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WORKPLACE BULLYING, ORGANIZATIONAL JUSTICE AND PSYCHOLOGICAL WELL-BEING IN NURSES

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Abstract

The aim of this study was to examine the relationship between workplace bullying, organizational justice, and psychological well-being among nurses. It was hypothesized that there would be a positive significant relationship between workplace bullying, organizational justice, and psychological well-being among nurses. A correlation research design was used. A purposive sampling technique was employed, and a sample (N=300) was included in the study. Workplace bullying was measured using the Workplace Bullying Scale (Leymann et al., 1990), organizational justice was assessed using the Organizational Justice Scale (Niehoff & Moorman, 1993), and psychological well-being was measured using Ryff's Scales of Psychological Well-Being (Ryff, 1989). SPSS v-25 was used to analyze the data. The findings revealed that workplace bullying had a weak negative relationship with organizational justice, although it was not statistically significant. Workplace bullying was not significantly associated with psychological well-being ($r = .086$, $p > .05$) and did not significantly predict psychological well-being. Similarly, organizational justice showed no significant relationship with psychological well-being, and did not significantly predict psychological well-being. Furthermore, moderation analysis indicated that the interaction between workplace bullying and organizational justice was not significant, suggesting that organizational justice did not buffer the relationship between workplace bullying and psychological well-being. The findings suggest that workplace bullying and organizational justice alone may not sufficiently explain variations in nurses' psychological well-being. Psychological well-being among nurses may be influenced by multiple

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personal, organizational, and contextual factors, including coping strategies, leadership support, social resources, and workplace culture. The study highlights the need for comprehensive organizational interventions focusing on supportive leadership, healthy work environments, and broader psychosocial factors to promote nurses' mental health and professional sustainability.

INTRODUCTION

Healthcare organizations worldwide face increasing challenges related to workforce retention, employee well-being, and maintaining healthy workplace environments. Among healthcare professionals, nurses represent one of the largest and most essential groups responsible for continuous patient care, emotional support, clinical decision-making, and coordination of healthcare services. However, the demanding nature of nursing work, including heavy workloads, emotional labour, staff shortages, and exposure to patient suffering, places nurses at increased risk of occupational stress and psychological difficulties. In recent years, workplace bullying has emerged as a significant organizational and occupational health concern, particularly within nursing environments. Evidence suggests that workplace bullying negatively affects nurses' psychological health, job satisfaction, professional commitment, and intention to remain in the profession (Einarsen et al., 2020; Nielsen & Einarsen, 2012).

Workplace bullying is characterized by repeated exposure to negative, hostile, or inappropriate behaviours directed toward an individual who experiences difficulty defending themselves because of an imbalance of power. Unlike occasional workplace conflicts, bullying involves persistent behaviours such as humiliation, intimidation, social exclusion, excessive criticism, verbal abuse, and undermining professional competence (Leymann, 1996; Einarsen et al., 2020). Nursing professionals are particularly vulnerable because healthcare organizations often operate through hierarchical structures where junior nurses may have limited authority to challenge unfair treatment. Studies have demonstrated that workplace bullying among nurses is associated with increased emotional exhaustion, anxiety, depression, burnout, reduced confidence, and increased turnover intentions (Nielsen & Einarsen, 2012; Lever et al., 2019). Furthermore, bullying affects not only individual nurses but also organizational functioning and patient safety by weakening teamwork, communication, and clinical collaboration (Johnson, 2009; Hutchinson et al., 2010).

The problem of workplace bullying is particularly relevant in Pakistan, where nurses work within complex healthcare environments characterized by workforce shortages, limited resources, high patient loads, and strong hierarchical structures. Although nurses play a central role in healthcare delivery, they often occupy lower positions within organizational decision-making systems compared with physicians and administrators. Such structural inequalities may increase nurses' vulnerability to workplace mistreatment and discourage them from reporting negative experiences. Cultural values emphasizing authority, seniority, and professional obedience may further contribute to underreporting of bullying behaviours (Malik et al., 2020). Previous studies conducted among Pakistani nurses have reported that workplace bullying is associated with psychological distress, job dissatisfaction, emotional exhaustion, and intentions to leave employment (Malik et al., 2020; Asrar et al., 2021). Therefore, identifying organizational factors that may prevent bullying and promote healthier work environments is essential.

