**Relationships with managers and harassment: the Italian nurse experience**

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**Abstract:** This paper examines the link between workplace relationships with management on perceptions of work harassment, and outcomes (job satisfaction, engagement) for Italian public and private sector nurses.

The study used survey data from 777 full time registered nurses. The findings indicate that the relationship with the supervisor is a key predictor of work harassment in both the public and private sector and work harassment is a negative antecedent of engagement. Also, there are significant differences in nurses’ perceptions of work harassment, engagement and job satisfaction, suggesting different workplace experiences for public and private sector nurses in Italy.

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**Key words:** Social Exchange Theory, health care management, work harassment, nurses, Italy

**Relationships with managers and harassment: the Italian nurse experience**

Work harassment and bullying are a costly, global concern facing both public and private organisations. Research indicates that the nature of bullying and harassment can take shape in different ways across diverse sectors, geographies and cultural settings ([Escartin *et al*., 2011](#_ENREF_21), [Andersen *et al.*, 2010](#_ENREF_2)). Within the Italian health care sector, research by [Giorgi *et al.* (2015)](#_ENREF_22) indicates that harassment can have significant human, organisational and public finance costs. Yet, noting the inconsistencies in the findings of other countries ([Einarsen and Skogstad, 1996](#_ENREF_18), [Salin, 2001](#_ENREF_42)), more research is needed to examine the way in which harassment is contrasted across public and private organisations within this context. As a response, in this paper we compare the impact of work harassment for Italian nurses working in public and private hospitals.

Work harassment involves excessive monitoring, accountability and task-attack which leads to unmanageably high workloads ([Paoli and Merllié, 2001](#_ENREF_36), [Balducci *et al.*, 2011](#_ENREF_4)). It is considered a negative organisational work occurrence because of the impact it has on employees ([Einarsen and Skogstad, 1996](#_ENREF_18)). Work harassment can be more hierarchically focussed than other forms of bullying, and is more likely to occur when employees perceive a lower level of support from management and their organisation, with little or no power to improve the situation ([Di Martino *et al.*, 2003](#_ENREF_12)). As a result of targeted work harassment employees may experience negative psychological and/or physical outcomes, and lower organisational outcomes ([Dick, 2010](#_ENREF_13), [Einarsen *et al.*, 2011](#_ENREF_17), [Salin, 2003](#_ENREF_43)). This paper focuses on the impact of relationships with management and perceived organisational support on nurses’ perceptions of work harassment and engagement.

In recent years there has been an increase in the attention paid to workplace bullying and harassment within the health care settings generally (and the nursing profession specifically), particularly within European contexts. Nurses who experience significant negative work acts are more likely to burnout and/or leave ([Strandmark and Hallberg, 2007](#_ENREF_46), [Zapf and Einarsen, 2005](#_ENREF_52)). From a public management perspective, this is a major issue as there is a shortage of nurses in many OECD countries including Italy ([Rayner and Cooper, 2006](#_ENREF_38)). Further, public finance constraints are preventing the ability of hospitals to replace nurses who leave, as they are expensive to train. Consequently, retaining committed skilled employees is a priority.

This paper uses a Social Exchange Theory [SET] lens to compare the workplace relationships with management, work harassment, job satisfaction and engagement of Italian nurses working in the public and private sector. Bullying and harassment manifest through social exchanges, hence SET is a useful lens to examine this issues as it explains the ways in which positive and negative work outcomes manifest through workplace relationships ([Neuman and Baron, 2011](#_ENREF_33)). The research questions examined are:

RQ1: What is the impact of nurse’s satisfaction with management (perceived organisational support and leader-member exchange) on their perception of work harassment, and work outcomes (job satisfaction and engagement)?

RQ2: To what extent do the perceptions of public and private nurses’ satisfaction with management, work harassment, and work outcomes differ?

The paper contributes to literature as there are few studies comparing the impact of work harassment within public and private contexts, particularly in Southern European settings. Further, public-private comparisons of workplace bullying and harassment have yielded different conclusions, for example [Clarke *et al.* (2012)](#_ENREF_9) notes that bullying is more prevalent in private settings in Norway, while a 2008 OECD study entitled ‘the looming crisis in the health workforce’ found that bullying may be more prevalent in the public sector. Hence, this research offers empirical insight into the way in which different public and private systems manifest different kinds of workplace behaviours and outcomes.

**Background**

**Social Exchange Theory**

SET is an effective lens for examining workplace relationships and their impact on work. When relationships between management and employees are supportive, trusting and reciprocal, positive workplace outcomes are more likely to ensue ([Cropanzano and Mitchell, 2005](#_ENREF_11)). On the other hand, a poor SET environment is created when management excludes employees from forms of support and does not provide adequate resources. This generates workload increases for employees, as everyone is expected “to do more with less,” particularly when frontline managers are unable or unwilling to challenge entrenched hierarchies. This situation is increasing within the public sector, as budgets and control mechanisms are centralised, while performance management is decentralised ([Diefenbach, 2009](#_ENREF_14)).

