli & Merille, 2001, as cited in, Hoet et al., 2010). Hoel and Cooper (2000) also conform as they found that 1 in 10 of their participants reported they had been bullied, whilst in Scandinavia between 1% and 5% of their workforce had experienced some form of bullying (Zapf, Einarsen, Hoel & Vartia, 2003).

Only recently in Southern Africa, has workplace bullying been receiving attention from the public, organisations and academia. This is because there has been recent empirical evidence suggesting that workplace bullying is prevalent on the continent. The Work Dignity Institute conducted an internet survey in 2000 and found that approximately 77.8% of South Africans felt they had experienced workplace bullying in some form (Cunniff & Mostert, 2012). This is in contrast to the 5-10% reported in Europe, suggesting that workplace bullying is an issue of great concern in Africa. Visagie et al. (2012) found that a quarter of their participants experienced workplace bullying whilst Cunniff and Mostert (2012) also found concurring results, 31.1% of their sample also experienced workplace bullying. However, there is a vast difference between the 77.8% found from the internet survey and the 31.1% found in other studies in Africa. This is why investigation in Africa is essential, to get a better understanding of the phenomenon in the continent.

In Zimbabwe, a study on school teachers Awoniyi and Ndlovu (2014) surprisingly found that workplace bullying was most prevalent in the most qualified teachers; they experience the most workplace bullying. This is unexpected as other research found conflicting results. According to the Workplace Bullying and Trauma Institute (WBI, 2003) subordinates are mostly bullied by their superiors (Visagie et al., 2012). However, Awoniyi and Ndlovu

(2014) found a positive correlation between the most qualified teachers and the effects of workplace bullying; stress and mental health problems. It appears the occurrence of workplace bullying in Africa is widespread, however the results are inconsistent in that Awoniyi and Ndlovu (2014) found that the superiors are the victims of bullying whilst the WBI (2003) found that the superiors are actually the perpetrators of bullying. Further research on the phenomenon was thus essential to get a better understanding of the nature of bullying in an African work context.

In a sample of nurses, Quine (2001) found that 40% of the nurses who participated reported to experiencing some form of bullying in the last twelve months. In contrast, she found that only 35% of other staff had reported experiencing some type of bullying in the same time frame (Quine, 2001). These findings indicate that nurses are 5% more likely to be at the receiving end of bullying compared to other staff. Simons (2008) supports that workplace bullying occurs frequently in the nursing sector. His findings indicated that 31% of his participants had experienced bullying, working as registered nurses (Simons, 2008). In comparison to the 5-10% prevalence of workplace bullying reported in Europe, for other professions (Einarsen, 2005; Paoli & Merille, 2001, as cited in, Hoet et al., 2010), the frequency of workplace bullying in the nursing industry appears to be much higher. Unfortunately, there were no studies found conducted in Africa, on a nursing sample to compare to the Western studies. In this current research, based on all the evidence provided above, this study seeks to determine the prevalence of workplace bullying among nurses in a state hospital in Zimbabwe.

2.7. The consequences of workplace bullying on job satisfaction

Greenberg and Baron (1995, p. 169) conceptualise job satisfaction as an "individual's cognitive, affective and evaluative reaction to their jobs." As expected, employees with a high level of job satisfaction hold positive feelings towards their work while those with a low level of job satisfaction are dissatisfied with their work and hold negative feelings. These negative feelings may result in high levels of turnover and absenteeism which is disruptive for the organisation. Employees' satisfaction is defined as a complex summation of a number of discrete job elements such as work itself, pay, advancement opportunities, working conditions and interacting with co-workers, as well as, management (Robbins, Judge, Odendaal, & Roodt, 2009).

The groundwork for most theories on job satisfaction was laid by Maslow (1943), who hypothesised that human needs form a five stage hierarchy ranging from physiological needs, safety needs, belongingness and love, esteem/achievement needs and the need to self-actualise (Lu, While & Barriball, 2005). According to Maslow (1943, as cited in Saif, Nawaz, Afarz & Khan, 2012) individual's motivational requirements are ordered as a hierarchy. Once a level of needs has been satisfied, it no longer helps to motivate the individual, a higher level needs to be activated to motivate and satisfy the individual. Based on Maslow's theory, job satisfaction is a necessity; a human need that to be fulfilled in order for the individual to reach self-actualisation and thus be satisfied with them self. However, this model has become less popular because attitudinal perspectives and cognitive processes have come to predominate in the study of job satisfaction and not merely underlying needs (Lu et al., 2005).

Equity theory may be utilised to understand employee satisfaction. The theory suggests that employees weigh the input in the job and the output and compare this input-output ratio to other employees (Robbins et al., 2009). For example, an employee will weigh the amount of work they put in the job and how much they are remunerated. They will then compare this to their colleagues. If the ratio is equal a state of equity exists and the employee tends to be satisfied with their job (Robbins et al., 2009). If the employee perceives that the input-output ratio is not at equilibrium, they may be dissatisfied with their job. Workplace bullying may essentially disturb this input-output ratio resulting in employee dissatisfaction. If the employee is being bullied or observing it, they may feel as if the work they put in is not acknowledged or appreciated because they are experiencing bullying acts such as over monitoring, public humiliation, criticism or intimidation. They may then compare how their being treated to their colleagues who are not being bullied. They may then perceive there is no equity, and thus bullying results in dissatisfaction with their work. Previous research suggests that rewards increase employee satisfaction only when these rewards are valued and perceived as equitable by the employees (Saif et al., 2012). In this case the equity theory may not be the most useful model for the relationship between workplace bullying and job satisfaction. However, other more useful theories have been proposed as better models for job satisfaction.

A further theory, Hertzberg's two factor theory is argued to be one of the most useful models to study job satisfaction (Kim, 2004, as cited in Saif et al., 2012). The model suggests that

satisfaction and dissatisfaction are two separate constructs. The opposite of satisfaction is no satisfaction and the opposite of dissatisfaction is no dissatisfaction. Intrinsic factors (attributed to themselves) termed motivators were found to be job satisfiers whilst extrinsic factors (attributed to the external environment) termed hygienic factors were found to be job dissatisfiers. Motivators (job satisfiers) included achievement, recognition, work itself, responsibility and a sense of importance to the organisation. Hygiene factors (job dissatisfiers) which are maintenance factors included company policy, administration, supervision, salary, interpersonal relations and working conditions (Robbins et al., 2009). These job dissatisfiers therefore tend to result in reduced work performance due to the employee's lack of motivation.

For the purpose of this research, the focus will be solely on job dissatisfiers. These are extrinsic factors attributed to the external environment such as interpersonal relationships. The employee, according to Herzberg's two factor theory becomes dissatisfied with the absence of good interpersonal relations. If the working environment is conducive of workplace bullying employees may become dissatisfied with their job. This study will thus measure the one dimension dissatisfaction to no dissatisfaction which is ideal for employee psychological health.

As discussed above, according to Herzberg's two factor theory dissatisfied employees are less motivated and thus unproductive (Saif et al., 2012). With that in mind, it was pivotal to this current research to determine the relationship between workplace bullying for targets and observers' and job satisfaction. Quine (2001) found that participants who reported bullying experienced lower levels of job satisfaction compared to those who did not experience bullying. Hoel et al. (2010) supported this finding suggesting that targets of bullying who choose to suffer in silence experience reduced job satisfaction as a harmful organisational outcome. In accordance to this, workplace bullying has been negatively correlated with job satisfaction (Einarsen et al., 2009). Furthermore, Einarsen and Raknes (1997), found significant correlations between perceived workplace bullying and overall job satisfaction in the marine-engineering industry.

In the nursing profession, which is the focus of this current study, Einarsen et al. (1999) also found concurring results; a strong negative correlation was found between victims of workplace bullying and job satisfaction. The strong negative correlations suggest that when nurses' experience high levels of workplace bullying, their job satisfaction decreases.

Although, no studies on observers of workplace bullying and job satisfaction were found, based on previous knowledge on observes of bullying provided throughout the report, it can be predicted that as workplace bullying behaviours increases in the organisation, and the observers witness this, their job satisfaction will also reduce. In search of evidence to support this, job satisfaction was investigated as an outcome variable. Based on the evidence provided by the literature above this led the researcher to the following directional hypothesis:

Hypothesis 1: When workplace bullying of targets' and observers' increases job satisfaction decreases.

2.8. The consequences of workplace bullying on psychological wellbeing

Most research on workplace bullying focuses on the negative effects on employee health and wellbeing (Mayhew & Chappell, 2007, as cited in Escartin, Rodriguez-Carballeira, Gómez-Benito, & Zapf, 2010). Research is concerned with the effects on the individual firstly because human health is important as the victim suffers the most damaging effects and secondly the individual is where the negative effects for the organisation and the society originate. Psychological wellbeing is one of the outcome variables investigated in this study to determine its relationship with workplace bullying. Interestingly, it can be debated whether psychological wellbeing equates to health, and if psychological wellbeing is significantly different from employee satisfaction, or they are actually related. For the purpose of this research study psychological wellbeing is differentiated from health and considered as a separate construct from satisfaction.

The definition for psychological wellbeing has evolved over the years, and there appears to be no agreement on what constitutes wellbeing. Originally, psychological wellbeing was distinguished between positive and negative affect with happiness being defined as the balance of two; happiness as the right distribution between positive and negative affect. This early conceptualisation of wellbeing was later challenged and linked to failure to distinguish between frequency and intensity of affect. The frequency of affect (the number of times one is happy) was then shortly promoted as the better indicator of wellbeing because it can be measured better and is more strongly related to long term emotional wellbeing than intensity (the degree of ones' happiness) is. Interestingly, there is now a growing trend that emphasises that life satisfaction is the key indicator of wellbeing (Ryff & Keyes, 1995). This then brings

in the argument posed earlier, whether wellbeing and satisfaction are related or the same. Nonetheless, as mentioned earlier, the two will be considered as separate constructs as suggested above. For the purpose of this study psychological wellbeing can broadly be referred to as the general mental state of an individual (Ryff, 1989). This is different from health which includes the individual's physical state.

The theoretical model of psychological wellbeing proposed by Ryff (1989) depicts six distinct dimensions of psychological wellbeing; autonomy, environmental mastery, personal growth, positive relations with others (the direct opposite of bullying relations), purpose of life and self-acceptance. According to Ryff and Keys (1995) a mentally healthy individual should possess both positive feelings (subjective wellbeing) and positive psychological functioning (equated to psychological wellbeing).

The negative implications of workplace bullying have been found to negatively affect psychological wellbeing; lowering the general mental health of the employees which is likely to negatively affect their job performance. In a longitudinal study, Vartia (2003) reported that prolonged workplace bullying is strongly associated with depression, mental stress, low self-esteem and cardiovascular disease. This is extremely disturbing because if bullying is not immediately addressed it may lead to these highly problematic devastating consequences. Evidence in the literature also suggests that psychological stress may be a consequence of workplace bullying, for not only the targets but observers too (Vartia, 2001). Both targets and observers of bullying experienced more general stress and general mental reaction, compared to those who experienced no bullying (Vartia, 2001). However, targets of bullying also reported expressing low self-confidence and using sleep inducing drugs and sedatives (Vartia, 2001). Again as expected, the targets tend to be affected more by the bullying than the witnesses.

In nurses, Quine (2001) also found similar results regarding psychological wellbeing; those participants who experienced bullying behaviour reported higher levels of anxiety and depression compared to those who did not experience it. Einarsen, Matthiesen and Skogstad (1998) further concur suggesting that long term perceived workplace bullying among assistant nurses may result in psychosomatic health problems, increased psychological stress, mental health problems and lowered psychological wellbeing including depression and anxiety. Murray (2009) highlights the problem bullying is in the nursing profession,

illustrating how it results in adverse patient outcomes; depression, anxiety, eating disorders, loss of sleep and appetite. It not only affects the professionals, but their patients in our hospitals. Furthermore, it was found that the most destructive consequence of bullying in terms of psychological stress is the type which attacks the employee's private life and personally derogates them (Einarsen & Raknes, 1997).

Nurses' psychological wellbeing may be at risk in African hospitals. Their psychological wellbeing is an essential asset to hospitals as it governs them to work productively. It is therefore of great importance in this current study to investigate the psychological effect of bullying behaviour in the nursing sector on the victims and the witnesses. This therefore led the researcher to the following directional hypothesis:

Hypothesis 2: When workplace bullying of targets' and observers' increases their psychological wellbeing decreases.

2.9. The consequences of workplace bullying on propensity to leave

Propensity to leave will be used synonymously with intention to leave and turnover intentions, it involves any thoughts, desires or predisposition concerning wanting to leave one's current place of employment, or having the intention to search for alternative employment outside one's current place of work (O'Driscoll & Beehr, 1994).

There is evidence that suggests that work stressors such as workplace bullying explain the reasons why employees may want to leave their current employment. In a study on retail sales people Firth, Mellor, Moore and Loquet (2004) found that work stressors accounted for 52 % of the variance in employees' intention to quit. This suggests that if employees experience work stressors, such as bullying, this bullying phenomenon can help us in understanding employees' intention to leave the job. In studies conducted in the United Kingdom, Rayner and Cooper (1997) found that 27% of the victims of bullying resigned from their positions due to prolonged bullying encounters. In support of this, Tepper (2000) proposes that abusive supervision results in increased staff turnover. Other studies conducted provide evidence that perpetual workplace bullying results in high staff turnover; employees relinquish their position due to prolonged bullying encounters (Zapf & Gross, 2001).

Additionally, research on nurses has also proposed a link between workplace bullying and propensity to leave; bullying as a determinant of propensity to leave (Quine, 2001; Murray, 2009; Simons, 2008). According to Murray (2009) there is a high rate of staff turnover in the

nursing industry, with nursing shortage expected to intensify in the next 20 years (Simons, 2008). This staff turnover is attributed to experiences of workplace bullying and links have been made with the current recruitment and retention crisis in the nursing workforce (Jackson et al., 2002; Hutchinson et al., 2006). This increased turnover stems from the employee's intention to leave their job. In a study of Massachusetts registered nurses, 31% of participants who experienced workplace bullying indicated they intended to leave the organisation (Simons, 2008). Quine (2001) found concurrent results with NHS community nurses who reported bullying, experiencing higher levels of propensity to leave the organisation. Additionally, observers of bullying who may suffer in silence experience increased intentions to leave their job as a possible consequence (Hoel et al., 2010). This suggests that not only the victims of bullying in the organisation have increased turnover intentions but also bystanders merely observing the bullying are affected.

The evidence discussed above suggests that propensity to leave is a negative consequence of bullying which results in detrimental effects for the organisation. Nurses' intention to leave the profession negatively impacts on society as a whole. Reduced number of nurses in our hospitals results in shortages in staff and thus increased workload for those still in the profession, which may result in other negative consequences for them, such as burnout, and abseentism due to sick leave (Jackson et al., 2002). Furthermore, if no one wants to work in the profession there is nobody to cater for the sick patients in hospitals. Considering all these negative implications of workplace bullying and propensity to leave the organisation abovementioned, it can be concluded that nurses' intention to leave their current workplace or profession is a pressing organisational outcome which needs to be investigated and understood better in order to deal appropriately, especially in Africa were there appears to be limited research in the area. This therefore led the researcher to the following directional hypothesis:

Hypothesis 3: When workplace bullying of targets' and observers increases' propensity to leave the organisation increases.

2.10. Support at work as a moderator

Literature on occupational conflict and stress suggests that social support in the workplace is a moderator, which acts as a coping strategy to deal with the harmful consequences (Payne &

Fletcher, 1983; Quine, 2001; Van Daalen, Willemsen & Sanders, 2006). In this study, social support can be understood "as the exchange of resources between at least two persons, with the aim of helping the person who receives the support." (Van Daalen et al., 2006, p. 464). Social support can be distinguished into four dimensions, emotional support which involves providing empathy, care, love and trust; instrumental support which involves actual assistance with money, time and energy; appraisal support which consists of information relevant for self-evaluation and advice, and lastly informational support consisting of information and suggestions which may aid the individual (House, 1981). This current study focused on social support as a whole. All the four dimensions of social support were included as part of the construct. They were not distinguished. A holistic view of social support may be more useful to assess moderation than its individual subsets.

Baron and Kenny (1986), define a moderator as a variable that affects the direction and or strength of the relationship between the independent variable and the dependent variable. This research proposes social support at work as a moderator between workplace bullying (the independent variable) and psychological wellbeing, job satisfaction and propensity to leave (the dependent variables). House (1981) suggests that the moderating effect of social support has a positive effect on strain when stressors, such as workplace bullying are present. He further explains that social support is not continual and only functions when the individual is confronted with stressful circumstances, like bullying behaviour. There have been some research findings that support House (1981). In a study on nurses, Quine (2001) found that a supportive work environment was able to buffer the harmful consequences of bullying and thus protected the nurses from some damaging effects of bullying. However, Van der Heijden, Ku-mmerling, van Dam, van der Schoot, Estryn-Be´har & Hasselhorn (2010) found conflicting results. In their study on nurses registered in hospitals throughout Europe they found that nurses' intention to leave due to work stressors could not be buffered by social support from their colleagues. However, Van de Heijden et al. (2010)'s study looked at work stressor and problems and not necessarily workplace bullying. It can be argued that bullying is a work stressor and this study is useful to some extent in understanding the relationships between workplace bullying, social support and propensity to leave. Interestingly, Van de Heijden et al. (2010) also found that for most of the nurses in the European countries studied, supervisors did not even express any interest in the nurses to even give the social support needed to deal with their problems.

With such unconvincing results on social support as a buffer to protect against the harmful consequences of workplace bullying, it was paramount to investigate this moderator, especially in an African context where no research on the moderating effects of social support could be found. In a mission to determine whether social support at work exacerbates or reduces the consequences of workplace bullying and based on the contradicting research evidence found, this therefore led the researcher to the following hypothesis:

Hypothesis 4: Support at work will moderate the relationship between workplace bullying (targets and observers) and psychological wellbeing, job satisfaction and propensity to leave.

2.11. Influences of socio-demographic characteristics

A substantial number of studies aimed at identifying risk groups for workplace bullying have been conducted worldwide. These include but are not limited to, Cunniff and Mostert (2012) in South Africa, Einarsen and Skogstad (1996) in Europe, Kivimäki et al. (2000) in Finland and Hoel and Copper (2000) in the United Kingdom. However, although the results obtained are valuable, the findings are very inconsistent and therefore inconclusive (Moreno-Jiménez, Muñoz, Salin & Benadero, 2008). There appear to be no consistent results for the relationship between workplace bullying and socio-demographic characteristics. Some studies found that socio-demographic characteristics predict workplace bullying while others did not support this hypothesis.

Cunniff and Mostert (2012) suggest that employees with certain socio-demographic characteristics experience higher levels of workplace bullying. They found that men, less powerful workers, younger employees and less educated employees tend to experience more bullying in the workplace. This is supported by Hoel and Cooper (2000) and Einarsen and Skogstad (1996) in terms of age, they found that younger employees were more often victims of bullying compared to older employees. Conversely, in terms of gender, they did not find a significant relationship between gender and workplace bullying. Moreno-Jiménez et al. (2008) also found conflicting results; they reported that only gender (women), level of education (lowest), work experience (least) and type of contract had a significant effect on bullying in the organisation. However, they also found that marital status, hierarchical status, work schedule and age did not predict workplace bullying. For Kivimäkiet al. (2000) although they found a high prevalence of workplace bullying in the organisation, none of the employees' bullying experiences differed in terms of socio-demographic characteristics. They did not find a significant relationship between age, sex, occupation, type of work, hours of

work, income and workplace bullying suggesting that demographics may not play a role in identifying risk groups as a result of bullying.

In Africa, there is some research on socio-demographic characteristics as predictors of workplace bullying (Awoniyi & Ndlovu, 2014; Cunniff & Mostert, 2012). However, the studies are in conflict with other studies worldwide. Cunniff and Mostert (2012, p. 4) found that "in South Africa majority groups are more likely to experience bullying than minority race groups". Although this finding may seem odd elsewhere in the world, in South Africa it makes sense. The majority race group has power in numbers; however they have less power in terms of influence, control and authority compared to the minority race groups. This may explain why the majority race group tends to be bullied more by the minority groups which are more powerful legitimately. It is possible the reason why there are inconsistencies in research on socio-demographic characteristics and workplace bullying is that findings of demographics may vary per region, depending on the geographical location of the participants.

With that in mind, there is room for further investigation as the research findings of the relationship between socio-demographic groups and workplace bullying is so inconsistent. Based on the evidence provided above, it is clear that it is difficult to draw conclusion on whether socio-demographic characteristics predict perceptions of workplace bullying in the nursing environment. Furthermore, there has been no research in Zimbabwe which has found a link between socio-demographic characteristics of nurses and the perceptions of workplace bullying. This study therefore, endeavours to fill this gap by determining whether the socio-demographic characteristics of age, gender, home language, tenure, position and work experience influence the perceptions of workplace bullying in a nursing environment. This therefore led the researcher to the following hypothesis:

Hypothesis 5: There is a relationship between the socio-demographic characteristics of nurses and perceived experiences of workplace bullying.

