

EXPLORING WORKPLACE BULLYING IN PUBLIC HOSPITALS: A STUDY AMONG NURSES IN JORDAN

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Abstract

Background – Workplace Bullying has the possibility to have destructive effects on the life of employee's, its considered as one of worst acts at workplace, which includes negative actions such as verbal aggression, isolation, and name calling. Also bullying at work is correlated significantly with job satisfaction, intention to leave, damaging employee health, and other impacts that negatively effect on organizations.

Purpose – The purpose of the study is to explore the workplace bullying among Jordanian nurses in public hospitals.

Design– Five hundred and sixty two nurses working at one of the top three senior public hospitals in Jordan, selected randomly, using survey method and R-NAQ questionnaire beside some descriptive questions regarding the experience of workplace bullying using a self-report method.

Findings –This study revealed that 49.5 of respondent have been highly subjected to bullying behavior, and 50.5% have been lower subjected to the same negative acts in last six months. Respondents reported that 70% of nurses have been bullied (394/562), and 73% of bullied nurses reported that bullying events have been witnessed by others. In addition, they confirmed that people who accompanying patients' are the most bully person (27%), then physicians (23%), other nurses (19%) and nurses supervisors (11%).

Conclusions – The impact of bullying behaviour at workplace as confirmed by previous studies goes beyond individual and organizational to affect the society as whole. The high rate of exposing to workplace bullying such as in this study, must encourage the researchers to conduct more research in this topic by exploring the antecedents of workplace bullying in healthcare setting and in workplace in general, and for practitioners to build a zero-tolerance policy for workplace bullying.

Keywords: Workplace Bullying, Negative Act Questionnaire, Nurses, Jordan, Arab

Introduction

Bullying has the possibility to have destructive effects on the life of employee's (Namie & Namie, 2003). The researches on bullying at workplace started before twenty years least, and didn't covered all the areas as the other phenomena's in organizational environment like sexual harassment and physical violence (Awawdeh, 2007).

What is more, bullying at is prevalent widely at workplace (Needham, 2003). Recently, there were universal media attention and considerable social and scientific interest directed to the problem of aggression at workplace (Neuman & Baron, 1998). The volume of research on workplace aggression, focused on affective aggression that is more active and direct, as opposed to instrumental aggression which is passive and indirect (Geen, 2001).

Furthermore, the previous literature indicates that the problem of aggression at workplace exceeds abuse with death or physical abuse or other for once, which is called overt aggression, but goes beyond that to reach the abuse continued and stable emotionally and mentally is what is known as covert aggression (Baron, Neuman, & Geddes, 1999). This phenomenon is known bullying, intimidation or harassment at workplace (Hoel & Cooper, 2001). That's agreed with Vartia (2001) were she found that equally the targets of bullying and the witnesses were reported more general stress and mental stress reactions include low self confidence than un-bully work environment.

Problem statement

The earlier studies of workplace bullying phenomenon enhance the research and theorizing the cultural and historical perspectives of researchers had a role in current defining and understandings of workplace bullying, which took the main concepts of bullying that reflect the view of psychology, organizational behavior and management (Mikkelsen & Einarsen, 2001; Leymann, 1996).

Many Studies show that bullying may affect the employee job satisfaction and health, such as physical, mental, frequently psychosomatic health symptoms well-established (Einarsen Raknes & Matthiesen, 1994; Einarsen & Raknes, 1997; Vartia, 2001). Others may encounter social isolation, family, and financial problems through absence or discharge from worker (Leymann, 1990; Rayner, 1999; Einarsen & Mikkelsen, 2003). For example, Einarsen et al. (1994) founds low satisfaction with leadership and low- quality work environment between victims and observers of bullying. As well, Einarsen& Raknes (1997) argue that exposure to violence and harassment affect on job dissatisfaction and psychological health and well-being. In addition, Hoel and Cooper (2000) conduct a research in UK reveal that out of 5300 employees in 70 organizations, 47% reported witnessing bullying in the last five years, 10.5% in the last 6 months and 24.4% in the last 5 years, in time of study. In general, those who were faced or witnessed the bullying at work revealed poor health and low morale and motivated in work environment more than the un-bullied employees (Awawdeh, 2007).