In particular, there is growing incidence of public sector workplaces having supervisors that lack adequate skills and training to be effective managers ([Wang *et al.*, 2005](#_ENREF_49), [Yukl and Michel, 2006](#_ENREF_51)). If management fails to balance the increasing demand for health resources with an adequate supply, then over time instead of employees building trust and respectful relationships with management, employees may increasingly perceive management as the source of work harassment. Hence, this paper argues that without adequate support from senior management and supervisors, nurses will experience a perception of being unsupported in the workplace and this will be reflected in low levels of satisfaction with senior management and supervisors and a high perception of work harassment. It is also likely to negatively impact on workplace outcomes (such as job satisfaction).

**Perceived Organizational Support**

Perceived Organizational Support [POS] is defined as an employee’s perception of the extent to which the organization values the work done and cares about them ([Eisenberger *et al.*, 1990](#_ENREF_20), [Eisenberger *et al.*, 1997](#_ENREF_19)). POS is affected by senior management’s decisions ([Djurkovic *et al.*, 2008](#_ENREF_15)), and this manifest in two different ways. Firstly, senior management set the organisation’s strategic goals and budgets thereby impacting employee workloads in each department. Secondly, senior management provide the implicit messages about what is valued in the organisation based on the work design models and reward systems. These organisational cultural messages provide the enabling structures and processesthat promote work harassment by giving employees implicit information about what is expected, their level of autonomy, and degrees of power imbalance ([Baillien *et al.*, 2011](#_ENREF_3), [Salin, 2003](#_ENREF_43)).

In many OECD countries the funding for public sector organizations has been under threat. At the same time that demand for those same resources by the public has increased. Under these difficult resourcing conditions, it is senior management are required to adjust work design approaches and performance expectations for employees, and the requirements can be quite demanding in such climates ([Rayner and Cooper, 2006](#_ENREF_38)). Zapf et al (2010) argue the situation is worse in the health and social sector where management practices have been identified as poor in quality. Hence POS is an important factor that impacts on employees working in these organisations.

In terms of past research, Saks (2006) found support that POS predicted the engagement of employees. [Wayne *et al.* (2002)](#_ENREF_50) identified that POS is an antecedent of the quality of the supervisor-subordinate relationship, however; in both cases, the case for Italian nurses is unclear. We expect an inverse relationship between POS and work harassment where high POS is associated with low levels of work harassment.

**Leader-Member Exchange**

Leader-Member Exchange (LMX) theory focuses on the quality of the relationship between supervisors and their subordinates ([Graen and Uhl-Bien, 1995](#_ENREF_23)). Using a SET lens, LMX theory proposes that when relationships between supervisors and employees are built on trust and mutual respect, the outcomes for employees are increased access to resources, knowledge, support and good assignments. In turn, the supervisor benefits from increased support for decisions made in the workplace and the organisation benefits from higher organisational effectiveness ([Mueller and Lee, 2002](#_ENREF_32)). When the LMX relationship is effective, frontline supervisors are powerful instruments for achieving high organizational performance in the public sector ([Brewer, 2010](#_ENREF_5)) .

Empirical meta-analyses have consistently highlighted that the LMX relationship plays a key role in generating a broad range of employee outcomes including commitment, job performance, job satisfaction, turnover and role conflict ([Dulebohn *et al.*, 2012](#_ENREF_16), [Rockstuhl *et al.*, 2012](#_ENREF_40)). Thus, noting the significant role of supervisors in generating and/or mediating such a broad range of performance variable, there is a call for a greater focus on effective training for frontline managers ([Allen *et al.*, 2003](#_ENREF_1)). Furthermore, [Hooper and Martin (2008)](#_ENREF_26) argue that few employees experience high-quality LMX exchanges, and empirical research indicates that LMX is typically lower for nurses in the public sector ([Brunetto *et al.*, 2012a](#_ENREF_7)).

Poor LMX relationships are usually reflected in poor levels of employee competence, friendships, trust and mutual respect ([Uhl-Bien and Maslyn, 2003](#_ENREF_48)). It is within poor LMX relationships that work harassment is likely to occur, as much of the bullying in organisations occurs from, or is implicitly sanctioned at the supervisor level ([Hoel and Cooper, 2001](#_ENREF_25), [Salin, 2003](#_ENREF_43)). Without the necessary training and skills, supervisors may turn to bullying subordinates in order to dominate and direct work processes. Past research indicates that LMX predicts POS ([Wayne, Shore, Bommer, & Tetrick, 2002](file:///C:\Users\bfarrwha\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.IE5\YOGZUD5F\2013%20PMM%20Italian%20work%20haressment%20.doc#_ENREF_72)), and we argue that employees who do not experience a good supervisor-subordinate relationship are also likely to experience an increased incidence of work harassment.

**Work Harassment**

Work harassment manifests through task-attack from supervisors, and includes acts such as excessive monitoring and placing unfair work demands on employees ([Balducci *et al.*, 2011](#_ENREF_4)). Work harassment happens when a great power distance gives consent to those with power to act aggressively to colleagues or subordinates ([Einarsen *et al.*, 2011](#_ENREF_17)). This power distance reduces the perception of support in the workplace (from supervisors to colleagues), particularly when there is a belief that there is no avenue to redress the problem ([Zapf and Einarsen, 2005](#_ENREF_52), [Salin, 2003](#_ENREF_43)).