2.12. Current research study

The diagram below, *figure 2* illustrates what the researcher investigated, that is, the relationship between workplace bullying of targets and observers on psychological wellbeing, job satisfaction and propensity to leave. Additionally the moderating effects of social support at work on psychological wellbeing, job satisfaction and propensity to leave were studied.

The role of the socio-demographic variables was also assessed to determine whether they predict the perceived experiences of workplace bullying.

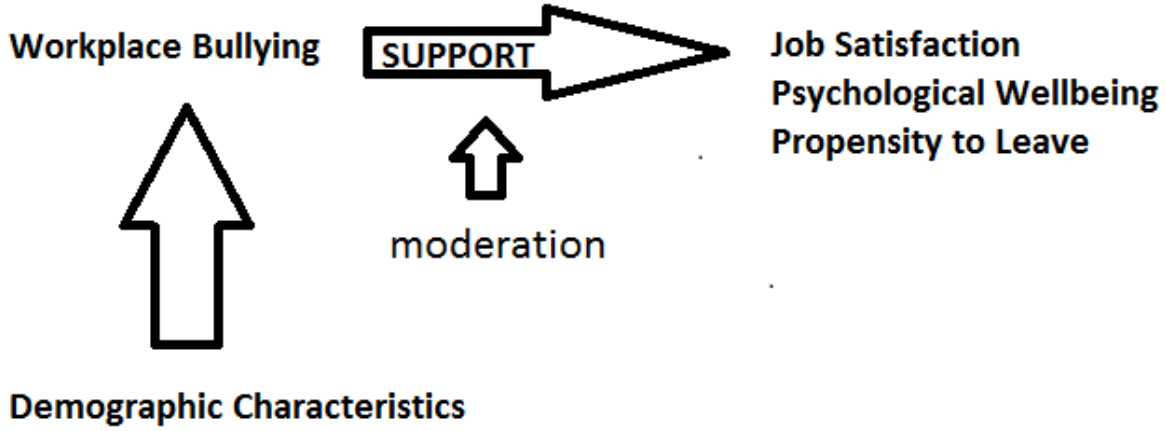


Figure 2*: Research study*

2.13. Hypothesis Summary

Firstly, this study seeks to identify the prevalence of workplace bullying in the nursing environment. This is not a testable hypothesis; however it will be determined in this research study. The rest of the hypothesis are summarised below:

Hypothesis 1: When workplace bullying of targets' and observers' increases job satisfaction decreases.

Hypothesis 2: When workplace bullying of targets' and observers' increases their psychological wellbeing deceases.

Hypothesis 3: When workplace bullying of targets' and observers' increases propensity to leave the organisation increases.

Hypothesis 4: Social support at work will moderate the relationship between workplace bullying (targets and observers) and psychological wellbeing, job satisfaction and propensity to leave.

Hypothesis 5: There is a relationship between the socio-demographic characteristics of nurses and the perceived experiences of workplace bullying.

Chapter 3: Methods

Methods

3.1. Research Design

This research is classified as quantitative, non-experimental, cross-sectional design. This is because data was obtained numerically from the questionnaires. The procedure was standard, the instruments were systematically developed before the collection of data, the study can be replicated and data analysis was statistical (Kerlinger, 1986).The survey method is non-experimental research design and was appropriate for the purpose of the study because there was no need for a control group, manipulation of the independent variable or randomisation. Nurses were simply required to fill in the questionnaire, which gathered the data necessary to answer the research questions. It was cross-sectional design because each participant was exposed to one measurement at one point in time (Spata, 2003).

This type of research design allowed the researcher to test the expected relationships between and among variables, as well as allow predictions to be made. The design also permitted the assessment of a particular type of behaviour (in this case workplace bullying), in the specific behaviour's natural setting; the hospital (Stangor, 2011). However, the design is limited because it cannot be used in understanding causality between the variables, and it cannot explain why variables are related; nonetheless this is not the focus of this study. The design was effective because it was easy to implement, time and cost efficient and appropriate and useful for this particular research.

3.2. Sample and Sampling

The target population for the research was nurses working in a hospital in Southern Africa. The research study managed to attain an acceptable sample (N = 102). These were volunteer nurses in a government hospital in Zimbabwe. The nurses' ages ranged between 21 and 64 with a mean age of 32.52 and a standard deviation of 8.88. Of these, 21 (20.6%) were male and 81 (79.4%) were female. With regards to race, 98 of the nurses were black (96.1%) and only 3 were coloured (2.9%).

The sampling technique utilised to obtain the relevant sample of nurses was non-probability, convenience, volunteer, purposive sampling. This meant that nurses available and willing to volunteer in taking part in the study constituted the sample. Only 200 questionnaires were

distributed to nurses due to the size of the hospital that the researcher was granted permission to conduct the research in. Distribution of questionnaires was done during shift meetings and in the hospital corridors. One hundred and six (106) questionnaires were returned; 53% response rate. Of these, only 102 were sufficiently completed to be usable. Therefore, the total number of completed usable questionnaires summed up to an overall response rate of 51%. This is a relatively good response rate; most researchers get less than 30% (Nulty 2008). Furthermore, considering that the topic was sensitive and the sample was acquired using a volunteer sampling method, the response rate was reasonable. A sample of 102 is appropriate to provide normally distributed data and therefore, adequate conclusive results (Howell, 2008).

3.3. Instruments

A 90-item composite questionnaire consisting of a biographical questionnaire, the adapted Negative Acts Questionnaire-Revised, the Job Satisfaction Scale, the Short Warwick-Edinburgh Mental Well-being scale, the Propensity to Leave Scale, and the adapted workplace Social Support Scale was constructed.

The biographical questionnaire consists of seven self-developed items. Respondents were required to provide their demographic characteristics; age, gender, home language, race, tenure, position and work experience, *see appendix A.* Race was essential solely for descriptive purposes only, although important, it was not analysed because the nurses in the hospital of concern were predominantly of one race. The remaining six socio-demographic characteristics; age, gender, home language, tenure, position and work experience were essential for descriptive purposes; to describe the sample, as well as, utilised in the statistical analysis to determine whether socio-demographic characteristics of the nurses influenced their perceptions of workplace bullying.

The adapted Negative Acts Questionnaire-Revised (NAQ-R) was used to measure the victims/targets' perceived experiences of bullying in the workplace. The original NAQ was developed by Stale Einarsen in 1994. The NAQ was later revised because of its serious shortcomings in order to accommodate global research on workplace bullying (Einarsen et al., 2009). The NAQ-R consists of 22-items, each of which is responded to on a 5-point Likert type scale ranging from never = 1 to daily = 5. All items are responded to in behavioural terms so there is no labelling of the one being bullied. A 23rd item is then introduced which provides a definition of workplace bullying, participants must indicate

whether they are victims of bullying according to the definition provided (Einarsen & Hoel, 2001). The definition that was provided to the respondents in the questionnaire is provided below:

> A situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the recipient of negative acts has difficulty in defending him or herself against these actions (Einarsen & Stogard, 1996, p. 185).

The average of the 22 items was used as the measure of the construct. None of the items were reverse scored. High scores on the scale indicated that the individual experienced high levels of bullying in the workplace. As reported by Einarsen et al. (2001) the reliability and validity for the scale is quite good, their studies have shown that the Cronbach alpha for the NAQ-R ranges from .87 to .93. Einarsen, Hoel and Notelaers (2009) also reported a high coefficient alpha of .90.

Additionally, the NAQ-R was adapted in order to include items that measure the witnesses/observers of the workplace bullying, *see appendix B.* After each of the 22 items in the NAQ-R, a self-developed sub question was added which asked, 'have you observed/witnessed this behaviour happening to others?' This was also responded to on a 5 point Likert type scale ranging from never = 1 to daily =5. After the 23rd item in the NAQ-R which provided a definition and asked participants to indicate whether they were victims of bullying, a 24th item was self-developed which required participants to indicate whether they had observed someone else being bullied in the workplace.

The Job satisfaction Scale (JSS), developed by Warr, Cook and Wall (1979) was used to measure the overall job satisfaction of the nurses. The scale was chosen because the focus of this study will be on job satisfiers, as per Herzberg's two factor theory. The scale consists of 16 items, each of which is responded to on a 7-point Likert type scale ranging from, I'm extremely dissatisfied = 1 to I'm extremely satisfied = 7. Sample items include, how dissatisfied or satisfied are you with 'your immediate boss' and 'your hours of work'. The scale consists of 2 subscales assessing intrinsic factors (7 items) and extrinsic factors (8 items), and 1 item assessing overall job satisfaction. The summation of the whole scale also measures total job satisfaction, *see appendix D.* None of the items were reverse scored.

Higher scores indicated a greater level of job satisfaction. The total scale and its subscales have been found to be reliable in measuring job satisfaction and its components. In their two studies, Warr et al. (1979) reported internal consistency reliability (coefficient alpha) of .79 and .85 for intrinsic job satisfaction and .74 and .78 for extrinsic job satisfaction. A high coefficient alpha for total job satisfaction was also reported; Cronbach alpha = .85 and .88. The scale has also been shown to be valid (Warr et al., 1979).

The Short Warwick-Edinburg Mental Wellbeing Scale (SWEMWBS), was developed by Stewart-Brown, Tennant, Tennant, Platt, Parkinson, and Weich (2009) from the 14-itemWarwick-Edinburgh Mental Well-being scale (WEMWBS) by Tennant, Hiller, Fishwick, Joseph, Weich, Parkinson, Secker & Stewart-Brown (2007). The SWEMWBS was used to measure the nurses' psychological wellbeing. The scale consists of 7 items, each of which is responded to on a 5-point Likert type scale ranging from, none of the time = 1 to all the time = 5. Sample items include, 'I've been feeling optimistic about the future' and 'I've been dealing with problems well', *see appendix C.* A high score indicates that the individual has a high level of psychological wellbeing. The SWEMWBS is an advance of the WEMWBS; it provides an interval scale estimate of psychological wellbeing due to its strict one dimensionality. However Stewarts-Brown et al. (2009) acknowledges that the reliability of the SWEMWBS drops to a Cronbach alpha of .85 from a Cronbach alpha of .91 of the WEMWBS. Nonetheless, a strong correlation was found between the SWEMWBS and the WEMWBS; r = 0.95.

The Propensity to leave Scale, developed by Lyons (1971) was used to measure the nurses' propensity to leave their job at the hospital they work. The scale consists of 3 items, each of which is responded to on a 5-point Likert type scale. The items asked "If you were completely free to choose, would you prefer to continue working in this hospital or would you prefer not to?, how long would you like to stay in this hospital? And, if you had to quit work for a while (for example, because of pregnancy or ill health), would you return to this hospital?"(Lyons, 1971, p. 103), *see appendix E.* A high score indicates propensity to leave the hospital. Peterson, Hall, O'Brien-Pallas and Cockerill (2011) reported high reliability, with a coefficient alpha of .87.

The workplace Social Support Scale, developed by Caplan, Cobb, French, Van Harrission, and Pinneau (1980) was adapted to enhance the relevance of the scale in the context of workplace bullying (Sham, 2012). The adapted social support scale was used to measure

social support in the workplace. The adapted scale consisted of 12 items, each of which is responded to on a 4-point Likert type scale ranging from not at all = 1 to very much = 4. Sample items include, 'how much can your colleagues be relied upon when things get tough at work?' and 'how much can your supervisor be relied upon when things get tough at work?' The scale consists of 2 subscales assessing colleague social support (6 items) and supervisor social support (6 items), *see appendix F*. The total scale and its subscales have been found to be reliable in measuring social support at work and its subscales, In two of the studies conducted by Sham (2012)she, reported internal consistency reliability (coefficient alpha) of.82 and .92 for colleague social support and.94and .96 for supervisor social support. High coefficient alphas for overall social support were also reported; Cronbach alpha of .85 and .94. (Sham, 2012).

3.4. Procedure

After receiving ethics clearance from the University of Witwatersrand, an email was sent to the medical superintend of a government hospital in Zimbabwe. The organisational request access letter (*appendix H*) was attached together with the consent form for the organisation to give the researcher access to the hospital's premises and conduct research. Once the researcher received the signed consent form (*appendix I)* from the hospital which allowed the research to be conducted, dates to distribute the questionnaires to the nurses at the hospital were set. All the nurses at the hospital who were willing to take part in the study were the sample for the research. The researcher got permission from the sister in charge to attend shift change meetings and distribute the questionnaires to the nurses. Those who volunteered to take part were given an information sheet (*appendix G*) before they completed the 90-item composite questionnaire (*appendix A-F*). The questionnaires were filled through the paper and pen method. A sealed box was placed in the staff canteen. The participants were required to drop the questionnaires in the sealed box provided. Completing the questionnaire and submitting it was taken as a form of consent to take part in the study. The researcher went to the hospital every day, for a week to distribute the surveys and try get as many questionnaires filled in as possible. At the end of each day, the box was emptied and all the questionnaires were collected, some of them were directly handed in to the researcher after completion. When an adequate number of surveys (102) had been collected and there were no more questionnaires being submitted, the box was removed from the staff canteen at the hospital.

3.5. Data Analysis

To investigate the impact of workplace bullying for targets and observers on job satisfaction, psychological wellbeing and propensity to leave and the role of support at work as a moderator, the data gathered was analysed using a stepwise regression; the backward regression approach. This was conducted in a statistical programme called IBM SPSS Statistics, version 22 (IBM Corp, 2013). A backward regression is a statistical analysis which begins with all the variables in the model. The elimination of each variable is then tested using a chosen model comparison criterion. Any variables present that improve the model the most are excluded by deleting them. This process is repeated until no further improvement is possible. (Alexopoulous, 2010). The averages for targets and observers of workplace bullying, the construct measures were separately put into the backward regression model as predictor variables. These were entered together with the social support construct; the average measure. The interaction construct; workplace bullying for targets and social support, and workplace bullying for observers and social support were also added in their respective models, in the targets model and the observers' model. Each of the dependent variables; the criterion variables (job satisfaction, psychological wellbeing and propensity to leave) was then put into this model in its own different block, that is, the backward regression was run three times using a different criterion each time. This analysis was done to determine if workplace bullying for targets and observers has an impact on the nurses' job satisfaction, psychological wellbeing and propensity to leave, furthermore to determine if social support at work moderates the relationship through an interaction in the regression model.

The influence of socio-demographic characteristics on the perceptions of workplace bullying for both the targets and observers, were also investigated. Age, gender, home language, tenure, position and work experience were analysed, using SPSS, version 22 differently due to their differing scales of measure. A Pearson correlation was run to determine whether age influences the perceptions of workplace bullying for targets and observers. Age, workplace bullying for targets and workplace bullying for observers were entered into the correlation to determine if there is a relationship between the variables. Additionally, independent samples t-tests were conducted in SPSS to determine if gender and home language have an impact on the perceptions of workplace bullying for targets and observers. Gender was entered as the independent variable; group 1 (male) and group 2 (female) and workplace bullying for targets as the dependent variable. The t-test was repeated again with observers as the dependent variable. For home language, the two groups were Shona speakers and non-Shona speakers.

The t-test was run twice, firstly for targets, then again for observers. Finally, One-way Anovas were conducted to determine whether tenure, work experience and position have an impact on workplace bullying for targets and observers. The demographic characteristics tenure, work experience and position were entered as independent variables separately with workplace bullying for targets, as the dependent variable. This was then repeated for the observers of workplace bullying.

3.6. Ethical Considerations

Consent was obtained from the hospital to ensure that there were no issues or problems with consent to conduct the research in the hospital. Completing the questionnaire and submitting it was taken as a form of consent to take part in the study.

Participants were not forced to take part in the research; it was voluntary and they had the right to refuse to take part or the right to withdraw before they had submitted their questionnaire. The participants were guaranteed confidentiality and anonymity. All the data gathered was confidential and will never be identified as belonging to a specific participant. No names, ID numbers or staff numbers were requested. The data gathered will only be used for academic purposes, no one other than the researcher and their supervisor had access to the data. The participants remained anonymous; the questionnaires filled in could not be identified as belonging to a certain participant. The sealed box was provided to ensure confidentiality and anonymity; this was also guaranteed for those who handed in their questionnaires to the researcher. The protection and welfare of participants was considered; no one was advantaged or disadvantaged by taking part in the study or refusing to take part. The participants were not harmed, stressed or endangered. Participants were provided with email addresses to contact the researcher if they felt that they may need further explanation; or they wished to be e-mailed the findings of the research. A help-line, for counselling services was also provided in case answering the questionnaire elicited some anxiety or problematic issues; a phone number was provided in the participant information sheet for the participants. After completion of the study, those participants who wished were debriefed; they were given a verbal summary of the study.

Chapter 4: Results

Results

4.1. Introduction

This chapter presents the results of the data analysis. The responses of the nurses were captured onto a statistical program, IBM SPSS Statistics, version 22 (IBM Corp, 2013) and descriptive and inferential analyses were carried out. Firstly, descriptive statistics; frequencies were run to describe the sample of nurses. Additionally, descriptive analyses were run to determine the prevalence of workplace bullying in the nursing profession. Secondly, reliability analysis and tests for normality, of all the scales that measured the nurses' perceptions and behaviours in the research were conducted. Thirdly, backward multiple regression analyses were conducted to determine whether workplace bullying has an impact on targets' and observers' psychological wellbeing, job satisfaction and propensity to leave and if this is moderated by social support at work. Lastly, using correlations, independent sample t-tests and one-way ANOVAs, the socio-demographic characteristics of nurses were analysed to ascertain whether they influence perceptions of workplace bullying. The results of the analysis are presented below.

4.2 Descriptive Statistics

Gender: The biographical questionnaire obtained information about the socio-demographic characteristics of the sample which was analysed through frequencies. The results indicated that 21 of the nurses (20.6%) were male and 81 of the nurses (79.4%) were female. This is understandable since nursing is a largely female profession.

Race: With regard to race, 98 of the nurses were black and only 3 were coloured. This was expected because of the location of the government hospital. The hospital workforce were predominantly of one race. For this reason, race was only included in the demographic questionnaire for descriptive purposes. Only 1 participant chose not to disclose their race, 96.1% were black and only 2.9% were coloured.

Age: The frequency results indicated that the nurses' ages ranged between 21 years and 64 years. Only one participant chose not to disclose their age. Most of the participants ranged between 26 and 35 years old at 55.9% of the sample, 13.7% ranged between 18 and 25 years,

18.6% ranged between 36 and 45 years, 7.8% ranged between 46 and 55 years old. Only 2.9 % were over 56 years old. The overall mean age was 32.52 with a standard deviation of 8.88.

Home language: Most of the nurses reported Shona as their home language. This is expected as Shona is the most spoken language in the region. The sample constituted of 69.6% participants who reported Shona as their home language, 15.7% who spoke Ndebele at home, 5.9% who spoke English at home, and 1% who reported other; Chawa as their home language. A total of 6.9% of the sample reported that they spoke more than one language at home.

Tenure: With regard to tenure only 7.8% had been working at the hospital for less than 1 year. Most of the nurses, 83.3% had been working at the hospital for 2 to10 years. The rest, 12.7% had been working at the hospital for 11 to 20 years and only 2% had been working at the hospital for 21 to 30 years.

Work experience: In terms of work experience, 2% had less than 1 year experience. Most nurses, 81.4% had 2 to 10 years work experience, this correlates with tenure. 12.7% had 11 to 20 years work experience, and there was no one with 21 to 30 years working experience. However, only 3.9% of the nurses had 31 plus years of experience in the nursing profession.

Position: With regards to position, 52% of the nurses were senior nurses, 12.7% were junior nurses and 35.7% were student nurses.

Reliability Measures

The internal consistencies (reliability) for all the scales and subscales used in the research were reasonably high and acceptable; above .82. None of the items in the scales were problematic. That is to say, none had an item-total correlation of less than r = .2, so all the items were used. The scales used were found to be reliable, and the items of each scale can be summated and used as a measure of the constructs. *Table 1 below* provides the Cronbach alphas, means and standard deviation for each scale; NAQ-R for targets and NAQ-R for observers which measured workplace bullying, psychological wellbeing, job satisfaction and social support at work. Furthermore, t*able 2 below* provides the coefficient alphas, means and standard deviations for the job satisfaction and social support at work subscales.

***Table 1**: Cronbach alphas, means and standard deviations for each scale*

Overall Scales	N of Items	Item Range	Mean	SD	Cronbach alpha
Workplace bullying (Targets)	22	1to 5	2.12	.938	.95
Workplace bullying (Observers)	22	1 to 5	2.29	1.00	.95
Psychological Wellbeing	7	1 to 5	3.80	.735	.82
Propensity to Leave	3	1 to 5	2.91	1.26	.85
Job Satisfaction	16	1 to 7	4.16	1.27	.94
Social Support at Work	12	1 to 4	3.20	.618	.89

***Table 2**: Cronbach alphas, means and standard deviations for the Job satisfaction and Social support subscales*

Subscales	N of Items	Item Range	Mean	SD	Cronbach alpha
Extrinsic Job Satisfaction	8	1to 7	4.18	1.24	.85
Intrinsic Job Satisfaction	7	1 to 7	4.10	1.40	.90
Social support from colleague	6	1 to4	3.34	.651	.87
Social support from supervisor	6	1 to4	3.06	.867	.94

Test for normality

The average of all the items in each scale constituted each individual's score on the scale. The distribution of these scores was tested for normality. This was to ascertain whether the data was normally distributed for workplace bullying targets and observers, job satisfaction, psychological wellbeing, propensity to leave and social support. The descriptive analysis to determine normality indicated that the skewness coefficient and the kurtosis coefficient for the observers of workplace bullying, job satisfaction, psychological wellbeing and social support were comfortably within the -1.0 to + 1.0 range (Howell, 2008) (*see table 3 below*) and the histograms *(see appendix J2, J3, J4 and J6)* looked good; bell shaped, indicating normal distribution. However, the skewness coefficient for workplace bullying of targets and the kurtosis coefficient for propensity to leave were not within the region of -1.0 and +1.0 *(see table 3 below).* Nonetheless, the histogram for propensity to leave was bell shaped, indicating normal distribution *(see appendix J5).* For the targets of workplace bullying, the histogram was positively skewed, *(see appendix J1)* suggesting that the scale was not distributed as a normal curve.

