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ORIGINAL ARTICLE

Workplace bullying as a predictor of emotional intelligence and self-efficacy among nurses

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ABSTRACT

Objectives: To examine the relationship between workplace bullying, emotional intelligence, and self-efficacy among nurses, and to explore differences across age groups and educational levels.

Methods: This cross-sectional study was conducted from February to May 2024 in six government, semi-government, and private hospitals of Sialkot, Pakistan. A purposive sample of 196 nurses (aged 21-60 years) who reported workplace bullying was recruited. Data were collected using a demographic sheet and validated Urdu versions of the Negative Act Questionnaire-Revised (NAQ-R), Wong and Law Emotional Intelligence Scale (WLEIS-U), and General Self-Efficacy Scale (GSE-U). Analyses were performed using SPSS v.21.

Results: Workplace bullying showed a significant weak negative correlation with emotional intelligence ($r = -0.262$, $p < 0.01$) but no significant association with self-efficacy. Emotional intelligence demonstrated a moderate positive correlation with self-efficacy ($r = 0.471$, $p < 0.01$) and significantly predicted it, explaining 22.2% of the variance ($R^2 = .222$, $F(1,194) = 55.260$, $p < .01$). Agebased comparisons revealed that bullying decreased, while emotional intelligence and self-efficacy increased with age, particularly among nurses aged 31-60 years. Education-based analysis showed that intermediate-qualified nurses reported the highest levels of emotional intelligence (93.5%) and self-efficacy (71%) with fewer bullying experiences, whereas degree-holders reported comparatively higher bullying and lower emotional intelligence.

Conclusion: Workplace bullying negatively influences nurses' emotional intelligence, whereas emotional intelligence positively predicts self-efficacy. Enhancing emotional intelligence through training and fostering a supportive organizational culture may buffer the adverse effects of bullying and improve resilience, particularly among younger and more highly qualified nurses.

Keywords: Workplace (MeSH); Bullying (MeSH); Workplace Bullying (MeSH); Occupational Stress (MeSH); Emotional Intelligence (MeSH); Self Efficacy (MeSH); Nurses (MeSH).

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INTRODUCTION

Bullying has emerged as a significant social issue in contemporary society. Workplace bullying encompasses a spectrum of aggressive behaviors, including emotional abuse, physical assault, and threats of violence directed toward employees.[1] It is broadly classified into five categories: threats to professional standing, threats to reputation, isolation, excessive workload, and instability.[2] According to social dominance theory, younger individuals may engage in bullying as a means of gaining and maintaining social power and control.[3]

Bullying adversely affects self-esteem and can trigger a range of negative emotional responses such as anxiety, stress, fatigue, and hopelessness.[4,5] These detrimental psychological consequences impair individuals' ability to perform effectively in both personal and professional domains. Emotional intelligence plays a pivotal role in mitigating these effects. It encompasses the ability to recognize, understand, and regulate one's own emotions as well as those of others. Higher levels of emotional intelligence enable individuals to manage negative emotions, such as anxiety, anger, and low self-esteem, by transforming them into constructive states including empathy, confidence, and a sense of belonging.[6] In high-stress environments such as healthcare, emotional intelligence is particularly crucial. Nurses with greater emotional intelligence demonstrate better communication with patients, families, and colleagues, thereby reducing miscommunication and promoting cooperation and teamwork.[7]

Emotionally intelligent individuals employ more effective coping strategies, enabling them to manage workplace challenges with greater flexibility.[8] Coping skills are closely associated with self-efficacy, defined as the belief in one's capacity to plan and execute the actions required to address potential situations.[9] Evidence suggests a strong positive correlation between emotional intelligence and self-efficacy, supporting the notion that emotional competence enhances confidence in overcoming occupational challenges.[10] High levels of self-efficacy are particularly important for nurses, as they facilitate the management of job demands, fulfillment of responsibilities, adherence to deadlines, and adaptation to demanding or unfamiliar clinical environments.[11]

