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Managerial Caring and Perceived Exposure to Workplace Bullying: A Nursing Perspective

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Abstract:
Background: *The creation of a caring culture within the work environment is crucial to the role of the nurse manager and has been appealed to cultivate caring connections between managers and nurses, nurses themselves, and in the long run between nurses and their patients. Still obscure, whether managerial caring practice and behaviors can reduce the nurses' genuine or perceived exposure to workplace bullying.*
Purpose: *This study aimed to explore whether there is an association between staff nurses' perception of nurse manager caring behaviors and their perceived exposure to workplace bullying within their healthcare setting.*
Methods*: A descriptive cross-sectionalcorrelational design was conducted at all inpatient medical and surgical care units at Alexandria Main University Hospital. Caring Factor Survey–Caring of the Manager (CFS-CM) and Negative Acts Questionnaire-Revised (NAQ-R), were given to 347 nurses to investigate their perception of the study variable, respectively.*
Results: *The current study revealed that a higher number of staff nurses perceived their managers as moderately caring. About two-thirds of participants (66.67%) perceived exposure to negative acts in the workplace particularly, work-related bullying factors. A statistically significant, negative, linear relationship was found between Managerial Caring behaviors of first-line nurse managers and the overall nurses' exposure to bullying behaviors ($r=-0.318$, $p<0.001$). In addition, regression analysis revealed that managerial caring significantly contribute to the prediction of 14.7%of nurses' exposure of bullying behaviors in the workplace where the regression model is significant ($F=59.634$, $p<0.001$).*
Conclusion and recommendation: *These findings spotlight the importance of caring leadership and the substantial role of nurse manager caring behaviors in building-related positive and supportive work environment and reducing workplace bullying behaviors. Nurse Managers haveto consolidate all the caritas procedures and practices and give careful consideration to nurses' need in their relationship with nurses. Awareness and management of the work assignments are crucial to enable nurses get sensible workload and to reduce the risk of work-related bullying behaviors associated with work stressors. Findings may also recommend that caring should be integrated more into nursing curricula and training on caring competenciesis relevant for the nurse managers' role either within nursing education programs and/or clinical settings.*

Key Words: *Caring, Caritas factors, Managerial Caring, Workplace Bullying, Nurses, Nurse Manager*

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I. Introduction

Caring is viewed as the essence of what nurses do and is unique to the nursing profession[1].The development of nursing research activities adds to caring in nursing become valuable. There is evidence that nurses' perception of managerial support is found to be prescient of how they perceive bullying behaviors in the workplace[2, 3]. Workplace bullying becomes common and destructive to the wellness of nurses, healthcare agencies and the patients[4]Supervisory support in this area is apparently essential. In particular, exploring theeffectof managerial caring on nurses' exposure to workplace bullying from nurses' point of views is a timely topic for research[5].

II. Conceptual Framework

Managerial Caring in Nursing

Recently, an emerged theoretical concept associated with caring within the nursing administration context is "Managerial Caring" which gave a substantive structure to support the role of nursing leadership within complicated healthcare organizations[5-7]. As nurses living caring relationship with their patients, nurse managers live caring also with nurses[8].Significant theoretical framework and conceptualization portraying caring are Watson's theory of human caring. Watson's theory of human caring (2006,2008)[6,7] is based on the theoretical position that caring between manager and staff promotes reciprocal support and healing for each other within a greater context of Caritas/love for humanity everywhere[6,7].

The theory of human caring as posited by Watson (2006, 2008, 2009)[6,7,1]provided this study's theoretical framework. Watson identified ten Caritas processes that describe nurses'/nurse managers' way of knowing and being. the ten clinical caritas processes express the facilitation of caring through: 1-the practice of loving-kindness, 2-problem solving and decision-making,3-the installation of faith and hope, 4- teaching and learning, 5- spiritual beliefs and practices,6- a holistic approach, 7-the development of a helping and trusting relationship,8- the creation of a healing environment,9- the promotion of the expression of feelings,and,10-miracles (supportive of a belief in a higher power)[6,7,1].

