

Effect of Workplace Bullying on Turnover Intention among Nurses

SAMINA AKRAM

BSN, The University of Lahore

MUHAMMAD AFZAL

Master of Science in Nursing, AKU, Karachi

MSC Haematology, BMU, Karachi

MBA in Health Management, Preston University

Associate Professor

Lahore School of Nursing, The University of Lahore

MUHAMMAD HUSSAIN

MS in Medical Imaging Technology (MSMIT) UOL, LHR

Bachelor of Science in Nursing (BSN) DUHS, KARACHI

Assistant Professor

Lahore School of Nursing, The University of Lahore

SYED AMIR GILANI

PhD Public Health

PhD Medical Diagnostic Ultrasound

Dean, Faculty of Allied Health Science, The University of Lahore

Abstract:

Introduction: *Work place bullying is a situation in which worker faces, a disgrace in a work place environment. The social separation can be occurring due to work place bullying. The concept is very old.*

Objective: *Purpose of this study was to find out the effect on nurses workplace bullying on turn over intention.*

Methodology: *The study conducted in a private hospital in Lahore, which determined effect on nurses' work place bullying on turnover intention. Sample size was one eighty staff nurses and study setting was the Fatima Memorial and Doctors hospital Lahore.*

Results: *This study revealed that there is a significant relationship between work place bullying on turnovers Intention of nurses. Effect of the workplace bullying behavior on turnover intention was significant in the results.*

Conclusion: *Today the harassment is a bad situation in many organizations. Furthermore, the individual experiences low level of workplace bullying behavior shows better work other than that experienced bullying behavior. In the same way, the satisfied staff definitely shows better output at work. The bullying has positively effect on turnover intention.*

Key words: Workplace bullying, Turnover Intention.

1. INTRODUCTION

Work place bullying is a situation in which worker faces, a disgrace in a work place environment. The social separation can be occurring due to work place bullying. The concept is very old. This action developed by the passage of time. Now a days the work place bullying a burning issue, since only 10-15 years. This matter was first discussed by the Norwegian and Swedish psychologist to investigate the causes, its extension and results (Djukorvik et al, 2015).

Today, the work place bullying is a major problem for many institutions (Djukorvik et al, 2015). This negative behavior may affect the organization that works either in the industrial and upward countries (Djukorvik et al, 2015). On the whole organization faces loses due to bullying at work place. This negative behavior is a threat for workers, their job, organizational commitment and turn over intention. Most of the nurses leave their organization due to bullying at work place environment which is the huge burden for organization. Many studies suggest that effect of bullying in nursing professional workplace victim but also health care delivery system as well as quality of care and its effects on organization

finances (Hoel, et al. 2016). Shortage of nurses is increases all over the world. Organizational factors such as leadership, development opportunities, and pay level are among the most connected to the nurses' turnover intention. Turnover intention is one of the major issues for any organizations. The more exposure of bullying in workplace area in various organizations to increase the turnover level because bullying may show impact on cost effectiveness (Hoel, et al. 2016).

Various factors associated with bullying provoke the thoughts of leaving proceed to turnover (Djurkovic, et al. 2015) acknowledged both of them have a directly or indirectly association with unpleasant well-being among bullying and purpose to leave. Bullying at workplace is related to constant experience with unnecessary and damaging doings from other personnel. Bullying is usually initiated at those workplaces where the quality of work environments more in negative positions than non-targets and offenders (Hauge, et al. 2017).

People who stand exploitation behavior give penalty to expenditure which results staff turnover (Rowell, 2015). There is a huge difference between conflict and bullying at workplace. By definition the bullying is a repeated, constant behavior against a particular harmful action and is usually related through a power inequality between casualty and performer, where victim feels substandard (Salin, 2013). Workplace bullying is increasing day by day to the health and community care settings. It occurs more frequently than sexual harassment (Rowell, 2015). Workplace bullying is mostly occurred due to poor styles of management and management deficiency in organization. Administrators must be mindful with the effect of bullying on the employee and institution. It is necessary to know about its probable indications related to workplace bullying (Hutchison, 2015).

