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WORKPLACE CIVILITY AS A PROTECTIVE FACTOR AGAINST BULLYING AND MOBBING: THE ROLE OF ORGANIZATIONAL CULTURE IN PROMOTING RESILIENCE

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ABSTRACT

Workplace bullying and harassment are critical issues that negatively impact employee well-being, organizational sustainability, and the quality of patient care. This study aimed to examine workplace civility as a protective factor against bullying and harassment and to explore the role of organizational culture in promoting resilience among nurses. A cross-sectional study was conducted among 250 nurses working at King Abdullah bin Abdulaziz University Hospital in Riyadh, Saudi Arabia. Data were collected through a structured, self-administered questionnaire adapted from validated scales, including the Civility Norms Questionnaire, the Negative Acts Questionnaire-Revised (NAQ-R), and the Organizational Culture Assessment Instrument (OCAI). Descriptive statistics, t-tests, and one-way ANOVA were performed using SPSS version 26. The findings revealed moderate levels of workplace civility with a mean of 3.42 (± 0.79), workplace bullying with a mean of 3.44 (± 0.95), and organizational culture with a mean of 3.42 (± 1.00). Gender differences were significant only for organizational culture, with males reporting more supportive perceptions than females ($p = 0.035$). No significant differences were observed by age or years of experience. Leadership support was identified as a strength, while conflict resolution emerged as a weakness in organizational culture. Workplace civility and organizational culture play a critical role in mitigating bullying and strengthening resilience in healthcare settings. Fostering respectful communication, transparent leadership, and effective conflict resolution strategies is essential to create safer and more supportive work environments for nurses.

KEYWORDS: Workplace Civility, Bullying, Mobbing, Organizational Culture, Resilience, Nurses, Saudi Arabia.

1. INTRODUCTION

Recently, societies have witnessed an increasing prevalence of bullying in all aspects of life, reflecting negative effects on the individual, the organization, and society. Bullying in the workplace is considered one of the most important factors leading to the loss of the human element, the primary driver and motivation for achievement, sustainability, and organizational excellence (Siddique, Khan, & Rauf, 2023).

Bullying leads to negative effects such as anxiety, discomfort, decreased job satisfaction, and increased turnover rates (Steele et al., 2022). With the intense competition between organizations and the pursuit of sustainability, and in order to maintain human resources, it is necessary to direct and reinforce the concept of workplace courtesy among human resources (Siddique, Khan, & Rauf, 2023; Pham et al., 2023). Tonal culture plays a vital role in promoting flexibility as a measure organizations follow to reduce bullying among employees (Quinn, Waheduzzaman, & Djurkovic, 2025). This is because humans are naturally inclined to connect with people and form friendships.

Therefore, social relationships in the workplace have a positive or negative impact on job satisfaction and perceptions of the work situation (Duan et al., 2019). Furthermore, employees' social life is essential to their personal satisfaction and has a significant impact on work motivation. Therefore, courtesy and friendship create a positive atmosphere and a stimulating work environment among employees and eliminate the main causes of bullying (Wang et al., 2023).

Bullying has been classified as a global health problem by the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UN-ESCO) (O'Higgins, 2020; Dubey et al., 2022). Studies have shown that bullying can affect both the bully and the victim across a wide range of populations (Ye et al., 2023). Bullying is defined as repeated, intentional acts by an individual or group of individuals against someone who cannot easily defend themselves.

People who are bullied experience a range of psychological, behavioral, and physical consequences, including an increased risk of depression, psychosis, headaches, stomach pain, and suicidal behaviors (Chang, 2021).

As for incivility, it is however not clear whether the behavior is intentional (hence the ambiguity), and it can concern single incidents rather than systematic abuse toward a specific target in an inferior power position. Thus, workplace tact is a tool used to

escalate employee behavior through (support, providing a safe work environment, and accommodating management to employee demands) in order to complete their jobs. Its impact extends to promoting or protecting a personal or collective interest (Parker, 2022). Workplace Civility is achieved through event- or situation-specific training within an organization to protect the interests of stakeholders, meet their personal needs, and advance their own goals. It is often practiced by an individual, group, or organizational unit with the goal of achieving development (Keller, 2019). This activity may not be formally necessary for the employee within the organization, but it influences or attempts to influence the distribution of benefits or harms within the organization.

