



## Role of Resilience in the Relationship between Workplace Bullying and Work Engagement among Pakistani Nurses

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| ARTICLE INFO                                                                                                                                                                                                                                                                                                                                                                                                | ABSTRACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <b>Submission:</b><br>May 19, 2026<br><b>Revised:</b><br>May 30, 2026<br><b>Accepted:</b><br>June 16, 2026<br><b>Available Online:</b><br>June 26, 2026<br><br><b>Keywords:</b><br>Workplace Bullying,<br>Resilience, Work<br>Engagement, Nurses,<br>Pakistan.<br><br><b>Corresponding author:</b><br>Dr. Maham Imtiaz<br><b>Email:</b><br><a href="mailto:maham.6085@wum.edu.pk">maham.6085@wum.edu.pk</a> | <p>Nurses suffer from negative psychological consequences and the impact of workplace bullying on organizational performance is rising to become a workplace health issue. Patient care is impacted by the eroded motivation, resilience and work engagement of employees who have been exposed to a workplace culture of negative behaviors over time. The present study was designed to explore the relationship between workplace bullying, resilience and work engagement in Pakistani nurses and to uncover the protective role of resilience in relation to these two variables. A quantitative cross sectional research was used. Convenience sampling was used to collect data from 200 nurses from public and private hospitals in Pakistan. The Negative Acts Questionnaire-Revised (NAQ-R) was used to measure workplace bullying, the Connor-Davidson Resilience Scale (CD-RISC-25) was used to measure resilience and the Utrecht Work Engagement Scale (UWES-17) was used to measure work engagement. Descriptive statistics, Pearson correlation, independent-samples t-test and moderation analysis were employed for analyzing the data. The findings indicated workplace bullying was negatively related to work engagement, and that resilience was positively related to work engagement and mitigated the negative effects of workplace bullying. The study findings suggest that resilience is a psychological resource that helps nurses deal with work stresses and stay positive in the workplace. The results offer practical guidance for healthcare administrators to design anti-bullying policies and interventions for building resilience that will benefit the well-being of nurses and the quality of healthcare services.</p> |

### Introduction

Nurses play a vital role in healthcare, delivering safe and effective care to patients and ensuring they receive continuous support. Nurses are the largest professional workforce in hospitals and are in the middle of the equation when it comes to patient recovery, coordination of multidisciplinary health care services and the quality of health care delivery. Nurses are often required to work long hours, experience emotional stress, have limited staffing resources, work shifts and have constant contact with critically ill patients. These occupational challenges expose them to psychosocial stressors, one of which is workplace bullying which has become one of the most serious organizational challenges. Workplace bullying is the repeated experience of persistent negative behavior (verbal abuse, humor at the victim's expense, humiliation, exclusion from social events, excessive criticism, undermining of the professional worth and abilities of a staff member) over an extended time. Bullying is not simply a disagreement with a child's peers but is a repetitive pattern of behavior that is intentionally hostile, involves a power imbalance and is conducted by a bully over a period of time. This sort of conduct slowly erodes workers' confidence, emotional health and job performance. In healthcare settings, bullying can happen between a supervisor and a staff member, between peers, or even between staff members and patients/attendants, with nurses being the most vulnerable to the damaging effects of bullying. Workplace bullying among nurses has garnered a lot of attention due to its potential impact on both the individual nurse and health care organizations. A number of studies have consistently found that nurses who are exposed to bullying report increased anxiety, depression, emotional exhaustion, burnout, absenteeism and turnover intentions (TIs). Besides causing harm to the

individual, workplace bullying has a detrimental effect on teamwork, communication, medical errors and ultimately patient safety and healthcare quality. Therefore, the prevention of workplace bullying has emerged as a major issue for healthcare administrators and policy makers globally. Work engagement is one of the top positive organizational outcomes impacted by workplace bullying. Work engagement is the positive, fulfilling, work-related psychological state that is defined by three components: (1) vigor, (2) dedication, and (3) absorption. Engaged nurses are passionate, energetic, and emotionally connected to their roles, which allows them to deliver optimal patient care and to effectively advance the organization's mission. But chronic bullying at work takes its toll on employees' psychological reserves, which can significantly undermine their motivation and commitment to do their job to the best of their ability, both cognitively, emotionally and physically. As result, employee work engagement decreases, impacting employee performance and organization productivity. New studies in occupational health psychology indicate that workers do not react in the same way to challenging conditions at work. The individual psychological resources affect the ability of employees to deal with stressful situations. Of these resources, the role of resilience as a protective factor has grown in significance. Resilience is the capacity of an individual to respond positively to difficulties, adapt to adverse situations and function well psychologically in the face of stress. The higher the resilience of a nurse, the more likely they are to manage their emotions, use positive coping responses, and remain committed to their work when challenged. It follows that there is a possibility that resilience will mitigate the negative impact of work bullying and increase work engagement. Despite a significant amount of international research on workplace bullying and work engagement, studies in Pakistan are limited and few. Pakistani nurses often face working conditions where they are required to take care of more patients than they have, healthcare resources are meager, and there is a shortage of staff, which may be conducive to workplace bullying. Hence, the importance of knowing and understanding the role of resilience in this context is critical in developing evidence based interventions that promote psychological well-being and organization effectiveness of nurses. This study is aimed to explore the association between workplace bullying, resilience and work engagement among Pakistani Nurses and determine whether resilience is a psychological protective factor against the negative effects of workplace bullying.

