CHAPTER 2

Literature Review

This study drew on a number of works related to the concepts and theories as well as research studies by which the summary of what has been done was stated, and it became possible to identify areas in which potential research was beneficial and significant as follows:

1. Workplace Bullying
    1.1 Definitions of workplace bullying
    1.2 Theory and conceptual model of workplace bullying
    1.3 Measurements of workplace bullying
    1.4 Related studies of workplace bullying
2. Job Performance
    2.1 Definitions of job performance
    2.2 Theory and conceptual model of job performance
    2.3 Measurements of job performance
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3. Related Studies of Relationship Between Workplace bullying and Job Performance
4. Situation of Nursing Related to Workplace Bullying and Job Performance in Yunnan Province, the P. R. China
5. Conceptual Framework

Workplace Bullying

Definition of Workplace Bullying

As a complex phenomenon, certain scholars have categorized workplace bullying (WPB) using various terms. For instance, researchers who come from Sweden and most of European countries always like to use the term “mobbing” or “emotional abuse”; in the USA and some English-speaking countries researchers more like to use the term “bullying”, “harassment” or “lateral/horizontal violence” to describe this phenomenon. While, in practice, only minor differences exist between these concepts and many research studies used them interchangeable (Zapf & Einarsen, 2005). Term of “bullying” was used in this study.

Brodsky (1976) first gave the description of harassment as the behaviors that were executed repeatedly and persistently aim to torment, wear down or frustrate a person, ultimately would provoke, frighten, intimidate or lead to discomfort to the target. After that, Olweus (1978) who was considered as the founding father of bullying research, described the bullying as aggressive behaviors of individual which intentionally hurt or harm others. The researcher also emphasized that the behaviors are repetitive and comprise a power imbalance between the perpetrators and victims such that it is difficult for victims to defend themselves.

Bullying at work refers to repeated actions and practices that may be carried out deliberately or unconsciously, while directly against one or more workers that unwanted by the victim and clearly cause humiliation, offence and distress. These may interfere with work performance and/or cause an unpleasant working environment (Leymann, 1990; Einarsen & Raknes, 1997). Meanwhile, some studies suggested that defined bullying should considered a real or perceived imbalance of power between the bully and the victim. The systematic abuse power based on asymmetrical power relationship and low supervision in social group were showed within bullying (Hutchinson, Vickers, Jackson, & Wilkes, 2006; Olweus, 1996, Smith, 1994; Zapf & Gross, 2001).

Neuman and Baron (2003) defined WPB as acts of interpersonal aggression that aim attract harm or injure to others who are motivated to avoid such treatment. Based on

the definition, intentionality as a defining characteristic is distinct. Furthermore, WPB was defined as the situation where employees are repeatedly and persistently exposed to negative and aggressive behaviors at work over a period of time and primarily of a psychological nature effect for the target who exposure to these behaviors has difficulty in defending him or her against these behaviors (Einarsen et.al, 2009). Hutchinson and colleagues (2008) described that bullying as behaviors which perpetrator done, manifesting as relentless barrage, hidden and difficult to prove with the aim to harm others. These behaviors may escalate over time and include being harassed, tormented, sabotaged, put down, ignored, isolate, humiliated and daily work life made difficult (Hutchinson, Jackson, Wilkes, & Vickers, 2008).

According to aforementioned definitions, most of the WPB definitions include intentionality as a defining characteristic .Whereas, a major problem with intentionality is that it is impossible to prove the existence of intent in cases of bullying (Hoel & Cooper, 1999) .Namely, intentionality difficult to operationalize and measure in research . However, Einarsen and colleagues 'workplace bullying definition (2009) emphasizes the frequency and duration of negative behavior, the main issue to consider is whether the behavior could be perceived as harmful and humiliation .Thus, the main elements are required to define workplace bullying including frequency, duration, power imbalance (formal or informal power) and hostility .So Einarsen and colleagues 'WPB definition (2009) was used as the basis for discussion in this study.

Theory and Conceptual Model of Workplace Bullying

Many theories and conceptual models related to workplace bullying have been developed. Some of them have been accepted for the assessment of workplace bullying, they were described as follows:

Leymann's Four Stages Bullying Model. Bullying changes its character over time as the social setting changes, Leymann (1990) described four stages of bullying process as follows:

1. The first stage of bullying could be indicated as critical incidents. Conflict always play an important role of triggering situation. This stage could be very short, while the escalated conflict could expose stigmatizing actions by colleagues or managers.

2. The second stage could be the bullying and stigmatizing. In the beginning of this stage, bullying behaviors may contain quite a number of activities which in normal interaction and not necessarily indicative of aggression or ostracism. However, being subjected bullying behaviors on daily basis and for a long period of time, the bullying behaviors can change to aggression.

3. The third stage could be named as personnel management. Due to previous stigmatization, the personnel manage easy to misjudge the situation, management tends to accept and take over the prejudices, and this often results in serious violations of rights. Ultimately the victim may become marked or stigmatized.

4. The last stage of bullying is expulsion. As far as bullying behaviors gradually developed at workplace, the consequence might be the social effect of ostracize people from working life long before retirement. This situation should responsible for the development of serious illness that cause victim to seek medical or psychological help. Within this four stages bullying model, author considered that from the second stage to the fourth stage as actual bullying, resulting from the unresolved conflict on the first stage.

Bullying Activities Model. As the bullying behavior, perpetrator's actions are demonstrated include name calling, gossiping, ignoring, isolating, threatening, using silence, distributing unreasonable assignment and making observable physical expression such as eye rolling (Thobaben, 2007). Some researchers demonstrate that bullying behavior can be subtle and on the surface may seems like nonaggressive, but often makes it hard for the victim to prove that they are the target of aggression (Johnson & Rea, 2009). Furthermore, some specific bullying behaviors have been described which include blaming, criticizing, intimidation, fighting among co-workers, refusing to lend assistance, public humiliation, withholding information and undermining the efforts of targeted individuals (Edwards & O'Connell, 2007).

Leymann (1996) demonstrated conceptual model of bullying activities which used conceptualization that through highly frequently and over a long period of time in bullying process, consequently let bullying activities turning into dangerous, communicative weapons. The classification of bullying behaviors depends on the effects of behaviors have on victim and were classified into five categories by Leymann (1996).

1. Effects on the victims' possibilities to communicate adequately, such as management didn't provide possibility to communicate; verbal attack against regarding work tasks, verbal threats, verbal activities in order to rejection.

2. Effects on maintain social contacts, such as colleagues ostracizing or social exclusion; isolate individual in a room far away from others.

3. Effects on maintain personal reputation, such as gossiping; ridiculing; make fun about individual's handicap, ethnical heritage or the way move or talk.

4. Effects on occupational situation, such as didn't give any work tasks at all; give meaningless work tasks or arrange tasks out of individual's capacity.

5. Effects on physical health, such as individual was given dangerous work tasks; others threaten physically or be attacked physically.

Bullying evolving progress. Einarsen, Raknes, and Matthiesen (1994) demonstrated the bullying evolving progress, they concerned that bullying may contain at least four phases as follow:

The first phase is aggressive behavior, victims are typically subjected to aggressive behavior that is difficult to pinpoint by being very indirect and discreet. The second phase is bullying, more direct aggressive acts are appeared in this phase, and victims are clearly isolated and avoided. The third phase is stigmatization, victims are openly harassed and discriminated against by being alienated and excluded, humiliated in public by offensive remarks and jokes. The last phase is severe trauma, in this phase both physical and psychological violence may be used.

Workplace Bullying Model. Einarsen and Raknes (1997) proposed that bullying was not an either/or phenomenon, it could be described as a process with the traits of

frequency, duration, hostility and power imbalance. Then researchers classified workplace bullying into three dimensions (Einarsen & Raknes, 1997).

1. Person-related bullying refers to behaviors that are not direct work related, such as gossiping or rumors; insulting; teasing; verbal abuse; devaluing and personal criticism; neglect of opinions, silence and hostility when one entering a conversation.

2. Work-related bullying refers to behaviors that are directly related to work and work responsibilities, such as ostracizing from peer group; giving a person too many, too few or meaningless tasks; persistently criticizing a person or his/her work; excessive monitoring of work.

3. Physical violence refers to behaviors that belong to direct violence and/or threats of violence that could constitute harassment factor in itself. Relative behaviors may include direct physical aggress and arrange high risk work which threats of violence.