Nurse Manager Caring Behaviors are hypothetically characterized as ways of being reflective of the ten caritas processes. These processes are social in nature and delineate practices that respect the wholeness and/or uniqueness of every individual, in this way, caritas processes considered as a therapeutic and healing intervention [6, 7]. Certainly, the nurse manager is the culture builder and source of caring for nurses within healthcare settings[6-8.]In the present investigation, nurse manager caring behaviors are operationally characterized as the nurses' score on the Caring Factor Survey-Caring of Manager Survey instrument[9].This tool considered the only existing to measure nurses' perceptions of the nurse manager' caring behaviors developed based on caritas concepts fundamental to Watson's theory of human caring (2006, 2008)[6, 7].

Workplace Bullying

Being exposed to or witness bullying behaviors in the workplace adds a burden to the challenges that nurses face daily [10, 11]. Although, a developing assemblage of nursing research about workplace bullying, nurse researchers still keep basically relying on literature from other disciplines as foundational knowledge for understanding associated factors with bullying, and for proposing appropriate intervention accordingly[5].

Workplace bullying is characterized as a circumstance where an individual sees him/herself to be a casualty and a victim of deliberate, orderly, negative conduct over a prolonged time period that hurt and where the victim can't guard his or herself[12].As revealed by The Joint Commission (TJC,2008) over 50% of nurses are sufferers of bullying and/or disruptive behaviors and over 90% stated that they

witness the abusive behaviors of others in the workplace[13]. Additionally, evidence suggests that workplace bullying predicts unfavorable physical and psychological impacts on nurses[14, 15].Continuous and unaddressed bullying behaviors in the workplace can apt posttraumatic stress disorder, self-destructive ideation, and suicide [5].

To operationally measure exposure to workplace bullying in nursing, Einarsen, Hoel, andNotelaers (2009)[12]identified three bullying factors namely; personal bullying, work-related bullying, and physically intimidating bullyingfactors.Personal bullying comprises of behaviors as being yelled, and liable to gossip, jokey and offensive criticism. Work-related bullying alludes to behaviors such as illogical due date requests, unmanageable workloads, withheld important work information, ignored opinions, and also being constrained not to guarantee rights. Physically intimidating factors reflects behaviors such as being exposed to actual or potential violence or physical abuse [12].

Problem statement

In Egypt, the scarcity of research examining managerial caring and workplace bullying in nursing is mystifying. The main University Hospital where this study was conducted considered as the largest teaching hospital in Alexandria that provides free nursing and medical care services for patients coming from many governorates might has the largest nursing staff workforce with many staff problems and risk of exposure to workplace bullying that need investigation in addition to identification of how managerial caring could affect on nurses' perceived exposure to workplace bullying. The predominance of bullying behaviors alongside the challenging healthcare setting, progressively complex patient care circumstances, and the need for reliant connections can serve as a reproducing ground for bullying behaviors [10, 11].

Definitely, collective endeavors to expand upon the academic work and researchers are timely and precarious for the nursing profession and prone to have resilient implications for nurse managers' role and responsibility within healthcare settings. Unexpectedly, nurse manager role in controlling and preventing workplace bullying behaviors is apparently missing [16, 17].

The justification for the absence of oversight has been proposed to be identified with various factors including; the hidden and insidious nature of bullying, the normalization of bullying behaviors, and/or a deficiency in administrative abilities to address this wonder[16,18].Being loaded with numerous managerial obligations and contending needs, managers may have limited time to be available in their units[19].In turn, the absence of nurse managers' reaction to bullying may sustain a bullying culture in nursing and inability to manage bullying scenes may affect nurses' trust and certainty, and a disappointment of obligation to care[5, 16].