Work harassment can negatively impact employee’s level of engagement ([Law *et al.*, 2011](#_ENREF_28)). Within the public sector, consistently constrained resourcing in many OECD countries, coupled with the use of sanctioned organisational procedures, has led to a rise in unfair workload demands placed on of employees ([Di Martino *et al.*, 2003](#_ENREF_12)). Within the Italian public sector context, [Balducci *et al.* (2011)](#_ENREF_4) notes that workplace harassment is a significant contributor to post-traumatic stress in employees, though more research is needed to examine the impact of harassment on work-related performance (particularly within health care settings).

**Job satisfaction**

Job satisfaction is often used as an outcome measure because past research has identified that employees with high job satisfaction are also likely to be highly engaged and more likely to be committed to their workplace ([Brunetto *et al.*, 2012b](#_ENREF_8)). These factors are all predictors of organisational effectiveness. Thus job satisfaction is an important ingredient for those organisations wanting to improve organisational effectiveness. [Locke (1976)](#_ENREF_29) defines job satisfaction as “a pleasurable or positive emotional state resulting from the appraisal of one’s job.” It is expected that work harassment will be a negative antecedent of job satisfaction.

**Engagement**

The concept of engagement is relatively new to public sector research, with researchers focusing far more on public sector motivation in previous years ([Brewer, 2010](#_ENREF_5)). Engagement is a notably broad concept, spanning multiple perspectives including employee disengagement (burnout), personal engagement (expression within a role), and work engagement ([Simpson, 2009](#_ENREF_45)). We focus on the conceptualisation of work engagement by [Schaufeli *et al.* (2002)](#_ENREF_44), which is defined as ‘a positive, fulfilling, work-related state of mind that is characterised by vigour, dedication, and absorption’ ([Simpson, 2009](#_ENREF_45)). Within the management literature there are a growing number of papers identifying that engaging employees is important because it positive impacts on organisational effectiveness ([Saks, 2006](#_ENREF_41), [Brunetto *et al.*, 2012b](#_ENREF_8)). Yet more research is required to identify the broad array of antecedents of work engagement, with the ultimate aim of equipping managers with evidence-based knowledge to inform their practice. Previous research identified that management practices and the work environment are antecedents of engagement ([Saks, 2006](#_ENREF_41)), and it is expected that work harassment will be a negative antecedent of engagement for Italian nurses.

**Public versus private sector context**

There is conflicting evidence as to whether there is a significantly different experience of work, and work harassment, for employees in public versus private organisational settings ([Escartin *et al.*, 2011](#_ENREF_21), [Andersen *et al.*, 2010](#_ENREF_2)). In their study, [Einarsen and Skogstad (1996)](#_ENREF_18) found that bullying was slightly more prevalent in private settings in Norway. Yet, outside of a European context [Brunetto *et al.* (2012a)](#_ENREF_7) identified significant differences across a range of workplace performance and wellbeing factors for Australian public and private sector nurses, with public sector nurses having lower perceptions of supervisor–employee relationships, morale, and discretionary power. Further, Hardie and Critchley ([2008](#_ENREF_24)) and Mrayyan ([2005](#_ENREF_31)) suggest that the public perceive that private sector hospitals deliver a better quality of care, and this difference may in part be reflected through the work and management practices of public health care employees.

Noting a general conjecture concerning the differences between public and private employee’s perceptions of work, insight into the Italian nurse experience provides an important empirical contribution. However, this situation also makes it difficult to hypothesize in what ways the work experiences of public and private sector nurses in Italy may be different. One strong argument for why a significant difference may not be noted concerns the fact that the vast majority of Italian hospitals are public (roughly 81%) ([Trinchero *et al.*, 2014](#_ENREF_47)). Therefore, the work structures underpinning public hospitals have the potential to dominate the institutional logics underpinning organisational practices across both sectors. This in turn may mean that fairly homogenous workplace environments may be noted between public and private health care settings ([Brown and Barnett, 2004](#_ENREF_6)), particularly within the context a post-new public management Italy ([Mattei, 2006](#_ENREF_30)). Furthermore, the significant public management reform in Italy from the period 1990-2005, driven through a legislated mandate to improve the accountability and capacity of managers for state run infrastructure (like hospitals and public health care), has enhanced the similarity present between public and private organisations ([Ongaro and Valotti, 2008](#_ENREF_35)).

Given the dominance of public health care settings (over private) within Italy, and the efforts to align public management with that of private organisations, we argue that POS and LMX should be similar across the public and private sector as the dominant public managerial logics pervade across private organisational settings. Yet, noting the significant resource strains placed on Italian public hospitals ([Trinchero *et al.*, 2014](#_ENREF_47)), we also argue that public sector nurses will have a higher perception of work harassment, and a lower perception of engagement and job satisfaction. Our justification for this is that public managers in Italian hospitals may adopt task-attack approaches to achieve output in highly (fiscally) constrained environments.