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One important organizational factor influencing nurses' workplace experiences is organizational justice. Organizational justice refers to employees' perceptions regarding fairness in workplace decisions, resource distribution, procedures, and interpersonal treatment (Greenberg, 1990). The concept includes three major dimensions: distributive justice, which concerns fairness of outcomes such as workload, rewards, and promotions; procedural justice, which focuses on fairness and transparency of decision-making processes; and interactional justice, which reflects respectful and dignified treatment by organizational authorities (Colquitt, 2001). When nurses perceive their organizations as fair and supportive, they are more likely to demonstrate higher job satisfaction, organizational commitment, and psychological well-being. Conversely, perceptions of injustice may produce frustration, distrust, emotional exhaustion, and negative workplace experiences (Colquitt et al., 2001).

Organizational justice is particularly important in nursing because nurses rely heavily on fair scheduling, equitable workload distribution, supportive leadership, and transparent professional evaluation systems. Previous research has demonstrated that perceptions of fairness contribute to positive workplace attitudes and reduce occupational stress among healthcare employees (Elovainio et al., 2002). In contrast, organizational injustice may create feelings of helplessness and dissatisfaction, increasing vulnerability to workplace conflict and bullying. Social Exchange Theory explains this relationship by suggesting that employees reciprocate organizational treatment through their attitudes and behaviours. When employees experience fairness and respect, they develop trust and commitment toward their organization; however, unfair treatment may lead to withdrawal, reduced motivation, and negative psychological outcomes (Blau, 1964).

The relationship between workplace bullying, organizational justice and psychological well-being can also be understood through Conservation of Resources Theory. According to Hobfoll (1989), individuals attempt to preserve valuable psychological resources, including emotional energy, self-esteem, and social support. Workplace bullying consumes these resources, resulting in stress and reduced psychological functioning, whereas organizational justice may serve as a protective resource by promoting trust, security, and resilience. Thus, fair organizational practices may reduce the harmful effects of workplace bullying and contribute to improved psychological well-being among nurses. Therefore, the present study aims to examine the relationship between workplace bullying, organizational justice, and psychological well-being among nurses in Pakistan. By identifying organizational factors associated with nurses' mental health, this research may contribute to evidence-based interventions, supportive leadership practices, and healthier healthcare environments that promote both employee well-being and quality patient care.

Literature Review

This chapter presents a comprehensive review of literature on workplace bullying, organizational justice, and psychological well-being among nurses, with a particular focus on international and indigenous (Pakistani) studies.

Abou Hashish et al. (2024) investigated the relationship between organizational justice, nurse managers' caring behaviours, and workplace bullying among bedside nurses in Saudi Arabia. The study aimed to examine whether perceptions of fairness and managerial caring could reduce nurses' exposure to bullying behaviours. A descriptive correlational design was conducted among 256 nurses working in inpatient care units. Data were collected using the Organizational Justice Questionnaire (OJQ), Caring Factor Survey–Caring of the Manager (CFS-CM), and Negative Acts Questionnaire-Revised (NAQ-R). Descriptive statistics, correlation, and regression analyses were applied.

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The findings showed that higher organizational justice was associated with stronger managerial caring behaviours and lower workplace bullying experiences. The study emphasized that fair organizational policies, supportive leadership, and respectful interpersonal relationships are essential for creating psychologically safe nursing environments.

Alhassan et al. (2023) examined workplace bullying and violence among healthcare workers in Saudi Arabia to determine prevalence, perpetrators, and reporting patterns. The study included 7,398 healthcare workers and aimed to identify factors associated with workplace bullying experiences. Data were collected through a large-scale survey and analysed using descriptive and comparative statistical methods. The findings revealed that approximately one-quarter of healthcare workers experienced workplace bullying, with managers, supervisors, colleagues, and patients identified as common perpetrators. The study also highlighted significant barriers to reporting, including fear of negative consequences and lack of confidence in organizational responses. The researchers concluded that ineffective anti-bullying policies and weak reporting mechanisms contribute to the persistence of workplace bullying in healthcare organizations.

Medina et al. (2020) examined the relationship between workplace bullying, organizational justice, and turnover intentions among healthcare workers. The study aimed to investigate whether organizational justice perceptions mediated the relationship between bullying experiences and employees' intention to leave their organizations. A cross-sectional study was conducted among 146 healthcare workers, and data were collected using validated measures of workplace bullying, organizational justice, and turnover intention. Statistical analysis was performed using factor analysis and the PROCESS macro for mediation analysis. The findings revealed that workplace bullying significantly increased turnover intentions by reducing employees' perceptions of organizational fairness, particularly distributive justice. The study concluded that transparent decision-making processes and fair organizational practices may reduce the negative consequences of workplace bullying.