Significance of the study

Despite the fact that workplace bullying is commonplace, still obscure, whether managerial caring behaviors can moderate or lessen the nurses' genuine or perceived exposure to workplace bullying.Several studies bolster the positive impact of caring on nurses' job satisfaction and intent to stay[2,20].In opposition, research findings also indicated that perception of exposure to workplace bullying affects negatively on these variables[3, 21].In light of these worrying findings, there is a need for a research study to assess the relationship between staff nurses' perception of nurse managers' caring behaviors and their perceived exposure to workplace bullying. Watson's theory of human caring is appropriate framework since staff nurses' perception of being cared for in this way by their nurse managers may also influence their perception of bullying behaviors of others in the workplace[5]. Moreover, assessing this relationship is important to light up the kind of nurse manager behaviors that can foster nurses' wellbeing and empower them to provide quality patient care.

Research hypotheses

Assuming that managerial caring (nurse manager caring behaviors) is the independent variable in the current study and can impact nurses'exposure to workplace bullying as the dependent variable (Figure 1). The following hypotheses were postulated to investigate the relationship between managerial caring and nurses' perceived exposure to workplace bullying.

• Hypothesis H1.There is a significant relationship between managerial caring and nurses' exposure to workplace bullying.

•Hypothesis H2. Managerial caring can make a significant contribution and prediction of nurses' exposure to workplace bullying.

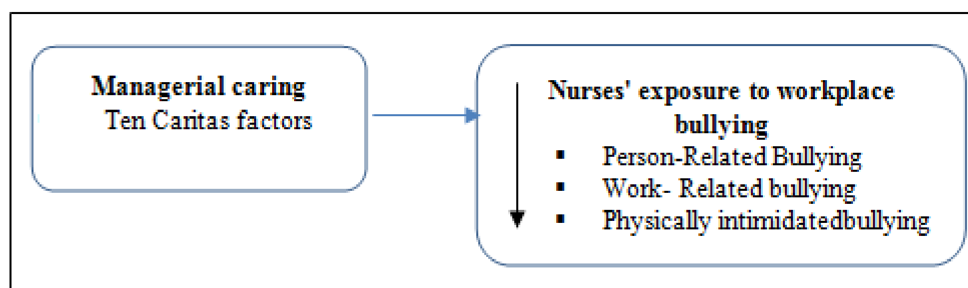

Figure 1. Conceptual Framework

Aim of the Study

The aim of this study was to explore whether there is an association between staff nurses' perception of nurse manager caring behaviors and their perceived exposure to workplace bullying within their healthcare setting.

Research Questions

- How do nurses perceive managerial caring behaviors of first-line nurse managers?
- How do nurses perceive their exposure to workplace bullying?
- Is there a relationship between managerial caring, and nurses' perceived exposure to workplace bullying?

III. Material And Methods

Research design and setting

A descriptive explorative cross-sectionalcorrelational design was selected for this study. All inpatient care units at the main University Hospital, affiliated to a governmental university in Egypt were decided to be the study setting. This hospital is affiliated with university health sector and identified as the largest teaching hospital in Alexandria that provides free nursing and medical care services for patients coming from many governorates.

Participants: A convenient sample of staff nurses who were available at the time of data collection and have work relation with first-line nurse managers in the previously mentioned hospital and agreed to participate in the study (N=400) had been invited to participate in the study and were included to assess their perception of the caring behaviors of first-line nurse managers and their exposure to workplace bullying. Out of 400 participants, 50 nurses participate in the pilot study and347 nurses completed study questionnaires.

Study Instruments

Two standardized questionnaires were used in this study

- The Caring Factor Survey – Caring of the Manager (The CFS-CM, Nelson, 2011)[9].This questionnaire includes 10 items, each item represents one of the ten caritas concepts. For example, the item, "Every day I am here I see my manager treats employees with loving kindness," corresponds to the caritasconcept "practice of loving kindness and spiritual regard". Responses were measured on a 7-point Likert scale ranging from ''7,'' strongly agree, to ''1,'' strongly disagree. The score of the caritas concepts ranged from 10 to 70, the higher the score, the more caring nurse manager perceived by nurses **.**

Responses on a 7-point Likert scale for each caritas concepts were categorized into 3 main responses; disagreed, for 1–3 scores, neutral (meaning, neither agreed or disagreed), for the score of 4, and agreed for the scores of 5 –7 for better illustration of nurses' responses.