***Table 3**: Skewness and Kurtosis coefficients for workplace bullying (targets and observers), psychological wellbeing, job satisfaction, propensity to leave and social support.*

Constructs	Skewness	Kurtosis
Workplace Bullying (Targets)	1.025	.454
Workplace Bullying(Observers)	.728	-.281
Psychological Wellbeing	-.718	.171
Job Satisfaction	-.268	-.590
Propensity to Leave	-.105	-1.021
Social Support	-.827	.707

Workplace bullying for the targets was then transformed using log transformation in order to make it normally distributed. The skewness coefficient (.222) and kurtosis coefficient (-.663) for the transformed targets of workplace bullying was now comfortably between the -1.0 to +1.0 range, and the histogram looked appropriate *(see appendix K)*; bell shaped. It could therefore be concluded that the transformed targets of workplace bullying distribution is close enough to a normal distribution. The transformed targets of workplace bullying construct which is distributed as a normal curve was used in all the analysis that followed in this research.

The Prevalence of Workplace Bullying

It appears workplace bullying is a widespread problem in the nursing profession. The nurses responded to the Workplace bullying scale, NAQ-R (1994) which all its items are responded to in behavioural terms with no reference of bullying. There was no labelling of one being bullied or not, items ask for manifestations of bullying, not whether they are being bullied directly. For example, sample items include, being humiliated or ridiculed in connection with your work and being shouted at or being the target of spontaneous anger or rage. The prevalence of bullying was analysed by running frequencies of the overall NAQ-R scale; 22 items for targets and 22 items for observers. The average score for each participant on the scale was identified. The scores ranging from 1 to 5 (the item range) were then divided up into categories. Those who scored between 1 and 1.5 were classified as 1 (never), 1.6 to 2.5 were classified as 2 (now and then), 2.6 to 3.5 were classified as 3 (monthly), 3.6 to 4.5 were classified as 4 (weekly) and 4.6 to 5 were classified as experiencing bullying daily. Their percentages were then calculated.

In the victims of bullying scale, only 27% of the participants indicated that they had never been bullied and for the observers only 23.5% indicated that they had never observed bullying in their work environment. This therefore suggests that 72.5% of the participants had experienced some form of bullying, with 76.5% having observed some form of bullying. Most nurses indicated that they had experienced bullying (46.0%) and/or observed it (46.1%) now and then. Only 2% indicated that they had experienced and/or observed workplace bullying daily in the last six months. *Table 4 below* provides the prevalence of workplace bullying and its frequency for targets and observers in the last six months.

***Table 4**: The prevalence of workplace bullying for targets and observers in the nursing sector.*

Frequency	Targets (%)	Observers (%)
Never	27.5	23.5
Now and then	46.0	46.1
Monthly	14.7	13.7
Weekly	9.8	14.7
Daily	2.0	2.0
Total	**100**	**100**

An additional two items were included at the end of the NAQ-R (1994) which gave the nurses a definition of bullying at work and asked them directly whether they had experienced or observed bullying in the last six months based on this definition. This was in order to get an indication of whether they consider themselves as victims of bullying according to this definition and whether they had observed this happening in their work environment. 56.9% indicated they had never been bullied whilst the remaining 43.1% suggested they had experienced some form of bullying. Furthermore, just above half of the nurses; 51% indicated they had never observed bullying occurring at work, meaning that 49% had observed some form of bullying. *Table 5 below,* provides the prevalence of workplace bullying for the victims and the observers based on the definition of workplace bullying.

Both these two tables (*table 4 and 5*) suggest that the prevalence of workplace bullying in the nursing profession is relatively high. Nonetheless, the additional two items which provide the definition of workplace bullying first, and then asks the respondents their experiences of bullying based on this definition contradicts the results from the overall NAQ-R scale. *Table 4* indicates that approximately 28% of the sample reported that they have never been bullied

and 24% had never observed bullying, while *table 5* indicates that approximately 60% of the sample had never been bullied and 51% never observed bullied in the last six months. However, although the percentages are significantly different from each other, the rate of reported bullying is still considerably high. Based on this evidence, it can therefore be concluded that workplace bulling is prevalent in the nursing sector.

Table 5*: The prevalence of workplace bullying for targets and observers based on the provided definition of workplace bullying.*

	Targets (%)	Observers (%)
No	56.9	51.0
Rarely	21.6	17.6
Now and then	13.7	11.8
Monthly	2.0	8.8
Weekly	2.0	3.9
Daily	3.9	4.9
Total	**100**	**100**

4.3. Inferential Statistics

Social Support as a moderator between Job satisfaction and Workplace bullying

A backward multiple regression was the statistical test chosen to analyse the data gathered from the combined questionnaire. A backward regression was used because when a multiple linear regression including all the predictor variables was first performed the conditioning index was too high indicating the presence of multicollinearity. Additionally, using the multiple linear regression analysis, checks for outliers and influential points revealed that there were two influential points and four outliers. These participants were removed from the data set when the backward regression analysis was conducted. The backward regression analysis was then conducted to determine the possible moderating effect of social support at work on the relationship between job satisfaction and workplace bullying for targets and observers.

Targets: The predictor variables; the construct measure for the transformed targets of workplace bullying, the social support construct and the interaction between transformed workplace bullying (targets) and social support construct were put into the backward regression model in SPSS. Job satisfaction, the dependent variable constituted the criterion in

this model. In step 1, all the predictor variables were entered. In the second step targets of workplace bullying was removed from the model. The final model constituted of social support and the interaction between workplace bullying and social support. The final regression model that contained the main and interaction effect revealed significant effect for social support at the 5% level (F (2, 88) = 12.41, p < .05 explaining 22% of the variability in job satisfaction (R^2 = .22). Social support was found to significantly predict job satisfaction (p = .002) and the interaction between social support and workplace bullying for targets was also found to be significant (p = .001). *See table 6* below for a detailed description of the final model for the backward regression results showing the moderating effects of social support on the targets of workplace bullying and job satisfaction.

Table 6: *The backward multiple regression for the moderating effects of social support on the targets of workplace bullying and job satisfaction.*

Variable	Beta	Standardised Estimate	t value	p value
Constant	2.716	-	3.735	.000*
Bullying x Social Support	-.329	-.337	-3.571	.001*
Social support	.662	.298	3.155	.002*

*p < .05

The table above represents the interaction between workplace bullying for targets and social support at work. To further understand the nature of this interaction, a regression equation was used to construct plots that charted the appropriate fitted regression lines.

Equation: $Y = b_0 + b_1(X_1) + b_2(X_1X_2) + e$

Where Y= Job Satisfaction

b_0 = Constant

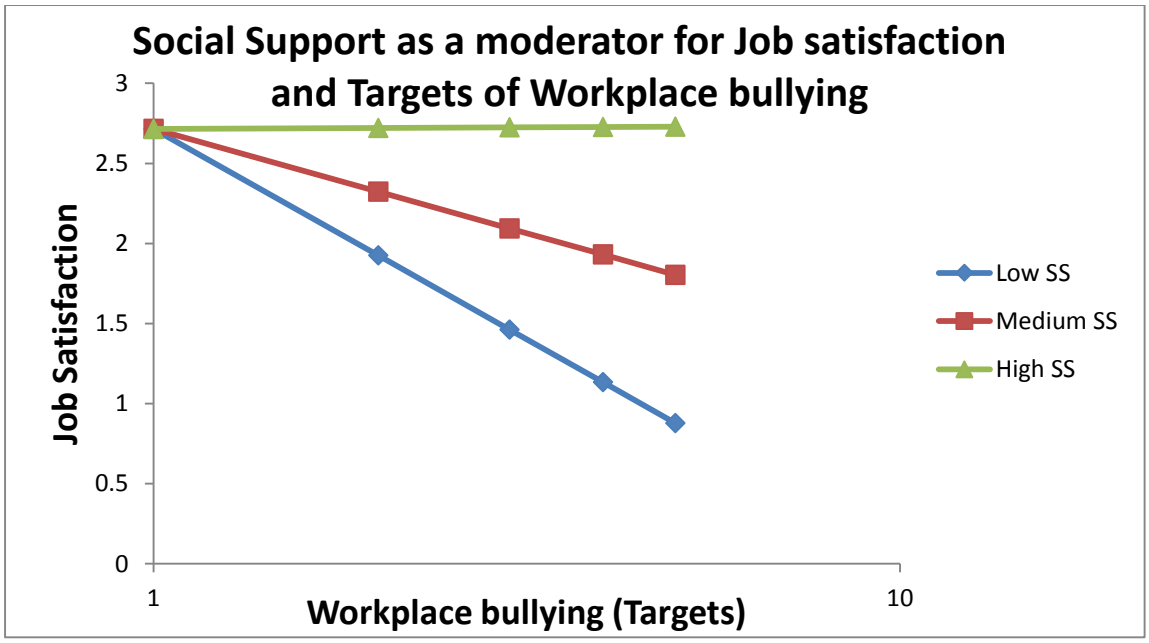
X_1 = Social support

X_1X_2 = Workplace bullying (targets) x Social support

Therefore, Job satisfaction = $2.716 + (.662)X_1 + (-.329)X_1X_2 + e$

To calculate the plots for the graph demonstrating the interaction effect, the equation above was used. The calculations were conducted in Microsoft Excel. Plots for low = 1, medium = 3 and high = 5 social support were calculated by multiplying the main and interaction beta scores for each data point based on low, medium or high social support values (1, 3 and 5 respectively), and the 1 to 5 range in the x axis for each data point. These were calculated as logarithms because as mentioned earlier the targets of workplace bullying construct was transformed to make it normally distributed. The final data points to be plotted on the graph were then calculated by summing up the beta for the constant with the corresponding beta values for social support and the interaction between workplace bullying targets and social support based on the initial calculations for each plot. The data points were then run in Microsoft excel to create a scatter graph. The horizontal x axis of the graph was made into a log scale. This same method was used to calculate the plots for regression lines that consisted of the transformed targets of workplace bullying that follow in the rest of the report. The results of the plots constructed for high, medium and low social support are shown in *figure 3 below*.

Figure 3: Graph demonstrating the moderating effect of social support on workplace bullying of targets and job satisfaction.



The graph in *figure 3* demonstrates the interaction between workplace bullying for targets and social support. The graphs indicates that when the prevalence of workplace bullying increases job satisfaction decreases, in an environment with low and medium social support.

It further shows that for employees with strong social support, job satisfaction was slightly higher the more workplace bullying they experienced. However, this increase is so marginal that the line is virtually horizontal suggesting that job satisfaction and the frequency of experienced workplace bullying do not co-vary. Conversely, if the victims experience a high prevalence of workplace bullying but there is no social support or low social support, the nurses' job satisfaction is reduced. The nurses' job satisfaction therefore becomes less than if the environment was supportive. This therefore indicates how social support moderates the relationship between workplace bullying for targets and job satisfaction. It appears a high degree of social support from both colleagues and supervisors buffers the negative effects of workplace bullying for the victims and in fact increases their job satisfaction.

Observers: The average for the observers of workplace bullying; the construct measure, the social support construct and the interaction between workplace bullying for observers and social support was put into the stepwise backward regression model in SPSS, as predictor variables. The dependent variable; the criterion, was job satisfaction. All the predictor variables were entered in the first step of the regression. In the second step, workplace bullying for observers was excluded in the model. The final model constituted social support and the interaction between workplace bullying for observers and social support. The final regression model that contained the main and interaction effect revealed significant effect for social support at the 5% level ($F(2, 88) = 10.87$, $p < .05$ explaining 19.8% variability in job satisfaction ($R^2 = .198$). The final model revealed that social support significantly predicts job satisfaction ($p < .05$) and for the interaction (workplace bullying and social support) a significant result was also found ($p < .05$). *See table 7* below for a detailed description of the results of the final model, which demonstrates the moderating effects of social support on the observers of workplace bullying and job satisfaction.

***Table 7**: The backward multiple regression for the moderating effects of social support on the observers of workplace bullying and job satisfaction.*

Variable	Beta	Standardised Estimate	t value	p value
Constant	2.513	-	3.461	.001*
Bullying x Social Support	-.124	-.304	-3.163	.002*
Social support	.796	.358	3.735	.000*

*p < .05

The table above *(table 7)* represents the interaction between workplace bullying for observes and social support at work. For further understanding of the nature of this interaction, a regression equation was used to construct plots that charted the appropriate fitted regression.

Equation: $Y = b_0 + b_1(X_1) + b_2(X_1X_2) + e$

Where Y= Job Satisfaction

b_0 = Constant

X_1 = Social support

X_1X_2 = Workplace bullying (observers) x Social support

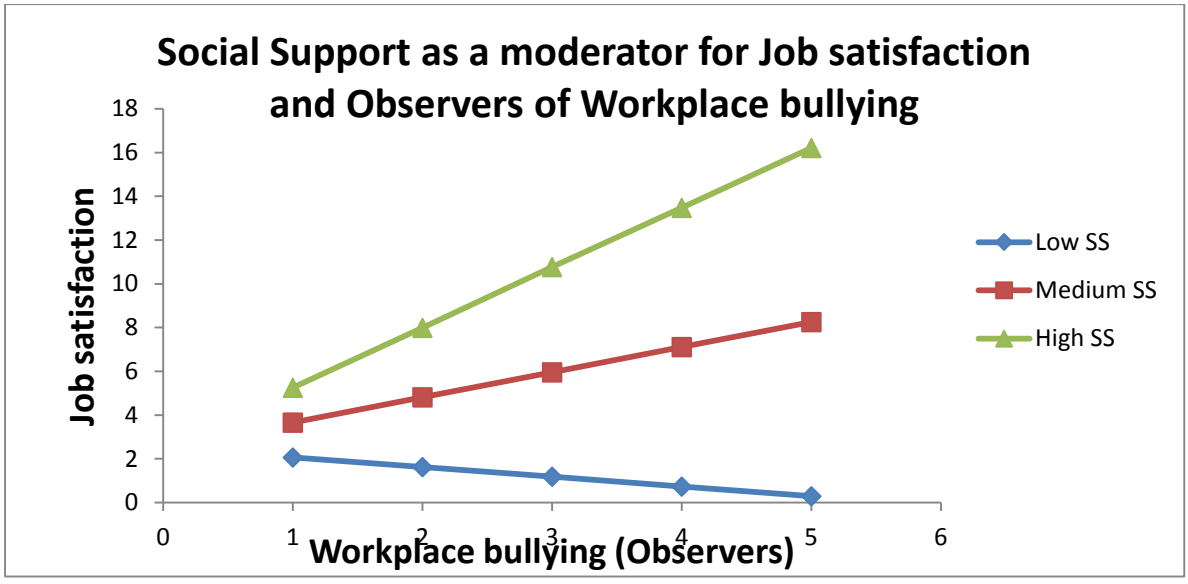
Therefore, Job satisfaction = $2.513 + (.796)X_1 + (-.124)X_1X_2 + e$

To calculate the plots for the graph demonstrating the interaction effect of social support for those who observed workplace bulling and job satisfaction, the equation above was used. The calculations were conducted in Microsoft Excel. Plots for low = 1, medium = 3 and high = 5 social support were calculated by multiplying the main and interaction beta scores for each data point based on low medium or high social support values (1,3 and 5 respectively) and the 1 to 5 range in the x axis for each data point. The final data points to be plotted on the graph were then calculated by summing up the beta for the constant with the corresponding beta values for social support and the interaction between workplace bullying observers and social support based on the initial calculations for each point in the x axis. The data points were then run in Microsoft excel to create a scatter graph. This same method was used to calculate the plots for regression lines that consisted of the observers of workplace bullying

that follow in the rest of the report. The graph below, *figure 4* shows the plotted lines based on the equation above.

The graph below, *figure 4* demonstrates the interaction between workplace bullying for observers and social support. It indicates that when the observers of workplace bullying witness a high degree of workplace bullying, their job satisfaction decreases in a low social support environment. On the other hand, the graph shows that if the prevalence of workplace bullying is high in the working environment and employees receive some social support, medium or high from their colleagues and supervisors their job satisfaction increases. Job satisfaction is highest in an environment strong in social support, although observers witness high degrees of workplace bullying. It appears social support from both colleagues and supervisors lessens the damaging effects of workplace bullying for the observers and actually results in an increase in their satisfaction with their job.

Figure 4: Graph demonstrating the moderating effect of social support on workplace bullying of observers and job satisfaction.



Social Support as a moderator between Psychological Wellbeing and Workplace bullying

A backward multiple regression analysis was conducted to determine the possible moderating effect of social support at work on the relationship between psychological wellbeing and workplace bullying for targets and observers.

Targets: The transformed targets of workplace bullying average, the social support average and the interaction between transformed targets of workplace bullying and social support construct were put into the stepwise backward regression model, in SPSS as predictor variables. Psychological wellbeing constituted the criterion in this model. In the first model, all the predictor variables were entered. Workplace bullying for targets was removed in the second model. The final regression model that contained the main effect, social support and the interaction effect workplace bullying for targets and social support was significant at the 5% level ($F(2, 88) = 4.161$, $p < .05$ explaining 8.6% variability in psychological wellbeing ($R^2 = .086$). The results of the final model indicated that social support almost significantly predicts psychological wellbeing ($p = .066$). The interaction between social support and workplace bullying for targets was found to be significant ($p = .045$). *See table 8* below for a detailed description of the results of the backward multiple regression showing the moderating effects of social support on the targets of workplace bullying and psychological wellbeing.

Table 8*: The backward multiple regression for the moderating effects of social support on the targets of workplace bullying and psychological wellbeing.*

Variable	Beta	Standardised Estimate	t value	p value
Constant	3.310	-	7.391	.000*
Bullying x Social Support	-.116	-.208	-2.035	.045*
Social Support	.241	.191	1.864	.066

*p < .05

The table above represents the interaction between workplace bullying for targets and social support at work. For further understanding of the nature of this interaction and to get a clear picture of what these results signify, a regression equation was used to construct plots that charted the appropriate fitted regression lines.

Equation: $Y = b_0 + b_1(X_1) + b_2(X_1X_2) + e$

Where Y= Psychological wellbeing

b_0 = Constant

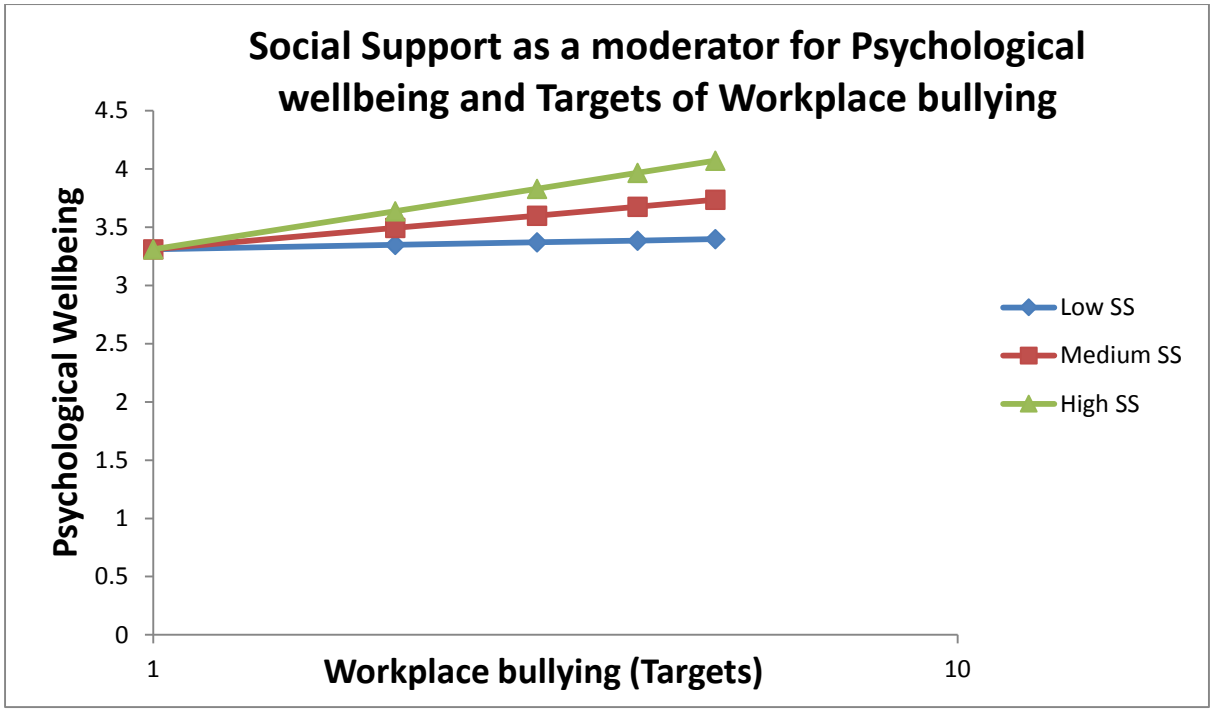
X_1 = Social support

X_1X_2 = Workplace bullying (targets) x Social support

Therefore, Psychological wellbeing = $3.310 + (.241)X_1 + (-.116)X_1X_2 + e$

Based on this equation, plots for high, medium and low social support were calculated using the same methods for transformed targets of workplace bullying explained above. Plots that charted the appropriate fitted regression lines were then constructed. This is shown in the graph below *figure 5*. The graph demonstrates the interaction between workplace bullying for targets and social support. The graph indicates that when the victims of workplace bullying experience a high degree of workplace bullying in their working environment and receive high social support from their colleagues and supervisors their psychological wellbeing increases. Conversely, if the victims experience high levels of workplace bullying but there is no social support or low social support, the nurses' psychological wellbeing is stable; it is neither impaired nor increased. Once the nurses receive medium social support, in an environment high in workplace bullying, their psychological wellbeing gradually increases. The nurses' psychological wellbeing therefore becomes more in a supportive environment. This graph shows how social support moderates the relationship between workplace bullying for targets and psychological wellbeing. It appears social support from both colleagues and supervisors does buffer the negative effects of workplace bullying for the victims. Psychological wellbeing actually increases when there is some social support; medium or high.