Leymann (1990) indicates that the costs of sick leave as a result of some symptoms may be estimated at between US\$30,000-100,000 for each person subjected to mobbing. Included in the estimate are costs associated with the subsequent loss of productivity and the need for intervention by a variety of organizational members such as personnel officers and health workers. UK studies consistently show 25 per cent of bullied workers leave their jobs because of their treatment (Rayner, 1999).

It is valuable, to monition that bullying behavior at work is learning behaviour, as Lewis (2006) found that bullying activity being essentially learned behaviour within the workplace rather than any predominantly psychological deficit within individual perpetrators and targets.

Besides, the majority of the earlier researches have been conducted in developed countries and focused mainly in non-government organization (Zapf, 1999), municipalities (Salin, 2008), semi military (Vartia & Hyyti, 2002), education (Lewis, 1999; Djurkovic, McCormack & Casimir, 2005; Parkins, Fishbein & Ritchey, 2006), public sector organizations (Coyne, Seigne & Randall, 2000; Coyne, Chong, Seigne & Randall, 2003; Ayoko, Callan and Hartel, 2003; Strandmark and Hallberg, 2007; Agervold, 2009), and manufacturing (Agervold & Mikkelsen, 2004), and in health care settings (Quine, 2001; Lone et al., 2009; Cooper Walker, Winters, Williams, Askew & Robinson, 2009).

Regarding to non-government organization, a study conduct by Zapf (1999) examines the job characteristics on the relationship with mobbing between Non-Government Organizations (NGO's) employees in Germany, while Coyne et al. (2000) looks at the personality traits as a predictor of workplace bullying victim status among Irish employees in two large organizations; one public and one private. Additionally, Vartia & Hyyti (2002) investigate gender differences in facing and experiencing workplace bullying between prison officers.

In public sector, Coyne et al. (2003) examine the self and peer nominations of bullying. In the same sector also, Ayoko et al. (2003) explore the workplace conflict, the emotional reactions to bullying.

Manufacturing sector, Agervold & Mikkelsen (2004) conduct his study in manufacturing industry of Germany to investigate the relationships between bullying and other psychosocial work environment factors and the level of stress between bullied and non-bullied employees.

Another sector is education, which studied by Parkins et al. (2006) to explore the similarity of underlying personality traits of workplace bullying, among undergraduate introductory psychology students (144 female) at a

large Midwestern university in united state. In Finland, Salin (2008) analyzed the measures (Written policy, Information, Bullying surveys, training and Statistical recording of cases) adopted to counteract workplace bullying among human resource management members in Finnish municipalities.

A few studies in Health industry were Lone et al. (2009) search in the prevalence of bullying between junior doctors in hospitals of Kashmir. Cooper et al. (2009) explore bullying behaviors that occurrence among nursing students in nursing school in United States. Quine (2001) study aimed to explore the prevalence of bullying, also the relationship between bullying and occupational health outcomes, and to investigate the moderating effect of support at work of bullying among nurses in National Health Sector (NHS) in UK.

Population

The population of this study consists of Jordanian nurses who are working at public hospitals in Jordan. This study selected both female and male Jordanian nurses because there are some reasons. Firstly, the Jordanian nurses (female and male) can give the correct image regarding the workplace bullying (Albar Marin & Garcia-Ramirez 2005), Secondly, Jordanian nurses in public hospital in Jordan working under the same work conditions and have same salary and compensations (MoH, 2009).

Thus, they can give current perceptions of nurses bullying based on the questionnaire designed by the researcher. Including the both genders of Jordanian nurses in this survey was a precaution that they may be bias, and make the study more comprehensive. There are thirty public hospitals recognized by the Jordanian government (MoH, 2009), and there were about 5873 nurses working in public hospitals out of these numbers. Moreover, the geographical distributions of public hospitals in Jordan are mainly distributed under three regions (Middle region, northern region and southern region).