Aetiological category of workplace bullying. By used aetiological category, Einarsen (1999) represented two kinds of workplace bullying as follows:

1. Predatory bullying refers to victim personally has done nothing provocative that may reasonably justify the behavior of the bully. For example, the victim is accidentally in a situation where a predator either is indicative of their power or in other ways is trying to exploit an accidental victim into compliance. In some organization this kind of bullying is long standing as a part of the leadership and managerial practice (Ashforth, 1994). Predatory bullying probably caused by a combination of a social climate where hostility and aggressiveness prevail and an organizational culture tolerant to bullying and harassment (Fitzgerald, Hulin, & Drasgow, 1995).

2. Dispute-related bullying refers to develop out of complaints and involves social control reactions to perceived wrong-doing. This kind of bullying display that bullying typically is triggered by work-related conflict, instance, and the organizational climate at work turns more than conflict itself that may escalate into harsh personified conflicts. The dispute-related bullying occurs as a result of a highly escalated interpersonal conflict and may be of three kinds demonstrations: aggressive behavior, malingering and resentment to perceived wrong-doing or unfair treatment by one's proponent.

In summary, there are many models of WPB were described in the literature, researchers categorized WPB through different levels or different features. Einarsen and Raknes's workplace bullying model (1997) can analyze workplace bullying by using comprehensive approach and operational capture of the features of workplace bullying in working setting. Workplace Bullying Model (Einarsen & Raknes, 1997) has already being approved among nurses and some researchers indicated that the model was suitable for Chinese content (Xun et.al, 2012; Zheng & Zhang, 2015). Meanwhile, Einarsen and Raknes (1997) demonstrated that their WPB model accord well with the theoretical concept which was developed by Leymann (1990) and it is easier to understand and assess than Leymann's bullying activities model (1996). Thus, Einarsen and Raknes's workplace bullying model (1997) was used in this study.

Measurement of Workplace Bullying

Kinds of measuring instrument were stated in the previous studies which based on different models. Through literature review, researcher represented some popular instruments as follows:

Single-item question (Self-labelling). Self-labelling method is by using single question to ask participants whether or not they have been bullied, and assess the respondents' feeling of being victimized by bullying. Some studies represented with a theoretical definition of WPB before ask question as a basis (Einarsen & Skogstad, 1996; O'Moore, Lynch, & Niamh, 2003), while some studies did not represent WPB definition (Lewis, 1999). This approach seems to be usually used to assess the prevalence of workplace bullying, because this measurement easy to manage and it does not take up much space in questionnaire, can saving resource and time. However, no matter represent with theoretical definition or not, the result of this measurement could not provide any information about the nature of the behaviors were involved in bullying. Additionally, self-labelling is a very subjective method in which personality, emotional factors, cognitive factors and misperceptions may play a part within respondent. Namely, the personality traits could influence the respondence of self-labelling.

Leymann Inventory of Psychological Terror (LIPT). Based on Leymann's Four Stages Bullying Model, Leymann and his associations (Leymann, 1990) developed the

LIPT to assess the frequency and consequences of bullying in the workplace. The LIPT consists of 45 items which described workplace bullying actions and were organized into five distinct groups to determine the target's ability to a) maintain self-expression and communication; b) maintain social contacts; c) maintain personal reputation; d) retain occupational situation and quality of life; and e) maintain mental and physical health. Leymann maintained the distinction between work conflict and workplace bullying was not the specific behaviors, but the frequency (at least weekly) and duration (at least six months) of the negative behaviors (Agervold, 2007).

Negative Acts Questionnaire-Revised (NAQ-R). Negative Acts Questionnaire-Revised (NAQ-R) (Einarsen et al., 2009) based on Workplace Bullying Model (Einarsen & Raknes, 1997) and it is the updated instrument to measure WPB among numerous professions. Twenty two-item NAQ-R is used to measure exposure to bullying within the last 6 months. Total 22 items refer to direct and indirect aspects of bullying and were grouped into three subscales: work-related bullying (7 items), person-related bullying (12 items) and physically intimidating bullying (3 items). All 22 items are written in behavioral terms with no reference to the term of "bullying". With the 5-point Likert scale response format, alternatives for all items are: 1 = "never", 2 = "now and then", 3 = "monthly", 4 = "weekly" and 5 = "daily". The respondents will be prompted to state how often they have been subjected to the 22 negative acts of the questionnaire, based on their experience in their workplace, over the last six months (Einarsen et al., 2009).

Einarsen et al. (2009) indicated excellent internal consistency within all items, the Cronbach's α was .90. Correlations between person-related bullying and work-related bullying was .96, work-related bullying and physically intimidating bullying was .89, person-related bullying and physically intimidating bullying was .83. Researchers reported that Pearson's product-moment correlation between the total score of the 22-item NAQ-R and the perception of being a victim of workplace bullying was strong ($r = 0.54$, $p < 0.001$), indicated that high scores of the 22-item NAQ-R was strongly associated with labelling oneself as a victim of bullying. NAQ-R was considered as a reliable and valid instrument to assessing the WPB.

Four-item instrument of workplace bullying. Based on NAQ-R (Einarsen et al., 2009), Simons, Stark, and DeMarco (2011) developed the four-item instrument to measure

WPB. Replicated dimensions of NAQ-R, through data reduction, reliability and regression analysis, researchers represented the effective and efficient measurement tool for nursing profession. This instrument includes 4 items which were covered in the meaning of unmanageable workload; being ignored or excluded; being humiliated or ridiculed and someone withholding information. The Cronbach's α of this instrument was .75, projected α estimated to .78.

Chinese version of Negative Acts Questionnaire-Revised (C-NAQ-R). Based on NAQ-R (Einarsen et al., 2009) and Chinese social situation and culture, Xun et al. (2012) represented Chinese version of Negative Acts Questionnaire-Revised (C-NAQ-R) to measure workplace bullying in nursing profession of China. By using Exploratory Factor Analysis, principal axis factoring and oblique rotation was conducted on the C-NAQ-R and supported this instrument being composed of 22 items which tap direct and indirect aspects of bullying and were covered in 3 dimensions. Compared with original NAQ-R, name of the first two dimensions were maintained as work-related bullying and person-related bullying, while, the third dimension was changed to organizational injustice. The items belonged to each dimensions have been changed in C-NAQ-R. Within NAQ-R, work-related bullying dimension consists of 7 items (item 1, 3, 14, 16, 18, 19, 21); person-related bullying dimension consists of 12 items (item 2, 4, 5, 6, 7, 10, 11, 13, 12, 15, 17, 20); physically intimidating bullying dimension consists of 3 items (item 8.9.22). While, within C-NAQ-R, work-related bullying dimension consists of 9 items (item 20, 11, 22, 12, 15, 17, 13, 1, 18); person-related bullying dimension consists of 9 items (item 7, 6, 8, 9, 14, 5, 2, 16, 10) and organizational injustice dimension consists of 4 items (item 4, 3, 21, 19).

Same with NAQ-R, all 22 items are written in behavioral terms with no reference to the term of "bullying" and with the 5-point Likert response format (1 = "never", 2 = "now and then", 3 = "monthly", 4 = "weekly" and 5 = "daily"). The respondents are prompted to state how often participants have been subjected to the 22 negative acts of the questionnaire, based on their experience in their workplace, over the last six months (Einarsen et al., 2009). Researchers explained that the perception of WPB is subjectively, the extent of perceived WPB depend on the subjective perception and environmental

effect. Thus, the cultural diversity, different social structural and policy could cause the difference between C-NAQ-R and NAQ-R.

Researchers reported C-NAQ-R has a good validity of CVI was .919, and good reliability had been showed: Cronbach's α was .915, test-retest reliability was .883 ($p < 0.001$) for total scale and for each item ranged from .814 to .898 ($p < 0.001$), Split-half reliability was .898. Thus, C-NAQ-R was considered as a reliable and valid instrument to assessing the WPB among Chinese nurses. However, Xun and colleagues did not do the back-translation for C-NAQ-R, so the result measured by C-NAQ-R cannot compare with that in the western countries accurately.