## **Literature Review**

Workplace bullying occurs over a period of time, as a continuing pattern of mistreatment of a person by others in the workplace, through negative verbal actions, intimidation, humiliation, social exclusion, and/or undermining of the target (Einarsen et al., 2020). Nurses in healthcare environments are especially susceptible, especially when it comes to their workload, staffing, emotional demands and organizational hierarchy. The negative effects of workplace bullying on psychological well-being, job satisfaction, organizational commitment and occupational outcomes have been consistently established in the research. Bullying among nurses has been linked to emotional exhaustion, decreased work engagement, poor teamwork and poor patient care. The limited availability of healthcare and rising demands of patients expose nurses to bullying further and this is especially highlighted in Pakistan and calls for research and effective organizational interventions. Work engagement is a positive state of mind at work, resulting from a combination of Vigor, Dedication, and Absorption (Schaufeli et al., 2002). Higher energy, commitment, and concentration lead to better patient care and organizational performance with engaged nurses. Research has found that the lack of support from leaders and sufficient amounts of resources at work are related to low engagement, while bullying at work, overwork, and organizational injustice are related to high levels of workplace bullying. According to the Job Demands-Resources (JD-R) model, an employee's job demands and limited resources will reduce the employee's motivation and engagement. There is evidence that workplace bullying is related negatively with the work engagement of health care professionals. The term resilience is used to describe a person's ability to adapt to stress and adversity successfully and to bounce back from stressful experiences (Connor & Davidson, 2003). In the nursing field, resilience is important for enabling professionals to manage stress, regulate their emotions, and deliver high-quality patient care. The results of previous studies have revealed that resilient nurses have lower levels of emotional exhaustion, anxiety and burnout, and higher levels of job satisfaction, organizational commitment and work engagement. In addition, resilience has a protective role that lessens the negative psychological impact of workplace bullying and can help keep nurses motivated in difficult workplaces.

## **Workplace Bullying and Work Engagement**

There is a negative relationship between Workplace Bullying and Work Engagement. Workplace bullying and work engagement are important phenomena in the field of organizational psychology and it is for this reason that the link between these two has been extensively studied. Bullying at work is known as a chronic work stressor that can have a negative impact on employees' motivation, emotional well-being and commitment to work. On the other hand, work engagement is a positive psychological state, defined by vigor, dedication and absorption. Past research has consistently shown that being bullied in the workplace affects staff members' psychological resources, which lowers their level of work engagement. According to the Job Demands-Resources (JD-R) Model, workplace bullying is considered a psychosocial job demand that consumes employees' emotional and cognitive resources. Employees who suffer intimidation, humiliation, social exclusion and verbal abuse on a regular basis lose emotional energy and get psychologically removed from the job. With diminishing psychological resources, employees are less

energetic, less committed, and less engaged in their work. As a result, work engagement is reduced which impacts on individual performance and organizational productivity. The negative relationship between workplace bullying and work engagement is supported by a wealth of evidence. Canadian nurses who report being bullied in the workplace were found to have significantly lower work engagement and organizational commitment scores by Laschinger and Read (2016). The researchers found that bullying caused psychologically unsafe workplaces, thereby affecting employees' willingness to contribute to their work. Likewise, Rodríguez-Muñoz et al. (2017) determined that repeated exposure to workplace bullying was associated with lower levels of engagement and higher levels of emotional exhaustion among healthcare workers. The results suggest that workplace bullies have a negative impact on employee attitudes towards the work environment as well as on their mental health. In Scandinavian countries, researchers (Einarsen et al.), further found that workers that were continuously bullied reported a decrease in vigor, dedication and concentration levels when performing tasks. The victims often reported feeling helpless, frustrated, and emotionally withdrawn, all of which had an impact on work engagement. The results of this study highlight the importance of the gradual erosion of employees' enthusiasm and commitment to a professional role that is caused by the effects of prolonged exposure to hostile workplace behaviors. Similar findings were obtained in studies carried out in healthcare settings in Asia. In China, South Korea, and Malaysia for instance, investigations among nurses have revealed that workplace bullying has a negative effect on such factors as motivation, organizational commitment, work engagement, and burnout. These negative effects were compounded by heavy workload, hierarchical organizational cultures, and a lack of communication. The results of these studies collectively identified that workplace bullying is an issue in all occupations across the world and is affecting the nurses irrespective of the cultural differences and organizational differences. In addition, a few researchers have highlighted that the indirect effect of workplace bullying on patient care is through its effect on nurses' work engagement. The following behaviors are observed when a nurse is being bullied: low concentration, poor inter-personal communication skills, lack of teamwork, lack of interest in organizational activities. Such changes in behavior put a person at risk of medical errors and lower the quality of care. To improve work engagement, healthcare organizations need to foster respectful workplace cultures that do not tolerate bullying behaviors and are conducive to employee well-being. In Pakistan the research on workplace bullying and work engagement is still scant. The working environment of Pakistani nurses is often stressful, involving situations of understaffing, heavy patient loads, lack of organization supports, and hierarchical management systems. The following work-related factors can make the situation more difficult for people to avoid exposure to bullying and more challenging to engage in positive interactions. Consequently, this correlation between nurses in Pakistan offers valuable insights for healthcare administrators looking to foster a positive organizational culture and boost employee satisfaction and productivity. In general, the literature reviewed has confirmed that workplace bullying is significantly negatively related to work engagement. Bullying behaviors tend to occur more frequently among employees and lead to a decrease in these three factors: vigor, dedication and absorption. Findings indicated that workplace bullying will negatively predict work engagement among Pakistani nurses which is an important baseline for the present study.