Figure 5: Graph demonstrating the moderating effect of social support on workplace bullying on targets and psychological wellbeing.



Observers: The measures for the observers of workplace bullying, social support and the interaction between workplace bullying (observers) and social support were put into the backward regression model, in SPSS as predictor variables. The dependent variable, psychological wellbeing was then put into this model as the criterion. In the first step, all the predictor variables were entered. In the second step observers of workplace bullying was excluded from the model. The final regression model that contained the main effect, social support and the interaction effect, workplace bullying for observers and social support revealed significant effect for social support at the 5% level ($F(2, 88) = 3.615$, $p < .05$ explaining 7.6% variability for psychological wellbeing ($R^2 = .076$). The results showed that social support significantly predicted psychological wellbeing ($p = .030$). Close to significant results were found for the interaction between workplace bullying (observers) and social support ($p=.082$). *See table 9* below for a detailed description of the results of the backward multiple regression showing the moderating effects of social support on the observers of workplace bullying and psychological wellbeing.

***Table 9**: The backward multiple regression for the moderating effects of social support on the observers of workplace bullying and psychological wellbeing*

Variable	Beta	Standardised Estimate	t value	p value
Constant	3.232	-	7.286	.000*
Bullying x Social Support	-.042	-.181	-1.759	.082
Social Support	.287	.227	2.205	.030*

*p < .05

The table above represents the interaction between workplace bullying for observes and social support at work. For further understanding of the nature of this interaction and to get a clear picture of what these results signify, a regression equation was used to construct plots that charted the appropriate fitted regression lines.

Equation: $Y = b_0 + b_1(X_1) + b_2(X_1X_2) + e$

Where Y= Psychological wellbeing

b_0 = Constant

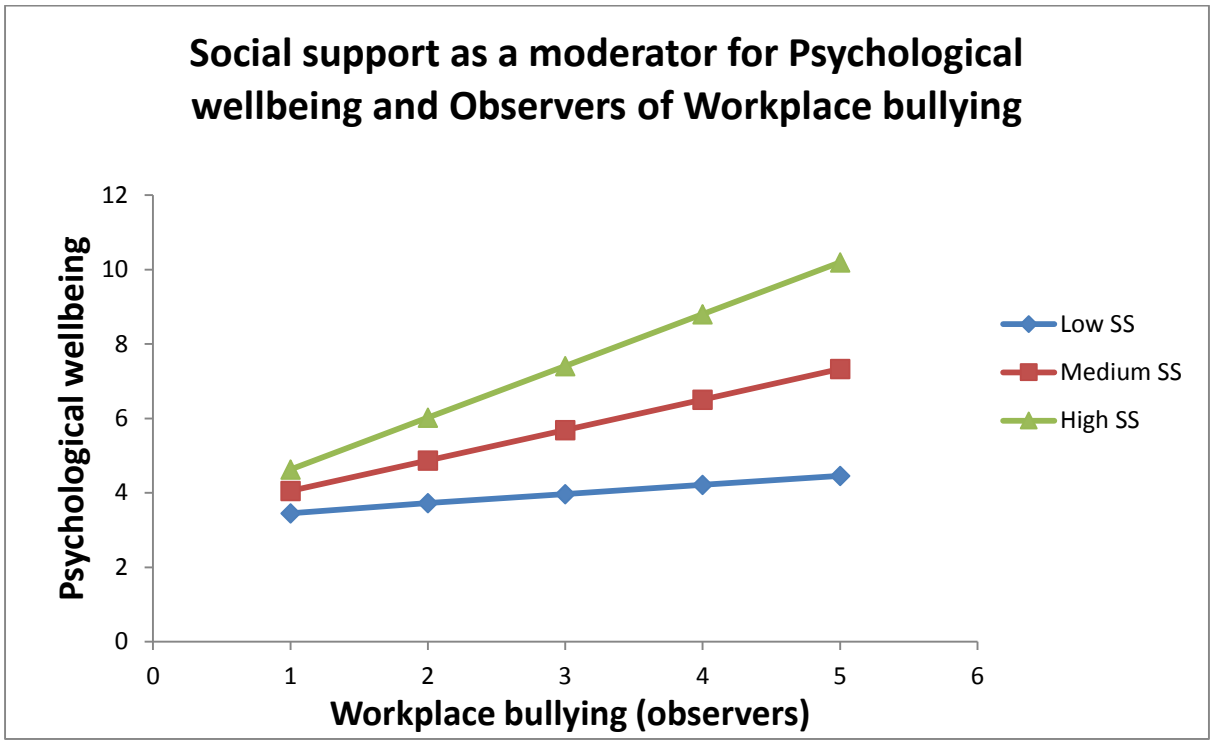
X_1 = Social support

X_1X_2 = Workplace bullying (observers) x Social support

Therefore, Psychological wellbeing = $3.232 + (.287)X_1 + (-.042)X_1X_2 + e$

This equation was used to determine plots for high, medium and low social support. The plots were calculated for observers of workplace bullying in the same way as above. The graph that demonstrates the appropriate fitted regression lines is shown in *figure 6 below*.

Figure 6: Graph demonstrating the moderating effect of social support for observers of workplace bullying and psychological wellbeing



The graph above, *figure 6* demonstrates the interaction between observers of workplace bullying and social support. The results obtained were somewhat similar to those presented in *figure 5* above. *Figure 6* indicates that when the bystanders of workplace bullying observe a high degree of workplace bullying in their working environment but receive high social support from their colleagues and supervisors their psychological wellbeing increases. Furthermore, if the bystanders observe high levels of workplace bullying but there is no social support or low social support, the nurses' psychological wellbeing increases slightly, the line is virtually horizontal. However, a greater increase occurs when the social support is medium. The nurses' psychological wellbeing therefore becomes more in a supportive environment. This therefore demonstrates how social support moderates the relationship between workplace bullying for observers and psychological wellbeing. It appears social support from both colleagues and supervisors does buffer the negative effects of workplace bullying for the observers. Psychological wellbeing actually increases when there is some social support.

Social Support as a moderator between Propensity Leave and Workplace bullying

A backward multiple regression analysis was conducted to determine the possible moderating effect of social support at work on the relationship between propensity to leave and workplace bullying for targets and observers.

Targets: The mean for the transformed targets of workplace bullying, the construct measure was put into the backward regression model in SPSS as a predictor variable together with the social support construct and the interaction between transformed workplace bullying (targets) and social support construct. The dependent variable; the criterion, was propensity to leave in this model. The first step of the model included all the predictor variables. In the second step the targets of workplace bullying was removed in the model. The final model consisted of social support and the interaction between targets of workplace bullying and social support. The regression model that contained the main and interaction effect revealed significant effect for social support at the 5% level ($F (2, 88) = 9.079$, $p < .05$ explaining 17.1% variability in propensity to leave ($R^2 = .171$). The results of the final model indicated that social support significantly predicts propensity to leave ($p = .008$). The interaction between social support and workplace bullying for targets was also found to be significant ($p = .003$). *See table 10* below for a detailed description of the results of the final model, in the backward multiple regression showing the moderating effect of social support on the relationship between the targets of workplace bullying and propensity to leave.

Table 10*: The backward multiple regression for relationship between the targets of workplace bullying and propensity to leave.*

Variable	Beta	Standardised Estimate	t value	p value
Constant	4.298	-	5.652	.000*
Bullying x Social support	.292	.295	3.029	.003*
Social support	-.599	-.266	-2.728	.008*

*p < .05

The table above *(table 10)* shows then significant interaction between workplace bullying for targets and social support at work. For further understanding of the nature of this interaction

and to get a clear picture of what these results signify, a regression equation was used to construct plots that charted the appropriate fitted regression lines.

Equation: $Y = b_0 + b_1(X_1) + b_2(X_1X_2) + e$

Where Y= Propensity to leave

b_0 = Constant

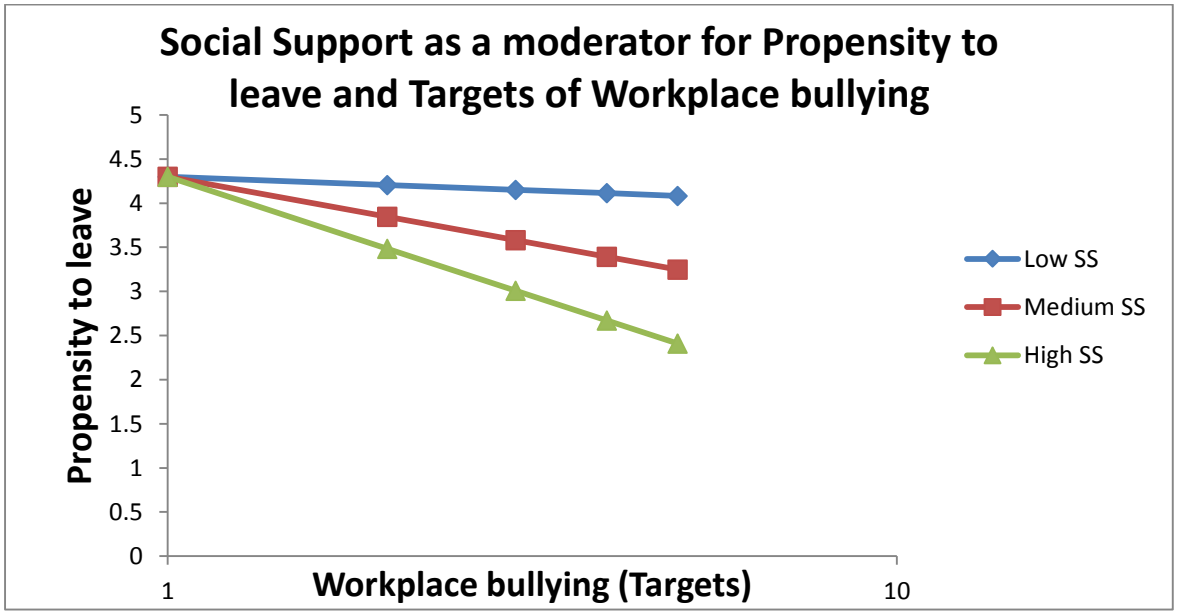
X_1 = Social support

X_1X_2 = Workplace bullying (targets) x Social support

Therefore, Propensity to leave = $4.298 + (-.599)X_1 + (.292)X_1X_2 + e$

This equation was used to determine plots for high, medium and low social support. It was calculated the same way as above. The graph that demonstrates the appropriate fitted regression lines is shown in *figure 7 below*.

Figure 7: Graph demonstrating the moderating effect of social support for targets of workplace bullying and propensity to leave.



The graph above (*figure 7*) indicates that as the prevalence of workplace bullying increase, propensity to leave decreases, regardless of social support. Nurses' intended to leave their current job the least when they received high social support, although they experienced high levels of workplace bullying. The graph demonstrates that with low or no social support intention to leave remained relatively stable regardless of nurses experiences workplace

bullying. As nurses receive medium social support, and the prevalence of workplace bullying is high, their propensity to leave decreased, however not as much as in an environment high in social support. This therefore demonstrates how social support moderates the relationship between workplace bullying for targets and propensity to leave. It can be concluded that social support from both colleagues and supervisors does buffer the negative effects of workplace bullying for the victims. Nurses' propensity to leave decreases when there is some social support in an environment where workplace bullying is widespread.

Observers: The observers of workplace bullying construct, social support construct and the interaction between workplace bullying (observers) and social support were entered into the stepwise backward regression model, in SPSS as predictor variables. The dependent variable, propensity to leave, was the criterion in this model. In the first step, all the predictor variables were entered in the model. The observers of workplace bullying was removed in the second step. The final model constituted of social support and the interaction between observers of workplace bullying and social support. The final regression model that contained the main and interaction effects revealed significant effect for social support at the 5% level ($F(2, 88) = 7.679$, $p < .05$ explaining 14.9% variability for propensity to leave ($R^2 = .149$). The results of the final model indicated that social support significantly predicted propensity to leave ($p = .002$). The interaction effect (bullying of observers and social support) was also found to be significant in the final model ($p = .012$). *Table 11* below provides a detailed description of the results of the final model, in the backward multiple regression. The results show the moderating effect of social support between the observers of workplace bullying and propensity to leave.

Table 11*: The backward multiple regression for the relationship between the observers of workplace bullying and propensity.*

Variable	Beta	Standardised Estimate	t value	p value
Constant	4.502	-	5.931	.000*
Bullying x Social support	.106	.254	2.572	.012*
Social support	-.715	-.317	-3.208	.002*

*p < .05

The table above (*table 11)* represents the interaction between workplace bullying for observes and social support at work. For further understanding of the nature of this interaction and to

get a clear picture of what these results indicate, a regression equation was used to construct plots that charted the appropriate fitted regression lines.

Equation: $Y = b_0 + b_1(X_1) + b_2(X_1X_2) + e$

Where Y= Propensity to leave

b_0 = Constant

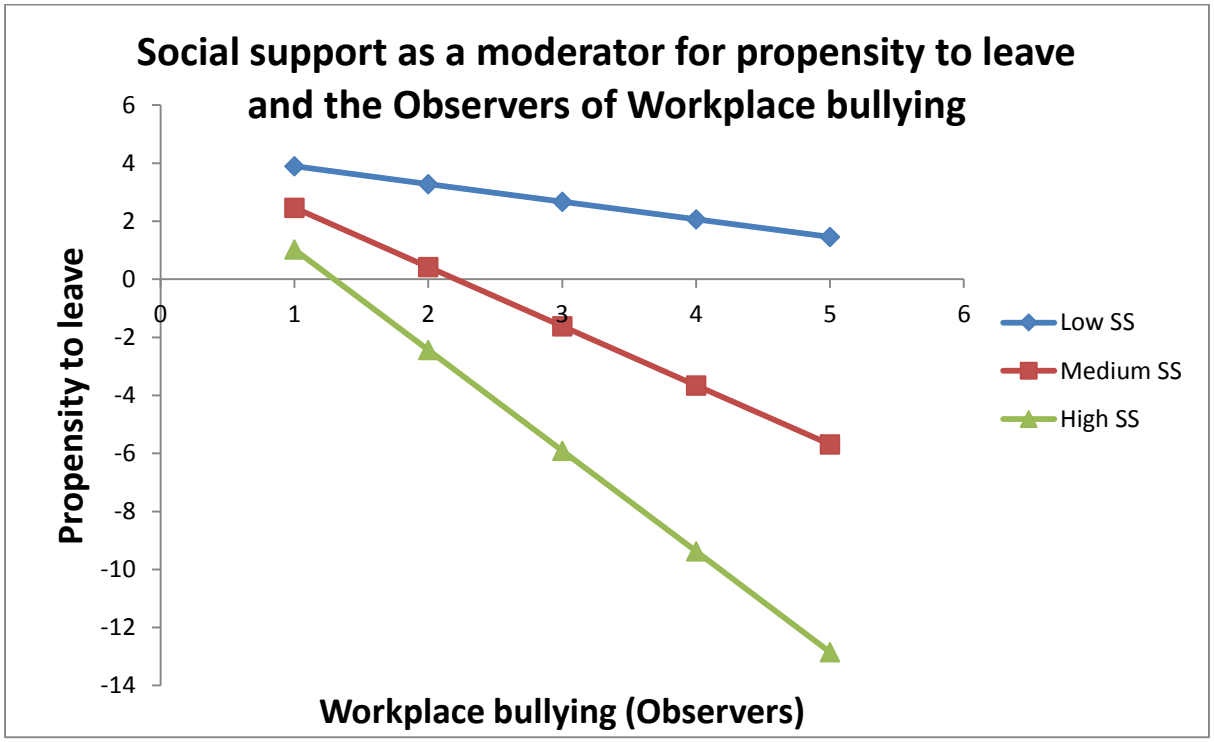
X_1 = Social support

X_1X_2 = Workplace bullying (observers) x Social support

Therefore, Propensity to leave = $4.502 + (-.715)X_1 + (.106)X_1X_2 + e$

This equation was used to determine plots for high, medium and low social support. It was calculated the same way as abovementioned. The graph that demonstrates the appropriate fitted regression lines is shown in *figure 8 below*.

Figure 8: Graph demonstrating the moderating effect of social support for targets of workplace bullying and propensity to leave.



The graph above, *figure 8* represents the interaction between observers of workplace bullying and social support. The results obtained were similar to those presented in *figure 7* above. *Figure 8* demonstrates that when the bystanders of workplace bullying observe a high degree of workplace bullying in their working environment but receive high social support from

their colleagues and supervisors their propensity to leave is reduced. If the witnesses observe high levels of workplace bullying but there is no social support or low social support, the nurses' propensity to leave decreases slightly. However, a greater decrease occurs when the social support is medium. The nurses' intention to leave therefore becomes less in a supportive environment. This graph demonstrates how social support moderates the relationship between workplace bullying for observers and propensity to leave. It appears social support from both colleagues and supervisors does buffer the negative effects of workplace bullying for the observers. Propensity to leave decreases when there is some social support in a highly prevalent bullying environment for observers.

The Influence of Socio-demographic characteristics on workplace bullying

The socio-demographic characteristics of nurses were analysed using various statistical tests to determine whether they influence the perceptions of workplace bullying. Age, gender, home language, tenure, position and work experience were analysed, using SPSS, version 22. Different statistical tests were utilised for the different demographics because they had differing scales of measure. Race was not analysed, its data was only gathered for descriptive purposes. A correlation was run to determine whether there is a relationship between age and the perceptions of workplace bullying for both the targets and the observers. Secondly, independent sample t-tests were conducted to determine if gender and home language have an effect on workplace bullying. Lastly, one-way ANOVAs were run to investigate whether tenure, work experience and position impact on the workplace bullying of targets and observers. The results of the analysis are presented below.

The relationship between age and workplace bullying

A Pearson correlation was run to determine whether age influences the perceptions of workplace bullying for targets and observers. The variables entered into the correlation were age, transformed workplace bullying for targets and workplace bullying for observers.

Targets: The correlation revealed a non-significant relationship between age and targets of workplace bullying at the 1% level, ($r(102) = -.158$, $p > .05$). This suggests that there is no relationship between age and workplace bullying for targets. *Table 19* below shows the means and standard deviations for age and the victims of workplace bullying.

Observers: The correlation revealed a non-significant relationship between age and observers of workplace bullying at the 1% level, ($r(102) = -.119$, $p > .05$). This result

indicates no correlation between age and those who observed workplace bullying. See *table 19* below for the means and standard deviations of observers of workplace bullying.

Table 12: Means and standard deviations for age and workplace bullying

	Mean	Standard deviation	N
Age	32.52	8.883	101
Transformed Workplace Bullying (targets)	.6634	.42059	102
Workplace Bullying (observers)	2.2931	1.0048	102

The effect of gender on workplace bullying

Independent sample t-tests were run to determine whether gender impacts on the perceptions of workplace bullying. Firstly, gender was entered in the t-test as the independent variable; group 1 (male) and group 2 (female) and transformed workplace bullying for targets as the dependent variable. The t-test was then repeated again with observers of workplace bullying as the dependent variable.

Targets: The independent sample t-test investigating the effect of gender on targets of workplace bullying revealed there was no significant difference for gender at the 5% level for male and female groups ($t(100) = -.443$, $p > .05$). There is therefore no significant effect of gender on the targets of workplace bullying.

Observers: The independent sample t-test investigating the effect of gender on observers of workplace bullying revealed that there was no significant difference for gender at the 5% level for male and female groups ($t(100) = -.683$, $p > .05$). This therefore indicates that gender does not influence the perceptions of workplace bullying for observers.