**Hypotheses**

The current study contributes to the literature by offering empirical evidence comparing public and private nurses’ perceptions of workplace relationships with management, work harassment, job satisfaction and engagement. The hypothesised relationships are tested using partial least squares (PLS) path analysis, a form of structural equation modelling (see Figure 1).

*Hypothesis 1. There is a positive relationship between POS and LMX.*

*Hypothesis 2. There is an inverse relationship between POS and work harassment.*

*Hypothesis 3. There is a positive relationship between POS and work engagement.*

*Hypothesis 4. There is an inverse relationship between LMX and work harassment.*

*Hypothesis 5. There is a positive relationship between LMX and job satisfaction.*

*Hypothesis 6. There is an inverse relationship between work harassment and work engagement.*

*Hypothesis 7. There is an inverse relationship between work harassment and job satisfaction.*

*Hypothesis 8. There is a positive relationship between job satisfaction and engagement.*

*Hypothesis 9: There are significant differences between the work experiences of public sector nurses compared with private sector nurses in Italy (except for POS and LMX)*.

**Methods**

Self-report survey data has been collected from registered nurses working in 4 public and 2 private acute care hospitals in Northern Italy. *Perceived organizational support* was measured using the validated instrument by [Eisenberger *et al.* (1990)](#_ENREF_20). Sample items included “My organization cares about my opinion”. The *leader-member exchange* (LMX) validated test-bank survey measures the satisfaction of employees with the quality of their supervisor–subordinate relationship. In this study the seven-item uni-dimensional scale (LMX-7), developed by [Graen and Uhl-Bien (1995)](#_ENREF_23) was used. An example of a statement is: “I am certain to what extent my Line Manager will go to back me up in my decision-making”. The *work harassment* scale is a subset of the shortened *negative work acts* instrument of [Rayner (2000)](#_ENREF_37). It comprises three questions about task-attack. An example of a statement is: “The hospital I work for sets unrealistic targets”. The *work engagement* nine-item scale was developed by [Schaufeli *et al.* (2002)](#_ENREF_44). Sample items included “At my work, I feel bursting with energy”. *Job satisfaction* was measured using the four-item scale from [Jolhlke and Duhan (2000)](#_ENREF_27) and the items included, ‘I feel that my job is valuable’.

A copy of the survey and cover letter were sent to the nurses’ hospital director. Respondents were promised anonymity. Respondents returned the completed surveys directly to the researchers. The response rate was approximately 57 per cent (845 completed surveys from the 1,489 distributed; 777 full time registered nurses). The measures used to operationalize the constructs in the path model were generated from the extant literature and presented using statements to be rated on a 6-point Likert-type scale, with 1 = strongly disagree, ranging to 6 = strongly agree. Data were analysed using SmartPLS ([Ringle *et al.*, 2005](#_ENREF_39)), a form of structural equations modelling. Additionally, SPSS 21 was used to conduct a multiple analysis of variance (MANOVA). Reliability and discriminate validity checks were undertaken prior to data analysis (see table 1 for results). Exploratory and confirmatory factor analyses were also undertaken.

[Insert Table 1 here]

**Results**

The majority of the respondents were female (77.2 %). Half of the respondents were in the age group of 30-45 years old. All of the respondents had at least an undergraduate qualification. The path model has a large goodness of fit (global goodness of fit index of 0.40) and the R-square of the dependent variable is 54.8 per cent (See Figure 1).

[Insert Figure 1 here]

The path from POS to work harassment was not statistically significant. There was a statistically significant path from POS to Engagement (coefficient=0.27, t-statistic=6.067, p<.001) and LMX (coefficient=0.525, t-statistic=13.751, p<.001). The path from LMX to work harassment was found to be negative and statistically significant (coefficient=-0.177, t-statistic=2.259, p<.05) and the path from LMX to Engagement was positive and statistically significant (coefficient=0.197, t-statistic=3.818, p<.001). The path from LMX to job satisfaction (coefficient=0.10, t-statistic=3.411, p<.001). There were two statistically significant paths from work harassment to Engagement (coefficient=-0.132, t-statistic=2.705, p<.01) and job satisfaction (coefficient=-0.086, t-statistic=2.139, p<.01). The path from Engagement to job satisfaction was positive and statistically significant (coefficient=0.67, t-statistical=25.605, p<.001) (see Table 2).

[Insert Table 2 here]

The MANOVA results suggest significant differences between the work experiences of Italian public and private nurses with respect to POS (F=5.740\*\*), Job Satisfaction (F=5.179\*\*), Engagement (F=9.214\*\*) and work harassment (F=6.722\*\*) (see Table 3).