The minimum requirement of sample size may vary depending on statistical techniques employed by many researchers. The sample size could also be determinant using confidence level (Vokell and Asher, 1995, p 241). According to Krejcie & Morgan (1970), sample size is 361 suggested at 95% confidence level and 5% margin of error that equal population size of 6000, to get the higher possible response rate, the researcher distributed 750 questionnaires.

Distribution of Questionnaire to Respondents

The sampling procedure used is convenience sampling technique; the senior public hospital in the middle region of Jordan, Al-Basheer Hospital have been selected . The researcher chose a random sample in which 750 respondents from nurses working on the all shifts (morning, evening, and night shifts) to ensure the randomness.

Measurements

Nurses bullying refers to the nurses' perception of bullying in workplace, 30 items measure nurses bullying. Using the revised version of the Negative Acts Questionnaire (Einarsen & Raknes, 1997) consisting of 30 specific negative behaviors which cited in Hoel et al. (2004). The frequency of each item was four point scale as 1= strongly disagree, 2= disagree, 3= agree and 4= strongly agree, e.g. "Having your opinions and views ignored". Followed by additional descriptive information about bullying "self-labeling questions".

Response rate

In the process of conducting the main study, 750 questionnaires distributed to Jordanian nurses. Out of this number, 151 questionnaires were incomplete (missing responses). The researcher obtained the achieved response rate through hard effort, hard work with all work shifts from morning to morning, and extra financial cost. Thus, 599 responses were usable for subsequent analysis, giving a response rate of 80 %.

The sample size appears to be sufficient and response rate obtained was comparable to several studies in the same area, such as 70% (Quine, 2001) 64% (Vartia & Hyyti, 2002) 47% (McKenna et al., 2002) 46% (Burnes & Pope, 2007) and so on. However, after conducting data-screening tool (Normality and Outlier) in SPSS the final data that usable for further analysis were 562 questionnaires.

Profile of Respondents

Sample characteristics include nine major items in this study: (1) gender, (2) age, (3) marital status, (4) salary, (5), profession status, (6) shift work, (7) education, (8) experience working in your present hospital, (9) total experience working as a nurse. The results were obtained after analyzing the demographic variables. In the final sample, 305

(54.3%) of the respondents were female and 257 (45.7%) were males. It is realized that the majority of sample recorded 54.3% were female, and the majority of the respondent's age varied between 21 - 30 years old (61 %). Of marital status, 65.7% of the respondents were married, whilst, unmarried people (single) showed 31.7% and divorced people recorded only 2.1%. However, widowed reported 0.5%. However, the salary level for respondents per month showed 42.0% for those who earned 301-400 JD per month. Regarding to nurses profession the majority of respondents (62.3%) were registered nurses and the lowest of the respondents were nursing workers (1.8%). The largest group of nurses have a shift work (76.2%) and the rest are working in one shift, and (58.4%) of respondent has a bachelor's degree, (34.5%) diploma, (5.5%) general secondary while a high diploma and above only (1.6%). On the other hand, looking at the respondent working Experience as a nurse, the majority of respondents who working for 4-7 years (34.0%) and more than 11 years (33.8%) , 8-11years (13.7%), 1-3 years(14.8%) and who is working for less than one year are (3.7%) as shown in table 6.2. In addition, the total mean for workplace bullying among Jordanian nurses was 2.4 and the standard deviation was 0.701 for the 10 items. As shown in table 1.1

Table 1.1: Experience of Bullying at Work

Descriptive Statistic of Principle Construct (N= 562)

Construct	Total of Items	Mean of Item			Standard Deviation
		Min	Max	Total Mean	
Workplace Bullying	10	1	4	2.40	0.701

Experience negative acts such bullying behavior has the similar impacts for both the bullied and witnessing person of such behavior. As shown in previous table, the mean of workplace bullying was 2.4 which equal the median also, the researcher categories the workplace bullying low the mean and above the mean. Thus, the lowest answers mean that the respondents does lowly exposed to negative acts items, and the highest answers which is above the mean and the median confirmed that those respondents exposed highly to negative acts than others. Thus, 49.5% of respondent have been highly been subjected to bullying behavior, and 50.5% have been lower subjected to the same negative acts in last six months.