### **Workplace Bullying and Resilience**

More and more researchers in occupational health psychology have looked into the connection between workplace bullying and resilience. Workplace bullying includes repeated experience of negative behaviors including verbal abuse, intimidation, humiliation, and social exclusion, and it can impair workers' psychological ability or capacity to manage the stress in the workplace. The Conservation of Resources (COR) Theory suggests that extended periods of bullying use up valuable psychological resources, increasing the likelihood of emotional distress and lower levels of employees' resilience. Resilient individuals, on the other hand, are better able to cope, manage their emotions, have a positive outlook, and problem solve, allowing them to rebound more effectively from negative workplace situations. There is a consistent empirical link between workplace bullying and resilience that is consistently negative. Research has shown that resilient healthcare staff members have less stress, anxiety and emotional burnout in difficult work conditions (Mealer et al., 2017). Likewise, García-Izquierdo and Ríos-Rísquez (2019) reported that resilience has the ability to buffer adverse psychological outcomes associated with workplace bullying by fostering adaptive coping and emotional stability. In nurses, there is a significant correlation between higher resilience and psychological adjustment, professional commitment, and emotional well-being. The association between workplace bullying and resilience of nurses in Pakistan is still under-researched. Resilience could be a significant protective factor in the negative effects of workplace bullying in the context of a high workload, staff shortage, and the challenging healthcare context. Investigating this relationship between Pakistani nurses can thus yield valuable evidence to shape interventions to foster resilience and better working environments.

### **Resilience and work engagement**

Resilience and work engagement are highly studied in the field of occupational health psychology. Resilience helps employees to deal with issues that occur at work, and work engagement reflects the way that employees are energetic, enthusiastic, and

immersed in their work. According to the Job Demands–Resources (JD-R) Model, resilience is an important personal resource that enhances motivation, psychological well-being, and commitment to work. More resilient workers are able to cope with stressors at work, control their emotions, and exhibit a positive attitude, which results in greater work engagement. There is a consistent positive link between resilience and work engagement in previous studies. Bakker and Demerouti (2017) proposed that high personal resources among employees have a positive implication to work motivation and psychological involvement. Likewise, Robertson et al. (2015) determined resilience to be a key predictor of work engagement. Resilient nurses tend to report less emotional exhaustion and more enthusiasm, dedication, and commitment to caring for patients than other nurses (Mealer et al., 2017; Guo et al., 2020). The results suggest that there are links between resilience and employee wellbeing and effectiveness in the workplace.

The work environment in Pakistan poses unique challenges for nurses, such as high workloads, staff shortages, and challenging clinical conditions, and resilience is crucial for maintaining work engagement. Hence, this study's importance is to explore the association between resilience and work engagement among nurses in Pakistan, which can be used as evidence for the development of intervention to increase the psychological resources of nurses for improving health outcomes.

### **Research Gap**

While there has been a lot of research on workplace bullying, resilience and work engagement in the field of organizational and occupational health psychology, there are some important gaps in the research. In most previous studies, the direct link between workplace bullying and the negative psychological outcomes, including burnout, job stress, anxiety, depression, and turnover intention has been examined. There is relatively less research which has examined positive psychological outcomes in healthcare staff, such as work engagement. In addition, most of the previous studies have taken place in developed nations such as Australia, Canada, the United Kingdom, Norway and the United States. The healthcare system, organizational culture, leadership styles and workplace environment in these countries vary significantly from that in Pakistan. So, the results of international studies are not directly applicable in Pakistan's healthcare system. Resilience, as an important psychological resource, has gained recognition, but with limited research on how this psychological resource acts as a buffer against the impact of workplace bullying on work engagement among Pakistan's nurses. Although there has been relatively little empirical study on resilience, the majority of local studies have been on occupational stress, burnout, or job satisfaction. Furthermore, few studies have examined workplace bullying, resilience and work engagement in one conceptual model. Pakistani nurses often have to work in an environment of inadequate staffing, undue workloads, insufficient health facilities, and power dynamics. These working situations can lead to an increased risk of being bullied in the workplace and negatively influence nurses' psychological state and commitment to the profession. But, the empirical evidence to explain why nurses are resilient and protected from these adverse experiences is limited. The present study thus aims to address these gaps through the exploration of the relationship between workplace bullying, resilience and work engagement among Pakistani nurses. It also explores the protective effect of resilience in reducing the negative effects of workplace bullying on work engagement. The results will help to expand the occupational health psychology literature and support evidence-based recommendations for enhancing nurses' health and organizational functioning.