Mobbing Scale of Academic Nurse (MSAN). Based on Leymann's Four Stages Bullying Model (Leymann, 1990), Ozturk, Sokmen, Yılmaz, and Cilingir (2008) developed Mobbing Scale of Academic Nurse(MSAN) to determine mobbing experience of academic nurses (Ozturk et al., 2008). It is a 60- item scale with the 5-point Likert scale response format (5 = completely agree, 1= totally disagree). MSAN composed 8 subscales: effects on psychology and fatigue (13 items); effects of the organization and management (13 items); attacks towards self-esteem (9 items); attacks towards personal and professional relationships (7 items); effects on social relationship (6 items); attacks towards showing oneself and communication (6 items); attacks towards professional practices (3 items) and effects on health and life (3 items). The original scale showed Content Validity Index was .88, total scale Cronbach's α was .97, each item to total scale correlations ranged from .41to .73, Bartlett's test yielded quite significant result $x2 = 7905.47$, $p = 0.000$. The instrument has good validity and reliability to use.

Workplace Bullying Questionnaire (WPBQ). Based on literature review, Li, Nie, Li, Wang, and Zhao (2011) developed WPBQ in order to measure bullying behaviors within Chinese context. The questionnaire contains 3 dimensions, totally has 14 items, described as follows: a) Physical related bullying (6 items) such as public humiliation, personal offend, physical harm. b) Work suppress (5 items) such as assigning heavy workload, work overtime. c) Social exclusion (3 items) such as withholding work related information, hold back reward. Total questionnaire reliability Cronbach's α was .85, correlation coefficient of each subscale with total scale was ranged from .74 to .89 and correlation coefficient of each scale was ranged from .37 to .54.

In summary, numerous of questionnaires can be used to measure WPB. Some questionnaires have more than 50 items, may spend too much time to respond, while, the single question of self-labelling is easily influenced by personal emotion or cognitive factors. NAQ-R (Einarsen et.al, 2009) as a comprehensible, short and valid instrument that contains well specified observable behavior with low requirements for participants' cognitive and emotional processing when responding, that could reduce the influence of attitudinal and dispositional factors (Einarsen et.al, 2009). As a popular and valid instrument to measure bullying negative acts, NAQ-R (Einarsen et.al, 2009) was translated into many languages such as Japanese, Korean and Chinese. In order to get accurate result of WPB and compare with other countries' WPB situation, NAQ-R (Einarsen et.al, 2009) was used in this study to measure WPB of nurses in tertiary hospitals, the P. R. China.

Related Studies of Workplace Bullying

There are some studies related to WPB were described in literature as follows:

Johnson and Rea (2009) conducted a study to described nurses' experience with and characteristics related to workplace bullying, 249 respondents were surveyed by using NAQ-R (Einarsen et al., 2009). The results showed that 27.3% (n = 68) nurses reported having experiences of bullying behaviors. The result similar with other US studies such as Simons (2007) reported 31% of workplace bullying and Lutgen-Sandvil et al. (2007) reported 28% that concerned a high rate of bullying occurring among nurses. Frequently experienced negative acts as weekly or daily were related to someone withholding information that could affect performance (18.3%); being ordered to do work below level of competence (16.2%) and having opinions and views ignored (13.2%).

Berry, Gillespie, Gates and Schafer (2012) investigated the prevalence and effects of workplace bullying on work productivity of novice nurses by used NAQ-R (Einarsen et.al, 2009), and the results showed that 72.6% of nurses reported workplace bullying within the previous month, with 57.9% (n=114) were direct targets and 17.4% (n = 29) were witnesses. Work-related bullying was experienced by 87% of nurses, personal-related bullying was experienced by 84.3% and physical bullying was experienced by 37.3%. Furthermore, Karatza, Zyga, Tziaferi and Prezerakos (2016) surveyed 841 nurses

in Athens by NAQ-R (Einarsen et.al, 2009) and reported 30.2% of nursing staff had been bullied during the last 6 months. The researchers also reported that the most prevalent negative behaviors were related to work itself and being subjected to anger expressed by third parties.

Tambur and Vadi (2009) conducted a study which measured workplace bullying by using NAQ-R (Einarsen et.al, 2009) in Estonia, aim to found out how bullying manifests itself. 22-item NAQ-R Cronbach's α was .91 in this study. The result showed that 16.4% of participants reported have been bullied daily and 28.3% reported weekly. Most of the respondents experienced negative acts relate to someone withholding information that could affect performance (13.4%); encounter excessive monitoring during working (12%); being given tasks with unreasonable or impossible targets or deadlines (9%) and being exposed to an unmanageable workload (7.5%).

Studies related to WPB in China. Xun, Gai and Liu (2013) investigated clinical nurses' experiences of bullying at work through surveyed 242 nurses in Shandong province by using Chinese version Negative Acts Questionnaire-Revised (C-NAQ-R) (Xun et.al, 2012). The result showed that 35.12% (n = 85) of respondents reported exposure to bullying during last 6 months. Data analysis showed that negative behaviors related to being exposed to an unmanageable workload perceived by majority nurses and other widespread negative acts experienced by nurses related to being ordered to do work below the level of competence; pressure not to claim something which by right you are entitled to; and having key areas of responsibility removed or replaced with more trivial or unpleasant tasks. Researchers reported that organizational injustice plays an important role of bullying behaviors in China.

Zheng and Zhang (2015) conducted a study to explore the relationship between workplace bullying and personality characteristics of nurses through surveyed 148 nurses in Shantou, Guangdong province, and C-NAQ-R (Xun et.al, 2012) was used to measure WPB. This study reported that 43.9% (n = 65) of nurses participated in this study encountered bullying at work in the last 6 months. Most of the respondents experienced negative acts related to someone withholding information that could affect performance; being exposed to an unmanageable workload; being ordered to do work below level of competence. Also, Qi and Li (2015) surveyed 343 nurses in tertiary hospitals by Negative

Acts Questionnaire (NAQ) (Li et.al, 2009) and reported that temporary nurses had higher perception of experienced negative acts than permanent nurses ($P < 0.05$) and nurses who have low professional titles and educational levels showed have more experiences of perceived negative bullying behaviors. Moreover, researchers displayed that nurses who were younger than 25 years old and have single status had more experiences of perceived bullying behaviors, it was consistent with Xun et.al (2013), while different with Einarsen et.al (1994) which reported older employees encountered more negative acts in workplace.

Li, Su, and Shu (2016) conducted a study to investigated bullying among nurses and its correlates. Researchers used Workplace Bullying Scale (Tian & Lee, 2008) which was translated and revised from NAQ-R (Einarsen et al., 2009) to measured WPB among nurses. The study reported that bullying was associated with nurses' ages, years of working in nursing profession ($p < 0.01$), and related to working unit difference ($p < 0.01$). Nurses who working in Emergency Room got the highest score than other departments and there were no differences in educational level, religions, professional titles and types of working time ($p > 0.05$).

In summary, according to previous studies, prevalence of workplace bullying in most European countries was reported ranged from 10% to 30.2%, in the USA was 28% to 57.9% and in China was 33.5% to 43.9% that showed high prevalence rate among nurses. Workplace bullying can affect both individuals and organizations, and risky for patient care.

Job Performance

Definition of Job Performance

The definition of job performance (JP) has received considerable scholarly research attention and has been widely published over the past decades. Researchers agree that performance has to be considered as a multi-dimensional concept. On the most basic level, researchers could distinguish JP between process aspect (e.g. behavior) and outcome aspect of performance (Borman & Motowidlo, 1993; Campbell, 1999). Different aspect shows clearly in the definition of performance.

Schwirian (1978) defined the nursing JP as the effectiveness and productivity of nurses in fulfilling their roles and responsibilities associated with direct patient care. C. H. Campbell et al. (1990) defined JP as the total employees' behaviors and activities that were considered important to accomplish organizational goals. Every activity was performed at work may require different knowledge and skills, which reflect different functions of abilities (C. H. Campbell et al., 1990; J. P. Campbell, McHenry, & Lauress, 1990).

Many researchers have done the studies related to nursing job performance and represented different kinds of definition. For instance, Blegen and colleagues (1992) defined the nursing job performance as a series of head nurse behaviors that acknowledge staff nurses' performance and achievements, in which the performance of nurses was rated from the perspective of their head nurse rather than from their own perspective. After that, Motowidlo and colleagues (1997) defined performance as the aggregated value to the organization of the discrete behavioral episodes that an individual performs over a standard period. There are two types of performance in this definition including task performance and contextual performance. Performance behaviors with evaluative component can be positive or negative for the individual or organization (Motowidlo, Borman, & Schmit, 1997; Borman & Motowidlo, 1997).