Conversely, low self-efficacy increases vulnerability to bullying, whereas high emotional intelligence serves as a protective factor that reduces its adverse impact on performance.[12,13] Research further indicates that emotional intelligence is inversely associated with workplace bullying, suggesting that improvements in emotional intelligence may reduce the incidence of bullying.[14] Studies among clinical nurses consistently report a positive association between emotional intelligence and self-efficacy.[15,16]

Previous research also demonstrates that age is negatively correlated with bullying,[17] while showing a positive relationship with emotional intelligence.[18] Self-efficacy similarly increases with age, attributable to accumulated life experience, enhanced emotional regulation, and greater task competence. Bandura A, emphasized that self-efficacy strengthens with age as a result of learned coping strategies and repeated mastery experiences.[19]

The present study aimed to examine the predictive relationship between workplace bullying, emotional intelligence, and self-efficacy among nurses. These factors are critical determinants of nurses' well-being and productivity. While previous research has explored these variables individually or in pairs, little is known about their combined association. Moreover, much of the existing literature is either outdated or conducted in populations outside the healthcare sector, such as students or non-healthcare professionals, thereby limiting its applicability to hospital settings. In Pakistan, and particularly in Sialkot, a significant research gap exists in this area, reflecting the pressing challenges faced by nurses in their work environments. This study was designed to address that gap by generating updated and culturally relevant evidence that may contribute to fostering healthier and more supportive workplace environments for nurses.

Based on a review of the literature, the following hypotheses were formulated:

1.There would be a significant relationship between workplace bullying, emotional intelligence and self-efficacy among nurses.

2.There would be predictive relationship between workplace bullying, emotional intelligence and self-efficacy among nurses.

3. There is a significant difference in workplace bullying, emotional intelligence and self-efficacy among nurses based on different age groups and education levels.

METHODS

This cross-sectional study was conducted from February to May 2024 in Sialkot, Pakistan. Participants were recruited through purposive sampling, with screening carried out to include only those nurses who had experienced workplace bullying in their professional settings. A total of 196 nurses (192 females and 4 males) were recruited from Memorial Christian Hospital, Social Security Hospital, Allama Iqbal Memorial Teaching Hospital, Sardar Begum Teaching Hospital, Sialkot Medical Complex, and Alshifa Children Hospital. Eligibility criteria required nurses to be at least 20 years of age, possess a minimum of matriculation-level education, and have at least two months of professional nursing experience.

Data were collected using a self-developed demographic questionnaire and three standardized instruments. The demographic questionnaire sought information on age, gender, education level, monthly income, duty hours, and job experience. Workplace bullying was assessed using the 22-item Negative Act Questionnaire-Revised (NAQ-R), a five-point Likert-type scale with a cutoff score of 22; scores above this threshold indicate the presence of bullying.[20] The NAQ-R was translated into Urdu following the MAPI guidelines for linguistic validation, involving forward translation, reconciliation, backward translation, and expert review to ensure semantic and cultural equivalence. The Cronbach's alpha of the Urdu version was 0.92, confirming excellent reliability.

Emotional intelligence was measured using the Wong and Law Emotional Intelligence Scale (WLEIS), originally developed by Wong and Law[21] and subsequently translated into Urdu.[22] This 16-item scale, rated on a seven-point Likert scale, assesses four dimensions: self-emotion appraisal, other's emotion appraisal, use of emotion, and regulation of emotion. Cronbach's alpha coefficients for the Urdu version were 0.67, 0.74, 0.77, and 0.75 for the four dimensions, respectively. Self-efficacy was assessed using the General Self-Efficacy Scale-Urdu (GSE-U), a 10-item instrument scored on a four-point Likert scale, which demonstrated good reliability (Cronbach's alpha=0.87).[23] Prior to data collection, the study synopsis was approved by the Departmental Ethical Research Committee of the Psychology Department, GC Women University, Sialkot (vide letter # D/REG/DERC/GCWUS/PSY/24 dated October 02, 2024). Subsequent approvals were obtained from the university authorities, the research supervisor, and the authors of the study scales. Permissions were also granted by the administrations of the participating hospitals. After obtaining both verbal and written informed consent, participants were assured of confidentiality and then administered the demographic sheet and study scales.