In fact, the nurses are mostly practicing bullying as a form of violence. The situation of the progress countries in troublesome such like turkey. Number of studies suggested

about typically situation relate to the European countries. At work place harassment may harmful impact and casualty to vulnerable, and embarrassed. Damages the self-confidence and may be cause for stress. (Quine, 2017).

The most important reason of to understand the relations among bullying at the workplace and intention of turnover of the employee. The significant association of bullying and turnover of employee has been already noted (Hoel & Cooper 2016). The level of bullying at workplace in several organizations that increasing level of turnover because of bullying may significantly impact on economic cost (Hoel, 2016).

2. LITERATURE REVIEW

Workplace bullying is a situation in which person feel disgrace at working environment of an unlimited time and no possibility of defense (Einarsen, et al, 1994). The person experiences to think bully or stressed. As well as it has been explored whether workplace bullying decrease work output and what kind of impact it has on work-related health outcomes (Berry et al. 2016).

Previous studies on nurses' turnover intention have relationship between nurses' psychosocial work environment and organizational society (Kuvaas, 2016). Managers and their firm hierarchical organizational structure in hospitals promote workplace bullying. A recent study conducted on work place bullying on turn over intention shows a significant relationship (Kuvaas, 2016). Nurses significantly have low level of satisfaction with job and higher level of anxiety, depression and leaving the organization due to this work place bullying. They were feeling disgrace in the organizational environment. Support at work from the managers was able to protect nurses from these bad effects of bullying (Kuvaas, 2016).

Turnover intention gives the probability of workers to leave their work as well as institutional willpower (Kuvaas,

2016). As turnover increases, level of absences too increased. The turnover causes many environmental issues; in order that, the directors may require necessary steps to pass up the possibility of turnovers (Hwang, 2016).

It is observed in the literature that different studies have used the terms of bullying and mobbing interchangeably. The various studies discussed about the relation between bullying at workplace and turnover (Hogh et al, 2017). Bullying at workplace is a term related with constant contact to undesirable and deleterious actions from one or more persons against a person or a group, where they created an inequality in authority (Hogh et al, 2017). The bullying at workplace has an unfavorable environment for the success, quality work and turnover. Ratio must measure (Houshmand et al., 2016). Researchers have identified an immediate effect of direct target of bullying and turnover intentions of employees. Utilizing a hierarchical structure investigation of health area the study determines that working environment caused by bullying boost the intentions of turnover among employee. As per statement of employees that direct target of bullying significantly increases the level of turnover intentions.

Workplace bullying it is a continuing stressful workplace behavior between employees, which can result in negative outcomes for the institution. Workplace bullying is counting worldwide as a negative behavioral that impacts an organization on the individuals. It is measured as a severe and persistent workplace stressor (Hoel & Cooper, 2016).

Salin suggested (2013) that the bullying is supposed in harmful issue. The bullying behavior should constant, while it should may repeatedly and regularly (Einarsen,2016). Although, bullying at workplace is a persistent negative actions, which are conducted two or more individuals which occurred due to imbalance of command and make an unfavorable working environment. In this study, the continuity and period are emphasized (Salin, 2013).

In the literature different terms including insult, verbal abuse, excessive ridicule and violence were defined clearly (Owoyemi et al, 2011). The bullying behavior depends on the position of the staff in the organization.

Einarsen suggested in (2016) harassment might be enhanced by dynamics of the problem of increased disagreement. Offender attempts the procedures that are not an easy task to recognize, it's hard to identify the environment of bullying in the formative years. The aggressive behaviors become straighter with the passageway of time and in front position (Einarsen et al., 2016). Harassment might be alongside with the workmates through the behaviors of the superiors towards the subordinates or the behaviors of the subordinates towards the managers (Neumann, 2014). Violence influence by the seniors alongside the juniors were seeing that a prime fundamental rationale for the bullying at workplace (Lee, 2016), however the bullying might be arise in public. Managerial civilization is an origin of discrimination at workplace. That's why the bullying happens frequently in organization the main assistant structural associations endure (Vartia, 2016). Method of management works uniqueness also the femininity were definite as the precursors for the bullying at the organization. According to Archer (2016), usual condition of organization arrange by large amount of defenses. Similarly, unevenness an expression of the administrator right in an organization and targeted person hold the position (Fox & Spector, 2015).