Greenslade and Jimmieson (2007) represented the definition of nursing JP as the behaviors performed by nurses which are typically recognized as a part of nursing job and directly contribute to the organizational technical core (task performance) and contextual performance which could maintain the broader social environment that insure the technical core must utility, it includes more discretionary behaviors that assist the development of hospital. Besides, Carlos and Rodrigues (2016) defined job performance as evaluative and episodic behaviors that employees adopt toward their work, also as the result of the dynamic aggregate value which between cognitive abilities, personality and learning experiences contribute to the organization.

According to the literature review, job performance was explained as process (e.g. behavior) or outcome, this study used the process explanation. Although there is no consensus or universal definition of nursing job performance, Greenslade and Jimmieson's job performance definition (2007) clearly distinguished job performance

into task performance and contextual performance, and specific for nursing profession. As an updated, comprehensive definition, its expresses nursing JP adaptive with nowadays conditions and easy to understand and utilize. Therefore, Greenslade and Jimmieson's JP definition (2007) was used in this study.

Theory and Conceptual Model of Job Performance

Many theories and conceptual models related to JP have been developed. Some of them have been accepted for the assessment of JP, they were described as follows:

Schwirian's nursing performance model. Schwirian (1978) developed the performance model to explain nursing job performance and perceived as a landmark for nurses' job performance. The model consists of six dimensions described as follows:

1. Leadership refers to activities in which an individual would engage in executing a leadership function regardless of one's specific job title.

2. Critical care refers to nursing activities associated with the care of very critically ill individuals, including the potential outcome of death.

3. Teaching/collaboration relates to behaviors which nurses provide as well as those descriptive of collaborative efforts to patients, families and other health professionals who contribute to the patients' well-being.

4. Planning/evaluation refers to the behaviors involved in planning and evaluation of the nursing care for patients in dynamically and holistically ways.

5. Interpersonal relations/communications relate to nurse's behaviors in the area of communication and interpersonal relationship with patients and other co-workers in the health care setting.

6. Professional development relates to high performance and behavior that is responsible for the professional growth, and the updating knowledge and skills in professional nursing activities and majors.

Murphy's performance model. Murphy (1990) represented the concept of JP which was consisted of four dimensions: downtime behaviors, task performance, interpersonal, and destructive behaviors.

1. Downtime behaviors refers to tardiness, unpunctuality, absences and other similar behaviors which have negative effort to work.

2. Task performance focuses on implement role-prescribed behaviors. Task oriented activities are close to task-specific behaviors in Campbell's model. This dimension comprises any professional tasks relevant to one's own job.

3. Interpersonal behaviors refer to helping, cooperating with others, collaborating with co-workers and prosocial behaviors. Interpersonal behaviors are embodied by any relations the focal employee has with others.

4. Destructive behaviors regard to compliance with rules (or lack of it), violence on the job, theft, and other activities counterproductive to the goals of the organization.

Fitzpatrick's job performance model. Fitzpatrick, While, and Roberts (1997) stated JP comprises five dimensions as follows:

1. Physical refers to behaviors which directly toward meet patient's physical needs. Such as perform nursing practice in order to maintain patient's daily hygiene and identify patient's physical symptoms and changes that after receive alleviating treatment.

2. Psychosocial of individual refers to activities which directly toward meet psychosocial needs of individual patient. Such as provide full attention to patient and create a mutual trust environment, identify individual patient's needs and provide relevant solutions. Psychosocial of group refers to activities which directly toward meet psychosocial needs of patients as members of a group. Such as encourage patients to participate in a group and propose activities appropriate to their interests.

3. Professional refers to activities which directly toward achieve the professional role. Such as responsibility to identify direction for ongoing professional development, update knowledge and skills related to nursing practice, and actively participate in professional activities.

4. Communication focuses upon ability of nurses to communicate effectively with patients and others.

5. Care management refers to behaviors that may directly toward meet either psychosocial or physical needs of patients, or both at the same time. Such as providing nursing care adapted to patient's condition, responding appropriately when encounter emergency situations.

Borman and Motowidlo's performance theory. Borman and Motowidlo (1993) identified two broad classes of employee behaviors which were task performance and contextual performance. Because of interpersonal and broader motivational implications, the theory clearly embodies specific task performance behaviors from other behaviors that are structurally more valuable. These behaviors can be distinguished from effectiveness, which is the impact that behaviors have on outcomes that are valued by the organization (Borman & Motowidlo, 1997).

Task performance contributes to organizational effectiveness through execute transformation of the organizational raw materials toward the organizational products or by providing necessary service and maintenance of functions. For instance, supplying raw materials, providing important planning, coordinating, supervising and distributing its finished products. Contextual performance contributes to organizational effectiveness in ways that shape the organizational, social, and psychological context that serves as the promoter for task activities and processes.

By implementing this theory, Borman and Motowidlo (1993) classified task performance into three dimensions as follows:

1. Job-specific task proficiency refers to the core fundamental or technical tasks that are essential to a job. For example, handle service orders or repair requests; install, operate, or maintain complex equipment; assist with listings or calling procedures.

2. Non-job-specific task proficiency relates to tasks that are not central to any specific job and tend to be necessary with common jobs. Such as coordinate work, organize, prioritize, and decision making or problem solving, customer service and computer usage.

3. Communication task proficiency (written and oral) refers to the proficiency with which a person can write or speak and is required to attain some extent in almost all jobs.

Contextual performance in Borman and Motowidlo's model (1993) was classified into three dimensions as follow:

1. Interpersonal citizenship performance consists of behaviors which are beneficial for individuals in the organization. It includes helping, assisting and cooperating with others, interpersonal facilitation, social participation, civility and altruism.

2. Organizational citizenship performance refers to behaviors which are beneficial for the organization. It includes following organizational norms and procedures; approving, supporting, and defending organizational objectives; complying with organizational values and policies; staying with the organization during adversity; willingness to displaying the organization to outsiders; and demonstrating loyalty, compliance, sportsmanship, civic virtue, and conscientiousness.

3. Job-task conscientiousness refers to behaviors which are beneficial for the job or task. It includes persisting with enthusiasm, performing extra efforts as necessary to complete task activities, volunteering to execute task activities that are not formally part of essential job, providing suggestion for organizational development, demonstrating initiative and taking on additional responsibility and demonstrating efficient participation.

Nursing job performance model. Based on Borman and Motowidlo's (1993) performance theory, job performance was integrated as task-specific and contextual behaviors. Task performance directly relates to the organizational technical core, either by executing its technical processes or by maintaining and servicing its technical requirements. While, contextual performance accounts for behaviors which are mainly under the motivational control of workers, they are voluntarily perform activities which are not a formal part of the job, individuals through helping or cooperating with others to acquire task accomplishment.

The kinds of knowledge, skills, work habits and characteristics related to task performance and contextual performance are different, the importantly different between

two of them at least three aspects (Borman & Motowidlo, 1997). First, task behaviors vary considerably across jobs whereas contextual behaviors tend to be more similar across jobs. Second, task behaviors are more role-prescribed than contextual behaviors. Third, the antecedents of task performance are more likely to involve cognitive ability and personality variables are more involved in contextual performance.

Greenslade and Jimmieson (2007) utilized Nursing Job Performance Model to described behaviors that nurses carry out during working. The assessment of nursing care should involve both nursing-role behaviors and extra-role behaviors. Nursing Job Performance Model totally have six dimensions of nursing JP were classified into two domains.

Task performance domain consists of three dimensions in Nursing Job Performance Model as follows:

1. Technical care refers to nursing behaviors that contribute to the technical core of nursing practice which mainly focuses on the specific care technique. Such as formulate care plans which are used to assess patient's condition and for the consultation with family or carers and medical officer; assist patient with daily living activities; provide nursing care practices and medication.

2. Social support refers to the behaviors which are associated with emotional support to patient and their family. For instance, communicate with patient or their family about any problems which they concern or fear, provide solution and comfort.

3. Information provision relates to provide information to support patient and their family. It includes provide information and education about patient's present condition and treatment, such as orientation of medical treatment, state of illness and the activities they can do for present situation. Giving information to prepare for discharge also belong to this dimension.

Contextual performance domain consists of three dimensions in Nursing Job Performance Model as follows:

1. Interpersonal support refers to behaviors that nurses assist their team members, organizational support start effect through interpersonal interfaces. Interpersonal support behaviors may include helping colleagues with professional job when required and helping new nurse familiar with responsibilities, providing harmonious environment and emotional support to co-workers within hospital.