Data analysis was performed using SPSS version 21. Descriptive statistics (means, standard deviations, frequencies, and percentages) were used to summarize demographic characteristics. Pearson Product Moment Correlation Coefficient was applied to examine the relationships between workplace bullying, emotional intelligence, and self-efficacy, while regression analysis was conducted to assess the predictive role of emotional intelligence and workplace bullying in relation to self-efficacy.

RESULTS

Table I has revealed that 60.2% participants fall between the 21-30 years of age that reflects the high ratio for this age group in the current study. Among these 59.2% had completed their bachelor (BS/BSc). And 48.5% were those who belong to the monthly income of 51,000-1lac. Most of the nursing population of current study (79.6%) used to complete 6 working hours per day and 85.2% had more than 1-year of experience working as a nurse.

Descriptive results (Table II) indicate moderate levels of workplace bullying, with person-related bullying most frequently reported, while physically intimidating bullying was least common. Overall, participants demonstrated relatively high emotional intelligence (M =89.47, SD=15.71) and strong self-efficacy (M=31.27, SD=5.94). All major scales showed excellent internal consistency (NAQ-R α=0.93; WLEIS-U α=0.94; GSE-U α=0.91), with subscales ranging from acceptable to excellent reliability, except for physically intimidating bullying, which was comparatively lower (α=0.65).

Table I: Sociodemographic characteristics of participants (n=196)

Variables		Frequency	Percentage
Age (years)	<21-30	118	60.2
	>30-40	52	26.5
	>40-50	16	8.2
	>50-60	10	5.1
Gender	Male	4	2.0
	Female	192	98.0
Education	Intermediate	31	15.8
	BS/BSc	116	59.2
	other	49	25.0
Monthly income (PKR)	35,000-50,000	64	32.7
	>50,000-100,000	95	48.5
	>100,000- 150,000	29	14.8
	other	8	4.1
Duty hours	6 Hours	156	79.6
	8 Hours	31	15.8
	10 Hours	2	1.0
	12 Hours	7	3.6
Experience of job	3 months-6 months	15	7.7
	>6 months-1 year	14	7.1
	Other	167	85.2

Table II: Descriptive statistics and cronbach's alpha of all the scales and subscales of current study (n=196)

Scales and Subscales	No. of items	M	SD	A
Negative Act Questionnaire-Revised (NAQ-R)	22	34.49	12.693	0.925
Work-Related Bullying	12	11.34	4.533	0.807
Person-Related Bullying	7	17.47	6.942	0.881
Physically Intimidating Bullying	3	4.05	1.626	0.654
Wong and Law Emotional Intelligence Scale (WLEIS-U)	16	89.47	15.711	0.940
Self-Emotions Appraisal	4	22.05	4.429	0.786
Regulation of Emotions	4	22.43	4.565	0.881
Use of Emotions	4	23.09	4.457	0.906
Other-Emotions Appraisal	4	21.90	4.776	0.881
General Self-Efficacy Scale-Urdu (GSE-U)	10	31.27	5.943	0.905

M=Mean; SD=Standard Deviation; A=Cronbach's alpha reliability coefficient

As shown in Table III, workplace bullying was weakly but significantly negatively correlated with overall emotional intelligence ($r=-0.26$, $p<0.01$), particularly with self-emotions appraisal ($r=-0.321^{**}$, $p<.01$), and regulation of emotions($r=-0.313^{**}$, $p<.01$). No significant association was observed between workplace bullying and self-efficacy. Among the bullying subscales, person-related and physically intimidating bullying also demonstrated weak negative correlations with emotional intelligence, but their relationships with self-efficacy were non-significant.

In contrast, emotional intelligence showed a moderate positive correlation with self-efficacy ($r=0.47$, $p < 0.01$). All four dimensions of emotional intelligence-self-emotions appraisal, regulation of emotions, use of emotions, and other-emotions appraisal-were positively associated with self-efficacy, with coefficients ranging from 0.38 to 0.44 (all $p < 0.01$).