### **Conceptual Framework**

The concept of the present study is grounded on the hypothesis that workplace bullying has a detrimental effect on nurses' work engagement, but that resilience acts as a psychological resource to reduce the negative impact of workplace bullying on work engagement. Higher resilient employees should be better able to handle stress in the workplace, and demonstrate greater enthusiasm, commitment, and engagement in their work.

#### **Independent Variable (IV)**

Workplace Bullying

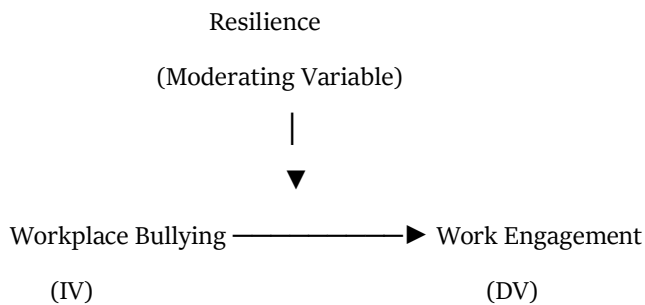
#### **Moderating Variable**

Resilience

#### **Dependent Variable (DV)**

Work Engagement

### Conceptual Model



### The purpose of this study is to examine the specific objectives

The current study aimed to accomplish the following objectives:

1. To explore the association between workplace bullying and work engagement of Pakistani Nurses.
2. To determine the relationship between workplace bullying and resilience.
3. To explore the connection between resilience and work engagement.
4. The moderating effect of resilience between workplace bullying and work engagement was investigated.
5. To make recommendations on ways to lower workplace bullying and increase work engagement in nurses by using strategies to build nurses' resilience.

### Research Hypotheses

The following hypotheses were set up based on the literature review and theoretical framework:

- H1:** Work engagement is significantly and negatively correlated with workplace bullying among the nurses of Pakistan.
- H2:** There is a significant negative correlation between workplace bullying and nurses' resiliency in Pakistan.
- H3:** A significant and positive relationship exists between Resilience and work engagement among Pakistani nurses with r value being 0.35 ( $p < 0.001$ ).
- H4:** The negative relationship of workplace bullying to work engagement is significantly moderated by resilience, with the negative impact of workplace bullying on work engagement being less strong for nurses with high resilience.

### Methodology

#### Research Design

The present study used the quantitative research approach with cross sectional correlational research design to explore the relationship between workplace bullying, resilience and work engagement amongst Pakistani nurses. A quantitative method was deemed to be suitable since it permits the objective measurement of psychological constructs by using standardized psychological instruments and the examination of the relationship among psychological variables in a statistical way. Because of the cross-sectional design, the data could be gathered from the participants at one time point, while the correlational design allowed for the examination of associations (no manipulation) between workplace bullying, resilience, and work engagement. Additionally, moderation analysis was conducted to identify if workplace bullying was moderated by resilience.

#### Research Setting

This study was conducted in public and private hospitals in Pakistan with the nurses working there. A setting where the role of a nurse is challenging, with high workload, shift responsibilities, emotional strain, and frequent interactions with patients, doctors, and other healthcare workers is suitable for research on workplace bullying in these healthcare institutions. These

work circumstances may affect the work circumstances in which nurses find themselves, increasing the risk of them being victims of workplace bullying and may affect their resilience and work engagement.

### Participants and Sample

The target population was all registered nurses working in both public and private hospitals of Pakistan. 200 nurses were involved in the study. To ensure diversity and to make the results as generalizable as possible, both male and female nurses were included. Participants were from varying ages, educational levels and professional experience. The sample size was deemed acceptable for correlation and moderation analyses, and comparable to the recommendations for behavioral and social science research.

### Sampling Technique

A convenience sampling technique was used to recruit participants. It was decided to use this non-probability sampling technique because obtaining a probability sample was impractical and nurses working in different hospitals were easily available. The subjects who met the inclusion criteria and agreed to take part in the study were included.

The inclusion/exclusion criteria are provided. The inclusion/exclusion criteria are given. Inclusion Criteria Pregnant women and registered nurses (RNs) who have worked in public or private hospitals in Pakistan. Registered nurses (RNs) working in public or private hospitals in Pakistan and pregnant women. Female and male nurses. Nurses who have had one year or more of clinical experience. Voluntary participation of nurses.

Exclusion Criteria Student nurses and nursing interns. Nurses not included, primarily administrative staff and other health care workers. Those nurses who refused to give informed consent. Questionnaires that were not completed were dropped from the final analysis.