Scientists have made the efforts to know the environment of harassment. Agreement of the harassment commonly arise an effect on inequality. Casualty of harmful performance has not an identical situation as the people don't able to defend (Salin, & Vartia, 2013).

3. PROBLEM STATEMENT

Today, the work place bullying is a major problem for many institutions (Djukorvik et al, 2015). This negative behavior may affect the organization that works either in the industrial and upward countries (Djukorvik et al, 2015). On the whole organization faces losses due to bullying at work place. This negative behavior is a threat for workers, their job, organizational commitment and turn over intention. Most of the nurses leave their organization due to bullying at work place environment which is the huge burden for organization. Many studies suggest that effect of bullying in nursing professional workplace victim but also health care delivery system as well as quality of care and its effects on organization finances (Hoel, et al. 2016). Shortage of nurses is increases all over the world. Organizational factors such as leadership, development opportunities, and pay level are among the most connected to the nurses' turnover intention. Turnover intention is one of the major issues for any organizations. The more exposure of bullying in workplace area in various organizations to increase the turnover level because bullying may show impact on cost effectiveness (Hoel, et al. 2016).

4. OBJECTIVE

The objective of the study is:

1. To assess the effect of the workplace bullying behavior on turnover intention of nurses.

5. SIGNIFICANCE OF STUDY

The study findings will help the organization to eliminate the identified workplace bullying and creating pleasant working environment for nurses which will increase nurses' commitment level towards organization and decrease the turnover. Today the harassment is a bad situation in many organizations. Furthermore, the individual experiences low

level of workplace bullying behavior shows better work other than that experienced bullying behavior. In the same way, the satisfied staff definitely shows better output at work. The bullying has positively effect on turnover intention.

6. RESEARCH HYPOTHESIS

Null Hypothesis:

Work place bulling has no influence on turnover intentions of nurses.

Alternative Hypothesis:

Work place bulling has influence on turnover intentions of nurses.

7. OPERATIONAL DEFINITION

Work place bullying:

It is defined as an unnecessary, violent behavior that involved a real or alleged power imbalance. Bullying consist an actions such as creating threats, propagating rumors, violate someone in physical or verbal way, and somebody separated from the group.

Turnover intention:

Turn over intention is defined as employees plan to leave their organization or their position.

7. THEORETICAL FRAMEWORK



(The Planned Behaviour theory , 1980)

The Theory of Planned Behavior (TPB) started as the Theory of Reasoned Action in 1980 to predict an individual's intention to get involved in a behavior at a specific time and place. The theory was intended to explain all behaviors over which people have the ability to exert self-control. The essential feature of

this model is behavioral intent; behavioral intentions are influenced by the knowledge and practices about the likelihood that the behavior will have the expected outcome.

9. MATERIAL AND METHOD

Study Design

A cross-sectional study design was be used.

Study Setting

The setting for this research was Fatima Memorial, and Doctors hospital Lahore.

Duration of the Study:

This study was completed in approximately 4 months (September 2018, to December 2018).

Study Population:

The study population for this research was all nurses working in Fatima Memorial, and Doctors hospital Lahore.

Sampling Technique:

The convenient sampling techniques was used to collect data from selected population.

Sample Size:

Sample size is determined by using this formula

$$n = \frac{N}{1 + (N)(E)^2}$$

Desired sample size= n=?

Target Population= N =350

Margin of error =E=0.05 at 95% confidence interval

$$n = \frac{350}{1 + 350(0.05)^2}$$

$$n = \frac{350}{1 + 1}$$

$$n = \frac{350}{2}$$

$$n = 180$$

The sample size is 180

Sample Selection for Nurses:

Inclusion criteria:

The subject included in the study was:

- All staff nurses
- Both male and female

- Those patients who were interested to participate in the study

Exclusion criteria:

The subjects who are excluded from the study:

- Head nurses and nursing assistant
- Those who are not willing to participate

8. ETHICAL CONSIDERATION

The rules and principles set by the ethical review committee of Lahore School of Nursing will be followed while conducting the course of research and the rights of the research participants will be respected.