[Insert Table 3 here]

**Discussion and Implications**

The findings offer a compelling account concerning the differences between the perceptions of managerial support, engagement and work harassment for Italian nurses in private and public settings. Our first research question sought to examine the impact of relationships with management on work harassment and workplace performance for Italian nurses. The findings from the model suggest that work harassment occurs in Italian hospitals (however more in public sector hospitals); and that the relationship with supervisor is an important element in enabling (or inhibiting) this behaviour. However, the findings also indicate that the overall level of work harassment is not systemic (indicated by the below mid-likert-point mean score for both public and private), yet work harassment was a significant predictor of engagement and job satisfaction. This indicates that while the instances of work harassment are in the minority across the sampled nurses, the negative impact of harassment on work performance is significant. The negative relationship between LMX and work harassment seems to suggest that within this sample, there are supervisors that employ task-attack harassment on their subordinates. Yet, the path model also indicates that this is a very poor mechanism for generating workplace performance (as it is negatively associated with work engagement).

Contrary to our hypothesis, POS - conceptualised here as the organisational support from senior management, was shown to not be a predictor of work harassment. This is a very important finding, and again highlights the central role of direct supervisors in generating a productive and supportive workplace environment regardless of senior management ([Allen *et al.*, 2003](#_ENREF_1)). Overall, the path model suggests that Italian nurses’ perception of work harassment does not come from senior management; instead it comes from the supervisors and this in turn impacts their work performance. To re-emphasise, a key finding of this research is that task-attack, facilitated through supervisor-employee relationships in Italian (health) service delivery occupations, inhibits work performance.

The second research question sought to examine the difference between Italian public and private nurses’ satisfaction with management, work harassment, and work outcomes. The results pertaining to this provide an important empirical contribution concerning the similarities in the managerial climate that pervades across both the Italian public and private health care sectors. To this end, the MANOVA analysis did not indicate a significant difference in the perceptions of LMX across the two settings. As noted, a likely contributing factor to this result concerns the pervasiveness of the Italian public health care model that sets the institutional constraints for supervisor-subordinate relationships across both settings, in addition to the mimetic nature of public management (in relation to that of private organisations) in Italy ([Ongaro and Valotti, 2008](#_ENREF_35)). However, contrary to our hypothesis, POS was shown to be slightly higher in private settings. This seems to indicate that while employee’s perception of their relationship with their manager is similar, the broader organisational support mechanisms (instigated largely by senior management) appears to be more advanced in the private sector. This suggests that the mimetic forces may be limited to front-line management contexts, facilitating heterogeneity for senior management between the private and public sector. Of equal importance, work harassment was significantly lower in the private settings, and work outcomes (particularly work engagement) were higher.

The results from the public-private comparison further challenge the effectiveness of the much-politicised managerialism present within Italy’s post-new public management health care environment. To this end, the results presented here highlight the inability of the Italian public health care sector to instate a workplace environment that rivals that of the private sector, despite two decades of new public management reforms ([Mattei, 2006](#_ENREF_30), [Trinchero *et al.*, 2014](#_ENREF_47), [Ongaro and Valotti, 2008](#_ENREF_35)). Equally, the results challenge the Italian private health care sector to develop a distinguished (and more effective) supervisor-subordinate relationship framework. Noting that employees’ perceptions of supervisor relationship were not significantly different across public and private setting, the private sector may need to enhance LMX to boost organisational performance and retain a significant value proposition over the public sector.

**Limitation**

This paper has several limitations. In the first instance, the data collection spanned only one region of Italy, and therefore further studies are required in other regions to develop a representative generalization of work harassment for Italian nurses. Furthermore, future studies would benefit from employing additional control and performance variables, including items that account for homogeneity and heterogeneity between supervisor and subordinate characteristics (age, gender etc.), to more fully account for the workplace antecedents and consequences of work harassment. Another limitation is that data was collected through the use of self-report surveys. While arguably this mechanism provides one of the richest sources of key data concerning organisational phenomenon ([Conway and Lance, 2010](#_ENREF_10)), the data can contain common method variance. To reduce the instance of common method variance in data Podsakoff *et al.* (2003) recommends two strategies; (a) separating the measurement of the criterion and predictor variables psychologically, and (b) ensuring that the survey is anonymous.

**Conclusion**

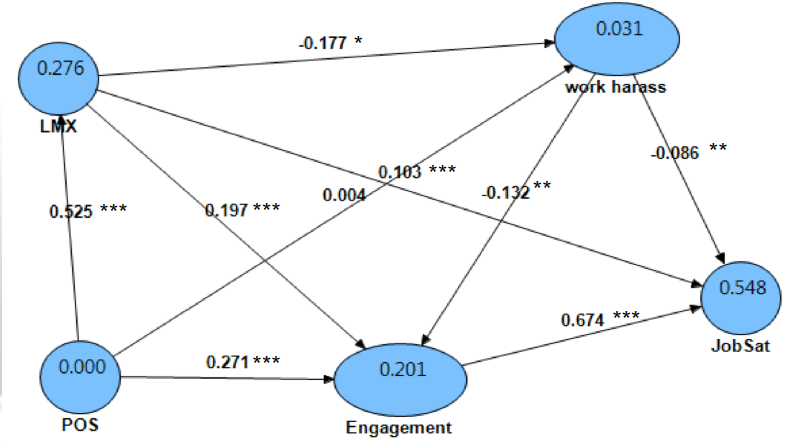
The key finding of this research is that work harassment in public and private nursing contexts within Italy are facilitated, at least in part, through supervisor-subordinate relationships. It is the supervisor that is required to translate organisational policies designed by senior management into employee performance. Thus, adequate support is needed for supervisors within these contexts to enhance the workplace climate facing Italian nurses, thereby increasing work engagement and organisational effectiveness. A key message emanating from the data analysis of this research is that task attack reduces engagement, and hence is an ineffective way to generate performance in resource-constrained settings. Hence, supervisors need to develop more positive and constructive mechanisms to enhance employee outcomes. Equally, noting the gaps present in the highly-politicised and judicial approach to institutional and organisational change in Italy ([Ongaro and Valotti, 2008](#_ENREF_35)), a improvement agenda focussed on SET themes (i.e. social and relational interactions) provides an logical and innovative forum from which to enhance performance in both public and private organisations.