- Negative Acts Questionnaire-Revised (The NAQ-R, Einarsen, Hoel, &Notelaers, 2009)[12].It is the most broadly utilized instrument for estimating exposure to workplace bullying. It was used to assess nurses' perception of the frequency of exposure to bullying behaviors in the workplace. The NAQ-R encompasses 22 items representative of three bulling factors; person-related bullying (12 items), work-related bullying (7 items), and physically intimidating bullying (3 items). Responses were measured on a 5-point Likert scale signifying the frequency of exposure to bullying factors as follows: ''5= daily, 4 = weekly, 3 = monthly, 2 = now and, 1 = never". According to Einarsen, Hoel, and Notelaers[12],exposure to negative acts up to two times weekly for 6 months meets the criterion for being bullied. The scores summation was considered and the score ranged from 22 to 110, with the higher score indicating a greater degree of exposure to bullying.

In addition to demographic and work-related characteristics form developed by the researchers for nurses included questions related to the (gender, unit, age, educational level, years of experience, and working shift).

Validity and Reliability

The study tools were translated into the Arabic language to suit the Egyptian culture and tested for content validity along with the fluency of the translation by five experts in the field of study. Accordingly, some items were rephrased to be clearer. Then, tools were back-translated into English by language experts. The back-translations were reviewed by the researchersand members of the jury to ensure accuracy and minimize potential threats to the study's validity. Reliability calculations of the study instruments were conducted using Cronbach's alpha correlation coefficient with value; 0.731 and 0.811 for CFS-CM and NAQ-R, respectively at a statistical significance level $p \leq 0.05$. In addition, a pilot study was conducted on 50nurses (10%) who were excluded from the study subjects, to ensure the clarity and applicability of tools resulted in no changes occurred in the final tools.

Data Collection

Hospital approval was obtained to collect the study data. Data were collected using self-administered questionnaires which distributed individually to nurses who agreed to participate in the study. Each nurse took about 30 minutes to complete the questionnaires. Data were collected in a period of 6 months, 2017.

Ethical considerations

Approval was obtained from the Ethics Committee of the Faculty of Nursing, Alexandria University. The privacy and confidentiality of data were maintained and assured by getting participants' consent to participate in the research before data collection. Anonymity of participants was granted.

Data Analysis

Data statistically analyzed using SPSS (Statistical Package for the Social Science) version 20. Cronbach's alpha correlation coefficient was used to test study's tools for internal reliability. Frequency and percentages were used for describing demographic and work-related characteristics and cross tabulation. Mean and standard deviation used for Descriptive statistics and Inferential statistics (Pearson product–moment correlation coefficient and Regression analysis (R^2) were run to test the relationship and the predictive powerbetween nurse manager caring and nurses' perceived exposure to workplace bullying. A significantF-value for regression model indicated significantprediction. All statistical analyses were performed at a statistical significance level $p \leq 0.05$.

IV. Result

Demographic characteristics

All nurses were female. About one-third of them (32.6%) were aged between 30 and 40 years old, while 24.5% were above 50 years old. 51.3 0% of nurses are working in medical care units, while 48.7% of them are working in surgical care units. The majority of nurses (76.9%) had a diploma of secondary technical nursing school, while 10.7% of them had a Bachelor of Nursing Science. Moreover, the majority of nurses (75.5%) had more than 10 years of experience, while 11.5. % of them had less than 5 years of experience. Slightly above one-third of nurses (38.9%) working in rotating shifts, and 30% of them working in the morning shift. Table 1.

