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Examining the role of self-conscious emotions and perfectionistic self-presentation in workplace bullying among Korean nurses: a cross-sectional study

Sun Joo Jang[1], Haeyoung Lee[2] and Sophia J. Chung[2*]

Abstract

Background There is a lack of systematic evaluations of the diversity and effectiveness of interventions to prevent workplace bullying. This cross-sectional study aimed to investigate the relationships among self-conscious emotions, perfectionistic self-presentation, and workplace bullying, focusing on both victim and perpetrator roles among nurses in South Korea.

Methods Data from 522 nurses working in tertiary hospitals in South Korea were analyzed. Self-conscious emotions, perfectionistic self-presentation, and workplace bullying were assessed using the Test of Self-conscious Affect version 3 Short, the Perfectionistic Self-Presentation and Psychological Distress Scale, the Negative Acts Questionnaire-Revised, and the Negative Acts Questionnaire-Revised-Perpetrator.

Results Among victims, shame-proneness was the most significant factor, followed by anti-bullying training, subjective health status, externalization, current working unit, and total years of experience. Among perpetrators, shame-proneness was also the most significant factor, followed by guilt-proneness, anti-bullying training, externalization, perfectionistic self-presentation, current working unit, detachment/unconcern, subjective health status, and religion.

Conclusions While the influencing factors differed between victims and perpetrators, self-conscious emotions and perfectionistic self-presentation were key contributors to workplace bullying. Understanding these factors can support the development of interventions to prevent workplace bullying from both victim and perpetrator aspects. Trait-focused interventions, such as enhancing shame resilience, may help nurses manage aggressive behaviors, thereby reducing workplace bullying. Recognizing personality traits, including self-conscious emotions and perfectionistic self-presentation, may help nurses better understand their own and others' behaviors in the workplace. Nurse managers and administrators should consider these traits when addressing conflicts among nurses.

Clinical trial number Not applicable.

Keywords Guilt, Perfectionism, Self-conscious emotion, Shame, Workplace bullying

*Correspondence:
Sophia J. Chung
sjchung@cau.ac.kr

[1]College of Nursing, The Research Institute of Nursing Science, Seoul National University, Seoul, Republic of Korea
[2]Red Cross College of Nursing, Chung-Ang University, Seoul, Republic of Korea

Background

Workplace bullying refers to harmful behaviors that are intentionally and repeatedly carried out to humiliate, offend, or distress another person [1]. Workplace bullying can take various forms, including verbal abuse, physical threats, public disrespect, and excessive workloads [2]. In nursing, workplace bullying not only causes mental and physical health problems, negatively impacting nurses' well-being [3], but also affects nursing practices and patient outcomes [3, 4]. Workplace bullying arises from a combination of personal factors, such as sex, marital status, education level, and negative emotional dispositions, and organizational factors, including managerial and organizational characteristics and a lack of coworker support [3]. Although various influencing factors have been analyzed and interventions have been developed, they remain insufficiently understood. Furthermore, systematic evaluations of the diversity and effectiveness of interventions to prevent workplace bullying remain limited [5].

Among personal characteristics, personality encompasses the ways individuals think, feel, and behave, which become stable over time and across situations, distinguishing them from others [6]. A nurse's personality influences how they perceive their work environment, plays a key role in their sense of pride and dignity in nursing [7], and affects their experience of workplace bullying [8, 9]. The same situation may be perceived differently based on individual personality traits. Self-conscious emotions, defined as "a personality trait associated with the tendency to reflect on or think about oneself [10]," can be categorized into shame- and guilt-proneness, depending on whether the emotional focus is on the self or the specific behaviors [11]. These emotions, shaped through the process of self-evaluation based on self-awareness and self-representation [12], represent stable traits that lead to differences in cognitive, emotional, and behavioral responses to personal transgressions [13]. For instance, individuals with high shame-proneness tend to attribute failures to their own incompetence, whereas those with high guilt-proneness view failures as a consequence of their lack of effort [13]. Consequently, individuals prone to shame may struggle to overcome negative events, as their self-esteem is disrupted [14]. They may also express their distress through aggressive behavior and anger [15], which can be associated with workplace bullying. Given that nursing is a profession with little tolerance for mistakes and high expectations for accountability, such tendencies can intensify self-doubt, fear of failure, impostor feelings, and burnout among nurses [16], potentially exacerbating workplace bullying. To mitigate the effects of shame, promoting shame resilience among nurses may be an effective intervention [17].