Table IV shows the impact of emotional intelligence and its sub-scales on self-efficacy. The R^2 value of .222 revealed that the emotional intelligence explained 22.2% variance in self-efficacy with $F(1,194)=55.260$, $p< .01$. It revealed that emotional intelligence positively predicted self-efficacy among nurses ($\beta= .471$, $p<.001$). The R^2 value of .160 revealed that self-emotions appraisal explained 16% variance in self-efficacy with $F(1,194)=36.94$, $p< .001$. It revealed that self-emotions appraisal positively predicted self-efficacy ($\beta=.400$,$p<.001$). The R^2 value of .143 revealed that regulation of emotions explained 14.3% variance in self-efficacy with $F(1,195)=32.25$, $p< .001$. It revealed that regulation of emotions positively predicted self-efficacy ($\beta=.378$, $p<.001$). The R^2 value of .194 revealed that use of emotions explained 19.4% variance in self-efficacy with $F(1,195)=46.60$, $p< .001$. It revealed that use of emotions positively predicted self-efficacy ($\beta=.440$, $p<.001$). The R^2 value of .165 revealed that other-emotions appraisal explained 16.5% variance in self-efficacy with $F(1,194)=38.38$, $p< .001$. It revealed that other-emotions appraisal positively predicted self-efficacy ($\beta=.406$, $p< .001$).

Table III: Pearson product moment coefficient of correlation analysis of workplace bullying, emotional intelligence, self-efficacy and their subscale (n=196)

S.No	Variables	1	2	3	4	5	6	7	8	9	10
1	Workplace Bullying	–	.888**	.963**	.763**	-.262**	-.321**	-.313**	-.145*	-.130	-.033
2	Work-Related Bullying	–	–	.750**	.570**	-.206**	-.265**	-.219**	-.113	-.116	-.033
3	Person-Related Bullying	–	–	–	.718**	-.251**	-.309**	-.316**	-.124	-.124	-.028
4	Physically Intimidating Bullying	–	–	–	–	-.285**	-.313**	-.338**	-.217**	-.123	-.090
5	Emotional Intelligence	–	–	–	–	–	.892**	.871**	.898**	.793**	.471**
6	Self -emotions appraisal	–	–	–	–	–	–	.782**	.750**	.559**	.400**
7	Regulation of emotions	–	–	–	–	–	–	–	716**	.514**	.378**
8	Use of emotions	–	–	–	–	–	–	–	–	.640**	.440**
9	Other-emotions appraisal	–	–	–	–	–	–	–	–	–	.406**
10	Self-Efficacy	–	–	–	–	–	–	–	–	–	–

**p<0.01, *p<0.05

Table IV: Linear regression analysis of emotional intelligence and its subscales for self-efficacy (n=196)

Variables	B	SE	β	t	P	95% CI	
						Lower	Upper
Constant	15.33	21.8	–	7.04	.000	11.04	19.62
Emotional Intelligence	.178	.024	.471	7.43	.000	.131	.225
R^2	.222	–	–	–	–	–	–
Adjusted R^2	.218	–	–	–	–	–	–
Constant	19.43	1.98	–	9.78	.000	15.52	23.34
Self-Emotions Appraisal	.537	.088	.400	6.07	.000	.363	.711
R^2	.160	–	–	–	–	–	–
Adjusted R^2	.156	–	–	–	–	–	–
Constant	20.24	1.98	–	10.21	.000	16.33	24.14
Regulation of Emotions	.491	.087	.378	5.68	.000	.321	.662
R^2	.143	–	–	–	–	–	–
Adjusted R^2	.138	–	–	–	–	–	–
Constant	17.72	20.2	–	8.76	.000	13.73	21.70
Use of Emotions	.587	.086	.440	6.82	.000	.417	.756
R^2	.194	–	–	–	–	–	–
Adjusted R^2	.190	–	–	–	–	–	–
Constant	20.18	1.83	–	11.03	.000	16.58	23.79
Other-Emotions Appraisal	.506	.082	.406	6.19	.000	.345	.667
R^2	.165	–	–	–	–	–	–
Adjusted R^2	.161	–	–	–	–	–	–

Note: CI=Confidence Interval; LL=Lower Limit; UL= Upper Limit; SE=Standardized Error; Beta= β,a. Dependent Variable: Self-Efficacy ***p< .001