Table: 1.2

Frequency of workplace bullying behavior/six month duration

	Frequency	Percent	Cumulative Percent
Low	284	50.5	50.5
High	278	49.5	100.0
Total	562	100.0	

The additional information which answered by respondents who working as nurses in public hospitals in Jordan indicates that as shown in table 6.3. Respondents reported that 70% of nurses have been bullied (394/562), and 73% of bullied nurses reported that bullying events have been witnessed by others. In addition, they confirmed that people who accompanying patients' are the most bully person (27%), then physicians (23%), other nurses (19%) and nurses supervisors (11%). Also, the descriptive data of witnessing bullying behavior, using self reported method, which recommended by many of previous studies to gather with subjective questions, showed that nurses bullying have been witnessed by (73%) of respondents who answer these question (N=394). What is more, 37 per cent of respondents whom bullied reported that this act have been witnessed by other nurses and others, then physician (18%), nurses supervisor (11%), patients (10%), people accompanying patients (9%) and finally managers (5%).

In general, the (10%) whom reported that bullying behavior which they have been subjected to, witnessed by others, specified them by office boys, cleaning workers, trainers. Additional information concerning nurses working in Jordanian public hospitals as respondents to the study is shown in Table 1.2. Of the total respondents, 70% were bullied and 73% of the bullied nurses stated that others witnessed bullying events. Additionally, they reported that people who accompany patients are mostly the bullies (27%) followed by physicians (23%), then other nurses (19%) and finally nursing supervisors (11%).

Table: 1.3

EXPERIENCING BULLYING AT WORK		
Who Bully Nurses		
N= 394		%
Other Nurses	76	19
Physicians	90	23
Nursing supervisor	42	11
Manager	27	7
Patients	20	5
People accompanying patients'	107	27
Others	15	4
Not Applicable	17	4
Bullying Witnessing		
N= 394		%
Yes	288	73
No	106	27
Bullying Witnessed by Whom		
N= 288		%
Other Nurses	107	37
Physicians	52	18
Nursing supervisor	32	11
Manager	14	5
Patients	29	10
People accompanying patients	26	9
Others	28	10

Regarding the agreement for workplace bullying statements, as shown in table below (table 5.11), the statement of the "ordered to do work below my level of competence." generates the highest mean = 2.66 (SD =1.041). 25% (n = 141) totally agreed with this statement. 34% (n = 191) agreed, 18% (n = 100) totally disagree and 23% (n=130) disagree.

While, the statement of "I have been insulted with offensive remarks about my person at work" and "I have been humiliated or ridiculed in connection with my work" generates the lowest mean =2.31.

Table 1.4
The Descriptive Data of Workplace Bullying Statements

<u>Statement</u>	Totally disagree		Disagree		Agree		Totally agree		Mean	SD
	n	%	n	%	n	%	n	%		
Someone has withheld information, which can affect my work performance.	129	23%	185	33%	166	30%	82	15%	2.36	.919
I have been subjected to unwanted sexual attention at work.	119	21%	199	35%	168	30%	76	14%	2.36	.962
I have been humiliated or ridiculed in connection with my work.	109	19%	226	40%	168	30%	59	11%	2.31	.903
I have been ordered to do work below my level of competence.	100	18%	130	23%	191	34%	141	25%	2.66	1.041
The key areas of my responsibility has been removed or replaced with more trivial or unpleasant tasks.	113	20%	214	38%	143	25%	92	16%	2.38	.983
7. I have been ignored, excluded, and socially isolated at work.	108	19%	205	36%	184	33%	65	12%	2.37	.922
I have been insulted with offensive remarks about my person at work.	100	18%	284	44%	155	28%	59	10%	2.31	.883
I have been shouted at or being the target of spontaneous anger at work.	123	22%	194	35%	162	29%	83	15%	2.36	.983
I have been subjected to threats of violence or personal abuse at work.	87	15%	159	28%	186	33%	130	23%	2.64	1.002
I have been moved or transferred against my will.	89	16%	283	42%	156	28%	79	14%	2.40	.916

