Organizational Culture, Organizational Trust and Workplace Bullying Among Staff Nurses at Public and Private Hospitals

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Background: Organizations involve individuals with diverse backgrounds, skills and experience; they work together as a supportive entity to attain definite goals and objectives. The major responsibility of healthcare owners is to generate and sustain a positive organizational culture and organizational trust that is free of lack of respect and workplace bullying. *Aim*: the present study aimed to assess the relationship of organizational culture, organizational trust and workplace bullying among staff nurses at public and private hospitals. *Research design*: A descriptive correlation comparative design was utilized. *Sample*: All staff nurses (n=176) who agreed to participate in the study at time of data collection and had at least one year of experience were included, public hospital (n= 87) and private hospital (n= 89). *Setting:* The present study was conducted at two public and two private hospitals in Cairo. *Tools*: Three questionnaires were developed guided by literature 1- The Organizational Culture Assessment Instrument, 2- Organizational trust questionnaire 3- Negative Acts Questionnaire-Revised (NAQ-R). *Results:* showed that more than half (57.4%) of staff nurses bullied by patients, there was a statistical significant difference between total staff nurses perception of organizational culture (t=-8.83-, p = 0.00) at public and private hospitals and their perception of organizational trust (t= -3.93- , p = 0.00) at public and private hospitals. Highest mean score in total perception of organizational culture and organizational trust (54.9 ± 12.37 and (65.56 ± 12.85) respectively in private hospitals compared to public hospitals**.** There was no statistical difference between all dimensions and total nurses' perception regarding bullying in public and private hospitals. Moreover, there was a statistical significant positive correlation (r=.529[**]) between organizational culture and organizational trust. While, there was a statistical significant negative correlation among organizational culture, organizational trust and bullying (r= -.157[*] and r= -.300[**]) respectively. *Conclusion:* The present study concluded that there were significant difference between staff nurses perception of organizational culture and organizational trust in public and private setting. While, there was no significant difference between bullying in private and public setting. *Recommendations*: Develop polices by administrators to prevent patients and relative workplace bullying. Develop strategic plan to enhance organizational culture and organizational trust in public healthcare settings. Increase awareness about workplace bullying.

Keywords: Organizational Culture, Organizational Trust, Workplace Bullying, Private Hospitals, Public Hospitals and Staff Nurses.

INTRODUCTION

Worldwide, each organization confronts many constraints that can be internal and external. Therefore, organizational success, will depend on its ability to determine and understand all surrounding factors such as environment, and adopt organizational strategies that will enhance its performance. Understanding organizations and making them effective requires understanding of its culture, which considered one of the key success factors that must be considered in order to enhance the production system success rate (Schein, 2010, Moorthy, Tan, Choo, Wei, Ping and Leong, 2012 and Guo, Feng & Wang, 2014).Fong and Kwok (2009) defined "culture" as collective behaviors of a group of people inside an organization. Also, Sharma & Sharma (2010) defined it as the medium through which an institution expresses itself to its workers or members. Adding that, its main characteristics include accountability, decentralized leadership, collaboration, alignment and adaptability to achieve success and continue to survive. Organizational culture includes a summary of shared beliefs, values, perceptions and assumptions that shared by a group of employees in an organization which can affect the attitudes and behavior of this group. (Tsai, 2011 and Moon, Quigley and Marr, 2012. Furthermore, Bagire (2015) defined it as how a group in an organization view and perform actions while achieving the aims of the

organization. Johnson, (2012) stated that organizational culture includes all processes, policies, norms, history, and practices that influence what and how individuals and groups in the organization behave. Organizational culture grows through interactions between members over time.

Cameron & Quinn (2011) reported that organizational culture composed of several factors, including leadership style, professional growth, internal communication, work stability, worker satisfaction, incentive system, and organization performance. While, Manley, Sanders, Cardiff & Webster (2011) , Bahrami, Hasanpour, Rajaeepour, Aghahosseni, & Hodhodineghad (2012), White & Dudley-Brown, 2012 and Davis (2015) emphasized that personnel are considered the main cornerstone in the improvement process to achieve efficiency and effectiveness of an organization. Positive culture of health care organization greatly influences workers' ability, retention, motivation, loyalty and engagement. Supports the implementation of evidence based, professional practice and enables the best patient outcomes clarifying that, when there is a positive culture workers' trust is reinforced.