Table no 1: Distribution of nurses according to demographic and work-related characteristics (N = 347)

Characteristics	No.	%
Gender		
Female	347	100.0
Age (years)		
Less than 30	91	26.2
30 – 40	113	32.6
41 – 50	58	16.7
More than 50	85	24.5
Unit		
Medical	178	51.3
Surgical	169	48.7
Educational level		
Bachelor degree of nursing	37	10.7
Diploma of Technical institute of nursing	41	11.8
Diploma of Secondary Technical nursing school	267	76.9
others	2	0.6
Years of experience		

Less than 5 years	40	11.5
5 - 10	44	12.7
More than 10 years	263	75.5
Working shift		
Morning	104	30.0
Evening	17	4.9
All the day (long shift)	56	16.1
Night	35	10.1
Rotating /varied	135	38.9

Nurses' perception of managerial caring behaviors of their nurse managers

Table 2 shows the overall mean percent score and standard deviation of nurses' perception of managerial caring behaviors of their first-line nurse managers represented as (59.02 ± 12.67). Upon examining the frequency table 2, the distribution of the total scores on the CFS-CM was indicating that the highest numbers of staff nurses perceived their managers as caring (responses numbers 5–7). The highest percentages of nurses agreedin (score5-7) that their nurse managers concerned with 'establishing a trusting and helping relationship with them, providing them with loving and kindness, embrace their feelings and creating a healing environment' represented by (76.1%,70.6%, 70.0% and 69.7%), respectively. The highest neutral response (score4) was for the nurse managers' caring behavior, "Teaching me in a way I can understand" (30.0%). Lastly, 39.2 % of nurses in responses (score1-3)disagreed that that nurse manager "accepting and supportive of my beliefs regarding a higher power'.

Table no 2: Nurses' perception of managerial caring behaviors of their nurse managers (n = 347)

	Caritas factors	**Disagree (1-3)**		**Neutral (3)**		**Agree (5-7)**	
		No.	**%**	**No.**	**%**	**No.**	**%**
1	Loving and kindness	51	14.7	51	14.7	245	70.6
2	Creative problem solving and decision-making	76	21.9	68	19.6	203	58.5
3	Instilling hope and respects my belief system	110	31.7	53	15.3	184	53.0
4	Teaching me in a way I can understand	118	34.0	104	30.0	125	36.0
5	Encouraging my own spiritual beliefs	68	19.6	83	23.9	196	56.5
6	Responding to me as a whole person	63	18.2	91	26.2	193	55.6
7	Establishing a trusting and helping relation	37	10.7	46	13.3	264	76.1
8	Creating a healing environment	45	13.0	60	17.3	242	69.7
9	Embracing my feelings	40	11.5	64	18.4	243	70.0
10	Accepting and supportive of my beliefs re: a higher power	136	39.2	48	13.8	163	47.0
Mean score of Managerial Caring				**Range: 10-70**			
			Mean % ±SD:	**59.02 ± 12.67**			

Notes. SD: Standard Deviation

Nurses perception of exposure to bullying behaviors in their workplace

Table 3 reveals the mean score and standard deviation of nurses' perception of their exposure to overall bullying behaviors represented with (58.28 ± 13.18) out of a possible score range of 22–110. About two third of nurses (66.67%) reported exposure to bullying behaviors while rest of them reported never exposure to bullying behaviors in the workplace. For those nurses reported exposure to

bullying, the higher percentage (72.04%) was related to work-related bullying factor followed by physically intimidating bullying factor (65.71%) and person-related bullying factor (62.24%).

Table no 3: Descriptive analysis of nurses' perceived exposure to bullying behaviors in their workplace

Bullying Factors	Never exposed to bullying behaviors		Exposed to bullying behaviors		Percentage of exposure to bullying behaviors			
	No.	%	No.	%	Not now %	Monthly %	Weekly %	Daily%
1. Average of Person-related bullying factor	131	37.76	216	62.24	6.89	26.45	19.5	9.4
2. Average of Work-related bullying factor	97	27.95	250	72.04	9.92	27.71	21.9	12.51
3. Average of Physically intimidating bullying factor	119	34.29	228	65.71	6.94	29.87	20.47	8.43
Total bullying score	**33.33 %**		**66.67 %**		**7.92**	**28.01**	**20.62**	**10.12**
Overall score of bullying behaviors	**Range: 10-70** **Mean%±SD: 58.28 ± 13.18**							

Notes.SD: Standard Deviation

Correlation and regression analysis between Managerial caring and bullying behaviors

Table 4 shows a significant negative correlation between managerial caring behaviors of first-line nurse managers and the overall nurses' perceived exposure to bullying behaviors (r=-0.318, p<0.001). The same trend of the result was revealed in all dimensions of bullying behaviors where there are significant negative correlations between managerial caring and each of; person-related bullying factor, work-related bullying factor and physically intimidating bullying factor (p<0.001).