Table IV shows the impact of emotional intelligence and its sub-scales on self-efficacy. The R^2 value of .222 revealed that the emotional intelligence explained 22.2% variance in self-efficacy with F (1,194)=55.260, p< .01. It revealed that emotional intelligence positively predicted self-efficacy among nurses (β=.471, p< .001). The R2 value of .160 revealed that self-emotions appraisal explained 16% variance in self-efficacy with F(1,194)=36.94, p<.001. It revealed that self-emotions appraisal positively predicted self-efficacy (β=.400,p< 001). The R^2 value of .143 revealed that regulation of emotions explained 14.3% variance in self-efficacy with F(1,195)=32.25, p<.001. It revealed that regulation of emotions positively predicted self-efficacy (β=.378, p< .001). The R^2 value of .194 revealed that use of emotions explained 19.4% variance in self-efficacy with F (1,195)=46.60, p<.001. It revealed that use of emotions positively predicted self-efficacy (β=.440, p<.001). The R^2 value of .165 revealed that other-emotions appraisal explained 16.5% variance in self-efficacy with F (1,194) =38.38, p<.001. It revealed that other-emotions appraisal positively predicted self-efficacy (β=.406, p< .001).

Figure 2 shows how educational level affects nurses experiences of workplace bullying, emotional intelligence, and self-efficacy. Nurses with intermediate level of education reported the highest levels of self-efficacy (71%), emotional

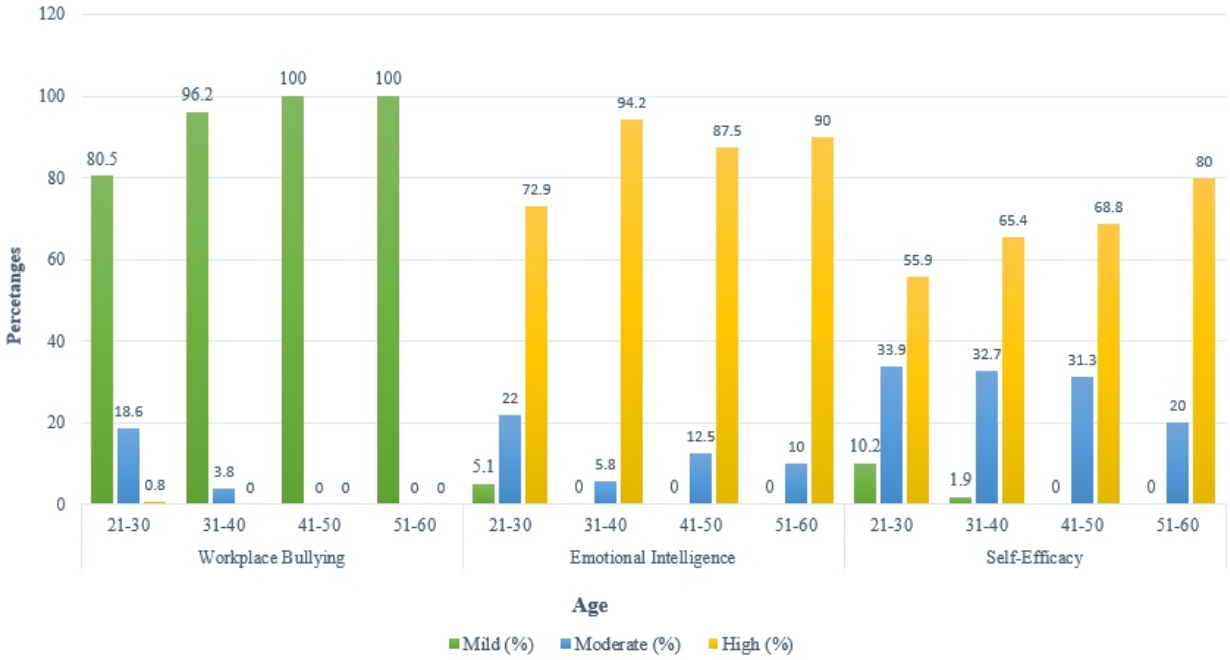

Figure 1: Graphical representation of workplace bullying, emotional intelligence and self-efficacy across different age groups