This study aims to explore whether workplace civility is a crucial factor in reducing workplace bullying. It also aims to explore the role of organizational culture in promoting resilience.

2. MATERIALS AND METHODS

2.1. Study Design

This is a cross-sectional study design to explore whether workplace civility is a crucial factor in reducing workplace bullying, as well as the role of organizational culture in promoting resilience. The study was conducted between July and September 2025. The study was conducted Among the nurses at King Abdullah bin Abdulaziz University Hospital in Riyadh, Saudi Arabia.

2.2. Study Participants

The study included 250 full-time nursing professionals employed in the various departments of King Abdullah bin Abdulaziz University Hospital. All participants worked in rotating shifts and were regularly exposed to high-acuity clinical situations characteristic of emergency care.

2.3. Inclusion Criteria

Nurses working at King Abdullah bin Abdulaziz University Hospital; nurses working during the data collection period; Had a minimum of six months' continuous service to ensure adequate exposure to the environment.

2.4. Exclusion Criteria

The Exclusion Criteria included nursing holds exclusively administrative or supervisory positions with minimal direct patient contact, had less than six months of experience, and Refuses or fails to provide informed consent.

2.5. Procedure

The information was collected from participants through an online survey conducted on Google Forms. The self-administered survey was completed within one month after obtaining approval from the Jeddah Health Directorate and the study participants from the hospital. Participants were informed via email of the purpose and scope of the research, and a link to the survey questionnaire was emailed to department leaders, who forwarded the email to all nurses at King Abdullah bin Abdulaziz University Hospital. Ethical considerations were also observed to ensure the confidentiality and privacy of the collected data. The survey is easy to distribute and collect, and its accuracy and validity can be tested and verified using various statistical methods and techniques (such as Cronbach's coefficient and reliability testing). A self-administered survey was also shared with them via a Google Sheet link to complete information about their demographic data.

2.6. Questionnaire

A structured questionnaire was developed, consisting of four main sections that measure the study's key variables

1. Workplace Incivility Scale: The study will use items adapted from the Civility Norms Questionnaire (CNQ) and the Clark Workplace Incivility Index to assess the level of incivility among employees (Achmadi, Hendryadi, & Oktrivina, 2023).
2. Bullying and Harassment Scale: To measure the prevalence of workplace bullying and harassment behaviors, the study will use items from the Negative Actions Questionnaire-Revised (NAQ-R), a widely used and validated tool in workplace bullying research (Sá Cunha et al., 2024).
3. Organizational Culture Scale: Organizational culture will be assessed using selected dimensions from the Organizational Culture Assessment Instrument (OCAI) (Rahman, 2021).

The reliability of the study instrument was verified using Cronbach's alpha, which indicated a high level of internal consistency ($\alpha = 0.93$). The questionnaire was designed to assess nurses' participation in continuing education activities and the impact on patient care. Responses were quantified using a Likert scale.

3. DATA ANALYSIS

Statistical analysis was carried out using the Statistical Package for the Social Sciences (SPSS Inc.,

Chicago, IL, USA), version 26. Frequency and percentages were obtained for the categorical variables, while mean and standard deviation (SD) were calculated for the scale variables. The normality of the distribution of responses was assessed using the Kolmogorov-Smirnov test. The ANOVA test was employed to examine differences in attitudes towards participation for Lifelong Learning, as well as in relation to Impact on Patient Care.

3.1. Ethical Considerations

Ethical approval obtained from the Institutional Review Board (IRB) at King Abdullah Bin Abdulaziz University Hospital, Riyadh, KSA. Registration Number with KACST, KSA: (HA-01-R-104) was issued approval-IRB Log No 25-0111. All participants provided informed consent, which ensured the privacy and confidentiality of their data.

4. RESULTS

As shown in (Table 1), a total of 250 participants responded to the questionnaire (52.8%) males, and (47.2%) were females. Among the participants (55.2%) Saudi and (44.8%) non-Saudi. Regarding to age groups (24.4%) of respondents were between 20–24 years, followed by (29.6%) between 25–29years, (23.2%) between 30–34years, and (10.8%) were More than 40 year, and the mean years of work experience was 10.1 years (SD = 6.10). The educational level of approximately (71.6%) of participants had bachelor's degree, (28.4%) had a master's degree.