Workplace bullying among nurses has been recognized as a global occupational health issue affecting nurses' psychological well-being, professional performance, and organizational commitment. Piri et al. (2020) conducted a qualitative study in Iran to explore nursing students' experiences of workplace bullying during clinical training. The study aimed to understand the psychological and professional consequences of bullying exposure. Using qualitative interviews, the researchers found that nursing students experienced verbal abuse, intimidation, fear, reduced confidence, and difficulties in professional identity development. The study highlighted that bullying among nurses and nursing students is a widespread phenomenon influenced by hierarchical relationships and power imbalances within healthcare settings.

Indigenous (Pakistani) Empirical Studies

Azhar et al. (2025) explored the psychological consequences of workplace bullying among nurses in Pakistan. The study involved 310 nurses from public and private tertiary care hospitals and aimed to examine the effects of bullying on psychological well-being, emotional exhaustion, and professional functioning. Participants were selected using simple random sampling, and data were collected using the Negative Acts Questionnaire-Revised (NAQ-R) and Psychological Well-being Scale. The results indicated that workplace bullying was significantly associated with reduced psychological well-being, increased emotional exhaustion, and decreased job satisfaction. The study concluded that workplace bullying is a critical occupational risk factor that negatively

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influences nurses' mental health and professional performance.

Noor et al. (2023) examined the relationship between organizational culture, workplace bullying, and psychological well-being among Pakistani nurses. The study included 300 nurses working in public sector hospitals in Lahore, selected through convenience sampling. Using a cross-sectional design, the researchers measured workplace bullying and psychological well-being through standardized scales. The findings indicated that supportive organizational culture significantly reduced workplace bullying, while bullying negatively predicted nurses' psychological well-being. The study highlighted that respectful leadership, positive organizational practices, and supportive workplace cultures are important protective factors against psychological distress among nurses.

Workplace bullying among Pakistani nurses has received increasing research attention due to its negative effects on psychological health, job performance, and workforce retention. Malik et al. (2017) conducted a study titled *"Personal Bullying and Nurses' Turnover Intentions in Pakistan"* to examine the relationship between workplace bullying, job stress, and turnover intention among nurses. The study included 324 registered nurses working in public hospitals, selected through purposive sampling. A mixed-method approach was used, and data were collected using the Negative Acts Questionnaire-Revised (NAQ-R) and job stress measures. The findings demonstrated that workplace bullying significantly increased job stress and turnover intentions among nurses. The study concluded that bullying represents a major occupational stressor that contributes to psychological distress and nurses' decisions to leave healthcare organizations.

Faheem and Mahmud (2015) investigated the influence of organizational justice on workplace deviance and job satisfaction among nurses in Pakistan. The study aimed to determine whether perceptions of fairness within healthcare organizations influence nurses' workplace attitudes and behaviours. A sample of 51 nurses from a public sector hospital was selected through convenience sampling. Organizational justice was measured using Colquitt's Organizational Justice Scale, while job satisfaction was assessed through a standardized questionnaire. Regression analysis was conducted to test the relationships among variables. The findings revealed that organizational justice significantly reduced workplace deviant behaviours and improved job satisfaction among nurses. The study emphasized that fair organizational procedures and equitable treatment contribute to healthier workplace environments.

Rationale of the Study

Nurses are a fundamental component of Pakistan's healthcare system; however, they often work in demanding environments characterized by heavy workloads, limited resources, hierarchical structures, and interpersonal stress. These conditions increase their vulnerability to workplace bullying, organizational injustice, and poor psychological well-being. Workplace bullying, including verbal abuse, humiliation, social exclusion, and professional undermining, negatively affects nurses' mental health, job satisfaction, and commitment, while perceptions of organizational injustice related to unfair workload distribution, decision-making, and interpersonal treatment may further contribute to emotional exhaustion and psychological distress. Although international research has extensively explored workplace bullying and organizational justice, limited empirical evidence exists regarding their combined impact on nurses' psychological well-being in Pakistan, where cultural factors such as authority structures, professional hierarchy, and limited reporting mechanisms may shape workplace experiences differently. Therefore, this study aims to examine the relationship between workplace bullying, organizational justice, and psychological well-being among nurses in Pakistan. Understanding

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these factors is essential for developing evidence-based interventions, promoting fair and supportive work environments, improving nurse retention, and strengthening the overall quality of healthcare delivery.