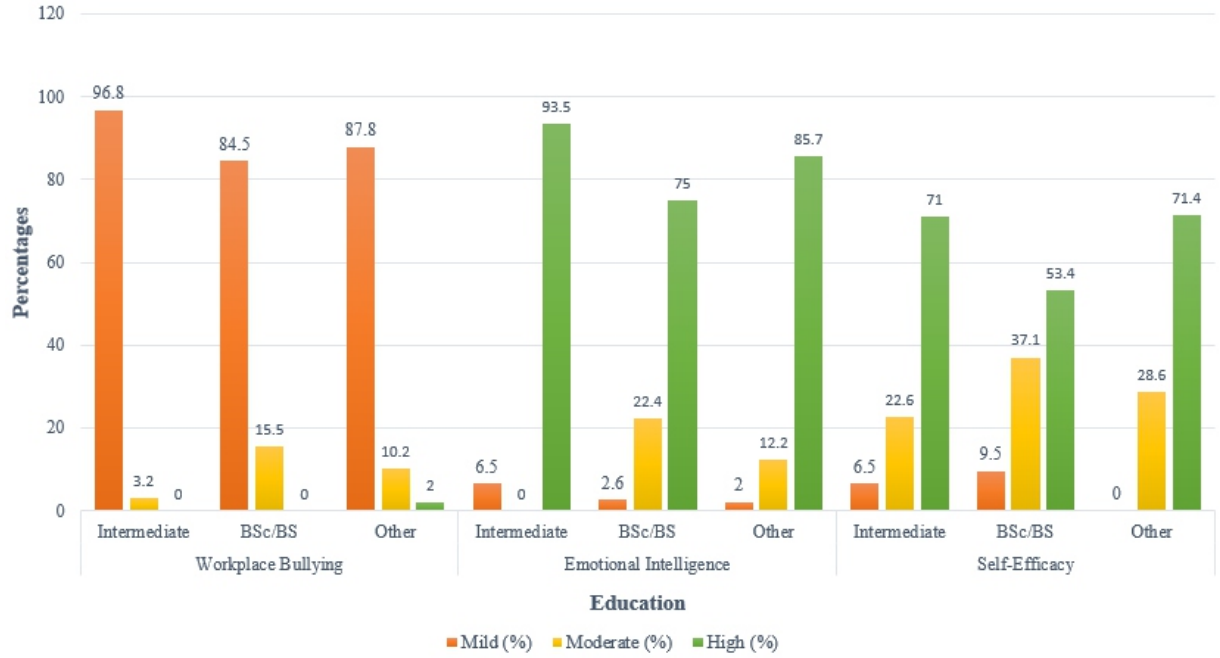

Figure 2: Graphical representation of workplace bullying, emotional intelligence and self-efficacy across different education levels

intelligence (93.5%), and mild bullying (96.8%) at their workplace. In contrast, nurses with a BSc/BS degree had the lowest levels of self-efficacy (53.4%) and emotional intelligence (75%), while the greatest ratio of mild bullying (15.5%). According to these results, intermediate-educated nurses were found more emotionally capable of handling stress at work than more highly qualified nurses.

DISCUSSION

The present study explored the relationship between workplace bullying, emotional intelligence, and self-efficacy among nurses. Bullying remains a critical concern in modern healthcare, adversely affecting both personal well-being and professional performance. Evidence from a UK survey reported that 44% of community nurses experienced workplace bullying and 50% had witnessed it, compared with 35% of non-nurses who reported such experiences.[24] The first hypothesis

predicted a significant relationship among workplace bullying, emotional intelligence, and self-efficacy. Study findings, however, revealed that workplace bullying was not significantly associated with self-efficacy but showed a negative relationship with emotional intelligence (Table III). In contrast, emotional intelligence demonstrated a significant positive correlation with self-efficacy (Table III).