Health professionals team members want a work culture that characterized by trust and respect where they have the capacity and skills to make contributions to achieve the organizational goals and objectives. Interactions among

health care workers influenced by trust, it is a concept perceived as honesty and based on truth, consequently this enables employees to surface their ideas and feelings, use each other as resources, and learn together (Koc and Yazıcıoglu, 2011 and Ayangeawam, Tertindi & Tyokyaa, 2014)

Arslan (2009) and Vakola, Bouradas & Nikolaou (2011) reported that organizational trust is one of the important components in the organizational success and have a great advantage for organizations. It is defined as a psychological state by providing a feedback on how employees perceive the problems in the situations in which the organization is endangered. Moreover, Li, Bai and Xi (2012) declared that it means the overall orientation and awareness of the organization's reliability.

Vineburgh (2010) stated that organizational trust in the work environment has been associated with higher levels of organizational performance and competitiveness. Also, it is known to have positive effects on patient care and on institutions. Fulmer & Gelfand, (2012) and Mey, Werner, & Theron (2014) documented that employees who experience a lack of trust have lower work satisfaction. Moreover, Yilmaz & Altinkurt, (2011),Elma (2013) and Chen et al. (2015) mentioned that personnel who experience high levels of organizational trust are accountable, more creative, and performing behaviors for the organization. Additionally, it enhances the job satisfaction, organizational commitment, and productivity of employees, promotes cooperation, centralization of issues, effective communication, and information sharing and can compensate for the limited capabilities of employees.

ANA (2015 and Gransta (2015) identified that one main employer's responsibilities is to create and maintain a culture of trust and respect, which is free of incivility and workplace bullying. Bullying is becoming a serious problem that nurses may expose to; literature revealed that it increased in at an alarming rate. Seonyoung & Jiyeon (2014) and Pilch & Turska (2015) stated that one of the strongest organizational factors related to workplace bullying is a nursing organizational culture. (Himmer, 2016) added that researchers have identified the primary causes of workplace bullying as envy, leadership disregard, a permissive climate, organizational culture, and personality traits. Factors of workplace bullying classified by Embree & White (2010) and Lee, Bernstein, Lee & Nokes (2014) into individual and organizational factors. Individual factors include high aggressiveness and work stress among perpetrators, and age, work experience, lack of social skills, low self-esteem, and low competency among victims. While, organizational factors include misuse of authority, informal alliances, organizational tolerance, an unclear location of responsibility, a hierarchical organizational culture, and an outcome-oriented atmosphere.

Workplace bullying is frequent, undesirable hurtful activities that proposed to embarrass, annoy, and cause trouble in the beneficiary. Bullying activities include those activities that incorporate those that hurt, undermine, and corrupt. Actions may contain, however, are not constrained to, threatening comments, verbal assaults, dangers, insults, terrorizing, and retaining of help (McNamara, 2012). It is usually includes a misuse or maltreatment of power, makes emotions of vulnerability and unfairness in the objective, and undermines person's inborn right to dignity (Vessey, DeMarco, & DiFazio, 2011). Moreover, it refers to circumstances where an individual or group frequently bother, makes distress and social rejects another individual (Hodgins , MacCurtain & Mannix-McNamara, 2014).

Workplace bullying can be generally defined as a manner of repeated negative behaviors from one staff member to another, where the victims cannot protect themselves or prevent the behavior (Lutgen-Sandvik, Tracy, & Alberts, 2007). Dessler (2013) defined bullying as "singling out someone to harass and mistreat". Additionally, it is important to note that while the term "workplace violence" is sometimes used to describe bullying, it most commonly refers to physical violence or threats of intent to harm (Ontario Ministry of Labour, 2015).

It is usually includes actions like attacks on colleagues reputations (e.g., spreading gossipy tidbits, criticizing their clothing or work propensities), socially avoid or ignoring colleagues, and undermining colleagues capacities carry out their responsibilities viably through oversights, for example, retaining data. Also, it involves Unobtrusive physical acts, for example, attacking a personal area of an individual's, or making faces at them or behind their backs (Einarsen, Hoel, Zapf, & Cooper, 2011). However, bullying within nursing has been known globally as an important problem with major harmful effect on personal health, teamwork, performance, overall healthcare organizations, and patients' outcome (Loh, Restubog, & Zagenczyk, 2010 and Simons & Mawn, 2010).