Table no 4: Correlation matrix betweenmanagerial caring of nurse managers and nurses' exposure to bullying behaviors

Variables		Person-related bullying	Work-related bullying	Physically intimidating bullying	Overall bullying behaviors
Managerial caring	r	-0.301*	-0.338*	-0.318*	-0.384
	p	<0.001*	<0.001*	<0.001*	<0.001*
Person-related bullying	r		0.539*	0.353*	0.863*
	p		<0.001*	<0.001*	<0.001*
Work-related bullying	r			0.562*	0.865*
	p			<0.001*	<0.001*
Physically intimidating bullying	r				0.655*
	p				<0.001*

r: Pearson correlation coefficient *: Statistically significant at p ≤ 0.05

Regression analysis was carried out to evaluate the predictive power of managerial caring associated with nurses' perceived exposure to bullying behaviors. Table 5 illustrates the regression coefficient value between managerial caring behaviors of nurse managers as an independent variable and nurses' exposure to bullying behaviors as the dependent variable as ($R^2 = 0.147$). This means that managerial caring behaviors of nurse managers can significantly predict 14.7% of the explained variance of nurses' exposure of bullying behaviors in the workplace where the regression model is significant(F=59.634,p<0.001). Moreover, managerial caring canpredict9.1%ofperson-related bullying factor, 11.5% of work-related bullying factors and 10.1% of physically intimidating bullying factor, where the regression model is significant (p <0.001).

Table no 5: Linear regression analysis between Managerial caring of Nurse Managers and nurses' exposure to bullying behaviors

Dependent variables	Beta	SE	t	p	R	R^2	F	p
Person-related bullying	-0.301	14.28	5.866*	<0.001*	0.301	0.091	34.411*	<0.001*
Work-related bullying	-0.338	20.24	6.681*	<0.001*	0.338	0.115	44.639*	<0.001*
Physically intimidating bullying	-0.318	32.24	6.221*	<0.001*	0.318	0.101	38.707*	<0.001*
Overall bullying behaviors	-0.384	13.85	7.722*	<0.001*	0.384	0.147	59.634*	<0.001*

B: the coefficient estimate; SE: standard error; t: t-test value; r: Pearson correlation coefficient;
R^2: regression coefficient; F: F-test (ANOVA); ANOVA: analysis of variance. *Statistically significant at p ≤ 0.05.

V. Discussion

As an evident gap was recognized in the literature regarding the influence of nurse manager caring behaviors on nurses' perceptions of being exposed to workplace bullying, the current research study may be considered as a significant attempt to fill this gap by exploring how nurses perceive managerial caring behaviors of first-line nurse managers and their perceived exposure to workplace bullying.

Perception of Managerial caring

The present study finding revealed that nurses perceived moderate managerial caring of their first-line nurse managers. Nurses agreed that their nurse managers; concerned with establishing a trusting and helping relationship with them, providing them with loving and kindness, embrace their feelings and creating a healing environment as the most frequently reported managerial caring behaviors. This perception could be related to nurses' need to have a trustful relationship with the nurse manager and to feel cared for, which is a part of the expected role of nurse manager as a direct supervisor and a source of immediate support for them.