- Informed consent in writing attached was taken from all the research participants.
- All information and data collection was kept confidential.
- Participant's remained anonymous throughout the process of study.
- The subjects were informed that there are no disadvantages or potential risk on the procedure of the study.
- They will also be informed that they will be free to withdraw at any time during the process of the study.
- Information /data was kept in under the lock and key while keeping keys in hand. In laptop it will be kept under password.

9. DATA COLLECTION PLAN

- After taking informed consent, data was collected by the help of collection tool questionnaire adopted (McGee & Ford, 1987). .
- Data was collected from 180 staff nurses.

10. DATA ANALYSIS:

Data was analyzed by using SPSS version 22.0 statistical software for data analysis.

- Demographic variables like age, gender, marital status, education etc. were analyzed by using descriptive statistics like frequency, percentage, mean and standard deviation. Percentages were calculated for categorical data while continuous data will be analyzed through mean and standard deviation.

RESULTS

Analysis of this study was done by the SPSS 21 package software. All results discussed in this chapter.

Demographic Analysis:

Data was collected from both gender only female staff nurses and male nurses. Statistics shows that 100% responses were taken from the employees. Distribution can be seen in given table.

Table No: 4.1
Distribution of gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	23	12.8	12.8	12.8
Valid Female	157	87.2	87.2	100.0
Total	180	100.0	100.0	

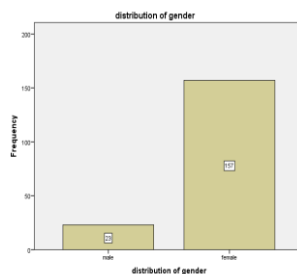


Figure 4.1 shows 23 were male and 157 were females.

Table 4.2 shows that 24.4% respondents belong to 18-25 age. 75.6% of respondents belong to 26-35 age groups. More details are clear from given table.

distribution of age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25	44	24.4	24.4	24.4
	26-35	136	75.6	75.6	100.0
	Total	180	100.0	100.0	

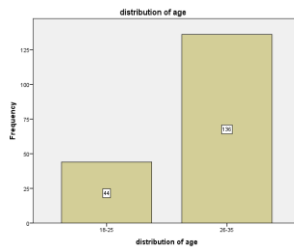


Figure 4.2 shows 44 % were 18-25 years of age and 136% were 26-35 years of age.

Table 4. 3 show that 93.3 % respondents belong to nursing diploma and 6.7% respondents belong to other.

Qualification

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nursing diploma	168	93.3	93.3	93.3
	Other	12	6.7	6.7	100.0
	Total	180	100.0	100.0	

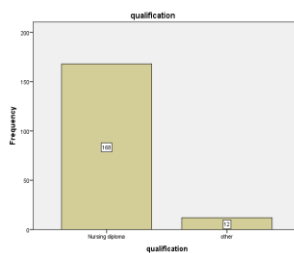


Figure 4.3 shows 168% were qualification of nursing diploma and 12% were other qualification sample size was 180 nurses.

Table 4.4 shows that 13.3% respondents have experience less than 1 year and 86.7% have 1-5 year experience.

Stay in Organization

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid less than 1year	24	13.3	13.3	13.3
Valid 1-5year	156	86.7	86.7	100.0
Total	180	100.0	100.0	

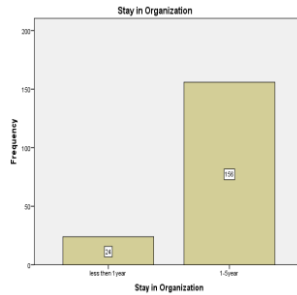


Table 4.5 shows that 70.6% respondents belong to FMH and 29.4 respondents belong to doctors' hospital.

Organization

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid FMH	127	70.6	70.6	70.6
Valid Doctors hospital	53	29.4	29.4	100.0
Total	180	100.0	100.0	