Bullying has been shown to have both physical and psychological consequences for the victim. That may include headaches, changes in dietary pattern, rest aggravations, gut unsettling influences, palpitations, nervousness, discouragement, and sentiments of detachment (Katrini, Atabay, Gunay, & Cangarli, 2010 Laschinger, Grau, Finegan, & Wilk, 2010; Vessey, DeMarco & DiFazio, 2011 and Laschinger & Nosko, 2015). Additionally, it may lead to decline in job satisfaction level, elevated stress, exhaustion, increased absence rate , influence staff efficiency and productivity (Anderson, 2011, Skarbek, Johnson & Dawson, 2015) . (Himmer, 2016) recommended that workplace bullying among nurses may be prohibited by constructing to positive, relationship-oriented and supportive organizational culture. Thus, this study aimed to assess the relationship of organizational culture, organizational trust and workplace bullying among staff nurses at public and private hospitals.

SIGNIFICANCE

Nurses are important key staff in healthcare team members their basic responsibilities is meeting change in health care needs and achieving organizational objectives. Nowadays, in healthcare setting culture, become an important because of continuous structural changes which affects staff performance and their turnover rate. Furthermore, organizational trust is considered one of the most important entraining factors for organizational success. Increasing

nurses' trust in their institutions and their willingness to work there in the long-term should therefore be a priority for health care manager (Acar & Pınar, 2014, Banaszak-holl, Castle, Lin, Shrivastwa, & Spreitzer, 2015, Baştug, Pala, Kumartaşli, Günel, & Duyan, 2016 and Basit & Duygulu, 2018).

The culture of an organization may be a factor affecting workplace bullying. In some cultures, it affects an employee and organizations and was considered one of the foremost issues recently. Workplace bullying is a complex problem continues to rise, and has received increased attention domestically and internationally for the past two decades (Ryan, 2016 and Kelloway, Nielsen, & Dimoff, 2017). In Egypt, Arafa, and Ewis (2015) found that, 92.8% of nurses reported that they were exposed to bullying. Howell (2016) reported that nurses have the highest prevalence rates of workplace bullying among health professionals. Adding, there are numerous consequences to individual well-being, work teams, health organizations, and patient care. Furthermore, Jones (2017) add that workplace bullying has been blamed for higher attrition rates, reduced productivity, and even the current nursing shortage. Poorer patient care and reduced safety on the job.

In Egypt, Salem & Baddar, (2014) recommended that hospital administrators should create a collaborative and constructive culture within healthcare members. However, there was a little evidenced research done to investigate the relationship between organizational culture, organizational trust and bullying. This was supported by, Murphy (2013) who indicated a gap in the body of knowledge of this topic and a need for a more detailed understanding of the perceived bullying on organizational culture as experienced by organizational employees. Therefore, this study will enrich nursing profession's body of knowledge regarding variables under study. Also, it will shed light on organizational culture and trust that affect nurses from different dimensions.

SUBJECTS AND METHODS

The aim of the study:
The present study was conducted in order to assess relationship of organizational culture, organizational trust and workplace bullying among staff nurses at public and private hospitals.

Research questions:
To fulfill this aim the following research question was developed:
- What is the difference between staff nurses' perception regarding organizational culture at public and private hospitals?
- What is the difference between staff nurses' perception regarding organizational trust at public and private hospitals?
- What is the difference between staff nurses' perception regarding workplace bullying at public and private hospitals?
- What is the relationship between organizational culture, organizational trust and workplace bullying as perceived by staff nurses at public and private hospitals?

Research Design:
A descriptive correlation comparative design was utilized to achieve the aim of the present study.

Sample:
All nurses who agreed to participate in the study at time of data collection were included. Total sample was (176), they included (87) staff nurses from public hospitals and (89) staff nurse from private hospital. They divided as follows (135) female and (49) male; around half of the sample their age was ≥ 30 years old, working at different departments. Most of nurses had diploma degree. Inclusion criteria included all staff nurses with at least one year of experience and accepted to participate in the study.