Perfectionistic self-presentation refers to the desire to be perceived as perfect by others [18]. It involves portraying oneself as flawless rather than genuinely striving for perfection [19]. Individuals with high perfectionistic self-presentation are more likely to exhibit behaviors they believe will make them appear perfect, while concealing behaviors that may be perceived as flawed [19]. This trait contributes to psychological distress and maladjustment, including depression, loneliness, despair, and social anxiety [20]. Perfectionistic self-presentation is also a significant predictor of workplace bullying (victim aspect) [9]. Furthermore, individuals with high perfectionistic self-presentation may avoid negative evaluations and conceal their imperfections [19], making them more vulnerable to negative judgments or criticism when mistakes occur in nursing practice. Additionally, these individuals tend to avoid engaging in workplace bullying owing to their concerns about how they will be perceived by others [18]. According to the Perfectionism Social Disconnection Model, perfectionistic self-presentation involves defensive interpersonal behaviors aimed at securing others' love and respect while avoiding shame and rejection [21]. Interventions targeting perfectionistic self-presentation could reduce vulnerability to negative evaluations and criticism in nursing practice, thereby helping alleviate social anxiety, depression, and vulnerable narcissism [22].

This study hypothesized that shame-proneness and perfectionistic self-presentation—traits that involve self-blame when things go wrong rather than focusing on the events themselves—are significantly associated with workplace bullying as key contributing factors. Furthermore, as highlighted in a recent systematic review on future research agendas [23], it is essential to analyze workplace bullying-related factors from both victim and perpetrator aspects. While most research has focused on victims, few studies have explored the behavioral characteristics and contributing factors of perpetrators. Effective workplace bullying interventions should not only support victims but also incorporate strategies targeting perpetrators. Research has shown that experiences of workplace bullying can be associated with reciprocal perpetration [24], and in line with the concept of a vicious cycle of workplace bullying, individuals can become either victims or perpetrators [5]. In addition, Jang et al. [25] simultaneously examined the experiences of both victims and perpetrators in their research, suggesting the need for a multifaceted analysis of workplace bullying among nurses. Accordingly, this study aimed to investigate the relationships between workplace bullying, nurses' self-conscious emotions, and perfectionistic self-presentation, considering both victim and perpetrator aspects.

Methods

Design

A cross-sectional study design was employed.

Participants and data collection

The inclusion criteria for this study were as follows: (1) nurses working in a tertiary hospital in South Korea and (2) nurses who had worked for at least three months, corresponding to the probationary period. The exclusion criteria were as follows: (1) nurses working in departments with only one nurse, (2) nurses in non-direct nursing roles, such as administrative positions, and (3) nurses diagnosed with or receiving treatment for mental health conditions.

A convenience sampling method was employed. Data were collected through an online survey conducted between February 15 and February 26, 2023. The sample size for multiple regression analysis was calculated using G*power 3.1.9.7. Based on a two-tailed test with a significance level of 0.05, a power of 0.95, 20 predictors, and an effect size of $f^2 = 0.15$, the minimum required sample size was 346. To account for a 20% dropout rate, the target sample size was set at approximately 450 participants.

Recruitment was conducted via an open invitation posted on the groupware bulletin board of a tertiary hospital and in an online community primarily used by hospital nurses. A total of 568 questionnaires were collected. After excluding 46 responses that met the exclusion criteria (22 nurses not working in tertiary hospitals, 21 nurses diagnosed with or receiving treatment for a mental health condition, and three nurses in non-direct nursing roles), the final sample included 522 nurses for analysis. The study adhered to the STROBE reporting guidelines.

Measurements

Based on previous studies [9], a self-report questionnaire was developed to collect information on the participants' general and work-related characteristics. The tools used to evaluate self-conscious emotions, perfectionistic self-presentation, and workplace bullying (from both victim and perpetrator aspects) are described below.

Self-conscious emotions

Self-conscious emotions were measured using the Test of Self-conscious Affect version 3 Short (TOSCA-3 S) [26]. The TOSCA-3 S presents 11 scenarios depicting negative situations encountered in daily life. The participants rated their responses for shame-proneness, guilt-proneness, detachment/unconcern, and externalization on a five-point Likert scale (1: Not likely, 5: Likely). Each scenario includes items for all four domains, with 11 questions per domain, totaling 44 items. Higher scores indicate greater proneness to the respective self-conscious emotion [26]. Cronbach's α for the TOSCA-3 S ranged from 0.77 to 0.88 in the original study [26], whereas in this study, it ranged from 0.67 to 0.83.