The effect of home language on workplace bullying

Separately, home language was entered into the independent sample t-test as an independent variable with its two groups, Shona speakers and non-Shona speakers. Participants reported speaking four different languages at home; however they were grouped into two groups,

Shona speakers and non-Shona speakers. The t-test was run twice, firstly for targets of workplace bullying, then again for the observers.

Targets: The independent sample t-test investigating the effect of home language on targets of workplace bullying revealed that there was no significant difference for home language at the 5% level for the Shona and non-Shona groups ($t(99) = .114$, $p > .05$). It can therefore be concluded that home language does not impact on the victims' perceptions of bullying.

Observers: The independent sample t-test investigating the effect of home language on the observers of workplace bullying revealed that there was no significant difference for home language at the 5% level for the Shona and non-Shona groups ($t(99) = -.650$, $p > .05$). There is no effect of the nurses' home language on the witnesses of bullying.

The impact of tenure, work experience and position on workplace bullying

Finally, one-way ANOVAs were conducted to determine whether tenure, work experience and position have an impact on workplace bullying for targets and observers. Tenure was classified as the number of years working in the hospital and work experience as the number of years working in the profession, as a nurse. Position was classified as the rank of the nurse; student, junior or senior. The demographic characteristics tenure, work experience and position were entered in SPSS, in the one way ANOVA model, as independent variables separately with transformed workplace bullying for targets, as the dependent variable. This was then repeated for the observers of workplace bullying.

Targets: For tenure, the ANOVA illustrated that there is no significant effect of tenure on workplace bullying for targets at the 5% level ($F(3, 98) = .481$, $p > .05$). Similar results were obtained for work experience, the ANOVA revealed that there is no significant effect of work experiences on those who experienced bullying at the 5% level ($F(3, 98 = 1.97$, $p > .05$). Lastly for the position, the ANOVA illustrated that there is no significant effect of position on workplace bullying for targets at the 5% level ($F(2, 99) = 1.86$, $p > .05$). All three demographic characteristics; tenure, work experience and position do not have an effect on the targets' perceptions of workplace bullying.

Observers: The results obtained for targets of bullying were similar to those for the observers. For tenure, the ANOVA indicated that there is no significant effect of tenure on workplace bullying for observers at the 5% level ($F(3, 98) = .428$, $p > .05$). In respect to work experience, the ANOVA revealed that there is no significant effect of work experiences on the

victims of bullying at the 5% level ($F(3, 98 = 2.14, p > .05)$. Lastly, for the position, the ANOVA illustrated that there is no significant effect of position on workplace bullying for observers at the 5% level ($F(2, 99) = 2.99, p > .05$). It can therefore be concluded that tenure, work experience and position do not affect the perceptions of workplace bullying for the bystanders.

4.4. Results summary

1. The prevalence of workplace bullying was found to be high in the nursing sector. From the workplace bullying scale, 72.5% of the participants had experienced some form of bullying, with 76.5% having observed some form of bullying. From the definition of workplace bullying question, 43. 1% reported they had experienced some form of bullying and 49% reported they had observed some form of bullying.
2. The final model of the stepwise backward regression consisting of targets of workplace bullying, social support and the interaction between targets of workplace bullying and social support revealed that social support significantly predicts job satisfaction, and the interaction between social support and workplace bullying for targets was found to be significant.
3. The final model of the backward regression consisting of observers of workplace bullying, social support and the interaction between observers of workplace bullying and social support illustrated that social support significantly predicted job satisfaction and for the interaction a significant effect was revealed.
4. The results of the final model that consisted of targets of workplace bullying, social support and the interaction between targets of workplace bullying and social support indicated that social support significantly predicts psychological wellbeing. The interaction between social support and workplace bullying for targets was also found to be significant.
5. For those who observed bullying, the results showed that social support significantly predicted psychological wellbeing and for the interaction, social support was found to moderate the relationship between psychological wellbeing and workplace bullying.
6. The final model consisting of targets of workplace bullying, social support and the interaction between targets of workplace bullying and social support found that social support significantly predicts propensity to leave, and that the interaction between social support and workplace bullying for targets was significant.

7. For those who observed bullying, the results showed that social support significantly predicted propensity to leave, social support was also found to moderate the relationship between propensity to leave and workplace bullying. The interaction is significant.
8. None of the socio-demographic characteristics (age, gender, home language, tenure, work experience, position) were statistically significant to predict workplace bullying for the targets.
9. None of the socio-demographic characteristics (age, gender, home language, tenure, work experience, position) were statistically significant to predict workplace bullying for the observers.

Chapter 5: Discussion

Discussion

5.1. Introduction

Research in the field of workplace bullying has gained popularity recently, especially in Africa, where it is starting to be recognised as a problematic phenomenon which results in negative consequences for both the individual and the organisation (Awonyi & Ndlovu, 2014; Cunniff & Mostert, 2012; De Wet, 2014; Sham, 2012; Visagie et al., 2012). Based on the growing popularity of workplace bullying in the continent, and previously proposed areas for research development and understanding in the field, this research set out to investigate nurses, in Zimbabwe. This study investigated the prevalence of workplace bullying in the nursing profession. Additionally, the effects of workplace bullying for targets and observers on job satisfaction, psychological wellbeing and propensity to leave were investigated. Furthermore, the moderating effects of social support were explored; to determine whether social support acts as a buffer against the proposed consequences of workplace bullying. The socio-demographic characteristics of the nurses were also studied to determine whether they influence the perceptions of workplace bullying. A series of statistical analyses; descriptive (frequencies) and inferential (stepwise backward multiple regressions, correlations, t-tests and ANOVAs) were conducted (*see chapter 4, results*) in order to investigate this; the results of these are discussed below.

5.2. Hypothesis and findings summary

Below (*table 13)* is a summary of hypothesis based on previous research finding outlined earlier in the report and the finding of this current research, that is, whether the hypothesis investigated were supported or not as illustrated by the results outlined above in this chapter.

Table 13: Hypothesis and findings

Hypothesis based on previous research findings	Summary of findings
General Aim: **Whether the prevalence of workplace bullying is high in the nursing environment.**	The prevalence of bullying was found to be **high** in the nursing profession**.**
Hypothesis 1: **Workplace bullying has an impact on targets' and observers' job satisfaction.**	Hypothesis 1 is **Supported**.
Hypothesis 2: **Workplace bullying has an impact on targets' and observers' psychological wellbeing.**	Hypothesis 2 is **supported** to a larger extent, however the direction was unexpected
Hypothesis 3: **Workplace bullying has an impact on targets' and observers' propensity to leave.**	Hypothesis 3 is **supported** to a larger extent, **however** the direction was unexpected
Hypothesis 4: **Support at work will moderate the relationship between workplace bullying (targets and observers) and job satisfaction, psychological wellbeing and propensity to leave.**	Hypothesis 5 is **supported**
Hypothesis 5: **The socio-demographic characteristics of nurses influence perceived experiences of workplace bullying.**	Hypothesis 6 is **Not supported**.

5.3. Theoretical and Practical Implications

The prevalence of workplace bullying

Descriptive analysis, frequencies revealed that the prevalence of workplace bullying is quite high in the nursing sector. The results from the workplace bullying scale (NAQ-R scale) indicated that 72.5% of the participants had experienced some form of bullying, and 76.5% of the nurses had observed some form of bullying occurring in the last six months. The

frequencies attained from the responses of the workplace bullying definition questions found that only 43. 1% of the nurses had experienced some form of bullying and only 49% had observed it. Compared to the figures attained from the NAQ-R scale, this was much lower, approximately 20% lower. However, it is also high as it indicates that close to half the sample experienced or observed some form of bullying in the last six months.

Targets: It appears hypothesis one is strongly supported. The results found in this research concur to those found in African samples. The Work Dignity Institute, in their internet survey on a South African sample in 2000, found that approximately 77.8% of employees felt they had experienced workplace bullying in some form (Cunniff & Mostert, 2012). This is similar to that found in this study conducted on Zimbabwean nurses. From the NAQ-R scale, 72.5% of the participants felt they had experienced bullying in some form; 46% experienced bullying now and then, 14.7% monthly, 9.8% weekly, and only 2% experienced bullying daily. The remaining 27% participants indicated having never experienced bullying at all in the last six months. These figures suggest that workplace bullying is highly prevalent in the nursing sector, occurring mostly now and then. However, a total of 72.5% of the participants reported themselves as victims of behaviour the NAQ-R classifies as bullying; this is much higher than that found in other African studies. Cunniff and Mostert (2012) found that 31.1 % of their participants experienced workplace bullying, whilst Visagie et al. (2012) found that 27.7% of their sample of miners were the unfortunate targets of bullying in their working environment. These percentages are not as high as those found in this research in respect of the NAQ-R scale. However, it can be argued that the 43. 1% targets of workplace bullying revealed by the workplace bullying definition question in this study is much closer to the percentages found by Cunniff and Mostert (2012) and Visagie et al. (2012), compared to the 72.5% revealed by the NAQ-R scale. Nonetheless, the 43.1% victims identified by the definition question is also relatively high, it suggests that close to one in two of the nurses experienced some form of bullying in the last six months.

In relation to the rest of the world, it appears that workplace bullying is more widespread among employees in Africa. European studies have averaged the prevalence of workplace bullying among their employees to be between 5% and 10% (Einarsen, 2005; Paoli & Merille, 2001, as cited in, Hoet et al., 2010). This is supported by a study conducted by Hoel and Copper (2000), they revealed that one in ten (10.6%) of their sample indicated that they had been targets of bullying in the last six months. A number of studies conducted in the West over the years have been concurring that bullying is widespread and problematic in the

workplace (Einarsen 2005; Hutchinson et al., 2006; Lutgen-Sandvik, Tracy & Jess Alberts, 2007; Quine, 2001). However, their numbers are not as high as in Africa. Interestingly these Western studies abovementioned used the same definitions and measures for workplace bullying as this study. This indicates that there are no discrepancies between how workplace bullying was operationalised in this study, in Africa and by other researchers in the West. Compared to the increased frequency of workplace bullying in Africa, also demonstrated by the results of this study, it is clear that the phenomenon is much more prevalent in the continent and this may be problematic for our employees and organisations. Workplace bullying is therefore a major cause of concern, specifically in an African context which needs to be addressed urgently as it may result in negative repercussions on the employees' psychological wellbeing, job satisfaction and propensity to leave, as indicated by the results in this research study *(see chapter 4, results).*

The high prevalence of workplace bullying in this sample could be possibly accredited to the nurses working environment. The two studies conducted in South Africa aforementioned attained their sample from call centres, financial, mining, government, academic and manufacturing professionals. These environments may not promote and encourage bullying, as much as the nursing environment. According to the model by Einarsen (2005), *see figure 1*, certain working environments foster a culture of bullying. Culture and socioeconomic factors influence bullying within the workplace and situational and contextual factors allow bullying behaviours and occasionally reward them (Einarsen, 2005). In support of this, there is empirical evidence suggesting that the working environment of nurses; the organisational culture in hospitals fosters bullying (Brodsky, 1976; Randle, 2007). This is attributed to be possibly because of the different ranks in the nursing profession; senior nurses taking advantage of their seniority and power, organisational change without proper implementation, work overload and inadequate training which results in work stressors, frustration and conflict which in turn heightens bullying (Randle, 2007). The hospital culture enables the perpetrators to get away with the bullying because they never get caught and the victims are too scared to report it (Rayner, 1998). This reinforces and promotes the bullying behaviour due to a lack of organisational inhibitors for the misbehaviour (Einarsen, 2005). Additionally, it is possible, the hierarchy structures, work stressors, role ambiguity and conflict that come with the job (Brodsky, 1976; Jackson et al., 2002; Randle, 2007) increase the prevalence of workplace bullying in the nursing sector.

Observers: The prevalence of workplace bullying was also determined by tallying up the number of observed encounters of bullying. The frequency of the observations of bullying in the nursing environment was found to be quite high, also supporting hypothesis one. The observers of workplace bullying are actually more compared to the reported accounts of bullying by the victims. Based on the definition of workplace bullying question, it was found that 49% of the participants reported having observed bullying in their work environment in the last six months, compared to the 43.1% victims of bullying. This is similar to the 46.5% found by Hoel and Cooper (2000), who reported that one in two of their participants had witnessed workplace bullying in the last six months. Interestingly in Africa, Visagie et al. (2012) found exactly the same results, 46.5% of their sample of mine workers had witnessed bullying in the last six months. These studies found that more participants reported witnessing the bullying than actually experiencing it. According to Visagie et al. (2012) this is because people are reluctant to report themselves as a victim, fearing to be labelled as weak, flaccid and submissive. However, on the other hand, it can also be argued that there may be many observers of one occurrence of bullying, hence why the frequencies of observers of bullying in the workplace are higher.

In this study, the results of the NAQ-R scale also concur with the definition question that the percentage for those who observed bullying is slightly higher than that of the victims of bullying. Based on the NAQ-R scale it was found that 76.5% of the participants observed some form of bullying whilst 72.5% were the targets. This difference between targets and observers is quite low, compared to the twice as many people observing bullying than experiencing it, found in other studies (Hoel & Copper, 2000; Visagie et al., 2012). The results of this study could be due to the fact that more nurses were willing to be identified as victims unlike in other previous research. Additionally, it could be that the same nurses reported being both targets and observers of workplace bullying. Only a few more nurses preferred to report having witnessed bullying than actually experiencing it. However, the high number of employees reporting observing workplace bullying suggests that it is actually occurring in the organisation. It can therefore be argued that the victims of bullying are not imagining it, or wrongly perceiving that they are the targets of workplace bullying. There is actually a high rate of workplace bullying in the nursing sector, retrieved from two sources; the targets and observers.

Contrary to the above studies, Vartia (2001) found that more participants reported being victims of bullying (10%) than observing it (9%). This may suggest that employees were

reluctant and scared to admit that they had observed bullying; more scared than those who had actually experienced it. This may possibly be due to fear of becoming future targets, intimidation from perpetrators or the unhealthy culture in hospitals that fosters bullying (Brodsky, 1976; Einarsen, 2005; Randle, 2007) and may result in it becoming a silent epidemic.

More participants reported being both targets and observers of bullying through the NAQ-R scale than through the workplace bullying definition questions. This may be because the NAQ-R scale has no reference of the word bullying within its items, and they are responded to in behavioural terms so there is no labelling of the employee as being bullied (Einarsen et al., 2009). Higher reports of bullying were obtained on the NAQ-R scale possibly because people fear the stigma of being labelled a victim or witness of bullying. Additionally, it may also indicate that employees tend to underreport themselves as being bullied when questioned directly. This implies that employees may not be aware of what bullying actually constitutes. Negative acts include gossiping, intimidation, verbal and physical abuse, public humiliation, being ignored/avoided/excluded, unmanageable workload and excessive monitoring. These are covered by the NAQ-R scale and constitute bullying (Einarsen et al., 2009). Participants may not be aware of this hence they underreport themselves as being at the receiving end of workplace bullying. It is therefore important to educate African employees on the nature of workplace bullying. According to Pietersen (2007) African employees' awareness and understanding of bullying in the workplace is still in its infancy. This research may therefore be useful to provide employees in the continent with a better understanding of what is going on in their working environments.

Overall, both the NAQ-R scale and the workplace bullying definition items were instrumental in supporting hypothesis one, as both tools demonstrated that the prevalence of workplace bullying is high in the nursing sector. The results from this study may be beneficial in giving employees in Africa the opportunity to recognise the nature and prevalence of workplace bullying so they can understand the phenomenon better and prevent it from becoming a silent epidemic (Visagie et al., 2012).

Job satisfaction and Workplace bullying

Hypothesis 1: When workplace bullying of targets' and observers' increases job satisfaction decreases.

The backward multiple regression analysis revealed through the significant interaction effect that social support moderates the relationship between targets of workplace bullying and job satisfaction. Similar results were also found for the observers of workplace bullying; social support was found to moderate the relationship between workplace bullying for those who observed the bullying behaviours and job satisfaction. Only the results for no or little social support are discussed in this section. Through these significant interactions hypothesis one is supported. This study found an inverse relationship between workplace bullying and job satisfaction. It was determined that environments conducive of workplace bullying result in reduced job satisfaction for the employees and vice versa when there is low social support (see *graphs, in figure 3 and 4*). Both the targets and observers' job satisfaction decreased when workplace bullying increased in the nursing environment, in the presence of low social support.

Targets: As expected, and supported by previous literature, the victims' job satisfaction decreases when they experience high levels of workplace bullying when there was no or low social support. This relationship between targets of workplace bullying and job satisfaction is supported by Einarsen et al. (2009) who found a negative correlation between workplace bullying and job satisfaction. In agreement with this, in a study on nurses Einarsen and Raknes (1997) found a significant relationship between perceived workplace bullying and employees' overall job satisfaction. Furthermore, Quine (2001) in a sample of nurses revealed that employees who reported workplace bullying also reported lower levels of job satisfaction compared to those who reported not experiencing any bullying. Einarsen (1999) further expands on this suggesting that employees dissatisfied with their jobs due to workplace bullying results in negative organisational consequences. All the literature reviewed on this relationship found concurring results. Based on previous research as well as this current one, it can therefore be concluded that the relationship between workplace bullying and job satisfaction is in fact existent; workplace bullying predicts job satisfaction.

The relationship between workplace bullying and job satisfaction can be explained by the conceptual framework for the study and management of bullying at work (Einarsen, 2005). Einarsen (2005) proposes that bullying behaviour results in negative organisational outcomes. Abusive workplaces, with bullying behaviours tend to result in reduced job satisfaction or a lack of employee satisfaction (Murray, 2009). Hoel et al. (2010) concurs, proposing that the victims of workplace bullying who are too scared to report and choose to suffer in silence end up experiencing lower levels of job satisfaction. According to Herzberg's two factor theory

dissatisfied employees are less motivated and thus unproductive (Saif et al., 2012).This is detrimental to both the individual and the organisation. For the employee, low job satisfaction may lead to reduced psychological wellbeing; resulting in depression, anxiety or stress, whilst for the organisation the dissatisfied employee whose less productive may negatively affect the return on investments for the company, which is disadvantages to business interests.

Observers: Those who reported witnessing behaviours of bullying in the nursing environment indicated being less satisfied with their job in environments conducive of low or no social support. As mentioned above, through the interaction effect a negative relationship was also found between observers of workplace bullying and job satisfaction (*see graph, in figure 4*). This demonstrated that not only the targets of workplace bullying are affected by the phenomenon, by also the bystanders who observe it. According to the research findings by Vartia (2001, p. 63) "not only the targets of bullying, but also bystanders, suffer when someone is bullied in the workplace." Vartia (2001)'s study provides empirical evidence which supports the findings of the study conducted here, agreeing that the observers are affected as much as the targets. However, unsurprisingly, the observers do not suffer severe consequences compared to the targets; the observers experience less consequences than the targets, but higher than the non-bullied participants (Vartia, 2000). This suggests that the effects of bullying are detrimental to both the victims, as well as those who witness it, which is greatly concerning and worrying.

The relationship between job satisfaction and workplace bullying for those who observed it, appears to be similar to that of the targets in the absence of social support. Based on the findings of this study, it can therefore be concluded that job satisfaction for observers of bullying reduces in a working environment conducive of bullying behaviours. It is therefore important for both employees and employers to understand the detrimental effects of bullying in an African context. Bullying is harmful, not only to the victims but for those who witness it as well. An environment that fosters bullying like the nursing sector needs management to address the issue urgently, as it may also affect the bystanders; they end up suffering the consequences through indirect bullying (observation). This may results in the whole organisation disadvantaged; due to reduced wellbeing, performance, productivity and profits.

Psychological Wellbeing and Workplace Bullying

Hypothesis 2: When workplace bullying of targets' and observers' increases their psychological wellbeing deceases.

The findings of this research through the interaction revealed that social support moderates the relationship between workplace bullying for the targets and psychological wellbeing. The results of the interaction for observers also revealed the moderating effect of social support. Only the results for no or little social support are being discussed in relation to hypothesis 2. Psychological wellbeing was found to be relatively stable, barely increasing when workplace bullying increases in the presence of low social support for targets (*see figure 5)* and for the observers of workplace bullying psychological wellbeing increased slightly, somewhat stable in an environment with high workplace bullying and low social suppor*t (see figure 6*). This was unanticipated, a negative relationship was expected. The findings of this study, therefore found that hypothesis two can be supported to a certain extent. When the nurses experienced or observed acts of bullying their psychological wellbeing increased significantly, only when there was medium and high social support *(see figure 5 and 6).*

Targets: Previous research on the relationship between psychological wellbeing and workplace bullying for the targets found contradictory results compared to this study. Other studies conducted previously found that the victims of workplace bullying negatively correlated with psychological wellbeing (Einarsen et al., 1998; Murray, 2009; Quine, 2001; Vartia, 2001). However, in this study, the direction of the effect of workplace bullying on psychological wellbeing was surprisingly unanticipated. The relationship found, suggests that as workplace bullying increases in the nursing profession, the nurses' psychological wellbeing is unimpaired, barely changing when there is no or low social support. This finding of the current research is not supported by any previous research reviewed. In contrast to this, Einarsen et al. (1998) found that for the relationship between workplace bullying and psychological wellbeing, perpetual workplace bullying results in lowered psychological wellbeing, including depression and anxiety. Quine (2001) also found contradicting results compared to this study, those participants who experienced bullying behaviour reported decreased levels of psychological wellbeing, which manifested through anxiety and depression. Furthermore, Vartia (2001) found that the victims of workplace bullying experience more stress and general mental reactions; they had lower levels of psychological wellbeing compared to those who didn't experience any bullying.