Research Objectives

- To assess the level of workplace bullying experienced by nurses in healthcare settings
- To examine the level of perceived organizational justice (distributive, procedural, and interactional) among nurses
- To evaluate the psychological well-being of nurses working in hospital environments
- To determine the relationship between workplace bullying and psychological well-being among nurses
- To examine the relationship between organizational justice and psychological well-being among nurses
- To explore whether organizational justice moderates (buffers) the relationship between workplace bullying and psychological well-being
- To identify the predictive role of workplace bullying and organizational justice in psychological well-being of nurses.

Hypotheses

H1: There is a significant negative relationship between workplace bullying and psychological well-being among nurses.

H2: There is a significant positive relationship between organizational justice and psychological well-being among nurses.

H3: Workplace bullying significantly predicts lower psychological well-being among nurses.

H4: Organizational justice significantly predicts higher psychological well-being among nurses.

H5: Organizational justice significantly moderates the relationship between workplace bullying and psychological well-being among nurses.

Methodology

A correlational research design was used in the present study to examine the relationship between workplace bullying, organizational justice, and psychological well-being among nurses. A non-probability purposive sampling technique was employed to collect data from a sample of 300 nurses working in government sector hospitals of Lahore. The participants included nurses aged between 25 and 50 years with at least one year of professional experience to ensure adequate exposure to the healthcare work environment. Nurses from government hospitals were included in the study, whereas student nurses, interns, trainees, nurses with pre-existing mental health conditions, and participants with incomplete or invalid responses were excluded to minimize potential confounding factors.

Data collection was initiated after obtaining an official permission letter from Superior University Lahore, which verified the researcher's identity and research purpose. The researcher approached eligible participants, explained the objectives and nature of the study, ensured confidentiality, and obtained informed consent before data collection. Participants were provided with a demographic information form along with standardized research scales measuring workplace bullying, organizational justice, and psychological well-being. Ethical principles were strictly followed throughout the research process; permission for the use of research instruments was obtained from relevant sources, participation was voluntary, anonymity and confidentiality of participants were maintained, and participants were informed about their right to withdraw from the study at any stage without consequences. Data analysis was conducted using SPSS software. Descriptive statistics, including frequencies, means, and standard deviations, were calculated to summarize demographic characteristics and study variables. Pearson product-moment correlation analysis was performed to examine the relationships among workplace bullying,

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organizational justice, and psychological well-being, while regression and moderation analyses were conducted to determine predictive and interaction effects among study variables.

Measures

Demographic Information

Age, Gender, Marital Status, Education, Years of Experience, Department, Job Position, Work Shift, and Hospital Type

Workplace Bullying Scale

Workplace bullying scale was used to measure workplace bullying in nurses. It is developed by Leymann, et al.,1990. The newly developed 21-items workplace bullying scale was used. Workplace bullying scale is designed to assess and measure instances of workplace bullying, providing a standardized tool for research, intervention, awareness, and policy development. The aim of the workplace bullying scale is to systematically measure and assess the occurrence of workplace bullying, aiding research, intervention efforts, raising awareness, and informing the development of policies to address and prevent bullying in the workplace. The scale was scored on a five-point Likert scale where Never scored as 1 and Daily as 5. The reliability of the scale is 0.88 and the validity of the scale is 0.75.

Organizational Justice Scale

The Organizational Justice Scale was used to measure nurses' perceptions of fairness within the workplace. It was developed by Niehoff and Moorman (1993) to assess employees' perceptions of justice in organizational settings. The purpose of this scale is to evaluate how fairly employees perceive organizational processes, outcomes, and interpersonal treatment, providing valuable insights for research on workplace behavior, employee attitudes, and organizational effectiveness, particularly in healthcare settings. The scale consists of 18 items, which are divided into three dimensions: distributive justice, procedural justice, and interactional justice. Distributive justice measures fairness of outcomes such as rewards and workload. Procedural justice assesses fairness of decision-making processes. Interactional justice evaluates the quality of interpersonal treatment and communication from supervisors. Responses are recorded on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), where higher scores indicate higher perceived organizational justice. Regarding psychometric properties, the scale has demonstrated strong reliability. The internal consistency of the subscales and overall scale has been reported as high, with Cronbach's alpha values ranging from 0.73 to 0.95, indicating good to excellent reliability. The validity of the scale has been well established in the original and subsequent studies. Construct validity is supported through the clear three-factor structure confirmed by factor analysis. Overall, the Organizational Justice Scale by Niehoff and Moorman (1993) is a valid and reliable instrument widely used to assess fairness perceptions in organizational and healthcare research.