Perfectionistic self-presentation

Perfectionistic self-presentation was measured using the Korean version [19] of the Perfectionistic Self-Presentation and Psychological Distress Scale [18]. This tool consists of 19 items rated on a seven-point Likert scale (1: Never, 7: Always) and is divided into three subscales: perfectionistic self-promotion (8 items), non-display of imperfection (5 items), and non-disclosure of imperfection (6 items). The original tool reported Cronbach's α between 0.91 and 0.95 [18], while the Korean version demonstrated a reliability of 0.85 (ranging from 0.75 to 0.88) [19]. In this study, Cronbach's α was 0.86, with subscale reliabilities ranging from 0.70 to 0.78.

Workplace bullying (victim and perpetrator aspects)

The victim aspect of workplace bullying was assessed using the Korean version [27] of the Negative Acts Questionnaire-Revised (NAQ-R) [28]. This tool consists of 22 items rated on a five-point Likert scale, with total scores ranging from 22 to 110. Cronbach's α was 0.93 in both the original study [28] and the Korean version [27], and in this study, it was 0.92.

The perpetrator aspect of workplace bullying was assessed using the Negative Acts Questionnaire-Perpetrator (NAQ-P), which was adapted from the NAQ-R [28] to focus on perpetrator behaviors. The NAQ-P consists of 22 items rated on a five-point Likert scale, with total scores ranging from 22 to 110. The tool's reliability and validity were previously confirmed, with a Cronbach's α value of 0.97 at the time of development and 0.93 in this study.

Data analysis

Data were analyzed using SPSS Statistics version 26.0. Differences in workplace bullying (both victim and perpetrator aspects) based on the participants' general and work-related characteristics were analyzed by conducting independent t-tests and one-way analysis of variance. Post-hoc comparisons were made by conducting Scheffe's test to identify significant group differences. Pearson's correlation coefficient was used to examine correlations between self-conscious emotions, perfectionistic self-presentation, and workplace bullying (victim and perpetrator aspects). Multiple linear regression analysis was performed to identify factors influencing workplace bullying. The Kolmogorov–Smirnov test was used to assess normality, while the Breusch–Pagan test was conducted to check for homoscedasticity of residuals.

Ethical considerations

The study was conducted after obtaining approval from the Institutional Review Board of Chung-Ang University (No. 1041078-202208-HR-173, Approval date: September 5, 2022). Participants who accessed the study via a link to the posted research advertisement were provided with an informed consent form explaining the study's purpose, methods, anonymity, and their right to withdraw at any time. After obtaining informed consent, the survey link to complete the questionnaires was provided to those who voluntarily chose to participate in this study.

Table 1 Participants' characteristics and workplace bullying experiences ($N = 522$)

Characteristics	Categories	*n* (%)	M (SD)
Age (years)			31.23(5.61)
Sex	Female	495(94.8)	
	Male	27(5.2)	
Marital status	Single	329(63.0)	
	Married	193(37.0)	
Religion	None	311(59.6)	
	Yes	211(40.4)	
Educational level	3-year college	42(8.0)	
	Bachelor's degree	444(85.1)	
	Master's degree or higher	36(6.9)	
Working years (current unit)			3.52(2.70)
Total working years			7.09(5.02)
Current working unit	Ward	316(60.5)	
	Intensive care unit	83(15.9)	
	Outpatient department	59(11.3)	
	Emergency department	33(6.3)	
	*Others	31(5.9)	
Position	Staff nurse	437(83.7)	
	Charge nurse	85(16.3)	
Subjective health status	Poor	56(10.7)	
	Good	466(89.3)	
Anti-bullying education	No	262(50.2)	
	Yes	260(49.8)	
Experience of workplace bullying (victim)	No	357(68.4)	
	Yes	165(31.6)	
Experience of workplace bullying (perpetrator)	No	477(91.4)	
	Yes	45(8.6)	
Experience of workplace bullying (bystander)	No	296(56.7)	
	Yes	226(43.3)	

M: mean, SD: standard deviation

*Others: Operating room, dialysis center, clinical research center

Results

Participant characteristics and workplace bullying experiences

The mean age of the participants was 31.23 years (standard deviation = 5.61), with an average of 7.09 years (standard deviation = 5.02) of total work experience. Among the 522 participants, 495 (94.8%) were female, 329 (63.0%) were single, and 444 (85.1%) held a bachelor's degree. A total of 316 participants (60.5%) were working in a ward, and 437 (83.7%) were staff nurses. Additionally, 260 participants (49.8%) had completed anti-bullying training within the past year. In Table 1, the experiences of workplace bullying (victim, perpetrator, and bystander) reported by the participants represent dichotomous results derived from the participants' subjectively perceived experiences over the past year. Of the total number of participants, 165 (31.6%) reported being victims of workplace bullying, 45 (8.6%) admitted to perpetrating bullying, and 226 (43.3%) had witnessed workplace bullying.