These findings highlight how organizational, emotional, and personal factors influence nurses' responses to workplace bullying. Some nurses accepted bullying as part of their job yet maintained self-efficacy through emotional control, personal resilience, and supportive environments that facilitated emotional expression. High emotional intelligence enabled them to regulate emotions, stay focused under stress, and manage conflicts calmly, thereby reinforcing confidence and performance. In contrast, others experienced bullying as a hostile force that undermined emotional intelligence by eroding trust, limiting communication, and fostering fear. This emotional strain reduced their ability to regulate emotions and empathize with others, leaving them anxious, distracted, and less effective at work.

The second hypothesis proposed a predictive relationship between workplace bullying, emotional intelligence, and self-efficacy. Findings revealed that only emotional intelligence significantly predicted self-efficacy, accounting for 22.2% of its variance (Table IV). This suggests that nurses with higher emotional intelligence are better able to understand and regulate their emotions, allowing them to remain calm, motivated, and focused even in stressful situations such as workplace bullying. These results support the study's hypothesis and align with existing literature. Previous studies have similarly reported no significant association between workplace bullying and self-efficacy,[25,26] while others have demonstrated a negative relationship between emotional intelligence and exposure to workplace bullying. [27]

Several factors may explain the findings of this study. Nurses may respond differently to bullying depending on their personality traits, emotional well-being, prior experiences, and coping skills. Schein's Organizational Culture Theory suggests that when an organization tolerates bullying, individuals may come to accept or engage in such behaviors, which could explain why self-efficacy remains unaffected.[28] In contrast, the positive association between emotional intelligence and self-efficacy can be explained by Bandura's Social Cognitive Theory, which posits that effective emotional regulation enhances confidence and goal attainment by strengthening control over thoughts and behaviors.[29] Consistent with this, previous research has also reported a strong positive correlation between emotional intelligence and self efficacy. [30]

Figure 1 shows that nurses' experiences of workplace bullying, emotional intelligence, and self-efficacy vary significantly across age groups. With increasing age, workplace bullying decreases, while emotional intelligence and self-efficacy increase. This suggests that older nurses may be better equipped to handle workplace challenges due to enhanced emotional regulation and stronger self-efficacy, which likely serve as protective factors against negative experiences such as bullying. Previous research has similarly reported that workplace bullying tends to decline with age.[31] Studies also indicate that older adults are generally more effective at using, understanding, and regulating emotions compared to younger individuals, reflecting improvements in emotional intelligence over time.[32] In addition, Bandura's theory highlights that accumulated mastery experiences and successful coping with challenges contribute to greater confidence, thereby explaining the rise in self-efficacy with age.[33]

A distinctive aspect of this study is its examination of the association between educational level and workplace bullying, emotional intelligence, and self-efficacy-an area seldom explored in previous research. Figure 2 illustrates clear differences across educational groups. Nurses with intermediate or other qualifications reported higher levels of emotional intelligence and self-efficacy, along with fewer experiences of workplace bullying. In contrast, those holding a bachelor's degree or higher tended to experience more moderate workplace bullying and demonstrated comparatively lower emotional intelligence and self-efficacy.

CONCLUSION

The present study examined the relationship between workplace bullying, emotional intelligence, and self-efficacy among nurses. Findings suggest that workplace bullying adversely affects emotional intelligence, whereas the ability to recognize and regulate emotions functions as a protective factor that enhances self-efficacy. Emotional intelligence not only buffers the negative effects of bullying but also strengthens confidence and coping abilities. Moreover, variations by age and education highlight the importance of individual and contextual influences: older nurses demonstrated higher emotional intelligence and self-efficacy with reduced exposure to bullying, while those with higher educational qualifications reported greater bullying and lower emotional capacities. These results underscore the need for interventions that foster emotional intelligence through targeted training and supportive organizational cultures, thereby enhancing nurses' self-efficacy and resilience in the face of workplace bullying.

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AUTHORS' CONTRIBUTION

The Following authors have made substantial contributions to the manuscript as under:

UR: Conception and study design, critical review, approval of the final version to be published

MK, MF, SA & SA: Acquisition, analysis and interpretation of data, drafting the manuscript, approval of the final version to be published

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

CONFLICT OF INTEREST

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DATA SHARING STATEMENT

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