Research Article

Relationship between Organizational Culture and Workplace Bullying among Korean Nurses

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SUMMARY
Purpose: To identify the relationship between organizational culture and experience of workplace bullying among Korean nurses.

Methods: Participants were 298 hospital nurses in Busan, South Korea. We assessed nursing organizational culture and workplace bullying among nurses using structured questionnaires from July 1 through August 15, 2014.

Results: Most participants considered their organizational culture as hierarchy-oriented (45.5%), followed by relation-oriented (36.0%), innovation-oriented (10.4%), and task-oriented (8.1%). According to the operational bullying criteria, the prevalence of workplace bullying was 15.8%. A multivariate logistic regression analysis revealed that the odds of being a victim of bullying were 2.58 times as high among nurses in a hierarchy-oriented culture as among nurses in a relation-oriented culture [95% confidence interval (1.12, 5.94)].

Conclusions: The results suggest that the types of nursing organizational culture are related to workplace bullying in Korean nurses. Further research is needed to develop interventions that can foster relation-oriented cultures to prevent workplace bullying in nurses.

Introduction

Workplace bullying is considered a serious problem in the nursing profession. Indeed, the rate of victimization of workplace bullying among nurses has been reported to range from 18.0–31.0% in the United States [1], while 15.1–23.0% of Korean nurses reported themselves to be victims of bullying [2–4]. Workplace bullying can be defined as harassing, attacking, and socially excluding colleagues, or in some way attempting to disrupt colleagues’ work [5]. Unlike mere conflict, bullying occurs repeatedly and periodically, and is characterized by an imbalance of power between perpetrator and victim [5,6].

The Center for American Nurses [7] has stated that workplace bullying is highly disruptive and can result in various negative outcomes for nurses. More specifically, workplace bullying can lead to physical and psychological impairment in victims, worse organizational productivity, and a higher turnover rate [8,9]. Additionally, workplace bullying can increase the stress level and decrease the job satisfaction of bystander coworkers [10].

The related factors of workplace bullying can be classified into individual and organizational factors. Individual factors include high aggressiveness and work stress among perpetrators, and age, work experience, lack of social skills, low self-esteem, and low competency among victims. In contrast, organizational factors include misuse of authority, informal alliances, organizational tolerance, an unclear location of responsibility, a hierarchical organizational culture, and an outcome-oriented atmosphere [5,9,11,12]. As there have been inconsistent results regarding the relationship between individual factors and workplace bullying [13], some researchers have suggested concentrating on organizational factors as the more powerful related factors of workplace bullying [6,9,14].

One of the strongest organizational factors related to workplace bullying is a nursing organizational culture. Organizational culture refers to the values, beliefs, customs, and norms shared by the members of that organization, and can be classified into several types such as hierarchy-oriented, innovation-oriented, task-oriented, relation-oriented culture, and more [15–17]. Hierarchy-oriented culture is characterized by a high degree of control,
formalization, and rivalry [15]. Innovation-oriented culture focuses on flexibility and change of organization [17]. Task-oriented culture puts a higher priority on the productivity and goal of the organization, whereas relation-oriented culture is based on the interpersonal relationship of mutual trust and respect [16,17]. In certain cultures, bullying acts may be considered natural or even effective ways of achieving goals [9,15]. Specifically, according to surveys among workers in various organizations, bullying was found to be negatively related to task-oriented and relation-oriented cultures, whereas it was positively related to a hierarchy-oriented culture [15,16]. Yun and Kang [17] reported that a relation-oriented culture might be the most powerful mitigating factor for workplace bullying among nurses. However, unlike the above studies of other occupations, they reported that bullying among nurses had a positive relationship with a task-oriented culture and a nonsignificant relationship with hierarchy-oriented culture.

The role of organizational culture in preventing and responding to bullying may be key to eliminating workplace bullying. As such, educational programs, institutional policies, and legislations that help to avoid undesirable (i.e., bullying-promoting) organizational cultures would be required [9,18]. However, as shown above, previous studies have yet not offered a decisive conclusion on the relationships between type of organizational culture and workplace bullying. Therefore, the research question of the current study was as follows: What are the relationships between organizational culture types and workplace bullying among nurses? With regard to the types of organizational culture, we chose hierarchy-oriented, innovation-oriented, relation-oriented, and task-oriented cultures according to Han's questionnaire for nursing organizational culture [19] because this questionnaire was originally developed for measuring nursing organizational culture. The overall aim of this study was to elucidate the relationship between organizational culture and workplace bullying among nurses. The detailed objectives were to (a) identify the types of organizational culture as perceived by study participants; (b) determine the prevalence of workplace bullying among participants, (c) compare workplace bullying prevalence according to participants' characteristics and (d) type of organizational culture, and (e) identify the relationship between organizational culture and workplace bullying among nurses.