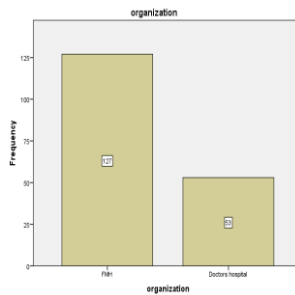


TABLE 4.6: Frequency distribution table of work place bullying

S.NO	Questionnaire workplace bullying	Strongly disagree F(%f)	Disagree F(%f)	Neutral F(%f)	Agree F(%f)	Strongly agree F(%f)
01	The law of victimization is satisfactory and familiar.	3(1.7)	94(52.2)	13(7.2)	37(18.3)	33(18.3)
02	Hospital where you work their policies and guidelines fulfill the concern of workplace bullying.	1(6)	88(48.9)	15(8.3)	36(20.0)	40(22.2)
03	The hospital you work for anyone is educated in questions for workplace bullying.	84(46.7)	18(10.0)	33(18.3)	45(25.0)	25(15.0)
04	During the employment at some point staff should inform that workplace bullying is not satisfactory behavior.	2(1.1)	6(3.3)	14(7.8)	102(56.7)	56(31.1)
05	Your organization has contributed with enough information about workplace bullying.	4(2.2)	91(50.6)	15(8.3)	34(18.9)	36(20.0)
06	You perceived that work related information often is withheld.	4(2.2)	18(10.0)	22(12.2)	103(57.2)	33(18.3)
07	You perceived that you often handed work tasks that are not coherence with your work description.	22(11.8)	27(15.0)	24(13.3)	117(65.0)	12(6.7)
08	You have experienced administrative negative sanctions.	3(1.7)	23(12.8)	11(6.1)	129(71.7)	14(7.8)
09	You have experienced ignorance/isolation at your workplace.	0	8(4.4)	32(17.8)	132(73.3)	8(4.4)
10	You have experienced verbal threats at your workplace.	1(6)	1(6)	3(1.7)	85(47.2)	90(50.0)
11	You have experienced vandalism towards your personal belongings at your workplace.	0	14(7.8)	4(2.2)	137(76.1)	25(13.9)
12	You have personally experienced violence at your workplace.	0	19(10.6)	14(7.8)	116(64.4)	31(17.2)
13	You have been exposed to work place bullying.	1(6)	18(10.0)	12(6.7)	127(70.6)	22(12.2)
14	You have been seen co-workers that have been exposed to work place bullying.	0	7(3.9)	1(6)	110(61.1)	62(34.4)

Question#1. The law of victimization is satisfied and familiar responses were (1.7) % strongly disagree (52.2) % disagree (7.2) % neutral (13.8) % agree (18.3) % strongly agree. Question 2. Hospital where you work their policies and guidelines fulfill the concern of workplace responses were (.6) % strongly disagree (48.9) % neutral (15) % agree (20.0) % strongly agree (22.2) %. Question3 the hospital you work for anyone is educated in questions for workplace bullying were (46.7) % strongly disagree (10.0) % disagree (18.3) % neutral (25.0) % agree (15.0) % strongly agree. Question 4 during the employment at some point staff should inform that workplace bullying is not satisfactory responses were (1.1)% strongly disagree (3.3)% disagree (7.8)% neutral (56.7)% agree (31.1)% strongly agree. Question 5 your organization has contributed with enough information about workplace bullying (2.2) % strongly disagree

(50.6)% disagree (8.3)% neutral (18.9)% agree (20.0)% strongly disagree. Question 6 you perceive that work related information often is withheld responses were (2.2)% strongly disagree (10.0)% disagree (12.2)% neutral (57.2)% agree (18.3)% strongly agree. Question 7 you perceived that you often handed work tasks that are not coherence with your work description responses were (11.8)% strongly disagree (15.0) % disagree (13.3)% neutral (65.0)% agree (6.7)% strongly agree. Question 8 you have experienced administrative negative sanctions responses were (1.7)% strongly disagree (12.8)% disagree (6.1)% neutral (71.1)% agree (7.8)% strongly agree. Question 9 you have experience ignorance/isolation at your workplace responses were (0)% strongly disagree (4.4)% disagree (17.8)% neutral (73.3)% agree (4.4)% strongly agree. Question 10 you have experienced verbal threats at your workplace responses were (.6)% strongly disagree (.6)% disagree (1.7)% neutral (47.2)% agree (50.0)% strongly agree. Question 11 you have experience vandalism towards your personal belongings at your work place responses were (0)% strongly disagree (7.8)% disagree (2.2)% neutral (76.1)% agree (13.9)% strongly agree. Question 12 you have personally experienced violence at your workplace responses were (0)% strongly disagree (10.6)% disagree (7.8)% neutral(64.4)% agree (17.2)% strongly agree. Question 13 you have been exposed to workplace bullying responses were (.6)% strongly disagree (10.0)% disagree (6.7)% neutral (70.6)% agree (12.2)% strongly agree. Question 14 you have been seen to workers that have been exposed to workplace bullying responses were (0)% strongly disagree (3.9)% disagree (.6)% neutral (61.1)% agree (34.4)% strongly agree.