2. Organizational support relates to support organization with perform additional duties. Relevant behaviors may consist of two kinds of reflection: compliance to organizational rules (loyalty and allegiance) and voluntary activities for additional duties (ensure materials and equipment are not wasted).

3. Job-task support relates to nursing behaviors going beyond professional job requirement to provide care for patient and their family. The behaviors could be displayed as assist patient and their family without working time, make special arrangement for them.

Although job performance was classified to task and contextual performance, some studies showed that both of them are taken into consideration when supervisors evaluate job performance (Johnson, 2001).

Carlos's performance model. Based on literature review and analysis of characteristics of JP, Carlos and Rodrigues (2016) represented their new model of performance and demonstrated the characteristics of JP were dynamic, multidimensional, behavioral, episodic and evaluative. a) Dynamic refers to individual difference in personality and cognitive ability. Learning experience lead to the variability of knowledge, skills, work habits and traits, which mediate the effects of personality and cognitive ability on JP. b) Multidimensional showed as there are no one attribute, one outcome or one factor could be explained as the whole JP, the explanation of the construct requires the identification of the different dimensions (Viswesvaran, 2002). c) Behavioral refers to JP consists of many manifestations of performance, behaviors or activities that are considered important to achieve the organizational goals. d) Episodic refers to individual adopts several behaviors that neither help nor hinder the organization accomplish its goals, so the kind of behaviors has no effect on their JP. Therefore, streams of work-related behaviors are characterized by occasions when people adopt behaviors

that make a difference regarding. e) Evaluative: performance consists of behaviors that may positive or negative to the organization or to individual and it is possible to scale the extent to which they are desirable, with enough precision to distinguish between them (Motowidlo et al., 1997).

Accompany with these characteristics of JP, seven dimensions of JP were classified in Carlos's Performance Model and pertain to task performance domain and contextual performance domain.

Task performance domain of Carlos's Performance Model consists of three dimensions as follows:

1. Job knowledge refers to the behaviors that reflect the extent to which individuals have the knowledge and ability that are relevant to their job.

2. Organization skills refers to the behaviors that reflect skills which are relevant to the organizational work, such as planning, organizing, problem solving, monitoring and controlling resourced and meeting deadlines in order to get the job done.

3. Efficiency refers to the behaviors that reflect the extent to which individuals efficiently perform tasks that are fundamental to their job.

Contextual performance domain of Carlos's Performance Model consists of four dimensions as follows:

1. Persistent effort refers to the behaviors that reflect the persistence of catch the goals that combine with motivation to perform, such as creativity, innovation and stress tolerance.

2. Cooperation refers to effectiveness in working with others, extra task execution and helping others.

3. Organizational conscientiousness refers to personal discipline (the extent to which individuals refrain from negative performance behaviors, such as excessive absenteeism and infractions of work rules and procedures) and compliance.

4. Interpersonal and relational skills relate to communication skills (oral and written), conflict resolution, negotiation, influencing others and social network.

Individual job performance model. Koopmans, Bernaards, Hildebrandt, and Schaufeli (2011) represented the research that described the heuristic framework of individual JP. Through the systematic review, they demonstrated that individual JP consists of four dimensions as follows:

1. Task performance refers to the proficiency with which central job tasks are performed. Such as completing job tasks, job skill, job knowledge, planning, organizing and communication.

2. Contextual performance refers to behaviors that support the organizational, social and psychological environment in which the technical core must function. These behaviors go beyond the formally prescribed work goals. Such as taking on extra tasks, showing initiative, organizational commitment and cooperating with and helping others.

3. Adaptive performance refers to the employee's ability to adapt to changes in a work system or work role, comprises behaviors in reaction to the changing environment. Such as innovative ideas, adjusting goals, learning new tasks, being flexible and open-minded to others and showing resilience.

4. Counterproductive work behavior refers to behaviors that harm the well-being of the organization. It includes activities such as absenteeism, engaging in off-task behavior, substance abuse, fighting or arguing with coworkers, aggression and gossiping.

In summary, there are many job performance models, some are general models which could be used to general works, such as Murphy's performance model (1990), Borman and Motowidlo's Performance Model (1993). While, some models specific for nursing profession, such as Schwirian (1978) nursing performance model and Nursing Job Performance Model (Greenslade & Jimmieson, 2007). Schwirian's (1978) nursing performance model seems too old too difficult to adapt nowadays situation, while, Greenslade and Jimmieson's (2007). Nursing Job Performance is the updated model and appropriate to analyze the exist situations and have been approved in China. Thus, this

study used Nursing Job Performance Model (Greenslade & Jimmieson, 2007) to address assessment of nursing job performance in Yunnan province.

Measurement of Job Performance

Through literature review, there are numerous instruments have been fount could be used to measure nursing job performance. Some measurement were classical instruments which have been used extensively among previous studies; some were updated instruments, befit for nowadays situations. Researchers represented some popular measuring instrument as follows:

Six-Dimension Scale of nursing performance (Six-D scale). Schwirian (1978) developed Six-D scale which was used to measure nursing JP and becoming popular among nursing performance studies. Six-D scale consists of 52 items into 6 subscales: leadership (5 items), critical care (11 items), teaching/collaboration (11 items), planning/evaluation (7 items), interpersonal relations/communication (12 items), and professional development (10 items). With the 5-Point Likert response format, scoring items with leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations/communication subscales as: 0 = not at all; 1 = not very well; 2 = satisfactory; 3 = well and 4 = very well. The professional development subscale was rated as: 0 = never; 1 = seldom; 2 = occasionally; 3 = frequently and 4 = consistently, high score indicates high level of JP. Total scale Cronbach's α was .964 and each subscale Cronbach's α ranged from .844 to .978.

King's Nursing Performance Scale. Fitzpatrick et al. (1997) developed King's Nursing Performance Scale and was used to measure clinical nurse performance. Within the measurement scale, 5 dimensions of nursing performance were formulated as physical (9 items), psychosocial (4 items), profession (5 items), communication (4 items), and care management (6 items). Scale items were scoring by Bondy's (1983) rating scale, it required responses rated as 1 = dependent, 2 = marginal, 3 = assisted, 4 = independent. Total score is derived by summing the scores of all items rated and dividing by the total number of rating. Cronbach's α of original scale was .93.

Job Performance Scale (JPS). Based on Borman and Motowidlo (1993) job performance model and classification of JP, Greenslade and Jimmieson (2007) updated the taxonomy of nursing JP into Nursing Job Performance Model and developed JPS that can be used to measure nursing JP. JPS consists of two parts of questionnaire were task performance scale and contextual performance scale, totally have 41 items and belonged to eight subscales.

The task performance scale has 23 items which consisted in four subscales: technical care (5 items), information support (7 items), social support (6 items) and coordination of care (5 items). This scale appraises how well nurses in their unit completed a variety of activities, task performance ratings were made on 7-Point Likert Scale, 1= much below average, 7= too much above average. The Cronbach's α of original scale was .94.

The contextual performance scale has 18 items which consisted in four subscales: job-task support (6 items), interpersonal support (6 items), volunteering for additional duties (3 items) and compliance (3 items). This scale appraise how often nurses in their unit completed the activities, contextual performance ratings were made on 7-Point Likert Scale, 1 = not at all, 7 = to a great deal. The Cronbach's α of original scale was .91.

Validity of JPS showed as convergent validity and criterion-related validity by examining the extent to which the measure correlated with other conceptually similar measures and others would be expected to relate (Greenslade & Jimmieson, 2007). The results of convergent validity showed task performance scale of JPS has significant correlation with Bott et al.'(2003) task performance scale ($r = .53$, $p < 0.001$); contextual performance scale of JPS has significant correlation with Motowidlo and Van Scotter's (1994) contextual performance scale ($r = .50$, $p < 0.001$). Criterion-related validity by examining with Motowidlo and Van Scotter's (1994) Global Performance Scale and results showed significant correlation with two domains of JPS ($r = .53$, $p < 0.001$; $r = .33$, $p < 0.001$). JPS was considered as a reliable and valid instrument to assessing the JP in nursing profession.