Methods

Study design

This was a descriptive correlational study performed to determine the relationship between organizational culture and nursing workplace bullying.

Setting and sample

The study was conducted in Busan, South Korea. Study participants were 297 conveniently selected female nurses who had been working in eight different secondary (>100 beds) or tertiary hospitals (>100 beds and >20 medical departments) for more than 6 months. Since the questionnaire of workplace bullying in this study [2] was designed to measure negative behaviors within the last 6 months, we excluded nurses who had been employed for less than 6 months. Nurses from primary hospitals were also excluded because most primary hospitals in the Busan area do not have their own nursing department, which would likely prohibit the development of a nursing organizational culture. Finally, part-time nurses, male nurses, and head nurses were excluded because they might respond differently to workplace bullying [9,20,21].

The sample size for multiple logistic regression analysis was calculated using G*Power 3.1.3 program [22]. The number of participants to achieve a significance level (α) of .05, a test power (1−β) of .85, and an odds ratio of 1.5 (medium) was 236. With consideration of potential dropouts, questionnaires were sent to 380 hospital nurses, of which 374 were returned. After excluding 77 questionnaires (88 were not completed and 9 had the same answers marked on all questions), 297 questionnaires were used in the analysis.

Measurements

Organizational culture

Organization culture was measured using the questionnaire developed and validated by Han [19]. According to Han's definition, relation-oriented culture refers organizational members highly regard comfort, community spirit, humaneness, intimacy, and mutual respect. Innovation-oriented culture is where its members highly regard changing environment, challenge, creativity, educational support, trial and error, and dynamism. Hierarchy-oriented culture is where its members highly regard authority, obedience, order, stability, and strictness. Lastly, task-oriented culture is where its members highly regard competition, goal-directedness, outcomes, and productivity [19]. This is a self-report questionnaire comprising 20 items in four subscales: relation-oriented (5 items), innovation-oriented (6 items), hierarchy-oriented (5 items), and task-oriented (4 items). Participants rated each item on a 5-point scale ranging from 1 (completely disagree) to 5 (completely agree). The subscale with the highest mean score was considered that participant's organizational culture. The internal consistency (Cronbach's α) of the questionnaire reported by Han [19] was .88 and that for the current study was .79.

Workplace bullying

The Korean version of the Negative Acts Questionnaire-Revised (NAQ-R) [2], originally developed by Einarsen and Hoel [8] was used to measure workplace bullying. This questionnaire comprised 22 items in three subscales: person-related bullying, work-related bullying, and intimidation-related bullying. Each item was scored in terms of frequency, ranging from 1 (none) to 5 (almost every day); thus, higher scores indicated that the participant was more exposed to bullying-related acts. If a participant had experienced at least 2 of the 22 bullying-related acts from the NAQ-R committed by a colleague either "every day" or "every week" for the past 6 months, that participant could be said to be a victim of workplace bullying. Nam et al [2] reported the Cronbach's α of the Korean version of the NAQ-R to be .93, whereas it was .94 in our study.

Data collection

Data were collected between July 1 and August 15, 2014. The questionnaires were distributed to nurses who had agreed to participate in the survey after we obtained official approvals from the nursing departments of the selected hospitals. Sealable return envelopes were also provided to ensure that participants’ responses were anonymous. The time between distribution and collection of the questionnaires ranged from 1 to 5 days.

Data analysis

The collected data were processed and analyzed using IBM SPSS Statistics version 21.0 (IBM Corporation, Armonk, NY, USA). The characteristics of the participants, organizational culture, and prevalence of workplace bullying were analyzed in terms of frequencies, percentages, means, and standard deviations, as appropriate. The differences in workplace bullying according to participants’ characteristics and organizational culture were
analyzed using chi-square tests. Multiple logistic regression analysis was performed to determine the relationship between organizational culture and workplace bullying.

**Ethical considerations**

The content and methods of this study were approved by the institutional review board (approval no.: 2-1040709-AB-N-01-201405-HR-05-01) of Dong-A University before initiation of data collection. Informed written consent was obtained from each participant before the questionnaires were distributed; this consent process included giving an explanation of the study and that participation should be entirely voluntary. Participants had the option of dropping out at any time, and all personal information was kept confidential. Participants were also informed that their responses would be used only for research purposes, and would be disposed of after publishing the study results.