Comparison of workplace bullying by general and work-related characteristics

Workplace bullying (victim aspect) scores were significantly higher among the participants who identified themselves as religious, those working in wards (compared to outpatient or other units), staff nurses, those reporting poor health status, and those who had not completed anti-bullying training within the past year. In contrast, workplace bullying (perpetrator aspect) scores were higher for the female participants, those identifying as religious, and those working in wards or intensive care units (compared to outpatient or other units). Additionally, those with poor health status and those who had not completed anti-bullying training within the past year had higher perpetrator scores than those in better health or who had undergone training (Table 2).

Correlations among age, working years, self-conscious emotions, perfectionistic self-presentation, and workplace bullying (victim and perpetrator aspects)

Workplace bullying (victim aspect) was positively correlated with self-conscious emotions, including shame-proneness, detachment/unconcern, and externalization (except guilt-proneness), and negatively correlated with age and total working years. Workplace bullying (perpetrator aspect) was positively correlated with shame-proneness, detachment/unconcern, and externalization but negatively correlated with age, total work experience, perfectionistic self-presentation, and guilt-proneness. Moreover, a significant positive correlation was observed between the victim and perpetrator aspects of workplace bullying (Table 3).

Table 2 Comparison of workplace bullying based on general and work-related characteristics ($N = 522$)

Characteristics	Categories	n	Workplace bullying (victim)			Workplace bullying (perpetrator)		
			M (SD)	t/F	*p*-value	M (SD)	t/F	*p*-value
Sex	Female	495	53.19(15.51)	1.54	0.125	44.95(15.33)	2.68	0.008
	Male	27	48.48(15.27)			36.85(14.72)		
Marital status	Single	329	53.06(14.86)	0.22	0.826	43.99(14.59)	1.05	0.295
	Married	193	52.75(16.60)			45.45(16.66)		
Religion	No	311	51.72(15.60)	2.20	0.028	42.91(15.27)	2.94	0.003
	Yes	211	54.75(15.25)			46.91(15.30)		
Educational level	3-yr college	42	53.95(15.53)	1.93	0.147	45.21(13.63)	2.72	0.067
	Bachelor's degree	444	53.24(15.30)			44.93(15.34)		
	Master's degree	36	48.11(17.61)			38.78(17.17)		
Current working unit	Ward (a)	316	55.05(15.37)	5.77	< 0.001	46.60(15.83)	8.95	< 0.001
	Intensive care unit (b)	83	52.11(15.94)	(a)> (c), (e)		45.72(14.40)	(a), (b)> (c), (a), (b)> (e)	
	Outpatient department (c)	59	46.80(15.00)			36.36(13.65)		
	Emergency department (d)	33	52.76(12.34)			44.88(13.54)		
	*Others (e)	31	45.61(15.10)			35.42(9.61)		
Position	Staff nurse	437	53.62(15.14)	2.24	0.025	44.76(15.15)	0.78	0.437
	Charge nurse	85	49.51(16.99)			43.34(16.63)		
Subjective health status	Poor	56	64.80(12.90)	6.27	< 0.001	53.36(16.21)	4.63	< 0.001
	Good	466	51.52(16.21)			43.37(14.96)		
Anti-bullying education	No	262	56.01(15.92)	4.62	< 0.001	47.98(16.35)	5.29	< 0.001
	Yes	260	49.86(14.48)			41.05(13.52)		