Setting:
- The present study was conducted at two public and two private hospitals in Cairo. Hospital settings include different unit as: critical care, medical, surgical, and other units such as kidney dialysis, obstetric and pediatrics.

Tools for data collection:
To achieve the aim of the present study data were collected using three tools:
1. The Organizational Culture Assessment Questionnaire:
A. First part: Include personal characteristics as (hospital name , unit, gender, age, educational qualifications, years of experience in the profession and years of experience in the hospital)
B. Second part: Organizational Culture Assessment Questionnaire: it was developed guided by investigators (Atwell, 2016) (Kaufman, 2013) (Al-Otaibi, 2010) It consisted of (24) items, included (6) dimensions: hospital characteristics, organizational leadership , management of employees, organization glue, hospital strategic emphasis, success criteria, each of them has (4 items).
2. Organizational trust questionnaire. This questionnaire modified from (Shockley-Zalabak, Ellis, & Cesaria, 1999; Dietz & Den Hartog, 2006 and Nwankpa & Roumani, 2014) to measure the levels of nurses' perception to their organizational trust. It included (29 items) represented in five dimensions as follows: competence and reliability (4 items), openness (9 items), concern for employees (7 items) and identification (5 items).
3. Workplace bullying measured by using Negative Acts Questionnaire-Revised (NAQ-R) developed guided by literature (Nielsen, Notelaers, & Einarsen, 2011, Ganz et al., 2015 , An & Kang, 2016 and Alaslawi, 2017). Questionnaire included (22) items.

Scoring system:
- Organizational culture and organizational trust questionnaires were assessed using three-point liker scale (agree=3, uncertain =2 and disagree = 1).
- NEGATIVE ACTS QUESTIONNAIRE-REVISED (NAQ-R) was assessed using three-point liker scale (never=1, uncertain =2 and frequently occur = 3).

Tools validity and Reliability:
After questionnaires construction, they were checked for its content validity by three expertises in nursing administration, two professors and one assistant professor of

the Faculty of Nursing Cairo University. Questionnaires were checked for its clarity, content coverage, wording, length, format and overall coverage.

The reliability test was evaluated by using Cronbarch alpha coefficients for the three questionnaires. Test results of the questionnaires of organizational culture, organizational trust and workplace bullying were (0.90, 0.98 and 0, 93) respectively, which indicate that the test results of questionnaires were more than acceptable measurement of reliability.

Pilot study:

The pilot study was carried out on (10%) of the current sample to ensure the accessibility of the sample, check the clarity and applicability of the items, and to estimate the time needed to complete the questionnaires. The results showed that the time spent in filling the questionnaires was ranged between 25-30 minutes. Based on the results of the pilot study analysis, little modifications were done in the questionnaires. Pilot study sample wasn't included in the total number of the study sample.

Ethical consideration:

Oral clarification of the nature and the aim of the study were done to every staff nurse who was included in the study sample. Subjects were given an opportunity to refuse or to participate, and they were assured that correct procedures were carried out to assure that their information will be confidentially utilized and used only for the research purpose.

Procedure:

An official permit was gained from the administrators of the selected hospitals after full explanation of the nature of present study. Questionnaires were distributed by investigators to staff nurses during morning and afternoon shifts two days per week. Questionnaires were collected by the head nurses of the units and handed them to investigators after completed them by staff nurses. Data were collected over two months from October to November 2018.

Statistical design:

Data entry and statistical analysis were done using computer software the statistical package for social studies (SPSS), version 21. Suitable descriptive statistics were used such as frequencies, and percentages for qualitative variables, means, and standard deviations for quantitative variables. T-test was conducted to find out the difference in variables, perception between public and private settings. Correlation coefficient (r) test was used to estimate the closeness association between variables. For all the tests used, statistical significance was considered at p–value ≤ 0.05.