Ryff's Scales of Psychological Well-being (PWB)

Psychological well-being scale was used to measure psychological wellbeing in nurses. It is developed by Carol D. Ryff in 1989, It consists of 42-items (embedded).The aim of Ryff's Scales of Psychological Well-Being is to measure different dimensions of well-being, encompassing aspects like self-acceptance and positive relationships. The purpose is to provide a comprehensive assessment for understanding and promoting overall psychological well-being. This scale is scored Strongly Disagree as 1 to Strongly Agree as 6. The reliability of the scale is 0.91 and the validity of the scale is 0.73.

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Results

Table 1 Demographic Characteristics of the Participants (N=300)

Variable	*M*(*SD*)	*n*	%
Age (Years)	1.62(.65)		
20–30		142	47.3
30–40		129	43.0
40–50		29	9.7
Gender	1.94(.238)		
Male		18	6.0
Female		282	94.0
Living Area			
Urban		266	88.7
Rural		34	11.3
Family Type			
Nuclear		203	67.7
Joint		93	31.0
Extended		4	1.3
Marital Status			
Single		61	20.3
Married		207	69.0
Divorced		32	10.7

Note. *N* = 300. M=mean, SD= standard daviation, n=number of participant, %=percentage

Table 4.1 presents the demographic characteristics of the participants (*N*=300). Nearly half of the participants (47.3%, *n*=142) were aged 20–30 years, followed by 43.0% (*n*=129) aged 30–40 years, while 9.7% (*n*=29) were aged 40–50 years. The sample was predominantly female (94.0%, *n*=282), with only 6.0% (*n*=18) male participants. Regarding residential background, the majority of participants resided in urban areas (88.7%, *n*=266), whereas 11.3% (*n*=34) belonged to rural areas. Most participants belonged to nuclear families (67.7%, *n*=203), followed by joint families (31.0%, *n*=93), while only 1.3% (*n*=4) lived in extended family systems. In terms of marital status, the majority of participants were married (69.0%, *n*=207), followed by single participants (20.3%, *n* = 61), whereas 10.7% (*n*=32) were divorced.

Table 2 Descriptive Statistics and Psychometric Properties of Study Variables (N=300)

Variable	k	M	SD	Range	α
Workplace Bullying Scale (WBSQ)	21	66.41	24.02	21–105	.91
Organizational Justice Scale (OJSQ)	19	48.36	11.15	19–95	.84
Distributive Justice	4	10.21	4.42	4–20	.71
Formal Procedures	6	18.21	4.46	6–30	.70
Interactional Justice	9	22.80	7.65	9–45	.92
Psychological Well-Being (PWB)	42	145.32	18.14	42–210	.72
Autonomy	7	23.54	4.30	7–35	.62

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Environmental Mastery	7	23.69	4.36	7–35	.61
Personal Growth	7	24.10	4.62	7–35	.60
Positive Relations	7	24.88	4.79	7–35	.68
Purpose in Life	7	24.60	4.35	7–35	.65
Self-Acceptance	7	24.50	4.57	7–35	.63

Note. *N* = 300; *k* = Number of items; *M* = Mean; *SD* = Standard Deviation; α = Cronbach's alpha.

Table 2 presents the descriptive statistics and reliability coefficients of the study variables. The findings indicate acceptable to excellent internal consistency across all measures, with Cronbach's alpha values ranging from .60 to .92. Workplace Bullying Scale demonstrated excellent reliability (α = .91), while Organizational Justice Scale showed good reliability (α = .84). The Psychological Well-Being scale also demonstrated acceptable reliability (α = .72), with its dimensions showing acceptable internal consistency. The mean scores indicate moderate levels of workplace bullying (*M* = 66.41, *SD* = 24.02), organizational justice (M = 48.36, *SD* = 11.15), and psychological well-being (M = 145.32, *SD* = 18.14) among participants.