(Table 2) presents the scores on workplace civility. The highest mean score was observed for "Rude behavior is not accepted by your coworkers" which received a score of 72.20% and the Mean 3.61 (± 0.97) indicating that civility norms were strongly perceived in this dimension. This was followed by "Respectful treatment is the norm in your unit/workgroup" which received a score of 70.40% and the Mean 3.52 (± 1.11). The lowest score was for "Your coworkers make sure everyone in your unit/work group is treated with respect" which received a score of 60.40% and the Mean 3.02 (± 1.09). The overall civility score was moderate 68.40% with mean 3.42 (± 0.79) reflecting a generally acceptable level of workplace civility, though improvement in mutual respect is still needed.

(Table 3) presents the scores on Workplace Bullying. The highest mean score was observed for "Someone withholding information which affects your performance" which received a score of 79.0% and the Mean 3.95 (± 0.88) indicating a significant concern regarding communication and information flow among staff. Conversely, the mean score was for

“Being ignored or facing a hostile reaction when you approach” which received a score of 63.80% and the Mean 3.19 (± 0.9). The lowest score was for “Being ignored or facing a hostile reaction when you approach” which received a score of 68.40% with

mean 3.19 (± 0.9). The overall civility score was moderate 68.82% with mean 3.44 (± 0.95) suggesting that bullying behaviors were reported at a moderate level within the study setting.

Table 1: Sociodemographic Traits of Participants (n=250).

Variable	N	%
Your gender	male	52.8%
	Female	47.2%
Your age	20-24 years	24.4%
	25-29 years	29.6%
	30-34 years	23.2%
	35-39 years	12.0%
	More than 40 year	10.8%
Nationality	Saudi	55.2%
	non-Saudi	44.8%
Highest qualification achieved	Bachelor	71.6%
	Master's degree	28.4%
Years of experience	Less than 5 year	20.4%
	5-9 years	34.4%
	10-14 year	22.0%
	15-20 years	14.4%
	More than 20 year	8.8%

Table 2: Scores on Items Measuring Workplace Civility.

Items of Workplace Civility	Mean	SD	mean%	Rank
Rude behavior is not accepted by your coworkers	3.61	0.97	72.20	1
Angry outbursts are not tolerated by anyone in your unit/workgroup	3.51	0.91	70.20	3
Respectful treatment is the norm in your unit/workgroup	3.52	1.11	70.40	2
Your coworkers make sure everyone in your unit/work group is treated with respect	3.02	1.09	60.40	4
Total	3.42	0.79	68.40	—

Table 3: Scores on Items Measuring Workplace Bullying.

Items of Workplace Bullying	Mean	SD	mean%	Rank
Someone withholding information which affects your performance	3.95	0.88	79.00	1
Being ordered to do work below your level of competence	3.55	1.03	71.00	2
Pressure not to claim something to which by right you are entitled (e.g. sick leave, holiday entitlement, travel expenses)	3.48	0.83	69.60	3
Being humiliated or ridiculed in connection with your work	3.39	0.99	67.80	4
Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	3.38	0.86	67.60	5
Having insulting or offensive remarks made about your person, attitudes or your private life	3.38	0.96	67.60	6
Hints or signals from others that you should quit your job	3.35	1.12	67.00	7
Repeated reminders of your errors or mistakes	3.30	0.99	66.00	8
Being ignored or facing a hostile reaction when you approach	3.19	0.90	63.80	9
Total	3.44	0.95	68.82	—

(Table 4) presents the scores on organizational culture. The highest mean score was “Leadership at the hospital embodies guidance, support, and direction for staff” which received a score of 75.80% and the Mean 3.79 (± 0.97) reflecting the strong perception of supportive leadership among participants. Conversely, the lowest mean score was for “Conflicts are resolved in a respectful and constructive manner” which received a score of 60.20% and the Mean 3.01 (± 1.24). The overall

organizational culture score was moderate 68.31% with mean 3.42 (± 1.00) which indicates a moderately positive organizational culture.