**Table 1**

#### *Sociodemographic Characteristics of Participants*

|                           | Demographics       | n   | %    |
|---------------------------|--------------------|-----|------|
| Gender                    | Male               | 60  | 30.0 |
|                           | Female             | 140 | 70.0 |
| Designation of Respondent | MSN                | 20  | 10.0 |
|                           | BSN                | 99  | 49.5 |
|                           | Specialist         | 57  | 28.5 |
|                           | RN                 | 13  | 6.5  |
|                           | Manager            | 11  | 5.5  |
| Shift Pattern             | Day                | 99  | 49.5 |
|                           | Night              | 23  | 11.5 |
|                           | Evening            | 24  | 12.0 |
|                           | Rotating           | 54  | 27.0 |
| Age of Respondent         | 21–30 Years        | 186 | 93.0 |
|                           | More than 30 Years | 14  | 7.0  |
| Type of Hospital          | Private            | 85  | 42.5 |
|                           | Government         | 87  | 43.5 |

|                             |                    |     |      |
|-----------------------------|--------------------|-----|------|
|                             | Semi-Government    | 28  | 14.0 |
| Years of Nursing Experience | 1–10 Years         | 182 | 91.0 |
|                             | More than 20 years | 18  | 9.0  |

N=200

### Research Instruments

The following instruments were used to measure the study variables, which are standardized instruments.

#### Emotion Regulation from the Negative Acts Questionnaire–Revised (NAQ-R)

The Negative Acts Questionnaire–Revised (NAQ-R) by Einarsen et al. was used to assess workplace bullying. The instrument has 22 items which assess negative behaviors experienced in the workplace, but does not explicitly refer to bullying. The results obtained were based on a Likert type scale where higher scores meant higher exposure to workplace bullying. The NAQ-R has proven to be very reliable and valid in various work contexts.

#### The Connor–Davidson Resilience Scale (CD-RISC-25)

The Connor–Davidson Resilience Scale (CD-RISC-25) by Connor and Davidson (2003) was used to assess resilience. It consists of 25 items that measure an individual's adaptive response to adversity, recovery from stressful events, and psychological functioning. Scores are higher for greater resilience. The CD-RISC-25 has already proven to have good psychometric properties and has been widely used in healthcare research.

#### Utrecht Work Engagement Scale (UWES-17)

The Utrecht Work Engagement Scale (UWES-17) was used to measure work engagement as developed by Schaufeli et al. There are 17 items on the scale to assess the 3 dimensions of work engagement: vigor, dedication, and absorption. A Likert-type response scale was used to rate each item for participants. Scores above the mean value represent higher degrees of work engagement.

### Data Collection Procedure

Permission to collect data was granted from the related hospital authorities prior to data collection. Participants were given an explanation of the study and were told it was a voluntary study. All participants gave informed written consent to receive the questionnaires. The survey questionnaires were personally handed to eligible nurses while on duty at participating hospitals. Participants filled out the questionnaires on their own and returned them to the researcher. The filled out questionnaire was cross-checked for completeness prior to data entry and statistical analysis.

### Ethical Considerations

Ethical aspects were fully complied with during the investigation. All participants were asked to participate in the study, and informed consent was requested and obtained prior to the collection of data. Participants were promised confidentiality of all data and stated that this data would be used in a purely academic manner. No identification was sought and participants were given the option to stop participation in the study at any time without any repercussions. Participants' privacy was carefully protected by storing data securely, and analyzing it in aggregate.

### Data Analysis

The data collected were analyzed using the Statistical Package for the Social Sciences (SPSS). The descriptive statistics (mean and standard deviations) were used to summarize the characteristics of the study variables. The internal consistency of the measurement scales were examined through reliability analysis which was carried out by Cronbach's alpha. Pearson correlation was performed to explore the relationships among workplace bullying, resilience and work engagement. Where applicable, comparisons of demographics were made using independent-samples t-tests. Finally, a moderation analysis was performed using PROCESS Macro (Model 1) developed by Hayes to determine if there was an interaction between workplace bullying and work engagement.

## Results

**Table 2**

*Descriptive Statistics for Study Variables (N = 200)*

| Variable           | n   | M    | SD   | Min  | Max  |
|--------------------|-----|------|------|------|------|
| Workplace Bullying | 200 | 2.19 | 0.87 | 1.00 | 5.00 |
| Resilience         | 200 | 2.91 | 0.77 | 0.00 | 4.00 |
| Work Engagement    | 200 | 4.09 | 1.26 | 0.00 | 6.00 |

*Note.* M = mean; SD = standard deviation; Min = minimum; Max = maximum.

Descriptive statistics of all study variables are presented in Table 2. The range for the workplace bullying scores among the 200 participants was from 1.00 to 5.00 ( $M = 2.19$ ,  $SD = 0.87$ ), which reflects a low to moderate level of exposure to workplace bullying. The scores of resilience were moderately high with a mean score of 0.00 to 4.00 ( $M = 2.91$ ,  $SD = 0.77$ ). The overall mean score for work engagement was 4.09 with a standard deviation of 1.26 and ranged from 0.00 to 6.00, which indicates moderate levels of work engagement.