M: mean, SD: standard deviation

*Others: Operating room, dialysis center, clinical research center

Factors influencing workplace bullying

Victim aspect

The variables that were significant in the test of differences in workplace bullying (victim aspect) (religion, current working units, position, subjective health status, and completion of anti-bullying training) and the main independent variables (self-conscious emotions and perfectionistic self-presentation) were included in the regression model. No multicollinearity was observed among the independent variables (variance inflation factor: 1.02–1.54). A Durbin–Watson index of 1.95 confirmed the independence of error terms, fulfilling the assumptions for regression analysis, with the normality of residuals ($Z = 0.06$, $p = .078$) and homoscedasticity ($\chi^2 = 6.37$, $p = .383$) verified. This regression model explained 31.0% of the variance in workplace bullying (victim aspect). The most significant factor influencing workplace bullying (victim aspect) was shame-proneness ($\beta = 0.29$, $p < .001$), followed by anti-bullying training (β=-.19, $p < .001$), subjective health status ($\beta = 0.19$, $p < .001$), externalization ($\beta = 0.17$, $p < .001$), current working unit (ward) ($\beta = 0.13$, $p < .001$), and total working years (β=-0.11, $p = .004$). Higher workplace bullying (victim aspect) scores were associated with poor subjective health, fewer years of work experience, working in a ward, lack of anti-bullying training, higher shame-proneness, and higher externalization (Table 4).

Perpetrator aspect

The variables that were significant in the test of differences in workplace bullying (perpetrator aspect) (sex, religion, current working unit, subjective health status, and completion of anti-bullying training) and the main independent variables (self-conscious emotions and perfectionistic self-presentation) were included in the regression model. No multicollinearity was found among the independent variables (variance inflation factor: 1.03–2.64). The Durbin–Watson index of 2.05 confirmed the independence of error terms, meeting the assumptions for regression analysis. Normality ($Z = 0.05$, $p = .116$) and homoscedasticity of residuals ($\chi^2 = 12.23$, $p = .201$) were also verified. This model explained 39.2% of the variance in workplace bullying (perpetrator aspect). The most significant predictor of workplace bullying was shame-proneness ($\beta = 0.34$, $p < .001$), followed by guilt-proneness, anti-bullying training, externalization, perfectionistic self-presentation, current working unit, detachment/unconcern, subjective health status, and religion. Higher workplace bullying (perpetrator aspect) scores were associated with those participants who were religious, had poor subjective health, had not completed anti-bullying training, had higher shame-proneness, lower guilt-proneness, higher detachment/unconcern, higher externalization, and lower perfectionistic self-presentation. Those working in outpatient departments

Table 3 Correlations among working years, self-conscious emotions, perfectionistic self-presentation, and workplace bullying (victim and perpetrator aspects) ($N = 522$)

Variables		Age	Total working years	Self-conscious emotions				Perfectionistic self-presentation	Workplace bullying (victim aspect)	Workplace bullying (perpetrator aspect)
				Shame -proneness	Guilt -proneness	Detachment/ unconcern	Externalization			
		r(*p*)	*r*(*p*)	*r*(*p*)	*r*(*p*)	*r*(*p*)	*r*(*p*)	*r*(*p*)	*r*(*p*)	*r*(*p*)
Age		1								
Total working years		0.89(< 0.001)	1							
Self-conscious emotions	Shame-proneness	−0.11(0.015)	−0.05(0.254)	1						
	Guilt-proneness	0.21(< 0.001)	0.30(< 0.001)	0.31(< 0.001)	1					
	Detachment/unconcern	−0.13(0.004)	−0.11(0.013)	0.40(< 0.001)	0.20(< 0.001)	1				
	Externalization	−0.16(< 0.001)	−0.16(< 0.001)	0.58(< 0.001)	0.07(0.096)	0.70(< 0.001)	1			
Perfectionistic self-presentation		0.19(0.002)	0.13(0.003)	0.34(< 0.001)	0.53(< 0.001)	0.20(< 0.001)	0.21(< 0.001)	1		
Workplace bullying (victim aspect)		−0.13(0.004)	−0.20(< 0.001)	0.42(< 0.001)	−0.02(0.692)	0.26(< 0.001)	0.39(< 0.001)	0.02(0.741)	1	
Workplace bullying (perpetrator aspect)		−0.21(< 0.001)	−0.21(< 0.001)	0.40(< 0.001)	−0.19(< 0.001)	0.33(< 0.001)	0.45(< 0.001)	−0.10(0.029)	0.69(< 0.001)	1

had lower workplace bullying (perpetrator aspect) scores than those in other units (Table 5).

Discussion

This study aimed to examine the factors influencing workplace bullying among nurses, focusing on both the victim and perpetrator aspects, and to identify the role of self-conscious emotions, perfectionistic self-presentation, and work experience in shaping these experiences. Shame-proneness emerged as the most influential factor in the victim aspect of workplace bullying among nurses. Shame involves a negative feeling about oneself [15], leading to a degrading self-evaluation, perceiving oneself as defective [29], and attributing failure to one's own incompetence [13]. Shame-proneness is associated with maladaptive emotions [30] and low self-esteem [31], both of which can make it more difficult for individuals to overcome challenging situations [14]. This, in turn, can negatively influence their ability to cope with workplace bullying (victim aspect). Prior research has also highlighted poor shame management in relation to the victim aspect [32], along with its contribution to psychological distress and reduced functioning [33]. Considering the limited research on nurses, addressing shame-proneness in this population is essential. Interventions such as promoting shame resilience [17] and providing anti-bullying training may help mitigate the effects of shame-proneness.