Job Performance Appraisal Scale (JPAS). Based on literature review and Chinese culture, health care organizational structure, Ma, Wang, and Luo (2007)

developed Job Performance Appraisal Scale (JPAS) in order to measure JP in nursing profession. JPAS totally has 50 items within 7 subscales: Clinical nursing task (14 items); Earnest attitude for task (3 items); Proficiency of professional skills (7 items); Initiative and cooperation (5 items); Observe discipline (7 items); Contribute to organizational development (7 items) and Counterproductive performance (7 items). Total scale Cronbach's α was .871. JPAS appraisal each item of six subscales (Clinical nursing task, Earnest attitude for task, Proficiency of professional skills, Initiative and cooperation, Observe discipline and Contribute to organizational development) with the 5-point Likert response format with 1 = never, 5 = always, high score indicated high level of JP. While the last subscale (Counterproductive performance) appraisal as high score indicated high level of Counterproductive performance, namely high score indicated have more negative acts in organization and affect organization performance. This instrument has been used generally in Chinese research studies, while, researchers did not represent clear theory and conceptual model.

In summary, there are many instruments can be used to measure JP based on different conceptual models. Many of previous studies usually used Six-D scale to measure nursing JP, while, it showed too old too difficult to eligible with present working conditions. And some questionnaires have more than 50 items, seem like too long and may spend more time for answer. Some instrument lack of clear theory or conceptual model support. Job Performance Scale (JPS) (Greenslade & Jimmieson, 2007) is an updated measuring instrument of JP and specific for nursing profession, conceptual model clear and practical. Items in JPS are described clearly and easy to understand, it is a comprehensive and valid questionnaire for measure nursing JP. This instrument has been used in Chinese context and got the reliable results (Lin., 2012). Thus, in the present study, JPS was used to measure nursing JP in Yunnan province as a valid and reliable instrument.

Related Studies of Job Performance

There are some studies related to JP were demonstrated as follows:

Fathimath, Chontawan and Chitpakdee (2012) conducted a study to investigate the relationship between quality of work life and job performance among nurses in Maldives.

Researchers surveyed 234 registered nurses and measured job performance by using Shortened Job Performance Scale (SJPS) (Greenslade, 2008). Researchers reported detail results as follows: Overall task performance at high level ($\bar{X}$ = 57.76, SD = 9.39), Social support ($\bar{X}$ = 18.81, SD = 4.20) at moderate level; Information provision ($\bar{X}$ = 18.28, SD = 4.74) at high level; Technical care ($\bar{X}$ = 18.28, SD = 2.77) at high level. Overall contextual performance at moderate level ($\bar{X}$ = 64.45, SD = 12.95). Furthermore, Al-Homayan, Shamsudin, Subramaniam and Islam (2013) investigated the impacts of job performance level on nurses in public sector hospital in Saudi Arabia by using Job Performance Scale (JPS) (Greenslade & Jimmieson, 2007a). The results reported that task performance at a moderate level with the mean score was 3.55 and contextual performance at a moderate level with the mean was 3.62.

Bacaksiz, Tuna and Seren (2017) explored the relationship between organizational identification, job performance and job crafting among nurses in Istanbul. Nursing job performance was measured by Job Performance Scale (Greenslade & Jimmieson, 2007a) and the result showed that both task performance and contextual performance at a high level with each item mean score was 5.74. Meanwhile, Zakaria, Suwandi and Hargono (2017) conducted a study to examine the role of personal advanced to nurses performance improvement in Indonesia. Researchers developed the instrument which modified from Job Performance Scale (Greenslade & Jimmieson, 2007a) to measure nursing job performance and reported task performance of nurses at a high level ($\bar{X}$ = 92.60, SD = 11.80) and contextual performance of nurses at a high level ($\bar{X}$ = 68.44, SD = 6.76).

Som, Mustapha, Othman, Aziz, and Noranee (2015) conducted a study to examine the psychometric properties of the job performance constructs of JPS (Greenslade & Jimmieson, 2007). The results of Exploratory Factor Analysis confirmed that the measurement scale satisfactorily met the standards of validity and reliability analysis as follows: task performance scale Cronbach's α range from .878 to .916; contextual performance scale Cronbach's α range from .652 to .938. Bartlett's' test is significant (p = 0.000) which indicates a satisfactory sample factor analysis was appropriate. Researchers reported the eight factors explained 78.84% of the variance, the factor loadings were all greater than .600 and the cross loadings were minimal. Study displayed

that JPS could be used to measure nurses' JP since all the items measure the construct accordingly.

Studies relate to JP in China. Wu et al. (2012) conducted a study to measured nursing job performance in Taiwan by using Job Performance Scale (Greenslade & Jimmieson, 2007). Researchers used back-translation method translated JPS into Chinese version and reported that JPS has a good reliability in their study as follows: the task performance scale Cronbach's α was .94, the contextual performance scale Cronbach's α was .95. Namely, the study reported the good reliability of JPS in China. Results of this study reported a high level of task performance and contextual performance in Taiwan.

Lin (2012) conducted a study to investigate the relationship between fatigue and JP among nurses in tertiary hospitals, Yunnan province. Researchers surveyed 448 registered nurses in Kunming and measured JP by Shortened Job Performance Scale (SJPS) (Greenslade, 2008). The result showed that task performance at a moderate level ($\bar{X}$ = 43.98, SD = 1.52) and contextual performance at a moderate level ($\bar{X}$ = 49.43, SD = 1.78). After that, Yang, Ruan and Cheng (2014) investigated 389 nurses in Zhejiang province, in order to explore the relationship between psychological reward satisfaction and JP. The result showed that nursing JP in the moderate level ($\bar{X}$ = 3.05, SD = 0.92) and displayed that nurses have good task performance with each item mean was 3.58, while, contextual performance was not satisfied with each item mean was 2.60. Researchers explained that good task performance due to nurses' proficient with their daily technical tasks, however, high workload caused nurses lack of communication and cooperation with others. Working in the stressful environment, some nurses even done negative acts to colleagues as emotional abreaction.

Wang and Yang (2016) conducted an investigation to examine the status quo of nurses' organizational silence and relationship with JP among 262 nurses in Taiyuan, and JP was measured by Work Performance Scale (WPS) (Yu, 1996). The results showed that both task performance ($\bar{X}$ = 34.76, SD = 3.55) and contextual performance ($\bar{X}$ = 64.21, SD = 6.44) of nurses at a moderate level.

Pu (2010) surveyed 328 nurses in Kunming, Yunnan province, in order to investigated job characteristics and JP among professional nurses in the University

Hospitals**.** JP in this study was measured by Six**-**D Scale (Schwirian, 1978) and researchers reported that JP in Kunming ,Yunnan province, was perceived at a moderate level ($\bar{X}$ = 2.82, SD = 0.42) by both staff nurses and head nurses, however the average score was lower than that of the current study. Researchers displayed that working experience, educational level and nursing professional title might the influencing factors of JP. Furthermore, Wang, Kunaviktikul and Thungjaroenkul (2011) investigated the relationship between job stress and nursing JP through surveyed 375 nurses in Harbin. Study used King's Nurse Performance Scale (Fitzpatrick et.al, 1997) to measured nursing JP. The result showed that overall nursing performance in the moderate level ($\bar{X}$ = 2.22, SD = 0.30), while nurses' physical performance in the low level ($\bar{X}$ = 2.00, SD = 0.30).

Hou, Guo, Sun and Xie (2013) conducted a study to explore the impact of charge nurses' leadership style and nurses' job satisfaction on the job performance of staff nurses in Beijing. Researchers surveyed 415 staff nurses who working in tertiary hospital and used Six-D scale (Schwirian, 1978) to measured job performance. The study reported that total Six-D scale mean score was 3.04, SD was 0.28, indicated that job performance of nurses in Beijing at the high level, while, the planning/evaluation scale got the lower score than others. Researchers explained that the nursing work in China still physician orientated, majority of nursing performance are following physician order, nurses spend more time to do daily technical care and lack of evaluation and planning. In addition, Zheng, Yang and Chen (2014) explored the effect of psychological contract on nursing job performance by surveyed 280 nurses in Zhejiang province. The results showed that nursing job performance in the moderate level ($\bar{X}$ = 3.58, SD = 0.55). Nurses showed proficient with their daily technical tasks, while, lack of cooperation and passive working motivation affect nurses' contextual performance. Meanwhile, the nursing professional title was the influencing factor of job performance ($P < 0.05$).