**Table 3**

*Pearson Correlations between Workplace Bullying, Resilience and work engagement among nurses (N = 200)*

| Variable              | 1     | 2     | 3 |
|-----------------------|-------|-------|---|
| 1. Workplace Bullying | —     |       |   |
| 2. Resilience         | -.14  | —     |   |
| 3. Work Engagement    | -.18* | .58** | — |

*Note.*  $p < .05$ . \*\*  $p < .01$ .

Pearson correlation coefficients were calculated to investigate the relationships between workplace bullying, resilience and work engagement (Table 1). While there was no significant correlation between workplace bullying and resilience ( $r = -.14$ ,  $p > .05$ ), there was a significant negative correlation between workplace bullying and work engagement ( $r = -.18$ ,  $p < .05$ ), suggesting that the higher the level of workplace bullying, the lower the work engagement. Work engagement had a significant strong positive correlation with resilience ( $r = .58$ ,  $p < .01$ ), which meant that the higher the nurse's resilience, the higher their work engagement.

**Table 4**

*Independent Samples T-Test showing Gender Differences of Nurses workplace bullying, Resilience and work engagement (N=200)*

| Variable           | Males<br>(n = 79) |     | Females<br>(n = 121) |     | t (198) | p   | Cohen's d |
|--------------------|-------------------|-----|----------------------|-----|---------|-----|-----------|
|                    | M                 | SD  | M                    | SD  |         |     |           |
| Workplace bullying | 2.27              | .97 | 2.16                 | .82 | .84     | .40 | .17       |
| Resilience         | 2.99              | .87 | 2.87                 | .72 | 1.02    | .31 | .20       |

|                 |      |      |      |      |      |     |      |
|-----------------|------|------|------|------|------|-----|------|
| Work Engagement | 3.99 | 1.48 | 4.14 | 1.16 | -.74 | .46 | -.13 |
|-----------------|------|------|------|------|------|-----|------|

Note. M= Mean, SD= Standard Deviation

Gender differences in workplace bullying, resilience, and work engagement among nurses were analyzed using independent samples t-tests. No significant gender differences emerged for workplace bullying, resilience, or work engagement among nurses. The results revealed that there was no significant difference between male and female nurses on any of the study variables, and all effect sizes were small.

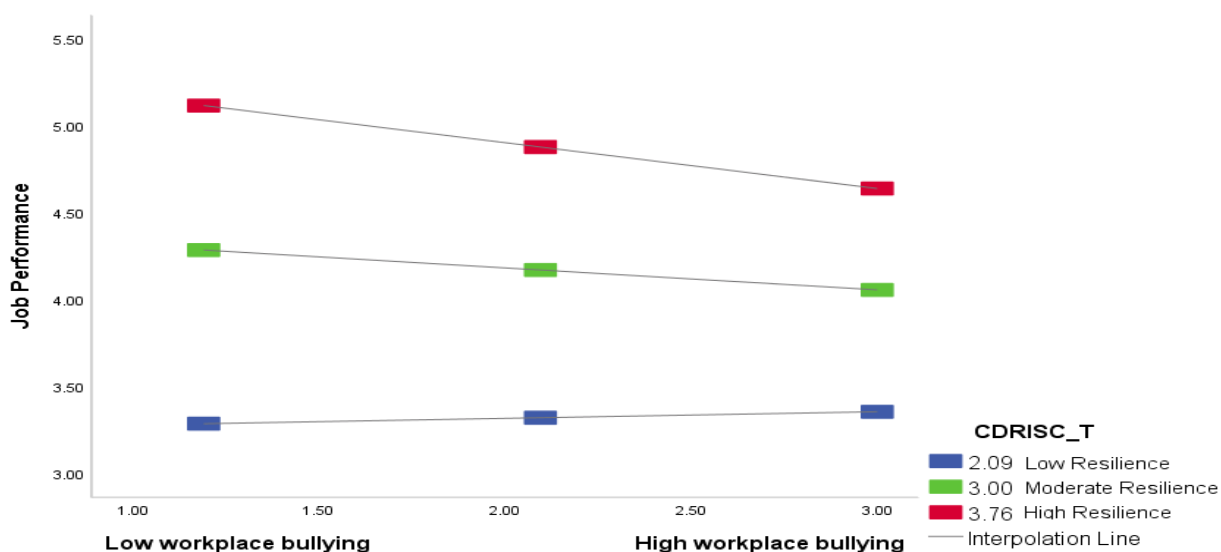
**Table 5**

*Moderation Analysis Predicting work engagement*

| Variables       | B     | SE  | t     | p    | 95% CI |      |
|-----------------|-------|-----|-------|------|--------|------|
|                 |       |     |       |      | LLCI   | ULCI |
| Constant        | .51   | .78 | 0.64  | .51  | -1.03  | 2.05 |
| NAQ-R           | .42   | .34 | 1.21  | .22  | -0.25  | 1.08 |
| CD-RISC         | 1.30  | .24 | 5.42  | .000 | 0.83   | 1.78 |
| NAQ-R × CD-RISC | -0.18 | .10 | -1.69 | .09  | -0.39  | 0.03 |
| R <sup>2</sup>  | .36   |     |       |      |        |      |
| F               | 36.17 |     |       |      |        |      |
| ΔR <sup>2</sup> | .009  |     |       |      |        |      |