Correspondingly, Wolverton[22] and Longo[23]inferred that nurse managers' caring behaviors play a significant role in establishing relationships that promote healthy work environment.Also, Duffy[24]indicated that building and sustaining positive nurse manager-staff nurse relationships requires knowing the important use of caring behaviors. Duffy[24] delighted that inclination of *cared for* is a positive feeling that staff nurses encounter when managers apply caring behaviors in their relationships with staff nurses.Similar finding was also, upheld by Olender[5]who found nurses reported the creation of a healing environment is the unique aspect of caritas behaviors of nurse manager

showed by being available and accessible.Likewise, Uhrenfeldt and Hall [25]acknowledged that the manager assistance in bedside care with nurses, dialogue with the staffand planning for staff advancement were caring behaviors towards nurses.

Quite the opposite, about one third of nurses disagreed that their nurse manager being attentive and supportive of their beliefs toward higher power. These responses may have been an indication of the staff nurses' lack of clarity as to the role of the nurse manager toward their values and beliefs and/or that their managers may be unavailable all the time for nurses as they expected. In this concern, Duffy [24], Shireyand Fisher[26]presumed that lack of concern to any aspect of caring connections postures genuine dangers to nourishing a supportive work environment.

Perceived exposure to bulling in workplace

The highest percentage of nurses (66.67%) reported exposure to bullying behaviors in the workplace especially exposed to work-related bullying behaviors which reported frequently among those nurses, followed by physically intimidating bullying and person-related bullying behaviors. This result could be related to the nature of nursing work which characterized by; workloads related to multiple care demands for a variety of patients, the fluctuation of patients' conditions leading to missed information, shortage of staff which might cause nurses to feel stressed, with unmanageable workload intern, negative behaviors could emerge toward others .

These results could be supported byAriza-Montes et al.[4]who concluded that healthcare workers who work on rotating schedule, perform routine and rotating tasks, experience work pressure, and little fulfillment from their working conditions, and no opportunities for advancements in their organizations had a greeter risk to be bullied. Likewise, participants in a qualitative study done by Walrath et al.[27]also identified pressure from high census, volume, and patient flow as a trigger for workplace bullying.In the same line, higher levels of bullying were positively correlated with high workloads[28],work stress, and effort[29] and manpower shortage[30].In addition, Blackstock et al.[31]declared certain specific psychosocial behaviors inside workgroups particularly, larger amounts of enthusiastic disregard, verbal mishandle, and work environment incivility saw among colleagues were decidedly related to positively correlate to higher risk of workplace bullying.

These findings are consistent with other studies that suggest workplace bullying is prevalent, however, ignored in healthcare settings. For example,Einarsen, Hoel, and Notelaers[12]found (35.9%) of study participants reported exposure to negative acts up to 2 times weekly over a 6-month timeframe.Simons [21]and Johnson and Rea [32]utilized the NAQ-R revealed that about one-third of studied nurses perceived being exposed to workplace bullying within the previous 6 months. Moreover, Berry et al.[33] also used the NAQ-R, reported that 44.7.3% of novice nurses reported exposure to workplace bullying over a 6-month timeframe. Lastly, Olender[5]found perceived exposure rates to bullying in the workplace ranged between 26.3% daily exposure to 35.9% weekly exposure. In this respect, it concurred by Howell [34]that workplace bullying represents a critical risk to the wellbeing and accessibility of nursing workforce. Bullying of nurses in the workplace deteriorates communication and team functioning, putting patient safety at risk.

In this context, Howell [34] and WHO [35]recommended that hospital managers should provide nurses with support and training on how to manage bullying behaviors viably and having a no-tolerance policy toward the perpetrators of bullying or any other kind of psychological or physical violence. In addition,Longo [36]highlighted that all nurses remain morally responsible to discouraging bullying behaviors and evaluate their own undesirable convictions and beliefs, levels of stress, exhaustion, and individual issues that might influence their cooperation with others and may add to bullying in the workplace. What's more, other work variables branded as mediation to control and prevent workplace bullying. For example; group support[29],strong interpersonal relationships,

cooperation, respect, and communication [37], adequate availability of resources, and timely communication of information and team building[38.]