Table 3 Pearson Correlation Matrix among Workplace Bullying, Organizational Justice, Psychological Well-Being, and Their Dimensions (N=300)

Variables	*N*	M	*SD*	1	2	3	4	5	6	7	8	9	10	11
1. Workplace Bullying	300	66.41	24.02	—										
2. Organizational Justice	300	48.36	11.15	-.093	—									
3. Distributive Justice	300	10.21	4.42	-.050	.568**	—								
4. Formal Procedures	300	18.21	4.46	-.028	.629**	.143*	—							
5. Psychological Well-Being	300	145.32	18.14	.086	-.016	-.004	.002	—						
6. Autonomy	300	23.54	4.30	.197**	.014	-.038	-.012	.619**	—					
7. Environmental Mastery	300	23.69	4.36	.074	-.093	-.050	-.046	.680**	.368**	—				

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8. Personal Growth	300	24.10	4.62	.065	-.056	.046	-.028	.755**	.381**	.480**	—		
9. Positive Relations	300	24.88	4.79	-.039	.028	-.013	-.115*	.665**	.226**	.347**	.403**	—	
10. Purpose in Life	300	24.60	4.35	.122*	.050	.020	-.066	.670**	.343**	.283**	.415**	.316**	—
11. Self-Acceptance	300	24.50	4.57	-.053	-.007	.046	-.012	.639**	.216**	.284**	.353**	.341**	.367**

Note. *N* = 300. *M* = Mean; *SD* = Standard Deviation. $p < .05$, **p** < .01 (two-tailed).

Pearson correlation analysis was conducted to examine the relationships among workplace bullying, organizational justice, psychological well-being, and their respective dimensions. Workplace bullying showed a weak negative association with organizational justice ($r = -.093$), although this relationship was not statistically significant. Similarly, workplace bullying was not significantly related to overall psychological well-being ($r = .086$, $p > .05$), indicating that bullying experiences did not demonstrate a direct association with overall psychological well-being in this sample. Organizational justice was positively associated with its dimensions, including distributive justice ($r = .568$, $p < .01$) and formal procedures ($r = .629$, $p < .01$), confirming the coherence of the construct. Psychological well-being demonstrated strong and significant positive correlations with all its dimensions, including autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance ($p < .01$), indicating that these dimensions collectively contribute to overall psychological well-being. Several dimensions of psychological well-being also showed significant intercorrelations, supporting the multidimensional structure of psychological well-being.

Table 4 Simple Linear Regression Analysis Predicting Psychological Well-Being from Workplace Bullying (N=300)

Variable	*B*	*SE*	*t*	*p*	95% CI
Constant	140.99	3.08	45.82	< .001	[134.93, 147.043]
Workplace Bullying	0.07	0.04	1.50	.135	[-0.02, .151]

Note. *N*=300. *B*=unstandardized regression coefficient; *SE*=standard error, *t*=*t* statistic, *p*=Probability value, *CI*=confidence interval.

A simple linear regression analysis was conducted to examine whether workplace bullying significantly predicted psychological well-being among nurses. The results indicated that workplace bullying was not a significant predictor of psychological well-being ($B = 0.07$, $SE = 0.04$, $t = 1.50$, $p = .135$, 95% CI [-0.02, 0.15]). This suggests that workplace bullying did not significantly explain variations in psychological well-being within the present sample.

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Table 5 Multiple Linear Regression Analysis Predicting Psychological Well-Being from Organizational Justice and its Dimensions (N=300)

Variables	*B*	SE	*t*	*P*	95% CI
Constant	145.80	5.09	28.62	< .001	[135.78, 155.82]
Organizational Justice	0.40	1.23	0.32	.746	[-2.02, 2.82]
Distributive Justice	-0.41	1.29	-0.32	.748	[-2.94, 2.12]
Formal Procedures	-0.29	1.09	-0.27	.787	[-2.44, 1.85]
Interactional Justice	-0.45	1.18	-0.38	.705	[-2.76, 1.87]

Note. *N*=300. *B*=unstandardized regression coefficient; *SE* = standard error; *t*=*t* statistic, *p*=Probability value, *CI* = confidence interval.

A multiple linear regression analysis was conducted to examine whether organizational justice and its dimensions significantly predicted psychological well-being among nurses. The results indicated that overall organizational justice was not a significant predictor of psychological well-being (*B*=0.40, *p*=.746). Similarly, none of the organizational justice dimensions, including distributive justice (*B*= -0.41, *p*=.748), formal procedures (*B*= -0.29, *p* = .787), and interactional justice (*B*= -0.45, *p*=.705), significantly predicted psychological well-being. These findings suggest that perceptions of organizational fairness alone did not significantly explain variations in nurses' psychological well-being in the present sample

Table 6 Moderation Analysis of Organizational Justice in the Relationship between Workplace Bullying and Psychological Well-Being (N=300)

Effect	Estimate	SE	t	95% CI		*p*
				LL	UL	
Intercept	160.91	14.49	1.50	132.38	189.44	< .001
Workplace Bullying (WBSQ_TOT)	-0.21	0.20	0.32	-0.60	0.18	.28
Organizational Justice (OJSQ_TOT)	-0.41	0.29	28.62	-0.98	0.16	.16
Workplace Bullying × Organizational Justice	0.01	0.00	22.52	0.00	0.01	.15

Note. *N*=300. B=Unstandardized regression coefficient; SE=Standard Error; CI=Confidence Interval; LL=Lower Limit; UL=Upper Limit.