**Table 1 - Survey Measures and Correlation Matrix**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | CRC | AVE | *Engagement* | *Job satisfaction* | *LMX* | *POS* | *Work harassment* |
| *Work Engagement* | 0.91 | 0.55 | (0.74) |  |  |  |  |
| *Job satisfaction* | 0.91 | 0.77 | 0.7279 | (0.88) |  |  |  |
| *LMX* | 0.95 | 0.70 | 0.3623 | 0.3624 | (0.84) |  |  |
| *POS* | 0.92 | 0.66 | 0.386 | 0.3365 | 0.5252 | (0.81) |  |
| *Work harassment* | 0.63 | 0.42 | -0.1905 | -0.2329 | -0.175 | -0.0893 | (0.65) |

Note: CRC: Composite reliability coefficient; AVE: Average variance estimate; Number in brackets is square root of the AVE

**Figure 1 - Results of path model \* p < .05 \*\* p < .01, \*\*\* p < .001**

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*\*p<.05; \*\*p<.01; \*\*\*p<.001*

**Table 2**

|  |  |  |
| --- | --- | --- |
| *Hypothesis 1.* | ↑POS → ↑LMX. | **Confirmed** |
| *Hypothesis 2.* | ↑POS → ↓work harassment. | **Not Confirmed** |
| *Hypothesis 3.* | ↑POS → ↑work engagement. | **Confirmed** |
| *Hypothesis 4.* | ↑LMX →↓work harassment. | **Confirmed** |
| *Hypothesis 5.* | ↑LMX →↑job satisfaction. | **Confirmed** |
| *Hypothesis 6.* | ↑Work harassment→ ↓work engagement. | **Confirmed** |
| *Hypothesis 7.* | ↑Work harassment→ ↓job satisfaction. | **Confirmed** |
| *Hypothesis 8.* | ↑Job satisfaction →↑engagement. | **Confirmed** |
| *Hypothesis 9* | Difference between public and private | **Partially Confirmed (**except for LMX and POS) |

**Table 3 Results from MANOVA: Testing for differences in Means for Nurses across public and private hospitals**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Public** | | **Private** | |  |  |
| **F= 2.340, p<.990, df 14** | Meana | SD | Meana | SD | F score |  |
| LMX | 4.8396 | 0.70859 | 4.8452 | 0.67459 | 0.011 |  |
| POS | 4.0640 | 0.66972 | 4.1825 | 0.61097 | 5.750 | \*\* |
| Work Engagement | 4.6083 | 0.66810 | 4.7550 | 0.56842 | 9.214 | \*\* |
| Workplace Harassment | 3.0303 | 0.92963 | 2.8144 | 0.97324 | 6.722 | \*\* |
| Job Satisfaction | 4.7866 | 0.65374 | 4.8953 | 0.57955 | 5.179 | \*\* |

N= 777

**a** Mean for the variables where 1 = “Strongly Disagree” through 6 = “Strongly Agree”

\*\*Correlation is significant at the 0.05 level (2-tailed).

**References**

Allen, D. G., Shore, L. M. & Griffeth, R. W. (2003), The role of perceived organizational support and supportive human resource practices in the turnover process. *Journal of Management,* 29**,** 1, pp. 99-118.

Andersen, G., Aasland, O., Fridner, A. & Lovseth, L. (2010), Harassment among university hospital physicians in four European cities. Results from a cross-sectional study in Norway, Sweden, Iceland and Italy (the HOUPE study). *Work,* 37**,** 1, pp. 99-110.

Baillien, E., De Cuyper, N. & De Witte, H. (2011), Job autonomy and workload as antecedents of workplace bullying: A two-wave test of Karasek's Job Demand Control Model for targets and perpetrators. *Journal of Occupational and Organizational Psychology,* 84**,** 1, pp. 191-208.

Balducci, C., Fraccaroli, F. & Schaufeli, W. (2011), Workplace bullying and its relation with work characteristics, personality, and post-traumatic stress symptoms: an integrated model. *Anxiety, Stress & Coping,* 24**,** 5, pp. 499-513.

Brewer, G. A. (2010) Public service motivation and performance. In Walker, R. M., Boyne, G. A. & Brewer, G. A. (Eds.) *Public Management and Performance.* (Cambridge University Press, London).