TABLE NO 4.7: Frequency distribution table of turnover intention

S.NO	Questionnaire turnover intention	Strongly disagree F(%f)	Disagree F(%f)	Neutral F(%f)	Agree F(%f)	Strongly agree F(%f)
01	Since your commencements you have thought occasionally find another job that you should have to.	0	7(3.9)	1(.6)	110(61.1)	62(34.4)
02	If it is up to you, will still work at hospital in two years.	17(9.4)	61(33.9)	38(21.1)	45(25.0)	19(10.6)
03	As soon as you avail a job another hospital, you must take the chance.	0	5(2.8)	6(3.3)	112(62.2)	57(31.7)
04	Within a short period of time a job should be finding at another hospital.	0	0	3(1.7)	151(83.9)	26(14.4)

Question 1 since your commencement you have thought occasionally find another job that you should have to responses were (0)% strongly disagree (3.9)% disagree (.6)% neutral (61.1)% agree (34.4)% strongly agree. Question 2 if it is up to you, will still work at hospital in two years responses were (9.4)% strongly disagree (33.9)%disagree (21.1)% neutral (25.0)% agree (10.6)% strongly agree. Question3 As soon as you avail a job another hospital, you must take chance responses were (0)% strongly disagree (2.8)% disagree (3.3)% neutral (62.2)% agree (31.7)% strongly agree. Question4 within short period of time a job should be finding at another hospital responses were (0)% strongly disagree (0)% disagree (1.7)% neutral (83.9)% agree (14.4)% strongly agree.

Reliability:

Table 4.8 presents Cronbach’s alpha. Cronbach alpha is used for measure to scale reliability (Cortina, 1993).

The alpha values of work place bullying and turnover intention were above 0.6 which were acceptable. Its means the internal reliability of the scale was accurate.

TABLE 4.8: Reliability of Constructs

S.NO	Variable of study	No. of items	Cranbach’s alpha
01	Workplace bullying & turnover intention	18	.634

Validity:

Instrument was consisted on total 18 items. 1 is independent variable and 1 is dependant variable. Furthermore all statement of factor analysis was fulfilled and Bartlett’s test must be significant so total set criteria were fulfilled.

Table 4.9: Summary of KMO Bartlett’s assumptions

	KMO	Bartlett’s Test		
		Approx.	Df	Sig
Work place bullying	.747	569.512	91	.000
Turnover intention	.500	15.818	1	.000

**p<0.01

Regression analysis

Regression analysis was used to examine the relationship between variables. To determine the effect on nurses’ workplace bullying on turnover intention and many regressions was used to examine the hypothesized relationships. Value of r square was used to explain the amount of variance same thing is explained by adjusted r square but in a more accurate way.

Table No: 4.10 Results of the Main effect Hypotheses Nurses workplace bullying on turn over intention

	<i>B</i>	<i>SE</i>	<i>B</i>	<i>P</i>
Constant	11.058	1.133		
Workplace bullying	.089	.022	.292	.000
R ² =.085				
ΔR ² .080				

Table No: 4. 11 Result of correlation analysis:

To determine the relationship between independent variable (workplace bullying) and dependent variable (Turnover intention) correlation analysis was done. The results are described with the help of parsons’ coefficient of co relation (r) and the value of significance (p). Correlation are significant at the levels of p =0.01.