**Results**

**Characteristics of study participants**

The mean age of study participants was 28.10 years (±5.10 years). Of the 297 participants analyzed, 77.8% were single, 59.3% reported having no religion, and 49.8% graduated from 3-year nursing colleges. In terms of monthly salary, 57.9% of participants responded that their salaries were 2,000,000–2,490,000 won. About half (51.9%) of the participants were affiliated with tertiary hospitals. Their mean work experience as nurses was 68.18 ± 58.61 months, while their mean work experience in the current unit was 48.48 ± 45.09 months. The majority (47.5%) of participants worked in general inpatient units, were staff nurses (90.6%), and performed shift work (88.5%; Table 1).

**Organizational culture and workplace bullying prevalence**

Most participants (45.5%) considered their organizational culture as having a hierarchical orientation. Additionally, 36.0% of the participants considered their organizational culture as having a relation orientation, 10.4% an innovation orientation, and 8.1% a task orientation.

According to the criteria for bullying victimization recommended by Mikkelsen and Einarsen (23), 15.8% of participants had experienced at least two bullying-related acts committed by coworkers weekly during the last 6 months (Table 2).

**Differences in workplace bullying by participants’ characteristics**

The prevalence of workplace bullying in this study significantly differed by monthly salary, type of hospital, and working unit. With regard to monthly salary, 28.0% of the participants who made over 3,000,000 won were bullying victims, whereas only 11.7% of those who made under 2,000,000 won were (χ² = 8.84, p = .031). Furthermore, 21.4% of individuals working in tertiary hospitals were bullying victims, whereas only 9.8% working in secondary hospitals were (χ² = 7.54, p = .006). The prevalence of workplace bullying was highest in the emergency department, at 34.1%, and lowest in the intensive care unit, at 10.2% (χ² = 13.44, p = .009). There were no significant differences in bullying prevalence according to other characteristics, such as age, marital status, religion, education, work experience, position, or work type (Table 3).

**Differences in workplace bullying by organizational culture**

The prevalence of workplace bullying victim also differed according to organizational culture type (χ² = 9.89, p = .019). Specifically, the prevalence was highest among participants who considered their organization as hierarchy-oriented, at 22.2%, and lowest among participants who considered their organization as relation-oriented, at 8.4%. Furthermore, 20.8% and 9.7% of the participants who considered their organization as task-oriented and innovation-oriented were victims of workplace bullying, respectively (Table 4).

**Relationship between organizational culture and workplace bullying**

To determine the relationship between the different organizational culture types and workplace bullying, we included all significant variables in the univariate analyses (i.e., monthly salary, hospital type, and work unit) as covariates. There was no problem of multicollinearity for the regression model because the variance inflation factors of all independent variables including organizational culture were between 1.18 and 3.27, while the tolerance

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Table 1 Characteristics of Study Participants (N = 297).

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Categories</th>
<th>n (%)</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yr)</td>
<td>&lt; 25</td>
<td>73 (24.6)</td>
<td>28.10 (5.10)</td>
</tr>
<tr>
<td></td>
<td>25–29</td>
<td>136 (45.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥ 35</td>
<td>38 (12.8)</td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td>Single</td>
<td>231 (77.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>66 (22.2)</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>Yes</td>
<td>121 (40.7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>176 (59.3)</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>Yes</td>
<td>121 (40.7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>176 (59.3)</td>
<td></td>
</tr>
<tr>
<td>Monthly salary (10,000 won)</td>
<td>&lt; 200</td>
<td>60 (20.2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>200–249</td>
<td>172 (57.9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>250–299</td>
<td>40 (13.5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥ 300</td>
<td>25 (8.4)</td>
<td></td>
</tr>
<tr>
<td>Hospital type</td>
<td>Secondary</td>
<td>143 (48.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tertiary</td>
<td>154 (51.9)</td>
<td></td>
</tr>
<tr>
<td>Total working experience (mo)</td>
<td>&lt; 25</td>
<td>62 (20.9)</td>
<td>68.18 (58.61)</td>
</tr>
<tr>
<td></td>
<td>25–48</td>
<td>87 (29.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>49–120</td>
<td>99 (33.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥ 121</td>
<td>49 (16.5)</td>
<td></td>
</tr>
<tr>
<td>Working experience in current unit (mo)</td>
<td>&lt; 13</td>
<td>34 (11.4)</td>
<td>48.85 (45.09)</td>
</tr>
<tr>
<td></td>
<td>13–24</td>
<td>67 (22.6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25–60</td>
<td>124 (41.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥ 61</td>
<td>72 (24.2)</td>
<td></td>
</tr>
<tr>
<td>Working unit</td>
<td>Inpatient unit</td>
<td>141 (47.5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intensive care unit</td>
<td>59 (19.9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operation room</td>
<td>27 (9.0)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency room</td>
<td>41 (13.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Othersa</td>
<td>29 (9.8)</td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td>Staff nurse</td>
<td>269 (90.6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Charge nurse</td>
<td>28 (9.4)</td>
<td></td>
</tr>
<tr>
<td>Type of work</td>
<td>Shift</td>
<td>263 (88.5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fixed</td>
<td>34 (11.5)</td>
<td></td>
</tr>
</tbody>
</table>