Table (1) Percentage distribution of staff nurses regarding their personal dada (n=176)

Variables	n	%
Gender		
Male	49.0	27.8
Female	127.0	72.2
Marital status		
Single	80	45.5
Married	96	54.5
Age		
≤ 20	14	8.0
21- < 25 year	70	39.8
26- < 30 years	37	21.0
> 30	55	31.3
(X= 2.8 SD = 0.98)		
Years of experience in nursing		
≤ 5 years	67	38.1
5- <10 years	53	30.1
> 10 years	56	31.8
(X=1.9 SD= 0.85)		
Years of experience in hospital		
≤ 5 years	83	47.2
5- < 10 years	45	25.6
> 10 years	48	27.2
(X = 1.80 SD= 0.85)		
Unit		
Medical	58	33.0
Surgical	42	23.8
ICU	44	25.0
Others	32	18.2

Table (1) shows that the majority (72.2%) of the staff nurses were female and around half (54.5%) of them were married, their mean age was (2.8 ± 0.98). While, the mean of their years of experience in nursing was (1.9 ± 0.85) compared to the mean of their years of experience in hospital (1.80 ± 0.85).

Figure (1) Frequency distribution of staff nurses regarding their educational level (n= 176)
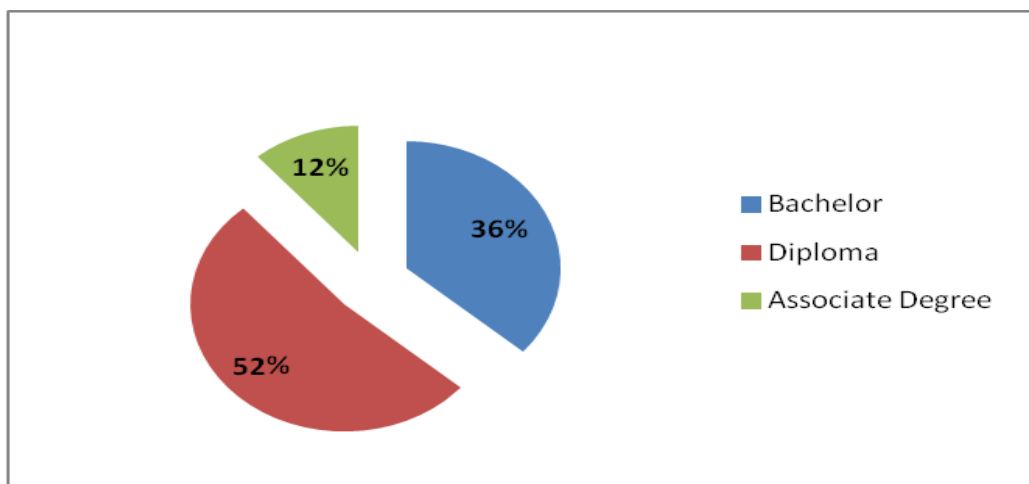

Figure (1) displays that more than half (52%) of staff nurses had diploma degree and (36%) of them had bachelor degree.