Correlations

		Wb	Ti
Wb	Pearson Correlation	1	.292**
	Sig. (2-tailed)		.000
	N	180	180
Ti	Pearson Correlation	.292**	1
	Sig. (2-tailed)	.000	
	N	180	180

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

DISCUSSION

The purpose of this study was to determine the effect on nurses' workplace bullying on turnover intention. Data was collected from private hospital nurses which were both gender were included. Results according to the demographics of individuals are given in table1. The sample of population male respondents was 12.8 % and female responses were 87.2 %. Investigative age division of the sample group was 24.4 % in 18-25 and 75.6 % was in 26-35. Qualification of the 93.3 % were Nursing diploma and 6.7 % were other. Experience of the respondents was 13.3 % less ten 5 years and 86.7 % was 1-5 years. We originate that nurses' managerial society has a direct effect on workplace bullying. The association between the workplace bullying and the turnover was resolute in different organization (Quine, 1999; Mathisen et al., 2008; Simons, 2008; Glasø et al., 2011). In this study work place bullying have impact on turnover of nurses working in private hospitals. Many previous studies conducted on this workplace bullying and turn over intention that shows positive relationship. This study supports the hypothesis which has the positive relationship between workplace bullying on turnover intention. Identify the workplace bullying behavior towards the health care workers on turnover intention correlation analysis was applied. It can be seen in correlation table that there is significant relationship. According to this question (You have experienced verbal threats at your workplace). Show 90% responses of

agree. According to Miller (2011) it is a manager's responsibility to direct the workers through a crisis. The managers recognize that they do not have enough resources or information on how to deal with workplace bullying; it can be value reflecting over how organized the managers are to guide the employees. Question 8 you have experience ignorance/isolation at your workplace responses were (0)% strongly disagree (4.4)% disagree (17.8)% neutral (73.3)% agree (4.4)% strongly agree. According to this responses ignorance is the main reason in which person feel disgrace at workplace. In dependant variables Question3As soon as you avail a job another hospital, you must take chance responses were (0)% strongly disagree (2.8)% disagree (3.3)% neutral (62.2)% agree (31.7)% strongly agree. Question4 within short period of time a job should be finding at another hospital responses were (0)% strongly disagree (0)% disagree (1.7)% neutral (83.9)% agree (14.4)% strongly agree. According to this response nurses were not satisfied to more work in this environment they needs to better opportunity. Table 4.8 presents Cronbach's alpha. Cronbach alpha is used for measure to scale reliability (Cortina, 1993).

The alpha values of work place bulling and turnover intention were above 0.6 which were acceptable. Its means the internal reliability of the scale was accurate. To determine the effect on nurses' workplace bullying on turnover intention and many regressions was used to examine the hypothesized relationships. Value of r square was used to explain the amount of variance same thing is explained by adjusted r square but in a more accurate way. To determine the relationship between independent variable (workplace bullying) and dependent variable (Turnover intention) correlation analysis was done. The results are described with the help of parsons' coefficient of co relation (r) and the value of significance (p). Correlation are significant at the levels of $p = 0.01$.

CONCLUSION

It is concluded that workplace bullying have significant association on turnover intention. This information may help human resource management to judge work condition and recognize the source and reason behind turnover. It may help the organization to eliminate the identified workplace bullying and creating a best environment. It enhances the nurses' commitment level to their work performance. The outcome of this study specify that in combination with developing new policies and official and unofficial injustice actions, taking steps to provide a positive work environment with appropriate attention to staff support structures may be an effective way of protecting people's health and welfare in the workplace. The effect of the workplace bullying behavior on turnover intention was evaluated in study. Today the harassment is a bad situation in many organizations. Furthermore, the individual experiences low level of workplace bullying behavior shows better work other than that experienced bullying behavior. In the same way, while the pleased staff will possibly show better output.

REFERENCES

1. Archer, D. (2016). Exploring Bullying Culture in Para-Military Organization. *International Journal of Manpower*, 20 (1-2), 94-105.
2. Berry, P. A, Gillespie, G. L, Gates, D, Schafer, J. (2016). Novice Nurse Productivity Following Workplace Bullying. *Journal of Nursing Scholarship*. Vol. 44, No. 1, pp. 80-87.
3. Cortina, J. M. (1993). What is coefficient alpha? An examination of theory and applications. *Journal of applied psychology*, 78(1), 98.