According to the literature review, most of nursing job performance were reported at moderate levels, some showed at a high level and many factors related to nurses' JP. Furthermore, most of studies used the measuring instrument which developed in 1970s such as Six-D scale (Schwirian, 1978), while, an updated model and instrument should be used to assess contemporary JP to show reliable. JPS (Greenslade & Jimmieson, 2007) showed good validity and reliability to measure nursing job performance and have been

approved in China. Additionally, most of studies were conducted in Beijing, Zhejiang, and Kunming, which are quite different economic, educational and medical quality with boarder areas, such as western part of Yunnan province. Fewer studies pay attention to these boarder areas. Previous studies demonstrated that working experience, educational level and nursing professional title could influence nurses' job performance (He & Sun, 2012; Pu et al., 2010; Yang et al., 2014; Zheng et al., 2014). Thus, it is necessary to study this concept in western part of Yunnan province, the P. R. China.

Related Studies of Relationship Between Workplace Bullying and Job Performance

According to the literature review, the relationship between workplace bullying and job performance had been conducted in some studies. While, some studies showed the different results in regard to the relationship between workplace bullying and job performance as below.

Estes (2013) conducted a study in order to explore the relationship between abusive supervision and nursing performance among registered nurses in an urban South Florida county. The results showed that totally 46.8% of nurses reported have the experiences of abusive supervision and 36.6% of these nurses reported these negative actions negatively influence on the job performance and compliance. 73.5% (n = 75) of victims who reaction of abusive supervision as taking longer breaks, 70.6% (n = 72) reacted as neglecting to follow supervisor's instructions. This study represented that as a type of workplace bullying, abusive supervision has significant influence on nursing job performance.

Yildirim (2009) surveyed 286 nurses by using Workplace Psychologically Violent Behaviors Instrument (WPVBI) (Dilek & Aytolan, 2008), in order to assessed workplace bullying among nurses and the effects it has on nursing practices. The result showed that there were 21% of nurses reported have been exposed to bullying behaviors during the last 12 months. Meanwhile, 40% of the participants reported that they were bullied from managers, 34% from co-workers and 5% from their subordinates. This study also represented that the most common type of bullying behaviors was attacks on professional status and followed by attacks on personality. Furthermore, job performance in this study was analyzed through 12 aspects such as job motivation; ability to concentrate on a job;

relationships with patients, supervisors and co-workers; job productivity. Pearson's product–moment correlation test showed that bullying behaviors had a negative effect on the victims' job performance. The areas of nurses' job performance which have higher affected were job motivation, energy level and commitment to work. Study displayed that workplace bullying behavior status was also positively associated with depression ($r = 0.51$, $P < 0.00$), work motivation ($r = 0.49$, $P < 0.00$), concentration of work ($r = 0.48$, $P < 0.00$), productivity ($r = 0.46$, $P < 0.00$), commitment to work ($r = 0.44$, $P < 0.00$), and relationship with patients ($r = 0.42$, $P < 0.00$), managers ($r = 0.47$, $P < 0.00$) and colleagues ($r = 0.45$, $P < 0.00$).

Ashraf and Khan (2014) conducted a study to investigate the relationship among workplace bullying, emotional intelligence and job performance among hospital employees. Researchers reported that workplace bullying has a significant negative impact on job performance (β=-0.39, $p<0.000$). Within workplace bullying dimensions, belittlement and workplace exclusion have significant negative impact on job performance (β=-0.67, $p<0.000$; β=-0.34, $p<0.000$); while, work undermined and verbal abuse have positive significant impact on job performance (β=0.09, $p<0.000$; β=0.13, $p<0.000$). Meanwhile, researchers demonstrated that the interaction between workplace bullying and emotional intelligence weakens the negative impact of bullying on job performance, the performance of high emotional intelligence employees have less negatively impacted by bullying behavior compared with low emotional intelligence employees.

Mete and Sokmen (2016) conducted a study to investigate the influence of workplace bullying on employee's job performance, job satisfaction and turnover intention in private hospitals, in Ankara, Turkey. The results showed that NAQ-R mean score was 1.65, SD was .877. Furthermore, a negative relationship between workplace bullying and job performance ($r = -0.210$, $p < 0.05$) was reported. Researchers demonstrated that persons who experienced lower levels of bullying behavior showed better job performance compared to those who experienced considerable bullying behavior. Study displayed that negative correlation between the bullying behaviors towards the individuals' job performance was consistent with the finding of Einarsen,

Hoel, Zapf, and Cooper (2003) who indicated that as a form of emotional conflict in relationships, the bullying has a negative effect on the job performance.

Einarsen et al. (2009) conducted a study to investigate the prevalence of exposure to bullying. Researchers surveyed 5288 employees in 70 organizations in Britain by using NAQ-R (Einarsen et al., 2009). The results showed that totally 10.6% of respondents reported being a victim of workplace bullying during the last 6 months. Study demonstrated that workplace bullying have significant negative correlation with JP (total score $r = -0.22$; person-related bullying $r = -0.18$; work-related bullying $r = -0.23$; physical intimidation $r = -0.09$, all correlations $p < 0.01$). Researchers displayed that negative bullying behavior affect organizational commitment ($r = -3.5$, $p < 0.01$) and satisfaction ($r = -4.8$, $p < 0.01$), reduce the communication and cooperation of employees, then these effects may act on the perform actions of employees, consequently reduce the job performance.

Yahaya et al. (2012) examined the impact of workplace bullying on work performance of company employees in Malaysia. They used NAQ (Einarsen et al., 2001) to measured WPB and the results showed that there was a positive significant relationship between workplace bullying and work performance (person-related bullying $r = 0.514$; work-related bullying $r = 0.469$; both of them $p < 0.05$). Researchers explained that the motivation may directly influence the negotiation process. After that, Obicci (2015) studied the presence of workplace bullying and its effect on employee performance in Uganda. By used Negative Acts Questionnaire-Revised (Yahaya et.al, 2012) measured workplace bullying and Job Performance Questionnaire was adapted by Fisher (2003). The results showed 62.5% of respondents agreed that workplace bullying existed in public sector and the findings indicated a significant negative relationship between workplace bullying and employees' performance (person related bullying $r = .471$, $p < 0.01$; work related bullying $r = -.376$, $p < 0.01$). The results were similar to the finding of Einarsen and Mikkelsen (2003) who indicated that bullying has a negative impact on employees' performance.

Studies Related to Relationship Between Workplace Bullying and Job Performance in China

Nie et al. (2013) conducted a study to explore the relationship between workplace bullying, self-esteem, health and job performance among nurses through surveyed 450 nurses from six hospitals in Guangxi province. The results showed that bullying has a significant negative correlation with JP ($r = -0.139$, $P < 0.01$); bullying negatively influenced the nurses' job performance ($\beta = -0.147$, $P < 0.01$). Structural equation model of this study showed that bullying could indirect effects job performance via self-esteem with the mediating effect of - 0.134 ($P < 0.05$). Hu and colleagues (2013) studies the relationship between abusive supervision and nurses' organizational citizenship behaviors through surveyed 284 nurses in Harbin. The results showed that abusive supervision in the low level ($\bar{X} = 2.35$, $SD = 1.45$) and nurses' organizational citizenship behaviors slightly above the average ($\bar{X} = 5.97$). In this study, abusive supervision negatively associated with nurses' organizational citizenship behaviors ($p < 0.05$).

Sun et al. (2014) conducted a study to investigate the influence of abusive supervisors' behavior of head nurses on team performance. They surveyed 284 nurses in Harbin and the result showed that abusive supervisor questionnaire mean score was 2.350, SD was 1.497. Authors compared the abusive supervisor behaviors score with the USA study which the mean score was 1.5 (Harris, Kacmar, & Zirnuska, 2007), the consequence showed that abusive supervision in China in the moderate level and higher than the USA study. Furthermore, abusive supervision negatively related to team performance ($r = -0.289$, $p < 0.01$). Researcher demonstrated repeated abusive supervision for a longtime on nurses could decrease nurses' organizational identification and accountability, negatively affect cooperation and relationship within nursing team, restrain the communication then lead to poor nursing job performance. Additionally, researchers explained that abusive supervision might trigger subordinates' counterproductive workplace behaviors as the revenge from staff nurses, ultimately affect nursing job performance.

In summary, fewer studies were conducted to examine the relationship between workplace bullying and job performance in nursing profession, while studies reported inconsistent results. Thus, address this gap, present study valuable to examine the relationship between workplace bullying and job performance in Yunnan province, the P. R. China.