N = 200. CI = confidence interval, SE = standard error, NAQ-R= Workplace Bullying, CDRISC= Resilience,  $p < .05$ , \*\*\*  $p < .001$

The results of a moderation analysis indicated that the overall model was significant,  $R^2 = .36$ ,  $F(3, 196) = 36.17$ ,  $p < .001$ . Work engagement was a significant positive predictor ( $B = 1.30$ ,  $p < .001$ ) and resilience was one of the most important positive predictors. The relationship between workplace bullying and resilience was not significant, however ( $B = -0.18$ ,  $p = .09$ ,  $\Delta R^2 = .009$ ), suggesting that the effect of workplace bullying on work engagement was not moderated by resilience. Therefore, there was no significant difference between the impact of work bullying on work engagement across levels of resilience.



**Fig. 1** Resilience as a moderator in the association between psychological harassment and employee involvement among Nurses

## Discussion

This study looked at the correlations between workplace bullying, resilience and work engagement among Pakistani nurses and the differences between male and female nurses. The results add to the occupational health literature by providing evidence that workplace bullying has a negative impact on work engagement, while resilience has a positive impact on work engagement for nurses. The first hypothesis was supported as there was a significant negative relationship between workplace bullying and work engagement. Those nurses who were associated with higher workplace bullying also reported lower level of work engagement. This finding reflects the Job Demands – Resources (JD-R) Model and earlier research indicating that bullying would exhaust the psychological resources of employees which results in reduced motivation, commitment and enthusiasm for work. The negative association could be further reinforced by heavy workloads and difficult working conditions in the Pakistani healthcare setting. The second hypothesis was also confirmed and resilience was found to be positively related to work engagement. More resilient nurses showed more vigour, dedication and absorption in their work. This is in line with previous studies showing that resilience is a personal attribute that helps employees manage work stress and adopt positive attitudes towards work. The correlation between workplace bullying and resilience was negative but not statistically significant, however, indicating that there are other personal and organizational factors that can affect resilience other than workplace bullying. There were no significant differences between males and females in regard to workplace bullying, resilience or work engagement. From the results of this finding, it can be concluded that the work conditions and psychological effects of both men and women nurses are equal. Thus, efforts to prevent school workplace bullying and build the resilience of the workforce must be directed at the nursing profession broadly, instead of a specific gender. As hypothesized, the relationship between workplace bullying and work engagement was not significantly moderated by resilience. Despite the resilience being a very important positive predictor of work engagement, it did not diminish the negative effect of workplace bullying. This finding implies that resilience is not a protective factor but a psychological strength of its own. The lack of a moderating effect could be due to the fact that individual resilience is not sufficient to deal with other organizational factors (such as workload, staffing levels and leadership practices). In general, results have shown that workplace bullying and resilience have independent influence on work engagement of Pakistani nurses. If workplace bullying could be reduced and nurses' resilience could be improved in the same time, this might account for better employee well-being, engagement at work, and better health outcomes. The study also contributes to the existing literature by offering a study of the Pakistani healthcare context and emphasizes organizational strategies that foster respectful workplaces and nurses' psychological well-being.

## Conclusion

The current study was aimed at exploring the relationships between workplace bullying, resilience and work engagement among nurses of Pakistan, focusing on the moderating effect of resilience. The results indicated that workplace bullying had a significant negative relationship with work engagement, and resilience had a significant positive relationship with work engagement. These findings imply that nurses who have a higher level of workplace bullying will be less likely to show psychological engagement with their work, but more likely to show high levels of enthusiasm, commitment, and engagement with their work responsibilities if they have high resilience. The results did not support the hypothesis stating that the relationship between workplace bullying and work engagement was to be expected to be moderated significantly by resilience. Resilience, however, was an important predictor by itself, two days later, of positive occupational functioning in the form of work engagement, suggesting that it directly fosters positive occupational functioning, rather than mitigating the negative impacts of workplace bullying. It is important to emphasize that apart from improving psychological resources in nurses, organizational factors may also play a role in workplace bullying situations and should be taken into account. Overall, the research adds to the expanding body of literature on occupational health, with empirical data specific to the context of health care in Pakistan. The results identify the importance of reducing workplace bullying and encouraging the development of resilience as crucial factors to enhance nurses' work engagement and to create healthier working conditions. Healthcare organizations should therefore adopt comprehensive anti-bullying policies, and supportive leadership practices and interventions which promote employee well-being, organizational effectiveness, and the quality of patient care.

## Practical Implications

The results indicated that anti-bullying policies and strong leadership need to be adopted in healthcare organizations to decrease bullying at work. Moreover, stress management training and psychological support programs can support nurses' work engagement and well-being, thereby positively affecting the quality of patient care.

### Confine and future directions

This study employed a cross sectional design and convenience sampling and might restrict causal inferences and the scope of generalizability of the results. In addition to this data was obtained using self-report measures which could be influenced by response bias. Future studies should use longitudinal designs, larger and more diverse samples and include other organizational and psychological factors that could be related to work engagement among nurses.