The moderation analysis was conducted to examine whether organizational justice moderates the relationship between workplace bullying and psychological well-being among nurses (*N* = 300). The results indicated that the interaction effect between workplace bullying and organizational justice was not statistically significant (*B*=0.01, *p*=.15), suggesting that organizational justice did not significantly moderate the relationship between workplace bullying and psychological well-being. Furthermore, the direct effects of workplace bullying (*B* = -0.21, *p* = .28) and organizational justice (*B*= -0.41, *p*=.16) on psychological well-being were also non-significant. These findings indicate that organizational justice did not significantly buffer the negative effects of

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workplace bullying on nurses' psychological well-being in the present sample.

Discussion

The present study examined the relationships among workplace bullying, organizational justice, and psychological well-being among nurses. The findings were interpreted according to the proposed hypotheses. The results indicated that workplace bullying, organizational justice, and their interaction did not significantly predict psychological well-being in the current sample. However, the findings contribute valuable insights into the complex relationship between organizational factors and nurses' psychological functioning within the Pakistani healthcare context.

Hypothesis 1 (H1): There is a significant negative relationship between workplace bullying and psychological well-being among nurses. The first hypothesis proposed that workplace bullying would be negatively associated with psychological well-being among nurses. The findings did not support this hypothesis, as workplace bullying showed a weak positive and non-significant relationship with psychological well-being. This indicates that, within the present sample, experiences of workplace bullying were not significantly associated with overall psychological well-being. This finding differs from previous research that has consistently identified workplace bullying as a significant risk factor for poor psychological outcomes among healthcare professionals. Nielsen and Einarsen (2012) reported that exposure to workplace bullying was strongly associated with psychological distress, anxiety, depression, and reduced well-being. Similarly, Lever et al. (2019) found that bullying among healthcare workers contributed to emotional exhaustion, reduced job satisfaction, and impaired mental health. However, the non-significant association in the present study may be explained by contextual factors such as coping mechanisms, social support, professional resilience, or cultural adaptation among Pakistani nurses. In collectivistic cultures, nurses may normalize or tolerate negative workplace experiences due to professional hierarchy, job insecurity, or limited alternatives, which may influence how bullying experiences affect psychological well-being.

Hypothesis 2 (H2): There is a significant positive relationship between organizational justice and psychological well-being among nurses. The second hypothesis assumed that organizational justice would be positively related to psychological well-being. The findings did not support this hypothesis, as organizational justice demonstrated a negligible and non-significant correlation with psychological well-being. This indicates that perceptions of fairness in organizational procedures, resource distribution, and interpersonal treatment were not significantly associated with nurses' psychological well-being in this study. These findings are inconsistent with previous research suggesting that organizational justice contributes to improved employee psychological outcomes. Elovainio et al. (2002) demonstrated that perceived fairness at work was associated with better employee health and reduced psychological strain. Similarly, Colquitt et al. (2001) highlighted that organizational justice influences employee attitudes, trust, satisfaction, and emotional responses. The absence of a significant relationship in the current study may reflect the complex nature of psychological well-being, which is influenced by multiple factors beyond workplace fairness, including personal resilience, family support, workload, financial conditions, and occupational stress.

Hypothesis 3 (H3): Workplace bullying significantly predicts lower psychological well-being among nurses. The third hypothesis proposed that workplace bullying would significantly predict lower psychological well-being. The regression analysis did not support this hypothesis. Workplace bullying was not a significant predictor of psychological well-being, indicating that bullying experiences did not

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significantly explain variations in nurses' psychological well-being. This finding contrasts with several international studies reporting that workplace bullying negatively affects nurses' mental health. For example, Johnson (2009) identified workplace bullying as an important occupational stressor associated with emotional distress and reduced professional functioning among nurses. Similarly, Nielsen and Einarsen (2012) found that prolonged exposure to bullying increased psychological symptoms and reduced well-being. However, the current finding suggests that the relationship between bullying and psychological well-being may not always be direct. According to Conservation of Resources Theory (Hobfoll, 1989), workplace stressors negatively affect individuals when they exceed available coping resources. Nurses with strong professional commitment, social support, or adaptive coping strategies may maintain psychological functioning despite experiencing workplace difficulties.