* Others include outpatient clinic, dialysis room, and injection room.

Table 2 Organizational Culture and Workplace Bullying Victimization of Study Participants (N = 297).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Subfactors</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational culture</td>
<td>Relation-oriented</td>
<td>107 (36.0)</td>
</tr>
<tr>
<td></td>
<td>Innovation-oriented</td>
<td>31 (10.4)</td>
</tr>
<tr>
<td></td>
<td>Hierarchy-oriented</td>
<td>135 (45.5)</td>
</tr>
<tr>
<td></td>
<td>Task-oriented</td>
<td>24 (8.1)</td>
</tr>
<tr>
<td>Workplace bullying</td>
<td>Victim</td>
<td>47 (15.8)</td>
</tr>
<tr>
<td></td>
<td>Nonvictim</td>
<td>250 (84.2)</td>
</tr>
</tbody>
</table>
values were between 0.31 and 0.84. The log-likelihood test statistic (−2LogL) of the models was 26.49, which indicated that the estimated regression coefficient of the independent variables was significant ($p = .006$).

According to the likelihood ratio, the odds of being a workplace bullying victim were 2.58 [95% confidence interval (CI) (1.12, 5.94)] times as high among participants who reported a hierarchical orientation as compared to those who reported a relation orientation; this difference was statistically significant ($p = .026$). The odds were 2.07 [95% CI (0.58, 7.43)] times as high for those who reported a task orientation as compared to those who reported a relation orientation, but this difference was not statistically significant ($p = .262$). Finally, the odds of being a workplace bullying victim were 0.86 [95% CI (0.21, 3.56)] times as high among those who reported an innovation orientation as compared to those who reported a relation orientation; this difference was not statistically significant either ($p = .833$) (Table 5).

### Discussion

The prevalence of workplace bullying among Korean nurses in our study was 15.8%. This is similar to the results of previous studies done in South Korea [2–4], which reported that the prevalence of workplace bullying among nurses was 15.1–23.0%. Two studies from the US [24,25] reported prevalence rate of up to 31.0–33.0% among nurses. Notably, however, workplace bullying prevalence appears to be much lower in other occupations such as government workers or industrial workers, at around 3.7–9.0% [26,27].

The reason for the higher bullying incidence among nurses is likely due to the characteristics of nursing work, which is known to be fairly intense and stressful. Researchers have claimed that high job stress or conflict, high workload, and low autonomy are associated with higher levels of workplace bullying [13,21]. Nurses, who are in the closest contact with patients and thus are exposed much more often to their suffering, illness, and death, almost always must work while in a highly overloaded and stressful condition [28]. Additionally, nursing operates on a three-shift system, which may lead to unclear assignments or responsibilities among nurses. In such an environment, role conflict or ambiguity between nurses can be generated naturally, which can in turn lead to workplace bullying.

These explanations are partially supported by the fact that the item on the NAQ-R with the highest mean score was "I received unclear assignments or responsibilities from the supervisor or a team member" (mean = 5.1). This item is consistent with the item on the BSI-C with the highest mean score, "I was often exposed to an unmanageable workload" (mean = 3.9). This suggests that the higher prevalence of workplace bullying among nurses may be due to the nature of their work and the conditions under which they work.