Brown, L. & Barnett, J. (2004), Is the corporate transformation of hospitals creating a new hybrid health care space? *Social Science Medicine,* 58, pp. 427-444.

Brunetto, Y., Shacklock, K., Bartram, T., Leggat, S., Farr-Wharton, R., Stanton, P. & Casimir, G. (2012a), Comparing the impact of leader-member exchange, psychological empowerment and affective commitment upon Australian public and private sector nurses: implications for retention. *The International Journal of Human Resource Management,* 23**,** 11, pp. 2238-2255.

Brunetto, Y., Teo, S., Shacklock, K. & Farr-Wharton, R. (2012b), Emotional intelligence, job satisfaction, well-being and engagement: explaining organisational commitment and turnover intentions in policing. *Human Resource Management Journal,* 22**,** 4, pp. 428-441.

Clarke, C. M., Kane, D. J., Rajacich, D. L. & Lafreniere, K. D. (2012), Bullying in undergraduate clinical nursing education. *The Journal of nursing education,* 51**,** 5, pp. 269-276.

Conway, J. & Lance, C. (2010), What reviewers should expect from authors regarding common method bias in organizational research. *Journal of Business Psychology,* 25, pp. 325-334.

Cropanzano, R. & Mitchell, M. (2005), Social Exchange Theory: An Interdisciplinary Review. *Journal of Management,* 31**,** December, pp. 874-900.

Di Martino, V., Hoel, H. & Cooper, C. (2003) Preventing violence and harassment in the workplace. (European Foundation for the Improvment of Living and Working Conditions, Dublin).

Dick, G. (2010) Can the Organisation and Supervision Environment Influence Both Bullying and Organisational Commitment? Evidence from a Police Force Survey. *Working Paper Series.* (Ken University).

Diefenbach, T. (2009), New Public Management in public sector organizations: the dark side of managerialistic 'enlightenment'. *Public Administration,* 87**,** 4, pp. 892-909.

Djurkovic, N., McCormack, D. & Casimir, G. (2008), Workplace bullying and intention to leave: the moderating effect of perceived organisational support. *Human Resource Management Journal,* 18**,** 4, pp. 405-422.

Dulebohn, J. H., Bommer, W. H., Liden, R. C., Brouer, R. L. & Ferris, G. R. (2012), A meta-analysis of antecendents and consequences of leader-member exchange: integrating the past with an eye toward the future. *Journal of Management,* 38**,** 6, pp. 1715-1759.

Einarsen, S., Hoel, H. & Zapf, D. (2011), *Bullying and Harassment in the Workplace: Developments in Theory, Research and Practice,* (CRC Press, Taylor & Francis Group, Boca Raton, Florida ).

Einarsen, S. & Skogstad, A. (1996), Bullying at work: Epidemiological findings in public and private organizations. *European Journal of Work and Organizational Psychology,* 5**,** 2.

Eisenberger, R., Cummings, J., Armeli, S. & Lynch, P. (1997), Perceived Organizational Support, Discretionary Treatment, and Job Satisfaction. *Journal of Applied Psychology,* 82**,** 3, pp. 812-820.

Eisenberger, R., Fasolo, P. & Davis-LaMastro, V. (1990), Perceived Organizational Support and Employee Diligence, Commitment, and Innovation. *Journal of Applied Psychology,* 75**,** 1, pp. 51-59.

Escartin, J., Zapf, D., Arrieta, C. & Rogriguez-Carballeira, A. (2011), Workers' perception of workplace bullying: A cross-cultural study. *European Journal of Work and Organizational Psychology,* 20**,** 2, pp. 178-205.

Giorgi, G., Mancuso, S., Perez, F., D'Antonio, A., Mucci, N., Cupelli, V. & Arcangeli, G. (2015), Bullying among nurses and its relationship with burnout and organizational climate. *International Journal of Nursing Practice,* 21**,** 2, pp. 2-19.

Graen, G. B. & Uhl-Bien, M. (1995), Relationship-based approach to leadership: Development of Leader-Member Exchange (LMX) Theory of leadership over 25 years: applying multi-level, multi-domain perspective. *Leadership Quarterly,* 6**,** 2, pp. 219-247.

Hardie, E. & Critchley, C. (2008), Public perceptions of Australia’s doctors, hospitals and health care systems. *Medical Journal of Australia,* 189**,** 4, pp. 210-214.

Hoel, H. & Cooper, C. (2001) Origins of bullying: theoretical frameworks for explaining workplace bullying. In Tehrani, N. (Ed.) *Building a Culturure of Respect: Managing Bullying at Work.* (Taylor & Francis, London).

Hooper, D. T. & Martin, R. (2008), Beyond personal leader-member exchange (LMX) quality: the effects of perceived LMX variability on employee reactions. *Leadership Quarterly,* 19**,** 1, pp. 20-30.

Jolhlke, M. & Duhan, D. (2000), Supervisor Communication Practices and Service Employee Job Outcomes. *Jounrnal of Service Research,* 3**,** 2, pp. 154-165.