Figure (2) Frequency distribution of people by whom staff nurses bullied (n= 176)
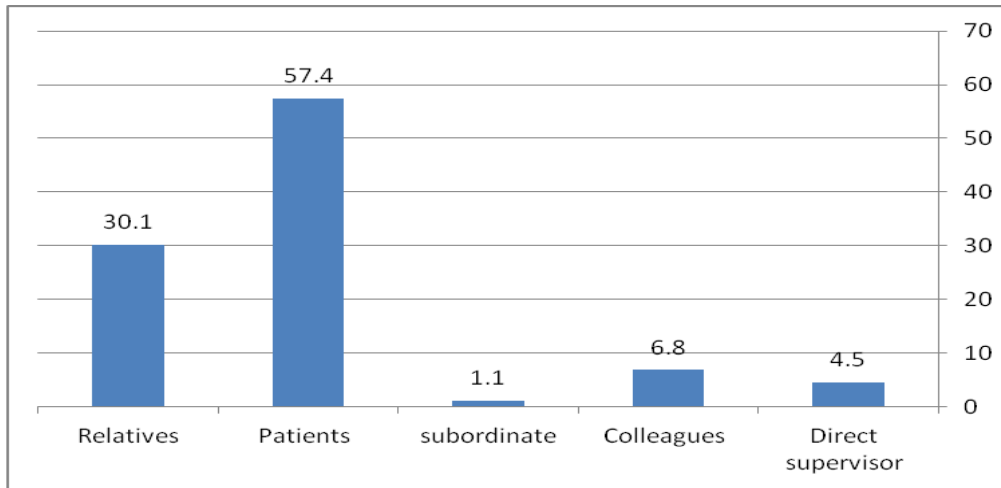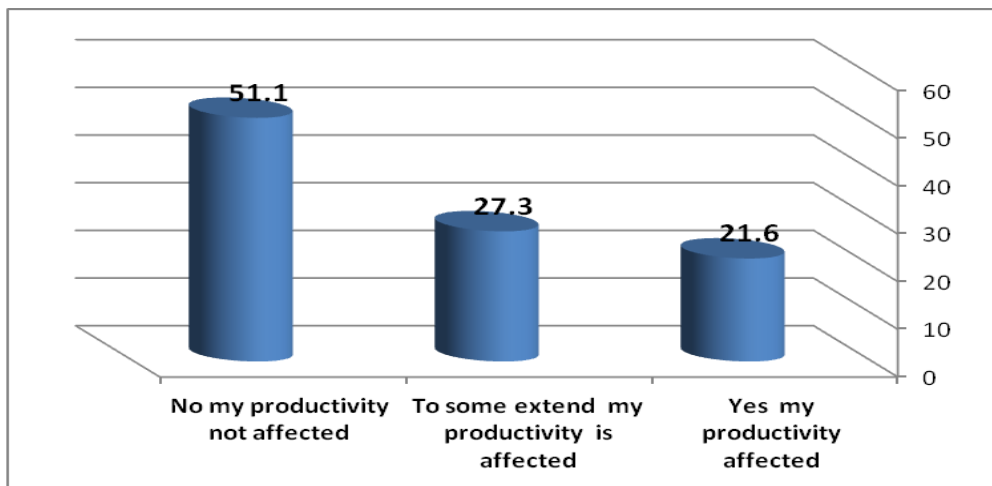

Figure (2) demonstrates that more than half (57.4%) of staff nurses bullied by patients and around one third (30.1%) of them were bullied by relatives.

Figure (3) Frequency distribution of staff nurses perception of bullying effect on their productivity (n= (176)

This figure reveals that (51.1%) of staff nurses' productivity not affected by workplace bullying. While, (27.3%) of them to some extend their productivity was affected

Table (2) Difference between staff nurses' perception regarding organizational culture at public and private hospitals (n= (176)

Domains	Public hospitals (n=87)		Private hospitals (n=89)		T	p
	⁻x	SD	⁻x	SD		
Hospital characteristics	7.1	2.0	9.8	2.2	-8.31-	0.00
Organizational leadership	6.90	1.82	9.28	2.44	-7.28-	0.00
Employee management	6.14	2.01	8.33	2.52	-6.34-	0.00
Organizational glue	6.66	1.98	9.29	2.37	-7.93-	0.00
Hospital strategic emphasis	6.60	1.96	9.06	2.38	-7.45-	0.00
Success Criteria	6.32	2.63	54.9	12.31	-35.99-	0.00
Total	39.77	10.31	54.9	12.37	-8.83-	0.00

Table (2) shows that there is a statistical significant difference between all domains and total of organizational culture at public and private hospitals. Adding that, nurses reported highest mean score in all domains and total perception of organizational culture at private hospitals compared to public hospitals, total mean score was (54.9 ± 12.37)**.**

Table (3) Difference between staff nurses' perception regarding organizational trust at public and private hospitals (n= (176)

Domains	Public hospitals (n=78)		Private hospitals (n=89)		t	p
	⁻x	SD	⁻x	SD		
Competence	6.41	2.24	9.23	2.21	-8.35-	0.00
Openness	20.94	3.64	20.25	4.52	-0.17-	0.86
Concern for employees	12.85	2.99	14.93	3.86	-3.72-	0.00
Reliability	8.01	1.89	9.22	2.27	-3.83-	0.00
Identification	10.97	2.35	11.91	2.71	-2.43-	0.01
Total	58.54	10.69	65.56	12.85	-3.93-	0.00

Table (3) clarifies that there is a statistical significant difference between all domains and total of organizational trust at public and private hospitals except openness domain. Also, mean score of all dimensions except openness domain and total nurses' perception of organizational trust (65.56 ± 12.85) was higher in private hospital compared to public hospitals.