The prevalence of workplace bullying in the current study might have been underestimated. Specifically, nursing workplace bullying began to receive attention in the 1980s in Western countries, which led to the publishing of a number of empirical studies, and to the development of various instruments to measure bullying behaviors [5,6,8,9]. However, workplace bullying was not mentioned in Korea until the 2010s. The concept of nursing workplace bullying was only introduced in nursing articles in the 2010s, meaning that many Korean nurses do not likely fully understand what constitutes bullying behavior and they may consider the bullying behavior as a rite of passage for being a nurse [12,29]. In a similar vein, Hershcovis, Reich, and Niven [13] noted that cultural variations in perceptions of workplace bullying are becoming apparent. According to their viewpoint, workers in countries where bullying has been normalized or is even a signal of acceptance as a group member may not recognize the negative acts of coworkers as bullying.
Griffin [30] pointed out that nurses might eliminate workplace bullying simply by obtaining greater awareness of such negative behaviors. Therefore, proactive alerts and educational support for workplace bullying at the organizational level should be provided to improve nurses’ awareness of bullying behavior.

In the current study, a hierarchy-oriented organizational culture was the only variable that increased the odds of workplace bullying when compared to a relation-oriented culture. This is similar to Pilch and Turska’s study [15] results, which indicated that being bullied was positively related to the perception of a hierarchy-oriented culture. It also supports the notion that workplace bullying occurs naturally in organizations with a hierarchical and authoritative climate and a central management style [9]. The core values of a hierarchy-oriented culture are command, rules, centralization, and stability [15,31]. Since workplace bullying is common where there is a power imbalance between perpetrator and victim [5], a hierarchy-oriented culture can induce the emergence of higher incidence of workplace bullying. We built and tested a regression model under the assumption that organizational culture was an independent variable of workplace bullying in this study. However, researchers have pointed out that organizational cultures are also influenced by members’ behaviors [11,16]. In other words, a strong rank-order or hierarchical culture could be a consequence of workplace bullying. Further work is required to establish precise direction of the relationship between these two variables.

Workplace bullying was less prevalent among participants who reported a relation-oriented culture. This coincides with Tambur and Vadi’s study [16], which showed a clear negative relationship between bullying and a relation-oriented organizational culture. The core values of this culture are participation, connectedness, and mutual trust among members [16,31]. Since nurses would more readily understand, empathize with, and respect each other in a relation-oriented culture [31], the prevalence of bullying is likely to be lower in this culture. According to a recent study on the factors affecting workplace bullying in Korean nurses [17], relation-oriented culture, task-oriented culture, and self-esteem were found to explain nurses’ workplace bullying, with relation-oriented culture showing the biggest explanatory power. This suggests that greater awareness of a relation-oriented culture may lead nurses to experience less workplace bullying, which is consistent with the results of the current study.

Unlike in previous studies [15–17], workplace bullying was not related to the perception of a task-oriented or an innovation-oriented culture in the current study. One of the reasons for this may be the smaller number of nurses who perceived such cultures compared to those who perceived a hierarchy-oriented or a relation-oriented culture. Organizational culture is a highly complex, multilevel concept formed by a range of factors, from members’ behavior to societal culture [16]. Thus, more research is needed to better understand the specifics of nursing organizational culture and its various types.

The significance of the current study is its confirmation of the relationship between organizational culture and workplace bullying among Korean nurses. The prevalence of workplace bullying in nurses varied depending on the organizational culture, with it being highest among nurses perceiving their organization as hierarchy-oriented and lowest among those perceiving their organization as relation-oriented. Of course, the present study has some limitations. Because the data were collected from nurses in a specific area of South Korea, the generalizability of the study findings may be limited. Furthermore, the exclusion rate of returned surveys was 20.6%; most of these surveys were excluded because they had not been completed properly. This high exclusion rate might have influenced the results of this study. This is a cross-sectional study, so we cannot assure the direction of the relationship between organizational culture and workplace bullying. Furthermore, since we did not consider other related factors such as leadership, work environment, or individual nurses’ psychological characteristics, further research should be done to identify the relating factors of workplace bullying.

Conclusion

We found that most Korean hospital nurses tended to perceive their organizational culture as hierarchy-oriented, followed by relation-oriented, innovation-oriented, and task-oriented (in that order). The prevalence of workplace bullying in nurses was 15.8%, which was higher than that for other occupations as reported in previous studies. Furthermore, the odds of being a bullying victim were 2.58 times as high among nurses with a hierarchy-oriented culture compared to those with a relation-oriented culture.

Based on these results, there is a need to conduct a more comprehensive study that further explains the various related factors of workplace bullying. Second, a prospective study needs to be carried out in order to verify the direction between nursing organizational culture and workplace bullying. Finally, we suggest that nursing workplaces work to create a relation-oriented culture through organizational policy development and intervention research.

Conflicts of interest

The authors declare no conflict of interests.

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