4. Djurkovic N., McCormack D. & Casimir G. (2015) *The Physical and Psychological Effects of Workplace Bullying and their Relationship to Intention to Leave: A Test of the Psychosomatic and Disability Hypotheses*. *International Journal of Organization Theory and Behavior* 7 (4), 469–497.
5. Einarsen S., Hoel H., Zapf D. & Cooper C.L (eds) (2016) *The concept of bullying and harassment at work: the European tradition*. In *Bullying and Harassment in the Workplace. Developments in Theory, Research and Practice*, pp. 3–39. CRC Press, London.
6. Einarsen, S., & Skogstad, A. (2016). Bullying at work: Epidemiological Findings in Public and Private Organizations. *European Journal of Work and Organizational Psychology*, 5 (2), 185-201.
7. Einarsen, S. Raknes, B. & Matheisen, S. (1994). Bullying and Harassment at work and their relationships to work environment quality: An exploratory study. *The European Work and Organizational Psychologist*, 4, 381-401.
8. Fox, S. & Spector, P., (2015). *Counter productive work behavior*. Washington: American Psychological Association.
9. Glebbeek, A. C., & Bax, E. H. (2004). Is high employee turnover really harmful? An empirical test using company records. *Academy of Management Journal*, 47(2), 277-286.
10. Glasø, L., Bele, E., Nielsen, M. B., & EINARSEN, S. (2011). Bus drivers' exposure to bullying at work: An occupation-specific approach. *Scandinavian journal of psychology*, 52(5), 484-493.
11. Hauge L.J., Skogstad A. & Einarsen S. (2017) *Relationships between stressful work environments and bullying: results of a large representative study*. *Work & Stress* 21 (3), 220–242.
12. Hoel, H., & Cooper, C. L. (2016). *Destructive Conflict and Bullying at work*. Manchester: Manchester School of Management, UMIST.

13. Hogh, A., Hoel, H., & Carneiro, I. G. (2017). Bullying and employee turnover among healthcare workers: a three-wave prospective study. *Journal of Nursing Management, 19*(6), 742-751.
14. Hutchinson, M., Vickers, H., Jackson, D & Wikes, L 2015, 'I'm gonna do what I wanna do; Organizational changes as a legitimized vehicle for bullies', *Health Care Manage Review*, vol. 30, no. 4, pp. 331-336.
15. Hwang, I. S. & Kou, J. H. (2016). *Effects of Job Satisfaction and Perceived Alternative Employment Opportunities on Turnover Intention: An Examination of Public Sector Organizations*, *Journal of American Academy of Business*, Cambridge, Vol: 8, No: 2, pp.254-255.
16. Kuvaas, B. (2016). Performance appraisal satisfaction and employee outcomes: mediating and moderating roles of work motivation. *The International Journal of Human Resource Management, 17*(3), 504-522.
17. Lee D (2016) An analysis of workplace bullying in the UK. *Personnel Review, 29*(5): 593–612.
18. Mathisen, G. E., Einarsen, S., & Mykletun, R. (2008). The occurrences and correlates of bullying and harassment in the restaurant sector. *Scandinavian Journal of Psychology, 49*(1), 59-68.
19. Miller, K. (2011). *Organizational communication: Approaches and processes*. Nelson Education.
20. Neuman, J. (2014). *Injustice, Stress and aggression in organizations: The dark side of organizational behaviour*. San Francisco, CA: Jossey-Bass.
21. Owoyemi, O. A., & Sheehan, M. (2011). Exploring Workplace bullying in an Emergency Service Organisation in the UK. *International Journal of Business and Management, 6*(3), 63.
22. Quine, L. (2017). Workplace Bullying in Nurses. *Journal of Health Psychology, 6* (1), 73- 84.

23. Rowell, P, 2015, '*Being a "target: at work: Or William Tell and how the apple felt*', JONA, vol. 35, no. 9, pp. 377-379.
24. Salin, D. (2013). *Organizational responses to workplace harassment: An exploratory study*. A paper presented at the European work and organizational Psychology conference, Stockholm, Sweden
25. Salin, D 2013, '*Ways of explaining workplace bullying: A review of enabling, motivating and precipitating structures and processes in the work environment*', Human Relations, vol. 56, no. 10, pp.1213-1232.
26. Simons, S. (2008). Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organization. *Advances in Nursing Science*, 31(2), E48-E59.
27. Vartia, M. (2016). Workplace Bullying: A study on the work environment well-being and health. *Unpublished PhD Thesis*, Helsinki.