As the results of this current study are inconsistent to past research, a possible reason for this could be that in the sample studied psychological wellbeing was not impaired by workplace bullying because of the demographic characteristics of the sample. The nurses studied could be a psychologically stable group or may have grown accustomed or conditioned to bullying

in their working environment, to an extent that it doesn't affect them anymore. According to Ryff (1989)'s model, there are six distinct dimensions of psychological wellbeing; autonomy, environmental mastery, personal growth, positive relations with others, purpose of life and self-acceptance. It is possible that the bullied nurses' may have, over time, grown accustomed to bullying by developing some of these dimensions of psychological wellbeing. Through personal growth, environmental mastery and self-acceptance, the nurses may have become conditioned to the bullying and their environment to an extent that it does not affect them greatly, and they therefore become mentally stronger and thus mentally stable.

Further research or possibly a replication study would have to be conducted to support this theory, as well as get a clearer picture to further understand why this is so, and further explore the relationship between psychological wellbeing and the targets of workplace bullying in an African nursing environment.

Observers: The observers of workplace bullying were found to almost significantly impact on psychological wellbeing through the interaction effect which remained in the final model of the backward regression. In regard to this, hypothesis two is somewhat supported. Vartia (2001) found that observers of workplace bullying experienced more general stress and mental reactions compared to those who didn't experience any bullying. This past research indicated that the observers' psychological wellbeing is lowered when they witness bullying behaviours. However, this current study found contradicting results in terms of the direction of the relationship between observers of bullying and psychological wellbeing. Similar to the targets of workplace bullying, the graph *(figure 6)* showed that as the nurses observed more acts of bullying, their psychological wellbeing remained somewhat stable when there was low or little social support. It is possible that the findings of this research imply that the psychological wellbeing, of those who observe workplace bullying is not affected by witnessing the behaviour. This is understandable as the bystanders do not actually directly experience bullying. Watching the negative acts may not affect the bystanders psychologically to a concerning or damaging level. Additionally, bullying may possibly slightly increase observers' psychological wellbeing as they become aware of what is happening around them, and become alert, so as not to become victims. As explained above, through Ryff (1989) s' theoretical model, it is possible that the observers of bullying are psychologically well, based on the six distinct dimensions of psychological wellbeing; autonomy, environmental mastery, personal growth, positive relations with others (the direct

opposite of bullying relations), purpose of life and self-acceptance, to an extent that they have adapted to the bullying in their working environment. This can only be proven through future research endeavours on the topic, especially in an African context. There was no supporting research in Africa found on the observers of workplace bullying and psychological wellbeing. It is possible that environmental differences, in terms of geographical location of the nurses may be at play.

Propensity to Leave and Workplace Bullying

Hypothesis 3: When workplace bullying of targets' and observers' increases propensity to leave the organisation increases.

Hypothesis three cannot be completely supported by the findings of this research. As above, only the results for no or little social support are discussed in this section. Although, the backward multiple regression through the interaction effect revealed that workplace bullying for targets and observers together with social support significantly predicts propensity to leave, surprisingly, a negative relationship was determined for both the observers and the targets. This inverse relationship was not anticipated. It was found that as workplace bullying increased, propensity to leave decreased when there is low or no social support. The more bullying encounters the nurses experienced, the less they intend to leave their current job. However, the graphs (*figure 7 and 8*) demonstrate that employees intended to leave the organisation the most, in an environment high on workplace bullying when there was low or no social support. Higher social support retained nurses in the profession, although workplace bullying was high.

Targets: Previous research has found that if work stressors, such as bullying are existent in the organisation, staff turnover increases (Firth et al., 2004; Rayner & Cooper, 1997; Tepper, 2000; Zapf & Gross, 2001). This current study found conflicting results, rejecting hypothesis three. Studies also conducted specifically in the nursing sector dispute the findings in this report (Quine, 2001; Murray, 2009; Simons, 2008). In a study on nurses, Simons (2008) found that a third of his participants who had been the victims of workplace bullying indicated they intended to leave the organisation. Quine (2001) also found supporting results, his sample of community nurses who reported bullying, also reported higher levels of propensity to leave the organisation. The findings of this research are not logical, if the employees are experiencing bullying (public humiliation, criticism, intimidation and verbal abuse), which is a work stressor (Einarsen et al., 2009) they are supposed to want to leave

that job especially when there is low or no support. However, the opposite is the case in this research study.

It is questionable as to why the research conducted here found these contradictory findings. It may be possible that when workplace bullying increases, intention to leave decreases because the sample of nurses studied remain resilient despite a highly prevalent bullying environment. They actually choose to stay on the job because in Zimbabwe currently the economy is bad and it is difficult to get a new job. Most people in the country are currently unemployed. As workplace bullying increases the nurses actually prefer to stay on working decreasing their intention to leave because of fear of being jobless and unable to provide for their families. However, it can be argued that two of the items in the propensity to leave scale asked the participants to think in an ideal situation. Therefore, the country's economic situation should not have played a significant role in the findings of this study. Nonetheless, respondents occasionally do not follow instruction or may be unconsciously influenced by their real life circumstances. Even though the nurses may have been instructed to imagine an ideal situation, more often than not reality usually trumps imagination. On the other hand, the interaction between targets of workplace bullying and social support did reveal that intention to leave decreases most when social support is high, although there is bullying. This is plausible and understandable as it suggests that a high degree of social support enables the nurses to remain working at their job actually decreasing their intention to leave despite increased levels of bullying.

Further research would have to be conducted to get a clearer picture of why intention to leave decreases in an environment high in bullying, particularly in nurses, in an African sample. As mentioned earlier, the unexpected findings may be due to specific characteristics of the nurses in this sample. Nonetheless, it is pivotal that management take the effect of workplace bullying for targets on intention to leave seriously. Although the direction of the relationship between bullying and propensity to leave was unexpected, it is ideal on the business side. The organisation would benefit from employees remaining in the organisation despite any problems. In order to benefit the business, organisations should aim for employees' propensity to leave to decrease so employees are retained in the profession. It is important to decrease employees' propensity to leave because intentions may evidently result in actual termination of employment. Employees are highly likely to develop their intention to leave and follow through with it. This may result in shortages of nurses for the organisations. According to Cope (2003) in his study in American nurses, the annual nursing turnover rate is

approximated to be 21% for all nursing positions. Although there are no studies in Africa that have researched this, if turnover rates are this high, in the continent and nurses continue to resign from their positions, it may be detrimental to our hospitals. A strategy that could be implemented by the organisation could be to further decrease employees' turnover intentions by addressing issues such as workplace bullying, organisational stressors that previous research has found to amplify the employees' propensity to leave (Tepper, 2000; Zapf & Gross, 2001).

Observers: Similar results, as those for the targets, were found for the observers of workplace bullying in this current study. The more bullying the observers witnessed, the less nurses intended to leave the organisation even though they received little or no social support. These findings suggest that not only the targets of bullying are affected but also the observers. However, these findings contradict other studies. According to a study conducted by Hoel et al. (2010) the witnesses of bullying, who fail to report what they have observed, experience high levels of turnover intentions. Although this is the opposite as what was found in this current research, it is worrying to learn that the observers of workplace bullying are also affected by workplace bullying. In this study the fact that the employees' propensity to leave actually decreases when workplace bullying is witnessed by observers is actually again beneficial to the organisation. As suggested for the targets of workplace bullying, this may be again due to the particular region studied, or the country's current economic situation.

The findings of this study may explain why the retention rates of nurses in Africa, are not as low as the retention rates of nurses in the Western countries (Jackson et al, 2000; Randle, 2007; Simons, 2008). However, it can be argued that not much research on nurses' retention rates has been conducted in Africa, therefore we cannot conclusively conclude that retention is higher in nurses, in Africa. Even so, this does not mean retention is not a problem in the continent which needs to be addressed. If both victims and observers of bullying result to termination of employment, it may be problematic in Africa in terms of shortages of nurses. Nurses resigning from our hospitals may result in shortages in staff and thus increased workload for those still on the job, which may result in other negative repercussions for them, such as burnout, and abseentism due to sick leave (Jackson et al., 2002). Furthermore, if there is a shortage of nurses in the profession, the patients in the hospitals and thus society as a whole may suffer the consequences. However, from the results obtained from this current study, it is refreshing to learn that nurses' increased propensity to leave is not a problem in our African hospitals. Nurses' intention to leave actually decreases suggesting that the

continent is safe from nurses opting to leave the profession, and migrating to other professions.

Social Support as a moderator

Hypothesis 4: Social support at work will moderate the relationship between workplace bullying (targets and observers) and psychological wellbeing, job satisfaction and propensity to leave.

The final model of the stepwise backward regression revealed that hypothesis four can be accepted to a larger extent. This is due to the fact that for all of the outcome variables hypothesis 4 is supported. A moderator variable (social support) affects the strength and direction between the predictor and the criterion (Baron & Kenny, 1986). For the criterion, job satisfaction, the results of the final model illustrated that the interaction between workplace bullying (targets) and social support was significant. Likewise, the interaction between workplace bullying for observers and social support was also found to be significant. This suggests that social support does moderate the relationship between job satisfaction and both the targets and observers of workplace bullying. In relation to psychological wellbeing, Hypothesis 4 is supported. The interactions between workplace bullying (targets) and social support were found to be significant whilst the one for observers was close to significance. As a result, it was deduced that social support moderates the relationship between workplace bullying for both the victims and the witnesses and psychological wellbeing. Additionally, for propensity to leave, the final model for the backward regression revealed that interaction between workplace bullying and social support for both targets and observers was also significant. This implies that, again social support does moderate the relationship between workplace bullying and propensity to leave. In this respect, for propensity to leave hypothesis 4 was also supported. Social support was also found to predict all three criterion variables (Job satisfaction, psychological wellbeing and propensity to leave) for both targets and observers of workplace bullying.

Targets of workplace bullying

Research over the years has found empirical evidence that suggests that social support in the employees' working environment can buffer negative consequences and act as a coping mechanism for the employees to deal with and manage the damaging effects of work stressors, such as workplace bullying (Payne & Fletcher, 1983; Quine, 2001; Van Daalen et al., 2006). This current research found concurrent results for all of its organisational

outcomes; job satisfaction, psychological wellbeing and propensity to leave. For all criterion variables it was found that social support buffers the damaging effects of workplace bullying for targets.

In this study, social support was found to moderate the relationship between workplace bullying for the victims and job satisfaction. To further understand the nature of this moderating relationship, a graph (*see figure 3*) that charted the appropriate regression lines was constructed. The buffering effect of social support was found to have a positive effect on job satisfaction when workplace bullying was prevalent. According to House (1981) the buffering effect of social support has a positive effect on strain when stressors are present. This research, illustrated this through a graph (*figure 3*). It demonstrated that when workplace bullying for the victims is highly prevalent, in an environment high in social support, the employees' job satisfaction increases slightly. Vice versa, if the victims' receive low social support from their colleagues and supervisors but high levels of workplace bullying their job satisfaction decreases. When social support was medium, the employees' job satisfaction was higher than when there was low social support in an environment high in workplace bullying.

This buffering effect can be further explained by a model proposed by Payne and Fletcher (1983) which highlights that social support moderates the relationship between job constraints and strain. The results of this study can be applied and understood based on Payne and Fletcher (1983)'s model, in that, workplace bullying for the victims is a job constraint which results in strain for the employee; job dissatisfaction which can thus be buffered by social support. The buffering effect of social support therefore increases' the employee's job satisfaction. For this research, it can therefore be concluded that, a supportive working environment enables the victims of bullying to cope and manage the bullying to an extent that it no longer affects their job satisfaction, but actually increases it.

The findings of this research are supported by other research as illustrated above. In agreement of this, Quine (2001) found that a supportive work environment for nurses was able to buffer the harmful consequences of bullying and thus protected the nurses from some damaging effects of bullying. This research also found similar results for psychological wellbeing. The graph (*figure 5*) constructed, that charted the appropriate regression lines indicated that as workplace bullying increased and social support was high, psychological

wellbeing also increased. For medium social support psychological wellbeing was higher than for low social support in an environment conducive of workplace bullying. This again is in agreement with House (1981) who proposed that the buffering effect of social support has a positive effect on strain when stressors are present. This anticipated result indicated that social support does again buffer the negative effects of bullying for the targets. The nurses' psychological wellbeing actually increased when the employees received high social support from their colleagues and supervisors in a highly prevalent bullying atmosphere.

Hypothesis 4 was also supported for propensity to leave. *Figure 7* shows that as workplace bullying for targets increases in the nursing environment, and the nurses receive high levels of social support, propensity to leave decreases. Propensity to leave was found to decrease the least when there was low social support, followed by medium social support in an environment that fosters high levels of workplace bullying. Surprisingly, the sample studied seemed to receive social support from their colleagues and supervisors to have an effect on the relationship between workplace bullying and propensity to leave. Van der Heijden et al. (2010) in their sample of nurses revealed that supervisors did not even express any interest in the nurses to even give the social support needed to deal with their problems. However, this was not the problem in our sample. It appears both colleagues and supervisors were interested in and willing to spend their time giving support to their employees. The social support the nurses' received appeared to protect them from the harmful implications of bullying, improving their job satisfaction and psychological wellbeing as well as reducing their intention to leave.

Observers of workplace bullying

In this research, it appears the findings of the targets of bullying are similar to those of observers. Social support was found to moderate the relationship between workplace bullying (observers) and job satisfaction, propensity to leave and psychological wellbeing. The directions of the interactions were also similar for the observers, as they were for the targets (*see targets of workplace bullying above; see figure 4, 6 and 8 for the observers' graphs*). From the literature reviewed, there were no studies found on the role social support plays for observers of workplace bullying.

A possible reason why the witnesses of bullying experienced the same moderating effects of social support as the targets of bullying for job satisfaction is proposed. Although the

bystanders experience bullying indirectly or overtly through observation, as mentioned earlier they are also affected by the damaging consequences of bullying. It therefore makes sense how social support could also lessen the harmful consequences of bullying and protect the observers from workplace bullying. The observers may be experiencing fear of being future targets, guilt or empathy for the victims. Support from colleagues and supervisors could possibly also act as a coping mechanism for the bystanders as well, to better deal with what they witnesses frequently in their working environment. It was found in this current study that psychological wellbeing increases when workplace bullying for observes and social support increases. Again, the same was revealed for job satisfaction, observing the workplace bullying affected the witnesses however a high level of social support seemed to improve the nurses' job satisfaction. In terms of propensity to leave, the observers reduce their intent to leave the organisation the most, when there is high social support, in a high bullying environment. This may be because social support from colleagues and supervisors enables them to deal better with watching the bullying in their working environment frequently.

In an African context, it is important to take into account moderators such as social support that may potentially buffer the negative implications of workplace bullying. As demonstrated by the results mentioned earlier in this paper, workplace bullying is highly prevalent in Africa. It will be beneficial to the organisation if coping strategies such as social support from colleagues and supervisors are encouraged within the workplace. This may lessen the harmful consequences of workplace bullying for the employees; both targets and observers. It may be advantageous to both the employee and the organisation. Implementation of coping strategies such as the encouragement of a supportive working environment may result in increased wellbeing for the employees, and therefore increased job performance, productivity and return on investments.

The Influence of Socio-demographic characteristics on workplace bullying

Hypothesis 5: There is a relationship between the socio-demographic characteristics of nurses and the perceived experiences of workplace bullying.

Hypothesis 5 is not supported, and is therefore rejected on the basis of this study's findings. Non-significant results were found for all of the socio-demographic characteristics of the nurses. It was revealed that age, gender, home language, tenure, work experience and position do not influence the perceived experiences of workplace bullying. This was so for both targets and observers of workplace bullying.

The results of this research do not concur with other previous studies. As mentioned earlier in this report, there are inconsistencies in findings on the relationship between socio-demographic characteristics and workplace bullying (Moreno-Jiménez et al., 2008). In a sample of South African employees, Cunniff and Mostert (2012) found significant differences between all their socio-demographic groups. This is disputed by this current research study which found contradictory results.

Cunniff and Mostert (2012) found that men experienced higher levels of bullying than women, and that younger employees experienced more bullying than older employees. However, in this study, statistical tests revealed no significant differences between males and females, and there was no relationship found between age and workplace bullying for both targets and observers. In agreement with this study, other previous studies found no significant differences between men and women, indicating that gender does not influence workplace bullying (Einarsen & Skogstad, 1996; Hoel & Cooper, 2000; Pietersen (2007). Nonetheless, in conflict with this, other studies found that women experience higher levels of bullying than men (Moreno-Jiménez et al., 2008; Steinman, 2003). This is contradictory to Cunnniff and Mostert (2012)'s findings who found the opposite. In terms of age, contradictory results to those of this study, found that younger employees reported higher levels of bullying than older employees (Einarsen & Rakness, 1997; Einarsen & Skogstad, 1996; Hoel & Cooper, 2000; Moreno-Jiménez et al., 2008).

Furthermore, Moreno-Jiménez et al. (2008) also found conflicting results, those with the least work experience reported higher levels of bullying in the organisation. In contrast to this, non-significant results were found for work experience in this current study. Of all the past research abovementioned, Kivimäki et al. (2000) found the most concurrent results to this research study. Although, Kivimäki et al. (2000) found a high prevalence of workplace bullying in the organisation, like in this research study, none of their employees' bullying experiences differed in terms of socio-demographic characteristics. They did not find a significant relationship between age, sex, occupation, type of work, hours of work, income and workplace bullying in their sample. This indicated that demographics do not play a role in identifying risk groups as a result of bullying. Similar to this study, no significant effects were found for age, gender, home language, work experience, tenure and position. For this study, it can therefore be concluded that, in a sample of nurses socio-demographic groups do not have an impact on the perceptions of workplace bullying for both the victims and the witnesses.

Einarsen (2005)'s model (*see figure 1*), a conceptual framework for the study and management of bullying at work, highlights that the individual predisposition of the victims impacts on the perceived bullying behaviour by the targets and observers. This indicates that personal characteristics have a role they play in perceived bullying experiences. Additionally, the model proposes that cultural and socio-economic factors influence workplace bullying. Based on this model, it can therefore be deduced that the socio-demographic characteristics have an effect on the perceptions of workplace bullying for targets and observers. Nonetheless, the results of this study could not support this model. The findings in this report could not be explained based on this model. It was revealed that none of the socio-demographic characteristics investigated influenced the perceptions of workplace bullying.

However, it should be noted that over the years, a growing body of research in the area has found inconsistent results on the effect of socio-demographic characteristics on bullying. There is a possibility that socio-demographic groups' experiences of workplace bullying could be country or region specific (Cunniff & Mosert, 2012). This means that the results on demographic groups may not be inconsistent but conclusive and valid for that particular region. It may be possible that in Africa, socio-demographics do not influence the perceptions of bullying. In an Africa context, to get a clearer picture of the role socio-demographics play, and to better address the issue of bullying by possibly identifying risk groups for workplace bullying, further research would have to be conducted. For future research in the continent, meta-analysis would have to be conducted to compare the different results of bullying and demographics to determine whether experiences of workplace bullying for demographic groups are in fact region specific.

5.4. Limitations of study

It is important to identify any possible limitations in any research study in order to learn from our mistakes. These limitations are pivotal in informing future research endeavours on similar topics. The major constraints and shortcomings of this research will be outlined below and possible suggestions on how to avoid them or manage them more effectively in the future will be recommended.

Most of the limitations of this research study were within the methodology part of the research process. Firstly, the sample size obtained; 102 participants was less than the ideal number of participants expected. 200 questionnaires were distributed and the overall response rate of sufficiently completed and useable questionnaires was only 51%. This may have

affected the data analysis and thus the results as a greater number of participants was ideal for the data analysis conducted. A big sample size is ideal for quantitative data, bigger samples usually yield accurate credible findings. Nonetheless, a sample of 102 is somewhat big enough and appropriate in providing normally distributed data (Howell, 2008). Statistical tests (descriptive; kurtosis, skweness and histograms), which determine whether data is normally distributed confirmed normally for most of the constructs used in the data analysis. However, the data was not normally distributed for NAQ-R targets (targets of workplace bullying). NAQ-R targets was then transformed used log transformations. However, although it became normally distributed there is an ongoing debate whether transformations should be conducted (Breyfogle, 2009). According to Breyfogle (2009) in order to conduct analysis one requires the context of the data. The results of the analysis are interpreted based on the context of the original data. Therefore, it is pivotal that there is a link between the data used for analysis and the original context of the data. Transformation of data risks breaking this link between context of data and data for analysis. Nonetheless, it has been argued that if the transformed data makes sense in terms of the original data and the objective of the analysis then transformation may be used (Breyfogle, 2009). In terms of this research, the transformed targets of workplace bullying seemed to make sense to a larger extent and could be interpreted based on the context of the original data and ultimately the objective of the research was achieved. This was a possible limitation for the study because the transformation of constructs is highly contested; whether it should even be done to normalise data as it may be fatal to analysis.