(Table 5) shows the differences in study variables by gender. Male nurses reported higher scores for workplace civility with mean (3.53 vs. 3.34) and organizational culture with mean (3.56 vs. 3.26) compared to females. The difference in organizational culture was statistically significant ($t = 2.143$, $p = 0.035$), indicating that males perceived a

more supportive culture. However, no significant gender differences were found in workplace civility and bullying ($p > 0.05$).

(Table 6) compares the study variables across age groups. Younger nurses (20–24 years) reported the highest civility with mean 3.88 (± 0.88) and bullying scores with mean 3.63 (± 0.53). Differences between groups were not statistically significant ($p > 0.05$). These results suggest that age did not strongly influence perceptions of civility, bullying, or

organizational culture within this sample.

According to (Table 7), nurses with less than 5 years of experience reported slightly higher civility scores with mean 3.45 (± 0.96) compared to those with more experience. Similarly, differences across experience levels in bullying and organizational culture were minimal. ANOVA results showed no significant associations between years of experience and the study variables ($p > 0.05$).

Table 4: Scores on Items Measuring Organizational Culture.

Items of Organizational Culture	Mean	SD	mean%	Rank
Leadership at the hospital embodies guidance, support, and direction for staff.	3.79	0.97	75.80	1
Teamwork, cooperation, and mutual support are encouraged in daily activities.	3.72	0.91	74.40	2
A strong sense of loyalty and mutual trust prevails among the hospital's nursing staff.	3.44	1.00	68.80	3
The hospital emphasizes human development, openness, and participation in decision-making.	3.37	0.89	67.40	4
Success is defined by staff commitment, teamwork, and caring for others.	3.31	1.00	66.20	5
Respect and courtesy are valued and promoted as core organizational standards.	3.27	0.98	65.40	6
Conflicts are resolved in a respectful and constructive manner.	3.01	1.24	60.20	7
Total	3.42	1.00	68.31	—

Table 5: Mean Difference of Study Variables Related to the Gender.

Domains	Gender	N	Mean	SD	T	p-value
Workplace Civility	Male	132	3.53	0.55	1.504	0.136
	Female	118	3.34	0.63		
Workplace Bullying	Male	132	3.45	0.58	1.690	0.094
	Female	118	3.24	0.61		
Organizational Culture	Male	132	3.56	0.61	2.143	0.035*
	Female	118	3.26	0.72		

Table 6: Mean Difference of Study Variables Related to the Age.

Domains	Age (years)	n	Mean	SD	F	p-value
Workplace Civility	20–24	61	3.88	0.88	2.125	0.102
	25–29	74	3.42	0.90		
	30–34	58	3.28	0.66		
	35–39	30	3.29	0.61		
	More than 40	27	3.42	0.79		
	Total	250	3.42	0.79		
Workplace Bullying	20–24	61	3.63	0.53	1.192	0.317
	25–29	74	3.49	0.64		
	30–34	58	3.31	0.50		
	35–39	30	3.53	0.59		
	More than 40	27	3.47	0.58		
	Total	250	3.47	0.58		
Organizational Culture	20–24	61	3.61	0.47	1.102	0.352
	25–29	74	3.38	0.67		
	30–34	58	3.25	0.43		
	35–39	30	3.41	0.71		
	More than 40	27	3.38	0.60		
	Total	250	3.38	0.60		

Table 7: Mean Difference of Study Variables Related to the Years of Experience.

Domains	Years of experience	N	Mean	SD	F	p-value
Workplace Civility	Less than 5 years	51	3.45	0.96	0.120	0.887
	5-9 years	86	3.44	0.68		
	10-14 years	55	3.36	0.63		
	15-20 years	36	3.29	0.61		
	More than 20 years	22	3.42	0.79		
	Total	250	3.42	0.79		
Workplace Bullying	Less than 5 years	51	3.46	0.67	0.024	0.976
	5-9 years	86	3.47	0.48		
	10-14 years	55	3.49	0.55		
	15-20 years	36	3.53	0.59		
	More than 20 years	22	3.47	0.58		
	Total	250	3.47	0.58		
Organizational Culture	Less than 5 years	51	3.38	0.69	0.165	0.848
	5-9 years	86	3.44	0.51		
	10-14 years	55	3.25	0.43		
	15-20 years	36	3.41	0.71		
	More than 20 years	22	3.38	0.60		
	Total	250	3.38	0.60		

5. DISCUSSION

This study examined the role of workplace civility in reducing bullying and harassment behaviors. It also explored the role of organizational culture in fostering resilience among nurses at King Abdullah bin Abdulaziz University Hospital. Overall, results showed moderate levels of civility, bullying, and organizational culture, with significant gender differences only in perceptions of organizational culture, with male nurses scoring higher. No significant differences were observed by age or years of experience.