Table (4) Difference between total staff nurses' perception of workplace bullying at public and private hospitals (n=187)

Bullying	Public hospitals (n= 78)		Private hospitals (n=89)		T	P
	⁻x	SD	⁻x	SD		
Workplace related bullying	12.85	2.69	12.55	3.45	-0.42 -	0.66
Person related bullying	21.64	5.22	20.19	5.97	-1.44-	0.14
physically intimidating	5.16	1.47	4.97	1.61	-0.86-	0.38
Total	39.65	8.50	37.71	10.28	1.35	0.17

Table (4) Displays that there was no statistical difference between all dimensions and total nurses' perception regarding bullying at public and private hospitals. While, total mean score (39.65±8.50) at public hospitals is slightly higher than private one.

Table (5) Correlation matrix of nurses' perceptions regarding organizational culture, trust and work place bullying

Variables	Organizational culture	Organizational trust
Organizational trust	.529[**]	
Work place bullying	-.157[*]	-.300[**]

Table (5) illustrates that there was a statistical significant positive correlation (r=.529[**]) between organizational culture and organizational trust. While there was a statistical significant negative correlation among organizational culture and organizational trust and bullying (r= -.157[*] and r= -.300[**]) respectively.

Table (6) correlation between organizational culture, trust and work place bullying and staff nurses' personal data

Variables	Test	Organizational culture	Organizational trust	Workplace Bullying
Age	f	10.73	2.62	2.65
	p	0.00	0.05	0.05
Gender	t	0.32	0.170	0.26
	p	0.74	0.86	0.79
Marital status	t	6.15	2.88	-0.20
	p	0.00	0.00	0.83
Working Unit	f	1.69	0.65	3.27
	p	0.17	0.58	0.02
Qualifications	f	18.97	4.67	1.29
	p	0.00	0.01	0.27
Years of experience in nursing	f	14.03	2.51	0.10
	p	0.00	0.06	0.95
Hospital experience	f	14.26	3.49	0.84
	p	0.00	0.01	0.46

Table (5) illustrates that there was statistical a statistical significant difference among age, marital status, qualifications and hospital experience and total staff nurses' perceptions of organizational culture and organizational trust. Also, there was a statistical significant difference between organizational culture and nurses' years of experience. There was statistical significant difference between bullying and working unit and age.

DISCUSSION

Today one of the major challenges for healthcare management is to keep highly motivated nurses who are committed to achieve organizational goals. Organizational culture is a critical indicator of organizational success as it can affect patient care outcomes (Vineburgh, 2010). Workplace bullying represents a major vital problem. Organizational culture and organizational trust considered important elements to prohibit and respond to bullying (Hutchinson, Jackson, Wilkes, Vickers, 2008, Tambur & Vadi, 2012, Mosadeghrad, Sokhanvar, 2017 and Özgür, & Tektaş, 2018)

The present study revealed that more than half of staff nurses bullied by patients and around one third of them were bullied by relatives. This may be explained by researchers as nurses and nursing profession in general had negative image and misunderstanding of patients and their relatives to nurses and nursing profession. In the same line, a study done

in Egypt by Abbas, Fiala, Abdel Rahman & Fahim, (2010) and (Samir, Mohamed, Moustafa, & Abou Saif, 2012) who demonstrated that the majority of staff nurses reported that patients and relatives were the main source of their workplace bullying. This was opposite to study done by Carter et al. (2013) and Ahmed, El-shaer, & Fekry, (2015) who stated that a supervisor or manager followed by peers considered the main source of bullying.

The present study results revealed that around half of staff nurses' productivity is not affected by workplace bullying. This may be explained as nurses usually work at stressful area that include inappropriate nurse-patient ratio, dealing with dying patients, length of working shift that may exceed twelve hours….etc. that stimulate nurses to perform work even in an undesirable stressful situations. This was contrasted to a study done by Berry, Gillespie, Gates, & Schafer (2012) Samir, Mohamed, Moustafa, & Abou Saif, (2012) who reported that workplace bullying affect negatively staff productivity.

Concerning organizational culture, the present study showed that there was a statistical significant difference between all domains and total of organizational culture in public and private hospitals. Adding that, nurses reported highest mean score in all domains and total perception of organizational culture at private hospitals compared to public hospitals total mean score**.** This may be due to the availability of human and material resources, system, chances for personal promotions, appraisal system and quality management system that contribute positive work culture at private hospitals compared to public hospitals. This was in alignment with a study done by Acar & Pınar (2014) who found difference in perception of culture in private and public hospitals. Moreover, in Tehran city a study carried out by Sokhanvar & Mosadeghrad (2017) declared that subjects had highest mean score of organizational culture at private hospitals.