For those nurses in this study who reported no exposure to workplace bullying, we can assume that nurses may be unclear about the precise meaning of what constitutes bullying in the workplace and/or may be fear from blame for reporting any negative work behaviors. In the same line, Cleary, Hunt, and Horsfall [39]justified that workplace bullying prevalence rates in nursing are both underestimated and unreported because of a lack of understanding of bullying concept, and the inability to differentiate it from other negative behaviors. As well, participants in the study of Hutchinson et al.[40] depicted that when bullying was reported to management, the managers disregarded and rather limited or denied the behaviors. Also, victims were faulted and experienced negative outcomes for revealing the bullying behavior.

Managerial caring and bulling in workplace

The current study revealed significant moderate negative correlations between managerial caring behaviors of first-line nurse managers and the overall nurses' exposure to bullying behaviors as well as each of; person-related, work-related and physically intimidating bullying factors. Also, the regression analysis indicated that managerial caring behaviors of nurse managers significantly predict 14.7% of nurses' exposure to bullying behaviors. These results support our research hypotheses and indicate that the higher nurses' perceptions of nurse manager as caring and supportive, the lower their perception of exposure bullying in the workplace and vice-versa .

These findings go in the same line with several related studies. Yun et al.[37]found that head nurses leadership is negatively correlated with the experience of workplace bullying. Also, Bortoluzzi et al.[30] inferred that enabling leadership, instructing, advising, participating in the decision, and showing concern for staff were negatively correlated with workplace bullying.Moreover, Laschingeret al.[38] reported a significant negative relationship between managerial empowerment and workplace bullying (β = -.37, p = .01) and suggested that exposure to bullying may be less prominent in environments that provide empowered work structures and processes. Also, Longo [20]found nurse manager caring is significantly correlated with the staff nurses' intent to stay within the organization (r = .622, p = .007).

In this regard, Moore et al.[41]concluded, the supportive practice of nurse managers and leaders are essential for nurturing workplaces and developing a culture of healthy staff relationships. Likewise, Howell[34]recommended nurse managers must advocate for healthy practice environments and organizational supports. They must also lead by example. Moreover, Hutchinson et al.[42]emphasized that nurse managers should also ensure they are not knowingly taking part in bullying alliances and should be alerting to bullying alliances within their workgroup. WHO [35]recommended, training of managers should include the responsible and effective management of bullying behaviors once staff has reported them.

VI. Conclusion

It can be concluded, that caring behaviors of nurse manager play a significant role in reducing negative and bullying behaviors within the work environment. As staff nurses' perceptions of nurse manager caring increased, their perceived exposure bullying in the workplace significantly decreased. The findings are noteworthy, as they highlight the importance of caring leadership within healthcare environments and support the philosophical tenets of reciprocal caring within Watson's theory of human caring (2006, 2008). The study has salient implications and recommendations for clinical practice, education, and future research .

Limitations

Certain limitations are considered. First, was the self-reported design, which increases the likelihood of recall bias. A second related limitation was response bias, which may have resulted in an underestimation of nurse exposure to bullying behaviors. Finally, the participants were all from one hospital. Therefore, Generalizability of the findings to all nurses is limited.

Recommendations

*Recommendations for Practice and policy:*Written policies and measures should be accentuated by hospital managers to support nurses to effectively manage workplace bullying. Nurses have the rights as well as the responsibility to prevent negative behaviors and establish social support groups in their work setting. Also, Nurse Manager should be well trained and know how to cultivate a grateful caring environment that incorporates the Caritas processes and behaviors and to pay more attention to values beliefs of her staff. Managerial awareness of the staff work assignments is important to get a reasonable workload and to lessen the threat of work-related bullying behaviors associated with work stressors .

Recommendations for nursing education: Caring need to be more integral to nursing curricula. This includes embedding caring as a required course or within courses such as healthcare ethics or nursing leadership/management .

Recommendations for Future Research: Replication of this research within a wider geographic area will increase the confidence in these current research findings. Further research is recommended to investigate the relationship between managerial caring andother factorsin the work environment such as productivity, psychological wellbeing, absenteeism, and turnover rate. Conducting a qualitative research study to gain an in depth and rich experience of nurses who actually exposed to or witness bullying behaviors also is important

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