Law, R., Dollard, M. F., Tuckey, M. R. & Dormann, C. (2011), Psychosocial safety climate as a lead indicator of workplace bullying and harassment, job resources, psychological health and employee engagement. *Accident Analysis and Prevention,* 43**,** 5, pp. 1782-1793.

Locke, E. A. (1976) The nature and causes of job satisfaction. In Dunnette, M. D. (Ed.) *Handbook of industrial and organizational psychology.* (Rand McNally, Chicago).

Mattei, P. (2006), The enterprise formula, new public management and the Italian health care system: remedy or contagion. *Public Administration,* 84**,** 4, pp. 1007-1027.

Mrayyan, M. T. (2005), Nurse job satisfaction and retention: comparing public to private hospitals in Jordan. *Journal of Nursing Management,* 13**,** 1, pp. 40-50.

Mueller, B. H. & Lee, J. (2002), Leader-Member Exchange and organizational communication satisfaction in multiple contexts. *journal of business Communication,* 39**,** 2, pp. 220-244.

Neuman, J. & Baron, R. (2011) Social Antecedents of Bullying: A Social Interactionst Perspective. In Einarsen, S., Hoel, H., Zapf, D. & Cooper, C. (Eds.) *Bullying and Harassment in the Workplace.* 2nd ed. (CRC Press, London).

OECD (2008) The Looming Crisis in the Health Workforce: How Can OECD Countries Respond?).

Ongaro, E. & Valotti, G. (2008), Public management reform im Italy: explaining the implementation gap. *International Journal of Public Sector Management,* 21**,** 2, pp. 174-204.

Paoli, P. & Merllié, D. (2001) Third European survey on working conditions 2000 In conditions, E. F. f. t. i. o. l. a. w. (Ed.). (Office for Official Publications of the European Communities, Luxembourg).

Rayner, C. (2000) Bullying at work in the Police Section membership of UNISON. (UNISON, London).

Rayner, C. & Cooper, G. L. (2006) Workplace bullying. In Kelloway, E. K., Barling, J. & Hurrell, J. J. (Eds.) *Handbook of Workplace Violence.* (Sage Publications, Inc., Thousand Oaks, California).

Ringle, C. M., Wende, S. & Will, A. (2005) SmartPLS 2.0. Hamburg).

Rockstuhl, t., Dulebohn, J. H., Ang, S. & Shore, L. M. (2012), Leader-member exchange (LMX) and culture: a meta-analysis of correlates of LMX across 23 countries. *Journal of Applied Psychology,* 9**,** 6, pp. 1007-1130.

Saks, A. M. (2006), Antecedents and consequences of employee engagement. *Journal of Mangerial Psychology,* 21**,** 7, pp. 600-619.

Salin, D. (2001), Prevalence and forms of bullying among business professionals: A comparison of two different strategies for measuring bullying. *European Journal of Work and Organizational Psychology,* 10**,** 4, pp. 425-441.

Salin, D. (2003), Ways of explaining workplace bullying: a review of enabling, motivating, and precipitating structres and process in the work environment. *Human Relations,* 56**,** 10, pp. 1213-1232.

Schaufeli, W., Salanova, M., Gonzalez-Roma, V. & Bakker, A. B. (2002), The measure of engagement and burnout: a two sample confiratory factor analytic approach. *Journal of Happiness Studies,* 3, pp. 71-92.

Simpson, M. (2009), Engagement at work: a review of the literature. *International Journal of Nursing Studies,* 46**,** 7, pp. 1012-1024.

Strandmark, M. & Hallberg, L. (2007), The origin of wokplace bullying: experiences from perspective of bully victims in the public service sector. *Journal of Nursing Management,* 15, pp. 332-341.

Trinchero, E., Borgonovi, E. & Farr-Wharton, B. (2014), Leader-Member Exchange, Affective Commitment, Engagement, Wellbeing, and Intention to Leave: Public Versus Prviate Sector Italian Nurses. *Public Money and Management,* 34**,** 6, pp. 381-388.

Uhl-Bien, M. & Maslyn, J. M. (2003), Reciprocity in Manager-Subordinate Relationships: Components, Configurations, and Outcomes. *Journal of Management,* 29**,** 4, pp. 511-532.

Wang, H., Law, K., Hackett, R., Wang, D. & Chen, Z. (2005), Leader–member exchange as a mediator of the relationship between transformational leadership and followers’ performance and organizational citizenship behaviour. *Academy of Management Journal,* 48, pp. 420–432.

Wayne, S., Shore, L. M., Bommer, W. H. & Tetrick (2002), The role of fair treatment and rewards in perceptions of organizational support and leader-member exchange. *Journal of Applied Psychology,* 87**,** 3, pp. 590-598.

Yukl, G. & Michel, J. W. (2006) Proactive influence tactics and leader member exchange In Schriesheim, C. A. & Neider, L. L. (Eds.) *Power and Influence in Organizations.* (Information Age Publishing, Greenwich, CT).

Zapf, D. & Einarsen, S. (2005) Mobbing at work: escalated conflicts in organisations. In Fox, S. & Spector, P. E. (Eds.) *Counterproductive work behaviour: investigation of actors and targets.* (American Psychological Association, Washington D.C.).