The composition of the sample may also be a possible limitation. The nurses' ages ranged between 18 and 64 years with a mean sample of 32.52 years and a standard deviation of 8.88. This indicates that most of the sample was middle aged. This may not be representative of the entire workforce, as the range suggests that in the organisation they may have been much younger and much older employees who did not take part in the study. Results of the middle aged group may differ from those of younger and older employees. Research has also found that younger or older employees are the most high risk groups of workplace bullying (Einarsen & Rakness, 1997; Einarsen & Skogstad, 1996; Hoel & Cooper, 2000; Moreno-Jiménez et al., 2008). Therefore a sample consisting of mostly middle aged employees may not provide the full picture. The generalisations of the findings to the target population, nurses in Africa may be questionable. Additionally, the race was predominately of one race. This is another shortcoming as the findings may be difficult to generalise to other races in the

continent. Furthermore, the study was conducted in one hospital, in one city, in one country; Zimbabwe. The findings cannot conclusively be generalised to the target population. There are issues of external validity at play. It is very difficult to confidently generalise the results of this research to all nurses in Africa. Nonetheless, this study is a starting point; other studies in other regions in the continent would have to be conducted to address these generalisability concerns.

The sampling strategy used, non-probability sampling may be another constraint for this study in terms of extrapolating the results to the target population. It is difficult to generalise the findings to a larger population because a non-statistical approach was used to obtain the sample which may result in self-selection bias. However, it was the most convenient, economical and time affording. Volunteer sampling is also advantageous as it meant that there were no issues with ethics; the participants consented to taking part in the study. Another limitation of this study is the use of self-report measures. Participants tend to over or under emphasise their problems. They are also prone to giving socially acceptable responses. However, although it is a possibility, it is highly unlikely as the participants were assured of confidentiality and anonymity. The use of observers of workplace bullying may have been a more objective measure and accounted for over and under emphasise of the victims' problems.

The operationalisation of the targets and observers of workplace bullying may possibly be another limitation. It was difficult to identify those who were victims only and those who were observers only. Most of the participants reported being both. There was an overlap of targets and observers; they were the same people. In this research, the frequencies of targets and observers were taken as they were. In future, the collection of these data could be operationalised better, in a way that it is easy to identify the targets of bullying only and those who observed it only. It appears the psychological wellbeing scale; SWEMWBS may have been an additional limitation to this study because the results found a different direction (positive relationship) to the one expected (negative relationship). The shorter version of the scale was used in this research. Participants may not have comprehended the items well. In the future, it may be worthwhile to consider using the longer scale (WEMWBS) as it may elicit different results. However, the two scales are highly correlated and reliable, and the scale may not have been the issue (Stewarts-Brown et al., 2009). Additionally, a different direction was also found for propensity to leave, like for the psychological wellbeing scale it may be worthwhile to use a different scale. However, the two scales may not have been the

issue, as suggested earlier the results obtained in this study may be region specific. Lastly, cross sectional data collection is another shortcoming of this study. It may prevent strong inferences about change over time. It is recommended to possibly conduct a longitudinal study in the future, to determine the development of workplace bullying in Africa over time.

5.5. Directions for future research

Most of the results of this study were as expected and supported the relevant hypothesis. If they disputed the hypothesis there were backed up by other previous research. However, this is not so for the relationship between psychological wellbeing and workplace bullying for targets and observers, as well as, the relationship between workplace bullying (targets and observers) and propensity to leave. There was no supporting research or theory for the unexpected direction of the relationship between these two relationships found in this study. However, although hypothetical reasons were provided for the findings, future empirical studies would have to be explored to get a better understanding of the variables. It is possible the results were due to limitations within the methodology. To rule this out, a replication study would have to be conducted. If the same results are obtained, then future research endeavours would have to explore why psychological wellbeing is unimpaired, when workplace bullying is high, and propensity to leave decreases when workplace bullying is highly prevalent, in the nursing environment. Demographics and organisational culture could also be included in this future research, as these were proposed as possible reasons why the relationship were contradictory to previous research. Additionally, it is important to conduct the research in an African context, as the region may have played a role in these unexpected results.

As mentioned above, there are inconsistencies on research findings on socio-demographic characteristics and workplace bullying. It was also proposed earlier that this may be due to the differing outcomes for the relationship between socio-demographic groups and workplace bullying in different regions. Future research studies may consider conducting Meta-analysis on the topic to compare the different results of workplace bullying and demographic characteristics in different regions. If region affects whether socio-demographic characteristics influence workplace bullying for a particular area, then previous finding may not be inconsistent and inconclusive, but in fact accurate for that particular region.

Chapter 6: Conclusion

Conclusion

As anticipated, the findings of this research confirmed that workplace bullying is a prevalent issue and very problematic in contemporary Africa. Furthermore, the results generated in this research were successful in meeting the objectives of this study established at the beginning of the research report.

It was found that workplace bullying is very high in Africa, in the nursing industry. This was determined from two sources, the victims of workplace bullying acts perpetrated against them and the observers of these bullying encounters. Workplace bullying for both targets and observers was also found to have an impact on the nurses' job satisfaction, psychological wellbeing and propensity to leave. However, for psychological wellbeing and propensity to leave this was not the direction expected. Psychological wellbeing was not impaired when workplace bullying increased in the nursing environment, and for propensity to leave, a negative relationship was found. As workplace bullying increased, propensity to leave decreased. Nonetheless, possible explanations for these results were provided and further research in these areas was recommended.

On a happier note, as expected, social support was found to buffer the negative consequences of workplace bullying actually increasing the nurses' job satisfaction and psychological wellbeing and decreasing their intention to leave the profession. This finding is beneficial for both the employee and the organisation. Management can now develop strategies to encourage social support in the organisation from both colleagues and supervisors as it has been found to protect employees; both victims and witnesses from the damaging implications of workplace bullying. Disappointingly, it was revealed that the socio-demographic characteristics of nurses do not influence the perceptions of experiencing or observing workplace bullying. This therefore suggests that in an African context, socio-demographic characteristics cannot be used to identify possible risk groups of workplace bullying.

On a whole, the research conducted here was successful in extending current understanding of workplace bullying in an African context. Furthermore, this study may be instrumental in contributing to knowledge of the discipline especially in nurses, in Africa. The findings of this study may be useful in providing both employees and management with possible

solutions to manage and deal with workplace bullying and eventually implementing mechanisms of possibly reducing or ideally eliminating bullying in our organisations.

References

Alexopoulous, E.C. (2010). Introduction to multivariate regression analysis. *Hippokratia Quarterly Medical Journal*, 14, 23-28.

Awoniyi, S.A & Ndlovu, J. (2014). Workplace bullying: the experience of teachers in Kuwadzana Cluster, Harare, Zimbabwe. *European Scientific Journal, 10*, 306-319.

Baron, R.M., & Kenny, D.A. (1986). The moderator-mediator variable distinction in social psychological research: conceptual, strategic, and statistical considerations. *Journal of Personality & Social Psychology, 51*, 11723-1182.

Borda R. G & Norman I.J. (1997). Factors influencing turnover and absence of nurses: a research review. *International Journal of Nursing Studies*, 34, 385–394.

Breakwell, G.M., Hammond, S & Fife-Schaw, C. (2002). *Research methods in psychology* (2nd Ed.). London: Sage Publications Ltd.

Breyfogle, F. (2009). *Non-norminal data: To Transform or Not to Transform.* Retrieved from http://www.qualitydigest.com/inside/quality-insider-column/individuals-control-chart-and-data-normality.html

Brodsky,C. M. (1976). *The harassed worker.* Lexington, D. C.: Health and Company.

Caplan, R.D., Cobb, S., French, J.P.R.,Van Harrission, R & Pinneau, S.R. (1980). *Job demands and worker health: main effects and occupational differences.* Ann Arbor, Mich: Institute for Social Research.

Cope, D. (2003). Staff turnover rates affect hospital costs. *Clinical Journal Oncology Nursing*, 7, 378.

Cowie, H., Naylor, P., Rivers, I., Smith, P& Pereira, B. (2002).Measuring workplace bullying. *Aggression and Violent behaviour*, 7, 33-51.

Cunniff, L & Mostert, K. (2012). Prevalence of workplace bullying in South Africa. *SA journal of Human Resources, 10*, 1-15.

De Wet, C. (2014). Educators' understanding of workplace bullying. *South African Journal of Educators, 34*, 1-16.

Einarsen, S. (1999).The nature and causes of bullying at work. *International Journal of Manpower, 20*, 16-27.

Einarsen, S. (2000). Harassment and bullying at work: A review of the Scandinavian approach. *Aggression and Violent Behaviour, 5*, 379-401.

Einarsen, S. (2005). The nature, causes and consequences of bullying at work: The Norwegian experience. *Perspective interdisciplinariessur le travail et al sante'(Pistes) [Interdisciplinary Perspectives on Work and Health] 7*, 1-15.

Einarsen, S & Hoel, H. (2001).*The Negative Acts Questionnaire: development, validation and revision of a measure of bullying at work*. Paper presented at the 10th European Congress on Work and Organisational Psychology, Prague.

Einarsen, S., Hoel, H., & Notelaers., G. (2009). Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the Negative Acts Questionnaire-Revised. *Work and Stress, 23,* 24-44.

Einarsen, S., Matthiesen, S. & Skogstad, A. (1998). Bullying, burnout and well-being among assistant nurses. *Journal of Occupational Health and Safety, 14*, 563–568.

Einarsen, S. & Raknes, B.I. (1997). Harassment at work and the victimization of men. *Violence and Victims,12*, 247–263.

Einarsen, S., & Skogstad, A. (1996).Bullying at work: epidemiological findings in public and private organizations. *European Journal of Work and Organizational Psychology, 5*, 185–201.

Escartin, J., Rodriguez-Carballeira, A., Gómez-Benito, J & Zapf, D. (2010). Development and validation of the workplace bullying scale EAPA-T. *International Journal of Clinical and Health Psychology 10*, 519-539.

Firth, L., Mellor, D., Moore, K.A and Loquet, C. (2004). How can managers reduce employee intention to quit? *Journal of Managerial Psychology* 19, 170-187.

Gravetter, F.J & Forzano, L.B. (2003).*Research methods for the behavioural sciences*. New York: Wadsworth/ Thompson Learning Inc.

Greenberg, J & Baron, R.A. (1995). *Behaviour in organisations. Understanding and managing the human side of work (5th Ed)*. Prentice Hall: Pearson Education Inc.

House, J. (1981). *Work stress and social support*. Canada: Addison-Wesley Publishing.

Hoel, H & Cooper, C.L. (2000). '*Destructive conflict and bullying at work'*. Manchester School of Management, University of Manchester Institute of Science and Technology (UMIST).

Hoel, H., Glaso, L., Hetland, J., Copper, C.L & Einarsen, S. (2010). Leadership styles as predictors of self-reported and observed workplace bullying. *British Journal of Management 21*, 453-468.

Howell, D. C. (2008). *Fundamental Statistics for the Behavioural Sciences*. (6th Ed.). Canada: Thomson Wadsworth.

Hutchinson, M., Vickers, M., Jackson, D & Wilkes, L. (2006). Workplace bullying in nurses: towards a more critical organisational perspective. *Nursing Inquiry 13*, 118-126.

Hutchinson, M., Jackson, D., Wilkes, L & Vickers, M. (2008). A new model of bullying in the nursing workplace, organisational characteristics as critical antecedents. *Advances in Nursing Science 31*, E60-E71.

IBM Corp. (2013). *IBM SPSS statistics for windows*, version 22.0. Armonk, NY: IBM Corp.

Jackson, D., Clare, J & Mannix, J. (2002). Who would want to be a nurse? Violence in the workplace – a factor in recruitment and retentions. *Journal of Nursing Management*, 10, 13-20.

Kerlinger, F.N. (1986). *Foundations of behavioural research* (3rd Ed.) Florida: Holt, Rinehart and Winston Inc.

Kivimäki, M., Elovainio, M., Vahtera, J. (2000). Workplace bullying and sickness absence in hospital staff. *Occup Environ Med, 57*, 656–660.

Leymann, H. (1996). The content and development of mobbing at work. *European Journal of Work and Organizational Psychology*, *5*, 165–184.

Lu, H., While, A.E & Barriball, K.L. (2005). Job satisfaction among nurses: a literature review. *International Journal of Nursing Studies*, 42, 211-227.

Lutgen-Sandvik, P., Tracy, S.J & Alberts, J.K (2007). Burned by bullying in the American workplace: prevalence, perception, degree and impact. *Journal of Management Studies 44*, 837-862.

Lyons, T.F. (1971). Role clarity, need for clarity, satisfaction, tension, and withdrawal. *Organisational Behaviour and Human Performance 6*, 99- 110.

Meyers, D.G. (2008). *Social psychology* (9th Ed.). New York: McGraw-Hill International Edition.

Moreno-Jiménez, B., Muñoz, R.A., Salin D & Benadero, M, E.M. (2008). Workplace bullying in Southern Europe: prevalence, forms and risk groups in a Spanish sample. *International Journal of Organisational Behaviour*, 13, 95-109.

Murray, J.S. (2009). Workplace bullying in nurses. A problem that can't be ignore. *Medsurg Nursing* 18, 273-276.

O'Driscoll, M.P., & Beehr, T.A. (1994).Supervisor behaviours, role stressors and uncertainty as predictors of personal outcomes for subordinates. *Journal of Organizational Behaviour, 15*, 141-155.

Payne, R & Fletcher, B. (1983). Job demands, support, and constraints as predictors of psychological strain among school teachers. *Journal of Vocational behaviour* 22, 136-147.

Peterson, L. M., Hall, L, M., O'Brien-Pallas, L &Cockerill, R. (2011). Job satisfaction and intentions to leave of new nurses. *Journal of Research in Nursing*, 16, 536-548.

Pietersen, C. (2007). Interpersonal bullying behaviours in the workplace. *SA journal of industrial psychology 33* (1), 59-66.

Quine, L. (2001). Workplace bullying in nurses. *Journal of Health Psychology, 6,* 73–84.

Randle, J. (2007). Reducing workplace bullying in healthcare organisations. *Nursing Standard*, 21 (22), 49-56.

Rayner, C. (1998). Workplace bullying: do something! *The Journal of Occupational Health and Safety- Australia and New Zealand*, 14, 581-585.

Rayner, C. & Cooper, C. (1997). Workplace bullying: myth or reality-can we afford to ignore it? *Journal of Leadership and Organisation Development, 18*, 211-214.

Robbins, S.P., Judge, T.A., Odendaal, A & Roodt, G. (2009).*Organisational behaviour, global and Southern African perspectives* (2nd Ed.). Cape Town: Pearson Education South Africa .

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological wellbeing revisited. *Journal of Personality and Social Psychology, 69,* 719- 727.

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological wellbeing. *Journal of Personality and Social Psychology, 57,* 1069- 1081.

Saif, S.K., Nawaz, Afarzand, A. J & Khan, I.M. (2012). Synthesizing the theories of Job Satisfaction Across the Cultural/Attitudinal Dimensions. *Interdisciplinary Journal of Contemporary Research in Business,* 3 (9), 1382-1396.

Sham, C. (2012).*The relationship between workplace bullying, social support and organisational and individual wellbeing*. (Unpublished master's thesis).University of the Witwatersrand, South Africa.

Simons, S. (2008). Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organisations. *Advances in Nursing Science, 31*, 48-58.

Spata, A.V. (2003). *Research Methods, Science and Diversity*. New York: John Miley & Sons, Inc.

Stangor, C. (2011). *Research methods for the behavioural sciences* (4th Ed.).California: Wadsworth.

Steinman, S. (2003). *Workplace violence in the health sector. Country case study: South Africa.* Retrieved from http://www.who.int/violence_injury_prevention/violence/interpersonal/en/WVcountrystudysouthafrica.pdf

Stewart-Brown, S., Tennant, A., Tennant, C., Platt, S., Parkinson, J., and Weich, S. (2009). Internal construct validity of the Warwick- Edinburgh Mental Wellbeing Scale (WEMWBS): a rach analysis using data from the Scottish health education population survey. *Health and Quality of Life Outcomes 7*, 1-8.

Tepper, B.J. (2000). Consequences of abusive supervision. *Academy of Management Journal, 43,* 178-190.

Van Daalen, G., Willemsen, T.M & Sanders, K. (2006). Reducing work family conflict through different sources of social support. *Journal of Vocational behaviour 69*, 462- 476.

Van der Heijden,B.I.J.M., Ku mmerling A., van Dam, K., van der Schoot E., Estryn-Be´har, M & Hasselhorn, H.M. (2010. The impact of social support upon intention to leave among female nurses in Europe: Secondary analysis of data from the NEXT survey. *International Journal of Nursing Studies 47*, 434–445.

Vartia, M. (2001). Consequences of workplace bullying with respect to the wellbeing of its targets and the observers of bullying. *Scandinavian Journal of Work, Environment and Health. 27,* 63-69.

Vartia, M. (2003). *Workplace bullying: A study on the work environment, wellbeing and health*. (Unpublished Academic Dissertation).University of the Helsinki, Finland.

Visagie, J.C., Havenga, W., Linde, H & Botha, A. (2012). The prevalence of workplace bullying in a South African mining company. *South African Journal of Labour Relations 36*, 62-74.

Warr, P., Cook, J., & Wall, T. (1979). Scales for the measurement of some work attitudes and aspects of psychological wellbeing. *Journal of Occupational Psychology 52*, 129-148.

Zapf, D., Einarsen, S., Hoel, H & Vartia, M. (2003). Empirical findings on bullying in the workplace. In Einarsen, H., Hoel, H., Zapf, D & Cooper, C.L (Eds), Bullying and emotional abuse in the workplace. *International Perspectives in Research and Practice*, 103-126.

Zapf, D. & Gross, C. (2001).Conflict escalation and coping with workplace bullying: A replication and extension. *European Journal of Work and Organisational Psychology, 10,* 497-522.

Appendix A

Biographical questionnaire

Please fill in the relevant information below by placing a tick in the relevant block and where applicable by writing in the appropriate detail.

1. Gender

☐ Male ☐ Female

2. Racial group (required for descriptive purposes only)

☐ White ☐ Black ☐ Coloured ☐ Indian ☐ Other

_____

3. Home language _____

4. Age _____

5. How long have you been working as a nurse at your current hospital?

☐ Less than 1year ☐ 2-10 years ☐ 11-20 years ☐ 21-30 years ☐ 31+ years

6. How long have you been working as a nurse?

☐ Less than 1 year ☐ 2- 10 years ☐ 11 -20 years ☐ 21– 30 years ☐ 31+ years

7. What is your position in the nursing field?

☐ Student nurse ☐ Junior nurse ☐ Senior nurse

Appendix B

The adapted Negative Acts Questionnaire-Revised

The following behaviours are often seen as examples of negative behaviour in the workplace. Over the **last six months**, how often have you been subjected to or witnessed the following negative acts at work?

Please circle the number that best corresponds with your experience over the **last six months:**

1) Someone withholding information which affects your performance

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

2) Being humiliated or ridiculed in connection with your work

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

3) Being ordered to do work below your level of competence

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

4) Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

5) Spreading of gossip and rumours about you

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

6) Being ignored, or excluded, or avoided

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

7) Having insulting or offensive remarks made about your

person (i.e. habits and background), your attitudes or your private life

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

8) Being shouted at or being the target of spontaneous anger (or rage)

1	2	3	4	5

Never	Now and then	Monthly	Weekly	Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

9) Intimidating behaviour such as finger-pointing, invasion of personal space, shoving, blocking/barring the way

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

10) Hints or signals from others that you should quit your job

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

11) Repeated reminders of your errors or mistakes

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

12) Being ignored or facing a hostile reaction when you approach

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

b) Have you observed/witnessed this behaviour happening to others?

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

13) Persistent criticism of your work and effort

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

b) Have you observed/witnessed this behaviour happening to others?

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

14) Having your opinions and views ignored

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

b) Have you observed/witnessed this behaviour happening to others?

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

15) Practical jokes carried out by people you don't get on with

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

b) Have you observed/witnessed this behaviour happening to others?

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

16) Being given tasks with unreasonable or impossible targets or deadlines

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

b) Have you observed/witnessed this behaviour happening to others?

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

17) Having allegations made against you

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

b) Have you observed/witnessed this behaviour happening to others?

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

18) Excessive monitoring of your work

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

b) Have you observed/witnessed this behaviour happening to others?

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

19) Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

b) Have you observed/witnessed this behaviour happening to others?

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

20) Being the subject of excessive teasing and sarcasm

1	2	3	4	5
Never	Now and then	Monthly	Weekly	Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

21) Being exposed to an unmanageable workload

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

22) Threats of violence or physical abuse or actual abuse

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

b) Have you observed/witnessed this behaviour happening to others?

1 Never	2 Now and then	3 Monthly	4 Weekly	5 Daily

23) Have you been bullied at work? (Einarsen & Skogstad, 1996)

We define bullying as a situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him or herself against these actions. We will not refer to a one-off incident as bullying.

Using the above definition, please state whether you have been **bullied at work** over the last six months? Please circle the number that best corresponds with your experience.