Situation of Nursing Related to Workplace Bullying and Job Performance in Yunnan Province, the P. R. China

China is a big country, and as of the end of 2015, there were 27,587 hospitals in China with 2,123 of them classified as tertiary hospital. During the year 2015 there were 3.08 billion patients (inpatient and outpatient) treated in hospitals which was an increase of 110 million compared with the year before in 2014 (Ministry of Health of China, 2016). Meanwhile, the Ministry of Health of China (2016) announced that until 2015, 3.2 million Registered Nurses working in Chinese hospitals and the nurse-to-population ratio was 2.36 nurses per one thousand people. This ratio was different in different areas of China. For instance, the ratio was 5.3:1000 in Beijing, 1.4:1000 in Guizhou and 2.05:1000 in Yunnan respectively. The ratio was quite low compared to America (9.8:1000), Japan (11.49:1000) even the standard of European Union (8:1000) (Wang, 2016). Therefore, the nursing shortage is clearly an important problem and a huge challenge in China. Li and Liu (2009) reported that almost 40% of nurses' time was spent away from technical care such as at the patient's bedside conducting tasks.

Since 2010, high quality of nursing care is a beneficial health care program and has been implemented by Chinese hospitals which requires nurses to provide comprehensive and humanistic care to patients (Deiaco, 2013). Wang and Yang (2016) stated that clear nursing practice procedures and strict supervision in Chinese hospitals could encourage nurses to execute technical care more efficiently. Liu and Wu (2016) revealed that nurses in China accept standardized training recent years and nurses' professional competences and senses of social responsibility have great progress. The majority of nurses could provide high quality nursing care to patients and high-technology in hospital could help nurses execute nursing care efficiently.

Based on the criterion of Hospital Classification Management Standards, Chinese hospitals are classed into three grades (Ministry of Health of China, 1989). The primary hospital which services the community population with less than 100 beds is responsible for disease prevention, medical service, and healthcare and rehabilitation. The secondary hospital which services multi-communities with 101-500 beds, takes responsibility for healthcare services, teaching and scientific research. The tertiary hospital which serves the whole city, province or country with more than 501 beds, and take responsibility for

high level special medical services, medical education and scientific research. Normally, tertiary hospitals in China have the responsibility to providing the higher level of medical service and must treat a huge number of patients. The nursing shortage leads those who are working in tertiary hospitals to a have higher workload compared to those who work in primary and secondary hospitals. Furthermore, within the stringent health care market competition, the high standards placed upon tertiary hospitals and requirements of high quality health care cause excessive stress to hospitals and health care employees.

Recently, some research studies reported that abusive supervision tends to increase in the nursing profession in China (Zheng, Li, Fan, & Lv, 2015). A laggard development of the nursing profession leads most of nursing leadership in China demonstrating experiential leadership skills and a lack of systematic management method.

In China, many managers have an inaccurate assumption that rigorous management even shouting, threatening or getting angry at employees will somehow lead to increased organizational efficiency and performance (Buon, 2016). These managers were shocked when told that their behaviors were labeled as bullying and these behaviors will lead to harm instead of motivating subordinates. On the other hand, while being forced to deal with a severe health care working environment and competition, the head nurse suffers prodigious stress from the organization and patients. When nursing managers cope with stress inappropriately, the stress may be translated into abusive supervision to staff nurses (Zheng et al., 2015). The widespread bullying behaviors from managers in China are well known and familiar, as are their practices to assign more tasks than can be performed and sometimes beyond the capacities of their staff (Hu et al., 2013).

Nurses in China are classified according to five categories of professional titles: junior nurse, senior nurse, nurse-in-charge, assistant chief senior nurse and chief senior nurse. Junior nurse is the lowest level while chief superintendent nurse is the highest. The nursing professional titles are promoted according to nurses' research ability, educational attainment, years of work experience, English and computer abilities, the number of articles they published, and clinical ability (Du, 2012). Indeed, it seems like nurses who have a higher professional title may have more power and work resources within the workplace. The power imbalance is shown clearly within a Chinese nursing team with different positions being classified by nursing professional title, and this lopsided power

constitutes the basis of workplace bullying. Additionally, although in some big cities there has been growing awareness of bullying, no specific policy or rules or intervention prevent of workplace bullying in China.

Yunnan province is located in southwest China. There are 25 different national minorities living in Yunnan province with a total population of 15.337 million. This is almost 33.37% of the total population of Yunnan province (Wikipedia, 2016). At the end of 2015, there were 1,101 hospitals and 236,000 beds in Yunnan province which provided health care service to 47.42 million residents. The average GDP of these people was $4,350 which was lower than the national average GDP. There were 110,000 Registered Nurses in Yunnan province and the nurse-to-population ratio was 2.05 nurses per one thousand people and that is lower than the average level (2.36:1000) of China (Ministry of Health of China, 2016). Li and colleagues reported that there was moderate level of nursing professional practice environment ($\bar{X}$ = 2.79, SD = 0.25) and turnover intention ($\bar{X}$ = 3.87, SD = 1.09) in Yunnan province (Li, 2011). Later, Lin et al. (2012) reported that nurses working in tertiary hospitals of Yunnan province displayed a high level of lack of energy ($\bar{X}$ = 37.39, SD = 8.62) and lack of motivation ($\bar{X}$ = 33.03, SD = 9.43); moderate level of physical discomfort ($\bar{X}$ = 31.52, SD = 8.50) and mental fatigue of sleepiness ($\bar{X}$ = 28.98, SD = 9.46). Namely, the work conditions of nurses who working in Yunnan province were not very good.

The target hospitals of this present study are three tertiary hospitals in Yunnan province, the P. R. China. Even though these hospitals are not the best hospitals in Yunnan province, they are the mainstays of the health care system in autonomous prefectures. In the western part of Yunnan province more than 80% of population live within this western region and go to these hospitals for treatment (Yunnan Medical Information Research Institution, 2013). Indeed, very few research studies have been conducted in Yunnan province and these limited studies prefer to choose Kunming (Pu, 2010; Lin, 2012). Scarcely few researchers have paid attention to the western part of Yunnan. Previous studies show that there was a moderate level of nursing job performance in Kunming (general tertiary hospitals and university hospitals) (Pu, 2010; Lin, 2012). However, job performance of nurses in hospitals at tertiary level in western part of Yunnan province

has yet to be explored, thus, it is valuable to address this issue in the present study in these targeted hospitals.

Restricted by financial and geographical conditions, hospitals in these regions' have lower requirements of qualifications with regards to their employees, so most of the nurses who work in autonomous prefectures have lower levels of education and capability compared with nurses in big cities. According to National Health and Family Planning Commission of China, demands for the tertiary hospitals are that at least 50% of nurses should obtain associate degree (Dong, 2015), and a report (Xinhua News Agency, 2016) indicated that the percentage of nurses who obtained an associate degree or above was 62.5%. Up to August, 2016, almost 50% of nurses who working in the target hospitals have obtained the Bachelor degree and all of them have no nurses with a Master degree or Doctoral degree. In order to achieve the unified standards of high quality of care, some nursing managers may manage subordinates strictly and this easily transform strict management into abusive power. Some nurses complained that they need to work hard and follow their managers no matter what their managers require, because it is difficult for them to find another good job because of the low educational level they have (private communication with nurses). Therefore, it is meaningful to do the investigation in autonomous prefectures, in the western part of Yunnan province.

In summary, nurses who work in tertiary hospitals face more difficult situations as mentioned above. These situations may imply problems persist in nursing job performance and workplace bullying. Thus, it is valuable to investigate and study job performance and the occurrence of workplace bullying of nurses in tertiary hospitals in China.

Conceptual Framework

The conceptual framework of workplace bullying was based on Einarsen and Raknes's model (1997). Workplace bullying was a situation where one or several nurse individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him or herself against these actions. Job performance derived from Greenslade and Jimmieson's research (2007a) conceptualization of job performance, which was the behaviors performed by nurses which directly contribute to the organizational technical core that was recognized as a part of nursing job and those behaviors not formal part of the job description, but support the social, psychological environment, indirectly contribute to performance by facilitating organizational technical core. Job performance consists of task performance and contextual performance. According to Einarsen and Raknes (1997), bullying clearly cause humiliation, may interfere with job performance, thus, this incorporates a possible relationship between workplace bullying and job performance.