### References

1. Bakker, A. B., & Demerouti, E. (2008). Towards a model of work engagement. *Career Development International*, 13(3), 209–223. <https://doi.org/10.1108/13620430810870476>
2. Bakker, A. B., Demerouti, E., & Sanz-Vergel, A. I. (2014). Burnout and work engagement: The JD–R approach. *Annual Review of Organizational Psychology and Organizational Behavior*, 1, 389–411. <https://doi.org/10.1146/annurev-orgpsych-031413-091235>
3. Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman.
4. Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor–Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76–82. <https://doi.org/10.1002/da.10113>
5. Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands–resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512. <https://doi.org/10.1037/0021-9010.86.3.499>
6. Einarsen, S., Hoel, H., & Notelaers, G. (2009). Measuring exposure to bullying and harassment at work: Validity, factor structure and psychometric properties of the Negative Acts Questionnaire-Revised. *Work & Stress*, 23(1), 24–44. <https://doi.org/10.1080/02678370902815673>
7. Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. L. (Eds.). (2020). *Bullying and harassment in the workplace: Theory, research and practice* (3rd ed.). CRC Press.
8. Frederickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56(3), 218–226. <https://doi.org/10.1037/0003-066X.56.3.218>
9. Gilbert, S., Laschinger, H. K. S., & Leiter, M. (2010). The mediating effect of burnout on the relationship between structural empowerment and organizational citizenship behaviours. *Journal of Nursing Management*, 18(3), 339–348. <https://doi.org/10.1111/j.1365-2834.2010.01074.x>
10. Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2019). *Multivariate data analysis* (8th ed.). Cengage.
11. Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513–524. <https://doi.org/10.1037/0003-066X.44.3.513>
12. Johnson, S. L. (2009). International perspectives on workplace bullying among nurses: A review. *International Nursing Review*, 56(1), 34–40. <https://doi.org/10.1111/j.1466-7657.2008.00679.x>
13. Kahn, W. A. (1990). Psychological conditions of personal engagement and disengagement at work. *Academy of Management Journal*, 33(4), 692–724. <https://doi.org/10.2307/256287>
14. Laschinger, H. K. S., Wong, C. A., & Grau, A. L. (2012). The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout and retention outcomes. *Journal of Nursing Management*, 20(1), 126–136. <https://doi.org/10.1111/j.1365-2834.2011.01275.x>
15. Leymann, H. (1996). The content and development of mobbing at work. *European Journal of Work and Organizational Psychology*, 5(2), 165–184. <https://doi.org/10.1080/13594329608414853>
16. Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103–111. <https://doi.org/10.1002/wps.20311>
17. Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238. <https://doi.org/10.1037/0003-066X.56.3.227>
18. Naseem, K., & Khalid, F. (2020). Positive impact of workplace bullying on organizational performance? Moderating role of resilience among nurses in Pakistan. *Pakistan Journal of Psychological Research*, 35(1), 67–84.
19. Podsakoff, P. M., MacKenzie, S. B., Lee, J. Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, 88(5), 879–903. <https://doi.org/10.1037/0021-9010.88.5.879>
20. Rich, B. L., Lepine, J. A., & Crawford, E. R. (2010). Job engagement: Antecedents and effects on job performance. *Academy of Management Journal*, 53(3), 617–635. <https://doi.org/10.5465/amj.2010.51468988>
21. Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3), 316–331. <https://doi.org/10.1111/j.1939-0025.1987.tb03541.x>

22. Salanova, M., Schaufeli, W. B., Llorens, S., Peiró, J. M., & Grau, R. (2000). From burnout to engagement: A new perspective. *Revista de Psicología del Trabajo y de las Organizaciones*, 16(2), 117-134.
23. Schaufeli, W. B., Bakker, A. B., & Salanova, M. (2006). The measurement of work engagement with a short questionnaire: A cross-national study. *Educational and Psychological Measurement*, 66(4), 701-716. <https://doi.org/10.1177/0013164405282471>
24. Schaufeli, W. B., Salanova, M., González-Romá, V., & Bakker, A. B. (2002). The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness Studies*, 3(1), 71-92. <https://doi.org/10.1023/A:1015630930326>
25. Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. Free Press.
26. Tuckey, M. R., Dollard, M. F., Hosking, P. J., & Winefield, A. H. (2009). Workplace bullying: The role of psychosocial work environment factors. *International Journal of Stress Management*, 16(3), 215-232. <https://doi.org/10.1037/a0016841>
27. Utrecht University. (2004). *Utrecht Work Engagement Scale: Preliminary manual* (Version 1.1). Occupational Health Psychology Unit, Utrecht University.
28. World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. World Health Organization. <https://www.who.int/publications/i/item/9789240003279>
29. Yildirim, D., & Yildirim, A. (2007). Development and psychometric evaluation of workplace psychologically violent behaviours instrument. *Journal of Clinical Nursing*, 17(10), 1361-1370. <https://doi.org/10.1111/j.1365-2702.2007.02162.x>



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