Discussion

To reiterate, the workplace bullying was measured by two methods, the first one was objective using the Revised Negative Act Questionnaire (R-NAQ) and the respondents indicated their agreement and disagreement in four point scale. So based on the data collected the present study has demonstrated that the nurses who have been subjected to workplace bullying at public hospitals in the selected study sample count in average of **60%**.

Moreover, the subjective questions “self-labeling” used as second method, regarding their experience of bullying behavior at hospital, the collected data revealed that 394 out of 562 who labeled his or her self as been bullied, which is count 70%, while the rest questions regarding witnessing bullying at work; which found to be 73% out of 394. This is apparently high when it is compared to other previous studies that have looked at experience bullying behavior at work.

For example, Awawdeh (2007) in a study evaluating the violence against working women in healthcare working in healthcare sector in Jordan found that 46.4% of women out of 265 participated in the study have been bullied by employers or immediate managers. Hutchinson et al. (2007b, cited in Hutchinson, Wilkes, Jackson & Vickers, 2010) studied the organizational antecedents and consequences of bullying in the nursing reported that, the 64% of nurses have been bullied. While, In Turkey, which close to Jordan, 9.7% of Turkish nurses of the study sample in 2008 had been exposed to mobbing and 33% by had been experience mobbing according to their own declarations (Efe & Ayaz, 2010). In addition, Efe and Ayaz (2010) conducted a study in turkey during the end of 2008 by to determine whether the nurses have been exposed to mobbing or not, and to reveal the causes of the mobbing. Using a mixed method study involving survey and focus group interviews. The study found that 9.7% of the nurses had been exposed to mobbing, but according to their own declarations, 33% had been exposed.

Another study conducted by Berry, Gillespie, Gates & Schafer (2012) in US to determine the prevalence and effects of workplace bullying (WPB) on the work productivity of novice nurses, with 197 nurses respondents who completed the Healthcare Productivity Survey and Negative Acts Questionnaire, found that (72.6%) of Novice Nurses reported that they have been bullied in the previous month, with (57.9%) the direct victim and another (14.7%) witnesses of workplace bullying behaviors. Using a weighted NAQ score (21.3%) was bullied daily over a 6-month period.

The prevalence of workplace bullying varies from occupation to another, and from country to country, from culture to culture, due to the disagreement of global definition to be used and the tools to be used for measuring workplace bullying. Two studies of NHS Trust employees in Britain found that 10.7% have been subjected to bullying in the last going six months (Hoel & Cooper, 2000) and 38% during the previous year (Quine, 1999) in that time. Moreover, 46.9% of Northern Irish nurses have been exposure to bullying in 6 months (McGuckin, Lewis, & Shevlin, 2001), as well, 26.5% of the staff in an Austrian hospital could exposed to bullying behaviors at work (Niedl, 1996).

In current study, the using of both methods “ objective and subjective” the result not differ much, thus 60% of the sample have been bullied according to R-NAQ scale, while 70% labeling themselves as bullied during the last six months, that’s mean that the respondents have understand and answer the questionnaire in right way.

Conclusion

Bullying behaviour is a harmful act at workplace that affects the employees, organizations and society in different manners. The impact of such behaviour as confirmed by previous studies goes beyond individual and organizational to affect the society as whole. The high rate of exposing to workplace bullying such as in this study, must encourage the researchers to conduct more research in this topic by exploring the antecedents of workplace bullying in healthcare setting and in workplace in general.

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