1 No	2 Yes, but only rarely	3 Yes, now and then	4 Yes, several times per month	5 Yes, several times per week	6 Yes, almost daily

24) Using the above definition, please state whether you have **observed/witnessed** the bullying of someone else at work over the last six months? Please circle the number that best corresponds with your experience.

1	2	3	4	5	6
No	Yes, but only rarely	Yes, now and then	Yes, several times per month	Yes, several times per week	Yes, almost daily

Appendix C

The Short Warwick-Edinburg Mental Wellbeing Scale

Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks

1. I've been feeling optimistic about the future

1 None of the time	2 Rarely	3 Some of the time	4 Often	5 All the time

2. I've been feeling useful

1 None of the time	2 Rarely	3 Some of the time	4 Often	5 All the time

3. I've been feeling relaxed

1 None of the time	2 Rarely	3 Some of the time	4 Often	5 All the time

4. I've been dealing with problems well

1 None of the time	2 Rarely	3Some of the time	4 Often	5 All the time

5. I've been thinking clearly

1 None of the time	2 Rarely	3 Some of the time	4 Often	5 All the time

6. I've been feeling close to other people

1 None of the time	2 Rarely	3 Some of the time	4 Often	5 All the time

7. I've been able to make up my own mind about things

1 None of the time	2 Rarely	3 Some of the time	4 Often	5 All the time

Appendix D

Job Satisfaction Scale

	A set of items deals with various aspects of your job. I would like you to tell me how satisfied or dissatisfied you feel with each of these features of your present job. Please circle the one number for each question that comes closes to your opinion	I am extremely dissatisfied	I am very dissatisfied	I am moderately dissatisfied	I am not sure	I am moderately satisfied	I am very satisfied	I am extremely satisfied
1	The physical work conditions	1	2	3	4	5	6	7
2	The freedom to choose your own method of working	1	2	3	4	5	6	7
3	Your hours of work	1	2	3	4	5	6	7
4	The amount of variety in your job	1	2	3	4	5	6	7
5	Your immediate boss	1	2	3	4	5	6	7
6	Your fellow workers	1	2	3	4	5	6	7
7	The attention paid to suggestions you make	1	2	3	4	5	6	7
8	Industrial relations between management and workers in your institution	1	2	3	4	5	6	7
9	The way your institution is managed	1	2	3	4	5	6	7
10	Your job security	1	2	3	4	5	6	7
11	Your chance of promotion.	1	2	3	4	5	6	7
12	Your rate of pay	1	2	3	4	5	6	7
13	The recognition you get for good work	1	2	3	4	5	6	7
14	The amount of responsibility you are given	1	2	3	4	5	6	7
15	Your opportunity to use your abilities	1	2	3	4	5	6	7
16	Now, taking everything into consideration, how do you feel about your job as a whole	1	2	3	4	5	6	7

Appendix E

Propensity to leave scale

How do you feel about your present job, compared with alternative jobs that you may be interested in or able to obtain? For each of the following statements, circle the number that would be most nearly true for you.

1. If you were completely free to choose, would you prefer to continue working in this hospital, or would you prefer not to?

1	2	3	4	5
Prefer Very much	Prefer Moderately	Neutral	Somewhat Prefer	Prefer Not

2. How long would you like to stay in this hospital?

1	2	3	4	5
For a very long period	For a long period	Neutral	For a short period	For as little as possible

3. If you had to quit work for a while (for example, because of pregnancy or ill health), would you return to this hospital?

1	2	3	4	5
Strongly agree	Moderately agree	Neutral	Moderately disagree	Strongly disagree

Appendix F

Workplace Social Support Scale

For each of the following statements, circle the number that would be most nearly true for you. Note that the numbers always extend from one extreme feeling to its opposite kind of feeling.

1. How much do your colleagues go out of their way to do things for you that make your work life easier?

1 Not at all	2 A little	3 Somewhat	4 Very much

2. To what extent do you feel that you can comfortably and easily speak with your colleagues about any work-related problems you are facing?

1 Not at all	2 A little	3 Somewhat	4 Very much

3. How much can your colleagues be relied upon when things get tough at work?

1 Not at all	2 A little	3 Somewhat	4 Very much

4. How much are your colleagues willing to listen to your personal problems?

1 Not at all	2 A little	3 Somewhat	4 Very much

5. How understanding are your colleagues when you talk about personal problems with them?

1 Not at all	2 A little	3 Somewhat	4 Very much

6. Overall, how much support do you feel that your colleagues provide you with when things get tough at work?

1 Not at all	2 A little	3 Somewhat	4 very much

7. To what extent do you feel that you can comfortably and easily speak with your supervisor about any work-related problems you are facing?

1 Not at all	2 A little	3 Somewhat	4 very much

8. How much can your supervisor be relied upon when things get tough at work?

1 Not at all	2 A little	3 Somewhat	4 very much

9. How much is your supervisor willing to listen to your personal problems?

1 Not at all	2 A little	3 Somewhat	4 very much

10. How understanding is your supervisor when you talk about personal problems with him/her?

1 Not at all	2 A little	3 Somewhat	4 very much

11. How much does your supervisor go out of his/her way to do things that make your work life easier?

1 Not at all	2 A little	3 Somewhat	4 very much

12. Overall, how much support do you feel that your supervisor provides you with when things get tough at work?

1 Not at all	2 A little	3 Somewhat	4 very much

Thank you for your participation ☺

Appendix G

Participant Information Sheet

Psychology

School of Human & Community Development

University of the Witwatersrand

Private Bag 3, WITS, 2050

Tel: (011) 717 4500 Fax: (011) 717 4559

Good day,

My name is Davidzo Chihambakwe and I kindly invite you to participate in a research study I am currently conducting for the purpose of obtaining my Masters in Organisational Psychology at the University of the Witwatersrand, South Africa. As part of my course I am required to perform a supervised research in a particular area of Organisational Psychology. For my research project I have chosen to investigate whether workplace bullying has an impact on individual and organisational consequences. In addition I am interested in investigating whether a supportive work environment protects employees from the harmful consequences of bullying.

I would like to invite you to take part in the study. You need to be currently employed in a Zimbabwean hospital as a nurse. Participation in this research will involve completing a 90-item questionnaire which will take approximately 25 minutes. Participation in the research is voluntary. You can withdraw at any time before you have submitted your sealed envelopes containing the questionnaire in the sealed box provided. The sealed box will be placed in the canteen of the hospital and you can place your response in the envelope in the sealed box at any time that is convenient for you. If you decide to take part or not, you will not be advantaged or disadvantaged in any way, No harm, danger or risk will come to you. All information obtained will be held in the strictest of confidence and the information written up in the report will be anonymous. No names, ID numbers or staff numbers will be requested and only summarised responses will be reported. Filling in and returning the envelope containing the questionnaire in the sealed box provided will be taken as a sign of consent. If you feel answering the questionnaire has aroused certain emotions in you, and you require

counselling services, please do not hesitate to contact Psychotherapy and Counselling Services in Zimbabwe; 0772278468 or 0772257389.

If you wish to take part in the study, please answer the questionnaire provided.

If you need further explanation or information on the research or wish to be emailed the findings of the research please do not hesitate to contact myself or my supervisor. Thank you for taking time to read this letter and should you agree to participate, thank you for your assistance.

Yours Sincerely,

Davidzo Chihambakwe Supervisor: Gillian Finchilescu

chihambsd@yahoo.co.uk Gillian.Finchilescu@wits.ac.za

+27 71 0190057 +27 11 71-74534

+263 78 225 2667

Appendix H

Organisational Access Request Letter

Psychology

School of Human & Community Development

University of the Witwatersrand

Private Bag 3, WITS, 2050

Tel: (011) 717 4500 Fax: (011) 717 4559

Kwekwe General Hospital

Kwekwe

Zimbabwe

RE: Organisational Access Request Letter

Dear Sir/ Madam

My name is Davidzo Chihambakwe and I kindly request permission for one of Zimbabwe's hospitals; Harare hospital to participate in a research study I am currently conducting for the purpose of obtaining my Masters in Organisational Psychology at the University of the Witwatersrand, South Africa. As part of my course I am required to perform a supervised research in a particular area of Organisational Psychology. For my research project I have chosen to investigate whether workplace bullying has an impact on individual and organisational consequences. In addition I am interested in investigating whether a supportive work environment protects employees form the harmful consequences of bullying.

In order to take part in the study the participants need to be currently employed in a Zimbabwean hospital as nurses. Participation in this research will involve completing the attached 90- item questionnaire which will take approximately 25 minutes. Participation in the research is voluntary. Participants can withdraw at any time before they have submitted their sealed envelopes containing the questionnaire in the sealed box provided. The sealed box will be placed in the canteen of the hospital and employees can place their response in the envelope in the sealed box at any time that is convenient for them. .Employees who take part will not be advantaged or disadvantaged in any way, neither will those who choose not to take part. No harm, danger or risk will come to the employees. All information obtained will

be held in the strictest of confidence and the information written up in the report will be anonymous. No names, ID numbers or staff numbers will be requested and only summarised responses will be reported. Consent will also be obtained from the employees, filling in and returning the envelope containing the questionnaire in the sealed box provided will be taken as a sign of consent. A phone number, for a help line in case the participants require counselling services after completion of the questionnaire will be provided in the participant information sheet.

Your permission to conduct the study in the hospital will be greatly appreciated. Please fill in and return the attached organisation consent form. If you have any questions with regards to our research please feel free to contact my supervisor or I. I look forward to hearing from you. Thank you for taking time to read this letter and should you agree to grant access, thank you for your assistance.

Yours Sincerely,

Davidzo Chihambakwe

chihambsd@yahoo.co.uk

+27 71 0190057

+263 78 225 2667

Supervisor: Gillian Finchilescu

Gillian.Finchilescu@wits.ac.za

+27 11 71-74534

Appendix I

Consent Form

Psychology

School of Human & Community Development

University of the Witwatersrand

Private Bag 3, WITS, 2050

Tel: (011) 717 4500 Fax: (011) 717 4559

I hereby confirm that:

I have been briefed on the research that Davidzo Chihambakwe is conducting on workplace bullying and individual and organisational outcomes.

- I understand what giving her permission for employees in this organisation to participate in this research means,
- I understand that participation in the study is voluntary,
- I understand that any information gathered will be held in the strictest confidence by the researcher
- I understand that anonymity is guaranteed

Optional clause

☐ I hereby request a copy of the research results

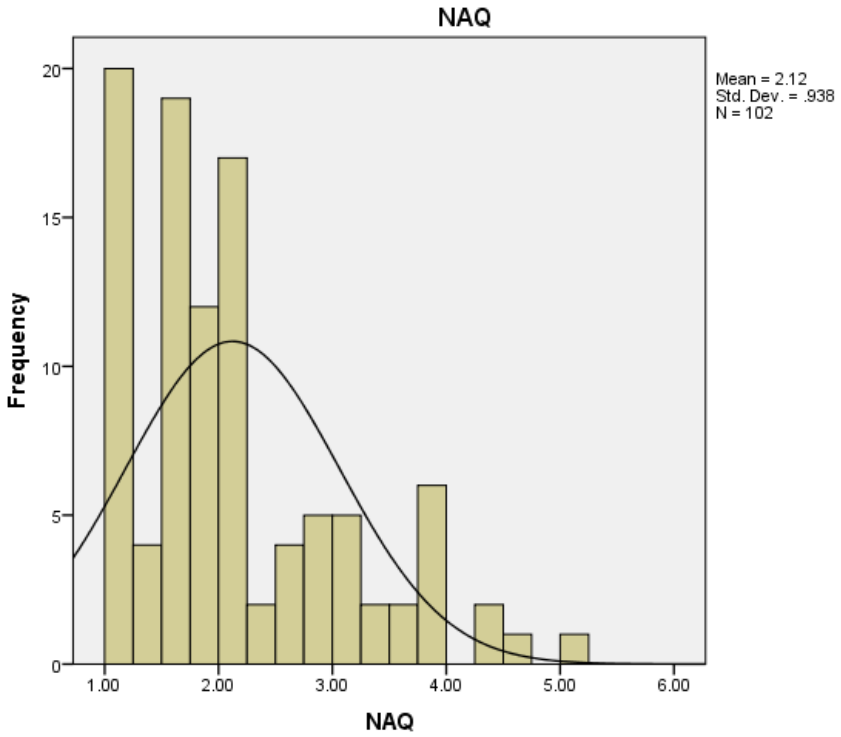
Signed by DR P. MAPANDA on 14/07/14 at KWEKWE HOSPITAL.

Signature

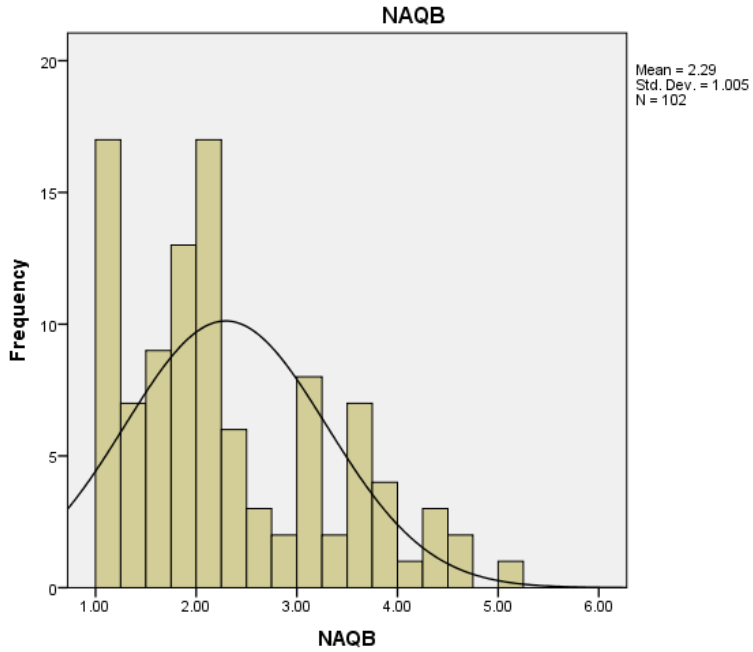
Appendix J

Histograms to determine normality

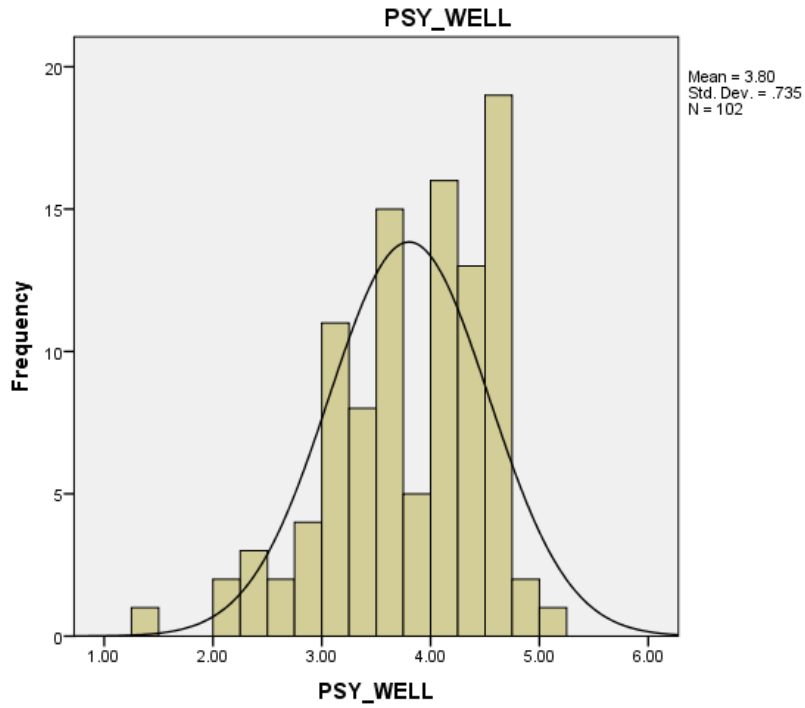
1. Workplace bullying (Targets)



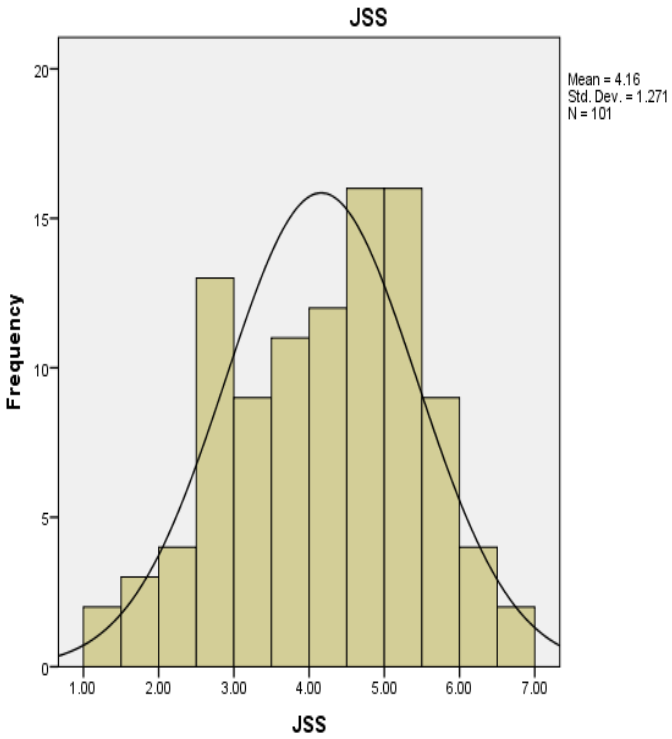
2. Workplace bullying (observers)



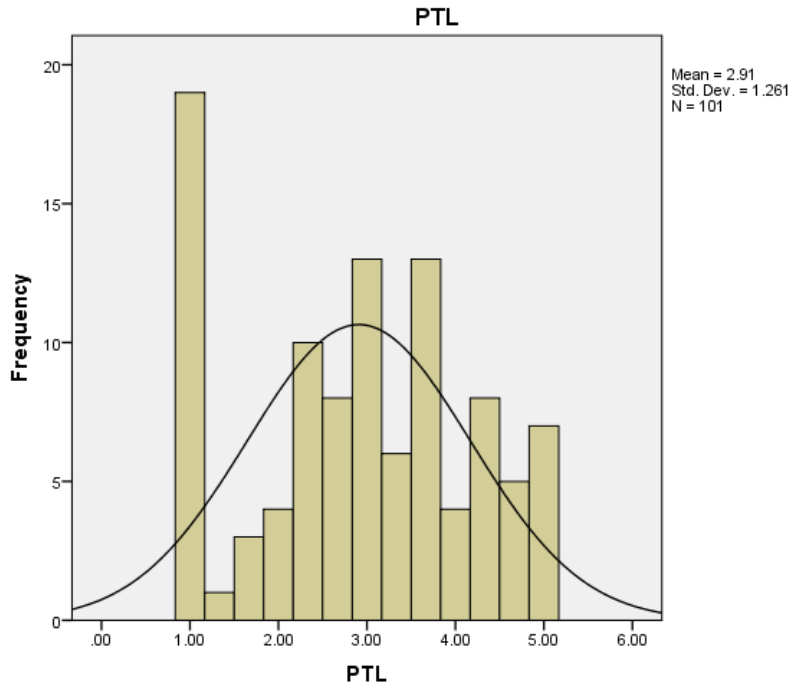
3. Psychological Wellbeing



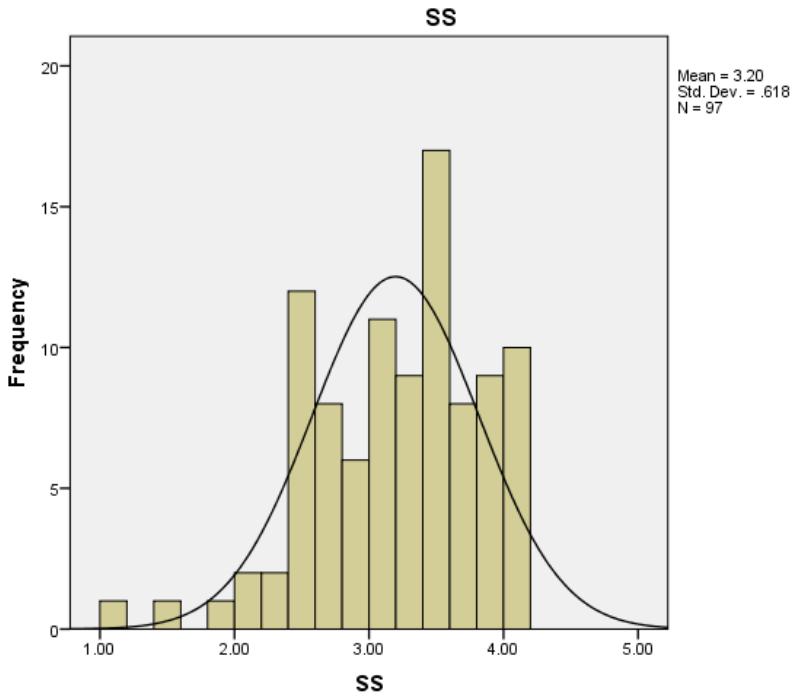
4. Job Satisfaction



5. Propensity to leave



6. Social Support



Appendix K

Histogram: Transformed workplace bullying (Targets)