Hypothesis 4 (H4): Organizational justice significantly predicts higher psychological well-being among nurses. The fourth hypothesis suggested that organizational justice would significantly predict higher psychological well-being. The findings did not support this hypothesis. Multiple regression analysis showed that organizational justice was not a significant predictor of psychological well-being. Additionally, none of the dimensions of organizational justice, including distributive justice, formal procedures, and interactional justice significantly predicted psychological well-being. Previous research has generally demonstrated that organizational justice contributes positively to employee well-being and workplace outcomes. Colquitt (2001) emphasized that fair procedures, equitable resource allocation, and respectful treatment enhance employee trust and satisfaction. Abou Hashish et al. (2024) further reported that higher organizational justice among nurses was associated with better managerial support and reduced workplace bullying. However, the present findings suggest that fairness perceptions alone may not be sufficient to improve psychological well-being among nurses.

Hypothesis 5 (H5): Organizational justice significantly moderates the relationship between workplace bullying and psychological well-being among nurses. The fifth hypothesis proposed that organizational justice would buffer the negative impact of workplace bullying on psychological well-being. The moderation analysis did not support this hypothesis. The interaction effect between workplace bullying and organizational justice was not statistically significant, indicating that organizational justice did not significantly moderate the relationship between workplace bullying and psychological well-being. These findings differ from previous studies suggesting that organizational justice may act as a protective factor against workplace stressors. Medina et al. (2020) found that workplace bullying influenced employees' negative organizational perceptions, particularly reduced fairness perceptions, which contributed to turnover intentions. Similarly, Abou Hashish et al. (2024) reported that organizational justice and managerial caring reduced workplace bullying experiences among nurses. The lack of moderation in the current study may indicate that organizational justice alone may not be strong enough to overcome the psychological effects of workplace stressors in the Pakistani nursing context. Factors such as leadership effectiveness, organizational culture, social support, and availability of complaint mechanisms may play a more significant buffering role.

Conclusion

Overall, the findings indicate that workplace bullying and organizational justice did not significantly influence psychological well-being among nurses in the present sample. Although previous literature consistently identifies bullying as a harmful workplace factor and organizational justice as a protective resource, the current findings suggest that these relationships may vary

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according to cultural, organizational, and individual characteristics. The Pakistani healthcare environment involves unique challenges, including hierarchical structures, resource limitations, and cultural norms that may shape nurses' perceptions and responses to workplace experiences. Future studies should consider longitudinal designs and explore mediating and moderating factors such as resilience, leadership support, coping mechanisms, organizational culture, and social support to better understand the psychological well-being of nurses.

Limitations

- The study employed a cross-sectional research design, which limits the ability to establish causal relationships between workplace bullying, organizational justice, and psychological well-being. The findings represent associations at a single point in time rather than changes over time.
- The study was conducted among a specific sample of nurses, which may limit the generalizability of findings to nurses working in other healthcare settings, regions, or professions.
- The study focused on workplace bullying, organizational justice, and psychological well-being; however, other important factors such as leadership style, coping strategies, resilience, social support, and workload stress were not examined.
- The use of a quantitative approach limited the exploration of nurses' personal experiences and perceptions regarding workplace bullying, fairness, and psychological challenges within their professional environment.

Implications

- Healthcare organizations should develop and implement clear anti-bullying policies to prevent workplace mistreatment and establish safe, respectful environments for nurses.
- Hospital administrators should promote organizational justice practices by ensuring transparent decision-making, fair workload distribution, and respectful communication among healthcare staff.
- Nurse managers should receive training in supportive leadership, conflict management, and caring behaviors to improve workplace relationships and enhance nurses' psychological well-being.

Future Suggestions

- Future research should use longitudinal designs to examine how workplace bullying and organizational justice influence psychological well-being over time and establish causal relationships.
- Future studies should include larger and more diverse samples from multiple provinces, healthcare institutions, and public and private hospitals to improve generalizability.
- Researchers should adopt mixed-method approaches by combining quantitative surveys with qualitative interviews to explore nurses' lived experiences of bullying and organizational fairness.

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