Regarding organizational trust results revealed that there was a statistical significant difference between all domains and total of organizational trust at public and private hospitals except openness domain. Also, mean score of all dimensions except openness domain and total nurses' perception of organizational trust was higher at private hospital compared to public hospitals. From researchers point of view this due to clear roles and well-known structure through which, relationships identified in private hospitals compared to public hospitals. Also, at private hospitals strive for trust and good reputation among staff and in overall hospital to gain an economic profit. Results also showed that there was no significance difference in openness domain. This could be explained as manager's approach in both hospitals may be the same as they reveal information only they need to reveal and usually employee afraid from telling truth to avoid punishment and transfer. Previous result was supported by Hardie and Crichley (2008) who reported elevated trust at private healthcare settings. Additionally, Al- Hamed (2018) who found that trust perception in private hospitals is greater than public hospitals.

Moreover, results of the current study displayed that there was no statistical difference between all dimensions and total nurses' perception regarding bullying in public and private hospitals. From researchers point of view this may be due to nature of provided service as nurses' work to save personnel life, patients who complain from pain this may be reflected on nurses who provide direct care.

Concerning correlation between study variables, results illustrated that there was a statistical significant positive correlation between organizational culture and organizational trust. This could be explained as positive culture leads to trust between employees and within organization as a whole and conversely. This was supported by Fard, Zahed-Babelan & Sattari (2013) and Demira (2015) who reported the same result. Results also revealed that there was a statistical significant negative correlation among organizational culture and bullying. This could be explained as organizational culture reflects people behavior pattern. Therefore, positive work environment lead to decrease incidence of bullying and vice versa. in agreement with present study Tambur & Vadi (2012) and An & Kang,

(2016) who documented that there was a negative statistical relationship between organizational culture and bullying.

Also, there was a statistical significant negative correlation between organizational trust and bullying. This may be explained by researchers as when people targeted to achieve predetermined organizational goals consequently bullying prevalence will decreased and vice versa. Moreover, this may be due to lake of understanding to bullying in healthcare organizations. This was congruent with (Ertürk, 2016).

Regarding association between personnel data and study variables, results declared that there was significant difference among marital status, qualifications and hospital experience and organizational culture. Previous research done by Al-Janabi, Darkam (2017) showed that there was a statistically significant difference between work experience and organizational culture. While, there was no differences between organizational cultural and education level. Also, there was significant difference among marital status, qualifications and hospital experience and organizational trust. This in alignment with Al- Hamed (2018) wo emphasized that in healthcare organizational trust affected by work experience and level of education.

Results showed that there was statistical significant difference between bullying and staff working unit and age. This could be due to difference in nature of the work load, patient needs, and organization of units. This in agreement with Alaslawi (2017) who found weak significant positive relationships working unit. Furthermore, Alcantara, Claudio & Gabriel (2017) illustrated that no significant association exists between personal data and of workplace bullying. Opposite to present study result study done by Ariza-Montes, Muniz, Montero-Simo, & Araque-Padil (2013) who stated that subjects' demographic data correlated with workplace bullying.

CONCLUSION

The present study concluded that there were significant difference between staff nurses' perception of organizational culture and organizational trust at public and private setting. There was no significant difference between bullying in private and public setting. Moreover, there was a statistical significant positive correlation between organizational culture and organizational trust. While, there was a statistical significant negative correlation among organizational culture, organizational trust and bullying.

RECOMMENDATIONS

Based on study results, the following recommendations were suggested:
1- Administrators should develop polices to prevent workplace bullying that occur from patients and their relatives'
2- Public healthcare settings should develop strategic plan to enhance organizational culture and organizational trust.
3- Healthcare organizations should develop and implement programs to increase awareness about definition, causes and sources of bullying incidence to control.

4- Another researches need to study:

- Organizational culture and trust after implementing planned change to Achieve success.
- Effect of bullying in nurses' health and their performance outcome.

5. Apply research on large sample to generalize research results.

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