Another significant factor in the victim aspect was externalization, which involves attributing blame for situations to external circumstances rather than internal factors. This strategy can help preserve self-esteem [14]. Given that externalizing problems are associated with trait anger [34], which has been associated with experiences of being bullied [35], externalization may play a role in workplace bullying (victim aspect). While coping mechanisms can sometimes reduce the negative effects of workplace bullying, avoidance or inaction can intensify its psychological impact [36]. Externalization may serve as a coping mechanism to improve the psychological well-being of the victim aspect of workplace bullying. However, research on externalization as a coping strategy remains limited, and further studies are needed to clarify its role.

Shame-proneness also emerged as the most significant factor influencing the perpetrator aspect of workplace bullying among nurses. Individuals with high shame-proneness tend to internalize negative feelings about themselves rather than focusing on specific behaviors [37]. This often leads to psychological problems, interpersonal problems, anger, hostility, social anxiety, reduced empathy, and a tendency to blame others [38]. Furthermore, these individuals may express their anger and engage in aggressive behaviors to regain a sense of

Table 4 Factors influencing workplace bullying (victim aspect) ($N=522$)

Variables	B	SE	β	t	*p*-value	VIF	95% confidence interval	
							Lower	Upper
(Constant)	19.45	3.52		5.53	< 0.001		12.54	26.37
Subjective health status[†]	9.48	1.87	0.19	5.08	< 0.001	1.05	5.81	13.14
Total working years	-0.33	0.12	−0.11	2.88	0.004	1.06	-0.56	-0.11
Current working unit (Ward)	4.13	1.17	0.13	3.54	< 0.001	1.02	1.84	6.42
Anti-bullying education[†]	-5.96	1.14	−0.19	5.22	< 0.001	1.02	-8.20	-3.72
Shame-proneness	0.71	0.11	0.29	6.38	< 0.001	1.54	0.49	0.93
Externalization	0.39	0.11	0.17	3.72	< 0.001	1.54	0.19	0.60

Adjusted $R^2 = 0.31$, $F = 39.80$, $p < .001$

Durbin-Watson's d = 1.95 (du = 1.92, 4-du = 2.08), Kolmogorov-Smirnov test ($Z = 0.06$, $p = .078$)

Breusch-Pagan test ($\chi^2 = 6.37$, $p = .383$)

[†] Dummy variable (reference): subjective health status (good), current working unit (not ward), anti-bullying education (no)

Notes: Stepwise method used, SE: standard error, VIF: variance inflation factor

Removed variables: Four current working units (intensive care unit, outpatient department, emergency department, and others), religion, position, guilt-proneness, detachment-proneness, and perfectionistic self-presentation

Table 5 Factors influencing workplace bullying (perpetrator aspect) ($N=522$)

Variables	B	SE	β	t	*p*-value	VIF	95% confidence interval	
							Lower	Upper
(Constant)	24.35	4.08		5.97	< 0.001		16.34	32.36
Religion[†]	2.53	1.09	0.08	2.32	0.021	1.03	0.39	4.66
Current working unit (Outpatient department)	-5.52	1.57	−0.12	3.52	< 0.001	1.03	-8.61	-2.44
Subjective health status[†]	4.20	1.77	0.09	2.38	0.018	1.08	0.73	7.67
Anti-bullying education[†]	-5.61	1.07	−0.18	5.24	< 0.001	1.04	-7.72	-3.51
Shame-proneness	0.83	0.11	0.34	7.45	< 0.001	1.77	0.61	1.05
Guilt-proneness	-0.45	0.09	−0.22	5.22	< 0.001	1.57	-0.62	-0.28
Detachment/unconcern	0.31	0.13	0.12	2.35	0.019	2.09	0.05	0.56
Externalization	0.42	0.13	0.18	3.27	0.001	2.64	0.17	0.67
Perfectionistic self-presentation	-0.13	0.04	−0.13	3.05	0.002	1.49	-0.21	-0.05