Siddiq, Khan, and Rauf (2023) suggest that politeness standards represent a protective factor against workplace bullying, which is consistent with the findings of the current study. They found that promoting politeness helps reduce interpersonal conflict and supports human resource sustainability. Additionally, Steele et al. (2022) demonstrated that bullying climates exacerbate psychological distress and reduce job satisfaction, highlighting the need for interventions that enhance politeness. Therefore, the results of the study support the findings of previous studies and indicate that politeness standards may mitigate the negative psychological and social effects of bullying.

The current findings also point to the prevalence of bullying behaviors, such as withholding information and insulting colleagues, which is consistent with the results of many international studies. Dubey et al. (2022) and Ye et al. (2023) indicate that bullying significantly impacts mental health outcomes, including depression and anxiety, which is comparable to the moderate levels of bullying reported in this study. Although the levels

of bullying in our current study were not alarmingly high, their presence underscores the importance of targeted interventions in healthcare settings. In addition, organizational culture is a crucial factor in preventing bullying. The results indicate the importance and role of leadership support and guidance in preventing workplace bullying, confirming the findings of Quinn, Vahiduzzaman, and Jurkovich (2025), who reported that organizational culture significantly influences the prevalence of bullying in public institutions. A positive culture that emphasizes teamwork and supportive leadership reduces the likelihood of bullying and promotes resilience (Pham et al., 2023; Wang et al., 2023). Conversely, lower scores were associated with conflict resolution, suggesting that unresolved conflicts may contribute to subtle forms of workplace incivility. This finding is similar to the findings of Noor (2024), who demonstrated that poor leadership practices exacerbate rumors and weaken team cohesion.

The results also indicate differences in organizational culture attributed to gender, with males experiencing a more supportive environment than females. This reflects differences in role expectations, exposure to workplace stressors, or cultural dynamics within the Saudi healthcare system. Previous studies have indicated gender-based differences in exposure to and reporting of bullying behaviors (Chang, 2021; Parker, 2022). Further research, particularly qualitative approaches, is needed to explore how cultural and professional expectations influence these perceptions. No significant differences were observed by age or years of experience, suggesting that bullying is a common

phenomenon across demographic groups. This is consistent with Akhmadi et al.'s (2023) study. However, it contrasts with Duan et al.'s (2019) study, who identified younger employees as more vulnerable to workplace bullying. These discrepancies may reflect contextual differences across sectors and the impact of organizational policies on employee experiences. The findings underscore the importance of fostering a culture of civility through leadership initiatives, civility training, and supportive policies. Parker (2022) asserted that civility interventions and accountability mechanisms can significantly reduce bullying and indifference. Enhancing transparency, ensuring fair conflict resolution, and promoting inclusiveness in leadership practices are critical steps.

6. CONCLUSION AND RECOMMENDATIONS

This study explored workplace incivility as a protective factor against bullying and harassment, and the role of organizational culture in fostering resilience among nurses. Results revealed moderate levels of incivility, bullying, and organizational culture, with males reporting a more supportive

organizational culture than females. No significant differences were found by age or years of experience, suggesting that bullying and incivility are common challenges across demographic groups. While leadership support was identified as a strength, weaknesses in conflict resolution highlighted a need for improvement. Based on these findings, several recommendations are proposed. First, healthcare organizations should implement structured training programs on incivility, respectful communication, and conflict management to build a culture of mutual respect. Second, leadership should adopt transparent decision-making processes and promote inclusiveness to address gender-based differences in perceptions of organizational culture. Third, regular assessments of workplace incivility and bullying should be conducted to identify emerging issues and monitor the effectiveness of interventions. Fourth, hospitals should establish clear policies and reporting mechanisms to ensure accountability and protect employees from bullying behaviors. Finally, promoting teamwork, peer support, and mentoring programs can enhance resilience and boost job satisfaction.

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