Adjusted $R^2 = 0.39$, $F = 38.26$, $p < .001$

Durbin-Watson's d = 2.05 (du = 1.92, 4-du = 2.08), Kolmogorov-Smirnov test ($Z = 0.05$, $p = .116$)

Breusch-Pagan test ($\chi^2 = 12.23$, $p = .201$)

[†] Dummy variable (reference): religion (no), current working unit (not outpatient department), subjective health status (good), anti-bullying education (no)

Notes: Stepwise method used, SE: standard error, VIF: variance inflation factor

Removed variables: sex, total working years, and four current working units (ward, intensive care unit, emergency department, and others)

control [15]. Since expressing hostility or aggression can serve as a defense mechanism to avoid the painful emotions associated with shame [37], it is crucial to examine the self-esteem of nurses with high shame-proneness and provide them with training on expressing their difficulties without resorting to hostility or aggression. These individuals often struggle with resolving interpersonal conflicts [38] and may experience shame in their relationships with others [39]. Therefore, providing specific training that focuses on improving their interactions with others, rather than solely focusing on the individual nurse, may be more effective.

The second significant factor affecting the perpetrator aspect of workplace bullying was guilt-proneness. In contrast to shame-proneness, guilt-proneness focuses on specific behaviors rather than the self. Individuals with high guilt-proneness tend to take responsibility for their actions and are more likely to correct their behavior or take moral action [13]. This allows them to manage anger more constructively and communicate their frustrations without hostility, leading to positive long-term outcomes [37]. Studies have found a direct negative relationship between guilt-proneness and aggression [15], supporting the findings of this study that guilt-proneness influences the perpetrator aspect of workplace bullying. According to Jacobson et al. [40], guilt-proneness, when combined with high self-esteem, leads to a greater tendency for reparative actions and reduces involvement in bullying. Thus, interventions aimed at enhancing self-esteem in

nurses with guilt-proneness may help mitigate workplace bullying.

Detachment/unconcern, another influencing factor, refers to an individual's tendency to emotionally detach or remain indifferent in situations that trigger self-conscious emotions [26]. Research suggests a negative relationship between detachment/unconcern and guilt-proneness [41]. Guilt-proneness, which focuses on specific behaviors rather than the self, encourages individuals to avoid negative actions such as bullying [37] and to work toward resolving difficulties in interpersonal relationships [38]. Despite limited research on detachment/unconcern, its established relationship with guilt-proneness aligns with the findings of this study. However, detachment/unconcern is also characterized by openness to new experiences and a willingness to change behaviors quickly to achieve rewards [42], which should be considered when designing interventions for the perpetrator aspect of workplace bullying. Despite these insights, the relationship between detachment/unconcern and workplace bullying remains largely unexplored, highlighting the need for further research.

The externalization of self-conscious emotions was also identified as a factor influencing the perpetrator aspect of workplace bullying. Externalization involves defensively attributing the pain of a shameful experience to external sources and is associated with shame-proneness [15]. It is associated with hostility and avoidance of intimacy [43], indirectly shaping the relationship between aggression and other self-conscious emotions, such as shame-proneness and guilt-proneness [15]. Given that externalization can cause interpersonal difficulties [44] by leading individuals to blame others without engaging in self-improvement [14], it likely contributes to the perpetrator aspect of workplace bullying. However, research on the relationship between externalization and workplace bullying in the context of self-conscious emotions remains limited. Given that externalization can negatively impact physical and mental health [3], as well as nursing outcomes [3, 4], addressing this issue should be a priority. Further research exploring these relationships will be valuable for developing effective interventions.

In this study, lower levels of perfectionistic self-presentation were associated with higher scores in the perpetrator aspect of workplace bullying. A previous study found that the relationship between perfectionism and hostility varies by type: certain types are linked to social disconnection and hostility, while perfectionistic self-presentation is not [45]. According to Jang et al. [9], perfectionistic self-presentation in intensive care unit nurses negatively influences the perpetrator aspect of workplace bullying, aligning with the findings of this study. Individuals with high perfectionistic self-presentation are more concerned with how they appear to others and may avoid engaging in workplace bullying to prevent negative social impressions [18]. While this study showed an association between perfectionistic self-presentation and the perpetrator aspect of workplace bullying, other studies have linked it to the victim [9] or reported contrasting findings [46]. Given that perfectionistic self-presentation also contributes to psychological distress [18], further research is needed to clarify its role in the perpetrator aspect of workplace bullying among nurses. Considering the potential for social desirability bias, qualitative studies could offer deeper insights into how workplace bullying perpetration develops over time.

Some self-conscious emotions identified in this study, such as shame-proneness, were found to influence both the victim and perpetrator aspects of workplace bullying. However, this study did not assess whether varying levels of shame-proneness are associated with the victim or perpetrator aspect—an area that could be explored in future research. According to previous research, perfectionistic self-presentation can influence both victim and perpetrator roles [9], whereas this study found a significant effect only on the perpetrator aspect. The same traits may not consistently influence workplace bullying, as victims of workplace bullying may also become perpetrators and vice versa [47]. Additionally, the effects of personality traits on workplace bullying may manifest over time [35], complicating the distinction between victim and perpetrator roles. This study found that subjective health status, current working unit, and participation in anti-bullying training influenced both the victim and perpetrator aspects of workplace bullying. Given the complexity of workplace bullying [48], addressing not only nurses' personal characteristics but also their work environment and educational needs is essential.

Limitations

Although the present study reveals important findings, it has some limitations. First, it was a cross-sectional study; thus, the causal relationships between the variables could not be established. Longitudinal studies are needed to examine the causal links between self-conscious emotions, perfectionistic self-presentation, and workplace bullying. Second, the study relied on data from nurses working in tertiary hospitals in Korea, collected through convenience sampling. The sample was not evenly distributed across demographic and occupational characteristics, which limits the generalizability of the findings. Additionally, since the data were collected through an online open-call invitation, self-selection bias could not be avoided. To address these limitations, future studies should employ random cluster sampling and conduct multilevel analyses to enhance the robustness and generalizability of the findings. Third, the use of self-reported questionnaires introduces the possibility

of social desirability bias. Finally, the identified influencing factors explained 31% of the variance in the victim aspect and 39% of the variance in the perpetrator aspect of workplace bullying. This study focused solely on self-conscious emotions and perfectionistic self-presentation, and other relevant variables may have been overlooked. Future studies should explore additional factors, such as self-esteem and support from co-workers or nurse managers, and examine how they interact with self-conscious emotions and perfectionistic self-presentation to provide a more comprehensive understanding of workplace bullying.

Implications for practice and research

Nurses can exhibit traits that may lead them to become either victims or perpetrators of workplace bullying, even when they share certain characteristics. By identifying their specific personality traits, nurses can better understand their own strengths and weaknesses, as well as the behaviors and attitudes of their colleagues. Nurse managers and administrators can offer more personalized, trait-focused support to address conflicts among staff nurses. Developing interventions to enhance shame resilience in interpersonal situations could help nurses express negative emotions or aggressive tendencies more constructively, reducing the likelihood of blaming others. These efforts could foster a positive workplace culture that embraces personality differences, ultimately improving teamwork and nursing outcomes.

While interest in how personal characteristics influence workplace bullying is growing, research on the associations between self-conscious emotions, self-presentation, and both the victim and perpetrator aspects of workplace bullying remains limited. Further research on this topic could provide valuable insights into the mechanisms underlying workplace bullying and inform the development of more effective interventions.

Conclusion

This study explored the associations between self-conscious emotions, perfectionistic self-presentation, and both the victim and perpetrator aspects of workplace bullying among Korean nurses. The findings revealed that self-conscious emotions and perfectionistic self-presentation are key factors influencing both victims and perpetrators, although the specific factors influencing each group differed. Understanding the personal characteristics of nurses can empower them to better manage challenging situations, such as workplace bullying. For nurse managers and administrators, these insights offer a foundation for developing more effective interventions to address and prevent workplace bullying.

Abbreviations

TOSCA-3S	Test of Self-conscious Affect version 3 Short
NAQ-R	Negative Acts Questionnaire-Revised
NAQ-P	Negative Acts Questionnaire-Perpetrator

Author contributions

SJJ: conceptualization, methodology, formal analysis, writing-original draft, writing-review and editing; HL: conceptualization, writing-original draft, writing-review and editing; SJC: conceptualization, writing-original draft, writing-review and editing. All authors approved the final version of the manuscript.

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Data availability

The data presented in this study are available upon reasonable request from the corresponding author, subject to approval by the Institutional Review Board of Chung-Ang University.

Declarations

Ethics approval and consent to participate

This study was conducted after obtaining approval from the Institutional Review Board of Chung-Ang University, where the researchers are affiliated (No. 1041078-202208-HR-173, Approval date: September 5, 2022). Informed consent for participation was obtained from all participants. The study was conducted in accordance with the Declaration of Helsinki.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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